



# BUPRENORPHINE-NALOXONE (SUBOXONE®)

## Frequently Asked Questions

### What is this drug? \_\_\_\_\_

Buprenorphine-naloxone is a drug in the opioid class, like morphine, hydromorphone (Dilaudid®), heroin and fentanyl.

This drug comes in the form of either a tablet or a film that dissolves under the tongue.

### Why is this drug prescribed? \_\_\_\_\_

When someone develops an opioid dependency—now called opioid use disorder (OUD)—the scientific evidence shows that long-term opioid agonist therapy (OAT) is the safest and most effective treatment.

The best-known opioid agonists are methadone, buprenorphine-naloxone (Suboxone®) and once-daily slow-release morphine (Kadian®).

OAT is a long-term treatment, also recognized as a “maintenance” treatment. It consists of taking medication that reduces withdrawal symptoms, decreases cravings and causes minimal drowsiness or euphoria.

### Are there any requirements for this treatment? \_\_\_\_\_

To start using buprenorphine-naloxone, you need to be in a state of moderate withdrawal, i.e., in need, or experiencing withdrawal symptoms. The amount taken can be increased rapidly to reach the comfort dose (the point when you are no longer feeling withdrawal) within 24 to 48 hours.

At the beginning of treatment, buprenorphine-naloxone is usually taken every day in a pharmacy under the supervision of a pharmacist. Unsupervised doses may be given as early as one month after the comfort dose has been reached, on a case-by-case basis.

Individuals who choose buprenorphine-naloxone are usually those who want to stop taking opioids altogether.

### How is this drug taken? \_\_\_\_\_

This drug is to be taken through the mouth. The tablet should be dissolved under the tongue, while the film can be dissolved under the tongue or in the cheek. It is important not to chew or swallow buprenorphine-naloxone, as it will be less effective.

You should drink some water beforehand to help dissolve the drug, and not eat or drink for 30 minutes after taking it.

At the start of treatment, buprenorphine-naloxone can also provoke a sudden withdrawal if not taken properly. **It is important to follow the instructions on the prescription.**

### What is this drug made from? \_\_\_\_\_

Naloxone is added to buprenorphine so that the drug will not need to be injected. It is only active when injected and cancels out the effect of the buprenorphine. Naloxone is an antidote to opioid-related overdoses. If taken as directed, naloxone has no effect on the risk of overdose.

**It is important not to inject this drug.**

### How should buprenorphine-naloxone be stored? \_\_\_\_\_

It is important to store buprenorphine-naloxone safely: more specifically, out of the reach of children. It is a drug that must never be shared, as this can be very dangerous and may even lead to a fatal overdose.

### How long does the treatment last? \_\_\_\_\_

Stopping treatment for opioid dependence is generally not recommended because of the risks associated with withdrawal, in particular the risk of relapse and overdose if another opioid is taken. If the decision is nevertheless

made to stop treatment, it is important to have the support of the partner care team. Treatment can be resumed at any time.

### **What should I do if I miss a dose?** \_\_\_\_\_

It is important not to forget to take your doses, as this can lead to withdrawal symptoms. If you miss a dose, it should be taken as soon as possible. However, if the time for the next dose is near, it is advisable to wait and take it at that time. Never take a double dose.

If you miss your daily doses of buprenorphine-naloxone for more than 3 consecutive days, a reassessment will need to be made. This assessment may be made by the pharmacist or the prescriber. It is important to follow the new schedule.

### **What are the side effects?** \_\_\_\_\_

The most common side effects are similar to those of other opioids: constipation, headaches (especially at the start of treatment), dizziness, nausea and vomiting, stomach aches, increased sweating, and sleepiness (drowsiness). However, side effects are less frequent than with other OAT drugs. The main side effect is headaches, which usually disappear within 2 to 3 days. If these side effects inconvenience you, you should contact the partner care team because there are ways to reduce their impact.

### **Can alcohol or other psychoactive substances be consumed during treatment?** \_\_\_\_\_

The use of opioids, whether recreationally or in OAT, in combination with alcohol or other depressants such as benzodiazepines (Ativan®, Xanax®, Rivotril®, etc.) or GHB, causes drowsiness. Such use may carry a particularly dangerous risk of overdose that could, in some cases, lead to death.

If you are thinking of continuing to take opioids during treatment, it is important to discuss this with the partner care team.

### **Will I be able to drive and do manual work?** \_\_\_\_

Like any opioid, this drug may cause drowsiness and dizziness, especially at the start of treatment. For these

reasons, it is not recommended to drive or operate machinery until your treatment has stabilized or any symptoms of drowsiness are gone. In the eyes of the law, individuals are always responsible for their actions.

### **Can this drug be taken during pregnancy or while breastfeeding?** \_\_\_\_\_

If you expect to become pregnant soon or if you become pregnant during treatment, it is important not to stop taking the drug. It is recommended that you avoid making a change to OAT in order to prevent withdrawal episodes that could affect your child.

However, it is recommended that you notify your partner care team as soon as possible so that the necessary follow-up can be set up. Buprenorphine-naloxone can be used by someone who is pregnant, but medical supervision is required to ensure that the pregnancy goes well.

If you want to breastfeed, it is strongly recommended that you discuss this with the partner care team so that, together, you can evaluate the benefits and risks associated with breastfeeding while taking this medication.

### **What should I do if I'm taking other drugs or natural health products?** \_\_\_\_\_

If this is the case, it is important to inform the prescriber and other health professionals involved in assessing your state of health, as well as the pharmacist, who will assess the risks of any interactions between the drugs or with the natural products. Some drug mixtures can cause serious side effects.

### **Who can I turn to for help or to ask questions?**

If you have any questions about the treatment, if you are having side effects and it is hard to know if they are normal, or if you continue to have symptoms or cravings, it is important to contact a member of the partner care team.

You can also quickly get some advice from the community pharmacist on the care team.

## Naloxone and safer injecting, safer smoking and safer sex supplies: everywhere, all the time, for everyone!

Each time you meet with the team, you should be offered naloxone and instructed on its use. You can also expect to be offered drug use equipment and personal protection equipment.

Naloxone, which is sometimes called the “opioid overdose antidote”, saves lives by reversing the effects of an opioid overdose. This is why it is so important for family and friends to be included when naloxone is distributed, and why they must also be taught how to use it. In addition, the distribution of drug use equipment and personal protection equipment helps reduce the risk of infection.

As part of their services, health and social service facilities may distribute naloxone as well as provide drug use equipment and personal protection equipment. People receiving treatment and their family and friends can also obtain these things from pharmacies and certain community organizations.

### Safer injecting, safer smoking and safer sex supplies



- Naloxone kits:**  
[Find a resource providing naloxone](#)



- Safer injecting, safer smoking and safer sex supplies:**
  - ✓ Syringes and injection equipment
  - ✓ Pyrex tubes
  - ✓ Recovery bin
  - ✓ Condoms

**Document inspired by the CHUM's Addiction Medicine Department.**

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