

BUPRENORPHINE MAINTENANCE TREATMENT

INFORMATION for FAMILY MEMBERS

Information for families of patients who are in treatment with buprenorphine

Family members of patients who have been prescribed buprenorphine for the treatment of addiction often have questions about this medication. This handout is meant to provide information to the family, answering some of the common questions they have about opioid addiction and buprenorphine.

WHAT IS AN OPIOID?

Opioids are a class of drugs that frequently have a moderate or high level of addictive potential. Many are very effective for treating pain, and doctors frequently prescribe them for patients who have acute (like after an accident) or chronic (such as cancer) painful conditions. There are many opioid medications, such as Codeine, Vicodin, Demerol, Dilaudid, Morphine, OxyContin, and Percodan. Methadone, LAAM (short for levo-alpha-acetyl methadol), and buprenorphine are also opioids.

WHY ARE OPIOIDS USED TO TREAT ADDICTION?

Many family members wonder why doctors use buprenorphine to treat opioid addiction, since it is in the same family as heroin. Some of them ask, “Isn’t this substituting one addiction for another?” But the three medications used to treat addiction to heroin – methadone, LAAM and buprenorphine – are not “just substitution.” The effects produced by these medications differ in important ways from the effects produced by, for example, an injection of heroin. These medications don’t produce the same kind of quick high that a shot of heroin will produce, and they remain in the body a longer time – so the person doesn’t need to keep taking them several times a day (the way they take most illicit opioids). Since the medications are prescribed by a physician, the patient is on a stable and regular dose – unlike the often chaotic pattern of use with illicit opioids. Many medical studies since 1965 show that maintenance treatment helps keep patients healthier, keeps them from getting into legal troubles, and prevents them from getting AIDS.

WHAT IS THE RIGHT DOSE OF BUPRENORPHINE

Family members of persons who have been addicted to opioids have watched as their loved ones use a drug that makes them high, or loaded, or have watched the painful withdrawal which occurs when the drug is not available. Sometimes the family has not seen the ‘normal’ person for years. They may have seen the person misuse doctors’ prescriptions for narcotics to get high. They are rightly concerned that the person might misuse or take too much of the buprenorphine

prescribed by the doctor. They may watch the patient and notice that the patient seems drowsy, or stimulated, or restless, and think that the buprenorphine will be just as bad as the illicit opioids they were using.

Every opioid can have stimulating or sedating effects, especially in the first weeks of treatment. The ‘right’ dose of buprenorphine is the one that allows the patient to feel and act normally – the patient should not experience withdrawal (too little medication), and they should not be excessively drowsy during the day (too much medication). It can sometimes take a few weeks to find the right dose. During the first few weeks, the dose may be too high, or too low, which can lead to withdrawal, daytime sleepiness, or trouble sleeping at night. The patient may ask that family members help keep track of the timing of these symptoms, and write them down. Then the doctor can use this information to adjust the amount and time of day for buprenorphine doses.

Once the right dose is found, it is important to take it on time in a regular way, so the patient’s body and brain can work well.

HOW CAN THE FAMILY SUPPORT GOOD TREATMENT?

Even though maintenance medication treatment for opioid addiction works very well, it is NOT a cure. This means that the patient will continue to need the stable dose of buprenorphine, with regular monitoring by the doctor. This is similar to other chronic illnesses, such as diabetes, or asthma. These conditions can be treated, but there is no permanent cure, so patients often stay on the same medication for a long time. The best way to help and support the patient is to encourage regular medical care, and not skipping or forgetting to take the medication.

Medication for opioid addiction is an important part of treatment, but addictions are complicated medical conditions, and often aspects of the illness outside the person (such as the availability of a drug, the people with whom the patient socializes, etc.) can play a powerful role in the disorder. Family members can support both the regular and appropriate use of buprenorphine, and the other treatments (such as counseling) that are recommended by the doctor.

Regular medical care

Most patients will be required to see the physician for ongoing buprenorphine treatment every two to four weeks, once they are stable. If they miss an appointment, they may not be able to refill the medication on time, and may even go into withdrawal, which could be dangerous. The patient will be asked to bring the medication container to each visit, and may be asked to give urine, blood or breath samples at the time of the visit.

Special medical care

Some patient may also need care for other needle-related problems, such as hepatitis, or HIV disease. They may need to go for blood work, or see several physicians for these illnesses.

Counseling

Most patients who are recovering from addiction need counseling at some point in their care. The patient may have regular appointments with an individual counselor, or for group therapy. These appointments are key parts of treatment, and work together with the buprenorphine treatment to improve success in treatment for addiction. Sometimes family

members may be asked to join in family therapy sessions, which also are geared to improve addiction care.

Meetings

Many patients use some kind of recovery group to maintain their sobriety (such as Narcotics Anonymous, or Rational Recovery). It sometimes takes several visits to groups to find the right ‘home’ meeting. In the first year of recovery some patients go to meetings every day, or several times per week. These meetings work to improve success in treatment, in addition to taking buprenorphine. Family members may have their own meetings, such as Al-anon, to support them in adjusting to life with a patient who has addiction.

Taking the medication

Buprenorphine is unusual because it must be dissolved under the tongue, rather than swallowed. Please be aware that **this takes a few minutes**. While the medication is dissolving, the patient will not be able to answer the phone, or the doorbell, or speak very easily. This means that the family will get used to the patient being ‘out of commission’ for a few minutes whenever the regular dose is scheduled.

Storing the medication

If buprenorphine is lost or misplaced, the patient may skip doses or go into withdrawal, so it is very important to find a good place to keep the medication safely at home – away from children or pets, and always in the same location, so it can be easily found. The doctor may give the patient a few ‘backup’ pills, in a separate bottle, in case an appointment has to be rescheduled, or there is an emergency of some kind. It is best if the location of the buprenorphine is NOT next to the vitamins, or the aspirin, or other over-the-counter medications, to avoid confusion. If a family member or visitor takes buprenorphine by mistake, he or she should be checked by a physician immediately.

WHAT DOES BUPRENORPHINE TREATMENT MEAN TO THE FAMILY?

It is hard for any family when a member finds out he or she has an illness that is not curable. This is true for addiction as well. When chronic illnesses go untreated, they have severe complications that lead to disability and death. Fortunately, buprenorphine maintenance can be a successful treatment, especially if it is integrated with counseling and support for life changes that the patient has to make to remain ‘clean and sober.’

Chronic illnesses means the illness is there every day, and must be treated every day. This takes time and attention away from other things, and family members may resent the effort and time and money that it takes for buprenorphine treatment and counseling. It might help to compare addiction to other chronic illnesses, like diabetes or high blood pressure. After all, it takes time to make appointments to go to the doctor for blood pressure checks, and it may annoy the family if the food has to be low in cholesterol, or unsalted. But most families can adjust to these changes, when they consider that it may prevent a heart attack or a stroke for their loved one.

Another very important issue for family members to know about is: addiction can be partly inherited. Research is showing that some persons have more risk for becoming addicted than others, and that some of this risk is genetic. So when one member develops opioid addiction, it means that other blood relatives should consider themselves ‘at risk’ of developing

addiction or alcoholism. It is especially important for young people to know that alcohol or drugs at parties might be dangerous for them, even more than to most of their friends.

It is common for people to think of addiction as a weakness in character, instead of an illness. Perhaps the first few times the person used drugs it was poor judgment. However, by the time the patient is addicted, and using every day, and needing medical treatment, it can be considered more than simply a problem with willpower. In fact, research brain scans that are done in patients who are on maintenance start to look normal again with treatment.

IN SUMMARY:

Family support can be very helpful to patients on buprenorphine treatment. It helps if the family members understand how addiction is a chronic illness that requires ongoing care. It also helps if the family gets to know about how the medication works, and how it should be stored at home to keep it safe. Family life might have to change to allow time and effort for 'recovery work' in addiction treatment. And, most importantly, it is important for family members to realize that being in treatment for opioid addiction holds out the hope for improvements in the patient's and the family's life. Thousands of persons have been treated with medications for opioid addictions, and have productively moved on in their lives. The support of family members in this process can be an invaluable resource for the person committed to change.