

Buprenorphine

Buprenorphine is used in medication-assisted treatment (MAT) to help people reduce or quit their use of heroin or other opiates, such as pain relievers like morphine, or oxycodone.

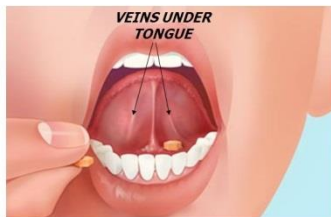
Buprenorphine offers several benefits to those with opioid dependency and to others for whom treatment in a methadone clinic is not preferred or is less convenient. The FDA has approved the following buprenorphine products:

- Bunavail (buprenorphine and naloxone) buccal film
- Suboxone (buprenorphine and naloxone) film / Subutex (buprenorphine) film
- Zubsolv (buprenorphine and naloxone) sublingual tablets
- Buprenorphine-containing transmucosal products for opioid dependency
- Generic formulations of buprenorphine or buprenorphine/naloxone

How Buprenorphine Works

Buprenorphine is administered sublingually and must be dissolved under the tongue, not swallowed.

HOW TO TAKE SUBOXONE



Suboxone is absorbed through the *two large veins* under the tongue.
suboxone.com

Buprenorphine has unique pharmacological properties that help:

- Lower the potential for misuse
- Diminish the effects of physical dependency to opioids, such as withdrawal symptoms and cravings
- Increase safety in cases of overdose

Buprenorphine is an opioid partial agonist. This means that, like opioids, it produces effects such as euphoria or respiratory depression. With buprenorphine, however, these effects are weaker than those of full drugs such as heroin and methadone.

Buprenorphine's opioid effects increase with each dose until at moderate doses they level off, even with further dose increases. This "ceiling effect" lowers the risk of misuse, dependency, and side effects. Also, because of buprenorphine's long-acting agent, many patients may not have to take it every day.

Side Effects of Buprenorphine

Buprenorphine's side effects are similar to those of opioids and can include:

- Nausea, vomiting, and constipation
- Muscle aches and cramps
- Cravings
- Inability to sleep
- Distress and irritability
- Fever

Buprenorphine Safety

People should use the following precautions when taking buprenorphine:

- Do not take other medications without first consulting your doctor.
- Do not use illegal drugs, drink alcohol, or take sedatives, tranquilizers, or other drugs that slow breathing. Mixing large amounts of other medications with buprenorphine can lead to overdose or death.
- Ensure that a physician monitors any liver-related health issues you may have.
- Secure the medication for protection from children. It is dangerous for children.
- Pregnancy- this medication has not been shown to be safe during pregnancy.

Buprenorphine treatment happens in three phases:

1. **The Induction Phase** is the medically monitored startup of buprenorphine treatment performed in a qualified physician's office or certified program using approved buprenorphine products. The medication is administered when a person with an opioid dependency has abstained from using opioids for 12 to 24 hours and is in the early stages of opioid withdrawal. **It is important to note that buprenorphine can bring on acute withdrawal for patients who are not in the early stages of withdrawal and who have other opioids in their bloodstream.**
2. **The Stabilization Phase** begins after a patient has discontinued their misuse of the problem drug, no longer has cravings, and experiences few, if any, side effects. The buprenorphine dose may need to be adjusted during this phase. Because of the long-acting agent of buprenorphine, once patients have been stabilized, they can often switch to once-a-day dosing..
3. **The Maintenance Phase** occurs when a patient is doing well on a steady dose of buprenorphine. The length of time of the maintenance phase is tailored to each patient and could be indefinite. Once an individual is stabilized, an alternative approach would be to go into a medically supervised withdrawal, which makes the transition from a physically dependent state smoother. People then can engage in further rehabilitation—with or without MAT—to prevent a possible relapse

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