FACILITATOR'S GUIDE

GOOD TRIP BAD TRIP

Discussion Group on Substance Use

GOOD TRIP – BAD TRIP
Facilitator's Guide
1st Edition
Institut universitaire en santé mentale de Montréal
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TESTIMONIALS

"The group strengthened my resolve to get clean, and gave me the confidence to say no to drugs. I learned a lot about just how harmful drugs can be."
- Anonymous

"The group has really helped me develop my social skills and to get involved in other group activities. I used to spend my days getting high, and now I am involved in rehab activities, I do art, I cook, I'm in better shape and I go for bike rides."
- Jack

"The group is a wonderful support system of people who are going through the same things you are and who can provide a listening ear. I learned a great deal about myself and my substance use."
- Anonymous

A WORD FROM THE EDITORIAL BOARD

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PREFACE

In DSM-5, the terms "substance abuse" and "substance dependence" have been replaced with "substance use disorder." However, these terms have been kept in this document since they are still frequently used in the field by both care providers and users.

For the sake of simplicity, the term "drug" includes alcohol use in MODULE 2 – PSYCHOEDUCATION.

In this document, the masculine form is used to simplify reading of the text.

DOCUMENTS AVAILABLE ON THE USB KEY

Legend:

This icon indicates that a referenced document is available on the USB key.

Posters

A.1	Posters with a slogan
A.2	Posters without a slogan

Pre- and post-group assessment

Assessment 1	Statements on substance use topics discussed in group meetings
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INTRODUCTION

By **Stéphane Potvin**, PhD
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PSYCHOTIC DISORDERS AND THEIR IMPACT

Psychotic disorders include disorders such as schizophreniform disorder, schizoaffective disorder, brief psychotic disorder, delusional disorder and schizophrenia, the lifetime prevalence of which is slightly less than 1 %. Schizophrenia is a severe mental illness that is characterized by positive (delusions, hallucinations) and negative (lack of motivation, social withdrawal) symptoms, along with major psychological problems.

The social and day-to-day functioning of persons with schizophrenia can be significantly impeded. In fact, it is estimated that schizophrenia alone accounts for close to 50 % of mental health costs in Canada, mainly attributable/due to rehospitalizations for psychotic relapses.

Long ignored by psychiatry, the cognitive impairment associated with schizophrenia is now recognized as being among the main symptoms of this major mental illness. About 70-75 % of persons with schizophrenia have significant cognitive impairment. On average, their performance is mid-way between the norm and that of persons suffering from dementia. Cognitive impairment in schizophrenia is varied and affects attention, memory (both short- and long-term), speed of processing, organizational and problem-solving skills, and social cognition. Important fact: The cognitive impairment of schizophrenia is what best predicts the social and occupational functioning of individuals with schizophrenia (Greene, 1996). In fact, it is difficult to form relationships, go to school or hold a job if you are constantly distracted, not able to read other people's emotional responses, and have difficulty recalling information.

Substance use disorder: A non-negligible comorbidity

Substance use disorders (SUDs) are psychiatric disorders that have been found to most commonly co-occur with schizophrenia. In fact, close to 50 % of individuals with schizophrenia will also have problems with alcohol and/or drug use in their lifetime (Regier et al., 1990). The figures are even higher for smoking, as 60 to 95 % of individuals with schizophrenia will become regular cigarette smokers at some point in their lives.

SUDs are among the most frequently encountered psychiatric disorders in the general population and are characterized by a complex set of symptoms, such as uncontrollable urges to use (craving), tolerance (reduced effect for the same dose), withdrawal

symptoms, difficulty cutting down, not to mention the psychological, medical and daily consequences associated with substance use. Note that the DSM-IV made an arbitrary distinction between abuse and dependence, while the DSM-5 has replaced the concept of abuse with the concept of a continuum of the severity of substance use problems.

Psychoactive substances and the reward system

There are three major categories of psychoactive substances associated to substance abuse, i.e., central nervous system depressants (e.g., alcohol, benzodiazepines, heroin), psychostimulants (e.g., amphetamines, cocaine, tobacco) and hallucinogens (e.g., cannabis, ecstasy, LSD).

While depressants are popular for their calming and relaxing effects, psychostimulants are used mainly for their euphoric effects, and hallucinogens for their mind-numbing and perception-altering effects.

In North America, the general population uses, in decreasing order, alcohol, tobacco, benzodiazepines, cannabis, cocaine, amphetamines, hallucinogens and heroin. Whereas LSD use is generally declining, demand for methamphetamine is on the rise.

From a physiological standpoint, alcohol and drugs produce their effect on the brain through mechanisms that vary widely from one substance to another. Despite these complex mechanisms of action, psychoactive substances, except for benzodiazepines and some hallucinogens, share the common property of releasing dopamine (a neurotransmitter) in the brain's reward pathways. This reward system represents the brain's pleasure circuit, to some extent, and its main projections are found in the limbic system, which is responsible for emotional processing. Over time, as the reward system is overstimulated, it is no longer able to find equilibrium. This is when addiction starts, and users reach a state whereby they derive increasingly less pleasure from using substances and whereby the simple pleasures of life are no longer meaningful.

Associated consequences

Alcohol and drugs have psychological, cognitive, neurological, medical and social consequences that cannot be underestimated. In schizophrenia, SUDs are clearly associated with a wide array of adverse effects, including increased psychotic relapses and rehospitalization; anxiety, depression and suicidal ideation; impulsive and violent behaviour and legal problems; employment and housing problems; non-compliance (pharmacological and psychosocial treatment); and medical problems (Potvin et al., 2003).

Focus should also be placed on cigarette smoking given that it can take a real toll on the physical health of individuals with schizophrenia and whose life expectancy is lower than that of the general population. For example, it has been estimated that schizophrenia patients who smoke have a 12-fold increased risk of dying from stroke (Kelly et al., 2011).

In the non-schizophrenia population, alcohol and drug abuse has a harmful effect on cognitive functioning (Potvin et al., 2013; Stavro et al., 2013). SUDs can therefore be expected to worsen cognitive impairment in schizophrenia. However, the reality is much more complex. Although it is true that psychoactive substances can worsen cognitive impairment in schizophrenia, it appears that alcohol and cocaine are primarily responsible for producing these harmful effects. Furthermore, the real problem resides in long-term use (Potvin et al., 2008). Given the importance of cognition in schizophrenia, this information cannot be overlooked.

Explanatory hypotheses

The reasons why SUDs occur so frequently in schizophrenia are not fully understood; however, a number of hypotheses have been proposed (Mueser & Drake, 1998).

One hypothesis suggests that drug and alcohol use could increase the risk of developing schizophrenia. It is well known, for instance, that most psychoactive substances can cause toxic psychosis similar to schizophrenia. Toxic psychosis caused by methamphetamine use can last up to six months. Based on these clinical observations, major studies were conducted in the general population which showed that cannabis use increases the likelihood of developing psychotic symptoms (Moore et al., 2007). However, this is only a slight increase, one that in no way suggests that cannabis use alone would be sufficient to cause psychiatric disorder as complex and incapacitating as schizophrenia. On the other hand, it is quite possible that cannabis use can trigger a first psychotic episode in people with a strong predisposition to developing schizophrenia.

Another explanation is the self-medication hypothesis, which proposes that individuals with schizophrenia use psychoactive substances to alleviate the symptoms of their illness (anxiety or depression) or the unwanted side effects of antipsychotic medications (Khantzian, 1997). The concept of self-medication applies well to smoking, since nicotine can definitely improve certain cognitive impairments of schizophrenia, including attention deficits and short-term memory problems, along with problems in filtering out irrelevant information from the environment (Légaré et al., 2007). Regarding the other substances, the relevance of the concept of self-medication is not as clear and is not universally accepted (for a critique, see Potvin et al., 2003).

Biological reasons could also account for why so many individuals with schizophrenia experience substance use problems. Schizophrenia is associated with hypersensitivity to the effects of psychoactive substances. In schizophrenia, the transition from initial use to abuse seems to occur more rapidly than in the general population, and problems can occur even when small amounts are used that would not be problematic for non-psychotic substance users. As previously seen, the main mechanism through which psychoactive substances produce their euphoric effect is dopamine release in the brain reward system. Meanwhile, schizophrenia is itself associated with a disruption of dopamine activity in the brain (Howes et al., 2012), thus potentially making individuals with schizophrenia more vulnerable to the rewarding effects of drugs and alcohol.

Many believe that the social network also plays a determining role in the comorbidity between schizophrenia and SUDs. Individuals with schizophrenia often live in environments where substance use is one of the few available pastimes, and it can be difficult for them to resist peer pressure.

Lastly, individuals with schizophrenia may have particular subjective reasons for using, such as feeling more socially accepted when they do. Similarly, it can sometimes be noted in clinical interviews that some individuals with schizophrenia seem more at ease attributing their delusions and hallucinations to the effects of psychoactive substances rather than to an actual psychiatric disorder.

Besides these relatively specific reasons, most reasons for using drugs are not all that different from those mentioned by non-psychotic substance users. In fact, schizophrenia patients say they use drugs primarily for fun and to relieve boredom, to deal with stress, and to fight depression.

What types of treatments or interventions are available?

In terms of treatment, efforts have been made to determine whether second-generation antipsychotics (e.g., olanzapine) would relieve substance use disorders among individuals with schizophrenia to a greater extent than first-generation antipsychotics (e.g., haloperidol). With the exception of clozapine, however, there is no conclusive evidence in this respect, and even in the case of clozapine, formal proof of its superiority still needs to be established (Zhornitsky et al., 2010).

In clinical settings, the real issue is more about compliance than efficacy. Given that compliance is already an issue in schizophrenia and that SUD is associated with greater non-compliance, the use of long-acting injectable antipsychotics can sometimes be an appropriate therapeutic approach. Among the medications used in the treatment of substance use disorder, nicotine replacement therapy has proven to be effective in preventing smoking relapse in cases of schizophrenia (Tsoi et al., 2013).

In comparison, considerably more efforts have been invested in setting up and studying psychosocial interventions that target substance use disorder in schizophrenia. These interventions are based on a set of principles recognized by numerous groups worldwide. In general, it is estimated that the services available to people with both schizophrenia and a co-occurring substance use disorder should be integrated (in the same environment), compared to services offered sequentially or in parallel. Similarly, the available interventions should also be integrated, meaning that they should be provided by teams made up of people with training in both mental health and drug addiction. It is wrong to think that the substance use disorder will disappear simply by treating schizophrenia. The opposite reasoning is equally wrong. Schizophrenia and substance use disorders are two primary disorders, and they need to be treated together.

In terms of intervention philosophy, once again there is widespread consensus among the various groups that have set up efficient interventions for individuals with schizophrenia and a co-occurring substance use disorder. According to this philosophy, moralizing approaches and the push toward abstinence are no longer acceptable, at least over the short term. Instead, a motivational approach is used, based on the stages of change developed by Prochaska and DiClemente. Once a therapeutic alliance has been established with the person dealing with a substance use disorder, the work focuses on motivation to change. Plans to reduce substance use and strategies to prevent relapse and replace substance use with other gratifying and fulfilling activities can be implemented only when there is motivation.

With respect to comorbidity, interventions that are based on the motivational approach frequently include elements of psychoeducation and cognitive-behavioural therapy. The latter can be very useful for teaching substance users how to manage stress, develop social skills that enable them to resist alcohol and drugs, and manage cravings (Drake et al., 2008; Horsfall et al., 2009). The group intervention that follows is widely based on these various approaches.

Note that family interventions can be highly effective in treating individuals with comorbid schizophrenia and SUDs; however, it is interesting to note that this type of intervention is most effective when families are taught and understand the principles of the motivational approach.

Hope

Despite the many consequences associated with substance use disorders, there is still hope for people with schizophrenia. They can expect an improvement in their condition by controlling their substance use—a very possible achievement for them.

INTRODUCTION
TO THE GROUP

This group is intended for individuals with both a psychotic disorder and a substance use disorder (alcohol and/or drugs).

It consists of four modules:

- MODULE 1 – MOTIVATIONAL
- MODULE 2 – PSYCHOEDUCATION
- MODULE 3 – SOCIAL SKILLS
- MODULE 4 – SUBSTITUTE ACTIVITIES

Purpose

Raise awareness of the impact of drug use on daily life and on the skills and strategies needed to change these behaviours, with the aim of initiating discussions.

General objectives of the modules

- MODULE 1 – MOTIVATIONAL: Initiate discussion on drugs and/or alcohol use
- MODULE 2 – PSYCHOEDUCATION: Acknowledge the effects of drugs from a psychological, physical and cognitive standpoint, along with the interactions between drugs, prescription medication, and their impact on mental health
- MODULE 3 – SOCIAL SKILLS: Improve users' ability to assert themselves and say no to drugs in social situations linked to substance use
- MODULE 4 – SUBSTITUTE ACTIVITIES: Identify high-risk situations and alternatives to drug and/or alcohol use

Participant selection criteria

- Being sufficiently stable psychologically to handle a 90-minute group meeting
- Agree to talk about alcohol and/or drug use and listen to various opinions

Anyone meeting these criteria can be admitted to the group regardless of their stage of change (see **Module 1 – Motivational**).

Useful to know

Certain participants refuse to participate in a group but they sometimes agree to attend sessions and eventually find it easier to get involved in group activities.

Participants

Six to eight participants per group led by two facilitators.

Type of group

Semi-open: each module is closed, but depending on availability, new participants can be admitted at the start of Module 2 – Psychoeducation.

After this, no new participants can be included in the group.

Group rules

- **Confidentiality**
  The information shared by the participants is kept confidential. Participants are informed that they must not discuss such information outside the group and that the same rule applies to the facilitators, unless they are required to do so by law (i.e., when there is imminent danger to the person or to others). It has been agreed with the treatment teams that no information related to substance use shall be disclosed so as to ensure participants feel free to openly discuss their issues. File notes include the module objectives, attendance and the person's participation in the group.
- **Use of alcohol and/or drugs and disruptive behaviour**
  Participants who show up intoxicated can still take part in the group provided if their behaviour is not disruptive. Participants whose behaviour does disrupt the group will be asked to leave and invited to join the next session. However, it would be important to discuss the situation with the person before the next session. A discussion of the situation can encourage problem-solving and support abstinence. The facilitators must remain vigilant since these situations can heighten tensions and conflicts, and cause a participant to leave the group.
- **Respect of others**
  This means that people are entitled to their opinions and have the right to make decisions regarding their lives without being criticized, judged or put down by the other participants. Caution is advised since participants are at different stages of change. Some people can be models, but others may be very critical about what some of the participants are saying. The facilitators must remember that people are free to live their lives the way they want and that many roads lead to recovery.
  It should also be noted that true change must come from within and not be in response to outside pressure.
- **Attendance and punctuality**

Frequency and duration

- Twice a week to ensure participants receive appropriate support
- 90 minutes per session with a break as needed
- About 18 to 20 group sessions total for all the modules

Location and materials

The room must be large enough so that the chairs can be placed in a circle with enough space for the role-playing exercises. The following is also required:

- A projector with a computer for the PowerPoint presentations and the video
- Technology that allows for videotaping and to show the video on a TV screen or through a projector (e.g., camera, smartphone, tablet)
- A board

Facilitation

- A facilitator is responsible for conducting the sessions
- A facilitator makes sure that participants contribute to the discussions and that they receive information and feedback suited to their needs and capacities
- The facilitators never judge and are receptive to what participants have to say
- They acknowledge and support each effort that is made toward the desired goal
- They use motivational interviewing intervention strategies (see **Intervention strategies – Module 1 – Motivational**)

Description of sessions

- Welcome: Participants are asked to talk about their substance use and to share how their thinking has changed since the previous session
- Review of the previous session
- Presentation of session objectives
- Activities and discussion
- Assignment of homework

After each session, participants will be asked to do some homework for the next session. To encourage involvement, facilitators offer participants the option of doing the exercise immediately after the session or to arrive a little earlier before the next session.

PRE- AND POST-GROUP ASSESSMENT

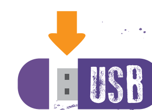
Objectives

- Assess the impact of group participation for each participant:
  - Assess the perception of substance use
  - Assess the predisposition to change

Activity

- Questionnaires and interview

Questionnaires are proposed for the assessment and interview:



- **Contemplation ladder**
- **Changes in substance use or Maintaining reduced levels of substance use**
  Choose either document based on the person's situation
- **Statements on substance use topics discussed in group meetings**

While these instruments have been adapted from scales published in peer reviewed journals, these specific versions have not been investigated in this clinical setting. These questionnaires serve to initiate discussion and active participation during the interview.

Useful to know

Paradoxically, we have noted lower results for certain statements and scales in the post-group assessment which we believe are due to a greater capacity for self-reflection.

Based on our clinical experience, there is a very low withdrawal rate for this group. We have also noted that those who do withdraw tend to register lower scores on two subscales (Importance and Readiness).

Among the effects that we observed, we have noted increased involvement in the therapeutic process.

MODULE 01 MOTIVATIONAL

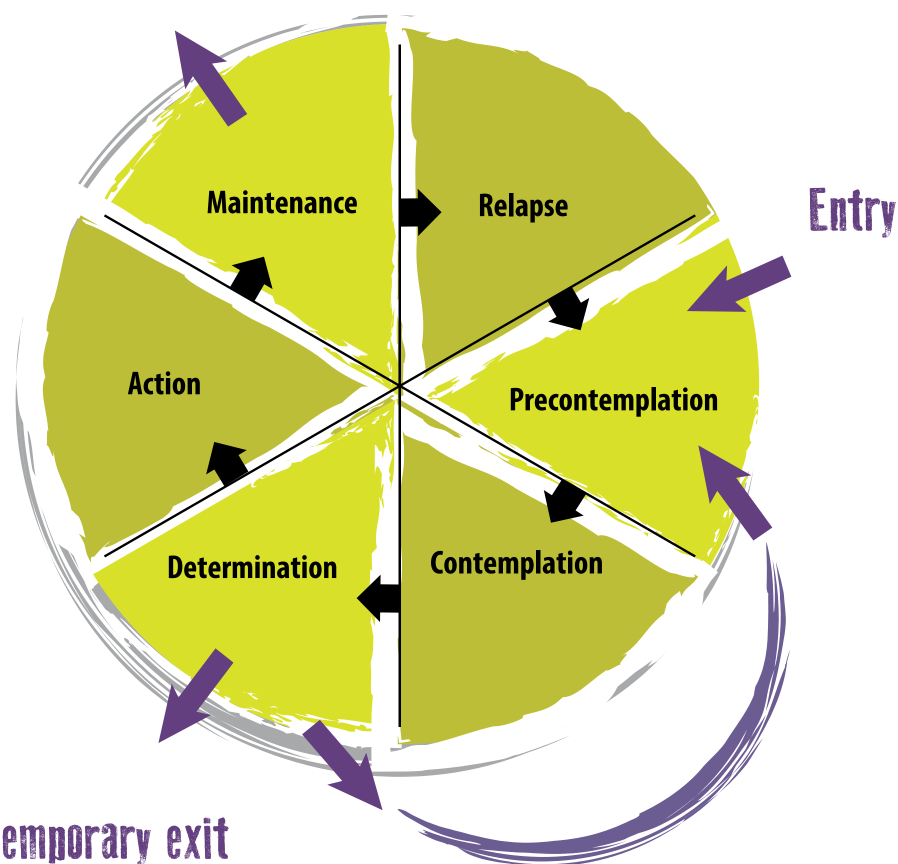
MODULE 01 MOTIVATIONAL

General objective

- Initiate discussion on drug and/or alcohol use

A few theoretical concepts

1. Transtheoretical Model of Change (stages of change)



This model suggests that individuals with a substance abuse problem go through various stages:

- **Precontemplation**
  People in this stage do not believe they have a substance use problem. The benefits they receive greatly outweigh the drawbacks.
- **Contemplation**
  People in this stage are considering a change in their behaviour, but are hesitant to give up the benefits of the current situation. They recognize the drawbacks of substance use and suggest reducing rather than stopping use. These people believe they are able to stop on their own, when they decide to. This stage is characterized by ambivalence.
- **Determination**
  People in this stage are ready to take action in the near future: they set a date to stop and decide on how to achieve it. They doubt in their ability and may return to the previous stage.
- **Action**
  People in this stage use ways to remain clean or sober. The change process has been initiated and they begin to believe that success is possible. The support of family and friends is critical at this stage.
- **Maintenance**
  People in this stage stay focused on the objectives, and the urge to use decreases. However, they sometimes question the need for total abstinence as opposed to a reduction in use. The risk of relapse is high, which is why a prevention plan is needed.
- **Relapse**
  Relapse is possible and is part of the normal change process. It may be necessary for the final change process to be successful.

Change is a dynamic and fluctuating process. People who have gone through a stage may go back to a previous stage. Note that based on this model, relapsing is normal and five or six attempts may be required before finally exiting the wheel of change.

During the change process, people sometimes experience contradictory emotions; group discussions are means for exploring the complex nature of ambivalence, and for progressing in terms of reflection and through the stages of change. Ambivalence is often incorrectly considered as an expression of denial or an unwillingness to change. The facilitators' role is to explore the person's perspective, and to encourage talk about change in order to help the person to overcome his/her ambivalence, to face the situation and, consequently, to move toward the next stage of change.

2. Motivational interviewing

Motivation to change: All the forces that influence the decision to change a behaviour, the implementation of change strategies, and the maintenance of the new behaviour (Miller & Rollnick, 2002).

Readiness to change means a person's openness to engage in a process of change. It comprises three parts:

- **Ready**
- **Willing**
- **Able**

Change talk

The main purpose of motivational interviewing is to encourage change talk. Change talk consists of the person's views and arguments in favour of change. The facilitators attempt to encourage change talk by bringing it up, through reflection, summarizing, etc.

For Miller & Rollnick, change talk is grouped into four categories:

1- Advantages of change
2- Disadvantages of status quo
3- Optimism about change
4- Intention to change

Paul Amrhein (2003) has established different categories to classify change talk during motivational interviewing:

- **Desire**
- **Ability**
- **Reasons**
- **Need**
- **Commitment**
- **Taking steps**

For Amrhein, talk that expresses desire, ability, reasons and needs builds the motivation for change and is a prerequisite for commitment to change. The intensity of the commitment and the first steps are predictors of a change in behaviour.

Concept and therapeutic principles

- **Collaboration**
  The therapeutic relationship is more a partnership than a relationship between an expert and a service user.
- **Evocation**
  The facilitator eases the process and invites participants to present their arguments, express their motivations, solutions, goals and desire for change.
- **Autonomy**
  The resources and motivation for change reside in each person, and each person is responsible for making a decision regarding his/her substance use. The facilitator's role is to help the person make an informed decision and to believe in the person's potential for change.

Reminder

Resistance is a sign that a change in attitude is needed on the facilitator's part.

The motivation to change must come from the person and should not be imposed from outside.

Intervention strategies

- Express empathy: be a good listener and make an effort to fully understand the person's situation and problems
- Develop discrepancy: current versus desired situation or behaviours versus values
- Roll with resistance: avoid confronting and arguing
- Support self-efficacy: recognize each effort

Proposed techniques

- **Open-ended questions**
- **Affirm**
- **Reflective listening**
- **Summary**

Facilitation tips

Encourage participation, respect each person's individual pace and personal process.

Avoid confrontation, giving advice, attempting to persuade, being argumentative, intrusive or downplaying the efforts that are made.

Provide information in the spirit of motivational interviewing.

Facilitators lead discussion and exchanges on substance use experiences. They ask questions to highlight the beliefs and differences in opinion in order to engage participants in change talk.

Some participants may find it hard to talk. The facilitators may, in such cases, help them participate based on their level of comfort. It is more important to maintain the participants' level of comfort than to require active participation. Facilitators must allow enough time for participants to express themselves before intervening, and encourage them to consider the effects of their substance use on their life goals and on those of the other participants. It is important to make sure that the intervention atmosphere is relaxed and friendly. Anecdotes and humour can be used to make the atmosphere more relaxed and increase the level of trust.

Useful to know

An intervention by a peer has a greater impact than an intervention by the facilitators.

SESSION 01

General objective of Module 1 – Motivational

- Initiate reflection on drug and/or alcohol use

Welcome

- Introduction of facilitators
- Introduction of participants

Session objectives

- List the reasons for taking part in the group
- Challenge certain preconceived notions related to drug and/or alcohol use

Activities and discussion

Group presentation

- Handing out of workbooks to participants. This document belongs to them and they have the option of taking it with them or leaving it with the facilitators until the next session
- The following information is provided to the participant on the group
  - Purpose of the group
  - Frequency and duration
  - Group rules
  - Description of sessions

For more information, see **"Introduction to the group."**

Facilitation tips

Mention that the sessions are centered on reflection, discussion and the opportunity for change, and that participants will ultimately make the final decision.

For example: "The purpose of the group is not to change you. We hope that your participation in this group will help you to reflect on your situation and to participate in constructive discussion on the possibility of implementing change. It is important to remember that if any changes need to be made, you will decide what they will be."

Mention the confidentiality limits.

Example: "You are entitled to confidentiality. Everything that is said in this group related to you or any of the participants must stay within these walls. However, under the law, we are required to break confidentiality in specific cases, such as when we have reason to believe that there is an imminent danger to you or to others."

Write the group rules down and post them where they can be seen, if necessary.

Determining participants' motivations

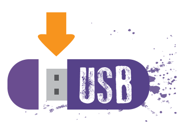
The participants introduce themselves again and explain why they are taking part in the group. This allows the facilitators to obtain information so that they can determine the issues involved and the motivation for change.

Facilitation tips

Ask a few additional questions based on the perceived level of comfort.

Summarize each participant's motivations by emphasizing change talk.

Presentation of images in connection with substance use



- "Pot and driving" advertising poster
- Illustration: "I'm more creative when I smoke cannabis"
- Illustration: "Cannabis is a natural product, so it's healthy"
- Illustration: "I hallucinate when I get high"
- Illustration: "I have no energy since I started smoking pot"

Discussion

Examples of questions and interventions:

- What do you see in the picture?
- What are your impressions?
- What message is being conveyed? What title could you give to the situation?
- Do you agree or disagree with the situation? Why?
- Summarize the discussion by pointing out that people have different opinions and emphasize change talk
- Cast some doubt, point out inconsistencies or misconceptions such as it's a natural product so it's good for you; smoking pot is relaxing; everybody does it, so it's OK, etc.

Useful to know

The participants usually make appropriate comments regarding the poster and find the various situations amusing. They often downplay the impact of substance use and claim that the addiction is a result of their illness and their living situation (e.g., no job, few enjoyable activities and responsibilities).

Homework

Complete the following documents:

- My expectations about substance use
- Concerns

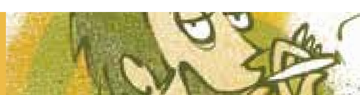
Facilitation tips

Suggest that participants fill out the questionnaires after the session.

Useful to know

Some participants prefer to have us keep their workbook because they're afraid it may be read by relatives.

HOMEWORK



My expectations about substance use[1]

	Yes	No
Using alcohol or other drugs makes me feel less shy		
I'm more clumsy after drinking or using drugs		
I'm more romantic when I use alcohol or other drugs		
Alcohol or other drugs make the future seem brighter to me		
When I use alcohol or other drugs, it is easier to tell someone off		
Using alcohol or other drugs makes me feel good		
I'm more in control of my actions when I've used drugs and/or alcohol		
I can concentrate better when I've used drugs and/or alcohol		
Alcohol or other drugs help me sleep better		
I'm less bored when I use drugs and/or alcohol		
Drug and/or alcohol use makes sex better		

[1] Adapted from Velasquez, Maurer, Crouch & Di Clemente (2001) by André Jauron and Patricia Maisl, Clinique Cormier-Lafontaine.

Concerns

Has a member of your family, a friend or someone else you know expressed concern about your substance use?

Who is this person?

What is he concerned about?

Have you ever been concerned about your own substance use?

If so, why?

Are you currently concerned?

SESSION 02

Welcome

Review of the previous session

- Ask what the participants retained from the previous session (discussions on the illustrations in connection with substance use)
- Reiterate each person's motivations for taking part in the group

Session objectives

- List the reasons for substance use
- Reflect on the need to "tune out"
- Provide the context for one's own experience with substance use

Useful to know

Participants liked the video and the theme song. They could relate to what the young people who contributed to the video were saying.

Activities and discussion

Projection

- **Chapter 1 – The experience of substance use (4:40 minutes) in the video *Les années volées* (Stolen Years)**
- **Chapter 2 – The flip side of the coin (6:35 minutes) in the video *Les années volées* (Stolen Years)**

Discussion following the video

Examples of questions and interventions in relation to the video:

- Cannabis is a natural product: What do you think about that?
- In your opinion, what is the main reason that leads young people to try drugs? And what is the main reason in your case?
- What connections do you draw between the testimonials and your story?
- Which testimonial could you relate to the most?
- Which testimonial best represents your experiences and beliefs?
- What led you to use drugs and/or alcohol? Do you still get any benefits from using drugs and/or alcohol?
- What do you think about people who don't use or who have stopped using drugs?
- Summarize the discussions by emphasizing the aspects related to the change talk.

Homework review

- My expectations about substance use
- Concerns

Facilitation tips

Mention points in common, inconsistencies or differences of opinion before getting participants to talk about change.

Use humour when needed.

Homework

Complete the following documents:

- About drug and/or alcohol use
- Snapshot of my situation

About drug and/or alcohol use[2]

	Yes	No
In the last 12 months:		
Have you used substance before midday?		
Have you used substance when you were alone?		
Have you had memory problems when you use substance?		
Have friends or your family members told you that you ought to reduce your substance use?		
Have you tried to reduce or stop your substance use without succeeding ?		
Have you had problems because of your substance use (arguments, fights, accidents, bad results at school)?		

2 Legleye, Karila, Beck & Reynaud, 2011/ ESPAD European Inquiry conducted in the framework of EMCDDA

Snapshot of my situation

During the last week:

I used ____________ days

I felt like using ____________ days

I've been concerned about my use ____________ days

I thought about quitting ____________ days

I felt:

- ☐ Depressed
- ☐ Anxious
- ☐ Mistrustful
- ☐ Other: ____________

I experienced:

- ☐ Hallucinations
- ☐ Verbal aggressiveness
- ☐ Violent behaviour
- ☐ Other: ____________

I noted changes in my relationships:

- ☐ I withdrew
- ☐ I was irritable
- ☐ There was tension between myself and my family/friends

I noted changes in my activities:

- ☐ I neglected my personal hygiene
- ☐ I had trouble concentrating
- ☐ I missed appointments, classes, work
- ☐ I didn't do any housework
- ☐ Other: ____________

SESSION 03

Welcome

Review of the previous session

- Ask participants what they retained from the previous session
- Recall the key points of the discussions. Example: Reasons for using and sought-after effects

Session objectives

- Acknowledging the disadvantages and consequences of drug addiction
- Being aware of the impact of substance use on a person's learning capacity

Activities and discussion

Projection

- **Chapter 3: Discovering you're an addict (3:00 minutes) from the video *Les années volées* (Stolen Years)**
- **Chapter 4: Pot, school, learning (4:30 minutes) from the video *Les années volées* (Stolen Years)**

Discussion following the video

Examples of questions in relation to the video:

- Based on the testimonials, what impact does drug and/or alcohol use have on health and relationships (e.g., intimate relationships, family, friends)?
- Have you experienced similar effects? Different effects?
- What do you think about what the young people in the video were saying about the impact of drug and/or alcohol use on their school grades?
- Have you tried to cut down or stop using?
- How did you do it? What caused you to relapse?
- What type of information may have led you to change your mind?

Review of homework

- About drug and/or alcohol use
- Snapshot of my situation

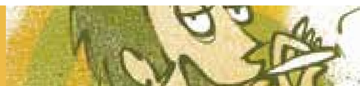
Facilitation tips

Mention each person's motivations, the points in common and differences of opinion in order to encourage change talk.

Homework

Complete the following documents:

- Reasons to reduce or stop using
- What could motivate me to change



Reasons to reduce or stop using[3]

Place a checkmark next to the reasons that affect you the most.

With respect to my health:

- ☐ You are experiencing attention problems and your academic life/learning is affected.
- ☐ You are starting to develop respiratory problems. You regularly suffer from bronchitis.
- ☐ Since cannabis contains more tar than cigarettes do, you run a greater risk of developing mouth, throat and lung cancer.
- ☐ People who are vulnerable may develop heart problems and asthma.
- ☐ Cannabis favours the development of psychiatric disorders in fragile individuals.
- ☐ Cannabis substantially decreases reflexes and is responsible for road accidents.
- ☐ An increasing number of users report panic attacks, paranoia, feeling sick, bad trips, sleep problems and addiction.
- ☐ Other: ______________________________

With respect to my social life:

- ☐ You increasingly avoid your family and friends
- ☐ Your circle of friends only consists of drug and/or alcohol users
- ☐ You do not have healthy relationships
- ☐ You feel harassed by your boyfriend/girlfriend or your parents, who want you to stop using drugs and/or alcohol
- ☐ People frequently comment on your inappropriate behaviour when you are under the influence of drugs and/or alcohol
- ☐ You take risks when under the influence of drugs and/or alcohol (sex, driving)
- ☐ You risk being expelled from school or fired from your job
- ☐ You spend a lot of time trying to buy alcohol and/or drugs or finding the money to do so
- ☐ You have cut down on your leisure activities
- ☐ You fear drug testing
- ☐ Other: ______________________________

With respect to my finances:

Assess the cost of your drug and/or alcohol use.

Fill out the following form and calculate how much you spend each year.

Also include the cost of paper, tobacco, and other materials (e.g., pipes).

$__________ Cost per week x 52 = $ __________

$__________ Cost per month x 12 = $ __________

Total annual amount: __________

(continuation)

With respect to legal matters:

- ☐ You're afraid of getting arrested
- ☐ You fear being held in custody
- ☐ You would never accept being considered a junkie or dealer
- ☐ You would loathe having to use illegal means to obtain drugs and/or alcohol
- ☐ You help supply mafia networks
- ☐ You are seen as a drug trafficker because you grow pot
- ☐ You fear that a criminal record could adversely affect your career, social life and family life
- ☐ Your parents could be held liable because of your illicit activities
- ☐ You're afraid that you'll lose your driver's licence

[3] Translation from the teaching guide *Les années volées* (Stolen Years) 2005

What could motivate me to change[4]

Benefits of substance use	Costs of substance use

[4] Translation from André Jauron 2011, Clinique Cormier-Lafontaine

SESSION 04

Welcome

Review of the previous session

- Ask participants what they retained from the previous session
- Recall the key points of the discussions. Example: Impact of substance use on health, relationships, school, work and attempts to reduce substance use, and what can cause relapse

Session objectives

- Determine the vulnerability factors that could lead a person to use drugs/alcohol
- Benefits and costs of drug/alcohol use
- Determine the benefits and costs associated with stopping

Activities and discussion

Projection

Chapter 6: The downward slide (2:20 minutes) from the video *Les années volées* (Stolen Years)

Discussion following the video

Sample questions:

- What could lead you to stop or reduce your drug/alcohol use?
- Have you already tried? What happened?
- What type of support would you need?

Homework review

- Reasons to reduce or stop using
- What could motivate me to change

Facilitation tips

Two options for obtaining feedback on the exercise:

- In the form of a discussion: emphasize the points in common and differences of opinion in order to encourage change talk.
- In the form of a debate: set up two teams. One team will defend the benefits of substance use and the other will discuss the costs.

To encourage the group to participate, refer to the document

Appendix – What could motivate me to change – Examples.

It provides interesting examples that can be shared with the participants.

Useful to know

The debate is more dynamic than the discussion. From experience, participants are more interested in being part of the team that talks about the costs of substance use.

Notes for the facilitator

The information obtained during the discussion or debate must be summarized in the summary table "What could motivate me to change" so that it can be tailored to each group. The summary table is handed out to the participants during the next group session (Session 1 of Module 2 – Psychoeducation).

ASSESSMENT

Each participant fills out Assessment of Module 1 – Motivational.

A group discussion will follow so that participants can express their opinions on the activities included in this module.

The participants are asked to continue the discussion in the next modules.

ASSESSMENT OF 01 MODULE MOTIVATIONAL

Have I learned anything new in this module?

Example: Reasons why I use drugs/alcohol, the benefits and costs of drug/alcohol use.

☐ 0 Not at all	☐ 1	☐ 2	☐ 3	☐ 4	☐ 5 A lot

What did I like the most about this module?

Why?

What did I like the least about this module?

Why?

What did I learn from this module?

MODULE MOTIVATIONAL (continuation)

Would I recommend this module to a friend? ☐ Yes ☐ No

Why?

My comments and suggestions to improve this module:

What would be the benefits of continuing to participate in this group?

MODULE 01 NOTES

MODULE 02 PSYCHOEDUCATION

MODULE 02 PSYCHOEDUCATION

General objective

- Acknowledge the effects of drugs from a psychological, physical and cognitive standpoint, along with the interactions between drugs and prescription medication, and their impact on mental health

A few theoretical concepts

As previously mentioned, substance use disorder is a comorbid condition frequently present in psychotic disorders. Furthermore, psychoactive substances can cause psychotic symptoms in individuals without any known psychiatric problems. They can also exacerbate psychiatric symptoms or trigger a relapse in individuals with a psychotic disorder such as schizophrenia, and could even trigger or precipitate the illness in people with a certain vulnerability. This module will cover the impact of substance use on the mental, physical and cognitive health of people in this specific group, beginning with a brief overview of the neurology of the brain.

Neurology of the brain

Dopamine is a key neurotransmitter for naturally stimulating the pleasure centre, which is part of the reward circuit. It can be stimulated, for instance, through physical activity or by meeting basic needs such as hunger, thirst or sex. The result of the stimulation is a feeling of well-being and calm.

Dopamine is involved in a number of other key functions such as attention, motivation, motor function, learning and memorization. Some diseases are associated with dopamine levels in the brain. For instance, when dopamine neurons are destroyed, tremors typical of Parkinson's Disease can appear.

Conversely, excess dopamine in certain parts of the brain can induce the positive symptoms associated with psychotic disorders such as delusions and hallucinations. A psychotic episode also comes with negative symptoms such as a decrease in functioning or a lack of motivation. Antipsychotic medication reduces the effect of dopamine, which is why it has a major impact on positive symptoms.

Furthermore, most drugs increase dopamine levels in the brain. For individuals with a psychotic disorder, this increase in dopamine can have a major impact on the risk of psychosis. Drug use also counters the protective effect of medication. This in turn compromises illness stability and results in a higher relapse rate.

Therefore, the use of psychoactive substances has a direct effect on mental health, and its impact on physical health is not negligible. For instance, cannabis contains several carcinogens, stimulants such as cocaine can induce major heart disease, and alcohol can cause liver disease.

Impact on medication

Drug use can also cause major drug interactions. For instance, smoking tobacco or cannabis decreases the blood concentration levels of certain antipsychotics (such as clozapine and olanzapine) and can compromise treatment.

Treatment compliance can also be compromised with drug use. In fact, drug users can be faced with a dilemma between taking the drug or the prescription medication. Forgetting to take prescription medication for a few days can quickly increase the risk of rehospitalization.

Effects on cognition

Cognitive impairments are now recognized as a basic characteristic of psychotic disorders such as schizophrenia. In general, these deficits affect executive functions, memory, attention, speed of processing, speed and social cognition, and they can have a determining impact on the day-to-day, social and economic functioning of individuals with schizophrenia and, as such, affect their quality of life. In addition to the exacerbation of positive and negative symptoms, drug use can also result in cognitive impairment. This impairment varies depending on the type of drug use and is added to the impairment already caused by the disease itself. For instance, cognitive impairment is greater for alcohol, cocaine and methamphetamines than for cannabis.

In many cases, the effects on cognitive functioning will be largely reversible, but recovery time will vary. However, in some cases, drugs can cause more extensive and permanent damage. For instance, chronic cannabis use in persons who began using it from adolescence could interfere with brain development. Another example is cocaine, which has a vasoconstrictive effect on blood vessels, which can increase the risk of stroke.

Notes for the facilitator

So that you can familiarize yourself with the various types of drugs, it is strongly suggested that you review the Appendix- Drug Glossary and Drug Categories before starting the sessions.

Intervention strategies

- Follow the motivational interviewing strategies
- Encourage participants to open up and talk about their experience with substance use
- Quickly reframe the discussion if the testimonial encourages substance use
- Provide information on drugs in a respectful, open and non-confrontational manner

SESSION 01

General objective of Module 2 – Psychoeducation

- Acknowledge the effects of drugs from a psychological, physical and cognitive standpoint, along with the interactions between drugs and prescription medication, and their impact on mental health

Welcome

Review of Module 1 – Motivational

- How do you feel about your drug use?
- How did Module 1 – Motivational make you reflect on your substance use?
- What questions do you have regarding prescription drugs and their impact on substance use?

Session objectives

- Reflect on drug use and how drugs are manufactured
- Acknowledge the effects of drug use on health
- Identify certain interactions between drugs and prescription medication

Activities and discussion

Presentation

- PowerPoint presentation – “Good Trip – Bad Trip Quiz”

Facilitation tips

Use the PowerPoint Presentation Guide during your PowerPoint presentations. It provides you with all the additional information needed for the sessions.

Homework

Complete the following document:

- My drug use and prescription medication

Notes for the facilitator

Information pamphlets on drugs and alcohol can be handed out at specific times during the quiz (see the PowerPoint Presentation Guide). The procedure for ordering them is described under Appendix - Additional information.

Useful to know

The quiz was given on the care units where there were substance users. The activity was appreciated and generated interest.

Participants liked reviewing the Health Canada table of designer drugs seized in Quebec.

HOMEWORK

My drug use and prescription medication

1. Have you ever felt a rush after using drugs? ☐ Yes ☐ No

   If yes, describe what you felt:

2. Have you ever used more drugs to achieve the same effects?
   ☐ Yes ☐ No

   If so, which drugs did you use?

   If so, by how much did you increase the quantity?

3. Have you experienced withdrawal symptoms after using drugs?

   ☐ Yes ☐ No

   If so, describe the withdrawal symptoms:

4. Have you ever forgotten to take your medication after using drugs and/or alcohol?
   ☐ Yes ☐ No

   If so, how many doses did you forget to take?

   If so, what were the impacts associated with stopping your medication?

5. What should you do if you have taken drugs and/or alcohol and you want to take your medication?

   ☐ Double the dose the next day

   ☐ Take half the dose

   ☐ Take the prescribed dose

   ☐ Skip the dose

   ☐ Other: __________

SESSION 02

Welcome

Review of the previous session

- Ask participants what they retained from the previous session
- Recall the key points from the discussion. Example:
  Drug manufacturing, prescription drug interactions

Session objectives

- Recognizing the different levels of substance use and understanding their definition
- Understanding the interaction between illness, prescription medication and drugs

Activities and discussion

Presentation

PowerPoint presentation – "Substance use habits"

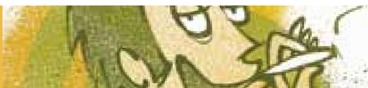
Facilitation tips

Use the PowerPoint Presentation Guide during your PowerPoint presentations. It provides you with all the additional information needed for the sessions.

Homework

Complete the following documents :

- What are your plans/goals?
- Which drug(s) do you use?



What are your plans/goals?

For the next week?

____

____

____

For the next year?

____

____

____

Over the long term?

____

____

____

What drug(s) do you use?

Fill out the following table for each drug used:

Drugs	Sought-after effects	Adverse effects

SESSION 03

Welcome

Review of the previous session

- Ask participants what they retained from the previous session
- Recall the key points from the discussion. Example: Discuss tolerance to or dependence on a given drug, drug interactions with prescription medication

Session objectives

- Acknowledging the impact of drugs on mental, physical and cognitive health
- Understanding how drugs affect the brain
- Becoming aware of the impact of drugs on life goals and personal interests

Activities and discussion

Presentation

- **PowerPoint presentation – "Impacts of drugs – Part 1"**
  Cannabis and alcohol

Facilitation tips

Use the PowerPoint Presentation Guide during your PowerPoint presentations. It provides you with all the additional information needed for the sessions.

SESSION 04

Welcome

Review of the previous session

- Ask participants what they retained from the previous session
- Recall the key points from the discussion. Example: Summarize the main impairments caused by cannabis and alcohol

Session objectives

- Acknowledging the impact of drugs on mental, physical and cognitive health
- Understanding how drugs affect the brain
- Becoming aware of the impact of drugs on life goals and personal interests

Activities and discussion

Presentation

- **PowerPoint presentation – "Impacts of drugs – Part 2"**
  Stimulants and ecstasy

Facilitation tips

Use the PowerPoint Presentation Guide during your PowerPoint presentations. It provides you with all the additional information needed for the sessions.

Useful to know

After Sessions 3 and 4 have ended, participants will appreciate receiving a written summary of the main drug effects. These are found under Appendix – Impacts of drugs. This summary is not exhaustive and contains the main sought-after effects of drugs along with their adverse effects.

ASSESSMENT

Each participant fills out Assessment of Module 2 – Psychoeducation.
A group discussion will follow so that participants can express their opinions on the activities included in this module.
The participants are asked to continue the discussion in the next modules.

ASSESSMENT OF 02 MODULE PSYCHOEDUCATION

Have I learned anything new in this module?
Example: neurotransmitters, mechanisms of action, impact of drugs on health, interactions with prescription medication.

☐ 0 Not at all	☐ 1	☐ 2	☐ 3	☐ 4	☐ 5 A lot

What did I like the most about this module?

Why?

What did I like the least about this module?

Why?

What did I learn from this module?

MODULE PSYCHOEDUCATION (continuation)

Would I recommend this module to a friend? ☐ Yes ☐ No

Why?

My comments and suggestions to improve this module:

What would be the benefits of continuing to participate in this group?

NOTES

MODULE 03
SOCIAL SKILLS

MODULE 03
SOCIAL SKILLS

General objective

- Improve users' ability to assert themselves and say no to drugs in social situations linked to substance use

A few theoretical concepts

This module is based on Integrated Psychological Therapy (IPT) developed by Brenner and translated by Pomini (1998), and uses the following methods: role-playing, assertiveness training, and cognitive-behavioural techniques.

The two stages of role-playing

1- Cognitive preparation begins with a precise and concrete presentation of the situation selected: outlining the context of the situation and creating the dialogue with the participants. The main elements of the role-playing exercise and the assertiveness strategies to be used are identified. The aim is to clarify the issues and the skills that need to be developed. Transcribing the dialogue makes the goal easier to attain. A board can be used for this purpose.

2- Application of the role-playing exercises is optimized through the use of the camera, while viewing the videotape favours self-analysis.

Learning strategies

- **Modelling**
  The facilitators do the role-playing and the participants repeat it by applying what they observed
- **Coaching**
  A facilitator whispers cues to the participant during role-playing. Coaching is used to help the person develop skills; as skills increase, fewer cues will be needed
- **Nonverbal cues**
  Agreement between the participant and facilitator on which cue to use to remind the participant to pay attention to a particular skill
- **Contrasting**
  Demonstration by the facilitator of the skill through two role-playing exercises: one with a poor performance and the other with a good performance. A brief discussion on the differences of the role-playing exercises follows and participants are asked to repeat the exercise if necessary

The various assertiveness strategies

- **Direct refusal**
  The participant observes the predetermined limits and suggests an alternative to the person offering drugs and/or alcohol:
  For example: "I won't have any drugs or alcohol, but I would like to participate in this activity"
- **Repeated refusal**
  The participant observes the predetermined limits by mentioning that he has already said no several times
- **Expressing feelings regarding the situation**
  The participant tells the person offering drugs and/or alcohol what he feels about the situation and his reasons for saying no. Example: "It's very hard for me to stop using, and I'd like you to respect my decision"
- **Providing an explanation**
  The participant clearly states the reasons for saying no (e.g., physical and mental health, impact on the disease, interaction with prescription medication)
- **Leaving the situation**
  The participant needs to recognize his limits, and must avoid any situation he does not believe he can resist

Intervention strategies

- Reflect the behaviours to participants: positive points and those that require improvement
- Support and encourage behaviours suitable for the situation. For example: When a person is being harassed by a dealer, it may be acceptable to cut the person off and shut the door to end the discussion
- Being aware of the needs of participants who are uncomfortable in front of a camera or with being observed by their peers. It may be necessary to adapt the intervention to facilitate participation, while supporting the learning process. If necessary, the session can take the form of a discussion on high-risk situations in order to identify efficient strategies. If necessary, facilitators can do the role-playing exercise to fuel the discussion
- Use humour to create a relaxed atmosphere and inject some fun

BEFORE SESSION 1

Objective

- Determine social situations that present a high risk of use for each participant

Activity

Brief interview

Before starting this module, each participant will be met individually to determine social situations that present a high risk of use based on his personal experience. The document **Appendix – Social situations with a high risk of drug use** can be used, if needed.

Notes for the facilitator

The situations that have been identified must correspond to the participants' reality since they will be used for the role-playing exercises.

SESSION 01

General objective of Module 3 – Social Skills

- Improve users' ability to assert themselves and say no to drugs in social situations linked to substance use

Welcome

Review of Module 2 – Psychoeducation

- Which new concepts have you learned about in Module 2 – Psychoeducation?
- How did Module 2 – Psychoeducation make you reflect on your substance use?

Session objectives

- Becoming familiar with cognitive preparation and the application of the role-playing exercises
- Becoming familiar with using the video camera and with **Appendix – Table of Communication Skills**

Activities and discussion

Feedback on social situations with a high risk of substance use that have been retained for the role-playing exercises

- List the situations mentioned by most of the participants during the interviews
- Mention the sequence in which they will be covered. For example:
  1- First session: Turning down an opportunity to use from a friend or family member
  2- Second session: Telling a friend that you would like to cut down on your drug and/or alcohol use, and explaining why.
  3- Etc.

Description of role-playing stages for Sessions 2 to 5

Participants are given a description of the two stages of the role-playing exercises.

1- Cognitive preparation

- Presentation and discussion of the high-risk situation (contextualization)
- Creating the dialogue: identifying the key elements of the role-playing exercise and the assertiveness strategies to be applied

2- Application

- Identify the players and observers
- Action! Recording
- Watching the sequence
- Comments from players on their communication skills (strengths and skills to be improved)
- Feedback from observers (other participants and facilitators) after the observation of the role-playing exercises and after watching the video
- Possibility of repeating the role-playing exercise while incorporating constructive comments

Preparation for role-playing in order to become familiar with the camera and the **Appendix – Table of Communication Skills**

- Participants have 10 to 15 minutes to do the following exercise: write a slogan, write a fictional letter to a friend to encourage him to stop or reduce his substance use, or jot down the important information retained in Modules 1 and 2
- Each participant is filmed during his presentation to the group
- Presentation and explanation of **Appendix – Table of Communication Skills**.
- Watching each person's presentation
- Comments from the players: self-assessment of communication skills using the **Appendix – Table of Communication Skills**
- Feedback from observers and facilitators
- The process is repeated for the other participants' presentations

Homework

Complete the following document:

- Session 1 Homework

Session 01

The exercise in becoming familiar with the camera allowed assessment of your communication skills in the situation where you stated your slogan or the information that you could provide to a friend who would like to stop using drugs and/or alcohol.

List your strengths as well as one or two skills that you would like to focus on during the role-playing.

Strengths:

____

____

____

____

____

____

____

____

____

Skill(s) to improve:

____

____

____

____

____

____

____

____

____

Welcome

Review of the previous session and homework

- Ask participants what they retained from the previous session
- Recall the key points of the discussions while making a connection to the homework. Example: Skills to be improved, assertiveness strategies that have been retained

Session objectives

- Implement assertiveness strategies (asserting yourself, saying no) in social situations involving alcohol and/or drugs
- Encourage self-awareness by watching the role-playing exercises

Activities and discussion

Cognitive preparation

- Presentation and discussion of the high-risk situation
- Customizing the context (where, when, with whom, why, how, etc.) in order to define the issues and clarify the target goals (being assertive, saying no)
- Writing the dialogue
- Identifying the key elements of the role-playing exercise and the assertiveness strategies to be used: dialogue content. Anticipate the problems that could occur in this type of situation. Find solutions and appropriate ways of responding to them

Writing out the dialogue makes it easier to meet the objective and ensure everyone's involvement. All participants are asked to give their opinion and suggest strategies.

Notes for the facilitator

Participants who identified a risk for this situation are asked to prepare the role-playing exercise. However, the entire group takes part in preparing the dialogue. The role-playing exercise is then done by the participants who identified a problem for the situation.

Useful to know

During cognitive preparation, some participants would like to have detailed dialogue such as in a play. Others prefer ad-libbing based on a few general ideas.

Application

1. Identification of players and reminder of assertiveness strategies to be used. If necessary, use the following learning strategies: modelling, coaching, nonverbal cues, contrasting.

   Observers pay special attention to one or two communication skills (refer to the **Appendix – Table of Communication Skills**).
2. Action! Recording.
3. Watching the sequence.
4. Comments from the players on their performance.
5. Feedback from observers.
6. Suggest that the players repeat the role-playing exercise if needed and make a change based on the feedback.

Useful to know

Using the **Appendix – Table of Communication Skills** favours active participation during the role-playing exercise and during feedback.

Despite their initial reticence, most of the participants enjoy the activity. They easily criticize their performance, at times harshly, and can suggest other ways of responding.

Outright refusals are less frequent for fear of being judged, displeasing the facilitators or hurting one of the other participants. The participants are well aware of the arguments that could make them give in.

Reminder

Participants must develop skills in saying no and being assertive. The facilitators must confirm that in some situations it may be acceptable to maintain eye contact with more insistence, raise your voice, and abruptly leave the situation.

Encourage participants to use the knowledge acquired in Modules 1 and 2 to support their refusal and incorporate the assertiveness strategies when dealing with high-risk situations.

Facilitation tips

Identify situations where nonverbal behaviour does not match what is being said (e.g., refusing a joint yet holding out your hand, saying no in a hesitant tone of voice).

The role-playing exercise can be repeated with new players and minor adjustments to the cognitive preparation.

Homework

Complete the following document:

- Homework for the respective sessions (2-4)

Sessions 02 – 04

During today's session, you worked on the following situation:

____

____

____

What are the strategies and arguments that you retained that you could use if this situation were to occur?

____

In session 5, each participant fills out Assessment of Module 3 – Social Skills.
A group discussion will follow so that participants can express their opinions on the activities included in this module.
They are told that they will be given a summary of the strategies that have been identified for each situation practiced during the role-playing exercises.
The participants are asked to continue the discussion in the next module.

Notes for the facilitator

Consult the **Appendix – Sample summary of strategies identified for each situation covered during role-paying** to write the summary.

Assessment of Module 03 Social Skills

Have I learned anything new in this module?

Example: My strengths and areas for improvement with respect to social skills, assertiveness strategies for difficult social situations, etc.

☐ 0 Not at all	☐ 1	☐ 2	☐ 3	☐ 4	☐ 5 A lot

What did I like the most about this module?

____

Why?

____

____

____

What did I like the least about this module?

____

____

____

MODULE SOCIAL SKILLS (continuation)

Why?

What did I learn from this module?

Would I recommend this module to a friend? ☐ Yes ☐ No

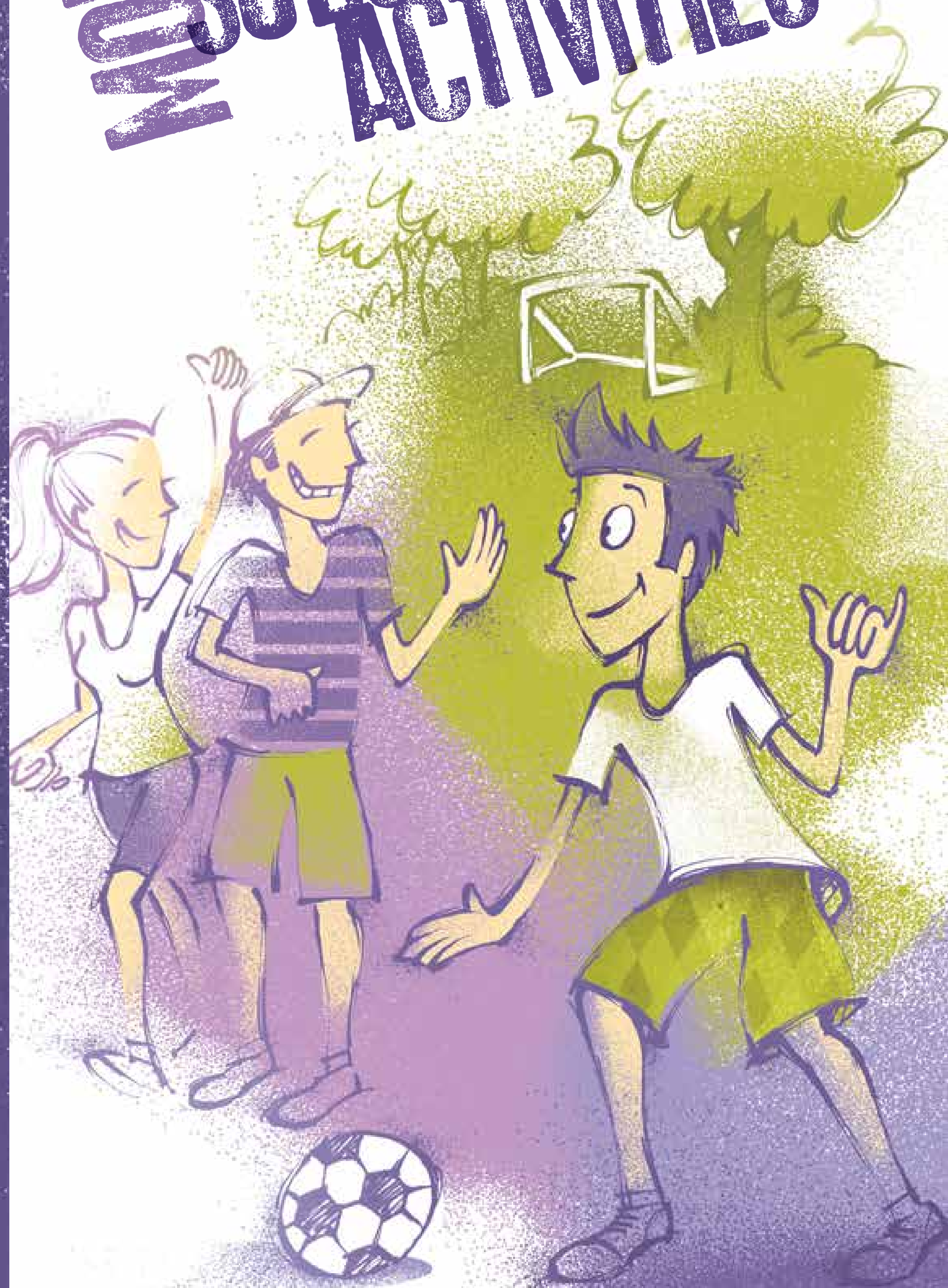
Why?

My comments and suggestions to improve this module:

What would be the benefits of continuing to participate in this group?

MODULE 03 NOTES

MODULE 04
SUBSTITUTE ACTIVITIES



MODULE 04
SUBSTITUTE ACTIVITIES

General objective

- Identify high-risk situations and alternatives to drug and/or alcohol use

A few theoretical concepts

According to functional behavioural assessment (cognitive-behavioural approach), drug and/or alcohol use meets a need for the person.

Triggers lead to behaviours and consequences. They reinforce behaviour by providing rewards and removing painful emotions.

Triggers can be associated with different aspects of life: specific situations, social relations, physiological factors, emotions, thoughts, and symptoms. The idea is to fully understand the circumstances related to drug and/or alcohol use in order to then initiate change and identify objectives associated with triggers, substance use behaviour and/or consequences.

Different strategies can be used to deal with triggers, behaviours and consequences. In "Module 3 – Social Skills," behavioural strategies (saying no and being assertive) were covered. In this module, some strategies are proposed for dealing with triggers (avoiding or removing yourself from the situation) and consequences (changing your daily routine by taking part in leisure and recreational activities, and finding other ways to reward yourself).

At this stage of the group, participants have begun reflection but have not necessarily decided to implement a change process. For this reason, most of them are not ready to use cognitive (e.g., stopping negative thoughts, problem-solving) or stress management strategies. For some participants, substance use is the primary source of pleasure and not having it can lead to boredom, depression, the inability to experience pleasure, and anxiety.

The objective of this module is to propose substitute activities and planning the continuation of the reflection process.

Intervention strategies

- Raise participants' awareness of the importance of having a varied routine that includes activities that meet their needs and interests
- Help participants clarify and implement their interests
- Propose activities that are in line with their interests: sports, cooking, art, etc.
- Tell them about resources and places where they can do activities based on their means
- Determine an environment that meets their needs: drop-in centre, community organization, specialized addiction resources, etc.
- Accompany participants as needed
- Encourage participants to inform significant others of their plans and to surround themselves with people who support them (do not hesitate to contact them if necessary)
- Make sure that each participant is given support with his reflection once the group sessions have ended (member of his interdisciplinary team or resource specialized in addiction, support group, etc.)

Reminder

The facilitators encourage participants to find other ways of rewarding themselves or using their money to get involved in meaningful activities.

SESSION 01

General objective of Module 4 – Substitute activities

- Identify high-risk situations and alternatives to drug and/or alcohol use

Welcome

Review of Module 3 – Social Skills

- How did Module 3 – Social Skills make you reflect on your substance use?
- What assertiveness strategies could you use in social situations that present a high risk of substance use?

Notes for the facilitator

Hand out the summary of strategies identified for each situation covered during the role-playing exercises.

Session objectives

- Become aware of how you make use of your time
- Identify high-risk situations of using drugs and/or alcohol

Activities and discussion

Exercise

- Fill out the Daily Routine document

Discussion

Sample questions:

- How satisfied are you with your daily routine?
- When are you more likely to want to use?
- What are the high-risk situations?

Useful to know

Many participants have trouble identifying times when they are at risk of using. They claim that their substance use is impulsive, such as after they come into some money, are influenced by a friend, etc.

Homework

Complete the following documents:

- Fun and Relaxation
- Situations that should be prioritized

Daily Routine

Fill out while specifying various activities during the week along with the usual times of use or when you are at risk of using.

Circle the times when you are at risk of using.

Time	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
Morning							
6:00 a.m.							
7:00 a.m.							
8:00 a.m.							
9:00 a.m.							
10:00 a.m.							
11:00 a.m.							
12:00 p.m.							
Afternoon							
1:00 p.m.							
2:00 p.m.							
3:00 p.m.							
4:00 p.m.							
5:00 p.m.							
6:00 p.m.							
Evening							
7:00 p.m.							
8:00 p.m.							
9:00 p.m.							
10:00 p.m.							
11:00 p.m.							
12:00 a.m.							
Night							
1:00 a.m.							
2:00 a.m.							
3:00 a.m.							
4:00 a.m.							
5:00 a.m.							

Are there other situations that could lead you to use drugs and/or alcohol (e.g., certain events, places, people, things, emotions, thoughts, symptoms)?

If yes, please specify : ______________________________

____

____

____

Fun and Relaxation

Many people who use drugs and/or alcohol fear that they will never experience any pleasure or relaxation if they stop using.

Boredom and stress are often mentioned as high-risk situations for drug and/or alcohol use. It is therefore important to take part in different relaxing or exciting activities that can offer new challenges and provide an opportunity to become part of a group.

Describe what you do to relax and have fun:

Describe how you would like to benefit from participating in leisure activities (e.g., relaxation, fitness, meeting new challenges, meeting new people):

What could you do in your free time to deal with boredom and avoid using drugs and/or alcohol?

What activity did you do in the past that you could pick up again?

Find an activity that you would like to do and never tried:

List the activities (free of charge or inexpensive) that you could do at the hospital or in your neighbourhood:

Situations that should be prioritized

For each category, list three things that do not give you an urge to use.

Activities:

Places:

People:

Emotions:

SESSION 02

Welcome

Review of the previous session

- Ask participants what they retained from the previous session
- Recall the key points of the discussions. Example: Satisfaction with daily routine, usual times of drug/alcohol use, situations that present a high risk of use, reasons for using

Session objective

- Identify fun and relaxing activities

Facilitation tips

Present resources that provide activities that are available to the participants. Have copies of the schedules of the activities offered by the city, in the neighbourhood, at the hospital, etc.

Activities and discussion

Exercise

- Fill out the Interest Checklist

Discussion

Review of Interest Checklist and homework:

- Fun and relaxation
- Situations that should be prioritized

Sample questions:

- Are you currently doing your favourite activities?
- Why have you stopped some of your activities?
- What obstacles have you encountered?
- What could help you take up these activities again or become involved in a new activity?
- Have you had opportunities to do any activities with friends or family members?
- What locations or resources could you go to that are in line with your interests?

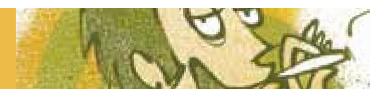
Homework

Complete the following document:

- Session 2 Homework

Notes for the facilitator

To plan Session 4, facilitators review the Interest Checklist and determine common interests for the participants. In Session 3, they will have to choose among these activities and then follow through on one of them in Session 4.



Interest Checklist

1- Which activities interested you in the past and/or currently interest you?
2- Mention whether the activity involves fun and/or relaxation.
3- Circle your five favourite activities.

Artistic activities	Past	Present	Leisure/ relaxation
Theatre / improvisation			
Singing			
Dancing			
Music (playing/listening)			
Drawing/painting			
Photography			
Poetry (reading/writing)			
Other:			
Manual work	**Past**	**Present**	**Leisure/ relaxation**
Arts and crafts			
Sewing/needlepoint			
Knitting/crocheting			
Pottery/ceramics			
Woodworking			
Gardening			
Household and car repairs			
Jewellery making			
Cooking			
Scrapbooking			
Other:			
Sports	**Past**	**Present**	**Leisure/ relaxation**
Badminton/tennis			
Baseball/softball			
Volleyball			
Basketball			
Hockey/street hockey			
Physical fitness			
Weight training			
Aerobics/Zumba			
Yoga/Pilates			

Interest Checklist (continuation)

Sports	Past	Present	Leisure/ relaxation
Martial arts			
Cross-country/downhill skiing			
Ice skating/rollerblading			
Snowshoeing			
Walking/hiking			
Swimming			
Bowling/curling			
Cycling/spinning			
Outdoor activities			
Running/jogging			
Soccer			
Football			
Ultimate Frisbee			
Other:			
Cultural activities	**Past**	**Present**	**Leisure/ relaxation**
Radio/television			
Current events			
Shows/concerts			
Films			
Exhibits/museums			
Collecting			
Reading/going to the library			
Courses/conferences			
Travelling			
Other:			
Miscellaneous activities	**Past**	**Present**	**Leisure/ relaxation**
Having friends over/visiting friends			
Volunteer work			
Board/card games			
Video games			
Pool/billiards			
Browsing the Web			
Housework			
Other:			

HOMEWORK

Session 02

Acquire new habits by taking action during a time when you are at risk of using during the week. You can choose one of your preferred activities, try out a new activity, or go visit a recreational resource.

What did the activity consist of?

____

Where did it take place?

____

Describe your experience:

____

____

____

____

How did you like it?

____

____

____

____

SESSION 03

Welcome

Review of the previous session and homework

- Ask participants what they retained from the previous session
- Recall the key points of the discussions while making a connection to the homework. Example: the leisure and relaxation activities identified by the participants, the resources/locations where they can practice these activities, what makes it easier to take part in a new activity, etc.

Session objectives

- List the people in your social network
- Determine which people can support you and encourage you to reduce your drug and/or alcohol use

Activities and discussion

Projection

- **Chapter 5 – Talking about it (2:40 minutes) from the video *Les années volées* (Stolen Years)**
- **Chapter 7 – What can help (3:30 minutes) from the video *Les années volées* (Stolen Years)**

Exercise

- Complete the My Social Network document

Discussion

Sample questions:

- Who are the people closest to you?
- Those with whom you share your joy and pain?
- Those who can help and support you when you have problems?
- Those whom you trust?
- How often do you see them? Do you call them?
- Would you like to have more friends?
- Do you have adequate support?
- Which other people would you like to have in your network?

Useful to know

Participants rarely mention the members of their interdisciplinary team as the people who could support them in stopping or reducing their substance use. For some of the participants, mental health practitioners do not have the necessary expertise in this field. Others fear reprisals if they confide in them about their substance use (e.g., loss of privileges, having legal concerns, not admitted into a housing program).

Planning Session 4

- Present the common interests and propose some activities for the next session
- Make a group decision to choose the activity for the next session
- Determine and clarify all the elements required for the activity (e.g., location, materials, cost)

Homework

Complete the following document:

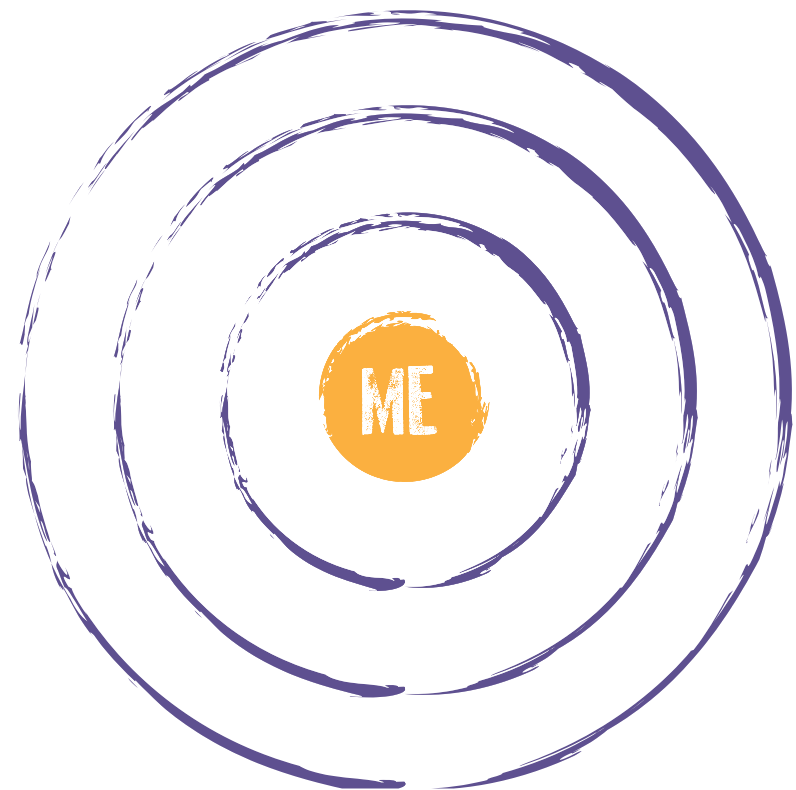
- Who do you talk to? Who could you contact?

DOCUMENT TO FILL OUT

My Social Network [1]

1- List the persons you are involved with. Starting from the circle the closest to "ME" (in the middle), enter the names of the important people in your life. Moving progressively outward, now enter the names of the people you are less close to.

2- Circle the names of those who support you and encourage you to reduce your drug and/or alcohol use.



[1] Adapted from Alexandre, Labrie & Rouillard (2005)

HOMEWORK

Who do you talk to? Who could you contact?[2]

	I talk about it to…	I could talk to…
When I get bad grades in school		
When I have an argument with my best friend		
When I feel depressed		
When I have doubts about my future plans		
When I need to take a breather		
When I feel anxious		
When I feel stressed out		
When I can't get myself to do something		
When I'm sick		
When I disagree with my parents		
When I have questions about sex		
When I question the direction of my life		
When I need information on cannabis		

Translation from Teaching Guide Les années volées (Stolen years)

SESSION 04

Welcome

Review of the previous session and homework

- Ask participants what they retained from the previous session
- Recall the key points of the discussions while making a connection to the homework. Example: Satisfaction with the social network and the people who can support them in various situations (reducing/stopping substance use, relationship problems, managing emotions, life goals)

Session objective

- Experience a leisure and/or fun activity as a group

Activities and discussion

Group activity

Based on the preferences named by the participants (e.g., artistic, leisure, sports, social activities) and following the decisions made during the previous session.

Notes for the facilitator

The activity may require more than 90 minutes to complete.

Discussion

Sample questions:

- What did you like about this activity?
- Would you like to pursue this type of activity?
- Do you know where this type of activity is being offered?
- What could encourage you to once again take part in this activity?
- How can we help you participate?

Homework

Complete the following document:

- Session 4 Homework

HOMEWORK

Session 04

Continue taking action during a time when you are at risk of using during the week. Do an activity with someone who supports you in your choice to reduce or stop using drugs and/or alcohol.

What did the activity consist of?

____

With who?

____

____

____

Describe your experience:

____

____

____

____

How did you like it?

____

____

____

____

SESSION 05

Welcome

Review of the previous session and homework

- Ask participants what they retained from the previous session
- Recall the key points of the discussions following the group activity while making a connection to the homework. Example: Assessment of the activity, possibility of including it in their daily routine, conditions that facilitate participation in the activity, etc.

Session objective

- Identify coping strategies for times when the person is at risk of using

Activities and discussion

Drawing up the Prevention Card

Participants complete the Prevention Card using all the information gathered during the four modules along with the **Appendix – Suggested Coping Strategies.**

Discussion

Participants show their cards to the group. If needed, they add the strategies proposed by the other participants and the facilitators.

Prevention Card

High-risk situations	Coping strategies	Contacts

Each participant fills out Assessment of Module 4 – Substitute Activities.
A group discussion will follow so that participants can express their opinions on the activities included in this module.

Notes for the facilitator

Schedule an interview with each participant in order to plan the next part of the reflection process (e.g., member of the interdisciplinary team, support group, specialized resource).

Assessment of 04 Module Substitute Activities

Have I learned anything new in this module?
Example: Times and situations where you are at risk of using, strategies that can help you, etc.

☐ 0 Not at all	☐ 1	☐ 2	☐ 3	☐ 4	☐ 5 A lot

What did I like the most about this module?

Why?

What did I like the least about this module?

Why?

MODULE SUBSTITUTE ACTIVITIES (continuation)

What did I learn from this module?

Would I recommend this module to a friend? Why?

My comments and suggestions to improve this module:

I am more motivated to reduce or stop my drug and/or alcohol use.
☐ Yes ☐ No

I feel more confident that I will succeed. ☐ Yes ☐ No

NOTES

OPTIONAL ACTIVITIES

Testimonial from a peerhelper (former substance user)

Presentation of resources specialized in addiction and co-occurring disorders.

APPENDIX
WHAT COULD MOTIVATE ME TO CHANGE – EXAMPLES

Examples of answers given by the participants

Benefits of substance use	Costs of substance use
• Allows me to discover new experiences and sensations • Satisfies my curiosity • Partying, getting high, escaping • I have more fun at parties • Being part of the gang and being just like my friends • Not having to deal with my problems • Feeling more self-confident • Feeling less inhibited • Gives me something to do when I'm bored • Helps me calm down and relax	• I can develop tolerance and want to increase the dose • When I become addicted, I lose my freedom; I become caught in a vicious cycle • I end up with financial problems: I borrow money, I end up in debt, and then I think about selling drugs • Makes my symptoms worse • Makes me mistrustful • I don't feel good after having consumed alcohol and/or drugs • Often feel out of it, buzzed • Brings me down • Over time, I become less motivated and have fewer interests • I have more difficulty learning: drugs decrease memory and concentration • I need drugs to sleep • They affect my physical health • I feel guilty or ashamed

APPENDIX
DRUG GLOSSARY

Stages of use

Euphoria
Feeling of well-being and satisfaction that often occurs a few seconds or minutes after having used drugs.

Rush
A feeling more intense than euphoria. Could be compared to an orgasmic state.

Down
Phase that follows a rush/state of euphoria. Often accompanied by depression-type symptoms.

Withdrawal
Group of physical and psychological symptoms.

Craving
Obsessive desire. Uncontrollable urge to use drugs and obtain them through any means possible. Can affect mood and behaviour.

Bad trip
Bad experience after using certain substances.
Symptoms can include general feeling of discomfort, paranoia, anxiety, etc.

Crash
Also known as post-intoxication depression. Manifests through acute withdrawal that appears minutes following the use of a major stimulant.

Levels of use

Abuse
Excessive or inappropriate use of a substance likely to create negative consequences from an economic, legal, social and mental and physical health standpoint.

Tolerance
Way in which the body responds to a substance by adapting to it. This leads to a decrease in the effect and toxicity of a drug or prescription medication. Example: Need for a larger dose for the same effect.

Physical dependence
State in which the body has adapted to the substance, mainly characterized by withdrawal between uses. The body craves the substances through physical symptoms such as palpitations, sweating, headaches and itching.

Psychological dependence
State in which abruptly stopping or cutting down on a substance leads to symptoms characterized by intense, persistent cravings. Can also include a feeling of discomfort and anxiety. Psychological dependence is more difficult to treat than physical dependence.

Routes of administration

Snorting
Ingesting through the nose (sniffing)

Inhaling
Smoking

Intravenously
Injecting (shooting up)

Ingesting/swallowing
Through the mouth

APPENDIX
DRUG CATEGORIES

Categories	Definition	Types	Examples of drugs		Examples of street names	Available formulations	Routes of administration	Specific features:
Depressants	Slow down thinking, brain and body functioning Decrease the level of alertness		Alcohol					
Stimulants	General and temporary speeding up of the body by increasing endurance and mental alertness	Major: Amphetamines Methamphetamines Cocaine	Amphetamines		Speed, Peanut, Pills	Tablets	Ingesting	
			Methamphetamines		Meth, Ice, Cristal, Glass, Tina	Tablets, powder and crystals	Ingesting Smoking/Inhaling Injecting	Crystal meth: Street name for the crystalline form; often inhaled/injected
			Cocaine		Coke, Coca, Snow, Powder, Crack, Freebase, Rock	Cocaine Fine white crystalline powder	Injecting Snorting	
		Minor: Caffeine Nicotine				Crack or rock Small white or yellow rocks	Smoking/Inhaling	Produces a cracking when smoked
						Freebase Waxy solid that is yellowish, whitish or greyish	Smoking/Inhaling	Cannot be injected
Hallucinogens	Disrupt sensory perception, thoughts and behaviour		Ecstasy (MDMA)		E, Molly, Party pill, Speed	Tablets	Ingesting	Often combined with amphetamines
			Cannabis		Pot, Weed, Marijuana, hash, Mari, Marijane, Grass, Green	Oil, sheet, resin ranging from soft to very hard	Smoking/Inhaling Ingesting	

APPENDIX
ADDITIONAL INFORMATION

Several pamphlets are available and can be ordered as requested by participants. Most are available free of charge.

Where can they be obtained?

www.educalcool.qc.ca

- The pamphlets "Alcohol Combinations" and "Alcohol and Mental Health" are found in the "Health" publications section
- The pamphlet entitled "Alcohol and Energy Drinks: Don't Get Your Kicks from This Mix!" is found in the "Youth" publications section

www.dependances.gouv.qc.ca

- The pamphlet "Taking amphetamines to lose weight... Not such a great idea!" is found in the publications section
- The pamphlet "Young People and Designer Drugs" is found in the publications section

www.cqld.ca

- The booklet "Drugs: Know the Facts, Cut Your Risks" can be ordered through this website (for a fee) http://www.rcmp-grc.gc.ca/qc/nouv-news/app/app-eng.htm
- Mobile application "Drugs and New Trends" by RCMP. Available on Google play and on the App Store

Note that these websites were valid at the time this guide was published and can change without prior notice

Appendix
Impacts of drugs

01 Depressants

Drugs	Desired effects	Adverse effects
Alcohol	• Feeling of well-being • Being more sociable • Ease in talking • Decreased anxiety	• Impaired judgement and perception • Decreased reflexes and coordination • Persistent problems related to attention, memory, executive functions, etc. • Decreased inhibition • Aggressiveness, irritability • Anxiety, depression • Possible hallucinations during withdrawal • Headache, dehydration • Nausea, vomiting, malnutrition • Harmful to the liver, heart, brain, etc.

02 Hallucinogens

Drugs	Desired effects	Adverse effects
Cannabis	• Pleasure • Feeling of well-being • Feeling of calm and relaxation • Being more sociable • Feeling more creative • Drowsiness	• Hallucinations, paranoia • Decreased physical and mental alertness ("down") • Anxiety, feeling panicky • Confusion • Lack of motivation, loss of interest and ambition • Decreased attention, executive functions, memory, etc. • Impaired judgement and perception of time • Weakened reflexes • Harmful to lungs, heart, immune system • Increased risk of cancer
Ecstasy	• Feeling of well-being • Feeling of calm and relaxation • Increased self-confidence • Feeling physically and mentally powerful • Heightened senses (touch, sight, smell, hearing, taste)	• Paranoia, panic attacks • Depression, suicidal ideation • Confusion, insomnia • Anxiety, aggression • Memory problems • Pain • Grinding of teeth, dry mouth • Hot flashes and sweating, thirst • Not feeling the need to urinate • Anorexia, nausea and vomiting • Harmful to heart, liver

03 Stimulants

Drugs	Desired effects	Adverse effects
Amphetamines and methamphetamines in tablet form	• Feeling of well-being, euphoria • Heightened attention, alertness and memory • Increased energy, wakefulness, lack of fatigue • Decreased appetite • Increased endurance • Increased self-confidence	• Hallucinations, paranoia • Depression, psychological exhaustion • Irritability, anxiety • Decrease in attention, executive functions, memory, etc. • Insomnia • Headache • Panic and mood disruption • Excessive weight loss, dehydration • Increased blood pressure and pulse • Harmful to heart, lungs, kidneys, etc.
Caffeine and energy drinks (e.g., Red Bull, Monster Energy Drink®)	• Heightened concentration • Increased energy, wakefulness, lack of fatigue • Increased intellectual capacity	• Anxiety • Agitation, restlessness • Insomnia • Headache (if stopped abruptly) • Tremors • Heartburn • Increased blood pressure and pulse
Cocaine, crack and freebase	• Rush (intense pleasure) • Heightened attention, alertness and memory • Increased energy, wakefulness, lack of fatigue • Decreased appetite • Increased endurance, suppression of pain • Increased self-confidence	• Hallucinations, paranoia • Irritability, anxiety • Insomnia • Decreased inhibition, violent and impulsive behaviour • Severe depression with suicidal ideation • Persistent problems with attention, executive functions, memory, etc. • Skin problems ("coke bugs") • Excessive weight loss, dehydration • Increased blood pressure and pulse • Repeated nose infections, loss of smell • Convulsions • Harmful to the heart, lungs, brain, etc. • Overdose can be fatal

03 (continuation)

Drugs	Sought-after effects	Adverse effects
Methamphe-tamines (Crystal Meth)	• Rush (intense pleasure) • Heightened attention, alertness and memory • Increased energy, wakefulness, lack of fatigue • Feeling physically and mentally powerful	• Hallucinations, paranoia • Obsessive mental state • Irritability, anxiety • Insomnia • Decreased inhibition • Agitation, aggressiveness • Severe depression with suicidal ideation • Persistent problems with attention, executive functions, memory, etc. • Excessive weight loss, dehydration • Increased blood pressure and pulse • Grinding of teeth • Harmful to the heart, brain, etc. • Overdose can be fatal
Nicotine	• Increased concentration and improved memory • Relaxation • Decreased appetite (associated weight loss) • Feeling of being more sociable when smoking	• Irritability, anxiety • Agitation • Headache • Increased blood pressure and pulse • Heartburn • Respiratory problems (coughing, bronchitis) • Harmful to lungs and heart • Increased risk of cancer

The main sought-after and adverse effects presented here are those that are the most often observed among substance users. This list is not exhaustive.

Note that cognitive impairment varies depending on the type of drug that is used.

For instance, cognitive impairment is greater for alcohol, cocaine and methamphetamines than for cannabis.

APPENDIX

SOCIAL SITUATIONS WITH A HIGH RISK OF SUBSTANCE USE

1. Turning down an opportunity to use from a friend or family member.
2. Refusing an invitation to a party with friends because the risk of substance use is high.
3. Explaining to a friend that you decided to stop your substance use and that you need his support.
4. Telling a friend that you would like to reduce your drug and/or alcohol use and telling him why.
5. Clearly stating your intention to not use drugs and/or alcohol when a friend is insistent.
6. Being assertive when someone you know tries to convince you and downplays the impact of your substance use on your daily life.
7. Responding to someone who downplays your efforts to reduce/stop your substance use.
8. Other situations:

APPENDIX
TABLE OF COMMUNICATION SKILLS

Communication skills	Good	Poor
Eye contact	• Looking at the other person • Moving your eyes while speaking	• Looking away • Blank stare
Volume of voice	• Speaking loudly enough to be heard	• Speaking too loudly • Speaking too low
Tone of voice	• Variations in the voice based on the emotions	• Speaking in a monotone
Articulation	• Properly enunciating words and syllables	• Difficulty hearing all the words and syllables
Speed of speech	• Speaking at a moderate pace	• Speaking too fast or too slow
Conversation flow	• Taking turns to speak • Answering immediately	• Cutting someone off • Long pause before responding
Facial expressions	• Facial expressions correspond to emotions: smiling, frowning, nodding, serious when necessary	• Face does not express any emotions • The emotion being expressed is different from what the person's words are saying
Posture	• Straight back, head held high • Relaxed, ready to discuss	• Hunched over, drooping head • Very tense • Arms crossed, closed attitude, withdrawn
Gestures	• Moving the head and hands when speaking to emphasize what is being said	• Too much or no movement
Physical distance	• Moving around in the space, if required • Staying at about arm's length from the other speaker	• Walking back and forth, going in the opposite direction from the other person speaking • Standing too close or too far from the person speaking

APPENDIX
SAMPLE SUMMARY OF STRATEGIES IDENTIFIED FOR EACH SITUATION COVERED DURING THE ROLE-PLAYING EXERCISES

Refusing an invitation to a party with friends because the risk of substance use is high.

Declining to go to the party or to use drugs and/or alcohol by providing an explanation:

"I'm going to see the people, not to use drugs or alcohol."

"I don't feel like going because the people there will be using alcohol and drugs."

Declining to go to the party or to use drugs and/or alcohol by providing an excuse:

"I can't use drugs and alcohol. It's court-mandated."

"I can't use drugs and alcohol. I've just come out of the hospital, but I want to meet people."

Clearly stating your intention to not use drugs and/or alcohol when a friend is insistent.

Clearly state your refusal:

"No!""No means no!"

"No, I'm not using." And remove yourself from the situation.

Justify your refusal:

"I can't use drugs and alcohol. It's court-mandated."

"I don't want it to make me sick."

Expressing your displeasure with the situation:

"I really would like you to stop insisting."

"It's not cool to insist. Please respect my choice."

Declining when a friend or family member offers you some drugs.

Explain what has changed:

"I no longer use."

"I can't use anymore."

State your fears:

"I've just come out of the hospital. Do you think it's a good idea?"

Declining by providing an explanation or excuse:

"I don't want to use today. I don't feel like it."

Explain to a friend that you decided to stop using substances and that you need their support.

Make a direct request:

Call someone or contact an organization to get help.

Make an indirect request:

Go visit someone who does not use drugs and/or alcohol.

Suggest that you do something together.

APPENDIX
SUGGESTED COPING STRATEGIES

Avoid people or places that give you urges or ideas to use drugs and/or alcohol	Remember the negative consequences/costs associated with drug and/or alcohol use	Find a creative outlet for your emotions, such as through music, writing, art, etc.
Identify and avoid situations with a high risk of substance use	Remember that it's natural to experience emotions, even difficult ones	Keep a journal and jot down your observations: how you're feeling, your strengths and efforts
Hang out with people who do not use and/or who support your attempts to change this behaviour	Do something to distract yourself such as reading, surfing the Web, going for a walk	Take the time to relax
Call a friend, someone you trust, if you are having urges	Anticipate high-risk situations and obstacles in order to draw up a plan of action for dealing with them	Apply the skills and strategies you learned at the meetings
Do some physical activity or a sport	Find a project/future goals and the means of achieving them	Congratulate yourself for each small bit of progress and reward yourself
Do some cleaning and housework	Ask for help	Join a support group
Do some volunteer work or take part in a back-to-work or back-to-school program	Talk to someone about your feelings	Include exciting, fun and relaxing activities in your routine

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