

# CENTERed

NEWS FROM DELRAY CENTER FOR HEALING AND WELLNESS



## Suboxone®: What You Need to Know

### Part 1 of 2

By Patricia Bernstein, PA-C

**O**pioid dependence—addiction to opioids such as prescription painkillers or heroin—is a challenging and complicated condition.

Working to overcome opioid dependence can be overwhelming. Suboxone® (buprenorphine and naloxone) sublingual tablet (CIII) was the first opioid medication approved under the Federal Drug Addiction Treatment Act of 2000 (DATA 2000) for the treatment of opioid dependence in an office-based setting. In order to utilize Suboxone®, medical doctors must be specially qualified and certified.

There are three words you need to know to help you understand how Suboxone® works:

**Agonist** : A chemical that activates a receptor. *Examples of opiate agonists are oxycodone or heroin.*

**Antagonist**: A chemical that blocks activation of a receptor. *Example: naloxone.*

**Partial Agonist**: An opioid that produces less effect than a full agonist when it binds to opioid receptors in the brain. *Example: Suboxone®*

The primary active ingredient in Suboxone® is *buprenorphine*. Because buprenorphine is a partial opioid agonist, its opioid effects are limited compared with those produced by full opioid agonists, such as oxycodone or heroin. Suboxone® Tablets also contain *naloxone*, an opioid antagonist. The naloxone in Suboxone® is there to discourage people from dissolving the tablet and injecting it. When a Suboxone® tablet is placed under the tongue, as directed, very little naloxone reaches the bloodstream, so what the patient feels are the effects of the buprenorphine. However, if naloxone is injected, it can cause a person dependent on a full opioid agonist to quickly go into withdrawal, an extremely uncomfortable if not life-threatening condition. A common analogy to explain how all this works is using a lock and key example. Receptors are like a lock to a door. Only the right key will fit the lock, and only opioid-like drugs fit opioid receptors. With a full opioid agonist such as oxycodone, hydrocodone, morphine, methadone or heroin, the key fits the lock, opens the door wide and produces full opioid effects (the feeling of euphoria, or being high, as well as the side effects.) With a partial opioid agonist such as buprenorphine, the key fits the lock but doesn't open the door all the way, so it produces less full opioid agonist effects and, at the appropriate dose, blocks other opioids from opening the door fully. An opioid antagonist such as naltrexone or naloxone fits in the lock but does not open the door.

### How Effective Is Suboxone®?

Buprenorphine, the primary ingredient in Suboxone®, has been studied extensively since 1978 when it was first proposed for the treatment of opioid dependence and addiction. A number of clinical trials have established that buprenorphine is effective to stop opioid addiction and abuse by:

- Stopping the symptoms of opioid withdrawal
- Stopping the cravings for opioids
- Helping patients to stay in treatment
- Reducing illicit opioid use
- Blocking the effects of other opioids

Suboxone® can be highly effective for detox and maintenance of opiate addictions when combined with counseling and support as part of a medically supervised treatment plan. Addiction is a tough battle and for some Suboxone® is their armor.

*If you or a loved one is suffering from addiction to opiates or any other substance, call 561.266.8866 to schedule an appointment with Dr. Raul Rodriguez for a full screening and evaluation. Delray Center for Healing offers a variety of treatment methods and comprehensive programs to help our clients achieve full recovery. Dr. Rodriguez is a board certified Medical Doctor specializing in addiction medicine. He has been approved by SAMHSA and the DEA to utilize Suboxone® in his treatment programs.*

## August Announcements

### Sign Up Now for August Book Studies

#### The Parables

Begins Monday, August 1st  
3 weeks

#### Stoics

Begins Monday, August 23<sup>rd</sup>  
8 Weeks

*Book Studies are held on Mondays at 1:00 pm. Books can be purchased in Building 2 and at The Sacred Treehouse.*

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Don't forget new **Yoga** classes have been added:

Mondays at 7:15 pm  
Thursdays at 11:15 am

## Thanks for Caring!

Our Care Specialists, Lauren & Jestine, are an integral part of the strong support system available to clients who participate in the treatment programs at Delray Center for Healing. They assist clients with the transition into their program, ensuring that the process is as smooth and as stress-free as possible. The Care Support team also assists with the scheduling process, working with each client's therapist and doctor to optimize the treatment resources and accommodate their specific therapeutic needs. The weekly check-in is a time for each client to meet individually with the Care Specialist and discuss any questions and concerns about their treatment program. The Care Specialist functions as a liaison between clients and therapists, helping clients get the most out of their time at Delray Center for Healing. In addition to handling program client needs, Lauren and Jestine are also available to clients who participate in groups. They are familiar with the details of all of our groups and packages and can assist group participants with group sign ups, scheduling and answering questions. The Care Support team can be reached directly at a 561-866-5954 during business hours Monday through Friday.

### Relapse Prevention Tip for the Month

We take care of the future best by taking care of the present NOW! Join me in Relapse Prevention Group, Wednesdays at 6:00 pm to practice integrating mindfulness into your life as a foundation for all other tools.

- Dr. Shutt

## Psychodrama: Don't Tell Me.... Show Me!

By George Baaklini, LMHC

Psychodrama is an experiential group therapy method developed by Dr. Jacob Moreno, who was a psychiatrist from Vienna and a contemporary of Sigmund Freud. This therapy combines several dramatic techniques with role theory concepts to give the group therapist potent tools to energize and activate therapeutic encounters among group members. Participants can re-enact troubling past events as well as worrisome future projections in a spontaneous way with assistance from other group members. These reenactments are worked through therapeutically as if they are taking place at the moment. This allows group members the freedom to change their reactions to what may be a paralyzing pain from the past and build confidence in their ability to confront their anxieties and fears of an uncertain future. This work is done in a supportive, playful, nonjudgmental atmosphere that fosters creative and innovative responses to emerge. Psychodrama's emphasis on "showing" instead of "telling" has the advantage of allowing group members to drop their defensive armors and become more accepting of their vulnerabilities. Participants also become more aware of their own personal stories and begin to understand the complexity of their mental and emotional worlds therefore enhancing their capacity to be more self-accepting, mindful and compassionate.

George Baaklini leads Psychodrama Group Therapy on Mondays at 3:30. For more information about participating in Psychodrama, speak with your therapist.

## So Sweet:

### Sugar Cravings On the Road to Recovery

By Christie Caggiani, RD, LD/N

You are on your way to a full recovery. Whether you're struggling with an addiction or an eating disorder, life is getting better! So what's the deal with all those sugar cravings that have been hitting you lately? And why is it so hard to handle them, especially later in the day?

Turns out, there are some common themes: deprivation, malnutrition, blood sugar and mood changes. When someone is struggling, mentally or physically, lack of adequate nutrition (malnutrition) is often part of the picture. Both eating disorders and addiction lead to irregular and extreme eating habits. And while alcohol provides calories, it has little nutrient value and the fermented grains and fruits turn into sugar. Once alcohol is removed from the system, the body's urge to replace the sugar turns toward food.

Sugar not only provides energy immediately, it also impacts our moods since carbohydrates are the only nutrient that fuels our brain. When we are trying to feel better, whether it's to combat depression, boredom or anxiety, we seek a quick fix: sugar. The fix it provides, however, only lasts for about 10-30 minutes – then we crash (hypoglycemic-type reaction), or want more of the same. So the more deprived we are of regular meals, through a diet or by using substances, the more we are programmed to seek sugar.

One of the most powerful tools you have in your recovery is actually quite achievable: Eat regularly. What does that look like?

- Eat within 1 hour of waking, even if you're not hungry. Your body will regulate.
- Include protein (meat/poultry/nuts/dairy/beans) at all meals AND snacks; avoid eating carbohydrates or fruits alone.
- Incorporate whole grains when possible (brown rice, whole grain breads & cereals, barley, etc)
- Don't go longer than 4 hours without eating during the day.
- Include water with all meals and snacks – at least 8-10 cups per day.
- Limit caffeine to the morning; decaf if you must in the afternoon.
- Limit artificial sweeteners, as these increase your sugar cravings in the long run.
- If you do eat sweets, include them at the end of the meal or with protein; sit, taste and savor every bite.

Take a peek at a plate with the latest guidelines at [www.choosemyplate.gov](http://www.choosemyplate.gov)