**SUBOXONE TREATMENT PROGRAM**

**What is Suboxone?**
Suboxone is a medication used for the treatment of addiction to prescription pain medication, heroin addiction, methadone or other opioid dependence. The primary active ingredient in Suboxone is buprenorphine.

**What is Buprenorphine?**
Buprenorphine is a type of drug called an opioid, comparable to Heroin, Methadone or Oxycontin. Taking Buprenorphine can potentially help you from going into withdrawal and should stop you from craving other opioids.

**You may ask; What does Opioid Dependence mean?**
Opioid dependence is a disease in which there are biological or physical, psychological, and social changes. Some of the physical changes include the need for increasing amounts of opioid to produce the same effect, symptoms of withdrawal, feelings of craving, and changes in sleep patterns. Psychological components of opioid dependence include a reliance on Heroin or opioids. The social components of opioid dependence include less frequent contact with important people in your life, and an inability to participate in important events due to drug use. In extreme cases, there may even be criminal and legal implications.

The hallmarks of opioid dependence are the continued use of drugs despite their negative effect, the need for increasing amounts of opioids to have the same effect, and the development of withdrawal symptoms upon cessation.

**Treatment Options**
Treatment for opioid dependence is best considered a long-term process.

Recovery from opioid dependence is not an easy or painless process, as it involves changes in drug use and lifestyle, such as adopting new coping skills. *Recovery can involve hard work, commitment, discipline, and a willingness to examine the effects of opioid dependence on your life.* At first, it’s not unusual to feel impatient, angry, or frustrated.

The changes you need to make will depend on how opioid dependence has specifically affected your life. The following are some of the common areas of change to think about when developing your specific recovery plan.

- **Physical** — Good nutrition, exercise, sleep, and relaxation.

- **Emotional** – Learning to cope with feelings, problems, stresses, and negative thinking without relying on opioids.

- **Social** -- Developing relationships with sober people, learning to resist pressures from others to use or misuse substances, and developing healthy social and leisure interests to occupy your time and give you a sense of satisfaction and pleasure.

- **Family** – Examining the impact opioid dependence has had on your family, encouraging them to get involved in your treatment, mending relationships with family members, and working hard to have mutually satisfying relationships with family members.

- **Spiritual** – Learning to listen to your inner voice for support and strength, and using that voice to guide you in developing a renewed sense of purpose and meaning.
During the treatment process, Suboxone will help you avoid many or all the physical symptoms of opioid withdrawal. These typically include craving, restlessness, poor sleep, irritability, yawning, muscle cramps, runny nose, fearing, goose flesh, nausea, vomiting, and diarrhea. Your Doctor may prescribe other medications for you as necessary to help relieve these symptoms.

You should be careful not to respond to these withdrawal symptoms by losing patience with the treatment process and thinking that the symptoms can only be corrected by using drugs. To help you deal with the symptoms of withdrawal, you should try to set small goals and work towards them.

**Benefits of Suboxone**

- **Milder withdrawal and detoxification process.**
- **Long lasting.** Once maintained, the frequency of prescription is determined by the physician and can vary from weekly to monthly, depending on the patient's needs.
- **Safer** than traditional prescription opiates; Suboxone alone is unlikely to result in an overdose.
- **Reduced health risks,** especially for those currently injecting drugs.
- **Treats withdrawal and cravings,** and blocks effect of other opiates so patients can fully participate in their recovery process.

**The Suboxone Treatment Program is an outpatient program.** Our treatment team has special expertise in helping to transition patients with opioid dependence to Suboxone in the privacy and convenience of our medical clinic.

**Our Healthcare Team**

The Suboxone Treatment Program team consists of Dr. Reid Lofgran, D.O., Amanda Braga, LMSW, Nursing Staff and Suboxone Program Coordinators, all of whom have expertise in dealing with opioid dependence and the transition to Suboxone. The team provides support for patients throughout all phases of treatment.

**Eligibility**

Patients are carefully screened for program eligibility with a review of past and present medical, medication and prior treatment program information. This program does have a Provider-Patient Treatment Contract.

**Referrals**

Referrals can be made by self-referrals and healthcare professionals. Potential patients can call the program coordinator directly and schedule an evaluation. Patients will be screened accordingly.

**Payment Methods**

*We accept cash or credit card only for self-pay patients.* If you have other health insurance, you will be required to pay for your first initial appointment until your insurance prior authorization for treatment is approved and/or insurance is processed accordingly. Copays, deductibles and/or self-pay payments are due at the time services are retendered. (We do accept Medicaid/Medicare)

**Contact Information**

To make a referral or for more information about the program, please call: Toni Lee, Gooding Family Physicians Clinic Manager/Suboxone Program Coordinator and/or Kaitlyn Carringer, Suboxone Program Coordinator for further details. **Phone: (208) 934-4446**
Frequently Asked Questions by Patients:

1. Why do I have to feel sick to start the medication for it to work best?
   When you take your first dose of Suboxone, if you already have high levels of another opioid in your system, the Suboxone will compete with those opioid molecules and replace them at the receptor sites. Because Suboxone has milder opioid effects than a full agonist opioid, you may go into a rapid opioid withdrawal and feel sick, a condition which is called “precipitated withdrawal”. By already being in moderate withdrawal when you take your first dose of Suboxone, the medication will make you feel noticeably better, not worse.

2. How does Suboxone work?
   Suboxone binds to the same receptors as other opioid drugs. It mimics the effects of other opioids by alleviating cravings and withdrawal symptoms. This allows you to address the psychosocial reasons behind your opioid use.

3. When will I start to feel better?
   Most patients feel a measurable improvement by 30 minutes, with the full effects clearly noticeable after about 1 hour.

4. How long will the Suboxone last?
   After the first hour, many people say they feel pretty good for most of the day. Responses to Suboxone will vary based on factors such as tolerance and metabolism, so each patient’s dosing is individualized. Your Doctor may increase your dose of Suboxone during the first week to help keep you from feeling sick.

5. Can I go to work right after my first dose?
   Suboxone can cause drowsiness and slow reaction times. These responses are more likely over the first few weeks of treatment, when your dose is being adjusted. During this time, your ability to drive, operate machinery, and play sports may be affected. Some people do go to work right after their first Suboxone dose; however, many people prefer to take the first and possibly the second day off until they feel better. If you are concerned about missing work, talk with your physician about possible ways to minimize the possibility of your taking time off.

6. Is it important to take my medication at the same time each day?
   In order to make sure that you do not get sick, it is important to take your medication at the same time each day.

7. Why does Suboxone need to be placed under the tongue?
   There are two large veins under your tongue (you can see them with a mirror). Placing the medication under your tongue allows Suboxone to be absorbed quickly and safely through these veins as the tablet/strip dissolves. If you chew and swallow your medication, it will not be correctly absorbed as it is extensively metabolized by the liver. Similarly, if the medication is not allowed to dissolve completely, you won’t receive the full effect.

8. If I forget to take my Suboxone for a day will I feel sick?
   Suboxone works best when taken every 24 hours; however, it may last longer than 24 hours, so you may not get sick. If you miss your dose, try to take it as soon as possible, unless it is almost time for your next dose. If it is almost time for your next dose, just skip the dose you forgot, and take the next dose as prescribed. Do not take two doses at once unless directed to do so by your physician.
9. **What happens if I start to feel sick after taking Suboxone for a while?**
   There are some reasons why you may still feel sick. You may not be taking the medication correctly or the dose may not be right for you. It is important to tell your Doctor or nurse if you still feel sick.

10. **What happens if I take drugs and then take Suboxone?**
    You will probably feel very sick and experience what is called “precipitated withdrawal”. Suboxone competes with other opioids and will displace those opioid molecules from the receptors. Because Suboxone has less opioid effects that full agonist opioids, you will go into withdrawal and feel sick.

11. **What happens if I take Suboxone and then take drugs?**
    As long as Suboxone is in your body, it will significantly reduce the effects of any other opioids used, because Suboxone will dominate the receptor sites and block any other opioids from producing an effect. *These drugs can still produce respiratory depression causing you to quit breathing adequately. This can induce severe heart, brain, and other organ damage including death.*