

Questions about

**BUPRENORPHINE  
– NALOXONE for  
CHRONIC PAIN**

and the answers that may  
**SURPRISE YOU**

A booklet for people taking  
opioids for **CHRONIC PAIN**



## What is buprenorphine–naloxone (bup-nal)?

Brand name = SUBOXONE® (other equivalent brands are available)

It is two medications combined into one tablet.

### buprenorphine (bup) = opioid

Used for pain management (off-label). Off-label means that use for pain is not an official Health Canada approved use even though it has been found to be useful.

Also used to treat opioid cravings and withdrawal.

### naloxone (nal) = opioid blocker

Has no effect when dissolved under the tongue (like in bup-nal tablets) as the body quickly breaks it down.

Included to discourage misuse, such as injecting or snorting. When naloxone enters the body through the bloodstream or nose, it blocks opioids from working. This is why naloxone (like in a take home kit) is the treatment for an opioid overdose.

## How are bup-nal tablets taken?



They must be placed under the tongue and fully dissolved.

## Why must bup-nal tablets be taken under the tongue?

Bup is absorbed through the tissue under the tongue into the bloodstream. If the tablet is swallowed, it will not work. That would be like skipping your dose and could lead to an increase in pain.

## What can I do if my bup-nal tablet does not dissolve or I do not like the taste?

It can take up to 10 minutes for the tablet to fully dissolve and it is important not to drink, eat, or talk during this time.

Try having a cool drink to wet your mouth **BEFORE** your dose.



If you have any trouble, talk to your pharmacist about changing brands of bup-nal. Some brands may dissolve better and/or you may like the taste better.

Can you tell which of these are **FACTS**, and which are **MYTHS**?

1. Bup-nal is only for people who misuse drugs.
2. The naloxone in bup-nal tablets will cause opioid withdrawal.
3. Bup-nal is safer than other opioids.
4. Bup-nal is the pill form of methadone.

## 1. Bup-nal is only for people who misuse drugs.

This is a myth.

Many medications have more than one use (for example some blood pressure medications can also be used for migraine prevention). Bup-nal can be used to treat chronic pain and it can be used to treat opioid cravings and withdrawal related to opioid use.

## 2. The naloxone in bup-nal tablets will cause opioid withdrawal.

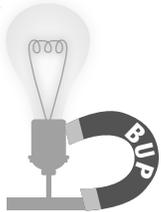
This is a myth.

The naloxone in bup-nal will only cause opioid withdrawal if the tablets are taken differently than prescribed, such as being snorted or injected.

## 3. Bup-nal is safer than other opioids.

This is a fact.

Bup-nal is safer than fully active opioids (see light bulb example on page 6-7) because it has less risk of opioid side effects like mood changes, overdose, and death.



## 4. Bup-nal is the pill form of methadone.

This is a myth.

Bup-nal is a different medication than methadone and it has unique effects in the body. See the next two pages for what makes bup-nal so different.

## What are the side effects of bup-nal?

- Bup-nal has a lower risk of side effects compared to other opioids but can cause headache, nausea, stomach upset, and constipation.
- Usually these side effects lessen or disappear with time.
- Contact your prescriber or pharmacist if you are experiencing these side effects for longer than one week while on bup-nal.

## Will I have to go to the pharmacy every day to get my dose?

When bup-nal is first started you may need to go to the pharmacy daily. Once you are on a stable dose your prescriber may be able to prescribe take home doses so you do not have to go the pharmacy every day.

## How many times a day will I need to take bup-nal for pain?

When used for pain, bup-nal may be taken 1 to 4 times a day. It depends on the person. For some, pain will be well controlled with only one dose a day. Others have good pain control after their dose, but then experience an increase in pain later in the day. If this happens to you, talk to your prescriber.

## Will bup-nal work for me?

Pain treatment requires many approaches to find the best fit for an individual. Talk to your care team if:

- After reading this booklet, it sounds as though bup-nal might be a good fit for you.
- You are taking bup-nal and your pain worsens or you are experiencing side effects.

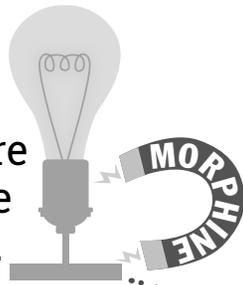
# WHAT MAKES BUP-NAL UNIQUE?

# HOW COULD BUP-NAL HELP ME?

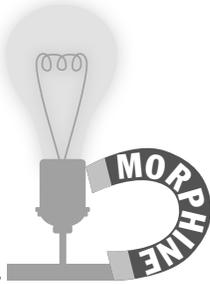
This light is like the opioid receptor in your brain.



Opioids, like morphine, are magnets that are attracted to the receptor/light.



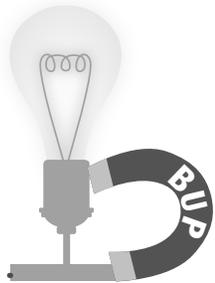
These opioids turn the light fully on.



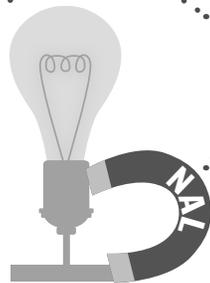
## Examples:

hydromorphone (Dilaudid®, Hydromorph Contin®)  
morphine (Kadian®, Statex®)  
oxycodone (OxyNEO®)  
methadone (Metadol®, Methadose®)  
fentanyl (Duragesic®)

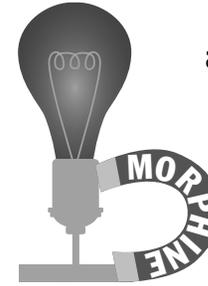
Buprenorphine (bup) turns the receptor only partly on. You can see that the light is not as bright, like a light bulb on a dimmer switch.



Naloxone (nal) doesn't turn the light on at all.

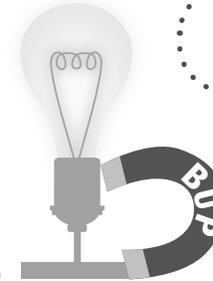


Sometimes keeping a light bulb too bright ends up burning it out.



Sometimes when opioids are used at high doses and for a long time, they stop working for pain. This is like a light bulb that has been burning really bright and hot, and now has burned out. Using bup can give your opioid receptors a rest, and this means less pain in some people.

It may seem hard to believe, but turning on the opioid receptor only part way actually has a lot of benefits.



Turning the receptor only partly on also means:

- ✓ *less risk of overdose*
- ✓ *less constipation*
- ✓ *less sexual problems*

## Continue reading to learn about:

- other possible benefits of bup-nal
- the story of Sarah\* – a Saskatchewan resident who was treated with many opioids for chronic pain. The opioids caused her more harm than benefit and it wasn't until she was changed to bup-nal that she felt she was able to get her life back.

\* Sarah's story has been used with permission. Her name has been changed to protect her privacy.

## Why should I consider switching to bup-nal from other opioids?

<i>I'm on opioids and...</i>	<b>Switching to bup-nal may help because...</b>
<i>My pain is a bit better but my mood and/or energy is low.</i>	Bup not only provides pain relief but also has unique effects within the brain that can <b>improve mood and energy</b> .
<i>Opioids helped with my pain at first, but now my pain is worse, even though my dose went up.</i>	Sometimes opioids can actually increase pain especially if they are used at high doses and/or for long periods of time. The unique effects of bup may help to <b>reduce the pain</b> caused by other opioids.
<i>I tried tapering off opioids, but I had bad withdrawal and/or my pain seemed to get worse.</i>	Bup is a useful option for people trying to taper down their opioids because it has a slower and more gradual wearing off effect in the brain and has <b>less risk of withdrawal</b> .
<i>Opioids help with my pain but I am usually constipated.</i>	Bup has a <b>lower risk of constipation</b> compared to other opioids.
<i>I worry about accidentally overdosing on opioids.</i>	Bup has a much <b>lower risk of overdose</b> compared to other opioids (see light bulb example earlier).
<i>I am experiencing sexual problems and/or my hormone levels are low.</i>	Long-term use of opioids can cause reduced hormone levels (like testosterone & estrogen) and interfere with sexual function. Bup has a <b>lower risk of these side effects</b> compared to other opioids.

## *Sarah's Story: Bup-nal Gave Me My Life Back!*

"I was diagnosed with fibromyalgia when I was 18 years old. The pain was so bad, and it just seemed to be getting worse and worse. I took Tylenol #1s, then Tylenol #3s and then I was prescribed fentanyl and hydromorphone.

**My perfect life became a total mess when I started taking opioids.** I was on opioids for 15 years. I was a real-life zombie. I was also severely depressed because of the opioids. I was in a deep dark hole I couldn't get out of. My life fell apart. I lost everything and anything that ever meant something to me. And I mean everything! Everyone had written me off. No one wanted to help me. I was treated awfully and shamed.

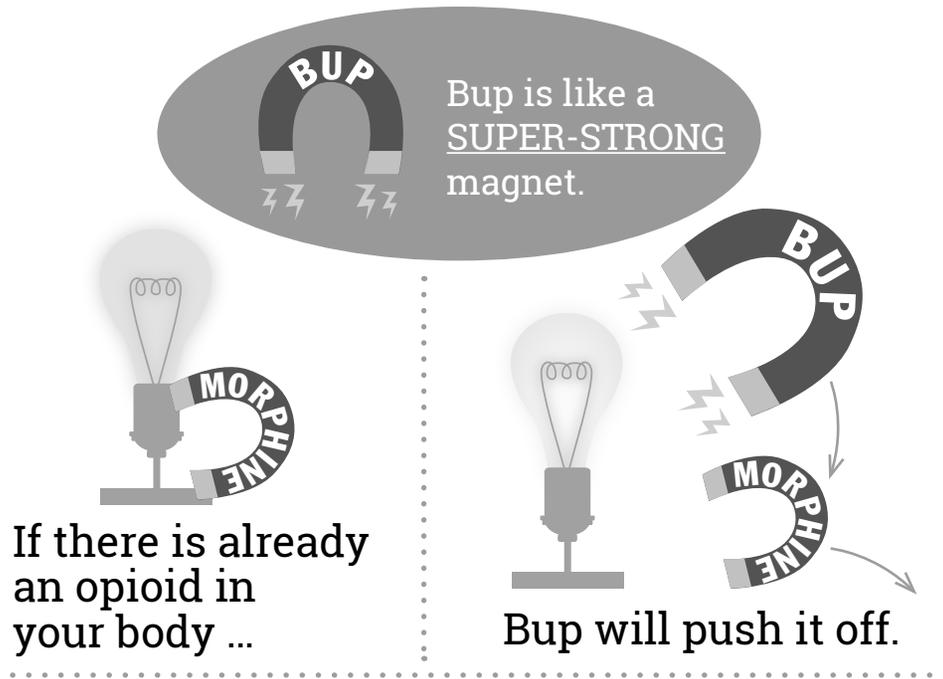
My life changed when I met my new, amazing medical team. I was told I should be dead from the high doses of opioids I was taking, but I was blind to it. My medical team is so wonderful. They supported me through this journey of mine when I had no other support at all. They helped me switch from the other opioids to Suboxone (bup-nal).

**Once on Suboxone I felt like I had come out of a coma.** Suboxone really helped me. I could see again. The nightmare was over. I started feeling like myself again. I started singing and dancing. My family and friends started to come around after they realized the old me was back. I am so happy now. I'm so grateful for everything I have. Truly. I have my mind and body back and it's amazing!

I'm eternally grateful to my medical team for saving my life. It's been a year now and my life has changed for the better immensely! I've done a 360 with my life and I'm really happy. I enjoy everything again. It's so wonderful and so worth it! Your life will change! **I felt like a human again.** It's so worth it. Every day is a blessing. It really is. This is what I learned through my journey."

***Not everyone's experience will be like Sarah's but her story does provide a window into how bup-nal can help. See page 11 for more tips from Sarah!***

What happens if you take both bup and another opioid together?



If you go from a fully bright light bulb to a partially bright light bulb too fast, you may feel withdrawal. This means bup has to be started carefully.

### SUPPORT:

Switching to bup-nal can be much easier to do with support. During the transition some people describe no new symptoms but some develop very uncomfortable symptoms like nausea, headache, muscle aches and pains, and trouble sleeping.

### THE GOOD NEWS IS:

- these symptoms should only last a few days at most
- there are non-opioid medications like clonidine that can help – ask your prescriber or pharmacist
- once on a stable dose of bup-nal withdrawal symptoms should disappear

There are two methods for starting bup-nal. Discuss with your care team which way may be best for you.

### OPTION 1 Traditional/Conventional Induction Method

- You have to be in opioid withdrawal.
- This means stopping your opioid for 12-72 hours before starting bup-nal.
- Once you start bup-nal, the withdrawal will gradually go away.
- You can also take medications to reduce withdrawal symptoms.

### OPTION 2 Micro-dosing Method off-label dosing

- You can keep using your previous opioid until bup-nal has kicked in.
- The bup-nal is started at a very low dose and slowly increased.
- You probably won't have withdrawal, but it will take longer for the bup-nal to kick in.
- Not all health care workers have experience with this method.

## Sarah's Thoughts on Changing to Bup-Nal:

*You'll need help and support.*

*If you make goals, you can reach them.*

*Find something that motivates you - my biggest motivation is my son. You must focus. Believe in yourself!*

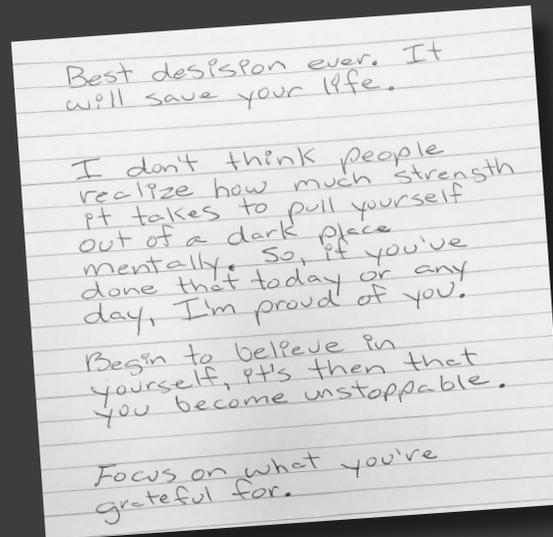
*Willpower is important. Stay determined.*

*You WILL get there!*

*Medications are helpful - for me it was clonidine for a few days to manage withdrawals.*

Sarah is a Saskatchewan resident with chronic pain. Over a period of 15 years, she was prescribed many different opioids to treat her pain. Unfortunately, they caused her more suffering than relief. It wasn't until she was switched to buprenorphine-naloxone that she felt she got her life back.

Here are some of Sarah's thoughts on bup-nal use for chronic pain:



Best decision ever. It will save your life.

I don't think people realize how much strength it takes to pull yourself out of a dark place mentally. So, if you've done that today or any day, I'm proud of you.

Begin to believe in yourself, it's then that you become unstoppable.

Focus on what you're grateful for.

See page 9 of this booklet for Sarah's complete story.

Funding for the creation and printing of this booklet was supported by Health Canada's *Substance Use and Addictions Program*. This booklet represents the views of RxFiles Academic Detailing, and not necessarily the views of Health Canada.

© 2023