WISCONSIN

Opioid Treatment Program

PATIENT REFERENCE HANDBOOK

Department of Health Services
Division of Care and Treatment Services
Bureau of Prevention Treatment and Recovery
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WELCOME

Congratulations on taking the first step into treatment and long-term recovery from your addiction!

At this point, you may be unsure of how treatment works and what to expect. This book is designed to provide you and your loved ones answers to questions you may have concerning treatment. Please note that this book is a reference tool to use. If you have questions after reading this handbook, please make sure to ask a staff person.

The information that is provided in this handbook should be seen as guidelines for narcotic treatment clients. This handbook provides guidance of often difficult to understand state and federal regulations. Further, this guidance should not be construed as providing rigid answers, except in those areas where state or federal laws exist.

Please refer to individual clinic policies and procedures if you have questions or are unsure of the rules when it comes to medication-assisted treatment.

Life is very interesting...in the end, some of your greatest pains become your greatest strengths.
Drew Barrymore Quote for Overcoming Addiction

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OPIOID TREATMENT SERVICE – PATIENT REFERENCE HANDBOOK

I. INTRODUCTION

Admission

An opioid treatment program (hereafter referred to as "clinic") provides medication and counseling to an individual addicted to an opiate, such as OxyContin, heroin or Vicodin.

To be admitted to a clinic for treatment, the following criterion applies:

1. You must be 18 years or older.
2. You must meet the substance dependence criteria listed in the DSM-5.
3. You must be medically able to tolerate treatment.
4. You must be a Wisconsin resident as evidenced by a state-issued photo ID.
5. You must reside within 50 miles of the clinic. If you live in another state but within 50 miles of the Wisconsin clinic, you must have a valid state-issued photo ID of the state in which you reside.

Participation in treatment at the clinic is voluntary. This means that either *you* or the *clinic* may terminate service at any time. Some people believe that they have a right to treatment; however, this is not the case. To continue to participate, you must adhere to the clinic policies and requirements. Failure to do so may result in detoxification and termination from the clinic.

The cost of services will be explained to you during a prescreen or intake appointment. Failure to pay clinic fees may result in an administrative detoxification of medication and termination from the service.

Benefits of Medication-Assisted Treatment

- Proven effective
- Affordable treatment for opiate addiction
- Less painful withdrawal, fewer drug cravings
- Better family stability
- Ability to work, go to school
- Reduced criminal activity
- Reduced risk of overdose and disease transmission
- Healthier pregnancies
- A balanced life free from illegal drugs
- Safe for treatment duration

Many patients find that after about two weeks, the medication is "working" for them and they are no longer feeling sick or having cravings to use heroin or other opiates. Patients feel like they are able to think clearly, and it is at this time that counseling becomes the primary focus of treatment. The medication is a useful tool but only part of the journey to recovery.

Stage 1: Acute / Induction – "Start Low and Go Slow"

Methadone

Methadone distributed at a narcotic treatment clinic is in liquid form. Initial dosing of methadone is between 20 and 30 milligrams (mg), not to exceed 40 mg on the first day. You will be asked to stay at the clinic after your initial dose for 2-4 hours. At that time it will be determined if another 5-10 mg is needed to address continued withdrawal symptoms.

During this first induction stage of methadone maintenance treatment, your dosage will be adjusted until you feel a comfortable level of symptom relief and no drug cravings. Generally, it takes from 2 weeks to 30 days to reach an effective and therapeutic dose.

Some people may wake up sick during the first few days of methadone treatment and become convinced that they need to increase their dose when, in fact, more time is needed for the body to become used to methadone. (Methadone is stored in the fatty tissues of the body.) However, if you wake up sick after the first week of treatment when your body has become used to the methadone, you may need an increase in your methadone dose. During this first stage of treatment, you will begin participating in individual and group counseling.

Federal law requires that methadone be given daily under observation for either six or seven days per week. (A take-home dose is allowed for patients if the clinic is closed on Sundays or holidays.) As you progress in treatment, you may become eligible for take-home doses with less frequent visits to the clinic. (See pages 10-12.)

At each visit before receiving any medication:

1. Your identity will be verified using your clinic photograph identification card or your Wisconsin state-issued photo ID.
2. Medication levels will be regulated by a clinic physician. The clinic has procedures for a patient to follow if he or she feels an increase in medication is necessary.
3. Medication, except take-home doses, must be ingested under the direct observation of clinic medical staff.
4. For safety purposes, medication may be withheld, or dosages may be decreased, if clinic medical staff believe that you are intoxicated or under the influence of other drugs.

Suboxone / Vivitrol

If you are started on Suboxone, you will receive an initial dose determined by the physician. You will be asked to stay for two hours to see how you are tolerating the medication. Vivitrol is administered via an injection (shot) into the buttocks. The injection is given only once a month.

Stage 2: Rehabilitative and Maintenance Phases

Once you have stabilized on your medication and are no longer experiencing withdrawal symptoms, you will continue to take your medication dose on a daily basis at the clinic during the rehabilitative/maintenance phase of care. Over time, as you demonstrate program compliance, positive lifestyle changes and no illegal (illicit) drug use, you may be allowed to increase the number of take-home doses per week. For more information on take-home doses, see pages 10-12.

Individual and group counseling, annual physical evaluations and "callbacks" still occur during the rehabilitative/maintenance phase. Callbacks are the process of being randomly selected to return to the clinic with your methadone dose in their original bottles. The clinic staff will check to make sure that all the methadone bottles and medication are accounted for. If the bottles are missing or the medication was not taken as directed, you may lose take-home privileges.

Stage 3: Tapering

Although most doctors advise at least a year of medicated-assisted treatment, a client may begin tapering their dosage of methadone or Suboxone at any time. Tapering can take weeks, but preferably months, because slower tapering schedules with longer intervals between more gradual dose reductions are considerably more comfortable than faster tapering.

Withdrawal symptoms will occur when you stop taking methadone. When methadone is tapered gradually and slowly, withdrawal symptoms are lessened. Your physician may prescribe other short-term medications that can help lessen withdrawal symptoms.

Characteristics of people who may be ready to begin tapering**:**

- Are committed to recovery principles and living a drug-free and sober life.
- Abstinent from the use of alcohol and other drugs.
- Have a stable home and family life with a reliable income.
- Show a lengthy history of methadone maintenance treatment program compliance.
- Have a primary methadone maintenance treatment counselor who agrees with the timing and readiness for the taper.
- Are committed to returning to methadone maintenance treatment in the event of a relapse.

It is strongly recommended that persons who are planning on stopping medication meet with the clinic physician to discuss a medically supervised taper.

Service Activities

While you are a patient at a clinic, the following services will be provided:

1. Orientation to all aspects of the treatment service.
2. A comprehensive evaluation of your medical, psychiatric, social, education, legal and occupational status at intake and periodically throughout your treatment.
3. An individualized treatment plan that will be developed and modified by you and your counselor as your treatment progresses.
4. Medical assessment performed on admission and annually thereafter.
5. Bio/psycho/social assessment performed on admission and updated yearly.
6. Individual and/or group counseling determined through development of treatment plan.

Procedure/ Requirement	Admission	3 Months	6 Months	9 Months	1 Year	Annually
Urinalysis*	X	X	X	X	X	X
Medical/Physical Examination	X				X	X
Treatment Plan**	X	X	X	X	X	X
Bio/Psycho/Social Assessment	X				X	X
Serum Levels***		X	X			X

*Based on state requirements and subject to modification; more frequent urinalyses will be based on prior results.
**Adjusted as needed per length of treatment stay.
***See page 9.

II. MEDICATIONS USED IN TREATMENT

A. Methadone

Under a physician's supervision, methadone is administered orally on a daily basis with strict program conditions and guidelines. Taken once a day, methadone suppresses narcotic withdrawal for 24 to 36 hours. Because methadone is effective in eliminating withdrawal symptoms, it is used in detoxifying opiate addicts. It is, however, **only effective in cases of addiction to heroin, morphine and other opioid drugs**, and it is not an effective treatment for other drugs of abuse.

Methadone does not impair cognitive functions. It has no adverse effects on mental capability, intelligence, or employability. It is not sedating or intoxicating, nor does it interfere with ordinary activities, such as driving a car or operating machinery. Patients are able to feel pain and experience emotional reactions. Methadone reduces the cravings associated with heroin use and blocks the high from heroin, but it does not provide the euphoric rush. Consequently, methadone patients do not experience the extreme highs and lows that result from the waxing and waning of heroin in blood levels.

Possible Adverse Effects and Side Effects of Methadone

1. CAUTION: Methadone can cause death if too much is taken OR if other drugs, such as alcohol, Xanax® or Valium®, are combined with methadone. All are central nervous system depressants, and due to methadone's long-acting ability, complications can occur long after methadone is ingested. **If you are taking other medications, including natural supplements, it is important that you report this to the medical staff at the clinic when you begin treatment.**
2. Abrupt withdrawal from methadone may cause immediate adverse effects, i.e., sweating, irritability, and extreme discomfort.
3. At a medically therapeutic dose, methadone produces no serious side effects, although some patients experience minor symptoms. The most common adverse reactions are:
   - Constipation – laxatives, such as Metamucil, may help.
   - Excessive sweating.

Other side effects may include

- Insomnia or early awakening
- Decreased interest in sex or sexual performance issues, such as impotence or premature ejaculation
- Loss of menstrual period in women
- Nausea, vomiting and upset stomach – eating before dosing may help with these symptoms
- Weight gain
- Anorexia
- Dry mouth
- Low blood pressure
- Skin rash and itching
- Water retention – drinking water or other liquids may help alleviate the retention
- Drowsiness on high doses of methadone – once methadone dosage is adjusted and stabilized or tolerance increases, these symptoms usually subside
- Risk of abuse, as is with any controlled substance

Any requests for increases or decreases of methadone should be discussed with your primary counselor. The request is then reviewed by medical staff for approval or denial. It is important for them to know what physical, psychological, or social pressure is prompting your request.

B. Suboxone

Suboxone is the trade name of a medication that contains buprenorphine and naloxone. When used properly by a physician who prescribes a therapeutic dose, Suboxone virtually eliminates cravings for heroin or opiates in persons addicted to these substances. It can be taken once per day and, like methadone, will stop the cravings and withdrawal symptoms associate with heroin/opiate addiction.

Possible Adverse Reactions and Side Effects to Suboxone

Tell your doctor if any of these symptoms are severe or do not go away:

1. Headache
2. Stomach pain
3. Constipation
4. Vomiting
5. Difficulty falling asleep or staying asleep
6. Sweating

Unlikely but Serious Side Effects – Notify Your Doctor Immediately

1. Hives
2. Skin rash
3. Itching
4. Difficulty breathing or swallowing
5. Slowed breathing
6. Upset stomach
7. Extreme tiredness
8. Unusual bleeding or bruising
9. Lack of energy
10. Loss of appetite
11. Pain in the upper right part of the stomach
12. Yellowing of the skin or eyes
13. Flu-like symptoms
14. Mental/mood changes (such as agitation, confusion, hallucinations)
15. Stomach/abdominal pain

Rare Side Effects

1. Liver Disease
2. Allergic Reaction – rash, itching/swelling especially of face/tongue/throat, severe dizziness or trouble breathing (**seek immediate medical attention)**
3. Withdrawal symptoms if you use it soon after using narcotics, such as heroin, morphine or methadone, OR if you have abruptly stop taking this medication

C. Vivitrol

Vivitrol is a medication containing naltrexone that is administered via injection once a month to patients that are addicted to alcohol or opiates. Vivitrol is also indicated for the prevention of relapse to opioid dependence following opioid detoxification.

Possible Adverse Reactions and Side Effects of Vivitrol

1. Nausea
2. Vomiting
3. Diarrhea
4. Stomach pain
5. Decreased appetite
6. Dry mouth
7. Headache
8. Difficulty falling asleep or staying asleep
9. Dizziness
10. Tiredness
11. Anxiety
12. Joint pain or stiffness
13. Muscle cramps
14. Weakness
15. Tenderness, redness, bruising, or itching at the injection site

Unlikely but Serious Side Effects – Notify Your Doctor Immediately

1. Pain, hardness, swelling, lumps, blisters, open wounds or a dark scab at the injection site
2. Coughing
3. Wheezing
4. Shortness of breath
5. Hives
6. Rash
7. Swelling of the eyes, face, mouth, lips, tongue or throat
8. Hoarseness
9. Difficulty swallowing
10. Chest pain
11. Excessive tiredness
12. Unusual bleeding or bruising
13. Pain in the upper right part of your stomach that lasts more than a few days
14. Light-colored bowel movements
15. Dark urine
16. Yellowing of the skin or eyes

III. TREATMENT REQUIREMENTS

A. Clinical

Individual and Group Counseling

Individual and group counseling will be part of your course of treatment. Upon admission to the clinic, you will be assigned a primary counselor who will see you for individual sessions and work with you on your treatment goals. A treatment plan, outlining goals and objectives for treatment and how to obtain them, will be written with your input by your counselor. Following the plan is essential for positive outcomes leading to recovery. Your treatment goals may change with time, but you will always be working toward tapering off methadone, Suboxone or Vivitrol and sustaining recovery outside of the clinic.

Your success in treatment is dependent on your ability to engage in counseling and stick to the clinic program's structure. It is your responsibility to keep all appointments, including dosing, counseling, medical and treatment meetings. Your failure to keep appointments will result in re-evaluation of your ability to remain in treatment. **Be aware that continued failure to adhere to the program's guidelines may result in discharge from the clinic.**

Mental Health Counseling

If you have a mental health diagnoses, it is necessary that you keep up with treatment for those issues. If you already see a mental health counselor and/or psychiatrist, continue to see them for treatment. It is important that your counselor at the clinic coordinate care with your mental health providers. Medications that you may be taking, especially those for anxiety disorders, may affect how your body handles methadone, Suboxone or Vivitrol and in some cases has caused death.

If you are not currently receiving mental health care, your counselor will refer you to a mental health professional who is familiar with the treatment you are receiving for your addiction. Some clinics have mental health professionals on staff, so you may be referred to that person within the clinic.

B. Drug Screens

Testing for Presence or Absence of Drugs

Drug screens sometimes called urinalyses (UAs) or urine drug screens (UDS's) are used to test for evidence of both licit (legal) and illicit (illegal) substances in your body. The test is usually via a urine sample that you provide; however, some clinics may use other biomarkers, such as hair or fingernails, to test for substances.

UDS's are mandatory for each patient and will occur randomly throughout your course of treatment. Typically, screening occurs upon return to the clinic after take-home dosing has been granted, when a scheduled appointment has been missed, and when your name appears on the roster of persons requiring a specimen submission. However, a drug screen could be requested daily by the clinic's staff. Failure to provide a specimen when requested will result in an "unable" to provide a specimen and **has the same consequence of having a drug screen positive for illicit substances**. Also, failure to provide a urine specimen on three consecutive occasions will affect your ability to have take-home doses and may result in repeating earlier phases of your treatment plan.

Screening may be monitored directly by a staff member or via non-recording cameras that are monitored by staff. Tampering with urine may result in the loss of take-home privileges and may be grounds for discharge from the clinic.

Testing for the Presence of Alcohol

CLINICS HAVE ZERO TOLERANCE FOR ALCOHOL USE WITH METHADONE / SUBOXONE / VIVITROL ADMINISTRATION. Mixing alcohol or other central nervous system (CNS) depressants with methadone is dangerous and potentially deadly. If you are intoxicated prior to dosing, you will not receive your medication dose at that time. You may be asked to stay at the clinic to meet with your counselor and return to the clinic the next day to resume your medication-assisted treatment.

While in treatment, any patient who is suspected to be under the influence of alcohol OR has presented with issues related to alcohol use will be required to take breathalyzer tests before methadone, Suboxone, or Vivitrol administration.

Urine Drug Screen Results

Test results can take up to 10-14 days; after the results are analyzed, your counselor will discuss them with you. The results will be used as a guide to review and modify treatment plans as needed.

If test results indicate the presence of illicit substances OR the absence of methadone, Suboxone or Vivitrol, the clinic may require you to increase attendance and suspend take-home privileges.

In certain cases, a medication causing positive test results may have been prescribed by a physician. **Such prescriptions are not recognized as valid explanations unless they have been authorized by the clinic physician or medical staff prior to using the medication.**

Serum / Blood Levels

Wisconsin laws require the clinic to determine a patient's methadone drug level in plasma or serum (called a peak and trough) at periodic intervals during your time in treatment (see page 4). Each clinic is required to establish methadone levels for all patients in their services. This information is essential to the clinic physician in medically determining the most appropriate dose of medication for you.

C. Medication

Methadone, Suboxone and Vivitrol are three medications utilized to assist a patient in overcoming his or her cravings to heroin or opiates. Adhering to the medication regimen is a crucial piece in overcoming addiction and moving into recovery. The medication is not meant to be a lifelong tool, and in fact, it is expected that you will be able to wean off of the medication and still maintain sobriety and recovery. Typical lengths of treatment time are around 2-4 years; however, you and your counselor will continually work toward maintaining recovery without medication assistance.

IV. TAKE-HOME DOSES

A. Methadone and Suboxone

As you progress in your treatment, reduced visits, and increased take-home medication may occur. **Please note that this is not mandatory or a right; it is a privilege**. The "State and Federal Requirements to Verify Granting Take-Home Doses" and the phases of treatment listed below will help you understand what needs to happen in order to have the privilege of take-home doses.

B. State and Federal Requirements to Verify Granting Take-Home Doses

In determining which patients may be permitted unsupervised use in the form of take-home doses, the medical director shall consider the following take-home criteria in determining whether a patient is responsible in handling opioid drugs for unsupervised use. According to Federal Code 42CFR, Chapter 1, Part 8, §8.12, it states:

Programs must consider, at a minimum, the following criteria in determining patient eligibility for increased take-home medication:

1. Absence of recent abuse of drugs (opioid or non-narcotic), including alcohol;
2. Regularity of clinic attendance;
3. Absence of serious behavioral problems at the clinic (this must be documented in the patient record);
4. Absence of known recent criminal activity (such as drug dealing, theft, multiple/continuous misdemeanors);
5. Stability of the patient's home environment and social relationships;
6. Length of time in comprehensive maintenance treatment;
7. Assurance that take-home medication can be safely stored within the patient's home; and
8. Whether the rehabilitative benefit to the patient derived from decreasing the frequency of clinic attendance outweighs the potential risks of diversion.

Additionally, the following rules apply to take-home doses:

1. **Take-home doses other than Sundays or holidays are not allowed during the first 90 days of treatment for methadone and during the first 30 days of treatment for Suboxone patients.** You are expected to attend the clinic daily, except Sundays or holidays, during this period. No exceptions will be granted.
2. Take-home doses will not be granted if you continue to use illicit drugs and are not demonstrating progress in treatment. This will also result in a referral to a more intensive treatment service.
3. Take-home doses shall only be provided when you are clearly adhering to all requirements of the service, including keeping all appointments, such as individual or group counseling sessions and annual physicals.

C. Phases of Methadone Treatment

Phase 1: **First 90 days (0-90 days) of treatment**: maximum of one unsupervised dose per week. This would generally be the Sunday dose. If a clinic is open on Sunday, another day may be chosen by clinic staff.

Phase 2: **Second 90 Days (91-180 days) of treatment**: maximum of two unsupervised doses per week to include the Sunday dose. The two unsupervised doses must not be utilized consecutively. If the clinic is open on Sunday, then one other non-consecutive day may be chosen by clinic administration.

Phase 3: **Third 90 Days (181-270 days) of treatment**: maximum of three unsupervised doses per week to include the Sunday dose. The three unsupervised doses must not be utilized consecutively. If the clinic is open on Sunday, then one other non-consecutive day may be chosen by clinic administration.

Phase 4: **Fourth 90 Days (271-365 days) of treatment**: maximum of four unsupervised doses per week to include the Sunday dose. If the clinic is open on Sunday, then one alternate date may be chosen by clinic administration.

Phase 5: **One Year of Consecutive Treatment (366+days) of treatment**: maximum of six unsupervised doses per week.

Phase 6: **Two Years of Consecutive Treatment** – Maximum of 13 unsupervised doses per every two weeks.

Abstinence: No methadone ingestion but regular counseling sessions with periodic random drug testing. Patient participates in aftercare planning.

D. Phases of Suboxone Treatment

Phase 1: **First 30 (1-30 days) of treatment**: maximum of one unsupervised take-home dose. This is generally on Sunday. If a clinic is open on Sunday, another day may be chosen by the clinic administration.

Phase 2: **Second 30 (31-60 days) of treatment**: maximum of two unsupervised take-home doses to include a Sunday dose. The two unsupervised doses must not be utilized consecutively. If the clinic is open on Sunday, then one other non-consecutive day may be chosen by clinic administration.

Phase 3: **Third 30 (61-90 days) of treatment**: maximum of three unsupervised doses per week to include the Sunday dose. The three unsupervised doses must not be utilized consecutively. If the clinic is open on Sunday, then one other non-consecutive day may be chosen by clinic administration.

Phase 4: **Fourth 30 (91-120 days) of treatment**: maximum of four unsupervised doses per week to include the Sunday dose. If the clinic is open on Sunday, then one alternate date may be chosen by clinic administration.

Phase 5: **Fifth 30 days – 1 year in treatment**: maximum of six unsupervised doses per week.

Phase 6: **One year in treatment and beyond**: maximum of 13 unsupervised doses.

NOTE: Counseling requirements vary from dosing requirements. You will be expected to be present at the clinic as required for counseling, medical and any other appointments.

Extra Take-Home Doses

Take-home doses of medication are given in conjunction with the clinic's treatment phases. The issuing of extra take-home bottles for special situations is considered by the clinic staff to be a privilege contingent upon a patient's treatment progress. **No take-home requests are honored during the first 90 days of treatment for methadone or during the first 30 days of treatment for Suboxone (other than those for clinic closure, such as Sundays and holidays).** After the initial 90- or 30-day period, take-home exceptions may be requested.

All take-home requests, other than those allowed by your phase, must be approved by the clinic physician, the State Opioid Treatment Authority and the Center for Substance Abuse Treatment. Take-home requests should be arranged through your counselor during your counseling appointment. All requests must be submitted to your counselor **at least two weeks prior** to the date they are needed. Failure to allow appropriate time may result in unavailability of take-home doses.

Empty Take-Home Bottles

All patients who receive take-home bottles are required to return **your own original** bottles (with labels in an unaltered condition) to the dispensing window upon your next visit to the clinic. The labels must be intact and unaltered. If you fail to return the bottles with labels intact and unaltered, you will experience an immediate loss of take-home privileges.

Broken bottles must be immediately reported to the clinic. You are required to bring in all pieces of broken bottles, with the labels intact, as proof of breakage.

NOTE: Restoration of take-home privileges resulting from the loss of empty take-home bottles or the return of any bottles with altered labels will be determined by the clinic treatment team.

Storing Medication (Take-Home) Doses

Prior to receiving take-home doses, your counselor will inform you about the rules and safety of take-home doses. Each person is responsible for the safe storage of take-home doses of methadone and/or other prescription drugs. This medication has been prescribed for you and your medical condition only. **IT MUST BE KEPT OUT OF THE REACH OF CHILDREN.**

Any of the take-home doses must be stored securely in a locked container and kept in a storage area that is not easily accessible to others. If you store your methadone in the refrigerator, it must be kept in the locked box at all times within the refrigerator. Please keep the key or combination to the lock box in a secure, undisclosed location.

Lost or Stolen Take-Home Dose

No replacement will be given for a loss of a single dose of methadone. Loss of multiple doses of take-home medication may be replaced in part at the discretion of the physician. If your take-home dose(s) were lost or stolen, take-home privileges are suspended until treatment clinic staff have met with you and have held a treatment team meeting. It is only after the treatment team meeting that a final decision of future privileges will be made.

V. PREGNANCY AND METHADONE

Pregnancy

Methadone may change a woman's menstrual cycle, but she can still get pregnant. It is highly suggested that a woman not become pregnant while in treatment and utilizing methadone, Suboxone or Vivitrol.

If you are pregnant or become pregnant while in treatment, it is important that you notify the clinic nurse, physician, or your counselor. In addition, your baby's doctor will need to be notified that you are in a methadone clinic so that coordination of your care may occur.

The physiology of a woman is different during pregnancy and affects how medication works in the body. Continuing to use illicit substances while pregnant can have severe health consequences, including death, for you and your unborn baby. Continued use of illicit substances during your pregnancy may be reported to Child Protective Services.

Methadone maintenance is the standard of care for pregnant women addicted to heroin or opiates. There have been many women that have successfully delivered their baby while on methadone. Tapering or quitting methadone is **not recommended** during the first trimester because of the risk of miscarriage or during the third trimester due to the risk of preterm birth.

Benefits of Methadone Treatment during Pregnancy

The National Institute on Drug Abuse (NIDA) describes the effects of heroin or opiate abuse and methadone maintenance treatment on pregnant women:

> Heroin or opiate abuse during pregnancy and its many associated environmental factors (e.g., lack of prenatal care) have been associated with adverse consequences, including low birth weight, an important risk factor for later developmental delay. Methadone maintenance combined with prenatal care and a comprehensive drug treatment program can improve many of the detrimental maternal and neonatal outcomes associated with untreated heroin abuse.

Benefits of methadone during pregnancy include:

- Assists the mother in staying drug free, resulting in a healthier lifestyle
- Improved fetal care
- Decrease in miscarriages
- Improved fetal growth

Neonatal Abstinence Syndrome

Neonatal abstinence syndrome (NAS) is the term used to describe a group of problems that occur to the newborn that was exposed to addictive medication (or illicit substances) while the mother was pregnant.

Methadone, like other medications, passes through the placenta – the organ that connects the baby to its mother in the womb – and reaches the baby. The baby becomes addicted along with the mother. At birth, the baby is still dependent on the methadone. Because the baby is no longer getting the methadone (or illicit substances) after birth, symptoms of withdrawal occur.

NAS symptoms can begin within 1-3 days after birth but typically take –5-10 days to appear. They may include:

Blotchy skin coloring (mottling)	Increased muscle tone	Irritability
Diarrhea	Poor Feeding	Rapid breathing
Excessive or high-pitched crying	Seizures	Sleep Problems
Excessive sucking	Slow weight gain	Stuffy nose, sneezing
Fever	Sweating	Trembling (tremors)
Hyperactive reflexes	Vomiting	Increased muscle tone

Neonatal Treatment

Treatment depends on the infant's overall health and whether the baby was born full term or premature.

The health care team at the hospital will watch the newborn carefully for signs of withdrawal, feeding problems and weight gain. Babies who vomit or who are very dehydrated may need to get fluids through a vein (intravenous). If you are discharged from the hospital and your baby begins showing signs of withdrawal as noted above, it is important that you contact your physician immediately.

Some babies need medicine to treat withdrawal symptoms. The doctor may prescribe the infant a medication similar to the one the mother used during pregnancy and slowly decrease the dose over time. This helps wean the baby off the drug and relieve some withdrawal symptoms.

Infants with NAS are often fussy and hard to calm. Tips to calm the infant down include:
- Gently rocking the child
- Reducing noise and lights
- Swaddling the baby in a blanket

Babies with this condition often feed poorly. Such babies may need:
- A higher-calorie formula that provides greater nutrition
- Smaller portions given more often

It is essential that you seek the support and guidance of medical staff at the methadone clinic and the hospital where you delivered your baby.

VI. TREATMENT COMPLETION AND RECOVERY

An important question that a patient will ask himself or herself is, "When will I be ready to taper off of the medication?" Tapering off methadone, Suboxone or Vivitrol and leaving treatment can be a scary thought. Many patients have stated that they believe they need to be on the medication forever.

Studies show that most patients who are opioid addicted try to taper from treatment medication one or more times after reaching and maintaining stability. With proper support systems and skills, many people succeed in remaining abstinent from opioids without treatment medication for years, or even life, but studies have shown that relapse to opioid use can occur. (Condelli and Dunteman 1993; Hubbard et al. 1989, Kreek 1987)

It is important that any decision to taper from opioid treatment medication be made with the understanding that the chance of relapse remains and some level of discomfort exist, even if the dose is reduced slowly over months (Moolchan and Hoffman 1994).

As well, it is equally important to be aware of your level of motivation, length of addiction, length of sobriety, results of previous attempts at tapering, family involvement, stability, and disengagement from activities with others who use substances.

When you wish to leave treatment, it is best if you taper off the medication through a medically supervised withdrawal (MSW). This is the gradual reduction and elimination of maintenance medication during opioid addiction treatment. During the taper or MSW, you will continue to meet with your counselor and discuss how you are doing while you are tapering. Any issues, such as cravings or relapses, need to be brought to the counselor's attention. Sometimes a slower taper is required; other times more coping skills or supports are needed in the patient's life.

Remember, everyone's treatment and recovery is different. It is a journey where accomplishments should be celebrated and setbacks can be learning experiences.

Post Treatment Care

After you have completed treatment at the clinic, you may be unsure of what to do next. This may be the first time you have completed a treatment program. You also may have become accustomed to the structure that the clinic provided. Many people fear the risk of relapse after they leave treatment.

It is important that you communicate your fears and uncertainties about leaving treatment with your counselor as you prepare for discharge. As well, your counselor can help you find community resources that can continue to support you in your recovery, such as 12-Step programs like Narcotics Anonymous (NA) or Alcoholics Anonymous (AA) or outpatient therapy.

Having people who support you in your recovery is equally important. It is important to rely on your support people and the coping techniques you have learned in treatment.

VII. ADMINISTRATIVE

A. Confidentiality of Patient Records

State and federal law and regulations protect the confidentiality of patient records maintained by the clinic. This means that clinic staff may not disclose records or information about a patient to persons outside of the clinic **UNLESS**:

1. The patient consents in writing. Consent forms can be obtained from clinic staff.
2. The patient discloses child or elder abuse or neglect, OR the clinic staff suspects child or elder abuse or neglect.
3. The patient is either homicidal or suicidal.
4. The patient commits a crime either at the clinic or against any person(s) who works for the clinic, or there is a threat to commit such a crime.
5. The disclosure is allowed by a court order.
6. The disclosure is to prevent multiple enrollments in methadone services.
7. The disclosure is made to medical personnel in a medical emergency or to qualified personnel for research, audit, or service evaluation processes.

Violation of federal law by the clinic is a crime. Suspected violation may be reported to appropriate authorities in accordance with federal regulations.

Wisconsin laws provide additional confidentiality protection for HIV antibody test information. If information is to be released, a written consent must be obtained prior to the release.

B. Patient Rights

Your rights as a participant in this treatment service are posted in a central and noticeable location in the clinic, usually the front lobby. There is also a designated client rights specialist (CRS) working at each clinic. Most people first speak with their counselor about their concerns in order to resolve them. However, if you have done that OR if you would like to begin the grievance process without speaking to your counselor first, you have the right to do so. Here are the steps to take:

1. Write the complaint out on paper and address it to the client rights specialist/staff at the clinic you attend within 45 days of the event.
2. You will receive a written reply within 30 days. If you do not hear back within 30 days, you can contact the clinic or the State of Wisconsin Client Rights Office at 608-266-9369 or 608-266-3102.
3. If you disagree with the outcome, you may appeal by writing to the facility director.
4. If this does not resolve the situation, you may appeal by contacting the State of Wisconsin Client Rights Office at 608-266-9369 or 608-266-3102.

For more information please visit the State of Wisconsin Client Rights Office web page at: http://www.dhs.wisconsin.gov/clientrights/

Please note that this process will not ensure that you remain in treatment or are reinstated in treatment if you have been released from care.

C. Nondiscrimination

The clinic you have enrolled in is committed to policies of nondiscrimination in admission, access, and treatment in its clinical services and activities. If you feel that your rights have been violated, you can speak to your counselor, clinic director, or client rights specialist.

D. Laws, Rules and Regulations

The clinic you have enrolled in must maintain compliance with various federal and state laws that prescribe the standards of care and the privileges given to patients who meet certain criteria. Final authority to grant individual "exceptions" to these regulations rests, not with the clinic staff, but with designated federal and state officials.

Any patient wishing to be admitted for treatment must provide consent for treatment and consent for appropriate patient identifying information to be released to the state for the purpose of preventing dual enrollment through a central registry. These consent forms and other important paperwork will be part of your intake meeting.

E. Counselor Conduct

Complaints pertaining to counselor conduct should be directed to the:

Department of Safety and Professional Services
Counselor Certification
1400 E. Washington Avenue
Madison, WI 53703
608-266-2112

F. Transfer Procedures

Out-of-State Transfer: Notification must be provided at least two months in advance to verify transfer to the new service and ensure a smooth transition. Take-home doses may be given for travel only.

In-State Transfer: Notification must be provided at least 30 days in advance to verify transfer to the new service and ensure a smooth transition.

G. Travel

The first 90 days of treatment is a crucial time that allows you to become acclimated to treatment. It is recommended that travel plans be put off during this time. If travel is imminent for your job or emergency situations, you should plan on courtesy dosing (dosing at another clinic as a guest). **Under Wisconsin law DHS 75.15(11)1, take-home doses (other than Sundays or holidays) are not allowed during the first 90 days of treatment.**

Please note: Courtesy dosing **must** be established by your clinic staff prior to your departure.

After the first 90 days of treatment, a patient in good standing who meets the criteria for take-home doses may request extra take-home doses for traveling purposes. However, it is recommended that you do not purchase any travel arrangements, such as flights, hotels or other costly items, until you have worked out your travel-dosing schedule with your counselor. **Notifying your counselor at least two weeks prior to making reservations is advised.**

It is the responsibility of the patient to know the rules of methadone for any travel, but especially if you travel internationally.

The clinic you are enrolled in can provide a doctor's note indicating that you are traveling with methadone that is prescribed. Additionally, it is important to carry your identification card from the clinic with you while traveling.

H. Absences

To receive the most benefit from your treatment, it is expected that you attend all counseling and medical appointments, such as dosing, counseling, medical review, psychosocial review and annual physical appointments.

Missing three consecutive days from clinic attendance will result in your daily dose being reduced to a level determined by the clinic physician, typically back to the original starting dose.

If, after receiving take-home doses, you do not attend your next dosing day or scheduled appointment, the frequency of your clinic attendance may increase, and take-home privileges may be suspended.

If you are absent from the clinic for a period of five consecutive days, you will be subject to discharge.

I. Arrest

Patients who are arrested and jailed in city or county jails should contact the clinic as soon as possible. Most jails will not allow dosing, and the clinic is not obligated to treat patients while incarcerated.

Patients enrolled in treatment at a methadone clinic with a prior arrest and **scheduled** to be jailed at either a state or federal facility should contact the clinic as soon as possible. If possible, a supervised withdrawal regimen could begin. However, this must be worked out with authorities prior to the date of incarceration.

J. Grounds for Dismissal from the Service / Involuntary Discharge

Patients subject to involuntary discharge, excluding nonpayment of treatment fees, will be given written notice of pending termination. In such cases, the notice will contain the reasons for termination and information on the right to request a fair hearing within 48 hours of receiving the notice of termination.

The following behaviors are grounds for detoxification and/or discharge from the clinic:

1. Physical violence involving you and any other person either in the clinic or on the clinic property.
2. Registration in more than one clinic.
3. Abusing doses, such as losing a take-home dose, giving your dose to someone else, selling your dose, or doing anything other than consuming your dose as prescribed.
4. Selling or dealing drugs on clinic premises.
5. Abuse of drugs or intoxication.
6. Possession of alcohol or illicit drugs on clinic premises.
7. Falsifying or altering a drug test (including urine tampering).
8. Persistent loitering in the clinic or on the clinic grounds.
9. Refusal/inability to pay clinic services fees.

10. Failure to comply with treatment requirements, such as attendance of group or individual counseling.
11. Failure to complete admission requirements.

If you are involuntarily discharged, the withdrawal process shall be conducted in a humane manner as determined by the service physician, and a referral shall be made to other treatment services per DHS 75.15(10) (h).

K. Nausea / Sickness

If you feel nauseated (sick to your stomach) before or after ingesting methadone, notify a staff member and remain in the clinic area for 30 minutes. If you vomit after taking your medication, notify a staff member. If this happened while at the clinic, do not dispose of the vomit because federal law requires a nursing staff person to view it and clean it up. In most cases, a patient will **not** be re-dosed after vomiting. The clinic physician will make the determination if a re-dose is necessary, and you may be required to have a medical examination.

If you are off site and vomit, notify a staff person who will instruct you what to do and if a re-dose is necessary.

L. Pain Management

Pain is a normal occurrence and, for many, a part of everyday life. When our bodies have been traumatized emotionally, physically or spiritually, it can result in chronic pain. The use of illicit substances effectively allows you to "check out" or numb the emotional pain that you may have carried with you for years. So when you attain sobriety and begin recovery, it is common to feel pain for the first time in a long time. It can be overwhelming, and you may want to do anything to escape the pain.

It is important for you to remember that your counselor can help you to work through the symptoms of pain. Having pain does not mean that there is a need to increase your methadone dose. Your counselor will discuss this with the clinic physician to determine if a dose increase is necessary.

Please note that there are two types of physical pain that need attention. If you are experiencing pain, you will be referred to your primary care physician for evaluation. The following is a brief overview of what to expect when you have pain:

Acute/Severe Pain: This pain is associated with medical, surgical, or dental procedures and can often be managed with non-narcotic analgesics or short-acting opioid agonists that are compatible with methadone. **Always communicate with clinic medical staff and your primary doctor regarding the use of any additional medication.**

Chronic Pain: A referral to a Comprehensive Pain Center is appropriate. You may be a suitable candidate for techniques such as neuroablative procedures, biofeedback, acupuncture, psychotherapy, behavioral management and other procedures employed in such centers.

Always seek immediate medical attention if you experience chest pain (heat attack), lower right abdominal pain (appendicitis), or numbness in the face or arms (stroke).

M. Prescriptions

Some patients take prescription drugs in addition to methadone. This can be dangerous and may lead to overdose or other medical emergencies. The clinic staff's intent is to provide information regarding the interaction between methadone and other drugs, coordinate treatment, and ensure the safety of the patient.

All medications prescribed by physicians outside of the clinic **MUST** be cleared with clinic medical staff. It is your responsibility to bring a copy of all prescriptions to the nursing staff at the clinic as soon as you obtain the prescription. Contact with the prescribing physician may occur when clinic staff deem it necessary and appropriate.

Prescribed medication for sleeping, tranquilizers, pain medications and/or any mood-altering medications must be approved by the clinic physician. Any prescription for benzodiazepines, opiates, tranquilizers, or sleeping medication must be accompanied by a letter, on the prescribing physician's letterhead, signed, and dated, stating s/he has full knowledge of the patient's enrollment in a methadone, Suboxone, or Vivitrol maintenance treatment service.

N. Hepatitis C / HIV / AIDS Risk Assessment

Many patients who come to the clinic need to change behaviors that place them at risk for contracting HIV infection or hepatitis C. Some of these behaviors are sharing needles, engaging in unprotected sex with multiple partners, or sharing drug-cooking equipment.

Education and counseling to reduce risk behaviors is part of ongoing treatment. To help determine the effectiveness of prevention education and counseling, you are asked to discuss any concerns you may have with your counselor. If the counselor is unable to answer these questions, you may be referred to someone who can answer the questions.

The clinic can provide you with lists for anonymous or confidential HIV antibody testing. Since medications are available to delay the onset of serious complications in HIV-infected persons, you may want to take advantage of this service.

VIII. FREQUENTLY ASKED QUESTIONS

Q: Is methadone more addicting than heroin?

A: Methadone is not more addicting than heroin. There are two parts to drug dependence: the physical and the psychological.

Physically, there really isn't a lot in it. If you stop (and stay off) heroin, the withdrawals will probably be more severe but shorter by several days than if you stop methadone. Psychologically (because it doesn't give a high like that of heroin), people tend not to crave methadone as much as they crave heroin.

Q: Will methadone make me high?

A: If you're looking for a high, you'll be disappointed with methadone. When you first start treatment, you may feel lightheaded or sleepy for a few days, but you will quickly develop a tolerance to these effects. Expect to feel "normal" when you're on methadone.

Q: What if I miss a dose? Will I feel withdrawal symptoms?

A: If you miss a dose, DO NOT take the next day's dose or supplement with heroin or other opiates. Methadone and Suboxone are stored in body tissues. This allows for a slow release, keeping blood levels of medication steady between doses. After your initial week of daily dosing, your body should be in a steady state, which means that a relatively constant blood level of methadone or Suboxone should remain present in the body. This means that you should not experience withdrawal symptoms for missing one dose.

Q: How long should I stay on methadone?

A: Because treatment for addiction is individualized, the decisions to end methadone treatment are unique to you. Most individuals experience uncertainty or fear at the thought of tapering off methadone. Many believe "if it isn't broke, don't fix it." Talk with your counselor and clinic medical personnel when you decide you would like to stop taking methadone. A medically supervised taper will help lessen withdrawal symptoms.

Q: Should I tell my doctor or dentist that I am on methadone, Suboxone or Vivitrol?

A: Yes! Certain medications react in a negative way with methadone, Suboxone or Vivitrol and can make you very sick. If your doctor or dentist is informed, they can make sure that any medications they prescribe will not harm you.

Q: Does methadone rot my teeth?

A: Methadone does not directly harm your teeth. However, methadone, like any other opiate, does slow down your salivation process, which naturally cleans your teeth throughout the day. Drinking extra water throughout the day will help counteract this.

Q: Does methadone get into my bones and weaken them?

A: Methadone does not get into the bones or in any other way cause harm to the skeletal system. Although some methadone patients report having aches in their arms and legs, the discomfort is probably a mild withdrawal symptom and may be eased by adjusting the dose of methadone.

Q: Will methadone cause me to gain weight?

A: Not everyone gains weight when they go on methadone, but some do. This is usually because methadone improves your health and appetite, so you eat more. If you've been using drugs for a long time, you may be underweight and need to gain a few pounds.

Even though the methadone drink is not "fattening" like sweets and fatty foods, methadone can slow your metabolism and cause water retention, which can lead to weight gain. You can control weight gain by choosing healthy foods that are high in fiber, such as whole grains, fruits and vegetables, and by exercising regularly. If you nourish your body, you'll keep the pounds off, and more importantly, you'll feel good.

Q: Is it harder to kick methadone than it is to kick a dope habit?

A: Stopping methadone use is different from kicking a heroin habit. Some people find it harder because the withdrawal lasts longer. Others say that although it lasts longer, it is milder than heroin withdrawal.

Q: Does taking methadone damage your body?

A: People have been taking methadone for more than 30 years, and there has been no evidence that long-term use causes any physical damage. Some people do suffer some side effects from methadone, such as constipation, increased sweating, and dry mouth, but these usually go away over time or with dose adjustments. Other effects, such as menstrual abnormalities and decreased sexual desire, have been reported by some patients but have not been clearly linked to methadone use.

Q: Is methadone worse for your body than heroin?

A: Methadone is not worse for your body than heroin. Both heroin and methadone are nontoxic, yet both can be dangerous if taken in excess – but this is true of everything from aspirin to food. Methadone is safer than street heroin because it is a legally prescribed medication and is taken orally. Unregulated street drugs often contain many harmful additives that are used to "cut" the drug. As well, injecting street drugs puts you at risk for diseases such as HIV and hepatitis C.

Q: Can methadone harm your liver?

A: The liver metabolizes (breaks down and processes) methadone, but methadone does not "harm" the liver. Methadone is actually much easier for the liver to metabolize than many other types of medications. People with hepatitis or with severe liver disease can take methadone safely. Vivitrol can harm your liver if not taken correctly, and people with liver disease or dysfunction should not take Vivitrol.

Q: Is methadone harmful to your immune system?

A: Methadone does not damage the immune system. In fact, several studies suggest that HIV-positive patients who are taking methadone are healthier and live longer than those drug users who are not on methadone.

Q: Will methadone cause me to use cocaine?

A: Methadone does not cause people to use cocaine. Many people who use cocaine started taking it before they started methadone maintenance treatment. The expectation of treatment is that you will stop using all illicit substances.

Q: I have heard that the lower the dose of methadone, the better.

A: Most patients will need between 60 and 120 milligrams of methadone a day to stop the cravings and withdrawal associated with heroin/opiate addiction. A few patients, however, will feel well with 5 to 10 milligrams; others will need more than 120 milligrams a day. The clinic physician will work with you in determining the dose that works for you. You should not feel sedated or have trouble staying awake during normal daily activities while taking your medication as prescribed. If this is the case, please notify staff as your dose may need to be adjusted.

Q: Why do I have to attend counseling sessions?

A: Taking medication such as methadone for addiction will stop the physical cravings and withdrawal symptoms. However, the medication is only a small part of treatment. For you to maintain sobriety and move into recovery, you need to learn new ways of coping, address issues that caused you to use in the first place and learn new ways of living without using drugs.

APPENDIX A
PATIENT RIGHTS STATEMENT

The narcotic treatment service you have enrolled in supports and protects the fundamental human, civil, constitutional, and statutory rights of each patient. You have the right to:

1. Impartial access to treatment regardless of race, religion, sex, ethnicity, age, or handicap.
2. Be treated in a fashion that recognizes your personal dignity in all aspects of care.
3. Have your confidentiality protected in accord with federal and state statutes and regulations.
4. Request the opinion of a consultant at your expense or request staff to review your treatment plan.
5. Not be subjected to experimental or unusual procedures without your expressed informed consent.
6. Know the risks, side effects, and benefits of all medication and treatment procedures. If these are not explained to your satisfaction, please ask the physician, nurse, or counselor at your treatment location for additional information.
7. Be informed of other treatment procedures available in addition to those you are currently receiving.
8. Refuse participation in a research project without jeopardizing the quality of the care you receive.
9. Refuse specific medication and treatment procedures, to the extent permitted by law.
10. Know that if you refuse medication or treatment, the clinic may terminate its relationship with you upon reasonable notice.
11. Know the cost of your care and the source and limitations of your funding (contact your primary counselor who can refer you to the Fiscal Department).
12. Know the reason for any proposed change in the professional staff responsible for your care or for transfer either within or outside the facility.
13. Initiate a complaint or grievance procedure and obtain a hearing or review of the complaint. Grievance forms are available at each treatment location.
14. Participate in the formulation of your treatment plan.
15. Participate in the formulation of your discharge and aftercare plans.
16. Access your treatment records to the extent authorized under Wisconsin Statute 51.30 (4)(d). An abstract of these rights are contained in Appendix B, Access to Medical Records.

APPENDIX B
ACCESS TO MEDICAL RECORDS

Abstracted from the Mental Health Act – Wisconsin Statute §51.30(4)(d)

(d) INDIVIDUAL ACCESS:

1. Access to treatment records by individual during his or her treatment may be restricted by the director of the treatment facility. However, access may not be denied at any time to records of all medications and somatic treatment received by the individual.

2. The subject individual shall have a right, following discharge under § 51.35 (4), to a complete record of all medications and somatic treatments prescribed during admission or commitment and to a copy of the discharge summary which was prepared at the time of his or her discharge. A reasonable and uniform charge for reproduction may be assessed.

3. In addition to the information provided under subd. 2, the subject individual shall, following discharge, if the individual so requests, have access to and have the right to receive from the facility a photostatic copy of any and all of his or her treatment records. A reasonable and uniform charge for reproduction may be assessed. The director of the treatment facility or such person's designee and the treating physician has a right to be present during inspection of any treatment records. Notice of inspection of treatment records shall be provided to the director of the treatment facility and the treating physician at least one full day excluding Saturdays, Sundays and legal holidays, before inspection of the records is made. Treatment records may be modified prior to inspection to protect the confidentiality of other patients or the names of any other persons referred to in the record who gave information subject to the condition that his or her identity remains confidential. Entire documents may not be withheld in order to protect such confidentiality.

4. At the time of discharge, all individuals shall be informed by the director of the treatment facility or such person's designee of their rights as provided in this subsection.

SIGNATURE PAGE

Please initial these important pieces of information to indicate that you have read and understand the information. A copy of this will be kept in your chart.

On the initial day of intake, every patient is required to sign an authorization form entitled **Consent of Disclosure of Information Multiple Registration**. This form allows your information to be put into a central registry to prevent multiple clinic enrollments. This form is mandatory, and refusal to sign this form will result in not being admitted into treatment.

_____
Patient Initials

1. Every patient is required to provide names, addresses, and releases of information for medical and/or psychiatric services provided outside of the clinic. You must notify the service of any change in address, telephone number, and/or emergency contact information. This allows the clinic physician the ability to contact physicians, dentists and other health care providers involved with your care.

   _____
   Patient Initials

2. Loitering on clinic premises is prohibited. **Consistent loitering is grounds for dismissal from the service**.

   _____
   Patient Initials

3. You may experience withdrawal symptoms as you wean off and stop taking methadone or Suboxone.

   _____
   Patient Initials

4. It is unacceptable and will result in program termination if you seek additional methadone, Suboxone or Vivitrol from another source.

   _____
   Patient Initials

5. If you are hospitalized for a medical, surgical, or psychiatric condition, inform the physician that you are taking methadone. The doctor should contact the clinic so steps can be taken to continue methadone during hospitalization.

   _____
   Patient Initials

6. Receiving medication-assisted treatment is not a right. The clinics can discharge you from services if you fail to comply with their treatment rules.

   _____
   Patient Initials

7. Any prescription for benzodiazepines, opiates, tranquilizers, or sleeping medication must be accompanied by a letter, on the prescribing physician's letterhead, signed, and dated, stating s/he has full knowledge of the patient’s enrollment in a methadone, Suboxone, or Vivitrol maintenance treatment service.

   _____
   Patient Initials