

Buprenorphine/Naloxone (Suboxone) for Opioid Use Disorder: Your Questions Answered

SUBOXONE

Seeking help for your opioid dependence is a wise and important step in your road to recovery. There are people who can help you to develop goals and who can support you along the way. Talk to your health care provider about your support options.

Buprenorphine/naloxone (brand name Suboxone) contains an opioid used to treat opioid use disorder. Unlike most opioids, buprenorphine/naloxone lasts a long time in your body to help prevent cravings and feelings of withdrawal. Once you've taken this medication for a while, you should feel more energetic and clear-headed. This will let you focus on things like work, school, and family.



1. Changes?

You've been prescribed buprenorphine/naloxone (brand name Suboxone) for opioid use disorder (opioid dependence). You'll likely take your first dose of buprenorphine/naloxone in the presence of a health care provider when you feel symptoms of withdrawal. 12-36 hours before your first dose, you'll need to stop taking other opioids. Your withdrawal symptoms should get better when you start this medication. They should go away once you get on the dose that is right for you, but it may take a few days to get to the right dose.



2. Continue?

You and your health care provider will decide how long you'll take buprenorphine/naloxone. Usually, long-term treatment is most effective (e.g., months to years). You may decide to try stopping this medication at some point. It's important to do this with your health care provider so the dose can be lowered very slowly.



3. Proper Use?

Buprenorphine/naloxone is a pill that is placed under your tongue and dissolves. This can take up to 10 minutes. Do not swallow, eat, drink, or smoke while the pill dissolves. You may have to go to the pharmacy as often as daily to take your dose. Over time, many people can take doses at home – these are called "carries". Talk with your health care provider about how to manage missed doses, as changes to your medication may be needed. The risk of overdose is lower with buprenorphine/naloxone compared to methadone. However, do not take other opioids, alcohol, or sleeping pills (e.g., benzodiazepines like lorazepam [Ativan]) while on buprenorphine/naloxone, as they can increase the risk of an overdose. It may not be safe to drive a car or operate machinery when you first start taking this medication.



4. Monitor?

You may experience side effects, especially when you start buprenorphine/naloxone or increase the dose. You may feel anxious, drowsy, dizzy, or depressed. You may have trouble sleeping and may be constipated. You might have a headache, and you may feel symptoms of withdrawal such as sweating, diarrhea, or feeling sick to your stomach. These side effects may go away once your body gets used to the medication but if they do not, talk with your health care provider. Contact a health care provider right away if you have a hard time breathing, staying awake, or are experiencing severe dizziness.



5. Follow-up?

When you start buprenorphine/naloxone, you'll have extra visits with your health care provider. Your health care provider will want to see how you are feeling and may change your dose if needed. You'll also need to provide urine samples when asked by your health care provider.

It is important to:



Store buprenorphine/naloxone in a locked box in a secure place. Keep it out of sight and reach of children and pets. A small amount of this medication can kill a child.



Never share your buprenorphine/naloxone with anyone. Your dose is tailored to you and can be dangerous or even deadly for someone else.



Talk to your health care provider or pharmacist about Take Home Naloxone kits and overdose response training.



Take all unused and expired medications back to the pharmacy for safe disposal. For locations that accept returns: ☎ 1-844-535-8889 🔗 healthsteward.ca

Did you know?

Naloxone is combined with buprenorphine to stop people from snorting or injecting the medication. If you inject or snort it, the naloxone will send you into withdrawal. When it is dissolved under your tongue, the naloxone does not get absorbed into your body and therefore has no effect.

Questions and Notes:

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