RECOVERY IN FOCUS

Know Your Substances

Drug classes, today's supply, and staying alive · Recovery in Focus · Session Packet

Every drug of abuse works by borrowing machinery your brain already owns. Stimulants push the accelerator systems. Depressants, including alcohol and opioids, lean on the brakes. Psychedelics and dissociatives scramble perception: what you see, hear, and believe is happening. Cannabis does a little of several. The packaging changes every decade; the machinery doesn't. Knowing your class, what it does going in, what the crash does coming down, and what its withdrawal can and can't do to you, turns a fog of personal history into information you can plan around.

And there's a second reason this session exists, and it's blunt: the supply changed. The drugs on the street today are not the drugs of ten years ago. Fentanyl runs through most of the illicit supply, pills that look identical to pharmacy pills are pressed with it, and sedatives like xylazine are showing up mixed in. People relapse on what they used to use, at the dose they remember, in a supply that no longer forgives it. The education in this session isn't trivia. For someone in recovery, it's the difference between an informed bad day and a fatal one.

What is in this session?

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

CLASS 1	**1.** The Classes	**2.** Your Drug, Your Pattern
CLASS 2	**3.** Today's Supply	**4.** What This Means for Your Recovery

After this session you will be able to

- Name the major drug classes and what each does going up and coming down
- Describe your own substances' effects, crash, and withdrawal accurately
- Explain what fentanyl and today's supply change about relapse risk
- State your personal risk facts: tolerance loss, mixing dangers, and overdose basics

What will be asked of you?

You'll be asked to know your own history like a chart, not a confession: what you used, what it did, what stopping was like. One ground rule protects everyone: we talk about what drugs do, never about how good they felt. No war stories; stay with the mechanics.

Part 1: The Classes

WAIT, REALLY?

Withdrawal dangers are the **opposite of what most people guess**. Opioid withdrawal feels unbearable but almost never kills. Alcohol and benzo withdrawal can seem survivable and **can kill**, through seizures. Coming off alcohol or benzos after heavy use is a medical event, not a willpower event.

The classes, in brief: Stimulants (meth, cocaine, prescription stimulants) speed everything: energy, confidence, heart rate; the crash is depression, exhaustion, and days of sleep; withdrawal is brutal on mood and energy but not medically dangerous. **Opioids** (heroin, fentanyl, pills) kill pain and produce a flood of calm; overdose stops breathing; withdrawal is the famous flu-from-hell: miserable, rarely lethal, and the reason so many people kept using just to feel normal. **Alcohol and other depressants** (benzos and similar sedatives) quiet the brain; heavy long use means the brain compensates by turning everything up, so stopping suddenly can swing into tremors, seizures, and medical danger: detox belongs under medical care. **Cannabis** is stronger than it used to be by a wide margin, and daily heavy use has a real withdrawal: irritability, insomnia, appetite loss. **Psychedelics and dissociatives** scramble perception; their main dangers are behavior while impaired and, for some, lasting anxiety or psychosis risk.

EXERCISE 1

Answer yes or no:

1. I just learned something about withdrawal that I didn't know. ☐ Yes ☐ No
2. I've used a second substance to manage the first one's crash. ☐ Yes ☐ No
3. I've been through a withdrawal I'd call the hardest thing I've done. ☐ Yes ☐ No

EXERCISE 2: MY CHART

Fill it in like a clinician would, no stories, just facts:

My substance(s)	What it did for me (the job it had)	The crash / comedown	What stopping was like

Part 2: Your Drug, Your Pattern

Class matters, but pattern matters more for relapse planning. The combination patterns are the ones worth naming out loud: the upper-downer loop (stimulant up, alcohol or opioid down, each excusing more of the other); the swap (quitting the primary and leaning on a "lesser" one, which usually grows); and the opportunist pattern (whatever's around). Each pattern has its own way back, and you can't guard against a pattern you haven't named.

EXERCISE 3: MY PATTERN

- ☐ One primary, loyal to it
- ☐ Upper-downer loop
- ☐ Primary plus alcohol riding along
- ☐ The swap (quit one, leaned on another)
- ☐ Whatever was around
- ☐ Changed over the years: _____

The way back my pattern leaves open in recovery: _____

EXERCISE 4

Answer yes or no:

1. I've told myself one of my substances "doesn't really count." ☐ Yes ☐ No
2. Alcohol has led me back to my primary drug before. ☐ Yes ☐ No
3. My pattern has changed when supply or money changed. ☐ Yes ☐ No

End of Class 1. Talk it out:

- What job did your substance have? (Energy, numbness, courage, sleep, belonging?)
- Which "doesn't really count" substance is still in your life?

Part 3: Today's Supply

WAIT, REALLY?

Law enforcement labs testing counterfeit prescription pills have found that **more than half** contain a potentially lethal dose of fentanyl. The pill that looks exactly like a pharmacy pill is the single most dangerous object in the current supply.

What changed: fentanyl is dozens of times stronger than heroin, cheap to make, and easy to hide, so it now runs through most of the illicit opioid supply and shows up in pills and powders sold as other things entirely. Xylazine, an animal sedative naloxone can't reverse, is increasingly mixed in. Stimulants aren't exempt: meth and cocaine supplies carry fentanyl contamination too. The practical upshot for this room is one sentence: nobody knows what's in anything anymore, including the people selling it.

And one more fact that belongs to recovery specifically: tolerance falls fast in sobriety. The dose your body handled in your using days becomes an overdose after weeks or months clean. The deadliest relapse is the one that picks up where it left off, in a supply that's stronger than it was.

EXERCISE 5

Answer yes or no:

1. The supply changed during my using years, and I noticed. ☐ Yes ☐ No
2. I know someone personally who was hurt or killed by fentanyl. ☐ Yes ☐ No
3. Before today, I knew that tolerance drops in sobriety. ☐ Yes ☐ No

Danny

Danny did ninety days clean, his longest run in years. The night it fell apart, he used exactly what he always used, the same amount, from the same guy, telling himself at least he knew his dose. Two things had changed without asking his permission: ninety days had lowered his tolerance, and the supply had gotten stronger. His roommate found him in time, and the paramedics needed two doses of naloxone. In the hospital Danny said the sentence this whole session exists to argue with: "I didn't take more. I took my usual."

EXERCISE 6

1. Name the two things that changed under Danny's "usual":

_____

2. Why does "I know my dose" stop being true in recovery?

3. Who in your life still believes they know their dose?

Part 4: What This Means for Your Recovery

Three takeaways turn this education into protection. **One: your risk facts, stated.** Know your class's specific dangers (seizure risk coming off alcohol/benzos; breathing arrest for opioids; the crash-depression for stimulants) and say them out loud at least once, because spoken facts get remembered under stress. **Two: naloxone is for everyone.** If you, or anyone in your life, touches opioids, legal or not, naloxone (Narcan) in the house is a smoke detector, not a permission slip. It's free or cheap at most pharmacies in California without a prescription. Carrying it says nothing bad about your commitment. It just says you understand the odds of today's supply. **Three: no secret substances.** Relapses start with the "doesn't count" drink or pill; tell your counselor what's actually in your life, including the legal stuff, so the plan covers what's real.

EXERCISE 7: MY RISK FACTS

My class's specific danger, in my own words: _____

What a relapse at my old dose would mean today: _____

Naloxone: in my house already / getting it this week / not applicable, because:

_____

The "doesn't count" substance I'm naming to my counselor:

_____

EXERCISE 8

Write the sentence you'd say to Danny in the hospital, as his friend in recovery. Not a lecture. One sentence.

_____

_____

SKILL OF THE DAY: SAY YOUR FACTS

Once this week, say your risk facts out loud to one person: your class's danger, what lost tolerance means for you, and where the naloxone is. Facts spoken once out loud show up when they're needed.

Take it to the group

- What did your substance's crash teach you that the high never did?
- Which withdrawal fact surprised you, and does it change any plans?
- Danny said "I took my usual." What's the counter-sentence this group would put on a wall?
- Where's the naloxone in your world, and who knows how to use it?

Session summary

Drugs work by class, crash by class, and withdraw by class, and the dangers run opposite to most people's guesses. The modern supply, fentanyl through most of it, counterfeits and xylazine in the mix, plus the tolerance you lose in sobriety, makes "I know my dose" the most dangerous sentence in recovery. This session you charted your own history like a clinician, named your pattern and its doors, learned today's supply facts, and stated your personal risk facts out loud.

Words used in this session

- **Drug class:** the family a substance belongs to by what it does: stimulant, opioid, depressant (sedatives, incl. alcohol), cannabis, psychedelic/dissociative.
- **Fentanyl:** a synthetic opioid dozens of times stronger than heroin, now spread through most of the illicit supply, including fake pills.
- **Lost tolerance:** the drop in what your body can handle after clean time. The deadliest relapse math there is.
- **Naloxone (Narcan):** the opioid-overdose reversal spray. A smoke detector, not a permission slip.

Takeaway: Know your class, know your pattern, and retire "I know my dose" forever. The supply changed, your tolerance changed, and knowing these facts is the only real protection anyone has.