

Patient Handbook



"Providing unique and comprehensive opioid treatment to encourage substantial life changes"

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Mission Statement

It is the mission of Reflections of Hope to provide a respectful, therapeutic and safe environment that will assist and encourage opioid dependent individuals to stabilize functioning, improve their health and wellness, live a self-directed life and strive to reach their full potential. Reflections of Hope, LLP. is a comprehensive outpatient opioid treatment program where people can receive evidence based medical and behavioral treatment for opioid addiction. Our mission as a treatment facility is to provide effective, life-changing treatment based on values and principles that support people and their families physically, mentally, spiritually and emotionally.

Hours of Operation:

Monday – Friday 5:30 am – 12:00pm
Saturday – 6:00am – 9:00am
Sunday 7:00am – 9:00am

*Hours of operation are non-negotiable and will not be changed regardless of the situation. You are required to arrive at the center at least 15 minutes prior to closing to receive medication. *

*Special hours or holiday closings will be posted in advance. *

"Every life is of incalculable worth."

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Program Description

Reflections of Hope, LLP recognizes the detrimental effects of addiction on all facets of a person's life. We approach treatment by addressing the 8 dimensions of wellness as a practical way to start developing healthy habits that can have a positive impact on each individual's life. These dimensions include:

1. Emotional—Coping effectively with life and creating satisfying relationships
2. Environmental—Good health by occupying pleasant, stimulating environments that support well-being
3. Financial—Satisfaction with current and future financial situations
4. Intellectual—Recognizing creative abilities and finding ways to expand knowledge and skills
5. Occupational—Personal satisfaction and enrichment from one's work
6. Physical—Recognizing the need for physical activity, physical health, healthy foods, and sleep
7. Social—Developing a sense of connection, belonging, and a well-developed support system
8. Spiritual—Expanding a sense of purpose and meaning in life according to the individual

In the initial or acute phase of treatment we focus on physical health and stabilizing symptoms of withdrawal. As stabilization is achieved, we will work with people to assess and address other critical issues and patterns that contributed to or were affected by addiction. Our aim is to develop a healing partnership to support people cultivating their individual gifts, strengths and preferences. With improved stability and strengths, people are better able to build meaningful connections, a sense of belonging, and healthy interdependence within family and community.

Treatment Philosophy

Reflections of Hope, LLP adheres to a recovery-oriented, and a recovery-focused philosophy of treatment. Treatment at its best is a partnership, not something that's done TO you but something that's done WITH you.

In December 2011 the Substance Abuse and Mental Health Services Administration (SAMHSA) of the U.S. Department of Health and Human Services developed a "working definition" of RECOVERY that defines it as "A PROCESS OF CHANGE THROUGH WHICH INDIVIDUALS IMPROVE THEIR HEALTH AND WELLNESS, LIVE A SELF-DIRECTED LIFE, AND STRIVE TO REACH THEIR FULL POTENTIAL." SAMHSA also delineated four major dimensions that support a life in recovery:

Health, Home, Purpose and Community.

ROH, LLP will primarily help patients focus on the health dimension, about which SAMHSA says: "overcoming or managing one's disease(s) or symptoms—for example, abstaining from use of alcohol, illicit drugs, and non-prescribed medications if one has an addiction problem—and for everyone in recovery, making informed, healthy choices that support physical and emotional wellbeing." The medication(s), medical consultation and psychosocial support we offer will help a patient first and foremost "improve their health and wellness." Once a patient's health begins to improve and his or her physical withdrawal symptoms and psychological cravings are at bay, the home life can begin to improve, the patient will once again be able to perceive and determine his or her own purpose & the patient will start becoming more engaged in his or her community.

Description of Services

Reflections of Hope, LLP offers three primary opioid treatment services intended to assist people in achieving optimal recovery outcomes and support accomplishment of the shared objectives:

- Methadone or Buprenorphine maintenance treatment
- Medically-supervised withdrawal; and
- Detoxification from other opiates, utilizing Methadone and Buprenorphine

The program uses an interdisciplinary approach for addressing the personal or social needs of the patient, and capitalizes on both in-house resources and/or referral to outside agencies and service providers. Specifically, ROH's treatment services are designed and implemented to:

- (1) support the recovery, stabilization, and well-being of patients;
- (2) enhance and promote the quality of life for all patients served through a harm reduction model;
- (3) reduce symptoms associated with opioid use and dependency, and build individual resilience as part of a relapse prevention strategy;
- (4) teach and model ways to help people restore and/or improve their daily functioning and "life skills"; and
- (5) support people as they re-integrate into their communities of choice, families, and/or support systems.

On a more personal level, ROH's services are intended to help people develop enhanced self-esteem, self-confidence, responsibility, and honesty. The organization's treatment program is comprised of four distinct components that are grounded in sound medical and case management practices:

- (1) individual and group counseling as prescribed;
- (2) involvement of family members and/or significant others in counseling and/or educational services as needed with appropriate patient consent;
- (3) psycho-educational activities intended to educate patients about addictive disorders and the toxic effects of drugs (including alcohol); and
- (4) affiliation with self-help groups and other community resources.

At the heart of the program is an organizational commitment to individualized treatment tailored to meet the specific needs of each person; and as evidenced by individual assessments and decisions made upon individual need, personal and societal functioning, as well as drug-free urinalysis testing results rather than artificial benchmarks such as dosing level and/or length of time in treatment. At the core of the program is the belief that dosing levels should not be determined by corporate policy or any other artificial "dose cap". For clarification, the organization does not generally support, encourage or endorse the idea of dose caps or dosing levels that are dictated by anything other than (1) the individualized needs of the patient and (2) the professional judgment of the Medical Director.

Methadone and Buprenorphine are administered in Reflections of Hope, LLP for craving reduction and for the suppression of withdrawal symptoms; the use of Methadone and Buprenorphine is not authorized for analgesic purposes, i.e., pain reduction, at Reflections of Hope, LLP.

Referrals

In our pursuit to meet the specific needs of each person, it may become necessary to utilize outside agencies and service providers. Should a need arise that is unable to be addressed specifically by the treatment program, ROH is able to provide referrals to outside services as necessary for each person's health or well-being.

Coordination of Care and Services

In the event that a referral is provided for outside services it is the responsibility of the patient to assist ROH to coordinate care with that entity. It is the patient's responsibility to inform ROH of any medical or health services received outside of ROH (to include doctor's visits, mental health services, dental, etc.). For the safety and well-being of all patients served, care must be coordinated with all medical/health service providers. Further, patients are required to inform ROH staff of any medications, prescribed or over-the-counter; and are advised to have medication's approved before ingestion out of concern for safety. It is required that patients inform all outside medical/health providers of treatment program Methadone or Buprenorphine prescription, to include dose amount. This will help to reduce possible adverse drug interactions from outside treatment, and increase safety.

Confidentiality

Reflections of Hope, LLP is firmly committed to the protection of all patient-related information and data and, recognizes its responsibility to comply with 42 CFR Part 2 and the Health Insurance Portability and Accountability Act (HIPAA) of 1996 regarding confidential patient information. This policy recognizes that patients are afforded confidentiality protection from the time they initially seek services and into perpetuity. Additionally, the organization recognizes that the protection of patient confidentiality represents a moral and ethical obligation for the organization and all its employees. Therefore, it is the policy of Reflections of Hope, LLP that patient confidentiality and its protection will be of paramount concern; and the organization will make every attempt through both policy development and service delivery to afford the highest degree of protection to all records and files that contain any patient-related data.

Patients will be asked to sign a consent form ONLY when there is a legitimate need to communicate with/release information to another individual, entity or organization.

UNDER NO CIRCUMSTANCES WILL A PATIENT BE ASKED TO SIGN A BLANK RELEASE FORM. For emphasis, consent forms MUST be prepared and signed in response to a specific need and not simply as a matter of convenience or expediency for the staff.

Limits to Confidentiality

There are circumstances in which ROH may disclose patient-related information without a patient's written consent. These circumstances include:

- 1) Under court subpoena
- 2) Duty to warn; suicidal or homicidal risk
- 3) Suspicion of abuse or neglect of a vulnerable person(s)

All staff at ROH are recognized as mandated reporters. A mandated reporter is a person who is legally required to report any suspicion of abuse or neglect of a vulnerable individual to the relevant authorities. These laws are in place to prevent vulnerable populations from being abused and to end any possible abuse or neglect at the earliest possible stage. Vulnerable populations can include, but are not limited to: children, physically/mentally disabled individuals, and the elderly.

Patient Rights

You have the right to:

- have access to information, and to release information, in adequate time to facilitate "fully informed" decision making in support of your services and/or recovery
- have access to information about your treatment in sufficient time so that you can make the best-informed decision about course of care
- informed consent, informed refusal and expression of your choice regarding how we provide treatment services, services that you might also be receiving from another provider, and the composition of your treatment team, and to revoke the consent for treatment at any time
- have a primary counselor designated in writing who will direct and coordinate your treatment;
- request a change in your primary counselor if you so desire
- be fully involved as an active participant in all decisions pertaining to your treatment and to participate in all counseling/treatment modalities and activities offered by the clinic
- receive individualized care and adequate dosing as part of your treatment
- receive services in an environment that is free of all forms of abuse, exploitation and retaliation (including fiduciary/fiscal abuse), humiliation and neglect
- receive treatment services without fear of the use of seclusion and/or physical restraint;
- the highest degree of privacy and to be treated with dignity and respect during medical examinations, physician consultations and/or other procedures
- confidentiality to the greatest extent allowed by federal/ state confidentiality laws and regulations including 42 CFR Part 2 and the Health Insurance Portability and Accountability Act
- access self-help and advocacy support services, and referral to legal entities for appropriate representation with staff assistance, as needed
- review and request copies of all protected health information, including the clinical documentation in your record
- have family members, friends or others supports involved in your treatment
- receive services that comply with all applicable federal and state laws, rules and regulations regarding methadone and buprenorphine treatment
- adherence to accepted research guidelines and practices and industry ethics if you choose to be involved in a research project being conducted at the clinic and/or by the clinic staff;
- file a grievance/complaint about the services you receive without fear of retaliation of any sort, and have the procedure for filing a grievance or complaint in a clear, understandable manner
- file a grievance with the responsible State licensing/regulatory authority or other state agency if you feel that the organization has not satisfactorily addressed any concerns you have; or, does not adequately address any formal grievance you submit; transfer to another provider, and receive assistance by ROH staff, be informed of how to contact the North Carolina governor's advocacy council and have any violation of these rights investigated and appropriately resolved by an objective member of the clinic and/or managing partners: see *"Patient Complaints and Grievances"*

Opioid Addiction and Treatment

Believing that addiction is a disease, Reflections of Hope, LLP provides medical treatment for opioid addiction using FDA approved medications (methadone and buprenorphine proven safe and effective) along with individual and group counseling. Our patients are people who are opioid dependent and are seeking treatment attempting to change and/or improve their quality of life. We recognize the complexity of working with dependency and therefore provide care in medical, psychological, sociological, economical and spiritual areas of treatment. All treatment at Reflections of Hope will be conducted in an environment that seeks to promote positive encouragement and the dignity of all.

We are committed to meeting the expectations of the staff, those we serve, and the community. We believe that Methadone and Buprenorphine Maintenance are valid medical treatments and are needed to assist these individuals. Treatment should be available to provide support, education, counseling and resources when people seek help.

We believe that Methadone and Buprenorphine treatment provide a service to the community by the reduction of crime, medical treatment and emergency room visits, and public assistance utilization. This treatment also reduces the spreading of communicable diseases such as Hepatitis C and HIV/AIDS by lowering and eliminating injection opioid use.

Medication Management

Reflections of Hope, LLP is keenly aware of its legal, moral and ethical obligations to maintain positive controls over all medication prescribed and administered by its physicians. In addition to the specific guidelines contained in ROH's Policy on Medication Management, procedural guidelines are intended to ensure that all medications administered by the organization are controlled, prescribed and dispensed in accordance with all applicable federal and state regulations.

Monitoring Treatment

Patients should be seen frequently at the beginning of their treatment. Daily dosing is required and weekly counseling visits (at least) are recommended until patients are determined to be stable. The stability of a patient is determined by an individual clinician based on a number of indicators which may include abstinence from illicit drugs, participation in psychosocial treatment and other recovery-based activities, and good occupational and social functioning.

Length of Treatment

There is no time limit for treatment with Methadone or Buprenorphine. Taper and discontinuation is a slow process and close monitoring is recommended. Methadone/Buprenorphine tapering is generally accomplished over several months. Patients and clinicians should not take the decision to terminate treatment lightly. Factors associated with successful termination of treatment are not well described, but, may include the following: (1) Employment, engagement in mutual help programs, or involvement in other meaningful activities. (2) Sustained abstinence from opioid and other drugs during treatment. (3) Positive changes in the psychosocial environment. (4) Evidence of additional psychosocial supports. (5) Persistent engagement in treatment for ongoing monitoring past the point of medication discontinuation. Patients who relapse after treatment has been terminated should be returned to treatment.

Pregnancy and Medication Assisted Therapy

A pregnant woman using or abusing opioid drugs may seriously damage two people: herself and her unborn child. While methadone/buprenorphine itself does not eliminate all potential problems of pregnancy, a comprehensive maintenance treatment program can greatly reduce the possibility of sickness or even death in the mother or child (SAMHSA).

Heroin and other opioid drug use can cause serious complications during pregnancy, including miscarriage or premature delivery of the unborn child. Children born to addicted mothers also are at greater risk of sudden infant death syndrome (SIDS).

Since the early 1970s, medical experts have recommended maintenance therapy for opioid-dependent pregnant women. Maintenance therapy helps reduce the use of illegal opioids and the abuse of other harmful drugs, creating a number of proven advantages:

- escape from a drug-seeking lifestyle;
- reduces the risks of contracting HIV, hepatitis and other infections;
- prevents erratic blood levels of drugs that put the unborn baby through dangerous withdrawal;
- improves nutrition, leading to healthier weight and condition of the newborn;
- ability to prepare for the birth, take baby care classes, and begin homemaking;
- reduces medical complications both before and during childbirth, allowing for a healthier newborn.

In short, research has clearly shown that maintenance therapy is safe for pregnant women and offers a much greater chance for a healthy baby.

Methadone or Buprenorphine may be transmitted to the unborn child and may cause physical dependence. If a patient becomes pregnant and starts a medically supervised detoxification, or suddenly stops medication assisted treatment, the patient or the unborn child may show signs of withdrawal, which may adversely affect the pregnancy or the child. Patients should use no other drugs without approval of the Medical Director as they might interact with Methadone or Buprenorphine, may harm the patient, or the unborn child. Patients should inform any other physician who sees the child after birth of current or past participation in a narcotic treatment program to facilitate proper care of patient and child.

Prior to delivery, patients will need to discuss breast-feeding options with a pre-natal care provider as well as any information or questions regarding possible transmission to the infant. Patients should inform any other physician who sees the child after birth about the consideration to breast-feed, and current or past participation in a narcotic treatment program to facilitate proper care of patient and child.

Reflections of Hope provides services to women and to women who are pregnant. The organization recognizes the increased organizational responsibility and legal liability that potentially results from providing opioid treatment services to pregnant women.

Once admitted to the treatment program and as clinically appropriate, female patients will receive counseling regarding health issues specific to women (including reproductive health issues), domestic violence, and sexual abuse.

All patients who are pregnant will receive education on detoxification, medically supervised withdrawal including the impact of both on the health and welfare of unborn child(ren). Every patient who is pregnant will be encouraged to obtain prenatal care, prenatal education, and postpartum support through a referral/recommendation to other appropriate health care providers. If prenatal care is not available or the patient cannot afford care or refuses prenatal care, the clinic staff shall offer written materials on maternal, physical and dietary care.

Methadone

Methadone is an opioid agonist used in the treatment of opioid use disorder. Opioids are all derivatives of opium, a natural narcotic obtained from poppies. Opioids include Heroin, Morphine, Codeine, Dilaudid, and Oxycontin. Methadone is a synthetic opiate substitute and is very effective in the following ways: Methadone is taken orally, rather than by injection and therefore Methadone can aid to discontinue the dangerous practice of “shooting up”. Methadone is long acting. You will only need to take Methadone once a day. Methadone lasts from 24-36 hours. Methadone takes effect slowly. Because the drug has a slower and more gradual onset of effects, you will not get a “rush” or “high”. This helps break the cycle of the “rush-stoned-crash-withdrawal symptoms”. Methadone side effects will lessen as your Methadone treatment progresses, and you will then feel fewer of the drug’s initial effects. Once you are stabilized at a therapeutic level, you then begin to feel asymptomatic. Methadone prevents withdrawal symptoms, reduces cravings, and blocks the effects of illicit opioids without producing the euphoria or dangerous side effects of other opioids. As great as Methadone is, it is not enough on its own. Remember, Methadone is a tool; it is not treatment by itself and must be combined with other clinical services such as counseling, to be effective.

Precautions: Alcohol, Sedative, Hypnotic, or Anxiolytic

Studies have shown potential harmful interactions between Methadone and sedatives; such as Benzodiazepines. Therefore, patients with opioid use disorder and concurrent alcohol, sedative, hypnotic, or anxiolytic use disorders should receive more intensive monitoring during office-based treatment with Methadone to minimize the risk of harmful events.

Adverse Effects of Methadone

Methadone side effects are usually minimal and short-lived. They most often occur in the early stages of your treatment. Most patients experience no severe side effects. Please read the list below and notify the medical staff if you experience any symptoms of these side effects. The most frequently observed negative effects are light-headedness, dizziness, extreme tiredness, nausea, vomiting, sweating, ankle swelling, or skin rash. Much less often, negative effects may include: restlessness, malaise, weakness, headache, insomnia, agitation, disorientation, visual disturbance, constipation, dry mouth, flushing of the face, low heart rate, faintness and fainting, problem urinating, changes in sexual drive, irregular menstruation, joint pain, joint swelling, and numbness and tingling in hands and feet. You may experience some side effects from Methadone, but they are usually minor and do not outweigh the benefits of treatment. Notify the nurses if you experience any side effects listed above.

Methadone is a medication that produces dependence and has the same side effects as other opiates. Overdose may cause sedation and/or respiratory and cardiac depression. If you have shallow breathing, difficulty breathing, chest pains, or other serious symptoms, CALL 911! If you have a mild reaction that you believe is medication related, telephone the ROH medical staff for assistance. After clinic hours, contact the local Emergency Room. If it is necessary to go the hospital, have someone else drive you.

This is not a complete list of side effects and others may occur.

Buprenorphine

Buprenorphine is an opioid agonist recommended for the treatment of opioid use disorder. Opioids are all derivatives of opium, a natural narcotic obtained from poppies. Opioids include Heroin, Morphine, Codeine, Dilaudid, and Oxycontin. Buprenorphine is taken sublingually (dissolved in the mouth orally), rather than by injection and therefore Buprenorphine can aid to discontinue the dangerous practice of “shooting up”. Buprenorphine is long acting. You will only need to take Buprenorphine once a day. Buprenorphine lasts from 24-44 hours. Buprenorphine takes effect slowly. Because the drug has a slower and more gradual onset of effects, you will not get a “rush” or “high”. This helps break the cycle of the “rush-stoned-crash-withdrawal symptoms”. Buprenorphine side effects should lessen as your treatment progresses, and you will then feel fewer of the drug’s initial effects. Once you are stabilized at a therapeutic level, you then begin to feel asymptomatic. At a therapeutic dose, Buprenorphine prevents withdrawal symptoms, reduces cravings, and blocks the effects of illicit opioids without producing the euphoria or dangerous side effects of other opioids. As great as Buprenorphine is, it is not enough on its own. Remember, Buprenorphine is a tool; it is not treatment by itself and must be combined with other clinical services such as counseling, to be effective.

Precautions: Alcohol, Sedative, Hypnotic, or Anxiolytic

Studies have shown potential harmful interactions between Methadone and sedatives; such as Benzodiazepines. Therefore, patients with opioid use disorder and concurrent alcohol, sedative, hypnotic, or anxiolytic use disorders should receive more intensive monitoring during office-based treatment with Methadone to minimize the risk of harmful events.

Adverse Effects of Buprenorphine

Buprenorphine side effects are usually minimal and short-lived. They most often occur in the early stages of your treatment. Most patients experience no severe side effects. Please read the list below and notify the medical staff if you experience any symptoms of these side effects. The most frequently observed negative effects are headache; stomach pain, nausea, vomiting, constipation; warmth or tingly feeling; chills, increased sweating; Much less often, negative effects may include: weakness; back pain; anxiety, depression; sleep problems (insomnia); or runny nose; : slow or shallow breathing; feeling light-headed, fainting; confusion, unusual thoughts or behavior; upper stomach pain, itching, loss of appetite, dark urine, clay-colored stools, jaundice (yellowing of the skin or eyes).

Buprenorphine is a medication that produces dependence and has the same side effects as other opiates. Overdose may cause sedation and/or respiratory and cardiac depression. If you have shallow breathing, difficulty breathing, chest pains, or other serious symptoms, CALL 911! If you have a mild reaction that you believe is medication related, telephone the ROH medical staff for assistance. After clinic hours, contact the local Emergency Room. If it is necessary to go the hospital, have someone else drive you.

This is not a complete list of side effects and others may occur.

Methadone/ Buprenorphine Drug Interactions

Methadone is an opioid agonist and has interactions and side effects that you should know and understand. Methadone must be used with caution. It must be used in reduced doses if you are currently taking narcotic pain-killers, tranquilizers, sedatives, anti-depressant drugs or any similar medications. Please note: We require you to notify the opioid treatment physician, nurse, and counselor anytime you are taking medication from any primary care doctor, specialist, or dentist. You must notify the nurse any time a physician or health care provider has written a prescription for you. You must physically bring all medications to the nurse every time you get a medicine filled or refilled and the nurse must document each medication(s) in your medical record. You must also sign a release of information for any outside physician and/or dentist who is prescribing medications. Failure to do so is grounds for suspension from the Opioid Treatment Program.

There are certain medications that cannot be used by clients on Methadone or Buprenorphine and will lead to severe withdrawal or unpredictable interactions. It is important that you share the following list with your healthcare practitioners (i.e. physicians, surgeons, dentists, psychiatrist, etc.).

The following is a list of the narcotic antagonist drugs that may cause withdrawal symptoms if combined with Methadone or Buprenorphine:

Levallorphan (Lorfan) Nalorphine (Nalline) Naloxone (Narcan) Buprenex/Suboxone/Subutex Naltrexone (Revia, Trexan) Cyclazocine Pentazocine (Talwin) Rifampin Butorphanal (Stadol) Buprenorphine (Temagesic) Nalbuphine (Nubain) Ammonium Chloride

We recommend you do not take the following without informing your primary care physician of unpredictable interactions with Methadone or Buprenorphine:

Ultram/Ultracet/Tramadol, Vitamin C Supplements (large doses), MAO inhibitors, Barbiturates, carbamazepine (Tegretol), ciprofloxacin (Cipro), Synthroid (levothyroxine) Phenergan, conivaptan (Vaprisol); imatinib (Gleevec); isoniazid (for treating tuberculosis); nefazodone; Phenytoin, Dilantin, an antibiotic such as clarithromycin (Biaxin), erythromycin (E.E.S., EryPed, Ery-Tab, Erythrocin, Pediazole), rifampin (Rifadin, Rifater, Rifamate, Rimactane), or telithromycin (Ketek); antifungal medication such as Diflucan, fluconazole, itraconazole (Sporanox), ketoconazole (Nizoral), or miconazole (Oravig); heart or blood pressure medication such as nicardipine (Cardene) or quinidine (Quin-G); HIV/AIDS medicine such as atazanavir (Reyataz), delavirdine (Rescriptor), indinavir (Crixivan), nelfinavir (Viracept), saquinavir (Invirase), or ritonavir (Norvir, Kaletra); or Grapefruit Juice

Over-the-counter medications to avoid:

Tagamet/Cimetidine St John's Wort Echinacea Prilosec/Omeprazole Benadryl/Diphrenhydramine Chlor-trimetron Cold and Sinus medication Sudafed/pseudoephedrine ALL Cough Medicine containing Dextromethorphan (i.e. Robitussin DM, Vicks, Delsym, Coricidan, Nyquil Nite Time or any medication that ends in DM.) Poppy Seeds can also cause your drug screen to test positive and will require a confirmatory test.

Avoid:

Any sedatives, tranquilizers, or muscle relaxers such as cyclobenzaprine (Flexeril), diazepam (Valium), midazolam (Versed), alprazolam (Xanax) lorazepam (Ativan), clorazepate (Tranxene), triazolam (Halcion), flurazepam (Dalmane), or temazepam (Restoril).

It is NEVER safe to use alcohol or unapproved benzodiazepines when taking Methadone or Buprenorphine. Excessive use can cause breathing to stop, resulting in coma or death.

Prescription Medication

If you are taking other medication along with your Methadone or Buprenorphine, you are expected to notify your counselor. It is YOUR RESPONSIBILITY to know what medications you take, and whether they are prescription or over-the-counter. Please remember, you are required to notify any doctor or dentist treating you of your status as a Methadone/Buprenorphine patient at Reflections of Hope.

Prescription use of amphetamines (Adderall™, Vyvanse™, Desoxyn™, etc.) requires a valid, current prescription, and any patient with a prescription for an amphetamine medication will be REQUIRED to sign a release of information for communication and coordination of care between ROH and the amphetamine-prescribing physician. Coordination of Care between ROH and the prescribing physician is a condition of the use of these medications being considered within program compliance.

From SAMHSA's Treatment Improvement Protocol (TIP) #43, page 183:

“Methadone or Suboxone™ and high-dose benzodiazepine-containing medications (Valium™, Xanax™, Klonopin™, Ativan™, etc.) when taken concomitantly, are synergistic resulting in severe intoxication and a higher risk of injuries like auto accidents or fatal overdoses.”

Prescription use of Benzodiazepines (Xanax™, Valium™, Klonopin™, Ativan™, Restoril™, etc.) while you are a patient at Reflections of Hope is strongly discouraged. If these substances must be used for an existing medical condition, their use must only be done under the strict supervision of a prescribing psychiatrist and our medical director, and must always be covered by a current, valid prescription. Any patient with a valid prescription for a Benzodiazepine will be required to sign a release of information for communication between ROH and the Benzodiazepine-prescribing physician. Prescriptions for these types of medications while in treatment are only approved from psychiatrists. Any other use of benzodiazepine medications is not approved (Illicit).

ILLICIT use of benzodiazepines will not be tolerated at any time.

Alcohol and Benzodiazepine Cautions

There are dangers and health risks associated with mixing Methadone/Buprenorphine with depressants and sedatives such as Alcohol and Benzodiazepines. Dangers include but are not limited to: overdose, decreased breathing, low blood pressure, cardiac arrest, impaired judgment, loss of motor control, accidents while driving, and death.

The use of Alcohol and/or Benzodiazepines will result in, at a minimum, an increased urinalysis evaluation (in accordance with North Carolina state regulations) or breathalyzer evaluation, potential sedation observations (where you will be required to remain in the clinic for two to three hours after medicating), dose and phase reduction (Alcohol or illicit Benzodiazepine use will result in the immediate revocation of all take-home doses), and likely will result in administrative tapering and discharge from treatment if a chronic pattern continues.

Illicit benzodiazepines include any benzodiazepines that have not been reported to the Medical Director at ROH, that are not listed or updated on my medication reconciliation form, and that are not prescribed and coordinated with a Psychiatrist.

Examples of oral benzodiazepines are:

alprazolam (Xanax, Xanax XR); clobazam (Onfi); clonazepam (Klonopin); clorazepate (Tranxene); chlordiazepoxide (Librium); diazepam (Valium, Diastat Acudial, Diastat); lorazepam (Ativan); temazepam (Restoril); triazolam (Halcion)

Overdose Warning Signs and Symptoms

- Unusual sleepiness, grogginess, drowsiness, nodding off
- Mental confusion, slurred speech, intoxicated behavior
- Slow or shallow breathing
- Pinpoint pupils
- Slow heartbeat, lowered blood pressure
- Difficulty awaking from sleep
- Difficulty arousing a person from sleep
- Pale, clammy face
- Fingertips or lips turning purple
- Body is limp
- Very little or no breathing
- Slowed or stopped heartbeat
- Vomiting or gurgling noises
- Unable to talk or cannot be aroused
- Very little or no breathing

Call 911 immediately if you suspect an overdose!

- Supplementing your daily methadone/buprenorphine dose with street methadone/buprenorphine can cause fatal overdose.
- Adding more methadone/buprenorphine to your dose from the clinic (self-medicating) can cause fatal overdose.
- Taking opiates (pills, Oxycontin, Oxycodone, Vicodin, Hydrocodone, Percocet) can cause fatal overdose.
- Mixing methadone/buprenorphine with other prescription medications can cause fatal overdose.
- Mixing methadone/buprenorphine with drugs, including alcohol and specifically benzodiazepines (Xanax, Klonopin, Ativan, Diazepam, Alprazolam, tranquilizers, anxiety medications) can cause fatal overdose.

Treatment Program Participation

Treatment at Reflections of Hope, LLP is completely voluntary and may be discontinued by you at anytime. ROH adheres to state and regulatory requirements for Opioid Treatment Programs (OTP) and Medication Assisted Therapy (MAT). Your continued treatment is based, in part, on your continued participation and compliance with program requirements, rules, and regulations.

Program Requirements

1. **Clinic attendance as scheduled:** *Daily medication dosing is mandatory until such a time take-home doses are approved.*
2. **A minimum of 2 counseling sessions per month for the first year and a minimum of 1 counseling session per month thereafter:** *Participation in counseling is required by state regulations.*
3. **A minimum of 1 illicit-free random monthly drug screen:** *State regulations require that every patient provide a minimum of (1) drug screen per month, the majority of which are to be observed by staff.*
 - a. Patients are expected to arrive at the clinic prepared to provide a sample for screening every time they come to the clinic.
 - b. Refusing to provide a sample for drug screening will be considered a positive drug screen result and will require treatment action (such as the loss of take-home doses).
4. **No drug-related criminal activity**
5. **Current payments with a “0” (zero) balance:** *All payment of fees is due prior to dosing. The patient may pay for treatment in advance. The patient will be permitted to “charge” their medication, but the dose may be affected. (See program cost and fees)*
6. **No suspicion of diversion of methadone/buprenorphine:** *Diversion includes selling/distributing of your medication or otherwise consuming medication in a way that is not prescribed.*
7. **Following clinic policies and patient rules**
8. **Respectful treatment of all staff and fellow patients**
9. **Positive attitude**
10. **Investment in YOUR recovery**

Dosing Procedures

1. To protect patient confidentiality and prevent medication dispensing errors, all patients should wait until called by the dosing nurse before proceeding to the dosing window.
2. All Methadone/Buprenorphine medication must be taken at the dosing window in front of the nurse, before leaving the window. This is a state requirement without exception.
3. No beverages are permitted at the dosing window. This is another step taken to prevent medication diversion.
4. Patients must return all take-home bottles, with labels and caps intact, at their next dosing visit.
5. Methadone/Buprenorphine is a powerful prescription that can interact with other medical treatments and prescriptions. Patients must inform any physician from whom they receive treatment that they are taking Methadone/Buprenorphine. Upon request, a letter stating that a patient is receiving with Methadone/Buprenorphine will be provided.

Patient Intoxication

Patients must be abstinent from all non-prescribed mind/mood altering substances.

If a patient arrives to the clinic intoxicated/ under the influence of a mind/mood altering substance, medical staff will complete an assessment of intoxication. During this assessment the patient will be required to complete an observed drug screen, and breathalyzer. If medical staff determines serious safety risk for dosing from this assessment, medication may be withheld, and medical director consulted.

If a patient arrives to the clinic intoxicated/under the influence of a mind/mood altering substance, the patient will be required to have someone else provide them transportation when they depart from the clinic. No one under the influence of drugs or alcohol will be permitted to drive a vehicle away from the clinic.

Patients that have arrived to the clinic under the influence will be required to meet with their counselor during their next visit to clinically address their ongoing substance abuse issues. Clinically addressing this issue could include the loss of take home doses and/or increased counseling sessions.

Treatment Planning

At the heart of the ROH approach to treatment planning, is the belief in and commitment to the active involvement of patients in the process. To the greatest extent possible, treatment plans reflect that the planning process is "patient centered." Individualized treatment plans are developed in collaboration with each patient. The first treatment plan usually involves induction into the treatment program and stabilization. Subsequent treatment plans are updated every 90 days within the first year of treatment, and capitalize on each patient's individual strengths in order to meet their personal treatment goals.

Program Costs and Fees

Maintaining your financial account in "good standing" by remaining current on payments, is part of treatment program compliance, and stability in treatment. Payment for treatment and medication is due at the time services are rendered.

Reflections of Hope limits credit issued to patients to the equivalent of one (1) day of dosing in the event of an emergency. Any credit extended past 24 hours requires prior approval, and a financial agreement to be reviewed and signed between the patient and Reflections of Hope. In accordance with clinic policy, lack of payment may result in administrative detox, and/or discharge from the treatment program.

If you wish to authorize any individuals to make payments on your account, Reflections of Hope requires consent to authorize the transaction. You may complete or revoke a financial consent at any time with your counselor. A consent must be completed before payment can be made by the individual.

- OTP program admission fee----- \$65.00
(Transfer patients from another program or previous ROH patients readmitting within 90 days incur no admission fee)
- OBOT (Prescription) program admission fee----- \$350.00
- OBOT (Prescription) program monthly fee----- \$150.00
- Buprenorphine ----- \$18.00 Daily
- Methadone ----- \$13.00 Daily
- Peak and Trough (lab) ----- \$25.00
- Pregnancy test (at request of patient) ----- \$5.00
- Urine drug screen, dip test (at request of patient) ----- \$5.00
- Urine drug screen, lab test (at request of patient)----- \$20.00
- Urine retest (at request of patient) ----- \$20.00 (refunded if error confirmed)

Treatment Program Rules and Regulations

1. There is to NO LOITERING in the parking lots around the building. Patients are expected to leave the premises immediately after all treatment business has been conducted. This includes Saturdays and Sundays. No trash should be left in the parking lot.
2. Appropriate behavior in the lobby and at the dosing window is expected.
3. Appropriate clothing is required for service at the facility (shirt and shoes must be worn at all times).
4. No profanity is to be used in the lobby or at the dosing window.
5. No overtly sexual behavior.
6. No glorifying of previous drug use and/or drug dealing.
7. No inappropriate personal stories should be told in the lobby.
8. No pets are permitted on the clinic premises unless approved by Director.
9. Cell phones should be turned OFF when entering the clinic. Incoming cell phone calls should be taken outside. Cell phone conversations should NOT occur in the lobby or at the dosing window.
10. Smoking is NOT permitted inside the clinic. Cigarettes should be disposed of in the receptacle located outside of the building.
11. To protect patient confidentiality, patients are NOT permitted to bring visitors to the clinic.
 - a. Patients that are transported to the clinic by a non-patient must have the driver wait in the vehicle while they are inside of the clinic.
 - b. Family members/friends are NOT permitted inside the clinic unless visiting the clinic to participate in counseling.
 - c. Patients with young children may bring those children into the facility.
12. To protect patient confidentiality, patients are asked to refrain from discussing fellow patients on or outside of clinic premises (to include gossiping, social media, or Disabled/Handicapped parking is for those with the appropriate state tags/signs only).
13. Patients should only use the main entrance of the clinic, except in cases of emergency.

Patients engaging in the following behaviors will be mandatorily and immediately guest dosed at another facility and administratively discharged:

- a. Abusive language
- b. Verbal or physical threats
- c. Aggression
- d. Diversion of medication
- e. Possession of illicit substances on clinic premises
- f. Sale of illegal substances on clinic premises
- g. Absence from treatment for three consecutive days with no contact
- h. Possession of a weapon on the clinic premises
- i. Loitering in the parking lot

Disregard of any rules can affect take home privileges and may lead to discharge from the program.

Take-home Medication Guidelines

The State Opioid Treatment Authority (SOTA) lists specific criteria and guidelines for approving take-home medication.

The 8 point continuous compliance criteria to determine take-home eligibility is as follows:

1. Absence of ANY illicit drug abuse/use.
2. Regular clinic attendance as scheduled.
3. Absence of serious behavioral problems at clinic.
4. Absence of recent criminal activity.
5. Stability of home and family.
6. Length of time in treatment.
7. Assurance take-homes can be safely stored by patient.
8. The benefits of decreased clinic attendance outweigh the risk of diversion.

Methadone Specific Schedule of Take-Home Eligibility

ELIGIBILITY LEVEL	CONTINUOUS TIME IN TREATMENT	CONTINUOUS COMPLIANCE	WEEKLY CLINIC ATTENDANCE	# TAKE-HOME DOSES
PHASE 1	1-90 Days (1-3 mo.)	Less than 90 days	6 Days	1
PHASE 2	91-180 Days (3-6 mo.)	60 days at phase 1-5	4 Days	3
PHASE 3	181-270 Days (6-9 mo.)	90 days at Phase 2	3 Days	4
PHASE 4	271-364 Days (9 mo. - 1 yr)	90 days at Phase 3	2 Days	5
PHASE 5	Greater than 1 year	180 days at Phase 4	1 Day	6
PHASE 6	Greater than 2 years	1 year at Phase 5	1 visit every 14 Days	13
PHASE 7	Greater than 4 years	3 years at Phase 6	1 visit every month/ 28 Days	28 or 30

Buprenorphine Specific Schedule of Take-Home Eligibility

ELIGIBILITY LEVEL	CONTINUOUS TIME IN TREATMENT	CONTINUOUS COMPLIANCE	WEEKLY CLINIC ATTENDANCE	# TAKE-HOME DOSES
PHASE 1	1-7 Days	1 week	6 Days	1
PHASE 2	8-30 Days	1 week Phase 1	4 Days	3
PHASE 5	31-90 Days (1-3 mo.)	2 weeks Phase 2	1 Day	6
PHASE 6	91-270 Days (3-9 mo.)	60 days Phase 5	1 visit every 14 days	13
PHASE 7	271- 365 Days (9mo. – 1 yr)	90 days Phase 6	1 visit every month/ 28 Days	28 or 30

Handling Take-home Medication

1. When given take home medication, the patient is solely responsible for the safety of the medication.
2. Take-home bottle(s) must never be stored in the refrigerator, on a low shelf, or other place that children may access.
3. Take-home bottle(s) must never be removed from the secured storage place at home except immediately before use.
4. Take-home medication must be stored in a “lock box” (that can be securely locked when closed) with the individual’s patient ID number printed clearly on the box, in order to receive a take home dose. Failure to bring a “lock box” will prevent receipt of take-home medication.
5. Methadone/buprenorphine dose is to be taken as prescribed (as stated on the take home bottle). Medication should be taken in the full dose at one time on the date that is on the prescription label.
6. Upon return to the clinic, previous take-home bottle(s) must be returned to the nurse (*intact with the lid and prescription label attached*).
7. Failure to return take-home bottle(s) to the clinic results in forfeiture of future take-home privileges (*See “Bottle Recall Procedures”*).
8. To sell, trade or give away methadone/buprenorphine is a felony criminal act that will result in discharge from the program and referral to the appropriate law enforcement agency.

METHADONE CAN BE A DEADLY POISON TO CHILDREN AND ANIMALS !

Loss of Take-home Medication

Retention of take-home medication is dependent on continuous compliance as outlined by SOTA’s 8 point criteria, and program compliance.

The following violations will result in the loss of take-home privileges for a minimum of 30 days:

- Non-compliance with state mandated 8-point criteria (*See “take-home medication guidelines”*)
- Failure to attend required counseling sessions
- Failure to keep financial account current
- Failure to inform clinic staff of ANY medical and/or dental visits
- Unexcused absences
- Failure to disclose current medication/medication changes to clinic staff
- Drug screen positive for illicit substances
- Refusal of drug screen
- Falsified drug screen
- Failure to return bottle for recall
- Suspicion of diversion (take-homes may not be opened until the day of consumption)
- Criminal activity

Bottle Recall Procedures

To prevent Methadone/Buprenorphine diversion, patients with take home doses will be recalled randomly to return to the clinic with unused medication and empty bottles to verify the medication has been taken in the prescribed manner. Every patient may be recalled multiple times per year. All patients should be prepared to be recalled at any time.

If a patient is contacted for a medication/bottle recall, he/she will have 24 hours to return to the clinic with the medication for verification that it has been taken in the prescribed manner, and that diversion has not occurred. All bottles must be present and intact with cap and labels (including empties). All doses which have not been taken/scheduled to be taken must be present and unopened. Patients are advised to take their daily dose in front of nursing on the day of bottle recall.

If recalled, failure to return to the clinic within 24 hours will result in a suspension of all take home privileges until it can be ascertained that medication diversion is not occurring. This will mean the loss of take home privileges for a minimum of thirty days.

If ROH is unable to reach a patient for a medication/bottle recall, this is considered as a failure to return to the clinic. Patients are responsible for keeping all contact information current and up to date. ROH advises all patients to ensure telephone voicemail is established and available to leave a message.

Transition, Discharge, and Recovery Support Services

Reflections of Hope, LLP recognizes that patients with addictive disorders often require services from other providers after discharge or, in conjunction with a transition to another level of care. Such services are necessary to support the advances made in treatment and to address clinical needs that are beyond the scope of ROH's professional scope.

ROH advises all patients to discuss transition or discharge with counseling and medical staff before tapering off medication, or discontinuing treatment. This allows for safety planning and linkage to appropriate resources.

In the event of an unplanned transition, counselors will be identified who will follow up with the patient to determine if he/she needs further services, and either provides or refers to such services when possible.

When a person is discharged or removed from a program for aggressive/assaultive behavior, the staff conducts follow up within 72 hours to attempt to ensure linkage to appropriate care, if so desired by the patient.

It is recognized that effective transition planning requires knowledge of local community resources since patients often require the services of providers other than Reflection of Hope, LLP. Therefore, the clinic maintains a Community Resource Directory that lists the appropriate contact information on other providers and provider organizations in the local community. The Community Resource Directory is made available to the clinic staff as a way to ensure that the services provided by ROH represent one part of a larger continuum of care.

Patient Labs and Testing

Upon admission to Reflections of Hope, LLP – as part of the admission fee - each patient receives a urinalysis Drug Screen (*with pregnancy test for female patients*), Complete Blood Count (CBC), Metabolic panel (Chem7), Syphilis test (RPR), and TB skin test.

Every patient requesting admission to the center receives an initial Tuberculosis (TB) screening from the intake worker. In addition, every patient requesting admission receives a similar screening by the Medical Director. Following formal admission, each and every patient at the clinic shall receive - as part of the admission fee - a PPD (Mantoux) skin test as a condition of admission. If a patient has tested positive in the past, further screening (chest X-ray, sputum culture, etc.) is required as determined by the medical staff.

Each patient at the clinic shall annually receive, upon his or her anniversary date of admission, a TB assessment which may include, as indicated, a no-cost PPD test as a condition for on-going treatment.

If you are currently experiencing any of the following symptoms, please notify of the clinic nurses, medical director and your primary care physician or the health department immediately:

- Bloody sputum
- Lack of appetite
- Night sweats
- Fever
- Unexplained weight loss
- Persistent cough

Additionally, ROH may perform an EKG test for patients with identified cardiac/arrhythmia risk. A peak and trough lab may be ordered for any patient requesting dose increase, or to assess medication metabolization.

Communicable Disease Reporting

The N.C. Administrative Code rule (10A NCAC 41A .0101; Communicable Disease Manual) specifies reportable diseases and the timeframes in which they are required to be reported to the North Carolina Division of Public Health. Confidential information relative to a service recipient with HIV infection, AIDS, AIDS related condition, or other communicable diseases as defined by the Communicable Disease Manual shall only be released in accordance with G.S. 130A-143.

Reflections of Hope is required to report to the Public Health Authority, by means of the Confidential Communicable Disease Report, to the North Carolina Division of Public Health for any communicable diseases (as defined by 10A NCAC 41A .0101). If your lab results indicate that you have a communicable disease, both you and the local health department will be notified. You will then have the option of receiving treatment from your primary physician or the health department.

Suicidal/ Homicidal Procedures and Safety Planning

Any patient making remarks or gestures, expressing or indicating intent to harm themselves or someone else (a danger to themselves or others) will be interviewed and assessed by the staff member who observed/heard these intentions and/or any other necessary staff member. If any patient is found to have a plan for self-harm or the harming of others, and belief of imminent danger, staff will proceed with the process to obtain an involuntary commitment (IVC). If there is evidence that someone else may be at risk of harm and/or death, that person will be notified immediately.

Emergency Services and Medical Care

There may be occasions in which Reflections of Hope staff may need to dispense NARCAN® (naloxone HCl) in the event in which it is deemed necessary to preserve life. Circumstance may also require emergency medical care by a staff member in an event necessary to preserve life, limb, or well-being (Administration of CPR/first aid or arranging emergency transport).

Overdose may cause sedation and/or respiratory and cardiac depression. If you have shallow breathing, difficulty breathing, chest pains, or other serious symptoms, CALL 911!

If you have a mild reaction that you believe is medication related, telephone the ROH medical staff for assistance. After clinic hours, contact the local Emergency Room. If it is necessary to go the hospital, have someone else drive you. ROH uses an after-hours phone system to provide emergency services for all enrolled patients on a "24/7" basis. IF any patient requires crisis intervention services, the staff will make every reasonable effort to assist the patient in accessing those services.

Contact Numbers for Emergency Services

- **911**
- ROH Emergency After Hours Crisis Line – (910)742-5299
- Integrated Family Services Mobile Crisis Team – 1-866-437-1821
- Domestic Violence Shelter and Services – (910) 343-0703

Patient Complaints and Grievances

Reflections of Hope, LLP recognizes that all patients have a fundamental right to file a formal complaint or grievance in relation to services received at ROH. Further, the organization recognizes its ethical and moral obligation to be fair, honest and ethical in all matters pertaining to patient services. Any clinical staff member may assist patients who desire to submit a formal grievance. Our policy specifically prohibits any reprisal, retaliation, change in service delivery, or the imposition of any barriers for any patient who chooses to file a grievance under the provisions of this policy. It is the expectation that communications with patient during the grievance process will be honest, clear, concise, and more critically, expressed in terms that are understandable and appropriate to the patient's individual needs.

Patients have the right to file a grievance with ROH directly, and/or the NC Division of Health Service Regulation.

ROH Grievance forms can be obtained from any ROH staff member.

To File a Complaint with NC Division of Health Service Regulation:

Complaint Hotline: 1-800-624-3004 (within N.C.) or 919-855-4500

Complaint Hotline Hours: 8:30 a.m. - 4:00 p.m. weekdays, except holidays.

By Fax:

Please fax your information to 919-715-7724

By Mail - You may choose to print and complete a complaint form from the website

<https://www2.ncdhhs.gov/dhsr/ciu/filecomplaint.html>

Mail complaints to:

Complaint Intake Unit

2711 Mail Service Center

Raleigh, NC 27699-2711

References for MAT

The Substance Abuse and Mental Health Services Administration (SAMHSA) of the U.S. Department of Health and Human Services – www.samhsa.gov

The National Institute on Drug Abuse (NIDA) – www.drugabuse.gov

The North Carolina Harm Reduction Coalition – www.nchrc.org

The American Association for the Treatment of Opioid Dependence (AATOD) – www.aatod.org

The North Carolina Association for the Treatment of Opioid Dependence (NCATOD) – www.ncatod.org

The Addiction Treatment Forum (AT Forum) – www.atforum.com

The Legal Action Center (LAC) – www.lac.org

The Institute for Research, Education and Training in Addictions (IRETA) – www.ireta.org

Faces and Voices of Recovery (FAVOR) – www.facesandvoicesofrecovery.org

The Drug Policy Alliance (DPA) – www.drugpolicy.org

The Harm Reduction Coalition – <http://harmreduction.org>

Reflections of Hope Website - <https://www.rohwilmington.com/>

Online support resources/communities for methadone and/or buprenorphine patients are...

The Methadone Discussion Group on Facebook – www.facebook.com/groups/methadonetreatment

The Suboxone Talk Zone Forums - www.suboxforum.com