

# Buprenorphine and naloxone tablets

## Patient Information - Hillmorton Hospital Pharmacy

### What are Buprenorphine and naloxone tablets?

Buprenorphine and naloxone tablets are a “sublingual” tablet. This means that the tablet dissolves under your tongue. The tablet contains two medicines: buprenorphine and naloxone. Buprenorphine and naloxone tablets are a treatment for opioid dependence (for example dependence on heroin, morphine or oxycodone).

Buprenorphine is the active ingredient that acts as a substitute for opioid drugs and reduces withdrawal symptoms from these drugs.

Naloxone blocks the effect of opioid drugs and will cause opioid withdrawal symptoms. This will not be a problem if you dissolve the tablet under your tongue. It will become a problem if the tablet is crushed and injected and then will result in opioid withdrawal symptoms.



### Why have I been prescribed buprenorphine and naloxone tablets?

You have been prescribed buprenorphine and naloxone tablets to help with an addiction to opioid drugs like heroin and morphine. Buprenorphine and naloxone tablets can be used during the short term while withdrawing from opioid drugs, and for the long term as part of an opioid substitution treatment.

### Are buprenorphine and naloxone tablets safe to take?

It is usually safe to take buprenorphine and naloxone tablets regularly as prescribed by your doctor, but they do not always suit everyone. Let your doctor and case manager know if any of the following apply to you, as extra care may be needed:

- If you have serious problems with breathing, your liver, kidneys and prostate.
- If you have low blood pressure.
- If you are taking other medications, including herbal medications and those that you buy without a prescription. Benzodiazepine, alcohol and other opioids should not be taken when you are on buprenorphine and naloxone tablets unless prescribed by your doctor as these combinations can be lethal and result in death.
- If you are planning to have surgery.
- If you are pregnant, breastfeeding, or wish to become pregnant.

## **How should I take buprenorphine and naloxone tablets?**

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Buprenorphine and naloxone is a tablet that is placed and dissolved under the tongue. This usually takes between two and ten minutes. The medication will not work if it is chewed or swallowed whole. During this time, you will be observed in the pharmacy until the medication is dissolved.

The dose you take of your buprenorphine and naloxone tablets depends on each individual's withdrawal symptoms. This will eventually reduce as treatment progresses. It is important to take your buprenorphine and naloxone tablets at the time recommended by your doctor.

Buprenorphine and naloxone tablets must not be injected. Deaths have occurred when Suboxone has been injected while taking other drugs including benzodiazepines.

## **What should I do if I miss a dose?**

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If you miss a dose, contact the Christchurch Opioid Recovery Service for advice. Do not take the missed dose or double up your dose as this may pose a risk of accidental overdose.

## **What will happen to me when I start taking buprenorphine and naloxone tablets?**

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When you start taking buprenorphine and naloxone tablets, you may or may not notice some withdrawal symptoms during the first few weeks of treatment. These withdrawal symptoms will eventually wear off and can be treated. The intensity of the withdrawal symptoms is dependent on the type and doses of opioid drugs you were taking previously. You will also notice a reduction in cravings of opioid drugs.

## **When I feel better can I stop taking my buprenorphine and naloxone tablets?**

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No. You will experience withdrawal symptoms if you stop taking buprenorphine and naloxone tablets abruptly. These effects may not happen straight away and are similar to those experienced from withdrawal of other opioids.

Withdrawal symptoms vary from person to person but may include cold or flu like symptoms, sleeping difficulties, headaches, nausea, sweating, mood swings, aches and pains and loss of appetite.

These effects usually peak in the first two to five days after stopping. They may last a few weeks. When you and your doctor decide to stop treatment, it is best done by reducing the dose very slowly. Discuss with your doctor and case manager when and how you should stop taking them.

## **What about alcohol?**

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It is not recommended for people taking buprenorphine and naloxone tablets to drink alcohol. Some people have died when taking buprenorphine and naloxone tablets and alcohol at the same time. Discuss any concerns you may have with your doctor, case manager or pharmacist.

## **Is it addictive?**

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People can develop dependency if buprenorphine and naloxone tablets are abused or used inappropriately. If you stop taking buprenorphine and naloxone tablets abruptly, you may experience some withdrawal symptoms which may not happen straight away. Do not take another dose should this happen. Contact the Christchurch Opioid Recovery Service for advice.

## **Can I do anything else to help myself?**

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Yes. There are a number of relapse prevention programmes available. Advocacy and peer support services are also available in Christchurch and are usually free of charge. Listening to or reading about other people who have overcome addiction problems can often help us identify strategies for ourselves. Ask your doctor or case manager for advice.

## **Are there any medicines that I should avoid or take care with?**

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You must not take benzodiazepines (medicines to treat anxiety or sleeping problems, for example diazepam or clonazepam) unless prescribed by your doctor. Taking benzodiazepines with buprenorphine and naloxone tablets without medical supervision can be life-threatening.

Medications like some antihistamines (used to treat allergies), pain killers, antidepressants (used to lift low mood) and antipsychotics may cause additional drowsiness when taken with buprenorphine and naloxone tablets. This may impair your performance when driving or operating machinery. If you are on a stable dose of buprenorphine and naloxone tablets, and using no other drugs, then discuss with your doctor about whether it is safe to drive a motor vehicle.

Some other medicines can interact with buprenorphine and naloxone tablets in your body. Let your doctor, case manager and pharmacist know that you are taking buprenorphine and naloxone tablets as dose adjustments may be required.

**Remember, leaflets like this only describe some effects of this medication. You may also find other books or leaflets useful. If you have access to the internet, you may find a lot of information there as well. Be careful as internet-based information is not always accurate.**

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<b>SIDE EFFECTS</b>	<b>WHAT IS IT?</b>	<b>WHAT SHOULD I DO IF THIS HAPPENS TO ME?</b>
<b>Very Common</b>		
Drowsiness	Feeling sleepy or sluggish. This will last a few hours after your dose.	Don't drive or use machinery.
Headache	When your head is painful or pounding.	You could take paracetamol for pain relief.
Insomnia	Unable to sleep.	This is a withdrawal symptom and will wear off after a few weeks. If you find this difficult to cope with, let your case manager or doctor know.
Nausea or vomiting	Feeling sick or being sick.	This is a withdrawal symptom and will wear off after a few weeks. If this is intolerable, let your pharmacist or doctor know.
Sweating	Sweating more than normal.	This is a withdrawal symptom and will wear off after a few weeks. You can use antiperspirant products to help
<b>Common</b>		
Constipation	Feeling "bunged up" inside. You cannot pass a motion or stool.	Eat more fibre e.g. bran, fruit and vegetables. Drink plenty of fluids. Do more walking. Your doctor or pharmacist can advise on an appropriate laxative if needed.
<b>Uncommon</b>		
Diarrhoea	Runny or loose stools	This should wear off with time. If this is intolerable, let your pharmacist or doctor know.
Dizziness	Feeling light headed	This should wear off with time. If it is intolerable, let your doctor know. Try not to stand up too quickly
<b>Rare</b>		
Tachycardia	A fast heartbeat. You may feel palpitations.	Mention this to your doctor during the next visit.