

Starting Buprenorphine Therapy

A Guide for Patients

1. Why am I being prescribed buprenorphine?

You are being prescribed **buprenorphine** because you have been diagnosed with an opioid use disorder (OUD). People can develop OUDs for a number of reasons, including **difficult things** that happened in childhood and adulthood, **family history of addiction, biochemistry, or emotions like anxiety or depression**. However you developed an OUD, it is important to remember that **people can and do recover**, and deciding to take buprenorphine is an important step in this process.

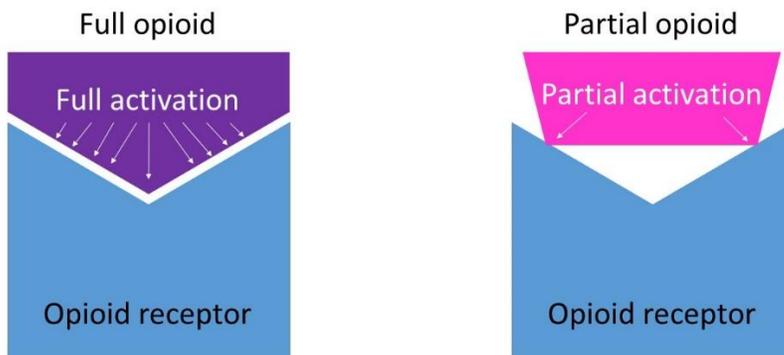
2. What is buprenorphine?

Buprenorphine is an opioid medication that is used to treat people who have been diagnosed with an OUD. Like all opioids, buprenorphine works by attaching to the opioid receptors in the brain, which relieves withdrawal symptoms and opioid cravings. Many studies have shown that taking buprenorphine **reduces or stops opioid use** in most patients, whether they have been using prescription opioids or heroin.

3. If I have an OUD, shouldn't I avoid opioid medications?

There are several important differences between buprenorphine and other opioids:

- While the effects of most opioids usually wear off within a few hours, buprenorphine lasts for a full 24 hours, meaning that you only need to take it once a day.
- Buprenorphine is a **partial opioid**. While **full opioids** (like morphine, heroin, or methadone) increase in effect as the dose increases, partial opioids have a **ceiling effect**. This means that once a certain dose is reached, further dose increases don't increase the opioid effect:



- Buprenorphine works very slowly, so it doesn't have the same euphoric effect that other opioids do. Being on buprenorphine will help you to function normally without making you high.

For these reasons, buprenorphine will have a very different role in your life than other opioids do.

4. *I have chronic pain. If I stop taking my regular opioid medication, won't my pain get much worse?*

No; in fact, it is likely that your pain will improve. Each time your regular opioid medication starts to wear off, you go through withdrawal, and withdrawal greatly magnifies your perception of pain. Also, people with OUDs are often depressed and anxious because their addiction is making their life very difficult. Depression, like withdrawal, magnifies people's sense of pain. Taking buprenorphine is very likely to decrease your chronic pain and improve your daily functioning.

5. *How do I take buprenorphine?*

Buprenorphine must be started while you are in withdrawal, or else it will trigger withdrawal symptoms. Before you take your first dose, make sure that it has been **at least 12 hours** since your last opioid dose, and that you are experiencing **definite withdrawal symptoms**: muscle aches, nausea and vomiting, cramps, chills, sweating, yawning, and goosebumps.

Buprenorphine is taken **sublingually**; rather than swallowing it, you put it under your tongue and let it dissolve, which usually takes 7–10 minutes. It's best not to talk while the medicine is dissolving, to make sure that you don't accidentally swallow it.

Buprenorphine tablets come in two strengths: 2 mg and 8 mg. The usual starting dose is **4 mg (two 2 mg tablets)**. Some people start feeling better within **half an hour**; however, if you're still experiencing withdrawal symptoms after **two hours**, take another 4 mg. The next day, you should take the same total dose you took the first day (either 4 mg or 8 mg) all at once.

It's important that you **see your health care provider within a few days of starting buprenorphine** to report how you're feeling and have your dose adjusted if necessary; if you continue to experience withdrawal symptoms or cravings, your dose may need to be increased by 2–4 mg per visit. At the right dose, you will experience no (or very mild and brief) withdrawal symptoms, cravings, or side effects. For most patients, the right dose is between 8 and 16 mg (one or two 8 mg tablets) per day, although some patients do well with 4–6 mg and others require up to 24 mg.

6. *Why is naloxone added to the buprenorphine?*

Naloxone is added to discourage people from injecting the buprenorphine tablet. Patients who are regularly taking another opioid, such as heroin, will go through severe withdrawal if they inject a buprenorphine-naloxone tablet. However, when the tablet is taken under the tongue, the naloxone is not absorbed and will have no effect.

7. *Does buprenorphine have side effects?*

The side effects of buprenorphine are similar to those of other opioids: sedation and fatigue, drowsiness, constipation, sweating, nausea, headache, and sexual dysfunction. Some of these side effects disappear over time. If you continue to experience side effects, you should speak to your health care provider about reducing the dose or using additional medications to relieve the symptoms. If you can't tolerate the side effects, you should ask your health care provider about discontinuing buprenorphine.

8. *What will happen if I take other opioids while on buprenorphine?*

Buprenorphine blocks the attachment of most other opioids to the receptor, and may blunt the euphoric effects of the opioid, but you won't experience withdrawal. The major exception is fentanyl; fentanyl is not blocked by buprenorphine, so taking fentanyl can cause an opioid overdose.

9. *Is buprenorphine safe?*

Buprenorphine is safer than many other opioids, but you will still need to be careful. Make sure you keep it in a **secure location**, where others in your home, **especially children**, will not be able to access it. **Do not share your medication** with anyone else, and **do not alter the route of delivery** (for example, by injecting it). Because buprenorphine is a depressant, it is very important that you avoid other sedating substances while you are taking it, such as **alcohol, benzodiazepines, or sedatives**. The combined effect of these substances on your central nervous system can be very dangerous.

10. *Who can prescribe buprenorphine?*

Unlike methadone, which requires a special license, buprenorphine can be prescribed by any family doctor. Nurse practitioners can also prescribe buprenorphine if they have completed extra training. Buprenorphine is often started by an addiction medicine specialist, as they are very familiar with it and are used to doing dose adjustments. Once your dose is stable, though, you may wish to have your primary care provider take over; the addiction medicine specialist would be available to consult with your primary care provider as needed. It is important that you see your health care provider regularly to keep track of your progress and discuss any concerns you may have.

11. *What is an 'observed dose'?*

Your health care provider may write on your prescription that you must take one to seven **observed doses** each week. This means that you will receive your dose at the pharmacy and take it in front of the pharmacist. This is done for a few reasons:

- Some patients find it easier to stay stable and committed if they attend the pharmacy every day.
- The pharmacist can check to make sure the dose has dissolved completely.
- Going every day ensures that you will not use extra and run out early.

As you get used to the buprenorphine and as your life becomes more stable, it is very likely that your health care provider will increase the number of daily doses you can take at home each week.

12. Why do I have to have my urine tested?

Urine drug screens (UDS) are a part of OUD treatment. The testing strips can distinguish between different types of opioids, so UDS are used to make sure that you aren't using other opioids in addition to buprenorphine. They also detect the presence of other drugs, such as cocaine, methamphetamines, or benzodiazepines, as it can be very dangerous to mix these substances with buprenorphine. The purpose of UDS is not to embarrass or punish you, but to monitor your treatment progress and ensure your safety.

13. How long do I need to stay on buprenorphine?

How long you stay on buprenorphine is up to you. However, you are **much less likely to relapse** if you taper off buprenorphine **gradually** once your life becomes more stable, and you haven't used non-prescribed opioids for at least six months. In general, the longer you've been addicted to opioids, the longer you should stay on buprenorphine. You and your health care team should talk regularly about how the medication is working for you, if the dose needs to be altered, or if you are ready to discontinue it.

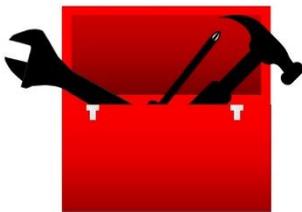
14. How do I get off buprenorphine?

Your health care provider will tell you how to taper the medication slowly and safely. This decreases the risk of going through withdrawal symptoms. If you have very strong urges, or if you relapse, **you should go back on the medication.**

15. How much does buprenorphine cost?

Depending on your dose, a month's supply of buprenorphine can cost anywhere from \$90–\$450. Generic buprenorphine is 100% covered under Ontario Drug Benefits, NIHB, and many private plans; brand-name buprenorphine is 50% covered.

16. What else do I need to do in order to treat my OUD?



Buprenorphine is just one tool you can use to treat your OUD. Other important things you can do include getting counselling, joining a support group, having regular visits with your primary care provider, reconnecting with family and friends, getting exercise, and finding ways to take care of yourself. If this feels overwhelming, try to remember that recovery is a journey, and you don't have to do everything all at once. Just take it one day at a time.