PCSS MAT TRAINING
PROVIDERS' CLINICAL SUPPORT SYSTEM
For Medication Assisted Treatment

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.

400 Massasoit Ave. Suite 307, 2nd Flr. | East Providence RI 02914| P: (888) 572-7724 F: (401) 272-0922 | Email: pcssmat@aaap.org
pcssmat.org |Twitter: @PCSSProjects

PCSS MAT TRAINING
PROVIDERS' CLINICAL SUPPORT SYSTEM
For Medication Assisted Treatment

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.

PCSS MAT TRAINING
PROVIDERS' CLINICAL SUPPORT SYSTEM
For Medication Assisted Treatment

Buprenorphine/Naloxone Treatment Agreement

Patient Name:_____ Date:_____

I am requesting that my doctor provide buprenorphine/naloxone treatment for opioid _____
list drug(s)
_____ addiction. I freely and voluntarily agree to accept this treatment agreement, as follows:

(1) I agree to keep, and be on time to, all my scheduled appointments with the doctor and his/her assistant.

(2) I agree to conduct myself in a courteous manner in the physician's or clinic's office.

(3) I agree to pay all office fees for this treatment at the time of my visits. I will be given a receipt that I can use to get reimbursement from my insurance company if this treatment is a covered service. I understand that this medication will cost between $5-$ 10 a day just for medication and that the office visits are a separate charge.

(4) I agree not to arrive at the office intoxicated or under the influence of drugs. If I do, the staff will not see me and I will not be given any medication until my next scheduled appointment.

(5) I agree not to sell, share, or give any of my medication to another person. I understand that such mishandling of my medication is a serious violation of this agreement and would result in my treatment being terminated without recourse for appeal.

(6) I understand that the use of buprenorphine/naloxone by someone who is addicted to opioids could cause them to experience severe withdrawal.

(7) I agree not to deal, steal, or conduct any other illegal or disruptive activities in the vicinity of the doctor's office or anywhere else.

(8) I agree that my medication (or prescriptions) can only be given to me at my regular office visits. Any missed office visits will result in my not being able to get medication until the next scheduled visit.

(9) I agree that the medication I receive is my responsibility and that I will keep it in a safe, secure place. I agree that lost medication will not be replaced regardless of the reasons for such loss.

(10) I agree not to obtain medications from any physicians, pharmacists, or other sources without informing my treating physician. I understand that mixing buprenorphine/naloxone with other medications, especially benzodiazepines (sedatives or tranquilizers), such as Valium (diazepam), Xanax (alprazolam), Librium (chlordiazepoxide), Ativan (lorazepam), and/or other drugs of abuse including alcohol, can be dangerous. I also understand that a number of deaths have been reported in persons mixing buprenorphine with benzodiazepines. I also understand that I should not drink alcohol while taking this medication as the combination could produce excessive sedation or impaired thinking or other medically dangerous events.

(11) I agree to take my medication as the doctor has instructed, and not to alter the way I take my medication without first consulting the doctor.

(12) I understand that medication alone is not sufficient treatment for my disease and I agree to participate in the recommended patient education and relapse prevention program, to assist me in my recovery.

(13) I understand that my buprenorphine/naloxone treatment may be discontinued and I may be discharged from the clinic if I violate this agreement.

(14) I understand that there are alternatives to buprenorphine/naloxone treatment for opioid addiction including:
   a. medical withdrawal and drug-free treatment
   b. naltrexone treatment
   c. methadone treatment

   My doctor will discuss these with me and provide a referral if I request this.

Patient's Signature _____ Date _____

Witness Signature _____ Date _____

PCSS MAT TRAINING
PROVIDERS' CLINICAL SUPPORT SYSTEM
For Medication Assisted Treatment

Agreement for Treatment with Buprenorphine/Naloxone

☐ Yes	☐ No	**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.**
☐ Yes	☐ No	**1.** I agree to keep appointments and let staff know if I will be unable to show up as scheduled
☐ Yes	☐ No	**2.** 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.
☐ Yes	☐ No	**3.** 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.
☐ Yes	☐ No	**4.** 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.
☐ Yes	☐ No	**5.** 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.
☐ Yes	☐ No	**6.** 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.

☐ Yes	☐ No	**7.** 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. 1 agree that if my buprenorphine/naloxone pills are swallowed by anyone besides me, 1 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.
☐ Yes	☐ No	**8.** 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.
☐ Yes	☐ No	**9.** 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.
☐ Yes	☐ No	**10.** 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.
☐ Yes	☐ No	**11.** 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.
☐ Yes	☐ No	**12.** 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.
☐ Yes	☐ No	**13.** 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
☐ Yes	☐ No	**14.** 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.
☐ Yes	☐ No	**15.** 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.
☐ Yes	☐ No	**16.** 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.
☐ Yes	☐ No	**17.** I agree to participate in a regular program of peer/self-help while being treated with Buprenorphine/naloxone. -
☐ Yes	☐ No	**18.** 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
☐ Yes	☐ No	**19.** 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.

☐ Yes	☐ No	**20.** 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.
☐ Yes	☐ No	**21.** 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:_____

PCSS MAT TRAINING
PROVIDERS' CLINICAL SUPPORT SYSTEM
For Medication Assisted Treatment

Consent for Treatment with Buprenorphine/Naloxone

Buprenorphine is a medication approved by the Food and Drug Administration (FDA) for treatment of people with opioid dependence. Buprenorphine can be used for detoxification or for maintenance therapy. Maintenance therapy can continue as long as medically necessary.

Buprenorphine itself is an opioid, but it is not as strong an opioid as heroin or morphine. Buprenorphine treatment can result in physical dependence of the opiate type. Buprenorphine withdrawal is generally less intense than with heroin or methadone. If buprenorphine is suddenly discontinued, some patients have no withdrawal symptoms; others have symptoms such as muscle aches, stomach cramps, or diarrhea lasting several days. To minimize the possibility of opiate withdrawal, buprenorphine should be discontinued gradually, usually over several weeks or more.

I understand that I am dependent on opiates (heroin or prescription opioids such as Lortab or Lorcet, Percodan or Percocet, Oxycontin, Dilaudid, methadone, morphine, MS Contin), and I should be in as much withdrawal as possible when I take the first dose of buprenorphine. If I am not in withdrawal, buprenorphine may cause significant opioid withdrawal and physical discomfort. For that reason, I agree to take the first dose in the doctor's office and remain in the office for observation for up to 3 hours. Within a few days, I will have a prescription for buprenorphine that will be filled in a pharmacy.

Some patients find that it takes several days to get used to the transition from the opioid they had been using to buprenorphine. During that time, any use of other opioids may cause an increase in symptoms. After I am stabilized on buprenorphine, I understand that other opioids will have less effect. Attempts to override the buprenorphine by taking more opioids could result in an opioid overdose. I agree not take any other medication without discussing it with my doctor first.
Combining buprenorphine with alcohol or some other medications may also be hazardous. The combination of buprenorphine with medication such as Xanax, Valium, Librium, Ativan or other sedatives or tranquilizers has resulted in deaths. I agree not to take such medications with buprenorphine.

The form of buprenorphine I will be taking is a combination of buprenorphine with a short-acting opiate blocker (naloxone). If the tablet were dissolved and injected by someone taking heroin or another strong opioid, it could cause severe opiate withdrawal.

Buprenorphine tablets or the buprenorphine strip must be held under the tongue until it dissolves completely. Buprenorphine is then absorbed over the next 30 to 120 minutes from the tissue under the tongue. Buprenorphine will not be absorbed from the stomach if it is swallowed.

Buprenorphine can cost $10+/day just for the medication. If I have medical insurance, will need to find out whether or not buprenorphine is a benefit. In any case, office fees must be kept current or I understand that I will not be able to continue receiving this treatment from this program.

Alternatives to buprenorphine

Some hospitals that have specialized drug abuse treatment units can provide detoxification and intensive counseling for drug abuse. Some outpatient drug abuse treatment services also provide individual and group therapy, which may emphasize treatment that does not include maintenance on buprenorphine or other opiate like medications. Other forms of opioid maintenance therapy include methadone maintenance. Some opioid treatment programs use naltrexone, a medication that blocks the effects of opioids, but has no opioid effects of its own.

Signature	Date
Print Name	Witness

PCSS MAT TRAINING
PROVIDERS' CLINICAL SUPPORT SYSTEM
For Medication Assisted Treatment

Patient Information and Consent To Treatment With Buprenorphine/Naloxone

Suboxone® (a tablet or strip with buprenorphine and naloxone in it) is an FDA approved medication for treatment of people with heroin or other opioid (prescription pain medication) addiction. Buprenorphine can be used for detoxification or for maintenance therapy. Maintenance therapy can continue as long as medically necessary. There are other treatments for opiate addiction, including methadone, naltrexone, and some treatments without medications that include counseling, groups and meetings.

If you are dependent on opiates - any opiates - **you should be in as much withdrawal as possible when you take the first dose of buprenorphine. It you are not in withdrawal, buprenorphine can cause severe opiate withdrawal.** For that reason, you should take the first dose in the office and remain in the office for at least 2-3 hours. You should not drive or operate machinery until you know how buprenorphine/naloxone affects you. Therefore, you must arrange not to drive after your first dose, because some patients get drowsy until the correct dose is determined for them. You must either take public transportation to the office visits for induction or you must have someone drive you to the induction appointment(s).

Some patients find that it takes several days to get used to the transition from the opiate they had been using to buprenorphine. During that time, any use of other opiates may cause an increase in symptoms. After you become stabilized on buprenorphine, it is expected that other opiates will have less effect. Attempts to override the buprenorphine by taking more opiates could result in an opiate overdose. You should not take any other medication without discussing it with the physician first.

Combining buprenorphine with alcohol or other sedating or tranquilizer medications is dangerous. The combination of buprenorphine with benzodiazepines (such as Valium®, Librium®, Ativan®, Xanax®, Klonopin®, etc.) has resulted in deaths. You must agree not do take such medications without discussing this with your doctor. If you think you need to take these medications you may be referred to other treatment for your opioid addiction and you agree to this before starting buprenorphine/naloxone.

Although buprenorphine given under the tongue has not been shown to be liver-damaging (except when people take very large amounts of buprenorphine or sometimes, if Hepatitis C is present), your doctor will monitor your liver tests while you are taking buprenorphine. (This is a blood test.)

The form of buprenorphine (Suboxone®) you will be taking is a combination of buprenorphine with a short-acting opiate blocker (naloxone) in a 4 to 1 ratio (4 mg of buprenorphine to 1 mg naloxone). **It will maintain physical dependence**, and if you discontinue it suddenly, you will likely experience withdrawal symptoms. If you are not already dependent, you should not take buprenorphine, it could eventually cause physical dependence.

Buprenorphine/naloxone tablets or the buprenorphine/naloxone strip must be held under the tongue until it is dissolved completely. You will be given your first dose at the clinic, and you will have to wait as it dissolves, and for two hours after it dissolves, to see how you react**. It is important not to talk and to swallow as little as possible until the medication dissolves**. This takes up to ten minutes.

Buprenorphine is then absorbed over the next 30 to 120 minutes from the tissue under the tongue. Buprenorphine is poorly absorbed from the stomach. **If you swallow the tablet, you will not have the important benefits of the medication, and it may not relieve your withdrawal**.

Most patients end up at a daily dose of 12/3-16/4 mg of buprenorphine. Beyond that dose, the effects of buprenorphine plateau, so there may not be any more benefit to increase in dose. It may take several weeks to determine just the right dose for you. The first dose is usually 2/0.5-4/1 mg.

If you are transferring to Suboxone® from methadone maintenance, your dose has to be tapered until you have been at or **below 30mg for at least a week**. There must be **at least 24 hours** (preferably longer) between the time you take your last methadone dose and the time you are given your first dose of buprenorphine. Your doctor will examine you for clear signs of withdrawal, and you will not be given buprenorphine until you are in withdrawal.

I have read and understand these details about buprenorphine treatment. I have had my questions about buprenorphine/naloxone and treatments for opioid addiction answered. I wish to be treated with buprenorphine.

Signature	Date
Witness	Date

PCSS MAT TRAINING
PROVIDERS' CLINICAL SUPPORT SYSTEM
For Medication Assisted Treatment

Buprenorphine/Naloxone Maintenance Treatment
Intake Questionnaire for Patient Treatment-Planning Questions

Name:_____ **Date:**_____

Please answer the following questions which will help us design your plan of treatment:

What is the best time of day and day of week for you for clinic visits?

_____

Are there any months of the year when you may have difficulty making it in for appointments?

_____

Is there any problem that makes it hard for you to give routine urine specimens?

_____

Do you have any disabilities that make it hard for you to read labels or count pills?

_____

What are your reasons for being interested in Buprenorphine/Naloxone treatment?

_____

_____

_____

What "triggers" do you know which have put you in danger or relapse in the past or which might in the future?

_____

_____

_____

What coping methods have you developed to deal with these triggers to relapse?

What plans do you have for the coming year?

Work?

Home?

Other?

What kinds of help would you like from your counselor?

What are your strengths and skills to handle take-home Buprenorphine/Naloxone (Suboxone)?

What worries do you have about extended take homes?

Is anyone in your home actively addicted to drugs or alcohol?

What are the major sources of stress in your life?

What family or significant others will be supportive to you during your treatment?

Would you be willing to sign a release so that the person(s) identified above can be spoken to regarding your treatment?

What medical care will you have in the coming year?

How will you comply with the annual physical examination and laboratory and urine testing requirements?

Have you ever been treated for a psychiatric problem or mental illness or prescribed psychiatric medications?
