Managing Treatment of Opiate Use Disorder with Suboxone in Private Practice

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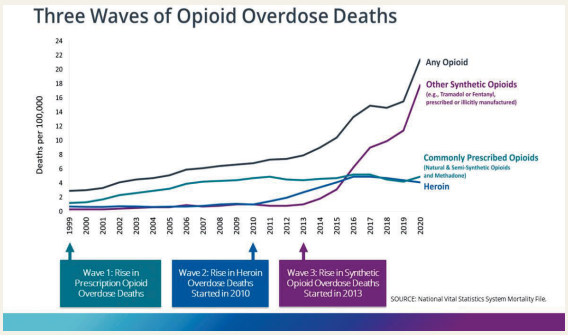
Introduction:

In Loving Memory

Tyler Sadler

11/4/1997 ~ 11/19/2017

Opioid addiction rates are at all-time high

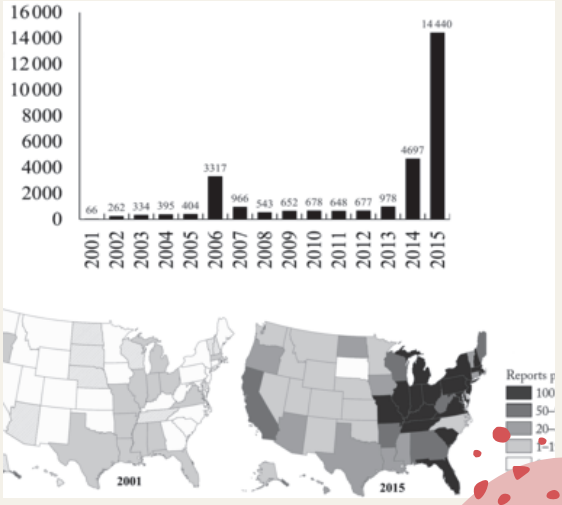


- In 2014, 4.3 million people abused prescription opioids
- 1.9 million people had an opioid use disorder related to prescription pain relievers
- 586,000 people had an opioid use disorder related to heroin
- Despite detoxification combined with psychosocial treatment, relapse rates remain at 90% or higher

Fentanyl

Very deadly- a very tiny dose can kill. Fentanyl is being added to counterfeit pills, heroin and other drugs transported into the US

Fentanyl reported events started increasing around 2014-2015



Overdoses in Teens

Teen overdose deaths have doubled in three years- the main reason is fentanyl.

Teens consume the powerful opioid unwittingly, packaged in counterfeit pills- tailored to resemble less potent Rx medications. Drug traffickers lace pills with fentanyl to boost the black-market high. Dangerously addictive, fentanyl can be lethal.

Deaths from drug and alcohol rose from 788 in 2018 to 1755 in 2021- among children ages 15-19.

Between 2010 and 2021, the number of adolescent deaths from black-market fentanyl and related synthetics rose more than twenty-fold, from 38 to 884 (2022 study/American Medical Association)

The second leading cause is known as benzodiazepines- Claimed 152 lives in 2021- less than one-fifth of fentanyl's toll.

What is Buprenorphine

Buprenorphine is a long-acting, high-affinity partial agonist at the mu-opioid receptor. As a long-acting agonist, buprenorphine prevents withdrawal and craving and stabilizes opioid receptors. As a high-affinity agonist, buprenorphine blocks other opioids from binding, preventing abuse of other opioids. As a partial agonist, it has a smaller effect with a ceiling, a low overdose risk, and no intoxication in the opioid dependent. Buprenorphine is available in many formulations

Formulation	Route	Indication
Buprenorphine + naloxone		
Suboxone	Sublingual film	Opioid use disorder
Zubsolv	Sublingual tablet	Opioid use disorder
Bunavail	Buccal film	Opioid use disorder
Buprenorphine		
Subutex	Sublingual tablet	Opioid use disorder
Belbuca	Buccal film	Pain management
Buprenex	Intravenous	Pain management
Butrans	Transdermal patch	Pain management
Probuphine	30-day subcutaneous implant	Opioid use disorder

What is Suboxone?

Buprenorphine, a synthetic opioid, treats pain and opioid addiction.

It is a schedule III drug, which means that it has some potential for moderate or low physical dependence or high psychological dependence.

It is an effective option to treat opioid dependence, reduce cravings, and improve the quality of life for patients undergoing addiction treatment.

- Buprenorphine, a partial Opioid agonist, blocks the Opioid receptors in the brain that helps to reduce significant withdrawal symptoms from Opioid detox and can help reduce a person's urges for Opioids in recover
- Naloxone, was created to reverse the dangerous symptoms of Opioid overdose. The inclusion of Naloxone with Buprenorphine is to assist with long-term recovery goals by making it difficult to abuse as a substance. This has helped to make Suboxone a safer alternative medication for those with OUD who benefit from continued long-term use as a form of Medicated Assisted Therapy (MAT).

Suboxone Is Life Saving

Buprenorphine significantly lowers the risk of mortality and adverse outcomes. In a metanalysis, both methadone and buprenorphine maintenance were found to be superior to detoxification alone in terms of treatment retention, adverse outcomes, and relapse rates. Studies have also shown a reduction in all-cause and overdose mortality and significantly improved quality-of-life ratings with maintenance buprenorphine

- Better outcomes with hepatitis c treatment
- Reduced transmission of HIV and Hepatitis c
- Methadone can only be prescribed by a clinic. More complicated and higher risk of adverse outcomes

What Is Needed :

- Currently you should have an X waiver on your DEA which can be obtained by taking an 8-hour class.
- Very soon, In June 2023, this X waiver will longer be needed, and anyone will be able to prescribe Suboxone from the office setting with a valid DEA.
- Will hopefully get rid of predatory clinics

You should be able to have an in office UDS with a send out so that you can monitor your patients

Finding Patients

- Patients from own practice on chronic opioids
- Patients discontinued or discharged from pain clinics from overuse
- Referrals from primary care or pain clinics
- Advertising

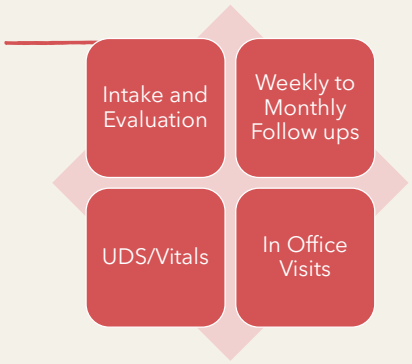
Educating our patients:

There is potential for relapse & overdose on discontinuation of the medication. Patients should be educated about the effects of using opioids and other drugs while taking the prescribed medication and the potential for overdose if opioid use is resumed after tolerance is lost.

Assess the need for treatment

- Determine the severity of patient's substance use disorder
- Identify any underlying or co-occurring diseases or conditions
- Patient history
- Medical and psychiatric history, a substance use history, and an evaluation of family and psychosocial supports
- Access the patient's prescription drug use history (PDMP)
- Laboratory testing

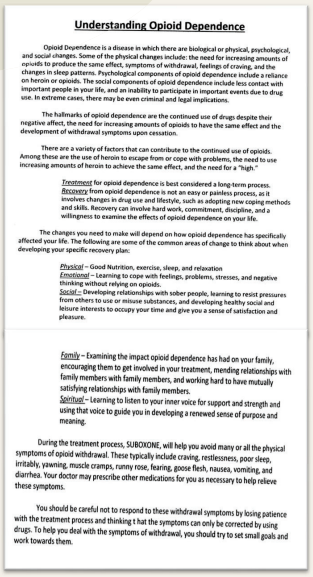
Treatment and Compliance



Patient Forms:

- ❖ Understanding Opioid Dependence
  - Treatment, Recovery and Support
- ❖ Controlled Substance Policy
  - Expectations to comply with medications
- ❖ Patient Treatment Policy
  - Expectations for compliance during treatment

Office Forms:



Understanding Opioid Dependence

Opioid Dependence is a disease in which there are biological or physical, psychological, and social changes. Some of the physical changes include: the need for increasing amounts of opioids to produce the same effect, symptoms of withdrawal, feelings of craving, and the changes in sleep patterns. Psychological components of opioid dependence include a reliance on heroin or opioids. The social components of opioid dependence include less contact with important people in your life, and an inability to participate in important events due to drug use. In extreme cases, there may be even criminal and legal implications.

The hallmarks of opioid dependence are the continued use of drugs despite their negative affect, the need for increasing amounts of opioids to have the same effect and the development of withdrawal symptoms upon cessation.

There are a variety of factors that can contribute to the continued use of opioids. Among these are the use of heroin to escape from or cope with problems, the need to use increasing amounts of heroin to achieve the same effect, and the need for a "high."

Treatment for opioid dependence is best considered a long-term process. *Recovery* from opioid dependence is not an easy or painless process, as it involves changes in drug use and lifestyle, such as adopting new coping methods and skills. Recovery can involve hard work, commitment, discipline, and a willingness to examine the effects of opioid dependence on your life.

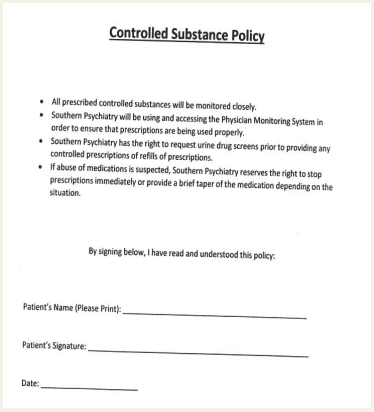
The changes you need to make will depend on how opioid dependence has specifically affected your life. The following are some of the common areas of change to think about when developing your specific recovery plan:

Physical – Good Nutrition, exercise, sleep, and relaxation
Emotional – Learning to cope with feelings, problems, stresses, and negative thinking without relying on opioids.
Social – Developing relationships with sober people, learning to resist pressures from others to use or misuse substances, and developing healthy social and leisure interests to occupy your time and give you a sense of satisfaction and pleasure.

Family – Examining the impact opioid dependence has had on your family, encouraging them to get involved in your treatment, mending relationships with family members with family members, and working hard to have mutually satisfying relationships with family members.
Spiritual – Learning to listen to your inner voice for support and strength and using that voice to guide you in developing a renewed sense of purpose and meaning.

During the treatment process, SUBOXONE, will help you avoid many or all the physical symptoms of opioid withdrawal. These typically include craving, restlessness, poor sleep, irritably, yawning, muscle cramps, runny rose, fearing, goose flesh, nausea, vomiting, and diarrhea. Your doctor may prescribe other medications for you as necessary to help relieve these symptoms.

You should be careful not to respond to these withdrawal symptoms by losing patience with the treatment process and thinking t hat the symptoms can only be corrected by using drugs. To help you deal with the symptoms of withdrawal, you should try to set small goals and work towards them.



Controlled Substance Policy

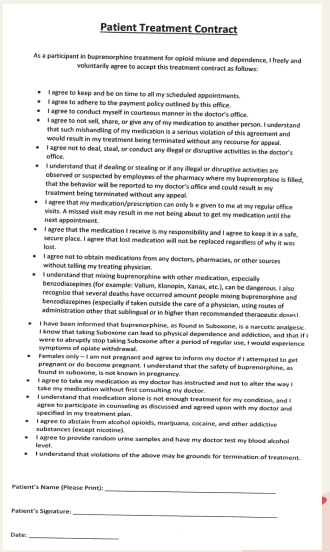
- All prescribed controlled substances will be monitored closely.
- Southern Psychiatry will be using and accessing the Physician Monitoring System in order to ensure that prescriptions are being used properly.
- Southern Psychiatry has the right to request urine drug screens prior to providing any controlled prescriptions of refills of prescriptions.
- If abuse of medications is suspected, Southern Psychiatry reserves the right to stop prescriptions immediately or provide a brief taper of the medication depending on the situation.

By signing below, I have read and understood this policy:

Patient's Name (Please Print): _____

Patient's Signature: _____

Date: _____



Patient Treatment Contract

As a participant in buprenorphine treatment for opioid misuse and dependence, I freely and voluntarily agree to accept this treatment contract as follows:

- I agree to keep and be on time to all my scheduled appointments.
- I agree to adhere to the payment policy outlined by this office.
- I agree to conduct myself in courteous manner in the doctor's office.
- I agree to not sell, share, or give any of my medication to another person. I understand that such mishandling of my medication is a serious violation of this agreement and would result in my treatment being terminated without any recourse for appeal.
- I agree not to deal, steal, or conduct any illegal or disruptive activities in the doctor's office.
- I understand that if dealing or stealing or if any illegal or disruptive activities are observed or suspected by employees of the pharmacy where my buprenorphine is filled, that the behavior will be reported to my doctor's office and could result in my treatment being terminated without any appeal.
- I agree that my medication/prescription can only b e given to me at my regular office visits. A missed visit may result in me not being about to get my medication until the next appointment.
- I agree that the medication I receive is my responsibility and I agree to keep it in a safe, secure place. I agree that lost medication will not be replaced regardless of why it was lost.
- I agree not to obtain medications from any doctors, pharmacies, or other sources without telling my treating physician.
- I understand that mixing buprenorphine with other medication, especially benzodiazepines (for example: Vallum, Klonopin, Xanax, etc.), can be dangerous. I also recognize that several deaths have occurred amount people mixing buprenorphine and benzodiazepines (especially if taken outside the care of a physician, using routes of administration other that sublingual or in higher than recommended therapeutic doses)
- I have been informed that buprenorphine, as found in Suboxone, is a narcotic analgesic. I know that taking Suboxone can lead to physical dependence and addiction, and that if I were to abruptly stop taking Suboxone after a period of regular use, I would experience symptoms of opiate withdrawal.
- Females only – I am not pregnant and agree to inform my doctor if I attempted to get pregnant or do become pregnant. I understand that the safety of buprenorphine, as found in suboxone, is not known in pregnancy.
- I agree to take my medication as my doctor has instructed and not to alter the way I take my medication without first consulting my doctor.
- I understand that medication alone is not enough treatment for my condition, and I agree to participate in counseling as discussed and agreed upon with my doctor and specified in my treatment plan.
- I agree to abstain from alcohol opioids, marijuana, cocaine, and other addictive substances (except nicotine).
- I agree to provide random urine samples and have my doctor test my blood alcohol level.
- I understand that violations of the above may be grounds for termination of treatment.

Patient's Name (Please Print): _____

Patient's Signature: _____

Date: _____

Prescribing

At treatment initiation, the first dose of SUBOXONE sublingual film should be administered **when objective signs of moderate opioid withdrawal appear, not less than six hours after the patient last used opioids.**

A combination of medication and behavioral therapies is effective in the treatment of substance use disorders and can help some people to sustain recovery.

Sublingual film:

- buprenorphine 2 mg/ naloxone 0.5 mg,
- buprenorphine 4 mg/ naloxone 1 mg,
- buprenorphine 8 mg/ naloxone 2 mg and
- buprenorphine 12 mg/ naloxone 3 mg. (3)

How to Induce Patient

Make sure patient is in withdrawal

↓

Specific instructions on how to take the medicine. I usually have them divide the dose into 2mg implements over the first few days.

↓

See them back in about a week

Monitoring Patient

I usually start with weekly monitoring and UDS and as the patient progresses in their sobriety, we will make the appointments longer

A normal urine drug screen will have a low amount of buprenorphine and a higher number of metabolites in the urine. If there are no metabolites and just active buprenorphine be on the lookout for urine spiking

The next few slides will go over management of various urine drug screens.

UDS Results~ Normal vs. Abnormal

Positive for Methamphetamine

Reported Medications: Buprenorphine,Naloxone

Test Performed	Lab Result (Qualitative)	Lab Result (ng/mL)	Assay Cutoff (ng/mL)	Medication Comparison	Comments
TOTAL COMPREHENSIVE PANEL CONFIRMATION (ASL) (cont'd)					
Methamphetamine	Positive	168.65	50	Inconsistent	The presence of methamphetamine is consistent with Desoxyn, Didrex, or illicit methamphetamine use. Low levels of methamphetamine have been reported in patients with extremely high levels of amphetamine.
MDMA	<RL	0.00	50		
MDA	<RL	0.00	50		
Phencyclidine	<RL	0.00	50		
Zaleplon	<RL	0.00	50		
Zolpidem	<RL	0.00	50		
Quetiapine	<RL	0.00	50		
Olanzapine	<RL	0.00	50		
Aripiprazole	<RL	0.00	50		
Ketamine	<RL	0.00	50		
Duloxetine	<RL	0.00	50		
Sertraline	<RL	0.00	50		

Positive for Alcohol

Test Name	Outcome	Result	Cutoff	Detection Window	Status
Recreational Substances					
Ethyl Glucuronide	**Positive**	**>10,000 ng/mL**	**500 ng/mL**	**1 - 3 days**	**Inconsistent result**
Ethyl Sulfate	**Positive**	**>10,000 ng/mL**	**200 ng/mL**	**1 - 3 days**	**Inconsistent result**
Preliminary Screening (See Final Confirmation)					
Amphetamines Screen	Negative	-	100 ng/mL	1 - 3 days	
Benzodiazepines Screen	Negative	-	50 ng/mL	1 - 10 days	
Buprenorphine Screen	Positive	Reflex	10 ng/mL	1 - 2 days	
Cocaine Metabolite Screen	Negative	-	50 ng/mL	1 - 3 days	
Fentanyl Screen	Negative	-	5 ng/mL	1 - 3 days	
Heroin Metabolite Screen	Negative	-	10 ng/mL	1 - 2 days	
Hydrocodone Screen	Negative	-	50 ng/mL	1 - 3 days	
Methadone Screen	Negative	-	50 ng/mL	1 - 6 days	
Opiates Screen	Negative	-	50 ng/mL	1 - 3 days	
Oxycodone Screen	Negative	-	50 ng/mL	1 - 4 days	
Phencyclidine Screen	Negative	-	25 ng/mL	1 - 8 days	
Tricyclic Antidepressant Screen	Positive	Reflex	50 ng/mL	1 - 10 days	
Barbiturates Screen*	Negative	-	200 ng/mL	1 - 15 days	
THC Screen*	Negative	-	50 ng/mL	1 - 7 days	
Urine Validity					
Creatinine	Normal	125 mg/dL	15 - 295 mg/dL		
Specific Gravity	Normal	1.0230	1.002 - 1.05		
pH	Normal	5.60	4.5 - 9		

UDS Results~ Normal vs. Abnormal

Positive for TCH, Alcohol, Gabapentin

Medications Prescribed

Duloxetine, Suboxone, Geodon

General Comment

Order Code(s)

2067, 600, 900, MED104, MED142, PSCREEN, 2025, 909, 981, 2076, 981, 981

Tested For	Result	LCMS Quantitation	Outcome	Cutoff	Previous Result	Date
Antidepressants and psychotropics						
Duloxetine	Negative			100 ng/mL	Negative	06/25/2021
Anticonvulsants and other neurologic meds						
Gabapentin	POSITIVE	>10000	INCONSISTENT	1000 ng/mL	POSITIVE	06/25/2021
Detection Window 1-2 days. Gabapentin, a GABA analog, is marketed under the brand name Neurontin.						
Alcohol						
Ethyl Glucuronide	POSITIVE	>7500	INCONSISTENT	500 ng/mL	Negative	06/25/2021
Detection Window 3-4 days.Ethyl glucuronide (EtG) is a metabolite of ethanol (ethyl alcohol). Due to its longer detection time, EtG may be present in the absence of ethyl sulfate (EtS).						
Ethyl Sulfate	POSITIVE	>3000	INCONSISTENT	200 ng/mL	POSITIVE	06/25/2021
Detection Window 1-2 days.Ethyl sulfate (EtS) is a metabolite of ethanol (ethyl alcohol) and its presence is specific for recent ethanol use. EtS has a shorter half-life than Ethyl glucuronide (EtG).						
Illicit Drugs						
THC-COOH	POSITIVE	>150	INCONSISTENT	15 ng/mL	POSITIVE	06/25/2021
Detection Window up to 45 days. THC-COOH (tetrahydrocannabinol carboxylic acid) is a metabolite of THC (delta-9-tetrahydrocannabinol), the main component of marijuana.						

Positive for Fentanyl

Test Performed	Lab Result (Qualitative)	Lab Result (ng/mL)	Assay Cutoff (ng/mL)	Medication Comparison	Comments
TOTAL COMPREHENSIVE PANEL CONFIRMATION (ASL)					
Oxycodone	<RL	0.00	50		
Oxymorphone	<RL	0.00	50		
Hydrocodone	<RL	0.00	50		
Dihydrocodeine	<RL	0.00	50		
Hydromorphone	<RL	0.00	50		
Morphine	<RL	0.00	50		
Codeine	<RL	0.00	50		
6-MAM	<RL	0.00	5		
Naloxone	<RL	0.00	5	Inconsistent	
Buprenorphine	Positive	11.17	5	Consistent	The presence of Buprenorphine is consistent with Suboxone, Buprenex, or Butrans medication.
Norbuprenorphine	Positive	86.73	5	Consistent	Norbuprenorphine is a metabolite of Buprenorphine. Its presence is consistent with Suboxone, Buprenex, or Butrans medication.
Fentanyl	Positive	> 200.00	5	Inconsistent	The presence of Fentanyl is consistent with Duragesic, Sublimax, or any medication containing fentanyl.
Norfentanyl	Positive	> 200.00	5	Inconsistent	Norfentanyl is a metabolite of Fentanyl. Its presence is consistent with Duragesic, Sublimax, or any medication containing fentanyl.
Carisoprodol	<RL	0.00	50		
Meprobamate	<RL	0.00	50		
Cyclobenzaprine	<RL	0.00	50		
Methadone	<RL	0.00	50		
EDDP	<RL	0.00	50		
Meperidine	<RL	0.00	50		
Normeperidine	<RL	0.00	50		
O-desmethyl Tramadol	<RL	0.00	50		

UDS Results~ Normal vs. Abnormal

Positive for Cocaine

Test Name	Outcome	Result	Cutoff	Detection Window	Status
Antipsychotics					
Olanzapine	Negative	-	25 ng/mL	1 - 3 days	Consistent result
Quetiapine	Negative	-	25 ng/mL	1 - 3 days	Consistent result
Norquetiapine	Negative	-	25 ng/mL	1 - 3 days	Consistent result
7-Hydroxyquetiapine	Negative	-	25 ng/mL	1 - 3 days	Consistent result
Risperidone	Negative	-	25 ng/mL	1 - 3 days	Consistent result
9-Hydroxyrisperidone	Negative	-	25 ng/mL	1 - 3 days	Consistent result
Illicit Drugs					
Cocaine Metabolite - BE	**Positive**	**115 ng/mL**	**50 ng/mL**	**1 - 5 days**	**Inconsistent result**
MDMA	Negative	-	50 ng/mL	2 - 72 hours	Consistent result
MDA	Negative	-	50 ng/mL	2 - 72 hours	Consistent result
MDEA	Negative	-	50 ng/mL	2 - 72 hours	Consistent result
Recreational Substances					
Ethyl Glucuronide	**Positive**	**>10,000 ng/mL**	**500 ng/mL**	**1 - 3 days**	**Inconsistent result**
Ethyl Sulfate	**Positive**	**>10,000 ng/mL**	**200 ng/mL**	**1 - 3 days**	**Inconsistent result**
Preliminary Screening (See Final Confirmation)					
Amphetamines Screen	Negative	Reflex	100 ng/mL	1 - 3 days	
Benzodiazepines Screen	Negative	-	50 ng/mL	1 - 10 days	
Buprenorphine Screen	Negative	-	10 ng/mL	1 - 2 days	
Cocaine Metabolite Screen	Positive	Reflex	50 ng/mL	1 - 3 days	
Fentanyl Screen	Negative	-	5 ng/mL	1 - 3 days	
Heroin Metabolite Screen	Negative	-	10 ng/mL	1 - 2 days	
Hydrocodone Screen	Positive	Reflex	50 ng/mL	1 - 3 days	
Methadone Screen	Negative	-	50 ng/mL	1 - 6 days	
Opiates Screen	Negative	-	50 ng/mL	1 - 3 days	
Oxycodone Screen	Negative	-	50 ng/mL	1 - 4 days	
Phencyclidine Screen	Negative	-	25 ng/mL	1 - 8 days	
Tricyclic Antidepressant Screen	Negative	-	50 ng/mL	1 - 10 days	
Barbiturates Screen*	Negative	-	200 ng/mL	1 - 15 days	
THC Screen*	Negative	-	50 ng/mL	1 - 7 days	

Normal Result- Positive for Suboxone

Test Name	Outcome	Result	Cutoff	Detection Window	Status
Natural & Semi-Synthetic Opiates					
Buprenorphine	**Positive**	**118 ng/mL**	**10 ng/mL**	**2 - 24 hours**	**Consistent result**
Norbuprenorphine	**Positive**	**332 ng/mL**	**10 ng/mL**	**2 - 48 hours**	**Consistent result**
Naloxone	**Positive**	**66 ng/mL**	**10 ng/mL**	**1 - 3 days**	**Consistent result**
Antidepressants					
Citalopram	**Positive**	**>1000 ng/mL**	**50 ng/mL**	**1 - 3 days**	**Consistent result**
N-Desmethylcitalopram	**Positive**	**>1000 ng/mL**	**50 ng/mL**	**1 - 3 days**	**Consistent result**
Recreational Substances					
Ethyl Glucuronide	Negative	-	500 ng/mL	1 - 3 days	Consistent result
Ethyl Sulfate	Negative	-	200 ng/mL	1 - 3 days	Consistent result
Preliminary Screening (See Final Confirmation)					
Amphetamines Screen	Negative	-	100 ng/mL	1 - 3 days	
Benzodiazepines Screen	Negative	-	50 ng/mL	1 - 10 days	
Buprenorphine Screen	Positive	Reflex	10 ng/mL	1 - 2 days	
Cocaine Metabolite Screen	Negative	-	50 ng/mL	1 - 3 days	
Fentanyl Screen	Negative	-	5 ng/mL	1 - 3 days	
Heroin Metabolite Screen	Negative	-	10 ng/mL	1 - 2 days	
Hydrocodone Screen	Negative	-	50 ng/mL	1 - 3 days	
Methadone Screen	Negative	-	50 ng/mL	1 - 6 days	
Opiates Screen	Negative	-	50 ng/mL	1 - 3 days	
Oxycodone Screen	Negative	-	50 ng/mL	1 - 4 days	
Phencyclidine Screen	Negative	-	25 ng/mL	1 - 8 days	
Tricyclic Antidepressant Screen	Negative	-	50 ng/mL	1 - 10 days	
Barbiturates Screen*	Negative	-	200 ng/mL	1 - 15 days	
THC Screen*	Negative	-	50 ng/mL	1 - 7 days	
Urine Validity					
Creatinine	Normal	110 mg/dL	15 - 295 mg/dL		
Specific Gravity	Normal	1.0300	1.002 - 1.05		
pH	Normal	5.70	4.5 - 9		

Suboxone and Alcohol/ Benzos Barbs:

Risks of Drinking Alcohol/Benzos and Bards While on Suboxone:

- Sedation
- Reduced Inhibitions
- Breathing Problems
- Poor Mental Health
- Enhanced Relapse Risks
- Overdose
- Death

Risks of Other Controlled Drugs

The rules of my clinic are no other controlled drugs are regularly prescribed

A lot of the predatory cash pay clinics will Rx stimulants and benzos- we do not! This complicates the picture

Even though suboxone is safe its risky to introduce other drugs of abuse

I will occasionally and briefly allow for use of other controlled drugs (ex: surgery, very severe events in a patient's life)

If patients become positive for other drugs including alcohol, we increase the frequency of visits and if it continues, I may ask them to address the problems in rehab

When to Come Off Suboxone

1) Many patients will ask about coming off suboxone
2) It takes about two years to restore the mu receptors after chronic opioid use or addiction
3) I talk with most patients about readdressing at the two-year mark
4) At the two-year mark, we have a frank discussion about the risks and benefits. The risks of getting it wrong is potentially death so I am very careful
5) I typically reframe this as we will try to get to the lowest dose possible that keeps them sober
6) Studies show that higher doses of suboxone improves sobriety and retention but I have patients on the full range from 1mg daily all the way to 24mg, but that is very rare to be that high. I typically max out at 16 unless they've come to me on higher doses

Patient Example:

- Intake: 2020 ~ 44 year old male (214lbs)
- Pastor of a Church
- Latest Addiction: Tianeptine (AKA: ZAZA)
- Major Depressive Disorder/ Opioid Abuse
- Addiction started 4 years ago when his wife had back surgery and he took her pain meds: Norco and then other pain meds that were in the house (Percocet, tramadol) He broke his arm and was prescribed more pain meds.
- Active addiction + Depression + deep sense of shame makes patient a high risk for suicide and overdose.
- Has responded well to supportive therapy, and Suboxone treatment.
- Drastic improvement (mental/physical)
- Decreased on Suboxone dose
- Patients focus is positive and geared toward a healthier lifestyle

Patient Example #2:

- 38 year old male, who has been in and out of rehab multiple times for drug addiction.
- He is married with children and recently has been homeless as a result of severe and recurrent opioid drug addiction
- I have been seeing this patient for over 5 years. He has progressed in his treatment.
- He is back in his home married with children.
- He is working and recently received a number of promotions. He works in construction
- He is the only patient I see every 3 months because he has done so good.
- He just recently purchased a home with his family

Questions?

Open Discussion