

EXPLANATION OF TREATMENT

Opioid partial agonists

Intake

You will be given a comprehensive substance dependence assessment, as well as an evaluation of mental status and physical exam. The pros and cons of the OPIOID PARTIAL AGONIST medication (like but not limited to Suboxone, buprenorphine, Bunavail, Zubsolv) will be presented. Treatment expectations, as well as issues involved with maintenance versus medically supervised withdrawal will be discussed.

Induction

You will be switched from your current opioid (heroin, methadone, or prescription painkillers) on to an OPIOID PARTIAL AGONIST medication. At the time of induction, you will be asked to provide a urine sample to confirm the presence of opioids and other possible drugs or substances. You must arrive for the first visit experience with mild to moderate opioid withdrawal symptoms. Arrangements will be made for you to receive your first dose shortly after your initial appointment. Your response to the initial dose will be monitored. You may receive additional medication, if necessary, to reduce your withdrawal symptoms. Since an individual's tolerance and reaction to an OPIOID PARTIAL AGONIST medication vary, daily appointments may be scheduled and medications will be adjusted until you no longer experience withdrawal symptoms or cravings. Urine drug screening is typically required for all patients at every visit during this phase.

Intake and Induction may both occur at the first visit, depending on your needs and your doctor's evaluation.

Stabilization

Once the appropriate dose of the OPIOID PARTIAL AGONIST medication is established, you will stay at this dose until steady blood levels are achieved. You and your doctor will discuss your treatment options from this point forward.

Maintenance

Treatment compliance and progress will be monitored. Participation in **some form of behavioral counseling is strongly recommended** to ensure best chance of treatment success. You are likely to have scheduled appointments on a weekly basis, however, if treatment progress is good and goals are met, monthly visits will eventually be considered sufficient. The Maintenance phase continues from weeks to years-the length of treatment will be determined by you and your doctor, and, possibly, your counselor. Your length of treatment may vary depending on your individual needs.

Medically Supervised Withdrawal

As your treatment progresses, you and your doctor may eventually decide that medically supervised withdrawal is an appropriate option for you. In this phase, your doctor will gradually

taper your OPIOID PARTIAL AGONIST medication over time, taking care to see that you do not experience any withdrawal symptoms or cravings.

FREQUENTLY ASKED QUESTIONS-PATIENTS

1. Why do I have to feel sick to start the medication for it to work best?

When you take your first dose of the OPIOID PARTIAL AGONIST medication if you already have high levels of another opioid in your system, the OPIOID PARTIAL AGONIST medication will compete with those opioid molecules and replace them at the receptor sites. Because OPIOID PARTIAL AGONIST medication has milder opioid effects than full agonist opioid, you may go into a rapid opioid withdrawal and feel sick, a condition which is called “precipitated withdrawal.”

By already being in mild to moderate withdrawal when you take your first dose of OPIOID PARTIAL AGONIST medication the medication will make you feel noticeably better, not worse.

2. How does OPIOID PARTIAL AGONIST MEDICATION work?

OPIOID PARTIAL AGONIST medication binds to the same receptors as other opioid drugs. It mimics the effects of other opioids by alleviating cravings and withdrawal symptoms. This allows you to address the psychosocial reasons behind your opioid use.

3. When will I start to feel better?

Most patients feel a measurable improvement by 30 minutes, with the full effects clearly noticeable after about 1 hour.

4. How long will OPIOID PARTIAL AGONIST MEDICATION last?

After the first hour, many people say they feel pretty good for most of the day. Responses to the OPIOID PARTIAL AGONIST medication will vary based on factors such as tolerance and metabolism, so each patient’s dosing is individualized. Your doctor may increase your dose of the OPIOID PARTIAL AGONIST medication during the first week to help keep you from feeling sick.

5. Can I go to work right after my first dose?

OPIOID PARTIAL AGONIST MEDICATION can cause drowsiness and slow reaction times. These responses are more likely over the first few weeks of treatment, when your dose is being adjusted. During this time, your ability to drive, operate machinery, and play sports may be affected. Some people do go to work right after their first OPIOID PARTIAL AGONIST MEDICATION dose, however, many people prefer to take the first and possibly the second day off until they feel better.

If you are concerned about missing work, talk with your physician about possible ways to minimize the possibility of your taking time off (e.g. scheduling at the beginning or end of the day).

6. Is it important to take my medication at the same time each day?

In order to make sure that you do not get sick, it is important to take your medication at the same time every day.

7. If I have more than one tablet, do I need to take them together at the same time? (not all medications will be in tablet form)

Yes and no—you do need to take your dose at one “sitting,” but you do not necessarily need to fit all the tablets under your tongue simultaneously. Some people prefer to take their tablets this way because it’s faster, but this may not be what works best for you. The most important thing is to be sure to take the full daily dose you were prescribed, so that your body maintains constant levels of OPIOID PARTIAL AGONIST MEDICATION.

8. Why do some OPIOID PARTIAL AGONIST medications need to be placed under the tongue?

There are two large veins under your tongue (you can see them with a mirror). Placing the medication under your tongue allows OPIOID PARTIAL AGONIST MEDICATION to be absorbed quickly and safely through these veins as the tablet dissolves. If you chew or swallow your medication, it will not be correctly absorbed as it is extensively metabolized by the liver. Similarly, if the medication is not allowed to dissolve completely, you won’t receive the full effect.

9. Why can’t I talk while the medication is dissolving under my tongue?

When you talk, you move your tongue, which lets the undissolved OPIOID PARTIAL AGONIST MEDICATION to “leak” out from underneath, thereby preventing it from being absorbed by the two veins. Entertaining yourself by reading or watching television while your medication dissolves can help the time to pass more quickly.

10. Why does it sometimes only take 5 minutes for OPIOID PARTIAL AGONIST MEDICATION to dissolve and other times it takes much longer?

Generally, it takes about 5-10 minutes for a tablet to dissolve. However, other factors (e.g. the moisture of your mouth) can affect that time. Drinking something before taking your medication is a good way to help the tablet dissolve more quickly.

11. If I forget to take my OPIOID PARTIAL AGONIST MEDICATION for a day will I feel sick?

OPIOID PARTIAL AGONIST MEDICATION works best when taken every 24 hours, however, it may last longer than 24 hours, so you may not get sick. If you miss your dose, try to take it as soon as possible, unless it is almost time for your next dose. If it is almost time for your next dose, just skip the dose you forgot, and take the next dose as prescribed. Do not take two doses at once unless directed to do so by your physician. In the future, the best way to help yourself remember to take your medication is to start taking it at the same time that you perform a routine, daily activity, such as when you get dressed in the morning. This way, the daily activity will start to serve as a reminder to take your OPIOID PARTIAL AGONIST medication.

12. What happens if I still feel sick after taking OPIOID PARTIAL AGONIST MEDICATION for a while?

There are some reasons why you may still feel sick. You may not be taking the medication correctly or the dose may not be right for you. It is important to tell your clinician if you still feel sick.

13. What happens if I take drugs and then take OPIOID PARTIAL AGONIST MEDICATION?

You will probably feel very sick and experience what is called a “precipitated withdrawal.” OPIOID PARTIAL AGONIST MEDICATION competes with other opioids and will displace those opioid molecules from the receptors. Because OPIOID PARTIAL AGONIST MEDICATION has less opioid effects than full agonist opioids, you will go into withdrawal and feel sick.

14. What happens if I take my OPIOID PARTIAL AGONIST medication and then take drugs?

As long as OPIOID PARTIAL AGONIST MEDICATION is in your body, it will significantly reduce the effects of any other opioids used, because OPIOID PARTIAL AGONIST MEDICATION will dominate the receptor sites and block other opioids from producing any effect.

15. What are the side effects of this medication?

Some of the most common side effects that patients experience are nausea, headache, constipation, and body aches and pains. However, most side effects seen with OPIOID PARTIAL AGONIST MEDICATION appear during the first week or two of treatment, and then generally subside. If you are experiencing any side effects, be sure to talk about it with your doctor or nurse, as s/he can often treat those symptoms effectively until they abate on their own.

FREQUENTLY ASKED QUESTIONS-FAMILY

1. What is an opioid?

Opioids and opiates are synthetic and natural drugs that are related to drugs found in opium; many, such as heroin are addictive narcotics. Many prescription pain medications are opioids, such as codeine, Vicodin, Lortab or Lorcet, Demerol, Dilaudid, Morphine, MSContin, Oxycontin, and Percodan or Percocet. Methadone and buprenorphine are also opioids.

A small amount of naloxone is in OPIOID PARTIAL AGONIST MEDICATION, Naloxone is added to discourage misuse of OPIOID PARTIAL AGONIST MEDICATION. If OPIOID PARTIAL AGONIST MEDICATION were to be crushed and injected, the naloxone would cause the person to go into withdrawal.

2. Why are opioids used to treat opioid dependence?

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 – such as methadone and buprenorphine are longer-acting than other opioids like heroin and 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 and infections that are transferred when needles are shared.

3. What is the right dose of OPIOID PARTIAL AGONIST MEDICATION?

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 narcotics to get “high”. They are rightly concerned that the patient might misuse or take too much of the OPIOID PARTIAL AGONIST MEDICATION prescribed by the doctor. They may watch the patient and notice that the patient seems drowsy, or stimulated, or restless, and think that the OPIOID PARTIAL AGONIST MEDICATION 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 OPIOID PARTIAL AGONIST MEDICATION the patient should not feel “high,” and there should be no excessive sleepiness or intoxication. The “right” dose of OPIOID PARTIAL AGONIST, is the one that allows the patient to feel and act normally. Most patients will need 12/3 mg to 16/4 mg of OPIOID PARTIAL AGONIST MEDICATION, daily to achieve relief of opiate withdrawal symptoms and craving. Most patients can be inducted onto the OPIOID PARTIAL AGONIST MEDICATION 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 OPIOID PARTIAL AGONIST level in the OPIOID PARTIAL AGONIST 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 OPIOID PARTIAL AGONIST MEDICATION 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.

4. 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 OPIOID PARTIAL AGONIST MEDICATION 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 OPIOID PARTIAL AGONIST MEDICATION 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.

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 OPIOID PARTIAL AGONIST MEDICATION 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 OPIOID PARTIAL AGONIST medication. 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 an addiction.

Taking the medication

OPIOID PARTIAL AGONIST MEDICATION is unusual because some 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 OPIOID PARTIAL AGONIST MEDICATION 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 OPIOID PARTIAL AGONIST MEDICATION next to the vitamins, or the aspirin, or other over-the-counter medications, to avoid confusion. If a family member or visitor takes OPIOID PARTIAL AGONIST MEDICATION by mistake, a physician should be contacted immediately.

5. What does OPIOID PARTIAL AGONIST MEDICATION 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, OPIOID PARTIAL AGONIST MEDICATION maintenance can be a successful treatment, especially if it is integrated with counseling and support for life changes.

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 OPIOID PARTIAL AGONIST MEDICATION 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.

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.

In summary:

Family support can be very helpful to patients on OPIOID PARTIAL AGONIST MEDICATION 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.

PATIENT TREATMENT CONTRACT

Patient Name: _____ **Date** _____

As a participant in OPIOID PARTIAL AGONIST treatment for opioid misuse and dependence, I freely and voluntarily agree to accept this treatment contract as follows:

1. I agree to keep and be on time to all my scheduled appointments.
2. I agree to adhere to the payment policy outlined by this office.
3. I agree to conduct myself in a courteous manner in the doctor’s office.
4. 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 any recourse for appeal.
5. I agree not to deal, steal, or conduct any illegal or disruptive activities in the doctor’s office.
6. I understand that if dealing or stealing or if any illegal or disruptive activities are observed or suspected by employees of the pharmacy where my OPIOID PARTIAL AGONIST medication is filled, that the behavior will be reported to my doctor’s office and could result in my treatment being terminated without any recourse for appeal.
7. I agree that my medication/prescription can only be given to me at my regular office visits. A missed visit will result in my not being able to get my medication/prescription until the next scheduled visit.
8. I agree that the medication I receive is my responsibility and I agree to keep it in a safe, secure place. I agree that lost medication **will not be replaced regardless of why it was lost.**
9. I agree not to obtain medications from any doctors, pharmacies, or other sources without telling my treating physician.
10. I understand that mixing OPIOID PARTIAL AGONIST medications with other medications, especially benzodiazepines (for example, Valium®, Klonopin®, or Xanax®), can be dangerous. I also recognize that several deaths have occurred among persons mixing OPIOID PARTIAL AGONIST medications and benzodiazepines (especially if taken outside the care of a physician, using routes of administration other than sublingual or in higher than recommended therapeutic doses).
11. I agree to take my medication as my doctor has instructed and not to alter the way I take my medication without first consulting my doctor.
12. I understand that medication alone is not sufficient treatment for my condition, and I agree to participate in counseling as discussed and agreed upon with my doctor and specified in my treatment plan.

13. I agree to abstain from alcohol, opioids, marijuana, cocaine, and other addictive substances (except nicotine).

14. I agree to provide urine samples and have my provider test my blood alcohol level at any time they request and **at my own expense**. If I am unable to pay for these services from an outside lab treatment will be discontinued.

15. I understand that this office will run DPS reports. This is to obtain prescribing information regarding any controlled medications I may have received.

16. I understand that violations of the above may be grounds for termination of treatment.

_____ **Date** _____
Patient Signature