

1063 Lower Main St, Ste C212
Wailuku, HI 96793-6006
www.ponohealthcare.com

JEFFREY H. CHESTER, DO

Board Certified by American Board of Physical Medicine & Rehabilitation
Board Certified by American Society of Addiction Medicine

Phone 808.249.8887
Fax 808.249.8889
drchester@ponohealthcare.com

Physiatry/Pain Management/Electrodiagnostic Medicine/EMG/Osteopathic Manual Medicine/Opioid Addiction Treatment

Patient Information and Consent to Treatment with Buprenorphine

Your Name (printed): _____

Buprenorphine with or without naloxone is an FDA approved medication for treatment of people with heroin or other opioid addiction. Buprenorphine can be used for detoxification or for maintenance therapy. Maintenance therapy can continue as long as medically necessary. There are other treatments for opiate addiction, including methadone, naltrexone, and some treatments without medications that include counseling, groups and meetings. Buprenorphine sometimes used "off label" for pain.

If you are dependent on opiates - any opiates - **you should be in as much withdrawal as possible when you take the first dose of buprenorphine. It you are not in withdrawal, buprenorphine can cause severe opiate withdrawal.** We recommend that you arrange not to drive after your first dose, because some patients get drowsy until the correct dose is determined for them.

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 worsened symptoms. 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 the physician first.

Combining buprenorphine with alcohol or other sedating medications is dangerous. The combination of buprenorphine with benzodiazepines (such as Valium®, Librium®, Ativan®, Xanax®, Klonopin®, etc.) has resulted in deaths.

Although sublingual (under the tongue) buprenorphine is very unlikely to be liver-damaging, your doctor may monitor your liver tests while you are taking buprenorphine. (This is a blood test.)

The form of buprenorphine you may be taking could be a combination of buprenorphine with a short-acting opiate blocker (naloxone). **It will maintain physical dependence**, and if you discontinue it suddenly, you will likely experience withdrawal.

If the Suboxone tablet were dissolved and injected by someone taking heroin or another strong opioid, it could cause severe opiate withdrawal.

Buprenorphine tablets must be held under the tongue until they dissolve completely. **It is important not to talk or swallow until the tablet dissolves.** This takes up to ten minutes. 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. **If you swallow the tablet, you will not have the important benefits of the medication, and it may not relieve your withdrawal.**

Most patients end up at a daily dose of 16 mg to 24mg of buprenorphine. (This is roughly equivalent to 60mg of methadone maintenance). Beyond that dose, the effects of buprenorphine plateau, so there may not be any more benefit to increase in dose. It may take several weeks to determine just the right dose for you. The first dose is usually 2mg to 4mg.

If you are transferring to buprenorphine from methadone maintenance, your dose should ideally be tapered until you have been **below 30mg, preferably for at least a week.** There must be **at least 24 hours** (preferably longer) between the time you take your last methadone dose and the time you are given your first dose of buprenorphine. You should not begin buprenorphine until you are in withdrawal.

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 opioid maintenance therapy include methadone maintenance. Some opioid treatment programs use naltrexone, a medication that blocks the effects of opioids, but has no opioid effects of its own. To locate behavioral health services: <https://findtreatment.samhsa.gov/locator>

I have read and understand these details about buprenorphine treatment. I wish to be treated with buprenorphine.

Patient Signature _____

Date _____

Patient's Name printed: _____

Witness Signature _____

Date _____

Jeffrey H. Chester, DO

Agreement for Treatment with Buprenorphine (Subutex®/Suboxone®)

Your Name (printed): _____

By signing below, I agree to the following:

- Buprenorphine treatment for opiate dependence is most effective when combined with drug abuse counseling, 12-step recovery work, or a recovery support group. During my treatment with buprenorphine, I agree to seek additional counseling and to work on a program of recovery.
- I agree that my physician can coordinate my medication switch from methadone to buprenorphine with my provider of methadone. This may involve exchange of medical records and discussions with the clinic physician or staff. After switching to buprenorphine, I will not take methadone, unless otherwise directed by my physician.
- I understand that on the day I start buprenorphine, if I am not having observable signs of opiate withdrawal, induction onto buprenorphine may be delayed.
- My first dose of buprenorphine will be 2mg to 4 mg. After a couple of hours, I may be administered additional doses of buprenorphine.
- Take home doses and frequency of visits will be determined by how well I am doing.
- I agree to take buprenorphine as prescribed at the dosage determined by my physicians, and not to allow anyone else to take medication prescribed for me.
- I agree not to take other medications with buprenorphine without prior permission from my doctor. I understand that overdose deaths have occurred when patients have taken other medications (particularly medications like Librium®, Valium® or other benzodiazepines) with buprenorphine.
- I understand that buprenorphine itself is an opiate drug and can produce physical dependence that is similar to heroin.
- The goal of treatment of opiate dependency is to learn to live without abuse of drugs. Buprenorphine treatment should continue as long as necessary to prevent relapse to opiate abuse/dependence.
- Periodic testing for drugs of abuse is to detect early relapse and to document my progress in treatment.
- Lost prescriptions or buprenorphine tablets are a serious issue and may result in discontinuation of buprenorphine therapy from this office, or need more frequent office visits.
- I agree to tell my physician if I become pregnant or even think I may be pregnant.

I have read and understand these details about buprenorphine treatment. I wish to be treated with buprenorphine.

Patient Signature _____ Date _____

Signature of provider obtaining consent _____ Date _____

Jeffrey H. Chester, DO

**Agreement for Treatment with Buprenorphine
(Subutex® or Suboxone®)**

<input type="checkbox"/> Yes	<input type="checkbox"/> No	1. I agree to keep all my appointments. I understand that if I do not keep my scheduled appointments, Dr. Chester will possibly discharge me from treatment and refer me to other substance abuse treatment facilities or will likely require more frequent office visits each month.
<input type="checkbox"/> Yes	<input type="checkbox"/> No	2. I agree to report my history and my symptoms honestly to Dr. Chester. I also agree to inform Dr. Chester of all other physicians and dentists whom I am seeing; of all prescription and non-prescription drugs I am taking; of any alcohol or street drugs I have recently been using; and whether I have become pregnant or have developed hepatitis.
<input type="checkbox"/> Yes	<input type="checkbox"/> No	3. I agree to cooperate with urine drug testing whenever requested by Dr. Chester, to confirm if I have been using any alcohol, prescription drugs, or street drugs.
<input type="checkbox"/> Yes	<input type="checkbox"/> No	4. I have been informed that buprenorphine, as found in Suboxone® and Subutex®, is a narcotic analgesic, and thus it can produce a 'high'; I know that taking buprenorphine regularly can lead to physical dependence and addiction, and that if I were to abruptly stop taking buprenorphine after a period of regular use, I could experience symptoms of opiate withdrawal.
<input type="checkbox"/> Yes	<input type="checkbox"/> No	5. I have been informed that buprenorphine is to be placed under the tongue for it to dissolve and be absorbed, and that it should never be injected or taken I.V. I have been informed that injecting buprenorphine after taking buprenorphine or any other opiate regularly could lead to sudden and severe opiate withdrawal.
<input type="checkbox"/> Yes	<input type="checkbox"/> No	6. I have been informed that buprenorphine is a powerful drug and is to be respected, and that supplies of it must be protected from theft or unauthorized use, since persons who want to get high by using it or who want to sell it for profit, may be motivated to steal my take-home prescription supplies of buprenorphine.
<input type="checkbox"/> Yes	<input type="checkbox"/> No	7. I have a means to store take-home prescription supplies of buprenorphine safely, where it cannot be taken accidentally by children or pets, or stolen by unauthorized users. I agree that if my buprenorphine pills are swallowed by anyone besides me, I will call 911 or Poison Control at 1-800-222-1222 immediately.
<input type="checkbox"/> Yes	<input type="checkbox"/> No	8. I agree that if Dr. Chester recommends that my home supplies of buprenorphine should be kept in the care of a responsible member of my family or another third party, I will abide by such recommendations.
<input type="checkbox"/> Yes	<input type="checkbox"/> No	9. I will be careful with my take-home prescription supplies of buprenorphine, and agree that I have been informed that if I report that my supplies have been lost or stolen, that my doctors will not be requested or expected to provide me with make-up supplies. This means that if I run out of my medication supplies it could result in my experiencing symptoms of opiate withdrawal. Also, I agree that if there has been a theft of my medications, I will report this to the police and will bring a copy of the police report to my next appointment with Dr. Chester.
<input type="checkbox"/> Yes	<input type="checkbox"/> No	10. I agree to bring my bottle of buprenorphine in with me for every appointment with Dr. Chester, if requested, so that remaining supplies can be counted.
<input type="checkbox"/> Yes	<input type="checkbox"/> No	11. I agree to take my buprenorphine as prescribed, to not skip doses, and that I will not adjust the dose without talking with Dr. Chester about this so that changes in orders can be properly communicated by Dr. Chester to my pharmacy.

<input type="checkbox"/> Yes	<input type="checkbox"/> No	12. I agree that I will not drive a motor vehicle or use power tools or other dangerous machinery during my first days of taking buprenorphine, to make sure that I can tolerate taking it without becoming sleepy or clumsy as a side-effect of taking it.
<input type="checkbox"/> Yes	<input type="checkbox"/> No	13. I agree that I will arrange transportation to and from Dr. Chester's office during my first days of taking buprenorphine so that I do not have to drive myself to and from the office.
<input type="checkbox"/> Yes	<input type="checkbox"/> No	14. I have been informed that it can be dangerous to mix buprenorphine with alcohol or another sedative drug such as Valium®, Librivan®, Ativan®, Xanax®, Klonopin® or any other benzodiazepine drug--so dangerous that it could result in accidental overdose, over-sedation, coma, or death. I agree to use no alcoholic beverages and to take no sedative drugs at any time while being treated with buprenorphine.
<input type="checkbox"/> Yes	<input type="checkbox"/> No, I am NOT pregnant	15. I am not pregnant, and will not attempt to become pregnant. If a female, I will not have unprotected sex while I am taking buprenorphine, because of the unknown safety of buprenorphine during pregnancy. I have been informed by Dr. Chester that special considerations are necessary for buprenorphine treatment if I become pregnant.
<input type="checkbox"/> Yes	<input type="checkbox"/> No	16. I want to be in recovery from addiction to all drugs, and I have been informed that any active addiction to other drugs besides heroin and other opiates must be treated by counseling and other methods. I have been informed that buprenorphine is a treatment designed to treat opiate dependence, not addiction to other classes of drugs.
<input type="checkbox"/> Yes	<input type="checkbox"/> No	17. I agree that medication management of addiction with buprenorphine is only one part of the treatment of my addiction, and I agree to participate in a regular program of professional counseling while being treated with buprenorphine.
<input type="checkbox"/> Yes	<input type="checkbox"/> No	18. I agree that professional counseling for addiction has the best results when patients also are open to support from peers who are also pursuing recovery.
<input type="checkbox"/> Yes	<input type="checkbox"/> No	19. I agree to participate in a regular program of peer/self-help while being treated with buprenorphine.
<input type="checkbox"/> Yes	<input type="checkbox"/> No	20. I agree that the support of loved ones is an important part of recovery, and I agree to invite significant persons in my life to participate in my treatment with Dr. Chester.
<input type="checkbox"/> Yes	<input type="checkbox"/> No	21. I agree that a network of support, and communication among persons in that network, is an important part of my recovery. I will be asked for my authorization , if required (which it almost always is) to allow telephone, email, or face-to-face contact, as appropriate, between Dr. Chester and outside parties, including physicians, therapists, probation and parole officers, and other parties, when Dr. Chester has decided that open communication about my case, on my behalf, is necessary.
<input type="checkbox"/> Yes	<input type="checkbox"/> No	22. I agree that I will be open and honest with my counselors and inform Dr. Chester about cravings, potential for relapse to the extent that I am aware of such, and specifically about any relapse which <i>has</i> occurred -- <i>before</i> a drug test result shows it.
<input type="checkbox"/> Yes	<input type="checkbox"/> No	23. I have been given a copy of Dr. Chester's procedures and responsibilities to me as a recipient of addiction treatment services, including buprenorphine treatment.
<input type="checkbox"/> Yes	<input type="checkbox"/> No	24. I understand I can locate behavioral health services at https://findtreatment.samhsa.gov/locator
<input type="checkbox"/> Yes	<input type="checkbox"/> No	25. I understand that Dr. Chester's office hours are Monday through Friday, from 9:00am until 4:30pm. The office phone number is 808-249-8887.

Patient Signature _____

Date _____

Patient's Name (printed): _____

Witness Signature _____

Date _____

Jeffrey H. Chester, DO