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The Role Of Suboxone And Buprenorphine In Withdrawal Management

Suboxone and Buprenorphine are essentially the same medications, although Suboxone is clearly superior because of its consistency and strength of buprenorphine compared to all generic buprenorphine preparations. In addition to superior strength, there are two differences between Suboxone and all other forms of buprenorphine: 1) Suboxone contains a second ingredient, naloxone, as a deterrent to prevent injecting Suboxone. Unless injected, the naloxone has little to no active role because it is poorly absorbed by the tongue; and 2) the film delivery system is more potent and easier to use than pills with the same amount of buprenorphine.

While Suboxone is the best available method to instantly manage opiate withdrawal and prevent the return of withdrawal symptoms until the brain has totally recovered and withdrawal is over, it must be used correctly to achieve the best results. Used properly, Suboxone can fool the brain into acting as if it has totally healed from the negative changes that took place during chronic opiate intake. Any deviation from the following instructions will greatly reduce both the short-term and long-term benefits that can be obtained from Suboxone.

Dr. Russ' Suboxone protocol is so effective that unless an individual has been on long-term high dose methadone, **THE LIKELIHOOD OF PERMANENT SUCCESS APPROACHES 100% AS LONG AS THE PATIENT TOTALLY FOLLOWS THE PROTOCOL**. Unfortunately, even small deviations from Dr. Russ' Suboxone protocol, essentially guarantees a resumption of some degree of withdrawal symptoms, which greatly increases, if not guarantees, the chance of withdrawal. Withdrawal must be permanently stopped 100% for there to be ANY chance of lasting recovery from the miserable life of opiates.

To insure total adherence to Dr. Russ' Suboxone protocol, it is necessary to have an initial 90 minute meeting and monthly in-depth personal meetings that are at least 30 minutes in duration. During these meetings, Dr. Russ insures: 1) the patient is taking their Suboxone properly so that there is 100% elimination of opiate symptoms 24/7; 2) identifies and treats any underlying psychiatric, genetic problems and behavioral issues that might contribute to a relapse; 3) when the brain is ready, carefully manages a totally customized taper process to insure that the patient remains 100% opiate withdrawal symptom free until their brain has **totally healed and returned to its pre-opiate** state; and 4) throughout the process new coping skills are taught to deal with the unavoidable problems of daily life.

Unfortunately, cutting corners in any area of the Dr. Russ' protocol greatly increases the chance of relapse because craving and distorted thinking are amongst the first symptoms to return, even with mild withdrawal symptoms. In fact, the combination of craving and even subtle distortions in thinking that occur as part of early withdrawal symptoms are essentially more dangerous during the second phase of withdrawal, post-acute withdrawal, because the symptoms are much milder and can come and go, with periods of absence up to several weeks if not months. Typically during post-acute withdrawal the individual's guard is down because

they frequently mistakenly conclude that their withdrawal is over and thus can easily be lured into relapse due to their withdrawal-driven distorted thinking.

The only way to insure that a patient's opiate problems are behind them is to treat them properly until the changes to their brain from their opiate use that cause all of the withdrawal symptoms, are **totally** gone, with no resumption of any withdrawal symptoms until their brain is **totally** healed.

While most people think that withdrawal lasts only several weeks, the unavoidable reality is that it can easily take the brain up to a year to totally return to its pre-opiate state and thus insure that withdrawal is totally over. Stopping Suboxone before the brain is totally healed is the second most common cause of relapse during Suboxone treatment, with failure to 100% stop all withdrawal symptoms the number one cause.

It is Dr. Russ' advice not to engage in a well designed Suboxone program like his until you are totally committed to take all of the steps necessary to achieve success, because with each relapse there is an unavoidable loss of hope.