

Buprenorphine ●

What is buprenorphine?

Buprenorphine (pronounced ‘bew-pre-nor-feen’) is a prescription drug.

It is taken as a replacement in the treatment of heroin and methadone dependence. Replacing a prescribed drug to treat a drug of dependence in this way is known as pharmacotherapy. As well as improving wellbeing by preventing physical withdrawal, pharmacotherapy helps to stabilise the lives of people who are dependent on heroin and other opioids, and to reduce the harms related to drug use.

Buprenorphine pharmacotherapy can be used to:

- help people to withdraw from heroin and methadone
- reduce the need to use heroin – this is known as buprenorphine maintenance
- treat severe pain.¹

Other names

Pharmaceutical name

There are four formulations of buprenorphine available for people on pharmacotherapy treatment in Australia:

- Suboxone Sublingual Film® – A combination of buprenorphine and naloxone (also known as Narcan®). This is the most widely used form.
- Subutex Sublingual Tablets® – Contains only buprenorphine.
- Buvidal® is a modified release formulation of buprenorphine for administration by subcutaneous (SC) injection once a week (Buvidal® Weekly) or once a month (Buvidal® Monthly).
- Sublocade® is an extended-release formulation of BPN, administered monthly by SC injection.^{2,4}

Slang names

Bup, B, subs, bupe, orange.

Other types of commonly used opioids

- Codeine
- Fentanyl
- Heroin
- Methadone
- Naloxone
- Opium
- Oxycodone

Find out more about treatment - adf.org.au/reducing-risk/seeking-help/

How is it used?

Suboxone Sublingual Film® is a lime-flavoured, rectangular, orange film, which is placed under the tongue to dissolve. The film will not work properly if it is chewed or swallowed.²

Subutex Sublingual Tablets® are also placed under the tongue to dissolve and will not work properly if chewed or swallowed.³

How effective is it?

Buprenorphine treatment is more likely to be successful if it is part of a comprehensive treatment program, which addresses the body, mind and environment in which opioids have been used.

For example, treatment may include a combination of buprenorphine, counselling, alternative therapies and the development of a positive support network of peers, friends and a support group.¹

Buprenorphine maintenance

Buprenorphine maintenance may not work for everyone, so it is important to work with a doctor or drug counsellor to find the best approach.

Advantages of buprenorphine maintenance over heroin use

- Using buprenorphine on its own is unlikely to result in an overdose.
- Buprenorphine maintenance keeps the person stable while they make positive changes in their lives.
- Health problems are reduced or avoided, especially those related to injecting, such as HIV, hepatitis B and hepatitis C viruses, skin infections and vein problems.
- Doses are required only once a day, sometimes even less often, because buprenorphine's effects are long lasting
- Buprenorphine is much cheaper than heroin.⁴

Effects of buprenorphine

There is no safe level of drug use. Use of any drug always carries some risk. Even medications can produce unwanted side effects. It's important to be careful when taking any type of drug.

Buprenorphine affects everyone differently, based on:

- size, weight and health
- whether the person is used to taking it
- whether other drugs are taken around the same time
- the amount taken.

Side effects

The most common side effects of buprenorphine are:

- constipation
- headache
- increased sweating
- tiredness or drowsiness (especially after a dose)
- loss of appetite, nausea and vomiting
- abdominal pain
- skin rashes, itching or hives
- tooth decay
- changes to periods (menstruation)
- lowered sex drive (males and females)
- weight gain (particularly for females).^{1,6}

Withdrawal

Withdrawal from long-term use of buprenorphine may produce some symptoms similar to those experienced through heroin withdrawal.^{2,3} It is recommended that withdrawal from buprenorphine is achieved gradually under medical supervision to prevent discomfort and unpleasant effects for the person.¹ Withdrawal symptoms vary from person to person, but may include:

- cold or flu-like symptoms
- headache
- sweating
- aches and pains
- difficulty sleeping
- nausea
- mood swings
- loss of appetite.¹

These effects usually peak in the first 2 to 5 days. Some mild effects may last a number of weeks.

Buprenorphine and the law

Using buprenorphine without a prescription from a doctor, or selling or giving it to someone else, is illegal. There are also laws against forging or altering a prescription or making false representation to obtain buprenorphine or a prescription for it.⁷

See also, drugs and the law - <https://adf.org.au/talking-about-drugs/law/>

Buprenorphine statistics

Pharmacotherapy drugs (methadone, buprenorphine and naloxone)

On a snapshot day in mid-2017, nearly 50,000 people in Australia were on a course of pharmacotherapy treatment for their opioid dependence. 60% received methadone, 25% received buprenorphine–naloxone and 15% received buprenorphine.⁸

References:

1. Gowing L, Ali R, Dunlop A, Farrell M, Lintzeris N. National Guidelines for Medication-Assisted Treatment of Opioid Dependence. Department of Health; 2014.
2. NPS Medicinewise. Suboxone Film 2018 [cited 2019 November, 27]. Available from: <https://www.nps.org.au/medicine-finder/suboxone-sublingual-film-2-mg-0-5-mg>.
3. NPS Medicinewise. Subutex 2018 [cited 2019 November, 27]. Available from: <https://www.nps.org.au/medicine-finder/subutex-sublingual-tablets>.
4. Lintzeris N, Dunlop A, Masters, D. Clinical guidelines for use of depot buprenorphine (Buvidal® and Sublocade®) in the treatment of opioid dependence. Sydney Australia: NSW Ministry of Health; 2019.
5. Wodak A. Drug treatment for opioid dependence 2001 [cited 2019 November, 27]. Available from: <https://www.nps.org.au/australian-prescriber/articles/drug-treatment-for-opioid-dependence-1>.
6. Upfal J. Australian Drug Guide. 8th edition ed. Victoria: Griffin Press; 2016.
7. Austlii Victorian Current Acts. DRUGS, POISONS AND CONTROLLED SUBSTANCES ACT 1981 - SECT 36B Unauthorized possession etc. of poison or controlled substance etc. Victorian.d. [cited 2019 November, 27]. Available from: http://www.austlii.edu.au/cgi-bin/viewdoc/au/legis/vic/consol_act/dpacs1981422/s36b.html.
8. Australian Institute of Health and Welfare. National opioid pharmacotherapy statistics (NOPSAD) 2017 2017 [cited 2019 November, 27]. Available from: <https://www.aihw.gov.au/reports/alcohol-other-drug-treatment-services/nopsad-2017/contents/opioid-pharmacotherapy-clients>.

Always call an ambulance on triple zero (000) if an overdose is suspected: tell the paramedic exactly what has been taken. Paramedics are there to help and will not involve the police unless there is a danger to themselves or others.

Other help, support services and resources

Links to further help and support • adf.org.au/help-support/

Information on pharmacotherapy • adf.org.au/reducing-risk/seeking-help/

● Further information

DrugInfo • 1300 85 85 84

Free confidential information and advice about alcohol and other drugs (9am - 5pm, Mon-Fri)

Family Drug Help • 1300 660 068 • www.familydrughelp.com.au (Victorian-based)

Services are available to support those around you who may be affected by your drug use. As well as providing understanding, they can provide information about how best to help during treatment.

Family Drug Support • 1300 368 186 • www.fds.org.au (Australia-wide)



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