**FREQUENTLY ASKED QUESTIONS ABOUT SUBOXONE (BUPRENORPHINE/NALOXONE)**

- **What is Suboxone/buprenorphine?**
  - Suboxone/buprenorphine is a medication used to help people quit or reduce their use of heroin or other opioids (pain relievers like morphine).
  - It comes as a dissolvable film strip (or sometimes a pill). The medication contains buprenorphine (an opioid medication) and naloxone (Narcan). If you take it under the tongue, the buprenorphine works in your body but the naloxone is not absorbed (not active). But if you crush it up and inject it or snort it, the naloxone is active and will make you withdraw if you have other opioids in your body (such as heroin or pain pills). This helps to make sure people only take it under the tongue and not inject the medicine.

- **What is maintenance treatment with buprenorphine?**
  - “Maintenance treatment” is taking buprenorphine every day in order to:
    - cut craving
    - stop withdrawal symptoms for at least 24 hours
    - act as a “chemical shield” – Suboxone/buprenorphine acts at the same place in the brain as heroin/pain pills, while you are taking Suboxone/buprenorphine it prevents you from getting high from other opioids.

- **Who needs treatment with Suboxone/buprenorphine?**
  - Suboxone/buprenorphine is a medicine that helps to treat addiction to heroin, pain pills, and other types of opioids. It does not treat other kinds of addictions, such as alcohol, methamphetamine, marijuana, etc.
  - Medication treatment is very effective in keeping patients off heroin or pain pills. It treats withdrawal, cravings and decreases the risk of overdose.

- **Are there risks or side effects from taking Suboxone/buprenorphine?**
  - Suboxone/buprenorphine is very safe with a low risk of overdose. But, when mixed with benzodiazepines (Zanax, Ativan, Valium, lorazepam, clonazepam) in large doses, or with large amounts of alcohol, there is a risk of overdose (a chance of stopping breathing and dying).
  - Just like taking pain pills or heroin regularly, your body becomes used to (physically dependent) on the Suboxone/buprenorphine so if you stop it suddenly, you will withdraw (“kick”). If you want to stop taking it every day, talk with your doctor first and it can be slowly stopped.
  - Side effects are rare, but they can include constipation, headache, trouble sleeping, ankle swelling, trouble urinating; and rarely, liver irritation.
  - Pregnant women should not take Suboxone/buprenorphine. Instead they should use methadone or a different form of buprenorphine called Subutex. Small children and babies should never take Suboxone/buprenorphine, since it can cause them to stop breathing and die. It is very important to keep all Suboxone/buprenorphine away from babies and small children, and call 911 if they accidently taste or swallow some.
• When people take Suboxone/buprenorphine every day, aren’t they just substituting one addiction for another one?
  o No! When people are addicted to a drug, they crave it, want larger and larger quantities, can’t stop, and often do risky things in order to get it. They also feel high when they take it. None of these is true with Suboxone/buprenorphine. Suboxone/Buprenorphine does not make you addicted. Many patients say that Suboxone/buprenorphine makes them feel “normal” rather than “high”.

• How can a person get Suboxone/buprenorphine treatment?
  o Suboxone/buprenorphine can only be prescribed by a doctor with a special license. There are a few providers in Gallup (and GIMC) who do prescribe the medication
  o There is no copay with Medicaid
  o Without insurance, it costs around $500 per month

• How long can a person stay on Suboxone/buprenorphine?
  o There is no limit to how long someone can take Suboxone/buprenorphine.

• How is buprenorphine different from methadone?
  o Both are good medications that help patients cut their use of heroin or pain pills
  o You need to get methadone from a methadone clinic. There is currently no clinic in Gallup. You can get Suboxone/ buprenorphine by a prescription from certain doctors.
  o Compared to methadone, many patients say Suboxone/buprenorphine makes them feel less sleepy and less high.