

Managing patients on Suboxone for opioid dependence

A precis for General Practitioners

What is Suboxone?

Suboxone is a combination of buprenorphine and naloxone in a 4:1 ratio, administered sublingually. It comes in 2mg/0.5mg and 8mg/2mg formulations. Buprenorphine is an opioid which is only a partial mu-opioid agonist, and binds to receptors very tightly, reducing the effects of other opioids. Naloxone is an opioid antagonist which is not absorbed sublingually. It is added to prevent injecting the preparation.

Buprenorphine is used as a **harm reduction treatment** for people with opioid dependence. For people at high risk of opioid overdose (eg people who inject opioids) it significantly reduces that risk.

How long do people need it?

The aim of treatment is to keep people on Suboxone for a lengthy time because early reduction in dose or sudden cessation often results in relapse. Relapse often results in overdose. Take-home naloxone may be an option in these situations.

What do I need to do?

- People with drug problems have all the **usual health needs** of the rest of the population. Just provide good general practice care for their other problems.
- For you to take over their Suboxone treatment, you will need a dependence authority from the DDU.
- See the patient every 2 months. Ask them how they are going. Ask them about their drug use. Suboxone will only reduce opioid use, although at times other substance use will decline as well. Ask about alcohol, cannabis, tobacco, amphetamines, and benzodiazepines. How much? How often? Make sure there's a script to cover them over long weekends, etc.

Obtain a urine drug screen routinely twice per year in everyone on Suboxone. This corroborates self-report.

Dose adjustment

- For people who inject opioids, (and are at higher overdose risk) recommended doses are in excess of 16mg/4mg. Doses below this may result in relapse. Maximum dose is 32mg/8mg daily.
- Patient going well > they won't be using opioids or thinking about using > dose is sufficient.
- Patient still using opioids or craving opioids > explore current stressors > dose may need to be increased. 32/8mg daily max. Cravings may relate to other stressors or concurrent mental health problem that can be addressed.
- If there is a high level of other substance use, explore why they are using/drinking/smoking and what they want to do about it. Ring DACAS (7087 1742) or a DASSA clinic for further advice. You can always refer the patient back to DASSA. (referral and contact information below).



Unsupervised doses

Patients doing well on Suboxone (ie no or little illicit drug use) can have some unsupervised doses (take-aways). There are some tools and guidelines for this on the DDU website. (see below)

Other health problems

Look out for **mental health problems** and manage accordingly. If they are **tobacco** smokers, respond accordingly. Many patients on Suboxone quit smoking, so encourage them to think about it and if they are ready, give them the Quitline number, as well as NRT, varenicline or bupropion as appropriate. Screen for Hep B, Hep C and HIV. All need active management. **Hepatitis C** is usually easy to treat, especially if the patient does not have cirrhosis and is HBV and HIV free, so consider treating the HCV yourself or refer.

Coming off

There is no hurry. Usually people are on Suboxone for more than a year or two. When everything looks favourable in their lives, they can consider slow dose reduction. Perhaps 2mg/0.5mg per month. Review them regularly. Watch for relapse. If this happens seek advice from DACAS. The dose tapering usually needs to stop or the dose increased.

Useful numbers and resources and links

Drug and Alcohol Clinical Advisory Service Phone 7087 1742.
The [DACAS webpage](#) has links to a range of resources for GPs.

Metro Clinical Contacts

- DASSA Central Services
91 Magill Road Stepney SA 5069 Phone: (08) 7425 5000 Fax: (08) 7425 5016
Email: Health.DASSACentralServicesAdministration@sa.gov.au
- DASSA Northern Services
22 Langford Drive Elizabeth SA 5112 Phone: (08) 748 54600 Fax: (08) 748 54666
Email: Health.DASSANorthernServicesAdministration@sa.gov.au
- DASSA Southern Services
1/209 Main South Road Morphett Vale SA 5162 Phone: (08) 8325 8111 Fax: (08) 8325 8177
Email: Health.DASSASouthernServicesAdministration@sa.gov.au

DASSA country counsellors > [link](#)

Drugs of Dependence Unit Phone 1300 652 584

- [DDU guidelines](#) for unsupervised doses.
- [Unsupervised doses risk assessment tool](#).

Treating Hepatitis C – see the [Gastroenterological Society Webpage](#) with links to guidelines and training.

[More information on Suboxone](#) (including starting someone on treatment)

Family Drug Support for families experiencing problems with a loved one using drugs.
Phone 1300 368 186. FDS website: <https://www.fds.org.au/>.

Alcohol and Drug Information Service (ADIS) Phone: 1300 13 1340

Confidential telephone counselling and information available between 8.30am and 10pm every day



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