



Medications and Recovery

CLASS A MEDICATIONS

Class A medications should be avoided completely. They are known to produce addiction and are the most dangerous of all. They should only be considered in exceptional situations. Use of these medications should, of course, include the supervision of a physician and the inclusion of someone (a sponsor, family member) to ensure the medication is taken appropriately.

CLASS B MEDICATIONS

Class B medications are potentially dangerous when taken by a recovering individual without the supervision of a health care professional.

The recovering person must be aware of the different types of medications and substances that may present a risk to their recovery. Recovering people should avoid any of these medications without the guidance of a **qualified health care provider**. The danger with using the medications listed in this guide is twofold. The first is that the individual may be led back to the use of their drug of choice. The second is cross addiction, the use of a certain substance may develop into a new addiction. This guide does not include all drugs but can be used as a reference. It is necessary that the recovering person become an informed consumer. Your recovery is your responsibility. Informing all health care providers (physicians, pharmacists, dentists, mental health providers) of one's substance use history is absolutely necessary.

There is a long list of medications available that are safe for the recovering person. However, overuse of any medication can result in unwanted side effects. These are known as **Class C** medications and are not included in this guide.

This guide also includes a section on **incidental exposure**, to caution the recovering person on substances that may not be as obvious as some of the products listed in this guide.

Author: Janet Hicks, DPH.

Director of Professional Programs - CORNERSTONE of RECOVERY



Class A Medications – Avoid Completely



Use of Class A medications should be avoided completely, as they are well known to produce addiction and are the most dangerous of all. These medications should only be considered under exceptional circumstances.

Alcohol

- Ale
- Beer (including "nonalcoholic forms")
- Brandy
- Liquor
- Wine and Wine Cooler
- Malt Beverage

Because alcohol is a small molecule it interacts with many neurotransmitter systems in the brain: this makes the action of alcohol in the brain very different from and much more complex than large molecules such as opiates, THC or amphetamine which stimulate a specific neurotransmitter and interact with a specific system. Alcohol is known to interact with the following systems: GABA, Endorphins, Glutamate, Dopamine, Norepinephrine and Adrenaline. Be cautious of cough and cold preparations that may contain alcohol.

Cough Suppressants /Antihistamines /Decongestants /Expectorants /Combination Products

- Codeine
 - Phenergan with Codeine (promethazine/codeine)
 - Phenergan VC with Codeine (promethazine/codeine/phenylephrine)
 - Robitussin AC (codeine/guaifenesin)
 - Cheratussin DAC (codeine/guaifenesin/pseudoephedrine)
 - Notuss-DC (codeine/pseudoephedrine)
- Hydrocodone
 - Tussionex PennKinetic ER (hydrocodone/chlorpheniramine)
 - Hydromet (hydrocodone/homatropine)
 - Zutipro (hydrocodone/chlorpheniramine/pseudoephedrine)

Any cough/cold medications containing codeine or hydrocodone should not be used. These medication combinations often contain other mood-altering ingredients, such as chlorpheniramine and pseudoephedrine.



Class A Medications – Avoid Completely



Use of Class A medications should be avoided completely, as they are well known to produce addiction and are the most dangerous of all. These medications should only be considered under exceptional circumstances.

Ecstasy	<ul style="list-style-type: none"> • MDMA (Methylenedioxyamphetamine) • MDA (Methylenedioxyamphetamine) • MDE (Methylenedioxyethylamphetamine) • MDMA increases dopamine, norepinephrine and serotonin. 	Ecstasy is often combined with other drugs of abuse increasing the risks of adverse effects.
Neuropathic Pain	<ul style="list-style-type: none"> • Lyrica (pregabalin) • Neurontin (gabapentin) 	These medications can produce euphoria and a “drunk or high” feeling in certain individuals. The use of either medication can lead to withdrawal symptoms when discontinued.
Marijuana	<ul style="list-style-type: none"> • Marinol (dronabinol) • Hash, THC 	Marijuana can impair judgement and coordination. Chronic use can lead to tolerance, dependence and withdrawal. These drugs cause initial drowsiness and sedation. Eating marijuana can lead to hallucinations. Due to extended elimination time, marijuana can impair cognitive functioning for a day or more.
Inhalants	<ul style="list-style-type: none"> • Nitrites (amyl, butyl) • Solvents (toluene, benzene, methanol, chloroform, freon, coolants) • Glues 	Nitrites can cause sedation and visual distortions. Solvents can cause disorientation and loss of muscle coordination. Long term use can lead to depression, hallucinations, and damage to the brain, liver, lungs and kidneys.



Class A Medications – Avoid Completely



Use of Class A medications should be avoided completely, as they are well known to produce addiction and are the most dangerous of all. These medications should only be considered under exceptional circumstances.

Hallucinogens

- Lysergic Acid Diethylamide (LSD)
- Mescaline (peyote, mescal)
- Belladonna Alkaloids (atropine, scopolamine)
- Dextromethorphan (robo, Dex, DXM)
- Ketamine (Special K, K)
- Psilocybin (mushrooms)
- Phencyclidine (PCP, angel dust)
- Dimethyltryptamine (DMT)

Hallucinogen effects include feelings of detachment from one's surroundings, emotional swings and an altered sense of space and time. Physical effects jitteriness, racing or slowed heartbeat, numbness, chills, nausea, numbness and loss of coordination. PCP can cause seizures, coma and psychosis. Belladonna alkaloids can stimulate the heart and increase body temperature. When hallucinations occur, the user is very possibly in a life-threatening situation. "Flashbacks" of previous hallucinations can occur.

Stimulants

- Cocaine
- Methamphetamine
- MDPV (bath salts)
- Adderall (dextroamphetamine/amphetamine)
- Concerta (methylphenidate, long acting)
- Daytrana (methylphenidate patch)
- Dexedrine (dextroamphetamine)
- Focalin (dexmethylphenidate)
- Metadate (methylphenidate)
- Methylin (methylphenidate)
- Nuvigil (ammodafinil)
- Provigil (modafinil)
- Quillivant (methylphenidate)
- Ritalin (methylphenidate)
- Vyvanse (lisdexamfetamine)
- Mydayis (amphetamine salts)

Even at therapeutic doses these medications increase heart rate and blood pressure. At high doses, one can expect stroke, seizures, hyperthermia and death. Repeated high doses can lead to paranoia and hostility. Bizarre repetitive movements can become extreme. Long term effects include bleeding in lungs, nasal ulcerations, stomach ulcers, damage to the heart muscle, and impairment of memory and decision making.



Class A Medications – Avoid Completely



Use of Class A medications should be avoided completely, as they are well known to produce addiction and are the most dangerous of all. These medications should only be considered under exceptional circumstances.

Anorexiant

- Phentermine
- Belviq (lorcaserin)
- Belviq is a serotonin 2C receptor agonist. There is a caution regarding Serotonin Syndrome. This drug has the ability to produce hallucinations and euphoria, therefore may produce a psychic dependence.
- Qsymia (phentermine combine with topiramate)
- Desoxyn (methamphetamine)
- Regimex (benzphetamine)
- Suprenza (phentermine)
- Tenuate (methylpropion)

These medications work in appetite reduction secondary to stimulating the central nervous system and have a high abuse potential.

Gastrointestinal (Anti-Diarrheal & Antispasmodic)

- Donnatal (phenobarbital, atropine, hyoscyamine, scopolamine)
- Lomotil, Lonox (atropine, diphenoxylate)
- Motofen (atropine, difenoxin)
- Paregoric (morphine tincture)
- Viberzi (eluxadoline)
- Eluxadoline has action on the opioid receptors (mu-opioid receptor agonist/antagonist and kappa receptor agonist. It can cause feelings of euphoria.
- Librax (chlordiazepoxide/clidinium)
 - o Chlordiazepoxide is a benzodiazepine



Class A Medications – Avoid Completely



Use of Class A medications should be avoided completely, as they are well known to produce addiction and are the most dangerous of all. These medications should only be considered under exceptional circumstances.

Skeletal Muscle Relaxants	<ul style="list-style-type: none"> • Soma (carisoprodol) • Skelaxin (metaxalone) • Robaxin (methocarbamol) • Zanaflex (Tizanidine) • Flexeril (cyclobenzaprine) • Norflex (orphenidrine) 	<p>These medications can impair physical and mental abilities. They can produce euphoria. Tolerance and withdrawal have been noted.</p>
Sedatives	<ul style="list-style-type: none"> • Analgesics <ul style="list-style-type: none"> ◦ Midrin, Migragesic, Nodolor <p>These medications are a combination of acetaminophen, dichloralphenazone and isometheptane. The dichloralphenazone is a sedative.</p> • Barbiturates <ul style="list-style-type: none"> ◦ Esgic, Bupap, Fioricet, Fiorinal, Phrenalin Forte, Margesic, Zebutal - These medications are combination products that contain butalbital ◦ Seconal (secobarbital) ◦ Phenobarbital ◦ Nembutal (pentobarbital) ◦ Amytal (amobarbital) • Benzodiazepines <p style="text-align: right;">(continued...)</p>	<p>Sedatives have some unexpected effects including anxiety, nightmares, hostility and rage. Therapeutic doses can cause dizziness, drowsiness, impaired learning and amnesia. Higher doses can lead to suppression of breathing and heart failure. Tolerance and dependence happens over a short period of time. Sudden withdrawal can lead to seizures.</p>



Class A Medications – Avoid Completely



Use of Class A medications should be avoided completely, as they are well known to produce addiction and are the most dangerous of all. These medications should only be considered under exceptional circumstances.

Sedatives (continued)

- Hypnotics
 - Ambien (zolpidem)
 - Belsomra (suvorexant)
 - Lunesta (eszopiclone)
 - Sonata (zaleplon)
 - Somnote (chloral hydrate)

These medications are not classified as benzodiazepines, but they act on a benzodiazepine receptor that leads to sleep.

- Central Nervous System Depressants
 - GHB (gamma-hydroxybutyrate)

Sedatives have some unexpected effects including anxiety, nightmares, hostility and rage. Therapeutic doses can cause dizziness, drowsiness, impaired learning and amnesia. Higher doses can lead to suppression of breathing and heart failure. Tolerance and dependence happens over a short period of time. Sudden withdrawal can lead to seizures.

Opiates

- Buprenorphine
 - Buprenex (injection)
 - Butrans (patch)
 - Suboxone
 - Subutex
 - Zubsolv
- Butorphanol (Stadol)
- Codeine
 - Tylenol #2, #3 or #4 tablets or Tylenol with Codeine Liquid

(continued...)

Opiates in high doses can lead to death due to depression of the respiratory system. In therapeutic doses, opiates can cause slowed breathing, drowsiness, nausea, vomiting and constipation. Tolerance and withdrawal are common.



Class A Medications – Avoid Completely



Use of Class A medications should be avoided completely, as they are well known to produce addiction and are the most dangerous of all. These medications should only be considered under exceptional circumstances.

Opiates (continued)

- Fentanyl
 - Duragesic (patch)
 - Sublimaze (injection)
 - Abstral (tablet)
 - Actiq (lozenge, transmucosal)

- Heroin

- Meperidine
 - Demerol

- Methadone
 - Dolophine
 - Methadose
 - Metadol

- Hydromorphone
 - Dilaudid
 - Exalgo (extended release)

- Morphine
 - Avinza (extended release)
 - Embeda (morphine, naltrexone)
 - Kadian (extended release)
 - MS Contin (extended release)
 - Roxanol (morphine solution)
 - Astramorph, Duramorph, Infumorph (injection)

(continued...)

Opiates in high doses can lead to death due to depression of the respiratory system. In therapeutic doses, opiates can cause slowed breathing, drowsiness, nausea, vomiting and constipation. Tolerance and withdrawal are common.

**STOP**

Class A Medications – Avoid Completely



Use of Class A medications should be avoided completely, as they are well known to produce addiction and are the most dangerous of all. These medications should only be considered under exceptional circumstances.

Opiates (continued)

- Nubain (nalbuphine)
- Hydrocodone
 - Norco (hydrocodone/acetaminophen)
 - Vicodin (hydrocodone/acetaminophen)
 - Xodol (hydrocodone/acetaminophen)
 - Hysingla (extended release)
 - Zohydro (extended release)
- Oxycodone
 - Endocet, Endodan
(oxycodone/acetaminophen, oxycodone/aspirin)
 - Oxycontin (extended release)
 - Oxy IR
 - Percocet, Percodan
(oxycodone/acetaminophen, oxycodone/aspirin)
 - Roxicodone
 - Roxicet (oxycodone/acetaminophen solution)
 - Targiniq (oxycodone/naloxone extended release)
 - Xartemis (oxycodone/acetaminophen extended release)
- Oxymorphone
 - Opana
- Sufenta (sufentanil)

(continued...)

Opiates in high doses can lead to death due to depression of the respiratory system. In therapeutic doses, opiates can cause slowed breathing, drowsiness, nausea, vomiting and constipation. Tolerance and withdrawal are common.

**STOP**

Class A Medications – Avoid Completely



Use of Class A medications should be avoided completely, as they are well known to produce addiction and are the most dangerous of all. These medications should only be considered under exceptional circumstances.

Opiates (continued)

- Pentazocine
 - Talacen (pentazocine/acetaminophen)
 - Talwin
 - Talwin NX (pentazocine/naloxone)

- Tapentadol
 - Nucynta
 - Nucynta ER

- Tramadol
 - Ultram
 - Rybix
 - ConZip
 - Active-Tramadol, Enova RX (tramadol creams)

Opiates in high doses can lead to death due to depression of the respiratory system. In therapeutic doses, opiates can cause slowed breathing, drowsiness, nausea, vomiting and constipation. Tolerance and withdrawal are common.

Decongestants

- Benzedrex Inhaler (phenylhexedrine)

This medication is a psychostimulant that works as a decongestant and appetite suppressant. It is euphoria producing and should be avoided.



Class B Medications – Avoid unless approved by addiction specialist/doctor

Addiction Treatments

- Antabuse (disulfiram) - dangerous if taken with alcohol
- Campral (acamprosate)
- Catapres (clonidine) - decreases adrenergic hyperactivity associated with opiate withdrawal
- Revia (naltrexone)
- Vivitrol (naltrexone)
- Zyban, Wellbutrin (bupropion) - used to aid in nicotine cessation
- Chantix (varenicline) - used to aid in nicotine cessation

These medications typically require monitoring by a health care provider and should most often be used in the conjunction with a recovery program.

Anabolic Steroids

- Androderm, Androgel, Axiron, Testim - topical testosterone preparations
- Depo-Testosterone (testosterone cypionate) delayed release injection
- Oxandrin (oxandrolone) oral - used for weight gain, and to reduce bone pain in certain patients with osteoporosis
- Androxy (fluoxymesterone) oral - used to treat delayed puberty in male children, low testosterone levels and breast cancer
- Testred, Android, Virilon, Methitest- oral methyltestosterone - used to treat low testosterone levels and breast cancer

This is the common name for synthetic preparations of the male sex hormone testosterone. Also known as androgens. These are natural or synthetic steroid hormones that regulate the development and maintenance of male characteristics. As a Class B medication, uses include inadequate testosterone production (men), endometriosis, breast cancer, fibrocystic breast disease (women), weight gain and delayed puberty. Serious side effects are associated with these products. Any use associated with performance enhancement or muscle growth would move these products to a Class A category.



Class B Medications – Avoid unless approved by addiction specialist/doctor

Antihistamines-Sedating

- Atarax (hydroxyzine hydrochloride)
- Benadryl (diphenhydramine)
- Chlor-Trimeton, Coricidin (chlorpheniramine)
- Periactin (cyproheptadine)
- Tavist (clemastine)
- Vistaril (hydroxyzine pamoate)

These medications should be used with caution as they can alter judgement and mood.

Decongestants

- Nasal Sprays containing oxymetazoline
 - Afrin, Zicam Intense Sinus Relief, Vicks Sinex, Dristan, Nostrilla
- Nasal Sprays containing phenylephrine
 - 4-Way, Neo-Synephrine
- Oral Preparations (combination products)
 - Phenylephrine and phenylephrine containing combination medications (most also include sedating antihistamines, as well as dextromethorphan)

These medications should be used with caution because they are stimulating and can precipitate relapse.

**Cautionary Ingredients Listed

- Advil Allergy and Congestion Relief – phenylephrine, chlorpheniramine
- Advil Sinus Congestion and Pain-phenylephrine
- Alka Seltzer Plus Multi-Symptom Combinations- phenylephrine, chlorpheniramine, doxylamine, DM
- Allerest PE- phenylephrine, chlorpheniramine
- Benadryl Severe Allergy Plus Sinus Headache- phenylephrine, diphenhydramine

(continued...)



Class B Medications – Avoid unless approved by addiction specialist/doctor

Decongestants

(continued)

**Cautionary Ingredients Listed (continued)

- Comtrex Cough and Cold- phenylephrine, DM
- Comtrex Cough and Cold Night- phenylephrine, chlorpheniramine, DM
- Contac Cold and Flu- phenylephrine
- Contac Cold and Flu Night- phenylephrine, chlorpheniramine
- Delsym Cough and Cold Day- phenylephrine, DM
- Delsym Cough and Cold Night- phenylephrine, diphenhydramine
- Dristan Cold- phenylephrine, chlorpheniramine
- Mucinex Cold/Sinus/Flu Combinations- phenylephrine, diphenhydramine, DM
- Robitussin Cold Multi-Symptom Combinations- phenylephrine, diphenhydramine, DM
- Sine Off- phenylephrine, chlorpheniramine
- Sudafed PE- phenylephrine
- Sudafed PE Combinations- phenylephrine, chlorpheniramine, DM
- Theraflu Combinations- phenylephrine, diphenhydramine, DM
- Tylenol Cold Multi-Symptom Combinations- phenylephrine, chlorpheniramine, DM
- Pseudoephedrine and pseudoephedrine containing combination medications (some include sedating antihistamines as well as dextromethorphan)

(continued...)

These medications should be used with caution because they are stimulating and can precipitate relapse.



Class B Medications – Avoid unless approved by addiction specialist/doctor

Decongestants

(continued)

**Cautionary Ingredients Listed

- Advil Cold and Sinus- pseudoephedrine
 - Advil Allergy Sinus- pseudoephedrine, chlorpheniramine
 - Alavert Allergy and Sinus- pseudoephedrine
 - Aleve D Sinus and Cold- pseudoephedrine
 - Allegra D Allergy and Congestion- pseudoephedrine
 - Bromfed DM- pseudoephedrine, brompheniramine, DM
 - Mucinex D- pseudoephedrine
 - Nexafed Sinus- pseudoephedrine
 - Pseudo-Gest, Sudafed, Silfedrine- pseudoephedrine
 - Semprex-D- pseudoephedrine, acrivastine
- Epinephrine
 - Asthmanefrim
 - Primatene
 - Bronkaid

These medications should be used with caution because they are stimulating and can precipitate relapse.

Antitussives/ Expectorants

**Cautionary Ingredients Listed

- Coricidin HBP Multi-Symptom Combinations- dextromethorphan, chlorpheniramine, doxylamine
- Delsym Cough- dextromethorphan
- Mucinex DM- dextromethorphan
- Phenergan DM- dextromethorphan, promethazine
- Robitussin DM – dextromethorphan
- Vicks Cough DayQuil- dextromethorphan
- Vicks NyQuil- dextromethorphan, doxylamine

Dextromethorphan (DM) is the antitussive ingredient in these medications. DM suppresses the cough center in the brain. It also has sedative, dissociative and stimulant properties. At high doses it can mimic the effects of PCP and Ketamine.

These products may contain sedating antihistamine.

Dextromethorphan combined with chlorpheniramine can produce a serotonin syndrome like toxicity.



Class B Medications – Avoid unless approved by addiction specialist/doctor

Corticosteroids

- Hydrocortisone
- Dexamethasone
- Prednisone
- Prednisolone
- Methylprednisolone
- Fludrocortisone

These medications are used for a variety of conditions. They have value due to their anti-inflammatory, immunosuppressive, anti-proliferative and vasoconstrictive effects. These are also the reasons they must be taken as directed. Their use can cause insomnia and nervousness, in addition to bone loss and cataracts.

Asthma/ COPD/ Pulmonary- Inhaled Corticosteroids

- Advair- fluticasone, salmeterol
- Azmacort- triamcinolone
- Flovent- fluticasone
- Pulmicort- budesonide
- Serevent- salmeterol
- QVAR- beclomethasone

These medications may suppress the immune system. Advair and Serevent contain salmeterol that may produce central nervous system stimulation.

Gastrointestinal

- Constipation
 - Dulcolax- bisacodyl
 - Senokot-S- sennosides
 - Senokot- sennosides
- Nausea/Vomiting
 - Compazine (prochlorperazine) and Phenergan (promethazine) are phenothiazines. This class of medications can inhibit cognitive abilities and cause sedation. In high doses, a dissociative state may occur.
 - Reglan (metoclopramide) may cause abnormal muscle movements that may not stop when this medication is discontinued.
 - Zofran (ondansetron) may produce serotonin syndrome when combined with certain medications.
- Diarrhea
 - Imodium (loperamide)- a partial opioid agonist

These medications should be used in caution as frequent use can cause electrolyte imbalance, dehydration, irregular heartbeat, and decreased immune response.



Class B Medications – Avoid unless approved by addiction specialist/doctor

Sleep Aids

****Cautionary Ingredients Listed**

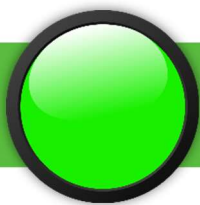
- Advil PM- diphenhydramine
- Aleve PM- diphenhydramine
- Excedrin PM- diphenhydramine
- Nytol- diphenhydramine
- Somnex- diphenhydramine
- Tylenol PM- diphenhydramine
- Unisom SleepTabs- doxylamine
- Vicks ZzzQuil- diphenhydramine
-

These medications contain sedating antihistamines and are considered mood altering.

Vertigo/Motion Sickness

- Bonine- meclizine
- Dramamine- dimenhydrinate
- Transderm Scop- scopolamine

These medications can impair cognitive functioning producing dizziness, drowsiness and blurred vision.



Incidental Exposure

Since new markers for alcohol use have been developed, it is important that individuals in monitoring programs try to avoid incidental exposure. The sensitivity of the various types of drug testing make it imperative to use caution when using products that may contain alcohol. Alcohol does not need to be ingested to produce a positive test, it may come from topical application and inhalation of vapors.

Possible Sources of Incidental Exposure

Foods	Foods can contain varying amounts of alcohol. Avoid foods cooked with or containing alcoholic beverages. Avoid foods containing high amounts of vanilla extract, wine vinegar, soy sauces, and other ingredients with alcohol content on their labels.
Hygiene Products	Many hygiene related products contain alcohol and should be avoided. Examples include mouthwashes (Listerine may contain up to 25%, Cepacol 15%) and hand sanitizers (Purcell may contain up to 63%, Lysol 63%).
Other sources of alcohol exposure	"Alcohol free" beer and wine often contain alcohol in varying low amounts. Avoid deodorant sprays, hairsprays, cosmetics, and insecticides (insect repellants). These products may contain ethanol vapor and can be inhaled or absorbed through the skin.
OTC (Over the Counter) Medications	There are many OTC medications that contain alcohol, including cough/cold preparations and tonics/tinctures. Below is a limited list of examples. <ul style="list-style-type: none">• Cough/Cold<ul style="list-style-type: none">◦ Diphenhydramine Elixir 5%, Vicks Nyquil 10%, Vicks Formula 44D 5%, Cheracol-D 5%• Vitamin Tonics<ul style="list-style-type: none">◦ Gevracon 20%, Geritol 10%, SSS Tonic 12%, Niferex/Nu-Iron 10%
Prescription Medications	Many liquid oral preparations contain alcohol, as well as some asthma inhalers. Always check with your health care provider.