THE MATRIX MODEL FOR
CRIMINAL JUSTICE SETTINGS

Medication-Assisted Treatment Handouts

Supplement to Individual and Conjoint Session Handouts

INTENSIVE ALCOHOL & DRUG
TREATMENT PROGRAM

Donna L. Johnson, I.C.A.D.C., I.C.C.J.P.,
Richard A. Rawson, Ph.D., Michael J. McCann, M.A.,
Jeanne L. Obert, M.F.T., M.S.M., and Walter Ling, M.D.

Hazelden Publishing
Center City, Minnesota 55012-0176

1-800-328-9000
hazelden.org/bookstore

Medication-Assisted Treatment Handouts

DATE COMPLETED

To discuss the option of medication-assisted treatment (MAT), the therapist uses alternate versions of Individual/Conjoint sessions 2 and 8, as outlined in pages 53 and 55 of the manual. Four unnumbered supplemental sessions can be added as appropriate, in the order shown here. Handouts in this entire sequence are numbered "MAT-1," "MAT-2," and so on.

Session 2: First Family Contract

_____ Handout MAT-1: Medication Awareness Checklist (for therapist's use with participant)

_____ Handout MAT-2: Helping Checklist for MAT Family Members (Beginning Stage of Recovery)

Supplemental Session: Orientation to Medications

_____ Handout MAT-3: Medications for the Treatment of Substance Use Disorders: Basic Information

_____ Handout MAT-4: Medications for Opioid Use Disorders

_____ Handout MAT-5: Medications for Alcohol Use Disorders

Supplemental Session: Initial Session for Participants Taking Addiction Medication

_____ Handout MAT-6: Feeling Good about Getting Well

_____ Handout MAT-7: There Is More to Recovery than Medication

Supplemental Session: Reactions from Others in Recovery

_____ Handout MAT-8: Staying the Course

Session 8: Second Family Contract

_____ Handout MAT-9: Helping Checklist for MAT Family Members (Middle Stage of Recovery)

Supplemental Session: Medication Plan

_____ Handout MAT-10: Your Medication Plan

_____ Handout MAT-11: Other Medications

Medication Awareness Checklist

*This checklist applies only to patients with **opioid use disorders** or **alcohol use disorders** because, as of now, medications have been approved to treat only these disorders.*

Recovery from substance use disorders can take place in many ways. The Matrix Model intensive outpatient treatment program is one way, Twelve Step groups are another, and addiction medications provide yet another way. Many people are successful in recovery without formal treatment, Twelve Step involvement, or medications, but it is important to be aware of all the options available.

1. Are you aware that medications are available to help treat substance use disorders?

   Yes _____ No _____

2. Do you have an opinion about the use of these medications?

   Yes _____ No _____

   If you do have an opinion, what is it?

   _____

   _____

   _____

   _____

   _____

   _____

3. Have you (the participant) taken medications for your substance use disorder in the past?

   Yes _____ No _____

4. If yes, do you feel the medication helped?

   Yes _____ No _____

MEDICATION AWARENESS CHECKLIST | *continued*

If yes, how did it help?

_____

_____

_____

_____

_____

5. *(For opioid use disorders)* Do you know what medications are available for opioid use disorders?

   Yes _____ No _____

   Would you like to hear more about these?

   Yes _____ No _____

5. *(For alcohol use disorders)* Do you know what medications are available for alcohol use disorders?

   Yes _____ No _____

   Would you like to hear more about these?

   Yes _____ No _____

Three medications are currently approved for the treatment of opioid use disorders, and three for the treatment of alcohol use disorders. Family members who would like to learn more about these medications are welcome to attend the patient's next individual counseling session. Handouts MAT-4 and MAT-5 in this series also describe these medications.

• • •

Helping Checklist for MAT Family Members

(Beginning Stage of Recovery)

1. Family members: Check any items you are willing and/or able to do to help.
2. Participants: Check any items that you feel would be helpful to you.
3. Then, together, note the items checked by family members *and* the participant. Use them to form a helping contract.

Family	Participant	
_____	_____	1. I will allow you to talk to me about cravings and feelings of wanting to use or drink.
_____	_____	2. I will allow you to wake me during the night to talk when you cannot sleep.
_____	_____	3. I am willing to remind you of the reasons for stopping alcohol and other drug use when you forget.
_____	_____	4. I will walk away from you if you abuse me.
_____	_____	5. I am willing to try to tolerate and accept withdrawal symptoms as a medical condition.
_____	_____	6. I will help you avoid triggers to use or drink.
_____	_____	7. I will remind myself that I am choosing to be here and to help. I know that I am not being coerced into staying.
_____	_____	8. I will decide with you whom to tell about this and when.
_____	_____	9. I will try to remember that none of our other problems are as important right now as dealing with this addiction.
_____	_____	10. I am willing to attend treatment sessions when I am invited.
_____	_____	11. I will allow you to have activities and appointments that do not include me without being anxious.

HELPING CHECKLIST FOR MAT FAMILY MEMBERS | *continued*

Family	Participant	
_____	_____	12. I am willing to practice talking about issues instead of ignoring them or arguing.
_____	_____	13. I will encourage continuing treatment above all else.
_____	_____	14. I will try to be angry at the addiction, not at you, the addicted person.
_____	_____	15. I am willing to help you remember to take your addiction medication.
_____	_____	16. I will tell you if I have fears or concerns about the addiction medication you are taking.
_____	_____	17. I will tell you if I see side effects of the addiction medication that I think you should discuss with your physician.

Other:

_____

_____

_____

_____

_____

_____

_____

_____

• • •

Medications for the Treatment of Substance Use Disorders: Basic Information

Medications have been used to treat substance use disorders for over fifty years. Three have been approved by the Food and Drug Administration for opioid use disorders, and three for alcohol use disorders.

- **Alcohol use disorder medications:** disulfiram (Antabuse), acamprosate (Campral), and naltrexone (ReVia, Depade, Vivitrol)
- **Opioid use disorder medications:** methadone, buprenorphine (Suboxone, Subutex), and naltrexone

Does everyone in recovery need to take one of these medications?
No. Many people are successful in recovery without taking them. Still, everyone with a substance use disorder should be aware of the possible usefulness of these medications.

Who should be taking medications for a substance use disorder?
There is no simple answer to that question, but some considerations are these:

1. Are you having trouble abstaining from substances?

   Yes _____ No _____

   (These medications can help establish consistent abstinence.)

2. Are you experiencing withdrawal symptoms that result in relapse?

   Yes _____ No _____

   (Some of these medications ease these symptoms right away.)

3. Have you tried unsuccessfully to abstain from alcohol and other drugs in the past?

   Yes _____ No _____

   (Maybe a different approach, such as these medications, will result in a different outcome.)

MEDICATIONS FOR THE TREATMENT OF SUBSTANCE USE DISORDERS: BASIC INFORMATION | *continued*

4. Are you having persistent cravings?

   Yes _____ No _____

   (Many people taking these medications report having fewer cravings.)

5. Have you discussed this option with your physician?

   Yes _____ No _____

   (Do you plan to? Do you need help with this?)

If I take medication, am I still in recovery? Does it affect my sobriety status? There is a difference between "drugs" and these prescribed medications that assist in treatment. "Drug use" suggests the use of illicit substances or the misuse/abuse of prescription medicines. Taking prescribed medications as directed, under a physician's supervision, does not affect your sobriety status.

• • •

Medications for Opioid Use Disorders

Three medications have been approved to help treat opioid use disorders. If you are considering any of these options, talk with your physician.

Methadone
By far the most researched and widely used medication for opioid use disorders, methadone has been in use since the 1960s.

How does it work?
Methadone is a long-acting opioid taken my mouth once a day. It prevents withdrawal, thereby removing the physical need to take other opioids. Many participants who try unsuccessfully to quit using other opioids (such as heroin or opioid prescription medications) can be comfortable and stable on methadone.

Who can prescribe it?
Methadone is available only at specially licensed clinics. Regulations restrict methadone treatment to people meeting certain requirements. Most participants attend the clinic daily for medication at first.

Why do some people prefer methadone?

- They have had past success with methadone.
- One oral daily dose allows them to function normally.
- They find the structure of frequent clinic attendance to be helpful.
- They cannot tolerate withdrawal.
- Their opioid use disorder is too severe to allow them to benefit from other medications designed for this disorder.

What are the drawbacks of methadone?

- It is addictive.
- It can be abused.
- It is available only in opioid treatment programs (OTPs), which can be inconvenient or restrict travel.

MEDICATIONS FOR OPIOID USE DISORDERS | *continued*

Buprenorphine
Buprenorphine (Suboxone, Subutex) was approved for use by qualified physicians in 2000.

How does it work?
Buprenorphine works similarly to methadone, but it is safer, with less potential for abuse. There is a ceiling, or upper limit, on its effects, which greatly reduces the risk of accidental overdose. It is taken under the tongue daily or every other day as directed.

Who can prescribe it?
Some physicians can prescribe buprenorphine through their own offices, rather than through special clinics. (These doctors must meet certain criteria and be listed on a website maintained by SAMHSA, the Substance Abuse and Mental Health Services Administration, at http://buprenorphine.samhsa.gov/bwns_locator.) Because participants are given a prescription, daily visits are not necessary.

Why do some people prefer buprenorphine?

- They have had past success with buprenorphine.
- One oral dose, daily or every other day, allows them to function normally.
- It can be prescribed by a physician at his or her office.
- It does not require daily visits to a clinic.

What are the drawbacks of buprenorphine?

- It is addictive.
- For severe opioid use disorders, it may not be effective.
- It may be more expensive than other medication options.
- Participants may decide not to seek counseling as well. Counseling has been shown to strengthen long-term recovery.

Naltrexone
Oral naltrexone (ReVia, Depade) was approved for the treatment of opioid use disorders in 1984; naltrexone in extended-release injectable form (Vivitrol) was approved for opioid use disorders in 2010.

How does it work?
Unlike methadone and buprenorphine, it is an opioid antagonist. It works by blocking the effects of opioids. If a person taking naltrexone uses an opioid such as heroin or oxycodone, the effects of these drugs are blocked; there is no "high."

MEDICATIONS FOR OPIOID USE DISORDERS | *continued*

It is nonaddictive, and cannot be abused. Naltrexone is available in pill form, which is taken every day or every other day, as directed. It is also available as a monthly intramuscular injection (Vivitrol).

Who can prescribe it?
Any physician; there are no special requirements to prescribe naltrexone.

Why do some people prefer naltrexone?

- They have had past success with naltrexone.
- They have stopped taking opioids.
- They prefer to not be taking an addictive substance.
- Prevents relapse with one decision a few times each week (oral naltrexone) or one decision monthly (Vivitrol) instead of many decisions throughout the week or month
- Can be prescribed by a physician at his or her office
- Does not require daily clinic visits

What are the drawbacks of naltrexone?

- The participant must be completely free of all opioids for 7 to 10 days before taking naltrexone, or it will precipitate withdrawal symptoms, which can be extremely severe.
- A person who neglects to take the naltrexone pills or get the monthly injection, will become vulnerable to relapse. In addition, there may be a loss of tolerance to opioids, making overdose a higher risk.
- Naltrexone blocks all opioids: that could be a problem in case of an accident or other circumstance requiring an opioid painkiller.

Considering the Options
Please answer these questions to help weigh the option of using these medications.

Have you taken any of these medications in the past?

Yes _____ No _____

If yes, what have you taken?

_____

MEDICATIONS FOR OPIOID USE DISORDERS | *continued*

Do you feel it helped you?

Yes _____ No _____

Would you like to look into any of these medications?

Yes _____ No _____

Would you like a therapist's help with:

_____ a) a referral to a methadone program?

_____ b) finding a physician qualified to prescribe buprenorphine?

_____ c) a referral to an addiction medicine specialist?

_____ d) setting up an appointment with your physician to discuss these options further?

_____ e) none of these. I am not interested in medications.

_____ f) I'd like to think about it and talk later.

• • •

Medications for Alcohol Use Disorders

Three medications have been approved to help treat alcohol use disorders. If you are considering any of these options, talk with your physician.

Disulfiram (Antabuse)
Disulfiram was approved for the treatment of alcohol use disorders in 1951.

How does it work?
Disulfiram works on the principle of deterrence. Taken orally once each day, it interferes with the body's ability to metabolize alcohol, resulting in the buildup of a toxic chemical. If the patient takes alcohol while on disulfiram, the reaction can range from sweating and facial flushing to nausea, vomiting, dizziness, and (rarely) death; the symptoms depend both on the dosage and the amount of alcohol taken. The anticipation of the possibility of this reaction deters a person from drinking. Disulfiram is nonaddictive and cannot be abused.

Who can prescribe it?
Any physician; there are no special requirements to prescribe disulfiram.

Why do some people prefer disulfiram?

- They have had past success with disulfiram.
- One oral daily dose deters alcohol use for most people; it takes just one daily decision rather than many decisions throughout the day.
- Even though it has the potential to cause discomfort, for most people it is a motivational tool and it deters drinking.

What are the drawbacks of disulfiram?

- If a person does drink alcohol, the reaction can be very severe and possibly dangerous.
- Alcohol might be taken accidentally (it can be found in some cold medicines and in some foods, such as desserts or salad dressings) and cause a reaction.

Naltrexone
Oral naltrexone (ReVia, Depade) was approved to treat alcohol use disorders in 1994; its extended-release injectable form (Vivitrol) was approved for alcohol use disorders in 2006.

MEDICATIONS FOR ALCOHOL USE DISORDERS | *continued*

How does it work?
An opioid antagonist, it works by blocking the brain's opioid receptors, which are involved in the experience of pleasure—including some of the pleasurable effects of alcohol. People taking naltrexone have less craving for alcohol. It is nonaddictive and cannot be abused. Naltrexone is available in pill form, which is taken every day or every other day as directed. It is also available as a monthly intramuscular injection (Vivitrol).

Who can prescribe it?
Any physician; there are no special requirements to prescribe naltrexone.

Why do some people prefer naltrexone?

- They have had past success with naltrexone.
- It reduces alcohol cravings, making sobriety easier for some people; it requires one decision a few times each week (oral naltrexone) or one decision monthly (Vivitrol), instead of many decisions throughout the week or month.

What are the drawbacks of naltrexone?

- The person must be completely free of all opioids for 7 to 10 days before taking naltrexone, or it will cause withdrawal symptoms, which can be extremely severe.
- Naltrexone blocks all opioids: that could be a problem in case of an accident or other circumstance requiring an opioid painkiller.

Acamprosate
Acamprosate (Campral) was approved for the treatment of alcohol use disorders in 2004.

How does it work?
It is not clear how acamprosate works, but it eases some of the discomforts of early recovery. It seems to help calm brain activity and ease insomnia and anxiety, reducing cravings and relapse. It is taken orally, usually three times a day.

Who can prescribe it? Any physician; there are no special requirements to prescribe acamprosate.

MEDICATIONS FOR ALCOHOL USE DISORDERS | *continued*

Why do some people prefer acamprosate?

- They have had past success with acamprosate.
- Prevents relapse without some of the drawbacks of disulfiram or naltrexone.
- It can be used by people using opioids for pain or addiction treatment.

What are the drawbacks of acamprosate?

- It must be taken three times each day.
- It has demonstrated less effectiveness than other alcohol medications.

Considering the Options

Please answer these questions to help weigh the option of using these medications.

Have you taken any of these medications in the past?

Yes _____ No _____

If yes, what have you taken?

_____

Do you feel it helped you?

Yes _____ No _____

Would you like to look into any of these medications?

Yes _____ No _____

Would you like a therapist's help with:

_____ a) a referral to an addiction medicine specialist?

_____ b) scheduling an appointment with your physician to discuss these options further?

_____ c) neither of these. I am not interested in using medications.

• • •

Feeling Good about Getting Well

Addiction: A Brain Disease

The brain is an organ, just as the heart and liver are organs. Few people question taking medication for a problem with the heart or liver, but there are often mixed feelings and even negative opinions about taking a medication for addiction—a problem with the brain.

You can't control what others think. But it is important that you have an accurate perspective on addiction medications, and that you feel good about your choice to use a medication as part of your recovery. Answering these questions will help you explore your own perspectives.

1. Do you ever feel you are still "taking drugs" because you are taking an addiction medication?

   Yes _____ No _____

   How do you feel about taking an addiction medication?

   _____

   _____

   _____

   _____

   _____

2. How does your family feel about your taking an addiction medication?

   _____

   _____

3. How do others you know feel about your decision to use addiction medication to assist treatment?

   _____

   _____

FEELING GOOD ABOUT GETTING WELL | *continued*

Some Facts

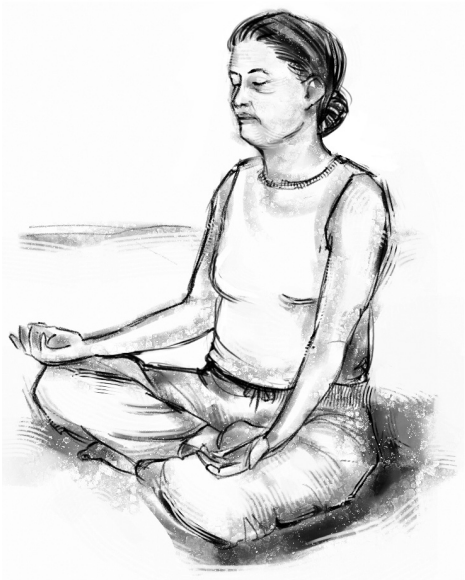
Fact: Taking addiction medication is not the same as "taking drugs." Addiction medications are taken to get well; drugs are taken to get high.

Fact: Everyone is different. Some people recover on their own without any outside support; some go through treatment; some go to self-help meetings; some take medication; many do a combination. Doing whatever you need to do to get well is a good thing, and you should feel good about it.

Feel Good about Addiction Medications

- Your goal is to get well, to recover from a substance use disorder.
- Everything you do to reach that goal is good, and you should feel good about it.
- If addiction medications help you reach your goal, you should feel good about taking them.
- Addiction medications are not a "necessary evil," rather, they are an ally supporting you in recovery.

• • •



There Is More to Recovery Than Medication

How much is your addiction medication helping?
Medications for substance use disorders can have subtle effects or profound effects. If your medication is working quickly and well, it may seem to be the complete answer to your addiction. Withdrawal and cravings may be entirely gone. (Opioid medications such as methadone and buprenorphine may seem to be especially effective.)

How much does your addiction medication contribute to your recovery?

_____ Not at all _____ Very little _____ A moderate amount

_____ A lot _____ An enormous amount

Why do more?
Relief from withdrawal symptoms and cravings is a big help in recovery. But there are other areas of life affected by addiction that should be addressed, including your emotional life, your cognitive patterns (how you think), your spiritual life, and behavioral patterns (lifestyle changes). Simply stopping substance use without making these other changes is what Alcoholics Anonymous (AA) calls the "white-knuckle sobriety" of a "dry drunk." The substances are gone, but everything else is the same. In this situation the distance to relapse can be very short. It is as if the stage is set for relapse to occur.

Addiction medications are just one piece of the process—sometimes an essential piece—that allows the rest of recovery to happen. They can open the door to the broad personal changes that make for long-term recovery success.

How much do you feel you are doing to grow in each of these areas? What else could you do in each area?

Emotional life (Dealing with feelings)

_____ Nothing _____ A little bit _____ A moderate amount

_____ A lot _____ As much as possible

THERE IS MORE TO RECOVERY THAN MEDICATION | *continued*

What more could you do?

_____

_____

Cognitive patterns (Examining my thinking)

_____ Nothing _____ A little bit _____ A moderate amount

_____ A lot _____ As much as possible

What more could you do?

_____

_____

Spiritual life (Considering life beyond the material or physical)

_____ Nothing _____ A little bit _____ A moderate amount

_____ A lot _____ As much as possible

What more could you do?

_____

_____

Behavioral patterns (Looking at my actions)

_____ Nothing _____ A little bit _____ A moderate amount

_____ A lot _____ As much as possible

What more could you do?

_____

_____

• • •

Staying the Course

Mixed Messages on Medication

Some people in the recovery community have been slow to accept medications for substance use disorders—for example, some people at self-help meetings, some people in treatment, and even some treatment providers. You might hear messages like these about taking addiction medications in recovery:

- "You're not clean and sober until you stop taking everything."
  (Not true. "Clean and sober" does not apply to medications taken under a physician's supervision.)
- "A drug is a drug."
  (Addiction medications are not the same as illicitly taken drugs.)
- "Medication is a crutch."
  (If you break your ankle, you may need a crutch. If you have a medical condition, whether it is hypertension, infection, or addiction, you may need medication. There is nothing wrong with using any available help to get well.)

What Have You Heard?

Have you heard anyone express such beliefs and opinions?

Yes _____ No _____

If so, what was said, and how did you respond?

_____

_____

The Twelve Step Program Position on Medication

Even though anti-medication opinions are sometimes heard in Twelve Step meetings, these opinions are not in line with the official positions of Alcoholics Anonymous (AA) and Narcotics Anonymous (NA). Here are some statements made by these organizations:

> "No A.A. member should 'play doctor'; all medical advice and treatment should come from a qualified physician."
> —*The AA Member: Medication and Other Drugs,* AA, 1984, 2011.

STAYING THE COURSE | *continued*

> "It becomes clear that just as it is wrong to enable or support any alcoholic to become readdicted to any drug, it's equally wrong to deprive any alcoholic of medication which can alleviate or control other disabling physical and/or emotional problems."
> —*The AA Member: Medication and Other Drugs,* AA, 1984, 2011.

> "The ultimate responsibility for making medical decisions rests with each individual."
> —*In Times of Illness,* NA, 1992, 2010.

> "Narcotics Anonymous as a whole has no opinion on outside issues, and this includes health issues."
> —*In Times of Illness,* NA, 1992, 2010.

What To Do?

If a person taking medications is faced with criticism, intolerance, and even banishment from treatment or meetings, it's hard to know what to do. The options may appear to be these: lie about taking medications, keep it a secret, or disclose this information and suffer the consequences. Lying and secrets are not consistent with recovery, but suffering unfair consequences of the truth is hard to face.

There is not one simple answer, but consider these factors:

1. It is important that you **do what is best for you and follow the advice and direction of your physician.**

2. If you feel uncomfortable in your treatment program because of others' opinions about these medications, **talk to your therapist.** You can also ask your physician to talk to your therapist, if need be.

3. Some self-help meetings are more open and tolerant than others. Rather than lying or keeping secrets, try to **find a meeting whose members are accepting of medication-assisted treatment.**

Stay the Course

If you and your physician have decided that your best course of action in recovery includes medication, stick with that plan. Don't let misguided comments and criticisms steer you off course.

• • •

Helping Checklist for MAT Family Members

(Middle Stage of Recovery)

1. Family members: Check any items you are willing and/or able to do to help.
2. Participants: Check any items that you feel would be helpful to you.
3. Then, together, note the items checked by both family members and the participant. Use them to form a helping contract.

Check any of the following you are willing and/or able to do to help. Then talk with the recovering person to see which of those items would be helpful to him or her.

Family	Participant	
_____	_____	1. I will continue to participate in this recovery program even when it is inconvenient or uncomfortable.
_____	_____	2. I will help you think of new things to do and places to go that do not involve drugs and/or alcohol.
_____	_____	3. I will go with you to exercise.
_____	_____	4. I will leave whenever I need to in order to maintain my own peace of mind.
_____	_____	5. I will tolerate emotional changes in you as part of recovery, as long as you are not abusive.
_____	_____	6. I will listen supportively to you, try to understand what you're going through, and be willing to talk to you about my feelings.
_____	_____	7. I will ignore any threats you make regarding use, knowing you have to decide that for yourself.
_____	_____	8. I will not act as a police officer with regard to whether you have used alcohol or other drugs.
_____	_____	9. I will do one nice thing for myself every day.

HELPING CHECKLIST FOR FAMILY MEMBERS | *continued*

Family	Participant	
_____	_____	10. I will make every effort not to fall into our old negative patterns of behavior.
_____	_____	11. I will remember that I am responsible only for my own behavior, not for yours.
_____	_____	12. I will try to find outlets to enrich my own life and not expect you to make me happy.
_____	_____	13. I will learn to live with the mood swings that are a normal part of your recovery and avoid being afraid that you might relapse.
_____	_____	14. I will support you in whatever decision you make with your physician, whether it is continuing or discontinuing addiction medication.
_____	_____	15. I will tell you if I see changes that concern me regarding your taking or discontinuing addiction medication.
_____	_____	16. I will attend visits with you or your physician when I am invited.
_____	_____	17. Other:

_____

_____

_____

_____

_____

_____

_____

• • •

Your Medication Plan

Plan Ahead

- As you move forward, it is important to **have a plan** for every aspect of your recovery, including taking your addiction medication.
- Whether you plan to take it for a specific period, take it indefinitely (maybe forever), or stop use now, you should **make a plan together with your physician**.
- Many people assume it is always good to stop taking medications eventually. They assume that everyone in recovery should have the goal of being completely "drug free," including stopping their addiction medications. This is not true. The goal should be to **do what is best for you as determined by you and your physician**.

Don't Be Your Own Physician

- Remember, you should never make medication decisions on your own.
- You should never increase, decrease, or stop a medication without your physician's advice and direction.
- In fact, making medication decisions secretly or independently may be a sign of possible relapse.

Your Plan

Have you discussed a medication plan with your physician?

Yes _____ No _____

Do you have a plan? If so, what is it?

_____

_____

Some Considerations

If you haven't made a plan yet, consider these questions when you talk to your physician:

1. If you have taken addiction medication in the past, how have you done when you stopped?

   (If the answer is "I relapsed," what would be different this time if you stopped the medication?)

YOUR MEDICATION PLAN | *continued*

2. Are you still occasionally using alcohol or other drugs?

   (If you are drinking or using occasionally when on the medication, could it become more frequent if you stop?)

3. Do you still encounter people or places that you associate with substance use?

   (Continued contact with the world of alcohol and other drug use increases the risk of relapse.)

4. Is your family situation stable? Does your family support your recovery? Are things generally peaceful and friendly? Is anyone in your home drinking or using drugs?

5. Are you employed or in school?

All of these factors can affect your decision to stay on a medication or to stop it. Be sure to discuss all of these matters with your physician. When you and your physician have made a medication plan, share it with your therapist, sponsor, and your family.

• • •

Other Medications

In the past, many people in recovery were discouraged from taking medications, particularly for psychiatric conditions or for pain. Why? The concern was that the recovering person would transfer the substance addiction to this other medication, or perhaps slip into abusing the medication. Yes, some medications do have the risk of abuse. But there are ways to reduce the risk without denying necessary medications for conditions that need treatment.

Psychiatric Medications: Cause for Concern

Many psychiatric medications have no abuse potential and can be taken by people in recovery. But these two groups of medications give some cause for concern:

- **Sedatives**. Some medications for anxiety and sleep may have an abuse potential and a risk of addiction.
- **Attention-deficit/hyperactivity disorder (ADHD) medications**. Some of these medications have stimulant properties and can be used inappropriately for that effect.

Pain Medications: Cause for Concern

Some pain medications have no abuse potential (for example, acetaminophen and ibuprofen.) But remember this:

- **Opioid pain medications** do have abuse potential and can lead to addiction. This risk is particularly strong for those with a history of an opioid use disorder.

Managing the Risk

What can you do to reduce the risk of abusing or becoming addicted to medications for other physical or psychological conditions?

- Always **inform your health care professionals** of your substance use disorder (including physicians, dentists, and psychiatrists).
- **Inform your family, therapist, and sponsor** of what you have been prescribed.
- Always **follow your physician's directions** when using these medications.
- **Never increase, decrease, or stop taking medication** without your physician's advice and direction.
- Secretly or independently making medication decisions may be a **sign of possible relapse**.

• • •