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Mental health and substance use information you can trust

University of Victoria | Centre for Addictions Research of BC

you and substance use

stuff to think about...and ways to make changes

Substance use is part of the human experience...

...That is, people around the world have been using tobacco, alcohol, cannabis and other drugs for various "human reasons" for thousands of years.

Like all things involving humans, substance use is complex (not just "good" or "bad") and has the potential to both help and harm. What's more, the effects of using substances are not uniform but unique to each individual.

Ever wonder about your unique relationship with substances? Ever question your attitudes and actions related to substances? If so, read on. This booklet was developed to help you better understand your relationship with the substances you use.

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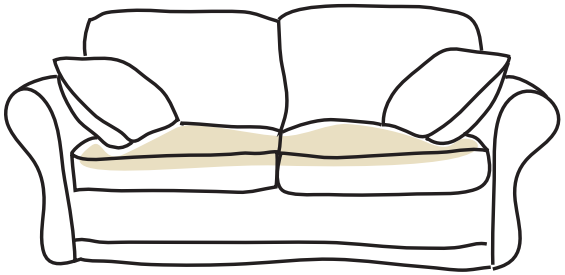

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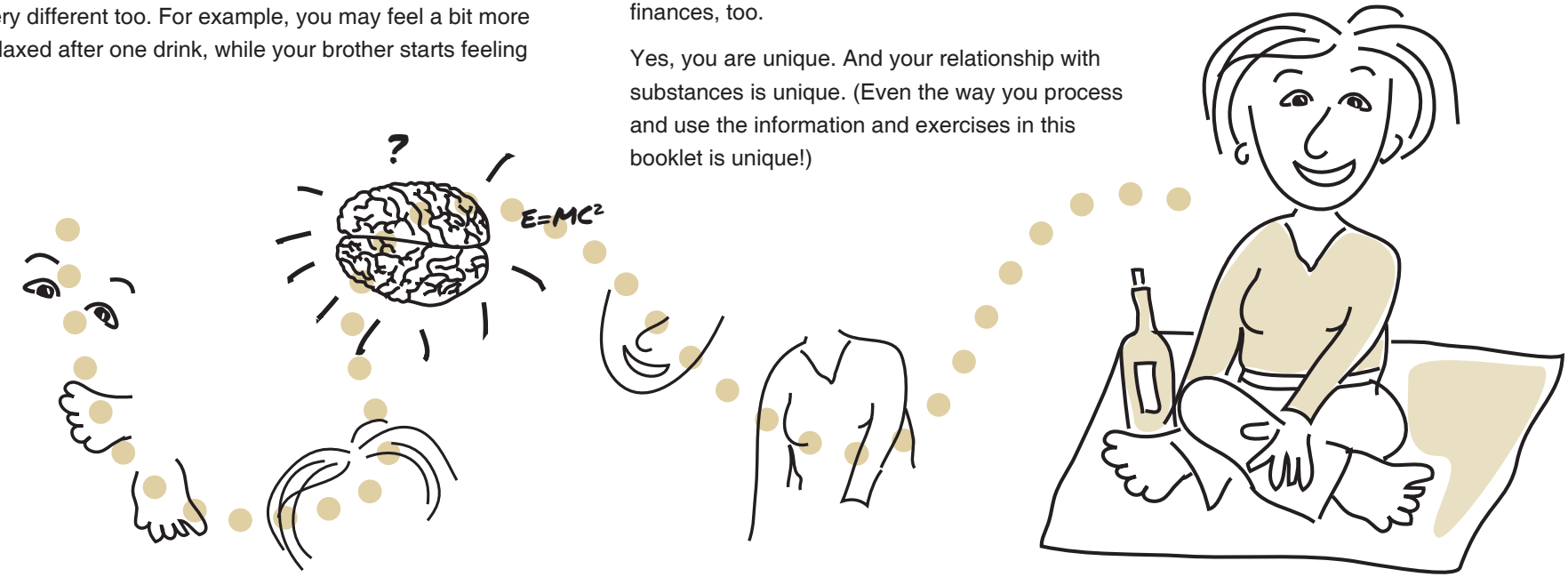
You are unique

As an individual, you are a carefully crafted collection of qualities. Yes, you may share some of these qualities with your sister or friend or co-worker. And, of course, some of your traits are linked to when and where you were born and raised. But despite your connection to people and places around you, you are still the only *you* there is in this world.

Your relationship with substances is equally unique, precisely because no one has the same combination of genetics, life experiences, influences, and personality traits that you do. So even though you may use the same substance as your spouse, cousin or colleague, how and why you use that substance may be very different. And the effects may be very different too. For example, you may feel a bit more relaxed after one drink, while your brother starts feeling angry. Or, your friends might feel more light-hearted and alive after a few puffs of marijuana while you feel only paranoia and anxiety.

A substance may also affect you differently in the long term (after a long period of regular use). There are examples of this all around you. For instance, you probably know people who have smoked cigarettes and used alcohol their whole lives and have yet to experience a related health problem. They may have avoided relationship, financial and legal problems, too. But you likely also know people whose illness or death was directly linked to their use of tobacco and alcohol. And, chances are, their smoking and drinking pattern affected their marriage, education, career and/or finances, too.

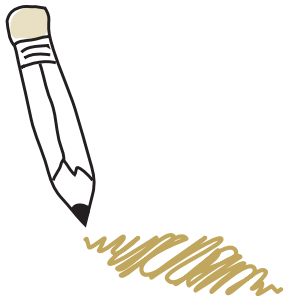
Yes, you are unique. And your relationship with substances is unique. (Even the way you process and use the information and exercises in this booklet is unique!)



You matter

Whether you're on your own or have a string of living beings to care for— a spouse, children, elderly parents, pets—your role in this world is important. Like everyone else, you matter. And because you matter, you have an obligation to do what you can to reach your full potential for health and happiness, and help those close to you reach their full potential, too.

You are needed, and you are loved, even if it doesn't always seem that way to you. When you believe this, you may start seeing that doing your best to manage your life—your education, career, family obligations, and so on—is all that is required of you. You may also start seeing that your current attitudes and behaviours regarding substances may have to change in order to do what's required to the best of your ability.



Being the best you can be begins with knowing yourself better: your personality, your values, what stresses you out, what makes you smile, what makes you run for cover. One way to do this is to consider your successes and failures.

To help you figure out where you are now, try writing down your answers to the following questions:

How would you rate how you're managing your life right now?

1 2 3 4 5 6 7 8 9 10

Not so well — Some things are okay — Great!

What's going well?

What's not going well?

You matter

List some of the things about yourself that you're proud of

(It could be achievements at school or work, relationships or contributions you've made to your community.)

Next, list the qualities you have that led you to success

(Was it your intelligence? A strong work ethic? Your compassion? Your honesty?)

List some things in your life that you're not so proud of

(It could be something you did or didn't do for yourself. Or something involving another person.)

Next, write down why those things happened, or didn't happen

(Was it because of your situation at home, school or work? Stuff going on between you and your friends, parents or spouse?)

Did substance use play a role in any of the things you're not proud of? If so, how much of a role? (Would things have played out differently if alcohol or other drugs hadn't been involved?)

You are not alone

"The only real serenity I have ever experienced, paradoxically and tellingly, has been without the assistance of drugs. It arose from a long period of abstinence, late in life, encouraged by the love of my wife and my daughters, nurtured by my friends, and witnessed by a God of my understanding—in whom, ultimately, I could not extinguish my addiction."

—Stephen Reid in ***Junkie***

Sometimes you might feel like no one really understands you or your struggles, especially when it comes to managing your substance use. But the truth is that many people question their use of tobacco, alcohol and other drugs. (It's part of the human condition.) And many people are right now considering ways to make changes to their current substance use pattern.

Some people are able to overcome their problems on their own, or with self-help materials. But most of us need support from other people—family members, friends, counsellors, medical professionals, people who share the same faith, people struggling with substance use problems.

No matter which way you choose to explore your relationship with substances—on your own, or with help, or with LOTS of help—just know that you're not alone.

Who are you closest to?

(List names of family members and friends you share a connection with.)

Where do you belong?

(List the clubs, groups or organizations you're a member of.)

Who would you talk to (or where could you go) if you needed help with a problem?

If you're having trouble answering these questions, you may want to explore ways to expand your social network. See the ***Tips and Tools*** section at the back of this booklet.

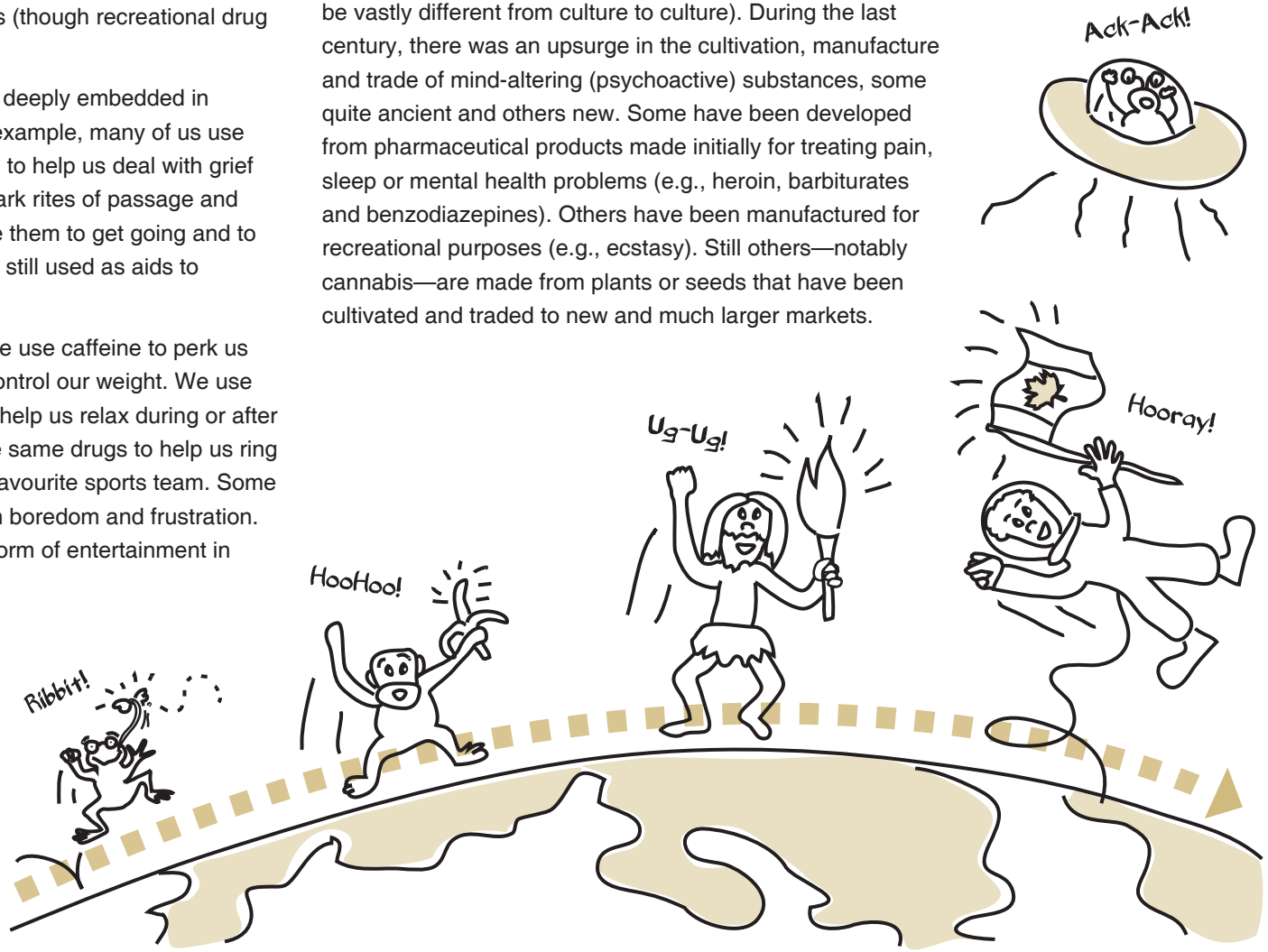
People use drugs

For thousands of years, people around the world have been using drugs— caffeine, tobacco, alcohol, cannabis, and so on—largely to help them manage their daily lives (though recreational drug use has always existed, too).

Today, as in the past, drug use is deeply embedded in the fabric of many societies. For example, many of us use drugs to celebrate successes and to help us deal with grief and sadness. We use drugs to mark rites of passage and to pursue spiritual insight. We use them to get going and to unwind. In other words, drugs are still used as aids to daily life.

(Not convinced? Consider this: We use caffeine to perk us up for work, and pills to help us control our weight. We use tobacco, alcohol and cannabis to help us relax during or after a stressful day. And we use these same drugs to help us ring in the New Year or cheer on our favourite sports team. Some of us use substances to cope with boredom and frustration. That is, we even use drugs as a form of entertainment in and of itself.)

There's no society on earth that does not in some way celebrate, depend on, profit from, enjoy and also suffer from the use of drugs (though the types of drugs used may be vastly different from culture to culture). During the last century, there was an upsurge in the cultivation, manufacture and trade of mind-altering (psychoactive) substances, some quite ancient and others new. Some have been developed from pharmaceutical products made initially for treating pain, sleep or mental health problems (e.g., heroin, barbiturates and benzodiazepines). Others have been manufactured for recreational purposes (e.g., ecstasy). Still others—notably cannabis—are made from plants or seeds that have been cultivated and traded to new and much larger markets.



"A human being is a part of the whole, called by us 'Universe,' a part limited in time and space. He experiences himself, his thoughts and feelings as something separated from the rest—a kind of optical delusion of his consciousness. This delusion is a kind of prison for us, restricting us to our personal desires and to affection for a few persons nearest to us. Our task must be to free ourselves from this prison by widening our circle of compassion to embrace all living creatures and the whole of nature in its beauty. Nobody is able to achieve this completely, but the striving for such achievement is in itself a part of the liberation and a foundation for inner security."

—Albert Einstein

All societies have a relationship with substances because humans have been using different drugs to varying degrees for a long time.

Most common reasons people use drugs:

- ***To feel good.*** Most psychoactive substances produce feelings of pleasure. Sometimes, with stimulants in particular, pleasure is accompanied by feelings of power, self-confidence and increased energy. Depressants, by contrast, bring on feelings of relaxation and satisfaction.
- ***To feel better.*** Many people who suffer from social anxiety or stress may use drugs to "take the edge off" and feel more comfortable. Some people who have experienced trauma (particularly when young), or who suffer from depression, may use drugs to lessen intense feelings of distress.
- ***To do better.*** The increasing pressure to improve performance leads many people to use substances to "get going" or "keep going" or "make it to the next level."
- ***For curiosity or social interaction.*** As social creatures we are strongly influenced by the behaviour of those around us, and substance use can be seen as a way to build connections with others. What's more, some people naturally have a higher need for novelty and a higher tolerance for risk, both of which can promote drug use.

People use drugs

Use the space below to write down

- the name(s) of the substance(s) you use
- how much and how often you use them
- when/why you usually use them (reasons, situations)

Drug categories

Drugs are often categorized as legal versus illegal, or soft versus hard. But these groupings can be misleading since they don't accurately reflect the levels of risk associated with using them. A more useful classification involves impact on the brain and spinal cord, also known as the central nervous system (CNS):

- ***Depressants*** decrease activity in the CNS (e.g., decrease heart rate and breathing). Alcohol and heroin are examples of depressants.
- ***Stimulants*** increase activity in the CNS (e.g., increase heart rate and breathing). Caffeine, tobacco, amphetamines and cocaine are examples of stimulants.
- ***Hallucinogens*** affect the CNS by causing perceptual distortions. Magic mushrooms and LSD are examples of hallucinogens.

Note: Some drugs, such as cannabis, are not easily classified because they fit into more than one category.

If you're not sure how much or how often you're using...

Keep a substance use diary so you can monitor your weekly drug use pattern. You can use it to keep track of what you're using, how much you're using, how much your use is costing you, and when, where, and with whom you're using.

Drug use	Mon	Tue	Wed	Thurs	Fri	Sat	Sun
Drug							
Amount							
$$$							
When... Where.... With...							

Drugs have the potential to both help and harm

It is estimated that almost a quarter of the burden of disease in British Columbia results from substance use (tobacco contributes 12% of the burden of disease, alcohol about 10%, and illegal drugs combined about 2%).

When people use drugs, they are manipulating the pleasure and reward system in their brain to achieve some benefit, or at least a perceived benefit. (Our brains are wired to associate life-sustaining activities—eating, sleeping, sex—with pleasure or reward. Drugs tap into that wiring and modify our feelings of pleasure, as well as our movement, emotion, thinking and motivation.)

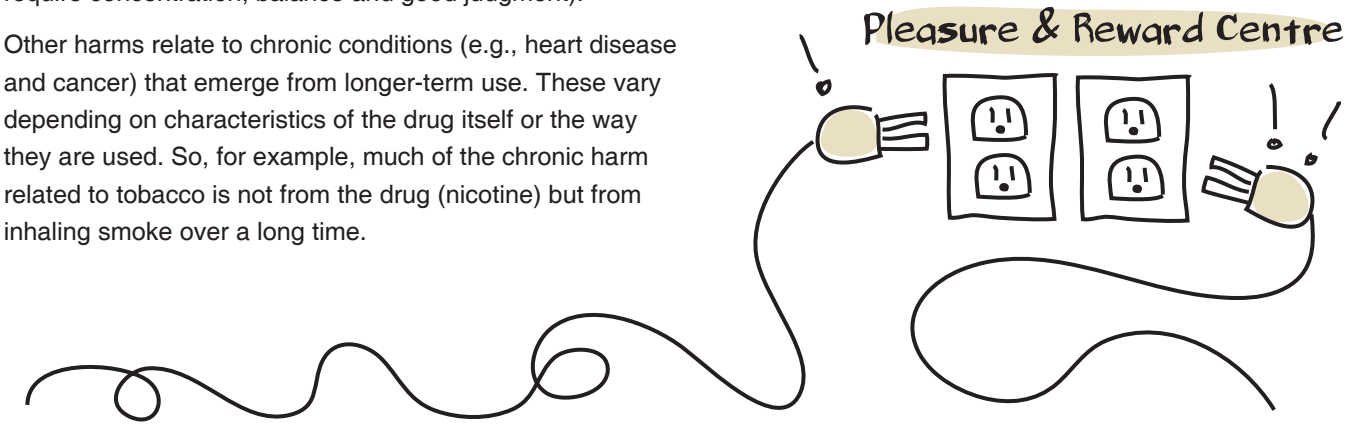
Some drugs can have two to 10 times the impact of natural behaviours in triggering our pleasure and reward centre. This intense response encourages repeated use of a drug. Unfortunately, repeated use—especially in high doses—is often associated with significant harm.

Some harms relate to using too much of a drug at one time, and tend to be immediate (e.g., injury or death as a result of being drunk or high when driving or doing other activities that require concentration, balance and good judgment).

Other harms relate to chronic conditions (e.g., heart disease and cancer) that emerge from longer-term use. These vary depending on characteristics of the drug itself or the way they are used. So, for example, much of the chronic harm related to tobacco is not from the drug (nicotine) but from inhaling smoke over a long time.

If the brain is repeatedly exposed to a drug, it may go through changes in order to restore balance. But these changes may have other consequences as well. The brain may not respond as well to certain stimuli, so that natural sources of reward no longer provide any significant pleasure and the person begins to feel flat, lifeless and depressed. As a result, they need to take drugs just to feel normal, and sometimes they need to take larger and larger amounts.

These changes within the brain can lead to problems with thinking, talking and moving around. They can also lead to strong associations between certain things and/or feelings and the drug experience. Exposure to those things and/or feelings can later trigger powerful cravings for the drug. When a person's drug use has gotten to this stage, it becomes more difficult to make effective changes.



Drugs have the potential to both help and harm

Sometimes it's hard to understand the "good, bad and ugly"

sides of your use of alcohol and/or other drugs unless you write out the pros and cons (positive things and negative things) of each side. Use this chart to see what staying the same looks like compared to what making changes might look like.

	Continuing my present substance use pattern	Reducing or quitting my substance use
Positive Things		
Negative Things		

Peter Gzowski on smoking:

"And what with constantly trying to figure out where you could go and when, depending on whether you could smoke or not, it was becoming more trouble than it was worth. It was, not to put too fine a point on it, a pain in the ass."

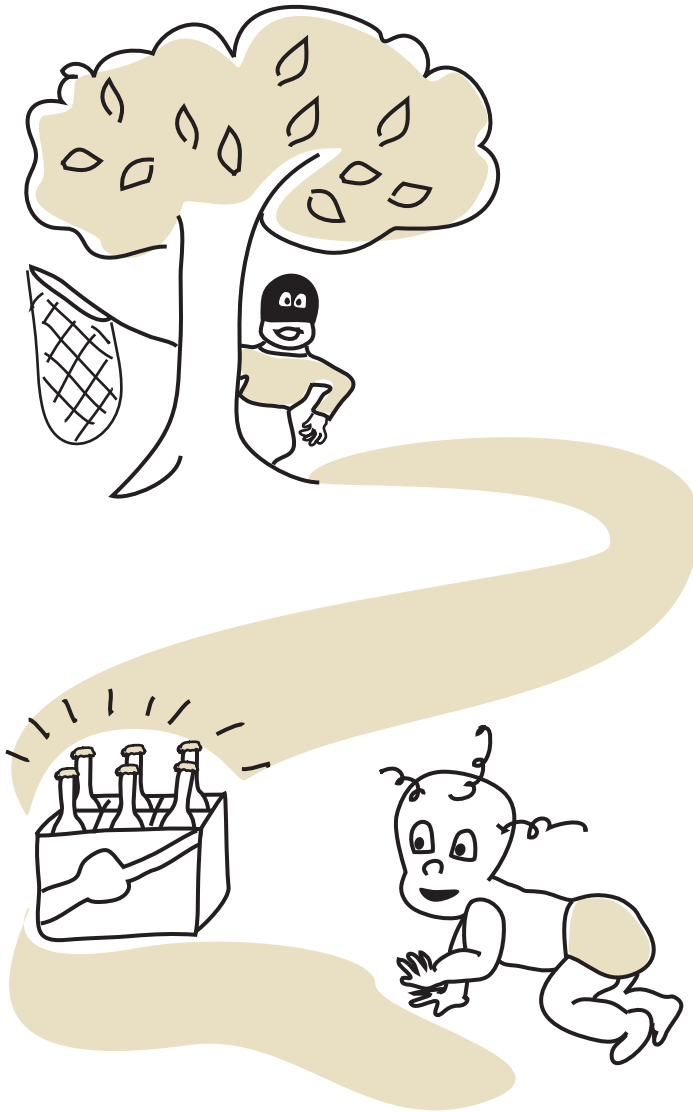
—***How to Quit Smoking in Fifty Years or Less***

Experimentation versus problem drug use

Nobody starts at the end. Nobody just starts smoking a pack of cigarettes a day. Or begins packing back a six-pack of beer in one go. Or makes the use of a substance a regular habit right away.

Despite stories in the media and drug education classes about people “getting hooked” on crack or crystal meth after using it just one time, most people use a drug many times before becoming physically or psychologically dependent on it. Yes, a person may like how a drug made them feel the first time they used it and then choose to use it again. But that’s not the same thing as being dependent or addicted.

Most of the time, people experiment with a substance for the heck of it, or because they heard it could help them in some way. They don’t necessarily mean for it to become part of their lifestyle. But it can happen anyway for a variety of environmental, social and individual reasons. For example, a person struggling to cope with a history of sexual abuse or being bullied might self-medicate with alcohol for much longer than is helpful. Similarly, a person with a health condition can accidentally develop a problem with prescription drugs, including painkillers and sleeping pills, after using them for too long.



Drugs play only a small part in the story of risk and harm

Some people struggling with drug use

believe the drug itself is the main problem. (They think to themselves, "If this drug didn't exist, I wouldn't have a drug problem!") But drugs aren't the only factor to consider when trying to understand how and why your drug use is becoming—or has already become—a problem.

The ***reasons for using a drug*** powerfully influence a person's pattern of use and their risk of harmful consequences. If the person's motive is fleeting (e.g., curiosity), then only occasional or experimental use tends to follow. If the motive is strong and enduring (e.g., a chronic sleep or mental health problem), then more long-lasting and intense substance use may follow. Motives for intense short-term use (e.g., to fit in, have fun or alleviate temporary stress) may result in risky behaviour with high potential for immediate harm (e.g., falls, fights, accidents, sexual assault).

Similarly, the ***places, times and activities*** associated with substance use powerfully influence a person's pattern of use and the likelihood of harm occurring. For example, unsupervised teen drinking is particularly likely to be high risk. Other examples include:

- using substances in situations when strong emotion, anxiety or frustration are likely
- using substances before or while driving, boating, alpine hiking or any other activity requiring concentration

The overall ***social and cultural context*** surrounding drug use is also significant. The economic availability of different drugs is critically important—the cheaper and more available they are, the more likely they are to be used. What is accepted in a community also influences individual behaviour, as does the degree of connection to family, friends and the wider community. In short, places that promote healthy living and offer alcohol-free social events encourage citizens to think and behave in healthy ways.

In addition, a variety of ***personal factors*** may affect a person's chances of engaging in risky substance use. These factors include physical and mental health status (e.g., a person with anxiety or depression may try to feel better by drinking alcohol). Physical, sexual or emotional abuse can contribute directly to risky substance use patterns. There is also evidence that genetic inheritance and personality or temperament may have an impact. For example, tendencies towards sensation seeking increase a person's risk of harm from substance use.

Finally, certain ***factors about the drugs*** influence the risk of harm. All psychoactive substances, whether legal or not, have the potential to cause harm. The key factors in determining risk and harm include the amount used, the frequency of use, the purity of the drug, the mode of use, and the chemical properties of the drug. Alcohol, heroin and other depressants, for example, have elevated risks related to overdose, whereas heavy use of some stimulants can lead to psychotic behaviour. Likewise, injecting concentrated forms of cocaine is much more risky than chewing coca leaves, even though the same drug is involved.

Drug problems are just like other problems

Some of us have a great deal of trouble managing "normal" human activities—eating, sex, shopping, using the Internet—in a healthy way while others have no problem at all. Author Evelyn Lau makes this point painfully clear when she describes her eating problem in *More and More*:

> *"I think of how many people would like to have more than one cookie out of the bag they bring home from the supermarket. Some of them do have several cookies, savouring them, then place the rest of the bag in the cupboard. Others have a harder time doing that; they eat too many cookies, half the package perhaps, then feel repentant and disgusted with themselves. But imagine ratcheting that urge up further. Imagine that you are unable to sleep because of the cookies in your cupboard, that you can't work or read or leave the house knowing the uneaten cookies are there. That a feeling of anxiety begins to build in you, a desperation and a kind of anger, until you break down and cram the cookies into your mouth several at a time, devouring them until you throw up. If, after you've thrown up, there are still some cookies left in the bag, you keep eating them, even though then you are sick of their taste and texture. If there are ten bags of cookies and no way that you can eat them all, you will have to bury the rest of them immediately at the bottom of the garbage pail—first crushing them and soaking them in water, say, to prevent your retrieving them later—in order to be rid of them."*

Look past the substance(s) you're struggling with and ask yourself if there's something bothering you.

If you can identify what's troubling you, write about it here:

Change is sometimes necessary

Most of us can and do use substances in ways that carry minimal risk. But sometimes we get distracted or lose our way and start using more, and more often, than makes sense.

As a general rule, when your drug use starts to cause you problems in your relationships, or begins to negatively affect your work, finances or health, it's probably time to think about making some changes.

It's not always easy to change, but sometimes it's necessary in order to avoid unintended yet life-crushing consequences. In Junkie, Stephen Reid paints a picture of the heavy price we can pay for living lives involving regular, long-term substance use:

"We began to resemble the other zombie dope fiends, spiritless, single-minded in our obsession…My quest for utopia had become a ritual of drudgery, the daily grind to maintain a habit."

Regular, long-term use of a drug can cause other harms too. It can become a source of tension in your marriage and other key relationships. It can also have an impact on your work performance, financial situation, and physical, mental and emotional health.

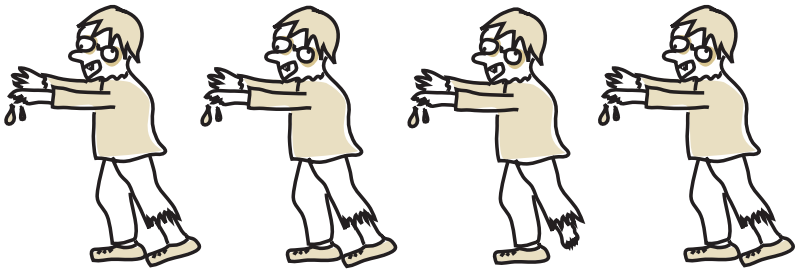
To get an honest and clear picture of whether change is necessary, it may help to take a kind of "inventory" of your substance use pattern. You can make a mental checklist of signs of harmful use and examples of harmful consequences, or you can use the checklists provided here.

Signs suggesting substance use is less likely to be harmful

- ☐ strict personal rules to limit the amount of drug used
- ☐ use reserved for special occasions only
- ☐ ensuring distance from drug supply
- ☐ a clear understanding of the dangers of drug use
- ☐ taking precautions when using
- ☐ being able to stop using at any time

Signs that suggest drug use may be risky or harmful

- ☐ regular use at an early age
- ☐ use to cope with depression or anxiety
- ☐ habitual daily use
- ☐ use before or during school or work
- ☐ use while driving or during vigorous physical activities
- ☐ use of more than one substance at the same time
- ☐ use as a major form of recreation



Harms related to method of drug use

Injecting drugs can cause or result in:

- skin infections
- disease (if sharing needles or having unprotected sex)
- isolation and loneliness (because of social stigma)
- criminal record
- overdose

Smoking drugs can cause or lead to:

- lung problems
- fires (if smoking carelessly)

Harms related to intoxication (using too much at one time)

Heavy use of alcohol or other drugs can cause or result in:

- family conflict
- impaired parenting skills
- alcohol poisoning, overdose or death
- accidents or falls (from reckless or careless behaviour)
- violence
- legal problems
- unwanted sexual activity

Harms related to regular, long-term use

Long-term use of alcohol or other drugs can often result in:

- cancer and/or other serious diseases of the heart, lungs and liver
- memory and thinking problems

In certain circumstances long-term use may lead to:

- money, relationship and work performance problems
- child abuse and neglect

When you can't do without it

Long-term use of alcohol or other drugs can lead to using the drug just to feel normal or function. This can result in:

- money, relationship and work performance problems
- mental health problems
- reckless or risky behaviour to get/keep drug supply
- seizures and severe withdrawal symptoms when the drug is not available

Change is always possible

There is always hope for people struggling with substance use problems.

That is, change is always possible, whether that change means reducing your current use or quitting altogether.

You are unique, and your situation is unique. And therefore you may need to carve your own unique path to freedom from your problems. Writer and former heroin user William Pryor touches on this point when wrestling over the concept of drug dependence in *Addiction: A witchcraft myth of modernity?*:

> *"Addiction is both real and not real. No one can deny the reality of a full-blown junkie or alcoholic in hot pursuit of his next fix or drink—his need is a palpable and frightening force. But addiction is also unreal: many addicts just stop, with no intervention, no treatment (Miles Davis and John Coltrane both got off heroin by shutting themselves in quiet rooms in the country for a couple of weeks)."*

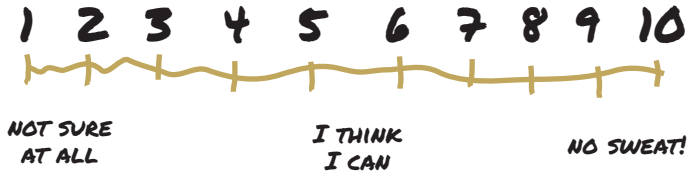
Yes, change is possible, but you have to want it and be ready for it. And the only way to know if you are is to be honest with yourself about your feelings about change.

Write down what and how you're considering changing

(e.g., quitting smoking, drinking lightly and only on weekends)

How important is it for you to make this change?

How confident are you that you can make this change?



If change is not that important to you, or you're not ready, consider checking out our ***Harm Reduction Strategies*** at the back of this booklet. If change is important to you and you're ready right now, consider making a change plan (a description of what, when and how you're going to change, and what you're going to do to ensure you stick with your decision). You can use the tools and change plan template on the next few pages, or create your own.

If you need more help, see ***Tips and Tools*** at the back of this booklet.

Plan ahead

Preparing for change may take some careful planning. Some of the ways to plan ahead include identifying the following:

- Things that might impede your progress, and ways to bust through these roadblocks

- People, places and situations that make using a drug in the same old way almost impossible to resist

Change is always possible

- Fun stuff to do that doesn't involve drugs
- What to do if you mess up
- How to crush your cravings
- People who can help get you over the change hump

Make a change plan

There's no "one way" to make a change plan. It has to be right for you. But if you're not sure how to start, consider using the template below by filling in the blanks to create a change statement and plan of action.

I'm going to _____

starting on this date _____

because _____

_____

and this is how I'm going to do it: _____

_____

_____

_____

To deal with craving, I'm going to _____

_____

_____

Sample change plan

As of June 1, I'm going to stop getting high after work and stick to smoking marijuana on Friday and/or Saturday nights only. On the first night of change, I'm going to go hang out with my friend, Sue, who doesn't use drugs of any sort. The next night after work, I'm going to go to the gym for a couple of hours.

Some things I can do to help me deal with withdrawal symptoms:

- Be patient—it will take a bit of time for my body to adjust to change.
- Avoid alcohol, sugar, and caffeine at night so I don't have extra problems sleeping.
- Take care of my health by drinking lots of water, eating well and exercising.

Some things I can do to help me cope with cravings:

- Talk to someone supportive, such as Shawn, my friend who's successfully cut down on his use.
- Talk to my drug-free friends about the ways they relax and relieve stress.
- Exercise.

More on why some people lose their way with drugs

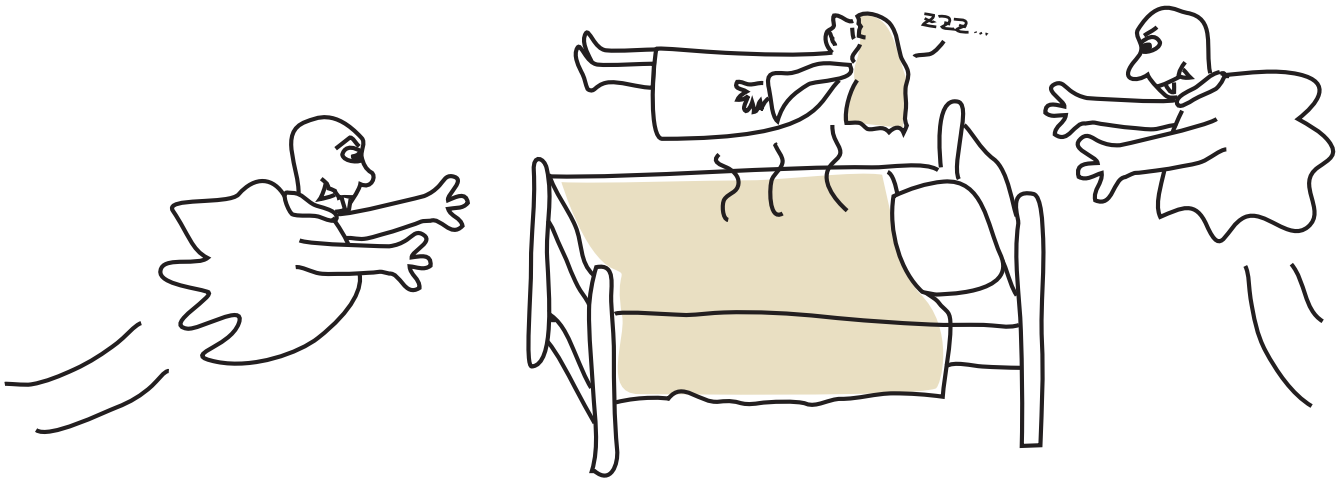
For centuries, humans have been trying to explain why some people lose their way with substances and others don't.

At one time, it was widely believed that people with severe drug use problems were simply possessed by evil spirits. Another popular theory put the blame on laziness and a lack of will power, suggesting people with substance use problems in some ways choose to be that way. (Some people still think this way.)

For many decades, harmful substance use has been regarded by some as a disease that requires treatment and careful monitoring, just like diabetes or cancer.

"I have a disease," writes Patrick Lane in *Counting the Bones*. "Ten years ago I would have laughed at such a notion. Booze and drugs and tobacco are available everywhere, and I choose to use them. But what do I do when they start using me? What do I do when I'm on my knees puking blood, only to go right back to the bottle?"

The disease model continues to be the foundation of Alcoholics Anonymous and many other programs that see substance use as an illness of the heart that can only be remedied by confessing your behaviours and submitting to a higher power.



More on why some people lose their way with drugs

But some former drug users disagree with the disease model. In *Being Human: Addiction as a catalyst*, William Pryor writes:

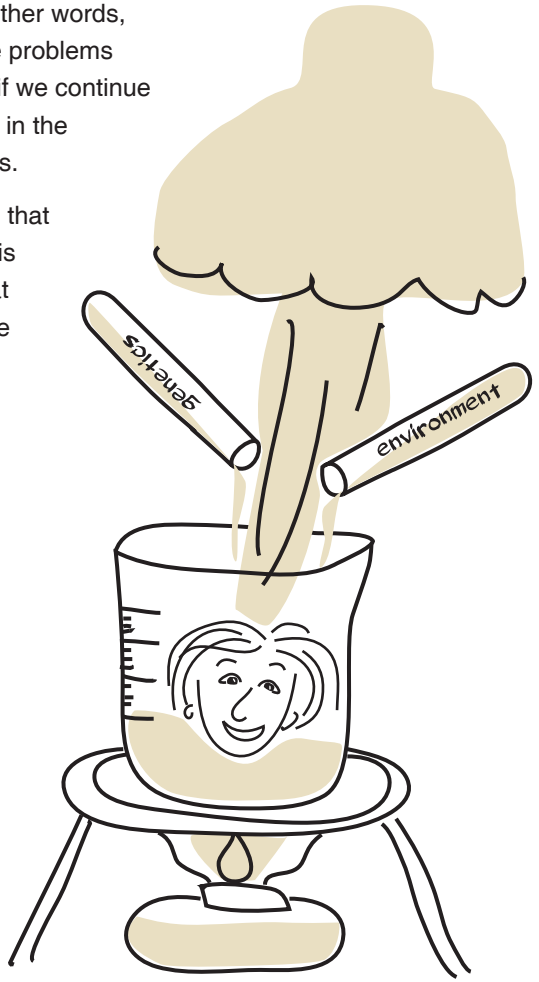
> *"Addiction is no more an illness than are grief, depression, lack of attention, homosexuality, single-motherhood or genius, all of which psychiatry has regarded, at one time or another, as illnesses in need of surgical, electrical, pharmacological, committal and other drastic interventions…We take mood-altering substances to "treat" the human condition, the pain of being."*

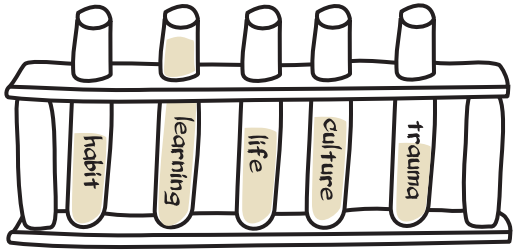
Author and physician Gabor Maté agrees to some extent. He argues that excessive and compulsive substance use reflects a need for comfort, from childhood trauma, repressed anger, and a host of other "human" ailments that can result in a variety of illnesses.

But even this more complex theory is not sufficient for psychology professor Alan Marlatt and other researchers who lean toward a "learned behaviour" explanation. Marlatt would argue "addiction" is a human habit that can be unlearned.

Some researchers insist substance use problems reflect the disconnection some people feel. According to retired professor Bruce Alexander, for example, some of the fundamental constructs of our society—industrialization and the free-market economy—have created an environment that fosters problem behaviour in all of us. In other words, we have created a world where substance use problems are understandable coping mechanisms. And if we continue the way we are, we should expect an increase in the number of people with substance use problems.

Perhaps the simplest approach is to recognize that human behaviour—including substance use—is as complex as human beings themselves. That is, each individual's relationship with substance use is unique, and substance use problems may be a reflection of a wide range of "life" factors, including genetics, lifestyle, culture, habit, environment, and so on.





Keep your perspective

It took time for you to develop your current substance use pattern, so it may take time to change it (if indeed it needs changing).

Some people can make a decision to change their lifestyle and then simply go ahead and do it. They can quit smoking or go on a strict diet or buy a plane ticket south without any reservation. But most of us need time to adjust to new ideas.

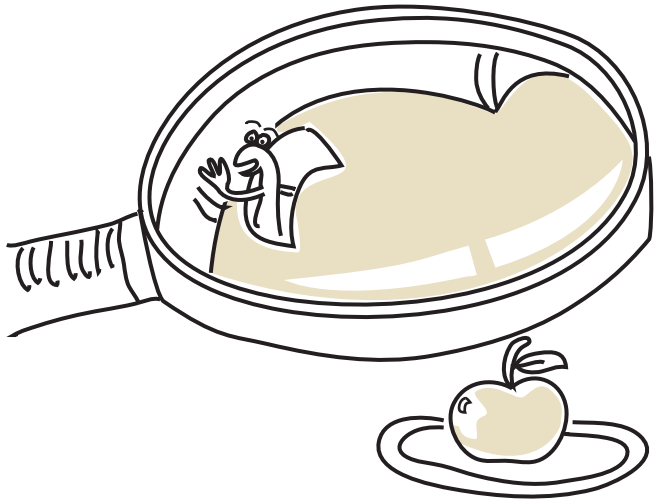
That said, it's important to know that you can start the change process and see positive results right away. For example, you will likely feel different if you cut back on the amount of cigarettes you smoke in a day, or reduce the number of times you drink in a week.

If making even these small changes are not yet possible, you can start thinking about why such changes might be difficult for you. Perhaps there's something about your relationship with change that's worth exploring. Maybe what's getting in your way of reaching your full potential has something to do with your perception of yourself or others. Who knows!

Whatever it is that may be making you resist healthy changes can be figured out. It just might take you longer than someone else.

Focus on the healthy things in your life

One strategy for getting your world back in order is to focus on the healthy things in your life that you want to continue doing or do even better and more often. It could be playing tennis, eating a low-calorie diet or learning a new language. If you're really serious about following through on your healthier goals, any substance use that conflicts with your plan will likely change on its own. (It's hard to play a mean game of tennis when you smoke. And alcohol has a funny way of packing on unwanted pounds, usually around your middle. And too much of any drug—or too little sleep—can affect your ability to remember things, especially foreign words and phrases.)



My support network

The stronger the network of supportive people in your life, the easier it will be for you to maintain healthy patterns and make positive changes.

Draw your own web

Write your name in the middle of the diagram below and label the inner circles with the people in your life who fit in different categories. Use the bubbles beyond the inner circle to brainstorm names of people connected to your inner circle, people who may also be able to help you in some way. Draw lines between the people who know each other to form a kind of web of support. Now think about how your web can support you.

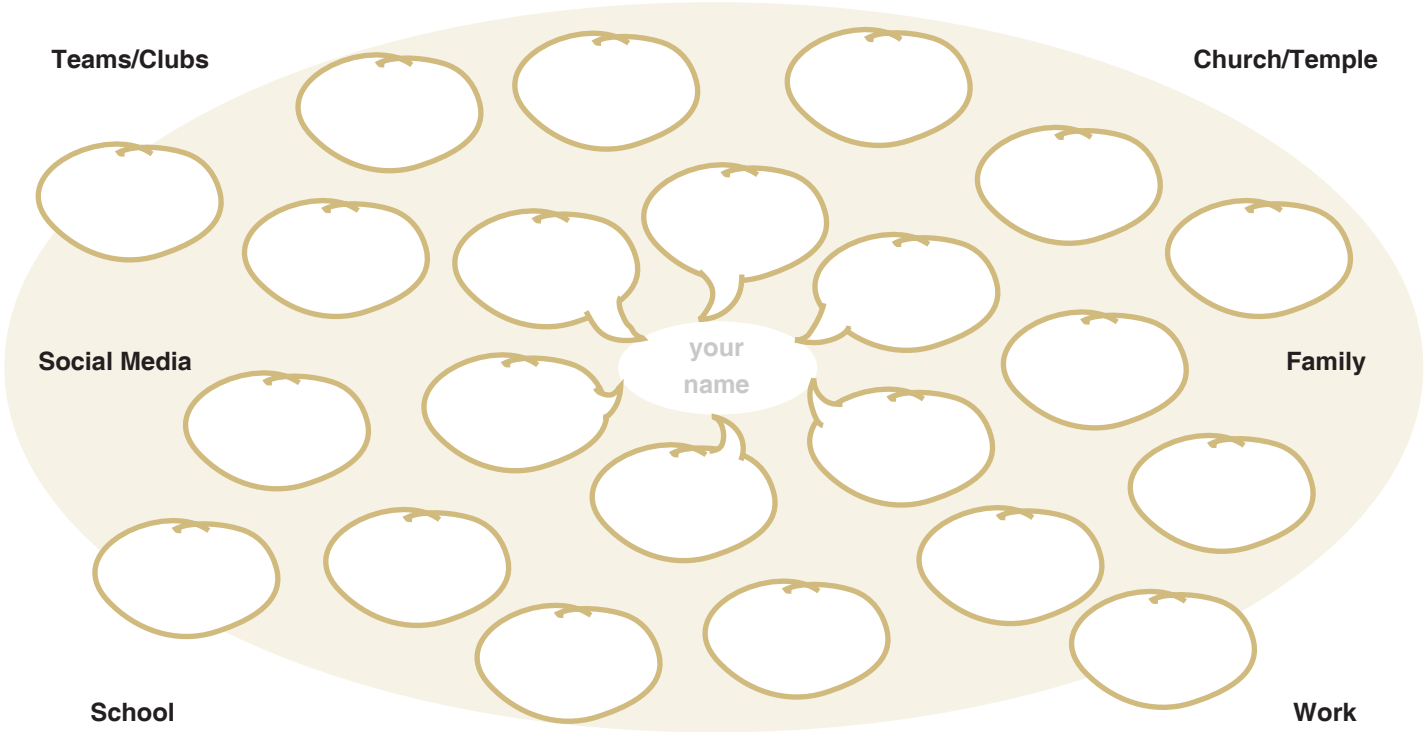


Figure out your triggers

More than any other high-risk trigger, your emotions may play the biggest role of all in how you operate as a human being, especially if you're sensitive or sensation-seeking by nature. If you're like many people, your substance use may be a coping behaviour.

Exercise

Take a walk

Play outside with your kids

Ride your bike

Play tennis or frizbee or hackey sack with a friend

Functions of substance use:

- ☐ reward
- ☐ thrill
- ☐ escape
- ☐ feeling accepted
- ☐ relieve craving
- ☐ feel relaxed
- ☐ high feeling/creativity
- ☐ feel better
- ☐ social comfort
- ☐ get to sleep
- ☐ wake up
- ☐ other: _____

My substance use most often functions as:

_____

_____

_____

FUN but healthy activities that serve the same function:

_____

_____

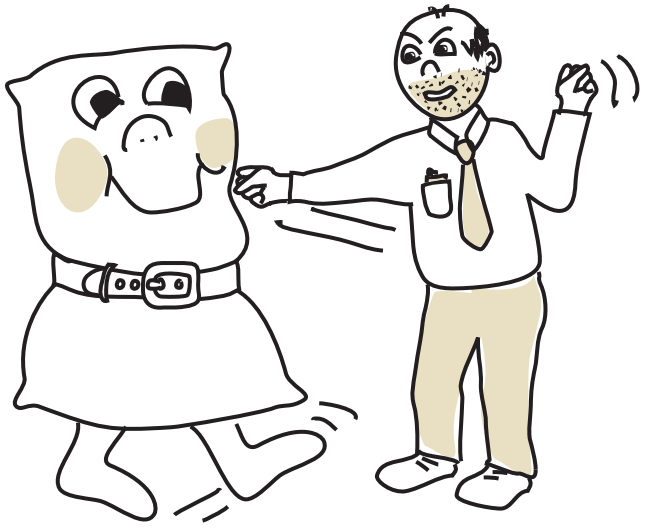
_____

_____

Prepare for success

You can prepare for success by making a list of things that might make changing difficult. If you know that it's going to be tough to resist, say, smoking a joint after work, plan ahead so you can manage the rough parts with minimal grief.

Think about what might happen when you first cut down or quit, and think about things you can do to lessen the blow. It could be a healthier alternative activity. It could be to call a friend who has cut down or quit herself. It could be to yell or punch a pillow or mumble "you can do it, you can do it" 20 times. It could be to reward yourself for each and every time you stick to your plan for, say, two whole weeks. (A twoonie in a jar for each time you did NOT smoke a joint after work could get you that rockin' CD or pair of sandals you wanted.)



Use your imagination

People who are successful in business and sports often say they see themselves making money or winning a championship before they actually do it. That's one of the ways they prepare themselves for the big sales pitch or sold-out game. You can do the same thing with changes you want to make in your life, whether it has to do with reaching a personal goal, building or repairing a relationship, or changing your drug use.

Imagine what it feels like to be a person who doesn't smoke. (Imagine no more smelly clothes, no more money down the drain, no more hustling to find matches and a place to light up, no more inconvenient cravings! Ah, the freedom.)

Imagine what it would be like to be able to have one drink once a week or so, and only if you feel like it. (No more bingeing followed by hours in bed recovering the next day. No more feeling the 5:00 p.m. tickle for a beer with the boys every day. No more putting so much money down the toilet—literally!)

Explore new activities

Sometimes it's hard to come up with ideas for new activities that can either help you move toward safer use of a drug, or take its place altogether. If this describes you, try revving up your imagination with the chart below.

	YES!	Maybe	No		YES!	Maybe	No
Rockclimbing	☐	☐	☐	Writing poetry	☐	☐	☐
Bungy jumping	☐	☐	☐	Travelling	☐	☐	☐
Knitting	☐	☐	☐	Weightlifting	☐	☐	☐
Doing puzzles	☐	☐	☐	Shopping	☐	☐	☐
Reading sci-fi	☐	☐	☐	Wood-carving	☐	☐	☐
Writing a novel	☐	☐	☐	Hiking	☐	☐	☐
Carpentry	☐	☐	☐	Growing food	☐	☐	☐
Biking	☐	☐	☐	Drawing	☐	☐	☐
Running	☐	☐	☐	Fishing	☐	☐	☐
Photography	☐	☐	☐	Playing hockey	☐	☐	☐
Playing guitar	☐	☐	☐	_____	☐	☐	☐
Cooking	☐	☐	☐	_____	☐	☐	☐

Know yourself

Some people like to formally declare when they're going to start their "new lifestyle." (Think New Year's Day.) They figure that by announcing to themselves and others that they're somehow locked in to the idea and can't get out of it. (Unfortunately, this isn't true. You usually need to work at it for a while to make it real.) Other people need to go one step further and write it all down in an action plan or a letter to themselves or even a contract. Others don't need to do any of the above. They know in their heads what to do and need only to GO FOR IT!

You know yourself better than anyone else does, so you know what will work best. If you really don't know, think about other times in your life that you've tried to make changes. How did you do it? Did it work? If "yes," you have your answer. If "no," try using the tools in this booklet.

Find new friends

Sometimes it's easier make a new start when you make new friends who don't use substances (or don't use them the same way in the same amount that you were using them). Besides taking up a new hobby to meet new people, you could try connecting with like-minded people on social networking sites or internet forums. Or you could meet new faces in a local church, sport group or other wellness-related organization.

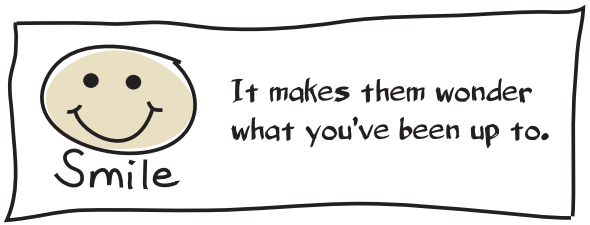
Stay positive

As you take steps toward change, you need to find a way to be as positive as possible. (No, you don't have to turn into PollyAnna or Ned Flanders or Simon Smiles-a-lot!) Keep in mind that it took time for you to develop your current substance use patterns, and it'll likely take you some time to develop and fully adjust to a different lifestyle.

Just don't give up on your decision to cut down or quit using a substance, even if you don't always feel motivated to put the work into being successful. Instead give it your all for as long as you can.

If you have a slip and go off your plan one day, don't be too hard on yourself. Think about why it happened, and plan for how you'll handle the same situation if it happens again.

Instead of wasting time and energy feeling angry or disappointed with yourself, focus on new solutions that will help you stay on track. Keep your eyes on your future and keep trying to put your plan into practice.



Put personality in its proper place

Your personality is an important factor in why and how you use substances. For instance, if you've been the dare-devil, sensation-seeking type since birth, you're more likely to take bigger risks with the type and amount of substances you use than people who have always been on the careful or shy side.*

But saying you're a risk-taker is not the same as saying you have an "addictive personality." (Most substance use experts deny there is such a thing anyway.) What it means is that if you require a lot of stimulation and excitement, you can serve yourself well by channeling your energy into risky but healthy activities, such as rock-climbing or other extreme sports (as opposed to risky but unhealthy activities, such as drinking a lot, or combining substances for a new high).

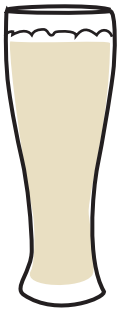
Many people have learned to use their risk-taking personality to their advantage by choosing exciting careers that other people wouldn't dare to take on. (Think firefighter or tree faller or high-wire circus performer!)

Are you the risk-taking type? The shy type? How would you describe your personality?

* *Shy people can develop substance use problems too. In fact, sometimes shy people end up using alcohol and other drugs as a way of breaking free of their shyness. They may enjoy the social confidence some drugs give them. But using for this reason can lead to problems—a shy person may start feeling like they* ***have to*** *use drugs in order to socialize. They also run the risk of sometimes overdoing it to overcome their social anxieties.*

Harm Reduction Strategies

5% Alc
350 ml
1 unit



5% Alc
18 oz
1.5 units

12% Alc
750 ml
5 units

12% Alc
150 ml
1 unit

40% Alc
1.5 oz
1 unit

2 oz
1.3 units

40% Alc
375 ml
7.5 units

Lower-Risk Drinking Guidelines

	Men	Women
To reduce long-term health risks, never exceed ***weekly limits***.	15 units	10 units
To reduce injury and other harms, never exceed ***daily limits*** and adjust your drinking according to the setting.	4 units	3 units
Do not drink when ■ operating vehicles or tools ■ taking medicine or other drugs ■ dealing with health problems ■ making important decisions ■ providing care to others ■ before breastfeeding The safest option during pregnancy or when planning to become pregnant is to not drink alcohol at all.	0 units	0 units
Alcohol can harm physical and mental development in ***young people***. Delay drinking until late teens and with parental guidance. Young adults are encouraged to adopt ***lower daily limits***.	3 units	2 units

Harm Reduction Tips

- drink in safe environments
- no more than 2 units of alcohol in any 3-hour period
- eat before or while drinking and alternate with non-alcoholic drinks

QUICK TIPS FOR REDUCING HARM

- ***Buy less so you use less.*** Buying large amounts of a drug may be cheaper, but you could end up using more than you want to simply because it's there.
- ***Set a time limit before you start.*** If you choose, say, to stop drinking at 10:00 p.m., watch the time, remind yourself of your time plan, and stick to it. Have some juice ready.
- ***Eat a meal before you start,*** and avoid snacking on salty foods, especially if you're drinking. You may drink more out of thirst.
- ***Lower your dosage and frequency.*** In other words, drink, smoke or inject in smaller amounts—and less often—than you do now. When it comes to alcohol, this could mean choosing light beer or other low-alcohol drinks, or alternating drinks with water or pop.
- ***Choose the least harmful method of use.*** Injecting a drug carries more risk than smoking, snorting or swallowing it. (If you do inject drugs, avoid the neck area.) When it comes to cannabis, using a vaporizer or smoking a joint (with a rolled up cardboard filter) is safer than using a bong and some pipes.
- ***Plan out some drug-free days.*** The fewer days in a row you use a drug, the better. If you use the drug every day, try cutting back your use to every other day, and try not using it at all for two to three days. (Make sure you have in mind other ways to spend your time and energy so you don't end up sitting around and thinking about how you miss getting buzzed.)
- ***Use at your own speed*** and don't feel pressured from others to pick up the pace.
- ***Find someone caring and understanding*** to talk to when you're struggling to stick to your reduced use plan.
- ***Read self-help books*** that feature stories about people who have successfully cut down on or quit using a drug.
- ***Put condoms in your pocket*** before you start using a drug, even if you're not planning to have sex. You might change your mind.

Know where to go if you need more help

Sometimes no matter how hard you try to fix things yourself, you end up having to call in extra help. Don't be afraid to reach out.

Note: This doesn't mean giving up control of your mind, body, heart or spirit. You are still the boss. You are still the one who makes the final decisions about the type and degree of changes you make.

One way to get help is to talk to a doctor you trust and feel comfortable confiding in. Another way is to seek help from family and friends. Refer to your support circle to find people you can talk to when you're having a rough time and need help sticking to your plan.

If you need help from professionals, call the ***Alcohol and Drug Information Referral Service*** to find support in your area.

To get help anywhere in BC, call 1-800-663-1441.

In Greater Vancouver, call 604-660-9382.

For information about substances and related issues:

heretohelp
Mental health and substance use information you can trust

www.heretohelp.bc.ca

University of Victoria | Centre for Addictions Research of BC

www.carbc.ca

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