



SUBSTANCE ABUSE AND ADDICTION

Lifeline New Volunteer Training

BETH RUTKOWSKI, PSYCHOLOGIST
REVIEWED BY LIFELINE MAY 2019

CONTENTS

SUBSTANCE USE AND ABUSE	3
PRACTICAL STRATEGIES FOR HELPING CALLERS	5
Making the Decision & Preparing for Change	5
Coping with Stress without Substances	7
Keeping Triggers in Check	8
Conquering Cravings	9
Building a Meaningful Drug-Free Life	10
Working through a Relapse	11
REFERRALS AND RESOURCES	12
HELPING CALLERS WHO ARE INTOXICATED	14
Intoxication	14
Overdose	14
HELPING CALLERS WHO ARE CONCERNED ABOUT SOMEONE ELSE	15
SUBSTANCE ABUSE AND SUICIDE	16
IMPACTS OF SUBSTANCE ABUSE ON FAMILY & SOCIAL HEALTH	18
SUBSTANCE ABUSE IN CHINA	19
Drug use in China	19
Alcohol use in China	19
COMMON SUBSTANCES OF ABUSE	21
THE TRANSTHEORETICAL MODEL: STAGES OF CHANGE	25
APPENDIX: LESS COMMON SUBSTANCES OF ABUSE	29

Substance Use and Abuse

Drugs are chemicals that affect the body and brain. Different drugs can have different effects. All drugs affect the brain's "reward" circuit, which is part of the limbic system and affects instinct and mood. Drugs causes large amounts brain chemicals that regulate emotions and feelings of pleasure to flood the brain. This flood causes a "high," which is a primary cause of drug use and abuse.

Although initial drug use may be voluntary, drugs can alter brain chemistry. This can actually change how the brain performs and interfere with a person's ability to make choices. It can lead to intense cravings and compulsive drug use. Overtime, this behavior can turn into a substance addiction.

Some effects of drugs include health consequences that are long-lasting and permanent. They can even continue after a person has stopped taking the substance. Substance use disorders are associated with a wide range of short- and long-term health effects. They can vary depending on the type of drug, how much and how often it is taken and the person's general health. Overall, the effects of drug abuse and dependence can be far-reaching, impacting almost every organ in the human body.

There are a few ways a person can take drugs, including smoking, injection, snorting and ingestion. The effects of the drug on the body depends on how the drug is delivered. For example, the injection of drugs directly into the bloodstream has an immediate impact, while ingestion has a delayed effect.

The diagnosis of a substance use disorder (SUD) refers to a chronic brain disease characterized by an impaired ability to stop or control substance use despite adverse social, occupational, or health consequences. Substance use disorders range from mild to severe. It is important to realize that recovery is possible regardless of the severity of the SUD.

According to the American Psychiatric Association's DSM-5 (2013), at least two of the following criteria indicate a substance use disorder:

- The substance is taken in larger amounts and over a longer time period than intended
- The individual has made repeated unsuccessful efforts to control their use of the substance
- A significant amount of the individual's time is spent in activities necessary to obtain the substance, use the substance or recover from its effects
- The individual experiences craving or having a strong desire or urge to use the substance
- Recurrent use is resulting in a failure to fulfill obligations at work, school or home
- Continued substance usage despite social or interpersonal problems

- Social, occupational or recreational activities are eliminated or reduced because of substance use
- Recurrent use in physically hazardous situations
- Continued use despite knowledge of having a physical or psychological problem caused or exacerbated by substance
- Tolerance; needing increasing amounts of the substance to achieve desired effects or intoxication or diminished effect with continued use of the same amount of the substance
- Withdrawal; reduction in heavy and prolonged alcohol use occurs in at least two of the following: increased hand tremor, insomnia, nausea or vomiting, visual, tactile or auditory hallucinations or illusions, psychomotor agitation, anxiety and grand mal seizures

According to the World Health Organization, approximately 31 million persons have substance use disorders.

Binge drinking should be differentiated from an alcohol use disorder. It involves a dangerous pattern of excessive alcohol consumption. For women, binge drinking is defined as having four or more standard drinks within a two-hour timeframe. For men, binge drinking is identified as having five or more standard drinks over the course of two hours.

The number of people who binge drink continues to increase each year. Drinking large amounts of alcohol can affect you mentally, physically and emotionally. At least 80% of binge drinkers are not alcohol dependent. However, binge drinking accounts for most deaths from alcohol. Drinking too much alcohol too quickly can put you at risk for various health problems. For instance, alcohol delays your reaction time which can put you and other drivers in danger if you get behind the wheel of a car. Additionally, excessive drinking impairs your judgement, leaving you at risk for injuries, sexual assault, alcohol poisoning, and suicide attempts.

What this means for your role as a volunteer at Lifeline?

There is no expectation that you should be able to diagnose a substance abuse disorder over the phone. Diagnosis should only ever be made by a medical professional. This information has been provided so that you are aware of some of the signs that a substance abuse disorder may be developing. Even though binge drinking is not a substance use disorder, if the caller is looking to change this behavior, you would still support their decision/consideration process in the same way.

Practical Strategies for Helping Callers

For many people struggling with addiction, the biggest and toughest step toward recovery is the very first one: deciding to make a change. As a Lifeline volunteer, it is not your role to make this decision for them or to guide them through the process. However, it is important to understand the mentality of individuals deciding to make this change.

Change is never easy—and committing to sobriety involves changing many things, including:

- the way they deal with stress
- who they allow in their life
- what they do in their free time
- how they think about themselves

Individuals may contact Lifeline for support during a time when they are working through their ambivalence regarding this decision. You can reinforce to these callers that it is normal to feel conflicted about giving up alcohol or their drug of choice, even when they realize it's causing problems in their life.

Callers may wonder if they really ready for all that change or if they have what it takes to quit. Remind them that it is okay if they are torn!

Making the Decision & Preparing for Change

If callers are thinking about change, what are some things they can do?

- Keep track of their alcohol or drug use, including when and how much they use. This will offer them a better sense of the role the addiction is playing in their life.
- List the pros and cons of quitting, as well as the costs and benefits of continuing alcohol or drug abuse.
- Consider the things that are important to them, such as a partner, kids, career, or health. How does alcohol or drug use affect those things?
- Talk it over with someone they trust and knows their use patterns. Ask the person how he or she feels about their drug and alcohol use.
- Ask themselves if there's anything preventing them from changing. What are some things that could help them make the change?

If callers have made the decision and are preparing for change, what are some things they can do?

- Remind themselves of the reasons they want to change.
- Think about their past attempts at quitting, if any. What worked? What didn't?
- Set specific, measurable goals, such as a quit date or limits on their alcohol or drug use.
- Remove reminders of their addiction from their home and workplace.
- Tell friends and family that they are quitting and ask for their support.

Coping with Stress without Substances

Callers may struggle with the fact that conditions such as stress, loneliness, frustration, anger, shame, anxiety, and hopelessness remain in their lives even when they are no longer using drugs to cover them up. Remind them that they are in a healthier position to finally address them and seek the help you need.

Callers with a history of drug or alcohol use may feel like doing drugs is the only way to handle unpleasant feelings, but reinforce that it is not! They can get through difficulties without falling back on their addiction. Different strategies work better for some people than others. Here are some strategies you can suggest for quickly relieving stress without drugs:

- Exercise- running in place, jumping rope, or walking around the block.
- Step outside and savor the fresh air. Enjoy a beautiful view.
- Yoga and meditation
- Play with the dog or cat
- Put on some calming music.
- Light a scented candle.
- Breathe in the scent of fresh flowers or coffee beans, or savor a scent that reminds them of a favorite vacation, such as sunscreen
- Close their eyes and picture a peaceful place. Think of a fond memory.
- Make a steaming cup of tea.
- Look at favorite family photos.
- Self-administer a neck or shoulder massage.
- Soak in a hot bath or shower.

Keeping Triggers in Check

While getting sober from drugs is an important first step, it's only the beginning of the recovery process. The brain needs time to recover and rebuild connections that have changed while someone addicted. During this time, drug cravings can be intense.

You can support callers with their continued sobriety by encouraging them to make a conscious effort to avoid people, places, and situations that trigger urges:

- Encourage them to consider their social circles – and therefore whether making a break from select others might be helpful. It is going to make it more difficult to stay sober if they hang out with friends who are still doing drugs. Ask them to consider who supports their sobriety, and if they see any benefits in spending more time with them
- Ask them to consider the role of the environment on their sobriety. Remind them to be conscious of where they spend their time. Avoid bars and clubs. Even if drinking is not their primary addiction, drinking lowers inhibitions and impairs judgment, which can lead to relapse. Drugs are often readily available and the temptation to use can be overpowering. It is also beneficial to avoid any other environments and situations that they associate with drug use.
- It is important that they be up front about their history of drug use when seeking medical treatment. Remind them that they should never feel ashamed or humiliated about previous drug use or be denied medication for pain; if that happens, find another provider. However, it may be advisable to limit use of prescription drugs with the potential for abuse – if this is a concern, remind them to talk about it with their doctor.

Conquering Cravings

Cravings during active recovery and afterwards are normal. Everyone who's engaged in addictive behavior will experience them at some point during their process. It is also a time you are likely to get calls from people looking for help.

It is important to remind individuals that cravings are nothing to feel bad about and are a part of recovery. You can also advise them of some things that callers can do to deal with the acute cravings as they arise.

- ***Get involved in some distracting activity.*** Reading, a hobby, going to a movie, exercising (jogging, biking) are good examples. Another effective response to a drug craving is eating - but be careful what!
- ***Talk it through.*** Encourage them to talk to Lifeline as well as friends and family members about craving when it occurs. Talking about cravings and urges can be very helpful in pinpointing the source. It can also help restore honesty in relationships.
- ***Urge surf.*** Some urges are too strong to ignore and it can be useful to stay with the urge until it passes. This technique is called urge surfing. Advise them to imagine themselves as surfers who will ride the wave of their drug craving, staying on top of it until it crests, breaks, and loses power.
- ***Help them challenge and change their thoughts.*** When experiencing a craving, many people have a tendency to remember only the positive effects of the drug and forget the negative consequences. Therefore, they may find it helpful to be reminded that they really won't feel better if they use and that they stand to lose a lot. You can ask them to talk about the good and the not-so-good aspects of using a substance, to encourage them to weigh up the pros and cons.

Building a Meaningful Drug-Free Life

Callers can support their recovery and protect themselves from relapse by having activities and interests that provide meaning to their lives. These are things that they enjoy and make them feel needed. If they can fill their lives with rewarding activities and a sense of purpose, addiction will lose its appeal.

Suggestions you can offer a caller who is in recovery include:

- **Pick up a new hobby.** They can engage in activities things that challenge their creativity and spark their imagination. Encourage them to think through things that they have always wanted to try.
- **Adopt a pet.** Yes, pets are a responsibility, but can make they can make people feel loved and needed at a time when they may still be developing social connections that are not related to substance use. Pets can also get people out of the house for exercise.
- **Get involved in the community.** Encourage them to replace their addiction with drug-free groups and activities. They could volunteer, become active in a church or faith community, or join a local club or neighborhood group.
- **Set meaningful goals.** Having goals to work toward and something to look forward to can be powerful antidotes to drug addiction. It doesn't matter what the goals are—whether they involve the person's career, personal life, or health—just that they are important to them.
- **Look after physical health needs.** Regular exercise, sleep, and eating habits help keep energy levels up and stress levels down. The healthier someone is, the easier it will be to stay sober.

Working through a Relapse

Various “triggers” can put people at risk of relapsing into old patterns of substance use. Causes of relapse differ for each person. Some common ones include:

- negative emotional states (such as anger, sadness, trauma or stress)
- physical discomfort (such as withdrawal symptoms or physical pain)
- positive emotional states (wanting to feel even better)
- testing personal control (“I can have just one drink”)
- strong temptations or urges (cravings to use)
- conflict with others (such as an argument with a spouse or partner)
- social pressures to use (situations where it seems as though everyone else is drinking or using other drugs)
- good times with others (such as having fun with friends or family)

Individuals who have experienced a relapse can be understandably frustrated and discouraged. There are various things you can say to a caller who is going through a relapse.

- Reinforce that a relapse doesn’t mean failure. It does not mean that they are unable to recover or aren’t strong enough to remain sober. Relapse is a common part of the recovery process from addiction.
- Motivate callers to get back on the wagon as quickly as they can. They can contact their sponsor, talk to their therapist, go to a meeting, or schedule an appointment with their doctor. Remind them that they have already made a positive step by contacting you!
- Frame the experience as an opportunity to learn from their mistakes and reconsider any ineffective techniques.
- Remind them that it is their choice to get back on the path to recovery. They can use the experience to strengthen their commitment.
- Encourage them to talk with their treatment provider or sponsor about what triggered the relapse, what went wrong, and what they could have done differently. If they begin to talk through this with you, be supportive but do not lead the conversation, and remind them of the need to revisit these topics with their support team.

Referrals and Resources

For people with substance abuse disorders, “The process of recovery is highly personal and occurs via many pathways. It may include clinical treatment, medications, faith-based approaches, peer support, family support, self-care and other approaches.”¹

It is appropriate to refer our callers for additional help and support beyond Lifeline. This could be to professionals including medical doctors, counsellors, psychologists or psychiatrists. However, community support networks are also an important resource in managing substance abuse and some of these are listed below.

It is important to remember that finding the right kind of help can take time and our callers may need to try a number of options before they find something works. We can encourage them to keep trying if things don't work out initially.

Alcoholics Anonymous is an international fellowship of men and women who have had a drinking problem. It is nonprofessional, self-supporting, multiracial, apolitical, and available almost everywhere. There are no age or education requirements. Membership is open to anyone who wants to do something about his or her drinking problem.

Numerous English-language meetings are available in Shanghai every day, both in Pudong and Puxi. Information can be found at the following website:
<http://www.aashanghai.com>

Al-Anon is a mutual support program for people whose lives have been affected by someone else's drinking. By sharing common experiences and applying the Al-Anon principles, families and friends of alcoholics can bring positive changes to their individual situations, whether or not the alcoholic admits the existence of a drinking problem or seeks help.

Meetings are available in Shanghai, once a week in English:
<http://www.aashanghai.com/al-anon.html>

Narcotics Anonymous (NA) is a nonprofit, international, community-based organization for recovering addicts. NA members learn from one another how to live drug-free and recover from the effects of addiction in their lives. Their only membership requirement is a desire to stop using.

Their website lists meetings in English and Chinese at various times and places throughout China as well as online meetings.
<http://www.nachina.com>

¹ Substance Abuse and Mental Health Services Administration, *Recovery and Recovery Support*: <http://www.samhsa.gov/recovery>

SMART Recovery, which stands for Self Management and Recovery Training, offers participants tools for addiction recovery based on the latest scientific research and participate in a worldwide community and includes free, self-empowering, science-based mutual help groups.

Smart Recovery does not have face-to-face meetings in Shanghai but provides the option of online meetings and an online community.

<https://www.smartrecovery.org/>

LifeRing Secular Recovery is an abstinence-based, worldwide network of individuals seeking to live in recovery from addiction to alcohol or to other non-medically indicated drugs. It offers peer-to-peer support in ways that encourage personal growth and continued learning through personal empowerment.

LifeRing does not have face-to-face meetings in Shanghai, but provides an online meetings and an 24-hour online chat room.

<https://lifering.org/>

Detox and rehabilitation facilities are limited in China. Many people who require this kind of help will return to their home countries for treatment and this is often the best course of action. Some people may choose to investigate options in South-East Asia including Thailand.

Helping Callers Who Are Intoxicated

Intoxication

At Lifeline, during the course of a conversation, we may suspect that a caller is intoxicated. It is important that we remain patient and non-judgmental during the call. Remember that drugs lower inhibitions, impair judgement, and increase the risk of mood swings. This can lead to higher odds of verbal outbursts and physical aggression.

- Speak in a calm tone and in short, simple phrases.
- You may want to ask if they have been drinking/using, how many they had etc as part of a safety discussion and to request no consumption or delayed consumption till they are off the phone.
- Invite them to call back when they are sober and talk about what's on their mind.
- Encourage them to have someone with them or to check in with a friend.

If the phone call is from someone who is concerned that a person they are with is intoxicated, the above points can be useful to share. If they are concerned that

- the intoxicated individual is unable to stand or walk,
- is unaware of their surroundings,
- has difficulty breathing,
- has fever or chills,
- has trouble speaking or identifying who they are,
- has ingested a great deal of drugs or alcohol very quickly,
- or is losing consciousness;

The caller needs to **seek medical help**.

Overdose

If the caller is with someone who has overdosed or unconscious.

- Advise the caller to **hang up with you immediately and call emergency services**.
- Remind them to explain what has happened, including what substances the person has taken, if they are aware.
- If they are trained to provide First Aid, they should do so; otherwise they should stay with the person until help arrives.
- Unconscious individuals should not be given any fluids, even water.

Helping callers who are concerned about someone else

People who are worried about their loved ones' substance use may call Lifeline to talk about their concerns. These callers may be feeling powerless and frustrated at not being able to help their loved one.

At Lifeline, we can support and validate the caller's feelings.

- There may be a lot of shame about what is going on.
- They may be feeling angry.
- They are often scared.

We can make gentle recommendations such as

- "Many people in this situation have found it useful to get support from people who have been through this, such as Al-Anon"
- "Many people who are worried about their loved ones get help from professional counsellors"

Substance Abuse and Suicide

The abuse of alcohol or drugs is second to depression as the most frequent risk factor for suicidal behavior. Alcohol and drug use is seen as the number one “modifiable” risk factor for suicide.

Drugs and alcohol are involved in a large percentage of deaths by suicide. The number of substances used is more predictive of suicide than the types of substances used. The more substances a person is using the more likely they are to attempt or die by suicide.

- Between 40 to 60% of those who die by suicide are intoxicated at the time of death.
- In approximately 22% of deaths by suicide, the individuals were legally intoxicated by alcohol, with a blood-alcohol content at or above the legal limit. Acute alcohol intoxication is present in about 30-40% of suicide attempts.
- Opiates (including heroin and prescription painkillers) were present in 20% of suicide deaths.
- Marijuana is involved 10.2% of deaths by suicide.
- Cocaine is involved in 4.6%.
- Amphetamines are involved in 3.4%.

Among people with substance use disorders (SUDs), suicide is the leading cause of death. 40% of patients seeking treatment for a substance use disorder report at least one suicide attempt at some point in their lives.

- Compared to the general population, people treated for an alcohol use disorder are at about 10 times greater risk for suicide.
- Individuals who inject drugs are at about 14 times greater risk for suicide.
- Men with an opioid use disorder were twice as likely to die by suicide, and women with an opioid use disorder were eight times as likely to die by suicide.

The acute effects of substance use and intoxication increase risk factors for suicidal behavior among individuals with substance use disorders and those without. Mechanisms responsible for the ability of drug and alcohol intoxication to increase the risk for suicidal behavior include the substances' abilities to:

- (1) Decrease inhibitions
- (2) Increase psychological distress
- (3) Increase aggressiveness
- (4) Propel suicidal ideation into action through suicide-specific expectancies (e.g., the drug may supply the motivation to complete the action, the user may believe that substance will assist in completing suicide painlessly)
- (5) Constrict cognition, which impairs the generation and implementation of alternative coping strategies

Co-occurring mental illness and substance abuse disorder increase the risk of death by suicide even further. Those who experience mental health conditions often turn to drugs or alcohol as coping measures. The effects of substance use as outlined above can be amplified by their underlying mental health condition.

What this means for your role as a volunteer at Lifeline?

Asking about alcohol or drug use is important when talking about suicide as it increases the risk of this behavior occurring. As always, your job is to encourage harm reduction and consideration of potential consequences of taking substances, in particular, on the caller's feelings.

Impacts of Substance Abuse on Family & Social Health

Substance abuse can affect every aspect of a person's life. However, the consequences of substance abuse extend to the people they are closest to, including parents, children and the family members. Many individuals facing addiction are unable to hold down jobs, so if they are in the family is a parent or caregiver, then less income will go into the household. This can make it more difficult to pay for food, utilities and rent. In many cases, the individual with substance abuse problems may steal money from family members or steal valuables to pawn off to pay for drugs. This results in less money to go toward the essentials.

The way a parent raises their children ultimately impacts how these children go on to raise their own children. For example, an individual raised by with a parent dealing with addiction may engage in similar patterns of ignoring their children's needs, or alternatively become too overbearing and restrictive. The generational impact can be permanent.

When one spouse in a relationship is dealing with substance abuse, a codependent relationship can form between partners. The individual without substance abuse problems may eventually develop a sense of self-worth through his or her role as a caregiver of the addict. This is linked to enabling, which perpetuates the pattern of addiction.

Addiction creates a harmful environment in the home where people are prone to making hurtful remarks and insulting others. In addition to emotional abuse, physical abuse within the family is also more common. As partners, children and other family members suffer in the present, the children may become accustomed to this behavior and see domestic violence as commonplace and appropriate in their own relationships. Studies have found that children raised by individuals who abuse alcohol are four times more likely to succumb to addiction than their peers. When children become teenagers, they may turn to alcohol and drugs as a way to self-medicate and deal with the stress at home. They may see it as an acceptable way to deal with challenging situations and emotions as demonstrated by their parent.

What this means for your role as a volunteer at Lifeline?

This provide useful information about why a caller may be contacting Lifeline about their loved ones' substance abuse.

Substance Abuse in China

Drug use in China

The number of officially registered illegal drug users in China has increased every year between 1998 and 2016. A 2017 report from China's National Narcotics Control Commission calculated that there were 2.51 million illegal drug users in China as of late 2016, with a year-by-year increase of nearly 7%. These numbers do not apply to alcohol, which will be discussed in more detail below. Among these registered drug users, about 22,000 people were under 18, and more than 1.46 million were aged from 18 to 35, according to the report. The expansion of drug users addicted to heroin has slowed, while the number addicted to synthetic drugs, including methamphetamine and ketamine, has increased. Illegal drug users are registered with police, and these registered users can be monitored by the police-administered real-time electronic online tracking system.

Police have authority to require registered users or people suspected of using drugs to undertake testing of drug use. This applies to foreigners, and including testing on entry to the country. If you test positive, the Chinese authorities can prosecute you regardless of where or when you consumed drugs. There have been incidences of police raids on clubs, bars and homes, and these can include on the spot urine sampling. Recently, China's anti-drug efforts have intensified, with Chinese police arresting 168,000 suspects for drug production or trafficking, and solving 140,000 drug-related criminal cases in 2016.

Police have a significant and unusual role in drug treatment provision in China. Drug addiction treatment institutions must be approved by police before operation and are obligated to report patients' information to police. Police, not courts, are the only decision-making authority to subject users to community drug treatment, compulsory detoxification and community drug rehabilitation; all of which are monitored or administered by the police.

There are extremely severe penalties for drugs offenses in China, including the death penalty. According to Chinese Criminal Law (Clause 1, Article 347), people convicted of smuggling, trafficking, transporting, or manufacturing more than 1,000 grams of opium, more than 50 grams of heroin or methamphetamine, or large quantities of other drugs may receive the death penalty.

Alcohol use in China

In China, alcohol consumption is increasing faster than other parts of the world. Data from recent decades show a steady increase in alcohol production, alcohol consumption and alcohol-related conditions. Commercial alcohol production in China has increased more than 50-fold per capita since 1952. Especially dramatic increases have been noted after the 1980s, likely the result of from China's fast economic development and rise in average income level.

Drinking alcoholic beverages has been traditionally accepted in China during major social events, like weddings or Chinese New Year celebrations. In more recent decades, alcohol has become more commonly consumed to relieve stress, facilitate social interaction and foster good relations between supervisors and employees. There has been a marked increase in prevalence of alcohol abuse disorders, which has moved from the ninth to the third most prevalent mental illness. In 2014, research indicated that there were an estimated 40 million people with alcohol abuse problems in China, which amounts to nearly 4% of the population.

A 2011 national survey of drinking in China revealed that 55.6% of the men and 15.0% of the women drink alcohol. Among the individuals who drink, 62.7% of the men and 51.0% of the women reported excessive drinking, 26.3% and 7.8%, respectively, reported frequent drinking, and 57.3% and 26.6%, respectively, reported binge drinking.

As opposed to China's strict policies and penalties regarding the use of illegal drugs, laws regarding alcohol use and abuse are limited. For example, China has no enforceable legal drinking age and does not regulate when or where alcoholic products are sold. Research has shown that weak alcohol policies create conditions conducive to increased alcohol consumption and alcohol-related problems, which we are seeing across China.

As in many other countries, excessive drinking in China has shown an association with health-related harm as well as with social harm. This includes traffic accidents, crime and child abuse, domestic violence and injuries of all types, including work-related injuries. However, the data are very sparse and most studies are based on case analysis or small clinical samples. Increased regulation of alcohol consumption, production and distribution will likely have significant benefits for those living in China.

What this means for your role as a volunteer at Lifeline?

You are NOT expected to provide legal advice. Doing so may create significant liability issues for Lifeline. You need to be aware that drugs are readily available in China and that the penalties for drug offences is severe, even for those are underaged. Callers with legal concerns should be referred to professional legal services or their consulate.

Common Substances of Abuse

Alcohol:

What is it? Alcohol is classed as a 'sedative hypnotic' drug, which means it acts to depress the central nervous system at high doses. At lower doses, alcohol can act as a stimulant, inducing feelings of euphoria and talkativeness, but drinking too much alcohol at one session can lead to drowsiness, respiratory depression (where breathing becomes slow, shallow or stops entirely), coma or even death.

What are the short-term impacts? Slurred speech, drowsiness, vomiting, diarrhea, upset stomach, headaches, breathing difficulties, distorted vision and hearing, impaired judgment, decreased perception and coordination, unconsciousness, anemia (loss of red blood cells), coma and blackouts (memory lapses, where the drinker cannot remember events that occurred while under the influence)

What are the long-term impacts? Unintentional injuries (such as car crash, falls, burns, drowning), intentional injuries (such as firearm injuries, sexual assault, domestic violence), increased on-the-job injuries and loss of productivity, increased family and relationship problems, alcohol poisoning, high blood pressure, stroke, and other heart-related diseases, liver disease, nerve damage, sexual problems, permanent damage to the brain, vitamin B1 deficiency (which can lead to a disorder characterized by amnesia, apathy and disorientation), ulcers, gastritis (inflammation of stomach walls), malnutrition and cancer of the mouth and throat. The harmful use of alcohol results in 3.3 million deaths each year worldwide.

Benzodiazepines:

What are they? Medications that slow brain activity, which makes them useful for treating anxiety and sleep problems. These include alprazolam (Xanax), chlorodiazepoxide (Librium), diazepam (Valium), lorazepam (Ativan), triazolam (Halcion)

What might they be called? Candy, Downers, Sleeping Pills, Tranks

How are they taken? Swallowed, snorted

What are the short-term impacts? Drowsiness, slurred speech, poor concentration, confusion, dizziness, problems with movement and memory, lowered blood pressure, slowed breathing.

What are the long-term impacts? Death due to slowed heart rate and breathing, withdrawal can cause a serious abstinence syndrome that may seizures and risk of HIV, hepatitis, and other infectious diseases from shared needles.

Cocaine:

What is it? A powerfully addictive stimulant drug made from the leaves of the coca plant native to South America.

What might it be called? Blow, Bump, C, Candy, Charlie, Coke, Crack, Flake, Rock, Snow, Toot

How are they taken? Snorted, smoked, injected

What are the short-term impacts? Narrowed blood vessels; enlarged pupils; increased body temperature, heart rate, and blood pressure; headache; abdominal pain and nausea; euphoria; increased energy, alertness; insomnia, restlessness; anxiety; erratic and violent behavior, panic attacks, paranoia, psychosis; heart rhythm problems, heart attack; stroke, seizure, coma.

What are the long-term impacts? Loss of sense of smell, nosebleeds, nasal damage and trouble swallowing from snorting; infection and death of bowel tissue from decreased blood flow; poor nutrition and weight loss; lung damage from smoking.

Marijuana:

What is it? Marijuana is made from the hemp plant, *Cannabis sativa*. The main psychoactive (mind-altering) chemical in marijuana is delta-9-tetrahydrocannabinol, or THC.

What might it be called? Blunt, Bud, Dope, Ganja, Grass, Green, Herb, Joint, Mary Jane, Pot, Reefer, Sinsemilla, Skunk, Smoke, Trees, Weed; Hashish: Boom, Gangster, Hash, Hemp

How is it used? Smoked, eaten (mixed in food or brewed as tea)

What are the short-term impacts? Enhanced sensory perception and euphoria followed by drowsiness/relaxation; slowed reaction time; problems with balance and coordination; increased heart rate and appetite; problems with learning and memory; anxiety

What are the long-term impacts? Mental health problems, chronic cough, frequent respiratory infections, possible loss of IQ points when repeated use begins in adolescence

Prescription Opioids:

What are they? Pain relievers with an origin similar to that of heroin. These include Codeine, Fentanyl, Hydrocodone (Vicodin, Norco), Dilaudid, Demerol, Methadone, Morphine, Oxycodone (OxyContin, Percocet)

What might they be called? Varies with types of drugs:

Codeine: Captain Cody, Cody, Lean, Schoolboy, Sizzurp, Purple Drank

Fentanyl: Apache, China Girl, China White, Dance Fever, Friend, Goodfella, Jackpot, Murder 8, Tango and Cash, TNT

Vicodin & Norco: Vike, Watson-387

Dilaudid: D, Dillies, Footballs, Juice, Smack

Demerol: Demmies, Pain Killer

Methadone: Amidone, Fizzies

Morphine: M, Miss Emma, Monkey, White Stuff

Oxycodone (OxyContin, Percocet): O.C., Oxycet, Oxycotton, Oxy, Hillbilly Heroin, Percs

How are they used? Swallowed, snorted, smoked, injected, rectal

What are the short-term impacts? Pain relief, drowsiness, nausea, constipation, euphoria, slowed breathing, death.

What are the long-term impacts? Increased risk of overdose or addiction if misused.

Prescription Stimulants:

What are they? Medications that increase alertness, attention, energy, blood pressure, heart rate, and breathing rate. These include Amphetamine (Adderall) and Methylphenidate (Concerta, Ritalin)

What might they be called? Varies with types of drugs:

Amphetamine (Adderall): Bennies, Black Beauties, Crosses, Hearts, LA Turnaround, Speed, Truck Drivers, Uppers

Methylphenidate (Concerta, Ritalin): JIF, MPH, R-ball, Skippy, Smart Drug, Vitamin R

How are they used? Swallowed, snorted, smoked, injected, chewed

What are the short-term impacts? Pain relief, drowsiness, nausea, constipation, euphoria, slowed breathing, death.

What are the long-term impacts? Increased risk of overdose or addiction if misused.

Tobacco:

What is it? Plant grown for its leaves, which are dried and fermented before use.

What are common forms? Cigarettes, cigars, bidis, hookahs, smokeless tobacco (snuff, spit tobacco, chew)

How is it used? Swallowed, snorted, chewed, vaporized

What are the short-term impacts? Increased blood pressure, breathing, and heart rate

What are the long-term impacts? Greatly increased risk of cancer, especially lung cancer when smoked and oral cancers when chewed; chronic bronchitis; emphysema; heart disease; leukemia; cataracts; pneumonia

What this means for your role as a volunteer at Lifeline?

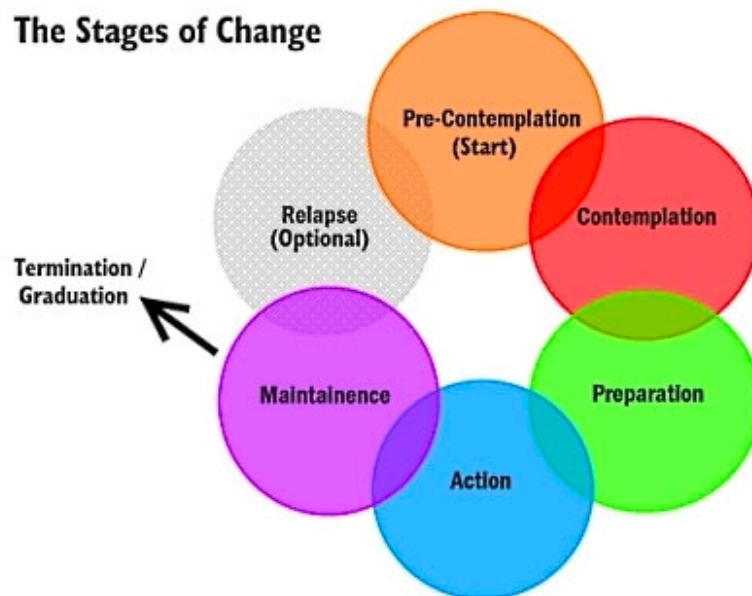
You will NOT be talking to the callers about the effects of different substances or what they can expect – that is for a medical professional. This information is to make you aware about the different effects of the different type of substances that can be abused. This may help you get a better understanding of what might be impacting on our callers.

The Transtheoretical Model: Stages of Change

The transtheoretical model (“TTM”), which is one of many models of change, has proven successful with a wide variety of simple and complex health behaviors.

The TTM suggests that individuals move through a series of stages in the adoption of healthy behaviors or cessation of unhealthy ones, such as substance abuse.

As individuals progress through the stages of change, they can move up and down through these stages. Even in the course of one day, they may go through several different stages of change! It is important to remember that it is normal and natural to regress, to attain one stage only to fall back to a previous stage. This is just part of making changes in your behavior.



Precontemplation (Denial) - *“What problem? I don’t have a problem.”*

In the precontemplation stage, people are not thinking seriously about changing and the cost of the problem behavior (such as substance use) are not yet recognized. People in this stage tend to defend their current behavior and do not feel it is a problem.

This stage can also be considered denial. In this stage people just do not yet see themselves as having a problem. They may become avoidant or aggressive in the face of other people’s efforts to pressure them to quit.

Contemplation (Ambivalence) - *“I wonder if I have a problem. I’m thinking about it but not ready to decide anything yet.”*

In the contemplation stage people are more aware of the personal consequences of their bad habit and they spend time thinking about their problem. Although they are able to consider the possibility of changing, they tend to be ambivalent about it.

In this stage, people spend time weighing the pros and cons of modifying their behavior. They recognize the negative aspects of their bad habit and the positives associated with giving it up, but they may continue to doubt that the long-term benefits associated with quitting will outweigh the short-term costs.

People in this stage are more open to receiving information about their bad habit. They are more likely to actually consider this information and reflect on their own feelings and thoughts concerning their bad habit.

Preparation / Determination (Admission) - *“I have a problem. Something has to change. What can I do?”*

In the preparation/determination stage, people have made a commitment to make a change. This can be considered a research phase: people are now taking small steps toward changing the behavior. They are trying to gather information about what they will need to do to change their behavior, such as talking to professionals and peers or seeking out readings or research.

At times, people will try to skip this stage: they attempt to move directly from contemplation into action. This can result in frustration and failure because they haven’t adequately researched or accepted what it is going to take to make this major lifestyle change.

Action (Taking steps / Making changes) - *“I’m ready to do something about my problem.”*

This is the stage where people believe they have the ability to change and actively take steps to do so. People make the move for which they have been preparing. They overtly modify their behavior and their surroundings. This stage requires the greatest commitment of time and energy and when people most depend on their own willpower. Individuals in this stage are at significant risk for relapse.

During this stage, it is helpful for people to develop plans to deal with both personal and external pressures that may lead to slips. They may use short-term rewards to sustain their motivation, and analyze their behavior change efforts in a way that enhances their self-confidence. They may avoid previous triggers and take steps to avoid temptation. People in this stage also tend to be open to receiving help and may reach out to seek support from others, such as those in their support system, a recovery community, or therapeutic professionals.

Maintenance (Continuing what works) - *“I’m stabilized and doing well. How can I support my ongoing recovery?”*

During this stage, changes made during the action stage are maintained. Maintenance involves being able to successfully avoid the temptations to return to the behavior. The goal of the maintenance stage is to establish and practice a new status quo.

People in maintenance constantly reformulate the rules of their lives and are acquiring new skills to deal with life and avoid relapse. They are able to anticipate the situations in which a relapse could occur and prepare coping strategies in advance. They remain aware that what they are striving for is personally worthwhile and meaningful. They are patient with themselves and recognize that it often takes a while to let go of old behavior patterns and practice new ones until they are second nature to them. Even though they may have thoughts of returning to their old bad habits, they resist the temptation and stay on track.

An individual who has moved to the maintenance stage will continue to face challenges with maintaining the change. Without a strong commitment to maintenance, there will typically be a relapse.

Relapse / Recycle (Trying again) - *“I had stabilized but have relapsed. What do I do now?”*

After making changes, many individuals will return to their previous problem behaviors. It can often take several passes through the stages to permanently change behavior. People can find this extremely discouraging, with significant negative impacts on their faith in their own ability to change as well as their behavior. They may feel hopeless and as if they are failures.

Slips must be framed as an opportunity to learn. People who experience a relapse benefit from evaluating the triggers that led to the relapse. They have the opportunity to reassess their motivation and the barriers to their progress. Individuals can then plan stronger coping strategies

What this means for your role as a volunteer at Lifeline?

This has been provided to help you understand that changing behavior isn't static. It can take a lot of different attempts and a lot of energy. You aren't supposed to identify the stage a caller is at, but it can be helpful to understand their reluctance or motivation to change.

Appendix: Less Common Substances of Abuse

Heroin:

What is it? An opioid drug made from morphine, a natural substance extracted from the seed pod of various opium poppy plants.

What might it be called? Brown sugar, China White, Dope, H, Horse, Junk, Skag, Skunk, Smack, White Horse.

When combined with OTC cold medicine and antihistamine: Cheese

How are they taken? Snorted, smoked, injected

What are the short-term impacts? Euphoria; dry mouth; itching; nausea; vomiting; analgesia; slowed breathing and heart rate.

What are the long-term impacts? Collapsed veins; abscesses (swollen tissue with pus); infection of the lining and valves in the heart; constipation and stomach cramps; liver or kidney disease; pneumonia

Inhalants:

What are they? Solvents, aerosols, and gases found in household products such as spray paints, markers, glues, and cleaning fluids

What might they be called? Poppers, snappers, whippets, laughing gas

How are they taken? Inhaled through the nose or mouth

What are the short-term impacts? Confusion; nausea; slurred speech; lack of coordination; euphoria; dizziness; drowsiness; disinhibition, lightheadedness, hallucinations/delusions; headaches; sudden sniffing death due to heart failure (from butane, propane, and other chemicals in aerosols); death from asphyxiation, suffocation, convulsions or seizures, coma, or choking

What are the long-term impacts? Liver and kidney damage; bone marrow damage; limb spasms due to nerve damage; brain damage from lack of oxygen that can cause problems with thinking, movement, vision, and hearing

MDMA (Ecstasy/Molly):

What is it? A synthetic, psychoactive drug that has similarities to both the stimulant amphetamine and the hallucinogen mescaline.

What might it be called? Adam, Clarity, Eve, Lover's Speed, Peace, Uppers

How is it used? Swallowed, snorted

What are the short-term impacts? Lowered inhibition; enhanced sensory perception; increased heart rate and blood pressure; muscle tension; nausea; faintness; chills or sweating; sharp rise in body temperature leading to kidney failure or death

What are the long-term impacts? Long-lasting confusion, depression, problems with attention, memory, and sleep; increased anxiety, impulsiveness; less interest in sex

Methamphetamine:

What is it? An extremely addictive stimulant amphetamine drug.

What might it be called? Crank, Chalk, Crystal, Fire, Glass, Go Fast, Ice, Meth, Speed

How is it used? Swallowed, snorted, smoked, injected

What are the short-term impacts? Increased wakefulness and physical activity; decreased appetite; increased breathing, heart rate, blood pressure, temperature; irregular heartbeat.

What are the long-term impacts? Anxiety, confusion, insomnia, mood problems, violent behavior, paranoia, hallucinations, delusions, weight loss, severe dental problems ("meth mouth"), intense itching leading to skin sores from scratching.

PCP:

What is it? A dissociative drug developed as an intravenous anesthetic that has been discontinued due to serious adverse effects. Dissociative drugs are hallucinogens that cause the user to feel detached from reality. PCP is an abbreviation of the scientific name, phencyclidine.

What might it be called? Angel Dust, Boat, Hog, Love Boat, Peace Pill

How is it used? Injected, snorted, swallowed, smoked (powder added to mint, parsley, oregano, or marijuana)

What are the short-term impacts? Delusions, hallucinations, paranoia, problems thinking, a sense of distance from one's environment, anxiety.
Low doses: slight increase in breathing rate; increased blood pressure and heart rate; shallow breathing; face redness and sweating; numbness of the hands or feet; problems with movement.

High doses: nausea; vomiting; flicking up and down of the eyes; drooling; loss of balance; dizziness; violence; seizures, coma, and death.

What are the long-term impacts? Memory loss, problems with speech and thinking, loss of appetite, anxiety.

Steroids:

What are they? Man-made substances used to treat conditions caused by low levels of steroid hormones in the body misused to enhance athletic and sexual performance and physical appearance.

What might they be called? Juice, Gym Candy, Pumpers, Roids

How are they used? Swallowed, injected, applied to skin

What are the short-term impacts? Builds muscles, improved athletic performance. Acne, fluid retention (especially in the hands and feet), oily skin, yellowing of the skin, infection

What are the long-term impacts? Kidney damage or failure; liver damage; high blood pressure, enlarged heart, or changes in cholesterol leading to increased risk of stroke or heart attack, even in young people; aggression; extreme mood swings; anger ("roid rage"); extreme irritability; delusions; impaired judgment.

Synthetic Cannabinoids:

What are they? A wide variety of herbal mixtures containing man-made cannabinoid chemicals related to THC in marijuana but often much stronger and more dangerous.

What might they be called? K2, Spice, Black Mamba, Bliss, Bombay Blue, Fake Weed, Fire, Genie, Moon Rocks, Skunk, Smacked, Yucatan, Zoha

How is it used? Swallowed, smoked, brewed as tea

What are the short-term impacts? Increased heart rate; vomiting; agitation; confusion; hallucinations, anxiety, paranoia; increased blood pressure

What are the long-term impacts? More research is needed. Withdrawal includes headaches, anxiety, depression, irritability

Synthetic Cathinones (Bath Salts):

What are they? An emerging family of drugs containing one or more synthetic chemicals related to cathinone, a stimulant found naturally in the khat plant.

What might they be called? Bloom, Cloud Nine, Cosmic Blast, Flakka, Ivory Wave, Lunar Wave, Scarface, Vanilla Sky, White Lightning

How are they used? Swallowed, snorted, injected

What are the short-term impacts? Increased heart rate and blood pressure; euphoria; increased sociability and sex drive; paranoia, agitation, and hallucinations; violent behavior; sweating; nausea, vomiting; insomnia; irritability; dizziness; depression; panic attacks; reduced motor control; cloudy thinking

What are the long-term impacts? Death, depression, anxiety, and risk of HIV, hepatitis, and other infectious diseases from shared needles