

Group Two

REDUCING THE HARM OF INJECTION DRUG USE

Skills to Be Taught

- Identifying the Harm of Injection Drug Use
- Learning Harm Reduction Techniques (e.g., needle cleaning)
- Reducing Cue-elicited Craving



COUNSELOR TOOL BOX

Multi-modal Presentation of Material:

- | | |
|---------------------|---|
| Verbal | Didactic presentation of material
Questioning
Group discussion |
| Visual | Visual presentation of major points using slides
Group responses written on flipchart by counselor
Written/Pictorial handouts provided in Client Workbook
Video of needle cleaning |
| Experiential | Demonstrations: Needle/syringe contamination and cleaning
Needle cleaning practice (individual and team competition)
Post-group quiz
Stress management/relaxation technique |
| Materials | Flipchart and markers
Overhead projector and slides
Audio tape player and relaxation tape
TV, VCR, and video cued to needle cleaning demonstration
Syringes/needles
Red food coloring
Bottle of full-strength (5%-6% sodium hydrochloride) bleach
Bottle of rinse water
Disposable cups
Sharps container for needles
Container for discarding used bleach and water
Alcohol swabs and cotton
Clock/timer with second hand
Pens/pencils
Prizes
"Loaner" Client Workbooks
Handouts:
Group agenda
Group Quiz
The ABC's of Reducing the Harm of Injection Drug Use (double-sided)
Optional Slide
Certificate of Achievement (as warranted) |
| Reminders | Ensure that all material on quiz is covered well during group.
Quiz material is indicated by QUIZ ITEM in the text.
Instructions to counselors are provided in this typeface. |



AGENDA

(Two-hour group: Adjust times based on beginning time)

- 0:00 **Begin Group** (5 mins)
- Introductions – Rules – Time keeper assignment
- 0:05 **Introduction to Topic:** “Reducing the Harm of Injection Drug Use” (5 mins)
- 0:10 **Harm Caused by Drug Use** (10 mins)
- 0:20 **Harm Reduction ABCs** (10 mins)
- 0:30 **Booting—Demo of Contamination** (5 mins)
- 0:35 **Reasons for Caring, not Sharing** (10 mins)
- 0:45 **Needle Cleaning Demo Video** (5 mins)
- 0:50 **Cue-elicited Cravings** (5 mins)
- 0:55 BREAK** (10 mins)
- 1:05 **Review** (5 mins)
- 1:10 **Instructions for Needle Cleaning** (5 mins)
- 1:15 **Individual Practice Needle Cleaning** (10 mins)
- 1:25 **Team Needle-cleaning game** (10 mins)
- 1:35 **Reducing Craving** (10 mins)
- 1:45 **Quiz and Feedback** (5 mins)
- 1:50 **Relaxation Tape** (10 mins)
- 2:00 **End**

BEGINNING OF EVERY GROUP (5 mins)

- Group members and counselors introduce themselves and welcome new members.
- Group rules are reviewed.

Visual

HHRP⁺
GROUP RULES **R E S P E C T**

Relaxation *(complete quiet...no talking, shuffling of papers, or walking around during relaxation exercise)*

Eating *(No eating during group)*

Sober *(don't come to group high)*

Punctuality *(come to group on time)*

Everyone can't talk at once *(no crosstalk)*

Confidentiality *(what's said in group, stays in group)*

Teamwork *(group members work together towards recovery)*

Show Slide 2.1

- Copy of agenda for today's group is distributed to group members.
- Ask for a volunteer to serve as time-keeper (to keep group on track and on time).
- Announcement of any graduates from the group today.
- Presentation of Certificate of Achievement to those who complete in good standing.

Verbal

Counselor provides introduction to today's topic. (5 mins)

Different members of this group are likely to be at different stages in recovery from addiction. Some of you may be abstinent from all illicit drugs; others may be abstinent from heroin but not from cocaine, and some of you may not as yet have achieved abstinence from any drug. This group is important for all of you, no matter where you are in your recovery. Even if you are abstinent from all illicit drugs, your decision to live a healthy lifestyle needs to include being prepared. This means even being prepared for a “slip” and knowing how you can reduce the harm that the “slip” will cause you and others. And for those of you who are not yet abstinent, these skills will help you reduce the harm of drug use while you work towards achieving abstinence.

Visual



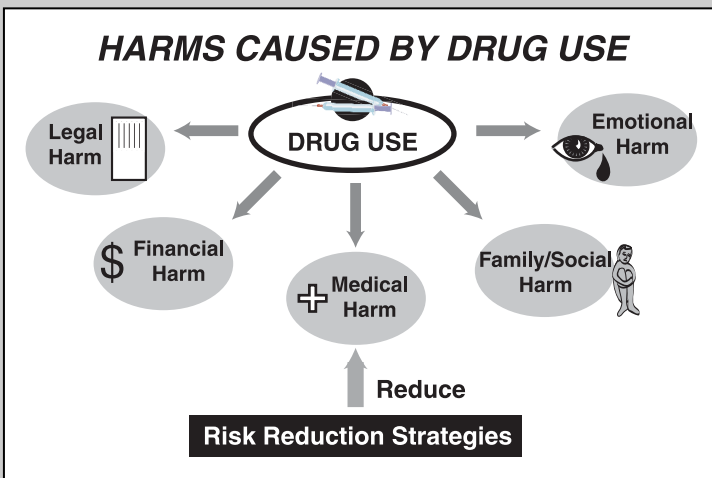
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Although this is an amusing slide, the message of “being prepared” is very serious because it can save your life or the life of some one else. What we will be talking about today is how to make injection drug use less dangerous (that is, how to reduce the harm caused by needle use), it will not eliminate the harm of drug use. Some people find this topic uncomfortable, especially individuals who have achieved abstinence. However, it is very important. It may help to think of this as a fire drill; a fire drill does not give people permission to set fires, it does prepare them however by showing them how to use a fire extinguisher and how to leave the situation safely. Remember, you are not giving yourself permission to use by learning these harm reduction techniques; instead you are showing respect for your health and for the health of others by being prepared in the event that the unexpected happens.

Counselor leads a discussion on the harms caused by drug use. (10 mins)

Before we talk about harm reduction, let’s identify the harm that drug use can cause.

Visual



Show Slide 2.3

- QUESTIONS:** What legal harm is caused by drug use?
What emotional/psychological harm?
What family/social harm?
What financial harm?
What medical harm?

Counselor writes group's responses on flipchart, grouping the responses by the above categories. *For example:*

- **Legal Harm** = arrest, conviction, prison
- **Emotional Harm** = depression, anxiety, fear, loss of self-respect
- **Family/Social Harm** = loss of family, damage to children, loss of trust
- **Financial Harm** = loss of job, expense of drug habit
- **Medical Harm** = HIV, hepatitis, endocarditis, abscesses, cellulitis, osteomyelitis, decreased CD4 count, impaired immune system

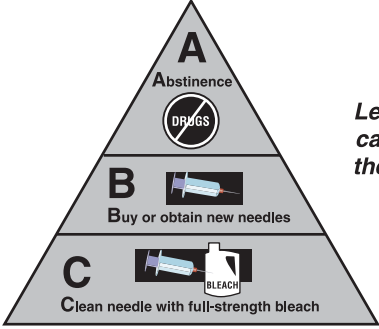
**Verbal/
Didactic**

Counselor provides instruction on harm reduction. (10 mins)

Today we are focusing specifically on the medical harm of injection drug use. We know that some people who have tested positive for HIV, even those who are in addiction treatment, may continue to inject drugs and even share needles or works. We also know that sharing needles or works is a sure way of transmitting diseases like HIV. The harm reduction techniques we will be teaching you today may help protect people from one of the most damaging effects of continued drug use—transmission of infections. However, keep in mind that these strategies do not protect you in any way from the other harms of drug use.

Harm reduction is as simple as **A-B-C. QUIZ ITEM**

The Pyramid of Harm Reduction Strategies for Injection Drug Users



*Learning your **ABC's** can save your life and the life of your partner*

Show Slide 2.4

A = Abstinence—Don't Use Drugs.

Because any drug use is dangerous, the **only way to prevent** the harm of drug use is to abstain from using drugs. Remember, there is a difference between harm prevention and harm reduction. There is only one way to prevent the harm of injection drug use and that is **abstinence**. **QUIZ ITEM**

B = Buy or obtain your own supply of new needles—Never share needles or works.

The second best way of avoiding harm is by never sharing needles or works **QUIZ ITEM**—buy or obtain new needles. When we say don't share, we also mean don't re-use your own needles. There are two reasons to always use new needles:

1. It is the best way to be sure a needle is sterile (not contaminated) which reduces transmission of infection.
2. Because used needles (even those that have been sterilized) are less sharp, they are more likely to harm or collapse your veins than new ones.

Counselor leads discussion on how to obtain new needles:

Discussion

QUESTIONS:

- Where can you get new needles?
- If you buy a needle on the street that is in a sealed wrapper, does this guarantee it is new?

Counselor leads discussion of practices on the street of rewrapping used needles and passing them off as new. Counselor brainstorms possibilities for acquiring needles based on State laws and local ordinances in effect in each community. For example, purchasing needles in drug stores, going to a needle exchange program.

Needle exchange programs

(Counselor: use this material if a needle exchange program is available in your community.)

If you are unable to purchase new needles in a drug store, the best way to be sure you're getting a sterile needle is by using a needle exchange program.

Although you are responsible for changing your behavior, a needle exchange program can provide you with the tools (education, needles, and treatment referrals) necessary to begin making the changes.

Counselor distributes a handout with the locations of Needle Exchange sites, if needle exchange is an option in your area. Counselor asks group members to identify the site most convenient for them. Counselor asks group members to voice any concerns about using the needle exchanges (i.e., police watch people who use them). Instruct group members to place list of Needle Exchange Programs in their Client Workbook in the appropriate section.

C = *Clean needles and works with full-strength bleach.*

When you are not abstinent and you don't have sterile, new, needles, the next best way to reduce the harm of your drug use is by cleaning your needles, syringes, and works with full-strength bleach. **QUIZ ITEM** We are going to demonstrate the correct method for cleaning your needles with bleach shortly. First, I want to show you how a needle can become contaminated.

Demonstration:

Counselor demonstrates how blood remains in needle/syringe after injection; especially after "booting" as follows: (5 mins)

Reducing the Harm of Injection Drug Use

1. Ask group members if they are familiar with the term “booting”? Explain that booting involves drawing blood into the syringe to mix it with the drug prior to injecting the drug. Emphasize that this is an extremely high risk procedure because it produces a contaminated syringe and needle.
2. Place a few drops of red food coloring in a cup of water. This will serve as the infected blood source.
3. Draw the “blood” into a syringe as if you were booting; show the group the red liquid in the syringe.
4. Squeeze the “blood” out of the syringe into a cup as if it were now injected into a vein.
5. Explain how another person could pick up the needle, see no visible blood, and draw drug solution into it.
6. Draw water into the syringe; squeeze the liquid onto a white sheet of paper, and, show the group the pink stain indicating residual “blood” in the syringe from the first user.

QUESTION: Can HIV be transmitted by sharing a cooker or cotton or other "works?"

Answer: Yes. Don't share any drug paraphernalia. Just because you can't see any blood on the "works" doesn't mean it isn't there.

Counselor instructs group members on personal vulnerability. (10 mins)

Verbal/
Didactic

QUESTION: Why should you worry about using dirty needles or works if you are already HIV-positive?

Visual

Reasons to CARE, not SHARE

Compromised Immune System (HIV+ individuals are susceptible to other life threatening blood-borne infections)

Altruism (you can help protect others)

Reinfection (you can be reinfected with a strain of HIV virus that is resistant to new medications)

Evidence (HIV can live in a syringe for at least 4 weeks)

**Unless you know your needle is new,
it isn't clean,
unless it was cleaned by YOU.**

Show Slide 2.5

C = Compromised immune system. When you are HIV-positive, your immune system is compromised, and therefore exposure to other infections is potentially very dangerous.

A = Altruism. That means having concern for the welfare of others.

R = Reinfection. By sharing needles or works or having unsafe sex, individuals with HIV could potentially become re-infected with a strain of HIV that is resistant to some of the newer treatments.

QUIZ ITEM Therefore, you may greatly reduce your treatment options.

E = Evidence. Research has shown that HIV can live in a syringe for at least 4 weeks. Just consider that someone with HIV may have used a needle just once a month ago, and a friend or partner sees it and decides to use it—that person has now been exposed to HIV or, if already HIV-positive, may have been exposed to another HIV strain or to other infections that may lead to AIDS.

So, there are very good reasons for an individual who is HIV-positive to CARE, not share. Unless you know for certain that your needle is new, never assume that it is clean unless you cleaned it properly with full-strength bleach. We are now going to show you a video which demonstrates the correct way to clean a needle with bleach. We will also discuss ways to reduce any drug craving that results from seeing and touching drug paraphernalia.

Visual

Show Video of Needle Cleaning (5 mins)

Discussion

Counselor opens a brief discussion on cue-elicited craving (this discussion will be continued after the needle cleaning practice at the end of group). (5 mins)

QUESTION: Can the sight of needles cause craving?

Yes, it can. Research on conditioning and learning shows that if you see a needle, then crave, and then use drugs to reduce the craving, the next time you see a needle you will crave even more. If you see a needle, crave, but don't use drugs, then the next time you see a needle you will crave less.

QUIZ ITEM When we come back from break we will be practicing needle cleaning and ways to reduce craving.

(10 mins)

Break

Counselor reviews material covered before break. (5 mins)

Review

Before the break we talked about the harm caused by drug use, and the difference between harm prevention and harm reduction. We focused on the medical harm of injection drug use, and the reasons why someone who is already HIV positive should C-A-R-E about dirty needles. (C=compromised immune system; A=altruism; R=reinfection; E=evidence that HIV can live in a syringe for at least 4 weeks). You saw a demonstration of how infected blood can remain invisibly in a needle or syringe. We went over the ABCs of harm reduction (A=Abstinence—the **only** way to **prevent** or **avoid** harm is abstinence. The next best way to **reduce** the medical harm of injection drug use is B=buy or obtain new needles—never share; always using a new needle. The third best way to **reduce** the medical harm of injection drug use is C=Clean your needle/syringe with full-strength household bleach). In the video you saw the best way to clean a needle.

STEPS FOR CLEANING A NEEDLE/SYRINGE. (5 mins)

Counselor directs group members to their Client Workbooks (or provides handout) and reviews the needle cleaning procedure.

Verbal/
Didactic

Your handout provides step-by-step instructions for cleaning “works” according to the method recommended by the National Institute on Drug Abuse (NIDA) in 1993. This method was based on evidence that bleach must stay in contact with the contaminated surface for at least 30 seconds in order to kill HIV in both clotted and unclotted blood. You may hear about different methods that use shorter bleaching times as more research is conducted. However, to be conservative, we recommend the method you saw on the video which involves two bleach exposures for 30 seconds each and two rinses. Let’s go over the steps again.

You will find a handout entitled “The ABCs of Reducing the Harm of Injection Drug Use” in your Client Workbook. Turn to it now and we’ll review the procedure.

Counselor directs group members to the appropriate handout in their Client Workbooks and provides a copy of the handout to those clients who forgot to bring their Workbooks. Counselor then reviews the cleaning procedure as follows:

Needle cleaning procedure:

1. Rinse syringe with water to remove any visible drug or blood.
2. Submerge needle; fill barrel of syringe with bleach.
3. Shake/tap needle while bleach is in it to break up clots.
4. Keep bleach in syringe for at least 30 seconds. Just remember: Less than 30, it's still dirty!
5. Squirt out bleach into waste cup (or cooker).
6. REPEAT Steps 2-5 using new bleach and shake/tap for another 30 seconds.
7. Fill a disposable cup with water and fill the syringe.
8. Squirt out water into waste cup (or cooker).
9. Rinse again with clean water.
10. Eject water into waste cup (or cooker).
11. Take the syringe apart (remove the plunger) to improve the cleaning procedure.

Additional tips:

1. Never dilute the bleach with water because diluted bleach is less effective for killing HIV.
2. Never re-use the bleach or rinse water.
3. Clean your needle before the blood inside them has a chance to dry; dried blood is harder to clean out of the needle.
4. Never put needle into the rinse water bottle; fill disposable cups with rinse water.
5. If you are unable to get bleach, do not inject drugs; other cleaning methods are not as effective at killing HIV.
6. Research suggests that heating drug solution in a cooker (i.e., spoon or bottle cap) for at least 15 seconds may also help to inactivate HIV.

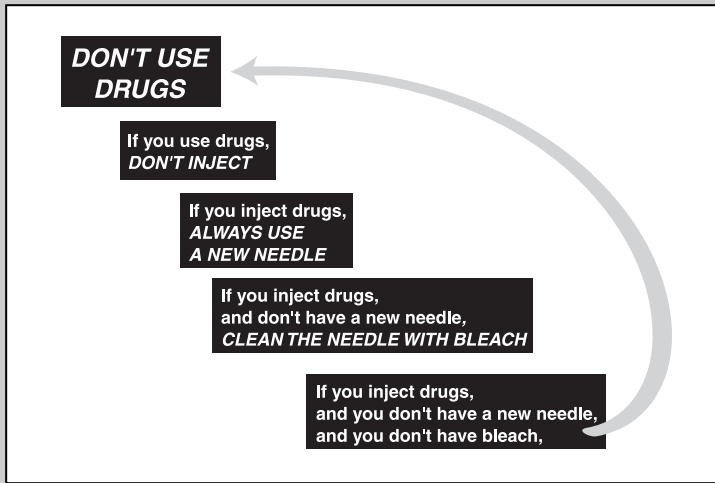
Less effective methods

If you are not abstinent and don't have a new needle and do not have bleach, the following cleaning methods may help reduce your risk of contracting some infections, but are definitely not as effective as bleach, and do not kill the HIV virus:

- Boil the needles for 15 minutes.
- Clean with a combination of water and detergent, alcohol, or vinegar.
- **Remember, these methods are not as safe as bleach.**

Discussion

Counselor summarizes harm reduction.

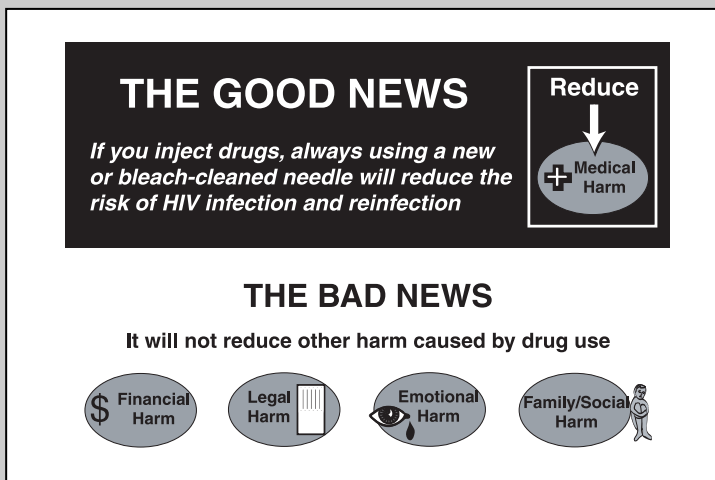


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Visual

Remember, to **prevent** harm...don't use drugs. To **reduce** harm...if you use drugs, don't inject. If you inject drugs, always use a new needle. If you inject drugs and don't have a new needle, clean your needle properly with full-strength household bleach. If you inject drugs, don't have a new needle, and don't have bleach, **don't use drugs**.

QUESTION: Does using new or bleach-cleaned needles and works reduce all the harm caused by drug use?



Show Slide 2.7

Visual

Answer: No. Using new or bleach-cleaned needles will help reduce your harm of becoming reinfected with HIV or other blood-borne infections and will reduce the possibility that you will transmit HIV or other infections to others. However, it will not reduce the legal, emotional, social, or financial harm caused by drug use. Nor will it prevent all medical harm. For example, injection drug use can result in abscesses or endocarditis if the site to be injected (the skin itself) is not clean.

You should therefore always clean the injection site with alcohol wipe before injecting. This can help prevent endocarditis and abscesses.

QUESTION: Does anyone have any questions about the cleaning procedure before we begin the practice?

Experiential/ Practice

Counselor provides each group member with a bleach kit which includes the following: (10 min)

- 1 cc needle/syringe
- Cup containing full-strength household bleach (or colored water)
- Cup containing clean water for rinsing
- Empty cups (for disposal of bleach and water)

Each group member will now practice cleaning a needle/syringe with bleach.

Counselors walk around the room and help group members as needed. When everyone has practiced, needles are disposed of in Sharps container.

Game

(10 mins)

Materials

- 1 cc needle/syringe
- Container of full-strength household bleach
- Container of rinse water
- Empty cups
- Clock with second hand
- Prizes (*e.g.*, “fruit or vegetable” fridge magnets to post reminders)

Therapeutic goals of the game (Counselor)

- Improve needle cleaning skills.
- Improve ability to cope with cue-elicited craving.
- Encourage teamwork and appropriate social interaction.

Instructions

1. I'm going to divide the group into teams.
2. Each team elects a representative to demonstrate the correct cleaning technique.
3. Taking turns, each team representative demonstrates the correct needle technique (team members may coach their representative prior to the demonstration, but should not assist during the demonstration).
4. During the demonstration, the remaining teams evaluate the demonstration and assign points to the team.
5. The team with the most points wins the game and a prize.

Counselor divides the group into two or three teams depending on size of the group, and allows five minutes for each team to elect a representative to provide the needle cleaning demonstration to the group, and to verbally coach the representative. At end of five minutes, the representative demonstrates the correct needle cleaning technique in front of the entire group. The other team(s) evaluates the demonstration and awards points.

At the completion, needles are disposed of in Sharps container. Counselor announces the winning team and presents a small prize to each group member (e.g., bleach, alcohol swabs).

Counselor leads discussion and instruction concerning cue-elicited craving. (10 mins)

Discussion

QUESTION: What symbolic meaning do needles have for you?

Counselor writes on the board:

- A. “Addicted to the needle” (some drug users become addicted to using needles and may even continue to inject salt water after they become drug abstinent).
- B. Being intimate with others (sharing needles and works provides a sense of sharing and intimacy for some drug users).
- C. Conditioned Craving. Needles can become triggers (conditioned cues).

All of these are types of conditioning. Through repeated pairing with cocaine or heroin, the needle/syringe has become associated with pleasure or relief from distress. Before the break, we touched on this briefly. In the process of becoming addicted or dependent on drugs, you are also likely to develop a conditioned response to the sight of needles. Just imagine that you are on a diet. You’re driving down the street having a good day, proud of your weight loss, when you spot the golden arches. Imagine you are a McDonald’s fan. Your mouth starts to water and your desire for a cheeseburger and fries becomes very strong.

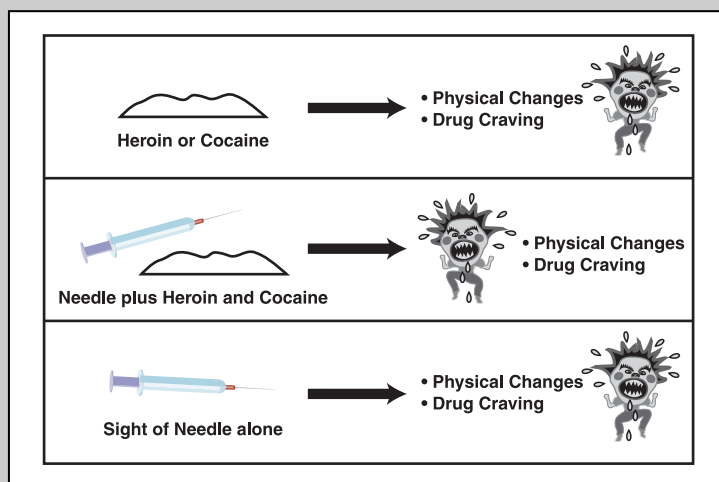
QUESTION:

- Are you salivating because you are weak?
- Does the fact that you are salivating mean that your diet is doomed to failure?

Answer: No, of course not. The mere symbol for the type of food you enjoy has become a conditioned cue or trigger. Salivating in response to this food image is now completely involuntary. When you are on a diet, seeing the golden arches of McDonald’s may feel very uncomfortable, but it doesn’t need to result in eating a cheeseburger, fries, and milkshake. Someone on a diet whose mouth waters when they see the golden arches can use this as a signal to engage in an activity not related to food.

Similarly, needles can become conditioned cues or triggers for drug-addicted individuals. **QUIZ ITEM**

Visual



Show Slide 2.8

Just the sight of a needle can automatically produce physical and psychological changes, such as rapid heart rate, sweating, and a strong desire for the drug, or craving. Some people say that it feels like a craving monster has been unleashed within them and worry that they will have to use drugs to satisfy and quiet this monster. Feeling this way doesn't mean that you are weak or that your recovery is threatened. Certainly when you are trying to be abstinent, the sight of needles can be uncomfortable, but there is something you can do to reduce this discomfort. Remember that your conditioned craving response is particularly strong now because every time you injected drugs in the past and experienced the effects of the drug you were increasing the strength of the conditioned response. However, if you repeatedly see a needle and don't use drugs, the association between needles and the effects of drugs will gradually weaken and your craving will eventually be eliminated. **QUIZ ITEM** This technique is actually used in some drug treatment programs and is called "exposure therapy." However, it does not mean that you should go out and expose yourself to drug paraphernalia with the goal of reducing your craving; that is too risky. When this technique is used in treatment, it is under controlled conditions and in a safe drug-free, environment. What it does mean is that you can use occasions such as this while you are in treatment to help you to reduce and manage your craving, rather than using it as an excuse to use drugs. You can also use the experience of craving as a warning signal that you are potentially entering a high risk situation, and that you therefore need to do something else, such as engage in a non-drug-related activity.

Starve, don't feed, the craving monster!



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Visual

Feeding your craving monster by using drugs just makes the craving monster that much fatter and hungrier. However, every time you crave drugs,

but don't use drugs, you starve the craving monster, and it will gradually decrease in size. Furthermore, if you engage in a non-drug-related activity instead of feeding the craving monster, you will not only decrease your craving in the long run, but you will also increase your ability to cope with other triggers without resorting to drug use. **QUIZ ITEM** For some people it may take many years to completely eliminate the craving monster, but in the meantime, you can tame him. Remember that just because he rears his ugly head from time to time, this does not mean that you are weak, or that your recovery is doomed to failure. In future groups we will discuss many ways to manage craving. Today, we will focus on the use of relaxation. As you know, we end each group with a relaxation exercise. Research at Yale has shown that drug-addicted individuals who can learn how to reduce their craving in response to needles and other paraphernalia by using relaxation strategies are more likely to be successful in their recovery than individuals who cannot use relaxation to reduce their craving. So today you will have the opportunity to see how well you can use relaxation to manage craving. Before we do the tape, let's do the quiz.

Quiz

QUIZ WITH IMMEDIATE FEEDBACK (5 mins)

As you know, we end each group with a quiz and a 10 minute relaxation exercise. I'm going to pass around the quiz now.

Counselor distributes the quiz (attached), and reads the items aloud, providing sufficient time for group members to mark their answers.

Detailed feedback:

Counselor re-reads each item aloud to the group, providing the correct answer after reading each item.

1. What is the best way to protect yourself from the harm of injection drug use? The answer is **(a)** abstinence.
2. How can you reduce the harm of injection drug use? The answer is **(d)** all of the above—always use new needles, if no new needle, clean the needle with bleach, and never share needles or works.
3. Can someone who is already HIV-positive be re-infected with a type of HIV that does not respond well to the newer medical treatments? The

answer is **(a)** true. Don't assume you are safe if you only share needles or works with someone else who is HIV-positive. You could be sharing with someone who has developed a mutation of the virus that is resistant to a certain medication, and you can also then become infected with this mutation and show the same drug resistance. So sharing works can place your own life at risk, as well as the lives of others, and can greatly reduce your treatment options.

4. How long should you leave the bleach in the syringe? The answer is **(c)** 30 seconds. Remember—less than 30, it's still dirty.
5. This question asks about craving. The answer is **(d)** all of the above. Craving in response to seeing a needle, syringe, or other "works" is an automatic conditioned response; it is also a signal to engage in a non-drug-using activity, and it will decrease over time as long as you stop injecting drugs.

STRESS MANAGEMENT/RELAXATION EXERCISE (10 mins)

Stress Management

We are going to conclude by doing a brief relaxation exercise. I'll be dimming the lights and playing an audiotape. I'd like you to get comfortable in your chair, uncross your legs, and sit quietly with your eyes closed and just follow along with the tape as it asks you to imagine various relaxing scenes. Remember that learning to relax is a skill that takes practice, so if you feel restless at first, just remind yourself that this is a 10 minute gift of quiet time that you give to yourself and to the other members of the group. With practice, you can use this technique in many areas of your life. Today you can use it to reduce any conditioned drug craving that you may have experienced due to today's topic. Before I play the tape, I'd like you to silently rate any craving that you may currently be experiencing from 0 (not at all) to 10 (the most intense it has ever been). Do that now. Then after the relaxation, you can rate your craving again to see how well you were able to reduce your craving. If anyone is still experiencing craving after the relaxation tape, we can help you identify alternative ways to reduce your craving before you leave the group today so that you do not leave here and then do anything that will risk your recovery.

Counselor dims the lights, says "quiet please," and begins the tape.

Tape is played.

At the end of the tape, the counselor asks group members to silently rate their craving again (from 0 to 10), and requests that group members who are still experiencing craving remain after the group. The remaining group members are dismissed.

Additional craving reduction techniques for counselor to consider with group members who are still experiencing craving at the conclusion of the relaxation tape:

1. Call NA sponsor.
2. Go to NA meeting.
3. Call a non-drug-using family member.
4. Plan to engage in non-drug-related activity.
5. Make a commitment to "ride out" the wave of craving for at least 15 minutes.
6. Remind self of the benefits of not using drugs and the negative consequences of using.

END SESSION