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MEDICAL CARE OF THE RECOVERING CHEMICAL DEPENDENT PATIENT

Many people recovering from chemical dependencies (CDs) feel considerable discontent with traditional medical facilities. Certain medications can threaten your sobriety. These drugs include minor tranquilizers, hypnotics (or sleeping medications) and narcotic pain medications – all drugs commonly prescribed for illnesses.

When they develop a medical illness or an illness requiring surgery, persons in recovery often encounter a medical system that continually uses these medications to supplement other more curative forms of therapy. As you may know, exposure to these drugs can result in resurfacing of addictive behavior.

Physicians in general are not aware of the reality of cross-addiction and do not know that prescribing mood-altering drugs is inadvisable for persons with histories of chemical dependency. Therefore, it is the responsibility of you, and in some cases, the chemical dependency counselor to make the physician aware of this.

Illness is a time of vulnerability for the recovering addict or alcoholic. Active addictive thinking often develops during times of physical illness and certainly the exposure to mood-altering drugs so often prescribed during this time sets the stage for resurfacing of active addictive behavior.

The following are guidelines to help you stay clean during times of illness:

- 1) Contact an A.A. or N.A. sponsor or friend. Get to meetings more frequently. Read 12-step literature. Do not isolate yourself.
- 2) Look for the cause of discomfort and treat the cause, if known. Do not just look for symptom relief.
- 3) If symptoms persist while the cause of illness is being treated, look first for non-chemical means of symptom relief, such as relaxation techniques, heat, ice, rest, and massage.
- 4) When consulting a physician, osteopath, or chiropractor:
 - Say that you are a recovering addict or alcoholic and cannot take addicting drugs
 - Ask the names of any medication prescribed and ask about potential side effects. If you have any question about its potential for addiction, check it out with your pharmacist or a nurse or physician in a chemical dependency program.
 - Ask if there are any reasonable alternatives to the medications.
 - Remember that your health is your responsibility. You deserve to know the answer to all of your questions (an answer may be “I don’t know” and that should be respected). If you are not satisfied with your physician, you can always get a second opinion.

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5) If alternative means of symptom relief are not effective, use nonaddictive medications.

The following are okay:

- Pain: aspirin, Tylenol, ibuprofen, other nonsteroidal anti-inflammatory agents (prescription only)
- Nausea: antacids, Compazine suppositories (prescription only)
- Diarrhea: Kaopectate, Immodium (prescription only)
- Upper respiratory congestion: Seldane (prescription only)
- Cough: Tessalon Perles (prescription only)

Any medication can be abused. Follow directions on the label.

The following drugs should be avoided:

- Benzodiazepines: Valium, Librium, Dalmane, Serax, Restoril, Tranxene, Halcion, Ativan, Xanax, Centrax
- Barbiturates: Noludar, Seconal, Tuinal, Amytal, Nembutal, Fiorinal, Phenobarbital, and miscellaneous sedatives and tranquilizers, such as Doriden, Phrenalin, Quaalude, Meprobamate, Versed, Placidyl, Chloral Hydrate
- Narcotics (pain killers): Darvon, Talwin, fentanyl, Darvocet, Dilaudid, Percodan, Codeine, Methadone, Percocet, Morphine, Stadol, Tylox, Demerol, Nubain, and Levo-Dromoran
- Antihistamines: Benadryl, Chlor-Trimeton, Atarax, Actifed, Vistaril, Sudafed, Drixoral, Dimetapp
- Over-the-counter drugs: Diet pills, sleeping pills, cough and cold preparations, and liquid with elixir in its name (which means that it contains alcohol)

This list is incomplete. If in doubt, check it out with a chemical dependency unit.

- 6) If there is no alternative and one of the drugs must be taken (narcotics for severe pain), it is best to be in the hospital under medical supervision; undergo a supervised detoxification, if necessary; and be drug-free at least 24 to 48 hours before discharge home.
- 7) If taking a narcotic at home is unavoidable, it is recommended that a trusted friend administer it.
- 8) Maintaining a strong recovery program (physical, emotional and spiritual) is the best insurance to prevent relapse in times of illness.

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