

## Buprenorphine (Subutex) and Buprenorphine-naloxone (Suboxone)

- **What is buprenorphine?**

**Buprenorphine is a life-saving medicine. Research shows that it reduces death (overdose and all-cause death) by over two times.**

Buprenorphine is an FDA approved medication to treat opioid use disorder. Buprenorphine stabilizes brain processes to support all the activities needed for recovery. Buprenorphine's effects include relief of opioid withdrawal symptoms, decreased opioid cravings, and chronic pain treatment. When used under the guidance of a medical provider, it does not produce a "high". Compared to other opioids, buprenorphine is much less likely to cause dangerous side effects like slowed breathing and overdose.

- **How does buprenorphine work?**

Buprenorphine is a partial opioid agonist, meaning that it partially activates the opioid receptors. This helps decrease withdrawal, decrease craving, and stabilize the opioid receptors so that people can focus on recovery.

Buprenorphine can be given alone (Subutex). It is also often combined with naloxone (buprenorphine-naloxone, brand name *Suboxone*) to prevent people from misusing it. The naloxone component has no effect when taken under the tongue. It is added only to discourage people from crushing buprenorphine-naloxone and injecting it. If injected, it can cause precipitated withdrawal.

- **What is precipitated withdrawal?**

Precipitated withdrawal happens when a person takes buprenorphine while having too many other opioids still in their body.

Buprenorphine binds more tightly than other opioids at the opioid receptors. When buprenorphine binds, it will knock off and block other opioids at these receptors. This "knocking off" of other opioids can cause "precipitated withdrawal," meaning that withdrawal symptoms come on suddenly and more intensely as other opioids get "knocked off."

- **How do I start taking buprenorphine?**

People typically must be in some opioid withdrawal before starting buprenorphine to avoid precipitated withdrawal. Depending on the type of opioids that a person is using, this usually takes between 12-24 hours. We use an opioid withdrawal scale to determine when it is safe to start buprenorphine. We will then continue to give you doses until opioid withdrawal is relieved.

There is also a newer method to start buprenorphine that avoids opioid withdrawal, called a buprenorphine micro-induction. This method works by giving your body tiny increasing amounts of buprenorphine to avoid precipitated withdrawal. This is not always an option for everyone, so your IMPACT team can discuss this with you in more detail.

- **How do I take buprenorphine?**

Buprenorphine must be given under the tongue and must fully dissolve to be absorbed. If buprenorphine is swallowed, it will not be absorbed. There is also an injectable version called Sublocade (see below).

- **How long do people take buprenorphine?**

The amount of time someone takes buprenorphine ranges from person to person, but research shows that people who stop buprenorphine have a higher risk for relapse, overdose, and death. Opioids can cause lasting changes in a person's brain, so most people should continue taking buprenorphine for at least 6 months to 1 year. However, many people will continue it for longer.

Buprenorphine should be continued for as long as the individual finds it helpful in meeting their recovery and life goals. Research shows that the longer people continue buprenorphine, the longer they remain at lower risk for relapse and overdose compared to individuals who stop taking buprenorphine.

Buprenorphine can cause withdrawal symptoms if stopped suddenly. Once you're ready to stop buprenorphine, you should talk with a provider who can help you taper off the medication slowly to reduce withdrawal symptoms.

- **Does buprenorphine work for pain?**

Yes! Because buprenorphine binds strongly to opioid receptors, it works well for pain relief. It is also safer than other opioids (such as oxycodone, hydrocodone, morphine, hydromorphone, and methadone). Research has shown that buprenorphine works well for chronic pain and can improve function and mood.

- **What are the side effects of buprenorphine?**

Most people do not have significant side effects. The most common side effects are constipation and nausea. Buprenorphine can also cause sedation/sleepiness. Buprenorphine can cause slowed breathing, especially in combination with other medications or substances (such as alcohol, benzodiazepines, other opioids).

- **What is Sublocade?**

Sublocade is an injectable version of buprenorphine that is injected once a month subcutaneously (just below the skin of the abdomen). This once-monthly dose of Sublocade delivers steady levels of buprenorphine into the blood. People must be taking sublingual buprenorphine before starting Sublocade. Talk with your IMPACT team if you are interested in Sublocade.

**For more information on treatment and medications, talk with your IMPACT team. For online resources, refer to SAMHSA (Substance Abuse and Mental Health Services Administration):**

[www.samhsa.gov](http://www.samhsa.gov)