

## WHAT PRICE AM I WILLING TO PAY?

### EXAMINING CONSEQUENCES AND IDENTIFYING MY "BOTTOM"

*This is designed to help you clarify your own beliefs about what consequences of substance abuse would be so unacceptable to you that you would feel you had to avoid them at any cost, even if that meant permanently giving up alcohol or other drugs.*

1. You may have heard someone say that for an alcoholic or addict to give up drinking and drug use, he or she has to hit bottom. What does hitting bottom mean to you?

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2. While some may think that hitting bottom means becoming homeless or some other very drastic consequence of substance use, it may not mean that at all for many people. In fact, each of us has a bottom level that is unique to us; used this way, the word merely means that we experience something we find so unacceptable that we just can't let it happen—or let it happen again—no matter what. Some people have higher bottom levels than others, simply because they are willing to suffer less. With this in mind, think about your own bottom level and answer these questions:

- a. Have you seen someone else experience a consequence of substance use that you felt you could not have tolerated in your own life? If so, what was it?

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- b. Have you ever promised yourself you would quit drinking or using if a particular thing happened in your life because of your substance use? \_\_\_\_\_ If you have, what was the experience you told yourself you couldn't tolerate?

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3. What negative consequences have you experienced? Check any that have happened to you. Circle any you've experienced more than once and write the number of times.

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|---|---|
| <input type="checkbox"/> Spent money on drinking/using that you needed for something else | <input type="checkbox"/> Been embarrassed by what you said or did while under the influence |
| <input type="checkbox"/> Gotten sick in public  | <input type="checkbox"/> Driven while under the influence                                   |
| <input type="checkbox"/> Experienced physical withdrawal                                  | <input type="checkbox"/> Experienced increased tolerance                                    |
| <input type="checkbox"/> Drunk/used more than you meant to                                | <input type="checkbox"/> Been asked to quit by others                                       |
| <input type="checkbox"/> Lied about your drinking/drug use                                | <input type="checkbox"/> Experienced an overdose  |
| <input type="checkbox"/> Gone to work under the influence                                 | <input type="checkbox"/> Embarrassed members of your family                                 |

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|---|---|
| <input type="checkbox"/> Passed out due to drinking/using   | <input type="checkbox"/> Experienced blackouts (memory gaps)                      |
| <input type="checkbox"/> Been arrested for DUI/DWI  | <input type="checkbox"/> Lost a job due to drinking/using                         |
| <input type="checkbox"/> Alienated yourself from friends/relatives  | <input type="checkbox"/> Been divorced due to drinking/using                      |
| <input type="checkbox"/> Gotten in a fight while under the influence                                      | <input type="checkbox"/> Had a car accident while drinking/using                  |
| <input type="checkbox"/> Hurt someone else due to drinking/using  | <input type="checkbox"/> Hoarded alcohol or other drugs                           |
| <input type="checkbox"/> Gotten hurt in a sports/recreational accident while drinking/using               | <input type="checkbox"/> Been unfaithful to your partner while drinking/using     |
| <input type="checkbox"/> Hidden your alcohol or other drugs from family or friends                        | <input type="checkbox"/> Sold or traded possessions to get alcohol or other drugs |
| <input type="checkbox"/> Avoided an activity because it interfered with drinking/using                    | <input type="checkbox"/> Committed a crime while drinking/using                   |
| <input type="checkbox"/> Committed a crime to get alcohol or another drug                                 | <input type="checkbox"/> Been in jail or prison due to drinking/using             |
| <input type="checkbox"/> Traded sex for alcohol/drugs   | <input type="checkbox"/> Sold illegal drugs to buy more drugs                     |
| <input type="checkbox"/> Considered suicide while drinking/using or due to consequences of drinking/using | <input type="checkbox"/> Attempted suicide while drinking/using                   |
| <input type="checkbox"/> Accidentally killed someone while drinking/using                                 | <input type="checkbox"/> Intentionally killed someone while drinking/using        |

4. Now look back over Question 3, which you just finished. Have you experienced any of the negative consequences you once said would be unacceptable to you (see Question 2)? \_\_\_\_\_ Which one(s)?

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5. Now refer to Question 3 again, and list all the items you have experienced, with the number of times for items you have experienced more than once.

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6. Picture yourself talking with a close friend, or perhaps a brother or sister, and hearing him or her tell you about experiencing all the consequences listed in your answer for Question 5. Picture this person asking your advice about his or her use of alcohol or other drugs. Would you be worried about this friend's drinking/using?  Would you feel

that this was such a serious problem that it would be best for the person to quit completely? \_\_\_\_\_ What would you say to your friend or relative about this?

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7. Are there consequences listed in Question 3 that you may have experienced once, but that you would feel meant your drinking or drug use was out of control if they happened again? Which ones?

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8. Are there consequences listed in Question 3 that you have never experienced that would be a bottom for you—that is, would signal you that you needed to quit permanently? Which ones?

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9. Now go back to Question 3, and list any of the consequences you have experienced that you do not consider unpleasant or serious enough to lead you to quit drinking or using.

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10. Review the items you just listed. *By saying that you have experienced these but do not feel they are bad enough to make you quit drinking or using, you are saying that going without your drug of choice would be worse for you than those consequences.* Think about your relationship with alcohol or whatever drug(s) you have preferred. If you heard someone else say that living without a drug would be a greater loss than these consequences, what would you think about that person's use of that chemical?

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11. After working through this assignment, you may have a clearer idea of where your bottom level is when it comes to substance use, and you may also have changed some of your thinking about the role alcohol or another drug has played in your life.

a. Please use this space to write about any changes in your views on your own drinking or drug use.

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b. Describe what you think of as your bottom level—the consequences you could not accept.

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c. Now describe what you will do if you experience one of the consequences you have decided would be your bottom level. If this happens, what action will you take?

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