Risk Factors for Addiction

Facilitator Guide | “The Hand You’re Dealt” | 60–75 minutes

Purpose: Help participants identify factors that may increase vulnerability to substance-use problems, recognize existing protective factors, and choose realistic supports they can strengthen. The exercise is educational, not a personal risk score.

Learning objectives: Describe at least three risk factors, distinguish risks from inevitability, identify at least two protective factors, and build a practical support plan.

Session plan

• 0–10 minutes: Welcome, choice to pass, and “the hand you’re dealt” metaphor.

• 10–25 minutes: Review seven risk factors using fictional examples.

• 25–40 minutes: Explore eight protective factors and challenge simplistic assumptions.

• 40–60 minutes: Complete the “Risk to Resource” design activity in pairs or privately.

• 60–75 minutes: Discussion, personal plan, and voluntary closing (shorten for a 60-minute session).

Group safety and boundaries

Do not ask participants to disclose family histories, trauma, diagnoses, illegal acts, or detailed substance use. Offer fictional examples, private writing, and a choice to pass. Avoid labeling anyone “high risk” based on a checklist. If distress or immediate safety concerns arise, follow organizational protocols and refer within scope.

Teaching content: seven risk factors

Genetics and family history

Inherited factors contribute to vulnerability, but family history does not determine a person’s future. Genetic influences interact with experiences and environments.

Home and family environment

Chronic conflict, inconsistent support, substance exposure, and instability may increase risk. Safe, reliable relationships can be protective across many family structures.

Trauma and adversity

Adverse experiences can increase vulnerability for some people. Trauma is not a prerequisite for substance-use disorder, and survivors are not responsible for harm done to them.

Mental health and co-occurring concerns

Anxiety, depression, ADHD, and other conditions may coexist with substance-use disorders. Connections vary; integrated, individualized support can help.

Early substance use

Starting alcohol or drug use earlier in life is associated with increased later risk, although it does not guarantee a disorder.

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Method of use and substance effects

Rapid delivery routes, potency, frequency, and other substance characteristics can influence risk. All substances carry different risks; simple rankings of “most addictive” are misleading.

Individual sensitivity and response

People differ in how substances affect them, including sensitivity, tolerance, and response to stress. These differences alone cannot predict addiction.

Protective factors: what can be strengthened?

Resilience and flexible coping: Practice responding to stress, asking for help, and recovering from setbacks.

Supportive relationships: Build connections with reliable friends, peers, mentors, family members, or professionals.

Spirituality or personal meaning: Faith, values, creativity, service, or other sources of meaning can support some people; participation is optional.

Self-respect and problem-solving: Practice assertiveness, realistic goals, self-compassion, and asking for assistance.

Supportive caregiving and mentorship: Consistent care, safe adults, and constructive guidance matter more than a particular household structure.

Positive involvement and opportunities: Explore groups, learning, employment, recreation, exercise, and meaningful community activities.

Recognition of progress: Notice small efforts and strengths without treating setbacks as personal failure.

Clear expectations and safety plans: Use achievable goals, boundaries, and plans for high-risk situations.

Core activity — Risk to Resource

Give each participant a fictional scenario (for example, a young adult who has recently moved, has inconsistent sleep, and has few local connections). Ask teams to identify (1) two possible risks, (2) at least two existing strengths, (3) one realistic protective action this week, and (4) one support or referral. Remind participants that a factor can change over time and cannot establish a diagnosis.

Discussion prompts

• What is the difference between a risk factor and a prediction?

• Which protective factors are accessible even when family circumstances cannot change?

• How can support be offered without blaming someone for trauma or their upbringing?

• What is one protective factor you would like to strengthen?

• What would help make your plan achievable during a difficult week?

Clinical and editorial notes

The original source included a fixed trauma percentage, a categorical comparison of drugs, and a claim privileging two-parent households. Those claims were removed or reframed because they were overly broad or inadequately supported. Risk and protective factors operate across individuals and contexts; avoid

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deterministic claims.

Reference starting points (verify currency before publication)

Indiana Division of Mental Health and Addiction. Risk and protective factors for substance use. https://www.in.gov/fssa/dmha/substance-misuse-prevention-and-mental-health-promotion/risk-and-protective-factors-for-substance-use/

National Institute on Drug Abuse. Drugs, Brains, and Behavior: The Science of Addiction. https://nida.nih.gov/research-topics/addiction-science/drugs-brain-behavior-science-of-addiction

SAMHSA. Recovery and Recovery Support. https://www.samhsa.gov/substance-use/recovery

Educational group resource; not a diagnosis, screening tool, or individualized treatment plan.

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