

How long will it take to work?

You will initially be started on a low dose which will be adjusted gradually to the right dose for you. It is important not to take other opioids during this time as this will cause you to experience some withdrawal symptoms. Most people feel happy they are on the correct dose within the first week of treatment.

Coming off (detox) buprenorphine

Once settled on a regular, stable dose of buprenorphine, your recovery worker will talk with you about the aims of your treatment, including how to reduce the dose and eventually come off treatment with buprenorphine. This is known as detoxification (detox). The rates of reduction will be reviewed every 6 weeks and agreed with your prescriber.

About Change Grow Live

Change Grow Live is a social care and health charity that works with individuals who want to change their lives for the better and achieve positive and life-affirming goals.

Find out more

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search 'Change Grow Live'

Information correct at the time of printing.

Other notes about taking buprenorphine

- You are more likely to succeed in staying off heroin if you have additional support and counselling, for example, community groups like NA, and support from family, friends and other people close to you.
- Every so often during your treatment, you will be asked to provide a urine sample.
- You should refrain from drinking alcohol or using drugs during your treatment.
- You should inform the DVLA if you drive and are taking buprenorphine.
- All drugs must be kept out of reach of children and animals. Please ask your worker for a lockable box to store your medication (free of charge). Children should never be given your medication. They have no tolerance and it could kill them. Always call 999 if you think a child has swallowed your medication. Talk to your Health Visitor or GP if your child has difficulty sleeping or being soothed.
- Buprenorphine may block the effects of certain painkillers.
- Speak to your recovery worker or doctor if you experience side effects or symptoms and wish to stop treatment.
- Read the information leaflet which will be given with your medication.

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Your Questions Answered

Buprenorphine



www.changegrowlive.org

What is buprenorphine?

Buprenorphine is a medication prescribed for dependence on a group of substances called opioids, such as heroin and other related drugs.

It's used in treatment to help you manage any withdrawal symptoms you may experience when trying to become drug-free.



Our mission is to help people change the direction of their lives, grow as a person and live life to its full potential.

What is buprenorphine? Continued

Withdrawal symptoms may include: sweating; feeling hot and cold; runny eyes and nose; yawning; being off food; stomach cramps; feeling sick or vomiting; diarrhoea; tremors; poor sleep; restlessness; general aches and pains; and just feeling awful. Withdrawal symptoms tend to ease within 5 days, however you may experience cravings for opioids, tiredness and poor quality sleep for a while afterwards.

Buprenorphine is itself an opioid, which is used as a substitute for heroin or other opioids on which you are dependent, to reduce cravings and limit withdrawal symptoms. Opioid substitutes such as buprenorphine are used to help you withdraw from opioid use over a period of time.

Who prescribes buprenorphine and when?

You will be offered a full health and wellbeing assessment with a recovery worker and a prescribing member of the clinical team. Following this assessment you may be prescribed buprenorphine. If you have ever injected drugs we will support you to have a liver test, blood-borne virus screening and vaccinations as appropriate. We will also support you into any specialist treatment you may need.



Why choose buprenorphine?

Buprenorphine is not the only opioid substitute prescribed for opioid dependence. Another medication used is called methadone.

- Most parents choose buprenorphine as although it is harmful to children, it is not as fatal as methadone if it is accidentally swallowed by a child.
- Some people find they feel more 'clear-headed' with buprenorphine than with methadone.
- Some people have difficulties using methadone.
- Buprenorphine tends to be easier to detox from than methadone. Some people take methadone long-term to maintain abstinence from heroin use, but switch to buprenorphine if they decide to detox.
- Buprenorphine is often safer if taken in overdose than methadone.

If you take buprenorphine (or methadone) under supervision from a substance misuse service, instead of street heroin, you are:

- More likely to be able to get away from the street 'drug scene'.
- Likely to feel better in yourself.
- More likely to be able to get off drugs for good.

Taking buprenorphine

Buprenorphine is available as a 'sublingual' tablet, which means the tablet(s) should be placed under the tongue and kept there until fully dissolved, which normally takes 5 – 10 minutes. Buprenorphine is absorbed straight into your bloodstream. The tablets do not work if swallowed.

Buprenorphine is usually taken once a day. At the start of treatment, your daily dose will be supervised by the pharmacist at your local community pharmacy. You will be required to remain in the pharmacy until the medication has fully dissolved so there is no doubt about the dose you take each day.

When you first take buprenorphine:

- If you use heroin you should wait at least 6 – 8 hours after your last heroin dose.
- If you are taking methadone: you take the first dose of buprenorphine between 24 and 36 hours after your last dose of methadone.
- For buprenorphine to work well you need to take it when your body has low levels of heroin or methadone, therefore the first dose should only be taken when you feel some withdrawal symptoms starting. Buprenorphine can cause withdrawal symptoms to occur if taken too soon after your last dose of opioid.