What is buprenorphine/naloxone?

Buprenorphine/naloxone, also known by the brand name Suboxone®, is a long-acting narcotic medication. It is an effective and legal treatment for heroin and other opiates use disorders. Although buprenorphine/naloxone is an effective treatment for opiate use disorder and may provide benefit with other drug use disorders, additional aspects of treatment (such as counselling and linking with other supports) may enhance your overall progress and the ability to make positive changes. Buprenorphine/naloxone maintenance programs help opiate dependent individuals stabilize their lives and reduce the harm associated with drug use.

How is buprenorphine/naloxone taken?

Buprenorphine/naloxone is a tablet that is dissolved under the tongue. Before taking this medicine, drink a glass of water to moisten your mouth. Place the sublingual tablet under the tongue and allow it to dissolve. Do not chew the tablet or film, and do not swallow it whole. The pharmacist will ask you to wait at the pharmacy until the tablet is fully dissolved.

Doses are usually taken once a day as the effects of a single dose last for about one day. Your physician or nurse practitioner will write a prescription specifying your dose and how often you need to come to the pharmacy.

Initially, buprenorphine/naloxone is prescribed as a daily witnessed dose, then as your treatment progresses you may be eligible to receive some doses as take-home doses. You should be experiencing withdrawal symptoms prior to receiving the first dose.

Will buprenorphine/naloxone cure me?

The buprenorphine/naloxone program will help reduce and manage your withdrawal symptoms and help you to make positive lifestyle changes that will reduce the risk of harm to yourself and others. The goal of treatment is to stabilize your body physically and to provide an environment that supports you.

How does buprenorphine/naloxone work?

Buprenorphine/naloxone is part of a long-term maintenance program for individuals with opiate use disorder. It contains an ingredient (naloxone) that if injected, causes immediate withdrawal. Because buprenorphine/naloxone works slowly, drug cravings are reduced without producing a “high”. The goal is to find the dose that will prevent physical withdrawal without causing side effects. The right dose will decrease the physical side effects of withdrawal and help you to reduce or eliminate the use of opiates.

You will develop a tolerance to the medication. If you abruptly stop taking the medication, withdrawal symptoms will develop.
For your safety, the buprenorphine/naloxone dose may need to be withheld if you appear to be sedated or intoxicated.

**How long do I have to stay on buprenorphine/naloxone?**

You should stay on buprenorphine/naloxone for as long as you experience benefits. Everyone responds differently and buprenorphine/naloxone can be taken safely for years. If at any time, you want to stop taking buprenorphine/naloxone, you should discuss it with your physician or nurse practitioner.

Initially, buprenorphine/naloxone is prescribed as a daily witnessed dose, then as your treatment progresses you may be eligible to receive some doses as take-home doses.

**Will I always have to come to the pharmacy every day to receive my buprenorphine/naloxone dose?**

As your treatment progresses and depending on certain aspects of your progress, you may be eligible to have take-home doses.

To provide you with the best care possible, it is preferable that you receive all your medications from only one pharmacy.

**Does buprenorphine/naloxone have side effects?**

Buprenorphine/naloxone is usually well tolerated once the dose is stabilized. Many people experience minor side effects, but they can be managed with the help of your pharmacist, physician or nurse practitioner. Be sure to let them know if any of these side effects are bothering you.

- **Withdrawal** symptoms may be experienced at the start of therapy, but are short lived and generally peak at 90 minutes to 3 hours after the dose.
- **Headache** or mild **dizziness**
- **Nausea**, **vomiting** or **constipation**
- **Sleepiness** or drowsiness may be caused by too much Buprenorphine/naloxone or may occur during dosage adjustments. If this occurs, consult your doctor to have your dose adjusted. When you feel drowsy, do not drive a car, operate machinery or participate in activities that require you to be alert. For safety reasons, your buprenorphine/naloxone may be withheld if you appear sedated or intoxicated.
- **Difficulty concentrating** or feeling intoxicated

**Is buprenorphine/naloxone dangerous?**

Buprenorphine/naloxone is safe to use when it is prescribed and monitored by a physician or nurse practitioner. It can be very dangerous if used inappropriately. buprenorphine/naloxone should never be taken by anybody except the person for whom it is prescribed as overdose and death can occur if the person is not dependent on opiates. Children are especially at risk for overdose and death if they swallow buprenorphine/naloxone accidentally.
What is my responsibility?

Your responsibility is to take your buprenorphine/naloxone dose every day. If you have take-home doses, you must make sure that they are stored safely to prevent possible ingestion by anyone else. Buprenorphine/naloxone can be very dangerous if used inappropriately so you must not give or sell your dose to anyone.

Can buprenorphine/naloxone interact with other drugs?

Yes. Alcohol and drugs, including prescription, non-prescription, herbal and street drugs, may not be safe and may interfere with buprenorphine/naloxone’s effect. Discuss all medications you are taking with your pharmacist, physician or nurse practitioner.

Are there any other cautions?

With stabilization on therapy, fertility may improve, so family planning/contraception should be a consideration.

The law requires that you inform your doctor or nurse practitioner if you have received a narcotic from any other prescriber within a 30-day period.

Due to the sedation and/or withdrawal symptoms which may be present during the stabilization period or periods of instability, driving automobile or operating machinery may be dangerous.

Injecting buprenorphine/naloxone can cause serious withdrawal symptoms.

Does it help with other drug use disorders?

Although buprenorphine/naloxone is an effective treatment as part of the maintenance for opiate use disorder and may provide benefit with other drug use disorders, additional approaches to treatment (such as counselling, linking with other supports) may enhance your overall progress and the ability to make positive changes.

Is there any special information regarding take home doses?

If you require witnessed ingestion less often than every three days (e.g. pick-up of three or more take home doses), you should be aware of the following risks:

- You will lose tolerance to the dose of buprenorphine/naloxone on which you have been stabilized if you haven’t consumed that dose for five consecutive days.
- If you have not consumed this dose of buprenorphine/naloxone which you are about to ingest on each day of the past five days, you could become seriously ill, require hospitalization or die.

If you have not consumed the dose of buprenorphine/naloxone which you are going to ingest on the pickup day on each day of the previous five days, you should talk with your physician or nurse practitioner and obtain a prescription that reflects the actual dose you have been consuming.