



RISE Recovery

Information for Family Members of Buprenorphine/Naloxone (Suboxone) Patients



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INFORMATION FOR FAMILY MEMBERS:

Family members of patients who have been prescribed Suboxone for treatment of addiction often have questions.

What is an opioid?

Opioids are addictive narcotics in the same family as opium and heroin. This includes many prescription pain medications such as Codeine, Vicodin, Demerol, Dilaudid, Morphine, Oxycontin, and Percodan, Methadone, and Suboxone.

Why are opioids used to treat addiction?

Many family members wonder why Suboxone is used to treat opiate addiction since it is in the same family as heroin. Isn't this substituting one addiction for another? Suboxone is not "just substitution". It is blocking the opiate sites in the body and preventing any response to any opiates taken.

What is the right dose of Suboxone?

The "right" dose of Suboxone is the dose that prevents any response to opiates. The dose is **not** changed due to persisting pain. Suboxone is not to be used to treat pain.

How can the family support treatment?

Even though maintenance treatment for opiate addiction works very well, it is NOT a cure by itself. This means that the patient may continue to need the blocking opiate dose of Suboxone with regular monitoring by our clinic. This is similar to other chronic disease, such as diabetes, or asthma, which requires long term treatment. The best way to help support the patient is to encourage regular medical care and encourage the patient not to skip or forget to take medication. **It is our goal to encourage the patient to learn to live independent of Suboxone.** This will take counseling and time.

Regular Medical Care:

Most patients will be required to see us for ongoing Suboxone treatment every two to four weeks once stabilized. If the patient misses an appointment s/he may not be able to refill the medication on time and may even go into withdrawal. The patient will be asked to bring the medication container to each visit and may be asked to give urine samples at the time of visit.



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Special Medical Care:

Some patients may also need care for other medical problems, such as hepatitis or HIV(AIDS) disease. They will need to see other physicians for these illnesses. We will not do HIV treatment in our clinic. You will need to seek the assistance of specialists elsewhere for this problem.

Counseling:

Patients who are recovering from addiction usually need counseling at some point in their care. We encourage patients to keep any other regular appointments with an individual counselor or group therapy. These appointments are key parts of treatment and work together with the Suboxone program to improve success in addiction treatment. Sometimes family members may be asked to join in family therapy sessions, which also are geared to improve addiction care. It is our belief that successful withdrawal will only come when there has first been a change of heart and mind about God's purpose in his or her life.

Meetings:

Most patients use some kind of recovery group to maintain sobriety. 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 Suboxone. Family members may have their own meetings, such as Al-Anon or ACA, to support them in adjusting to life with a loved one who has an addiction. OHO patients are required to go to meetings at least three times per week.

Taking the medication:

Suboxone 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 Suboxone is lost or misplaced, the patient may skip doses or go into withdrawal. 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 reserve pills, in a separate bottle, in case an appointment has to be rescheduled or there is an emergency of some kind. To avoid confusion, it is best if the location of the Suboxone is NOT next to the vitamins, aspirin, or other over-the-counter medications. If a family member or visitor takes Suboxone by mistake, s/he should be checked by a physician immediately.



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What does Suboxone treatment mean to the family?

When chronic disease go untreated, they have severe complications which lead to disability and death. Fortunately, Suboxone 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 disease means the disease is there every day, and may need to be treated for a long time. This takes time and attention away from other things and family members may resent the effort, time and money it takes for Suboxone treatment and counseling. It might help to compare addiction to other chronic diseases like diabetes or high blood pressure. After all, it takes time to make appointments to go the doctor for blood pressure checks and it may annoy the family if the food has to be low in cholesterol or unsalted. Most families can adjust to these changes when they consider that it may prevent a heart attack or stroke for their loved one. It is our hope that we can assist the patient in becoming drug free. Research is showing that some persons have more risk for becoming addicted than others, and that some of the risk is genetic. So, when one member develops heroin 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 they are especially at risk, even with alcohol, of becoming addicted. Sometimes when the patient improves and starts feeling “normal”, the family has to get used to the “new” person. The family interactions (sometimes called “family dynamics”) might have been all about trying to help this person in trouble. Now s/he is no longer in so much trouble. Some families can use some help themselves during this change and might ask for family therapy for a while.

In summary:

Family support can be very helpful to patients on Suboxone treatment. It helps if the family members understand how addiction is a chronic disease that requires ongoing care and heart/spiritual change for it to be successful. In addition to understanding a little about how the medication works it is important for the family to also come to understand the spiritual side of this struggle. Often, the family members can greatly benefit from a heart change as well.