How long will it take to work?

You will initially be started off on a low dose which will be adjusted gradually to the right dose for you. It is important not to take other opioids during this time as this will cause you to experience some withdrawal symptoms. Most people feel happy they are on the correct dose within the first week of treatment.

Coming off ('detox') Suboxone®

Once settled on a regular stable dose of Suboxone[®], your recovery worker will talk with you about the aims of your treatment, including how to reduce the dose and eventually come off treatment with Suboxone[®]. This is known as detoxification (detox). The rates of reduction will be reviewed every 6 weeks and agreed with your prescriber. You may be swapped over to buprenorphine tablets, instead of Suboxone[®], for detox.

About Change Grow Live

Change Grow Live is a social care and health charity that works with individuals who want to change their lives for the better and achieve positive and life-affirming goals.

Find out more

www.changegrowlive.org | E: queries@cgl.org.uk

- @changegrowlive
- f facebook.com/changegrowlive
- in Find us on LinkedIn search 'Change Grow Live'

Information correct at the time of printing.

Other notes about taking Suboxone®

- You are more likely to succeed in staying off heroin if you have additional support and counselling.
- Every so often during your treatment, you will be asked to provide a urine sample.
- You should refrain from drinking alcohol or using drugs during your treatment.
- You should inform the DVLA if you drive and are taking Suboxone[®].
- All drugs must be kept out of reach of children and animals. Please ask your worker for a lockable box to store your medication (free of charge). Children should never be given your medication. They have no tolerance and it could kill them. Always call 999 if you think a child has swallowed your medication. Talk to your Health Visitor or GP if your child has difficulty sleeping or being soothed.
- Suboxone® may block the effects of certain painkillers.
- Speak to your recovery worker if you experience side effects or symptoms and wish to stop treatment.
- Read the information leaflet which will be given with your medication.

Change Grow Live (CGL) Registered Office: 3rd Floor, Tower Point, 44 North Road, Brighton BN1 1YR. Registered Charity Number 1079327 (England and Wales). Registered Charity Number SC039861 (Scotland). Company Registration Number 03861209 (England and Wales).

Your Questions Answered

Suboxone®



www.changegrowlive.org

What is Suboxone®?

Suboxone® is a medication used in treatment to help manage withdrawal symptoms and block the effects of opiods, and contains both buprenorphine and naloxone.

If you are dependent on opioids you will develop withdrawal symptoms when you stop taking them and require regular use of an opioid to feel 'normal'.



Our mission is to help people change the direction of their lives, grow as a person and live life to its full potential.

What is Suboxone®? Continued

Withdrawal symptoms may include: sweating; feeling hot and cold; runny eyes and nose; yawning; being off food; stomach cramps; feeling sick or vomiting; diarrhoea; tremors; poor sleep; restlessness; general aches and pains; and just feeling awful. Withdrawal symptoms tend to ease within 5 days, however you may experience cravings for opioids, tiredness and poor quality sleep for a while afterwards.

The buprenorphine content of Suboxone® is itself an opioid which is used as a substitute for heroin or other opioids on which you are dependent, to reduce cravings and limit withdrawal symptoms. Opioid substitutes such as buprenorphine are used to help people withdraw from opioid use over a period of time.

Who prescribes Suboxone® and when?

You will be offered a full health and wellbeing assessment with a recovery worker and a prescribing member of the clinical team. If suitable, following this assessment you may be prescribed Suboxone®. If you have ever injected drugs we will support you to have a liver test, blood-borne virus screening and vaccinations as appropriate. We will also support you into any specialist treatment you may need.



Why choose Suboxone®?

Suboxone[®] will only be prescribed where the prescriber feels there is a clinical need to have buprenorphine and naloxone together as one drug. In most cases, buprenorphine alone will be the treatment of choice over Suboxone[®].

Suboxone® is not the only opioid substitute prescribed in opioid dependence. Other medications include buprenorphine and methadone.

- Some people find they feel more 'clear-headed' with Suboxone® (which contains buprenorphine) than with methadone.
- Some people have difficulties using methadone.
- Suboxone® (which contains buprenorphine) tends to be easier to detox from than methadone.
 Some people take methadone long-term to maintain abstinence from heroin use, but switch to Suboxone® or buprenorphine if they decide to detox.
- Suboxone® (which contains buprenorphine) is possibly safer if taken in overdose than Methadone.

If you take Suboxone® (which contains buprenorphine) under supervision from a substance misuse service, instead of street heroin, you are:

- More likely to be able to get away from the street 'drug scene'.
- Likely to feel better in yourself.
- More likely to be able to get off drugs for good.

Taking Suboxone®

Suboxone® is available as a 'sublingual' tablet, which means the tablet(s) should be placed under the tongue and kept there until fully dissolved, which normally takes 5 – 10 minutes. The buprenorphine component is absorbed straight into your bloodstream. The tablets do not work if swallowed.

Suboxone[®] is usually taken once a day. At the start of treatment, your daily dose will be supervised by the pharmacist at your local community pharmacy. You will be required to remain in the pharmacy until the medication has fully dissolved so there is no doubt about the dose you take each day.

When you first take Suboxone®:

- If you use heroin you should wait at least 6 8
 hours after your last heroin dose.
- If you are taking methadone: your dose should first be reduced to a maximum of 30mg daily under the supervision of your recovery worker and prescriber. You then take the first dose of Suboxone[®] between 24 and 36 hours after your last dose of methadone.

For Suboxone® to work well you need to take it when your body has low levels of heroin or methadone, therefore the first dose should only be taken when you feel some withdrawal symptoms starting. Suboxone® can cause withdrawal symptoms to occur if taken too soon after your last dose of opioid.