RECOVERY IN FOCUS

Alcohol, Nicotine & Legal Highs

The legal drugs, taken seriously · Recovery in Focus · Session Packet

Two drugs get a pass that no other drug gets. They're sold at every corner store, advertised at every game, and woven so deep into ordinary life that calling them drugs can sound dramatic. So let's say it plainly: alcohol is a depressant that kills more Americans than almost every illegal drug combined, and nicotine, in any package, is one of the most addictive substances known. Legal has never meant safe. Legal only means the government regulates and taxes it.

Both matter here. Alcohol, because "I never had a drinking problem" is one of the most common paths back to a drug problem; Part 2 explains how that works. Nicotine, because most people in recovery smoke or vape, most want to quit someday, and the research surprised everyone: quitting nicotine during recovery doesn't threaten sobriety. It strengthens it. This session covers what alcohol does, what nicotine does in its new packaging, and how to decide what place each one has in your life.

What is in this session?

This session has four parts, usually covered over two group meetings:

CLASS 1 **1.** Alcohol, the Licensed Drug **2.** How a Drink Leads Back
CLASS 2 **3.** Nicotine's New Packaging **4.** Your Policy

After this session you will be able to

- Describe what alcohol actually does, including the four-stage slide into dependence
- Explain the three ways alcohol leads back to a drug of choice
- Say what vaping actually delivers, behind the fruit flavors
- Explain what kratom does and why legal does not mean safe
- Write your personal policy on both, with reasons you believe

What will be asked of you?

You'll be asked to be as honest about the legal drugs as you've learned to be about the illegal ones. Nobody here will shame a smoker; most rooms like this are full of them. The ask is honesty, and a policy you choose on purpose.

Part 1: Alcohol, the Licensed Drug

WAIT, REALLY?

Coming off alcohol after heavy, long use is **more medically dangerous than coming off heroin**. Opioid withdrawal is misery; serious alcohol withdrawal can be seizures and death. The legal one is the one that needs a doctor to quit.

What it is: a depressant (the sedative kind). It quiets the brain, loosens the brakes, and at higher doses shuts down coordination, judgment, memory (blackouts), and eventually breathing. Dependence builds in four rough stages: tolerance creeps up; memory gaps appear; control slips (this is when the self-made rules start: only beer, only weekends, never before five); and finally drinking becomes maintenance, drinking just to feel normal. The body damage list is long: liver, heart, blood pressure, cancers, brain. None of this needs to be your story for alcohol to matter to your recovery, and that's Part 2.

EXERCISE 1

Answer yes or no:

1. Alcohol was part of my story, main or supporting role. ☐ Yes ☐ No
2. I've seen the four stages in someone I know. ☐ Yes ☐ No
3. I knew alcohol withdrawal could be deadlier than opioid withdrawal. ☐ Yes ☐ No

EXERCISE 2: ALCOHOL'S ROLE IN MY STORY

- ☐ Alcohol was my main drug
- ☐ It rode along with my main drug
- ☐ I used it to come down
- ☐ It made me look okay ("at least I'm just drinking")
- ☐ Barely part of my story

In one sentence, alcohol's job in my using years: _____

Part 2: How a Drink Leads Back

This part is for the person whose problem was meth, or pills, or heroin, and who figures a beer is a different question. The biology disagrees, three ways. Alcohol lowers the guard: the first thing it turns down is judgment, which is what your recovery depends on. Alcohol wakes up the craving itself: a buzz reminds your brain what "more" felt like, and your brain knows your drug of choice delivers more than a drink does. And alcohol rebuilds the old scene: the drink puts you back in bars, parties, and company where the drug of choice is one conversation away.

EXERCISE 3

Answer yes or no:

1. Alcohol has ever led me back toward my drug of choice. ☐ Yes ☐ No
2. I've told myself drinking "doesn't count" for me. ☐ Yes ☐ No
3. I know someone whose relapse started with "just drinks." ☐ Yes ☐ No

Trish

Trish's problem was pills, never alcohol, and everyone agreed, including her. Five months in, she has two glasses of wine at her sister's birthday, and genuinely, nothing happens. Which becomes the evidence: see, wine is fine. Wine on Fridays, then wine on hard days. The night it mattered, she wasn't even drunk, just two glasses in, when an old friend texted about pills. Sober Trish had deleted that number twice. Wine Trish typed back "what do you have." She said later the wine never felt like relapse. It just made the next step easy.

EXERCISE 4

1. Trish's first night of wine went fine. What did she decide that meant?

_____

2. Alcohol leads back three ways: it lowers the guard, wakes the craving, and rebuilds the old scene. Which do you see in Trish's story? _____

3. What's your honest risk of a drink leading you back, even if alcohol was never your thing?

_____

_____

End of Class 1. Talk it out:

- What has "at least it's legal" excused in your life or your family's?
- Trish made a different decision with two drinks in her than sober. When have you seen a small amount change someone's decisions, or your own?

Part 3: Nicotine's New Packaging

WAIT, REALLY?

One vape pod can carry **about as much nicotine as a pack of cigarettes**, and research keeps finding that people in recovery who quit smoking are **more likely to stay sober**, not less. The old advice to "worry about that later" had it backwards.

What changed: nicotine's delivery got engineered. Vapes use salts that go down smooth, flavors built for young tastes, and devices that never burn down, so there is no natural stopping point like the end of a cigarette. Same drug, better packaging. Nicotine also ties itself to stress, boredom, coffee, driving, and breaks, so it ends up attached to the same daily moments that hold your other triggers. The health picture did not improve: for people who get sober and stay sober, smoking is still the single thing most likely to kill them, and vaping's long-term costs are unknown. None of this is a demand to quit today. It is the information most people here were never given.

EXERCISE 5

Answer yes or no:

1. I smoke or vape now. ☐ Yes ☐ No
2. My nicotine is tied to other routines (coffee, driving, breaks, stress). ☐ Yes ☐ No
3. I was told "worry about cigarettes later" in treatment or the rooms. ☐ Yes ☐ No
4. Part of me wants off nicotine someday. ☐ Yes ☐ No

EXERCISE 6: WHERE NICOTINE IS TIED INTO YOUR DAY

Nicotine attaches itself to daily routines. Check yours:

- ☐ With coffee
- ☐ Driving
- ☐ Work breaks
- ☐ After meals
- ☐ Stress moments
- ☐ Outside meetings (the smokers' circle)
- ☐ Boredom / scrolling
- ☐ First thing after waking

The routine that would be hardest to separate from nicotine:

_____

The rest of the legal shelf: kratom

Nicotine is not the only drug sold next to the register. **Kratom** comes from the leaves of a Southeast Asian tree and is sold as powders, capsules, drinks, and extract tablets at smoke shops and gas stations, usually packaged like a supplement. At small doses it acts like a mild stimulant. At larger doses it works on the same receptors that opioids work on, and regular use builds real tolerance and a real withdrawal: body aches, runny nose, irritability, lost sleep. The concentrated extract tablets (sold as 7-OH or "enhanced" products) are many times stronger than plain leaf powder. The FDA moved against them in 2025 and a growing list of states ban them. In plain terms, the extract tablets are an opioid sold in supplement packaging.

Why it matters in this room: kratom is legal and sold as natural, so it is easy to tell yourself it doesn't count. For a person in recovery, especially from opioids, it can quiet a craving today and lead you back tomorrow. Some people in recovery use it, and treatment programs differ on how they handle that, so this group makes no ruling. It makes one ask: no secret substances. A kratom habit kept secret is a bigger threat to your recovery than the kratom itself.

EXERCISE 7

Answer yes or no:

1. I've seen kratom for sale near me. ☐ Yes ☐ No
2. I have tried kratom, or know someone in recovery who uses it. ☐ Yes ☐ No
3. I've heard it called safe because it's natural or legal. ☐ Yes ☐ No
4. My counselor knows about everything legal I take that changes how I feel. ☐ Yes ☐ No

Part 4: Your Policy

You're going to have a policy on these drugs either way. Drifting is a policy; it's just one nobody chose. A chosen policy has three parts: the rule, the reason you actually believe, and the plan for the moment the rule gets tested. For alcohol in recovery from any substance, the clinical recommendation is plain and this program makes it plainly: abstinence, because of how often a drink leads back. Your reason has to be yours; a reason borrowed from someone else will not hold up at a party. For nicotine, the honest options are: quit now (with help, free help exists: 1-800-QUIT-NOW, patches and gum often covered, and your counselor can route you), pick a quit window ("when I hit six months"), or not yet, honestly held, with at least one routine separated from nicotine so a smoke break isn't carrying your other triggers around. Whatever else the legal shelf sells, kratom included, goes in your policy too.

EXERCISE 8: MY ALCOHOL POLICY

My rule: _____

My reason, the one I actually believe: _____

The moment it will get tested next (be specific): _____

My line for that moment, word for word: _____

EXERCISE 9: MY NICOTINE POSITION

Where I honestly am (quitting now / quit window / not yet):

_____

If a window: when, and what help I'll use: _____

One routine I'm willing to separate from nicotine this week:

_____

SKILL OF THE DAY: SAY YOUR POLICY

Say your alcohol policy, the rule and the reason, out loud to one person this week. Once someone else has heard it, it is harder to quietly drop.

Take it to the group

- What did your family's relationship with alcohol teach you before any drug did?
- Who has seen a drink lead someone back to their drug? What did it look like at the start?
- What would quitting nicotine actually cost you, and what might it buy your sobriety?
- Say your policy's reason out loud. Does it sound like yours or like something borrowed?

Session summary

Legal never meant safe. Alcohol is a depressant with a four-stage slide into dependence and a proven path back to every other drug of choice, and nicotine is the same old drug in engineered new packaging, attached to the daily routines that carry your other triggers. In this session you got the honest facts on alcohol, nicotine, and kratom, looked closely at how a drink leads back, and wrote a chosen policy for each instead of drifting into one.

Words used in this session

- **How a drink leads back:** it lowers the guard, wakes the craving, and rebuilds the old scene.
- **The four stages:** tolerance, memory gaps, slipping control, maintenance drinking.
- **Nicotine salts:** the chemistry that makes vapes smooth enough to use all day. Same drug, better packaging.
- **Kratom:** gas-station leaf product; stimulant-like at small doses, opioid-like at larger ones, with real withdrawal. Extract tablets (7-OH) are far stronger, and regulators are moving against them.
- **A chosen policy:** a rule, a reason you believe, and a plan for the moment the rule gets tested.

Takeaway: Take the legal drugs as seriously as the ones that brought you here, and have a policy you chose, with a reason that is actually yours.