**Take Home Suboxone** (buprenorphine-naloxone)

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| **Before you start, make sure you are very dope-sick** (bad withdrawal) |
| **Do you have at least 4 of these signs?** …or score yourself using the scale on Page 2  |
|  | Joint and bone aches |  | Bad chills or sweating |  | Restless, can’t sit still |
|  | Twitching, tremors or shaking |  | Big (enlarged) pupils  |  | Goosebumps |
|  | Heavy yawning |  | Runny nose, tears in eyes |  | Feel sick, throwing up, or diarrhea |
| **How long has it been?** |
| **It should be at least…** | **24 hours** since you used heroin / fentanyl / oxycodone |
| **48 hours** since you used long-acting morphine (Kadian) |
| If you take methadone, talk to your Opioid Agonist Treatment (OAT) Clinic |
| **Wait as long as you can!** Start it too early and you might feel very, very sick |
| **Once you are very dope-sick** (in bad withdrawal) |
| **How to take Suboxone:** | **How soon it will work:*** Must melt under your tongue to work
* Takes up to 10 minutes to dissolve
* Takes 20 to 45 minutes to work

**\*\***Always keep Suboxone away from children |
| * Put the tablet under your tongue
* **Do not** swallow it – it won’t work
* **Do not** take with alcohol or sleeping pills (sedatives)
* **Do not** take when sleepy
 |
| **Day 1** | **Day 2 and Day 3** |
| **Step 1** | **Step 2** | **Step 3** |  |
| Place 1 tablet (2 mg\*) under your tongueWait 1 hour | Place 1 tablet (2 mg\*) under your tongueWait 1 hour | Still feel sick? Take 1 tablet every hour **Stop** when:You feel better **or** You have taken all 6 tablets (12 mg\*) | Place all the tablets needed for Day 1 under your tongue at one timeCan take up to 6 tablets each dayGo to an OAT Clinic for more Suboxone (see Page 2) |
| Step 1 + Step 2 + Step 3 = no more than 6 tablets or 12 mg |
| ☹ **If you feel a lot worse** at any time, **stop** taking Suboxone - Return to the Emergency Department |

\*Dose based on mg of buprenorphine (each Suboxone tablet contains 2 mg of buprenorphine and 0.5 mg of naloxone)

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| **Subjective Opiate Withdrawal Scale (SOWS)**\* |
| Please score each of the statements according to how you feel right now on a scale of 1 to 4. Add up all your scores to get your total SOWS withdrawal score.Scale: 0 = Not at all 1 = A little 2 = Moderately 3 = Quite a bit 4 = Extremely |
| **Time:** |  |  |  |  |  |
| **Symptoms:** | **Score** | **Score** | **Score** | **Score** | **Score** |
|  | I feel anxious |  |  |  |  |  |
| I feel like yawning |  |  |  |  |  |
| I am perspiring |  |  |  |  |  |
| My eyes are tearing |  |  |  |  |  |
| My nose is running |  |  |  |  |  |
| I have goosebumps |  |  |  |  |  |
| I am shaking |  |  |  |  |  |
| I have hot flushes |  |  |  |  |  |
| I have cold flushes |  |  |  |  |  |
| My bones and muscles ache |  |  |  |  |  |
| I feel restless |  |  |  |  |  |
| I feel nauseous |  |  |  |  |  |
| I feel like vomiting |  |  |  |  |  |
| My muscles twitch |  |  |  |  |  |
| I have stomach cramps |  |  |  |  |  |
| I feel like using now |  |  |  |  |  |
| **My SOWS score (total score):** |  |  |  |  |  |
| If your SOWS withdrawal score is **17 or more →** You are ready to start, follow the instructions on Page 1.If your SOWS withdrawal score is **less than 17 →** Check your score again in 1 to 3 hours.\*Handelsman L et al. AM J Drug Alcohol Abuse.1987 |

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| **Opioid Agonist Treatment (OAT) Clinics** |
| **Abbotsford** 604-743-0543#203 - 31943 South Fraser Way **Burnaby** 604-453-19303935 Kincaid Street **Chilliwack** 604-703-697645600 Menholm Road **Langley** 604-514-7940 #305-20300 Fraser Highway  | **Maple Ridge** 604-467-5179#106 - 22838 Lougheed Highway **Mission** 604-814-56003rd Floor, 7298 Hurd Street **Port Moody** 604-777-8709700 - 220 Brew Street  | **Surrey** 13740 - 94A Avenue 604-587-3755 (option 3)10667 - 135A Street 604-583-5666**Vancouver** 1081 Burrard Street 604-806-8867St. Paul’s Hospital 2nd floor**White Rock** 604-541-684415521 Russell Avenue, Russell Unit |
| Any problems contacting your OAT Clinic? Have other Substance Use concerns? Call the **Substance Use Service Access Team** (SUSAT)**: 1-866-624-6478** |