RECOVERY IN FOCUS

RECOVERY IN FOCUS · GROUP CURRICULUM · FACILITATOR GUIDE

Alcohol, Nicotine & Legal Highs

The legal drugs, how a drink leads back, and chosen policies. Four parts, two group classes.

Topic category (billing anchor)	Alcohol and Drug Education / Relapse Prevention, with Trigger Management
Clinical focus	Alcohol as a cross-relapse pathway and nicotine as a trigger-carrying dependence; explicit personal-policy formation as relapse prevention
Evidence base	Psychoeducation launching counseling · Relapse Prevention · smoking-cessation-supports-sobriety literature
Format	One participant packet · two group classes of about 2 hours each · Class 1 = Parts 1–2 · Class 2 = Parts 3–4
Group rules	2 to 12 clients, same time · at least 1 active Medi-Cal beneficiary · no minors mixed with adults

This file: facilitator guide — class agendas, no-shame protocol, FIRP

Companion file: participant packet (print one per member) — 4 parts · 9 exercises · 1 vignette · two written policies · kratom block

FACILITATOR GUIDE

How to run this session

- **NO SMOKER SHAME:** most of the room uses nicotine, possibly including staff, and the session says so. The nicotine material is honest filing, not a quit ambush; the policy exercise honors "not yet" as a legitimate, honestly-held position.
- **PART 2 IS THE CORE:** whatever else lands, Trish's story and the three mechanics must land. This is the session's relapse-prevention payload.
- **LINK:** alcohol-role matches (main drug vs rode-along) and shared nicotine routines connect the room; the smokers' circle outside meetings deserves a knowing laugh and a serious note: it feels like fellowship, and it is also a trigger site.
- **LAND IT CLINICALLY:** every segment funnels to the chosen policy: rule, believed reason, tested moment, rehearsed line.

Mixed-functioning group adjustments

- Read everything aloud; the four stages and the three lead-back mechanics work as board drawings.
- Lower-functioning rooms: run the session on Part 2's three mechanics, the nicotine-routine list, and the two policies.

GUARDRAILS

Detox routing: any member describing current daily heavy drinking they plan to stop cold gets same-day medical routing; alcohol withdrawal is the dangerous one, and the packet says so. **Moderation debates:** a member may argue for controlled drinking; don't debate it in group. House position stated once: "for recovery from any substance, this program's recommendation is abstinence, because of how often a drink leads back"; route the individual conversation to their counselor. **No vape confiscation energy:** the nicotine hour informs; it doesn't police pockets.

HOOK SOURCE NOTE: alcohol-withdrawal lethality vs opioid withdrawal is standard medicine. Alcohol's mortality ranking among substances is well established. Pod-to-pack nicotine equivalence reflects manufacturer-era figures for standard pods; say "about a pack's worth." Smoking cessation improving sobriety outcomes is a replicated finding (quitting during treatment associated with better substance outcomes, contrary to old clinical folklore). 1-800-QUIT-NOW is the real national quitline. Kratom: opioid-receptor activity and opioid-type withdrawal are established; the FDA acted against concentrated 7-OH products in 2025 and state bans vary, so CHECK CURRENT STATUS before teaching specifics; the gas-station shelf changes faster than any packet.

CLASS 1 Parts 1 and 2 (about 2 hours)

Opening (10 min)

Frame: "*Tonight we take the two legal drugs as seriously as the ones that brought us here. One of them is the most common doorway back; the other one is probably in half the pockets in this room, and no, nobody's getting shamed about it.*" Icebreaker: "First alcohol memory you ever had, one sentence, family table or otherwise." Board the ages implied; the room usually notices how early the licensing started.

Part 1: Alcohol, the Licensed Drug (40 to 50 min)

Teach (5 min or less): sedative mechanics, the four stages, the withdrawal flip (the hook), the body ledger in one breath.

PLAIN "What was alcohol's job in your story, main or supporting?"

DEEPER "What did 'at least it's legal' make invisible in your family?"

- **Exercise 1** (yes/no): item 3 (withdrawal flip) surprises; detox-routing guardrail applies to any live disclosure.
- **Exercise 2** (alcohol's role): go around on the one-sentence job; link matching roles.

Part 2: How a Drink Leads Back (50 to 60 min)

Teach (5 min or less): the three mechanics: lowered guard, reawakened craving, rebuilt scene.

- **Exercise 3** (yes/no): item 3 (know someone) by show of hands; the hands make the argument before you do.
- **Trish vignette + Exercise 4:** read aloud. The trap is the uneventful first night; make sure the room says why ("nothing happened" became the evidence). "Wine Trish typed back" is the line to leave hanging. Question 3 personalizes; collect answers for Class 2's policy work.

Close Class 1 with the talk-it-out questions. Assign: count the alcohol offers and cues you meet in one ordinary week; just count.

CLASS 2 Parts 3 and 4 (about 2 hours)

Opening (10 min)

Check in: what was your cue count? The numbers (usually dozens) prove the policy point: this gets met with a plan or it gets met unprepared.

Part 3: Nicotine's New Packaging, plus the Kratom Block (55 to 65 min)

Teach (5 min or less): the engineering (salts, flavors, no natural session end), the pod-to-pack hook, how nicotine ties itself to daily routines, the quitting-helps-sobriety flip, and the honest health facts. No-shame protocol throughout.

- **Exercise 5** (yes/no): item 3 ("worry about it later" advice) usually gets most hands; the flip (research says backwards) lands on top of it.
- **Exercise 6** (nicotine routines): go around on the routine hardest to separate from nicotine; link matches. The smokers'-circle routine deserves its honest moment.
- **Kratom block (10 min):** teach it straight: what it is, dose-dependent effects, opioid-receptor action, real withdrawal, 7-OH extracts and the regulatory moves. No-shame protocol applies double here: members currently using kratom get a counselor conversation, not a group correction, and program-policy questions ("does kratom count as a relapse here?") route to the counselor rather than getting ruled on in group.
- **Exercise 7** (kratom yes/no): item 4 is the one that matters; land it on the no-secret-substances rule, not on kratom itself.

Part 4: Your Policy (50 to 60 min)

Teach (5 min or less): drifting is a policy nobody chose; the three parts (rule, believed reason, tested moment + line); house recommendation on alcohol stated plainly; the three honest nicotine positions with help named (quitline, covered NRT, counselor routing).

- **Exercise 8** (alcohol policy): written by all; rules and reasons read aloud; test every reason for borrowed-ness ("does that sound like yours?"). Lines rehearsed twice.
- **Exercise 9** (nicotine position): positions stated without judgment; quit-window members get concrete routing; "not yet" members commit to separating one routine from nicotine.
- **Skill of the day:** say the policy out loud to one person. Promise the check-in.

Close with the group questions and the summary read aloud.

FIRP scaffold (one note per member, per class)

Class 1. Focus: member's relapse-prevention objective, plus today's topic: alcohol's pharmacology, dependence progression, and cross-relapse risk. **Intervention:** *Provided alcohol psychoeducation including dependence staging and comparative withdrawal risk with medical-routing safeguards; facilitated identification of alcohol's role in each member's use history; educated group on the cross-relapse pathway (disinhibition, reward priming, environmental re-exposure) and facilitated vignette analysis of alcohol-initiated relapse; linked members' patterns and processed responses.* **Response:** individualize; document any detox routing. **Plan:** track weekly alcohol cue exposure; return for Class 2.

Class 2. Focus: same objective, plus today's topic: nicotine dependence and explicit personal-policy formation. **Intervention:** *Reviewed cue-exposure counts; provided nicotine and vaping education including delivery engineering, nicotine-paired routines as carriers of other triggers, and evidence that cessation supports sobriety; provided current legal-substance education on kratom and concentrated extracts (opioid-receptor action, withdrawal, disclosure routing); facilitated inventory of nicotine-paired routines; guided each member through a written alcohol policy (rule, personally held rationale, anticipated test situation, rehearsed refusal line) and an honestly stated nicotine position with cessation routing or a routine-separation commitment; rehearsed refusal lines aloud; assigned spoken-policy practice.* **Response:** individualize, including policy specificity and cessation interest. **Plan:** state policy to one support; cessation routing where requested; individual follow-up where moderation ambivalence surfaced.

COMPLIANCE NOTES: 2 to 12 clients, same time; at least one active Medi-Cal beneficiary; no one 17 or under mixed with adults (outside a certified school site). Facilitator: licensed/registered clinician or certified/registered AOD counselor, in scope. Participant list each class; one note per member per class with attendance plus that member's specific response, provider-signed, finalized within 3 business days (service day counts as day 0), tied to that member's problem list or objective. Education launches interactive counseling; land every segment on the substance-use and relapse link.