

## **Recovery Capital Checklist—patient and counselor section**

1. Have you been abstaining from illegal drugs?
2. Do you think you are able to cope with difficult situations without using drugs?
3. Are you employed or in school?
4. Are you staying away from contact with users and illegal activities?
5. Have you gotten rid of your drug paraphernalia?
6. Are you living in a neighborhood that doesn't have a lot of drug use?
7. And are you comfortable there?
8. Do you have nonuser friends that you spend time with?
9. Are you living in a stable household or family?
10. Do you have a spiritual practice?
11. Have you been participating in counseling that has been helpful?
12. Does your counselor think you are ready to taper?
13. Do you think you would ask for help when you are feeling bad during a taper?
14. Are you in good physical and mental health?
15. Do you want to get off buprenorphine?

## **Physician Recovery Capital Checklist**

1. Any unexpected findings on the PMP?
2. Frequent ED visits /minor injuries/MVAs
3. Recently appeared intoxicated/impaired
4. Increased dose without authorization.
5. Taking medications belonging to somebody else
6. Made emergency phone call to clinic or had to come in without an appointment.
7. Used pain medications or buprenorphine for nonprescribed indications—sleep, mood, stress, relief.
8. Changed route of administration
9. Recent requests for early refills
10. Recent reports of lost/stolen medications
11. Hoarding or stockpiling of medications
12. Increasingly unkempt
13. Attempted to obtain prescriptions from other providers
14. Concurrent benzodiazepine or stimulant prescriptions
15. Maintenance dose greater than 8 mg
16. Current sleep disturbances
17. Current problems or lability in mood or energy
18. Serious comorbid mental illness

From Zweben JE, Sorensen JL, Shingle M, Blazes CK. Discontinuing methadone and buprenorphine: a review and clinical challenges. J addict med. 2020 Dec 15

## Roleplay: tapering discussion with a new patient, transferred from the care of a retiring provider

- **Doctor:** You've been on buprenorphine for 10 years now, what's your thought about remaining on it in the future?
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- **Patient:** I know I don't want to stay on it all my life. The idea of being on it forever doesn't sit well with me.
- **Doctor:** Have you talked about this with any of your providers since you started on it all those years ago?
- **Patient:** Well, no one said anything when I started, then I had no idea I would be on it this long.
- **Doctor:** What about more recently?
- **Patient:** When I brought it up to my last Doctor he said something about it being like diabetes. I didn't know what he was talking about.
- **Doctor:** I think what he was trying to say was, that like diabetes, addiction is a life-long condition, and it is usual to stay in treatment indefinitely. Besides being difficult to get off of, there's always a small but real risk of return to using after you stop. Methadone has been around a lot longer than buprenorphine, and most patients started on that drug have remained with it.
- **Patient:** You mean I'm stuck on it?
- **Doctor:** Not necessarily. If you have an interest in tapering, that is something we can discuss.
- **Patient:** I've heard that's an awful uncomfortable process.
- **Doctor:** It doesn't have to be. If we go at it slowly and deliberately, adjusting the dose downward a small step at a time at your routine visits, then it can be fairly comfortable to get to a lower dose; at that point we can look down the road and consider the prospect of getting all the way off.

- Patient: that sounds like something I would be interested in trying. But as you know, my thyroid is out of whack so I want to see my new PCP and get that adjusted first.
- Doctor: Okay, we will talk about it further in another visit as your medical issues get addressed.
- Patient: Thanks so much for discussing this with me, this is the first time anybody has.

*The patient is a tobacco user, and I plan to address that issue in the context of tapering—suggesting she prioritize tobacco cessation, but I didn't want to get into too much on the first visit.*