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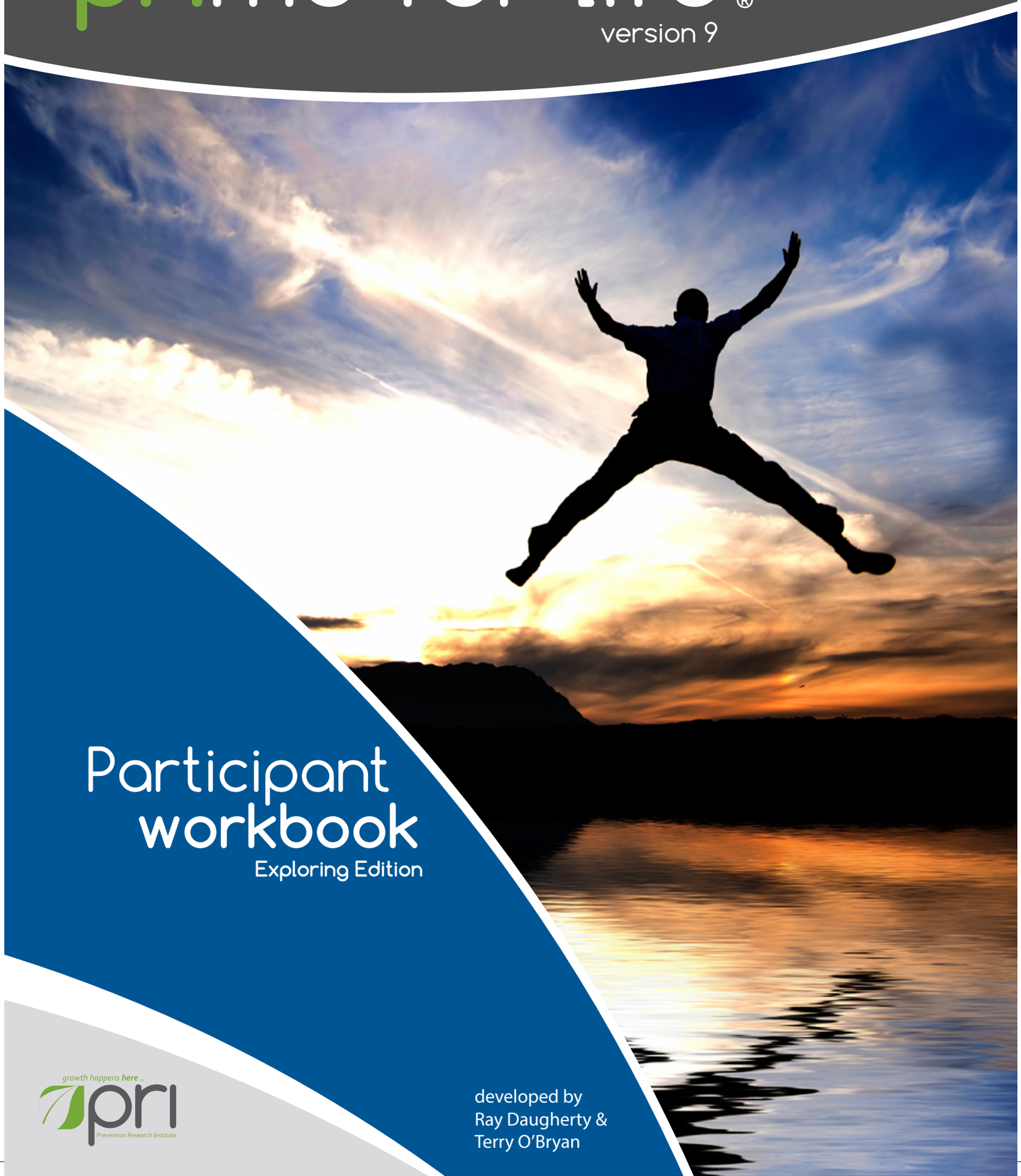
version 9



Participant workbook

Exploring Edition

developed by
Ray Daugherty &
Terry O'Bryan

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Prevention Research Institute

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PARTICIPANT WORKBOOK

Version 9.0

Every participant who attends a Prime For Life program receives a new workbook. It is a violation of copyright laws for anyone to provide you with a photocopied or used workbook. The workbook is a guide for you to use as you reflect on concepts and complete activities. At the completion of the course, it is yours to keep. We hope you and your family will use it as an ongoing reference to reduce risk for alcohol- and drug-related problems in the future.

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INTRODUCTION

About The Program

We will explore risk and what we can do to reduce our risk so we can protect the things we value the most in life. We each decide what we value most; Prime For Life gives us a way to reduce risk for future problems with alcohol and drugs. The program provides research-based information about alcohol and drug risks. We each decide what to do with the information and how much risk we are willing to take.

About Prevention Research Institute

Prevention Research Institute (PRI) is a nonprofit organization based in Lexington, Kentucky. PRI pioneered the Lifestyle Risk Reduction approach to alcohol and drug problems in 1983. The professional staff has extensive experience in the prevention, early intervention, and treatment of alcohol and drug problems. PRI is committed to evaluation of program impact, and its Risk Reduction programs have shown positive behavior change in both internal and independent studies.

About the Authors

Ray Daugherty and the late Terry O'Bryan, co-founders of PRI and co-authors of the program, dedicated years of experience and strong commitment to their work of reducing the incidence of alcohol- and drug-related problems.

Their work has been recognized by CSAP (The Center for Substance Abuse Prevention) and SAMHSA (Substance Abuse and Mental Health Services Administration) and featured in *USA Today*, *Drug Abuse Update*, *Adolescent Counselor*, and *Weekly Reader* supplements for parents and teachers. Ray is co-author of *Reducing the Risks for Substance Abuse: A Lifespan Approach*, Plenum Press, New York, 1998. He continues to be actively involved at PRI. Terry retired in 2000 and passed away in 2013. Her contributions to the program and its ongoing developments are felt daily.

About the Workbook

Your workbook is a summary of the Prime For Life experience. We hope you will find the activities and summary a useful guide both during and following Prime For Life.

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What would it feel like to know your top values are alive and thriving in your life in the future?

For most of us, prevention requires new ways of thinking about reducing risk or reducing the likelihood of problems. Good intentions and determination are not enough. We practice prevention once we understand the need for it. For example, to reduce the risk of mechanical problems with our cars and trucks, most of us change the oil, rotate tires, maintain proper tire pressure, check fluid levels, and set reminders for scheduled maintenance.

We also learn effective ways to reduce risk to protect our health. We brush our teeth, sleep, eat, and use sunscreen to prevent problems. This is prevention or risk reduction. Preventing these things can become so routine in our lives we may not even think about them. Yet, we may not have applied the same thinking to our alcohol and drug choices. Sometimes this happens because we may not have known specifically what to do or how to do it. This program is about learning how to prevent future problems related to alcohol and drug use and, most importantly—how to protect the things we value most.

On the next page is a list of items most people value. Take a few minutes to look over this list and make it more personal to your life today. If there is something in your life you value but it is not on this list, add it in the blank areas. When we finish, this list will represent the things you value most in life.

> The aim of education is the knowledge, not of facts, but of values.
>
> ~ William S. Burroughs ~

WHAT IS MOST IMPORTANT TO ME?

Job, career, rank

Good health

Family

Self-Respect

Loving and being loved

Freedom/No legal problems

Making my own decisions

Partying

Religion/Spirituality

Good friends

Other values

What would it feel like to know these values are alive and thriving in your life in the future?

Two Types of Problems

There are many different alcohol and drug problems, and they basically fall into two categories: health and impairment. To protect the things important to us, we need to know how to prevent both types of problems.

Kind of Person

We can all make a list of the words most people would say describe the kind of person who develops alcoholism or addiction. We grow up hearing these beliefs, seeing them in movies and on TV, and they can subtly shape what we think or believe. Most of us do not think of ourselves as "that kind of person." If we believe it only happens to "that kind of person," we may not see any need to take our alcohol or drug choices too seriously. Others look at the list and think maybe it does resemble them and they might feel hopeless.

People "on the street" are not the only ones who hold these views. Researchers and other professionals sometimes hold these views too, so researchers have set up studies to find out what kind of person does develop alcoholism or addiction.

Based on these research findings, we now know people do not become addicted just because of an addictive personality or because of mental health issues. Some people have mental health issues before they develop problems with alcohol or drugs. Other people develop mental health issues after they use alcohol and drugs over time.

Key Points

- **Most people do not develop alcoholism or addiction due to mental health problems.**
- **Alcoholism and addiction are not caused by the type of person someone is.**
- **Research has not found an "addictive personality."**
- **Happy, healthy people also have risk!**

If alcoholism and drug addiction are not caused by the kind of person someone is, what does cause them?

WHAT MOST PEOPLE SAY

From our discussion, identify what you feel is reasonable for people to believe is the kind of person who develops alcoholism or addiction. Write them below.

RISKS WE CAN AND CANNOT CHANGE

CANNOT CHANGE		CAN CHANGE
☐	Smoking	☐
☐	Exercise level	☐
☐	Weight	☐
☐	Cholesterol level	☐
☐	Amount of fat and cholesterol in diet	☐
☐	Male relatives with heart disease	☐
☐	Female relatives with heart disease	☐
☐	Activity level	☐
☐	Amount of meat, eggs, fruits, and vegetables in diet	☐

HEART DISEASE

Let's look first at heart disease, a lifestyle-related health problem most of us are familiar with and most people believe could possibly happen to them. We tend to think very differently about our risk for developing heart disease or cancer than we do alcoholism or drug addiction. These are more alike than we might think. The most common form of heart disease is a lifestyle-related health problem. It is related to our lifestyle choices around diet and exercise.

Many of us are familiar with heart disease and most of us believe we have some risk for developing it. Let's explore how heart disease develops and think about the advice we have been given to prevent it.

There are two types of risks for all lifestyle-related health problems—risks we can change and risks we cannot change.

Risks we can change are the personal choices we make every day. The most important choices to reduce risk for heart disease are diet, exercise, and smoking. High-risk choices increase our risk. Low-risk choices reduce our risk.

Risks we cannot change are related to our biology—our bodies. Think of the point at which heart disease develops as a trigger point. We are born with different levels of biological risk for developing heart disease. People with increased biological risk are closer to the trigger point. They can develop heart disease more quickly. Some people have greater risk for developing heart disease because their birth family has a history of heart disease. Other people have no family history of heart disease and less biological risk. A very small number of people are born with a degree of biological protection. They can still develop heart disease but as a group have extremely low rates.

Biology sets a trigger point for each lifestyle-related health problem. Our biology sets our level of risk, which determines how close we are to that trigger point. Biology also determines what choices will be low risk. Each of us has a different level of biological risk.

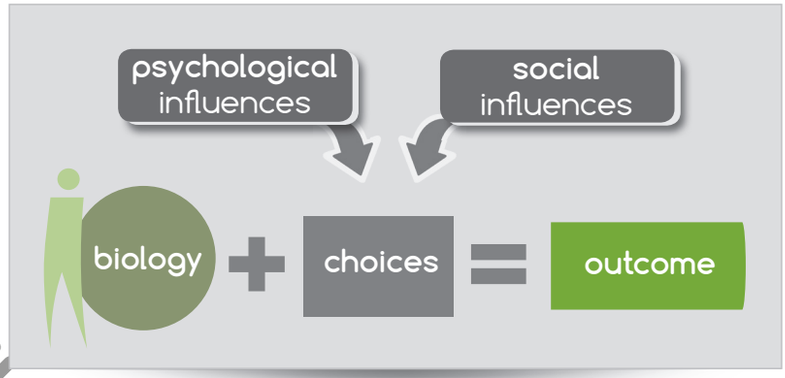
There is a basic formula for understanding how heart disease develops. Our choices interact with our biology to determine the outcome. When our choices reach the trigger point, we develop heart disease.

Low-risk choices for someone with a standard level of risk may be different than someone with a family history who probably has a higher level of risk. People with a family history of heart disease or people who have high cholesterol or high blood pressure may need different guidelines; some may even need medication. Also people who already have heart disease have different "recovery" guidelines to prevent problems in the future.

Psychological and social factors influence the choices we make. Psychological influences come from within. These include our attitudes, beliefs, values, preferences, and personality traits. In reference to heart disease, these might be attitudes like, "It's a waste of time to exercise—I never see any benefit," or preferences such as, "I prefer meat over vegetables."

Social factors include the influence of friends, family, media, and social norms.

Psychological and social influences add a new dimension to the formula and give us a better understanding of how the pieces work together. It is easy to see how psychological and social factors can influence our choices, but we are not powerless to reduce our risk. Each person can make low-risk choices regardless of our personality or social group.



Key Points

- Everyone has a trigger point for heart disease.
- If we make enough high-risk choices, we trigger heart disease.
- A family history of heart disease means we're closer to the trigger point. Fewer high-risk choices can trigger heart disease.
- The basic formula is **BODY/BIOLOGY + CHOICES = OUTCOME**. We can change the choices part.
- Choices interact with biology to trigger or prevent heart disease.
- Psychological and social factors influence our choices.
- Our choices give us power.

THINGS TO CONSIDER

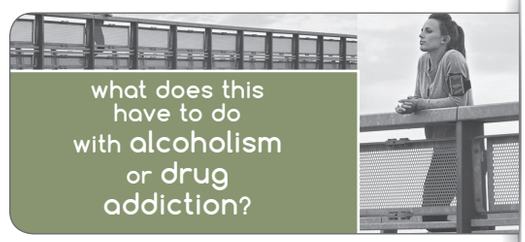
1. How does this information relate to me or someone in my family?

   _____

2. Do I have increased biological risk for heart disease? _____
3. What changes, if any, am I willing to make to reduce my risk for developing heart disease? _____
4. Even if I don't have a family member with heart disease, in what ways might this information still be important for me?

   _____

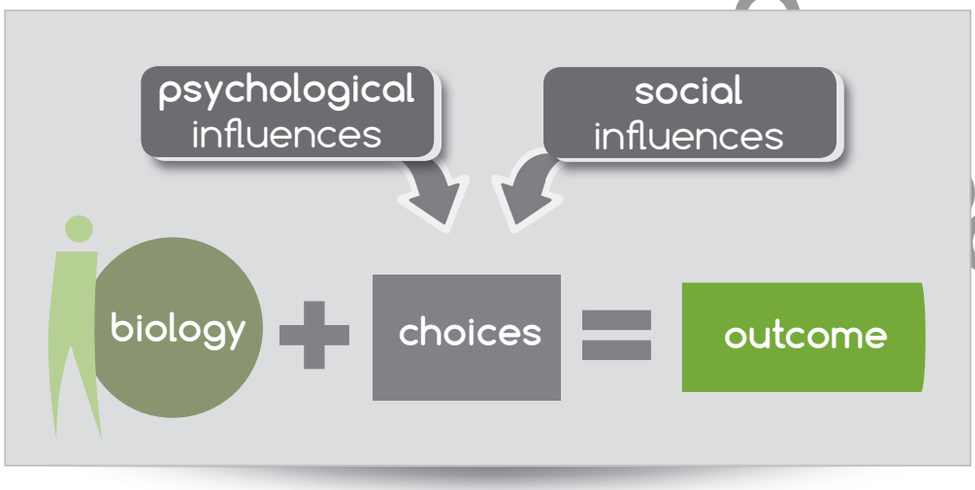
ALCOHOLISM AND DRUG ADDICTION



Because alcoholism and drug addiction are also lifestyle-related health problems, the same principles apply. There are risks we can and cannot change for developing alcoholism and drug addiction:

- The risks we cannot change are biological—they have to do with how our body responds to alcohol and drugs. Biology sets a trigger point for alcoholism and addiction. Our biology sets our personal level of risk. Our personal risk level determines how close we are to the trigger point. If we have increased biological risk, we are closer to our trigger point and alcoholism or addiction could develop with fewer high-risk choices.

- The risks we can change are our choices. Together, our biology and our choices determine our total level of risk. We develop alcoholism or drug addiction when we make enough high-risk choices to reach the trigger point.

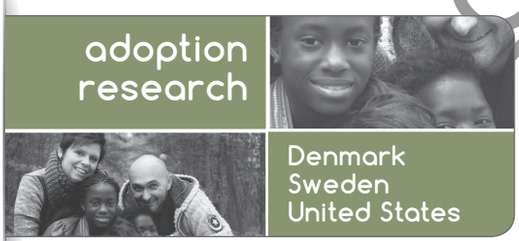


BODY, BRAIN, BIOLOGY

While heart disease is centered in the heart and blood vessels, alcoholism and drug addiction are centered in the brain. Let's think of the first part of the formula as body, brain, or biology.

Biology is an important part of the risk for heart disease. Many people may not have considered how important biology is in their risk for alcoholism or drug addiction. Let's turn to research to understand more about our risk.

Adoption Studies



Many people have noticed alcoholism and drug addiction often run in families. Is this because of biology or family environment?

One way to find out is by exploring adoption research. Adoption studies look at adults who were adopted as children. Birth parents determined their biology and adoptive parents determined their living environment. Scientists designed the research to show whether biology or family environment influenced alcoholism or drug addiction in the children. Like many of us, researchers initially believed family environment influenced the rates more strongly.

View the adoption animation.

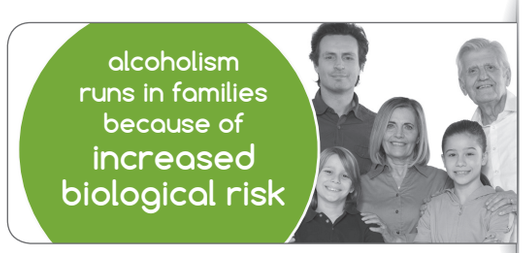
So our body, brain, and biology help explain why alcoholism and drug addiction often run in families. Our biology sets a level of risk we cannot modify or control.

Biological Responses

The adoption research changed how people think about alcoholism and addiction. Instead of focusing on what kind of person develops alcoholism, researchers realized we might be able to identify biological differences that can help people know whether or not they have increased risk.

Studies found those who experienced the most stimulation and the most pleasure from alcohol experienced the most problems with alcohol use. Those who have a negative physical reaction have a low rate of alcoholism.

Research has shown some people have a negative reaction to alcohol known as a flushing response. Their blood pressure goes up, their skin flushes, and they may feel nauseated. People with this reaction have a very low rate of alcoholism. Researchers wanted to find what other biological responses might influence risk.

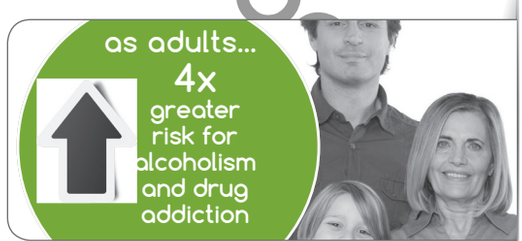


Researchers confirmed people who have a family history of serious alcohol problems are more likely to develop serious problems themselves. They also found high tolerance was a stronger predictor of who develops problems with alcohol. It was even a stronger predictor than family history by itself. Both family history and high tolerance were especially good predictors of early onset of problems.

What About Drugs?

There are similar findings for drugs. Having a mother, father, brother, or sister with dependence on marijuana, amphetamines, or prescription sedatives increases a person's risk for having either drug or alcohol problems.

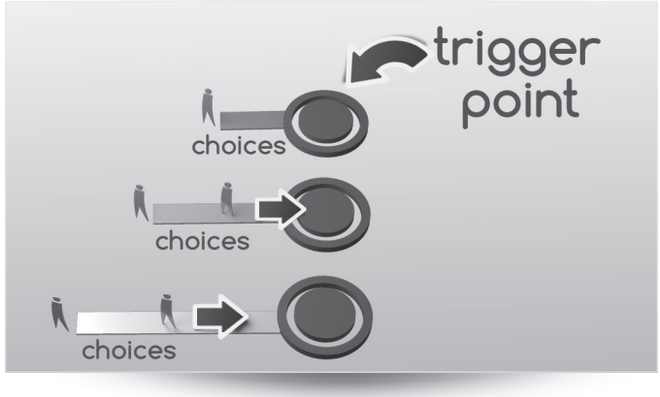
Similar to alcohol, the biological response to drugs can vary greatly from person to person. Researchers wondered if people's biological response to drugs would affect their risk for drug problems, just as it does for alcohol. So, they explored marijuana. They found out use was more risky for those who experienced the most positive responses.



The more positive responses a person has, the more likely they are to continue use and develop serious problems.

When you think about it, this just makes sense. The more pleasurable a substance is, the more likely people are to use it. And the more they use it, the more likely it is to cause them problems. Our biology can increase or decrease our risk through pleasure.

Our biology sets our trigger point and people have different levels of biological risk. Some people have a standard level while others have greater or lesser risk. We cannot change this inherited risk. Regardless of where we start, addiction is triggered when we make enough high-risk choices to reach that point.



CHOICES

What moves us toward the trigger point? The formula for lifestyle-related health problems shows that risk comes from our choices. Our choices interact with our biology to either move us toward our trigger point or keep us away from it. Remember our choices are the risk factors we can change.

View the choices, risks, and trigger point animation.

For heart disease the choices that matter are diet, exercise, and smoking. For alcoholism and drug addiction the choices that matter are the quantity and frequency of drinking or drug use—how much and how often we choose to use, if at all. Research has shown this for alcohol, marijuana, and other drugs.

Key Points

- **Biology sets our trigger point.**
- **Some people have a standard level of risk. Other people start closer to the trigger point because of increased biological risk.**
- **Whether our level of biological risk is high or low, addiction is triggered when we make enough high-risk choices to reach our trigger point.**
- **High-risk choices increase the risk of reaching our trigger point. Low-risk choices are unlikely to increase risk of reaching our trigger point.**
- **Biological responses can influence choices.**
- **Choices are the risk factor we can change. Our choices give us the power to protect the things we value.**

Reflection Question

Think of someone in your life whom you would like to share the most important things we have explored so far in this program. What would you tell this person?_____

_____

_____

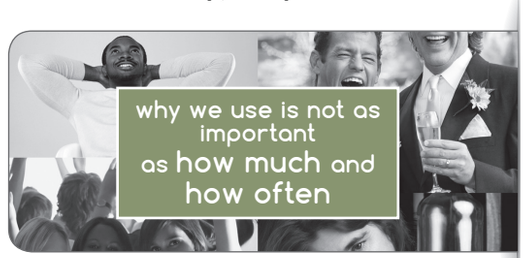
Psychological Factors Influence Choices

Psychological factors can influence our choices. Let's explore four traits common among people who develop alcoholism or addiction:

1. **Sensation seeking** – feel a need to experience new things, prefer a lot of activity and stimulation, and become easily bored
2. **Gregarious** – outgoing and like to be with groups
3. **Impulsive** – spontaneous and tend to do things without planning or forethought
4. **Rebellious** – do not like to follow rules and want to do things their own way

At their best, the traits influence people to be creative or start their own business. They can also influence people to break rules, act without thinking, or violate the

law. Some people use the traits in productive ways, and some people use these traits in destructive ways. The traits are not abnormal. In fact, our society values these traits when they are focused in a productive way. Unfortunately, they can also influence people to make high-risk choices.



These traits tend to encourage social activity, and people who like to experience a lot of different sensations are more likely to drink more or use more drugs.

For some people, opposite traits can influence high-risk choices. For example, being extremely shy might influence some people to drink or use drugs in order to feel comfortable enough to socialize. Those who are anxious or depressed might discover high-risk choices temporarily reduce their anxiety or depression.

Some people make high-risk choices because they have psychological or emotional problems. There are also a lot of mentally healthy people who make high-risk choices to relax, unwind, or socialize and have fun. People use for a lot of reasons, not just because they have problems. Why people drink or use is not as important as how much and how often they make high-risk choices.

View the stress and trauma video.

We all want to be happy!

Everyone wants to be happy, and research has shown a simple way to make us happier. It even makes us more attractive to other people!

Every day before going to bed, make a list of three or more things you are grateful for and why you're grateful for those things. That is it! It makes gratitude conscious in our lives. People who do this are happier within about three weeks. The effect stays if we keep doing it.

Conscious gratitude helps us be happier!

Social Factors Influence Choices

Social factors can influence people to make low-risk or high-risk choices. Groups that accept and encourage high-risk drinking or drug use have higher rates of alcoholism and drug addiction. This is the most important way social factors influence rates of alcoholism and addiction.

Social encouragement to make high-risk choices is built into our everyday lives. Because it is so common, we may not even notice it. Things like two-for-one drink nights at bars, drinking games, social media, Octoberfest, football games, "hemp" fests, T-shirts, weddings, bachelor or bachelorette parties, and advertising can influence our choices.

Key Points

- **Family history is one measure of increased biological risk.**
- **Risk for alcoholism or drug addiction is not limited to people who have a family history of those problems.**
- **A person who makes low-risk choices is less likely to trigger alcoholism or drug addiction. A person who makes high-risk choices is more likely to trigger alcoholism or drug addiction.**
- **Choices are the one part of the formula we can change.**
- **People who are sensation seekers, gregarious, impulsive and/or rebellious are more likely to make high-risk choices and experience problems. Shyness, anxiety, stress, or depression may also increase risk. Any feeling, attitude, or belief that influences us to make high-risk choices is worth paying attention to.**
- **Personality can influence the choices people make about alcohol and drugs. However, personality traits do not cause alcoholism or addiction.**
- **Groups that accept or encourage high-risk choices have higher rates of alcoholism and addiction.**
- **Anyone who makes high-risk choices with alcohol or drugs can develop alcoholism or drug addiction.**

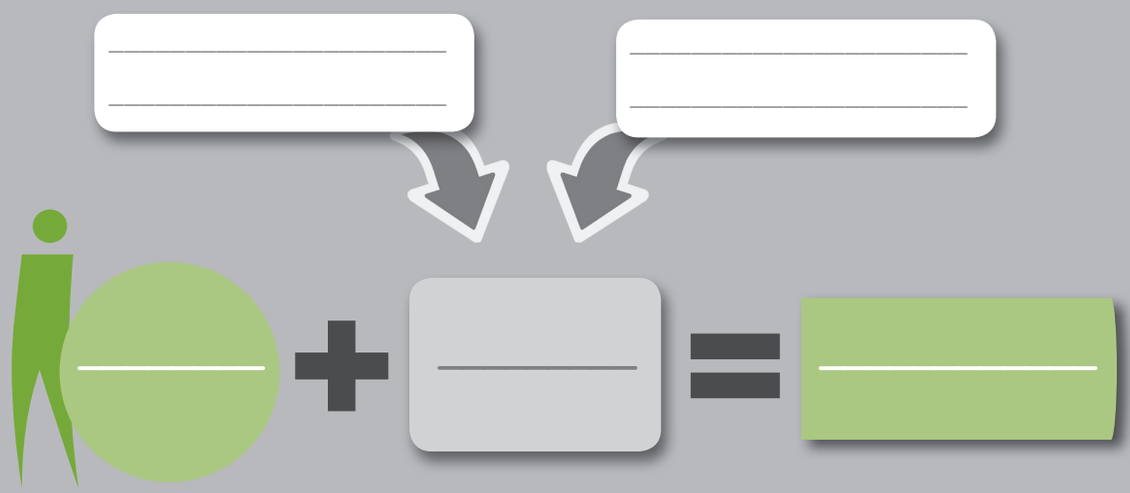
PUTTING IT ALL TOGETHER

Working with a partner or in a small group, fill in the blanks on the formula below. After you answer the questions, be ready to explain how what we have explored supports your answers.

1. **Who can develop alcoholism or drug addiction?** _____
2. **How does it develop?** _____
3. **How can it be prevented?** _____
4. **If a person does not have a family history of alcoholism or addiction, why is this formula still important to understand?** _____

_____

What Research Says



Reflection Question

Something new or surprising to me about what we have covered so far is:

_____

How Does High Tolerance Trick Us?

Most people use their own tolerance level to determine "how much is too much" for them. They may believe they have not had too much until they slur their speech, fall down, or get sick. As long as they are not doing these things, they feel they are "handling it." By the time obvious physical impairment occurs, it may be too late to prevent a problem.

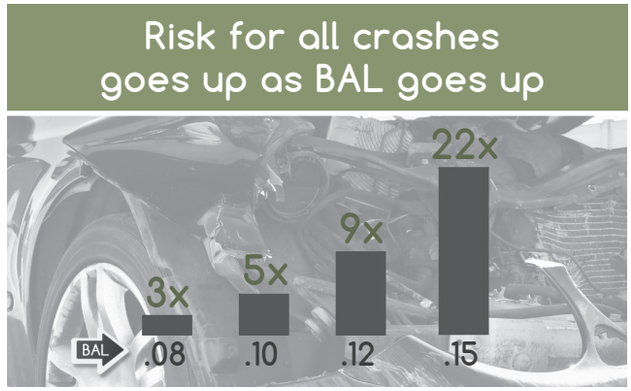
We have two tolerance levels. People typically use their physical tolerance level to gauge how much they can "handle." But, our mental tolerance level is at a much lower blood alcohol level (BAL) and increases more slowly. We need those mental skills to respond to emergency situations. If we rely on our physical rather than mental tolerance to determine impairment, our risk for problems goes up.

If I continue to make high-risk choices, both physical and mental tolerance will increase, though at different rates. My physical tolerance will go up faster than my mental tolerance, tricking me into believing I am less impaired than I am. The point where I am impaired and the point where I know I am impaired get further and further apart. As a result, I may believe it is safe for me to drive when it is not.

View the tolerance video.

Beliefs Influencing High-Risk Choices

One common belief that can trick us into thinking the low-risk guidelines do not apply to us is, "It was all about bad luck or timing." When researchers looked at BAL and risk for crash or injury, they found as BAL increased, so did crashes, injuries, and death.



IMPAIRMENT AND DRUGS

When we hear about impaired driving, we usually think of alcohol. But impaired driving can occur with many substances. All substances that people use to get high, as well as many prescription and some over-the-counter drugs, can cause impairment and impairment problems.

Key Points

- **Marijuana users have increased risk for impairment problems related to driving, similar to people drinking to a BAL of 0.10.**
- **Using marijuana and alcohol combined increases risk more than using either one alone.**
- **Stimulants, narcotics, and many medications can impair driving skills and greatly increase risk for problems.**
- **Designated drivers can reduce arrests and traffic fatalities. Yet, if we drink high-risk amounts or use drugs when using a designated driver, we increase our risk for all other types of problems such as falling.**
- **Extra effort cannot overcome impairment.**

THINGS TO CONSIDER

Something new or surprising to me about drugs and driving is:

_____

Does using a designated driver prevent impairment problems? Why or why not?

_____

CHOICES

Our individual tolerance level determines how much alcohol or drug use will cause impairment for each of us. When we drink enough or use enough drugs to reach our tolerance level, we become impaired and are more likely to experience problems. Every time we exceed our tolerance level, we raise it. However, if we drink or use drugs below our tolerance level, tolerance will decrease. If we think back to the formula, our choices are the only thing that we can control to avoid all types of impairment problems.

Key Points

- **The combination of our Body, Brain, Biology plus our Choices determines whether or not we become impaired.**
- **Tolerance is initially set by our biology and can go up or come back down depending on our choices.**
- **As tolerance goes up, sensitivity goes down, and we are less aware we are impaired.**
- **Mental impairment occurs before physical impairment.**
- **Physical tolerance develops more quickly than mental tolerance, meaning we become increasingly mentally impaired before reaching physical impairment.**
- **High tolerance feels protective, but it actually increases our risk.**

Reflection Questions

Something new I have learned about high tolerance is:

_____

_____

What I would like to tell a friend about high tolerance is:

_____

DEFINING STANDARDS

To define low-risk and high-risk drinking choices, we need to start with a definition of a standard drink.

What is a Standard Drink?

A "standard drink" refers to 0.6 ounce of pure alcohol in any alcoholic beverage. Beer, wine, and distilled spirits all contain the same type and amount of alcohol in a standard serving.

What About Medicines?

There are standards for over-the-counter and prescription drugs. These are always printed on the label and typically expressed in milligrams. The use of medicines—including medical marijuana—always has risk, though the medical benefits may outweigh the risks. Prescription drugs have risks even when used as directed. The physician advises the patient when the potential benefit outweighs the risk and then helps the patient manage the risk.

What Are Standards for Illegal Drugs?

For illegal substances, there is no standardization.

RESEARCH BASIS FOR LOW-RISK GUIDELINES

What does "low risk" mean?

Low risk does not mean safe. Low risk means there is less chance of harm or danger.

Of course, it is impossible to develop a use-related health problem if we never use. Rather than using legal status to determine what is low or high risk, we will explore research on outcomes of use. Low risk will mean low risk for health or impairment, not low risk for arrest.

Getting "high" or "buzzed" is high risk.

Any time a person is impaired on any substance, it is high risk. While this applies to both alcohol and drugs, there is one main difference. Most adults can consume a "standard drink" of alcohol without impairment. But, the "standard dose" of most drugs is generally enough to cause impairment, which is why people use them.

What is low risk for drugs used for non-medical purposes?

Drugs are almost always taken for the purpose of getting at least a little high or buzzed. In addition, for illegal substances there is no standardization. In states that have legalized marijuana, there is standardization in packaging but, at the time of this writing, still no standardization in THC levels. For these reasons, the only known low-risk choice for drugs used for non-medical purposes is abstinence (zero).

What is low risk for alcohol?

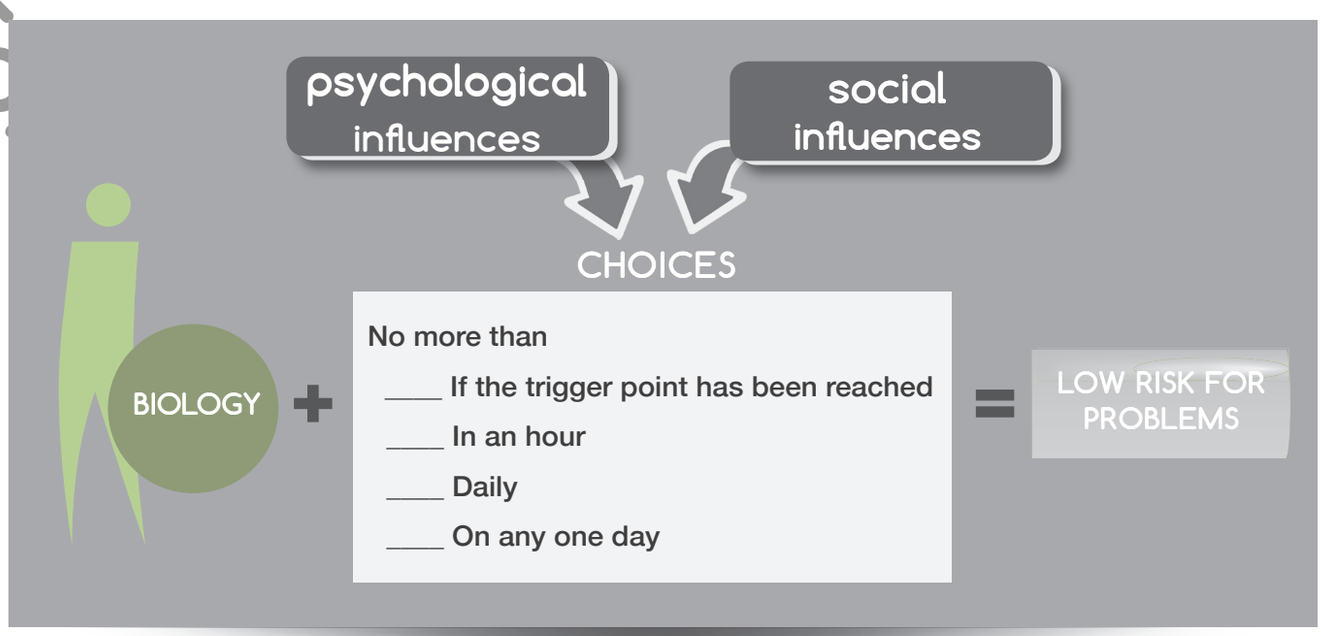
Unlike drugs, there are other reasons for drinking alcohol. A person may drink a beer as a refreshment on a hot day to cool off or because it goes well with pizza. Another person might have wine because it goes well with steak. There is substantial research to guide us on defining what is low risk for alcohol.

Risks Related to Quantity and Frequency of Drinking

Key Points

- **Low risk does not mean "no risk;" it means less chance of harm or danger.**
- **The only low-risk choice for drugs used for non-medical purposes is abstinence.**
- **A "standard drink" means one 12 oz. beer (5%), or one 5 oz. glass of wine (12%) or one 1 1/2 oz. serving of liquor (80 proof).**
- **Risk for health problems begins at three standard drinks per day.**
- **Risk for impairment problems begins at more than one standard drink in an hour.**
- **For medications, follow the label, use as prescribed, and consult with a physician.**
- **The only low-risk recovery guideline for people who have already reached their trigger point is 0.**

BUILDING LOW-RISK ALCOHOL GUIDELINES



REVIEW

Low-Risk Guidelines

low-risk guidelines

0 1 2 3

For some people, 0 is always the recommended low-risk choice:

- People who are taking certain medications.
- People who have certain health problems such as addiction or liver disease.
- Women who are pregnant or who are planning to get pregnant.
- People with increased risk for cancers like breast and colon cancer may also want to consider drinking infrequently or abstaining.

For certain times and certain places, zero is the only low-risk choice consistent with the law or policies.

- The legal purchase age is 21. No matter what our age, there are times and places where drinking is either illegal or against policy (e.g., work or school).
- When driving, boating, or operating other machinery.

UNDERSTANDING THE 0 1 2 3 GUIDELINES

Please answer Yes or No. Would it fit the 0 1 2 3 Guidelines:

low-risk guidelines

0 1 2 3

_____ 1. If I drink 14 drinks in one day?

_____ 2. If I drink 2 drinks every day?

_____ 3. If I drink 7 drinks two days a week?

_____ 4. If I drink 4 drinks on any one day and none the rest of the week?

_____ 5. If I have 3 drinks every day?

_____ 6. If I have 3 drinks on four days and 2 drinks on one day?

_____ 7. If I smoke one joint a week?

_____ 8. If I only get drunk 2-3 times a year?

_____ 9. If I take a prescription that is not mine?

_____ 10. If I take more of a drug than prescribed?

_____ 11. If I get the same prescription from more than one doctor and take both?

_____ 12. If I consistently follow 0 1 2 3 for alcohol and smoke marijuana two times a month?

_____ 13. If I have severe pain and use someone else's prescription medication?

_____ 14. If I have reached my trigger point and I abstain?

The low-risk guidelines are 0 1 2 3. Zero for drugs and at times for alcohol. No more than 1 standard drink in an hour. And, no more than 2 standard drinks if drinking daily, or almost daily. This means no more than 14 standard drinks in a week. And, no more than 3 standard drinks on any one day.

ADJUSTING THE LOW-RISK GUIDELINES

Any of the following can increase impairment. To avoid problems, it is important to reduce our guidelines any time these are present.

Less Body Fluid

Drink for drink, a person with less body fluid usually becomes more impaired than a person who has more body fluid to dilute the alcohol in the blood. Total body fluid is determined by body size, gender, and age.

Women often have a smaller body size and also have less fluid per pound of weight. This results in greater impairment more quickly. Also, younger adolescents and the elderly have less body fluid and are likely to become more impaired.

Drugs/Medication

Many medication bottles, both over-the-counter and prescribed, are labeled, "Do not drink alcohol while taking this medication." Drinking alcohol with many medications increases impairment. It is important for people taking any type of prescription or over-the-counter drug to check with their doctor or pharmacist before drinking alcohol or taking any other kind of drug.

Illness/Tiredness

A person who is ill, recovering from a recent illness, or who is tired is likely to experience greater impairment than usual from alcohol.

Empty Stomach

A person who drinks on an empty stomach will experience more impairment than usual from drinking.

EXPLORING AND ADJUSTING THE 0 1 2 3 GUIDELINES

low-risk guidelines

0 1 2 3

Explore how these differences could increase risk for impairment or health problems and why adjustments to the 0 1 2 3 guidelines are needed to prevent problems.

1. **Tommie was on the boat in the sun all day, is tired, and taking an antihistamine for allergies. How might the 0 1 2 3 guidelines need to be adjusted today?**

   _____

2. **Mac works as a school bus driver who takes routes at 7:30 a.m. and picks up the route at 3:30 p.m. His sister invited him to lunch at the new Mexican restaurant that features 2-for-1 Mexican beers. What would be low risk for Mac in this situation?**

   _____

3. **Terry is going out with friends and has not eaten since breakfast. What adjustment may be needed to 0 1 2 3?**

   _____

4. **Rosa is on probation and is going to a concert with friends. You are a friend of hers and want to help her avoid problems. What would be low risk for her in this situation?**

   _____

Key Points

- 60%-70% of all drinkers drink only 10% of all the alcohol consumed in the United States. This tells us that most people who drink make low-risk choices.
- Anyone can develop alcoholism or drug addiction. However, those with a family history, a high tolerance, or unusual pleasure responses have increased risk.
- High tolerance is not an ability but a liability. The higher our tolerance, the closer we are to our trigger point for developing alcoholism or addiction.
- If we continue to make more high-risk choices, our tolerance will reach our trigger point and alcoholism or addiction will be present.
- We have a trigger point for all lifestyle-related health problems, and our choices determine whether or not we will develop them.

Reflection Questions

The most important thing to me about my formula is...

_____

_____

My reaction to these guidelines is...

_____

_____

My motivation for following my guidelines is...

_____

_____

_____

PHASES OF USE

We have used this image of our level of biological risk and the trigger point to help us visualize how alcoholism and drug addiction occur and how they can be prevented.

At this point people often have questions such as, "How close am I to my trigger point?" or, "How do I know if I have already reached my trigger point?", or "If I seem to be getting close, what can I do about it?"

This unit will answer these questions by focusing on the space that lies between the level of risk and the trigger point. We will divide the journey into four phases to examine what happens as people travel the path between their level of risk and the trigger point. We will explore and reflect about one low-risk phase and three high-risk phases.

The phases are mostly about the journey toward the trigger point. Only the final phase—the Red Phase—describes alcoholism and/or drug addiction. By learning about all four phases, we can determine where our choices have placed us. Not everyone experiences all phases or everything within a phase, but everyone can find themselves in one of these four phases—so this is a great chance to learn more about ourselves and our experiences with alcohol or drugs.

It's choice – not chance – that determines your destiny.
~Jean Nidetch~

THE GREEN PHASE

Low-risk choices characterize the Green Phase. It includes people who abstain from alcohol and drugs as well as those who consistently follow their 0 1 2 3 guidelines for alcohol. People in this phase do not have an increase in tolerance because they are not becoming impaired, and they do not move closer to their trigger point as a result. The majority of people in the general population spend most of their lives in the Green Phase.

View the risks and phases video.

People in the Green Phase:

- Make 0 1 2 3 low-risk choices.
- Do not have an increase in tolerance.
- Have a take-it-or-leave-it feeling about alcohol.
- Do not use recreational drugs.
- Use medications only as prescribed.
- Are not likely to develop alcohol- or drug-related health or impairment problems.
- Protect the things they value.

Response to the Green Phase

People can stay in the Green Phase for life if they continue to make low-risk choices. There is nothing about the Green Phase that leads to any sort of progression to the high-risk phases.

Reflection Question

What are the benefits of being in the Green Phase?

GREEN PHASE SELF-REFLECTION

☐ Y	☐ N	1. My choices about alcohol and drugs are protecting the things I value.
☐ Y	☐ N	2. I use my medications as prescribed.
☐ Y	☐ N	3. I always follow the 0 1 2 3 guidelines for alcohol, which might include abstaining from alcohol.
☐ Y	☐ N	4. I always follow the 0 drug guidelines, which includes no recreational use of drugs.
☐ Y	☐ N	5. I adjust my 0 1 2 3 guidelines downward when needed to prevent problems, like when tired or on medication.

Once I begin making high-risk choices, how much and how often I use becomes the most powerful predictor of what happens to me.

Transition to the High-Risk Phases

The transition from low-risk choices to high-risk choices is perhaps the most important transition that occurs in the phases. What might seem to be an insignificant choice at the time is actually a major life change. High-risk choices include recreational drug use, using prescription medication not as prescribed, drinking more than one per hour, more than two per day, or more than three standard drinks on any occasion, or not adjusting for individual differences that could increase risk for problems.

View the jump from low- to high-risk choices video.

Many things can influence us to move from low-risk choices to high-risk choices. Influences can be as simple as the wish to be like our friends and have a good time or as complex as experiencing post-traumatic

stress disorder. Whatever the reason for the shift from low-risk to high-risk choices, once we begin making high-risk choices, the choices become the most powerful predictor of movement through the phases.

The High-Risk Phases: Yellow, Orange, and Red

Once we begin to make high-risk choices, we enter the high-risk phases. High-risk choices interact with our biology to determine our progression along the path through the phases.

THE YELLOW PHASE

High-risk choices characterize the Yellow Phase. People enter the Yellow Phase either by beginning to use drugs, using prescription drugs to get high, or drinking more than the 0 1 2 3 guidelines. We increase our risk for problems anytime we make high-risk choices. However, in the Yellow Phase we are beginning to see a pattern of high-risk choices emerge.

Reward and Pleasure Response

If I feel nothing or don't like the feeling, I am not likely to continue making high-risk choices, but the more it does for me, the more likely I am to continue.

Increased Tolerance

In the Yellow Phase, people might make high-risk choices because they want to experience the high. As a result, brain changes occur.

The first brain change is increased tolerance. As tolerance goes up, it takes more alcohol or drugs to get the same effect. Tolerance may develop more slowly and be harder to see with some drugs such as marijuana, but it does occur with most.

Some marijuana users say they do not see an increase in tolerance, yet others do, and tolerance is measurable in laboratory studies. Why is there a disconnect between science and experience? Since marijuana is typically smoked, people can vary their dose by inhaling more deeply or holding it in their lungs for different periods of time. There is also no standard potency of THC in marijuana, so people are getting different doses. Since tolerance develops more slowly with marijuana than it does for some other drugs, it is harder to notice and people are less likely to believe it has happened. Still, research supports tolerance increases when using marijuana.

Memory

The second brain change is in memory. There are several ways high-risk choices begin to affect our memory.

Short-term Memory Impairment

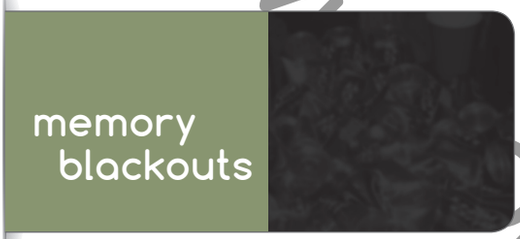
Regular marijuana users might have impairment in short-term memory, even when not using. This makes it hard to clearly remember things we recently heard, learned, or experienced. We might do well remembering things learned a long time ago but are less able to remember things just learned or upcoming appointments. These types of memory problems can increase stress.

State Dependent Restriction May Begin

Another memory change that can occur in the Yellow Phase is called state dependent restriction. State dependent restriction means what we learn or experience in one mental or emotional state is best recalled in that same state. This can occur with alcohol, marijuana, and a variety of other drugs. The things we learn while sober are recalled best when we are sober. However, things we learn while using alcohol or drugs are not remembered as well when we are sober.

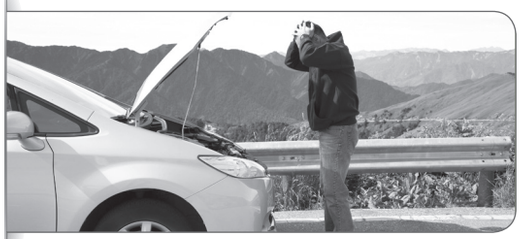
State dependent restriction limits us by causing us to believe we can be at our best only when drinking or using drugs. We can relearn these skills when we are abstaining or making low-risk choices. Until we relearn them, state dependent restriction influences us to continue making high-risk choices whenever we are in a situation that calls for our state-dependent skills.

Memory Blackouts



Memory blackouts happen with alcohol and with some drugs, especially some sedatives such as benzodiazepines and some sleeping pills. We are not passed out, but we are unable to remember things that happened while we were awake and making high-risk choices. They are blank holes in our memory. Sometimes people joke about blackouts, and they can seem funny. However, when you think about it, putting enough of a chemical in my brain to prevent it from recording memory is serious. If I say or do something that damages a relationship, I may never know what happened, how it happened, or even that it did happen.

Muddy Thinking



Muddy thinking refers to changes in our ability to think clearly and quickly. It especially affects the kind of mental skills we use to solve problems, prioritize, work a puzzle, figure out why a car is not working, or do any other mental task that requires understanding things we cannot actually see or feel. Muddy thinking in the Yellow Phase can be quite subtle. For example, the guy in this picture is trying to figure out why his car engine is not working. Normally he would be good at this, but today, he can't quite figure it out. This problem is most likely to occur after we drink, smoke, or use a large amount in a day.

The choices I make today affect me—and possibly others—tomorrow.

Moving from "Take-it-or-Leave-it" to "Anticipation"

Some of these brain changes set us up to increasingly value alcohol or drugs. In the Yellow Phase, we begin to value high-risk choices more and the attitude shifts from "take-it-or-leave-it" to "anticipation." People begin to look forward to high-risk drinking or drugs about as much as the event. High-risk choices are now an important part of social life. Doing things without high-risk drinking or drug use may not seem as much fun.

Social Dependence May Begin

As alcohol or drug use becomes more central to our social lives, we may begin to seek out people whose use of alcohol or drugs is similar to our own. Over time, these relationships become increasingly important. Because most of our friends drink or use drugs in similar patterns, that level of use begins to seem normal. The use may begin to define our relationships, which can lead to something called social dependence. Social dependence means a group relies on high-risk drinking or drug use for its normal functioning. This does not necessarily mean people in the group actively pressure others to make high-risk choices. However, to be an active member of that group, it is almost necessary in order to fit in and feel comfortable with the group. Other people who do not make high-risk choices may seem boring.

Here are some other ways to know if I am in a socially dependent group:

- What would it be like to be in that group and not use?
- Would I truly fit in if I made low-risk choices?

Try to imagine what it would be like for that group to regularly get together for socializing without anyone engaging in high-risk alcohol or drug use. Would the people in the group be comfortable? Would they have much fun? Would they stay together?

Social dependence makes the drinking or drug use, and all that goes along with the Yellow Phase, seem normal. For that group, it is normal. It starts to seem like people who do not get drunk or do not smoke marijuana are the unusual ones. This confuses group members about how dangerous the high-risk choices are. It seems like "everybody does it." In reality, most people do not make high-risk choices.

People in the Yellow Phase might experience:

- Increased tolerance
- State dependent restriction
- Muddy thinking
- Social dependence
- Greater risk of being harmed by others
- Impairment problems
- Memory blackouts
- Short-term and long-term memory impairment
- Anticipation of high-risk drinking or drug choices

Response to the Yellow Phase

We can return to the Green Phase by making low-risk choices. However, we are likely to progress to the Orange Phase if we continue making high-risk choices.

Reflection Question

What risks do you see beginning in the Yellow Phase?

_____

_____

YELLOW PHASE SELF-REFLECTION

☐ Y	☐ N	1. When I drink, I often drink more than the 0 1 2 3 guidelines.
☐ Y	☐ N	2. When I drink, I sometimes get impaired.
☐ Y	☐ N	3. Sometimes I use drugs or medication to get high.
☐ Y	☐ N	4. My tolerance to alcohol or drugs has increased.
☐ Y	☐ N	5. I often find myself looking forward to the next time I will make high-risk choices with alcohol or drugs.

THE ORANGE PHASE

In the Orange Phase, high-risk choices are becoming much more important in our lives. This phase is characterized by the emergence of psychological dependence.

Psychological dependence on alcohol or drugs is a direct outcome of high-risk choices and once present, it becomes a powerful influence on choices. Psychological dependence incorporates four separate but related experiences.

1. Integration and Preoccupation Into Life

As we move into the Orange Phase, high-risk alcohol or drug use often becomes an important part of life rituals.

Early in the Orange Phase, we continue to anticipate high-risk drinking or drug use, but slowly we begin to miss alcohol or drugs if they are not present when we expect them. In those situations, our brain increasingly responds to the sights, sounds, smells, and people associated with use by firing in sections associated with desire, motivation, and action. At this point, the anticipation we felt about using in the Yellow Phase is moving to preoccupation.

High-risk drinking or drug use is now a central part of life. For some people, it becomes part of their identity; it may take on hobby status. More time, energy, and focus are invested in making high-risk drinking or drug choices.

2. State Dependent Restriction Increases

In the Yellow Phase, social skills began to be tied up in state dependent restriction. Any time we want to use that skill comfortably, we have to use enough alcohol or drugs to get us back in that state. By the Orange Phase, state dependent restriction may occur in so many skill areas we become increasingly dependent on high-risk choices to feel competent and confident.

One of the unfortunate outcomes of state dependent restriction is starting to see ourselves as inadequate and unable to function unless we are drinking or using drugs. State dependent restriction may cause low self-esteem because we begin to believe, "I'm not very good in social settings or at school or some work settings, but alcohol or drugs let me do it." In this way, state dependent restriction is a loss of freedom to use our skills. In reality, we own the skills.

3. Sense of Relationship

Another aspect of increasing importance is we develop a sense of relationship with our favorite substance. It might sound odd to think of forming a relationship with alcohol or drugs, but that is how the experience is beginning to look and feel. The integration of the alcohol and drugs into our lives and the state dependent restriction create a sense of relationship. High-risk choices might become as important as other relationships in our lives. When something good or bad happens to us, most of us want to share that with someone we care about for celebration or support. However, for people in the Orange Phase, our first thought might be to drink or use drugs to celebrate or feel better.

4. Defense of Choices

Whether or not we see alcohol or drug use as a relationship, it has become important to life in the Orange Phase. People defend high-risk choices against criticism, just as we might defend someone we love. We often see the benefits as similar to a relationship, a job, our religious beliefs, or anything else important in our lives. When we do experience problems, we might defend them as minor or a small price to pay for the pleasure of high-risk drinking or drug use. We tend to place the blame on things other than our high-risk choices. We are not likely to go places where our alcohol or drug choices are criticized or unwelcome, just as we would not go somewhere a person we loved was not welcome. We are more likely to choose settings where people accept our level of alcohol or drug use.

Brain Changes in the Orange Phase

View the brain response to pleasure and stress video.

As we move through the Orange Phase, high-risk choices are changing our brains in ways that both strengthen the psychological dependence and move us closer to the Red Phase.

More Stress...Less Reward

An important shift happens as we move further into the Orange Phase. Our brain changes in how it responds to both pleasure and stress. Over time, we experience even more stress and less reward.

Emotions Influence Choices

In the Orange Phase, emotions often trigger a desire to make high-risk choices. Our emotions begin to influence our choices and high-risk decisions become less

about thinking and more of an automatic response. In this way, the emotions within us, as well as the people around us, can influence high-risk choices.

Rebound Effects

Sometimes people with a hangover learn that a morning drink or drug "bump" eases some of the symptoms. This is a rebound effect of the central nervous system.

For example, one of the effects of marijuana is we become more focused when high. When the marijuana wears off, there can be a rebound effect and we have trouble focusing. It then becomes hard to make decisions or to pay attention. Another marijuana effect is relaxation. But when the effect wears off, people report it is harder to relax. They feel irritable, more aggressive and anxious, and can't sleep. They also report a loss of appetite.

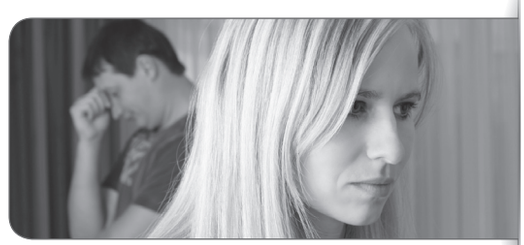
What is important about these rebounds? First, they signal we are changing our brain with alcohol or drugs. Second, our response to the rebounds can influence us to make more high-risk choices. People quickly learn a little more of the same substance takes away the rebound.

More Frequent Muddy Thinking

The technical name for muddy thinking is "impaired executive function." The executive function of the brain coordinates flexibility and speed of thought, information processing, problem-solving, and other abstract thinking skills. These impairments occur during and for a period of time after the high-risk use of alcohol, marijuana, and other drugs.

Impairment in executive functioning also affects our reaction time and our ability to pay attention to more than one thing at a time. Our ability to plan, set goals, prioritize work, keep the big picture in mind, and weigh risks and benefits are impaired and we may not be operating mentally at our best. This "muddy thinking" can make us miss opportunities or make decisions for our lives that are less than ideal.

Outcomes of the Orange Phase



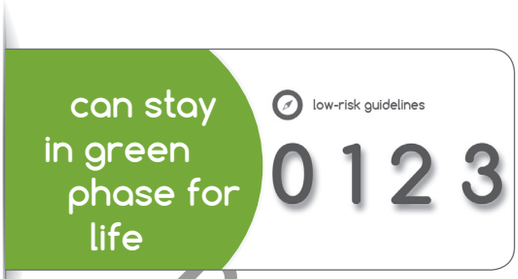
People have greater risk for experiencing alcohol- or drug-related health or impairment problems as they make more high-risk choices in more settings. Problems might include a DUI arrest, a fight, a relationship problem, financial problems, injury to self or others, or missed days at work or school. In fact, compared to the Green or Yellow Phases, a significant number of people die in the Orange Phase due to DUI crashes, fights, drownings, or falls. Health problems such as stomach problems, pancreatitis, or high blood pressure may occur. We may also experience emotional, social, and financial problems.

People in the Orange Phase:

- Are psychologically dependent on high-risk choices
- Have significant increases in tolerance
- May drink or use to calm rebound effects
- Integrate high-risk choices into lifestyle
- Experience muddy thinking
- Seek people whose drinking and drug use is similar and might experience social dependence that normalizes the experiences of the Orange Phase
- May experience more memory blackouts

Response to the Orange Phase

The Orange Phase is a critical time. Lives, relationships, and careers are often damaged in the Orange Phase. Sometimes people will put off making change, thinking "there is plenty of time." But, in many ways, the Orange Phase is like coming to a fork in the road. Once at this fork, we have a choice to make. We can choose to go back to the Green Phase or progress into the Red Phase. People in the Orange Phase clearly face a lifesaving choice.



Encouraging research shows many people in the Orange Phase do return to the Green Phase. Some decide to abstain from alcohol for one reason or another, while others drink low-risk quantities. For those using drugs, a return to the Green Phase means abstaining. Sometimes people wonder if it is possible to go back to the Yellow Phase. While it may be possible to go back for a time, research indicates it is unlikely a person will stay there without returning to the Orange or even the Red Phase.

A return to the Green Phase may be especially likely for those people who attend a group like this and now know what to do. Many people in the Orange Phase, even with the advantage of the information learned in this program, need some type of counseling or support as they try to reverse the central place high-risk alcohol or drug choices have taken in their lives.

Returning to low-risk choices brings several benefits. Those in the Orange Phase who return to low-risk choices will find their tolerance dropping and muddy thinking clearing. As high-risk choices become less important, other relationships often improve. Most alcohol- and drug-related health problems are reversible in the early stages. Fatty liver, depression, impaired executive function, and other physical problems can be reversed if we consistently make low-risk choices. For those who have not progressed beyond the Orange Phase, it is possible to continue to use alcohol in low-risk amounts.

Reflection Question

The most important thing to me about the Orange Phase is...

_____

_____

ORANGE PHASE SELF-REFLECTION

☐ Y ☐ N 1. Feeling good and having fun by getting high on alcohol or drugs is an important part of my life.

☐ Y ☐ N 2. I need to cut down on my drinking or drug use.

☐ Y ☐ N 3. When something good or bad happens to me, I usually want to drink or use.

☐ Y ☐ N 4. I would feel like I lost something important if I never got a buzz or high again.

☐ Y ☐ N 5. I have integrated alcohol or drugs into my life; it is like a hobby for me.

☐ Y ☐ N 6. Alcohol or drugs help me function at my best.

☐ Y ☐ N 7. For me, games, concerts, or other events are opportunities to drink or use drugs.

☐ Y ☐ N 8. I only find parties interesting if there is alcohol or drugs there.

☐ Y ☐ N 9. If people express concern about my choices, I feel defensive or actively defend the choices.

☐ Y ☐ N 10. To avoid future problems, I changed something in my lifestyle to protect my use instead of changing my alcohol or drug use. Examples:

- Switched jobs because my old one started drug testing.
- Took afternoon or night classes instead of morning classes because my high-risk choices made getting up in the morning difficult.

THE RED PHASE

The Red Phase has all of the characteristics of the Orange Phase. Psychological dependence and social dependence are typically both an important part of the Red Phase and are often more intense.

Addiction separates the Orange Phase from the Red Phase. After we reach the trigger point, we have alcoholism or drug addiction.

Brain Changes in the Red Phase

Compulsion to Use

In the Yellow Phase, changes in the brain increase our motivation to use, which we experience as anticipation. In the Orange Phase, continued changes contribute to preoccupation and a drive to use even more. In the Red Phase, additional changes lead to a sense of compulsion. The desire to use might be so compelling we might feel we are no longer making a choice to use. Instead, we feel we are using because we must. As a result of the compulsion, we might find ourselves drinking or using drugs at times we never would have in the past. We might also do things that threaten things we value or our very life.

PHYSICAL ADDICTION

- My body and brain have now come to depend on alcohol or drugs for normal functioning.
- Alcohol or drug cues can now create a strong craving to drink or use my drug.
- I sometimes experience loss of control. The craving to use more is so strong that I seem to lose control and cannot predict when I will stop using.
- If I do not have alcohol or drugs, I might experience some degree of withdrawal.

Periodic Loss of Control

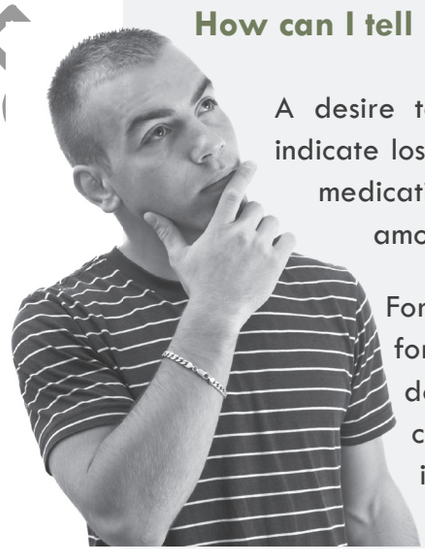
In the Red Phase, once we begin to use, we experience a sense of not being in charge of how much or how long we will use. This is called loss of control. Along with compulsion, it is a primary indicator of addiction.

One way people experience loss of control is once they start using, they might not stop until some outside force stops them—the drinks run out, the money is gone, or the person is simply too tired, wired, or sick to continue. It is as if there is no internal mechanism to take over and say "enough."

Another sign would be to use external measures to control drinking or drug use such as:

- Only drinking or using drugs on weekends because I cannot trust myself to use during the week. I might not make it to work or class the next day.
- Only taking a limited amount of money with me to control the amount I buy.
- Taking someone with me who I think will keep me from drinking or using more than I plan.
- Never drinking or using until after 5 p.m., because if I start at lunch, I might not stop and might not make it back to work or class.
- Changing brands, beverage types, drug types, or places I use in hopes I can control myself better under those circumstances.

Loss of control with marijuana looks very similar to loss of control with nicotine. It is common for people who have quit smoking to decide to have just one cigarette, and they do. They know they are flirting with danger, but they convince themselves it is okay. Later, they decide to have just one more. Three weeks later, they are back to smoking a pack a day. Their intention was to be an occasional user, but they have lost control of their intended quantity and frequency of use. This pattern can happen with alcohol or any addictive drug, but is seen more with tobacco, opiates, and marijuana.



How can I tell if my use is out of control?

A desire to stop but repeatedly returning to use would indicate loss of control with any substance. With prescription medications, the inability to use them in the prescribed amounts indicates loss of control.

For alcohol, when some people hear the guidelines for the first time they have a reaction like, "I could not do this." They know through experience they cannot consistently follow the low-risk guidelines. This is an indication of loss of control.

Craving

People who are experiencing loss of control may also experience an intense craving due to changes taking place in the brain. This craving can begin with subtle reminders of the alcohol or drug use—certain people, places, times of day, some pictures of the drink or drug, and so forth. The desire to use can be quite strong, driving a person to use despite thinking to themselves this first drink or drug hit is not the best idea. Because of loss of control, once people in the Red Phase do begin to use, they are often unable to control the amount. In the Green Phase, people may want a drink or two, and after having that amount, the desire is gone. In the Red Phase, a couple of drinks, a bump, or a hit only increases the desire for more.

Varying degrees of withdrawal

People often believe withdrawal is necessary in order to be addicted. Different degrees of withdrawal can occur with many substances, including marijuana. However, withdrawal is not necessary for addiction to be present. Many people in the Red Phase do not experience withdrawal. Even when people do, it is often mild and not recognized as withdrawal. People often experience agitation, sleeplessness, irritability, mild shakes, flu-like symptoms, craving, difficulty concentrating, or headaches.

Changing Tolerance

Early in the Red Phase, tolerance continues to increase. If high-risk use continues, we may see erratic tolerance because the body is increasingly damaged and can no longer process alcohol or drugs as it once did. In the later stages of addiction, tolerance changes in a way that makes it hard to feel the high in the same way, even though we may be intoxicated. People often describe this as using to feel normal rather than feeling high. Tolerance may then actually drop so that it takes less to become intoxicated. These changes are confusing. People may say, "I don't get high anymore" and see that as a sign things are getting better. Or, they may get frustrated and use more substances and higher quantities in an effort to find the high. The lack of a high can make it seem safe to use, when really, it is a dangerous time for overdose.

Changes in Blackouts

In the Red Phase, blackouts are likely to increase in frequency, and can often last longer than in the past. The nature of blackouts may change in a way that is unique to people in the Red Phase. During a typical blackout, the person is clearly impaired. However, in the Red Phase, while rare, it is possible for the tolerance level to be so high a person will have a blood alcohol level high enough to cause a blackout, but will show no outward signs of impairment. People around this person might not even know the person has been drinking; yet the person will have no memory of the event later. In fact, the person could perform a job and not have any memory of being at work. For example, we have heard a pilot describe flying a plane while in a blackout and no one knew he had even been drinking. As the Red Phase progresses, the blackouts can occur on smaller amounts of alcohol than in the past.

People in the Red Phase:

- Have reached the trigger point and have addiction
- Experience periodic loss of control
- Might have withdrawal
- Are likely to experience craving
- Might have longer blackouts

Response to the Red Phase

If people who are addicted continue, they typically die younger and experience a lot of pain and problems along the way. By this point, they have jeopardized things they value for a long time and may have already lost some of the things they value most in life. It does not have to end this way. We can choose another path.

Just like other lifestyle-related health problems, every day many people begin a lifestyle of recovery and protect the things they value most in life. As you can see, the move from the Red Phase to the low-risk lifestyle of abstinence is farther away, but we can do it. Have you heard the phrase, "It's simple but not easy"? Making changes in our alcohol or drug choices is hard work, but if we see a need for change and are committed to change, we can do it. We may find additional support through a support group, counselor, or treatment program beneficial. We can put our lives back together. Millions of people have done it.

Reflection Question

The most significant thing to me about the Red Phase is...

_____

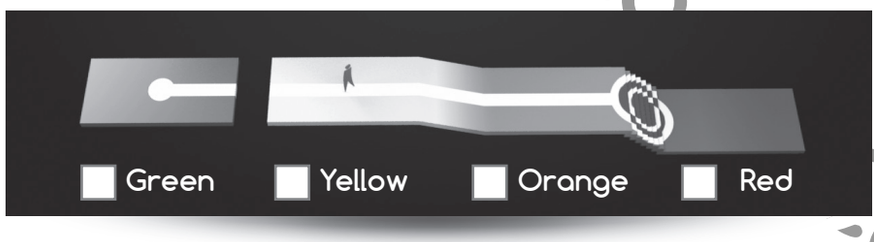
_____

RED PHASE SELF-REFLECTION

☐ Y	☐ N	1.	I have tried to cut back on my drinking or drug use, but could not always do it.
☐ Y	☐ N	2.	Sometimes when I start drinking or using drugs, it is like something inside me takes over and I end up using more than I want to.
☐ Y	☐ N	3.	I sometimes have such an overwhelming desire to drink or use drugs that I can't think of anything else for a time or until I use.
☐ Y	☐ N	4.	I sometimes have an irresistible urge to continue drinking or using drugs once I start.
☐ Y	☐ N	5.	I sometimes drink or use drugs at times and places I know it could cause me problems.
☐ Y	☐ N	6.	I do not think it is possible for me to drink or use just a little.

WHERE I AM IN THE PHASES

Mark an "X" in the box by the Phase you think your choices have most likely placed you in.



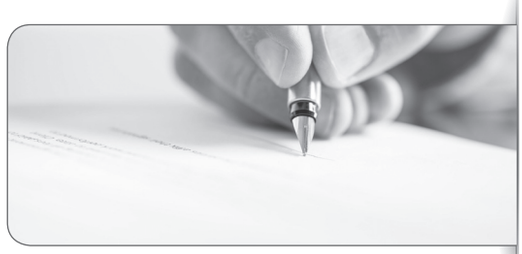
Reflection Questions

1. I think my choices have placed me in the _____ Phase.

2. As I think about this, I feel...

_____

MY MESSAGE



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DRAWING TO A CLOSE

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Powerful Beyond Measure Video

Long Road to Freedom Video

Serenity Prayer Video

Autobiography in Five Short Chapters Video

my formula

- [ ] impulsive
- [ ] gregarious
- [ ] rebellious
- [ ] sensation seeking

psychological influences

social influences

- [ ] accept/encourage

- [ ] family history
- [ ] high tolerance
- [ ] unusual reward or pleasure

my low-risk guidelines:

- [ ] less body fluid
- [ ] medication
- [ ] tiredness/illness
- [ ] cancer risk: breast/colon

my phase:

value

goal

my decision:

my start date:

growth happens here™

Prevention Research Institute

www.primeforlife.org