



Consent to Treatment with Buprenorphine

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. Maintenance therapy can continue as long as medically necessary. 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.

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 opiate overdose. You should not take any other medication without discussing it with Dr. Barowsky 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.

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 take buprenorphine with caution, since it could eventually cause physical dependence.

Buprenorphine tablets must be held under the tongue until they dissolve completely. 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 patients end up at a daily dose of 12 mg to 24 mg of buprenorphine. (This is roughly equivalent to 60 mg of methadone maintenance.) Beyond that dose, the effects of buprenorphine plateau, so there may not be any more benefit to increase in dose.

By signing below, I agree to the following:

1. Buprenorphine treatment for opiate dependence is most effective when combined with drug abuse counseling, 12-step recovery work, or a recovery support group. During my treatment with buprenorphine, I agree to work on a program of recovery.
2. I agree to take buprenorphine as prescribed at the dosage determined by my physician, and not to allow anyone else to take medication prescribed for me.
3. It has been explained to me that buprenorphine itself is an opiate drug and can produce physical dependence that is similar to heroin.
4. The goal of treatment of opiate dependency is to learn to live without abuse of drugs. Buprenorphine treatment should continue as long as necessary to prevent relapse to opiate abuse/dependence.
5. Periodic testing for drugs of abuse is to detect early relapse and to document my progress in treatment.
6. Buprenorphine will be prescribed in quantities to last from visit to visit. The frequency of visits depends on how I am progressing.
7. Lost prescriptions or buprenorphine tablets are a serious issue and may result in discontinuation of buprenorphine therapy from this office.
8. I agree to store medication properly. Medication may be harmful to children, household members, guests, and pets. The pills should be stored in a safe place, out of reach of children. If anyone besides the patient ingests the medication, the patient must call the poison control center or 911 immediately.
9. I agree to take the medication only as prescribed. The indicated dose should be taken daily, and the patient must not adjust the dose on his or her own. If the patient wishes a dose change, he or she will call the office for an appointment to discuss this.
10. I agree to comply with any required pill counts.
11. I agree to notify the office immediately in case of lost or stolen medication. If a police report is filed, the patient must bring in a copy for the record.
12. I understand that buprenorphine, as found in buprenorphine, is a narcotic analgesic, and thus it can produce a "high" when taken by someone who does not have a tolerance to opiates; I know that taking buprenorphine regularly can lead to physical dependence and that if I were to abruptly stop taking buprenorphine after a period of regular use, I could experience symptoms of opiate withdrawal.
13. I understand that buprenorphine is to be placed under the tongue for it to dissolve and be absorbed, and that it should never be injected or taken IV. I have been informed that injecting buprenorphine after taking Buprenorphine or any other opiate regularly could lead to sudden and severe opiate withdrawal.
14. I have a means to store take-home prescription supplies of buprenorphine safely, where it cannot be taken accidentally by children or pets, or stolen by unauthorized users. I agree that if my buprenorphine pills are swallowed by anyone besides me, I will call 911 or Poison Control at 1-800-222-1222 immediately.
15. I agree that if Dr. Barowsky recommends that my home supplies of buprenorphine should be kept in the care of a responsible member of my family or another third party, I will abide by such recommendations.

16. I will be careful with my take-home prescription supplies of buprenorphine, and agree that I have been informed that if I report that my supplies have been lost or stolen, Dr. Barowsky will not be requested or expected to provide me with make-up supplies. This means that if I run out of my medication supplies it could result in my experiencing symptoms of opiate withdrawal. Also, I agree that if there has been a theft of my medications, I will report this to the police and will bring a copy of the police report to my next appointment with Dr. Barowsky.

17. I agree to take my buprenorphine as prescribed, to not skip doses, and that I will not adjust the dose without talking to Dr. Barowsky about this so that changes in orders can be properly communicated to my pharmacy.

18. I agree that I will not drive a motor vehicle or use power tools or other dangerous machinery during my first days of taking buprenorphine, to make sure that I can tolerate taking it without becoming sleepy or clumsy as a side effect of taking it.

19. I understand that it can be dangerous to mix buprenorphine with alcohol or another sedative drug such as Valium, Ativan, Xanax, Klonopin or any other benzodiazepine drug – so dangerous that it could result in accidental overdose, over-sedation, coma, or death.

20. This item applies to women only: I am not pregnant, and will not attempt to become pregnant. I will not have unprotected sex while I am taking buprenorphine, because of the unknown safety of buprenorphine during pregnancy. I agree to tell my physician if I become pregnant or even think I may be pregnant. I have been informed that Dr. Barowsky will likely discontinue my buprenorphine treatment if I become pregnant.

21. I want to be in recovery from addiction to all drugs, and I have been informed that any active addiction to other drugs besides heroin and other opiates must be treated in counseling and other methods. I have been informed that buprenorphine is a treatment designed to treat opiate dependence, not addiction to other classes of drugs.

22. I agree that professional counseling for addiction has the best results when patients are open to support from peers who are also pursuing recovery.

23. I agree to participate in a regular program of peer/self-help while being treated with buprenorphine.

24. I agree that a network of support, and communication among persons in that network, is an important part of my recovery. I will be asked for my authorization, if required (which it almost).

Name

Signature

Date

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