BUPRENORPHINE MAINTENANCE TREATMENT

PROTOCOL for FOLLOW-UP APPOINTMENTS

Follow-up appointments will be at least monthly (weekly to every 2 weeks in initial months of treatment).

The activities at follow-up appointments are focused on evaluating adequacy of treatment and risk of relapse. They should include:

- pill counts, including reserve tablets (this does not need to be done every time a visit occurs, but patients should be told to expect this periodically—several times a year. It can be done at visits or by random call back that one of your staff performs)
- urine testing for drugs of abuse and alcohol (this should be done at every visit. Patients should be told that you may call them in randomly for a urine drug screen as well and they need to agree to this. Such visits can be rare (a few times a year) and the patient must agree to the charge for this. Random urine drug screens are a normal part of substance abuse treatment.)
- prescription of medication
- an interim history of any new medical problems or social stressors

DANGEROUS BEHAVIOR, RELAPSE AND RELAPSE PREVENTION

The following behavior "red flags" should be addressed with the patient as soon as they are noticed:

- missing appointments
- running out of medication too soon
- taking medication off schedule
- not responding to phone calls
- refusing urine or breath testing
- neglecting to mention new medication or outside treatment
- appearing intoxicated or disheveled in person or on the phone
- frequent or urgent inappropriate phone calls
- neglecting to mention change in address, job or home situation
- inappropriate outbursts of anger
- lost or stolen medication
- frequent physical injuries or auto accidents
- non-payment of visit bills

These behaviors should evaluated by the treatment team and should be brought to the patient's attention. The patient should be supported and an appropriate response made (e.g.: increased level of care: more frequent counseling sessions, referral to inpatient or intensive outpatient substance abuse treatment if needed, withdrawal from buprenorphine/naloxone treatment and referral to higher level of care (e.g.: methadone maintenance). Decisions need to be based on clinical assessment and documented in patient's medical record.