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BUPRENORPHINE DETOXIFICATION TREATMENT
Patient information and consent for treatment

Suboxone® (a tablet with buprenorphine and naloxone) is an FDA approved medication for treatment of people with heroin or other opioid addiction. Buprenorphine can be used for detoxification or for maintenance therapy. 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. If you are not in withdrawal, buprenorphine can cause severe opiate withdrawal.** For that reason, you should take the first dose 12-24 hours after you last use an opioid &/or when you score 20 on the COWS. This will be explained to you. If you decided to take your first dose in Dr. Westerman’s office, we recommend that you arrange not to drive after your first dose, because some patients get drowsy until the correct dose is determined for them.

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 medications is dangerous. The combination of buprenorphine with benzodiazepines (such as Valium®, Librium®, Ativan®, Xanax®, Klonopin®, etc.) has resulted in deaths.

Although sublingual buprenorphine has not been shown to be liver-damaging, your doctor may decide to 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). **It will maintain physical dependence,** and if you discontinue it suddenly, you will likely experience withdrawal. If you are not already dependent, you should not take buprenorphine, it could eventually cause physical dependence.

Buprenorphine tablets must be held under the tongue until they dissolve completely. When you take your first dose, 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 or swallow until the tablet 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 will not be absorbed from the stomach if it is swallowed. **If you swallow the tablet, you will not have the important benefits of the medication, and it may not relieve your withdrawal.**

Most detoxification patients end up at a daily dose of 8 mg to 16mg of buprenorphine. Beyond that dose, the effects of buprenorphine plateau, so there may not be any more benefit to increase in dose. The first dose is usually 2mg.

If you are transferring to Suboxone® from methadone maintenance, your dose has to be tapered until you have been **below 20mg 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.

This program is provided at your own expense and is not covered by insurance unless a special arrangement has been made. By signing this consent, agree not to submit a bill to Medicaid or Medicare.

I have read and understand these details about buprenorphine treatment. I wish to be treated with buprenorphine.

Signed _____ Date _____

Witness _____ Date _____