

# Consent for Treatment with Buprenorphine

Patient Name \_\_\_\_\_ DOB \_\_\_\_\_ MR# \_\_\_\_\_

Buprenorphine is an FDA approved medication for treatment of people with opiate dependence. Qualified physicians can treat up to 30 patients for opiate dependence. Buprenorphine can be used for detoxification or for maintenance therapy. Maintenance therapy can continue as long as medically necessary.

Buprenorphine itself is an opiate, but it is not as strong an opiate as heroin or morphine. Buprenorphine treatment can result in physical dependence of the opiate type. Buprenorphine withdrawal is generally less intense than with 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 opiate withdrawal, buprenorphine should be discontinued gradually, usually over several weeks or more.

If you are dependent on 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 in the office and remain in the office for at least 2 hours. After that, you will be given some tablets to take at home. 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 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 me first.

Combining buprenorphine with alcohol or some other medications may also be hazardous. The combination of buprenorphine with medication such as Valium, Librium, Ativan 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). If the Suboxone tablet were dissolved and injected by someone taking heroin or another strong opiate, it would cause severe opiate withdrawal.

Buprenorphine tablets 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.

Without any prescription coverage, full retail cost of buprenorphine will be in the range of \$ \_\_\_\_\_ to \$ \_\_\_\_\_ per day just for the medication. If you have medical insurance, you should find out whether or not buprenorphine is a benefit. In any case, our office fees must be kept current.

## ***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.

By signing below, I agree:

1. That the procedures to treat me and their possible complications have been explained to me in detail. I have read, initialed and been given copies of the two handouts "General overview information for patients who are considering treatment with buprenorphine (geared for methadone patients, but useful for anyone)" and "Specific information for patients who are considering treatment with buprenorphine".
2. I will be taking buprenorphine as prescribed at the dosage determined by my physician(s) in order to help control my dependence on heroin and/or other opiates.
3. It has been explained to me buprenorphine is a narcotic drug that can be harmful if taken without medical supervision. I also understand that buprenorphine is an addictive drug and, like other drugs used in medical practice, can produce adverse results. Despite this, I am choosing to receive buprenorphine in order to prevent me from returning to use heroin and/or other opiates.
4. The goal of treatment of opiate dependency is total rehabilitation. Eventual withdrawal from opiates is a potential treatment goal. Some people go on to long-term maintenance therapy with buprenorphine. Periodic consideration shall be given to completely take me off of buprenorphine if I go on to long-term treatment.
5. While there is a lot of research concerning the use of buprenorphine in pregnancy and the effects on the unborn child, there is no guarantee that some side effects will not occur, thus I will notify my physician at once if I am pregnant.
6. Buprenorphine is not currently approved for use while breastfeeding.
7. I certify that no guarantee has been made as to the results that may be obtained from narcotic addiction treatment. With full knowledge of the potential benefits and possible risks involved, I consent to narcotic treatment, since I realize that I would otherwise continue to use opiates and be dependent on them.
8. For those patients on methadone: I understand that transferring to buprenorphine while on methadone can be extremely uncomfortable. I understand the potential for precipitated withdrawal if I am given buprenorphine within 7 days of my last dose of methadone. This would mean that I could be subjected to full-blown symptoms, which include diarrhea, vomiting, profuse sweating, runny eyes, runny nose, anxiety and muscle aches, which could last up to 24 hours. Despite this possibility, I freely consent to the administration of buprenorphine for the treatment of opiate dependence.

Date: \_\_\_\_\_

Signature \_\_\_\_\_