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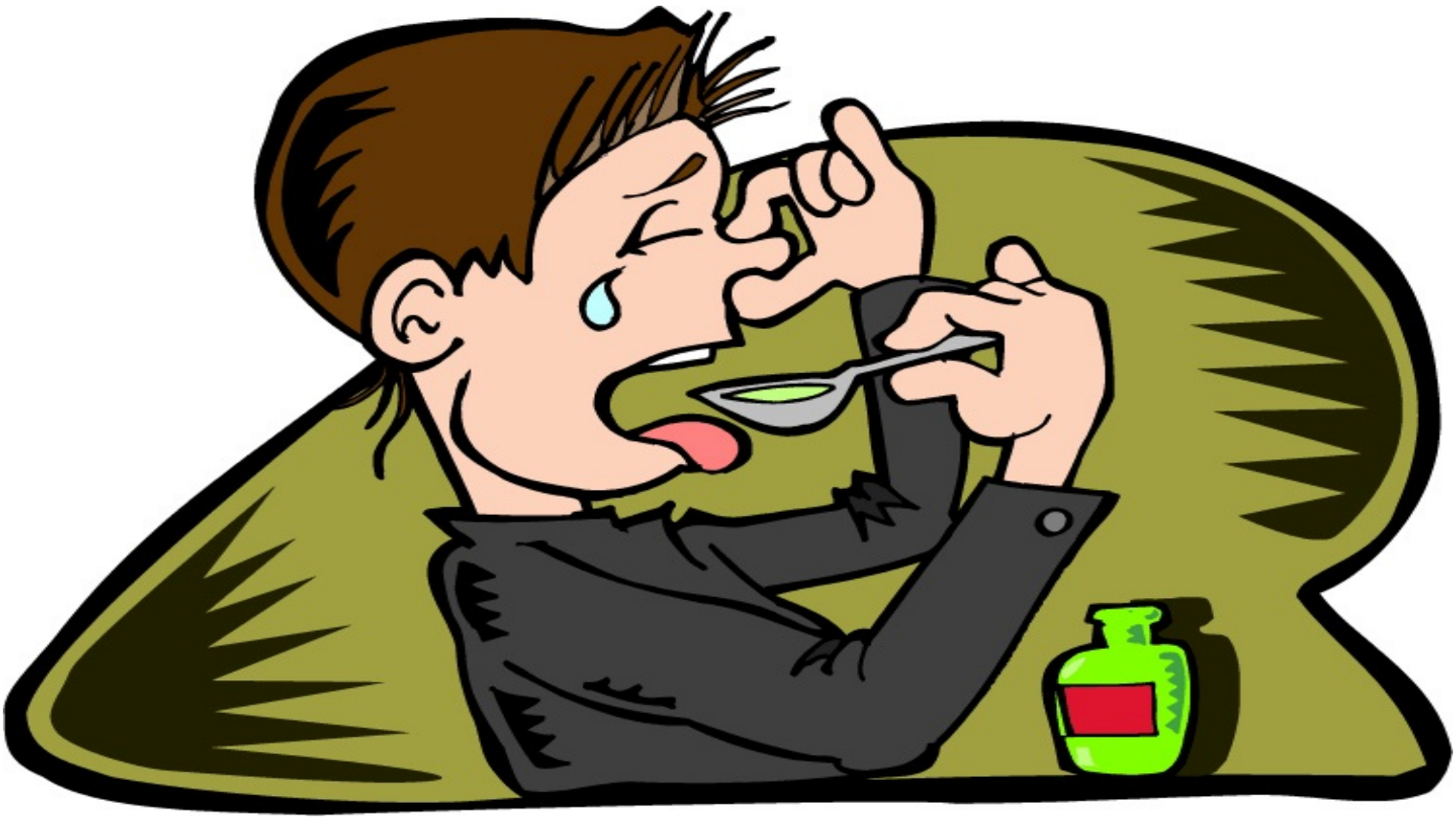

Taking Medications:

A Decision Making Guide for People in Recovery

by

Ken Montrose

About the Author

Ken Montrose is the Training and Publications Director for Greenbriar Treatment Center. Mr. Montrose has provided training for numerous mental health and chemical dependency treatment agencies. He is the author of *Celebrating Small Victories* (Hazelden, 1995: with Dennis Daley) and *Understanding Schizophrenia and Addiction* (Hazelden, 1993: with Dennis Daley). A Certified Addictions Counselor, he also holds a Master's degree in Developmental Psychology and actively pursues his own recovery.

"Please feel free to make a copy or two. Contact Ken Montrose at kmontrose@greenbriar.net to receive a catalog of our publications, or acquire a license to make unlimited copies."

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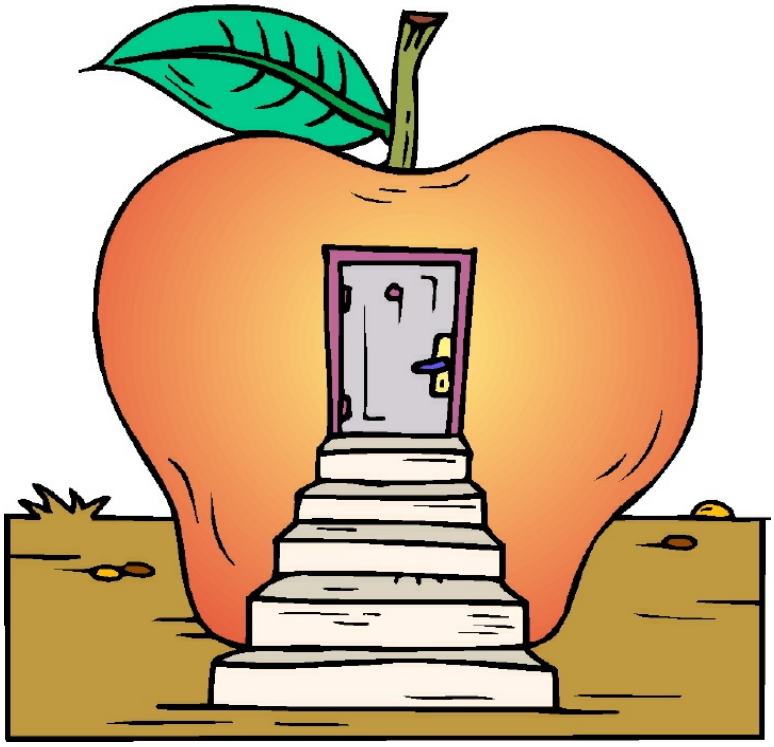

Introduction

This workbook outlines five steps for taking medications. The first step is to stop taking anything not prescribed for you. This includes alcohol and other drugs, over-the-counter medications, and anything prescribed for your spouse or significant other. Although you may share your love, life, and soul with this person, do not share his or her medications.

The second step, which should be done at the same time as the first, is finding a doctor familiar with addiction and recovery. Just because your doctor or dentist has been to medical or dental school, does not mean he or she understands addiction.

The third step involves working with your doctor to eliminate all unnecessary medications. Sometimes that means stopping a medication right away, sometimes it means tapering off medication.

The fourth step is treating whatever still needs treatment. Treatments other than medications are considered first. Medications that are not habit-forming are considered next. Anything that might be addictive is considered only as a last resort.

The fifth step is to take stock and reevaluate the need for prescribed medications. We suggest taking stock frequently.

> It's a bad sign when you window shop at pharmacies.

Step One: Quit Using all Non-Prescribed Drugs

There are two points to consider in introducing this section. One, *non-prescribed* includes alcohol, illegal drugs, over-the-counter medications, leftover painkillers from your last surgery, and anything else you can think of to get around a drug being non-prescribed. Two, although this is the first step, you should also be working on the second step, finding a doctor familiar with addiction.

> An Aside . . .
> You won't see a sticker on a pill bottle that says "do not smoke crack while taking this medication" because doctors, dentists, and pharmacists assume you know this.

All treatment starts with diagnosis and few things make diagnosis more difficult than substance abuse. Using alcohol and other drugs (AAOD) can mimic, mask, exacerbate, or even cause other medical and/or psychological problems.

Mimic: If you continue to use substances, your doctor may mistake one illness for another. Suppose you drink a fifth of whiskey a day and don't tell your doctor. She may think you are depressed. In fact, you may feel depressed. Your doctor may prescribe an antidepressant. Antidepressants do not mix well with alcohol. Had she known of your alcohol abuse, she might have helped you find a detox and rehab. You may not need antidepressants.

Mask: If you continue to abuse substances, your doctor may only treat one problem. Let's suppose you had bouts of depression long before you picked up the first drink. You reason that since the depression came first, drinking had nothing to do with your slide into your current gloom. You don't bother to tell your doctor about the booze. He increases your medication to the maximum recommended dose. When this does not work, he tries other antidepressants. After years of trying everything on the market, he finally suggests electroconvulsive therapy -- shock treatments. "Now I have a reason to drink," you say to yourself. Your depression worsens. Your doctor treats only one illness, failing to diagnosis your second life-threatening illness.

Exacerbate: Conditions such as ulcers, high blood pressure, heart disease, chronic headaches, and mental illness can all be made worse by abusing AAOD. You will not find alcohol, cocaine, or heroin in health-food stores. There is no recommended daily allowance for these substances.

Cause: You may develop medical problems because of chemical abuse. Alcohol, for example, can weaken your immune system, damage your liver, raise your blood pressure, and eat away your stomach lining. Death can result from an overdose of many drugs, including alcohol.

Anything you smoke can damage your lungs, including marijuana and crack. Crack can damage your heart and other vital organs. It can cause depression, problems with sleep and appetite, paranoia, and violent behavior. None of these conditions can be easily treated while you continue to abuse AAOD.

Case Illustration

Taylor was treated at a psychiatric hospital for depression and auditory hallucinations. He had chronic difficulty falling asleep and was often anxious. He also suffered from high blood pressure, headaches, and stomach ulcers.

Taylor drank wine almost every day, even though he vomited blood sometimes. He smoked marijuana regularly and injected cocaine. There were very few drugs he had not tried.

"Wine and weed I love 'cause they're always there for me," Taylor was fond of saying. Sometimes he would add sadly, "But some days I'll do anything so I don't have to feel like me."

For years he lived above a bar and ran a tab. Each month he would sign over his disability check to the bar's owner. Not surprisingly, he became indebted to the owner who "allowed" him to work off his tab by sweeping the floor, running errands, and doing odd jobs.

Finally, he began to take stock of his situation. With the help of his social worker, he listed all his problems and how substance abuse might be affecting them.

First, he listed substance abuse as a primary problem. He concluded that using alcohol and other drugs made him forget how miserable he was, but created more misery that he needed to forget.

He knew some of his depression was caused by substance abuse. Taylor also noted that his depression was a "heartsick." He hated feeling "all drugged out and weak." He couldn't accept being in the bar owner's debt.

He remembered that he began hearing voices, auditory hallucinations, when he started taking drugs in college. Once manageable, they now seemed to have a life of their own. They were especially

loud and nasty when he used stimulants like cocaine, crack, or crank. Against his doctor's advice, Taylor often took extra medications when using drugs made his voices worse.

Taylor's high blood pressure worried everyone involved in his care. His doctors feared that he would have a stroke as he was vomiting. Time and again, they warned him that vomiting raised his blood pressure. Taylor knew they were right, but the idea of "not drinking anything ever again" scared him even more. "Besides," he argued, "when the headaches come, I have to take something."

Taylor finally agreed to abstain from all drugs, including alcohol. Within weeks his blood pressure began to drop. His ulcers bothered him less, but did not go away. He began to sleep better. He still had headaches and heard voices.

The Point Is . . .

1. Taylor could tolerate painful headaches while he was using drugs. Because he could tolerate them, he was not motivated to find out what was causing them. Now that he must face them clean and sober, he may find their root cause. Had he not gotten clean, he might have masked a serious medical condition causing his headaches.
2. We hope one illness is mimicking another. Taylor had hoped drug abuse was mimicking schizophrenia. Unfortunately, his hallucinations did not go away. Sometimes people have both a mental illness and a substance abuse problem. Both have to be treated.
3. Some of Taylor's problems were caused by substance abuse.
4. All of Taylor's problems were exacerbated by his substance abuse.

> Be concerned if the last book you read was *The Physician's Desk Reference* (PDR).

✍ List whatever drugs you use, including alcohol. Then list the physical and psychological problems each drug can cause. If you don't know, do a little research. Ask your doctor, go to the library, look on the internet, or ask people at AA, NA, CA, et cetera, what problems drug abuse causes.

Drug	Problems

Abstinence

Taking only prescribed medications gives the doctor a clearer picture of your problems. If you quit smoking crack and your blood pressure drops to normal levels, then she knows crack caused your high blood pressure. If you keep smoking crack and don't tell your doctor, she may prescribe unnecessary medications. She may believe you when you say, "I have a drink now and then, but I stay away from the hard stuff, Doc." Tragically, she may not order the one test that would pinpoint the cause of your high blood pressure -- a drug screen.

Abstaining from non-prescribed medications also allows the doctor to see if prescribed medications work. Antidepressants, for example, are more effective when *not* washed down with a bottle of wine. Before you say that medication never helped, ask yourself, what else was I putting in my body when I tried it?

Abstaining from non-prescribed medications allows the doctor to limit the amount of the medications you do take. Most people need far less antidepressant when they aren't crashing

from cocaine binges. People who don't smoke crack or marijuana need less anti-psychotic medication than those who do.

For those of us with an addiction, any amount of alcohol and other drugs is too much. We don't know how to control our use of AAOD. We must abstain from AAOD, and have our medications doled out by professionals familiar with addiction. The doctor must say how much is enough of a particular medication.

If You Are Not Sure What Your Problem Is

Suppose you have both an addiction and another illness. Staying sober with an untreated physical ailment will eliminate doing any more damage because of your addiction. Your untreated illness may cause you pain, but you will not make your illness worse by pouring your favorite chemicals into your body.

If you treat both illnesses, your addiction won't progress. Whatever ails you may become less of a hardship. You will probably enjoy your recovery more.

Continuing to use AAOD while getting treatment for another illness may be very destructive. Misdiagnosis is more likely. Treatment may not work because of your use of AAOD.

Worst of all is abusing substances and not treating another illness. A classic example of this is abusing substances to mask overwhelming anxiety. Both illnesses tend to get worse until it takes enormous amounts of a chemical to face the smallest of fears.

Case Illustration

Sarah was a stay-at-home mother for a number of years. When her youngest son entered high school, she began taking night classes at a local college. By the time he finished college, she had obtained her Master's degree.

She had always suffered from a mild form of arthritis, but it had never before interfered with her life. As she began looking for a job, her arthritis became increasingly difficult to manage.

Her physician was a friend of the family who had treated her since her teenage years. As her arthritis worsened, he prescribed more of the painkiller he had always prescribed, and gave her leeway to take an extra pill.

Sarah usually limited herself to a glass of wine with dinner on Saturday nights or special occasions. Having worked so hard to get her degree, she was especially resentful that her arthritis was flaring up at such an inopportune time. She began having a glass "for luck" as she wrote cover letters in answer to want ads.

As time passed, Sarah found herself running out of her pain medication before the next refill was due. At first she told her doctor that she needed more and he happily obliged. He reminded her that this medication could be addictive and that she should "go easy on it." The next time she ran short, she was too embarrassed to see him. "He'll think I have a problem with this stuff." She began seeing another doctor in a neighboring town.

Her medication was not cheap, so she began to supplement it with over-the-counter (OTC) pain medication and alcohol. She found if she took a little more than what was recommended of the OTC medication, and washed it down with a glass of wine, the pain subsided to a hardly noticeable ache.

Although her husband began noticing a change in her mood, he blamed it on her frustration at not being able to find a job. Months went by before he became concerned about her condition.

In the meantime, Sarah crossed an invisible line. She began drinking in anticipation of the pain and she began taking the painkillers for anxiety.

The Point Is . . .

1. Sarah's problems were mounting, in part, because she was abusing alcohol.
2. Neither of Sarah's doctors knew about the other, making it easier for her to get more medication than either of them would be comfortable prescribing.
3. She desperately needed a doctor knowledgeable about addiction to coordinate her treatment and *say when* she had enough of a prescribed medication.
4. Her substance abuse has become a problem separate from her arthritis.

On a separate sheet of paper list all of the medications you have been prescribed. Do all the doctors involved in your care know what you have been prescribed by other docs? If not, you need to either send them a copy of your medications list, or call them and tell them all the medications you take.

Be Prepared

When you stop pouring chemicals into your body life may not immediately improve. You may feel a lot better, but still have a few problems. Or, you may feel as bad as you did when you

were abusing substances. And you may be more aware of how bad you feel. Or, you may feel even worse than when you were using. But no matter how bad you feel now, you will feel better in the long run.

You may have to get through withdrawal. Over time your body adjusted to your favorite chemical. You may hurt as your body readjusts. Sometimes withdrawal can be life threatening; other times withdrawal only *feel*s like death. Lean into your withdrawal. The memory of a miserable withdrawal may help you stay clean and sober.

Terence Gorski and Merlene Miller describe post acute withdrawal (PAW) in their book *Staying Sober*. After withdrawal you may have months of PAW. According to Gorski and Miller your short term memory will desert you and you may be emotionally numb. Or you may be overly sensitive due to PAW.

Post acute withdrawal can cause difficulty with coordination. This can be a problem late at night as you wander around, wishing you could sleep. Needless to say, you may develop a low tolerance for stress.

Life may rise up to meet you. Many people who numb themselves from life's heartaches stop the anesthetic just as life becomes most painful. They struggle with the frustrations, fears, and anger of everyday life. The urge to use chemicals again can overwhelm them.

Don't jump to the conclusion that bad feelings must be medicated. Sometimes feeling bad is unavoidable. Other times, bad feelings can be treated with something other than AAOD or medication. Before you abuse AAOD or medication, talk with people who have faced similar pain. They may know ways to deal with the problem that you don't.

 List three ways people dealt with depression before the discovery of antidepressant medication.

 List at least two ways other than medication to deal with your pain, whether it is physical or emotional.

Step Two: Find a Doctor Familiar with Addiction

Pick a professional familiar with addiction. Just because someone has been to medical school or dental school doesn't mean he or she knows all about addiction. Although the situation has improved, many medical schools still do not stress treating addiction.

> Anyone know how to treat bubonic plague? . . .
> One noted authority on addiction said that when he was in medical school he spent two weeks learning about Rocky Mountain Spotted Fever. He spent exactly one hour learning about addiction.

First and foremost, avoid *Dr. Feelgood*. He assures you he has *the answer*. He gives you a prescription for something "to make it all better." And if that something isn't strong enough, he knows something else that is. He sees no reason for human suffering, not with the recent advances in pharmacology. He also doesn't see that you are one of that small percentage of people who may abuse medications.

"Only one person in a hundred gets addicted to this medication," he says. Did you count ninety-nine people in the waiting room who saw him before you?

Do not seek out *Dr. Busy*. We work the system by begging to be squeezed into the doctor's busy schedule. Consciously or subconsciously, we know a hurried doctor is much more likely to prescribe "the good stuff" than a doctor who has the time to argue with us.

"Here, just take them as prescribed," she says with a hassled and weary look on her face. "She said it was important I take all of these," we tell our skeptical loved ones.

While getting into medical or dental school requires intelligence and determination, it takes very little common sense. Go to any Narcotics Anonymous (NA) meeting and ask the group members for their best *Dr. Gullible* story. You may be amazed at how easily group members acquired addictive medications. We learn how to talk doctors and dentists into giving us the drugs we want. If we are honest, we know we have to find a doctor who deals with addicts and knows a story when he hears one.

Dr. Right knows how to treat addicts. She stays in touch with whatever specialists she refers us to. She is available to discuss our addiction. "No" is in her vocabulary: "*no*, I don't believe you dropped them down the sink again and *no*, I won't prescribe more."

☎Call the American Society of Addiction Medicine (ASAM) to get a list of doctors in your area who are board certified in addiction medicine: 301-656-3920. If you have access to the Internet visit their website:

http://www.asam.org

Case Illustration

Sarah, who we mentioned earlier, did not find a job. She slipped further and further into her addiction. Her husband was promoted at work and asked to reorganize his company. He often got home at 10:00 p.m. to find Sarah asleep. Feeling guilty about neglecting her, and blaming her moodiness on not being able to find a job, he tried to stay out of her way.

Sarah's second doctor noticed no change in her. She was able to put on a good front for the fifteen minutes she was in his office. Still, Sarah worried that he was getting suspicious. She decided to get a "back up" doctor, just in case.

Sarah remembered that a friend of hers had been treated for back pain. This friend recommended her doctor, although she said he might be too busy to see Sarah right away.

Sarah called this doctor and browbeat his secretary into squeezing her into the doctor's schedule. When she got to the doctor's waiting room she found that he was so busy there was no place to sit. During his examination she told him that her hands hurt too much for her to type cover letters. She asked him to prescribe a small amount of a mild painkiller. Since she was asking for such a small amount, he readily agreed. He also rescheduled her to return to evaluate the painkiller's effectiveness.

Two days later she called the doctor to say she had spilled her pills. Reluctantly, he agreed to ask the pharmacy to replace the pills she said she had spilled. She hid the two bottles of pills, hoping that her husband would not see them. She feared he might "get the wrong idea," and think she had a problem with prescribed medications.

The Point Is . . .

1. Sarah, by no means a street-smart junkie, easily got as much of her drug of choice as she wanted.
2. She was able to find a well-meaning doctor who was too busy to question her story.

3. By exaggerating her symptoms just a little she got the drug she wanted and provided a plausible explanation for wanting more in the future.
4. She expanded her list of suppliers so that she could get less from each supplier, but more overall of her drug.

✍☎ Create a list of people in recovery you can call if you have the urge to abuse prescribed medications. Call at least one person on the list each day until you have called everyone on the list.

✍Describe a typical addict[1].

Working With Dr. Right

Picking the right doctor or dentist doesn't guarantee good treatment. You have to be honest with treatment professionals if you want effective treatment. If you lie about your symptoms or substance abuse, you cannot expect the best care possible. Even "small" lies can lead to problems. For example, a man was being treated for anxiety with a habit-forming medication. Because of his history of substance abuse, his doctor wanted to wean him from this drug.

During his evaluation the man reported drinking "a cup or two" of coffee each day. The treatment team discovered he typically drank several pots of coffee each day. Needless to say, some of his anxiety was the freshly brewed kind. Because of his small lie he had been prescribed a drug that he was likely to abuse and probably didn't need. He could have lowered his anxiety by switching to decaffeinated coffee. He might have been able to avoid taking that drug altogether (Montrose & Daley, 1995).

Be honest with your doctor or dentist. If you have abused medications in the past, tell him. Tell your doctor or dentist before he gets out his prescription pad. Tell him before he even asks.

[1] Hopefully you recognized this is a trick question. There is no *typical* addict.

Tell him.

Telling you doctor or dentist should be nothing more than saying, “I’m an addict and we need to be very careful not to reactivate my addiction.” Complicated explanations aren’t needed.

Be honest about your recovery. If you start using AAOD again, tell your doctor or dentist. Suppose you don’t tell your doctor you have started abusing cocaine again. She may increase your antihypertensive medication, not knowing why your blood pressure keeps rising. You end up taking *more* medication when what you really needed was *no* cocaine.

If you take a prescribed medication in *any* way other than *exactly* as prescribed, tell your doctor or dentist. We will define *any* later. Many of us stretch *exactly* to mean its polar opposite. When asked if we have been taking a medication exactly as prescribed we say yes. In truth, we may have taken the medication exactly as prescribed once, then doubled the dose, and then took two extra “just to be sure.”

We need to be rigorously honest with the doctor or dentist, planning our use of a medication in advance. Discuss what is an appropriate dosage in any and all situations. We often confuse *enough medication* with *way too much medication*.

As much as possible, try to be objective about your symptoms. For example, some people with high blood pressure do not take their medications because they feel fine. Feeling fine is a subjective measure, based solely on our own perceptions. A more scientific measure would have been a blood pressure reading. This measure is unbiased. We may not feel our high blood pressure, but if the gauge says 200/120 we had better take our pills. (We’d also be wise to change our lifestyle to lower our blood pressure, not relying strictly on medication.)

Some symptoms cannot be measured objectively. In this case, try to be as rational as possible. Describe your symptoms to the doctor without exaggerating or minimizing them. Keep a journal and describe the symptoms as you are experiencing them, or immediately thereafter. Too often our addictive brains remember symptoms as being worse than they really were.

Periodically reevaluate your need for medication. Some of us take medications out of habit. Make sure you are not taking a medication just to put something into your mouth.

Some of us start to see medication as a safety net. We worry that we may not be able to survive on our own and we feel safer knowing a medication is out there to help us. It takes courage for us to face life and realize we may not need certain prescribed chemicals.

Some of us are still looking for the *sly high*. We want to hold onto our clean time, yet still feel chemically altered. We have to ask ourselves: am I taking this to treat something, or am I treating myself to something? We will discuss this in more detail later.

Case Illustration

Taylor brought all his pill bottles to his psychiatrist's office. He and his doctor listed the name of each medication next to the problem it treated. Next to that he wrote how the medication had been prescribed and how often and how much he usually took of that medication. In most cases, he was not taking medications as prescribed.

Taylor agreed to keep an exact record of every medication he took. He and his doctor prepared a chart, leaving a space at the bottom in case a medication had to be added. Taylor was asked to put a check mark next to the name of any medication he did not take exactly as prescribed on any day.

Taylor also agreed that his doctor would contact any other doctor or dentist treating Taylor for any reason. Taylor agreed to have his blood pressure taken regularly and to complete the Beck Depression Inventory every two weeks. He also agreed to keep a diary of his hallucinations, rating them each day for severity and possible triggers.

Initially, Taylor had trouble keeping a journal. In time, journaling became almost automatic. Keeping a journal showed him that his hallucinations waxed and waned. Part of his depression rested on the idea that the voices never left him alone. Tracking his hallucinations helped him see his mental illness was not as bad as he had thought.

The Point Is . . .

1. For Taylor' doctor to KNOW what is happening to Taylor, he needs an accurate account of what Taylor puts into his body.
2. Trusting Taylor's memory or perception might have proved to be inaccurate.
3. Taylor was surprised that his perception differed from reality.
4. Some symptoms will disappear with abstinence from AAOD. Other symptoms may improve but not go away completely, such as Taylor's auditory hallucinations.

✍ Start keeping a journal. List the medications you take each day, checking off those you took exactly as prescribed. Record observations about your mood, thoughts, and/or behavior. Also, include a gratitude list. An example follows.

December 8th:

Medications taken exactly as prescribed:

✓Depakote ✓Zyprexa ✓ Inderal

Feelings: I was feeling less depressed today than I felt yesterday. I think the prayer and exercise are making a difference.

Thoughts: I still make mountains out of molehills, but I didn't worry as much today as I did last week.

Behavior: I walked two miles today and didn't isolate.

Gratitude: My medications are working better, breakfast was good, I don't have to use cocaine today, I'm alive, and not in jail, etc.

Step Three: Taper Off Unnecessary Medication

Remember that substance abuse can mask, mimic, cause, or exacerbate other problems. You may have been prescribed medications for symptoms connected to your abuse of substances. Now that you are clean and sober, you may not need a particular medication. Diet, exercise, and other changes in lifestyle may be sufficient to overcome some ailments.

Sorting Out the Pills

When we get clean, we may have a medicine cabinet full of prescribed pills for ailments that substance abuse may have caused, mimicked, or exacerbated. We need to reexamine why we think we need the medications we are still taking.

Suppose for example, you took benzodiazepines to "take the edge off" while you abused speed or cocaine. You need to work out a plan to taper off these medications. Follow the doctor's timetable, rather than your own. He may think two weeks is a reasonable amount of time to stop taking Ativan. You may think lowering the dose half a milligram each leap year is fast enough.

If your substance abuse created the need for a medication, then abstinence may make that medication unnecessary. Abuse of many substances can cause high blood pressure, for example. Following an exercise and diet regimen that does not include chasing the coke dealer may lower your blood pressure. With the help of your physician, you may be able to lower the dose of your anti-hypertensive.

Substance abuse may have decreased the effectiveness of a particular medication. You may need to stay on that medication, but at much lower doses. For example, abusing some substances may make it more likely that you will have a seizure. Once clean, you may initially be more prone to seizures. As time passes your seizure threshold may rise, making a seizure less likely. You and your physician may be able to lower the dose of such medications as Tegretol and Depakote.

Case Illustration

As Taylor amassed more and more clean time, his headaches hit him less often, and were not as severe. With his doctor's help he gradually tapered off a headache medication.

He was able to cut down on his ulcer medication. Not pouring alcohol into his stomach allowed it to heal somewhat, although not completely.

The medication he liked least, his antipsychotic medication, was initially decreased. Unfortunately, the dosage had to be raised again because Taylor heard voices less often, but he was bothered more by other symptoms such as paranoia.

He stopped taking high blood pressure medication altogether.

The Point Is . . .

1. Some medications may be eliminated once someone is clean.
2. Some medications may need to be adjusted.
3. Facing life sober can be an adjustment.

Trying to Negotiate Life's Terms

Life can be physically, emotionally, and spiritually painful. Sometimes we have to accept pain. We cause ourselves more pain when we confuse what we have to accept with what we need to treat, and when we like the treatment itself better than the relief from the pain. (For example, are you taking the Dilaudid for pain relief or because you like being emotionally and spiritually numb?)

We may hurt for any of a variety of reasons. Those suffering from chronic physical pain know that sometimes we would rather escape than manage the pain. For overwhelming pain, such as that caused by certain cancers, this is the only sensible solution.

Sometimes the pain is less severe, but enough to make us uncomfortable, even miserable at times. People who suffer from arthritis and migraine headaches may wish for instant relief. As a recovering person, you may have to endure and accept some pain because of your habit of abusing prescribed medications.

Life can be full of emotional pain. People we love are going to die. We are going to have setbacks. Others will be unkind at times. We learn in recovery to reach for medications only after we have done everything else we can do to alleviate emotional pain. This can include practicing acceptance, changing our lives, getting more exercise, forgiving ourselves and others, getting

counseling, praying and meditating, etc. Taking a pill to deal with the unavoidable heartaches of life robs us of one of life's great rewards -- the appreciation of our resilience.

Life can also be full of spiritual pain. We may not be happy with our lives, our destinies, or our Higher Powers. (How do we reconcile a loving God with childhood leukemia?) Some of us have never made peace with our own mortality. We may be very unhappy that the wicked seem to go unpunished. Alcohol and other drugs can only make all of these spiritual pains harder to bear.

✍ List examples of emotional, physical, and spiritual pain that most people must endure.
Ex. death of a parent

✍ List examples of emotional, physical, and spiritual pain that you have endured without medication.

Step Four: Treat What Needs to be Treated

Substance abuse can mask, cause, or exacerbate existing medical problems. If alcohol destroyed your liver for example, getting clean won't restore liver functioning. You will still have liver disease that needs to be treated. Other problems may not be "just the dope" or may not go away with clean time.

Accepting, Overcoming, and Both

Finding the serenity to accept adversity will not always be easy. We are all tempted to ask, why me? *Why me* may feel more in tune with our frustration than believing our problem is not so bad, or that other people's problems are worse.[2]

Doing things to feel better that do not work instantly, or are outright painful, tests our courage. Putting down the bottle and feeling the weight of depression for example, takes courage. Help may seem far away. Cognitive therapy can take weeks to work. Even the new miracle drugs, Prozac, Zoloft, and other antidepressants can take a month or more to work. We are used to the instant high, numbness, or escape of AAOD.

Acceptance is more than putting up with something. Acceptance is opening the door to an experience with as little fear, anger, or resentment as possible. Acceptance is leaning into an unpleasant feeling and discovering we will survive.

Case Illustration

David suffered for years from anxiety and depression. At the first twinge of fear, his whole body would tense and he would feel the flood of adrenaline being dumped into his bloodstream. His palms would sweat, his breathing would become shallow, and his heart would start to race. In time, he was unable to distinguish the first twinge of fear from the almost immediate reaction that brought on his other symptoms.

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[2]Again, we must point out that enduring excruciating pain is pointless. Just as some situations are best accepted, others are unacceptable. If a pain is unmanageable and untreatable, then pain medication may be needed. The doctor and you should negotiate how much painkiller you need. Ultimately though, the doctor says "when."

For years he lived in dread of that first twinge, believing that "the big one" was just around the corner. When asked, he could not be sure just what the big one was. He held a vague fear that he was going to die or go crazy, or that he was going to lose control and some unknown catastrophe would befall him.

His fear of having one of these attacks kept him from venturing anywhere that he could not easily leave. He avoided elevators and public transportation. He shopped for groceries late at night so that he would not have to wait in line. Living around his symptoms exhausted him, and he experienced recurrent depressions.

David was prescribed Xanax for his anxiety. Habitually he swallowed the Xanax with a glass or more of wine. The combination often put him into a stupor.

David never told his doctor about his depressed mood or the severity of his anxiety. He briefly saw a psychologist about his fears, but terminated treatment when the psychologist suggested he gradually learn to face the feared situations.

A favorite uncle died and David was asked to be a pall bearer. David feared he could not perform this duty while he was taking Xanax and alcohol. For two days he worried and obsessed about the upcoming funeral until finally he could worry no more. He decided that if "the big one" came and he had to drop the casket and run, then so be it.

The day of the funeral, he shook and sweated and waited to be humiliated, to die, or be committed to a mental institution. At the end of the funeral, he discovered that while none of this happened, he still felt pretty miserable. He accepted the idea that his symptoms could only get so bad and that he could accept them without liking them.

In time, he worried less each time he felt the first twinge of a symptom. Each time he added a little less adrenaline until finally, the first twinge hardly scared him at all. He quit taking Xanax and stopped drinking.

The Point Is . . .

1. David was running from a perceived threat, not a real one. It was the fear of his symptoms that increased his anxiety.
2. Although his symptoms were real, and miserable, they were manageable.
3. Accepting his symptoms allowed him to see that he need not run from them.

✍ What fears have you overcome? (Include childhood fears.)

☎✍ Talk to other people in recovery who have overcome fears. How did they do it?

Alternatives to Medication

The first option to consider is always the non-drug option. Many conditions can be treated with non-drug alternatives. By this we do not mean untried alternative medicine, but treatments and techniques that have been investigated and found to be helpful. Among these treatments are common sense approaches, such as a sensible diet, getting more exercise, and learning meditative techniques including thought replacement and deep breathing. Some problems can be addressed by massage, biofeedback, and acupuncture. The trick is to use scientifically proven alternatives.

Avoiding the "Magic Pill" Mindset

Using an alternative to medication helps us avoid the "magic pill" mindset. We learn that sometimes relief can be earned. We learn that most of us have more control over the way we feel than we imagine.

Sometimes we are too quick to seek medication. Ask yourself, is this pain a part of life, one that will pass on its own? Bereavement is a classic example. For many, bereavement is intensely painful. The intense pain of bereavement typically passes. Accepting bereavement reminds us of our loss, and shows us how resilient we can be. We learn that we can go on.

If, for example, two years after someone has died you are still too depressed to work, it may be time to seek help. Your pain has gone way beyond what is part of life. You may have a chemically induced depression that was triggered by the loss, but which has camped on your doorstep. You may need medication to deal with your pain.

If You Need to Take Medication

No amount of meetings, diet, exercise, meditation, or alternative treatments will cure some ailments. In these instances, and following strict guidelines, medication may be the answer. In fact, medication may be an integral part of recovery.

Too often people relapse because they have stopped taking needed medications. Suppose someone takes Lithium for bipolar disorder. Without this medication, he is likely to lapse into mania or depression. Both states can cloud his judgement, making picking up the first drink or other drug more likely.

Case Illustration

Due to a job setback, Sarah's son was forced to move back home temporarily. In short order, he discovered that his mother was abusing both alcohol and painkillers. He and his father intervened and forced Sarah to face her addiction.

Sarah attended a thirty-day rehab. She completed the course in the summer when her arthritis was least bothersome. She managed to stay off all medications until October when a change in weather started to aggravate her condition. A well-meaning friend from the rehab told her that if she had tolerated the pain this long, there was no reason to think she couldn't hold on until spring.

Sarah put up with the pain until Christmas. On Christmas Eve she was alone in the kitchen when she decided she had to have just one drink to take the edge off her pain. The next day, she sobbingly told her husband that she was drinking again and that the pain was just too much to bear.

They called the family doctor and told him about her past abuse of alcohol and medications. Luckily, he had a colleague familiar with addiction. The new doctor and Sarah worked out an exact schedule for her to take her arthritis medication. They also agreed that she would call him if she thought she needed any extra medication.

Sarah called her sponsor and discussed her situation. She and the sponsor agreed that she would consider any deviation from the doctor's orders a "slip," i.e. a relapse. They also agreed that it was up to Sarah to negotiate any changes in medication. She was not to take more than prescribed, but she was to have a voice in her treatment.

The Point Is . . .

1. Untreated, Sarah's pain might always be a trigger for relapse.
2. She needed to be involved in her care, but she needed strict controls on the pill bottle.
3. No one but Sarah knows how much pain she is really feeling.

Guidelines

If you decide to take a medication, there are some rules you may want to follow. The first two rules we have stated earlier, namely, be totally honest with a doctor familiar with addiction. If you cannot treat your problem without medication, then take medications only as prescribed, considering any deviation from the doctor's orders a "slip."

By *any* we mean the dictionary definition of *any*, not the addicts' definition of *any*. In the real world and the dictionary *any* means a single instance. To the addict, *any* means "what I thought you might have meant, colored by what I wanted to hear."

As in:

- "Oh. I thought you meant don't take *any* more during the day because they might make me drowsy. I didn't know you meant don't take *any* more, including at night."
- "I didn't think four was really any more than three, not when you think about how small those pills are and how big I am."

If you are truly an addict, your mind may already be racing ahead for ways around this rule. Don't let the idea of getting prescriptions written PRN (as needed), dance like sugar plums through your head.

Clause "a" to this rule is that no prescription should ever be written that allows you to say when. If a medication is to be taken as needed, it must also include a maximum dose. An example of this might be "take one as needed, up to three in twenty-four hours." This limits you to what you can take. If three is not enough, then you need to negotiate for more medication. Taking the fourth is a slip.

Try to find the minimal dose of whatever you have been prescribed that treats whatever needs to be treated. Many of us have that "if one is good, two is better, and six ought to really do the trick" mentality. Taking a minimal dose should minimize side effects. The lower the dose, the less likely you are to become dependent on most medications.

Medications: A (Sick) Love Story

Part of recovery is being aware of your relationship with your medications. Many of us identified with the brand of liquor we consumed or the type of drug we used. We need to make sure we are not doing the same with prescribed medication. There are several precautions that can help eliminate this problem.

Take the medication as briefly as possible. You may need some drugs for the rest of your

life. Insulin is a prime example. Others you may not need except for brief periods, such as antibiotics. When that period is up, ask yourself, how do I feel about stopping this medication? If you are sad that you cannot take Percocet two weeks after your wisdom teeth have been pulled, alarm bells should sound. You may have been developing a relationship with that particular painkiller.

Take medications only when necessary. Some medications may be prescribed only for specific situations. Be sure that taking the medication is absolutely necessary. One man in recovery was prescribed Ativan to help him overcome his fear of flying. He never took the drug because he feared it more than flying. In his words, he was afraid "everything might start to look like a plane."

Trouble starts when you fall in love with the drug. If you wish you were having symptoms so that you could justify taking the drug, you have a problem. If you are endlessly debating with yourself, in gleeful anticipation, whether or not you are having a symptom, then you have a problem.

Educate yourself about the drug. Being in recovery, you need to know the risks and potential benefits of putting anything into your body. Ask questions and get references. When you read the drug companies' literature, remember we are that 1% who tend to abuse a medication. Be careful.

✍ For each medication you are prescribed find the following information:

- Is this addictive?
- What is the average daily dose?
- What are the alternatives?
- What are the side-effects?

Remember, taking a medication is not always necessary. Try doing a cost/benefit analysis -- not everything has to be medicated. What will it cost to take a medication, namely, how do you

feel about taking it and how likely is it you will abuse this medication? Weigh this against the benefit of taking it. If you are going to be in pain, or unbearable misery, and there is no non-drug way to deal with this, then by all means, take the medication.

When Does a Medication Become a Drug?

Unfortunately, many people misinterpret the slogan *a drug, is a drug, is a drug*. They lump all medications with illegal drugs, regardless of who prescribed them for whom, and for what reason. There are several key differences between prescribed medications and street drugs.

Medications, as a rule, have not been doctored by the pharmacist. They have not been sprayed with paraquat or cut with baby laxative. The pharmacist is unlikely to exaggerate their potency or downplay a medication's risks. If you have done your homework, you know what you are getting when you are prescribed a medication.

Many medications restore the body to a certain balance. Insulin, for example, restores the body's blood sugar level. Many antidepressants restore the body's serotonin balance. The majority of these drugs work like aspirin. If you have a fever, aspirin will lower your temperature. If you do not have a fever, aspirin will not give you the chills. We will look at other differences later.

Ask for Non-Addictive Medications First

Often an addictive drug can be replaced by a medication that is not habit forming. Many people give up on the nonaddictive drug too soon. The problem that many people in recovery encounter is that they are waiting for that jolt. Most nonaddictive drugs provide no jolt.

People who suffer from panic attacks are often prescribed Paxil or Xanax. Paxil may take six weeks to work, can have some annoying side effects, and does not make its presence known. The person taking Paxil knows she is less depressed and anxious, but does not feel slow, fast, heavy, light, or euphoric.

The person taking Xanax feels a wave wash over her. There is a specific and palpable calm. Xanax makes its presence known. The recovering person may remember and like the feeling of a drug making its presence known. He or she may feel that if there is no jolt, the medication is not working. This is not always the case. Try a nonaddictive drug first, expecting no jolt and not taking extra medication to get it.

Medications that May Be Habit Forming

Take the addictive drug as a last resort. Unfortunately, there may be times in your life when you have to take a medication that is highly addictive. Follow all the rules we have discussed earlier and stay close to whatever helped you get clean and sober in the first place.

Sometimes you may have to choose between two drugs that can be habit forming. Often one drug will present less of a problem than the other. We suggest always trying the less addictive drug first. Many of us want to bring in the big artillery first. We like stuff that knocks us out or has a kick. It is the kick that kicks our teeth in. Try the milder stuff first. Remind yourself that you are treating an illness, not treating yourself to a sly high.

Once you have started on a medication, re-evaluate your need for it. Have the symptoms gone away? How likely are they to return if you stop taking this medication? Can you reduce the amount you take? And, most importantly, have you pursued alternatives that might make the medication unnecessary?

Reexamine your relationship with that drug. You may consider the drug a necessary evil. If this prevents you from abusing it, so much the better. You may be grateful that there is something out there that can correct whatever it is you truly cannot overcome on your own. This too is an attitude that probably won't get you into trouble. The danger is if you are trying for the "sly high."

Case Illustration

"You're the first person I've seen smile after she's been told she needed to have a tooth pulled," the dentist said to Sarah. "I'll schedule you for early next week." Sarah hadn't realized she was smiling. She almost immediately realized she was smiling in anticipation of getting Percocet for her pain.

"Did I tell you I was a recovering addict?" she said to her dentist. Sarah made a note to herself to call her doctor and her sponsor before she had the tooth pulled.

The point is . . .

1. Sarah's inner addict was happy before Sarah even knew why.
2. Sarah took steps immediately to stop any relationship with whatever painkiller she might be prescribed.

Step Five: Take Stock

Our pain can distract us from our recovery. Every day we need to take stock to ensure we are not sliding towards a relapse. Below are two checklists. The first checklist is completed at the time you discover you have a problem or when a medication is prescribed or changed.

The second checklist is part of a daily inventory that can help you stay clean and sober while you take medications.

I have been prescribed the following medications:

Medication	Dose	Frequency	Taken For

All of the following can also help with my problem:

- ❑ _____
- ❑ _____
- ❑ _____
- ❑ _____
- ❑ _____
- ❑ _____
- ❑ _____
- ❑ _____

Daily Inventory

Today is _____, the _____ day of _____. It is the only day I need to concern myself about today.
(Day of the week) (date) (month)

❑ Woke up clean and sober.

Did the following to enhance my recovery, and deal with pain:

❑ _____ ❑ _____

❑ _____ ❑ _____

❑ _____ ❑ _____

❑ _____ ❑ _____

❑ I took medications exactly as prescribed by a doctor/dentist familiar with addiction and who knew about any other medication I might be taking.

I am grateful for:

❑ I went to bed clean and sober.

A Word About Mental Illness

No other subject generates as much controversy among recovering people than mental illness and psychotropic medication. If, for example, someone at an NA meeting says she takes medications for depression, she may be confronted with a variety of questions and opinions. How do you know if you have a so-called "biological depression" or if you are just wallowing in self-pity? When did "the blues" become an illness? Are you really clean while you take pills? How can someone say Prozac is not mood altering when depression is called a "mood disorder" by psychiatrists and psychologists? Too often people stop taking medications because of questions such as these.

Suppose a young man who has never picked up a drink becomes suicidally depressed. Walking past a church basement one day, he happens to pass an AA meeting. Out of curiosity and desperation, he follows several people inside. Once inside, he discovers a room full of smiling faces and friendly people. Their fellowship is infectious and he wonders if their good humor is not the tonic for his depression.

To his dismay, he is told that this group is only for people who have a desire to stop using AAOD. Group members suggest he see someone who knows how to deal with mental illness.

He leaves the meeting angry and resentful. On the way home, he stops at the nearest bar and has his first drink. Three years later he is still very depressed and is now addicted to alcohol. Out of desperation he sees a psychiatrist who prescribes Prozac. He never tells the psychiatrist about his drinking. His depression lifts somewhat, but he still feels terrible after a binge. The Prozac is not working nearly as well as the doctor said it would.

He returns to AA and stops drinking. His depression lifts completely. He tells his sponsor that he is so happy, he wants to cut back on his Prozac. His sponsor, who did not know he was taking an antidepressant, tells him he is not sober while he takes "mood-altering" drugs. The man points out that he was depressed before he picked up his first drink. His sponsor says that many in AA were depressed before they drank, part of getting sober is learning to live life on life's terms.

The man stops his medications and his depression returns with a vengeance. He becomes extremely depressed and a month later starts drinking again. His sponsor says to him, "See, I told you that it's the alcohol making you depressed!" The man commits himself to a local psychiatric hospital.

What is the moral to this story? There are several. One, before the man started drinking,

people in AA recommended that he seek *appropriate* treatment for depression, in effect saying that AA is not a cure for depression. Too often this changes when a depressed people starts using alcohol. Some people will quit drinking, start working the program and as a result, not experience depression again. Others will stop drinking, work the program like it has never been worked before and still experience intense depressions. These people have a biological disorder, they are not wallowing in self-pity. They need professional treatment. The well-intentioned AA who tells them his own depression went away when he started working the steps is betting that person's life, he knows what is causing the life-threatening depression. Picking up the first drink may lead to jails, institutions, and death. Not treating a mental illness can do the same.

On the Other Hand

Others have argued that drugs like Prozac are being over prescribed and people are not living life on life's terms. Some who could learn to endure, manage, and overcome are being needlessly medicated. This may be true. For them, tapering off a medication, while staying clean and trying alternative treatments, may be the best course of action. The danger is that this may not work for everyone. Telling someone he is not clean while he takes psychotropic medications may be keeping him from lifesaving treatment. The recovering group member who does this ought to ask himself how much he knows about mental illness. Approved AA literature warns AA members not to "play doctor."

Will They be Serving Lithium?

Very few people abuse psychotropic medications. How many Lithium parties have you been to? How often did you take Haldol or Prolixin with friends? Who in their right mind would abuse a drug that takes three to six weeks to work?

Some psychotropic medications can be abused. Valium, Ativan, Klonopin, Xanax, and other benzodiazapines spring to mind. While taking these medications, be totally honest with your doctor and taper off them whenever possible. Take them exactly as prescribed and explore alternatives. Do not expect immediate results with alternatives; it may take a while for treatment to work.

Yeah, But I'm Still Hearing It Back at the Home Group

"Oldtimers" sometimes tell others to get off medications they were once prescribed. They quit using AAOD and no longer needed prescribed medications. (Remember that substance abuse often mimics, causes, or exacerbates the symptoms of mental illness.) Someone who throws away medications and lives happily ever after, is indeed blessed. Not everyone is so lucky.

The core of the problem is that often people who abuse substances have been misdiagnosed. At one time or another, a doctor thought the person suffered from depression, bipolar disorder, dysthymia, schizophrenia, panic disorder, chronic pain or a variety of other problems. Misdiagnosis happens all the time because substance abuse mimics a lot of mental illnesses and often patients do not disclose the extent of their alcohol and/or drug use.

What many old timers do not see is the people who cannot get clean without their medication. These people throw away their medications and end up in the psychiatric hospitals. Often they go days, weeks, even months without picking up the first drink. Finally, the untreated symptoms of their mental illness bring them back to the hospital, unseen by the people in AA or NA, who told them not to take prescribed medications.

Those who say they have seen people throw their medications away, may not have seen people suicide, bounce off walls, hallucinate without medications and without a drop of alcohol or other drugs in their blood stream. Too often when people have psychiatric symptoms, others assume they must be abusing chemicals or even that the prescribed medication is responsible. Again, if someone truly needs a medication, then not having it can lead to jail, institutions, and death.

Now What?

If you have been diagnosed with a mental illness and an addiction, the best course of action is to quit using substances immediately. As long as you are using AAOD, treatment professionals cannot be sure what is your mental illness and what is caused by substance abuse. Step two is to see a physician familiar with your illness and addiction. Take guidance from the group regarding addiction. Take guidance from the professional regarding your second illness. He can better decide what you need or do not need; he knows whether you can taper or stop immediately. He knows the difference between the blues and depression. Tapering may be best. If you quit using and slowly withdraw medications you should be fine. If you have a mental illness,

you can manage it with the doctor.

Why then stop drugs immediately and taper psychotropics? Because you have lost control of substance use and experience has shown that quitting completely is the best way to go. If you follow our guidelines, a competent professional will have control of psychotropics. He or she can help you find the appropriate one if you truly need a medication.

If you quit using AAOD and you don't have a mental illness, you should have no problem tapering off a psychotropic medication. If you do have an underlying mental illness, symptoms should appear as you start to lower the amount of medication you take. You can then go back to taking a larger dose before the symptoms become overwhelming.

If you quit taking a medication suddenly, you may experience withdrawal. Symptoms may return with a vengeance and overwhelm you. The effects of some medications take weeks to build up. It may be weeks before you notice you are sliding back into your mental illness. It may be more weeks until you feel good again.

* * *

Other Titles Available from Greenbriar Training & Publications

The Care and Feeding of Your Higher Power by Ken Montrose

This eighteen page workbook urges the reader to chase spirituality with the same vigor she chased chemicals. Topics covered include: barriers to spirituality, guilt, and the idea that spirituality includes at least as much action as it does thought and feeling. **$5**

Celebrating Small Victories: A counselor's manual for treating chronic mental illness & substance abuse by Ken Montrose, MA, CADC, and Dennis Daley, MSW, PhD

Originally published by Hazelden, this book provides a nuts and bolts plan for helping clients coping with both mental illness and substance abuse. There is no jargon in this book. Concrete treatment strategies such as using time lines and contingency cards are explained in detail. **$20**

Choosing A Higher *Purpose:* A guide for agnostics &atheists in recovery by Ken Montrose

This fourteen page workbook assures people struggling with spirituality they can believe in whomever or whatever they want and stay in recovery. This workbook also challenges them to ask *why* they believe or disbelieve as they do. *Choosing a Higher Purpose* offers guidance for finding a purpose that includes other people and strengthens recovery. **$5**

Hauling it to the Curb: Cleaning up your life in early recovery by Ken Montrose

This 170 page workbook helps newcomers explore their denial, deal with early recovery, and work the first five steps of AA/NA. In addition to practical advice and thought-provoking exercises, this book tells the story of Matt and Rachel, a young couple in early recovery. **$15**

Forgiveness: **A divinely human concept** by Ken Montrose

Written for people new to recovery, this workbook helps the reader develop a realistic outlook on forgiveness. Basic, and sometimes difficult, truths discussed in *Forgiveness* include:

- The people we hope will forgive us don't have to.
- Seeing the other person's point of view isn't always easy, our point of view may not be easy for them to see.
- We do well to practice the AA slogan *clean your side of the street.*
- Forgiveness is a wonderful gift, but one we may have to give judiciously.
- Part of recovery is learning to forgive ourselves. **$5**

Heroin, Oxycontin, and Other Opioids by Ken Montrose

This workbook looks at the carrot and the stick of opiate addiction. The exercises are geared to helping the reader recognize what motivates him to continue using drugs. It also discusses common sense approaches to recovering from addiction. **$5**

Home Groupies by Ken Montrose

This daily meditation book has characters and a story line, as well as lessons for daily living. The characters encounter the problems unique to people in recovery and the challenges life throws at everyone. **$10**

> ***Just a big kid*** *Saturday, 3/7*
>
> *David was standing with the smokers in front of St. Anne's when I pulled up.*
> *"How's it going?" I asked him.*
> *He held his hand out in the rain. "The kids whined all day about having nothing to do because of the rain."*
> *"It did rain all day," I said.*
> *"They have TV, toys, the internet, DVDs, arts and crafts kits, and stuff we never heard of when I was a kid. How can they be bored?"*
> *Last week he was complaining that he has nothing to do since he quit drinking, five years ago.*
>
> *Today I will have fun without using alcohol or other drugs*.
> Home Groupies, p. 51

Home Groupies II by Ken Montrose

A continuation of *Home Groupies*, *Home Groupies II* draws daily lessons from the lives of recurring characters. This meditation book finds wisdom in tasks as mundane as cleaning gutters, as well as pivotal moments such as the death of friends. **$5**

Meditations for the First 30 Days: How not to become roadkill on the highway to recovery by Ken Montrose

This workbook focuses on continuing the journey of a thousand miles even if the first step was into a pile of "it." Topics covered include learning from people you don't like, squeezing the joy out of life, not judging people by their appearances, finding peace in noisy places, and never picking up the first drink or drug, no matter what. Each of the thirty lessons comes with a page for writing a daily inventory and a gratitude list. **$5**

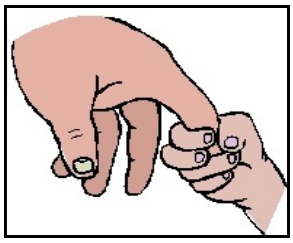
My Plan to Ruin Your Life: The first recovery book written by your Addiction

with a little help from Ken Montrose

In this workbook, Addiction explains exactly how he plans to destroy the lives of people in recovery. He shows how he uses people's strengths and weaknesses to keep them addicted. He challenges the reader to stay clean and sober despite all his tricks. **$5**

The Next Six Months: A daily planner to help you get the most from your recovery

by Ken Montrose



Being there when they need you is one of recovery's greatest rewards.

This planner can help recovering addicts live in today, and track their accomplishments. Each page has a column for appointments, another for thoughts, gratitude, and a daily inventory. Each page starts with the slogan "*One day at a time...,*" followed by "*Today is* ***Monday****,* _____. *It is the most important day of my life.*" Sprinkled throughout the planner are observations about recovery similar to the example above. **$10**

The Road Way Less Traveled: Starting recovery young by Ken Montrose

This workbook addresses questions frequently asked by young people new to recovery:
What will I do? Who will I spend time with? How will I get through life without drugs? Why are drugs so hard to quit? The text underscores how the resilience of youth is eventually overwhelmed by the progressive nature of addiction. Contains a parable about the importance of burning down houses infested with singing rats. **$5**

Sober Hedonism & Blue Collar Spirituality by Ken Montrose

Sober hedonists know enjoying life reduces the risk of relapse. Because life can be hard, and good times come and go, they strive never to overlook simple pleasures, and they practice gratitude in the face of adversity. They make changes to improve the overall quality of their lives, filling up at the oasis, but planning their move to the lake. Because they know not all joy is physical, sober hedonists practice blue collar spirituality, putting effort into understanding and practicing their beliefs. This workbook shows the newly recovering person how to be a sober hedonist. **$5**

Staying Clean, Taking Medications: A guide & workbook for people in recovery by Ken Montrose
Too many people in recovery relapse because of prescription medications. This workbook outlines a five step plan for taking medications and holding onto recovery. The reader is encouraged to see prescriptions as a contract, where he or she has the responsibility to do everything in his or her power to need as little of the medication as possible. Being rigorously honest with prescribing professionals and taking a daily inventory are also emphasized. **$5**

Understanding Schizophrenia and Addiction (pamphlet)
by Dennis Daley, MSW, PhD and Ken Montrose, MA, CADC
Published by Hazelden, this 26 page pamphlet was written with families in mind, and focuses on explaining mental illness and addiction. Key ideas expressed include: any amount of alcohol and drugs can be deadly, taking medications as prescribed can be a part of a healthy recovery, and schizophrenia and addiction must be treated at the same time for the reader to lead a stable life. **$5**

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