

# **Substance Abuse**

## **Workbook**

Taking a First Step

**Steven L. Jaffe, M.D.**

# Contents

|             |   |    |
|-------------|---|----|
| <b>I.</b>   | Introduction  |    |
|             | A. <i>A Note for the Teenager</i> .....                     | 9  |
|             | B. <i>Drugs That You Have Used</i> .....                    | 10 |
|             | C. <i>Mixed Thinking</i> .....                              | 11 |
| <b>II.</b>  | Effects of Drugs and/or Alcohol on Areas of Your Life       |    |
|             | A. <i>Putting Your Life in Danger</i> .....                 | 12 |
|             | B. <i>Putting the Lives of Others in Danger</i> .....       | 15 |
|             | C. <i>Increasing Depression</i> .....                       | 17 |
|             | D. <i>Thinking Less of Yourself</i> .....                   | 19 |
|             | E. <i>Breaking the Law</i> .....                            | 20 |
|             | F. <i>Effects on Schoolwork</i> .....                       | 22 |
|             | G. <i>Losing the Trust of Your Family</i> .....             | 25 |
|             | H. <i>Effects on Your Body and Brain</i> .....              | 27 |
|             | I. <i>Running Away from Painful Feelings</i> .....          | 28 |
|             | J. <i>Effects on Your Mind</i> .....                        | 29 |
|             | K. <i>Effects on Ability to Control Substance Use</i> ..... | 31 |
|             | L. <i>Effects on Plans and Goals for the Future</i> .....   | 33 |
| <b>III.</b> | Summary of Effects  |    |
| <b>IV.</b>  | Making a Decision   |    |

# I. Introduction

## A. A Note for the Teenager

You have admitted using some alcohol and/or drugs but you are not sure that you have a problem. Someone (a counselor, therapist, doctor, psychologist) handed you this workbook and told you to answer the questions. This is an opportunity for you to examine your alcohol and/or drug use and see if it has any consequences on your life. Although someone else (a parent, counselor, probation officer) may have pushed you to do this, it's really a chance for you to look at yourself. It's like looking in a mirror—it's your life that you are playing with. *Try not to get defensive; just simply answer the questions in a direct and honest way.* Then you can decide for yourself whether you have an alcohol and/or drug problem.

After you answer the questions, your counselor/therapist will go over it with you so you can think more about the questions and add to your answers if needed. If you are in a treatment program, you will also present it at a substance abuse group.

Now, begin answering the questions!



## B. Drugs That You Have Used

|   | Check if used | Age started | How often in last 6 months |             |              |
|---|---------------|-------------|----------------------------|-------------|--------------|
|   | ✓             | ↓           | Daily<br>↓                 | Weekly<br>↓ | Monthly<br>↓ |
| 1. Cigarettes<br>(tobacco)  | _____         | _____       | _____                      | _____       | _____        |
| 2. Alcohol<br>(wine, beer, liquor)  | _____         | _____       | _____                      | _____       | _____        |
| 3. Marijuana<br>(pot, weed, kind bud)   | _____         | _____       | _____                      | _____       | _____        |
| 4. Uppers<br>(stimulants, dex, Ritalin,<br>crank, crystal meth)                           | _____         | _____       | _____                      | _____       | _____        |
| 5. Downers<br>(barbs, ludes)  | _____         | _____       | _____                      | _____       | _____        |
| 6. Hallucinogens<br>(LSD, acid, mushrooms, peyote)  | _____         | _____       | _____                      | _____       | _____        |
| 7. PCP<br>(angel dust)  | _____         | _____       | _____                      | _____       | _____        |
| 8. Cocaine<br>(nose candy, crack)   | _____         | _____       | _____                      | _____       | _____        |
| 9. Ecstasy<br>(xing, rolling)   | _____         | _____       | _____                      | _____       | _____        |
| 10. Ketamine<br>(special K)   | _____         | _____       | _____                      | _____       | _____        |
| 11. Opiates: prescription<br>pain relievers<br>(morphine, Darvon, Percocet,<br>oxycodone) | _____         | _____       | _____                      | _____       | _____        |
| 12. Opiates: street narcotics, heroin<br>(smack, horse, H)                                | _____         | _____       | _____                      | _____       | _____        |
| 13. Inhalants<br>(huffing, glue, gas, freon, butane)                                      | _____         | _____       | _____                      | _____       | _____        |
| 14. Inhalants<br>(poppers, whippets, nitrous oxide,<br>amyl nitrate)                      | _____         | _____       | _____                      | _____       | _____        |

My drug of choice is \_\_\_\_\_

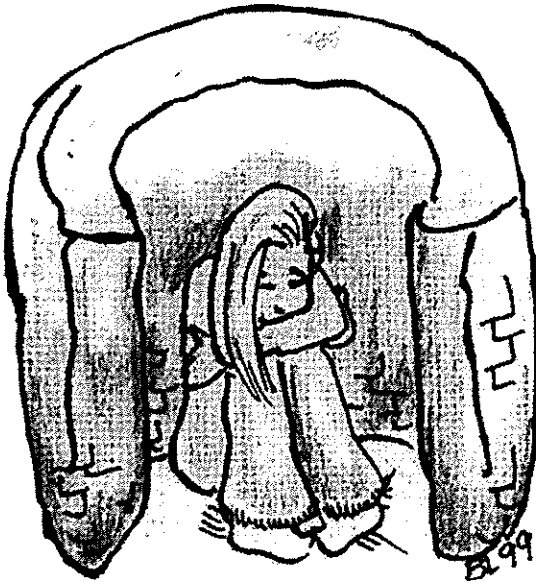


## C. Mixed Thinking

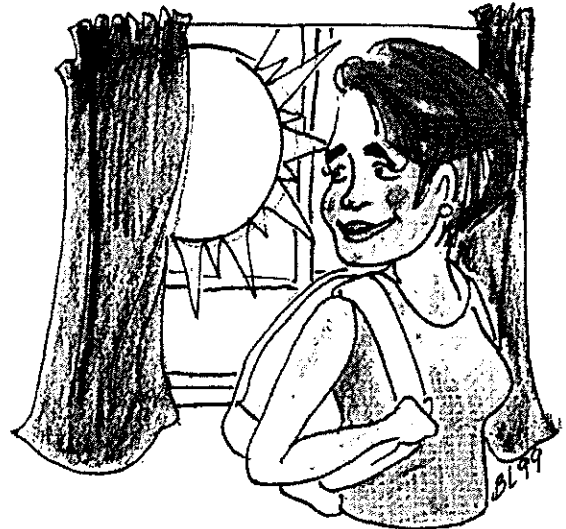
It's time to look at your alcohol and drug use.

There are two parts to you—two levels of thinking in your brain: a drug using part that gives you negative, drug-using thoughts and a healthy part that gives you positive, healthy, recovery thoughts.

**Using Teen Thinking**



**Recovery Teen Thinking**



The drug-using part of you will tell you to lie, diminish, and distort your answers. Let the healthy part of you answer the questions and fill in the blanks on the following pages. This is your chance to see how alcohol and drugs have affected you.

**Be honest!**

**Your life may depend on it!**

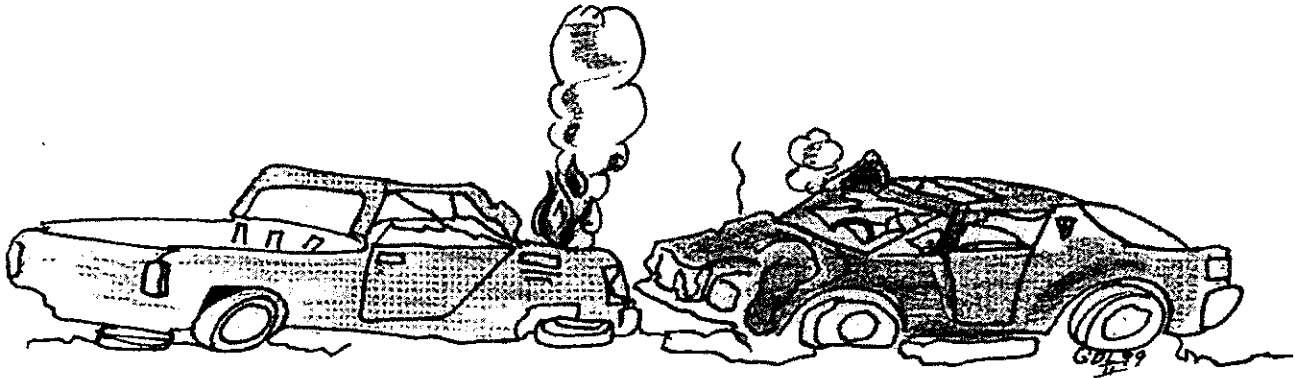
**Only turn the page if you are  
willing to try to be honest with yourself!**



## II. Effects of Drugs and/or Alcohol on Areas of Your Life

### A. Putting Your Life in Danger

How have drugs and/or alcohol put your life in danger?



1. Have you ever driven a car after drinking alcohol or using drugs (while drunk, stoned, high, rolling, or tripping)?

Circle one:    **YES**    **NO**    If No, please move on to question 2. 

About how many times have you done this? \_\_\_\_\_

About how many miles (how far) did you drive on average? \_\_\_\_\_

Were you involved in any accidents or near accidents? \_\_\_\_\_

Circle one:    **YES**    **NO**

Describe what happened:



2. Have you been a passenger in a car whose driver has been drinking or using drugs?

Circle one: **YES** **NO** If No, please move on to question 3.

About how many times has this happened? \_\_\_\_\_

About how many miles (how far) were driven on average? \_\_\_\_\_

How many people were in the car on an average trip? \_\_\_\_\_

Were you involved in any accidents or near accidents?

Circle one: **YES** **NO**

Describe what happened:



**REMEMBER:**  
**It Only Takes One Accident to**  
**Kill Yourself or Someone Else!**

3. Have you ever had unprotected sex?

Circle one: **YES** **NO** If No, please move on to question 4.

Have you done this while you were high or drunk?

Circle one: **YES** **NO**

How many times? \_\_\_\_\_

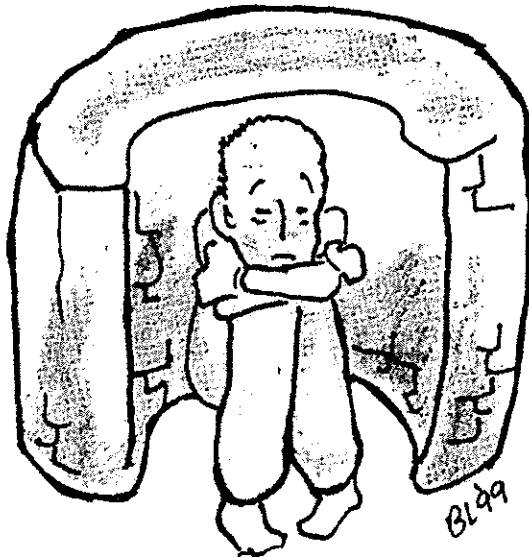


**REMEMBER:**  
**It Only Takes One Time to**  
**Get a Disease Like AIDS!**

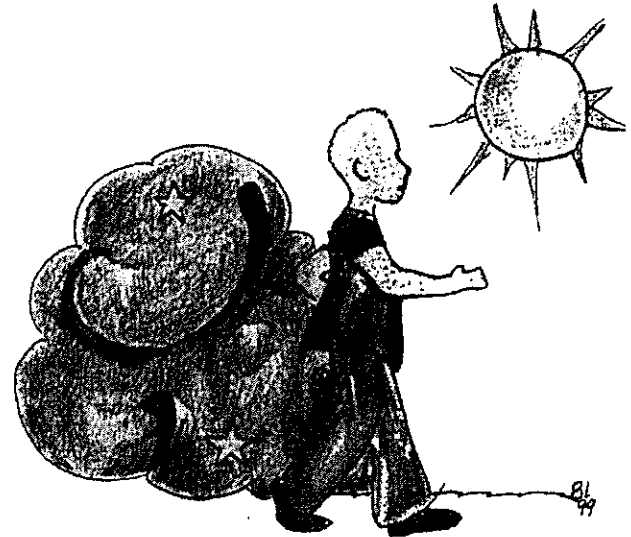


- ✓ 4. The following is a list of other high-risk activities. Review the list and indicate whether you have engaged in that activity, whether you were drunk or high at the time, and how many times you did this activity while drinking or using drugs.

| Activity   | Did it<br>↓ | When drunk<br>or high<br>↓ | How many<br>times<br>↓ |
|--|-------------|----------------------------|------------------------|
| Climbing to a high place                                   | _____       | _____                      | _____                  |
| Swimming or diving   | _____       | _____                      | _____                  |
| Going into a dangerous area<br>(for example, to buy drugs) | _____       | _____                      | _____                  |
| Selling or carrying drugs                                  | _____       | _____                      | _____                  |
| Other (describe): _____                                    |             |                            |                        |



**Using Teen Thinking says,  
"Don't tell the truth.  
Then you can get back to  
using drugs and alcohol."**



**Recovery Teen Thinking says,  
"Be honest!  
You could have died."**

5. **Conclusion:** Has your use of drugs and/or alcohol put your life in danger?

Circle one:    YES    NO





## B. Putting the Lives of Others in Danger

How has your use of alcohol and/or drugs put other people in danger?

1. Have you ever driven a car while drunk or high when you had other people in the car with you?

Circle one:    **YES**    **NO**    **If No, please move on to question 2.**

About how many times have you done this? \_\_\_\_\_

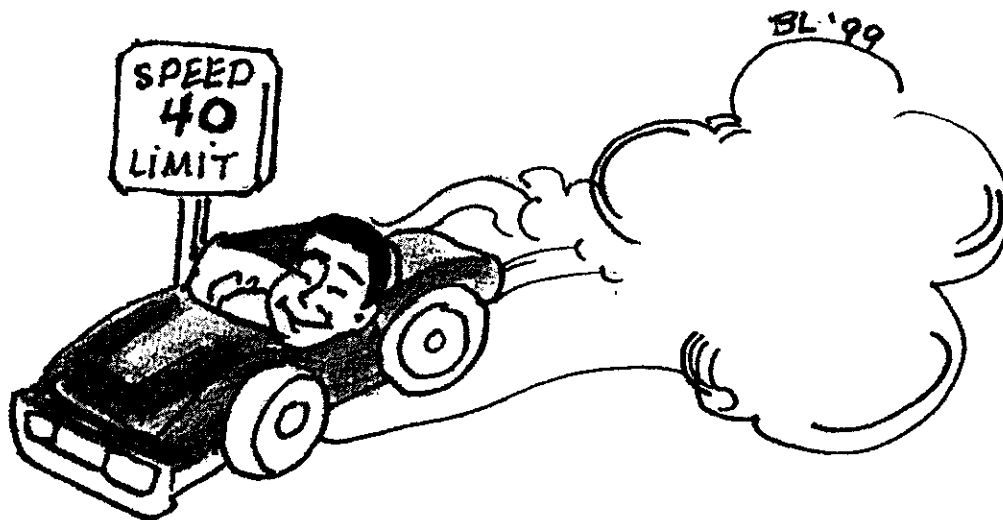
How many people were in the car on an average trip? \_\_\_\_\_

Were you involved in any accidents or near accidents? \_\_\_\_\_

Circle one:    **YES**    **NO**

How many accidents/near accidents? \_\_\_\_\_

Describe what happened:



2. Have you ever (circle one answer for each)

|                                |            |           |
|--------------------------------|------------|-----------|
| Been involved in a fight?      | <b>YES</b> | <b>NO</b> |
| Threatened others?             | <b>YES</b> | <b>NO</b> |
| Held up/robbed another person? | <b>YES</b> | <b>NO</b> |
| Broken into stores or houses?  | <b>YES</b> | <b>NO</b> |

Describe what happened:

Were you either high or drunk at the time?

Circle one: **YES** **NO**

3. Have you ever (circle one answer for each)

|   |            |           |
|---|------------|-----------|
| Bought and/or sold drugs?                                   | <b>YES</b> | <b>NO</b> |
| Carried a gun or other weapon?                              | <b>YES</b> | <b>NO</b> |
| Been around others who were carrying a gun or other weapon? | <b>YES</b> | <b>NO</b> |

Describe what happened:

4. **Conclusion:** Has your use of alcohol and/or drugs put the lives of other people in danger?

Circle one: **YES** **NO**



## C. Increasing Depression

1. Have you ever suffered from depression?

Circle one:    **YES**    **NO**    If No, please move on to Section D, Page 19

2. Have you ever thought of killing yourself?

Circle one:    **YES**    **NO**



3. Have you ever tried to kill yourself?

Circle one:    **YES**    **NO**

4. Some teens use drugs and alcohol to try to block out feelings of pain and depression. Which of the following is TRUE for you?

Circle one:

**My depression began before my drinking/using.**

**My using/drinking began before I became depressed.**

**My depression and my drinking/using began at about the same time.**

5. Do you feel less depressed while high or drunk?

Circle one:    **YES**    **NO**

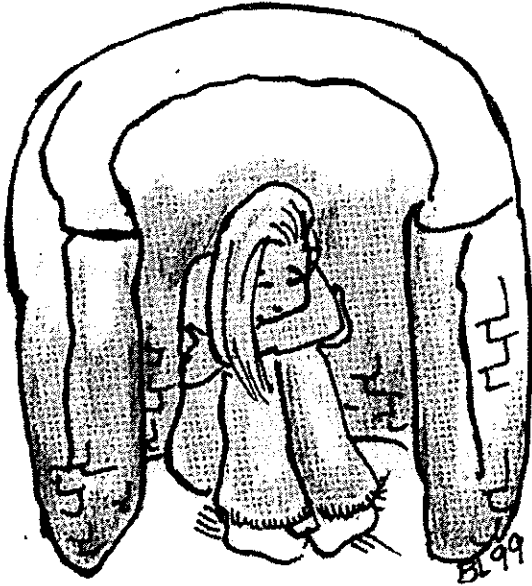
### **But Then You Always Come Down— DRUGS NEVER LAST!**

6. Were you more depressed or suicidal after the alcohol and/or drugs wore off?

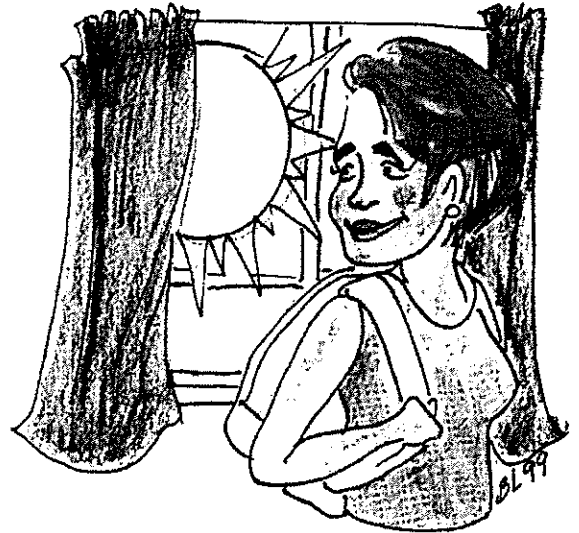
Circle one:    **YES**    **NO**

Describe these thoughts and feelings:





**Using Teen Thinking says,  
"Don't tell the truth.  
Drugs always make you feel good."**



**Recovery Teen Thinking says,  
"Tell the truth.  
You feel bad after using."**

7. **Conclusion:** Has your use of alcohol and/or drugs made your depression worse?

Circle one:    YES    NO



## D. Thinking Less of Yourself

1. What have you done while using drugs and/or alcohol that you thought you would never do?



2. What drug(s) have you used that you thought you would NEVER use (for example, cocaine, heroin)?

3. What have you done to get alcohol and/or drugs that you thought you would never do?



4. What have you done while high or drunk that you wish you had not done?

**Unless you stop using,  
you will continue to think less of yourself!**

5. **Conclusion:** Have your use of alcohol and/or drugs and your behaviors associated with using made you think less of yourself?

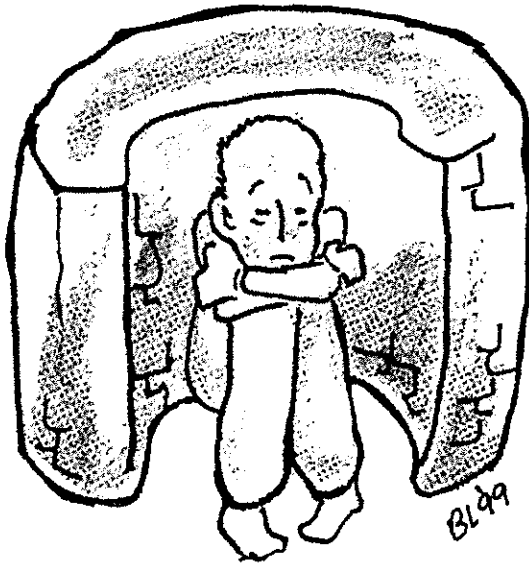
Circle one:    **YES**    **NO**



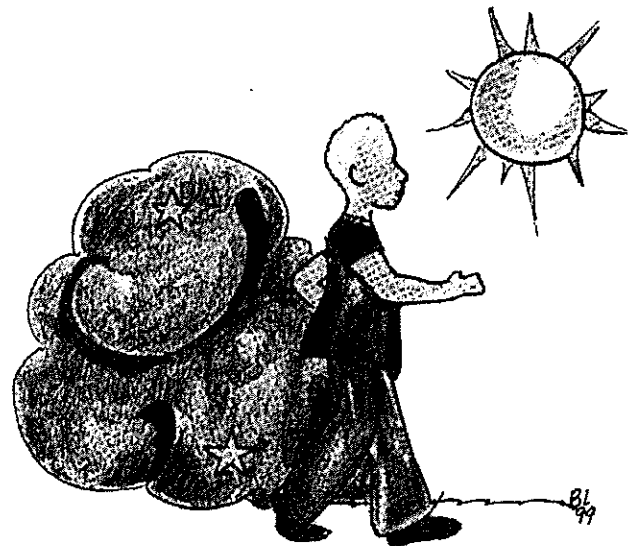
## E. Breaking the Law

- ✓ 1. Check which of the following you have done to get drugs and/or alcohol or while using:

- \_\_\_\_\_ Shoplifted
- \_\_\_\_\_ Broken into homes
- \_\_\_\_\_ Stolen from people
- \_\_\_\_\_ Had sex for drugs
- \_\_\_\_\_ Sold drugs
- \_\_\_\_\_ Carried drugs from dealer to buyer
- \_\_\_\_\_ Hooked people up to get drugs
- \_\_\_\_\_ Stolen money and/or jewelry from your parents
- \_\_\_\_\_ Injured somebody



**Using Teen Thinking**



**Recovery Teen Thinking**



2. Have you ever been arrested?

Circle one: **YES** **NO** If No, please move on to question 3.

✓ Why were you arrested? (Check any/all that apply)



\_\_\_\_\_ Possession of alcohol and/or drugs

\_\_\_\_\_ Dealing

\_\_\_\_\_ Stealing

\_\_\_\_\_ Breaking and entering

\_\_\_\_\_ Assault and battery

\_\_\_\_\_ Truancy (skipping school)

\_\_\_\_\_ Breaking probation

\_\_\_\_\_ Sexual assault, rape

Other (explain):



3. Have you ever spent time in jail, detention, and/or a juvenile or boot camp?

Circle one: **YES** **NO** If No, please move on to question 4.

How many times? \_\_\_\_\_

For how long? (indicate number of days, weeks, and/or months)



days \_\_\_\_\_ weeks \_\_\_\_\_ months \_\_\_\_\_

4. **Conclusion:** Has your alcohol and drug use led to breaking the law or being arrested?

Circle one: **YES** **NO**

## F. Effects on Schoolwork



1. Did you ever cut or skip school before you began using?

Circle one: **YES** **NO** **If No, please move on to question 2.**

Did you cut or skip more often after you began using?

Circle one: **YES** **NO**



2. Have you cut or skipped school since you started using?

Circle one: **YES** **NO** **If No, please move on to question 3.**

Have you used alcohol and/or drugs while cutting or skipping school?

Circle one: **YES** **NO**



3. Have your grades gone down since you started using?

Circle one: **YES** **NO**

4. Have you been suspended from school since you started using?

Circle one: **YES** **NO** **If No, please move on to question 5.**



How many times? \_\_\_\_\_

- ✓ For what sort of problems? (Check any/all that apply)

\_\_\_\_\_ Fighting

\_\_\_\_\_ Telling off a teacher

\_\_\_\_\_ Being caught with alcohol and/or drugs

\_\_\_\_\_ Refusing to do work





5. Have you missed school because of being too sick after using (for example, because of a hangover or lack of sleep)?

Circle one:    **YES**    **NO**

6. Did you stop participating in school activities after you began to use drugs and/or alcohol?

Circle one:    **YES**    **NO**    **If No, please move on to question 7.**

✓ Check which activities:



- \_\_\_\_\_ Sports
- \_\_\_\_\_ Student government
- \_\_\_\_\_ Dance
- \_\_\_\_\_ School newspaper
- \_\_\_\_\_ School aide
- \_\_\_\_\_ Band
- \_\_\_\_\_ Clubs

7. Have you ever used drugs and/or alcohol on school property?

Circle one:    **YES**    **NO**

8. Describe your image at school (straight edge, druggie, cool, nerd) before you started using:



✓ 9. Check which description best fits your image at school *now*:

\_\_\_\_\_ Same as before using

\_\_\_\_\_ Hippie

\_\_\_\_\_ Gangster

\_\_\_\_\_ Punk

\_\_\_\_\_ Skater

\_\_\_\_\_ Gothic

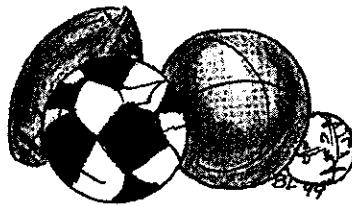
\_\_\_\_\_ Cool

\_\_\_\_\_ Straight edge

Other (describe): \_\_\_\_\_

10. **Conclusion:** Has your use of alcohol and/or drugs messed up your schoolwork and activities?

Circle one:    **YES**    **NO**



## G. Losing the Trust of Your Family



1. Have you ever lied and/or deceived your parents and brothers/sisters?

Circle one:    **YES**    **NO**    **If No, please move on to question 2.**

Describe the situation:



2. Did you ever sneak out to get high?

Circle one:    **YES**    **NO**

3. Have you developed a negative attitude toward your family?

Circle one:    **YES**    **NO**    **If No, please move on to question 4.**



✓ In what way? (Check any/all that apply)

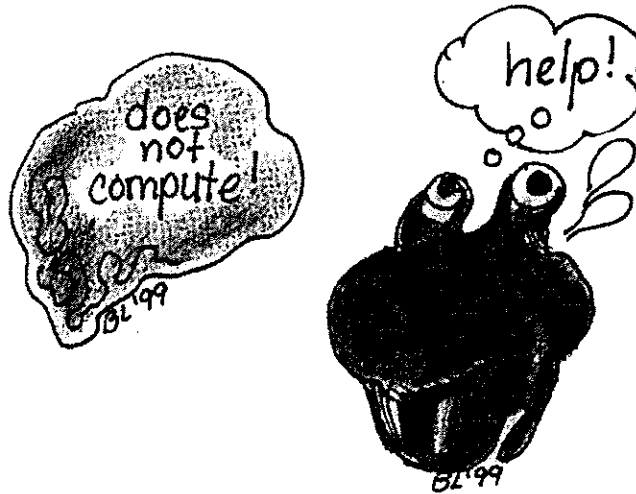
- Arguing with them
- Telling them off
- Cursing at them
- Threatening to hurt them
- Physically hitting a family member
- Fighting a family member
- Stealing from a family member
- Giving drugs or alcohol to a family member

4. **Conclusion:** Has your use of alcohol and/or drugs messed up the trust and relationships you had with your family?

Circle one:    YES    NO



## H. Effects on Your Body and Brain



- ✓ 1. Which of the following has your alcohol and/or drug use caused?  
(Check any/all that apply)

\_\_\_\_\_ Memory problems (especially from marijuana)

Describe problems:

\_\_\_\_\_ Flashbacks or seeing trails (from acid)

\_\_\_\_\_ Trouble sleeping

\_\_\_\_\_ Weight loss

\_\_\_\_\_ Weight gain

\_\_\_\_\_ Shaking when not drinking or using

\_\_\_\_\_ Blackouts (passing out after drinking or using and not remembering what you did)

\_\_\_\_\_ Feeling that you don't care about doing anything

2. **Conclusion:** Has your alcohol and drug use messed up your body or brain?

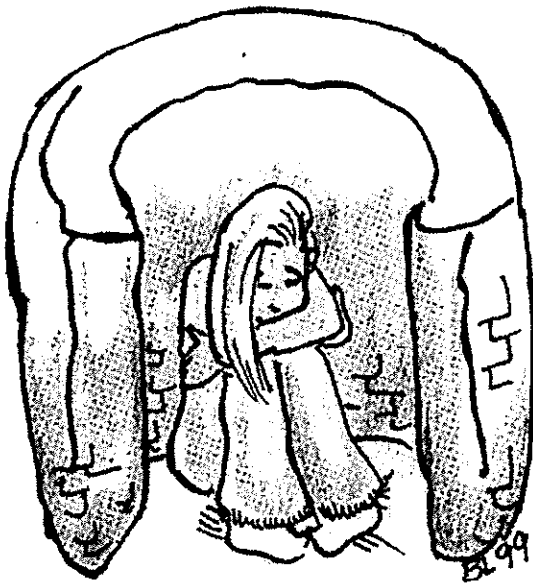
Circle one:    **YES**    **NO**



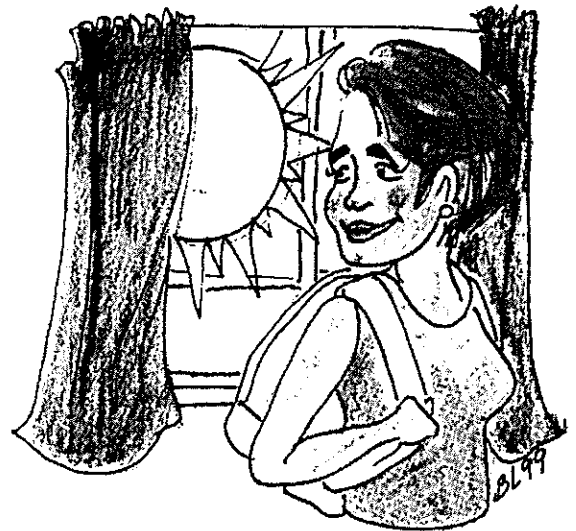
# I. Running Away From Painful Feelings

✓ 1. What feelings or memories did you use alcohol/drugs to escape from?  
(Check any/all that apply)

- Tears and sadness
- Anger or rage
- Scared and fearful
- Anxiety and worries
- Memories of being abused
- Memories of loss—people going away or dying
- Memories of seeing someone physically beaten
- Memories of hurting someone you loved



**Using Teen Thinking says,  
"I don't have any painful feelings;  
I just use for fun."**



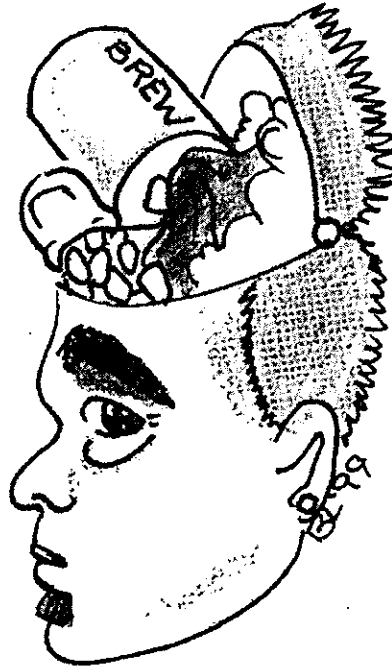
**Recovery Teen Thinking says,  
"Be tough and honest;  
the bad feelings and memories keep  
coming back unless you deal with the  
when you're clean and sober."**

2. **Conclusion:** Has alcohol or drugs led to your running away from painful feelings?

Circle one:    YES    NO



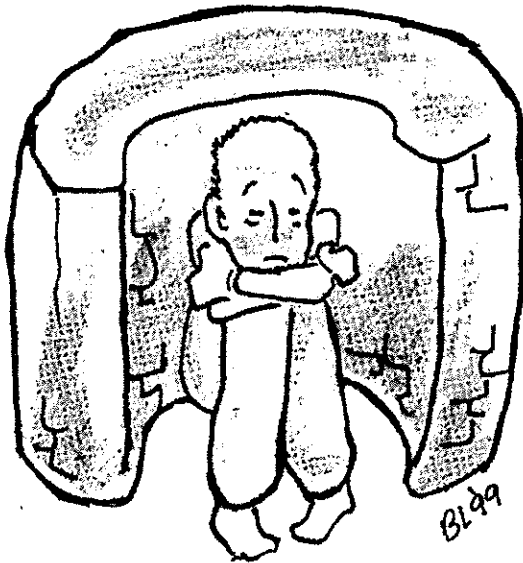
## J. Effects on Your Mind



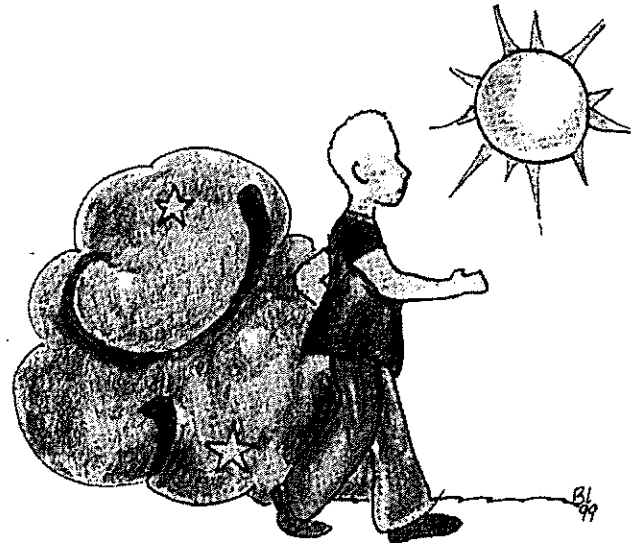
- ✓ 1. Which of the following have you messed up or forgotten to do because you were high or drunk or planning to be? (Check any/all that apply)

- Go to school
- Pay attention in school
- Do homework
- Do chores at home
- Go to work
- Stay at work
- Do job at work
- Play sports
- Do hobbies
- Call friends
- Show up for appointments
- Show up for family event or date





**Using Teen Thinking says,  
"I didn't want to do  
those things anyway."**



**Recovery Teen Thinking says,  
"Be honest! You paid  
a price for drinking and using."**

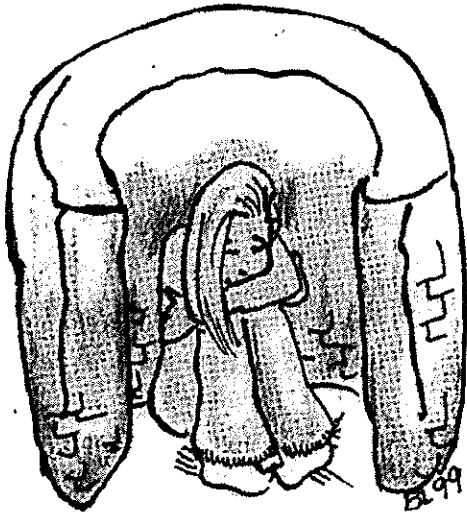
2. **Conclusion:** Has your use of alcohol and/or drugs messed up your mind?

Circle one: YES NO



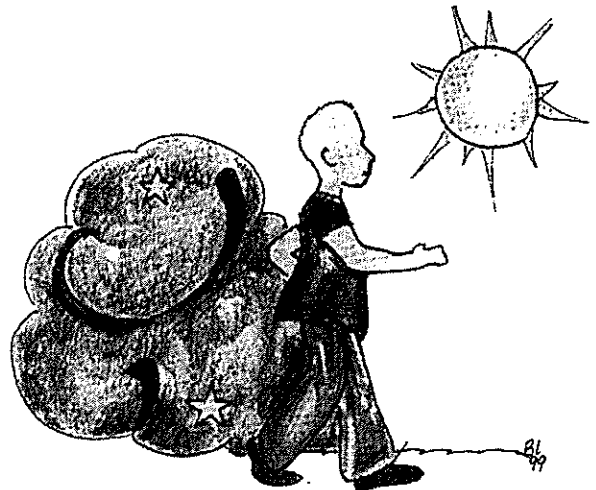


**K. Effects on Ability to Control Substance Use**



**Using Teen Thinking says,  
"Maybe I can just change my  
using and the problems  
won't occur."**

**Recovery Teen Thinking says,  
"Let's take an  
honest look."**



1. Have you tried to decrease how much you drink or use each time?

Circle one:    **YES**    **NO**    **If No, please move on to question 2.**

✓ What happened? (Check one)

\_\_\_\_\_ I couldn't do it

\_\_\_\_\_ I did it and it worked

\_\_\_\_\_ I could do it for a while but then went back to using more and more



2. Have you tried to drink and/or use drugs less often?

Circle one: **YES** **NO** **If No, please move on to question 3.**



✓ What happened? (Check one)

\_\_\_\_\_ I couldn't do it

\_\_\_\_\_ I was able to do it

\_\_\_\_\_ I could do it for a while but then went back to using as often as before

3. Have you tried switching to another drug to get away from the drug that caused your problems (such as smoking pot to avoid doing cocaine)?

Circle one: **YES** **NO** **If No, please move on to question 4.**



Did you go back to the first drug that you liked better?

Circle one: **YES** **NO**

4. Have you ever tried to stop drinking and/or using drugs completely?

Circle one: **YES** **NO** **If No, please move on to question 5.**



If YES, for how long did you stop? (indicate number of days, weeks, etc.)

days \_\_\_\_\_ weeks \_\_\_\_\_ months \_\_\_\_\_ years \_\_\_\_\_

Was this while in a treatment program?

Circle one: **YES** **NO**



Why did you start drinking/using again? (Check any/all that apply)

\_\_\_\_\_ Wanted to

\_\_\_\_\_ Missed the feeling

\_\_\_\_\_ Felt down and depressed

\_\_\_\_\_ It was put in front of me

\_\_\_\_\_ Too tempting

\_\_\_\_\_ With friends

\_\_\_\_\_ Didn't care anymore

5. **Conclusion:** Has your alcohol and/or drug use sometimes been out of your control?

Circle one: **YES** **NO**



## L. Effects on Plans and Goals for the Future

- ✓ 1. Before you started using or drinking, what did you see in your future?  
(Check any/all that apply)

\_\_\_\_\_ Graduate high school

\_\_\_\_\_ Go to college

\_\_\_\_\_ Go to technical school

\_\_\_\_\_ Get married

\_\_\_\_\_ Have children

\_\_\_\_\_ Be successful at work

\_\_\_\_\_ Leave home and support myself

\_\_\_\_\_ Become a car mechanic, musician, teacher, doctor, lawyer, etc.

2. Are any of these goals no longer in your future because of alcohol/drug use?

Circle one:    **YES**    **NO**

Indicate which goals you have given up:



✓ 3. If you continue using or drinking, what could or would happen to you?  
(Check any/all that apply)

\_\_\_\_\_ Nothing

\_\_\_\_\_ Fail school

\_\_\_\_\_ Be in jail or juvenile detention

\_\_\_\_\_ Be raped

\_\_\_\_\_ Run away

\_\_\_\_\_ Be thrown out of my home

\_\_\_\_\_ Become stupid or brain damaged

\_\_\_\_\_ Be beaten or shot

\_\_\_\_\_ Die

4. **Conclusion:** Has your use of alcohol and/or drugs messed up your plans and goals for the future?

Circle one:    **YES**    **NO**



### III. Summary of Effects

✓ Review the **CONCLUSION** questions on the previous pages and check off how alcohol and/or drugs have messed up the following 12 areas of your life (CHECK ALL THAT ARE TRUE):

- A. \_\_\_\_\_ Put your life in danger (page 14)
- B. \_\_\_\_\_ Put others in danger (page 16)
- C. \_\_\_\_\_ Made depression worse (page 18)
- D. \_\_\_\_\_ Caused you to think less of yourself (page 19)
- E. \_\_\_\_\_ Caused you to break the law/get arrested (page 21)
- F. \_\_\_\_\_ Negatively affected your schoolwork (page 24)
- G. \_\_\_\_\_ Caused you to lose the trust of your family (page 26)
- H. \_\_\_\_\_ Negatively affected your body and/or brain (page 27)
- I. \_\_\_\_\_ Helped you run away from painful feelings (page 28)
- J. \_\_\_\_\_ Negatively affected your mind (page 30)
- K. \_\_\_\_\_ Use has sometimes been out of your control (page 32)
- L. \_\_\_\_\_ Negatively affected your goals and plans for the future (page 34)

Total number of items checked: \_\_\_\_\_

**This total indicates the number  
of areas in your life that  
drugs and/or alcohol are destroying!**

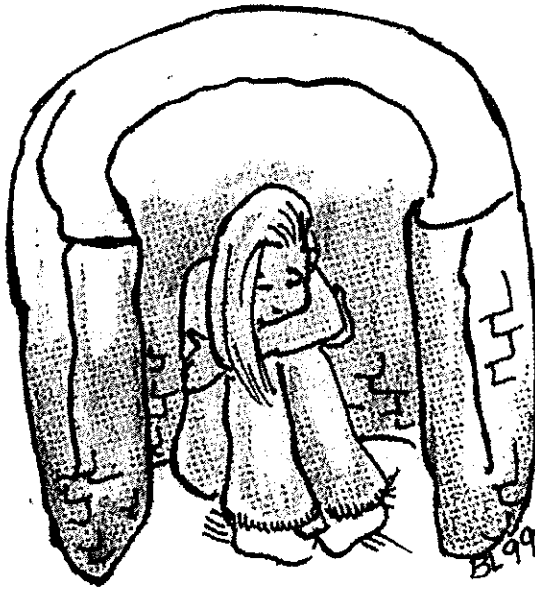
Who is responsible for these problems?

Circle one:    **My Mother**    **My Father**    **The Police**    **My Teachers**    **My Friends**

**ME**

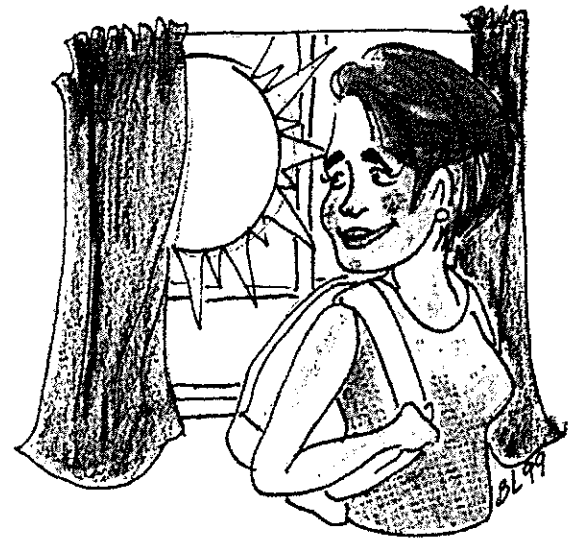


**Using Teen Thinking says,**



**"Drugs are fun."**

**Recovery Teen Thinking says,**



**"But my life is a mess . . ."**

Although you may WANT to continue to use alcohol and/or drugs, the question is:

Do you NEED to stop drinking/using drugs to make your life better?

Circle one:    YES    NO    MAYBE



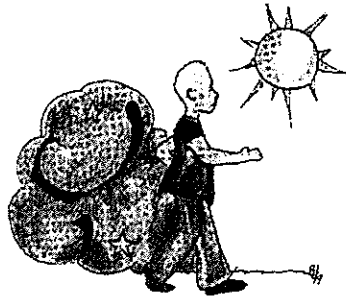
## IV. Making A Decision

### Taking a First Step

If drugs and/or alcohol have messed up your life and you know you can't just use a little bit, then let your Recovery Teen be powerful.

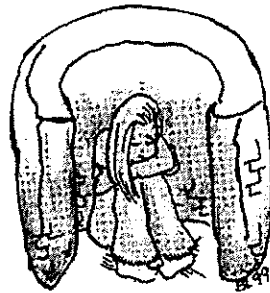
**You have a choice:  
You can keep your life the way it is  
OR YOU CAN TRY TO STOP USING!**

A. RECOVERY  
TEEN  
THINKING



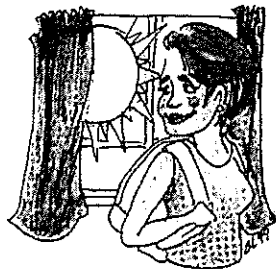
**"Stop using and let yourself have the good feelings of working a program with others."**

B. USING  
TEEN  
THINKING



**"You win this one, but I'll be back."**

C. RECOVERY  
TEEN  
THINKING

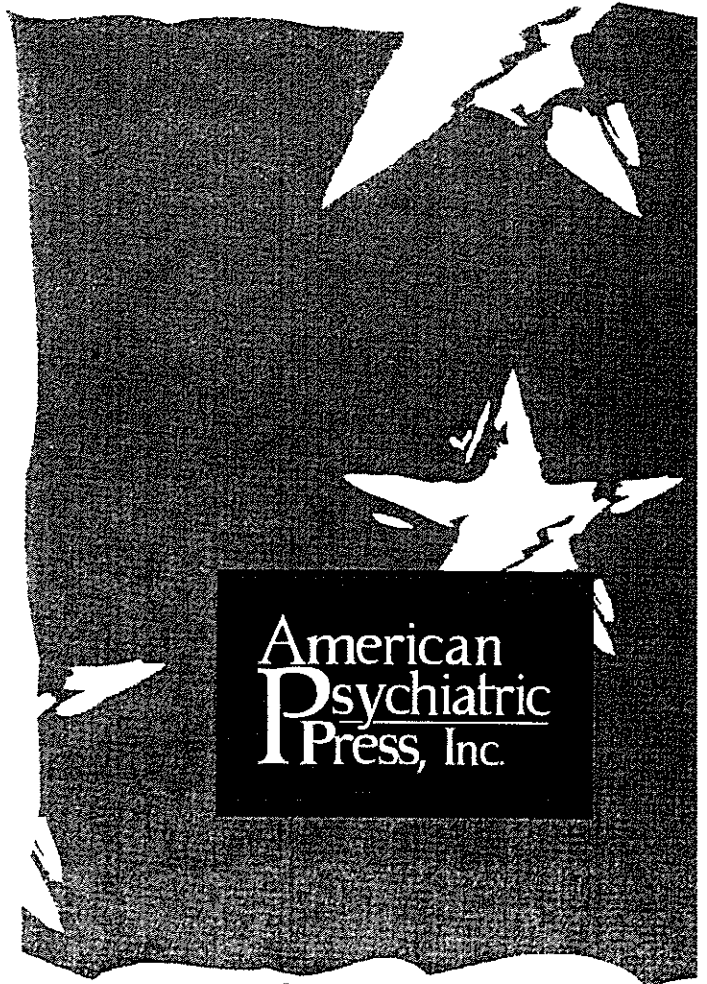
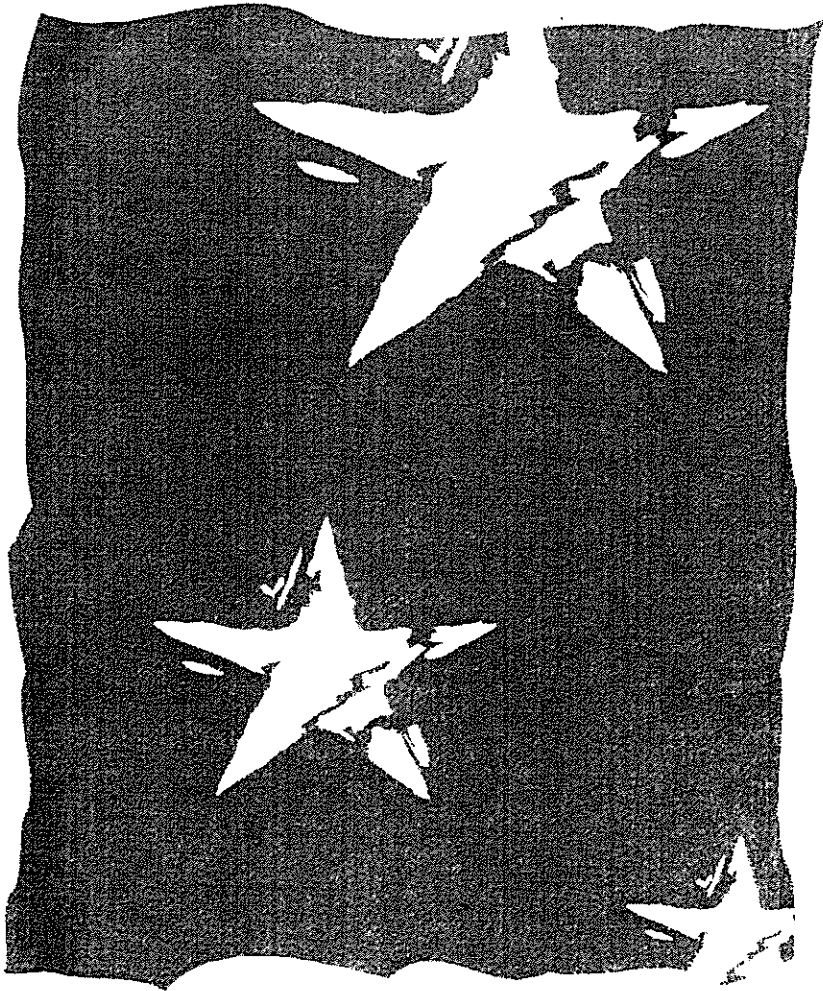


**"CHOOSE LIFE. I become stronger with an honest FIRST STEP."**

**I Make A Decision To Stop Drinking And Using**

**Circle one:            YES            NO            MAYBE**





ISBN 1-58562-006-8



American  
**Psychiatric**  
Press, Inc.