

Buprenorphine for Opioid Use Disorder

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Buprenorphine is a medication used to treat opioid use disorder. It is long-acting, which means it is slowly released in the body over a longer time.

How do I take this medication?

- › A tablet or film that is combined with naloxone and put under the tongue (Suboxone®)

OR

- › A long-acting injection (needle) inserted (put in) in the stomach (belly) area (Sublocade®)

OR

- › An implant placed under the skin of the upper arm (Probuphine®)
- At first, you will be prescribed the tablet form, Suboxone®. In this form, the medication does not absorb (get taken in by your body) well if swallowed. **It is important to melt the tablet under your tongue to make sure you get the full dose.**
- Naloxone (a medication that blocks the effect of opioids) is added to the tablet form of buprenorphine to keep people from injecting it. Naloxone will cause withdrawal symptoms when injected if you are dependent on opioids, but not if it is taken under the tongue.
- Your health care team will work with you to find the right dose to help you manage your withdrawal symptoms and cravings. Once you find the right dose, you may be offered buprenorphine in another form.

How fast does buprenorphine start to work?

When you start taking Suboxone®, you will feel the effects 30 to 60 minutes (half an hour to an hour) after the first dose. Once you are taking a regular dose, the effects may last for 48 to 72 hours (2 to 3 days). Many people take suboxone once a day.

How will my health care team find the right dose for me?

- There are different ways to start suboxone. Talk with your health care team about which option may be right for you.
- Your health care team will work closely with you to adjust your dose every 1 to 2 days until your withdrawal symptoms and cravings are not as strong.
- **Once you are taking the right dose, buprenorphine can:**
 - › lower opioid withdrawal symptoms.
 - › lower cravings.

How long will I need to take buprenorphine?

- How long you need to take buprenorphine is different for each person.
- Once you are stable and have a lower risk of using opioids again, ask your health care team about slowly lowering your dose.

Does buprenorphine interact with any other medications?

- **Buprenorphine can interact with other medications.** Always review other medications with your health care team and pharmacist before taking them, including over-the-counter medications, herbal products, and supplements.
- **It can be dangerous to take buprenorphine with other drugs that slow down the central nervous system (like alcohol, benzodiazepines, gabapentin, pregabalin [Lyrica®], or other opioids).** The nervous system controls most of your bodily functions (like breathing, cognition (thinking), and heartbeat).

Do not take any opioids, benzodiazepines (medications for anxiety and insomnia [not being able to sleep]), or drink alcohol when taking buprenorphine. This can cause poisoning, overdose, and even death.

If you come to the pharmacy after using alcohol or drugs and are impaired (under the influence of drugs or alcohol), your buprenorphine dose may not be given to you. This is for your safety.

What else do I need to know about buprenorphine?

- Buprenorphine is a partial opioid agonist. This means that when it binds to the opioid receptors, it causes a weaker effect (like pain relief, high feeling) compared to a full opioid agonist (like hydromorphone, fentanyl, or heroin).
- Buprenorphine will bind more strongly to the opioid receptors in the brain than other opioids. It can replace any opioids that are still in your system. This is called “precipitated withdrawal”. You are replacing a full opioid agonist with a partial opioid agonist. **It is very important for your health care provider to know the type and time of your last dose of opioids.**

What are the possible side effects?

- Not everyone will experience side effects. They usually happen early in treatment or when you are taking a higher dose. Side effects may include:
 - › Constipation (not being able to poop)
 - › Sweating a lot
 - › Dry mouth
 - › Lower sex drive
 - › Drowsiness (sleepiness)
 - › Weight gain
 - › Insomnia
 - › Less withdrawal time
- All opioids, including buprenorphine, can cause intoxication and overdose. This may happen when the dose is too high.
- Signs of intoxication include:
 - › Sedation (drowsiness or sleepiness)
 - › Slowed or slurred speech
 - › Euphoria (feeling very happy or excited)
 - › Dysphoria (feeling uneasy)
 - › Moving slowly
 - › Pinpoint pupils (pupils are very small in normal light)
- Signs of overdose include:
 - › Slow or shallow breathing
 - › Slow heartbeat and low blood pressure
 - › Severe (very bad) sedation (very drowsy or sleepy)
 - › Cardiac arrest (heart stops beating)
 - › Death
- Though overdose can still happen, the risk of overdose with buprenorphine is much less likely than with other opioids. This makes it a much safer option for treatment of opioid use disorder.

Looking for more health information?

Find this pamphlet and all our patient resources here: <https://library.nshealth.ca/PatientEducation>

Contact your local public library for books, videos, magazines, and other resources.

For more information, go to <http://library.novascotia.ca>

Connect with a registered nurse in Nova Scotia any time: call 811 or visit <https://811.novascotia.ca>

Learn about other programs and services in your community: call 211 or visit <http://ns.211.ca>

Nova Scotia Health promotes a smoke-free, vape-free, and scent-free environment.

Please do not use perfumed products. Thank you!

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The information is not intended to be and does not constitute health care or medical advice.

If you have any questions, please ask your health care provider.