

# Buprenorphine for Opioid Use Disorder

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

Buprenorphine is an opioid. It helps lower withdrawal symptoms from opioids (like heroin, hydromorphone, morphine, codeine, and others). It will not help with withdrawal from other substances.

## 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) in the stomach area (Sublocade®)
- or
- › An implant put 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 get absorbed (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 (amount).**
- 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 this medication 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 this medication?

- 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 this medication interact with other medications?

- **Buprenorphine can interact (change how the medication works) with other medications.** Always check any 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 your central nervous system (like alcohol, benzodiazepines, gabapentin, pregabalin [Lyrica®], or other opioids).** The nervous system controls most of your body's functions (like breathing, 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 this medication?

- Buprenorphine is a partial opioid agonist. This means that it has a weaker effect (like pain relief, feeling high) than a full opioid agonist (like hydromorphone, fentanyl, or heroin).
- Buprenorphine can replace any opioids that are still in your body. This can cause your body to have withdrawal symptoms. This is called **precipitated withdrawal**. **It is very important for your health care provider to know:**
  - › What type of opioid you last had.
  - › When you had your last dose of opioids.

This information can help lower your risk for precipitated withdrawal.

## What are the possible side effects?

- Not everyone will have 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
  - › Less interest in sex
  - › Drowsiness (sleepiness)
  - › Weight gain
  - › Insomnia (not being able to sleep)
- All opioids, including buprenorphine, can cause intoxication and overdose. This may happen when the dose is too high.
- Signs of intoxication include:
  - › Sedation (feeling drowsy or sleepy)
  - › Slowed or slurred speech
  - › Moving slowly
  - › Euphoria (feeling very happy or excited)
  - › Dysphoria (feeling uneasy)
  - › 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.

This pamphlet is for educational purposes only. It is not intended to replace the advice or professional judgment of a health care provider. The information may not apply to all situations. If you have any questions, please ask your health care provider.

Find all patient education resources here:  
[www.nshealth.ca/patient-education-resources](http://www.nshealth.ca/patient-education-resources)

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

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