

Buprenorphine leaflet

(Subutex or Buprenorphine)

(Suboxone or Buprenorphine plus Naloxone)

What is Buprenorphine?

Buprenorphine is a semi-synthetic drug, used in the treatment of people who have a physical dependence to opiates, thereby preventing the onset of opiate withdrawal symptoms such as runny eyes, sneezing/ runny nose, sweating, insomnia, stomach cramps and diarrhoea.

You will be prescribed a preparation in strengths ranging from 4mg-32mg.

Buprenorphine, like heroin can also cause a physical dependence.

Getting Started:

Before any treatment is prescribed, a medical assessment is carried out, to ascertain current opioid use.

Initially in those who have not undergone opiate withdrawal, buprenorphine should be administered at least 4 hours after last use of opioid or when signs of withdrawal appear.

The initial dose is in the range of 0.4mg - 4mg. The dose may be then gradually adjusted according to response, and if necessary the dose can be increased up to 8mg on day 1. On day 2 of treatment, the dose may be increased up to 16mg. Any further increase may be done gradually.

The buprenorphine tablet is to be taken sublingually, which means that you must place the tablet under your tongue and allow it to dissolve, which should take about 5 minutes. This is the only way the tablet should be taken. Chewing it or swallowing it will make them ineffective.

Collection and Storage of Buprenorphine:

Medication is usually collected from the chemist that the patient prefers, and will either be on a weekly, twice weekly or daily pick up basis. In some circumstances, it may be on observed consumption.

As buprenorphine can be extremely dangerous to non-opiate users or children, it should be stored safely, preferably in a high cupboard with a lock on it and by keeping it away from children.

Side effects and Potential Risks:

Buprenorphine causes physical dependence and it should only be prescribed to those who are physically dependent to opioids, i.e. Heroin, morphine, codeine etc.

It is also used in treatment by cancer specialists for certain types of pain management.

As with all other drugs buprenorphine may cause some side effects, although this does not necessarily mean that you will experience them.

You may suffer from some opiate withdrawal symptoms. The other common side effects include constipation, nausea, vomiting, fainting and dizziness, a drop in blood pressure on changing position from sitting or lying down to standing, sweating. Very rarely severe difficulty in breathing and liver problems are seen.

Larger doses may produce respiratory depression leading to death from respiratory failure (inability to breathe).

Buprenorphine must be used carefully with other sedating drugs i.e. alcohol, benzodiazepines (i.e. diazepam, Nitrazepam, temazepam), as all these drugs affect a person's breathing, it can lead to an increased risk of an accidental overdose.

Reversal of a Buprenorphine overdose can be difficult, as they are only partially reversed by Naloxone (which is the antidote to treat opioid overdose)

Advantages of going onto Buprenorphine:

By starting treatment with Buprenorphine, there is no longer a physical need to continue taking illicit heroin, morphine or codeine. This improves quality of life significantly and gives people an opportunity to focus on other social issues that need to be addressed.

Once patients are stabilised on therapeutic dose of Buprenorphine, patients can decide about their future course of action.

Patients who would like to come off their Buprenorphine, would be helped by a gradual reduction of their Buprenorphine dose and go onto eventually complete their detoxification.

Those patients who would like to remain on the prescribed dose of buprenorphine will continue on the medication, along with regular medical reviews and thus minimising the risk of relapse.

Women and Methadone:

If you are on Buprenorphine or heroin you may not have regular periods. You can still get pregnant, so it is important to use a suitable form of contraception. You may contact your GP or your family planning clinic for further information and advice.

If you become pregnant while being on buprenorphine, inform your GP, midwife and your doctor prescribing you buprenorphine. Your prescribing doctor will be able to counsel you about Buprenorphine and its effect on pregnancy and on the baby.

Coming off buprenorphine immediately or a fast reduction is not recommended without a discussion with your prescribing Doctor. If you decide to swap over to methadone, discuss this with your prescribing doctor.

Buprenorphine and Driving:

It is an offence to be in charge of a vehicle, if a person is unfit to drive through drink or drugs. The DVLA considers drug use, including the use of prescribed drugs, to be a disability in this context.

If you are on Buprenorphine, it is the patient's responsibility to inform the DVLA about their opioid dependence and their treatment with Buprenorphine.

When you inform the DVLA, they will write to us requesting further information. On receiving the information, DVLA then decides on a client's fitness to drive. The DVLA may request a medical examination.

Please contact DVLA directly for any driving related queries, whilst you are on Buprenorphine.

The DVLA may be informed directly by us, if we have reasons to fear for your safety or the safety of others.

Travelling Abroad with Buprenorphine:

With effect from 1st January 2008 persons travelling abroad (or visitors travelling to the UK) for longer than three months, or travellers carrying more than three months supply of medication will require a personal export or import licence as appropriate.

A licence is not required for travel duration that is less than three months.

A personal licence has no legal standing outside the UK and is intended to assist travellers passing through UK customs controls with their prescribed controlled drugs.

Travellers are advised to contact the embassy/Consulate/ high Commission of the country of destination (or any country through which they may be travelling) regarding the local policy on the importation of controlled drugs.

Controlled drugs should be:

Carried in original packaging

Carried in hand luggage (BAA/Airline regulations permitting)

Carried with a valid personal import/export licence (if necessary as above)

Carried with a letter from the prescribing doctor confirming the Airplane's name, destination, drug details/amounts, unless a personal licence is held.

Anyone outside their home country for longer than three months should register with a doctor in the country they are visiting for the purpose of receiving further prescriptions.

If you require a licence please download the application form from

<http://drugs.homeoffice.gov.uk/drugs-laws/licensing/personal/>

(A licence is not required for travel duration that are less than three months.)

Buprenorphine and the Law:

Buprenorphine is a class C, schedule 3 drug. Possession is illegal without prescription and carries a maximum sentence of 2 years' imprisonment and a fine.

Links:

www.suboxone.com

<http://drugs.homeoffice.gov.uk/drugs-laws/licensing/personal/>

www.patient.co.uk (buprenorphine replacement for heroin)

www.release.org.uk

01/06/11

