

BUPRENORPHINE/NALOXONE MAINTENANCE TREATMENT INFORMATION for PATIENTS

BUPRENORPHINE/NALOXONE TREATMENT FOR OPIOID ADDICTION

Opioid medicines are used for three purposes: pain relief, severe coughing, and for the treatment of addiction to opioid drugs (heroin, prescription pain medicines).

Buprenorphine is an opioid medication which has been used as an injection for treatment of pain while patients are hospitalized, for example for patients who have had recent surgery. It is a long acting medication, and binds for a long time to the “*mu*” opioid receptor.

Buprenorphine/naloxone is a combination medication that can be used to treat opioid dependence (addiction). Patients only need to take the medication once daily and some will be able to take this medication less frequently (every other day or every third day). Buprenorphine is not absorbed very well orally (by swallowing) – so a sublingual (dissolve under the tongue) tablet and, more recently, a film containing the medicine that is also absorbed from under the tongue, has been developed for treatment of addiction. Buprenorphine/naloxone tablets also contain naloxone (Narcan) which is an opioid antagonist. Naloxone is poorly absorbed from under the tongue, but if the medication is injected, the naloxone will cause withdrawal symptoms. The reason that naloxone is combined with the buprenorphine is to help discourage abuse of this drug by injection.

Aside from being mixed with naloxone to discourage needle use, buprenorphine itself has a “ceiling” for narcotic effects (it is termed a “partial agonist”) which makes it safer in case of overdose. This means that by itself, even in large doses, it doesn’t suppress breathing to the point of death in the same way that heroin, methadone and other opioids could. These are some of the unusual qualities of this medication which make it safer to use outside of the usual strict methadone regulations at a clinic and, after stabilization, most patients would be able to take home up to one-four weeks worth of buprenorphine/naloxone at a time. However, this medicine can be dangerous and life-threatening overdose and death have occurred when buprenorphine is mixed with other drugs. It is important not to take street drugs with this medicine, not to drink alcohol to excess, and to tell your doctor that you are taking this drug so that they can be careful about prescribing other medicines with buprenorphine that might have an interaction that could be dangerous. It is up to you to make sure that you inform anyone who is prescribing medication for you of your addiction to opioids and your use of buprenorphine. Buprenorphine is also dangerous for children. It is very important that you keep this medication safely away from any children as life-threatening overdoses have occurred when children take this medicine.

WILL BUPRENORPHINE/NALOXONE BE USEFUL FOR PATIENTS ON METHADONE?

Methadone maintenance patients may be interested in whether this medication might help them. Unfortunately, because of the partial agonist nature of the medication, for some, it is not equivalent in maintenance strength to methadone. In order to even try buprenorphine/naloxone without going into major withdrawal, a methadone-maintained patient would have to taper down to 30 mg of methadone daily or lower. In some cases, buprenorphine may not be strong enough for patients used to high doses of methadone and may lead to increased cravings and the risk of a relapse to opiate use. If you are

methadone-maintained and decide to try buprenorphine, please be aware of this risk, and keep the door open for resuming methadone immediately if necessary.

There are few studies which show that detoxification from buprenorphine/naloxone is effective. What this means is that you can be safely taken off of opioids using buprenorphine, but many studies have now shown that most people relapse and become addicted again not long after stopping buprenorphine. Some patients may decide to use buprenorphine/naloxone to detoxify from heroin or prescription narcotics, instead of other detoxification treatments (methadone, clonidine, etc). Despite the effectiveness of buprenorphine detoxification, all narcotic addicts are at high risk for relapse and should consider the benefits of maintenance treatment. One issue with buprenorphine/naloxone treatment is that not all insurers will pay for treatment with this medication. Many doctors are requiring patients to pay for treatment and get reimbursed by their insurance company if possible. You will need to check with your insurer to find out if this medication is covered and what doctors in your area would be covered under your policy for buprenorphine-related medical services.

Please remember the following:

- If you are offered buprenorphine/naloxone (trade name: Suboxone) by a “friend” and you are taking methadone or are addicted to prescription pain medicines or heroin, the buprenorphine in this medication will push the other opioids off the receptor site, and you may be in withdrawal and very uncomfortable.
- If you dissolve and inject the buprenorphine-naloxone sublingual tablet it may induce severe withdrawal because of the naloxone, which is an antagonist.
- If you are on methadone treatment and wish to transfer to buprenorphine/naloxone, your dose has to be at or below 30 mg daily.
- There have been deaths reported when buprenorphine is injected in combination with benzodiazepines. (This family of drugs includes Klonopin, Ativan, Halcion, Valium, Xanax, Serax, Librium, etc.) There is a risk of overdose when any narcotic drug is taken in combination with alcohol and/or other sedative drugs. If you drink excessively, or take any of these drugs, either by prescription or on your own, buprenorphine may not be a good treatment for you. You need to tell your doctor about any other drugs you use for your safety with this treatment.