

Suboxone Treatment: What to Know and Expect

WHAT IS SUBOXONE?

- Suboxone is a medication used to treat addiction to opioids (heroin, fentanyl, or pain pills like Oxy or Dilaudid). It is also used to treat chronic pain. Suboxone is made up of two parts: buprenorphine and naloxone.
- Buprenorphine is a prescription opioid that controls withdrawal symptoms and cravings for 24 hours without making you feel high. At the right dose, you should feel “normal”.
- Naloxone is in the Suboxone to discourage people from injecting the tablets. Naloxone doesn't have any effect when the tablets are taken by mouth and doesn't make people sick if they use other opioids.
- Some people think that taking Suboxone is just replacing one drug with another, but getting rid of cravings by taking Suboxone as prescribed makes it easier to reduce or stop drug use and focus on getting healthy.

WHAT IS IT LIKE TO TAKE SUBOXONE?

- Suboxone is a tablet that has to dissolve under the tongue. Some people don't like the taste or find that it upsets their stomach.
- Other side effects can include constipation, dry mouth, sweats, and headaches.
- Suboxone is usually taken every day. If you miss a dose or stop it suddenly, you may feel sick.
- People starting treatment usually go to a pharmacy every day or every few days to get their medication, and they see their health care provider about once a week. People can usually start taking home a week or two's worth of medication once they're on a stable dose, and many people eventually only have to go to the pharmacy once a month.
- People can decide if and when they want to stop treatment. Most people do better if they stay on treatment for at least 6 months and taper off slowly when they are quite stable.

HOW DO I GET SUBOXONE?

- Any prescriber in Ontario can prescribe Suboxone. Most people get it from their primary care provider or from someone who specializes in addiction.
- This medication is covered by Ontario Drug Benefits and by most private insurance plans, and is available at most pharmacies.

IS SUBOXONE RIGHT FOR ME?

- Along with Suboxone, other options for OAT are methadone, slow-release oral morphine (Kadian), or extended-release buprenorphine injection (Sublocade). Talk to your health care provider about what would be best for you:
<https://www.metaphi.ca/wp-content/uploads/OATDecisionAid.pdf>
- Suboxone can help treat withdrawal symptoms and cravings for people who want to reduce or stop opioid use.
- Compared to methadone and Kadian, Suboxone has a lower risk of overdose and milder side effects.
- Suboxone is safe in pregnancy.
- Many people can get to a dose of Suboxone that works for them faster than they would with methadone.
- People can usually get take-home doses of Suboxone faster than methadone or Kadian.
- Alcohol and sedating medications like benzos should be avoided or used with caution when taking Suboxone.

HOW DO I START SUBOXONE?

- There are two main ways to start Suboxone:
 1. Waiting until you're in withdrawal and then starting with 2–4 mg. This way the dose can be increased quickly to full effect. Your care team will tell you how long you have to wait from the time you last used opioids to take your first dose (usually 12 to 18 hours after last use, but up to 48 hours if you use fentanyl). This is the usual way to start Suboxone.
 2. Starting with a very small dose (0.5 mg, or ¼ tablet) of Suboxone while still taking your regular opioid. You take a slightly larger amount each day until you get to a full dose. This way takes longer to get to a full dose but works for people who are having trouble stopping their opioid use long enough to start the medication. This is called *microdosing*.
- Your medical team will help you decide which way is best for you and will give you instructions on exactly when and how to start. **It's very important to follow these instructions carefully, or you could end up feeling worse.**

WHAT IF I TAKE OPIOIDS WHILE I'M ON SUBOXONE?

- Taking another opioid while taking Suboxone won't make you sick.
- Suboxone can be helpful for people who continue to use opioids:
 - Because taking Suboxone will help control your cravings and withdrawal symptoms, you won't **have to** keep using your usual opioid to avoid being sick. You can still take it if you **want to**, but it becomes your choice.
 - Taking Suboxone makes you less likely to die of an overdose whether or not you keep using your usual opioid.

WHAT ELSE CAN I DO TO STAY SAFER?

- Never use opioids alone; go to a safe consumption site, use with a friend, or use a remote support service like NORS (<https://www.nors.ca/about>).
- Make sure you and the people you use with can recognize the signs of overdose: pinpoint pupils, falling asleep, slowed or stopped breathing, bluish skin around lips or under nails.
- Always carry naloxone.
- If you haven't taken opioids for even a few days, take a much smaller dose than you are used to.
- Get your drugs checked before using.
- If you can't get your drugs checked, start with a test dose.
- Don't mix opioids with other substances, especially alcohol or benzos.
- If you inject or smoke drugs, use new supplies each and every time, including sterile cookers and filters, sterile water, mouthpieces, bowls and screens. Supplies are available through your local harm reduction program (<https://ohrdp.ca/find-supplies/>).