

BBF, Ltd, dBA Stretanski Concierge Medical Services

Suite B, 165 North Trimble Road

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Initial Guide to your Suboxone/Buprenorphine Program

BBF/(Concierge Medical Services), Ltd

165 Trimble Rd, Suite B

Mansfield, OH 44906



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This is the Initial Guide to your Suboxone/Subutex Program.

First and Foremost, you must be connected with a Counseling Center and have a Chemical Dependency Counselor. This is, and has always been, an absolute mandate to be in this program. It does not matter how many times you have been in counseling, in rehab or in prison - you still must go during this program. If you fail to go, or lie about attendance, then your Suboxone will be stopped and we will go to our standard discharge protocol.

This is Your Responsibility – it is part of your “homework” and the first step in actively treating your addiction. Where you are seen will depend on your location, your insurance and whether or not you’re insurance covers chemical dependency and then you need to find out who takes your insurance. It is possible you may have no coverage but this will still be cheaper than your street habit. You can call the number on the back of your insurance card (or Medicaid card) and ask who is in network. You will have two days to make this call and one week to get seen. If you fail to follow through, and do not make these calls and get scheduled, that is non-compliance and it will get you discharged from the program.

You can find a counselor in your area. They must be a Certified Chemical Dependency Counselor their name with have the initials CDC after their name, or a psychologist, PhD, or Psy D.

We have a counselor here at this office provided through "Interventional Spine". It is convenient and advantageous to be seen often at the same time as seeing Dr Mike. What does not happen is showing up and wanting to see Dr Mike and not attend your counseling session. Your script will not be released to you until you complete the program guidelines. It is not mandatory to be seen here for counseling, but if you continue to use and come up dirty on your UA, then it becomes apparent that whatever you are doing is not working and you may be required to be seen here in addition to or in place of the failed program.

We also work closely with the local Health Department for Mental health and Chemical Dependency - if you are uninsured you are often seen at Life Services/Catalyst 741 School Rd., Mansfield, 419 756 1717 or 419 774 6743

You cannot simply see someone from the church, AA, the family or school – these can be helpful people to be around but you must also have a certified chemical dependency counselor (CDC), PhD or PsyD. You will eventually have a sponsor from AA/NA, but again, you cannot be seen by someone who is not also an actual counselor CDC. In order for us to meet our compliance standards to run this program, we will need to get regular reports of attendance from them. This includes checking their credentials. Almost every faith-based organization has someone or some program they consider to be "counseling, coaching or supportive services etc" While many of them can be helpful, most have absolutely no training, say damaging things and they often have other motivations such as getting you to sign over your house and they can cause many more problems than they solve.

Again, do not try and come to your follow-up appointment with anything other than a letter from someone with CDC, PhD, PsyD, or an actual psychiatrist. please do not try and say that God told you it was ok. This is how we know whether it is worth our time to try and help you help yourself. If you show up and you have not made these calls and met this appointment, then we know that you have no plan to really try and get yourself clean. We can then move onto and give more time and more help to the people who really do want to get clean.

You need to know that we believe in a behavioral pattern of treatment, not a disease or medical model. If you are looking for someone to tell you that this is a disease you inherited, or something you were born with, or that you have no control over, then you need to leave now and find another program. The state is full of pill mills that will allow you to play that game, we do not. It is your choice to enter this program.

The following is a review of your first and second visits with Dr. Mike. Many of these things have already been

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explained several times by your second visit. There is nothing new or unexpected in this handout. If you find something that seems to be radical and unexpected, highlight or circle it, bring in the handout and Dr. Mike will review it again.

The Suboxone phone 419 709 7709 is active and answered from 8 am to 6 pm Monday to Friday. This is the only number to call regarding Suboxone or Subutex. Do not to call the other numbers for this doctor's office. There should be no reason to call after hours other than potentially during your first few days of your induction from Subutex to Suboxone.

Something has gone wrong, mentally, spiritually, psychologically and/or emotionally for you to be in this situation. If we do not address those issues, then there is no point to starting Suboxone. The actual Suboxone itself is a very small part of the overall program. Again, you will be in Chemical Dependency Counseling, if you are not already involved.

You should also be holding a copy of your Suboxone Agreement. At this point you have signed that you have carefully reviewed all pages and have a copy. You need to keep this as a reference, and you should re-read it regularly. This document is taken very seriously.

- Dr. Mike is your "Suboxone Provider", he is not your addictionologist.
- He is not your counselor.
- He is not your sponsor.
- He is not here to solve your problems or treat your anxiety
- He is not your friend and you do not need to "like him".
- He and his program are trying to help YOU save your life
- He WILL deal with any real pain control or other medical issues that come up, but he is **not** your primary care doctor

He is here to monitor you for relapse, manage you medically during your induction and taper administrate/interpret your urine drugs screens and, if appropriate, write for your Suboxone and some other meds. He is here for enforcement of program rules. His job is to make sure you go to counseling, maintain general healthcare appointments and monitor you for abuse and relapse. He is here to know when you a lying and enforce one the main pillars of your 12-Step program which starts with being honest with yourself.

Is has been said that truth will set you free, but it will anger you first.

Your Suboxone is provided through a concierge medical service, BBF Ltd. that does not take any insurance. We do not run a pharmacy and we do not provide medication directly – we do not dispense. The concierge practice also does cosmetic procedures, aviation flight physicals and aviation substance abuse disorder – HIMS program with the FAA. The reality is that we are not able to run a Suboxone Program based on most insurance or Medicaid networks. Your insurance or network may try and tell you otherwise. You might be able to use your insurance or network to cover some of the drugs themselves, the third part lab that runs the urine drug screen or the FedEx shipping, but not the office visit itself. Suboxone is a brand name, like a tissue can be a Kleenex or a truck an be a Ford. There are other formulations on the market like Zubsolv.

You will usually start on Subutex for the first 2-5 days. This is a round pill that goes under your tongue and dissolves. Do not chew, swallow or attempt to snort or dissolve and shoot IV. If you follow the instructions, stay home in a safe place, then during this initial induction you really should not have any real withdrawal issues. However, you should expect the phone to ring with dealers and users calling to buy sell trade drugs?

On your 3rd to 5th day you will be seen for a "conversion visit". At this visit you will probably be told to finish out the remaining Subutex and then start the Suboxone strips. They also go under your tongue. This second drug in the strip contains the blocker. You will likely continue Neurontin. Everyone is different, but you are likely to be seen at 7 to 10 day intervals until you have three consecutive clean urines. Your appointments will then depend on how

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often you are going for counseling. Dr Mike talks to most of the local counselors about twice a week.

The only thing we can do is offer you an opportunity for sobriety.

Sobriety is abstinence, from ALL mood altering drugs, both, alcohol, prescription and over the counter. Make no mistake, in your case drinking and other the counter drugs like NyQuil, leads right back to heroin, cocaine, prescription drugs or whatever your drug of choice had been. You are either sober or your are not. There is no middle ground and there is no "trying". If you are even thinking you can use once in a while – then please just leave. It is easier for us and for the people on the waiting list. Parties will come up – if there is POT or other drugs there, then you should not be there. It's really very simple. You cell phone number should already be changed.

The AA program is a 12 step program that can be applied to any chemical dependency. Narcotics Anonymous meetings are basically the same as Alcoholics Anonymous. You do not need to have alcohol as a drug-of-choice to enter an AA/NA program. You do not even need to "swear off" at that point. The only requirement they have is that you have a desire to quit. You must accept the fact that your life has become unmanageable and you are powerless over your drug of choice. AA does not provide social services, food, meds, transportation, letters or any hand-outs. AA provides support and what you need most right now. Many AA/NA meetings are bad and nothing but drug festivals. Dr Miike has seen many more clients relapse because of NA/AA than helped by it so it is not not required. However, there are good NA/AA meetings - we just haven't heard of any in this area yet.

There is no shortage of places you can go and buy whatever drugs you want, either on the street – as you already know, or from a "pill mill" – as you probably already know. Pill Mills are in no short supply. We have quite a few right here locally. They don't care about state federal or local laws/guidelines and do not care about your outcome. They do not care if you die and after you overdose and die they will turn around and continue to sell to your family and your children. BBF (Dr Mike) is NOT a Pill Mill. We are actually caring for several widows who had husbands die from Pill Mills. We are a zero tolerance program. Your urine is run for real, and positives are confronted. Please do not play games and say you cannot pee when you know it's going to be +. Again, you will sit until we obtain the sample and you will NOT leave with your script. All this does is crowd the waiting room.

You may be coming from a place where you were drug-tested after you had been using and no one said anything. They may have even told you the urine was clean – when you knew it should be dirty, such as positive for cocaine/meth/heroin/oxy's or whatever. That is because they either did not care or they did not really run the urine. We are neither of those places. Your urine will be sent to a third party company – Avutox labs.

We know that you initial urine will have illicit substances, that is why you are here, but once you are on Suboxone, you will not be in withdrawal You will not be "drug sick" so there is no reason and no excuse after that point for you to go seek-out and use illicit substances. We do NOT follow the disease model of addiction. We address addiction as a pattern of behavior that you need to take, or be forced to take responsibility for.

For example: if a diabetic does not take their diabetes medicine, and they get sick, and they run someone off the road and kill them, that diabetic is responsible for what they let happen, they are still guilty of vehicular homicide and they still go to jail.

For Example: if a person with bipolar does not see their psychiatrist and does not take their lithium and other psychiatric medicines and they have a bipolar episode and shoot someone, that is still murder and they still go to jail.

Again you and no one but you is responsible for your sobriety.

Contact Times/Emergencies

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Patients calling in after these hours will not be able to leave a message. If you have a true medical emergency, you are to dial 911 or go to the nearest emergency room. We do not provide emergency services and we do not take drug-crazed messages in the middle of the night. The ER will decide if they need to call Dr. Mike. If a real medical issue arises then that is what the ER is for. If there are other legitimate pain/rehab issues then Dr Mike will deal with them too. The fact that you do not have Suboxone, you let it get stolen, or you ran out of Neurontin is NOT an Emergency. If you go to the emergency room and ask for pain meds, you will be discharged. Part of your sober lifestyle starts with being organized about your healthcare. **Being held accountable to complete regular activities and responsibilities during regular hours is part of your sober plan.**

Stolen Medications,

If you are irresponsible enough to let your medications get stolen, then you should not be on Suboxone. Any meds truly stolen from you will end up in a school yard and that is unacceptable. If they are stolen, that is YOUR fault that you let it happen and you will go without them. You will be required to file a police report, but don't be surprised if they laugh, tell you they don't believe you and refuse to take the report. They've heard it all before. Having Suboxone is like owning a gun. If you let someone get it and you fail to secure it, then it is completely your fault when someone uses it to do something bad or stupid. If you can't secure it, then don't get it!

"Opportunity makes the thief" You should not tell anyone other than your spouse, parents or anyone else on your sober team. If you tell the people you used drugs with, there is no doubt they will try and buy it, trade for it or steal it. They will try and break into your home when they know you are not there. Other people you have used and traded with will literally watch when you are out of the house and they will try and break in and look to steal your Suboxone. Do not mention Dr Mike's name or everyone will know you have Suboxone and try and get it from you. If you are living with someone who uses, then get out. If you are married to them then get them into treatment or get separated. This is the easiest way to get into trouble is to live with another user.

OARRS Report

This is an internet based system that enables us to bring up every controlled drug of every class written for you in every state going back years. You cannot fill a script we do not know about, and we will know what your prior doses were for Suboxone from other clinics or drugs from pills mills. This also helps keep you safe and avoids drug-drug interactions.

The Taper Off

Understand now, from the very beginning, that you will eventually come off the Suboxone and be expected to live a Sober Lifestyle. The longest most patients are on Suboxone is one year. Dr. Mike does not believe there is any reason for indefinite eternal use of Suboxone. If you do not follow your taper, and take more Suboxone and you try and say you are going to use your drug of choice because of the taper, and then you will not be treated as a patient. At that point you will be handled as a criminal engaging deliberately in a consistent pattern of criminal behavior and we will go to standard discharge protocol.

Suboxone patients do well ONLY when they change their entire life. Suboxone alone simply stops you from getting sick without opiates, whether they are prescriptions pills, heroin or whatever. Suboxone does NOT FIX your addiction. The only thing Suboxone does is stop you from getting sick and gives you time to work with the Chemical Dependency Counselors to learn how to stop living, acting and behaving like an addict. This means getting rid of the phone numbers of your dealer and anyone you have used with who is not also in recovery. You need to enter the number for your sponsor and #1 on speed dial and your counselor's office as #2. Dr Mike will check this at your next visit. You must change the environment that is enabling you to use. Change the sandbox, the playground and the playmates.

You need to immediately practice the following mantra

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Practice I CANNOT USE! But ... I CAN → NOT- USE! You will hear this again in counseling and AA/NA
OBTAINING the Subutex/Suboxone

Most insurances do not pay for long term use of Suboxone. Some do. Prior authorization is possible, but is always delayed. The earliest you will have any insurance or Medicaid program authorize these medication is about a week.

Do NOT CALL and tell us we didn't get your Suboxone authorized. We know it is not authorized and you were told at the first visit it would not be. You can use the money you were spending on the street drugs to get the Subutex or Suboxone and Neurontin from the pharmacy.

Your insurance or medical card did not pay for you to get into this situation therefore it is not reasonable for them to pay for you're to get a substitute drug. We will make one effort for each patient. We do not have an obligation to do this for you, when we try it is courtesy done above and beyond our obligation to you. Even under the best circumstances, you are going to have to pay out of pocket, at first –

YES, YOU ARE EXPECTED to pay for the drug. No it is not "free" if you are on welfare.

If you come in for your follow-up and you did not get your Suboxone because it wasn't authorized and you didn't want to pay for it, then that will be your last visit and you will be discharged. Again, we will make one effort for each person. We are not a federally funded program and do not have the time or the staff to do multiple attempts. This issue has been explained and addressed with you in your intake, the Suboxone agreement and in the financial disclosure ... you can try and see if one of the local federally funded centers has a social worker than can assist you.

DO NOT CALL and complain that you didn't get the suboxone because the suboxone "isn't free"- we will simply hang-up, discharge you and put someone else form the waiting list in your place. Suboxone is cheaper than what you are doing now.

The reality is that the cost of street opiates – whether heroin or pills is roughly 70-140\$/day for heroin and oxycodone is 1\$ per mg, so four Perc 30's would cost 120\$/day suboxone is about 12\$

Neurontin, and other meds

Most Suboxone patients are also on a drug called Neurontin or something similar. Neurontin will help especially early in your induction and later in your taper. Technically it is a seizure drug, and its use in this scenario is off-label and non-FDA approved, but it is the standard among most Suboxone programs. It can help you sleep, knock down anxiety and most patients in your situation have a degree of anxiety. It helps with the cramping and burning you can get in your legs and hamstrings. Neurontin also very cheap and usually it is paid for under most insurance. Neurontin makes it possible for you to use less Suboxone. This is important is saving you money.

When you take a Neurontin with ½ a Suboxone you have half the cost of your medication.

Neurontin can also suppress nightmares and overall make the Suboxone more effective. The anxiety is something we may need to treat differently later down the road, but for now Neurontin is the right drug for most of you. Most patients come back on the second or third visit very happy about Neurontin. Farther down the road, we may use other meds such as antidepressants or even get a psychiatric evaluation. Right now we don't know how many of your symptoms are from withdrawal, adjustment disorder compared to a primary depression or other serious mental illnesses. Many patients have been self-treating for other mental illnesses such as bipolar disorder or even schizophrenia. You may have even had this diagnosis and/or had inpatient psychiatric visits or prison/jail time.

It is possible that other medications like mood stabilizers and antidepressants may be used. You will NOT be given anything like Xanax or valium. If you obtain them from somewhere else, like a dentist, nurse practitioner or podiatrist, you will be discharged. The Neurontin should really cover those issues for you. If you fill a prescription

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for another doctor, nurse or PA then you are discharged. While it maybe florid malpractice to write the script for you, it is YOUR responsibility not to fill that prescription. It will turn up in your urine or Dr Mike will find it on the OARS report. You can't hide it.

Shortly after you are on Suboxone, and when you have not used for a few weeks, there is a very dangerous time to think things are all OK. You have set a "new normal" there is a tendency to think everything is OK and you are particularly vulnerable to relapse at this point. You may think "it's OK to have one, or think "well, I don't get testing for another week", but you might get calling for a urine tomorrow! And a pill count too!!!

Dry Mike often uses other types of medicines, like antidepressants and mood stabilizers or other drugs. We do not do this until later in your care and after you have been started in counseling. We simply do not know how many of your problems are from acute withdrawal, drug toxicity, other medical issues or a true depression or anxiety. Under no circumstances will you get anything like valium or Xanax. Those drugs are highly addictive, banned in the controlled-drug-agreement and simply cause more problems and enable you to continue the same pattern of self-destructive behavior that made you get yourself into this mess in the first place.

Melatonin

Melatonin is an over counter supplement that is not certified by the FDA or anyone to diagnose treat or cure any disease. Most Suboxone patients do well with 3 -5 mg of melatonin at night, but maybe as high as 20mg. Most drug stores like Big Bear and Kroger have a two for one day and you can get a discount with something like a Kroger *Plus* Card. No, your medical card will not pay for it. Melatonin sometimes have other things such as rose hips or taurine in it, and those are just fine. Melatonin with Primrose oil tend to be more for women, but men can take it too. You should take it about 2 hours before you are scheduled to go to bed. You should plan to go to bed 8 hours before you need to get up. If you are not working, then your sobriety is your full-time job and you should be sleeping at night and awake the rest of the day like the rest of the world. Your sleep wake cycle may be screwed-up for a few days after you get on Suboxone. Staying awake during the day and not napping, so you sleep at night, is a very simple and free solution to this problem. This also helps regulate your mood, your pain perceptions, your blood sugars and stress hormones. Unless you really have to work a 3rd shift being a "Night Owl" is not a good thing. If you are sore and achy and someone has used the term "fibromyalgia" or myofascial pain, then Co-Enzyme Q10 is another good supplement. You will need a full 200 mg twice a day.

Alcoholics Anonymous/Narcotic Anonymous

You should get the AA Big Book and read the first 164 pages over and over. Dr Mike is guarded in his requirements for AA. The problem is the meetings in the Mansfield area are often not good. Many AA meetings locally here are nothing but a place for drug-addicts to buy, sell, trade and use narcotics/alcohol. This is largely due to these being repeat offenders who are forced into AA/NA with no desire to be there when they really should just be incarcerated. If you find yourself in one of these meetings, you can simple leave. Dr Mike has had patients relapse, even get raped and beat up at AA meetings. However, the concept of AA/NA really does work more than anything else. Finding a good program may not be easy, but they are out there. It will be easy to tell if the program is the wrong one, it will not be easy to tell if it is the right one. You may not easily find a sponsor. Sponsors may want to "interview" you first and wait and see how you act at meetings before. Be aware that you sponsor may also relapse themselves. When and if that happens, that will be a stressor for you, but we will help you get a new sponsor. You should be able to find AA/NA meetings on-line, using any search engine, and even use an iPhone app for AA/NA meeting location and reminders.

There are organizations other than AA/NA that are not spiritual in nature,

- Secular Organization for Sobriety
- Rational Recovery
- SMART

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You can find them on-line. However they are not free, most are quite expensive and they are not as easily accessible and their success rate is not quite as good as the AA/NA concept.

You need to eat better. Processed foods, fast food and refined sugars are not good for you – there not good for anyone. Pick a church and go. Dr Mike does not care which one. Nothing from a vending machine is ever good.

You need to bathe at least once a day. With soap, shampoo and groom yourself appropriately. You need to wash your clothing. Not everyone has a vast wardrobe, but it is not acceptable to wear the same shirt or pants more than 2 days in a row. You should not wear the same socks and underwear more than one day in a row. If you really truly do not have more than one set pants, one shirt and one set of undergarments, let us know and we will get you set-up with a charitable organization. We know your life has just fallen apart, but after your first few weeks in the program you should not come in smelling like a cat liter box.

People with some type of faith in a higher power will do better from people who have no faith at all. You can join a Temple, Church, Mosque or whatever. Dr Mike does not care which one and does not need to know. Be cautious of religious organizations that tell you that they are the ONLY thing you need. The truth is many people leading churches themselves have very little in the way of addiction medicine or mental health care training. Indeed may on them have substance abuse disorders, alcoholism and something like bipolar disorder themselves. Back away if they start tell you that you need to come every day. Weekly church services with perhaps evening meetings and fellowship meetings are a rational schedule. Having a member of the church you can call as part of your sober plan is reasonable. Remember, again, you are vulnerable. Having a spiritual component to your recovery is a major tenant of AA/ NA or any type of drug rehabilitation program. Do not "sign over your house to the church"

You are going to need to follow a 12 step program at some point. This may take a while and may not be easy to get started. Finding a meeting, a "home group" and a sponsor is critical, mandatory and 100% your responsibility. Attending individual counseling with an approved counselor is 100% mandatory and is your responsibility. ALL mind altering substances can threaten your sobriety. This includes over the counter Nyquil, sleeping pills, sedatives, marijuana. We will run and OARS report every visit. We will KNOW if you got a script from a dentist, foot doctor or any other doctor. We can't stop you from going, and you may need things like dental and foot care. But it is YOUR responsibility NOT to FILL that SCRIPT. If a doctor knows you are on Suboxone, it is florid malpractice for them to write a script for a controlled drug, but it is YOUR FAULT if you fill that prescription. If you do fill the script then that is a completely inexcusable pattern of criminal behavior on your part and you will be discharge without question.

The SOBER PLAN:

You will need to formulate a SOBER PLAN, Usually you do this with your counselor, sponsor and partly on your own. The SP is a pre-programmed pattern of response for when you have a stressor. The stressor can be as minor as a parking ticket or as major as the death of a loved one such as your parent, child, even a pet. The fact is that most adults do bury their parents. This is the way of life and it is usually normal. When this happens and your first instinct is to reach for pills, drugs or a drink, what are you going to do?

Examples: some SP's involve a prayer or series or prayers. The Desiderata serenity prayer is common. God give me the strength to change the things I can, the strength to handle the things I can and the wisdom to know the difference" you can take out the God word if it offends you, the prayer is the same. Some SP's involve a small book with pictures of your children and knowing that Children's Services is likely to take them if you test positive for pot, heroin cocaine or anything other than your Suboxone. SP may involve calling your sponsor if you have one yet. Or may involve some simple breathing exercises

AA is not treatment, it is a recovery program. Treatment happens over time with your counselor. AA does have a spiritual component, it is not political or religious. There is a saying in addiction that "Religion is for people who do not want to go to hell, spirituality is for people who have already been there."

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Understanding Triggers

Triggers are things in the environment that are/were associated with your drug use. It might be driving past a spot where you had previously bought, sold or used drugs. It might be going past a previous drug house. Triggers are sure to happen when you miss a dose of Suboxone, or you get a call from your dealer. And, your dealer is SURE to call. It could be a song on the radio or the smell of certain cologne. The fact is that triggers are linked to a very deep primitive part of your brain and they will start you down the road of using again. Triggers are important to identify. Really dangerous triggers are ones you have not yet identified. They can hit you out of nowhere! You might see something on TV or talk to a person or the weather may change and for reasons you do not understand, you suddenly start thinking about using. If you used IV drugs, Dr Mike set out an insulin needle and ask you how it feels to see it sitting there. This is a measure for progress and part of the process of desensitization to triggers. We may never identify them all, but we will identify some and them in the future when you see feel one, you will understand what is happening and you can talk to your counselor about the trigger. You need to identify your triggers and learn how to handle them.

What we all would like to avoid

We have a discharge protocol. No one but you can force us to go this route. If you miss an appointment, are more than 36 hours late for being called in for a urine drug screen and pill count/strip count, if you are caught telling lies about making your AA/NA or counseling meetings, if you harass or threaten or make inappropriate comments to any staff member, other patient in the waiting room or any other issue as outlined in the Suboxone Agreement, then you may be referred for an inpatient detox/chemical dependency evaluation at a place such as Talbot Hall or Shepherd Hill.

This may come as a letter giving you a 7 day deadline to present and have them report to us. In the event you disappear, the letter comes back and we cannot reach you by phone, then we have no choice but to assume you have relapsed and you present a definitive threat to yourself, your children and anyone on the road. You need to re-read the controlled drug agreement about YOUR responsibility to notify us of address and phone number changes. If is your fault if you move, change address without notifying us and the letter is returned. In that case we have no choice but to assume you have relapsed, died, or decompensated psychiatrically and we have no option other than to fulfill our obligation as "mandatory reporter" to Children's Services, Ohio State Highway patrol, the parole board, the ATF and local law enforcement.

All your information will immediately be sent to Children's Services, the Ohio State Patrol explaining you are not safe to drive or operate any motor vehicle, and METRICH/ local law enforcement. It is fairly hard to make us go to this protocol. You really have to do something pretty bad for this to happen, such as using an illicit substance after you are in the program, taking a script from another doctor, missing an appointment with us, missing counseling appointments, falling off the radar – not returning our calls for 2 days.

Understand something else about your medical records – you have no right to privacy when there is any question you pose a threat to others, HIPPA does not apply when a crime has been committed – such as use of heroin, cocaine, pot or any prescription controlled-substance drug you take from anyone other than Dr Mike.

If you make enough bad decisions to let yourself get to this point then you are strongly advised to obtain private legal counsel. You are encouraged to get a criminal defense attorney

If your lawyer tries to help you hide the disease and calls themselves your "advocate" they are not doing either of you a favor. Your lawyer has an obligation to you (that's what you are paying them for), and they must meet minimal standards of the practice of law, which includes letting you know that you have no right to privacy as far as relapse is concerned. They also have obligation to society to not cover up a consistent pattern of criminal behavior. They can lose their license to practice law. If your lawyer tried to tell you that you have a right to privacy at that point, they you can sue them for legal malpractice. It is hard to believe they do not all know this. It is

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covered in their schooling. The problem is they might tell you one thing and they know another, so be careful. If Dr Mike gets a letter from them trying to say there is a privacy or HIPPA violation, Dr Mike has a moral and ethical obligation to inform the Ohio State Barr Association and the State Supreme Court and request an investigation into the lawyer's incompetence. This happens all the time, and it never ends well for you or the lawyer, so Google and read the HIPPA exceptions on line otherwise you are going to just incur more and more expenses. The only thing worse than no lawyer is a bad lawyer. If they are trying to tell you something that is not true then you are advised to leave them and find someone who knows what they are doing.

If you are female

If you are female, you absolutely should NOT GET PREGNANT on Suboxone. The meds in Suboxone are dangerous in pregnancy, can result in birth defects and your baby will be born addicted to opiates. This is why Dr Mike asks about birth control, is will to write for and administer birth control if you do not have or cannot get to anyone else to provide it. If you become pregnant - Dr Mike cannot follow you as the Suboxone Doctor. You will be simply referred to a high risk OB/Gyn. The only ones we have been able to get to see pregnant Suboxone patients is the Cleveland Clinic and in Akron. They are not usually very nice to you and they will always take the baby and you may even loose the children you do have in your custody. Pregnancy is preventable. If you want to grow your family, then we need to get you through the program, into a year of sobriety, established in a long-term sober plan, and then consider an elective pregnancy at that point. Otherwise, you will present to the hospital pregnant. They will find the Suboxone or other drugs in your urine. They will easily recognize the withdrawal symptoms in your baby. They will take the baby and possibly take any children you do have in your custody and you may face criminal charges for the drugs in your urine at the hospital based on a concept of "internal possession"

So do not do this too yourself. It is a completely preventable problem.

Leaving the Program

The ideal way to get out of the program is to demonstrate a period of sobriety, compliance with counseling, treatment of underlying mental health issues and three free follow-up visits with Dr Mike after you are off Suboxone. You are likely to still use Neurontin regularly for the rest of your life. Dr. Mike then talks about having 1 or 2 Subxone unused in dry storage for when a bad life event occurs. Dr Mike is then available to you indefinitely for when, not if, a stressor happens that is beyond or right at the level of your compensating skills. When this happens, you call, we get you in, evaluate you and make the stressor into a speed bump you get over, and not a wall you crash into. Understand that bad things happen in life – it can be as minor as a parking ticket or as major as the loss of a parent or spouse. If you move, Dr Mike will call and talk to any new Suboxone doctor where you are moving to. You may not attempt to see another Suboxone doctor running a loose program, pill mill or someone allowing you to do things such as "smoke pot because they think it's ok" or they think you "don't have to go to counseling". Attempting such a consult is considered manipulative behavior and will be interpreted as "doctor shopping" an attempt at polysourcing and you are usually in or near a state of relapse. You have to right to transfer your case to any legitimate Suboxone program at any time after talking to Dr Mike. This does not offend or upset us in any way – Dr Mike wants you to be in a convenient program. Someone who is making you "comfortable" or "happy" is less likely to enforce sobriety and the "new normal" often slips to full-blown use. If you want to transfer-out, then please let Dr Mike know so he can take you off the list and get someone else in your spot that day. We are only allowed 100 Suboxone patients total and if you want out that opens a slot for someone else on the waiting list. If we suddenly get a call from someone that you are trying to transfer your care without talking to us first, we will have no choice but to suspect you have relapsed and you can expect a call for an immediate urine drug screen and pill count. If you fail to show, we go to standard discharge protocol. That standard discharge protocol is listed above – you just read about it.

If you read this far the you should gather that we run a clean legitimate program. If you are not ready to quite, if you are here only because someone else wants you here, if you want to keep using or you think you are going to be able to "use" street drugs and/or sell trade your Suboxone then this is not the place for you. You will get caught

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and we will not ignore it. Ohio is full of Suboxone clinics that will write for Suboxone, take your money and let you over dose on heroin and then continue to write for your friends until they overdose. We put our heart and soul into this program and we are about 1/3 the cost of most providers. We will do anything we can to help you help yourself, but please think twice before you sign up for this particular program.

The ODDS

The program is not going to be easy, but it is not impossible either and most of all it is simple – don't "use". The success rate among addicts who have followed the 12 step program is around 85%. Again, get the AA big book and continue reading the first 164 pages, when in doubt go back to page 84 and 85. AA and NA follow the same 12 steps.

VIVITROL® (naltrexone) is a long acting intramuscular shot we can use after you are tapered and demonstrate a period of sobriety. Most of the time patients leaving half-way houses or prisons are often given this shot. This is far from a perfect drug. We can talk more about it when the time comes.

Living a SOBER lifestyle is a simple choice. You chose to no longer "use". Really that is all there is to it.

You will have every opportunity to obtain and live a sober lifestyle, but it does come down to your choice.

Understand that your dealer will call within the first few days wondering why you are not buying from them. They don't care what happens to you, they only care that they are not making money off you anymore.

Why do you use?

What do you plan to do with the rest of your life?

Who will have custody of your children if you overdose and die?

Or get sent to prison?

How do you plan to get to AA/NA and meetings?

When an old "friend" calls and asks if you are in the market for some oxy's, how are you going to handle that call?

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When your dealer shows up at your door and asks where you've been, what are you going to say?

Who are you going to call at that point?

Additional Notes for You and Your Counselor
