

## SMART Recovery<sup>®</sup>'s Position on Medications

### ***SMART Recovery...***

- Believes that it is sensible for individuals to seek medical and/or psychological help for emotional disorders and for addictive disorders in accordance with the best research findings.
- Has no objection to medications prescribed by professionals who may legally prescribe psychotropic medications for depression, anxiety, addictions, or other emotional, behavioral or psychiatric disorders.
- Believes that non-addictive and addictive disorders often co-occur and interact. Non-addictive disorders may intensify when an addictive substance is discontinued, and addictive disorders may diminish in intensity when non-addictive disorders are treated. Failure to aggressively treat co-occurring disorders can delay recovery and even endanger a person's life.
- Has no objection to medications such as disulfiram (Antabuse) or craving-reducing medications like naltrexone (ReVia, Vivitrol and Depade) and acamprosate (Campral) for addictive drinking, nor to methadone or LAAM maintenance therapy or buprenorphine (Suboxone and Subutex) for treatment of addiction to opioids. The issue to consider with treatment procedures, including medications, is effectiveness in treating the disorder, reducing harm, and improving the quality of life versus the risks of adverse side effects.
- Disagrees with individuals or programs that take the position that chemicals (medications) should not be used in treatment because chemicals (namely drugs and alcohol) have "caused" addictive problems. This is contrary to the findings of scientific research and the SMART Recovery 4-Point Program<sup>SM</sup>. Thankfully, most groups that used to hold that position are coming to a position similar to that held by SMART Recovery<sup>®</sup> and most experts in this field.