

# Drug Dependence Identifier

## Your Score Is

### About Your Score

- 0-2** Consider seeking information about drug abuse problems.
- 3-5** Talk with a doctor about a possible drug abuse problem.
- 6-8** Talk with a doctor about a drug dependence problem.

Regardless of a person's score, the dependence identifier cannot diagnose opioid (or any other type of) dependence, nor is it "proof" of a substance-use problem. The identifier is meant only for use in helping to identify situations where an individual may benefit from further evaluation for substance misuse problems.

### About Opioid Dependence

Opioid dependence is a chronic brain disease caused by complex, long-term, changes in the structure and functioning of the brain. The significant changes to brain "circuitry" common to opioid dependence have led physicians to classify it as a disease that interferes with normal brain functioning.

Opioid cravings and opioid withdrawal are both very powerful drivers of drug seeking and use. However, only opioid cravings are tied to compulsive drug seeking and use.

Find out about the difference proven support and medication-assisted treatment can make: visit [www.suboxone.com](http://www.suboxone.com).

### Additional Resources

If you are interested in speaking with a doctor about opioid dependence, a list of certified doctors in your area can be found at Find a Doctor at [www.suboxone.com](http://www.suboxone.com).

### References

The Dependence Identifier is adapted from the Drug Abuse Screening Test (DAST),<sup>1</sup> a questionnaire originally developed as a tool to help doctors assess for possible substance abuse problems in their patients.

### Disclaimer

The Drug Dependence Identifier Questionnaire is not a substitute for talking with a doctor. If you need treatment for drug dependence, contact a physician. In case of emergency call 911.

### Reference

1. Skinner HA. The Drug Abuse Screening Test. *Addict Behav.* 1982;7:363-371.

### Additional Reading

Yudko E, Lozhkina O, Fouts A. A comprehensive review of the psychometric properties of the Drug Abuse Screening Test. *J Subst Abuse Treatment.* 2007;(32)189-198.

## Important Safety Information

SUBOXONE® (buprenorphine and naloxone) Sublingual Film (CIII) is indicated for maintenance treatment of opioid dependence as part of a complete treatment plan to include counseling and psychosocial support. Treatment should be initiated under the direction of physicians qualified under the Drug Addiction Treatment Act.

SUBOXONE Sublingual Film should not be used by patients hypersensitive to buprenorphine or naloxone.

SUBOXONE Sublingual Film can be abused in a manner similar to other opioids, legal or illicit. Clinical monitoring appropriate to the patient's level of stability is essential.

Chronic use of buprenorphine can cause physical dependence. A sudden or rapid decrease in dose may result in an opioid withdrawal syndrome that is typically milder than seen with full agonists and may be delayed in onset.

SUBOXONE Sublingual Film can cause serious life-threatening respiratory depression and death, particularly when taken by the intravenous (IV) route in combination with benzodiazepines or other central nervous system (CNS) depressants (ie, sedatives, tranquilizers, or alcohol). It is extremely dangerous to self-administer nonprescribed benzodiazepines or other CNS depressants while taking SUBOXONE Sublingual Film. Dose reduction of CNS depressants, SUBOXONE Sublingual Film, or both when both are being taken should be considered.

Liver function should be monitored before and during treatment.

Death has been reported in nontolerant, nondependent individuals, especially in the presence of CNS depressants.

Children who take SUBOXONE Sublingual Film can have severe, possibly fatal, respiratory depression. Emergency medical care is critical. Keep SUBOXONE Sublingual Film out of the sight and reach of children.

Intravenous misuse or taking SUBOXONE Sublingual Film before the effects of full-agonist opioids (eg, heroin, hydrocodone, methadone, morphine, oxycodone) have subsided is highly likely to cause opioid withdrawal symptoms.

Neonatal withdrawal has been reported. Use of SUBOXONE Sublingual Film in pregnant women or during breast-feeding should only be considered if the potential benefit justifies the potential risk. Caution should be exercised when driving vehicles or operating hazardous machinery, especially during dose adjustment.

Adverse events commonly observed with the sublingual administration of SUBOXONE Sublingual Film are numb mouth, sore tongue, redness of the mouth, headache, nausea, vomiting, sweating, constipation, signs and symptoms of withdrawal, insomnia, pain, swelling of the limbs, disturbance of attention, palpitations, and blurred vision.

Cytolytic hepatitis, jaundice, and allergic reactions, including anaphylactic shock, have been reported.

This is not a complete list of potential adverse events associated with SUBOXONE Sublingual Film. Please see full Product Information for a complete list.

To report an adverse event associated with taking SUBOXONE Sublingual Film, please call 1-877-782-6966. You are encouraged to report adverse events of prescription drugs to the FDA. Visit [www.fda.gov/medwatch](http://www.fda.gov/medwatch) or call 1-800-FDA-1088.