

## EXPLANATION OF TREATMENT

### **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 medication, SUBOXONE, 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 SUBOXONE. At the time of induction, you will be asked to provide a urine sample to confirm the presence of opioids and possible other drugs. You must arrive for the first visit 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 SUBOXONE 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 SUBOXONE 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 can last 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 SUBOXONE dose over time, taking care to see that you do not experience any withdrawal symptoms or cravings.

## EXPLANATION OF 1<sup>ST</sup> VISIT

Your first visit is generally the longest, and may last anywhere from 1 to 4 hours.

Before you can be seen by the doctor, all of your paperwork must be completed. In order to set up your initial visit with the doctor, all paperwork must be completely filled out and received by our office. In addition, you will need to pay the doctor's fees prior to the start of treatment.

When preparing for your 1<sup>st</sup> office visit, there are a couple of logistical issues you may want to consider.

- You may not want to return to work after your visit—this is very normal, so just plan accordingly.
- Because SUBOXONE can cause drowsiness and slow reaction times, particularly during the 1<sup>st</sup> few weeks of treatment, driving yourself home after the 1<sup>st</sup> visit is generally not recommended, so you may want to make arrangements for a ride home.

It is very important to arrive for your 1<sup>st</sup> visit already experiencing mild to moderate opioid withdrawal symptoms. If you are in withdrawal, buprenorphine will help lessen the symptoms. However, if you are not in withdrawal, buprenorphine will “override” the opioids already in your system, which will cause severe withdrawal symptoms.

The following guidelines are provided to ensure you are in withdrawal for the visit. (If this concerns you, it may help to schedule your first visit in the morning: some patients find it easiest to skip what would normally be their first dose of the day).

- No methadone or long-acting painkillers for at least 24 hours.
- No heroin or short-acting painkillers for at least 4 to 6 hours.

Bring ALL medication bottles with you to your 1<sup>st</sup> appointment.

Urine drug screening is a regular feature of SUBOXONE therapy, because it provides physicians with important insights into your health and your treatment. Your 1<sup>st</sup> visit will include urine drug screening, and may also entail a Breathalyzer® test and blood work. If you haven't had a recent physical exam, your doctor may require one. To help ensure that SUBOXONE is the best treatment option for you, your doctor will perform a substance dependence assessment and mental status evaluation. Lastly, you and your doctor will discuss SUBOXONE and your expectations of treatment.

After this portion of your visit is completed, your doctor will most likely give you a SUBOXONE prescription. A prescription cannot be guaranteed prior to your visit with the doctor. You fill the prescription at the pharmacy and return to the doctor's office so you can take the medication in a safe place where the medical staff can monitor your response.

Your response to the medication will be evaluated after 1 hour and possibly again after 2 hours. Once the doctor is comfortable with your response, you can schedule your next visit and go home. Your doctor may ask you to keep a record of any medications you take at home to control withdrawal symptoms. You will also receive instructions on how to contact your doctor in emergency, as well as additional information about treatment.

#### **CHECKLIST FOR 1<sup>st</sup> VISIT:**

- Fees prepaid** prior to first visit (cash, check or credit card)
- Paperwork received prior to first visit
- Arrive experiencing mild to moderate **opioid withdrawal** symptoms
- Arrive with a **full bladder**
- Bring **ALL medication bottles**

### **Starting Suboxone: A Patient's Guide**

You can't just start or stop using Suboxone—you have to be eased onto and off of it. The process of easing you onto Suboxone is called induction.

**Before Induction:** Heroin, prescription painkillers, and methadone all belong to a family of drugs called the opioids. Before you start on Suboxone, your doctor will ask you to stay off all opioids for a little while—usually less than a day. The exact amount of time you'll need to stay off opioids depends on what kind of drugs you've been taking and how much you use per day.

After going for a day or two without using opioids, you will be in the early stages of withdrawal. You may feel uncomfortable for a little while, but you will feel better when you start taking Suboxone.

If you do slip up and use an opioid during this time, you run the risk of going into sudden, intense withdrawal. Tell your doctor if you used opioids, and he or she will reschedule your induction.

**During induction:** Over the course of a few days (usually 1-3 days), your physician will gradually increase your dose of Suboxone until he or she finds your ideal dose. During this time:

Don't use any opioids—you will probably go into withdrawal and be very uncomfortable!  
Do expect to spend an extended period of time in the doctor's office—your doctor may need to keep you under observation while you adjust to the medication.  
Do be prepared for a few days of craving—you may crave opioids until the Suboxone begins to kick in, but it is very important that you do not use them!  
Do be honest with your physician how you're feeling—your doctor needs to know about your mood, your level of craving, and your physical state to accurately determine your ideal dose of Suboxone.

**After Induction:**

Don't stop using Suboxone without talking to your doctor—you will go into withdrawal.  
Do tell your doctor if you experience side effects due to the Suboxone or if you crave opioids—your dose may need to be adjusted if you do.  
Do take advantage of therapy and other resources that can help you stay drug free and stable!

**Buprenorphine/Naloxone Combination Tablets—What do they mean for You?**

Your physician has prescribed buprenorphine/naloxone combination tablets for you. There are a few things you should know about this tablet before you begin taking it.

**What is buprenorphine?**

Buprenorphine is a type of drug called an opioid, similar to heroin, methadone or oxycontin. Taking buprenorphine will prevent you from going into withdrawal and should stop you from craving other opioids.

**What is naloxone?**

Naloxone counteracts opioids—including buprenorphine. If you take naloxone while you have an opioid in your system, or if you are dependent on opioids and find that you go into withdrawal without them, naloxone can trigger withdrawal.

That doesn't make sense—why would my doctor prescribe a drug which will send me into withdrawal?

Your buprenorphine/naloxone combination tablets will not send you into withdrawal—provided you take them as your doctor prescribes.

If you dissolve the tablets under your tongue, or if you accidentally swallow one, the naloxone will not affect you—your body breaks the naloxone down too quickly for it to take effect.

However, if you inject a combination tablet, the naloxone will take effect. You will probably not feel anything from the buprenorphine, and you could go into withdrawal.

So-always take the Suboxone as your physician prescribes it. Don't inject it, and don't allow others to inject it.

If Taken	Buprenorphine	Naloxone	What you feel
Under the tongue (as directed)	Works properly	Broken down by the body	No withdrawal; reduced craving
Swallowed (accidental)	Broken down by the body	Broken down by the body	Medicine will not work; you could go into withdrawal or feel cravings
Injected (abuse)	Blocked by naloxone	Blocks effect of opioids	You could go into withdrawal very quickly

## **Keys to Successful Addiction Treatment**

Overcoming an addiction is not easy—it takes courage and commitment. However, as many people have discovered, the rewards of going clean and staying sober are worth the effort.

Starting treatment is an important first step toward overcoming drug use. If you follow the guidelines listed below, your treatment will be much more effective, and you will have a better chance of staying drug-free. These keys to successful treatment are based on medical research and the experiences of thousands of patients who successfully stopped using drugs during treatment and remained drug-free afterwards.

- Above all else, stay in treatment. Patients who stay in treatment have a much better chance of staying drug-free than those who drop out.
- Especially for the first month of treatment, you may feel very unmotivated to continue. This is normal—most patients who drop out of treatment do so in the first 30 days. You need to be prepared for this feeling so you can better resist the urge to drop out.
- Obey the program’s rules—they’re in place to help you become drug-free. Also, many programs will stop your treatment if you don’t follow the rules.
- Develop a good relationship with your doctor or counselor. Many people who have gone on to become drug-free have found that trusting relationships with their counselors were important in helping them complete treatment.
- Make a commitment to your treatment and to changing you life. Don’t just go to all your treatment sessions-take part in them too.
- Follow your treatment plan and use the services that your doctor or counselor recommends.
- Don’t let a lapse become a relapse. Many people lapse and use drugs once, twice, or even more times during treatment. If this happens to you, it doesn’t mean that your treatment has failed—but it does mean that you’re having trouble. Talk to you doctor or counselor about the lapse, and let them help you stop it from becoming a relapse-a return to drug abuse.
- Ask for help if you need it! That’s what you doctor or counselor is there for.

- Be prepared to make some major life changes. It's very hard to stay sober when the people around you are still using drugs. You will need to stay away from friends who use drugs and, if possible, get out of houses or even neighborhoods where drug use is going on.

Follow these keys to treatment and you will be on your way to a drug-free life!

### **Common Side Effects of Suboxone**

Suboxone is safe to use for most patients. Some people do experience side effects, but most of Suboxone's side effects are not dangerous—they're just unpleasant.

#### **Common minor side effects include:**

- Nausea
- Sweating
- Constipation
- Headache
- Drowsiness
- Depression
- Disturbed Sleep

If you experience any of the above, talk to your doctor. Your doctor may give you medicine to treat the side effects, or your doctor may lower your dose of Suboxone slightly. Regardless, most minor side effects will either go away as you become used to the drug or can be treated with minor lifestyle changes.

Some people with certain medical conditions are at risk for more serious side effects:

**Drug Interactions:** Some people who take both sedatives and Suboxone have overdosed on one or both drugs. If you have been prescribed medications, make certain your doctor knows. He or she may change how much of each drug you take. Also, while on Suboxone never take sedatives or other drugs except those prescribed by your doctor!

**Allergic Reaction:** If you develop hives or a rash while taking Suboxone, you may be allergic to it. If this happens, call your doctor or go to the emergency room immediately. Also, tell your doctor if you know that you are allergic to drugs called buprenorphine or naloxone.

**Respiratory Depression:** Like prescription narcotics and heroin, Suboxone affects the reflexes that keep you breathing. In most patients, this effect is minimal, but it can be serious in patients who already have damaged or diseased lungs. If you have a condition that impairs your breathing, tell your doctor before beginning Suboxone.

**Liver Problems (hepatitis):** A few people have developed problems with their livers while taking Suboxone. Most of these people already had liver problems like hepatitis B or C or cirrhosis due to alcohol abuse. If you have had liver problems in the past, make sure that your doctor knows. He or she will monitor your liver closely during your treatment. If you develop severe stomach pain, severe nausea, or jaundice (skin and/or whites of the eyes look yellow), get to the hospital as quickly as possible. Your chances of full recovery are very good if you get treatment quickly.

**Head Injury:** If you have suffered a severe head injury or have been told by a doctor that you have an intracranial lesion, tell your doctor before beginning Suboxone. Suboxone causes an increase in pressure in the skull, and this can make your injury worse.

## 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 Suboxone, if you already have high levels of another opioid in your system, the Suboxone will compete with those opioid molecules and replace them at the receptor sites. Because Suboxone 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 Suboxone, the medication will make you feel noticeably better, not worse.

### **2. How does Suboxone work?**

Suboxone 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 Suboxone last?**

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

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

Suboxone 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 Suboxone 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 your induction on a Friday).

### **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?**

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 Suboxone.

### **8. Why does Suboxone 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 Suboxone 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 Suboxone "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 Suboxone 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 effect 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 Suboxone for a day will I feel sick?**

Suboxone 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 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 Suboxone.

### **12. What happens if I still feel sick after taking Suboxone 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 doctor or nurse if you still feel sick.

### **13. What happens if I take drugs and then take Suboxone?**

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

### **14. What happens if I take Suboxone and then take drugs?**

As long as Suboxone is in your body, it will significantly reduce the effects of any other opioids used, because Suboxone 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 Suboxone 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.

### **Understanding Opioid Dependence**

Opioid dependence is a disease in which there are biological or physical, psychological, and social changes. Some of the physical changes include the need for increasing amounts of opioid to produce the same effect, symptoms of withdrawal, feeling of craving and changes in sleep patterns. Psychological components of opioid dependence include a reliance on heroin or other drugs to help you cope with everyday problems or inability to feel good or celebrate without using heroin or opioids. The social components of opioid dependence include less frequent contact with important people in your life, and an inability to participate in important events due to drug use. In extreme cases, there may even be criminal and legal implications.

The hallmarks of opioid dependence are the continued use of drugs despite their negative effect, the need for increasing amounts of opioids to have the same effect and the development of withdrawal symptoms upon cessation.

There are a variety of factors that can contribute to the continued use of opioids. Among these are the use of heroin to escape from or cope with problems, the need to use increasing amounts of heroin to achieve the same effect, and the need for a “high.”

### **Treatment**

Treatment for opioid dependence is best considered a long-term process.

Recovery from opioid dependence is not an easy or painless process, as it involves changes in drug use and lifestyle, such as adopting new coping skills. Recovery can involve hard work, commitment, discipline, and a willingness to examine the effects of opioid dependence on your life. At first, it isn't unusual to feel impatient, angry, or frustrated.

The changes you need to make will depend on how opioid dependence has specifically affected your life. The following are some of the common areas of change to think about when developing your specific recovery plan:

Physical-good nutrition, exercise, sleep and relaxation.

Emotional-learning to cope with feelings, problems, stresses and negative thinking without relying on opioids.

Social-developing relationships with sober people, learning to resist pressures from others to use or misuse substances, and developing healthy social and leisure interest to occupy your time and give you a sense of satisfactions and pleasure.

Family-examining the impact opioid dependence has had on your family, encouraging them to get involved in your treatment, mending relationships with family members, and working hard to have mutually satisfying relationships with family members.

Spiritual-learning to listen to your inner voice for support and strength, and using that voice to guide you in developing a renewed sense of purpose and meaning

During the treatment process, Suboxone will help you avoid many or all of the physical symptoms of opioid withdrawal. These typically include craving, restlessness, poor sleep, irritability, yawning, muscle cramps, runny nose, tearing, goose-flesh, nausea, vomiting and diarrhea. Your doctor may prescribe other medications for you as necessary to help relieve these symptoms.

You should be careful not to respond to these withdrawal symptoms by losing patience with the treatment process and thinking that the symptoms can only be corrected by using drugs. To help you deal with the symptoms of withdrawal, you should try to set small goals and work towards them.