

## **BUPRENORPHINE MAINTENANCE TREATMENT INFORMATION for FAMILY MEMBERS**

Family members of patients who have been prescribed buprenorphine for treatment of addiction often have questions about this treatment.

### **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 buprenorphine are also opioids.

### **Why are opioids used to treat addiction?**

Many family members wonder why doctors use buprenorphine to treat opiate addiction, since it is an opioid, as is heroin. Some of them ask, "Isn't this substituting one addiction for another?" But the two opioid medications used to treat addiction to heroin – methadone and buprenorphine – are not "just substitution." 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 and hepatitis C.

### **What is the right dose of buprenorphine?**

Family members of patients who have been addicted to heroin 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 patient misuse doctors' prescriptions for narcotics to get high. They are rightly concerned that the patient 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 heroin.

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. 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 all these clues 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 treatment for heroin 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 diseases, such as diabetes, or asthma. These illnesses 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 encourage the patient not to skip or forget to take the medication.

**- 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 needle-related problems, such as hepatitis, or HIV disease. They may need to go for bloodwork, 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**

Most patients use some kind of recovery group to maintain their sobriety. It sometimes takes several visits to different 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, or ACA, 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 a disease that is not curable. This is true for addiction as well. When chronic diseases go untreated, they have severe complications which 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 healthy.

Chronic disease means the disease 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 diseases, 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 heroin addiction, it means that other blood relatives should consider themselves 'at risk' of developing a substance use disorder. 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 a disease. 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 to be a 'brain disease' rather than 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.

Sometimes when the patient improves and starts feeling normal, the family has to get used to the new "normal" person. The family interactions (sometimes called 'family dynamics', or 'system') might have been all about trying to help this person in trouble, and now he or she 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 buprenorphine treatment. It helps if the family members understand how addiction is a chronic disease that requires ongoing care. It also helps if the family gets to know a little 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. Sometimes family members themselves can benefit from therapy.

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