

Suboxone Treatment

Managing Patients Taking
Suboxone Within a Chemical
Dependency Treatment Program

Presented by

Mark Varela BA, CDP, CCDC III

**Clinical Supervisor
Highline Addiction Recovery Center
Tukwila, WA**

SUBOXONE TREATMENT PRESENTATION OUTLINE

- Opioid Substitution Therapy
- What is Suboxone?
- Why is Suboxone a safer treatment?
- Who is prescribed Suboxone?
- Where is it used?
- Physician follow-ups
- Goals in treatment
- Potential issues, challenges and successes in treatment
- Sources
- Questions and Answers



Opioid Substitution Therapy

Opioid Substitution Therapy

- Opioid substitution therapy has been around for approximately 35 years in the form of methadone.



Opioid Substitution Therapy

- The Drug Addiction Treatment Act of 2000 (DATA 2000) expanded the clinical context of medication-assisted opioid addiction treatment by allowing qualified physicians to dispense or prescribe specifically approved Schedule III, IV, and V narcotic medications for the treatment of opioid addiction in treatment settings other than the traditional opioid treatment program, for example methadone clinics.



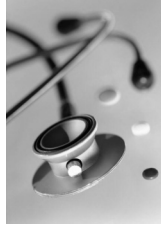
Opioid Substitution Therapy

- In addition, DATA 2000 reduced the regulatory burden on physicians who choose to practice opioid addiction therapy by permitting qualified physicians to apply for and receive waivers of the special registration requirements defined in the Controlled Substances Act.



Opioid Substitution Therapy

- In October 2002, the Food and Drug Administration (FDA) approved buprenorphine monotherapy product Subutex, and a buprenorphine/naloxone combination product, Suboxone, for use in opioid addiction treatment. Subutex and Suboxone are currently the only Schedule III, IV, or V medications to have received FDA approval for this indication.



Opioid Substitution Therapy

- Suboxone provides many pharmacological advantages to methadone.



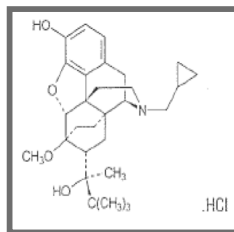
What is Suboxone?

What is Suboxone?

- Suboxone is the first opioid medication approved under DATA 2000 for the treatment of opioid dependence in an office-based setting. Suboxone also can be dispensed for take-home use, just as any other medicine for other medical conditions.

What is Suboxone?

- The primary active ingredient is buprenorphine.
- Buprenorphine is a Schedule III narcotic under the Controlled Substances Act.



What is Suboxone?

- Because buprenorphine is a partial opioid agonist (it can both activate and block opioid receptors), its opioid effects are limited compared with those produced by full opioid agonist, such as oxycodone or heroin. Suboxone also contains naloxone, an opioid antagonist (prevents drugs from binding to opioid receptors).

What is Suboxone?

- The naloxone in Suboxone is there to discourage people from crushing or dissolving the tablet and injecting it. When Suboxone is placed under the tongue, as directed, very little naloxone reaches the bloodstream, so what the patient feels are the effects of the buprenorphine.

What is Suboxone?

- If a Suboxone tablet is crushed and naloxone is injected, snorted or smoked, a person dependent on a full opioid agonist can be caused to quickly go into withdrawal.

Why is Suboxone Safer?

Why is Suboxone Safer?

- Suboxone at the appropriate dose may be used to:
 - Reduce illicit opioid use.
 - Help patients stay in treatment.
 - Decreasing and/or removing cravings for opioids.
 - Suppressing symptoms of opioid withdrawal.
 - Is less sedating.
 - Provides the patient with limited, if any euphoria.

Why is Suboxone Safer?

- Offers less potential for abuse.
- Provides manageable pain relief for chronic pain patients.
- Can be a good relapse prevention tool. Suboxone must be stopped for a few days in order for a patient to feel any effects from taking opioids, it helps take away the impulsive nature for patients to relapse.
- Preserves a patient's mental status and alertness.

Why is Suboxone Safer?

- Is near impossible to overdose (OD), due to being a partial opioid agonist with a ceiling on most of its pharmacological effects, including respiratory depression.
- Provides a longer half-life (the time it takes for a drug to lose half of its pharmacologic activity) of two days, in comparison to one day for methadone, which makes it useful for detoxification purposes.

NOTE:

Use of Suboxone and CNS depressants (such as alcohol and benzodiazepines) is relatively contraindicated as it may lead to fatal respiratory depression in rare cases, though this is no more an issue with Suboxone than with other opioids.

Who is Prescribed Suboxone?

Who is Prescribed Suboxone?

- Opioid Addicts
- Chronic Pain/Pain Management Patients

Who is Prescribed Suboxone?

- Opioid Addicts

Evidence based treatment studies indicate that Suboxone is a positive alternative for patients who are chronic opioid relapsers. It's a great alternative for patients who have already pursued chemical dependency treatment and or support groups such as Alcoholics Anonymous (AA) and/or Narcotics Anonymous (NA), yet continue to relapse.

It is important to try abstinence first, so the patient can make behavioral and lifestyle changes. CD treatment and support groups are equally important to the recovery of addicts on Suboxone; the advantage of the drug is that it may help them to better adhere to their recovery program.

Who is Prescribed Suboxone?

- Chronic Pain/Pain Management Patients

Pain management studies show Suboxone is an effective analgesic to manage various chronic pain issues, such as back pain and arthritic conditions. Suboxone is approximately 30-50 times more potent than that of morphine.

To discuss pain management issues with a physician and to determine if Suboxone is right for your patients, contact a physician via:

http://www.suboxone.com/patients/resources/find_a_doctor.aspx

Who is Prescribed Suboxone?

Review

- Opioid Addicts
- Chronic Pain/Pain Management Patients

NOTE:

Medicaid Requirements

Medicaid does not pay for off label use of Suboxone, since Suboxone is not FDA approved for pain management.

Where is Suboxone Used?

Where is Suboxone Used?

- Medical Detoxification
- Outpatient Physician Clinics

Where is Suboxone Used?

- Medical Detoxification

At Highline Addiction Recover Center, we provide a safe four-day medical detoxification process using Suboxone. Suboxone dosing is started after a patient begins to experience withdrawal symptom discomfort. This will provide the patient with the best symptom management during the withdrawal process. If Suboxone is started too early, before a patient experiences moderate withdrawal symptoms, it may actually create or worsen symptoms.

Where is Suboxone Used?

- Medical Detoxification (continued)

Suboxone is dosed one time a day during a four-day protocol. It is given in tablet form, which is dissolved sublingually (under the tongue). The tablet must be allowed to completely dissolve and be absorbed during a ten-minute process. A drink of water prior to receiving Suboxone will help absorption. Suboxone is not effective if swallowed and dosing cannot be repeated if it is. We have found that 90% of the Suboxone tablet is absorbed, as opposed to only 50% absorption of the liquid form of Suboxone.

Where is Suboxone Used?

- Medical Detoxification (continued)

Most patients taking Suboxone are able to withdraw with no discomfort or very mild withdrawal symptoms. If needed, Highline Addiction Recovery Center provides other additional medications for withdrawal symptom management.

Where is Suboxone Used?

- Outpatient Physician Clinics

In order to prescribe Suboxone, doctors have to complete a thorough training course and apply for a license via the Drug Enforcement Administration (DEA). Once approved for a license, a physician may have up to 30 non-pain management patients in their clinic receiving Suboxone. Yet, after one year, a physician may be managing up to 100 non-pain management patients.

Where is Suboxone Used? Review

- Medical Detoxification
- Outpatient Physician Clinics

To determine if Suboxone is right for your patients, contact a physician in your area via:

http://www.suboxone.com/patients/resources/find_a_doctor.aspx

Physician Follow Up

Physician Follow Up

- Physician Visits
- Treatment
- Support Group Meetings

Physician Follow Up

- Physician Visits

While each physician provides an individualized plan, most patients are seen in the clinic on a monthly basis or more. Urinalysis tests are typically required during the visit. Once a patient and physician build a therapeutic relationship, and all other requirements are met, visits can be less frequent, as Suboxone is a refillable medication.

Physician Follow Up

- Treatment

Treatment is a big part of the physician plan with each patient. The behavioral issues and lifestyle changes that are necessary for a stable recovery program are very important and also need to be addressed. Thus, Suboxone maintenance is ideally provided along with outpatient chemical dependency treatment.

Physician Follow Up

- Treatment (continued)

With a Release of Information, a chemical dependency professional (CDP) and physician can provide each other feedback and help determine an individual plan that suits the needs of the patient. It is very important for the CDP to work closely with the prescribing physician.

Physician Follow Up

- Support Group Meetings

The physician routinely discusses the benefits of a support group program and recommends the patient attends meetings and obtains sponsorship. This is another subject that the CDP also helps address with the treatment program requirements for support group meeting attendance.

Physician Follow Up Review

- Physician Visits

NOTE:

Medicaid Requirements

For patients covered under Medicaid (DHS) insurance and taking Suboxone, they are required to be involved in outpatient chemical dependency treatment. They are also given a two week prescription of Suboxone, provide a urinalysis (UA) test every two weeks and are required to be seen by their physician every two weeks.

- Treatment

- Support Group Meetings

Goals in Treatment

Goals in Treatment

- ☞ Treatment Plan

- ☞ Work Closely with Prescribing Physician

- ☞ Determine How Long a Patient will Continue to Take Suboxone

Goals in Treatment

- ☞ Treatment Plan

The goals are going to be similar, if not the same, as patients who are not using Suboxone. The CDP should focus on individualizing each patient's treatment plan to the needs of each unique situation.

- ✓ Education
- ✓ Relapse Prevention
- ✓ Build a Support System
- ✓ Emotional Issues

Goals in Treatment

- ☞ Treatment Plan

- ✓ Education - Provide basic CD education.

Goals in Treatment

- ☞ Treatment Plan

- ✓ Relapse Prevention - Provide basic RP information and strategies.

Goals in Treatment

☞ Treatment Plan

- ✓ Build a Support System – A positive support system may include:

- Support Group Meetings
- Family
- Church
- Counselor/Therapist
- Etc.

For chronic pain patients, who are initially prescribed opioids for pain, then started abusing them, they may benefit from one of the alternative support groups mentioned.

Goals in Treatment

☞ Treatment Plan

- ✓ Emotional Issues – Dealing with emotions and life stressors is very important. Patients are taught to find a way to “self soothe” without drugs by better handling and/or reducing stress in their lives. This is the key to decreasing relapse triggers.

Goals in Treatment

☞ Work Closely with the Prescribing Physician

The physician should be given at least monthly progress report updates from the CDP. Yet, just like with any referral source, the physician should always be contacted if the patient is non-compliant with the treatment program, in any way.

Goals in Treatment

☞ Determine How Long a Patient will Continue to Take Suboxone

- ✓ Opioid Addicts
- ✓ Chronic Pain/Pain Management Patients

Goals in Treatment

☞ Determine How Long a Patient will Continue to Take Suboxone

- ✓ Opioid Addicts – While each physician will provide an individualized plan, a patient and physician may begin discussing a Suboxone taper after about three to six months. A physician will usually have a patient continue taking Suboxone while they are participating in a chemical dependency treatment program.

Goals in Treatment

- ✓ Opioid Addicts (continued)

This goal is to give the patient enough time to build a strong recovery program. After the patient solidifies their recovery lifestyle, with feedback from the CDP, the physician and patient discuss the taper. It will usually be a slow taper of approximately two months, which helps the patient preserve their day-to-day functioning while tapering.

Goals in Treatment

- ✓ Opioid Addicts (continued)

NOTE:

Medicaid Requirements

Medicaid pays for six months initially. If the patient is making progress, the physician can request an additional six month exemption. The patient must be in CD treatment and not taking other opiate medication.

Goals in Treatment

- ☞ Determine How Long a Patient will Continue to Take Suboxone

- ✓ Chronic Pain/Pain Management Patients – Each pain management patient will present a unique clinical situation. The emotional aspect of a patient's pain is a big part of the situation.

Goals in Treatment

- ✓ Chronic Pain/Pain Management Patients (continued)

The physician and patient goals will be to also look at other ways to improve the patients pain, such as acupuncture, physical therapy, psychiatric counseling and procedural interventions. The physician wants the patient to be able to cope better and report improved functioning before they can consider a taper process.

Goals in Treatment Review

- ☞ Treatment Plan

- ✓ Education
- ✓ Relapse Prevention
- ✓ Build a Support System
- ✓ Emotional Issues

- ☞ Work Closely with Prescribing Physician

- ☞ Determine How Long a Patient will Continue to Take Suboxone

- ✓ Opioid Addicts
- ✓ Chronic Pain/Pain Management Patients

Potential Issues, Challenges, and Successes in Treatment

Potential Issues, Challenges, and Successes in Treatment

- Inpatient
- IOP/Outpatient
- Abstinence Based Treatment Program
- Separate Weekly Groups for patients taking Suboxone

Potential Issues, Challenges, and Successes in Treatment

- Inpatient

Highline Addiction Recovery Center's goal is to allow more patients, especially those with severe chronic pain problems, to gain access to our inpatient treatment program and to be able to handle its schedule demands.

Potential Issues, Challenges, and Successes in Treatment

- Inpatient (continued)

At Highline Addiction Recovery Center, inpatient clients on Suboxone are dosed in a private room and maintain discretion with the other patients during this time. If needed, the counselor can help educate all patients about Suboxone, as not all patients are appropriate for Suboxone.

Potential Issues, Challenges, and Successes in Treatment

- Inpatient (continued)

We tend to find that the other patients are mainly curious about Suboxone and once properly educated about its benefits for certain patients, they no longer have any issues and/or questions.

Potential Issues, Challenges, and Successes in Treatment

- Inpatient (continued)

In general, Suboxone will not be initiated with us during the program. Prior to initiating Suboxone, our Medical Director, Dr. Greg Rudolf, prefers a patient to have a baseline pain determined.

Potential Issues, Challenges, and Successes in Treatment

- Inpatient (continued)

We will attempt to maximize pain control using other medications and non-pharmacologic pain-relieving modalities before Suboxone is considered. A physician may require the patient to continue with chemical dependency treatment, as a condition for providing Suboxone maintenance.

Potential Issues, Challenges, and Successes in Treatment

- Inpatient (continued)

Patients with a chronic relapse history, yet who have not had a prior prescription of Suboxone, may be considered a candidate for Suboxone.

Potential Issues, Challenges, and Successes in Treatment

- Inpatient (continued)

If it is determined they will be a candidate for Suboxone, they do not usually begin the prescription while in inpatient care.

Potential Issues, Challenges, and Successes in Treatment

- Inpatient (continued)

Instead, they are referred to an outpatient physician clinic to begin treatment once they are discharged from inpatient care or they can initiate immediately upon discharge and be given a sufficient quantity to cover until their scheduled physician visit.

Potential Issues, Challenges, and Successes in Treatment

- Inpatient (continued)

Expense:

- It is not covered by all insurance plans.
- For self-pay, it can cost between \$400.00 to \$600.00, a month.
- An option for patients may be to sign up for an insurance Basic Health Plan, such as Molina or Community Health Plan of Washington

Potential Issues, Challenges, and Successes in Treatment

- IOP/Outpatient

As with Inpatient, we tend to find that the other patients are mainly curious about Suboxone and once properly educated about its benefits for certain patients, they no longer have any issues and/or questions.

Potential Issues, Challenges, and Successes in Treatment

- IOP/Outpatient (continued)

Patients on Suboxone should be open and honest about their use of Suboxone with the key people who are a part of their recovery. It is up to each person to determine who the positive people are.

Potential Issues, Challenges, and Successes in Treatment

- IOP/Outpatient (continued)

Some examples of who positive people are and where they can be found:

- Family members
- Sponsor
- Counselor/Therapist
- Treatment group
- Sober support group
- Church
- Etc.

Potential Issues, Challenges, and Successes in Treatment

■ IOP/Outpatient (continued)

While Highline Addiction Recovery Center believes in honesty in recovery, it is not necessary for people who are not a main part of a patient's recovery program to know they are receiving Suboxone. The potential disapproval from some people is not conducive to the patient's goal of sobriety.

Potential Issues, Challenges, and Successes in Treatment

■ IOP/Outpatient (continued)

Patients who are medicated with Suboxone exhibit the knowledge that they are in recovery and are working towards a positive goal of sobriety.

Potential Issues, Challenges, and Successes in Treatment

■ Abstinence Based Treatment Program

The key is to provide appropriate education.

- It is encouraged to have your treatment team discuss the issue that Suboxone provides limited, if any euphoria to patients.
- Dispel myths and rumors within your treatment team.
- Educate and inform staff about benefits and realities of Suboxone.
- Implement a program policy for patients taking Suboxone.

Potential Issues, Challenges, and Successes in Treatment

■ Separate Weekly Groups for patients taking Suboxone

At Highline Addiction Recovery Center, we provide weekly group for patients on Suboxone. It is our preference to have addicted patients with chronic pain issues as our primary group members.

Potential Issues, Challenges, and Successes in Treatment

■ Separate Weekly Groups for patients taking Suboxone (continued)

The goals in treatment are:

- Education
- Relapse Prevention
- Building a Support System
- Dealing with Emotional Issues

Potential Issues, Challenges, and Successes in Treatment

■ Separate Weekly Groups for patients taking Suboxone (continued)

Highline Addiction Recovery Center provides its Suboxone group members the opportunity to process specific common issues to help them build a therapeutic bond to the group and further their recovery process. Some of these issues are:

- Side effects
- Feedback
- Sharing experiences

Potential Issues, Challenges, and Successes in Treatment

■ Separate Weekly Groups for patients taking Suboxone (continued)

- Side effects

This is a common issue that helps normalize each patient's concerns. Per our patients, the benefits Suboxone offers them, overshadows any actual side effects.

Potential Issues, Challenges, and Successes in Treatment

■ Separate Weekly Groups for patients taking Suboxone (continued)

- Feedback

Feedback regarding the positives Suboxone brings to a patient's recovery process is another common issue that helps normalize each patient's concerns.

Potential Issues, Challenges, and Successes in Treatment

■ Separate Weekly Groups for patients taking Suboxone (continued)

- Sharing Experiences

As not everyone is fully aware of the positives the Suboxone can bring, other patients can help members better prepare for any life and/or situational challenges.

Potential Issues, Challenges, and Successes in Treatment Review

- Inpatient
- IOP/Outpatient
- Abstinence Based Treatment Program
- Separate Weekly Groups for patients taking Suboxone
 - Side effects
 - Feedback
 - Sharing experiences

Sources

Sources

- http://www.swedish.org/body.cfm?id=6&lid=Find_A_Physician - Search for Dr. Gregory Rudolf
- <http://suboxone.com>
- <http://buprenorphine.samhsa.gov>
- http://naabt.org/30_patient_limit.cfm/
- <http://www.usdoj.gov/dea/pubs/abuse/4-narc.htm>
- <http://www.danyalearningcenter.org/courseprofile.asp?cid=7>
- http://www.drugabuse.gov/NIDA_notes/NNvol19N3/Successful.html

Questions and Answers

SUBOXONE TREATMENT PRESENTATION OUTLINE

- **Opioid Substitution Therapy**
- **What is Suboxone?**
- **Why is Suboxone a safer treatment?**
- **Who is prescribed Suboxone?**
- **Where is it used?**
- **Physician follow-ups**
- **Goals in treatment**
- **Potential issues, challenges and successes in treatment**
- **Sources**
- **Questions and Answers**



Contact Information

Mark Varela

Highline Addiction Recovery Center
12844 Military Road South
Tukwila, Washington 98168
Telephone: (206) 248-4583
MVarela@Highlinemedical.org