
Johnston Recovery Services

Client Handbook



Johnston Recovery Services
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DOSING HOURS

MONDAY – FRIDAY

6:00 AM – 11:00 AM

SATURDAY & SUNDAY

7:00 AM – 9:00 AM

HOLIDAYS 6:00 AM – 9:00 AM

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INTRODUCTION

Welcome to Johnston Recovery Services (“JRS”). For the purpose of this handbook, “you” will sometimes be referred to as the “Client”. This reinforces the idea that you are a consumer/customer of ours and we are here to provide you with a service which we hope you find valuable. Admission to an Opioid Treatment Program requires an applicant to be at least 18 years old and addicted to Opioids for at least one year. Clients are required to sign a Consent Form that explains that their participation in treatment is voluntary and in accordance with State and Federal Regulations.

The purpose of this handbook is to orient you to our Program. It includes our treatment approach and Clinic policies and procedures. Understanding what to expect from treatment and the resources available to you through this Program will help you make choices regarding your recovery.

Our goal for you is life without addiction. Addiction is a disease that impacts health, relationships, career, finances and overall emotional well-being. It affects family members and others close to you. It consumes lives regardless of economic, educational or racial background. The good news is addiction is treatable!

Rules, rights and responsibilities are necessary whenever people are brought together in a treatment setting. Please take the time now to read the rules of the Program and what rights you have as a Client. Fully understanding these will ensure everyone’s safety and your best chance for a successful recovery. We expect that you will commit to your recovery, attend Individual and Group Counseling and learn to live a full and satisfying life without drugs or alcohol.

THE NATURE OF ADDICTION

Many people don’t understand why or how some of us become addicted to drugs. They may mistakenly think that those of us who use drugs lack moral principles or willpower and that we could stop our drug use simply by choosing to do so. Drug addiction is a complex brain disease and quitting usually takes more than good intentions or a strong will. Drugs change the brain in ways that make quitting hard, even for those who want to. Fortunately, researchers know more than ever about how drugs affect the brain and have found treatments that can help you recover from drug addiction and lead productive lives.

What is drug addiction?

Addiction is a chronic disease characterized by drug seeking and use that is compulsive, or difficult to control, despite harmful consequences. The initial

decision to take drugs is voluntary for most people, but repeated drug use can lead to brain changes that challenge an addicted person's self-control and interfere with their ability to resist intense urges to take drugs. These brain changes can be persistent, which is why drug addiction is considered a chronic "relapsing" disease. Therefore, people in recovery from drug use disorders are at increased risk for returning to drug use even after years of not taking the drug.

It is not uncommon for a person to relapse, but relapse doesn't mean that treatment doesn't work. As with other chronic health conditions, treatment should be ongoing and adjusted based on how the Client responds. Treatment plans need to be reviewed often and modified to fit the Client's changing needs.

What happens to the brain when a person takes drugs?

Most drugs affect the brain's "reward circuit" by flooding it with the chemical messenger dopamine. This reward system controls the body's ability to feel pleasure and motivates a person to repeat behaviors needed to thrive, such as eating and spending time with loved ones. This overstimulation of the reward circuit causes the intensely pleasurable "high" that can lead people to take a drug again and again.

As a person continues to use drugs, the brain adjusts to the excess dopamine by making less of it and/or reducing the ability of cells in the reward circuit to respond to it. This reduces the high that the person feels compared to the high they felt when first taking the drug, an effect known as tolerance. They might take more of the drug, trying to achieve the same dopamine high. It can also cause them to get less pleasure from other things they once enjoyed, like food, sex or social activities.

Long-term use also causes changes in other brain chemical systems and circuits as well, affecting functions that include learning, judgement, decision-making, stress management, memory and behavior.

Despite being aware of these harmful outcomes, many people who use drugs continue to take them, which is the nature of addiction.

Why do some people become addicted to drugs while others don't?

No one can predict if a person will become addicted to drugs. A combination of factors influences risk for addiction. The more risk factors a person has, the greater the chance that taking drugs can lead to addiction. For example:

- **Biology:** The genes that people are born with account for about half of a person's risk for addiction. Gender, ethnicity, the presence of other mental

disorders, and acute or chronic medical conditions may also influence risk for drug use and addiction.

- **Environment:** A person's environment includes many different influences, from family and friends to economic status and general quality of life. Childhood factors such as peer pressure, physical and sexual abuse, early exposure to drugs, stress, and instability in the family structure can greatly affect a person's likelihood of drug use and addiction.
- **Development:** Genetic and environmental factors interact with critical developmental stages in a person's life to affect addiction risk. Although taking drugs at any age can lead to addiction, the earlier drug use begins, the more likely it will progress to addiction. This is particularly problematic for teens. Because areas in their brains that control decision-making, judgment, and self-control are still developing, teens may be especially prone to risky behaviors, including trying drugs.

Can drug addiction be cured or prevented?

As with most other chronic diseases, such as diabetes, asthma, or heart disease, treatment for drug addiction generally isn't a cure. However, addiction is treatable and can be successfully managed. People who are recovering from an addiction will be at risk for relapse for years and possibly for their whole lives. Research shows that combining addiction treatment medicines with behavioral therapy ensures the best chance of success for most Clients. Treatment approaches tailored to each Client's drug use patterns and any co-occurring medical, psychiatric, and social problems can lead to continued recovery.

PHILOSOPHY

At JRS, Methadone and Buprenorphine are the medications used for long-term maintenance treatment of narcotic addiction. Methadone or Buprenorphine are not a "cure" for drug addiction and will not be successful without the active participation of Clients in their Person-Centered Plan and Individual and Group Counseling. While therapeutic levels of Methadone or Buprenorphine are being medically managed, individuals are encouraged to take advantage of a variety of services offered through JRS. These services include Case Management: basic needs such as healthcare, housing and nutrition; Education Sessions: Orientation to Program, HIV/AIDS, Methadone and Buprenorphine Maintenance and Drug Information, Relapse Prevention; Pregnancy Group; and Individual and Group Counseling.

The philosophy of Medication Assisted Treatment is to medically manage the symptoms of Opioid dependence and withdrawal, while creating opportunities for individuals to make lifestyle changes. Medication is administered by a Licensed or Registered Nurse as ordered by a Provider. With an adequate dose, Methadone or Buprenorphine function by preventing opiate withdrawal, blocking the effects of other narcotics and reducing the craving for narcotics.

INTAKE PROCESS

The intake process is a Clinical Assessment to determine eligibility and medical necessity for Medication Assisted Treatment. This is done by trained, qualified Clinicians, which include a Counselor, Nurse, Nurse Practitioner or a Physician. This Assessment includes the gathering of psychosocial, health information and any related information of past and present drug history. All clients are expected to have a primary care provider, with whom we may coordinate care.

The determination of drug use and other at-risk behaviors includes visual assessments of presenting symptoms of Opioid dependence (withdrawal or sedation, visible needle marks) and onsite drug screens.

Clients who transfer into the Program must go through the same admission procedures as new admissions. Any Take-Home privileges given at a previous Program must be verified, meet our Program guidelines, and be approved by the Medical Director.

FEES

JRS accepts Cash & Credit Cards (minimum charge \$80). The nonrefundable intake fee is \$50 plus the Weekly Treatment Fee depending on medication and dose.

Transfer fee is waived. State Exception and Guest Dosing set-up fee is \$25. This fee may be waived if the set-up is done 2 weeks prior to the trip. All Take-Homes must be paid prior to dispensing. Treatment week is Monday-Sunday.

WEEKLY TREATMENT FEE - Methadone \$80

WEEKLY TREATMENT FEE - Buprenorphine \$120

Medicaid & State Funds - Earned, Emergency and Holiday Closing Take-Home Bottle Fee - Methadone \$10 - Buprenorphine \$15

Weekly Treatment Fees are due on **MONDAY** and Clients are required to pay on a weekly basis. Treatment Fees include medication, counseling, consultation with medical Staff, and urine drug screening. A significant objective of your treatment is to help you assume responsibility for your financial obligations. A 10-Day Fee Taper may begin on the first day that money is owed to JRS. You will not receive your Take-Home medication if your bill is not current.

METHADONE

Methadone is a long-acting, synthetic pain medication discovered by scientists in the 1940's as a substitute for Morphine and later brought to the U.S. to treat persons going through heroin withdrawal. Methadone, Heroin and Morphine belong to a class of drugs called Opioids. Clients taking methadone are physically dependent on it (meaning, without it, they will experience a withdrawal syndrome) but not addicted to it. Methadone Maintenance provides many benefits to those with the disease of addiction, just as insulin provides benefits to those with the disease of diabetes, inhalers to those with asthma and B/P meds to those with hypertension. Like all other medications, Methadone has many desired effects. It helps to normalize brain balance, block cravings, block the effects of other Opioids and prevent withdrawal. Methadone is an oral medication that has a long half-life, so it can be taken once a day. These qualities of Methadone discourage the use of short acting medications to prevent withdrawal and help you avoid using injection needles with their risks of diseases like hepatitis and HIV. Many people say that Methadone makes them feel "normal" for the first time in a long while. Like all other medications, it also has some effects which are undesired effects, which are called "side effects." Some, but not all people will experience side effects. The most frequently observed side effects of Methadone include lightheadedness, dizziness, sedation, nausea, vomiting, sweating and constipation. Many, if not all side effects lessen or disappear over time. Because side effects such as sedation and dizziness are most apparent during the initial stages of Methadone treatment and may impair the mental and/or physical abilities required for some activities like operating a car or machinery, caution is extremely important during this beginning or "induction phase" and until you reach a stable dose in the "maintenance stage." We strongly encourage Clients on Methadone to report any excessive drowsiness or any untoward effects to Nurses and Counselors on duty. Methadone is a very well-studied and safe medication, as demonstrated during more than 35 years of use in MMT (Methadone Maintenance Treatment) and taken as ordered, it does not harm any body organs or health. However, like any strong medication, Methadone might interact with other medications, with street drugs or alcohol, and even with herbal remedies, vitamins or other over-the-counter products. Methadone, like other narcotic analgesics has the potential for abuse and the potential to cause respiratory and circulatory depression, especially when taken in overdose and when combined with other medications that suppress the central nervous system. Some medications, like Talwin, Buprenorphine and

Naltrexone interact with Methadone and cause a sudden and severe withdrawal reaction. That is why it is important to tell all your other prescribers that you are taking Methadone, and why this handbook will provide you with a list of some common medications you may take and other common medications that you should not take with Methadone.

Since Methadone, like other Opioid medications, can be extremely constipating, following a proper diet high in fiber, staying well hydrated and exercising regularly are strongly encouraged. Fortunately, when Clients on Methadone become more stable on their medication and their lives become less chaotic, they naturally begin to think more about their health and work towards developing a healthier lifestyle. This is evidenced by developing good eating habits, exercising, stopping smoking, getting dental and medical care and care for their mental health and developing a philosophy to guide their living, which may be of a spiritual or religious nature.

BUPRENORPHINE

Buprenorphine, like Methadone, is also a synthetic Opioid and it has beneficial properties and side effects which are like Methadone and other drugs in this class. Because of Buprenorphine's "ceiling effect" (no increased effects above a certain dose), it is safer in cases of drug overdose. It also has a milder withdrawal syndrome than Methadone. Buprenorphine is also a "first line" treatment in Opioid dependent individuals and a safe medication to take. Buprenorphine, like Methadone and other medications may have interactions with some other medication and street drugs, but it also has special properties which may cause a "precipitated withdrawal", when combined with other Opioid medications. Therefore, it is always advisable to tell your other prescribers that you are taking Buprenorphine.

Cytolytic hepatitis and jaundice have been observed in some individuals, as well as allergic reactions including bronchospasm, angioneurotic edema and anaphylactic shock.

Buprenorphine should be stored safely and out of reach of children. The most common side effects include headache, withdrawal syndrome, pain, insomnia, nausea, and constipation.

BENZODIAZEPINE, ALCOHOL AND BARBITURATE (BAB) POLICY

Johnston Recovery Services has a Benzodiazepine, Alcohol and Barbiturate (BAB) Free Policy. Benzodiazepines (e.g., Valium, Xanax, Ativan, Librium and Klonopin), as well as Barbiturates (most commonly used BABs include Nembutal, Phenobarbital, Tuinal, Fioricet, etc.), Alcohol or other CNS depressants in

combination with Methadone or Buprenorphine have the potential to cause adverse and dangerous side effects. BABs may have severe withdrawal side effects; detoxification from these drugs should be managed by licensed medical personnel. These drugs in conjunction with Methadone, Buprenorphine and/or illicit street drugs may be life threatening. This Clinic has a BAB Free Policy. If you have further questions regarding Methadone, or any medications, please ask your Counselor or Medical Staff.

The intent of this policy is to protect our Clients. It is not designed to create a hardship for the Client. It is to ensure a safe therapeutic environment.

You must understand the following:

- BABs in combination with Methadone or Buprenorphine may cause decrease in breathing ability and blood pressure as well as death.
- BABs do not provide pain relief.
- BABs are highly addictive and create physical dependence.
- BABs are not good long-term anti-anxiety medications.
- BABs cause on-going mental slowing and may cause long term brain damage.
- Abruptly stopping a BAB may cause seizures or death.

New Clients must be willing to be assessed by Medical Staff and agree to detoxification from BABs, which may include being prescribed another medication by an outside doctor to address any co-occurring psychiatric or medical health issues.

Clients who test positive for BABs will have their dose decrease by 1 mg every other day to 40 mg, and Take-Home privileges are determined by Treatment Team. JRS reserves the right to administratively detox any Client for an illicit BAB positive urinalysis results. After a urinalysis is negative for BABs, Clients may request to have their doses increased again at a rate of 5mg per week back to previous levels.

Any exceptions to this policy will be discussed by treatment team and must be approved by the Medical Director.

CLINIC RULES

Our Staff is committed to helping you succeed in treatment. Your job is to comply with Program rules and to follow your treatment plan. It is important that you understand consequences of non-compliance with your treatment plan or policies. Please notify Johnston Recovery Services of all changes of phone number, address, employment, or legal actions within 2 days of the change.

If you violate the rules or are noncompliant with treatment, the Counselor will verbally warn you and discuss the ramifications of your behavior on your recovery. If you continue to engage in unacceptable behavior, the Counselor will place you on a contract. If the behavior continues, you may be terminated from treatment and offered a referral to another Program. To pursue a complaint or grievance you must meet with your Counselor to discuss your concern.

No Client will be discharged solely for exhibiting the symptoms of their illness. Johnston Recovery Services will continue to explore new options for Clients and develop linkages with other treatment Programs ensuring continuity of care through appropriate referral, transfer and aftercare.

PARKING Please park in front of the building. Handicapped parking space is for JRS handicapped patients only. Do not park on the side of the building.

ATTENDANCE Dosing hours are: **6 - 11 am Monday - Friday** and **7 - 9 am Saturdays, Sundays. Holidays 6 – 9 am** and days after Thanksgiving & Christmas). Chronic lateness will not be tolerated. You are expected to maintain contact with your Counselor, keep appointments, call for cancellations and attend Group Counseling and Individual Counseling sessions at designated times. **Please arrive at least 30 minutes before closing time every day.** This will allow time to dose in the event you have a random UDS scheduled or are required to meet with your Counselor or Nursing Staff. The Clinic **CLOSES PROMPTLY AT 11:00 AM MONDAY THROUGH FRIDAY AND 9:00 AM SATURDAY, SUNDAY AND HOLIDAYS.** The door will be locked at these times and late dosing will not be permitted. If you are unable to make it to the Clinic to dose for any reason, we request that you call and inform either your Counselor or Staff at the front desk.

DRESS CODE Proper attire is always required while you are in the Clinic. “No Shoes, No Shirt, No Services”. When presenting to the Clinic for Dosing or Counseling all Clients are encouraged to dress appropriately. Examples of inappropriate dress are “nightwear” (e.g. pajama pants, bath robes, house coats, slippers, etc.), low cut tank tops, short shorts, or clothing with alcohol or drug related themes. Please see your Counselor for a referral to a community clothing resource if you do not have appropriate clothing to wear.

SUNGLASSES & OBSTRUCTIVE LENSES Sunglasses are not to be worn inside the building. If Clients do not remove sunglasses, they will not be checked in or dosed. Lenses that obstruct the appearance of a Client’s pupils are also not permitted.

NO LOITERING If you are scheduled to see the doctor, have a counseling or group session, or have a random Urine Drug Screen, please wait in the lobby.

NO INTERRUPTIONS Do not knock on counselor's door. Respect others in session.

SMOKING (including E-Cigs) is not permitted on Clinic premises.

PHONES Please silence your cell phone and do not talk or text on your phone while in the Clinic. In an emergency, the Client may ask the Counselor to use JRS' phone to place a local call only. Long distance phone calls are prohibited.

To protect the confidentiality of all our Clients, although we do not dissuade friends and family from calling the Clinic, without a release of information, signed by you, we cannot acknowledge the fact that you are presently or ever were in treatment. Messages will not be accepted for any Client.

CAMERA/VIDEO

The use of cameras & video/audio recordings by Clients is strictly prohibited. This is a violation of every Client's right to be free from all forms of abuse including retaliation, exploitation, and humiliation as well as a violation of HIPPA confidentiality laws. Taking pictures or making recordings of another Client or the Clinic may result in immediate dismissal.

HEALTH & SAFETY

A First Aid Kit is in the Facility. Please let medical staff know if you need assistance.

There will be unscheduled fire drills conducted in accordance to local and state ordinances. You must leave the building during such times and follow drill routine, which is posted throughout the Clinic. There are 2 exits in the front of the building and 2 exits in the back. There are Fire Extinguishers located in the front and back of the building.

PRESCRIPTION POLICY

Inform the Staff about all prescribed medications and sign releases so JRS can consult with the prescribing Provider. All prescriptions must be registered with the Nurse on duty. Clients are to register their prescriptions by bringing in the bottles with the medication to the dosing window each time they get the medication filled/refilled. The nurse may count the number of pills in the bottle. The Medical Staff may verify all prescriptions by calling the prescribing doctor and will check the North Carolina Controlled Substances Reporting System on a regular basis.

You should notify your Physician, Dentist and Pharmacist that you are receiving Methadone or Buprenorphine to avoid potential interactions. You might also consider keeping a note in your purse or wallet that you are taking Methadone or Buprenorphine in case of an emergency.

BREATHALYZER POLICY/IMPAIRMENT AT THE CLINIC

Anytime it is suspected that a Client is under the influence of any substance (appears intoxicated, sedated or unstable) a breathalyzer and an unscheduled drug screen will be obtained. Clients will be required to meet with the Provider (if available) to determine whether they will receive a partial dose or no dose. If the Provider is not available, the decision to refuse or reduce a Client's dose will be made by the Nurse. We do not dose Clients who have a breathalyzer reading above 0.08. If a Client has a reading of .08 or above that Client will be advised not to drive their car. The Client's Counselor will be advised of the situation. Staff will try to secure the Client's car keys. If the Client attempts to drive off, he/she should be told that the police will be notified. If a client test positive for alcohol metabolites Daily Breathalyzer will be ordered until negative UDS. At a reading of 0.08 or below, we may give a partial dose if there are no signs or symptoms of impairment. If a client test positive for alcohol metabolites daily Breathalyzers will be ordered until negative UDS.

URINE DRUG SCREEN POLICY

At admission, a urine drug screen (UDS) will be completed to determine Client's eligibility for the Program. Observed UDS are randomly scheduled monthly to remain in compliance with state and federal laws.

UDS help the Program make decisions about dosing, Take-Home privileges and Goals for the Clients' Person-Centered Plan. Urine drug screen results are discussed by the Counselor with the Client. UDS allows for the monitoring of drug use. It is also critical to determine compliance with Program standards and the effectiveness of medication dosing. The Medical or Clinical Staff will request more frequent urine drug tests as deemed necessary.

If you are scheduled for a UDS, you must remain in the building until you have submitted a specimen. First Refusal to provide a urine for drug screen will be considered an Administrative Positive result for BAB and you will receive half (1/2) of your dose and you will lose all earned Take-Homes until your case is discussed at the next treatment team meeting, where the final decision regarding Take-Homes will be made. If you do not provide a UDS on the following day, Monday through Thursday, your dose will be reduced by half again (meaning you will receive a fourth (1/4) of your original dose, 1/8, etc.). Your dose will go up the same way it came down. After your Second Refusal for Drug Screen you will see your counselor to sign a contract and be staffed. After your Third Refusal, you will

be staffed and not dosed. After your Fourth Refusal, you will begin a 10-day administrative taper.

There will be no Urine Drug Screens given on Saturday and Sunday.

If you are unable to provide a UDS on Friday, you will receive half (1/2) of your original dose on Friday and remain on half doses throughout the weekend.

Failure to produce a Randomly Scheduled Urine Drug Screen after two attempts will result in an ADMINISTRATIVE POSITIVE TEST RESULT – which will also result in a loss of Take-Homes or restarting the 90-day earning time for first level TH's.

All samples are tested for temperature and any samples that are too hot or too cold will be considered positive.

Positive urine drug screens will result in a reduction of earned Take-Homes and increased counseling. ANY ATTEMPTS TO ALTER OR FALSIFY A URINE DRUG SCREEN WILL RESULT IN IMMEDIATE LOSS OF TAKE-HOME PRIVILEGES AND MAY RESULT IN IMMEDIATE DISMISSAL FROM THE CLINIC.

If a Client misses two days of dosing in a row, they must provide a UDS or they will not dose.

HOSPITALIZATION

If you are discharged from a hospitalization, you must bring documentation confirming the date, time, medications (administered in the hospital, as well as prescriptions given upon discharge) and milligrams of your last Methadone or Buprenorphine dose when you return to the Clinic. This information is usually contained in the Discharge Summary which is given to you upon leaving. If you received Methadone or Buprenorphine during your hospital stay, please request your MAR (medication administration record), so Nursing Staff can verify your last dose of these medications. Without that record, we must call the hospital to verify this information, which might delay your dosing at the Clinic upon your return.

PROBATION/PAROLE

If you are on probation or parole, you must notify your probation or parole officer that you are enrolled in an Opioid Treatment Program and provide the Clinic with your provisions of probation and parole.

INCARCERATION

Clients that are arrested and incarcerated while in treatment at the Clinic will not be able to continue with their daily dose while confined. The Clinic must abide by local regulations concerning the medication of inmates except in extenuating circumstances. Withdrawal from Methadone or Buprenorphine is not life

threatening and most correctional institutions have on staff a medical department that can treat Clients who are in withdrawal.

DISRUPTIVE OR ILLEGAL ACTIVITY

JRS has a zero-tolerance policy towards the possession, buying or selling of drugs or paraphernalia on the premises. Any Client caught doing so, or negotiating the buying or selling of drugs, will be immediately discharged from the Program.

- Abstain from alcohol and other mood-altering chemicals.
- Do not engage in theft, destruction or defacing of JRS property.
- Physical or verbal abuse, and implied or actual violence directed towards Staff or other Clients will not be tolerated.
- Disruptive behavior, profane language, or sexual misconduct will not be tolerated.
- Weapons of any type are prohibited on Clinic premises.
- Only bring in prescriptions to be registered with Nurses. No alcohol allowed.
- Police will be notified of any criminal actions taking place on the facility premises and subsequent charges will be filed.

DOSE DETERMINATION

Initial dose is based on the Provider's evaluation of your history and present physical condition and that dose is not to exceed 30 mg Methadone or 8 mg Buprenorphine.

Your self-report and observation by your Counselor will determine maintenance doses and dose adjustments. The Counselor will provide information to the Program's Provider who will decide on dose adjustments or request to see you. Dosing issues are routinely discussed with your Counselor and the Nursing Staff.

MISSED DOSES

If you miss 2-3 days in a row, your dose will be decreased by half. If you miss 4 days or more in a row, you will not receive any medication. The only way to resume dosing will be to see the Provider for reinstatement. After 30 days, you will be discharged from the Program and must be re-admitted.

COUNSELING

Counseling includes an evaluation of your immediate needs including work, housing, social assistance and nutrition. Counseling includes information about Methadone or Buprenorphine maintenance, maintaining your health and relapse prevention. Individual and group counseling are available, and Counselors will assist Clients in obtaining other services as needed, such as: family counseling; vocational training and placement; housing placement; job development and

placement; domestic interventions; self-help groups; and transportation. While you are in treatment, you are required to maintain contact with your assigned Counselor to process feelings, thoughts, concerns and problems. Your Counselor will assist you in the development of goals, strategies and plans to eliminate drug use and enhance the quality of your life. The Program seeks to intensify counseling frequency with new admissions and those who continue to use illicit drugs and exhibit a negative lifestyle. First year in treatment requires 2 counseling sessions and 1 session after 1st year.

Client education will also cover a variety of subjects such as: parenting skills, proper nutrition, financial planning and employment skills.

INDIVIDUAL COUNSELING Upon admission you will be assigned a Counselor. This person is assigned to you to assist you in your recovery efforts and develop a plan of action tailored to meet your unique needs. This plan is called a Person-Centered Plan. You, the Client, in consultation with your Counselor, will meet on a regular basis to identify your recovery goals and assist you in meeting them. As you progress in treatment, some goals will be achieved, and new ones may be added. Your goal planning will be a dynamic process that will change as you and your needs change. Maintaining Individual counseling affords you the opportunity to work through your problems in a private and confidential manner. Your Counselor is a highly trained professional with special knowledge of the disease of addiction and community services that might assist you. Occasionally your Counselor may find it necessary to refer you to an outside agency to ensure that you are receiving the best care possible. Please inform your Counselor of any problems you are experiencing.

GROUP COUNSELING Having an addiction could be a lonely place to be. You might feel that no one has gone through what you have gone through or understands your suffering. You might have a good deal of shame about things you have done during active addiction. Group therapy is a form of therapy which offers you an opportunity to learn more about yourself by listening to others talking about themselves or sharing their experience with you. It is a forum in which you are encouraged to discuss your experiences, problems, hopes and successes. Emotional growth, self-understanding and a greater appreciation of others can be attained through this treatment modality. This form of therapy is also instrumental in allowing you to see that you are not alone.

STAFFINGS/CLIENT CONTRACTS/CARE REVIEWS

Whenever there is a concern about your status in the Program, a meeting between you and another Staff member is called. Issues such as continued relapse, behavioral incidents, non-involvement in treatment, fees, missed dosing, missed appointments or frequent tardiness are addressed. It is an opportunity for you to problem solve and to explore any matters that might jeopardize your recovery. The hope is to encourage you to reengage in your recovery efforts to achieve your treatment goals.

SUCCESS DURING TREATMENT

Success in treatment is evidenced by urine drug screens that are negative for illicit substances, your positive self-reports and favorable Staff observations of at least one year's duration. Changing at-risk behaviors that could place you in jeopardy of acquiring HIV/AIDS, hepatitis or other sexually transmitted diseases, are also evidence of a successful course of recovery.

A stable life adjustment is reflected in:

- The ability to cope with stress and crisis situations without resorting to substance abuse or other self-defeating behaviors;
- The elimination of illicit drug use and the behavior surrounding the use;
- The absence of criminal activity;
- The development of personal relationships (family and friends) that are satisfying and lasting;
- The establishment of leisure time activities, which are not drug related;
- Employment; and
- Improved physical health and/or properly treated medical conditions.

RESOURCES & REFERRALS

To be admitted to the Program the Client is seen by the Provider for Evaluation and Physical Exam. Tuberculin Tests are completed on all admissions and repeated annually. Syphilis, HEP-C and HIV testing may be referred out.

It is expected that all Clients acquire a primary care provider for assessment and treatment of any active medical co-occurring disorders (e.g., diabetes, hypertension, heart or liver disease) within ninety days of treatment, or sooner if deemed necessary by the Provider. Referrals are made for Clients who present with complaints or symptoms consistent with a psychiatric condition, especially if their behaviors are impacting their own or other's recovery.

PREGNANT CLIENTS

Pregnant Clients are a priority for this Clinic. If you have been receiving ongoing treatment prior to pregnancy you will be maintained on your pre-pregnancy dose and subsequent adjustments will be made as needed. It is expected that you will be receiving prenatal care from an OB/GYN specialist in conjunction with your treatment here and a referral will be facilitated for this if needed. Must see provider at JRS monthly.

CHILDREN

It is not unusual for Clients to come into the Clinic with their small children. We understand that because of individual circumstances, this may be necessary. To ensure child safety, we request that children not be left unattended in cars at any time. If you are dosing, your child must remain in the waiting area (if they are age appropriate and well behaved). If they must accompany you to the dosing window, infants and toddlers must not be held or carried in baby/mother carrier. They **MUST** be secured in a stroller at a safe distance beside you during dosing. These requirements are to ensure that the medication does not “drip” or “spill” onto the children and result in accidental ingestion.

LOCK BOXES

Take-Home doses present both a privilege for doing well in your recovery Program and a risk because they involve taking medications on your own away from the safety and security of the Clinic. Remember, your medication may be “therapeutic” for you but could be fatal to others. Because of this, we have devised special rules concerning locked boxes which are strictly enforced and failure to comply with these rules may result in loss of Take-Home privileges. These rules are as follows:

- You must have your lock box with you to pick up your Take-Home doses. You must have a box in good condition with a working lock and key or combination to store your Take-Home bottles. Your name must appear on the inside or outside of the box. When approaching the dosing window have your box unlocked and ready. Your box must be locked at the medication window after receiving your bottles and before leaving the Clinic.
- Take-Home bottles should **ALWAYS** remain in the lock box (empty bottles and full bottles). Do not remove bottles and store them outside of the lock box. If a Client turns in loose empty bottles that are not confined in a lock box (including Holiday Take-Homes), the Client will lose Take-Home privileges and may not qualify for holiday Take-Homes in the future.

- Take-Home bottles should ALWAYS remain in your possession. No one should have access to your bottles. IF ANY CLIENT IS FOUND IN POSSESSION OF ANOTHER CLIENT'S TAKE-HOME BOTTLE, IT WILL BE AN IMMEDIATE LOSS OF ALL TAKE-HOME PRIVILEGES FOR BOTH PARTIES. The issue will then be discussed at the next treatment team.
- Do not store Take-Home bottles in your refrigerator. The lock box should be stored in a safe area of your home out of plain sight and not easily accessible.
- Keep Methadone, Buprenorphine and all medications out of the reach of children. The cherry flavor, color, and smell of Methadone could entice a child into drinking this medication and could result in death. For safety, always keep your medication in your lock box.
- **BOTTLE RETURN** Once you have taken your dose, your empty Take-Home bottle should be secured in your lock box and must be returned to the Clinic on your next visit. All Clients receiving Take-Home doses are required to return all empty bottle(s) with the labels completely intact on their next visit to the Clinic. Failure to return empty Take-Home bottles will result in loss of Take-Homes and Take-Home Eligibility.
- **LOCK BOXES ARE NOT TO BE SHARED.** Do not lend or borrow lock boxes. Anyone who lends their lock box to another Client has violated the Take-Home safety requirements and will have their Take-Home privileges revoked and may not be eligible for Earned Take-Homes. (This includes Holiday Take-Home privileges).

TAKE-HOME POLICY

Decisions regarding Take-Home doses of Methadone and Buprenorphine are based on your overall stability and responsibility as demonstrated by your behavior. The decision to allow dosing away from the Clinic is made by the Medical Director in consultation with members of the Clinical Team. Take-Home privileges are earned, not automatically granted and the therapeutic benefit of having Take-Homes needs to clearly outweigh the risk. Your Counselor will review the Earned Take-Home Schedule Form with you.

Criteria to be met for 90 days for earned Take-Home privileges include:

- Absence of recent abuse of drugs (Opioid or narcotics), including alcohol, or misuse of prescription medications such as sedatives or benzodiazepines. Urine Drug Screens must be negative for illicit substances.
- Regular Program attendance, including timeliness for medication dosing and counseling services.

- Psychiatric and cognitive stability and the absence of serious behavior problems while at the Program.
- Absence of known criminal activity, including selling or distributing of drugs.
- Stability of home environment and social relationships.
- Length of time in maintenance treatment and stability of dose.
- Confirmation that Take-Home medication can be safely stored within your home. A home visit may be required.
- Treatment fees are current and history of responsible payment of Clinic fees.

TAKE-HOME BOTTLE CALL BACK

If you are receiving Take-Home Bottles you are subject to bottle recalls. Ensure that your contact information is current and accurate. This means that you will receive a call asking you to return to the Clinic with the Take-Home bottles and to dose from your Take-Home bottle at the Clinic within 24 hours. Failure to respond to this request may result in loss of Take-Home privileges, so it is your responsibility to make sure your contact information is current and accurate. Any missing bottles or bottles that have been opened before the scheduled dose date will result in loss of Take-Home privileges, and a Staffing will be held to determine any additional interventions. Labels and lids must not be tampered with.

How to Successfully Complete a “Take-Home Call Back”:

1. Return to the clinic the day you are instructed to do so.
2. Do NOT take your dose prior to arriving to the clinic. You MUST take this dose in front of nursing staff.
3. Provide a urine drug screen.
4. Have all bottles accounted for and locked securely in your lockbox.

LOST OR STOLEN TAKE-HOMES

JRS will not replace lost, stolen, broken or spilled Take-Home bottles. Decisions to medicate Clients who have lost, stolen, broken or spilled Take-Home bottles will be made by the Provider. Clients who report that their bottles have been stolen are advised to report this to police since bottles have their name on them. Documentation (police report) should be presented to the Clinic. If bottles are reported lost or stolen, Take-Home privileges will be suspended until the next treatment team meeting when the event can be discussed. You are responsible for the safety and security of your Take-Home bottles once they leave the medication window.

LOSS OF TAKE-HOMES

Clients who demonstrate behaviors which suggest decreased stability and/ or violate Program policies will be Staffed. At this time, a plan is made to correct such behaviors and consequences for failure to adhere to the plan will be discussed. The following are examples of behaviors that may result in loss of Take-Homes:

- Positive urine drug screen including Alcohol misuse or abuse
- Failure to register prescribed medications
- Poor individual and/or group attendance
- Missed doses of Methadone/Buprenorphine
- Nonpayment of Clinic fees
- Failure to comply with Bottle Return/Take-Home Bottle recall
- Criminal, reckless, and/or disruptive behaviors at the Clinic or in the community
- Evidence of decreased emotional or cognitive stability
- Failure to safely store and protect Take-Home bottles

If Take-Home privileges are rescinded, reinstatement of privileges may occur when Client meets minimum requirements to obtain Take-Home privileges and/or after Client adheres to Staffing plan goals.

HOLIDAY TAKE-HOMES

Holiday Take-Home doses are given to all Clients regardless of time in treatment or treatment status. You may receive Take-Homes for State/Federal approved holidays and on days the Clinic is closed for inclement weather. It should be noted that no more than a three-day supply of medication will be supplied to Clients due to a holiday. All Take-Home changes must be approved by your Counselor 2 weeks prior to the Holiday. No changes will be made at the Dosing Window. You must have completed the paperwork with your counselor. Methadone Take-Home is \$10 and Buprenorphine Take-Home is \$15.

GUEST DOSING POLICY

It is likely that during your treatment, you will be leaving town for vacation or work, and unable to attend the Clinic. If you are going to be out of town and unable to attend the Clinic for medication, it is important that you inform your Counselor as soon as you are aware of the situation. Your Counselor will make every effort to arrange dosing at a Clinic in the area where you will be. It is important to understand that you will be responsible for any fees charged by the

Clinic where you will be dosing. You must meet the following criteria for guest dosing at a nationally accredited and licensed Opioid Treatment Program:

- Must demonstrate justification for guest dosing at another licensed Clinic and provide supporting documentation as needed.
- Should have 2 consecutive negative drug screens prior to guest dosing.
- Must meet with your Counselor and complete a Guest Dose Request, which will be presented at the next Treatment Team for approval at least 2 weeks prior to scheduled guest dosing unless it is an emergency. *
- Pay \$25* JRS guest-dose set-up fee and fees associated with visiting clinic.

****If your request is completed prior to 2 Treatment Teams we waive the \$25 fee.***

TAKE-HOME EXCEPTION REQUEST

Take-Home Exception Request are doses of Take-Home medications that are provided for special circumstances that may arise in your life, such as a schedule conflict at work, an emergency medical procedure or death in the family that would limit your attendance at the Clinic. Other situations that might require an exception request are planned situations, such as a scheduled medical procedure or a special vacation. Validation of these circumstances is needed, such as an obituary, airplane tickets or a death certificate. Clients need to discuss these issues with their Counselor as soon as possible, since an exception request must be submitted two weeks in advance to the Medical Director who must submit it for State and Federal approval.

- Meet with your Counselor and Request an Exception, which will be presented at the next Treatment Team for approval at least 2 weeks prior to scheduled guest dosing unless it is an emergency. *
- Pay \$25* JRS Exception Request fee.

Remember that, as always, you must bring all your empty bottles in your locked box, upon your return.

****If your request is completed prior to 2 Treatment Teams we waive \$25 fee.***

EMERGENCY RESPONSES

In the event of any emergency at the Clinic, 911 will be called and the medical Staff will provide appropriate medical care.

AFTER HOURS ON CALL PROCESS

If you are experiencing an Emergency, call 911. If it is an urgent matter and you require assistance with a crisis after Program hours, you may contact the after-hours number at 919-612-0562. A staff member will reply as soon as possible.

INCLEMENT WEATHER/DISASTER POLICY

In the event of bad weather, it may be necessary for Johnston Recovery Services to adjust medication hours for the safety of Clients and Staff. For you to know if there have been changes in the Clinic's hours call the Clinic at 919-359-1699, the voicemail and website will be updated with information. In the event of a Disaster, communication via email or text may be sent notifying you of changes in hours. For information on Clinic Closings or Delays visit www.johnstonrecovery.com and www.thecentralregistry.com.

DISCHARGE POLICY

The Program seeks to retain you in treatment as long as needed (as determined by you and Treatment Staff). You will be transitioning as discussed with your Counselor. During your time with us, you will have a Transition Plan. However, the Program will seek discharge of Clients who are non-compliant with the Program policies or whose behavior threatens the safety of other Clients or Staff or has a negative impact on the Program.

Clients discharged from treatment will be administratively tapered per Provider's order. Clients administratively tapered from the Program will have the opportunity to transfer, be referred to another Program and/or other treatment modalities. Counseling and medical services are available to the Client being tapered from the Program. Clients who seek voluntary taper from the Program will be supported and monitored closely by their Counselor and medical Staff and follow a medical protocol agreed upon by the Client and the Medical Director.

INVOLUNTARY DETOXIFICATION POLICY

The following situations may lead to involuntary detoxification and termination from the Program.

JRS maintains the right to terminate anyone for the following violations:

- 1) Selling or attempting to sell Methadone or Buprenorphine or other drugs.
- 2) Threats: verbal, physical or implied.
- 3) Verbal or physical abuse of Staff or other Clients.
- 4) Persistent or enough disruption of the treatment Program.
- 5) Non-payment of fees.
- 6) Illegal behavior on premises.
- 7) Continued non-compliance with recovery goals, especially when such non-compliance can result in the injury or death of the Client or others.

HIPAA NOTICE OF CONFIDENTIALITY AND PRIVACY

This notice describes how medical and drug and alcohol related information about you may be used and disclosed and how you can get access to this information. Information regarding your health care, including payment for health care, is protected by two federal laws:

- (1) The Health Insurance Portability and Accountability Act of 1996 (“HIPPA”), 42 U.S.C. § 1320d et seq., 45 C.F.R. Parts 160 & 164.
- (2) The Confidentiality Law, 42 U.S.C. § 290dd-2, 42 C.F.R. Part 2.

Under these laws, Johnston Recovery Services (JRS) may not say to a person outside JRS that you attend the Program, nor may JRS disclose any information except as permitted by federal law.

Generally, you must also sign a written consent before JRS can share information for treatment purposes. You may revoke this consent at any time. However, federal law permits JRS to disclose information without your written permission:

- For audit or evaluations.
- To report a crime committed on JRS’ premises or against JRS personnel.
- To medical personnel in a medical emergency.
- Threatening to harm yourself and/or other persons or if you are a danger to yourself or others.
- To appropriate authorities to report suspected child/elder abuse or neglect.
- As allowed by a court order.

FUNDRAISING/GIFTS

Employees at JRS cannot participate in fundraising or catalog parties. Also, we cannot accept gifts of any kind, including food.

WITNESSING LEGAL DOCUMENTS

JRS Employees can only witness legal documents pertaining to your behavioral healthcare treatment.

CLIENT RIGHTS

All Employees will adhere to their profession’s Ethical Standards of Conduct as it pertains to your care. JRS strives to provide services of the highest quality and that are most responsive to your needs. It is our aim and your right that:

- Treatment provided will be fair and will convey a sense of dignity and trust.
- Treatment provided will be humane and according to accepted Clinical Practice Standards.
- You will be provided written documentation of your rights, responsibilities, and Program rules and regulations. These documents are reviewed with you

following admission and annually. If you are unable to read, you will have the rules and regulations explained to you verbally.

- You will receive services within the least restrictive and most accommodating environment possible, within the confines of the Clinic setting.
- You will receive a Person-Centered Plan, will participate in the development of that plan, receive treatment based on the plan, and have a periodic joint Staff/Client review of the plan.
- The Program will provide an adequate number of competent, qualified, and experienced professional Clinical Staff to implement and supervise the treatment plan, consistent with your needs.
- You will be informed about alternative medications, treatment alternatives, alternative modalities, and scientific advances affecting treatment.
- You will be informed about potential interactions and adverse reactions between the medication you are ordered and other substances, including use of alcohol and drugs, other prescribed or over-the-counter pharmacological agents, or food.
- You will be encouraged and assisted throughout treatment to understand and exercise your rights as a Client, including reporting, without concern for retribution, any instances of suspected abuse, neglect, or exploitation of Clients being served in the Program. There is a grievance and appeals process, in accordance with State laws and regulations, which is available to you. Client satisfaction surveys will be used to gather feedback and evaluate and change Program policies and services when needed.
- You will be informed regarding the financial aspects of treatment, including consequences of nonpayment of the required fees.
- If, after an initial assessment, you are denied admission into the Program, an explanation will be given and every effort will be made to refer you to other resources, based on the results of that assessment.
- The Clinic will act responsibly to protect all Clients, Staff and the public from any Client who acts out. However, the Clinic will also investigate the cause of that behavior so an appropriate referral to an alternative method of care may be made.
- You have the right to communicate with Program Staff in confidence and the confidentiality of all your individually identified health care information will be protected. You also have the right to review your medical records and request amendments to your records.

- You have the right to be free from all forms of abuse, financial or other exploitation, retaliation, humiliation and neglect.
- You have the right to treatment that is given with full informed consent, is individualized and participatory.
- You have the right to speak with your Counselor regarding any questions you have with your treatment or any problems you are encountering while receiving care. If questions are not answered to your satisfaction, or problems cannot be resolved by speaking with your Counselor, you may request to speak with a Supervisor or the Program Director.

CLIENT GRIEVANCES

If you are dissatisfied with our services, you have the right to file a complaint or grievance. Before submitting a written complaint, we urge you to first discuss the matter with your Counselor within 3 days and allow him/her an opportunity to help resolve it. If this is unsuccessful, we encourage you to complete a grievance form. All efforts will be made within 3 days by JRS to resolve issues with Staff involved or their Direct Supervisors.

You have the right to contact the State Opioid Authority and the Division of Mental Health & Developmental Disabilities. In no instance will these actions result in retaliation or barriers to treatment.

PRESCRIPTION DRUGS TO AVOID IN RECOVERY

OPIOID ANALGESICS

Fentanyl - (Duragesic)

Hydromorphone - (Dilaudid), Oxycodone (Roxicodone, Tylox, Roxilox, Roxicet, Percocet, Percodan, Roxiprin), Codeine

Propoxyphene - Darvon, Dolene, Darvocet, Wygesic, Genagesic, Propacet

Methadone - Dolphene, Methadose

Meperidine - Demerol, Pethidine

Morphine - Astramorph, Duramorph, Infumorph, Kadian, Morphitec, MScontin, Oramorph, Roxanol

Stadol - Butorphanol

Hydrocodone – Vicodon, Lortab, Lorcet, Tussionex, Duratuss, Hycodan, Hycomine

Pentazocine - Talwin

Tramadol - Ultram

Carisoprodol - Soma

BARBITURATES Butalbital – Fioricet, Phrenilin, Fiorinal, Nembutal, Sedapap, Phenobarbital (Donnatal)

BENZODIAZEPINES Restoril, Valium, Ativan, Librium, Klonopin, Xanax, Versed, Tranxene, Serax, Halcion, Doral, Prosom

STIMULANTS Ritalin, Dexadrine, Adderall, Vyvanse, Phentermine

HERBS Valerian, Ephedra, Ma Huang, and many more

If it sedates you or makes you feel different, even if it is over the counter, ask yourself three questions:

- 1) Is this necessary?
- 2) Is there a non-mood altering alternative?
- 3) What is my motivation in taking this?

MEDICATION INFORMATION FOR THOSE IN RECOVERY

Minor illnesses such as cough, cold, allergy, stomach and respiratory flu, while not dangerous themselves, can present problems for people in recovery. Numerous over the counter (OTC) remedies often duplicate and overlap one another in effect and present the consumer with a confusing array of options.

Misinformation regarding OTC drugs can be traced back as the cause of many relapses into active addictive disease, frequently with disastrous consequences. The chemical ingredients in many OTC remedies have effects very similar to those of addictive drugs, and often the brain cannot distinguish one from another. The effect is that of a trigger with the emergence of powerful cravings.

The following is a list of OTC medications judged to be safe for people in recovery. Please note that this list is not all inclusive and we are not endorsing their effectiveness. Please discuss any sleep aids with your Counselor and/or the Nurse.

COUGH MEDICATIONS:

Halls Mentholypus Ricola Cough Drops
Robitussin-Guiafensin Syrup Delsym Tessalon Pearles

Avoid: Any medication containing Pseudoephedrine or Dextromethorphan "DM," Codeine, Hydrocodone, Benadryl, Diphenhydramine

SORE THROAT:

Cepacol Sore Throat Lozenges Chloraseptic Sore Throat Lozenges Saltwater

Avoid: Any medication containing Pseudoephedrine or Dextromethorphan "DM"

SINUS/COLD/FLU MEDICATIONS:

Airborne Alavert Claritin Clor-Trimetron
Coricidin HBP Tylenol Allergy Multi Symptoms Zycam Cold Remedy

Avoid: Benadryl, products containing Diphenhydramine, Dextromethorphan "DM," Antihistamines or Pseudoephedrine

NASAL SPRAYS: Saline Nasal Spray ***Avoid: Medicated Nasal Sprays***

Avoid: NeoSynephrine, Sudafed, or products containing Pseudoephedrine

EYE CARE:

Akon Tears Naturale Bausch & Lomb Moisture Eyes Refresh Plus

Note: Check ingredients list if allergic to iodine.

MOUTHWASH:

Crest Pro-Health Rinse Biotene Mouthwash Listerine Breath Strips
Therabreath Oral Rinse Tom's Natural **Avoid all alcohol-based products.**

SUPPLEMENTS:

Multivitamins

Avoid: Herbal "energy" supplements

Note: Discuss with Physician before taking specific vitamins or supplements.

DIARRHEA/GAS MEDICATIONS:

Beano Citrucel Dulcolax Gas-X Strips, Chewable Tabs or Gel Caps
Imodium Kaopectate Simethicone

Suggestion: Dietary control, exercise, increased water consumption

STOOL SOFTENERS, FIBER, LAXATIVES:

Benefiber Colace Stool Softener Ducolax Stool Softener FiberCon
Fleets Enemas Metamucil Colace Laxative Doxidan
Laxative Peri-Colace Laxative

Suggestion: Dietary control, exercise, increased water consumption.

Note: may be habit forming causing dependence for normal functioning.

HEMORRHOIDAL PREPARATIONS: Anusol Preparation H

STOMACH ACID PREPARATIONS:

Alka-Seltzer Gavison Maalox Milk of Magnesia
Mylanta Pepcid Pepto-Bismol Prilosec
Rolaids Tagamet HB Tums Zantac

PAIN RELIEF:

Acetaminophen Advil Anacin Aleve
Bayer Aspirin Ecotrin Bufferin Midol
Ibuprofen Naproxen Motrin Tylenol Pamprin

Suggestion: Use pain relief measures such as ice/heat, elevation, visualization, meditation, distraction.

Avoid: Any medication containing Pseudoephedrine or Dextromethorphan "DM", products containing caffeine.

NICOTINE PREPARATIONS: Never smoke while using these products.

Comit NicoDerm Nicorette Nicotine Transdermal Systems

SKIN PREPARATIONS:

Caladryl	Cortain	Calamine Lotion	Clotrimazole
Cortizone-10	Cruex	Desenex	Lamisil
Lotrimin	Neosporin	Hydrocortisone Ointment/Cream	
Tinactin (Tolnaftate)		Triple Antibiotic Ointment	

Brand names have been listed here; however, most pharmacies carry their own label of medication. Compare the label name with the store label to be sure that none of the “to be avoided” ingredients have been added.

Share this list with your Primary Care Physician. Discuss any new medications and over-the-counter medications you are considering with your Primary Care Physician, your Counselor and JRS nurses.

VIOLENCE/THREATS JRS will call 911 in the event of situations needing seclusion and restraint. Violence is not tolerated, and you will be discharged immediately.

FEELING ABUSED? Please call the **Domestic Abuse Hotline at 1-800-799-7233** to report any abuse (child, sex, elder) or see your Counselor for help!

Mission Statement

Medication Assisted Treatment to Promote Recovery one Life at a Time.

Moving Forward through Group and Individual Counseling to Achieve a more Productive Lifestyle.

**INITIAL TREATMENT PLAN REMINDERS:**

Meet with the Provider - **NP/PA/MD.**

Learn the members of your **TREATMENT TEAM** (counseling and nursing staff).

Attend **ORIENTATION** FRIDAY at 7:00 am, IT IS MANDATORY. You must attend Orientation to learn the Program Rules and receive dose increases.

PRESCRIPTION VERIFICATION If you are prescribed any medication, bring the filled prescription to the nurse to log each time it is filled. If you receive a prescription, you will need to sign a release of information so we can contact your doctor to coordinate care.

DOSING HOURS: **6 AM - 11 AM Monday - Friday, 7 AM - 9 AM Saturday & Sunday.** If you miss two days of dosing your dose will be decreased by half. Please call the clinic at 919-359-1699 if you will not be dosing as daily dosing is part of your treatment.

TREATMENT FEES are due on Mondays, they include dosing, individual and group counseling, provider visits, physical examination, TB tests, and urine drug screenings.

COUNSELING is part of your treatment and you must attend according to your treatment plan. Minimum sessions are two times a month.

DRUG SCREENING If you have a UDS please wait in the UDS Line, don't leave the Building.

In case of an **EMERGENCY CALL 911.** The **JRS AFTERTHOUS NUMBER** for emergencies is 919-612-0562.