

RECOVERY FROM OPIOID ADDICTION



STRATEGIES FOR DRUG FREE LIVING

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Any questions or concerns about an opioid addiction or treatment options (medications as well as programs to aid recovery) should be directed to a professional.

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Recovery from Opioid Addiction: Strategies for Drug-Free Living

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About this Workbook

This *Workbook* is designed to help individuals who are recovering from an opioid addiction. This includes addiction to street drugs like heroin as well as prescription narcotics or pain medications like Oxycontin or Percocet. It provides information about addiction, medication treatments, rehabilitation programs and counseling, recovery and relapse prevention, co-occurring psychiatric disorders and other addictions.

About Interactive Workbooks and Journals

Workbooks and journals are brief, informative, user-friendly and useful for individuals with psychiatric illness, substance use disorders, and/or co-occurring disorders (psychiatric and substance use disorders combined). These materials can be used in addiction medicine programs, mental health programs, and dual diagnosis programs. Many are listed on the back page of this workbook. Descriptions of materials are available on the webpage: www.drdenniscdaley.com.

About the Authors

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Drs. Daley, Sullivan and Douaihy all provide workshops and lectures throughout the U.S. and other countries. They work together in the Appalachian Tri-State Node of the Clinical Trials Network of the National Institute on Drug Abuse.

1. Understanding Opioid Addiction

The Many Faces of Opioid Addiction

Lynn used to be addicted to heroin. “But,” she said, “I learned my lesson and paid my dues. I spent four years in prison after getting busted for crimes to pay for my dope.” After finishing her time, Lynn got a new lease on life and settled down in her own apartment and worked full-time. She stayed clean for 18 months. “Then, one day a friend offered me some pot. We got mellow. Hey, no big deal. A few weeks later I dabbled in cocaine, but didn’t like it. Coke ain’t nothing like good dope.” Soon, Lynn was shooting heroin again, even though she had to give urine samples as part of her parole. Her PO helped her get back into treatment and NA. Lynn has been taking buprenorphine for almost a year and sees a counselor regularly. She says “I can’t use anything, even pot, or I’ll relapse to heroin. Recovery has to be my number one priority or I won’t make it.”

Shawn has been off pain pills for over a year. “I went to rehab and counseling, and NA meetings. I got a sponsor who is helping me work the 12-Steps. I’m active in Church again. I work hard every day to stay drug free and have been clean for over a year. Since I got back on track I’m working and taking care of my responsibilities.”

Shannon had depression, marital problems, and problems with pain medicine and alcohol. Throughout her marriage she abused alcohol and cocaine. Her drug of choice then became painkillers, which she first took after a shoulder injury. She reported that they made her feel “relaxed and calm.” Shannon went to different doctors where she would complain of pain and anxiety to get painkillers and tranquilizers. Her husband finally confronted her when he came home to find her passed out on the couch and she could not be aroused. Shannon reluctantly agreed to seek help after she realized that her overdose was “a wake-up call,” otherwise she would lose her family. Shannon completed an inpatient program where she was treated for depression, anxiety and opioid addiction. She then continued treatment in a daily partial hospital program and is now in individual therapy and taking an antidepressant.

These stories show the many different ways addiction to opioids can show. While every case is different, the best way to view your problem is to see it as “addiction,” not the use of drugs. Drugs may lead to the addiction, but addiction is your problem. The best way to manage your addiction is to engage in an active program of recovery.

Purpose of Workbook

This workbook will help you engage in an active program of recovery from opioid addiction. It provides information, asks you to evaluate your opioid addiction and your life, and provides you with guidance on practical things you can do to help yourself recover. This workbook will ask you to review your history of drug use and the effects on your life and the lives of others. It discusses treatment options, strategies to reduce

your risk of relapse, how to deal with other addictions and how to deal with a psychiatric disorder. Most importantly, this workbook emphasizes “recovery,” or steps you can take to change and help yourself over the long-run because there are no short cuts.

Discuss your answers to our questions with an addictions counselor, Narcotics Anonymous (NA) or Alcoholics Anonymous (AA) sponsor or other trusted person.

Opioid Drugs and Routes of Administration

Opioids are also known as “pain killers or narcotics” and include natural or synthetic drugs such as heroin, morphine, codeine and many other analgesics or pain relievers. More people are addicted to prescription opioids than street drugs like heroin. These drugs produce a dreamy or euphoric state, lessen feeling of pain, slow breathing, cause constipation, and constrict the pupils.

Examples of opioids are: oxycodone (Percocet, Percodan, and long-acting OxyContin); propoxyphene (Darvon); hydrocodone (Vicodin, Lortab, Loracet); hydromorphone (Dilaudid); fentanyl patch (Sublimaze, Duragesic); buprenorphine (Subutex, Suboxone), methadone; oxymorphone (Opana); codeine (Tylenol 2’s, 3’s, 4’s, Robitussin AC or DAC) and meperidine (Demerol). The commonly used street drug, heroin, is morphine that has been changed chemically. Once it enters the brain, it is converted back to morphine. The difference among various opioid drugs is in how quickly they reach their site of action (opioid receptors) and how much of a drug it takes to activate the receptors.

Most opioid drugs are easily absorbed into the body from many different routes, mainly because they dissolve in fatty substances and so can cross into cells. Heroin is usually injected, sniffed/snorted, or smoked. All forms of heroin administration are addictive. Snorting heroin works because it can be absorbed across the lining of the nose. Most other opioids cannot be absorbed well after snorting. Many users of heroin start using it either through snorting or skin-popping (injecting just beneath the skin). Some dissolve and inject this drug intravenously (called mainlining or shooting). Shooting heroin provides the greatest intensity and most rapid onset of euphoria. This is the most common method of use among addicted persons seeking treatment.

Snorting other opioids has become common, especially among new users. These users avoid the stigma of injecting a drug and may mistakenly believe that they cannot become addicted if they don’t inject drugs. Among the stronger opioids, hydromorphone, hydrocodone, oxycodone, oxymorphone and methadone are available as pills and some individuals use them initially before switching to heroin, a cheaper and more easily available drug. Sometimes, drug users grind up pills of oxycodone and inject them.

What is Opioid Addiction?

Addiction refers to obsession with, and compulsive use of opioids. You continue to use drugs despite experiencing problems because you need them. Over time, you build up a tolerance, requiring more opioids to achieve the high or desired effect. When you cut

down or stop using opioids, you get sick and experience withdrawal symptoms. For many opioid addicted people drug use is the central focus of their lives. Life revolves around getting and using drugs, and doing whatever it takes to avoid withdrawal sickness.

NA and AA define addiction as the inability to control your use of opioids, other drugs or alcohol. This is referred to as "powerlessness," and means that substances control your life, which results in "unmanageability," or problems in your life. These problems may relate to any area of your life--physical health, emotional well-being, family or social relationships, work or school, the law, financial condition and so forth. These problems may be severe or even fatal as some people die from their addiction.

The American Psychiatric Association states a person is "dependent" or addicted when three of these symptoms are present: 1) increase in tolerance (you need more of the drug to get the desired effect) 2) decrease in tolerance (you can't handle as much); 3) withdrawal symptoms are experienced when you cut down or stop using drugs; 4) using drugs regularly to avoid withdrawal symptoms; 5) taking more of a drug or for a longer period than intended; 6) persistent desire or unsuccessful attempts to cut down or control your drug use; 7) you spend a great deal of time in getting, using or recovering from the effects of a substance; 8) you give up important activities due to use (social, work, leisure); and 9) you continue to use drugs despite knowing this causes you problems.

Addiction to Painkillers

Most people who take narcotics or pain medication as directed do not develop problems with an addiction. The key is to take the medication exactly as prescribed by your doctor. Pain pill addiction can develop very subtly. Warning signs that may indicate you're at risk for getting addicted to these drugs include:

- You misuse the medications and take more than your doctor has prescribed.
- You "doctor shop," trying to get prescriptions from multiple doctors.
- You use other drugs and alcohol to increase the effects of the pain medications.
- You take your pain medications to deal with anxiety, depression and stress.
- You seek more medication for changes in symptoms and resist non-medication approaches to problems such as pain or anxiety.
- Your friends or family express concerns about your behaviors and use of drugs.
- You lie about or minimize your use of these medications.

If you're worried about possible pain medication addiction, be honest with your doctor and therapist and discuss options to address your pain and minimize the risk of addiction. If you're already struggling with opioid addiction, your risk of having pain is high, so it is important that you discuss with your doctor the least risky options to treat your pain problem or ask your doctor to refer you to a pain specialist.

Understanding Opioid Addiction

Addiction includes both positive and negative reinforcements as motivation for drug-seeking behaviors. Positive reinforcement that leads to continued use includes tension relief, feeling a “rush” or state of euphoria or feeling “chilled out.” Negative reinforcers include withdrawal symptoms experienced when you cut down or stop using opioids once you are addicted. To avoid negative reinforcers, you continue to use opioids regularly.

Scientists acknowledge opioid addiction as a “brain disease” that disrupts the part of your brain responsible for experiencing normal pleasure, controlling how you think, solve problems, manage your emotions and relate to others. These drugs change the brain. Addictive drugs such as opioids are thought to interact with the brain’s reward system. These substances provide you with “positive reinforcement,” which then leads to continued use despite any problems caused by such use. Opioids or other substances may become more important than “natural rewards” from eating, sex, socializing with friends, or other positive experiences or accomplishments.

Addiction to opioids and other substances is caused by many physical, psychological and social factors. Addiction runs in families so some of us are at higher risk than others. This is the same as other illnesses like diabetes, heart disease or major depression running in families. Psychological factors contributing to addiction include your personality, your coping skills, and your ability to manage problems and stresses in your life. Social factors include access to substances, and the influence of family and friends.

All you need to know at this point in your recovery is that many different factors working together contributed to your opioid addiction. Your challenge is to accept your addiction, and work hard to get and stay drug-free.

Effects and Consequences of Opioid Addiction

Short-term effects may be pleasant, but these do not last. If heroin is injected intravenously, there is an immediate tingling sensation in the body that users describe as similar to sexual orgasm. There is a feeling of euphoria, or “rush,” followed by drowsiness or “being on the nod.” Worries and anxieties melt away. Other effects include nausea, vomiting, and itching. Heroin may also cause depressed breathing and decreased blood pressure. This drug can slow down the gastrointestinal system causing constipation, which makes it hard to have normal bowel movements.

The addicted person tends to focus mainly on obtaining and using the drug. The person may neglect his health, eat poorly, and suffer complications of poor self care. Addicted people also engage in risky behaviors associated with obtaining and using drugs including violence, criminal behaviors, unprotected sex, sex to obtain money for their next fix. Risky sexual behaviors can lead to sexually transmitted diseases (STDs), HIV, and hepatitis C. Many people who inject drugs and share needles or equipment are at risk for contracting HIV or hepatitis B or C. Other complications include cellulites (skin infection), endocarditis (infection of the heart) and tuberculosis.

Addiction During Pregnancy

Heroin and other opioid addiction can cause complications during pregnancy, including miscarriages and premature delivery, and lead to the baby needing to be in the Neonatal Intensive Care Unit. Children born to addicted mothers are at high risk of sudden infant death syndrome as well. Pregnant women should not be routinely detoxified from opioids because of the risk of abortion or premature delivery. If detoxification is desired by the parents, then the risks versus the benefits should be discussed, and this should only be attempted under controlled conditions in the hospital. Treatment with methadone has traditionally been prescribed and is still often recommended as the safest approach. Infants born to mothers taking prescribed methadone may show signs of physical dependence, but these can be treated easily. Recent studies show that conversion to buprenorphine can also help the addicted woman and fetus. Pregnant women and fathers of their children should talk with their doctors about the safest treatment options. Early and good prenatal care, follow up with post-natal care, good pediatric care for the new baby, and involvement in treatment and recovery programs can help the addicted woman get her life back on track while giving her baby the best option for a healthy life.

Dangers of an Overdose of Opioids

When you increase the amount of opioids you use or mix these with other drugs or alcohol, you could overdose and even die. Overdoses happen with extremely potent and pure heroin. Deaths from heroin are frequently consequences of combinations of heroin with fentanyl, cocaine, alcohol, benzodiazepines such as Xanax, Ativan, Klonopin, or Valium, barbiturates or other substances. For example, fentanyl is particularly dangerous because it is much more potent than heroin and can rapidly stop breathing even in longtime users (go to <http://harmreduction.org/OVERDOSE/> for more information).

Opioid Withdrawal Syndrome

Long-term use can lead to physical addiction, which occurs because your body adapts to the presence of the drug and reacts when you stop or cut down how much you use. Withdrawal from opioids is not life threatening but is very uncomfortable. It is similar to a moderate to a severe case of the flu. It occurs within 8 to 10 hours after the last dose for heroin and within 48 hours to 72 hours for longer-acting opioids such as OxyContin or methadone. Symptoms include yawning, sweating, coughing, runny nose, and sneezing. After 48 to 72 hours, the symptoms get worse and include insomnia, sweating, goosebumps, muscle and joint pain, diarrhea, nausea, vomiting, anxiety, irritability, and cravings. After 7 days, symptoms usually stop. However, some addicted individuals may experience symptoms for another 1 to 3 weeks.

Hepatitis and HIV Disease

Hepatitis C (HCV). Intravenous drug use (IVDU) is the major cause of transmission of the hepatitis C virus (HCV) in the Western World. The most common mode of

transmission is through sharing needles. HCV is spread by contact with the blood of an infected person. Hepatitis C is a liver disease caused by HCV, which is found in the blood of persons who have the disease. Individuals can protect themselves from getting hepatitis C by never sharing opioids, never reusing or sharing needles, water, or drug “works.” Once infected with HCV, an estimated 15% to 40% of infected individuals clear the virus spontaneously whereas the majority develops chronic HCV infection.

Many people with chronic hepatitis C have no symptoms of liver disease. If symptoms are present, they are usually mild and nonspecific and may include fatigue, nausea, poor appetite, and muscle and joint pains. HCV is now one of the most common causes of liver cirrhosis and liver cancer. About 30% of people with chronic hepatitis C may eventually progress to cirrhosis or cancer of the liver. It takes 10 to 30 years to develop cirrhosis in the majority of individuals with HCV. Alcohol abuse and HIV infection may accelerate the progression of liver disease.

There are several blood tests that can be done to determine if you have been infected with HCV. Your doctor may order one or a combination of tests, for example liver biopsy, to determine whether you have been infected with HCV and how your liver is affected by the infection.

There are numerous challenges in treating hepatitis C in opioid-addicted individuals. Psychiatric illness, social problems, non-adherence to treatment, and active use of drugs remain barriers to effective treatment. IV drug users require close medical supervision, special resources, involvement in recovery, and working with specialists. Continued use of opioids leads to enhanced viral replication and increased injury to the liver.

Alpha interferon and alpha-interferon based injectable treatments (such as pegylated interferon) are used for hepatitis C. They help the body get rid of the infected cells, while preventing the healthy cells from being infected. The usual length of treatment is 24 to 48 weeks. The combination of interferon and ribavirin is the treatment of choice resulting in sustained response rates of 40% to 80%. Ribavirin is a medication in pill form. Individuals who take the medications sometimes feel worse before they feel better. Side effects of interferon therapy include flu-like symptoms early in treatment, which usually lessen with continued treatment. Later side effects include moodiness, depression, suicidal thoughts, hair loss, trouble concentrating and sleep problems with decreased appetite and weight loss. You should report what you are feeling to your doctor to get help with side effects.

Hepatitis B is another liver infection spread through exposure to dirty needles when users inject opioids. Many people with hepatitis B get the virus from having sexual contact with hepatitis B sufferers who inject substances intravenously. Hepatitis B tends to be more aggressive than hepatitis C and a significant percentage of people with hepatitis B develop a chronic form of the disease that could lead to cirrhosis of the liver, liver failure, and death. Treatment for hepatitis B with interferon is a promising option.

Human Immunodeficiency Virus (HIV) can infect anyone who engages in risky behaviors such as sharing needles and syringes, having sexual contact with an infected person

without using a condom and having sexual contact with someone whose HIV status is unknown. It is frequently spread among IV drug users and sharing needles contaminated with blood from someone infected with the virus. The term AIDS applies to the most advanced stages of HIV infection. Because early HIV infection often causes no symptoms, your doctor can usually diagnose it by testing your blood for antibodies (disease-fighting proteins). Unfortunately there is no cure for HIV infection. However, HIV is a treatable illness. The currently available treatment called antiretrovirals (CART) can reduce the amount of HIV in the blood (viral load) to the point that it is “undetectable,” which is the goal of treatment. Being free from opioid drugs makes it easier to stick to an HIV treatment regimen, and much more likely that you will live a longer, healthy, and productive life. Being on methadone or buprenorphine can contribute to a decreased risk of HIV transmission as these drugs enable the recovering addicted person to feel normal without having to use heroin or other opioids.

Why Get Help for Opioid Addiction?

Low motivation to stop using drugs or poor judgment caused by addiction prevent many addicted people from getting help. They may seek help when pressured, forced, convinced, or encouraged by a boss, family member, parole or probation officer, attorney, doctor, or friend. Whatever the reason you are in treatment, you have a chance to turn things around, even if you are not sure you want to change.

Due to the nature of addiction, it is common in early recovery to have opposing thoughts. On one hand, you accept your addiction and want to stop using opioids or other substances. On the other hand, you do not want to stop using. These mixed feelings are called “ambivalence.” These feelings are common and normal and show in negative attitudes and behaviors such as complaining about sponsors, counselors, arguing with others about your substance use, resisting NA/AA meetings, counseling, medications or other treatment or recovery activities.

Many people are afraid to change. They worry whether or not they are capable of changing. They do not want others telling them what to do. They want quick and easy fixes for their problems or want to feel in control of their lives. Many people who stop using substances do so reluctantly at first. Honestly admitting what you believe or feel allows you the opportunity to eventually do something about it. To help clarify where you stand, answer the following questions.

Recovery Activity

1. Why did you come to treatment for your opioid addiction? Who, if anyone, convinced or pressured you to seek help, and why did they do this?

-
-
-
-
-
-

-
-
-
-
-

- ☐ Not sure if I need help ☐ I need help ☐ I definitely need help

- [illegible]

2. Assessing Your Opioid Addiction

To help you decide upon what you need to do to help yourself regarding professional treatment and recovery, it helps to assess your history of use of opioids and all other substances. Complete the following by checking the items that relate to your use.

Opioids and other substances I have used

- ☐ Opioids: heroin
- ☐ Opioids: morphine (Kadian, Avinza, MsContin)
- ☐ Opioids: codeine, oxycodone (OxyContin, Percodan, Percocet)
- ☐ Opioids: hydrocodone (Lortab, Lorcet, Vicodin), propoxyphene (Darvon)
- ☐ Opioids: fentanyl (Duragesic)
- ☐ Opioids: hydromorphone (Dilaudid)
- ☐ Opioids: meperidine (Demerol)
- ☐ Alcohol
- ☐ Cocaine, freebase, or crack
- ☐ Crank, speed, methamphetamine or other uppers or stimulants
- ☐ Designer or “club” drugs (Ecstasy, GHB, and Ketamine)
- ☐ Hallucinogens (LSD, STP, DMT, mushrooms)
- ☐ Inhalants (glue, gasoline, solvents, poppers, snappers)
- ☐ Marijuana (pot or hash)
- ☐ PCP (angel dust)
- ☐ Tranquilizers such as benzodiazepines, sleeping pills, sedatives or downers
- ☐ Others (write in): _____

How many days have you used opioids in the past 90 days?

- ☐ 0 ☐ 1-5 ☐ 6-10 ☐ 11-20 ☐ 21-30 ☐ 31-60 ☐ 61-90 ☐ every day

How long have you been using opioids?

- ☐ less than 1 year ☐ 1-5 years ☐ 6-10 years ☐ 11-20 years ☐ over 20 years

If you use daily, how many times each day do you ingest opioid drugs?

- ☐ 1-2 times ☐ 3-4 times ☐ over 5 times

How many days have you used alcohol or other drugs in the past 90 days?

- ☐ 0 ☐ 1-5 ☐ 6-10 ☐ 11-20 ☐ 21-30 ☐ 31-60 ☐ 61-90 ☐ every day

How long have you been using alcohol or other drugs?

- ☐ less than 1 year ☐ 1-5 years ☐ 6-10 years ☐ 11-20 years ☐ over 20 years

My pattern of substance use (check items that describe your use)

- ☐ I've used opioids every day, often several times each day.
- ☐ I've mixed drugs to "boost" their effects so I could use longer.
- ☐ Once I start using, I can't stop.
- ☐ I can consume large amounts of opioids, my tolerance is high.
- ☐ My tolerance has gone down, and I get high quicker now than in the past.
- ☐ I've suffered from withdrawal sickness when I stopped or cut down.
- ☐ I have had to use opioids throughout the day to prevent withdrawal sickness.
- ☐ I've tried several times to cut down or stop, but I just couldn't.
- ☐ I've used pain medicine or tranquilizers from more than one doctor at a time.
- ☐ I've lied to doctors to get opioids or tranquilizers.
- ☐ I've bought opioids from pain patients.
- ☐ I've bought opioids from cancer patients.
- ☐ I've bought opioids from a dealer.
- ☐ I've used drugs prescribed to family members or friends.
- ☐ I've injected drugs into my veins or muscles.
- ☐ I've overdosed on opioids or other drugs.
- ☐ Even though opioids or other drugs caused problems, I continued to use.
- ☐ I've freebased cocaine or smoked crack.
- ☐ I've switched addictions from one substance to another.
- ☐ I've gone to "shooting galleries" or "crack houses" to get high.
- ☐ There have been times in which I lived mainly to get my next high.
- ☐ I started getting high early in life (before or during teenage years).
- ☐ I've gotten high at work.

How would you rate the severity of your opioid addiction?

- ☐ Low ☐ Moderate ☐ Severe ☐ Life threatening

What conclusions would you draw about your use of opioids and other substances?

Discuss this completed review with a professional who understands opioid addiction or an NA sponsor. An "objective" person can help you understand and determine what kind of treatment program you need.

3. Evaluating the Effects of Your Opioid Addiction

In the previous section, you examined your pattern of opioid and other substance use. In this section, you will review the specific effects of opioid use on your life. Check the items that relate to your use of opioids, other drugs and alcohol and answer the questions.

Effects on my physical or sexual health

- ☐ I've had medical problems.
- ☐ I have hepatitis (B or C) or am worried I may have it.
- ☐ I've had medical problems from using dirty needles.
- ☐ I am HIV+ or have AIDS.
- ☐ I am worried that I may be HIV+.
- ☐ As a result of my use, I didn't take care of my health or appearance.
- ☐ I've been injured in accidents, falls, or fights because of my use.
- ☐ I've said or done things when using that I could not remember (blackouts).
- ☐ I've experienced strong cravings even after I was off drugs for a while.
- ☐ My addiction has led to loss or decrease in my sexual energy or interest.
- ☐ I've had trouble performing sexually because of my use.
- ☐ My use led to unsafe sexual behavior.

Effects on my attitudes, behaviors, mental health, and work or school

- ☐ Using opioids has become central in life or I am obsessed with use.
- ☐ I'm not sure that I want to stop using opioids or other substances.
- ☐ I'm not convinced that I have an addiction to opioids.
- ☐ To get money for drugs, I've committed crimes or scammed others.
- ☐ To get money for drugs, I have prostituted myself.
- ☐ I've sold drugs to help support my addiction.
- ☐ I've been arrested for crimes committed to support my addiction.
- ☐ When I use, my behavior becomes unpredictable.
- ☐ I've hurt others or threatened them to get money for drugs.
- ☐ I lied about my opioid use to cover it up.
- ☐ I feel guilty or shameful for things I've done to others.
- ☐ I've done things while using that others will find hard to forget or forgive.
- ☐ My use of opioids has caused serious emotional or mental problems.
- ☐ I've thought about or attempted suicide.
- ☐ When I am high, I act on my feelings without thinking things through first.
- ☐ I've done a lot of "bad" things as a result of my addiction.
- ☐ I've made foolish decisions because of my addiction.
- ☐ I've experienced financial problems as a result of my addiction.
- ☐ I've been a victim of violence (shot, stabbed, robbed, beat up, or raped).
- ☐ My addiction caused problems in school (poor grades, kicked out or quit).
- ☐ I've quit jobs, got fired, or had serious job problems due to my addiction.
- ☐ My use has led to feeling spiritually empty or abandoning my religion.

Effects on family and social relationships

- ☐ My addiction has caused problems for my family.
- ☐ I have family members who may never forgive me for what I've done to them.
- ☐ I've neglected or avoided family responsibilities.
- ☐ My addiction has led to financial hardships on my family.
- ☐ I did not meet my family obligations.
- ☐ I avoided my family or failed to take an interest in them.
- ☐ My addiction has ruined holidays or special occasions.
- ☐ I conned or lied to my family to get money for drugs or to cover my addiction.
- ☐ I stole from my family to get money for drugs or to cover up my addiction.
- ☐ My spouse left or divorced me due to my addiction.
- ☐ I've had children taken away from me due to my addiction.
- ☐ One or more of my kids has a problem with alcohol or drugs.
- ☐ Some of my family members avoid me because of my addiction.
- ☐ I've spent too much time with others who get high on opioids or other drugs.
- ☐ My use caused me to give up important hobbies or recreational activities.
- ☐ I've lost friendships over my addiction.
- ☐ I hung out with shady characters because of my addiction.
- ☐ I've conned, manipulated, or cheated friends or strangers to get drugs.
- ☐ I have a drug debt that I haven't paid.

Other things that have happened to me or problems that have occurred because of my opioid addiction include:

Review the checklist that you completed. What conclusions would you draw regarding the effects of your opioid addiction?

4. Treatment for Opioid Addiction

Treatment services and programs available for opioid addiction include detoxification, rehabilitation, therapeutic community, halfway house, partial hospital, intensive outpatient, outpatient and aftercare programs. Specialty programs include those for pregnant women, individuals with co-existing psychiatric disorders, and those in need of methadone maintenance or buprenorphine for long-term maintenance treatment.

Detoxification in a hospital, residential or outpatient setting can help if you are physically addicted and need help safely withdrawing from drugs. A short-term residential rehab (less than 30 days), partial hospital (also called “day program”) or intensive outpatient rehab program (3-6 weeks) can help when you need time in a drug-free and structured treatment environment to learn strategies to manage your addiction and engage in recovery. A longer term (several months or over a year) halfway house or therapeutic community program can help if you have had previous attempts at recovery from opioid addiction only to relapse. These longer-term programs can also help you with vocational issues and job preparation.

Treatment may require medication-assisted treatment. Medications help you safely withdraw from opioids or other addictive drugs, as a “replacement” for drugs such as heroin, or to lower the risk of relapse to alcohol or drug use. Section 5 will discuss medications in greater depth, especially methadone and the newer drug, buprenorphine. Both of these drugs are used for detoxification as well as long-term maintenance.

Outpatient counseling or therapy can help you to deal with problems contributing and resulting from your opioid addiction, and to meet the challenges of ongoing recovery following detoxification or a residential program.

Mutual support programs such as NA or AA can help you learn ways to manage your addiction and build a recovery support system. Those who actively participate in NA and AA in addition to counseling often do better than those who do not.

Making the Most Out of Treatment

Studies show that treatment is effective in helping people with opioid and other addictions. To get the most out of professional treatment, follow these guidelines:

- *Keep your appointments and stay in treatment long enough to reap the benefits.* Do not create excuses and leave treatment against the advice of the people providing your care. Dropping out early is usually a bad sign, and often precedes relapse. Be honest and open in your sessions. Do not keep secrets, especially if you relapse. Your counselor is there to help you, not judge you. Attend all sessions even if you are struggling with your recovery. Many people with opioid addiction need ongoing “maintenance” treatment with methadone or buprenorphine for a long time.

- *Follow through with the agreements you make with your counselor or treatment team.* It is up to you to follow your treatment plan and take action to change. Practice using what you learn in treatment in your life. Try to learn as many new coping strategies as you can to manage your addiction and change your life. Use these strategies in your daily life to meet the challenges of recovery.
- *Attend NA or AA Meetings.* Go regularly to meetings, share your problems and struggles with your sponsor or other members, work the 12-steps, and attend AA or NA sponsored activities. Ask NA's/AA's for help and support. Help set up and clean up at NA or AA meetings. ***Do not try to recover alone!***

Recovery Activity: Review of Past Treatment Experiences

Check the types of treatment you have received in the past for your addiction. For each item you check under "treatment programs and counseling or therapy," write in the number of different times you received this treatment during your lifetime.

Treatment Programs and Counseling or Therapy I Have Attended

- ☐ Detoxification: # of times ____
 - ☐ Residential or hospital-based rehab (less than 30 days): # of times ____
 - ☐ Residential or hospital-based rehab (more than 30 days): # of times ____
 - ☐ Halfway House or Therapeutic Community: # of times ____
 - ☐ Partial Hospital or Day Treatment Program: # of times ____
 - ☐ Intensive Outpatient Program: # of times ____
 - ☐ Outpatient Counseling: # of times ____
 - ☐ Program for Women: # of times ____
 - ☐ Program for Dual Diagnosis (Addiction + Mental Illness): # of times ____
 - ☐ Specialty Program for Criminal Justice Problems: # of times ____
1. How many different times have you left a hospital, a Detoxification, or Rehabilitation treatment program against medical advice?
☐ 0 ☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5 ☐ over 5
 2. How many times have you stopped or left an Outpatient, Intensive Outpatient or Partial Hospital or Methadone Maintenance program early, before you finished it?
☐ 0 ☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5 ☐ over 5 times
 3. Overall, how would you rate your personal investment in treatment in the past?
☐ None ☐ Low ☐ Moderate ☐ High ☐ Varied
 4. Overall, how would you rate your personal investment in treatment at the present?
☐ None ☐ Low ☐ Moderate ☐ High

5. Medications for Opioid Addiction

Opioid dependence is a chronic and relapsing medical condition with a well-established neurobiological basis. Medications are used to help you safely withdraw from opioid addiction. Some of these medications are also used as “maintenance” (replacement) drugs to help reduce drug cravings and sustain long-term abstinence.

“Replacement” therapy means substituting a drug with similar actions to replace heroin or other drugs upon which you are physically dependent. Opioid agonist maintenance treatment stabilizes brain neurochemistry by replacing short-acting opioids, such as heroin and oxycodone, with a long-acting opioid, such as methadone or buprenorphine. Opioid agonist maintenance treatment is designed to have minimal euphoric effect, block the euphoria associated with relapse to opioids, eliminate the risk of infections associated with IV drug use such as HIV and hepatitis, and prevent opioid withdrawal. Medications, along with counseling and participation in NA can help you return to a normal life rather than live from one episode of drug use to another. “Recovery” becomes central to your life instead of “addiction.”

Methadone (Methadose, Dolophine)

This is a synthetic long-acting oral opioid. Methadone maintenance (MM) treatment is associated with decreases in criminal behavior, infectious diseases and high-risk behaviors. MM is associated with improved physical and mental health and better ability to function with family, friends or at work. Methadone is highly regulated and is restricted to opioid treatment programs overseen by Federal and State agencies. This medicine is dispensed at a licensed MM program where you go up to 7 days each week for dosing. In addition to dosing, you receive medical care for diseases or infections, and addiction counseling to help you learn to manage cravings and meet the challenges of living drug-free. Counseling can also help you with other addictions or life problems.

MM helps many addicted people, especially those who have tried other treatments but were unable to stop using opioids. It leads to a decrease in opioid cravings, which leads to less need to use opioids. While some people remain on MM for many years, others get off after a year or two. MM has been life saving for many addicted individuals. Many who seek MM have depression and anxiety in addition to their addiction. They may try to control anxiety symptoms with sedatives such as benzodiazepines and self-treat depression with stimulants such as cocaine. With chronic use, self-medication with these drugs backfires and can worsen depression and anxiety and increase your risk of suicidal behaviors. Some MM programs may treat depression and anxiety as a part of dual recovery. Or, they can arrange a referral for treatment for anxiety or depression.

Some professionals, individuals in recovery from an addiction, family or friends may express negative opinions about MM. Some may even tell you not to consider this treatment. However, if your opioid addiction has not responded to other treatments, there

are many benefits to trying MM, regardless of what other people think or say to you. Remember, MM is recommended by doctors and addiction professionals so you should see this as a treatment option, especially if other treatments have not worked.

Some individuals want to stop MM because they want to recover without it, or they feel pressure from others to stop. With the help of your treatment team and support system, you can learn to resist pressure to stop. The relapse rates of those who get off MM too soon are high. Discuss your concerns with your doctor, therapist and support system before making a decision to stop taking methadone. For more information on methadone treatment you can go the following websites: [**www.americanmethadone.org**](http://www.americanmethadone.org) or [**www.methadone.org**](http://www.methadone.org).

Buprenorphine (Subutex, Suboxone)

This medication is a “partial opioid agonist” and is different from other “full” opioids like oxycodone and methadone. Suboxone includes naloxone, which is designed to deter IV drug use. Subutex is pure buprenorphine. Both of these formulations are administered below the tongue to make sure of good absorption. Buprenorphine is used as a medication for supervised medical withdrawal and as a maintenance treatment. It is safer than methadone and has less potential to induce an opioid “high” and has a reduced risk of drug overdose. Withdrawal from buprenorphine is much easier and better tolerated than the withdrawal experienced with other opioids such as methadone.

This medication is usually offered at licensed narcotic addiction treatment programs (NATPs) or by physicians who are licensed to prescribe it in their offices. Similar to MM, this medication works best when it is provided with psychosocial interventions and counseling. Buprenorphine is not yet approved by the FDA for use in pregnancy though recent information indicates that it can be considered as a first line treatment as there have been numerous normal deliveries in women maintained on buprenorphine.

Negative effects are similar to those of other opioids and include drowsiness, nausea, vomiting, and constipation. Addicted individuals should be switched from methadone to buprenorphine only if methadone is not working at stopping opioid use or if the person is having difficulty tolerating methadone. Buprenorphine is an alternative but not replacement for methadone. It should be part of a comprehensive program involving counseling and support. For more information on buprenorphine you can go the website: [**http://buprenorphine.samhsa.gov/data.html**](http://buprenorphine.samhsa.gov/data.html).

Naltrexone (ReVia, formerly Trexan)

This oral medication blocks or reduces the actions of any opioid drug. If you resume using heroin, for example, you will not experience euphoria from the drug as ReVia “blocks” the euphoric effects. This medication can help recently detoxified individuals to return to their usual environment knowing that they are less likely to give in to an impulse or desire to get high.

Medications for Alcohol Dependence and Other Substance Addictions

Many people addicted to opioids also have an addiction to alcohol or other drugs. Medications can be used to detoxify you from other substances or to help with ongoing recovery. Withdrawal from addiction to alcohol or similar drugs can be safely managed with medications such as benzodiazepines. These medications suppress withdrawal symptoms and prevent withdrawal seizures and delirium tremens (DTs).

Naltrexone (ReVia) and acamprosate (Campral) reduce cravings for alcohol and reduce drinking. Another newer medication is an injectable form of naltrexone called Vivitrol. It is a long-acting form of naltrexone administered once monthly as an intramuscular injection and helps with alcohol craving and reduces drinking.

Disulfiram (Antabuse) serves as “aversive therapy” for alcoholics. If taken on a regular basis as prescribed, this drug stays in your system 7-14 days after the last dose and you get sick if you drink while it is in your system. In fact, it is very dangerous to drink with Antabuse in your system because it can cause death. The idea is to “buy time” when you crave alcohol badly because by the time Antabuse is out of your system, your craving will likely be gone.

Nicotine replacement therapies such as nicotine gums and nicotine patches can help you stop smoking. Non-nicotine therapies that may help include Bupropion SR (Zyban) and the newer medicine varenicline (Chantix), which is a “partial” agonist at the brain’s nicotine receptors. Varenicline works somewhat similarly in the way buprenorphine works on opioid receptors.

Some misguided people view these medications the same as “addictive” drugs, and may pressure you not to take them (you can ask them where they received their medical degree). Other problems you should avoid include: doctor shopping when one doctor does not give the medications you want; getting medications from more than one doctor; trying to con doctors by exaggerating or lying about symptoms so you get medications that you feel you “need” rather than going along with what the doctor wants to prescribe; lying about “lost” prescriptions; expecting medicine to take care of all of your symptoms; and resisting non-medication ways to deal with addiction, pain or other problems.

Recovery Activity

1. Which of the following medicines have you used to help you recover from addiction?
 - ☐ Methadone Maintenance (for opioid addiction): how long? _____
 - ☐ Buprenorphine (subutex/suboxone for opioid addiction): how long? _____
 - ☐ Disulfiram (Antabuse for alcoholism): how long? _____
 - ☐ Naltrexone (ReVia for alcoholism and opioid addiction): how long? _____
 - ☐ Naltrexone injection (Vivitrol for alcoholism): how long? _____
 - ☐ Acamprosate (Campral for alcoholism): how long? _____

- ☐ Bupropion SR (Zyban) or varenicline (Chantix)/ Nicotine therapies for nicotine addiction: How long? _____

2. List benefits of taking medication for your addiction.

3. How many times have you stopped taking medication for addiction without first discussing your decision with your doctor, counselor or an NA sponsor?

- ☐ 0 ☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5 ☐ over 5 times

4. How interested are you in considering medication to help you with your addiction?

- ☐ Not at all ☐ Not sure ☐ Interested ☐ Very interested

5. How helpful was medication for you in the past in your recovery from addiction?

- ☐ Not at all ☐ Somewhat helpful ☐ Helpful ☐ Very helpful

Helpful Attitudes and Behaviors

- Medications can help recovery from opioid addiction in many ways—to safely withdraw, reduce cravings, and provide an incentive for ongoing sobriety.
- You are “in recovery” from addiction if you correctly take maintenance medications like methadone or buprenorphine and work a program of change.
- Take your medications only as prescribed. A desire to stop taking medications should always be discussed with your doctor and/or therapist before you stop.
- Do not mix alcohol, street drugs and non-prescribed drugs with medications.
- Do not let others with negative views of medications for addiction influence you to stop taking your medication.
- Be cautious about who you tell that you are taking medications for your addiction as some have rigid attitudes. Let your sponsor and close friends in mutual support groups know, but you do not have to tell everyone about this.
- Be aware of “medication seeking” behaviors. These refer to attempts on your part to deceive medical professionals in order to get opioids or benzodiazepines.

6. Recovery from Opioid Addiction

Recovery is the process of staying drug-free and making changes in yourself and lifestyle. At first, recovery can be hard because you need to quit using all substances except medications prescribed for your addiction, a mental health problem or a medical problem. In addition to not using drugs, recovery involves making personal changes in yourself and lifestyle. Remember, your illness is “addiction,” not just the use of opioids, other drugs or alcohol. Addiction is a more serious problem. It is also a lifestyle or way of life for many as well as a life-threatening illness that can end in death.

Recovery is a process in which you learn to manage your addiction and make changes to remain drug free. Recovery is a long-term process that involves:

- Learning information
- Developing healthy attitudes
- Motivating yourself to change (doing it because you want it)
- Learning and using skills for living drug-free
- Following a program of change

Physical Health

Opioid and other drug or alcohol use, poor eating habits, and not taking care of medical or dental problems take their toll on the body. Attention must be paid to restoring your physical health after opioid drugs are out of your system. Get regular check-ups with your doctor and dentist, and seek treatment if you have any problems. Areas of physical recovery for you to consider include diet, eating habits, and weight; exercise habits; sleep, rest, and relaxation patterns; cravings for alcohol and drugs; nicotine use, and the use of medications. Treatment can help you learn to manage drug cravings, relax without needing substances, improve your health care habits, and address other addictions.

Mental Health

This means accepting your opioid addiction and developing a desire for recovery, changing your thinking, managing your emotions, changing behaviors, using coping skills to handle problems and stresses, becoming comfortable with a “drug-free” identity, and healing from past emotional wounds. Get help if you also have a psychiatric disorder or other type of addiction or compulsive disorders.

Family Issues in Recovery

The mood in the family, communication, how members get along, and financial condition can be affected by addiction. Addiction can also have a negative affect on individual family members, including children. Physical, emotional, social, and spiritual health may

be harmed. The specific effects of addiction on a family unit and individual member will depend on a number of factors. These include the severity of the addiction, behaviors of the addicted person, the psychological health of the non-addicted family member and how he/she views you, and the availability of support inside and outside the family.

An important part of recovery is facing the impact you have had on your family. This can be addressed in counseling and the 12-step program of NA or AA. Steps 8 and 9 focus on “making amends” to those harmed by addiction, including family members.

Involve your family and concerned significant others in some of your treatment sessions, and encourage them to learn about addiction and attend mutual support groups like Nar-Anon or Al-Anon. If they have a mental health problem like clinical depression, help them get the treatment they need. Seek advice from your treatment team if you are concerned with any family member, including a child.

Social Relationships

Addiction harms social relationships and friendships. Relationships often end because addiction pushes others away. The emotional toll on good friends can be as great as that on the family. Addiction also negatively affects hobbies and leisure interests. Many people experience problems at school or work such as lateness or missed work, lowered motivation or productivity, loss of job, or underemployment and unemployment. Others have legal problems as a result of their addiction.

Social recovery involves learning to resist pressures from others to use drugs or alcohol, avoiding high-risk people, places and events, and developing a network of people who support your recovery. It also involves changing harmful relationships, your lifestyle, and addressing problems caused by your addiction. For example, you may have to make new friends or engage in new leisure activities that do not evolve around drug use. When you have a network of people who you can rely on for support and help, you reduce your risk of relapse. This may require learning how to reach out and ask for help or support from others as you may not feel comfortable doing this or even know how.

Spirituality

An important component of recovery for many people is spirituality. Relying on God or a Higher Power, and addressing spiritual issues gives strength, hope and a sense of meaning in life. Addiction causes people to say and do things they normally would not say or do because of their moral values or beliefs. Because addiction may bring out the worst in people, it often causes feelings of guilt and shame. Guilt refers to feeling bad about your behaviors, or what you have done or failed to do. Examples include hurting family members or friends by being irresponsible, lying, conning, or failing to take an interest in their lives. Shame refers to feeling bad about your “self.” Shame is feeling “less than” others, feeling like a failure, or feeling defective. Recovery provides the chance to overcome guilt and shame and to feel better about yourself. Addiction often causes people to lose their sense of direction and meaning in life. For some, life becomes

meaningless as their addiction controls how they live. Recovery helps you gain meaning and re-establish meaningful connections with others.

Recovery Activity

Of the areas of recovery discussed, list one that is important to you at this time. Then, list steps you can take to work on this recovery issue, and the positive outcome of making a change.

Recovery Issue:

Steps to Take:

Positive Outcome of Change:

Summary of Effective Recovery Strategies

Following is a summary of strategies that can aid your recovery.

- Work your recovery program one day at a time. Get input about your program from a counselor, NA or AA sponsor or other person in recovery.
- Accept the ups and downs of recovery. *Stick with recovery* even in times of difficulty. Accept that life will always bring you some struggles and problems.
- View recovery as abstinence from all drugs and alcohol plus change. Address all areas of recovery.

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- Take care of your health, get enough rest and sleep, exercise, and follow a reasonable diet. Learn to manage cravings for alcohol or other drugs.
- Accept your addiction, learn to think differently, and use positive coping skills to manage upsetting emotions, problems and stresses in your life. Get help if you also have a psychiatric disorder.
- Involve your family (or significant others) in recovery, make amends for damage you caused them, and learn ways to improve your relationships.
- Seek help and support from others in recovery. Recovery is a “we” not an “I” program. Get a sponsor, attend NA or AA meetings, “work” the 12 Steps, and use the “tools” of the program (meetings, literature, slogans).
- Be prepared for people, places, events and things that are “triggers” to using alcohol or drugs. Learn to refuse substance offers.
- Keep busy and have fun. Build non-substance activities in your life.
- Focus on spiritual issues in recovery. Rely on God or your Higher Power.
- Focus on taking care of your financial responsibilities.
- Know your relapse warning signs and high-risk factors. Catch signs early so you can take action. Develop strategies to manage your high-risk relapse factors.
- Do not let setbacks or problems drag you down. Learn from your mistakes and get back on track if you relapse. Appreciate and reward your efforts in recovery.
- Take a daily inventory in order to remain vigilant about your recovery.
- Read about addiction and recovery or problems that concern use such as anger, trauma, psychiatric illness, or relapse. The *Basic Text* of NA and *Step Working Guide* are excellent sources of information, and can be purchased at an NA meeting or NA World Services. Contact NA World Services and request a list of recovery literature. Search the internet under “Opioid Addiction, Alcohol or Drug Problems, Addiction, Drug Abuse, Drug Addiction, Opiates or Opioids or Narcotics Anonymous.” An excellent source of information is the National Institute on Drug Abuse’s webpage. Go to www.nida.nih.gov where you will find information on all types of drugs as well as treatments for addiction.
- REMEMBER “Recovery is contagious so catch it” (from Wm. White).

7. Managing Cravings for Opioid Drugs

Cravings (strong urges or desires) for opioids or other substances are common, especially in the early months of recovery. Cravings differ in frequency or intensity and may occur even if you are working a program. Learn to identify triggers, know their physical and mental signs, and use coping strategies to manage your drug cravings. The 12-Step programs recommend avoiding “people, places and things” as a way to reduce temptations and cravings for opioids. However, you can’t avoid these totally.

Drug cravings can be triggered by things that remind you of opioids and getting high, such as people you used with, places and events where you used opioids, other drugs or alcohol, and sights, sounds or smells. Examples include needles, smoke, pills, beer or liquor bottles, music associated with drug use, or baby powder (a cocaine reminder for some). Drug cravings can also be triggered by internal discomfort, such as feeling anxious, angry, bored, depressed or upset.

A craving can be “*overt*” and you know you want drugs. Or, it can be “*covert*” and hidden from your awareness. *Physical signs* may include tightness in your stomach, feeling nervous throughout your body, having trouble sitting still or pacing. *Psychological signs* of craving may include increased positive thoughts of drugs or alcohol or feeling you “need” them or planning how to get drugs.

Recovery Activity

Think of recent times when you had a strong craving for opioids or other substances.

1. What triggered your cravings?

2. What were some physical signs?

3. What were some psychological signs?

4. What helped you manage cravings without using opioids?

Strategies to Manage Cravings

- *Know when you are having a craving for opioids:* learn to “read” physical and psychological signs. Know your triggers, so that cravings do not sneak up on you. If you notice signs of cravings, ask yourself if you have a desire to use. Admit your cravings, do not deny them!
- *Talk with others:* talk with someone face-to-face, on the phone or before or after an NA meeting. Choose someone who understands addiction as an illness, such as a family member or friend or an NA sponsor or member. Keep a list of names and phone numbers handy. Putting your cravings into words gives you more power over them.
- *Reach out to others in NA:* members of NA have survived drug cravings and can teach you what has worked for them to manage cravings. Ask for tips on how they managed their cravings. Members of AA can help you learn strategies as well since many strategies can be used regardless of the drug of choice of a person in recovery.
- *Redirect your activity:* do something active. Go for a walk or drive, do housework, go to a movie, work out in some physical manner, read recovery literature, watch a movie or TV, listen to music, write in a journal, eat something, or pray. An activity redirects your mind, and can calm you down and reduce the intensity of your craving.
- *Change your thoughts:* tell yourself you can put off using opioids until tomorrow (by this time your craving will be gone). Think of the bad things that happened as a result of your addiction. Think of how good you will feel if you win this battle with your craving. Think of the immediate and longer-term benefits of not using. Use slogans such as “I am not going to use,” “I will get through this craving,” “this craving will pass,” “one day at a time,” or “easy does it.”
- *Avoid threatening situations:* do not go to places or events where you will feel strong pressure to use opioids, other drugs or alcohol. Avoid dealers or other addicts. Cell phones can be a trigger for opioid use. Many people get calls from other addicts or dealers. It may be helpful to change your cell phone number immediately.
- *Keep a craving journal:* At the end of each day, record the overall degree to which you experienced cravings for opioids or other drugs. Use a scale of 0 to 5: 0=no craving; 3=moderate craving; 5=very strong craving. If you rate your cravings 3 or higher, write about the triggers (circumstances in which they occurred, other people, places, events and things). Then, list coping strategies to help you control your craving and not use opioids.

8. Managing Pain

John is a 38 year-old construction worker who has lived with chronic low back pain for over five years. At first, he was prescribed Lortab, which helped the pain for a few months. Over time, John needed more pills to have the same effect, as his tolerance increased. He took more pills without talking with his doctor, often using a month's worth of medicine in a week. When his doctor asked questions about his use of pain medications, John went to other doctors and then started buying pills off the streets. He knew that if he ran out of pills he would have awful physical withdrawal symptoms in addition to his pain symptoms. He also was drinking heavily.

John also became depressed and tense, which made his pain even worse. Finally, he decided to get help and went to an addiction treatment program to withdraw from pain medications. He knows his problems extend beyond pain, so he is focusing on managing his drug addiction and his excessive drinking.

Chronic pain like that experienced by John affects many people. While there are many treatment options for pain—including non-medication approaches—there is seldom an easy way to manage chronic pain. Pain problems often affect mood or emotions, relationships, ability to work, and ability to function in life. Dealing with chronic pain can be confusing and scary, but there is help available. Managing chronic pain requires openness, honesty and effort. You must be willing to do your part, and be open for new ideas, if you are to manage chronic pain.

Not all people addicted to opioids suffer from pain problems. If pain is not a problem for you, skip this section and move to the next section of this workbook.

Types of Pain

Not all pain is the same so treatments should be based on the type of pain you have. Doctors and caregivers divide pain into the follow categories.

- *Nociceptive pain*: this is caused by injured or inflamed tissues. It may occur immediately after an injury and last until the body heals. This type of pain is considered normal during the healing process, but it can last longer and result in chronic pain. This type of chronic pain is often described as “dull” or “aching” and tends to occur in one area of the body.
- *Neuropathic pain*: this is caused by changes in the body that allow pain to continue after an injury heals. This is usually caused by damage to the nerves or similar structures. This pain is common in diseases like diabetes, after strokes or “shingles,” and is often described with words like “burning” or “electric shocks.”

- *Psychogenic pain*: this is caused or made worse by emotional distress. Examples include chronic “muscle tension” and “stress headaches.” Although the name may suggest otherwise, the experience of pain is very real, and may cause significant personal distress or interfere with the ability to function in life.
- *Rebound pain*: this often occurs during and after withdrawal from opioids. It is often described as being “far worse” than other pain from other sources. Also called “hyperalgesia” or “increased pain sensitivity,” this is caused by changes in the brain that occur with chronic opioid use. Chronic use of these drugs will frequently make the user more sensitive to pain. This can decrease the brain’s ability to dampen incoming pain signals and may actually make pain feel more severe. Pain sensitivity usually returns to normal over time as recovery from opioid addiction progresses.

Goals of Pain Management

Goals for managing pain include: 1) reducing pain to a level that is tolerable; 2) restoring or maintaining your level of functioning; and 3) stopping drug seeking behavior. Pain is almost never cured so treatment aims to control pain so that it no longer dominates your life. You may be at high risk for becoming re-addicted when you take pain medications. Being in recovery does not mean you cannot be treated with pain medications.

To get the best pain treatment, tell your doctors about your addiction and pain. You have to be careful about taking pain medications such as tramadol (Ultram, Ultracet) that is viewed as “benign,” because these drugs trigger the same brain receptors as opioids and can raise your risk of addiction.

Non-Opioid Options for Pain Control

Your doctor or counselor may recommend different options for pain control. Most successful plans include a combination of medical, physical, and behavioral therapies. Even if you tried these in the past and did not get sufficient relief, keep an open mind about trying them again. Remember that your “active” opioid addiction could have influenced your response to pain. *What did not work before, may work very well now.*

Medications

Several non-opioid medications are used for pain. You may have to try different ones before finding the one that works best for you. One is non-steroidal anti-inflammatory (NSAIDS) drugs, which decrease inflammation and pain. These drugs can irritate the stomach so they should be taken with food.

Antidepressants relieve depression and anxiety, which often worsen a person’s experience of pain. These medicines may also reduce pain directly by dampening the strength of incoming pain that the brain feels.

Anti-seizure or anticonvulsant drugs can help pain related to nerve damage (neuropathic pain). These drugs change the way pain signals are transmitted to the brain.

Local or topical treatments include rubs (Ben Gay, capsaicin cream) or patches applied to the area of pain. These create an area that is anesthetized or “numb from pain.” These are useful for nerve pain or injury to a limited area such as low back pain.

Muscle relaxants can be useful for muscle conditions that cause pain. However, these drugs cause drowsiness and should be used with caution. Sometimes your doctor may recommend nerve blocks or steroid injections depending on your condition.

Non-Medication Treatments

Many other treatments may help with pain. These include physical therapy, stretching and exercise, application of heat or cold, massage therapy, or electrical stimulation therapy (TENS). Talk with your doctor about other options. These may be provided at specialty pain clinics or by other professionals who treat individuals with pain.

You can also do things to make you feel in control of your pain. Make sure you take care of your physical health. Get sufficient sleep and rest, exercise, stop smoking if you smoke (get help if needed), stay active, and eat a reasonably healthy diet.

Learn to change your thinking and try to decrease the amount of time thinking about your pain or related negative thoughts. “Coach” yourself with slogans like “I can handle it (my pain),” “I can live with some pain,” or “my pain does not have to control my life, I can control my life.” Many therapies focus on helping people change their thoughts and underlying beliefs. This can have a positive impact on emotions, behaviors and health.

Take care of your emotional or mental health, too. If you have depression or anxiety that persists, talk with your doctor who can recommend therapy, medications or both, depending on the severity of symptoms and how these affect your life.

Learn relaxation or stress management strategies. These can help improve how you feel. Meditation and prayer can help in many ways. Other non-medication approaches including acupuncture, massage therapy, art therapy, and music therapy can help you manage chronic pain.

Recovery Activity

Following are some questions to help you evaluate your use of pain medications. Please answer these honestly and discuss your answers with a counselor or doctor.

1. If you have a problem with pain, how would you rate your overall level of pain on a scale of 1 to 10, with 10 representing the worst pain you have ever had? _____

2. Describe how pain has affected your life, and your use of opioids.

3. Describe any non-medication strategies you have used to manage pain and how these have helped you.

4. Place a check mark next to any question below you answer “yes” to.

- ☐ Do I ever take larger doses of my medicine than prescribed by my doctor?
- ☐ Do I ever take my medicine more often than directed by my doctor?
- ☐ Do I mix alcohol or other drugs with my medicine?
- ☐ Do I get tempted to increase my medicine dose because I have pain?
- ☐ Do I get medicine from more than one doctor or clinic?
- ☐ Do I use my medicine for any other reason than pain (e.g., to chill out)?
- ☐ Do I feel uncomfortable or dishonest when answering any of these questions?

Strategies for Managing Pain

- Let your doctor or dentist know you are recovering from an opioid addiction if they want to prescribe pain medication to you.
- Let your doctor or dentist know if you take an agonist maintenance medication such as methadone or buprenorphine.
- Discuss any concerns you have about using addictive substances for pain.
- Keep yourself honest and get a written contract from your doctor or dentist that states how much medication you will take, and for how long you will take it.
- Talk with your doctor about non-medication strategies to help manage your pain.
- Let your NA sponsor know if you take any pain medication.
- Talk with your counselor about pain management strategies.
- Consider a specialty pain management program; ask your doctor or counselor for a recommendation and referral.

9. Managing Emotions

Emotion describes your “inner” life or “subjective” experience. “Mood” describes a prolonged emotion. For example, a depressed mood refers to a period of sadness or feeling low. While everyone experiences a range of moods and emotions, the way that you interpret and manage them is unique.

Sometimes emotions are referred to as “positive” or “negative.” Positive emotions include feeling happy, cheerful, glad, hopeful, or loving. These emotions feel good. Negative emotions include feeling angry, anxious, sad, jealous, or humiliated. These make you feel bad or uncomfortable. However, be careful about labeling an emotion as positive or negative. An emotion and how you deal with it can be a negative or positive depending on how it affects you and others. For example, anger can drag you down and hurt you if you use drugs to escape your feelings. Your anger can also hurt others if you verbally or physically abuse them. Or, anger can be used to empower and motivate you to resolve problems, conflicts, or work harder towards a goal. Anxiety or fear can motivate you to be cautious when you are in an unfamiliar place, or prepare you for an exam in school, a speech or a job interview. Or, it can overwhelm you and cause you to avoid situations that you are anxious about. This in turn may contribute to depression.

Understanding emotions and improving your coping skills can lead to improvement in your mental, physical and spiritual health as well as better relationships and quality of life. Healthy relationships involve sharing emotions with others, and dealing with their emotions. Recognizing emotions of others and sharing empathy can help you sustain relationships. This means knowing how to read body language, gestures, and tone of voice. This involves figuring out what another person is feeling by what they say or how they say it, and even by what they do not say. Relationships that succeed are usually the ones in which people appreciate, acknowledge, and share their emotions with each other. For example, if your spouse or partner is upset or angry with you, it is better to know this than to guess what he or she feels. If you convey to this person that you understand what he or she is feeling, you help validate their emotions.

Not managing emotions such as anger, anxiety, boredom, depression, loneliness, shame and guilt can impact on relapse. Remember, it is not whether or not you experience an emotion, but how you handle it that determines the impact on you or others.

Recovery Activity

1. How would you rate your ability to understand your emotions or feelings?
☐ Excellent ☐ Good ☐ Fair (need help) ☐ Poor (really need help)
2. How would you rate your ability to manage and stay in control of your emotions?
☐ Excellent ☐ Good ☐ Fair (need help) ☐ Poor (really need help)

3. How would you rate your ability to tolerate distress or upsetting emotions?
☐ Excellent ☐ Good ☐ Fair (need help) ☐ Poor (really need help)
4. How would you rate your ability to pursue your goals even when you feel upset?
☐ Excellent ☐ Good ☐ Fair (need help) ☐ Poor (really need help)
5. How would you rate your ability to “read” the emotions of other people?
☐ Excellent ☐ Good ☐ Fair (need help) ☐ Poor (really need help)
6. How would you rate your ability to show empathy and concern towards others?
☐ Excellent ☐ Good ☐ Fair (need help) ☐ Poor (really need help)
7. How would you rate your ability to express positive emotions to others?
☐ Excellent ☐ Good ☐ Fair (need help) ☐ Poor (really need help)
8. Which of the following emotions do you need help with at this time or you think could impact on relapse to opioid or other substance use?
☐ Anger ☐ Anxiety or fear ☐ Boredom ☐ Depression or sadness
☐ Emptiness ☐ Grief ☐ Guilt/shame ☐ Hopelessness
☐ Loneliness ☐ Sharing positive emotions (e.g., love, joy, happiness)
☐ Other (write in _____)

Strategies to Manage Emotions

- Identify your emotions and how they show in your body, thoughts and behaviors.
- Challenge and change inaccurate thoughts and beliefs that contribute to anxiety, fear, depression, boredom, grief, anger or other emotions.
- Talk about your emotions with people you trust—therapist, family, or friends. Deal with relationship problems that contribute to upsetting emotions.
- Identify and manage high-risk emotional states (anger, anxiety, depression, etc.) that have contributed to your use of opioids or other substances in the past.
- Keep busy, have fun and relax. Do something pleasant every day if possible. Build non-substance activities in your life.
- Build a social network of others who do not use opioids or have substance problems. Connect with other people in recovery in NA or AA.
- Use the “Serenity Prayer” said in NA and AA. And, take a daily inventory of your emotions in order to remain vigilant about your recovery.
- If you have a mood or anxiety disorder, consider medications if talk therapy alone does not help enough or you experience chronic symptoms that are distressing.

10. Impact of Opioid Addiction on Your Family

Family members including children are affected by opioid addiction. The actual effects depend on the severity of your addiction, how you act and function, family members' coping mechanisms, and their access to support from friends, relatives, professionals or mutual support programs such as NarAnon. Your addiction can disrupt the daily routines in your family and upset its emotional balance. Family members may feel angry, irritable, resentful, depressed, helpless or guilty. They may feel at wit's end or like they are walking on eggshells, always worrying about you.

Learning about opioid addiction, treatment and recovery can help your family reduce its level of stress, worry, anger and guilt. Knowledge empowers them, especially when they learn what behaviors to avoid and which ones help your recovery. By involving themselves in treatment and recovery in groups such as NarAnon, your family members can:

- Provide help, support and encouragement to you.
- Provide input to your treatment team.
- Learn what they can do and cannot do to help you.
- Learn to deal with their own feelings and reactions to your addiction.
- Get support from others who have lived with addicted family members.
- Feel better about themselves.

Your family should avoid taking on too much responsibility for you or covering up your addiction so you are not shielded from the consequences of your behavior. They should avoid centering family life around you.

Helpful behaviors are those that support your recovery and are healthy for your family. Taking time for themselves, sharing feelings and talking about frustrations or problems, focusing on enjoyable activities and relationships, and giving themselves credit for the help and support provided to you are examples of helpful behaviors. Family members benefit from support groups such as NarAnon and AlAnon. These groups provide information about addiction and recovery, offer help and support from others going through similar experiences, and help focus on oneself.

If a family member is depressed, anxious, worried or is abusing alcohol or drugs, this member should be encouraged to seek help. It is not uncommon that a family member needs help for a psychiatric or substance use disorder. If your family is so disorganized or upset that they cannot support to you or they interfere with your recovery, find support elsewhere. Other relatives, friends or members of self-help groups are sources of support.

Children may experience anxiety, fear and depression when a parent has an opioid addiction. If any of your children have serious anxiety, depression, hyperactive behavior,

alcohol or drug abuse or any other type of behavior problem, get them evaluated by a professional. Remember, they are at higher risk when a parent has a drug addiction.

Recovery Activity

1. Describe how your family has been affected by your opioid addiction.

2. Describe how your children have been affected by your opioid addiction.

3. Describe whether any of your children or other family members may have a psychiatric or substance use disorder that needs treatment.

Helpful Attitudes and Behaviors

- Evaluate how your addiction has affected your family. Discuss this with a therapist or members of support groups. Include your family in some of your counseling sessions.
- Accept that your family may feel angry, upset, anxious or worried about you and need time to heal from these emotions.
- Encourage your family to learn about opioid addiction, treatment and recovery. The more they know, the more they can support your recovery and help themselves.
- Encourage your family to attend support groups such as NarAnon or AlAnon. They will get support from other families who are dealing with addiction.
- Reach out to your family for help and support during difficult times. Ask them to help you spot early signs of relapse so you can catch things before they get too bad.
- Have your sponsor or counselor help you make amends to your family (Steps 8 & 9).

11. Developing a Support System

Individuals recovering from an opioid addiction who have a social support system tend to do better in recovery than those who have limited or no social support. A support system includes people who care about you and organizations such as NA, AA or treatment agencies. People in your support system may include family members, friends, co-workers, helping professionals or others in recovery from an addiction, the church, or other community organizations. A support system can:

- Provide help with a problem you are having.
- Provide emotional support; you can lean on others during tough times.
- Make you feel connected to others who understand your addiction.
- Help you learn strategies to manage and recover from your addiction.
- Provide you with a sense of belonging and purpose.
- Help you if you have a relapse or appear headed towards one.

Recovery Activity

1. List reasons why you should make recovery a “we” rather than an “I” program and use the support of other people.

2. List the names of organizations that can serve as a source of support to you.

3. List the names of family members or friends who can support you in recovery.

4. Describe what would prevent you from reaching out for support from others and how you can overcome this tendency.

Strategies to Build a Support System

- Identify family, friends and organizations that can make up your support system.
- Stay active with others and organizations so you do not recover alone. Keep a list of phone numbers of people you can call for help and support.
- Face any fears you have of asking other people for help or support. Always keep in mind that recovery works best as a “we” rather than an “I” program.
- If you have trouble asking others for help or support, talk with your NA sponsor or a counselor to get their help on this issue.
- Get involved in social activities that do not evolve around the use of opioids, other drugs or alcohol. Find non-substance activities and people in recovery to share these activities with.
- In the first several months of recovery, talk with others you trust every day about how you are doing. Share the truth, even if you are struggling with staying drug free, obsessions or strong cravings, or do not like recovery.

12. Using NA and 12-Step Programs

The 12-step programs of Narcotics Anonymous (NA) and Alcoholics Anonymous (AA) are fellowships of men and women who help each other recover from addiction by sharing their experiences, strength and hope and “working” the program. These are available in most communities at no cost to members. AA and NA meetings are held in churches, treatment facilities or other community locations.

The main purpose of NA or AA is to help you stop using drugs and alcohol, and learn how to live substance-free. AA or NA do this by helping you engage in a recovery program aimed at changing your thinking and behaviors, and relying on the fellowship to help. There are other mutual support programs for alcohol or drug problems, psychiatric disorders, or a combination of the two. Ask your therapist or doctor for information about programs that could be of help to your recovery.

If you become “active” in using these programs you are likely to do much better than those who only attend meetings and don’t work the program. Being “active” means going to meetings, using a Sponsor, working the 12-Steps, and taking advantage of all that these programs have to offer. Following are the components of these programs.

- Meetings (open, closed, lead or discussion): addiction and recovery are discussed and experiences and ideas are shared among members.
- Sponsorship: a seasoned member helps you learn the ropes of the program.
- The 12 Steps: suggested actions to help you change and recover from addiction.
- Slogans: helpful sayings to keep you grounded in recovery.
- Service to others: many opportunities exist to help each other in 12-Step programs.
- Recovery literature: the “Big Book” of AA or “Basic Text” of NA and other readings help you learn about addiction, recovery and how to change yourself.
- Social and recovery events: sponsored by local AA and NA groups to provide opportunities to connect with others in recovery or social activities.

Review of AA or NA Experiences and Personal Attitudes

1. How involved have you been in 12-Step programs of AA or NA in the past?
☐not at all ☐somewhat ☐a good deal ☐was a big part of my life
2. How helpful was the 12-Step program of AA or NA in your recovery in the past?
☐not at all ☐a little ☐somewhat ☐very ☐extremely
3. How important is the 12-Step program of AA or NA in your recovery at this time?
☐not at all ☐a little ☐somewhat ☐very ☐extremely

4. How important is regular AA or NA meeting attendance at this time?
☐not at all ☐a little ☐somewhat ☐very ☐extremely
5. How important is having an AA or NA sponsor at this time?
☐not at all ☐a little ☐somewhat ☐very ☐extremely
6. How important is calling/meeting with AA or NA friends at this time?
☐not at all ☐a little ☐somewhat ☐very ☐extremely
7. How important is “working” the 12-Steps at this time?
☐not at all ☐a little ☐somewhat ☐very ☐extremely
8. How important is reading AA/NA literature?
☐not at all ☐a little ☐somewhat ☐very ☐extremely
9. What don’t you like about these programs, or would prevent you from using them?

10. What do you like about 12-Step programs, and how might they help you?

Helpful Strategies for Using 12-Step Programs

- Attend at least 12 meetings and try various types of meetings before you judge them. Take what you can from meetings and the program. Don’t expect to like everything.
- Go to meetings when you feel like it and when you don’t feel like it. Help to set up or clean up after meetings.
- Share something about yourself to at least one person before or after each meeting you attend even if you do not talk during the meeting.
- Get a sponsor and talk with this person every day. Open up, trust and take your sponsor’s advice, even if you don’t like it. If you do not know how to get a sponsor, ask another member or the chair at a meeting to help you find a “temporary” sponsor.
- Read the literature of the 12-Step programs such as the “Basic Text” of NA or “Big Book” of AA. Ask for recommendations from a sponsor or others in the program.
- Use the slogans of AA or NA to coach yourself into thinking differently. Follow their advice to approach recovery “one day at a time.”

13. Managing People, Places Things and Events

People, places, things and events can contribute to desires or pressures to use opioids or other substances. Others can also exert pressure on you to stop taking medications for an opioid addiction (methadone or buprenorphine), a medical or a psychiatric illness.

Inability to manage social pressure to use drugs is one of the most common relapse risk factor for opioid addiction. Social pressures can be direct such as being offered opioids or other drugs or alcohol by another person. Or, social pressures can be indirect such as being present at a family gathering, work, social or community function where drugs or alcohol are present.

You can help your recovery by identifying specific people, places, events and situations in which you are likely to experience direct or indirect social pressure to use opioids or other substances. This also requires you to be aware of how these can affect your thinking, feelings and behaviors. You can use this information to help you learn and actively use coping strategies to resist these social pressures.

Many people addicted to opioids are involved with “high-risk” people who can drag them down if they are not careful. Drug dealers, friends or family who are addicted, get high or drink to excess are some examples. You may need to avoid or minimize contact with these people, and some may need to be replaced by others who can be a positive influence on you, such as people in AA or NA or people who do not use drugs or drink excessively.

Recovery Activity

1. List direct and indirect social pressures you may face (people, places and events).

2. List the feelings or emotions you experience when faced with social pressures.

3. Write examples of thoughts triggered by one of your most common social pressures.

4. List high-risk people who pose the greatest threat to your recovery.

Strategies to Resist Social Pressures and High-Risk People

- In early recovery avoid high-risk people, situations and events by planning your day around non-substance activities and people who do not get high. Instead, spend time with people who are drug-free and recovering.
- Be realistic about recovery and the need for total abstinence. Don't expect to drink alcohol or use other drugs safely as these often lead back to opioids.
- Since there is no way to avoid all social pressures, "think ahead" and practice and plan how to resist or say no to pressures to use opioids or other substances.
- Say straight out you have a problem or are in recovery. "I'm not getting high any more; drugs messed me up so I'm staying away from the stuff; or I'm in NA so drugs have no place in my life."
- Refuse the offer without giving an explanation. It is your own business that you are in recovery, so you do not owe anyone an explanation why you do not want to drink or use drugs. People may not pressure you if they know you are in recovery.
- Say "I am not using today!" If the same person frequently pressures you, tell them you are in recovery from addiction.
- Tell the person not to offer you substances. People important to you can be told "I would appreciate it if you wouldn't offer me drugs." People you got high with may not care that you are trying to stay drug-free. Avoid these people if possible.
- If the person offering you a substance or inviting you to a place or event where drugs are available, offer an alternative activity where drugs or alcohol are not used.

14. Reducing Your Risk of Relapse

You can reduce your risk of relapse to opioid addiction by staying actively involved in a recovery program in which you regularly monitor drug cravings and behaviors, review your progress, identify problems and work on specific goals. Helpful strategies include recognizing and managing relapse warning signs before you use opioids, and managing high-risk factors unique to you.

Recognizing and Managing Relapse Warning Signs

Relapse refers to the process of returning to opioid or other substance use following a period of recovery. Relapse can happen regardless of how long you have been free from opioids. However, the first several months to a year are the highest relapse risk period.

You can be in a relapse process before you actually use opioids. A relapse can build up over hours, days, weeks or even months. Many recovering people who have relapsed say that relapse seldom came out of the blue. Both obvious and hidden relapse clues and warning signs preceded their relapses.

Relapse warning signs may show in changes in your behavior, attitudes, thinking, feelings or a combination of these. This does not mean that all changes indicate a potential relapse. It simply means that you should be alert and examine whether changes indicate a movement away from recovery towards relapse. Following are some examples of both obvious and subtle warning signs preceding relapse for others in recovery.

Behavior changes: cutting down or stopping NA or other support group meetings, or counseling without first discussing this with a counselor or sponsor; “forgetting” to take medications such as naltrexone or buprenorphine; missing doses of medications; seeking and/or taking tranquilizers or pain medications without talking to your counselor or doctor; using alcohol or other non-opioid drugs (cocaine, speed, marijuana); being in high-risk situations such as bars, parties, or socializing with others getting high or drunk; increased episodes of arguing with others for no apparent reason; increased stress symptoms such as smoking more cigarettes or eating more food than usual; increased lying or dishonest behaviors; or seeking out people with whom you used to get high.

Attitude changes: negative attitudes about your recovery, sponsor, support groups, friends in recovery, counselor or doctor; not caring about your sobriety or recovery plan; becoming too negative about recovery or life; or believing you can recover on your own, that you do not need help or support from others.

Changes in thinking: thinking you deserve opioids or other drugs; thinking you can control your use and a little chipping won’t hurt; or, thinking that you can use substances as long as you do not use your main substance of choice (e.g., stopping heroin, but smoking pot or drinking alcohol). NA and AA refer to this as “stinking thinking.”

Changes in emotions: significant changes in negative emotions that you find hard to handle such as anger, anxiety, boredom, depression, emptiness, loneliness, or guilt and shame. An increase in positive emotions may also indicate a relapse warning sign for some people.

These are just a few examples of potential warning signs of relapse. The important point to remember is that changes in behaviors, attitudes, thinking, feelings or a combination may indicate you are in a relapse process. If you catch warning signs early, you put yourself in a position to take action before an actual relapse occurs. Remember, think relapse “prevention.”

Recovery Activity: Warning Signs of Relapse

If you have relapsed to opioids or other drugs following a period of recovery, answer the following questions. If you are new to treatment, listen to the experiences of others.

1. What specific clues or warning signs (obvious and subtle) preceded your relapse?

2. How much time elapsed between the time your relapse clues first showed and you used opioids or other drugs? _____

3. Where did your relapse occur? _____

4. Who were you with? _____

5. List actions to manage these warning signs in the future should you notice them.

Recovery Activity: Identifying and Managing High Risk Situations

High-risk situations are those in which you feel vulnerable to relapse to opioids or other drugs. These can be situations in which you used opioids or other drugs in the past. Or, they can be new situations. Once you identify your high-risk relapse factors, you can then plan strategies to manage these so that you remain drug free.

1. Check the following high-risk factors that could contribute to a relapse for you.

- ☐ *Social pressures:* being at places where others are using, being offered drugs or alcohol, difficulty saying no when offered drugs, or living with an active addict.
- ☐ *Upsetting emotions:* feeling anger, anxiety, boredom, depression, empty, fearful, lonely, guilty or shameful, overconfident, or trouble controlling emotions or moods.
- ☐ *Treatment problems:* lowered motivation to attend treatment, coming late or missing appointments, dropping out of treatment early, not taking medications as prescribed, missing methadone or buprenorphine doses, or failure to follow through with recovery tasks.
- ☐ *NA or AA related issues:* missing or not attending meetings, cutting down or dropping out without telling anyone first, not “working” the program, or not talking to a sponsor or other members regularly.
- ☐ *Relationship issues:* arguing with others, getting upset or angry, hard to trust others, isolating self from others, can’t resolve conflicts with spouse/partner, lack of sober friends.
- ☐ *Cravings that are strong:* strong desires to use opioids, keeping drugs or paraphernalia at home, testing your ability to be around others who get high, using alcohol or non-opioid drugs.
- ☐ *Other risk factors:* feeling exhausted or fatigued, other addictions (work, gambling, sex), psychiatric problems, hard to ask for help or support from others.

2. Choose one high-risk factor from your list. Provide specific details about this, and then identify three coping strategies to manage each high-risk situation.

High-risk situation: facts and information:

Coping strategies to manage high-risk situation:

Emergency Sobriety Card

Carry an “emergency sobriety card” in your wallet or purse that lists the names of others who are willing to provide you with help and support in your recovery. Contact people in your support system when you need emotional support, help with a problem, want to share a leisure activity, or need to talk. Let others know when you feel like using drugs or drinking alcohol before you use. Their support may help you to stay on the sober track.

List below names, phone numbers or email addresses of family members, friends, counselors, a sponsor or other members of NA or AA, and other people whom you can call when you need help or support.

What to Do if You Relapse

Convince yourself to stop using opioids or other substances and to get back on track. Then, reach out to others in NA/AA or in your support system for help and support. Get back into treatment if you are no longer in it. Make a commitment to attend all treatment sessions and NA/AA meetings. ***When you least feel like it is when you most need to be active in treatment and support groups!*** If your relapse lead to physical addiction contact a local treatment program or go to an emergency room and ask for help with detoxification.

Do not let a relapse drag you down or be an excuse to give up. Addiction is a chronic disease so treat this the same way you would another serious disease. Many who relapse feel angry, guilty and shameful. Some feel like a failure. Once you are back on the sober track, use your support network to help you deal with your feelings about a relapse. Examine your relapse to learn from it. Figure out your warning signs and risk-risk situations that may have contributed or preceded your relapse.

Recovery from opioid addiction is a daily process. You really do recover “one day at a time.” The term “prevention” implies that you take a proactive stance to prevent something from happening. In recovery, this means being vigilant in your life and catching warning signs of relapse early, identifying high-risk factors unique to you, and preparing for the challenges of recovery.

Recovery Activity

Imagine that you use opioids following a period of sobriety for months or longer. What could you do to intervene in your relapse as quickly as possible?

At the end of each day, ask yourself if any warning signs were present in your life that indicates you may be headed towards a relapse? ☐ Yes ☐ No

If yes, what are these signs and your plan to manage these?

Did you experience any high-risk situations today that could trigger a relapse if you do not take action? ☐ Yes ☐ No

If yes, what are these situations and what is your plan to deal with them?

Relapse Prevention and Interruption Strategies

- Know potential relapse warning signs and have a plan to manage these. What changes in your attitude, thinking, behaviors or emotions may indicate you are moving away from recovery towards relapse?
- Know your high-risk factors and have a plan to manage these. While awareness of your risk factors is important, whether you relapse or not will depend on using active coping skills to help you manage these relapse risk factors.
- Work your recovery a day at a time and be disciplined. Following the plan means doing what is best for you whether you want to or not. Many find it helpful to have a written daily plan of steps they will take each day to help their recovery.
- Have a plan to stop a relapse should you resume opioid or other substance use. The earlier you stop a relapse, the better the outcome. Take action quickly.

15. Managing Co-Occurring Psychiatric Disorders

Addiction combined with psychiatric illness is called a “co-occurring” or “dual disorder.” Over one-half of people with drug addiction have a psychiatric disorder during their lifetime. These include depression, bipolar illness, anxiety, personality, psychotic or other disorders. Some people have more than one type of psychiatric disorder.

Psychiatric disorders involve symptoms that cause suffering and interfere with the ability to function. Since some symptoms may result from drug use or addiction, you may benefit from some time being abstinent before determining if a psychiatric disorder exists.

Each disorder has a set of symptoms, which relate to:

- Moods (how you feel).
- Thinking (how you interpret the world or events).
- Behavior (how you act).
- Physical health (appetite, sleep, energy, sexual energy, & other bodily symptoms).

Psychiatric disorders include single episode, recurrent episode, and chronic or persistent types. You can experience a single episode of illness and then return to normal. Or, you may have several episodes over time. The length of each episode of psychiatric illness and the amount of time between episodes will vary. Some people experience persistent symptoms over time, which requires them to manage and live with symptoms that never totally go away.

Mood disorders include depression, bipolar disorder or a combination of the two. These involve disturbances in mood along with physical and behavioral symptoms. With depression, the mood is sad whereas with bipolar disorder, the mood is elevated, euphoric or high. A major problem with mood disorders is suicidal thinking or actions. Addiction and mood disorders combined increases the risk of suicide even more. Mood disorders, especially depression, are very common among those with opioid addiction.

There are many different types of *anxiety disorders*, each with a specific set of symptoms. These disorders include both physical and mental symptoms and most involve worrying too much, feeling a sense of dread or feeling anxious or fearful.

Personality disorders occur when longstanding personality traits, or usual ways of thinking about and dealing with life or relating to others, cause considerable distress or problems in life. Some traits that may cause serious problems include being impulsive (acting without thinking), antisocial (breaking laws, not caring about how you affect others), or dependent (relying too much on others and not enough on yourself).

Psychotic disorders such as schizophrenia involve unusual experiences such as hearing, feeling, seeing or smelling things that are not there and others do not experience. These are serious mental illnesses that can impair judgment and cause significant suffering for the affected individual.

There are many other types of psychiatric disorders. These are just some of the most common ones. Talk with your counselor if you are concerned about having a disorder.

Assessing Your Psychiatric Symptoms

Following is a brief list of some of the more common psychiatric symptoms associated with different types of disorders. Put a ✓ next to any that you currently are experiencing. If you do not have any symptoms you can skip this section.

Mood and Related Symptoms

- ☐ Feel depressed, sad, hopeless, helpless or can't experience pleasure in life
- ☐ Low energy or motivation, hard to concentrate or solve problems
- ☐ Poor appetite, hard to fall or stay asleep, or sleep too much
- ☐ Mania (high moods) or mood swings between depression and mania
- ☐ Racing thoughts that are hard to control (hard to stick with one topic)
- ☐ Get involved in too many projects, risky behaviors or spending sprees
- ☐ Sleep very little or go days without sleep
- ☐ Suicidal thoughts, plans or attempt

Anxiety Symptoms

- ☐ Severe anxiety or worry or avoiding situations causing anxiety
- ☐ Panic attacks (racing heart, fears, worry about going crazy or dying)
- ☐ Strong fears or phobias (leaving home, flying, closed spaces, heights)
- ☐ Bad memories or intrusive thoughts about physical or sexual abuse
- ☐ Obsessive thoughts (you repeat thoughts that intrude your mind)
- ☐ Compulsions (repeating behaviors such as checking, counting or washing)

Psychotic Symptoms

- ☐ Unusual experiences (you hear, feel, see or smell things others do not)
- ☐ Unusual beliefs or delusions (watched by others or paranoid)
- ☐ Thinking difficulty (feel confused or have strange thoughts)
- ☐ Behavior changes (stop eating or act very strange)
- ☐ Mood changes (feel strange, flat or have mood swings)
- ☐ Negative symptoms (low motivation, social isolation, decreased thoughts)

Eating Symptoms

- ☐ Making yourself vomit after eating
- ☐ Too much dieting
- ☐ Eating too little due to fear of gaining weight or becoming fat
- ☐ Constant worry about weight gain or appearance
- ☐ Frequent use of diuretics or enemas

Attention Deficit Symptoms

- ☐ Hard to focus, pay attention, listen, sit still or finish tasks
- ☐ Hard to get organized (at home, work or school)
- ☐ Feeling hyper, restless, on edge, like your “motor” is always running
- ☐ Get easily frustrated, even with small things
- ☐ Do things impulsively by acting before thinking of consequences

Behavioral Symptoms and Relationship Problems

- ☐ Self harm (cutting or burning self, overdosing on pills, etc.).
- ☐ Bad temper problem (bully, threaten or intimidate other people)
- ☐ Violence towards people (hit, slap, push, punch, kick)
- ☐ Used a weapon to hurt or threaten others (bat, brick, knife, gun)
- ☐ Serious problems with spouse, parent or other family member
- ☐ Serious problems in relationships
- ☐ Lying, conning or deceiving others
- ☐ Trouble at work (missing days, getting fired, can’t hold job, can’t find job)
- ☐ Trouble at school (skipping, bad grades, don’t do work, kicked out, quit)
- ☐ Trouble with the law (arrested, did time in jail, on probation or parole)
- ☐ Other: write in (_____)

1. If you have a psychiatric disorder, list below your diagnoses. If you do not know your diagnoses, ask your doctor or therapist.

2. Describe how your life has been affected by your psychiatric disorder(s).

Medications for Co-Occurring Disorders

Medications may play a central role in treatment of psychiatric illness. "Talk" therapy is not enough for certain disorders, especially those that are recurrent or chronic.

Medications are used to treat acute symptoms of psychiatric illness and reduce the likelihood of relapse following a period of remission. In some instances, medications are used to reduce the side effects of other medications prescribed for an illness.

The most common categories of psychiatric medications include antipsychotic, antidepressant, anxiolytic, antimanic and mood stabilizing agents. Psychiatric medications may be used alone or in combinations, depending on your symptoms. Medications are used for short periods of time to stabilize acute symptoms, or for much longer to treat your illness and reduce relapse risk.

While medications help your symptoms, they should be used with therapy or counseling and self-help groups. Medications may not take care of all of your symptoms. Do not seek medication changes every time that your symptoms change or worsen.

If you stop taking medication prematurely, you raise your risk of psychiatric relapse. Single episode disorders often require medication for several months after symptoms improve. Chronic or recurrent disorders may require ongoing medications to lower the chances of a future episode.

If you have any questions regarding medications, side effects or interactions with other medicines, alcohol or street drugs, talk with your doctor or a pharmacist. Make a list of questions for your doctor before your appointment so you can get these answered. Ask your doctor for written information about medicines that are prescribed to treat your disorder.

Alcohol and drug abuse can lower the level of medications in your blood, cause a bad reaction to medicine or lower your motivation to comply with medications and therapy. Abstaining from substance use allows you the chance for maximum benefit from medications.

Treatment for Co-Occurring Disorders

Treatment may involve a combination of hospital, residential, partial hospital, intensive outpatient or outpatient programs, individual, group or family therapy or counseling, medications, and other services. These may be offered in a mental health or addiction medicine setting. Some treatment settings offer “integrated” treatment. This means they can help you address both your psychiatric and substance use disorders.

More severe psychiatric or substance use disorders respond best to a combination of treatment services in a variety of levels of care. For example, inpatient psychiatric hospitalization may be followed by a residential dual diagnosis rehabilitation program, a partial hospital or an intensive outpatient program. Or, detoxification may be followed by a residential program, which may be followed by outpatient counseling.

A combination of talk therapies and medications may be needed to address your psychiatric disorder. If you receive only one type of treatment (therapy or medications) and only respond partially to it, you should consider adding the other type of treatment. For example, if you make only modest gains in treatment of depression with therapy, an antidepressant could be of great help to you. Electroshock therapy can help with some mood or psychotic disorders when medications cannot be taken or are not effective.

There are many types of therapy or counseling for psychiatric disorders. While therapy or counseling can help in many ways, these have limitations. Therapy cannot get rid of all of your symptoms or address all of your problems. Talking about personal issues can cause anxiety. Also, your therapist or counselor may not have the time to meet with you as often as you would like. If you have any concerns about or problems with your therapist or counselor and want to get a new one, discuss this concern with someone you trust before you make a final decision. Share your concerns with your therapist or counselor as well. There is a good chance you can work out these problems or differences. Therapeutic work often becomes more meaningful after such discussions.

Your attitude and approach towards therapy or counseling determine the benefits you get from it. Take a "proactive" role by discussing your questions, symptoms, problems, struggles, conflicts, thoughts and concerns with your therapist or counselor.

Many behaviors can interfere with the effectiveness of your therapy or counseling. These include failure to keep scheduled appointments, not taking medication as prescribed, suicidal threats and gestures, violent threats and gestures, not accepting responsibility for personal change, or wasting your therapy time by not having a focus for your discussions. Your progress will be limited if you continue to use alcohol or other drugs. This is why abstinence from all substances is an appropriate goal. If you have trouble staying sober, work with your therapist or counselor (and your sponsor in NA or AA) to help you move towards sobriety. Never give up, no matter how hard it is to get or stay sober.

Outcome is usually better for those individuals who follow their treatment plan. This means taking medications only as prescribed, attending therapy sessions or treatment programs, and following through with the things you and your doctor and/or therapist or counselor agree you should do to reach your goals.

Helpful Attitudes and Behaviors

- Complete any treatment program that you attend. If you want to leave against medical advice, talk with professionals providing your care before making a decision.
- Use therapy or counseling wisely. Set goals, attend all sessions, and share your feelings, thoughts and problems with your therapist.
- Accept that treatment programs, or therapy or counseling cannot solve all of your problems. Treatment can be demanding at times and even cause some anxiety.
- Be an active learner and ask questions about your disorders, treatment or recovery. Read books, listen to audiotapes or watch videotapes.
- Take responsibility for getting the most out of treatment and recovery. Work hard to change yourself and your life. Stick with your plan, even when you do not feel like it.

- Accept that your motivation may change. Stick with your recovery plan during times when your motivation is low.
- Participate in mutual support programs for psychiatric illness or dual disorders. Attend meetings, read literature, and attend events sponsored by these programs.
- Find people recovering from co-occurring disorders and exchange telephone numbers. Seek them out for help and support, and attend meetings with them.
- Work towards progress not perfection. Even a 15% reduction of your symptoms or a 20% improvement in one area of your life is significant.
- Avoid alcohol and drug use as this can interfere with your recovery from psychiatric illness or affect medications. Staying sober puts you in the position to get maximum benefit from therapy or counseling, medication and mutual support groups
- Be open to taking medications for your psychiatric illness. Or, if these do not work or you can't take them, consider electroshock therapy if you have a severe type of mood or psychotic disorder that isn't improving enough.

16. Recovery from Other Addictions

Recovery from opioid addiction can be affected by other substance use or abuse, even when an addiction does not exist. Continued use of other substances can affect judgment, motivation and behavior. Addiction to alcohol, cocaine and nicotine are serious problems common among those with opioid addiction.

Alcohol addiction may coexist with opioid addiction. Mental abilities affected by heavy drinking include memory, problem solving, attention, concentration and thinking. Alcohol addiction is characterized by abnormal seeking and consumption of alcohol that leads to a lack of control over drinking. Individuals addicted to alcohol often crave it. They drink even though it causes health, family, social, work, legal, financial or spiritual problems.

Signs of dependence to alcohol include severe anxiety, tremors, sleep problems, and in extreme cases, hallucinations and seizures. Continued exposure to alcohol changes the brain in ways that can be very damaging to it. It could also lead to severe damage and dementia.

The most dangerous drugs to mix with alcohol are other sedatives or “downers” such as benzodiazepines (Valium, Ativan, Xanax, Klonopin, Halcion, Restoril, and Librium) and Phenobarbital and Pentobarbital. The depressing effects of alcohol on brain function combined with the effects of the downers can cause extreme impairment, unconsciousness, or even death. Mixing alcohol with methadone is dangerous for the same reasons.

Cocaine is used as powder for snorting, a liquid for injecting, or crystals or chunks for smoking. Powder cocaine can be changed into crystals called “freebase” or “crack.” They can be smoked in a pipe or in cigarettes mixed with tobacco. Crack is a very addictive form of cocaine because the inhaled smoke goes directly into the lungs and immediately to the brain, bypassing all of the body’s normal filtering systems.

Cocaine addiction can be dangerous and lead to a heart attack or stroke, even in healthy people. A person can overdose on even a small amount of cocaine. Injecting cocaine and sometimes mixing it with heroin (called speedballing) can cause infections such as HIV or HCV from sharing needles. Using cocaine over time can cause psychiatric problems such as paranoia, anxiety, depression, and suicide. It can also cause weight loss, malnutrition, sexual problems, and violent behaviors. Using cocaine during pregnancy can hurt the baby. The mother is more likely to have a miscarriage, to have the baby born too early or to have a smaller baby.

Cocaine addiction is a widespread problem for opioid addicted individuals. The use of cocaine in individuals on methadone is associated with poor results and makes treatment with methadone not work as well. This, in turn can contribute to more drug use, criminal behavior and the spread of HIV and HCV diseases. Some individuals use alcohol to decrease the negative effects of cocaine and cocaine withdrawal. The effects of alcohol may actually impair judgment and control over cocaine use. Cocaine users may use alcohol to

also enhance the effects of cocaine. Methadone treated opioid addicted individuals should address their cocaine addiction within the methadone program in counseling sessions. They can also attend NA meetings and work the 12-Steps program of change.

Marijuana use is often perceived as a “soft” drug by those addicted to opioids. However, it also affects the brain and has negative medical, mental health, and social consequences associated with it. Perhaps more importantly, using this drug puts you at higher risk for relapse to opioids and other drugs or alcohol. We strongly suggest stopping this drug if you want to recover from your opioid addictions.

Nicotine addiction is associated with medical problems and early death, so ask your doctor or counselor for help. There are many treatments that can help you stop the use of nicotine. These include patches, medications, gum, nasal sprays, counseling and 12-Step programs.

When individuals on methadone maintenance use benzodiazepines such as Valium, Xanax, and Klonopin, the “boosting” effect of the benzodiazepines can produce a higher peak levels of methadone in the blood and brain leading to a “high” that could be dangerous, and lead to severe sedation and shutdown of brain functioning. Professionals recommend abstinence from all drugs and alcohol if you are recovering from an opioid addiction. This reduces your chances of relapse to opioid use, and the likelihood you will transfer your addiction to other substances.

Gambling, Sex and other Addictions

Behavioral and drug addiction share common core qualities such as the repetitive or compulsive engagement in a behavior despite negative consequences, diminished control over the behavior, and strong urges or craving to engage in the behavior. Pathological gambling leads to continued gambling despite repeated efforts to control or cut back this behavior. The person becomes preoccupied with gambling, may need to gamble with increased amounts of money, and lies to others to conceal involvement with gambling. Illegal acts such as forgery and fraud may be committed to get money to gamble. The compulsive gambler often ends up losing relationship and jobs. Counseling and medications such as antidepressants could help control pathological gambling. Gamblers Anonymous, another 12-Step program, is helpful, too.

Addictive sexual behaviors often coexist with drug addiction and are frequently unrecognized factor in relapse. Sexual addiction also contributes to the spread of HIV. Some people whose behavior is compulsive may have multiple partners without using protected or safe sex. Others may be involved in an exchange of sex for drugs. A new set of problems is happening from out of control sexual involvement on the Internet. People report losing jobs because they access cyberporn at work, or spend hours masturbating while engaging in sexual activities online causing relationship problems and inability to function. The goal of treatment of sexual addiction is abstinence from compulsive self-destructive sexual behaviors. Development of healthy sexuality can be achieved with therapy and a program of continued recovery in a 12-Step program such as Sexaholics Anonymous (SA) or Sex and Love Addicts Anonymous (SLAA).

Other addictions include compulsive buying, kleptomania (stealing madness), and Internet addiction as mentioned earlier under sexual addiction. If you are concerned about any other addiction, ask your counselor for help.

Recovery Activity: Non-Opioid Substances

1. Check the following non-opioid substances you have used to excess, gotten high on, become addicted to, or need help quitting.

- ☐ Alcohol
- ☐ Cocaine, freebase, or crack
- ☐ Crank, speed, methamphetamine or other uppers
- ☐ Marijuana (pot or hash)
- ☐ Tranquilizers such as benzodiazepines or other downers
- ☐ PCP (angel dust)
- ☐ Designer or “club” drugs (Ecstasy, Rohypnol)
- ☐ Hallucinogens (LSD, STP, DMT, mushrooms)
- ☐ Inhalants (glue, gasoline, solvents, poppers, snappers)
- ☐ Nicotine

Each time you drink alcohol, about how many drinks do you consume? (1 drink equals a 12-ounce beer, one shot of liquor or a five-ounce glass of wine):

- ☐ 1-2 drinks ☐ 3-4 drinks ☐ 5-6 drinks ☐ 7-8 drinks ☐ 9+ drinks

How many days have you used alcohol to excess in the past 90 days?

- ☐ 0 ☐ 1-5 ☐ 6-10 ☐ 11-20 ☐ 21-30 ☐ 31-60 ☐ 61-90 ☐ every day

How long have you been drinking to excess or getting drunk?

- ☐ less than 1 year ☐ 1-5 years ☐ 6-10 years ☐ 11-20 years ☐ over 20 years

How long have you been addicted to nicotine?

- ☐ less than 1 year ☐ 1-5 years ☐ 6-10 years ☐ 11-20 years ☐ over 20 years

How many days have you used cocaine or other stimulants in the past 90 days?

- ☐ 0 ☐ 1-5 ☐ 6-10 ☐ 11-20 ☐ 21-30 ☐ 31-60 ☐ 61-90 ☐ every day

How long have you been using cocaine or other stimulants?

- ☐ less than 1 year ☐ 1-5 years ☐ 6-10 years ☐ 11-20 years ☐ over 20 years

How many days have you used marijuana in the past 90 days?

- ☐ 0 ☐ 1-5 ☐ 6-10 ☐ 11-20 ☐ 21-30 ☐ 31-60 ☐ 61-90 ☐ every day

How long have you been using marijuana?

- ☐ less than 1 year ☐ 1-5 years ☐ 6-10 years ☐ 11-20 years ☐ over 20 years

How many days have you used benzos (tranquilizers) in the past 90 days?

- ☐ 0 ☐ 1-5 ☐ 6-10 ☐ 11-20 ☐ 21-30 ☐ 31-60 ☐ 61-90 ☐ every day

How long have you been using benzos (tranquilizers)?

☐ less than 1 year ☐ 1-5 years ☐ 6-10 years ☐ 11-20 years ☐ over 20 years

How many days have you used other drugs (PCP, designer drugs, hallucinogens, or inhalants) in the past 90 days?

☐ 0 ☐ 1-5 ☐ 6-10 ☐ 11-20 ☐ 21-30 ☐ 31-60 ☐ 61-90 ☐ every day

How long have you been using other drugs (PCP, designer, hallucinogens, or inhalants)?

☐ less than 1 year ☐ 1-5 years ☐ 6-10 years ☐ 11-20 years ☐ over 20 years

Check the following behaviors you believe you engage in compulsively (or are addicted to), and have caused you problems in life.

- ☐ Computer games
- ☐ Internet (may include pornography)
- ☐ Gambling
- ☐ Sex
- ☐ Spending money or shopping
- ☐ Stealing
- ☐ Other (write in: _____)

Helpful Attitudes and Behaviors

- Be aware of your vulnerability of transferring your addiction from opioids to other drugs such as alcohol, cocaine or marijuana. Also, be aware of any tendency you have to engage in compulsive behaviors such as gambling, sex, shopping, internet use, computer games, or work.
- Address other addictions in your recovery from opioid addiction. Talk about these with a counselor, an NA sponsor, or others you trust. This includes addiction to nicotine.
- Consider specialized professional treatment for your other addiction. For example, there are programs for gambling and sex addictions. And, there are many medication and non-medication treatments for nicotine addiction.
- Consider attending 12-step groups for other addictions. For example, there are programs for people with gambling, sex, shopping and other types of addiction. The process of recovery is similar for many addictions, although some aspects will be unique to the type of addiction.
- Keep in mind that relapse to one type of addiction can contribute to relapse of another type of addiction.
- Recovery from any addiction is multi-faceted, similar to recovery from opioid addiction. There are physical, emotional, relationship and spiritual dimensions to a recovery program.

17. Helpful Resources

There are many resources on addiction to opioids and other substances, treatment and recovery. These include informational resources (books, guides, pamphlets, workbooks, audiotapes, and videotapes) as well as mutual support or self-help programs. Resources can be accessed on the internet through bookstores, publishers of recovery literature or by conducting a search of key terms or words such as: opioid, opiate or narcotic use, abuse or addiction; drug use, abuse, or drug addiction or dependence recovery from opioid addiction; or treatment of opioid abuse or addiction. The 12-Step program of NA has a website that provides information about drug abuse or addiction, meetings, materials and other items.

An excellent source of information is the National Institute on Drug Abuse's webpage. Go to www.nida.nih.gov where you will find information on all types of drugs as well as treatments for opioid addiction.

Reading about addiction and recovery or problems can aid your recovery. The *Basic Text* of NA and *Step Working Guide* are excellent sources of information, and can be purchased at an NA meeting or NA World Services. Contact NA World Services and request a list of recovery literature.

Alcoholics Anonymous	www.alcoholic-anonymous.org
Al-Anon Family Groups	www.al-anon.org
Cocaine Anonymous	www.ca.org
Dennis C. Daley, PhD	www.drdeniscdaley.com
Dual Recovery Anonymous (DRA)	www.dualrecovery.org
Hazelden Educational Materials	www.hazelden.org
Narcotics Anonymous	www.na.org
Nar-Anon Family Groups	www.naranon.org
National Clearinghouse for Alcohol & Drug Information	www.ncadi.nih.gov
National Institute on Alcohol Abuse and Alcoholism	www.niaaa.nih.gov
National Institute on Drug Abuse	www.nida.nih.gov
National Institute of Mental Health	www.nimh.nih.gov

Suggested Recovery Readings

- Daley, D. & Douaihy, A. *Managing Emotions and Moods*. Murrysville, PA: Daley Publications, 2012.
- Daley, D. *Relapse Prevention Workbook*. Murrysville, PA: Daley Publications, 2010.
- Daley, D. & Douaihy, A. *Sober Relationships & Support Systems*. Murrysville, PA: Daley Publications, 2010.
- Daley, D. & Donovan, D. *Using 12-Step Programs in Recovery*. Murrysville, PA: Daley Publications, 2009.
- Narcotics Anonymous (Basic Text)*. CA: NA World Services, 1988.

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MATERIALS FOR CLIENTS, FAMILIES AND PROFESSIONALS ON SUBSTANCE USE, PSYCHIATRIC OR CO-OCCURRING DISORDERS

Client and Family Materials

A Family Guide to Coping with Dual Disorders	Money & Recovery: Managing Financial Issues in Recovery
Addiction and Mood Disorders	Overcoming Negative Thinking
Addiction in Your Family	Overcoming Your Alcohol and Drug Problem
Adolescent Recovery	Recovery from Alcohol Problems
Adolescent Relapse Prevention	Recovery from Cocaine or Meth Addiction
Anxiety Disorders Recovery	Recovery from Marijuana Problems
A Family Guide to Addiction and Recovery	Recovery from Opioid Addiction
Athlete's Guide to Substance Use and Abuse	Recovery for Older Adults
Co-occurring Disorders Recovery	Recovery from Psychiatric Illness
Coping with Feelings & Moods	Recovery from Psychiatric Illness
Depression Recovery	Recovery & Relapse Prevention for Co-occurring Disorders
Detox Recovery	Relapse Prevention (Drug & Alcohol)
Family Recovery	Relapse Prevention (Compulsive Sex)
Gratitude Workbook	Sober Relationships and Support Systems
Grief Journal	Sobriety Journal
Group Counseling Participant Workbook	Surviving Addiction
Improving Communications and Relationships	Using 12-Step Programs in Recovery
Managing Anger	Working Through Denial
Managing Emotions	

Books for Professionals

Dual Disorders Recovery Counseling: Integrated Treatment for Substance Use and Mental Health Disorders
Dual Disorders: Counseling Clients with Chemical Dependency & Mental Illness
Group Treatment of Addiction: Counseling Strategies for Recovery and Therapy Groups
Improving Treatment Compliance
Overcoming Your Alcohol or Drug Problem: Therapist Guide
Relapse Prevention Counseling: Strategies to Aid Recovery from Addiction and Reduce Relapse Risk
Treating Chronic Mental Illness and Substance Use Disorders

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