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Buprenorphine/Naloxone Maintenance Treatment Information for Patient

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, and a film containing the medicine that is also absorbed from under the tongue, has been developed for treatment of addiction. More recently, a monthly injectable formulation has become available. 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 is less likely to suppress breathing to the point of death when compared to way heroin, methadone, and other opioids. 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. After stabilization, most patients are to take home up to one-four weeks of buprenorphine/naloxone at a time, and in the era of COVID-19, many inductions are now being done at home without supervision . 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 totake 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. To even try buprenorphine/naloxone without going into withdrawal, a methadone-maintained patient typically needs 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.