



## **S.M.A.R.T. Program**

Wisconsin Community Mental Health Counseling Centers

Elkhorn – 740 N. Wisconsin Street

Hales Corners – 12065 N. Janesville Road, Suite 300

Hartford – 120 N. Main Street

Hartland – 155 E. Capitol Drive, Suite 1

Mequon – 10500 N. Port Washington Road

West Bend – 120 N. Main Street, Suite 250

Whitewater – 143 W. Main Street

Milwaukee – 1-800-397-4599

**262-367-5501**

Are you currently taking an opiate?

(OxyContin, Heroin, Hydrocodone, Morphine, Vicodin, Codeine, Methadone, Demerol, Fentanyl, Percocet, Percodan, Tylox, etc)

Have you tried to stop but find that you can't?

Are you afraid of the pain and agony that comes from withdrawal?

### **Stop Suffering**

Wisconsin Communities Mental Health Counseling Centers has developed an outpatient program called SMART (Supervised Medication Assisted Recovery & Treatment). The purpose of SMART is to make recovery and treatment comfortable for you! The SMART comprehensive team of addiction experts focuses attention to **ALL** of an individual's medical and psychosocial needs. Patients are amazed at how quickly they begin to feel normal; most feel better within an hour of their first treatment.

### **What is Narcotic Dependence?**

Narcotic dependence is a medical condition where the patient has been taking narcotic drugs and the patient's body has become physically dependent on these drugs. Drug dependence can happen as rapidly as 1 – 2 weeks after starting use since tolerance builds up rapidly. Once tolerance has developed, the patient will go through a very painful withdrawal, if narcotics are not taken. Usually withdrawal takes 5 – 10 days and is characterized by extreme discomfort and pain, diarrhea, sweats, sleeplessness, and abdominal cramps. Most people are unable to tolerate it without help.

### **Is Opioid Dependence a Medical Condition?**

Opioids, such as some prescription pain medications or heroin, attach to **opioid receptors** in the brain, which stimulate the release of **dopamine** and produce pleasurable feelings. When the opioid eventually detaches from the receptors, people experience **withdrawal** and **cravings** and have a strong need to repeat the experience. Drug use often begins as a choice, but frequent use can cause the brain cells to change the way they work. The brain is "re-set" to think that the drug is necessary for survival. Researchers have discovered that many drugs, including opioids, cause long-term changes in the brain. These changes can cause people to have cravings years after they stop taking drugs.

## Can Opioid Dependence Affect Behavior?

The need to satisfy cravings or avoid withdrawal can be so intense that people who want to stop taking opioids find this difficult to do. Or, they may find themselves doing things they wouldn't ordinarily do in order to obtain more of the drug they crave. For this reason, even though opioid dependence is a medical condition and not a moral failing, it can drive behavior.

## How common is Opioid Dependence?

More common than you may think. You are not alone. No one group of people is immune to opioid dependence. Men and women of all ages, races, ethnic groups, and educational levels can become dependent on opioids.

According to the 2003 National Survey on Drug Use and Health (NSDUH):

- 4.7 million people ages 12 and older were misusing pain relievers in 2003
- By 2003, 31.2 million people ages 12 and older had used pain relievers nonmedically in their lifetime
- In 2001 alone, almost 2.5 million people used pain relievers nonmedically for the first time. This is a dramatic 335% increase from 573,000 new users in 1990

## How common is Heroin Use?

In 2002, more than 400,000 people ages 12 and over reported using heroin in the previous year. An estimated 3.7 million people reported having used heroin at some time in their lives. Recently, inexpensive, high-purity heroin has become more available. Rather than injecting, many new users are smoking or snorting heroin, with the misperception that these routes are less addictive. In addition, use among younger adults is growing in many suburban communities.

Substances such as opioids that produce **euphoria** are considered to have high reinforcement potential, which increases the likelihood that they will be taken repeatedly or abused. Although the specific causes vary from person to person, certain factors such as the drug itself, genetics, and the individual's environment, are known to be important in the development of opioid dependence. Also, individual absorption levels of the drug into the blood can vary widely for different people, thus causing different effects. Lastly, substance abuse, which can lead to dependence, is often influenced by societal norms and peer pressure.

## What are the different ways to detoxify from narcotics?

There are a number of ways to detoxify from narcotics.

- A. Cold turkey: using no drugs and doing it on your own is called cold turkey and as mentioned This method is so uncomfortable that most patients are unable to tolerate it, and it is not successful. Sometimes people are pushed into cold turkey by being put in jail or in another situation where the drug is not available.
- B. Inpatient detoxification: can be expensive and is still painful unless other drugs are given. Usually *insurance companies will not* pay for people to stay in inpatient long enough to be fully detoxified.
- C. The most common method of detoxification is to use Methadone in an approved clinic, which slowly tapers the patient down from his usual dose to zero over a period of approximately 21 days. Unfortunately, the success rate is not particularly high because withdrawal is still uncomfortable and the patient usually uses drugs during the withdrawal period.
- D. Ultra Rapid Detoxification (URD) involves putting patients under anesthesia and while asleep; giving them a drug called Naltrexone which blocks all of their endorphin receptors and pushes them into 100% detoxification within a 5 – 30 minute period. This is an extremely painful process but under anesthesia, it is tolerable. The success rate of URD is 100% but its drawbacks include a high cost, and there are some risks associated with it.  
(Not recommended by the SMART Program.)
- E Suboxone the SMART Programs preferred way. (See next page.)

## **What is the Self-Supervised Buprenex Detoxification Program?**

In early 2003 the DEA began allowing qualified addiction specialists to prescribe Buprenex (Suboxone, Subutex, Buprenorphine) to patients with narcotic dependence. We are now allowed to use these medicines in an outpatient, office-based detox program. In the SSBD program patients are evaluated by our counselor and physician, provided with clear instructions and prescriptions. They go home and can usually work while taking the detox meds. After the detox is completed they return to the clinic for a follow up visit and begin Naltrexone therapy.

## **What is Buprenex?**

Buprenex, (also called Buprenorphine, Suboxone, or Subutex) is a drug that has some opiate properties and therefore relieves withdrawal symptoms. It attaches to the endorphin or opiate receptors in the brain and stimulates them and is therefore like an agonist. However, at higher levels will push people into a complete withdrawal state and if the detoxification is not completely over, then there will be some withdrawal symptoms. If done too early, these can be severe. The timing of the Naltrexone Therapy is discussed in detail with each patient individually. It is to be expected that patients will feel some withdrawal symptoms but our treatment program should minimize these.

## **What is Suboxone?**

Suboxone is the first opioid medication approved under DATA 2000 for the treatment of opioid dependence in a private office setting.

## **How does Suboxone work?**

Buprenorphine, the active ingredient in SUBOXONE, works by strongly binding to opioid receptors.

## **How does Suboxone benefit you?**

Suboxone can decrease cravings and relieve withdrawal symptoms. This can help you remain in treatment and gain control over your dependence without the distraction of cravings and fear of withdrawal.

## **Does Suboxone just substitute one dependence for another?**

All opioids can cause physical dependence. But as you've seen, the peak level of euphoria experienced with Suboxone is limited compared with that of full agonists such as heroin. When you no longer need Suboxone, your dose can be tapered slowly until medication is not required. The withdrawal symptoms of Suboxone are milder than those experienced with a full opioid agonist and can be managed with your doctor's supervision.

## **How long will I stay on Suboxone?**

The length of therapy is up to your doctor, and, sometimes your therapist or counselor. Although short-term treatment may be an effective option for some people, it may not allow others enough time to address the psychological and behavioral components of their disease. Since physical dependence is only part of opioid dependence, the chance of relapsing can be higher with short-term treatment because patients have less time to learn the skills necessary to maintain an opioid-free lifestyle. Suppressing cravings with SUBOXONE (for as long as you need), combined with counseling and/or support, can often increase the level of treatment success. Stopping SUBOXONE abruptly will probably cause withdrawal symptoms. When you are ready, your doctor will work with you to taper the doses down to where you can stop taking SUBOXONE. You should be aware of signs of relapse or withdrawal symptoms

## **What will my course of Suboxone treatment be like?**

Once arrangements have been made for your appointment, your doctor will ask you to arrive in a state of mild-to-moderate withdrawal. Your doctor or nurse may ask you questions to better evaluate your history of dependence in order to provide you with the best treatment. The information you give will be held strictly confidential. You may also have blood drawn and be asked to provide a urine sample.

## **Why do I need to be in withdrawal?**

It is important to be in mild-to-moderate withdrawal when you take your first dose of SUBOXONE because if you have high levels of other opioids in your system, SUBOXONE will compete with the other opioid molecules and knock them off the receptors. SUBOXONE will then replace those opioid molecules on the receptors. Because SUBOXONE has less opioid effects than full opioid agonists, you may go into withdrawal and feel sick. This is called **precipitated** withdrawal. By already being in the first stages of withdrawal when you take your first dose of SUBOXONE, the process will be easier, and SUBOXONE should make you feel better. Once your doctor has assessed your level of withdrawal and decided that you are ready to start SUBOXONE, you will begin the **induction** phase of treatment.

## **What happens during induction?**

Your doctor or nurse will make arrangements for you to have SUBOXONE to take home. Typically, your doctor will give you a prescription for the amount of SUBOXONE that you will need until your next appointment, along with special instructions related to your care. Your doctor may also prescribe other medications to help control specific withdrawal symptoms. You may be asked to return to the office over the next several days in order to assess your symptoms and adjust your dosage. Once your dose is established, you will begin the **maintenance** phase of treatment. At this point, you and your physician may discuss the possibility of beginning medical withdrawal (detox) and explore other post treatment options.

## **What happens in the maintenance phase?**

When you are receiving a stable daily dose of SUBOXONE and your condition is considered stable (your withdrawal symptoms are relieved and your cravings are decreased or are gone altogether), your doctor may decide to see you less often. You and your doctor will discuss counseling options that meet your needs. Your doctor may request urine samples from time to time. Some doctors find urine testing a helpful part of treatment because they can use the results to verify the absence of opioids in your system and thus evaluate the effectiveness of your SUBOXONE dose. During this phase, your doctor will want to know if you experience any withdrawal symptoms. If you do, your dose may need to be adjusted.

## **How can I increase my chance of success with Suboxone?**

It is important that you communicate openly and honestly with your entire healthcare team (your doctor, nurse, and counselor) to optimize the success of your treatment for opioid dependence. To help chart your day-to-day progress use a patient diary to note how you feel during your SUBOXONE treatment or any changes you are noticing over time. You may also want to keep an emergency patient card in your wallet so that, in case of an emergency, medical personnel are aware that you are on SUBOXONE and can care for you appropriately.

We at Wisconsin Community Mental Health Counseling Centers are proud to offer **SMART**; a comprehensive outpatient drug treatment program. We provide state of the art addiction treatment. With a staff of highly trained professionals, we take the addicted individual through a comprehensive process leading to a drug free lifestyle. Our treatment services are focused on helping the individual and their families achieve recovery.

It is our belief that for a person to achieve a successful recovery process their treatment must address all aspects of their life that are part of their addiction. To achieve this goal **we offer**:

- \* Individual counseling to address addictive behaviors
- \* Medication management of the addiction
- \* Psychiatric management of any underlying mental health concerns
- \* Individual, group and family psychotherapy
- \* Assessment of persons overall health to identify health issues
- \* Recovery support groups
- \* Relapse prevention education

### **Our Philosophy:**

- \* Treatment has to address all areas of a person's life, physical, emotional and spiritual
- \* Treatment must be provided by a coordinated team of qualified professionals
- \* Treatment must be provided in a timely manner

### **Our Objectives:**

- \* To make sure each patient is on a therapeutic dose of opiate agonist/antagonist medication (as indicated)
- \* To teach each patient how to cope with the stressors of life in healthy and productive ways
- \* To educate each patient in relapse prevention strategies
- \* To assist the patient in managing withdrawal symptoms through the use of medication and education regarding craving interventions
- \* To assist the patient in developing a functional support system
- \* To provide outpatient AODA and mental health therapy with the goal of achieving a drug free lifestyle

FEES – We accept cash payment and insurance reimbursement

### **Stop Suffering! Call (262) 367-5501**

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