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VDFP Addiction Medicine Dine & Learn
Understanding Suboxone Initiation

Who should be considered for suboxone?

- Individuals with a diagnosis of opioid use disorder based on DSM-5 criteria
    - 11 criteria (see below)
    - 2-3 criteria= mild OUD, 4-5 criteria= moderate OUD, 6 or more= severe OUD

Category	Criteria
Impaired control	• Opioids used in larger amounts or for longer than intended • Unsuccessful efforts or desire to cut back or control opioid use • Excessive amount of time spent obtaining, using, or recovering from opioids • Craving to use opioids
Social Impairment	• Failure to fulfill major role obligations at work, school, or home as a result of recurrent opioid use • Persistent or recurrent social or interpersonal problems that are exacerbated by opioids or continued use of opioids despite these problems • Reduced or given up important social, occupational, or recreational activities because of opioid use
Risky Use	• Opioid use in physically hazardous situations • Continued opioid use despite knowledge of persistent physical or psychological problem that is likely caused by opioid use
Pharmacological Properties	• Tolerance as demonstrated by increased amounts of opioids needed to achieve desired effect; diminished effect with continued use of the same amount • Withdrawal as demonstrated by symptoms of opioid withdrawal syndromes; opioids taken to relieve or avoid withdrawal

From Provincial Opioid Addiction Treatment Support Program Modules (POATSP), see reference

Key Principles to Know for Prescribing

- First choice opioid agonist therapy (OAT)
- Each tablet contains buprenorphine and naloxone in a 4:1 ratio
    - 2 mg tab = 2 mg buprenorphine/0.5 mg naloxone
    - 8 mg tab= 8 mg buprenorphine/ 2 mg naloxone
- Must be administered **sublingual** (naloxone not active if taken SL)

Feature	Description
High affinity to opioid receptor	Displaces other opioids from opioid receptor
Partial agonist with ceiling effect	Low risk of respiratory depression Partial agonist at the receptor
Buprenorphine combined with naloxone	Naloxone ONLY active when injected Meant to deter IV use
Slow dissociation from opioid receptor	Long duration of action (dose dependent- higher doses= 36-72 hours)
Drug-Drug Interactions	Fewer clinically significant drug interactions compared to methadone

Reference: Provincial Opioid Addiction Treatment Support Program. University of British Columbia, Continuing Professional Development. https://elearning.ubccpd.ca/course/view.php?id=63. Published July 10, 2017. Accessed February 4, 2023.

Methods for Buprenorphine/Naloxone Initiation

- Micro-dosing induction
  - Buprenorphine/naloxone slowly up-titrated, gradually displacing other opioids while the patient continues prescribed or illicit opioid use
  - Once therapeutic dose of buprenorphine/naloxone has been reached, other opioids can be discontinued
- Traditional induction
  - Requires a period of abstinence from opioids before induction is initiated (must be in at least moderate withdrawal, COWs score >12)
  - Risk of precipitated withdrawal is likely higher than with micro-dosing

Example Outpatient Buprenorphine/Naloxone Micro-Induction Regimen

Induction Day	Dose
Day 1	0.5 mg SL once a day (1/4 of 2 mg tab)
Day 2	0.5 mg SL BID
Day 3	1 mg SL BID
Day 4	2 mg SL BID
Day 5	3 mg SL BID (or 2 mg SL TID)
Day 6	4 mg SL BID
Day 7	12 mg SL daily (stop other opioids)
Day 8	Titrate dose to maximum of 24-32 mg to manage withdrawal/cravings

Example Outpatient Traditional Buprenorphine/Naloxone Regimen

Induction Day	Dose
Day 1	2 mg/0.5 mg test dose (when COWS >12 and adequate duration from last opioid use*) then 2-4 mg SL q1hr until withdrawal resolution (max dose generally ~16 mg/4mg)
Day 2	Total Day 1 dose + 2-4 mg additional if withdrawal experienced since last dose (max dose generally ~24 mg/6 mg)
Day 3	Total Day 2 dose + can continue to titrate by 2-4 mg/ day until stable dose with no withdrawal symptoms (max dose generally 24 mg, though can consider up to 32 mg)

*≥12h for heroin, oxycodone, hydromorphone, ≥24h slow-release oral morphine; confirmed, suspected, or uncertain fentanyl, 24–72h for methadone

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