

# Guide to Detoxing Off Suboxone

## You Deserve Freedom From Addiction.

Learn what makes The Coleman Method a unique and more comfortable way to detox quickly.

The Path to Freedom Starts Here.

# Facts About Buprenorphine Use and Dependence

Taking the Next Step in Your Recovery Journey

Buprenorphine was developed in the 1960s as part of research efforts to find a safer pain management treatment option than morphine or heroin. As a partial opioid agonist, it has the ability to suppress cravings and help prevent relapse without creating highs, when taken as prescribed. Along with Methadone and Naltrexone, it has become one of the 3 evidence-based forms of Medication-Assisted Treatment (MAT) for Opioid Use Disorder.

To help reduce the potential for misuse, buprenorphine was combined with small amounts of the opioid antagonist naloxone in a branded formulation called Suboxone®. Nowadays, buprenorphine/naloxone (aka Suboxone) is commonly used to treat opioid dependence by transitioning someone from street opioids to this legal (when prescribed) alternative.

As a partial opioid agonist, buprenorphine fills the opioid receptors the same way that opioids do. However, those that have heavily used opioids will not experience the same kind of "high" feeling. This is due to the fact that buprenorphine has a capped or a ceiling effect, meaning that taking more of it won't increase the euphoric feelings that it offers.

Some patients are reluctant to use buprenorphine for fear of replacing one addiction with another. Others are intimidated by challenge that they'll face in trying to taper off of Suboxone or other forms of buprenorphine. This is largely because Suboxone is very long-lasting (has a long half-life), which can lead to weeks of painful withdrawal symptoms.

It's also important to note that for some people who are stable on Suboxone®, there is no reason to try to get off of it. However, for people who are ready for this change—or those looking to be fully off of opioids—a detox off of Suboxone could be the right next step in the path to recovery.

#### 5 Startling Facts about Suboxone® Use in the U.S.

- Only <u>49% of participants</u> reduce prescription painkiller abuse during a 12-week treatment program.
- In 2011, <u>21,000+ emergency room visits</u> were for the nonmedical use of buprenorphine products.
- In 2019, **<u>2.4M adults</u>** used buprenorphine products.
- In 2019, <u>25% of adults</u> taking buprenorphine products reported misusing them.
- In early 2022, the FDA issued a warning that buprenorphine products that dissolve in the mouth have been reported to cause tooth decay and other dental problems.



# Choosing a Detox Method that is Right for You

### Options for Detoxing Off of Suboxone® and How to Decide Which is Best For You

Detoxing off of Suboxone® on your own can be extremely difficult. Buprenorphine, like other opioids, can cause physical changes in your brain. Most people cannot stop using buprenorphine products like Suboxone without a severe and intolerable withdrawal reaction, so many people need to seek out professional help for detoxification or withdrawal management. Detox can be the right next step on the road to recovery from opioid addiction.

#### **Choosing a Detox Method:**

- Self Detox: Stopping suddenly is known as "going cold turkey," and this can be extremely uncomfortable. Most people try tapering or weaning themselves down, but this is almost never successful. This approach is usually so uncomfortable that most patients are unable to tolerate the pain and resort to using opiates again. Self-detox from long-acting medications such as Suboxone® or other Buprenorphine products can be even more drawn out and uncomfortable. Self detox is not generally recommended due to the high probability of <u>relapse</u> and potential safety concerns.
- Ultra Rapid Opioid Detoxification (URD or UROD), Anesthesia Detox, or Sedation Detox: This inpatient, hospital-based method involves putting patients under general anesthesia and intravenously administering opioid antagonists such as Naltrexone. This process of flushing the drugs out of their system can take place in as few as five minutes. UROD comes with a high cost and serious medical risks and there have been fatalities reported.
- Inpatient Detoxification: Inpatient detox can take place in a hospital or rehab facility for several days to upwards of 30 days in order to fully rid the body from opiates. Medical professionals supervise and administer the medications for pain and discomfort during the detox, as well as monitor the patient for safety. This method can be very expensive and often interrupts daily responsibilities. With inpatient detox, it is important to be aware that health insurance may not cover the full length of stay it requires to completely detox. The number of days required will vary with each patient.
- Accelerated Opioid Detoxification using The Coleman Method: Our unique approach, called The Coleman Method, uses a combination of specific comfort medications and small doses of Naltrexone to help patients safely and comfortably detox in as little as 8 days. At the Coleman Institute for Addiction Medicine, 98 percent of patients successfully complete their opioid detox without the risks and costs of general anesthesia, or the need to take an extended break from their daily responsibilities. We recognize that completing a detox is just the first step towards recovery; behavioral and environmental changes are also necessary so that the brain has time to recover. After the detox, we use long-acting Naltrexone to help patients begin their recovery. Naltrexone is a non-addictive opioid blocker that reduces cravings and blocks the "high" from opioids. It is also effective in reducing cravings for alcohol. Available in both a onemonth injection or two-month implant, Naltrexone is highly effective in bridging the gap between detox and recovery. We recommend that our patients have 6-12 months of Naltrexone therapy following the detox, while they begin to work their recovery program.

# Detoxing Off of Suboxone® Using The Coleman Method

### The Comfortable, Fast Detox

The Coleman Institute for Addiction Medicine has been a leader in Suboxone® detox since 1998. In 2001, Dr. Peter Coleman introduced accelerated detox using The Coleman Method, as a safer, faster and more comfortable method of recovery. This method limits the pain associated with withdrawal and can be completed in as little as 8 days so you can reclaim your life with little disruption to your day-to-day responsibilities.

#### How it Works and What to Expect

**Before the Detox Begins:** Patients stop taking their Suboxone® 16-48 hours before their first scheduled appointment, based on guidance from our physician.

**Day 1:** Because they stopped taking Suboxone<sup>®</sup> the previous evening, patients will be in mild withdrawal. A licensed and experienced healthcare provider will administer sedatives and other comfort medications in the office and prescribe medications to take throughout the day. They will administer a micro-dose of Naltrexone to speed up the healing process and make it more manageable.

**Intermediate Day(s):** The second day of the detox is similar to the first in that patients continue to receive more sedatives and comfort medications throughout the day. Physicians will adjust dosages to make it as comfortable as possible. Again, micro-dose Naltrexone helps the detox process.

**Final Day:** By the final day of the detox, patients will have made significant progress. Under light sedation, the remaining opioids are gently removed from their brain, typically over 6 to 8 hours. At this point the detox is complete, we administer long-acting Naltrexone, and the patient can return home knowing that all of the opioids have been removed from their brain.

#### **Summary Information About Our Process**

- Healthcare providers administer micro-doses of Naltrexone throughout the process to accelerate the removal of opioids from your brain's receptors, making the final day quick and easy.
- We also provide medicines to keep patients relatively comfortable throughout the process.
- Following the detox, many patients choose Naltrexone implants for additional support as they start a new life, free from addiction.
- <u>Vivitrol</u>®, a once-monthly injection of Naltrexone, is also widely available to assist in relapse prevention.

#### **Benefits of The Coleman Method** Outpatient Care:

- Detox in as little as 8 days
- 98% detox completion rate
- No inpatient hospital stay required

#### **Minimal Discomfort**

- Safe, assisted withdrawal process
- Customized medications to reduce discomfort
- Caring, compassionate medical professionals who specialize in addiction treatment

#### **Recovery Support**

- Naltrexone therapy to reduce cravings and prevent relapse
- Access to recovery support services

### More Than 8,500 Patients Treated

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# **Recovery Support**

### Continue Your Road to Long-Term Recovery

According to the **Substance Abuse and Mental Health Services Administration** (SAMHSA), recovery is a process of change through which individuals improve their health and wellness, live a self-directed life, and strive to reach their full potential. There are four major dimensions that support recovery:



Hope is the foundation of recovery. The belief that these challenges and conditions can be overcome is a core component of successful healing. Recovery is highly personal; you set your own path and your own pace. It is characterized by continual growth and improvement of health and wellness. Throughout your recovery journey, setbacks can be natural and can occur. Working through both anticipated and unforeseen setbacks is an exercise in resilience.

Relationships play a critical role in supporting your recovery. Family and friends often become the champions of their loved one's recovery journey. You may also experience adversities that lead to increased **family stress**, guilt, shame, anger, fear, anxiety, loss, grief, and isolation. Addressing adversity requires the resilience of both you and your family members. Your family can foster resilience by ensuring access to intentional peer support as a way of promoting your health and well-being. Having access to intentional peer support is crucial as it promotes engagement with treatment. Recovery support should be flexible and from a person-centered approach. Person-centered care furthers your recovery engagement by actively involving you in treatment decisions.

## **Support Services For Person-Centered Aftercare**

### The Right Support at the Right Time

We strongly believe that detoxification without appropriate follow up and treatment is almost always unsuccessful. Because of this we encourage all of our patients to find a treatment program that will best suit their needs and begin therapy with an appropriate substance abuse facility in their area as soon as possible following detoxification. Types of treatment modalities include:

- **Clinical Case Management**: Case managers provide support by putting you in contact with recommended health and human services. A clinical case manager can help develop a treatment plan and help you connect with resources to begin treatment. By staying involved, they can help you stay on the right track.
- **Individual Counseling**: Often called psychotherapy, or talk therapy, individual counseling is the process of working one-on-one with a trained mental health professional in a safe, confidential, and caring environment. It is highly encouraged to research your mental health professional to learn more about their specialty (i.e. do they have the experience related to your situation) and their practice philosophy (such as core beliefs of the practice) to ensure a good fit.
- **Substance Use Group Counseling**: Substance use group counseling is a process where a number of individuals with similar issues or concerns meet as a group with one or more therapists or facilitators to process and learn from one another's experiences. Substance use groups tend to have higher rates of success than other treatment methods. Groups reduce isolation, allow individuals to witness recovery in others, gain hope, and often can draw them into a culture of recovery.
- **Partial Hospital Program**: Partial Hospital Program (PHP) is an outpatient model of care that is time limited based on medical necessity of services. PHP would serve as an alternative to inpatient care or is the next step in care after an inpatient stay in lieu of continued hospitalization. These programs are available at least five days a week but also can offer half day, weekend, and evening hours.
- Intensive Outpatient Program: Intensive Outpatient Program (IOP) is a series of sessions aligned to person-centered plans. This may include services provided during evenings and on weekends and/or interventions delivered by a variety of service providers in the community. The program may function as the next step following partial hospitalization, detoxification, or residential services. IOP may also be used to prevent or minimize the need for a more intensive and restrictive level of treatment and is considered to be more intensive and integrated than individual outpatient services.
- **Structured Outpatient Addiction Program**: Structured Outpatient Addiction Program (SOAP) is an outpatient program designed for the treatment of addiction and/or co-occurring mental health disorders. Similar to IOP, the program operates five days per week, including evening hours, and is determined by specific conditions. The average length of treatment is six to eight weeks.
- **Residential Treatment**: Residential treatment is treatment taking place in an inpatient unit. Generally, it is between 30 and 90 days. The length of time is determined by your individual symptoms. Treatment may or may not include medication-assistance or dual-diagnosis treatment for psychiatric illness.

- **Trauma-Informed Services**: Some patients may require a trauma-informed treatment approach, as trauma may impact their substance misuse. SAMHSA defines a trauma-informed treatment approach to mental health treatment as one that:
  - o Understands the impact of trauma
  - o Recognizes signs and symptoms of trauma in the patient as well as friends and family
  - o Integrates knowledge of trauma into treatment systems and practices
  - o Works to prevent re-traumatization in the individual

Models of trauma-specific interventions for substance use disorders generally use a multicomponent approach consisting of working collaboratively with patients, families, friends, and human services providers. These individuals come together to contribute to empower and educate about trauma and its effects, and train in coping and interpersonal skills.

- Family Engagement and/or Therapy: Substance misuse can not only affect you, but also your family members. Therapy can help you to address any family-related factors contributing to substance misuse, as well as help improve family relationships. Family therapy may involve educating the family about substance use disorders and their psychological, medical, and behavioral effects, or it may actively engage all family members in psychological therapy to address how family relationships may affect or be affected by substance misuse.
- **Medication Assisted Treatment using Naltrexone**: Medication Assisted Treatment (MAT) combines behavioral therapy and medications to treat substance use disorders.
  - Naltrexone is a non-addictive opioid blocker that reduces cravings for opioids to help with long term recovery success as well as blocking the 'highs' from opioids.
  - Naltrexone Implant: The Naltrexone Implant is a small pellet that is inserted under your skin. The implant slowly releases the medication as it dissolves, typically lasting two months.
- Support Groups: Community-based support groups include Alcoholics Anonymous, <u>Narcotics</u>
  <u>Anonymous</u> (NA), <u>SMART Recovery</u>, <u>Refuge Recovery</u> and others. These groups are typically peer-led and many incorporate a 12-step program that encourages regular participation in meetings.



### ASK FOR HELP. CALL 877-494-9333

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