The Abstinence and Treatment Contract

I, ________________, do hereby agree to the following terms and conditions of treatment at Next Step Therapy.

1. **Abstinence.**
   I agree to ABSTAIN from using alcohol and mood-altering drugs as long as I am receiving service from the Next Step Therapy Treatment Programme. The term “drug” as used here includes any prescribed or non-prescribed mood-altering chemicals (either legal or illegal) that I may use without informing and gaining the agreement of my counsellor.

2. **High-risk Situations.**
   I agree to immediately tell my counsellor about any problems or situations that may develop during my treatment that could cause me to start using alcohol or drugs despite my commitment not to use alcohol or other drugs.

3. **Cravings or Urges to Use.**
   I agree to immediately discuss any cravings or urges to use mood-altering chemicals with my counsellor.

4. **Desire to Stop Treatment.**
   I agree to immediately discuss any thoughts or feelings I may have about wanting to stop coming to treatment sessions or stop participating in other recovery activities such as self-help groups.

5. **Self-reporting of Relapse.**
   I agree that if I do start using alcohol or other drugs I will immediately report it to my therapist. After reporting my relapse to my counsellor, the following will happen:
   1. My current treatment plan will be immediately suspended
   2. I will be asked to complete a new evaluation to determine what treatment is necessary to stop the relapse
   3. I will be given a treatment recommendation that may include referral for detoxification, residential treatment or participation in a more intensive or extended outpatient programme
   4. If I refuse the recommendations, I will be terminated from treatment.
6. **Getting Caught Using.** I understand that if I’m caught using alcohol or drugs before I report my relapse to my counsellor, I will be offered referral for immediate detoxification. If I refuse the referral, I will be immediately terminated from treatment. If I accept the referral I will be allowed to set up a new screening interview. It will be my responsibility to demonstrate in the evaluation session that I recognised what caused my relapse and my attempts to hide it and that I am willing to make an honest effort to work on resolving these problems. I understand that because of the dishonesty involved in my attempts to hide the relapse, the treatment programme will exercise a high degree of suspicion during this evaluation. It will be up to me to clearly demonstrate my motivation and willingness to change.

7. **Alcohol & Drug Testing.**
I agree to submit to alcohol and drug testing on a random basis and at the discretion of the clinical team. I understand that my refusal to submit to a test will be interpreted as an admission that I have been using alcohol or other drugs but refuse to admit it.

8. **Prescribed Medications.**
I will consult with treatment programme staff regarding the use of any medications prescribed to me by a doctor or psychiatrist. I will follow the recommendations of a medical doctor regarding the use of any and all mood-altering or painkilling medication.

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**Name of Client:**

**Signature of Client:**

**Date:**

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**Name of Witness:** Brian Harrington

**Signature of Witness:**

**Date:**