

Treatment for
Individuals who Use
Stimulants While on
MOUD

TRUST—MOUD



**PATIENT
WORKBOOK**



Name:

Date:

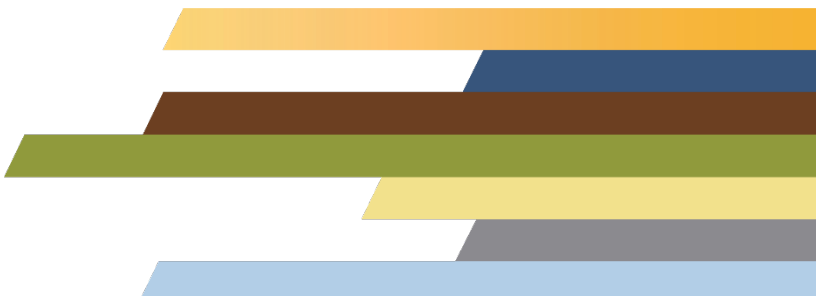


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Introduction

Welcome

You have taken a big step by deciding to reduce or discontinue the use of cocaine and/or methamphetamine. This is an important decision and a very positive step toward improving your health and your life.

This is your Patient Workbook. It contains worksheets that we hope are useful in supporting your efforts. These worksheets can be useful in either group or individual sessions. You can work with your therapist to decide whether group or individual coaching sessions work best for you. When possible, schedule your counseling appointments on the days you attend the clinic to receive your medication.

Patient Worksheets

The patient worksheets will help you get the most out of your treatment. Some worksheets ask questions and have spaces for your answers. Other worksheets ask you to read and think about a subject or an idea, or they contain suggestions or reminders about recovery. It is a good idea to keep and review the worksheets after you have used them. If you don't want to take them home, ask your therapist if they can keep them at the clinic for you. These handouts provide information that will help you throughout the course of your recovery.

During each treatment session, your therapist will ask you to follow along on the worksheet while they review it. The therapist will give you time to think about what it says and write your answers to questions it may ask. Then you can discuss the worksheet. You should share your thoughts and ask questions during this time.

Making the Most of Sessions

The more work you put into the recovery sessions, the more benefit you will receive from them. During the course of each session, consider how you can use the information in the worksheets and apply it to your recovery.

Other ways to get the most from treatment:

- Attend every scheduled session.
- Arrive for sessions on time or a little early.
- Listen carefully and respectfully to the therapist and the other patients if you are attending a group session.
- Be supportive of other patients. If you disagree with someone, be polite when you speak to them. Do not attack people personally.
- Use “I” statements.
- Do not talk about other patients’ personal information outside of treatment. Patients must be able to trust one another if they are to feel comfortable sharing their thoughts.
- Ask questions when you do not understand something.
- Be an active participant during group and individual sessions.
- Allow time for other patients to participate.
- Be truthful.
- After the session is over, try to apply what you learned to your recovery.
- Work on the homework assignments that the therapist gives you.



TRUST Worksheets

1 – Drugs-Drug Paraphernalia

Drugs

It is critical to throw away any drugs you still have. Your home, your car, and the places you go need to be as safe as you can make them.

1. Where specifically would you likely find drugs/alcohol/paraphernalia in your house?

2. How safe is your car?

3. Are there places in or around the clinic that you need to avoid? If so, how can you best do this?

Drug Paraphernalia

Paraphernalia are items used for, or related to, your drug use. Paraphernalia can trigger intense cravings. It is important to separate yourself from all paraphernalia as completely as possible.

Use the following checklist to remind yourself of items to get rid of.

___ Vials

___ Spoons

___ Pipes

___ Syringes

___ Straws

___ Phone numbers

___ Lighters/Torches

___ Other

2 – Drug-using Friends



Friends, family, and acquaintances who use drugs present an extreme risk as they can be “triggers” for your use.

- If you can avoid these people do so.
- If you run into them, you need to be clear and direct. “I’m not using anymore.” “Nothing personal, but we cannot be around one another. It’s not that I don’t trust you, I don’t trust me.” Then immediately LEAVE.
- If someone unexpectedly shows up at your place, be clear and direct and do not invite them inside.
- When you make a clinic visit for methadone or buprenorphine there are sometimes people you used with or bought drugs from.
- Sometime people at the clinic will want to talk about drugs or where they can be purchased.

Who are people you need to avoid? (first name)

What will you say to these people?

If someone at the clinic tries to engage you in a discussion about drugs, how will you respond?

3 – Challenges in Stopping Drug Use

Everyone who attempts to stop using stimulants runs into situations that make it difficult to maintain abstinence. Listed below are four of the most common situations that are encountered during the first few weeks of treatment. Next to these problems are some suggested alternatives for handling these situations.

Challenges

1. Anger, irritability: Small events can create feelings of anger that seem to preoccupy your thoughts and can lead to craving.

2. Boredom, loneliness: Stopping stimulant use often requires a change in activities.



New Approaches

- Remind yourself that you are experiencing a healing of the brain and strong unpredictable emotions are a natural part of recovery.
- Exercise.
- Talk to a therapist or supportive friend.

- Put new activities on your schedule.
- Go back to activities you enjoyed before your drug use took over.
- Try to find new friends at community support meetings.

3. Special Occasions: Parties, dinners, holidays, and celebrations.



- Have a plan for answering questions about drug or alcohol use (or not using).
- Start your own drug-free celebrations and traditions.
- Have your own transportation to and from events.
- Attend these special occasions with a friend or family member supportive of your recovery.
- Leave if you get uncomfortable or start feeling deprived.

4. Encountering using friends at the clinic.

- Attend the clinic when there are fewer patients.
- Develop effective ways of avoiding conversations at the clinic.
- Directly let people know that you don't want to discuss drugs.

Which of these issues are likely to be a problem for you in the next few weeks?

How will you handle them?

4 – Staying Safe

Meth and cocaine now include other drugs such as fentanyl. So, it's possible to have an opioid OD, when using "meth" and "cocaine". Also, there are other drugs such as xylazine ("Tranq") that are now showing up in the "meth and cocaine" on the street today.

The current cocaine and meth supply is extremely dangerous. In addition, these drugs will interfere with your methadone or buprenorphine treatment and reduce their effectiveness and can result in creating withdrawal symptoms.

If you do use, here are some suggestions to stay safe:

- Ask your therapist how you can get naloxone.
- Carry naloxone and make sure your friends and family know how to use it.
- Don't inject. If you are going to use, use a different method.
- If you inject, don't inject alone.
- If you use with others, one person should go first while the other folks can monitor and administer naloxone if needed.
- Somebody should test a small dose before using a "full" dose.
- If you inject, don't share needles.
- Ask your therapist about needle exchange programs.
- If you inject, use a clean needle.
- Clean your injection site before and after you use.
- Have you been tested for HIV, Hep C, and sexually transmitted infections?

What are the ways that you have ensured your own safety?

5 – Triggers/Thought-Stopping

The Losing Argument

- Even though you've decided to reduce/stop meth/cocaine use, you will often find yourself thinking of using. Your brain tries to give you permission to use through a process we call "drug use justification."
- As you think about drug use, your brain will often start an internal argument where part of you wants to use and part of you doesn't want to use. The argument inside you can be part of a series of events leading to drug use.

The "Automatic" Process

During addiction, triggers, thoughts, cravings and use all seem to run together. However, the usual sequence goes like this:

TRIGGER → THOUGHT → CRAVING → USE

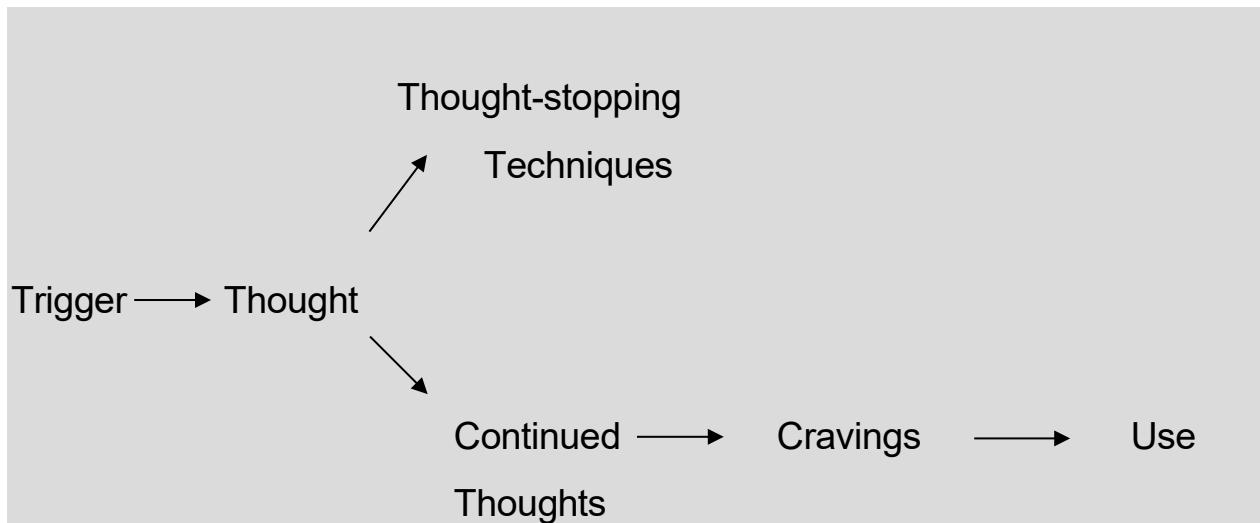
Thought-Stopping



- The key to success is to recognize and stop the thought before it becomes a craving.
- It is important to respond to the thought as soon as you recognize it occurring.
- Allowing yourself to think about drug use, buying drugs, old drug experiences, etc., is taking a step toward drug use.
- The quicker you can stop the thought the more successful you will be in not using.

A New Sequence

In order to get recovery started it is necessary to change the trigger - use sequence. Thought-stopping provides a tool for breaking the process. The choice is:



You make a choice. It is not automatic.

Techniques for Thought-Stopping

Try the techniques described and use those that work best for you.

VISUALIZATION – There are many ways to use your imagination to substitute a new thought in place of the drug thought. Some include:

- ✓ Picture a switch or a lever in your mind. Imagine yourself actually moving it from ON to OFF to stop the drug thoughts.
- ✓ Focus on a positive memory/scene from your life that is something you enjoy thinking about. The face of your child, grandchild, or a parent. Any thought that has a strong positive effect.

SNAPPING – Wear a rubber band on your wrist loosely. Each time you become aware of drug thoughts snap the band and say "NO!" to the thoughts as you make yourself think about another subject. Have a subject ready that is something meaningful and interesting to you.

RELAXATION/MEDITATION/PRAYER – Thoughts can be avoided or replaced by taking a deep breath and then focusing on your normal breathing. Prayer can also be a productive way to take your mind off drugs.

EXERCISE – Exercise is a great way to get your brain to think about more positive things.

CALL A SOBER FRIEND OR SPONSOR – Talking with a positive person can be very helpful.

Can you imagine yourself using any of these activities? If yes, which ones?



6 – Scheduling: What is Scheduling?



A schedule is a plan you make for yourself. Your clinic visits for medication should be the basic framework of your schedule. It is also important to schedule recreation and rest as well as work and appointments. Scheduling will leave less room for impulsive, possibly high risk, behavior which may result in your using drugs.

Why should I schedule?



It is important to build a structure around yourself that helps you to avoid drugs and risky situations. Moving from addiction is like getting out of a mine field. You need to be very careful where you are going and where you are stepping.

At the Clinic. For many people the waiting room, parking lot, or other areas near the clinic can be dangerous (for example, people who are high, dealing, or drug using friends). It may be necessary to change your visit times or your usual route to and from the clinic.

Is this the case for you? If so, what can you do?

Are there other times or places where you often “run into drugs”? If yes, is there a way to plan your time to avoid these? Briefly describe.

What are some “safe” activities that you enjoy doing which can be included in your schedule?

Do I need to write it down?



Absolutely. Schedules that are not written down are too easily revised.

Daily/Hourly Schedule

Date		Date		Date	
7:00		7:00		7:00	
8:00		8:00		8:00	
9:00		9:00		9:00	
10:00		10:00		10:00	
11:00		11:00		11:00	
12:00		12:00		12:00	
1:00		1:00		1:00	
2:00		2:00		2:00	
3:00		3:00		3:00	
4:00		4:00		4:00	
5:00		5:00		5:00	
6:00		6:00		6:00	
7:00		7:00		7:00	
8:00		8:00		8:00	
9:00		9:00		9:00	
10:00		10:00		10:00	
11:00		11:00		11:00	
12:00		12:00		12:00	

7 – Recovery Checklist

Reducing your use of meth/cocaine requires a lot of hard work and a great deal of commitment. It is necessary to change old behaviors and replace them with new behaviors.

Check all the things that you do (or have done) since entering treatment:

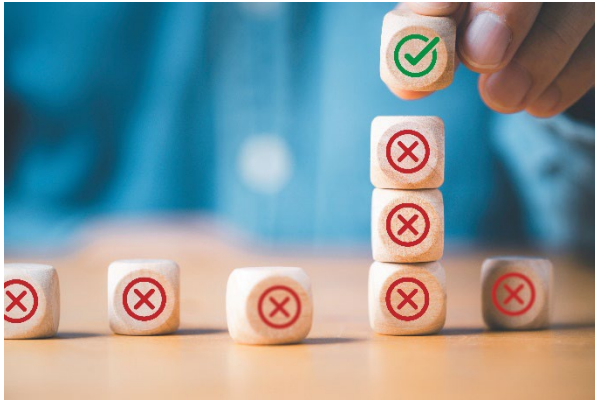
- Schedule on a daily basis
- Avoid triggers (when possible)
- Use thought-stopping for cravings
- Eliminate all paraphernalia
- Avoid individuals who use cocaine and meth
- Attend the clinic for your scheduled medication visits
- If receiving take-home medication, take as prescribed
- Attend 12-Step/other support meetings
- Avoid bars and clubs
- Stop using alcohol
- Reduce or discontinue tobacco use (ask your therapist for help)
- Exercise every day
- Pay financial obligations promptly
- Discuss your thoughts, feelings, and behaviors honestly
- Avoid triggering websites
- Delete triggering contacts from your phone/computer

Which of the above is easiest for you to do?

Which of the above takes the most effort for you to do?

Which have you not done yet? Why not?

8 – Internal Trigger Questionnaire



Certain feelings or emotions often trigger the brain to think about using drugs. Read the following list of emotions and place a check mark (x) next to the feelings that trigger (or used to trigger) thoughts of using stimulants. Place a zero (0) next to the emotions that don't trigger you to use stimulants.

<input type="checkbox"/> Afraid	<input type="checkbox"/> Frustrated	<input type="checkbox"/> Neglected
<input type="checkbox"/> Angry	<input type="checkbox"/> Guilty	<input type="checkbox"/> Nervous
<input type="checkbox"/> Confident	<input type="checkbox"/> Happy	<input type="checkbox"/> Sexy
<input type="checkbox"/> Criticized	<input type="checkbox"/> Inadequate	<input type="checkbox"/> Pressured
<input type="checkbox"/> Depressed	<input type="checkbox"/> Insecure	<input type="checkbox"/> Relaxed
<input type="checkbox"/> Embarrassed	<input type="checkbox"/> Irritated	<input type="checkbox"/> Sad
<input type="checkbox"/> Excited	<input type="checkbox"/> Jealous	<input type="checkbox"/> Bored
<input type="checkbox"/> Exhausted	<input type="checkbox"/> Lonely	<input type="checkbox"/> Tired

1. Which of the emotions above are the most often triggering for you?

2. Are there any times in the recent past in which you were attempting to not use and a specific change in your mood clearly resulted in your using? (For example, You got in an argument with someone and used in response to getting angry.) Yes _____ No _____

If yes, describe: _____

9 – External Trigger Questionnaire

1. Place a check mark next to activities or situations in which you frequently use or buy meth/cocaine. Place a **zero (0)** next to activities or situations not associated with meth/cocaine use or purchase.

- | | | |
|---|--|--|
| <input type="checkbox"/> Home alone | <input type="checkbox"/> Before a date | <input type="checkbox"/> After payday |
| <input type="checkbox"/> At home with friends | <input type="checkbox"/> During a date | <input type="checkbox"/> Calling friends who use |
| <input type="checkbox"/> At a friend's home | <input type="checkbox"/> Before sex | <input type="checkbox"/> Before work |
| <input type="checkbox"/> At a party | <input type="checkbox"/> During sex | <input type="checkbox"/> At a lunch break |
| <input type="checkbox"/> At the clinic | <input type="checkbox"/> After sex | <input type="checkbox"/> In some neighborhoods |
| <input type="checkbox"/> At bars/clubs | <input type="checkbox"/> Before work | <input type="checkbox"/> After work |
| <input type="checkbox"/> At night to stay awake | <input type="checkbox"/> When carrying money | <input type="checkbox"/> Driving in some areas |
| <input type="checkbox"/> Before going to the clinic | <input type="checkbox"/> Near a dealer's place | <input type="checkbox"/> Texting certain people |
| <input type="checkbox"/> When I gain weight | <input type="checkbox"/> With drug using friends | <input type="checkbox"/> After medication dose |

2. List any other settings or activities where you use meth/cocaine.

3. List activities or situations in which you would not use.

4. List people you could be with and not use meth/cocaine.

10 – Trigger Chart

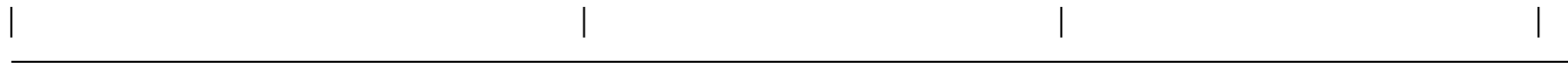
Date: _____

Instructions: List some of the internal and external triggers for meth/cocaine use (people, places, objects, situations, and emotions) and some situations, people and emotions that are not associated with meth/cocaine use.



Chance of Using

Chance of Using



_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

These are "safe" situations.

These are low risk, but caution is needed.

These situations are high risk. Staying in these is dangerous.

Involvement in these situations is deciding to stay involved with drug use. Avoid totally.

11 – Be Smart; Not Strong

"I can be around meth/cocaine. I am certain I don't want to use and once I make up my mind, I'm very strong."

"I have been doing well and I know I can be around friends who are using meth/cocaine, and not use. It's just a matter of willpower."

Staying off stimulants takes more than just strength or will power. The key to not using is to keep far away from drug use situations. The closer you get, the more likely you are to use. If meth/cocaine appears unexpectedly and/or you are around friends who are using, your chances of using are much greater than if you weren't in that situation. Be smart and avoid triggers as much as possible.



How smart are you being? Rate how well you are doing in avoiding using cocaine and meth:

	<u>Poor</u>	<u>Fair</u>	<u>Good</u>	<u>Excellent</u>
1. Practicing Thought-Stopping	1	2	3	4
2. Scheduling	1	2	3	4
3. Keeping Appointments	1	2	3	4
4. Avoiding Triggers	1	2	3	4
5. Not Using Alcohol	1	2	3	4
6. Not Using Drugs	1	2	3	4
7. Avoiding Individuals who use Drugs/Alcohol	1	2	3	4
8. Avoiding Drug/Alcohol Places	1	2	3	4
9. Exercising	1	2	3	4
10. Being Truthful	1	2	3	4
11. Attending scheduled medication visits	1	2	3	4

Which area(s) do you want to improve?

How do you plan to do that?

12 – Addictive Behavior

As stimulant use increases, eventually the use affects almost all areas of life. Stopping stimulant use requires you to leave all the drug behaviors behind.

However, they can creep back into life and often are signals that a return to drug use is going to happen. Learning to recognize when one or more of these begin happening will help you know when to start fighting extra hard to move away from using drugs.

Which of these behaviors do you think are related to your stimulant use?

- Lying
- Stealing
- Being irresponsible (not meeting family/work commitments)
- Being unreliable (late for appointments, breaking promises, etc.)
- Being careless about health and grooming (wearing “using” clothes, stopping exercise, poor diet, messy appearance)
- Taking medication not according to directions
- Behaving impulsively (without thinking)
- Behaving compulsively (too much eating, working, sex, etc.)
- Changing work habits
- Losing interest in things (recreational activities, family life, etc.)
- Isolating (staying by yourself much of the time)
- Missing clinic appointments

13 – Clinic Visits

Many patients receive methadone or buprenorphine at an opioid treatment program (OTP) or at the office of a buprenorphine prescriber. Visits to these clinics can often be a trigger for buying/using cocaine or meth. Sometimes people who sell cocaine and meth hang around outside the clinic or at bus stops or coffee shops near the clinic. Sometimes when waiting for medication in the waiting area, individuals can offer drugs or encourage meeting after the clinic to buy/sell cocaine or meth.

If this is a pattern that happens over time, the visit to the clinic can become a trigger for cocaine or meth thoughts and cravings. Some people describe starting to think about buying meth/cocaine as they travel to the clinic, and they can feel anticipation about whether they will see the people who sell meth/cocaine and if they can or will buy meth/cocaine.

There are lots of ways the trip to the clinic can affect your use of meth/cocaine.

Do you associate going to the clinic, with using meth/cocaine?

Yes _____ No _____ If yes, in what ways?

Dealer in the parking lot _____

Offers of drugs in the clinic _____

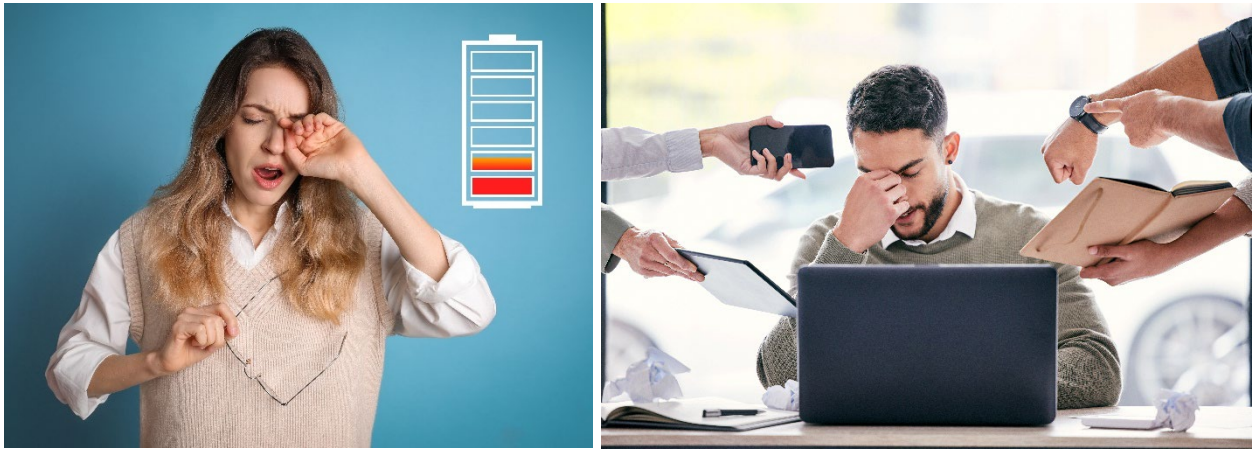
Dealer on the way home _____

Methadone/Suboxone effects makes me want meth/cocaine _____

People talking about getting high in or around the clinic _____

If you don't find the clinic to be a trigger, what are the situations where you get triggered? _____

14 – Signs of Stress



Stress is what a person experiences as the result of difficult or upsetting events, particularly those which continue for a period of time. Stress can be a big trigger for meth/cocaine use.

Sometimes we are unaware that we are stressed until we recognize the physical symptoms. Check off any of the following problems you have experienced in the past 30 days:

- 1. Sleep problems
 - a. Difficulty falling asleep
 - b. Waking up off and on during the night
 - c. Nightmares
 - d. Waking up early and being unable to fall back to sleep
- 2. Headaches
- 3. Stomach problems
- 4. Chronic Illness
- 5. Fatigue
- 6. Moodiness

- ___ 7. Irritability
- ___ 8. Difficulty concentrating
- ___ 9. General dissatisfaction with life
- ___ 10. Feeling overwhelmed

By becoming more aware of stress and learning ways to cope, you can further ensure your continuing recovery and improve your physical and mental health.

Stress, like cravings, can often be managed by using specific grounding techniques, such as deep breathing, meditation, and exercise.

You can practice grounding exercises with your therapist to help you reduce the impact that stress has on your body and behaviors.

What are some ways that you have successfully managed stress in the past?

15 – Medications for Opioid Use Disorder: Methadone, Buprenorphine and Naltrexone

For many people, being on methadone, buprenorphine (bup) or naltrexone is life-saving. These medications reduce the use of opioids and allow for a stable productive life. Use of cocaine and meth while on methadone or buprenorphine can reduce their effectiveness and often can shorten the length of time these medications control withdrawal symptoms. Reducing or stopping cocaine and meth use, allows people to fully benefit from medications for opioid use disorder.

Some people find that cocaine and meth use “helps” with some of the less desirable side effects of methadone and bup. Unfortunately, whatever “help” meth/cocaine provide, there are serious problems that outweigh the

Are any of these part of your meth/cocaine use?

___ Helps reduce drowsiness from methadone/bup.

___ Allows me to get things done.

___ Life on methadone/bup is boring, meth/cocaine is fun.

___ Being on methadone/bup makes me crave meth/cocaine.

___ Going to the clinic for methadone/bup is a trigger for meth/cocaine.

___ I am depressed on methadone/bup, meth/cocaine makes me feel better.

___ When I experience opioid withdrawal, meth/cocaine reduces withdrawal.

___ When I’m on methadone/bup, I miss getting high, meth/cocaine helps.

___ When I’m on methadone/bup, I miss the “action” of buying and using drugs, meth/cocaine help.

___ Other, describe _____

What new strategies can you do that would replace the “help” you get from cocaine/meth use?

16 – Stimulant use Analysis: The Five Ws



- Your meth/cocaine use isn't random. It doesn't happen accidentally.
- If you have been using stimulants on a regular basis, then there are probably some patterns to your use (e.g., places, times of day, with certain people).
- If you understand how methamphetamine/cocaine are entangled in your life, then you can work on reducing or eliminating your use.

To gain an understanding of how drug use has become involved in your life, it is useful to understand “The five Ws.”

The Five Ws

- **When:** The time periods when you use stimulants
- **Where:** The places where you use and buy stimulants
- **Why:** The external cues and internal emotional states that trigger craving and use of stimulants (why)
- **Who:** The people who you use drugs with or the people who you buy drugs from.
- **What:** What effects do you experience (good and bad) when you use stimulants (what happened)

When are the days of the week/ times of day that you most often use cocaine or methamphetamine:

Where are the places you most often use and buy meth/cocaine:

Why does use happen? What are the events or the emotional feelings (triggers) that occur right before you buy and use meth/cocaine:

Who are the people you frequently use stimulants with, or buy stimulants from?

What happens when you use methamphetamine/cocaine? Good and Bad.

17 – Exercise and Recovery



- People who exercise on a regular basis in stimulant treatment do better than those who don't.
- Research has been done that shows exercise can reduce anxiety, depression, weight gain and help reduce craving.
- Any exercise that increases heart rate (aerobic) and can be done for 20 minutes, 3 times per week can make a huge benefit on the health and mental health of people recovering from stimulant dependence.
- Exercise provides a new set of behaviors to use your time in a non-drug related activity.

Making a plan for exercise, one day at a time, is a really valuable way to increase your chances of success in stimulant recovery.

There are simple things you can do alone without expense or equipment (e.g., jogging, sit-ups, etc.) or there are group activities that can provide you with support and new non-drug-using friends (yoga, joining a gym, aerobics classes). There are also many apps for smart watches and phones, tablets, and computers that you can use to support and track your exercise efforts.

1. What are some exercises that you are willing to add to your recovery plan?

2. List any medical or physical problems that you should speak with your physician about that could be obstacles to exercise?

3. Do you exercise now? ____ Have you exercised in the past? ____

Describe your exercise experiences:

4. What exercise plan would work for you? Think about:

- Is there someone you could exercise with?
- Do you have any equipment (e.g., a bike, hand weights, basketball)?
- When could you block out a half hour for exercise? 3 x week?
- What exercise program has worked for you in the past?
- What kinds of things do you like to do physically?

Start slowly, don't overdo it, some is better than none.

Be consistent-do a little but do it consistently.

18 – Drug Refusal Skills

Refusing Methamphetamine and Cocaine

Some Important Things to Know:

- People who offer you meth/cocaine are not thinking of your best interests. Once you have decided to reduce or stop use of meth/cocaine, anyone (friend or not) who offers you drugs is a danger to you. Offers to use have to be refused - politely, if possible, but firmly.
- Saying “NO” is the first and most important part of your refusal response. There are different ways of saying “NO” for different situations. It is important to feel comfortable with how to say NO. You have to develop your own style.
- Think of a time you had difficulty refusing meth/cocaine? Choose a specific situation, specific people, time of day, place, and the activity.

COMPONENTS OF AN EFFECTIVE REFUSAL

- “No” should be the first thing you say.
- Tell the person to stop asking if you want to use drugs.
- Use appropriate body language.
- Make good eye contact; look directly at the person when you answer.
- Your expression and tone should clearly indicate that you are serious.

Discuss how you might say “NO” to an offer in the future.

19 – Recovery Checklist

Reducing your use of meth/cocaine requires a lot of hard work and a great deal of commitment. It is necessary to change old behaviors and replace them with new behaviors.

Check all the things that you do (or have done) since entering treatment:

- Schedule on a daily basis
- Avoid triggers (when possible)
- Use thought-stopping for cravings
- Eliminate all paraphernalia
- Avoid individuals who use meth and cocaine
- Attend the clinic for your scheduled medication visits
- If receiving take-home medication, take as prescribed.
- Attend 12-Step/other support meetings
- Avoid bars and clubs
- Stop using alcohol
- Reduce or discontinue tobacco use (ask your therapist for help)
- Exercise every day
- Pay financial obligations promptly
- Discuss your thoughts, feelings, and behaviors openly with your therapist
- Avoid triggering websites
- Delete triggering contacts from your phone/computer

Which of the above is easiest for you to do?

Which of the above takes the most effort for you to do?

Which have you not done yet? Why not?

20 – Managing Anger

Anger often leads people to use meth/cocaine.



Frequently, anger slowly builds on itself as you may constantly think about the people and events that make you angry. Sometimes it seems like the issues causing the anger are the only important things in life. Often, a sense of victimization accompanies the anger.

Do you ever think these things?

- “Why do I get all the bad breaks?”
- “How come they don’t understand my needs?”
- “Why won’t they just do what I want them to do?”

1. Does any of this seem familiar to you? _____ Explain.

2. How do you recognize when you are angry? Does your behavior change? For example, pacing, clenching your jaw, feeling restless? How or where do you feel or notice it?

3. How do you express anger?

- Do you hold it in and eventually explode?

- Do you become sarcastic or passive-aggressive?

There are [positive ways to deal with anger](#). Consider these methods:

- Talk to the person with whom you are angry (unless this is dangerous or might make the situation worse).
- Talk to a therapist, a Twelve Step sponsor, or another trusted, rational person who can give you guidance.
- Talk about the anger in a Twelve Step or community support group meeting.
- Don't lose sight of where you are in your recovery.
- Write about your feelings of anger.
- Take a break to change your frame of mind.
- Exercise.
- Other (Remember things that might have worked for you in the past): _____

Which of these would you try?

21 – Stimulants and Sex-A Natural Connection

Meth/cocaine affect the same part of the brain that controls both sexual behavior and sexual pleasure. Were any of these true for you?

In the Beginning

Stimulants increased sexual pleasure	___yes ___no
Stimulants helped sex last longer	___yes ___no
Stimulants allowed me to do things I might not otherwise do	___yes ___no
Stimulants helped me meet people	___yes ___no
Stimulants made me less anxious in new sexual encounters	___yes ___no
Stimulants added excitement to relationships	___yes ___no

It is not unusual for people to experience some of the above effects from stimulant use in the beginning. As the addiction gets worse, less pleasant things often begin to happen. Did you experience any of the following?

Near the End

Continued ability to prolong sexual activity with decrease in pleasure from the experience	___yes ___no
Increased, more unusual sex (looking for pleasure)	___yes ___no
Thinking about sex and drugs became more exciting than the real thing	___yes ___no
Difficulty achieving erection (males) or orgasm (females)	___yes ___no
Using stimulants replaced sex	___yes ___no

Thinking/fantasizing about sex is a trigger for drug use.

Are you getting triggered from any of the following?

Porn: Looking at porn internet sites or cruising through areas of prostitution can result in arousal and then cravings. It is difficult to fight this 1-2 punch from your addicted brain.

Bars/Clubs: Many people miss the social scene that goes along with using and try to return to the same places where stimulants and sex were used together. A menu for drug use.

Extra-relationship Sex: Forbidden sex can be a trigger during recovery. One of the reasons for this is that such activity may involve lying, cheating, etc. All of these are addictive behaviors.

Dysfunction: It takes a while after stopping drug or alcohol use to experience pleasurable, normal sex again. It is not unusual to lose all interest in sex. For some people it's difficult not to get anxious about this.

Over time, with abstinence, normal sexual functioning will return. Some people may be faced with drug-free sex for the first time since adolescence – or ever! It's important not to rush back to sex. The triggering will occur less often and with less power over time. Let your triggers (or the lack of them) be your guide for your return to sexuality.

In what ways does your sexual functioning interact with your meth/cocaine use?

22 – A Matter of Life and Death

In 2021 there were 106,854 drug overdose deaths.

In recent years fentanyl is present in the toxicology reports of over 90% of all overdose deaths. Methamphetamine or cocaine are present in over 60% of toxicology reports. Other drugs commonly found are xylazine and benzodiazepines.

- Methamphetamine now is very high in purity and potency. In the early 2000s meth purity was in the range of 35% to 57%. In the past few years, purity has increased to 96% to 97%.
- The higher quality of methamphetamine coupled with the unexpected inclusion of fentanyl with meth/cocaine have increased the deadliness of these drugs.

Have you ever overdosed on meth or cocaine? _____

Do you know anyone who has overdosed on meth/cocaine? _____

Do you carry naloxone (Narcan)? _____

When you use meth/cocaine, do you inject? _____

When you use meth/cocaine do you use alone? _____

23 – Why Use Stimulants with Methadone or Buprenorphine?

People using meth/cocaine while on methadone were asked “why use both?”

Here are some of the reasons people gave (check any that you relate to):

“The pattern of stimulant use while on methadone can be a roller coaster ride.”

“I like the high.”

“Meth use is a way to counter the sedation related to methadone or other opioids.”

“I like the combined effect of meth or cocaine with opioids.”

“Meth is useful for energy and allows me to function better.”

“Meth helps hide the opioid symptoms and therefore I fit in with straight people.”

“Meth reduces opioid withdrawal.”

“Sex is better.”

“I can stay awake and protect my stuff.”

My reasons:

What are some reasons to not use meth/cocaine?

“It makes me paranoid.”

“I get chest pains.”

“I spend too much money.”

“I end up with too many needle marks.”

“I have dental problems.”

“More and more people are overdosing on stimulants.”

My reasons to stop using meth/cocaine:

24 – More than One Way to be Addicted

Opioid Addiction

- You know when you're strung out, addicted to opioids (heroin, fentanyl, Oxycontin, etc.)? You get sick without enough opioids in your system.
- Opioid addiction is straight forward. Once addicted, you use to feel better. If you don't use, you get sick. You use to get well.
- Medicines like methadone and buprenorphine help stop this cycle.

Stimulants are Different

- A person who is dependent on stimulants (methamphetamine, cocaine, Adderall®) cannot stay under the influence constantly.
- If you stop using you don't get sick and need more stimulants.
- It's easy to think you don't have a problem. "I don't have to use every day; most of the time I'm not using."
- Addiction to stimulants is more defined by whether you can stop when you have made a decision to stop and if you can stay stopped.
- Addiction to stimulants involves lots of stopping and resuming use.
- There is no medicine for stimulant dependence; the only thing that is effective is immediate and consistent behavior change.

1. Do more bad or good things result from your meth/cocaine use?

2. Have you made a decision to quit in the past? ___yes ___no

3. What happened?

4. What is different this time?

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