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Drug Addiction Clinical Practice Workbook

A clinically branded, function-preserving edition retaining the original exercises, psychoeducation, checklists, logs, planning tools, and response space.

DSM-5-TR · ICD-11 CLINICAL ALIGNMENT

1 · Self-Assessment

2 · Exploring the Root Causes of Your Addiction

3 · Addiction and Its Impact on Relationships

4 · Identifying Triggers for Drug Use

5 · Trigger Tracker

6 · Managing Cravings

7 · Challenging Craving-Related Thoughts

8 · Coping with Social Pressure to Use Drugs

9 · Visualizing a Drug-Free Future

10 · Repairing Relationships Damaged by Addiction

11 · Relapse Warning Signs Checklist

12 · Reflecting on Past Relapse Episodes

How to use this workbook

- Use this workbook selectively and collaboratively; it is educational and does not replace individualized assessment, diagnosis, treatment, medical care, or crisis services.
- Skip, pause, or modify any activity that increases distress, danger, shame, or loss of functioning. Adapt language for culture, disability, neurodivergence, health, resources, and lived context.
- Ratings in this workbook are reflection tools unless a named, validated measure and interpretation are explicitly provided.
- Assess current safety, suicidal and homicidal thoughts, self-harm, intoxication or withdrawal, violence, exploitation, psychosis, mania, medical instability, and ability to meet basic needs when relevant. Use local emergency or crisis procedures for imminent risk.
- Activities involving exposure, trauma detail, urges, means, disclosure, or relationship repair require appropriate competence, informed consent, pacing, and safety planning; a worksheet is not a substitute for these safeguards.

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Self-Assessment

The following are signs you might be struggling with drug addiction according to DSM-5 TR substance use disorder. Rate each statement on a scale from 1-5 (1 being “strongly disagree” and 5 being “strongly agree”):

Statement	Rate (1-5)
1. “I often use drugs in larger amounts or over a longer period than I intended.”	1-2-3-4-5
2. “I have wanted to cut down or stop using drugs but haven’t been able to.”	1-2-3-4-5
3. “I spend a lot of my time getting drugs, using them, or recovering from their effects.”	1-2-3-4-5
4. “I often feel a strong urge or craving to use drugs.”	1-2-3-4-5
5. “Using drugs has caused me to fail at work, school, or home responsibilities.”	1-2-3-4-5
6. “My drug use has caused problems in my relationships or made conflicts worse.”	1-2-3-4-5
7. “I have stopped or reduced important social, work, or recreational activities because of drug use.”	1-2-3-4-5
8. “I have used drugs in situations where it was physically dangerous, like driving or operating machinery.”	1-2-3-4-5
9. “I continue to use drugs even though I know they are causing physical or mental health problems.”	1-2-3-4-5
10. “I need to use more of the drug to get the effect I want, or the same amount doesn’t have the same effect anymore.”	1-2-3-4-5
11. “I experience unpleasant symptoms when I stop using drugs or use less than usual.”	1-2-3-4-5

Score: ____/55

Exploring the Root Causes of Your Addiction

1. What led you to start using substances initially?

(e.g., curiosity, peer pressure, coping with stress, escaping pain)

2. When did your substance use become more frequent or problematic?

(e.g., after a significant life event, during a period of stress, gradually over time)

3. What do you believe your addiction helps you achieve or avoid?

(e.g., relief from anxiety, numbing emotional pain, feeling more confident)

4. What emotions are most often tied to your substance use?

(e.g., sadness, anger, loneliness, happiness, excitement)

5. What was your family environment like growing up?

(e.g., supportive, chaotic, abusive, loving, neglectful)

6. Were there instances of substance use or addiction in your family?
(e.g., parent with alcoholism, sibling with drug use, family acceptance of
substance use)

7. What messages did you receive about coping with emotions as a child?
(e.g., “Don’t cry,” “Be tough,” “Talk about your feelings”)

8. How do you think your childhood experiences influenced your substance
use? (e.g., lack of emotional support, learned behaviors, coping with
trauma)

9. What are some painful experiences you’ve been trying to numb or escape
from? (e.g., relationship conflicts, failure, loneliness, self-doubt)

Addiction and Its Impact on Relationships

1. How has your addiction affected your relationships with family members?
(e.g., increased conflict, loss of trust, emotional distance)

2. How has your addiction impacted your friendships? (e.g., losing friends,
avoiding social situations, attracting friends who also use)

3. What changes have you noticed in how others treat you since your
substance use began? (e.g., being more distant, showing concern, becoming
critical)

4. What role do your relationships play in your addiction?
(e.g., using substances together, feeling isolated, coping with relationship
stress)

5. What conflicts have arisen in your relationships because of your
addiction? (e.g., arguments, financial stress, broken promises)

6. How has your addiction affected your ability to communicate with loved ones? (e.g., avoiding conversations, being dishonest, becoming defensive)

7. Have you noticed any patterns in how you interact with people while under the influence? (e.g., becoming aggressive, being overly emotional, withdrawing from others)

8. Have your actions while using substances led to broken trust in relationships? If so, how? (e.g., lying, failing to follow through on commitments, borrowing money without repaying)

9. How do you think others perceive you because of your addiction? (e.g., unreliable, distant, untrustworthy)

10. What actions have you taken that might have hurt the people close to you? (e.g., missing important events, neglecting responsibilities, causing emotional pain)

11. What steps could you take to begin rebuilding trust in these relationships? (e.g., being honest, following through on promises, seeking help for addiction)

12. Who in your life has been supportive during your struggles with addiction? What actions have these people taken to show their support? (e.g., encouraging treatment, listening without judgment, helping with practical needs)

13. How can you strengthen these supportive relationships moving forward? (e.g., showing gratitude, being honest about your recovery, spending quality time together)

14. Are there people in your life who encourage or enable your substance use? (e.g., friends who use with you, partners who dismiss your addiction concerns)

15. How do these relationships affect your efforts to recover? (e.g., making it harder to quit, increasing cravings, reinforcing unhealthy habits)

16. What boundaries can you set with these individuals to protect your recovery? (e.g., avoiding situations where substances are present, limiting contact, being clear about your goals)

17. What relationships are most important for you to repair? (e.g., spouse, children, parents, close friends)

18. What specific actions or behaviors might help rebuild these relationships? (e.g., apologizing sincerely, showing consistent change, being more reliable)

Identifying Triggers for Drug Use

1. Review the list of common triggers for drug use and place a checkmark next to any that you relate to or add any additional triggers that may not be listed.

- ☐ Stress from work, relationships, or finances.
- ☐ Feeling lonely or isolated.
- ☐ Anxiety or overwhelming worry.
- ☐ Depression or sadness.
- ☐ Guilt or shame about past actions.
- ☐ Boredom or having too much free time.
- ☐ Anger or unresolved conflicts.
- ☐ Celebration or excitement (e.g., parties, milestones).
- ☐ Being in places associated with past drug use (e.g., bars, parties, certain neighborhoods).
- ☐ Seeing drug paraphernalia (e.g., needles, pipes, or pill bottles).
- ☐ Hearing about others using drugs or seeing it on social media.
- ☐ Access to drugs or money to buy them.
- ☐ Watching movies, TV shows, or music videos glamorizing drug use.
- ☐ Spending time with people who use drugs.
- ☐ Conflict or toxic relationships.
- ☐ Pain or discomfort from medical conditions.
- ☐ _____
- ☐ _____
- ☐ _____
- ☐ _____
- ☐ _____

2. What time of day are you most likely to feel triggered? (e.g., morning, after work, late at night)

3. Do certain routines or habits make it easier for you to slip into substance use? (e.g., watching TV with a drink, being on social media late at night)

4. What changes can you make to your daily routine to avoid triggers? (e.g., filling free time with hobbies, planning meals, setting a bedtime)

5. What can you do to prepare for situations where these triggers might occur? (e.g., have a support person on standby, practice mindfulness, plan alternate activities)

Trigger Tracker

Track the time, type and amount of drug consumed, triggers, feelings before and after to identify patterns.

Day	Time	Type/Amount Consumed	Trigger	Feelings Before	Feelings After
Monday					
Tuesday					
Wednesday					
Thursday					
Friday					
Saturday					
Sunday					

Managing Cravings

1. What do cravings feel like for you? (e.g., physical sensations like restlessness, emotional experiences like anxiety or frustration)

2. When do cravings typically occur for you?
(e.g., specific times of day, after certain activities, during stress)

3. What situations, people, or places often trigger your cravings? (e.g., being alone at home, being with certain friends, passing a specific location)

4. How long do your cravings usually last?
(e.g., a few minutes, hours, until you distract yourself)

5. What thoughts usually accompany your cravings?
(e.g., “I can’t handle this without using,” “Just one time won’t hurt”)

6. How do you usually respond to cravings?
(e.g., giving in, distracting yourself, seeking support)

7. What strategies have you tried to cope with cravings in the past? Which strategies have worked best for you?

(e.g., deep breathing, talking to someone, using distractions)

8. What new coping strategies would you like to try? The following are some suggestions. Check off the ones that may be helpful or add more to the list:

- ☐ **Exercise:** Go for a run or engage in any physical activity to release endorphins and reduce stress.
- ☐ **Deep Breathing:** Practice slow, controlled breathing (inhale for 4 seconds, hold for 4 seconds, exhale for 6 seconds).
- ☐ **Cold Water Therapy:** Splash cold water on your face or hold an ice cube to refocus your mind.
- ☐ **Stretching:** Do a quick stretching routine to relieve physical restlessness.
- ☐ **Challenge Craving Thoughts:** Ask yourself, “Will this craving last forever? What will happen if I wait it out?”
- ☐ **Play the Tape Forward:** Imagine the consequences of giving in to the craving. How will you feel afterward?
- ☐ **Distract Yourself:** Shift your focus to an engaging activity like solving a puzzle or playing a game.
- ☐ **Set Short Goals:** Tell yourself, “I will wait 10 minutes, then decide.” Extend the time as needed.
- ☐ **Clean or Organize:** Tidy your space to stay busy and create a positive environment.

- ☐ **Practice a Hobby:** Engage in creative activities like painting, knitting, or playing music.
- ☐ **Talk to a Trusted Friend:** Share your feelings with someone who understands or supports your recovery.
- ☐ **Attend a Support Group:** Join a meeting like Narcotics Anonymous to connect with others.

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9. What is your go-to distraction for cravings?

(e.g., calling a friend, playing a game, watching a favorite show)

10. What safe environments can you go to if cravings hit?

(e.g., a recovery center, a supportive friend's house, a local library)

Challenging Craving-Related Thoughts

1. What specific thoughts or beliefs arise during a craving?

Examples:

- *“I need this to cope.”*
- *“I can’t get through this without using.”*
- *“I’ve been good for so long—I deserve it.”*

2. How does this thought make you feel, and what actions does it lead to?
(e.g., “It makes me feel powerless and more likely to use.”)

3. What evidence supports this craving-related thought? What evidence contradicts this thought?

Evidence for	Evidence against
<i>e.g., “It feels like using will help me relax because it has in the past.”</i>	<i>“Using has caused problems for me before,” “The relief is only temporary and leads to guilt later.”</i>

4. What healthier, more balanced thoughts can you use to replace craving-related ones?

Example:

- *Craving Thought: "I need this to feel better."*

- *Balanced Thought: "This craving will pass, and I have healthier ways to cope with stress."*

5. What affirmations or reminders can you use when cravings arise?

Examples:

- *"I've overcome cravings before—I can do it again."*

- *"This is just a feeling; I don't have to act on it."*

- *"Using will only make things worse in the long run."*

6. What strengths or past successes can you remind yourself of when cravings occur? (e.g., "I stayed sober during a tough situation last week," "I've built healthier habits before.")

Coping with Social Pressure to Use Drugs

1. What does social pressure to use drugs mean to you?

(e.g., feeling like you have to use to fit in, being offered drugs by others)

2. In what situations do you feel the most social pressure to use drugs?

(e.g., parties, gatherings with friends, family events, work-related social settings)

3. Who are the people in your life that contribute to this social pressure?

(e.g., friends who use, family members with permissive attitudes, coworkers)

4. Think of a time when you gave in to social pressure to use drugs. Who was involved? What did you feel? What were the consequences?

5. What makes it hard for you to say “no” when offered drugs?

(e.g., fear of rejection, wanting to fit in, feeling caught off guard)

6. Think of a time when you successfully resisted social pressure to use. What helped you? (e.g., a specific strategy, having support, your mindset at the time)

7. How do you think others perceive you when you decline to use drugs? (e.g., strong, awkward, boring, different)

8. How can you prepare a response in advance for when someone offers you drugs? Practice writing three assertive responses to social pressure to use drugs. (e.g., “No, thank you, I’m not using anymore,” “I’m focusing on my health,” “I have other goals”)

9. What body language can you use to reinforce your “no”? (e.g., maintaining eye contact, standing tall, using a calm but firm tone of voice)

10. What are the benefits of standing up for your recovery in social situations? (e.g., staying true to yourself, building confidence, maintaining sobriety)

11. What are three activities you can focus on during social events to stay distracted from pressure to use? (e.g., helping with setup, playing games, engaging in meaningful conversations)

12. What is your plan if you feel overwhelmed by social pressure? (e.g., taking a break outside, calling a support person, leaving the event early)

13. What boundaries can you set with people who pressure you to use drugs? The following are some suggestions. Check off the ones that may be helpful or add more to the list:

- ☐ Avoid places where drug use is common, like specific parties or homes.
- ☐ Refuse to ride in vehicles where drugs are being used or transported.
- ☐ Limit time spent with people who actively use drugs.
- ☐ Avoid storing or holding drugs for others.
- ☐ Only invite people into your space who respect your sobriety.
- ☐ Meet friends in neutral, drug-free locations like coffee shops or parks.
- ☐ Limit or cut off contact with individuals who refuse to respect your recovery.
- ☐ End relationships with people who consistently pressure you to use drugs.
- ☐ Avoid late-night gatherings, which often increase the likelihood of drug use.
- ☐ Do not lend money to people who might use it for drugs.
- ☐ _____
- ☐ _____

Visualizing a Drug-Free Future

1. What does a drug-free future mean to you? (e.g., freedom, better health, stronger relationships, achieving goals)

2. How would living a drug-free life impact your daily routine? (e.g., more time for hobbies, healthier habits, better focus at work)

3. Imagine waking up in your drug-free future. What is the first thing you do? (e.g., feeling refreshed, making a healthy breakfast, practicing gratitude)

4. How do you spend your morning in this ideal future? (e.g., exercising, working on a personal project, spending time with family)

5. How do you relax and wind down at the end of the day? (e.g., reading, meditating, reflecting on your progress)

6. Who would be proudest of you in your drug-free future? Why?

(e.g., my parents, my children, myself)

7. What skills or hobbies would you like to develop in your drug-free life?

(e.g., learning a musical instrument, advancing in your career, painting or writing)

8. What steps can you take now to begin working toward these goals?

(e.g., attending therapy, creating a budget, joining a recovery group)

9. What potential obstacles might you face, and how can you overcome them? (e.g., cravings → seeking support, setbacks → reminding yourself of your progress)

Obstacles	Startegies to overcome them

Repairing Relationships Damaged by Addiction

1. How has your addiction affected your relationships with loved ones?
(e.g., broken trust, emotional distance, missed important events, conflicts)

2. What specific actions or behaviors during your addiction caused harm to these relationships? (e.g., lying, borrowing money without repaying, neglecting responsibilities)

3. How have your loved ones expressed their feelings about the impact of your addiction? (e.g., anger, disappointment, hurt, concern)

4. Who are the people in your life you most want to repair relationships with? Why are these relationships important to you? (e.g., “They’ve always supported me,” “I want to rebuild trust,” “I miss their presence in my life”)

5. What specific actions or behaviors do you feel you need to apologize for? (e.g., lying, breaking promises, causing financial or emotional stress)

6. What fears or concerns do you have about admitting past mistakes?
(e.g., fear of rejection, fear of not being forgiven, fear of causing more pain)

7. What steps can you take to show that you're committed to changing and making amends? (e.g., attending therapy, maintaining sobriety, being consistent in your actions)

8. What specific things can you say to express your desire to repair the relationship? (e.g., "I know I've hurt you, and I want to make things right," "I value our relationship and am committed to rebuilding trust")

9. What actions can you take to make amends for the harm caused by your addiction? (e.g., repaying debts, offering a sincere apology, making up for missed events)

Relapse Warning Signs Checklist

1. Have you noticed any of the following warning signs? (Check all that apply)

- ☐ Feeling anxious or overwhelmed without addressing the cause.
- ☐ Feeling irritable, angry, or resentful frequently.
- ☐ Struggling with loneliness or isolation.
- ☐ Experiencing unresolved guilt or shame.
- ☐ Frequently thinking about past drug use or times when you used.
- ☐ Having intrusive thoughts about drug-related places, people, or events.
- ☐ Skipping or avoiding recovery meetings or therapy sessions.
- ☐ Neglecting self-care, such as proper sleep, nutrition, or hygiene.
- ☐ Returning to old routines or environments associated with drug use.
- ☐ Reconnecting with friends or acquaintances who use drugs.
- ☐ Feeling overly stressed and not using healthy coping mechanisms.
- ☐ Increasing use of other substances (e.g., alcohol, nicotine) as substitutes.
- ☐ Experiencing physical cravings or restlessness.
- ☐ Feeling fatigued or physically drained without cause.
- ☐ Noticing increased headaches, tension, or body aches.

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2. What specific actions can you take when these warning signs appear?
(e.g., reaching out to a mentor, journaling, distracting yourself with a healthy activity)

Reflecting on Past Relapse Episodes

1. When did your most recent relapse occur?

2. What were the specific circumstances or events that led up to the relapse?

3. Were there any warning signs leading up to the relapse that you ignored? (e.g., skipping meetings, feeling overly confident, reconnecting with people who use substances)

4. What thoughts were going through your mind just before the relapse? (e.g., “I deserve this,” “Just one time won’t hurt,” “Nobody will know”)

5. Did you attempt to resist the urge to use? If so, what strategies did you try? (e.g., distracting yourself, calling someone, using grounding techniques)

6. How did you feel immediately after the relapse?

(e.g., relieved, guilty, ashamed, indifferent)

7. What were the short-term consequences of the relapse?

(e.g., physical effects, damaged relationships, financial strain)

8. How has the relapse affected your recovery journey overall?

(e.g., delayed progress, renewed determination, increased self-awareness)

9. What lessons have you learned from this relapse? (e.g., the importance of recognizing triggers, the need for stronger coping strategies)

10. What could you have done differently to prevent the relapse?

(e.g., reached out for help sooner, avoided certain people or places, practiced self-care)

11. What coping strategies can you strengthen to avoid similar situations in the future? (e.g., mindfulness exercises, assertive communication, building a stronger support system)

2026 Clinical Alignment

DSM-5-TR (including Sept. 2025 update) · ICD-11 CDDR / 2026 MMS

Classification status

- DSM-5-TR: Substance use disorder, specified by substance class; ·drug addiction· is nonspecific · recognized only when substance and syndrome are specified
- ICD-11 CDDR: 6C41-6C4Z Disorders due to use of specified substances/classes · recognized categories; nonspecific title
- A title, checklist, or completed activity never establishes a diagnosis.

Pages requiring the updated interpretation

- The audit identified source pages 1, 2, 3, 4, 5, 6, 7, 8, 9, 10, 11, 12, 13, 14, 15, 16, 17, 18, 19, 20, 21, 22, 23, 24, 25, 26, 27, 28, 29. The statements below supersede incompatible diagnostic, scoring, safety, or resource wording on those pages.

Diagnostic and differential limits

- A symptom checklist or self-rating cannot establish diagnosis. Any diagnostic discussion must address clinically significant distress/impairment, required course or duration where applicable, developmental and cultural context, substance/medication and medical causes, comorbidity, exclusions, and reasonable differentials without reproducing copyrighted criteria.

Document-specific corrections

- Use the current formal classification identified for Drug Addiction; avoid treating the workbook title, a checklist, or a total score as sufficient to establish that diagnosis.
- Where Drug Addiction discusses symptoms, add the missing diagnostic frame: clinically meaningful distress/impairment, relevant course or duration, exclusions, developmental and cultural context, substance/medication or medical causes, and plausible differentials.
- Supersede diagnostic-sounding scoring on pages [1, 2, 3, 4, 5, 6, 7, 8, 9, 10, 11, 12, 13, 14, 15, 16, 17, 18, 19, 20, 21, 22, 23, 24, 25, 26, 27, 28, 29]: disclose whether each tool is validated or author-created, remove unsupported thresholds, and separate symptom monitoring from diagnosis.
- Revise exposure content on pages [2] to require consent, an objectively safe graded hierarchy, condition-specific response guidance, progress review, and stop/reassessment criteria; never equate flooding with effective exposure.
- Clinically review medical or treatment statements on pages [2, 3, 4, 5, 6, 7, 8, 9, 10, 11, 12, 13, 14, 15, 16, 17, 18, 19, 20, 21, 22, 23, 24, 25, 26, 27, 28, 29]; remove prescriptive medication advice, clarify coordination with licensed medical care, and update contraindications or urgent warning signs for the specific topic.
- Replace crisis wording on pages [2] with the current U.S. 988 call/text/chat pathway, 911 or nearest emergency department for immediate danger/medical emergency, and a direction to use verified local services outside the United States.

Measures, scoring, and permissions

- Pages [1, 2, 3, 4, 5, 6, 7, 8, 9, 10, 11, 12, 13, 14, 15, 16, 17, 18, 19, 20, 21, 22, 23, 24, 25, 26, 27, 28, 29] contain named, implied, or author-created screening/rating content; extracted candidate names include: Self-Assessment . These scores are not diagnostic unless the exact instrument, version, validation population, administration, and interpretation are established. Identify provenance for every item set and scoring rule. Obtain publisher permission/license when required; otherwise remove cutoffs and label it as a nonvalidated reflection checklist, or replace it with a properly licensed measure without altering its wording/scoring.

Intervention scope and contraindications

- For Drug Addiction, exposure must be voluntary, graded, condition-specific, and conducted only in objectively safe and lawful situations. Do not prescribe flooding; screen medical limitations, trauma cues, dissociation, intoxication, and whether avoidance reflects real danger rather than phobic fear.
- Assess intoxication, withdrawal, overdose, medical instability, co-occurring disorders, suicidality, and access to means or high-risk opportunities. Some withdrawal states require medically supervised care.
- Behavioral tracking does not by itself establish an addictive disorder; confirm diagnostic boundaries and functional impairment.

2026 Clinical Alignment

DSM-5-TR (including Sept. 2025 update) · ICD-11 CDDR / 2026 MMS

Crisis and current resources

- For Drug Addiction, use: ·If there is immediate danger or a medical emergency, call 911 or go to the nearest emergency department. In the U.S., call or text 988 or use 988lifeline.org for 24/7 crisis support. Outside the U.S., use verified local emergency and crisis services.· Verify all topic-specific agencies and links at publication.

Authoritative references

- <https://www.psychiatry.org/psychiatrists/practice/dsm/updates-to-dsm/updates-to-dsm-5-tr-criteria-text>
- <https://www.psychiatry.org/getmedia/b68a5776-f88c-45c7-9535-fd219d7aa5cb/APA-DSM5TR-Update-September-2025.pdf>
- <https://icd.who.int/browse/2026-01/mms/en>
- <https://www.who.int/publications/i/item/9789240077263>
- <https://www.samhsa.gov/mental-health/988>
- <https://www.samhsa.gov/mental-health/national-behavioral-health-crisis-care>
- <https://www.who.int/publications/i/item/9789240017540>
- <https://findtreatment.gov/>
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- <https://988lifeline.org/>
- <https://www.healthquality.va.gov/guidelines/MH/sud/>