

## HOW DOES SUBOXONE WORK?

When opioids are used they “turn on” parts of the brain (opioid receptors) that produce the opioid feeling. Buprenorphine has a high affinity for (very attracted to) opioid receptors. Buprenorphine therefore wins out over other opioids to fill up and turn on the receptors. Buprenorphine produces less euphoric and less sedative effects as compared to other opioids. The receptors are therefore turned on, but the person does not get “high” from this drug. Also if you still use other opioids, you will be less likely to feel their effects. The naloxone is added to deter misuse of suboxone by injection. When Suboxone is taken as prescribed (tablets dissolve under the tongue), naloxone is not “turned on” or activated. But if suboxone is injected into the bloodstream, the naloxone is activated and can cause sudden opioid withdrawal.

Suboxone treatment works best when combined with psychotherapy or recovery activities like counseling and addiction education.

## SUBOXONE ADMINISTRATION

When starting Suboxone, a person must be in mild to moderate opioid withdrawal to avoid precipitated withdrawal symptoms; if taken too soon, buprenorphine beats out other opioids left in the brain to fill the receptors, but it does not give you the full effect, so you feel relative withdrawal. Once it is decided that the person is in enough withdrawal, Suboxone may be taken. If you take Suboxone once you are in enough withdrawal, you will feel opioid relief.

Suboxone is taken in tablet form. Tablets are placed under the tongue to dissolve which takes approximately 2 to 10 minutes. Pills that are swallowed or vomited will not take effect and will not be replaced. Urine drug screens are done regularly for safety and compliance with the program.

## WHERE CAN I GET SUBOXONE?

Suboxone is available from a physician who has completed training to prescribe this medication. It is often prescribed through methadone clinics in the city. People must self-refer to connect with one of the clinics. There are wait times for each clinic; if you are considering Suboxone treatment, you should get your name on the list as soon as possible.

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**MOST AFM clinic**      **204-944-7070**

**Brandon AFM clinic**      **204-729-3854**

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You can contact these clinics about accessing Suboxone.

**OATS clinic**      **204-589-3999**

**LifeSmart CARES**      **204-287-5220**

**Executive Medical Solutions**      **1-800-497-7352**

**Nine Circles CHC**      **204-940-6000**

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## REFERENCES

Mauger, S., Fraser, R., & Gill, K. (2014). Utilizing buprenorphine-naloxone to treat illicit and prescription opioid dependence. *Neuropsychiatric Disease and Treatment*. 10: 587-598.

UpToDate (2016). Buprenorphine and naloxone: drug information. Accessed from UpToDate.

American Psychiatric Association: Diagnostic and Statistical Manual of Mental Disorders, Fifth Edition. Arlington, VA, American Psychiatric Association, 2013.

**M. Schon & T. Carter 2016 Revised 2020**

# SUBOXONE

**Buprenorphine (bue-pre-NOR-feen)  
& Naloxone (nal-OX-one)**



## WHAT IS SUBOXONE?

Suboxone is an opioid medication used to treat opioid use disorder (opioid addiction). It was approved for treatment of opioid use disorder in Canada in 2007. A number of other countries including France, USA, Australia and the United Kingdom had been using Suboxone prior to 2007. Suboxone combines two different drugs in a 4:1 ratio, buprenorphine (opioid agonist) and naloxone (opioid antagonist). Buprenorphine decreases cravings and feelings of opioid withdrawal, allowing you to feel “normal” and return to your life. Naloxone is added to buprenorphine so the medication is taken as prescribed to treat opioid addiction. If the medication is taken by injection into the bloodstream, the naloxone will cause sudden opioid withdrawal symptoms.

## IS SUBOXONE FOR ME?

Participating in opioid agonist treatment with Suboxone is a voluntary decision. You and your doctor have to agree to this medication treatment and you have to participate in a program with expectations for safety and recovery. If you experience any of the following, then Suboxone maintenance may be for you:

- You spend a great deal of time doing activities to obtain opioids, use opioids, or recover from opioid effects.
- You experience cravings, or a strong desire to use opioids.
- Your important social, occupational, or recreational activities are given up or reduced because of opioid use.
- You continue using opioids even though you have physical and/or psychological problems caused by or made worse by your opioid use.
- You experience anxiety, restlessness, trouble sleeping, nausea, cramps, runny nose, watery eyes, muscle spasms, sweating, shivering, or sore joints, when you stop or take fewer opioids.
- You are currently using one or more of the following drugs regularly:
  - ✓ Morphine
  - ✓ Codeine (Tylenol 1,2, & 3)
  - ✓ Dilaudid/Hydromorphone
  - ✓ Oxycodone/Oxycontin/Oxyneo
  - ✓ Fentanyl, Carfentanil
  - ✓ Demerol
  - ✓ Heroin
  - ✓ Percocet

## POSSIBLE DRAWBACKS OF SUBOXONE

Some possible side effects that people on Suboxone may experience include:

- Sedation
- Constipation
- Headache
- Nausea/vomiting
- Dizziness

Suboxone (in Manitoba) is only prescribed by doctors with special training, and most commonly from a clinic designed to work with people recovering from addiction. You will need to attend the clinic or pharmacy daily to take your Suboxone. Take home doses may be earned if you progress in recovery.

Suboxone maintenance treatment is designed to be a longer-term commitment while people repair their lives and work on recovery. The time to taper off Suboxone can be discussed with your doctor.



## HOW MUCH SUBOXONE?

The dose of Suboxone varies from one person to the next. Typically, therapeutic doses can range from 4 mg to 24 mg of buprenorphine daily. The therapeutic dose will be decided with your prescribing doctor to reduce withdrawal symptoms, cravings, and eliminate the need for other opioid use.

A comfortable dose may be reached in 1 to 3 days with Suboxone treatment. Further changes in dosage may take place over the next 1 to 2 months with gradual adjustments every 5 to 7 days. It is important to report all symptoms to your prescribing doctor until the target dose is achieved.

## BENEFITS OF SUBOXONE

Suboxone may have fewer side effects as compared to methadone (another type of opioid agonist treatment). So if you have had difficulty with methadone, Suboxone may be an alternative treatment for opioid addiction to discuss with your doctor.

Suboxone is also an alternative and effective treatment for opioid addiction (over methadone) if you have problems with your breathing or lungs.

Suboxone is also a safer option (compared to methadone) if you are using or misusing other sedating medications/drugs.

Suboxone is also longer acting than methadone and therefore has potential for every-other-day dosing.

However, Suboxone can be more expensive (than methadone) and payment must be arranged with your prescriber, insurer, and pharmacare as applicable.

## WHAT ABOUT PREGNANCY?

The naloxone component in Suboxone has not yet been proven safe in pregnancy. Switching to another long-acting opioid medication such as buprenorphine alone (Subutex) or methadone may be discussed with your prescribing doctor.

Breastfeeding while on Suboxone is safe. You should speak with your doctor about all your medications and concerns about pregnancy and breastfeeding.

