

Buprenorphine Patient Information and Treatment Consent
Provided by: Addiction Pain Associates

Buprenorphine (Suboxone) became available for the outpatient treatment of narcotic addiction (opiate dependence) in 2003. This medication is intended to reduce cravings for narcotics. In this way, it is similar to methadone. It may not be as effective as methadone for many individuals, but it does have a number of advantages. The advantages of this treatment include the following:

- Office visits about twice a month instead of daily visits to a methadone clinic
- Significantly reduced risk of narcotic overdose
- Significantly reduced withdrawal (abstinence syndrome; “dope sickness”) than with methadone.

It is important to understand that this medication is not for everyone who abuses narcotic drugs. It is only for those who are currently addicted to narcotics and have been unable to stop “using” despite efforts to do so (e.g. rehabs, NA attendance, etc.). An Addiction Pain Associates affiliated physician will determine whether or not you are appropriate for a buprenorphine detoxification and/or maintenance. **Bring this packet with you to your first visit.** Requirements for treatment include the following:

- Actively addicted to narcotics (e.g. Oxycontin®, Percocet®, morphine, heroin, Lortab®)
- An addiction-focused physical assessment by an Addiction Pain Associates affiliated physician
- An addiction interview/ assessment by an Addiction Pain Associates affiliated physician
- Daily office visits or follow-up telephone calls during induction onto treatment or detoxification as needed.
- At least twice-monthly counseling visits or group therapy.
- Random urine drug and alcohol breath tests
- Regular attendance at therapy sessions or 12-Step meetings
- Consent for us to talk with other care providers
- Fees paid at the time of visits with Visa MasterCard, a money order, or cash

At your first visit, you should come to the office:

- Prepared for someone other than yourself to drive you home
- Prepared to provide a urine sample
- Be in active withdrawal (**This is very important. If you are not in significant, active withdrawal, the treatment will not be effective.**)
- If on methadone, bring documentation that you are on a dose of 30 mg or less and 48 hours from last dose
- All prescribed medications
- A Valid Photo ID

Appointment date and time _____

Buprenorphine Treatment for Narcotic Addiction

Addiction specialists consider addiction a chronic disease and treat it accordingly. We know that some individuals are more likely to become addicts because of hereditary and environmental factors. Addiction changes brain chemistry. An addict first uses to get “high”, but after a while, the addiction “takes over” those parts of the brain that control natural cravings and the addict needs drugs to avoid withdrawal or to feel “normal”. Abstinence is best, but if an addict is unable to stop “using”, buprenorphine treatment may be appropriate. This drug can be used for detoxification or for maintenance. When used for maintenance, it binds to the same sites in the brain as narcotics (heroin, oxycodone, hydrocodone, morphine, etc.). It reduces craving, allowing the addict to become less “obsessed” with drugs. The addict will then be more likely to return to “normal” activities such as work, school, being a parent, etc. Recovery is, however, far more than just staying clean. Recovery involves emotional and Spiritual growth. Often, the addict is emotionally “stuck” at the age they started “using”. Sometimes, an addict

as lost his or her faith in a Higher Power, or is angry with the Higher Power because of the difficulties he or she has had to endure. To recover, an addict must come to terms with the past and make a serious effort to heal emotional and spiritual wounds. Buprenorphine alone does not provide emotional or spiritual healing. It can free the addict from cravings and help the addict begin the long and hard process of recovery.

Because an Addiction Pain Associates affiliated physician must be sure you are an addict, he must test for drugs and assess for active withdrawal. **You must start treatment when you are in withdrawal.** Receiving buprenorphine is very much a privilege. Physicians are limited by law the treatment 100 patients with Suboxone at one time. If you do not cooperate with the treatment program, we are under no obligation to continue treatment, and may refer you to another provider. It is our sincere hope that you reach a point in your recovery when you will no longer need buprenorphine.

Important Warnings about Buprenorphine:

1. When on buprenorphine, other narcotics are unlikely to be effective. If you require medical care (e.g. surgery), medicines such as morphine will not work unless you are off buprenorphine for a few days.
2. When taken in combination with “benzo’s” (e.g. Valium, Xanax, Ativan) or alcohol, or other drugs, buprenorphine can be fatal. You must NOT take any medication without prior approval of your physician.
3. Buprenorphine pills (Suboxone) contains the narcotic “blocker” naloxone. If a narcotic addict injects this medication, he or she will experience immediate, painful, and dangerous withdrawal.
4. All medical providers who provide care for you (e.g. dentist) must be aware that you are taking this drug.
5. You may experience side effects such as sedation, low blood pressure, headache, nausea. Rarely, liver damage has been reported.
6. For the first three days of treatment, you should not drive a car or operate machinery. Like any opioid, buprenorphine may cause sedation

About insurance coverage: Insurance companies have contracts with licensed drug treatment programs and they usually do not pay private physicians for addiction treatment. Some now do contract with doctors of Suboxone ® treatment. Please check with your insurance company to see if there is an “in network” provider. With few exceptions, our doctors do not participate in insurance plans. Payment is required at the time of visit.

BUPRENORPHINE MAINTENANCE TREATMENT: PATIENT RESPONSIBILITIES

- 1. Store Medication Properly:** All medication must be kept out of the reach of children. It also must be safeguarded from inadvertent use by other adults or intentional use by those who abuse drugs.
- 2. Take as Prescribed:** You must take exactly as prescribed. You may not adjust the dose yourself. You may not “share” your medication with others.
- 3. Comply with Pill Counts:** You may be asked to bring in your medication for a pill count. You must come to the office within 48 hours of such a request.
- 4. Comply with Drug Testing:** You will be asked to come to the office for random drug tests. There is a charge for these tests. You must come to the office within 48 hours of such a request.
- 5. Notify the Office if Medication is Lost or Stolen:** You must notify the office immediately if medication is lost or stolen. You are required to contact the police and bring a report to the office. Depending on the circumstances, we may choose NOT to reorder your medication.
- 6. Notify in Case of Relapse:** Call us immediately if you relapse. Although we understand that relapse may be part of the disease process, we believe honest communication is essential to a beneficial doctor-patient relationship. We need to know about relapse BEFORE a positive urine test.

7. Know the Office Policies that Pertain to Buprenorphine Maintenance: You must review this information in its entirety, including your responsibilities, office hours, payment, etc.

8. Payment for Medical Services: Patients not current with payment are NOT considered active patients (part of doctor’s panel of 100 patients) and we are under no obligation to provide further treatment.

Buprenorphine is a FDA approved medication for the treatment of narcotic addiction. Qualified physicians may prescribe this medication for detoxification or maintenance treatment. Therapy may continue as long as medically necessary.

Buprenorphine is itself a narcotic-type medication, but not as strong as heroin or methadone. It can cause physical and psychological dependence. Stopping buprenorphine results in a withdrawal syndrome, though not as severe as with heroin or methadone. To minimize the possibility of this syndrome, the medication should be tapered slowly.

If you are dependent on narcotics, you should be in as much withdrawal as possible before starting buprenorphine. This medication can cause severe withdrawal when taken by patients tolerant to narcotics. You should take the first dose in the office and remain in the office for at least 2 hours. Most patients stay 3-4 hours.

Some patients take several days to get used to buprenorphine. During that time, using other narcotic type drugs will increase symptoms. After stabilized on buprenorphine, other narcotics will not be as effective. You will need to be tapered off this drug prior to any elective surgery. In emergencies, narcotic pain medications (e.g. morphine) will not be effective. Although you doctor may try other medications, you may experience pain that cannot be adequately relieved by medications until the buprenorphine “wears off”.

Combining buprenorphine with alcohol or other drugs, especially “benzo’s” has resulted in deaths. You should not drink and should not use any medication without checking with your physician.

The form of buprenorphine you will be taking (Suboxone) also contains the narcotic antagonist naloxone (Narcan). An opiate addict who injects this medication will go into immediate and severe withdrawal. Buprenorphine tablets must be held under the tongue until dissolved completely. It is absorbed over the next 30- 120 minutes from the tissues under the tongue. It will not be absorbed if swallowed.

Buprenorphine will cost about \$5-7.00 dollars per day. If you have medical insurance, you should find out if this medication is covered by your insurance plan as most will pay for the medication. You are responsible for paying office fees at the time of visit. Most insurers do not pay for addiction treatment outside of their “provider network” of rehabs, so they will not reimburse you for treatment.

Alternative Treatments

There are specialized inpatient, outpatient, and long-term treatment programs available for drug addiction. As noted in this packet, buprenorphine is only one possible treatment. Many patients would be better served by drug free treatment rather than opioid (narcotic) maintenance. Methadone is a better choice for other patients, at it more effectively blocks cravings for narcotics. You should consider all treatment options and seek expert counseling to help you decide whether buprenorphine is right for you. Having considered alternative treatments, and having read about Suboxone’s risks, benefits, and side effects, I choose addiction treatment with Suboxone. I understand that I may have to remain on this medication indefinitely. I understand that it blocks the effects of morphine-like drugs. I understand that is dangerous in overdose or in combination with other drugs and alcohol. I understand that this medication has certain side effects as noted in the information packet. I understand that Suboxone alone does not lead to recovery, and that I MUST PARTICIPATE IN COUNSELING.

Name: _____ **Signature:** _____ **Date:** _____

Witness: _____ **Signature:** _____ **Date:** _____

