Te Whatu Ora
Health New Zealand
Hauora a Toi Bay of Plenty

The BOP Addiction Service
Facts about Opioid Substitution Treatment (OST) - Buprenorphine and Naloxone

Buprenorphine is a more recent addition to the treatment of opioid dependence in New Zealand. It is available at this time, only in a pill which also contains naloxone - also known as Narcan the drug used to bring people out of overdose. Naloxone has been added to buprenorphine to deter people from injecting it. In the beginning, it was known as Suboxone® but more recently a generic version has been approved by Pharmac and most pharmacies will now use the generic version.

- Buprenorphine/ naloxone is an alternative opioid for people who experience intolerable effects from methadone or have adverse side effects including methadone-related changes in heart rhythm.
- Starting on buprenorphine/ naloxone and finding the right dose is more rapid than starting on methadone.
- It is safer than methadone in accidental poisonings (e.g., if taken by a child, though if a child does take buprenorphine/ naloxone this is an emergency and medical help should be sought).

Like methadone, buprenorphine/ naloxone is designed to stop withdrawals and reduce the craving to use but has some differences in that:

- People report feeling more clear-headed, less ‘cloudy’ than with methadone (though not everyone likes that clear-headed feeling).
- Buprenorphine/ naloxone is much less likely than methadone to cause overdose and possible death, if it’s the only thing you’re taking. This is because of its ‘ceiling effect’: after a certain dose the drug produces no more effect, but the effect it does produce lasts longer. However, if you try to override the blockade effect by using higher doses of other opiates then the risk of overdose is significantly increased because when the buprenorphine wears off the effects of the other drugs kick in and overdose may occur.
- Many people find it easier to withdraw from buprenorphine/ naloxone than methadone. Anecdotal reports from BOPAS clients who have previously used both buprenorphine/ naloxone and methadone to withdraw from opiates are that most prefer buprenorphine/ naloxone for withdrawal though they do warn of post-withdrawal symptoms.
- As with methadone, you do become dependent on buprenorphine/ naloxone. A missed dose on daily dispensing should not cause any substantial withdrawal symptoms because of the long-lasting effect of buprenorphine/ naloxone though people on low doses may become uncomfortable.
- Buprenorphine/ naloxone currently comes as a sublingual tablet in 2 mg and 8 mg. The effects come on within 30 - 60 minutes and the full effects after 1 - 4 hours. The duration of effects varies according to the dose and the person taking it. In general, the higher the dose, the longer the effects.

As yet, there’s limited research available about pregnancy and buprenorphine/ naloxone.

If you become pregnant whilst on buprenorphine/ naloxone the BOPAS doctor and keyworker will decide with you the best option for you and your baby. See BOPAS information sheet 16 Pregnancy and OST for more information.

Buprenorphine/ naloxone has proven to be a safe medication, effective in keeping people in treatment and in preventing the use of illicit opiates, though not more effective than methadone. The differences in treatment outcomes for people using buprenorphine/ naloxone as compared to people using methadone are small.

The risks of injecting buprenorphine

- Buprenorphine/ naloxone isn't designed for injecting, it can be painful and can cause tissue and vein damage and blood clots and long-term effects on the lungs due to particles getting into the lungs via veins.
- Injecting buprenorphine/ naloxone that's been in someone's mouth (even if it's your own) can result in fungal endophthalmitis – an infection that forms INSIDE the eye. This is a big deal, as the internal eye is mostly filled with fluid and quickly turns into a giant abscess. Also, the retina is a sensitive structure and can get damaged easily.

Pain management

People taking buprenorphine/ naloxone can use non-opioid analgesics such as paracetamol, aspirin and NSAIDs/non-steroidal anti-inflammatory drugs (if not contra-indicated for you) like diclofenac and ibuprofen for mild to moderate pain relief. Opioid medications are less effective if you are taking buprenorphine/ naloxone. Speak to the doctor about other options for severe pain.

Just in case you are in an accident and require emergency medical assistance BOPAS will supply you with an information card you can keep in your wallet saying you are taking buprenorphine/ naloxone. This is to inform the emergency medical personnel that usual opioid pain-relief medications such as morphine may not give you the pain relief you need, and you may need to be given alternative pain medication or a different dose. Hospitals may not carry a stock of buprenorphine/ naloxone so if you have any planned admissions, it's important to tell your nurse, doctor, or key worker so they can help arrange your medication for you.

Possible side effects

The side effects of buprenorphine/ naloxone tend to occur early in treatment, are mild and subside with time. Although these effects appear to be generally unrelated to dose, nausea is more common with doses over eight milligrams and dizziness occurs more commonly at high doses. The most reported side effects are:

- Headaches are very common early in treatment but usually settle down in a few days.
- Tiredness or drowsiness (especially after a dose) usually stops within days to weeks.
- Nausea and vomiting usually stop after a few days.
- Abdominal pain (cramps) usually settles down quickly.
- Skin rashes, hives, and itching. If this happens, please tell the doctor, nurse or pharmacist. It may be nothing to worry about but could also be a sign of something more serious like an allergy.

People experiencing significant side effects from buprenorphine/ naloxone may need to transfer to an alternative medication.

Less common (though no less significant) side effects of methadone and buprenorphine/ naloxone include difficulty passing urine and reduced sexual functioning due to a reduction in sex hormones which can also cause changes to women's menstrual cycle and increase the risk of osteoporosis in both men and women as we age.

Te Whatu Ora Hauora a Toi Bay of Plenty has an active commitment to the Treaty of Waitangi and the improvement of Māori health.

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