



Substance Abuse Center of Kansas, Inc.

Specializing in the prevention and treatment of individuals and families affected by substance abuse.

Tel (316) 267-3825 • Fax (316) 267-3843

Buprenorphine/Naloxone Treatment Agreement

Appointments

- 1) Most of the time, you will have an appointment the same day you need your next prescription. Unless there is a true emergency, like something you might see on the news (a severe weather event) or your house burns down, your SACK medical provider will not write a new prescription for you unless you keep your scheduled appointment.
- 2) Telehealth appointments are only offered on a case-by-case basis. Unless otherwise discussed with your SACK medical provider in advance, your in-person appointment will not be switched to a telehealth appointment.
- 3) Your appointments will almost always involve a drug test (more about that later), being checked in by a peer mentor, and then meeting with your SACK medical provider. At the end of each appointment, your SACK medical provider will give you a card letting you know the date of your next scheduled appointment and you will need to follow up at the front desk to secure a time for that date.
- 4) SACK will treat same-day cancelations the same as a missed appointment. We will call you if you miss your appointment just to make sure that you're ok, but your SACK medical provider won't write a prescription for you unless it's one of those situations listed above in #1.
- 5) If you no-show or same day cancel 3 medical provider appointments within the same year, you will have to be seen by your SACK medical provider on a walk-in basis until otherwise instructed. If you are moved to a walk-in status, be at SACK no later than 3 PM. We will do our best to get you seen, but we won't make other clients wait if they are on time for their own appointments. If you walk in at 1 PM, you will be seen by your SACK medical provider before the end of the day, no matter what.

Drug Testing

- 6) You are expected to do a drug test at each visit with your SACK medical provider. These will usually be urine tests but may be saliva tests occasionally. Please bring a full bladder with you to each of your SACK medical provider visits.
- 7) If you cannot provide a urine sample, you can wait at SACK, or leave and return the same day prior to 4:30, to provide the sample. If you cannot provide a urine sample, your SACK medical provider will not write a prescription that day.
- 8) SACK will not stop your treatment just because of the results of a drug test. You came to treatment in part due to problems with substance use—why would we stop your treatment because you used drugs? There may be times where your drug use results in more frequent appointments, a referral for a higher level of care, obtaining an assessment for SUD treatment services, or a change your buprenorphine dose. But SACK won't kick you off MAT just for using, or call the police, or otherwise break your confidentiality, unless there's an extreme safety concern.

9) If there are unexpected results on your drug test, we will talk about sending it off to a lab to get confirmation. This can take some time and, depending on your insurance, may cost some money. Even if everything is going well with treatment, SACK will still occasionally send a test off for verification just to make sure you are providing valid urine samples.

10) If you are on any kind of supervision (probation/parole, DCF/CPS involvement, etc.), SACK will not automatically share the results of your drug screens with them but will encourage you to be honest with your probation/parole/corrections officer, case manager, etc. if you're testing positive for substances you should not be testing positive for.

Behavior

11) SACK does ask that you be honest and transparent with all MAT staff, providing accurate and complete information about your medical history, substance use, and any other relevant factors affecting treatment so we can provide the best care we can for you.

12) You are expected to treat all SACK staff and fellow clients with respect, fostering a safe and supportive treatment environment.

13) As stated in #8, your SACK medical provider won't stop prescribing buprenorphine because of the results of a drug test. However, SACK **will stop** prescribing if it's clear that your drug use is causing dangerous side effects like blackouts or psychosis. Your SACK medical provider would stop the medication at that time for a couple reasons: if you are hallucinating or blacking out, it is hard to imagine that you would be able to take the medicine reliably and it would make it much harder (or impossible) to appropriately safeguard your medication.

14) There are rare situations where SACK will discharge someone from treatment abruptly. This usually comes down to threatening behavior or other types of behavior that cause staff or other clients to be concerned for their safety. ~~In these~~ situations, unless buprenorphine is a part of the problem, your SACK medical provider will usually continue prescribing for up to 30 days so you can either taper or find another prescriber.

15) Another time that SACK will discharge a client is when they do not secure their buprenorphine in a lockbox and regularly have it stolen, or when they are giving away/selling their doses.

16) If your mental health is having a significant negative effect on your treatment here, your SACK medical provider may discuss requiring you to receive mental health treatment. We usually try to avoid making such requirements, but we want to be fully transparent in this so that you know it is possible. If you are unwilling to pursue mental health treatment, SACK will not abruptly stop your buprenorphine, but we will talk about finding another provider for you.

17) Any concerns or issues regarding your buprenorphine medication (i.e. lost, stolen, pharmacy issues, side effects, dose) should be communicated to MAT staff as soon as possible.

Financial

18) Any payments that are owed to SACK by you can be paid by cash, credit/debit card, or cashier's check. Payments can be made in person or over the phone if using a credit/debit card.

19) Co-pays, if applicable to you, will be due at the time of your appointment. If you do not have the ability to pay your co-pay on the day of your appointment, you will be given a 30-day taper prescription. This taper prescription can be reversed once we receive payment of your co-pay.

20) All balances remaining after co-pays, co-insurance, and insurance payments for services have been applied will be due in full by the date stated on your monthly statement. If you do not

have the ability to pay your remaining balance by its due date, you will be given a 30-day taper prescription at your next appointment. This taper prescription can be reversed once we receive payment for your full remaining balance.

Additional Agreements and Acknowledgements

21) A part of this program is to develop a support system for your recovery if you do not already have one in place. Your recommendations may include the development of outside support (i.e., a 12-step program, peer support meetings, SUD treatment, etc.). SACK does ask that you follow through with any recommendations we may give you throughout your treatment with us.

22) If your MAT services with SACK are grant funded, you will be required to engage with a peer mentor on a weekly basis. Failure to engage in peer mentoring will result in more frequent medical provider appointments so you can meet with a peer mentor on a regular basis at these appointments. Your medical provider appointments can be scheduled less frequently once you begin meeting with a peer mentor outside of your medical provider appointments.

23) Dr. Daniel Warren is an independent contractor at SACK.

24) Weapons of any kind are prohibited at all SACK locations.



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Consent for Treatment with Buprenorphine/Naloxone

Buprenorphine/naloxone is a Food and Drug Administration-approved medication for treatment of people with opioid use disorder (OUD). Most importantly, buprenorphine (Subutex, Suboxone) is an opioid, and it is a controlled substance. That means there are special rules about who can prescribe it because of its risks. The idea is that we use buprenorphine **INSTEAD OF** other opioids, like fentanyl and heroin, because even though buprenorphine has risks, it is generally safer than non-prescribed opioids. In fact, when people with opioid use disorder (“opioid addiction”) get treated with buprenorphine, it has been shown to reduce the risk of death.

Here are some of the risks with buprenorphine:

1. Since it’s an opioid, buprenorphine use still makes people *dependent* on it. In other words, if you stop abruptly, you’ll get withdrawal and may experience symptoms such as muscle aches, stomach cramps, or diarrhea lasting several days.
2. There is a difference between *dependence* and *addiction*. Dependence means you need it in order to avoid having withdrawal. Addiction means that you keep taking it even though it causes more and more consequences in your life, and you lose control of yourself. Addiction to buprenorphine seems to be fairly uncommon, in part because it doesn’t have as much of an effect as some other opioids. Even though it’s rare, it is still possible for people to develop addiction with buprenorphine.
3. It has side effects like other opioids, including constipation, sleep apnea, and sexual dysfunction (usually related to low testosterone). Around half the people who take buprenorphine regularly develop each of these side effects, similar to other opioids. That means some people will get all the side effects, and some people will get none of them. Your SACK medical provider can help you deal with the side effects, so let us know if they show up.
4. If you take too much buprenorphine, either because we prescribe too much or you take more than you’re supposed to, it will usually make you have a few symptoms: nausea, sedation, and sweating. Thankfully when people overmedicate with buprenorphine, they don’t stop breathing unless they mix it with other sedatives (benzos, alcohol), or they have severe underlying health problems (heart or lung failure).
5. When you start buprenorphine, if you’ve recently taken other opioids (heroin, fentanyl, oxy, etc), the buprenorphine can put you into withdrawal. This is why working with a medical provider is important, because trying to figure this out for yourself can be really challenging, especially if you’re coming off fentanyl.
6. If you are pregnant and take buprenorphine, it can cause your baby (once born) to have opioid withdrawal. This is a treatable problem, but it still can cause distress to moms and babies.

7. Dental problems have been attributed to buprenorphine, but most of that is probably not related to the medicine itself. The main thing to be aware of is that you shouldn't brush your teeth right after dosing, because the buprenorphine particles in your saliva can scrape the enamel off your teeth. So, if you dose and then need to brush, make sure to swish your mouth with water once your dose has dissolved all the way.
8. The medicine tastes bad, but don't go and just swallow it! It needs to dissolve under your tongue to work. If you swallow it, it won't do anything because it cannot be absorbed from the stomach and your liver will just chop it up before it can do its job.
9. Buprenorphine is a treatment for *opioid* use disorder, not for other substance use problems. If you use stimulants, or alcohol, or other drugs, and are trying to get off them, buprenorphine is not going to help.
10. Buprenorphine doesn't have any major drug-drug interactions, but it can interact with some medications. Be sure to alert your SACK medical provider of any medication you are currently taking. Be sure to alert all other medical providers you see outside of SACK that you're taking buprenorphine.

Now that we've covered its risks, let's talk about its benefits:

1. As above, if you have opioid use disorder and take buprenorphine as part of your treatment, it can be lifesaving.
2. It helps with withdrawal and cravings, which are two of the main reasons people continue to use opioids even after the drugs start causing more and more problems. Because you don't have withdrawal and cravings, you can realistically expect that it will help you not use opioids!
3. Buprenorphine has an *analgesic* effect for most people, meaning it helps reduce pain. Your SACK medical provider will not prescribe buprenorphine for pain relief—it's to help with opioid addiction. But when people have chronic pain, we look at it as a *beneficial side effect*. We won't change your dose to help with pain unless your pain is directly related to ongoing withdrawal. Think about it like this—when someone has IBS and diarrhea, buprenorphine can help slow down their bowels, which is nice, but not the reason we use the medicine.
4. Tapering off buprenorphine is easier than tapering off other opioids for most people. A single dose can last a long time, over 24 hours for many, which means that changes in the dose can take a few days before you really feel them. That means that lowering your dose is usually easier than it is with other opioids.
5. Buprenorphine can block the effect of other opioids, which can be helpful. At a high enough dose, it will make it so other opioids don't really do much. Some people don't believe this when they're told this, will test it for themselves, and find that it was a waste of time and money.
6. Buprenorphine doesn't have any major drug-drug interactions. That means you can take other medications without any major consequences, usually. Methadone, by comparison, has a lot of drug-drug interactions that can be pretty significant.

Finally, let's cover the alternatives:

1. Methadone is the main alternative. It is also lifesaving. Unlike buprenorphine, it is usually easier to *start*, especially when someone is coming off methadone. It takes more time to get to a stable methadone dose, though, so that's the tradeoff. As above,

methadone has more drug-drug interactions, and it can have all the same side effects as buprenorphine. The biggest downside to methadone is that you have to go to a special clinic to get it, and you usually have to go there every day to start.

2. Naltrexone is another alternative. Naltrexone *blocks other opioids*. So, if you take something else, even fentanyl, it will not feel like anything happened. The problem with naltrexone is getting it started. If you're coming off oxy or heroin, you usually have to quit for 7-10 days before you start naltrexone. If you're coming off fentanyl, you have to wait 10-14 days or longer. Most people don't feel like they can quit for that long, so we don't usually recommend naltrexone unless it's a situation where someone is just getting out of jail or prison or a long hospitalization AND they haven't been using opioids.
3. There are some older meds, like clonidine, that can help with withdrawal, but they don't work as well as buprenorphine, so going through withdrawal is harder. And even if you DO successfully get through withdrawal, there's a high chance of going back to using again, unless you're on a medicine like buprenorphine. We don't recommend going this route.
4. You could try to do this without medications. Again, even if you DO get through withdrawal, there is a high risk of returning to opioid use again, and when you haven't used in a while, your tolerance goes down and your risk for overdose goes up if you have a slip. We don't recommend this route either, but if you want to, we can talk about *safer* and *less-safe* ways to navigate it.
5. Sober living, inpatient treatment, outpatient treatment, 12-step programs, and so on, are not a replacement for medications. On the other hand, medications are not a replacement for those, either. Both are usually helpful, and together they work better than individually! If you want to access these other treatments, we can help you get an assessment to access treatment and figure out how to continue on your medication treatment while you are there.