**PROGRAM PC-A

Primary Care Setting**

**­­­­\_\_\_\_\_\_ HANDBOOK**

Welcome to the \_\_\_*.* It is important that you understand the way the program operates, so that you may take full advantage of the program. Please review this information carefully, and clarify any questions you may have with your counselor or provider. You have the right to know about your treatment and responsibilities. This information covers the topics you need to be aware of, and general rules and guidelines of the \_\_\_ program.

**PROGRAM PROFILE:**

Buprenorphine is an opiate replacement therapy for heroin and other opiate addiction. In the \_\_\_ program, physicians, nurse practitioners, counselors, and other medical staff provide treatment. The \_\_\_ pharmacy will be providing medication for you. The goal of the \_\_\_ program is total recovery. Drug use is closely linked to an individual’s environment and social situation. Your efforts to reduce drug use and make lifestyle changes that improve your health and promote drug-free living will be reviewed periodically to measure your progress and to determine if ongoing buprenorphine treatment is the best treatment for you.

**BUPRENORPHINE:**

Buprenorphine is an FDA-approved medication for opioid or heroin addiction. Buprenorphine is substitution therapy and blocks drug withdrawal and craving without producing a “high”. It has been shown to be quite effective in the United States and abroad. Like methadone, buprenorphine produces dependence. Common side effects of buprenorphine are fewer than with methadone but can include nausea, vomiting, and constipation. Individuals who regularly use heroin or other opiates may experience some withdrawal if they take buprenorphine soon after using. This is one reason why itis important to work closely with your physician to determine how much and when to take the medication.

**Buprenorphine, like methadone, can be dangerous if misused or combined with other drugs.** Always inform any medical staff you encounter that you are on buprenorphine, since it can block the effectiveness of other opiates such as narcotic pain medications. Buprenorphine can be very dangerous or even fatal if taken by a child, or by any adult for whom it is not prescribed.

**PREGNANCY:**

**Women who become pregnant or decide to try to become pregnant must let her counselor and provider know immediately.** In order to help pregnant women in the best possible way, and because methadone is better studied in pregnancy than buprenorphine, we strongly recommend a transfer to a specialized methadone program. Help locating a program can be obtained through \_\_\_. After delivery, the woman may transfer back into the \_\_\_ program, providing that there is space available.

**PROCEDURES:**

**The enrollment and treatment regimen is as follows:**

You will receive a health assessment from a \_\_\_ provider to verify that buprenorphine treatment is suitable for you. This provider may be your primary care doctor, or another doctor or health care provider at \_\_\_. Prior to intake, you will complete a standardized interview. The interview will include questions about your drug and alcohol use, past substance abuse treatment, psychological health, your job, education, family, and any criminal justice involvement. Based on this information a personalized care plan will be developed collaboratively with your provider. The plan will include when to begin taking buprenorphine.

\_\_\_ typically provides your first few weeks of treatment, along with counseling and medical assessment to assess your response to buprenorphine. The goal of treatment initiation at \_\_\_ is patient stabilization. Sometimes, staff assessment reveals that buprenorphine is not the most appropriate level of care for patients’ needs. In such cases staff will make a referral to other substance abuse care deemed more medically appropriate.

After initial treatment at \_\_\_, your counseling and other health care will continue but your frequency of visits may be reduced. Your provider will discuss the benefits and side effects of buprenorphine with you and assign a dosing schedule. Your counselor will communicate regularly with your provider about your treatment status. Your pharmacist, provider, and counselor will share your care plan information regularly to insure quality of care. Your care plan will be reviewed periodically by the by the staff. **You must see your prescribing physician at least quarterly.**

 **CONFIDENTIALITY:**

It is the program’s policy not to disclose any information connecting you with this program without your written consent. Exceptions may be made in cases of medical emergencies, legal emergencies, psychiatric emergencies, or by a special court order (not a subpoena alone). When you are accepted into the program, you will be asked to sign a release for your previous history of medical treatment. You will also be asked to sign a group waiver prior to being allowed to join group meetings which you acknowledge the confidentiality of the material that is being shared in the group and your protection of this material.

**MULTIPLE REGISTRATIONS:**

It is a serious offense to receive opiate replacement therapy from two or more different sources. Examples include receiving buprenorphine prescriptions from more than one physician, or receiving both buprenorphine and methadone. You are required to notify staff if you are registered in another program, or if you receive methadone, LAAM, or buprenorphine in a hospital or clinic.

**TAKE-HOME DOSES:**

Some times buprenorphine will be given as “take home” dose for you to administer to yourself at home. The frequency of “take home” doses is individual.

It is important for you to understand and follow certain expectations when receiving take-home medications, including:

* That the medication will be stored in a safe place, away from children.
* The medication will be taken as prescribed. The indicated dose should be taken daily and you must not adjust the dose on your own.
* Observed dosing will occur on scheduled days
* Counseling and other clinic appointments will be kept

You must notify your provider and counselor immediately in case of lost or stolen medication. If a police report is filed, you must bring in a copy for your records. Your provider will decide whether or not to replace the missing medication. If anyone besides the patient takes the medication, you must call the poison control center at 1-800-411-8080 or 911 immediately. If you wish a dose change, you must call your provider, who can determine whether a change is appropriate.

**DRUG OR ALCOHOL USE:**

**Mixing alcohol and/or drugs with buprenorphine can be life threatening.** It is important that you notify your provider and counselor immediately in case of alcohol and drug use. This means you should tell them of your use before a urine test shows it. If you appear intoxicated or “under the influence”, your buprenorphine may be withheld.

**BUPRENORPHINE DIVERSION:**

Accepting or buying buprenorphine, or any narcotic medication, without a prescription is known as diversion. Selling and giving away your buprenorphine is also diversion. Diversion is a federal offence. Participation in drug diversion while in treatment will result in termination from the program.

**URINE SAMPLES:**

You will be asked to give urine samples to test for illicit substances and certain prescribed drugs. Test results are recorded and kept in your treatment records. The test results are used to evaluate your progress in the program. **You will need to comply with all required urine tests. Be prepared to give a sample each time you visit the provider or counselor.**

**PRESCRIPTION DRUGS:**

On occasion, your physician may prescribe a medication for a short time for a specific problem. Since many prescription medications interact with buprenorphine, you must inform your provider, pharmacist, and counselor of all prescription drugs. It is also your responsibility to inform any physician or dentist outside of this program that you are taking buprenorphine.

**HOSPITAL OR JAIL:**

Be sure to contact your counselor and provider whenever you are in the hospital; they will confirm your buprenorphine dose with hospital staff. If you go to jail, notify jail staff that you are a patient and that you take buprenorphine.

RULES AND GROUNDS FOR TERMINATION

**You are required to abide by all patient responsibilities.** The program can terminate the treatment contract due to violation of program rules at anytime.You may be involuntarily terminated from the program for reasons that include, but are not limited to, the following:

1. **An act or threat of violence against a patient, staff member, customer, or the program. All forms of violence or threats of violence, both verbal and physical, will result in termination from the program. Acts of intimidation, harassment, or gestures that are suggestive of threatening behavior will result in termination from the program.**
2. **Possession of weapons. Without exception, you are prohibited from bringing any weapon(s) into any pharmacy, clinic, physician or counselor’s office.**
3. **Harassment of patients, customers, or staff for any reason including their gender, ethnicity or sexual orientation.**
4. **Stealing from anyone in any form on program property. This includes the pharmacy, the store affiliated with the pharmacy, OBIC, or the physician or counselor’s office.**
5. **Other illegal acts on any program property.**
6. **Receiving opioid replacement treatment from multiple sources.**
7. **Selling, buying, exchanging, mishandling of buprenorphine or other legal or illegal drugs.**
8. **Tampering with urine samples.**

**EMERGENCY PROCEDURES:**

In case of emergency involving overdose of drugs, immediately call one of the emergency numbers listed below.

**\_\_\_\_\_\_\_\_\_**

**\_\_\_\_\_\_\_\_\_**

**\_\_\_\_\_\_\_\_\_**

**PATIENT ACKNOWLEDGMENT:**

I have received and reviewed the \_\_\_ patient handbook. I fully understand the rules and regulations of \_\_\_\_.

**Patient Signature \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date \_\_\_\_\_\_\_/\_\_\_\_\_\_\_\_/\_\_\_\_\_\_\_\_\_**