

# **BUPRENORPHINE MAINTENANCE TREATMENT**

## **INFORMATION FOR PATIENTS**

*Specific information for patients who are considering treatment with buprenorphine*

### **BUPRENORPHINE – A NEW TREATMENT FOR HEROIN ADDICTION**

Addiction medicine doctors consider addiction to be a chronic disease and treat it accordingly. Buprenorphine is one of the medications which can be used to treat opioid addiction. Opioids are drugs like heroin, opium, morphine, codeine, oxycodone, hydrocodone, etc., which can be abused and lead to tolerance and dependence. This means that the user's body becomes accustomed to ever-higher amounts, and, when the drug is stopped, there are symptoms of withdrawal. Even after the worst physical part of withdrawal is over, some patients still don't feel right for a long time and may relapse to using drugs again, just to "feel normal."

Some of the medical research shows that after abusing drugs for a long time the brain is thrown off balance, and the goal of treatment is to encourage stability, both in the body and in the patient's life.

Not all patients who abuse opioids need medication to treat their addiction. Many addicted persons do very well with counseling, or residential therapeutic treatment, or in NA groups. But in some cases these approaches alone are not enough to keep the person stable, and maintenance medication is used. Maintenance medication is slower and longer acting in its effects on the brain than heroin or other drugs of abuse. This allows for a steadying of brain function which is part of treatment. So the best way to use buprenorphine in maintenance treatment is to find the correct dose, where the patient feels normal, and keep that dose steady for a long time. This means taking the medication on a regular schedule as prescribed, in the same way as taking a blood pressure medication, or diabetes treatment.

Besides buprenorphine, methadone is also used as a maintenance medication to treat opioid addiction. This medication is also long acting and works by stabilizing the brain. This medication is given in specially licensed clinics called Opioid Treatment Programs, and its use is carefully regulated by federal and state agencies.

Buprenorphine also is bound by some regulations. For this reason, patients on buprenorphine will be asked to give urines for drug screens, and bring their bottles in for pill counts.

Buprenorphine is best started when the patient is suffering withdrawal, and the dose is adjusted over several days. It is given as a pill which dissolves under the tongue. The take-home buprenorphine pills also have a small amount of naloxone (Narcan) in them, which is an opioid antagonist. The purpose of the naloxone is to discourage illicit injection of the pill. The patient would not feel the effects of naloxone by mouth, but if it were dissolved and injected, it might cause severe withdrawal.

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### **What happens when treatment with buprenorphine doesn't work?**

Buprenorphine treatment may be discontinued for several reasons. Here are some examples:

- Buprenorphine controls withdrawal symptoms and is an excellent maintenance treatment for many patients, but some patients may need a stronger maintenance medication. If you are unable to control your opioid abuse, or if you continue to feel like using, even at the top doses of buprenorphine, then the doctor may advise you to transfer to methadone at a clinic licensed to give that treatments.
- There are certain rules and patient agreements that are part of buprenorphine treatment, which are signed by all patients on admission. If you do not keep these agreements, you may be discharged from buprenorphine treatment.
- Prompt payment of clinic fees is part of buprenorphine treatment. If you can't pay your fees, please discuss arranging a payment plan. If you still cannot pay, you will be discharged from buprenorphine treatment.
- Dangerous or inappropriate behavior that is disruptive to the clinic or to other patients will result in discharge from buprenorphine treatment. This includes patients who come to the clinic intoxicated or loaded.
- Obviously, in the rare case of allergic reaction to the medication, it has to be discontinued.

The usual method of ending treatment is a taper, which means a decreasing dose of buprenorphine over a two-week period. After this time, you would no longer be enrolled in the buprenorphine program, and your treatment slot would be used for another patient. In some cases, a direct transfer to another kind of maintenance treatment can be made, such as to methadone maintenance at a clinic with a special license to use methadone to treat addiction.

In the case of dangerous behavior, there will be no two-week taper, and the patient will be summarily discharged and asked not to return.

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