

Guided By Grace Christian Ministries

“Fighting the Good Fight”

GUIDE TO SETTING
UP AN ADDICTION
RECOVERY
PROGRAM



An IRS 501c Approved Non-profit Organization



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1.0. Introduction - There are many well-known drug addiction treatments such as Alcoholics Anonymous (AA), Narcotics Anonymous (NA), and Cocaine Anonymous (CA), all of which are based on the 12-step model. The programs largely draw on group therapy-related model that emphasize social support by means of facilitated peer discussions. The intent of the programs is to achieve and sustain drug-free lifestyles. Also common to these models is group therapy during and after formal treatment. These groups also offer an added layer of community-level social support to help people in recovery with abstinence and other healthy lifestyle goals. The basic premise of the 12-Step model is that people can help one another achieve and maintain abstinence from the substances or behaviors to which they are addicted. They can do this through meetings in which they share their experiences with one another and support each other in the ongoing effort of maintaining abstinence. It's difficult to assess the short and long-term success rates for 12-Step based programs. This is due to many programs not tracking or surveying the effectiveness of their administered programs; however, in saying this, our Ministry believes we can all agree that successful addiction recovery, whether it be from alcohol, illicit drug, prescription medicine addictions, requires a long-term commitment on part of the recovering addict and the treatment program assisting the addict's recovery efforts.

2.0. Aspects of Long-term Recovery. Guided By Grace Christian Ministries embraces the precepts of the 12 Step Program and use it as the foundation to build our Addiction Recovery Program; however, we believe that long-term recovery requires a spiritual understanding and awakening as it relates to having an intimate and personal relationship with Jesus Christ. It is only from such a relationship can one be assured that addiction recovery can be achieved and sustained for one's entire life. This premise is based on what our Christian faith teaches us all. Nothing is possible without Christ and all things are possible in Christ. Second, it is our belief that true and meaningful change in one's perspective concerning who he/she is and how to conduct one's life cannot be achieved by one's own efforts. We have no power to do so, and the sooner we come to this realization, the sooner we can begin the process of turning to Christ for our needs and healing. Finally, we emphasize that as a believer, follower, and disciple of Christ, we are born anew and with this rebirth, we are no longer who we use to be in the eyes of Christ. This means the addict no longer has to admit he/she is an addict over the course of his/her lifetime, for they are new creatures and with this new existence, their addictions and the contributing factors contributing to their addictions no longer are factors for long term sobriety.

2.1. Strengths of a Christian Faith-based Approach to Recovery. Our program emphasizes three dimensions of our existence: Physical, Mental, and most importantly, Spiritual. As such, it is important for addicts to understand how their addictions are manifested in each dimension. In the Physical dimension, the addicts must be able to reflect on how their bodies reaction to their substance abuse and subsequently, the adverse physiological outcomes. Next the addicts must understand the mental manifestations of their addiction, especially by way of their compulsion to continue to use the substances which is harming them and consequently, the harming of others around them. Most importantly, and the main focus of our recovery program, is understanding that spiritually, addicts must understand and accept that they are powerless to cure their addiction and destructive behaviors stemming from their addiction. It is the spiritual dimension of recovery that must be melded into all



recovery program lessons, with the center piece and focus being on Jesus Christ. It is only by way of their recognition, acceptance and belief that their hope to recovery begins and ends with God, of which Jesus Christ embodies, can addicts (1) **Admit** they are powerless to control their addictions, compulsive behavior and ability to manage their lives in a productive and healthy manner; (2) **Commit** to a power that is greater than them that is difficult to recognize, accept or believe is real; and (3) **Submit** to that greater power. See, for the addict to recover, they must overcome their self-centeredness and replace the resulting void with something that is not tangible. That “something” is Jesus Christ. In spiritual terms, it is their “Pride” – that being their resistance or lack of understanding of who they are in relation to God and their need for God for all things, that hinders or prevents a full and lasting recovery (deliverance and regeneration).

2.2. Complete Deliverance. Second, unlike traditional 12-Step recovery methodologies which emphasizes the need for an addict to continually admit that he or she is an addict and will always be an addict, we advocate that by their faith (and trust) in our Lord and Savior they are fully healed and delivered from the addictions.

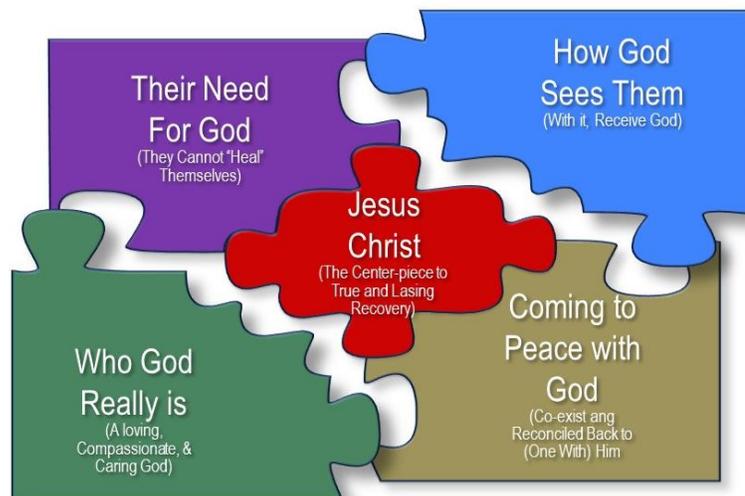
2.3. Achieving Abstinence. Finally, because long-term recovery requires complete abstinence, traditional 12-Step Programs place the onus of doing so on the addict’s ability to abstain from using drugs. You may say “of course”, this makes perfectly good sense; however, our Ministry contends that long-term recovery can be achieved by abiding in Christ, and the taking on of His Spirit (The Holy Spirit). It is only by their abiding in Christ (and He in them) can we be confident that long term recovery be achieved. In sum, successful recovery requires a long-term support mechanism that contributes to meaningful and long-term changes in the addict’s perspective about himself as a person and himself in the world. It is only then can complete abstinence be achieved, because the driving force behind abstaining from drug abuse, originates from a change in the addict’s perspective about his/her purpose in life and what life is all about. So, a fair question at this point is to ask what is this “long term support” where does it come and what does it entail? The answer to these questions is Jesus Christ.

3.0 Recovery Program Pillars.

Our recover program approach is built on four pillars (see also Figure 1 [Guided By Grace Christian Ministry Recovery Program Pillars]). The addicts understanding of:

- Their need for God;
- How God sees them and with it, receive God;
- Who God really is – a loving, compassionate, and caring God; and

Figure 1 – Guided By Grace Christian Ministries’ Recovery Program Pillars





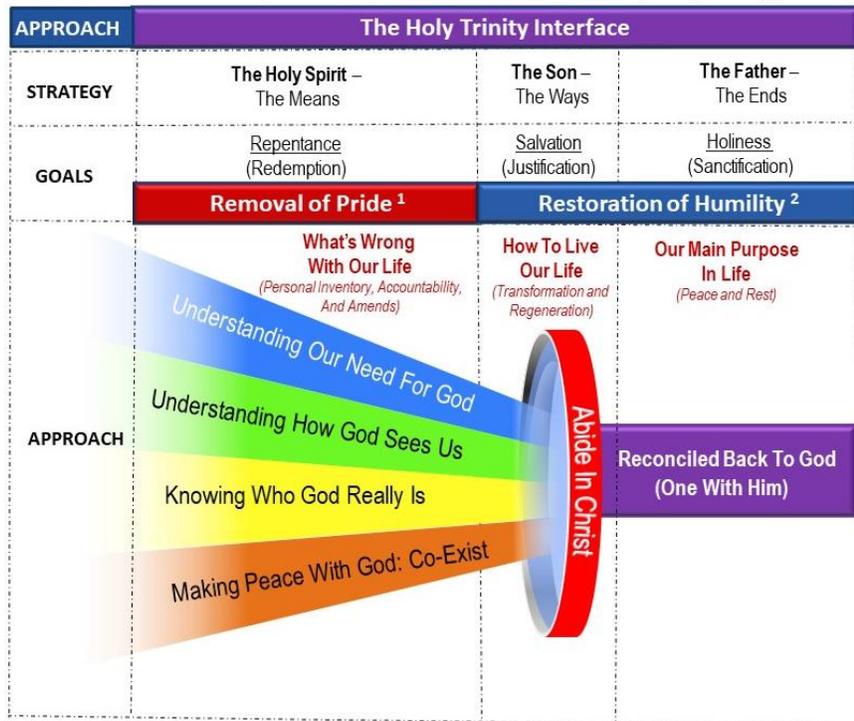
- Their need to come to peace with God, and it, co-exist and reconciled back to (one with) Him.

It is from these four (4) pillars that we developed our Recovery Program lessons, which cover a 52-week period of teaching, discussion, and reflection.

4.0. Recovery Program Approach (see also below Figure 2 [Guided By Grace Christian Ministries' Recovery Program Approach] below). As a believer, we know and refer to our triune God as “The Father”, “The Son”, and “The Holy Spirit”; however, we must realize that

the addict's spiritual existence is “up-side-down” for most live as “human beings” having a “spiritual” experience in lieu of living life as “spiritual beings” having a “human experience”, as was the case of our Lord and Savior while here on earth. As such, we “reverse” engineer their understanding of God and His purpose by first facilitating their understanding of the Holy Spirit, thus spirituality (the “Means”), then “The Son” (The “Ways”), the truth and the way, and finally oneness (reconciliation) with “The Father” (The “Ends”). The above is all built on their understanding regarding their need for God; how God sees them; knowing who God really is; and making peace with God. This process leads them to abandoned their pride (carnal nature) and lead them to a state of humility (our call to be spiritual beings). At the center of our approach is Jesus Christ, who which God commands us to listen to, abide in and follow for all things. Collectively, the above approach leads to a change of thinking (repentance) by way of a spiritual awakening leading the addict from darkness (self-destruction) to the light (eternal life).

Figure 2 – Guided By Grace Christian Ministries' Recovery Program Approach



5.0. Why Christ? It is only through the power of Christ and His Spirit can long-term and meaningful recovery be achieved. One may argue that there have been persons who have recovered from their addictions without a faith-based approach. I would argue that this is not true and that they have not “fully” recovered. See, for the addict, as with all of us, “meaningful” and long-lasting recovery means that he/she must achieve something greater than just beating their addiction. That “something greater” requires the understanding and treatment of the root cause of their addiction. See, addictions stem from a desire to feel better about oneself. In an effort to do so, an addict's brain becomes overactive, engaging in



a constant program of looking for, seeing and assessing threats which can lead to intense feelings of anxiousness, vulnerability, fearfulness and guilt. In turn, this causes an addict's thinking and memories to get hung up in a present-day loop. Addicts experience and re-experience intrusive, disturbing and uncomfortable recollections often overruling logical thinking, normal cognitive processing and his/her ability to restrain from destructive behavior. For most, drugs provide an addict a means to cope with his/her undesirable feelings. Although manifesting themselves in a physiological and psychological ways, the real root causes of addictions are spiritual in nature and the only way to effectively address and treat the root causes is by way of changing an addict's way of thinking about himself/herself as person and himself/herself in the world. In Christian terms, to change one's way of thinking is referred to as "repentance".

6.0. Repentance – Why and How? There are many views on what repentance means. We define repentance as the turning away from something that is bad, evil and false and the turning to something that is good, righteous and true. In short, repentance is to turn away from faulty thinking and conclusions. With this comes a dramatic change in thinking and perspective. Hindering repentance is man's pride – that being his lack of acknowledgement or understanding of who he is in relation to God and his need for God for all things. It is pride that leads to man's desire for self-sufficiency; dependence on self-abilities; goals for self-reliance; pursuit of self-ambitions; and overall selfishness. See, pride deceives man to believe he/she is a God by his/her own right. This self-centric perspective deceives man in believing he/she can fix his/her own issues or problems, thus implying he/she can, by his/her own abilities, "fix" himself/herself. There is no 12-Step-based Program, or any other recovery program, that can effectively change this perspective without Christ.

7.0. Program Teaching Approach. Our Recovery Program teaching approach and lesson plans employs six (6) importance teaching strategies. They are to provide:

- Interest and Explanation – In our lessons we attempt to arouse their interest by relating each of the 12-Steps to something that is relevant to their lives, whether it be relationships, the work place, sexual behavior or day-to-day activities. Coupled with the need to establish the relevance of content, we provide explanations that enable attending addicts to understand the material and relevance to God's Word. This involves knowing what the addicts understand and then forge connections between what is known and what is new.
- Concern and respect for addicts– This has everything to do with benevolence and humility. It is to encourages addicts to try things out for themselves and succeed at something quickly.
- Assessment and feedback – We believe by providing a variety of assessment techniques and allowing attending addicts to demonstrate their understanding of scripture in different ways. Although useful and purposeful, our approach avoids assessment methods that encourage addicts to memorize and regurgitate scripture. It recognizes the power of feedback to motivate them understand and learn the importance of God and His Word.
- Clear goals – We strive to establish high standards of performance all of which is built on a strong sense of personal accountability. Addicts know up front what they must understand and what is expected they must know, accept, and understand for meaningful change.



- Control and active engagement – We strive to fosters a sense of personal control over the scriptural learning and interest in God’s Word.” As part of this, we strive to teach scripture appropriate to their level of understanding. This requires paying attention to the uniqueness of individual learning abilities and avoid the temptation to treat each addict as the same.
- Openness to Program Change – Our program and instruction approach remains open to change, for it is guided and led by the Holy Spirit.

7.0. Recovery Program Drivers. We use our Ministries’ Articles of Faith to drive our course design, approach, and spiritually led efforts.

8.0. Conclusion and Summary. Our Ministry contends that successful recovery requires a long-term support mechanism that contributes to meaningful and long-term changes in the addict’s perspective about himself as a person and himself in the world. The long-term mechanism we refer to is Jesus Christ. It is only through the power of Christ and His Spirit can long-term and meaningful recovery be achieved. **Second**, the beginning of feeling better must begin with changing the addict’s way of thinking which is through “repentance”. With this comes a dramatic change in thinking and perspective of how the addict views himself/herself as a person and himself/herself in the world. **Finally**, it is important to realize that the obstacle to achieving true repentance is man’s pride – that being his lack of acknowledgement or understanding of who he is in relation to God and his need for God for all things. This self-centric perspective leads the addict to believe that he/she can fix his/her own issues or problems, thus implying he/she can, by his/her own abilities, “fix” himself/herself. Therefore, a successful Recovery Program stresses the consequences of self-reliance/self-centrism (Pride) verses, the power found in humility.



Appendix A – Understanding Addictions

A.1. Overview. Drug addiction, also called substance use disorder, is a disease that affects a person's brain and behavior and leads to an inability to control the use of a legal or illegal drug or medication. Substances such as alcohol, marijuana and nicotine also are considered drugs. When you're addicted, you may continue using the drug despite the harm it causes. Drug addiction can start with experimental use of a recreational drug in social situations, and, for some people, the drug use becomes more frequent. For others, particularly with opioids, drug addiction begins with exposure to prescribed medications, or receiving medications from a friend or relative who has been prescribed the medication.

The risk of addiction and how fast you become addicted varies by drug. Some drugs, such as opioid painkillers, have a higher risk and cause addiction more quickly than others. As time passes, you may need larger doses of the drug to get high. Soon you may need the drug just to feel good. As your drug use increases, you may find that it's increasingly difficult to go without the drug. Attempts to stop drug use may cause intense cravings and make you feel physically ill (withdrawal symptoms).

A.2. Addicts Need Help. You may need help from your doctor, family, friends, support groups or an organized treatment program to overcome your drug addiction and stay drug-free.

Symptoms.

Drug addiction symptoms or behaviors include, among others:

- Feeling that you have to use the drug regularly — daily or even several times a day
- Having intense urges for the drug that block out any other thoughts
- Over time, needing more of the drug to get the same effect
- Taking larger amounts of the drug over a longer period of time than you intended
- Making certain that you maintain a supply of the drug
- Spending money on the drug, even though you can't afford it
- Not meeting obligations and work responsibilities, or cutting back on social or recreational activities because of drug use
- Continuing to use the drug, even though you know it's causing problems in your life or causing you physical or psychological harm
- Doing things to get the drug that you normally wouldn't do, such as stealing
- Driving or doing other risky activities when you're under the influence of the drug
- Spending a good deal of time getting the drug, using the drug or recovering from the effects of the drug
- Failing in your attempts to stop using the drug
- Experiencing withdrawal symptoms when you attempt to stop taking the drug

A.3. Recognizing Unhealthy Drug Use in Family Members. Sometimes it's difficult to distinguish normal teenage moodiness or angst from signs of drug use. Possible indications that your teenager or other family member is using drugs include:



- Problems at school or work — frequently missing school or work, a sudden disinterest in school activities or work, or a drop in grades or work performance
- Physical health issues — lack of energy and motivation, weight loss or gain, or red eyes
- Neglected appearance — lack of interest in clothing, grooming or looks
- Changes in behavior — exaggerated efforts to bar family members from entering his or her room or being secretive about where he or she goes with friends; or drastic changes in behavior and in relationships with family and friends
- Money issues — sudden requests for money without a reasonable explanation; or your discovery that money is missing or has been stolen or that items have disappeared from your home, indicating maybe they're being sold to support drug use

A.4. Recognizing signs of drug use or intoxication. Signs and symptoms of drug use or intoxication may vary, depending on the type of drug. Below you'll find several examples.

A.4.1. Marijuana, hashish and other cannabis-containing substances. People use cannabis by smoking, eating or inhaling a vaporized form of the drug. Cannabis often precedes or is used along with other substances, such as alcohol or illegal drugs, and is often the first drug tried. Signs and symptoms of recent use can include:

- A sense of euphoria or feeling "high"
- A heightened sense of visual, auditory and taste perception
- Increased blood pressure and heart rate
- Red eyes
- Dry mouth
- Decreased coordination
- Difficulty concentrating or remembering
- Slowed reaction time
- Anxiety or paranoid thinking
- Cannabis odor on clothes or yellow fingertips
- Exaggerated cravings for certain foods at unusual times

Long-term (chronic) use is often associated with:

- Decreased mental sharpness
- Poor performance at school or at work
- Reduced number of friends and interests

A.4.2. Synthetic Drugs - K2, Spice and bath salts. Two groups of synthetic drugs — synthetic cannabinoids and substituted or synthetic cathinones — are illegal in most states. The effects of these drugs can be dangerous and unpredictable, as there is no quality control and some ingredients may not be known. Synthetic cannabinoids, also called K2 or Spice, are sprayed on dried herbs and then smoked, but can be prepared as an herbal tea. Despite manufacturer claims, these are chemical compounds rather than "natural" or harmless products. These drugs can produce a "high" similar to marijuana and have become a popular but dangerous alternative.

Signs and symptoms of recent use can include:

- A sense of euphoria or feeling "high"



- Elevated mood
- An altered sense of visual, auditory and taste perception
- Extreme anxiety or agitation
- Paranoia
- Hallucinations
- Increased heart rate and blood pressure or heart attack
- Vomiting
- Confusion

Substituted cathinones, also called "bath salts," are mind-altering (psychoactive) substances similar to amphetamines such as ecstasy (MDMA) and cocaine. Packages are often labeled as other products to avoid detection. Despite the name, these are not bath products such as Epsom salts. Substituted cathinones can be eaten, snorted, inhaled or injected and are highly addictive. These drugs can cause severe intoxication, which results in dangerous health effects or even death.

Signs and symptoms of recent use can include:

- Euphoria
- Increased sociability
- Increased energy and agitation
- Increased sex drive
- Increased heart rate and blood pressure
- Problems thinking clearly
- Loss of muscle control
- Paranoia
- Panic attacks
- Hallucinations
- Delirium
- Psychotic and violent behavior

A.4.3. Barbiturates, benzodiazepines and hypnotics. Barbiturates, benzodiazepines and hypnotics are prescription central nervous system depressants. They're often used and misused in search for a sense of relaxation or a desire to "switch off" or forget stress-related thoughts or feelings.

- Barbiturates. Examples include phenobarbital and secobarbital (Seconal).
- Benzodiazepines. Examples include sedatives, such as diazepam (Valium), alprazolam (Xanax), lorazepam (Ativan), clonazepam (Klonopin) and chlordiazepoxide (Librium).
- Hypnotics. Examples include prescription sleeping medications such as zolpidem (Ambien, Intermezzo, others) and zaleplon (Sonata).

Signs and symptoms of recent use can include:

- Drowsiness
- Slurred speech
- Lack of coordination
- Irritability or changes in mood
- Problems concentrating or thinking clearly



- Memory problems
- Involuntary eye movements
- Lack of inhibition
- Slowed breathing and reduced blood pressure
- Falls or accidents
- Dizziness

A.4.4. Meth, cocaine and other stimulants. Stimulants include amphetamines, meth (methamphetamine), cocaine, methylphenidate (Ritalin, Concerta, others) and amphetamine-dextroamphetamine (Adderall, Adderall XR, others). They are often used and misused in search of a "high," or to boost energy, to improve performance at work or school, or to lose weight or control appetite.

Signs and symptoms of recent use can include:

- Feeling of exhilaration and excess confidence
- Increased alertness
- Increased energy and restlessness
- Behavior changes or aggression
- Rapid or rambling speech
- Dilated pupils
- Confusion, delusions and hallucinations
- Irritability, anxiety or paranoia
- Changes in heart rate, blood pressure and body temperature
- Nausea or vomiting with weight loss
- Impaired judgment
- Nasal congestion and damage to the mucous membrane of the nose (if snorting drugs)
- Mouth sores, gum disease and tooth decay from smoking drugs ("meth mouth")
- Insomnia
- Depression as the drug wears off

A.4.5. Club drugs. Club drugs are commonly used at clubs, concerts and parties. Examples include ecstasy or molly (MDMA), gamma-hydroxybutyric acid (GHB), flunitrazepam (Rohypnol – a brand used outside the U.S. – also called roofie) and ketamine. These drugs are not all in the same category, but they share some similar effects and dangers, including long-term harmful effects. Because GHB and flunitrazepam can cause sedation, muscle relaxation, confusion and memory loss, the potential for sexual misconduct or sexual assault is associated with the use of these drugs.

Signs and symptoms of use of club drugs can include:

- Hallucinations
- Paranoia
- Dilated pupils
- Chills and sweating
- Involuntary shaking (tremors)
- Behavior changes
- Muscle cramping and teeth clenching



- Muscle relaxation, poor coordination or problems moving
- Reduced inhibitions
- Heightened or altered sense of sight, sound and taste
- Poor judgment
- Memory problems or loss of memory
- Reduced consciousness
- Increased or decreased heart rate and blood pressure

A.4.6. Hallucinogens. Use of hallucinogens can produce different signs and symptoms, depending on the drug. The most common hallucinogens are lysergic acid diethylamide (LSD) and phencyclidine (PCP).

LSD use may cause:

- Hallucinations
- Greatly reduced perception of reality, for example, interpreting input from one of your senses as another, such as hearing colors
- Impulsive behavior
- Rapid shifts in emotions
- Permanent mental changes in perception
- Rapid heart rate and high blood pressure
- Tremors
- Flashbacks, a re-experience of the hallucinations — even years later

PCP use may cause:

- A feeling of being separated from your body and surroundings
- Hallucinations
- Problems with coordination and movement
- Aggressive, possibly violent behavior
- Involuntary eye movements
- Lack of pain sensation
- Increase in blood pressure and heart rate
- Problems with thinking and memory
- Problems speaking
- Impaired judgment
- Intolerance to loud noise
- Sometimes seizures or coma

A.4.7. Inhalants. Signs and symptoms of inhalant use vary, depending on the substance. Some commonly inhaled substances include glue, paint thinners, correction fluid, felt tip marker fluid, gasoline, cleaning fluids and household aerosol products. Due to the toxic nature of these substances, users may develop brain damage or sudden death.

Signs and symptoms of use can include:

- Possessing an inhalant substance without a reasonable explanation
- Brief euphoria or intoxication
- Decreased inhibition
- Combativeness or belligerence



- Dizziness
- Nausea or vomiting
- Involuntary eye movements
- Appearing intoxicated with slurred speech, slow movements and poor coordination
- Irregular heartbeats
- Tremors
- Lingering odor of inhalant material
- Rash around the nose and mouth

A.4.8. Opioid painkillers. Opioids are narcotic, painkilling drugs produced from opium or made synthetically. This class of drugs includes, among others, heroin, morphine, codeine, methadone and oxycodone. Sometimes called the "opioid epidemic," addiction to opioid prescription pain medications has reached an alarming rate across the United States. Some people who've been using opioids over a long period of time may need physician-prescribed temporary or long-term drug substitution during treatment.

Signs and symptoms of narcotic use and dependence can include:

- Reduced sense of pain
- Agitation, drowsiness or sedation
- Slurred speech
- Problems with attention and memory
- Constricted pupils
- Lack of awareness or inattention to surrounding people and things
- Problems with coordination
- Depression
- Confusion
- Constipation
- Runny nose or nose sores (if snorting drugs)
- Needle marks (if injecting drugs)

When to see a doctor. If your drug use is out of control or causing problems, get help. The sooner you seek help, the greater your chances for a long-term recovery. Talk with your primary doctor or see a mental health professional, such as a doctor who specializes in addiction medicine or addiction psychiatry, or a licensed alcohol and drug counselor.

Make an appointment to see a doctor if:

- You can't stop using a drug
- You continue using the drug despite the harm it causes
- Your drug use has led to unsafe behavior, such as sharing needles or unprotected sex
- You think you may be having withdrawal symptoms after stopping drug use

If you're not ready to approach a doctor, help lines or hotlines may be a good place to learn about treatment. You can find these lines listed on the internet or in the phone book.

When to seek emergency help. Seek emergency help if you or someone you know has taken a drug and:

- May have overdosed



- Shows changes in consciousness
- Has trouble breathing
- Has seizures or convulsions
- Has signs of a possible heart attack, such as chest pain or pressure
- Has any other troublesome physical or psychological reaction to use of the drug

A.5. Staging an intervention. People struggling with addiction usually deny that their drug use is problematic and are reluctant to seek treatment. An intervention presents a loved one with a structured opportunity to make changes before things get even worse and can motivate someone to seek or accept help. An intervention should be carefully planned and may be done by family and friends in consultation with a doctor or professional such as a licensed alcohol and drug counselor, or directed by an intervention professional. It involves family and friends and sometimes co-workers, clergy or others who care about the person struggling with addiction.

During the intervention, these people gather together to have a direct, heart-to-heart conversation with the person about the consequences of addiction and ask him or her to accept treatment.



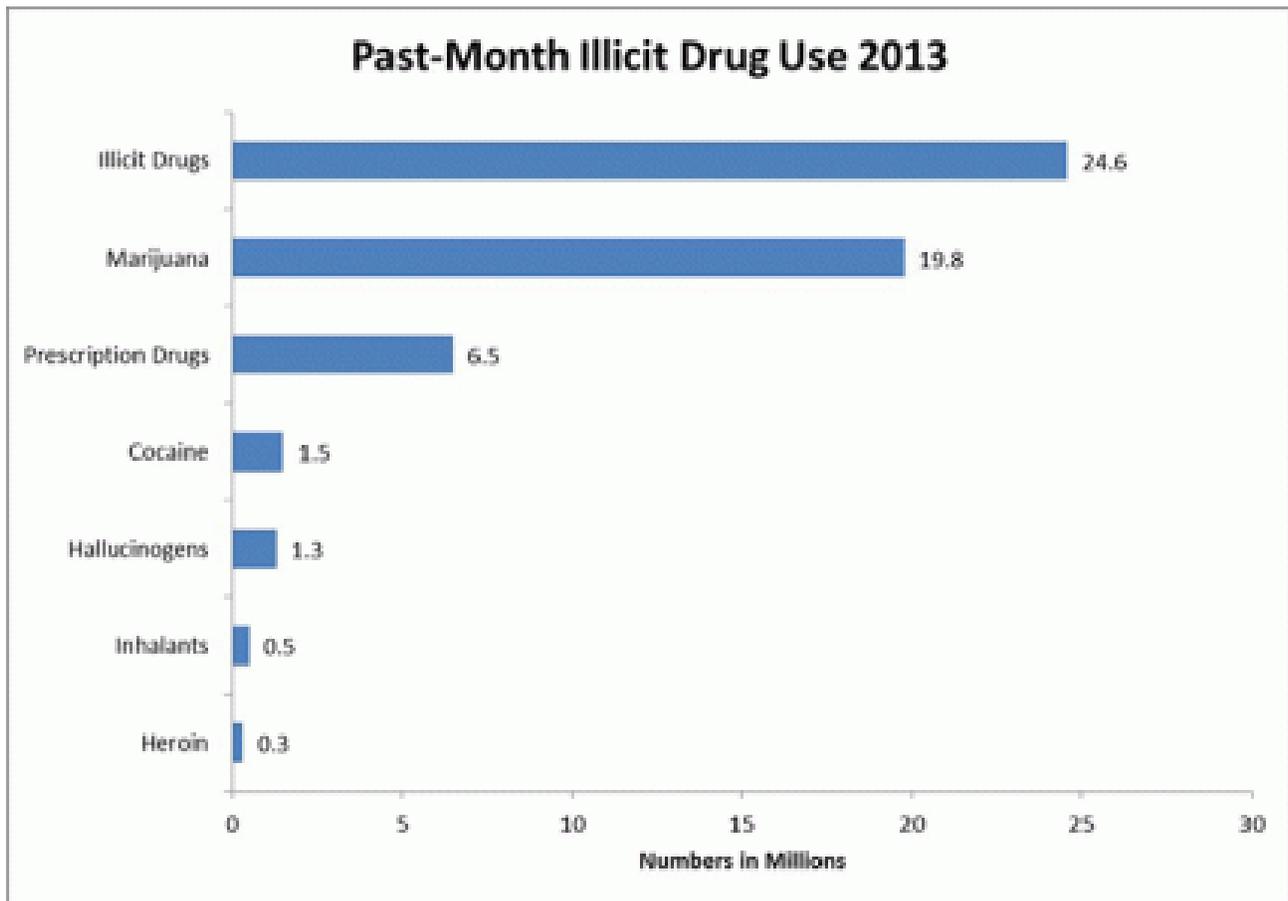
Appendix B – Trends

(Source: <https://www.drugabuse.gov/publications/drugfacts/nationwide-trends>)

The following are facts and statistics on substance use in the United States in 2013, the most recent year for NSDUH survey results. Approximately 67,800 people responded to the survey in 2013.

Illicit Drug Use

Illicit drug use in the United States has been increasing. In 2013, an estimated 24.6 million Americans aged 12 or older—9.4 percent of the population—had used an illicit drug in the past



month. This number is up from 8.3 percent in 2002. The increase mostly reflects a recent rise in use of marijuana, the most commonly used illicit drug.

Marijuana use has increased since 2007. In 2013, there were 19.8 million current users—about 7.5 percent of people aged 12 or older—up from 14.5 million (5.8 percent) in 2007.

Use of most drugs other than marijuana has stabilized over the past decade or has declined. In 2013, 6.5 million Americans aged 12 or older (or 2.5 percent) had used prescription drugs nonmedically in the past month. Prescription drugs include pain relievers, tranquilizers,



stimulants, and sedatives. And 1.3 million Americans (0.5 percent) had used hallucinogens (a category that includes ecstasy and LSD) in the past month.

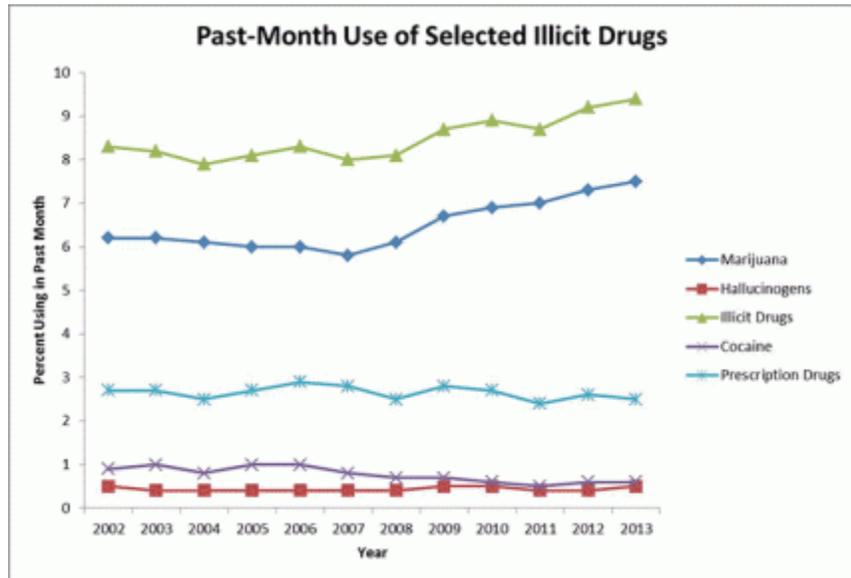
Cocaine use has gone down in the last few years. In 2013, the number of current users aged 12 or older was 1.5 million. This number is lower than in 2002 to 2007 (ranging from 2.0 million to 2.4 million).

Methamphetamine use was higher in 2013, with 595,000 current users, compared with 353,000 users in 2010.

Most people use drugs for the first time when they are teenagers. There were just over 2.8 million new users of

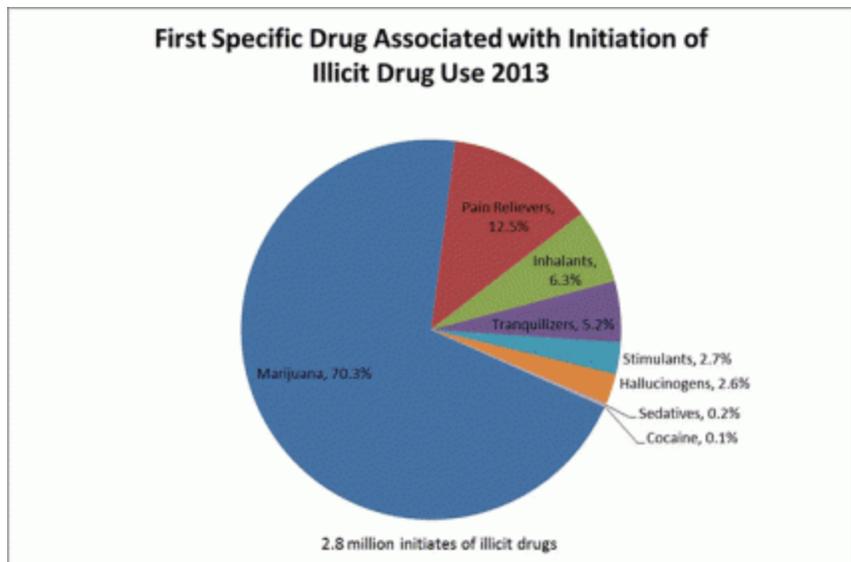
illicit drugs in 2013, or about 7,800 new users per day. Over half (54.1 percent) were under 18 years of age.

More than half of new illicit drug users begin with marijuana. Next most common are prescription pain relievers, followed by inhalants (which is most common among younger teens).



Drug use is highest among people in their late teens and twenties. In 2013, 22.6 percent of 18- to 20-year-olds reported using an illicit drug in the past month.

Drug use is increasing among people in their fifties and early sixties. This increase is, in part, due to the aging of the baby boomers, whose rates of illicit drug use have historically been higher than those of previous generations.

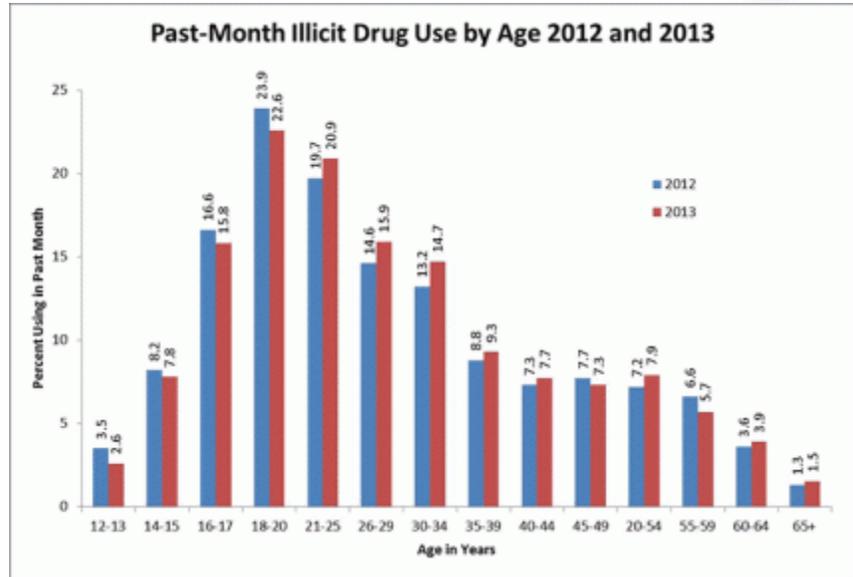


Alcohol

Drinking by underage persons (ages 12 to 20) has declined. Current alcohol use by this age group declined from 28.8 to 22.7 percent between 2002 and 2013, while binge drinking declined from 19.3 to 14.2 percent and the rate of heavy drinking went from 6.2 to 3.7 percent.[‡]



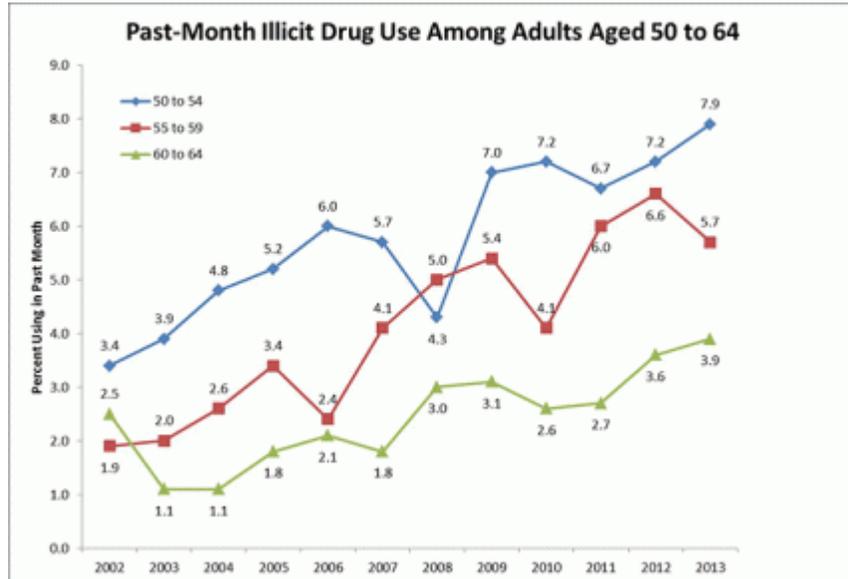
Binge and heavy drinking are more widespread among men than women. In 2013, 30.2 percent of men and 16.0 percent of women 12 and older reported binge drinking in the past month. And 9.5 percent of men and 3.3 percent of women reported heavy alcohol use.



Driving under the influence of alcohol has also declined slightly. In 2013, an estimated 28.7 million people, or 10.9 percent of persons aged 12 or older, had driven under the influence of alcohol at least once in the past year, down from 14.2 percent in 2002. Although this decline is encouraging, any driving under the influence remains a cause for concern.

Tobacco

Fewer Americans are smoking. In 2013, an estimated 55.8 million Americans aged 12 or older, or 21.3 percent of the population, were current cigarette smokers. This reflects a continual but slow downward trend from 2002, when the rate was 26 percent.



Teen smoking is declining more rapidly. The rate of past-month cigarette use among 12- to 17-year-olds went from 13 percent in 2002 to 5.6 percent in 2013.

Substance Dependence/Abuse and Treatment

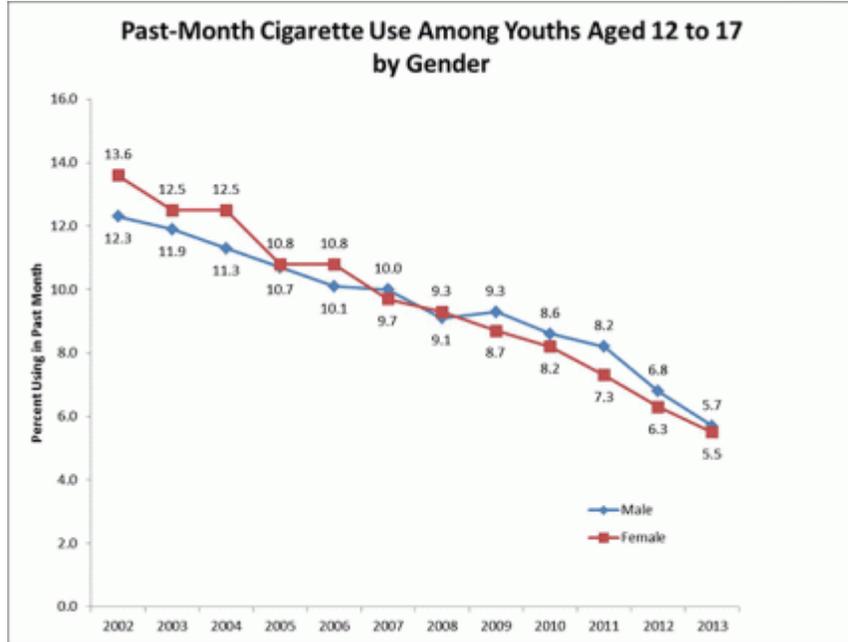
Rates of alcohol dependence/abuse declined from 2002 to 2013. In 2013, 17.3 million Americans (6.6 percent of the population) were dependent on alcohol or had problems related to their alcohol use (abuse). This is a decline from 18.1 million (or 7.7 percent) in 2002.

After alcohol, marijuana has the highest rate of dependence or abuse among all drugs. In 2013, 4.2 million Americans met clinical criteria for dependence or abuse of marijuana in the past



year—more than twice the number for dependence/abuse of prescription pain relievers (1.9 million) and nearly five times the number for dependence/abuse of cocaine (855,000).

There continues to be a large "treatment gap" in this country. In 2013, an estimated 22.7 million Americans (8.6 percent) needed treatment for a problem related to drugs or alcohol, but only about 2.5 million people (0.9 percent) received treatment at a specialty facility.



**Note that the terms dependence and abuse as used in the NSDUH are based on diagnostic categories used in the Fourth Edition of the Diagnostic and Statistical Manual of Mental Disorders (DSM-IV); in the newly published Fifth Edition (DSM-V), those categories have been replaced by a single Substance Use Disorder spectrum.*

