

## **Buprenorphine/Naloxone Maintenance Treatment Information for Opioid Dependence**

### **Information for Family Members**

Family members of patients who have been prescribed buprenorphine/naloxone for treatment of opioid addiction often have questions about this treatment.

### **What is an opioid?**

Opioids are narcotics (medicines that are used to treat pain, cough or opioid addiction and which produce drowsiness, fuzzy thinking, and euphoria in some). Opioids are in the same family as opium, morphine, and heroin. This includes many prescription pain medications, such as Codeine, Vicodin, Lortab or Lorcet, Demerol, Dilaudid, Morphine, MSContin, Oxycontin, and Percodan or Percocet. Methadone and buprenorphine are also opioids. Buprenorphine is the opioid medicine in Buprenorphine/naloxone that treats opioid addiction

### **Why are opioids used to treat addiction?**

Many family members wonder why doctors use buprenorphine to treat opiate addiction, since it is in the same family as heroin. Some of them ask "Isn't this substituting one addiction for another?" But the medications used to treat addiction to heroin and prescription pain medications - methadone and buprenorphine are longer-acting than other opioids like heroin and so are not "just substitution." Many medical studies since 1965 show that maintenance treatment with these long-acting opioids helps keep patients healthier, keeps them from getting into legal troubles, and helps to prevent them from getting other diseases such as Hepatitis and/or HIV/AIDS.

### **What is Buprenorphine/naloxone?**

Buprenorphine/naloxone is a tablet or strip that combines the opioid medication, buprenorphine, and naloxone, a medication called an opioid antagonist, for treatment of opioid dependence.

Buprenorphine/naloxone is a medicine that is taken once daily by dissolving under the tongue.

Naloxone is inactive (poorly absorbed) when taken this way. However, naloxone when injected by someone whose body is physically dependent on opioids will produce opiate withdrawal. In this way, the naloxone helps to prevent abuse of buprenorphine/naloxone by injection.

### **What is the right dose of Buprenorphine/naloxone?**

Family members of patients who have been addicted to heroin or prescription opioids have watched as their loved ones use a drug that makes them intoxicated or 'high' or have watched the painful withdrawal that occurs when the drug is not available. Sometimes the family has not seen the 'normal' person for years. They may have seen the patient misuse doctors' prescriptions for opiate narcotics to get "high". They are rightly concerned that the patient might misuse or take too much of the buprenorphine/naloxone prescribed by the doctor. They may watch the patient and notice that the patient seems drowsy, or stimulated, or restless, and think that the buprenorphine/naloxone will be just as bad as heroin or other prescription opioids that the patient is abusing.

Every opioid can have stimulating or sedating effects, especially in the first weeks of treatment. Once a patient is stabilized on the correct dose of buprenorphine, the patient should not feel "high," and there should be no excessive sleepiness or intoxication. The "right" dose of buprenorphine/naloxone is the

one that allows the patient to feel and act normally. Most patients will need 12/3 mg (buprenorphine/naloxone) to 16/4 mg of buprenorphine/naloxone daily to achieve relief of opiate withdrawal symptoms and craving. Most patients can be inducted onto the buprenorphine/naloxone and stabilized within a few days. Occasionally it may take a little longer to find the right dose (up to a few weeks). During the period of dose adjustment, the buprenorphine level in the buprenorphine/naloxone may be too high, or too low, which can lead to withdrawal, daytime sleepiness, or trouble sleeping at night. The patient may ask that family members help keep track of the timing of these symptoms, and write them down. Then the doctor can use all these clues to adjust the amount and time of day for the buprenorphine/naloxone dose.

Once the right dose is found, it is important to take it on time in a regular way (once daily), so the patient's body and brain can work well.

### **How can the family support good treatment?**

Even though maintenance treatment for opioid addiction works very well, it is NOT a cure. This means that the patient will continue to need the stable dose of buprenorphine/naloxone, with regular monitoring by the doctor. This is similar to other chronic diseases, such as diabetes or asthma. These illnesses can be treated, but there is no permanent cure, so patients often stay on the same medication for a long time. The best way to help and support the patient is to encourage regular medical care, and encourage the patient not to skip or forget to take the medication.

- **Regular medical care**

Patients will be required to see the physician for ongoing buprenorphine/naloxone treatment at least every two to four weeks, once they are stable. If they miss an appointment, they may not be able to refill the medication on time, and may even go into withdrawal, which could be uncomfortable. The patient will be asked to bring the medication container to each visit, and may be asked to give urine, blood or breath samples at the time of the visit. Sometimes the patient may be called in randomly to have their pills counted and/or to give a urine sample to test for the presence of other drugs or alcohol. This is a regular part of drug abuse treatment and is done for the patient's safety and to make sure that they are getting the treatment needed.

- **Special Medical Care**

Some patients may also need care for other needle-related problems, such as hepatitis or HIV disease. They may need to go for blood tests or see several physicians for these illnesses.

- **Counseling**

Patients who are recovering from addiction need counseling and other psychosocial treatments. The patient may have regular appointments with an individual counselor or be involved in group therapy. These appointments are key parts of treatment, and work together with the buprenorphine/naloxone to improve success in treatment for addiction. Sometimes family members may be asked to join in family therapy sessions which also are geared to improve addiction care.

- **Meetings**

Most patients use some kind of recovery group to maintain their sobriety. It sometimes takes several visits to different groups to find the right "home" meeting. In the first year of recovery some patients go to meetings every day, or several times per week. These meetings work to improve success in treatment, in addition to taking buprenorphine/naloxone. Family members may have their own meetings, such as Al-Anon, or ACA, to support them in adjusting to life with a patient who has addiction.

- **Taking the medication**

Buprenorphine/naloxone medication is unusual because it must be dissolved under the tongue, rather than swallowed. Please be aware that this can take up to a few minutes. While the medication is dissolving, the patient will not be able to answer the phone, or the doorbell, or speak very easily. This means that the family will need to get used to the patient being "out of commission" for a few minutes whenever the regular dose is scheduled.

- **Storing the medication**

If buprenorphine/naloxone is lost or misplaced, the patient may skip doses or go into withdrawal, so it is very important to find a good place to keep the medication safely at home preferably in a locked cabinet or lock box - away from children or pets who can become seriously ill or even die if they accidentally take this medication. Always keep the medicine in the same location, so it can be easily found. The doctor may give the patient a few "backup" pills, in a separate bottle, in case an appointment has to be rescheduled, or there is an emergency of some kind. **DO NOT** put the buprenorphine/naloxone next to the vitamins, or the aspirin, or other over-the-counter medications, to avoid confusion. If a family member or visitor takes buprenorphine/naloxone by mistake, he or she should be checked by a physician or taken to an emergency department immediately as serious adverse reactions can occur if someone who does not usually take this medicine were to take it by mistake.

### **What does buprenorphine/naloxone treatment mean to the family?**

It is hard for any family when a member finds out he or she has a disease that is not curable. This is true for addiction as well. When chronic diseases go untreated, they have severe complications which can lead to disability and death. Fortunately, buprenorphine/naloxone maintenance can be a successful treatment, especially if it is integrated with counseling and support for life changes that the patient has to make to remain sober.

Chronic disease means the disease is there every day, and must be treated every day. This takes time and attention away from other things, and family members may resent the effort and time and money that it takes for buprenorphine/naloxone treatment and counseling. It might help to compare addiction to other chronic diseases, like diabetes or high blood pressure. After all, it takes time to make appointments to go to the doctor for blood pressure checks, and it may annoy the family if the food has to be low in cholesterol, or unsalted. Most families can adjust to these changes when they consider that it may prevent a heart attack or a stroke for their loved one.

Another very important issue for family members to know about is that addiction can be partly inherited. Research is showing that some persons have more risk for becoming addicted than others and that some of this risk is genetic. So when one member develops opioid addiction, it means that other blood relatives should consider themselves "at risk" of developing addiction. It is especially important for young people to know that alcohol or drugs at parties might be dangerous for them, even more than for most of their friends.

It is common for people to think of addiction as a weakness in character, instead of as a disease. Perhaps the first few times the person used drugs it was poor judgment. However, by the time the patient is addicted, using every day, and needing medical treatment, it should be considered to be a "brain disease" rather than a problem with willpower.

Sometimes when the patient improves and starts feeling normal, the family has to get used to the new "normal" person. The family interactions might have been all about trying to help this person in trouble, and now he or she is no longer in so much trouble. Some families can use some help themselves during this change and might ask for family therapy for a while.

**In summary:**

Family support can be very helpful to patients on buprenorphine/naloxone treatment. It helps if the family members understand how addiction is a chronic disease that requires ongoing care. It also helps if the family gets to know about how the medication works and how it should be stored at home to keep it safe. Family life might have to change to allow time and effort for "recovery work" in addiction treatment. Sometimes family members themselves can benefit from therapy.

Buprenorphine/naloxone (Buprenorphine/naloxone) Maintenance Treatment/Family Information Guide  
Revised 09/25/10

## **Buprenorphine/Naloxone Maintenance Treatment Information for Patient**

### **Buprenorphine/Naloxone Treatment for Opioid Addiction**

Opioid medicines are used for three purposes: pain relief, severe coughing, and for the treatment of addiction to opioid drugs (heroin, prescription pain medicines). Buprenorphine is an opioid medication which has been used as an injection for treatment of pain while patients are hospitalized, for example for patients who have had recent surgery. It is a long acting medication, and binds for a long time to the mu opioid receptor.

Buprenorphine/naloxone is a combination medication that can be used to treat opioid dependence (addiction). Patients only need to take the medication once daily and some will be able to take this medication less frequently (every other day or every third day). Buprenorphine is not absorbed very well orally (by swallowing) - so a sublingual (dissolve under the tongue) tablet and, more recently, a film containing the medicine that is also absorbed from under the tongue, has been developed for treatment of addiction. Buprenorphine/naloxone tablets also contain naloxone (Narcan) which is an opioid antagonist. Naloxone is poorly absorbed from under the tongue, but if the medication is injected, the naloxone will cause withdrawal symptoms. The reason that naloxone is combined with the buprenorphine is to help discourage abuse of this drug by injection.

Aside from being mixed with naloxone to discourage needle use, buprenorphine itself has a "ceiling" for narcotic effects (it is termed a "partial agonist") which makes it safer in case of overdose. This means that by itself, even in large doses, it doesn't suppress breathing to the point of death in the same way that heroin, methadone and other opioids could. These are some of the unusual qualities of this medication which make it safer to use outside of the usual strict methadone regulations at a clinic and, after stabilization, most patients would be able to take home up to one-four weeks worth of buprenorphine/naloxone at a time. However, this medicine can be dangerous and life-threatening overdose and death have occurred when buprenorphine is mixed with other drugs. It is important not to take street drugs with this medicine, not to drink alcohol to excess, and to tell your doctor that you are taking this drug so that they can be careful about prescribing other medicines with buprenorphine that might have an interaction that could be dangerous. It is up to you to make sure that you inform anyone who is prescribing medication for you of your addiction to opioids and your use of buprenorphine. Buprenorphine is also dangerous for children. It is very important that you keep this medication safely away from any children as life-threatening overdoses have occurred when children take this medicine.

### **Will Buprenorphine/Naloxone be useful for Patients on Methadone?**

Methadone maintenance patients may be interested in whether this medication might help them. Unfortunately, because of the partial agonist nature of the medication, for some, it is not equivalent in maintenance strength to methadone. In order to even try buprenorphine/naloxone without going into major withdrawal, a methadone-maintained patient would have to taper down to 30 mg of methadone daily or lower. In some cases, buprenorphine may not be strong enough for patients used to high doses of methadone and may lead to increased cravings and the risk of a relapse to opiate use. If you are methadone-maintained and decide to try buprenorphine, please be aware of this risk, and keep the door open for resuming methadone immediately if necessary.

### Agreement for Treatment with Buprenorphine/Naloxone

<input type="checkbox"/> Yes	<input type="checkbox"/> No	<b>I understand that buprenorphine/naloxone is a medication to treat opiate addiction (for example: heroin, prescription opiates such as oxycodone, hydrocodone, methadone). Buprenorphine/naloxone contains the opiate narcotic analgesic medication, buprenorphine, and the opiate antagonist drug, naloxone, in a 4 to1 (buprenorphine to naloxone) ratio. The naloxone is present in the tablet to prevent diversion to injected abuse of this medication. Injection of buprenorphine/naloxone by a person who is addicted to opiates will produce severe opiate withdrawal.</b>
<input type="checkbox"/> Yes	<input type="checkbox"/> No	<b>1.</b> I agree to keep appointments and let staff know if I will be unable to show up as scheduled
<input type="checkbox"/> Yes	<input type="checkbox"/> No	<b>2.</b> I agree to report my history and my symptoms honestly to my physician, nurses, and counselors involved in my care. I also agree to inform staff of all other physicians and dentists who I am seeing; of all prescription and non-prescription drugs I am taking; of any alcohol or street drugs I have recently been using; and whether I have become pregnant or have developed hepatitis.
<input type="checkbox"/> Yes	<input type="checkbox"/> No	<b>3.</b> I agree to cooperate with witnessed urine drug testing whenever requested by medical staff, to confirm if I have been using any alcohol, prescription drugs, or street drugs.
<input type="checkbox"/> Yes	<input type="checkbox"/> No	<b>4.</b> I have been informed that buprenorphine is a narcotic analgesic, and thus it can produce a "high"; I know that taking buprenorphine/naloxone regularly can lead to physical dependence and addiction, and that if I were to abruptly stop taking buprenorphine/naloxone after a period of regular use, I could experience symptoms of opiate withdrawal. I also understand that combining buprenorphine/naloxone with benzodiazepine (sedative or tranquilizer) medications (including but not limited to Valium, Klonopin, Ativan, Xanax, Librium, Serax) has been associated with severe adverse events and even death. I also understand that I should not drink alcohol with buprenorphine/naloxone since it could possibly interact with buprenorphine/naloxone to produce medical adverse events such as reduced breathing or impaired thinking. I agree not to use benzodiazepine medications or to drink alcohol while taking buprenorphine/naloxone and I understand that my doctor may end my treatment with buprenorphine if I violate this term of the treatment agreement.
<input type="checkbox"/> Yes	<input type="checkbox"/> No	<b>5.</b> I have been informed that buprenorphine/naloxone is to be placed under the tongue for it to dissolve and be absorbed, and that it should never be injected. I have been informed that injecting buprenorphine/naloxone after taking buprenorphine/naloxone or any other opiate regularly could lead to sudden and severe opiate withdrawal.
<input type="checkbox"/> Yes	<input type="checkbox"/> No	<b>6.</b> I have been informed that buprenorphine/naloxone is a powerful drug and that supplies of it must be protected from theft or unauthorized use, since persons who want to get high by using it or who want to sell it for profit, may be motivated to steal my take-home prescription supplies of buprenorphine/naloxone.

<input type="checkbox"/> Yes	<input type="checkbox"/> No	<b>7.</b> I have a means to store take-home prescription supplies of buprenorphine/naloxone safely, where it cannot be taken accidentally by children or pets, or stolen by unauthorized users. I agree that if my buprenorphine/naloxone pills are swallowed by anyone besides me, I will call 911 or Poison Control at 1-800-222-1222 immediately and I will take the person to the doctor or hospital for treatment.
<input type="checkbox"/> Yes	<input type="checkbox"/> No	<b>8.</b> I agree that if my doctor recommends that my home supplies of buprenorphine/naloxone should be kept in the care of a responsible member of my family or another third party, I will abide by such recommendations.
<input type="checkbox"/> Yes	<input type="checkbox"/> No	<b>9.</b> I will be careful with my take-home prescription supplies of buprenorphine/naloxone, and agree that I have been informed that if I report that my supplies have been lost or stolen, that my doctors will not be requested or expected to provide me with make-up supplies. This means that if I run out of my medication supplies it could result in my experiencing symptoms of opiate withdrawal. Also, I agree that if there has been a theft of my medications, I will report this to the police and will bring a copy of the police report to my next visit.
<input type="checkbox"/> Yes	<input type="checkbox"/> No	<b>10.</b> I agree to bring my bottle of Buprenorphine/naloxone in with me for every appointment with my doctor so that remaining supplies can be counted.
<input type="checkbox"/> Yes	<input type="checkbox"/> No	<b>11.</b> I agree to take my Buprenorphine/naloxone as prescribed, to not skip doses, and that I will not adjust the dose without talking with my doctor about this so that changes in orders can be properly communicated by to my pharmacy.
<input type="checkbox"/> Yes	<input type="checkbox"/> No	<b>12.</b> I agree that I will not drive a motor vehicle or use power tools or other dangerous machinery during my first days of taking Buprenorphine/naloxone, to make sure that I can tolerate taking it without becoming sleepy or clumsy as a side-effect of taking it.
<input type="checkbox"/> Yes	<input type="checkbox"/> No	<b>13.</b> I agree that I will arrange transportation to and from the treatment facility during my first days of taking Buprenorphine/naloxone so that I do not have to drive myself to and from the clinic or hospital
<input type="checkbox"/> Yes	<input type="checkbox"/> No	<b>14.</b> I want to be in recovery from addiction to all drugs, and I have been informed that any active addiction to other drugs besides heroin and other opiates must be treated by counseling and other methods. I have been informed that buprenorphine, as found in Buprenorphine/naloxone, is a treatment designed to treat opiate dependence, not addiction to other classes of drugs.
<input type="checkbox"/> Yes	<input type="checkbox"/> No	<b>15.</b> I agree that medication management of addiction with buprenorphine, as found in Buprenorphine/naloxone, is only one part of the treatment of my addiction, and I agree to participate in a regular program of professional counseling while being treated with Buprenorphine/naloxone.
<input type="checkbox"/> Yes	<input type="checkbox"/> No	<b>16.</b> I agree that professional counseling for addiction has the best results when patients also are open to support from peers who are also pursuing recovery.
<input type="checkbox"/> Yes	<input type="checkbox"/> No	<b>17.</b> I agree to participate in a regular program of peer/self-help while being treated with Buprenorphine/naloxone. -
<input type="checkbox"/> Yes	<input type="checkbox"/> No	<b>18.</b> I agree that the support of loved ones is an important part of recovery, and I agree to invite significant persons in my life to participate in my treatment
<input type="checkbox"/> Yes	<input type="checkbox"/> No	<b>19.</b> I agree that a network of support, and communication among persons in that network, is an important part of my recovery. I will be asked for my authorization, to allow telephone, email, or face-to-face contact, as appropriate, between my treatment team, and outside parties, including physicians, therapists, probation and parole officers, and other parties, when the staff has decided that open communication about my case, on my behalf, is necessary.

<input type="checkbox"/> Yes	<input type="checkbox"/> No	<b>20.</b> I agree that I will be open and honest with my counselors and inform staff about cravings, potential for relapse to the extent that I am aware of such, and specifically about any relapse which has occurred -before a drug test result shows it.
<input type="checkbox"/> Yes	<input type="checkbox"/> No	<b>21.</b> I have been given a copy of clinic procedures, including hours of operation, the clinic phone number, and responsibilities to me as a recipient of addiction treatment services, including buprenorphine treatment with Buprenorphine/naloxone.

Patient Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Staff Signature/Title: \_\_\_\_\_

Date: \_\_\_\_\_