Understanding the Process of Addiction

Facilitator Guide | 60–75-minute psychoeducational group | Substance-use recovery

Purpose. Use the original four-stage framework as a discussion aid to identify changing patterns of substance use, opportunities for early intervention, and ways to seek support without shame.

Learning goals. Participants can describe the four illustrative stages, identify warning signs, explain why the model is not a diagnosis, and name one practical support or safety action.

Preparation and group agreements

Provide participant worksheets and pens. Allow fictional examples, silent reflection, and the option to pass. Do not ask participants to disclose substances, amounts, criminal activity, or trauma. Follow local policies for confidentiality and safety. Avoid labeling participants as being in a particular stage.

Session plan

• 0–10 min: Welcome and opening question — How can a habit change without us noticing?

• 10–25 min: Teach the four-stage model and its limitations.

• 25–40 min: Small-group case study — identify possible warning signs and uncertainties.

• 40–55 min: Sort example statements by what they suggest; allow more than one reasonable interpretation.

• 55–70 min: Personal early-intervention and support plan; discussion and closing.

Teaching the original four stages

Stage 1: Experimentation

Initial or occasional use, sometimes in a social or exploratory context. Immediate negative effects may be absent or unnoticed. Not everyone who experiments develops a substance-use disorder.

Stage 2: Regular Use

Use becomes more frequent or routine. The reasons for using, the situations in which use occurs, and its effects on daily life deserve attention. Regular use alone does not establish a diagnosis.

Stage 3: High-Risk Use

Use continues in hazardous situations or despite emerging problems, such as impaired driving, relationship conflict, or missed obligations. This is a useful opportunity to seek help, but the model cannot predict who will develop a disorder.

Stage 4: Addiction / Substance-Use Disorder

Substance use may involve impaired control, craving, continued use despite harm, and changes in functioning. A clinical assessment considers a pattern of symptoms. Tolerance or withdrawal may occur but neither is required for diagnosis; withdrawal can also occur with prescribed medications without indicating addiction.

Clinical accuracy: what the model does and does not say

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The four stages are a simplified educational narrative, not the DSM-5-TR diagnostic criteria or a required sequence. Substance-use disorders vary in presentation and severity. Some people experience severe consequences without a long period of regular use. Others use a substance regularly without meeting criteria for a disorder. Avoid predictions such as “everyone in stage three will become addicted.”

Physical dependence and addiction are different concepts. Dependence refers to physiological adaptation that may produce withdrawal when use stops; addiction involves a broader pattern of impaired control and continued use despite harms. Some withdrawals (especially alcohol and benzodiazepines) can be medically dangerous; do not advise abrupt unsupervised cessation.

Case study: Jordan

Jordan first tried a substance at gatherings, then began using most weekends. Over time Jordan sometimes used before driving, missed commitments, and found it hard to stick to planned limits. Jordan is uncertain whether to seek help because some weeks still feel manageable.

Ask: Which details suggest increased risk? Which details do not tell us enough? What could Jordan do this week? Why should the group avoid diagnosing Jordan from a short vignette?

Optional activity: Warning sign or assumption?

Read these prompts and invite discussion: “Uses every weekend”; “Drives while impaired”; “Has withdrawal symptoms”; “Continues despite major harm”; “Tried a substance once.” Ask which warrant immediate safety action, which merit assessment, and which alone cannot establish a disorder.

Discussion questions

1. What makes it difficult to notice a shift from occasional to harmful use?

2. What warning signs deserve attention even before a person meets diagnostic criteria?

3. How might stress, trauma, mental health, relationships, and environment affect a person’s risk?

4. What could someone say to a friend who is concerned about their use?

5. What is one support or protective step a person can take before a crisis?

Facilitator safety and referral notes

Do not equate a relapse or return to use with failure. Assess acute impairment or overdose concerns according to setting protocols. After a period of abstinence, reduced tolerance may increase overdose risk. Encourage evidence-based treatment, medication when indicated, peer support, and individualized assessment. If someone reports dangerous withdrawal symptoms, seek prompt medical evaluation.

Reference and source note

Original source framework: Phoenix House Florida, “Understanding the 4 Stages of Addiction” (2021), https://www.phoenixfl.org/understanding-the-4-stages-of-addiction/ . The framework is presented as a teaching model, not a validated staging instrument.

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

NIAAA, Understanding Alcohol Use Disorder, https://www.niaaa.nih.gov/publications/brochures-and-fact-sheets/understanding-alcohol-use-disorder .

SAMHSA, FindTreatment.gov, https://findtreatment.gov/ .

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Adaptation note: Original title and four-stage organization retained. Descriptions updated to avoid deterministic progression, conflating physical dependence with addiction, and diagnosing from a simplified stage model. Educational use only; not a clinical assessment.

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