



EXTENDED-RELEASE BUPRENORPHINE (SUBLOCADE®)

Frequently asked questions

What is this medication? _____

Extended-release buprenorphine is a drug of the opioid class, like morphine, hydromorphone (Dilaudid®), heroin, fentanyl, etc.

This medication comes in the form of a liquid that is injected under the skin (in the abdomen). It is administered once a month by a health professional. Buprenorphine is then continuously released into the body until the next injection.

In the syringe, the medication is in liquid form. When injected under the skin, it solidifies to form a solid mass.

When is this medication prescribed? _____

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

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?

Before a first injection can be administered, the person needs to have taken buprenorphine-naloxone (Suboxone® tablet or film) for at least 7 days and be comfortable at a dose of 8 mg or more.

How is this medication taken? _____

This medication must be injected, under the skin (subcutaneously) in the abdomen, by a health professional.

Injections other than subcutaneous, such as intravenous injections, can cause serious complications and even lead to death.

Ideally, this treatment is started after a phase of stabilization with buprenorphine-naloxone lasting at least 7 days. This transition period is needed to avoid precipitating withdrawal, and ensures that buprenorphine is the right choice of medication for OAT.

Usually, the starting dose is 300 mg and is given for the first 2 injections (the first 2 months). This is followed by the maintenance dose, which is usually 100 mg every month.

At the beginning of the treatment, and when the person has not yet reached a state of comfort, it is possible to add a prescription of buprenorphine-naloxone in tablet or film form. This is taken in addition to the injection.

What is good to know after the injection? _____

The mass that forms under the skin following the injection will remain visible for several weeks. However, it will become less and less visible as time passes.

After the injection, you should not rub, massage, or scratch the mass. It is recommended to wear clothing that is loose enough that it will not press tightly on the skin or irritate the skin in this area.

How long does the treatment last? _____

Stopping treatment for opioid dependence is generally not recommended because of the risks associated with opioid withdrawal, including the risk of relapse and overdose when an opioid is restarted. 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 if I miss a dose? _____

It is important not to miss scheduled injections, as this can cause you to experience withdrawal symptoms. If this occurs, it is important to contact the partner care team right away. Injections should be given once a month, but it is possible to go 26 to 42 days between injections without causing withdrawal symptoms.

What are the side effects? _____

The injection may be somewhat painful, especially at the beginning of treatment. To alleviate the pain, it is usually suggested to apply ice 15 minutes before the injection.

The side effects are similar to those of other opioids, i.e. constipation, nausea and vomiting, drowsiness, and headache. In the case of extended-release buprenorphine, it is also important to watch for side effects at the injection site (redness, swelling, infection, etc.). If these side effects inconvenience you, contact the partner care team to reduce their impact.

Can alcohol or other psychoactive substances be consumed during treatment? _____

The use of opioids, even an OAT, in combination with alcohol or other depressants such as benzodiazepines (Ativan®, Xanax®, Rivotril®, etc.) or GHB causes drowsiness. This use can carry a particularly dangerous risk of overdose and, in some cases, can lead to death.

If you want to continue opioid use during treatment, it is important to discuss this with the partner care team. The prescriber may prescribe medications as alternatives to what you usually use. This is called safer supply.

Can I drive and do manual labour? _____

Like any opioid, this medication can cause drowsiness, dizziness, and make you feel weak. These effects occur more often in the first few days after receiving an injection and at the start of treatment. For these reasons, it is not recommended to drive or operate machinery at the beginning of your treatment, as long as the treatment has not stabilized and you're

still experiencing drowsiness. In the eyes of the law, everyone is responsible for their actions.

Can I take this medication during pregnancy or while breastfeeding? _____

If you are planning to become pregnant in the near future, taking this medication is not recommended. If you become pregnant during treatment, discuss it immediately with the partner care team so that they can determine whether you can continue treatment or whether another treatment would be more appropriate.

If you want to breastfeed, you are strongly recommended to 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 if I'm taking other medications or natural health products? _____

If you are taking other drugs or natural health products, it is important to inform the prescriber and other health professionals involved in the health assessment, as well as the pharmacist. They will assess the risk of interactions between the medications and with the natural health products. Some drug combinations can cause serious side effects.

Who should I speak to if I need help or have questions? _____

If you have questions about the treatment, if you are experiencing side effects and it is difficult to know if they are normal, or if you continue to have withdrawal symptoms or cravings, it is important to contact a member of the partner care team. The community pharmacist on the care team is also able to quickly provide advice.

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

Give out naloxone and instructions on how to use it, as well as safe drug use equipment and personal

protection equipment. Do this at every meeting with the team.

Naloxone, which is sometimes referred to as the “opioid overdose antidote”, saves lives by reversing the effects of an opioid overdose. This is why it is important to include the person’s family and friends when distributing naloxone and giving instructions on its use. In addition, the distribution of safe drug use equipment and personal protective equipment helps reduce the risk of infection.

Health and social service facilities may distribute naloxone and provide safer injecting, safer smoking, and safer sex supplies as part of their services. People undergoing treatment and their family and friends can also obtain it 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 Addiction Medicine Department

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