CRISM-ICRAS

Canadian Research Initiative in Substance Misuse

Initiative Canadienne de Recherche en Abus de Substance

Did you know? BUPRENORPHINE/NALOXONE

The CRISM National Guideline for the Clinical Management of Opioid Use Disorder recommends buprenorphine/naloxone as the preferred first-line treatment for opioid use disorder.

Buprenorphine/naloxone is a 4:1 combined formulation administered as a sublingual tablet.

- Buprenorphine, a partial opioid agonist, treats opioid addiction by preventing opioid withdrawal and drug cravings, leading to cessation or reduction in opioid use.
- Naloxone, an opioid antagonist, deters non-medical use ('diversion') by inducing withdrawal symptoms if the drug is misused and injected intravenously.

What the Research Says:

Treatment outcomes (i.e., retention, reduction in opioid use), are similar to methadone, but buprenorphine/naloxone has fewer side effects and important safety advantages:[1,2]

1. A "ceiling effect" on respiratory depression making fatal overdose much less likely
2. A lower risk of adverse events including cardiac arrhythmias
3. Fewer drug-drug interactions (e.g., with antibiotics, antidepressants, and HIV medications)
4. A potentially lower risk of diversion due to co-formulation with naloxone

Moreover, research demonstrates that patients can achieve similar or improved treatment outcomes in primary care compared to specialized addiction treatment clinics.[3]

Other advantages include:[4-7]

1. A *single prescriber model* that supports safe prescribing strategies
2. Patients may experience less stigma and fewer barriers to accessing treatment
3. A pre-existing therapeutic relationship may improve engagement and continuity of care
4. Addiction treatment can be provided within a comprehensive framework of care and support

Regulatory information for prescribers

- *In most provinces, a methadone exemption is not required to prescribe buprenorphine/naloxone. Physicians in SK and MB must hold a methadone exemption and complete additional requirements.*
- *Health Canada has removed the two-month minimum of supervised daily dispensing for this medication. Due to its relative safety profile, take-home doses of buprenorphine/naloxone can be provided as soon as the patient is deemed clinically stable by the treating clinician.*
- *Check your provincial drug plan coverage for buprenorphine/naloxone's benefits status. In BC, AB, MB, ON, and NL, this is covered as a regular benefit. In SK, QC, NB, NS, and PEI, methadone must be contraindicated or inappropriate before buprenorphine/naloxone will be covered.*

For New Prescribers: It is recommended to complete a CME course in buprenorphine/naloxone treatment (required in SK, MB, and QC). Additionally, new prescribers can consult with an experienced addiction medicine clinician.

Online Resources for Clinicians

- Buprenorphine-Assisted Treatment of Opioid Dependence: An Online Course for Front-Line Clinicians*: www.camh.ca/en/education/about/AZCourses/Pages/BUP.aspx
- The Suboxone® Continued Medical Education Program: www.suboxonetrainingprogram.ca
- BCCSU Provincial Opioid Addiction Treatment Support Program - Buprenorphine/naloxone modules*

*CME accredited

1. Mattick RP, et al. 2014 *Cochrane Database Syst Rev.* 2014(2):CD002207.
2. Substance Abuse and Mental Health Services Administration. 2004 *DHHS* Publication No. (SMA) 04-3939.
3. Kraus ML, et al. 2011 *J Addict Med* 5(4):254-263.
4. Basu S, et al. 2006 *Clin Infect Dis*. 42(5):716-721.
5. Krantz MJ, Mehler PS. 2004 *Arch Intern Med.* 164(3): 277-288.
6. Mintzer IL, et al. 2007 *Ann Fam Med.* 5(2):146-150.
7. Fiellin DA, et al. 2002 *Am J Drug Alcohol Abuse.* 28(2): 231-241.

For further reading, please refer to the *CRISM National Guideline for the Clinical Management of Opioid Use Disorder*.