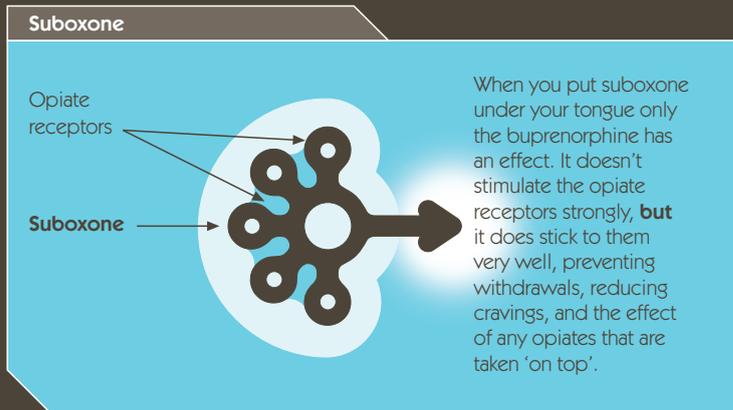
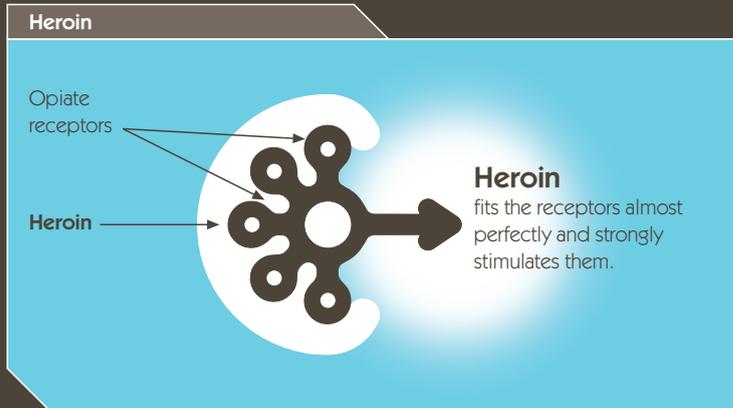


Drugs work by stimulating receptors in the brain. These pictures show how suboxone 'sticks' to the opiate receptors stopping heroin having any effect and, at the same time, stimulating them enough to take away, or reduce, the desire to take heroin.



TREATMENT CHOICES

METHADONE [PHYSEPTONE]

BUPRENORPHINE [SUBUTEX]

LOFEXIDINE [BRITLOFEX]

NALTREXONE [OPIZONE | NALOREX]

SUBOXONE [SUBUTEX + NALOXONE]

There are a number of drugs that can be prescribed to help you if you are dependent on opiates like heroin.

There is not, and never will be, a 'magic cure' that can stop everyone taking opiates. And there is no perfect long-term replacement for everyone using heroin.

However, the drug treatments, and help from the services that offer them, might be able to help you make any changes you want to make.

This leaflet is one of a series designed to help you understand what you can expect from the different drug treatments that may be on offer.

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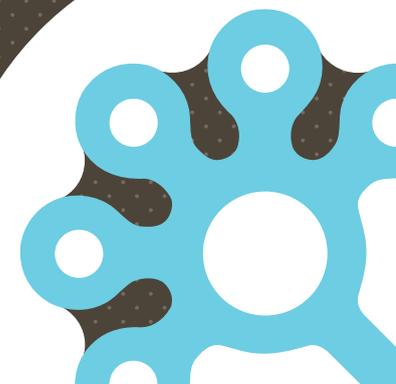
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TREATMENT CHOICES

suboxone
[SUBUTEX + NALOXONE]

DETOX

MAINTENANCE



What is Suboxone?

Suboxone is a combination of a long-acting opiate (buprenorphine) and an opiate blocking drug (naloxone). The naloxone only works if it is injected. So when suboxone is dissolved under the tongue, **the naloxone has no effect.**

Long-lasting

Buprenorphine is more strongly attracted to the opiate receptors in the brain than heroin or methadone and it sticks very tightly to them (see the pictures over the page). You can take it once a day.

Heroin blocking

Buprenorphine binds so tightly to the opiate receptors that using heroin on top has less (or no) effect. This is because heroin can't get to the receptors to stimulate them.

Before you take the first dose, **it's got to be at least 6 hours since you last took heroin, and 24 to 36 hours since you last took methadone. If there is heroin or methadone in your system, the suboxone will 'kick' them off the receptors and you may go into withdrawals.**

Injecting suboxone at any time will cause similar withdrawals, as the naloxone will start working and no opiates will be able to reach the receptors.

Feeling 'normal'

The buprenorphine in suboxone stimulates the opiate receptors enough to prevent withdrawals, but most people who take it don't get a strong 'opiate effect'.

This can be great if you are fed up with the effects of using heroin or if you:

- haven't been using for very long;
- have low tolerance;
- are on a low methadone dose; or
- find methadone doesn't work for you.

However, some people find it leaves them feeling 'too normal'. This can be more of a problem for people who are using a lot of heroin to get a hit (particularly injectors), rather than just using to avoid withdrawals, and for those using other drugs with heroin.

If you feel okay with the 'limited opiate effect', **suboxone can work well as a long-term maintenance treatment** to help you get stable, and stop using heroin.

Detox

The physical withdrawals from suboxone are usually less severe than those from heroin or methadone. Because of this, suboxone is now often prescribed for detox.

Switching

You can't take methadone and suboxone at the same time. If you are on methadone and think suboxone might work better for you, it's normal to reduce the methadone dose to 30 milligrams to prevent withdrawal symptoms during the switch.

If you inject suboxone

