

CONSENT FOR TREATMENT WITH BUPRENORPHINE

Buprenorphine is an FDA approved medication for the 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 oxycodone, heroin or morphine. Buprenorphine treatment can result in physical dependence of the opioid type. Buprenorphine withdrawal is generally less intense than with oxycodone, 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 opioid withdrawal, buprenorphine should be discontinued gradually, usually over several weeks or more.

If you are dependent on opioids, you should be in as much withdrawal as possible when you take the first dose of buprenorphine. If you are not in withdrawal, buprenorphine can cause severe illness. For that reason, you should take the first dose in the office and remain in the office as long as directed. Within a few days, you 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 you become stabilized on buprenorphine, it is expected that other opioids will have less effect. Attempts to override the buprenorphine by taking more opioids could result in an opioid overdose. You should not take any other medication without discussing it with the doctor first.

Combining buprenorphine with alcohol or some other medications may also be hazardous. The combination of buprenorphine with unprescribed doses of sedatives or benzodiazepines has resulted in deaths.

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

Buprenorphine tables must be held under the tongue until they dissolve 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.

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 opiate maintenance therapy include methadone maintenance. Some opiate treatment programs use naltrexone, a medication that blocks the effects of opiates, but has no opiate effects of its own.

Date: _____