

Who is a suitable candidate for Subutex?

- Anyone can choose to go on subutex but it is best avoided if you are taking more than 1g of heroin per day.
- If you are on a low dose of methadone (less than 30mls), contemplating detoxification and would like to go on a Naltrexone post-detox.
- Those who want a quick intervention who come to the service on heroin, especially those with a less severe or less prolonged habit.
- It may be of benefit in people who have problems with other substances or alcohol by helping them reduce the intake of other drugs and alcohol. This is due to the lack of reinforcement via the body's own 'pleasure and reward' system.
- Research into using Subutex in pregnant women is ongoing. There is some evidence that withdrawals are less severe in babies born to mothers on Subutex compared with Methadone after birth. We do not routinely start Subutex in pregnant women. However, if you get pregnant on Subutex, it is probably safe to continue taking it but you should discuss this with your CSSMS Consultant. Subutex is safe to take whilst breast feeding.

What is Suboxone?

Suboxone is Subutex combined with the drug Naloxone. Naloxone is the drug used to treat opiate overdose by reversing the effects of opioids like heroin and methadone. If suboxone is taken properly (under the tongue) it will act just like Subutex, because the Naloxone will not get into the body. However, if Suboxone is misused by injecting it into a vein, muscle or skin, or by snorting it, the Naloxone will be activated.

This means if you are addicted to opiates you will experience withdrawal symptoms or make withdrawal symptoms worse. If you are not addicted the euphoric effect would be very small or non-existent.

For these reasons Suboxone has a low street value, is very unlikely to be injected and it means that we will not need to supervise Suboxone for as long as we do the other substitute medications such as Methadone and Subutex.

It comes in a pleasant lemon/lime flavour and is available in 2mg and 8mg tablets. You can be swapped from Subutex to Suboxone straight away (and back again), the doses needed will be the same. Suboxone has no extra side effects but, because it has not been tested in pregnancy, any pregnant women will be kept on Subutex, or switched to Subutex from Suboxone.

Subutex and Suboxone are strong Opioids and should not be taken by anyone who is not prescribed the medication. They should be stored in a safe place, away from children and preferably in a locked box or cabinet.

IMPORTANT - Please ask for a FREE LOCKABLE MEDICATION BOX to store your medication.

Countywide Specialist Substance Misuse Service

West Gloucestershire Team	01452 891260
East Gloucestershire Team	01242 845614
Criminal Justice Drugs Team	01452 545779
Branchlea Cross	01242 845600

Primary Care Substance Misuse Service

Countywide Team	01452 523151
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CSSMS

Buprenorphine, Subutex and Suboxone

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What is Subutex?

Subutex (Buprenorphine) is a new version of a well established opioid drug, Temgesic. It was redeveloped for people attending drug misuse clinics who are dependent on opiates.

It is unique in that it has positive as well as negative effects. This means providing you do not use other opioids (methadone) or opiates (heroin or codeine) on top of your prescription, you will get only the positive effects of the drug.

These positive effects include prevention of withdrawal symptoms and a degree of euphoria. However, if you use on top of your prescription, you will not get any additional benefit and is likely to cause withdrawal symptoms.

It is thought that this blocking action helps people to remain on prescribed medication and completely stop, rather than just reduce, their illicit drug use.

Subutex comes in tablet form (0.4mgs, 2mgs and 8mgs) and is taken under your tongue. The tablets dissolve quickly, within five to ten minutes, and are rapidly absorbed into the blood stream. You will feel the effects in 30-60 minutes. The drug lasts for up to 48 hours. ***If you swallow Subutex it is destroyed by the liver and you will get no effect.***

There is no simple conversion chart from heroin, methadone or other opiates to subutex so the initial three days of treatment are used to gauge your needs. You will be seen by your Care Co-ordinator and/or your doctor on the first three days of treatment.

Typically the starting dose will be 4mgs twice daily and the maintenance dose is between 16-24mgs daily.

Initiation Protocol

Day one

You meet with your Care Co-ordinator or team nurse who will observe you taking Subutex. You are invited back a few hours later to take another dose.

You must take your first dose of Subutex at least six hours after your last heroin intake and 24 hours after methadone, preferably when early withdrawal symptoms are beginning to show.

Days two and three

You will meet with your Care Co-ordinator or team nurse who will assess what dose you require.

If you have tried to use any opiates on top at this point, you will cause withdrawal symptoms.

Day four

Continue with maintenance and work towards detox.

If you miss a dose do not double up your medication, just take your usual dose.

Detoxification

Due to its unique action, it has been found that detoxification from subutex is both easier, in terms of reduced withdrawal symptom levels, and less prolonged than from Methadone.

Detoxification is done by a gradual reduction and there seems to be no need for Lofexidine, although other detoxification medication, e.g. Brufen, Loperamide and sleeping tablets, may be used.

Once Subutex has been stopped it is safe to go onto Naltrexone (the opiate blocker) to prevent relapse, after a gap of only three days.

Side effects

There are no side effects other than those for other opiate or opioid drugs, such as constipation, disturbed sleep, sweating and headaches. These are only short-lived. Some people may be sensitive to the drug but safe monitoring should pick this up quickly.

Although extremely rare side effects that you should be concerned about are problems breathing and hallucinations.

As with all opioids, you should be aware that it may impair your ability to operate machinery or drive, particularly in the initial stages of treatment when the doses are increased or when detoxing.

You are required to inform the DVLA of your medication. They will ask you for evidence of stability and compliance with treatment.

Liver tests are recommended for people on subutex with other risk factors, e.g. people who drink heavily.

Injecting subutex can cause very severe liver damage.

Overdose

It is believed that it is impossible to overdose on subutex.

However, it is very important not to mix subutex with other sedatives, especially Benzodiazepines, as this is potentially fatal.