

# SUBOXONE TREATMENT

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Opioid dependence is a chronic disease that causes changes in the brain, making it difficult to quit taking the drug. A majority of opioid users misuse prescription pain relievers, according to the [2018 National Survey on Drug Use and Health](#), which reported 1.7 million people ages 12 and older having a pain reliever use disorder over the past year. Overdoses involving opioids led to [47,600 deaths in 2017](#), which represented 67.8% of all drug overdose deaths, and 36% of opioid overdoses involved prescription opioids specifically.

To help combat drug overdose deaths involving opioids, which have increased almost [six times since 1999](#), opioid treatment programs began combining behavioral therapy with [medication-assisted treatment](#). One medication approved by the U.S. Food and Drug Administration (FDA) for the treatment of opioid addiction is [Suboxone](#), a prescription medication that combines buprenorphine and naloxone.

This guide covers basic information on how Suboxone is used to help treat opioid addiction, including what it's used for, how it works, and how it's administered. Details on the cost of treatment, potential side effects, risks for dependence and withdrawal, and other considerations of using Suboxone treatment for opioid addiction are provided.

Suboxone is recommended for the treatment of opioid addiction to diminish the effects of dependency and potentially reduce withdrawal symptoms after reducing or stopping opioid use. Although Suboxone contains buprenorphine, an opioid medication that creates similar euphoric effects as other opioids, the effects are much lower. This decreases the appeal of opioid use and the potential for people to misuse the drug. The second substance in Suboxone is naloxone, which blocks the effects opioids have on the brain, diminishing an addict's purpose and desire for taking opioids.

<b>Generic Name</b>	Buprenorphine/naloxone, sold under the brand name Suboxone
<b>Street Names</b>	Sub, subs, big whites, small whites, sobos, stops, strips, buse, oranges
<b>Conditions Commonly Treated</b>	Opioid dependence, opioid addiction
<b>Active Ingredients</b>	Buprenorphine (partial opioid agonist) and naloxone (opioid antagonist) available in four dosage strengths in a 4 to 1 ratio
<b>Availability/how to receive it</b>	Any physician or mid-level practitioner with a <a href="#">special "X" license</a> issued by the Drug Enforcement Administration can prescribe and dispense Suboxone after notifying the Secretary of Health and Human Services of their intent. Prescribing doctors are assigned a unique identification number they must include on every prescription issued.
<b>Administered</b>	<ul style="list-style-type: none"> <li>▪ Sublingual (under the tongue) film as a single daily dose, marketed as <a href="#">Suboxone</a></li> <li>▪ Buccal (between the cheek and gums) film, marketed as <a href="#">Bunavail</a></li> <li>▪ <a href="#">Sublingual tablet</a> marketed as Zubsolv</li> </ul>
<b>Drug Scheduling</b>	Classified as a Schedule III (3) prescription drug with legal ramifications for possession without a valid prescription
<b>Side Effects Requiring Medical Treatment</b>	Feeling confused, dizzy, faint, sleepy, or uncoordinated; having blurred speech or vision; having slowed breathing or reflexes.
<b>Withdrawal Symptoms</b>	Similar to opioid withdrawal including flu-like symptoms, runny nose, watery eyes, fever, chills, shaking, excessive sweating, feeling abnormally hot or cold, diarrhea, nausea, vomiting, and muscle aches

Buprenorphine was [developed in the 1970s](#) as a “safer” pain-relieving alternative to heroin and morphine. Because it’s a partial agonist, buprenorphine has a much smaller effect on the opioid receptors in the brain and a lower risk of overdose compared to [full agonists](#) like heroin, oxycodone, morphine, methadone, opium, etc. It can also prevent withdrawal symptoms and opioid cravings while stabilizing opioid receptors

Buprenorphine was approved by the FDA for [clinical use in 2002](#), with the most common formulation being a 4-to-1 ratio of buprenorphine to naloxone combination. Under the tongue (sublingual) Suboxone tablets were approved in 2002 with the specific purpose of treating opioid dependence instead of providing pain relief. Suboxone sublingual film was approved in 2010 for the same purpose.

[Back to top](#) ^

## II. How Suboxone Works as an Opioid Substitute

The [buprenorphine in Suboxone](#) is an opioid, which means it can produce the same euphoric effects and adverse side effects, including slowed breathing, as other opioids. However, because buprenorphine is only a partial agonist, the maximum effects are much lower than full agonists, so it produces:

- Less euphoria
- Lower potential for misuse
- Less physical dependence
- Relatively mild withdrawal symptoms

Buprenorphine also has a “[ceiling effect](#),” meaning once the effects reach a certain level, they won’t go any higher even if you take more of the drug.

When used in agonist substitution treatment, buprenorphine works as a substitute for stronger full agonists, such as heroin or opioid-based prescription pain relievers like oxycodone. Once treatment is initiated and stabilized, the buprenorphine is tapered down, so the discomfort of opioid addiction withdrawal is minimal. By reducing

uncomfortable withdrawals and cravings, it's easier to [focus on therapy and recovery](#). Buprenorphine also blocks the effects of other opioids, so there's a higher likelihood of staying off opioids and in treatment.

The [naloxone in Suboxone](#) is an opioid antagonist, which works by blocking the receptors in the brain activated by opioids, essentially taking away the feelings of relaxation and euphoria. Without these effects, opioid abusers lose the desired outcome of taking the drug and are less likely to continue using it. Naloxone has also been used for years to counteract opioid overdose. Naloxone has no potential for abuse and will likely cause severe withdrawal symptoms if a person attempts to abuse Suboxone, such as injecting it to try to get a quick high from the opioid ingredient.

In a study conducted through the [National Drug Abuse Treatment Clinical Trials Network](#), young adults who received counseling and Suboxone for 12 weeks had substantially better outcomes than those who didn't. Suboxone should be used as part of a comprehensive opioid addiction treatment plan that may include counseling, behavioral therapies, and social support groups.

[Back to top](#) ^

## III. How Suboxone Is Administered

Suboxone comes as an oral, sublingual film that's placed under the tongue to dissolve in your mouth. You can also get a buprenorphine/naloxone combination in a [buccal film](#), marketed as Bunavail, that's placed between the cheek and gum to dissolve in your mouth. A sublingual tablet, marketed as Zubsolv, is also available and works the same as sublingual film.

[Suboxone film](#) comes in four dosage strengths and is always to be administered whole. Your doctor will advise you to never cut a film into multiple doses or chew or swallow the film. It's also advised that you not drink or eat anything until the film has completely dissolved. When stopping Suboxone treatment, your doctor will gradually taper the medication to avoid withdrawal symptoms.

The [Drug Addiction Treatment Act of 2000](#) allows qualified health care providers to treat opioid addiction with Suboxone, even though it's a [Schedule III \(3\) drug](#). Any physician or mid-level practitioner with a [special "X" license](#) issued by the Drug Enforcement Administration is permitted to prescribe and dispense substances containing buprenorphine that are approved by the FDA to treat opioid addiction. This significantly increases access to treatment in various settings. However, health care providers must meet specific [qualifying requirements](#), notify the Secretary of Health and Human Services of their intent to prescribe Suboxone for opioid addiction treatment, and include a unique identification number assigned to them on every prescription they issue.

[Suboxone administration](#) varies based on the type of opioid substance you're dependent on and where you're at in your opioid addiction treatment. The first dose for a person addicted to heroin or other short-acting opioid substances who are just beginning treatment is administered when signs of moderate opioid withdrawal appear. This time frame should be at least six hours after the last time opioids were used.

Withdrawal symptoms are often prolonged when addicted to methadone or long-acting opioid substances, such as controlled-release oxycodone. Therefore, it's generally recommended to begin treatment with buprenorphine only. This is considered the induction phase and helps provide relief from the withdrawal of the abused opioid. You can [transition to Suboxone](#) <sup>🔊</sup> sublingual film following induction.

Following the induction phase is the [stabilization phase](#), which may last one to two months. During this time, adjustments to your medication occur until the correct dosage is discovered. This dosage should be the minimum amount required to reduce opioid cravings and minimize side effects. The final stage is the maintenance stage, which has a recommended target dosage of 16 mg of buprenorphine and 4 mg of naloxone in a single daily dose of Suboxone sublingual film. There isn't a maximum duration recommended for the maintenance phase. It's based on each individual's unique treatment requirements and could be long term.

[Back to top](#) <sup>^</sup>

## IV. Suboxone Cost, Side Effects, and Other Considerations

Pricing for Suboxone varies based on the dosage and quantity prescribed by your doctor. Cost may also vary slightly from one pharmacy to another. Using the recommended target dose of [16 mg per day of buprenorphine](#), the cost of a daily dose of Suboxone sublingual film could be \$17.

[Side effects](#) are possible while taking Suboxone sublingual film. The type and severity of adverse effects vary from person to person, but common [side effects of Suboxone](#) include:

- back pain
- blurred vision
- constipation

- disorientation
- dizziness
- excessive sweating
- fainting
- feeling lightheaded or drunk
- headache
- increased fluid and swelling in the lower limbs
- inflamed mucous membrane lining the inside of the mouth
- insomnia
- irregular heartbeat
- nausea
- numb or burning mouth
- sleepiness
- swollen and/or painful tongue
- vomiting
- withdrawal symptoms

Suboxone can cause serious, [life-threatening breathing difficulties](#). If your respiratory function is already compromised, such as due to chronic obstructive pulmonary disease (COPD), use caution taking Suboxone. If you feel confused, dizzy, or faint or your breathing gets much slower than normal, contact your health care provider immediately. Reports regarding decreased respiration, coma, and death often involve misusing buprenorphine by injecting it or using buprenorphine at the same time as antidepressants, tranquilizers, sedatives, benzodiazepines, or other central nervous system depressants, including alcohol.

Although Suboxone is a prescription drug, it's considered a [Schedule III](#) (3) controlled substance. This scheduling means that although it's accepted for medical use, the drug may be abused and may cause psychological and/or physical dependence. Possession of Suboxone without a valid prescription can lead to serious legal consequences, including fines and potential jail time.

[Back to top](#) ^

# V. How to Get Help & Additional Resources

- Learn more about medications used to treat opioid addiction with this guide to [Substance Abuse Treatment Medications](#).
- The [Food and Drug Administration](#) offers in-depth information about Suboxone, including how to take it, common and serious side effects, dosing information, and potential withdrawal symptoms.
- The [National Institutes of Health](#) discusses the efficacy of Suboxone and debunks some common misconceptions about this medication in its guide, Suboxone: Rationale, Science, Misconceptions.
- Learn more about dosing, administration, and how Suboxone works with this detailed [Medications for Opioid Use Disorder](#) guide from the Substance Abuse and Mental Health Services Administration.

Disclaimer: The information contained in this guide is for informational and educational purposes only and is solely intended to educate the public on how this treatment is used. This guide does not recommend a specific treatment or provide medical advice. Always consult with your doctor or other qualified medical and addiction professionals before beginning any type of treatment.

[Back to top](#) ^