

# Buprenorphine

## What is buprenorphine?

Buprenorphine is a prescription drug that is used to treat opioid dependence. It is taken as a regular dose to remove the need for illicit opioids such as heroin, or in the treatment of pharmaceutical opioid dependence. This is often referred to as opioid agonist treatment or opioid substitution treatment (OST).

Buprenorphine can also be used as a shorter-term treatment to assist with tapering off opioids, and is also commonly prescribed to treat chronic pain.

When used for the treatment of opioid dependence, buprenorphine is available as a film that is placed under the tongue to dissolve, or in tablet form.

Like methadone, there are several advantages of using buprenorphine to treat opioid dependence.

- It is highly effective when taken under the tongue, making it more convenient to use.
- It prevents or reduces opioid withdrawal symptoms and thus reduces the need for additional opioids.
- Doses are required only once a day, sometimes even less often, because buprenorphine's effects are long lasting.
- Health problems are reduced or avoided, especially those related to injecting, such as HIV, hepatitis B and hepatitis C viruses, skin infections and vein problems.

Those participating in a buprenorphine treatment program are generally provided with a daily dose of the drug, though for people who have been stable in treatment for a long time there is the option to collect medication weekly or even monthly.

Buprenorphine is prescribed by a doctor and the size of the dose is determined according to the characteristics of the individual.

According to the 2013 **National Drug Strategy Household Survey**, less than one per cent of Australians used buprenorphine, methadone or other opioids for non-medical purposes in the previous 12 months.

The survey also revealed that in 2013, 67 per cent of Australians supported buprenorphine/methadone maintenance programs to reduce problems associated with injecting drugs.

## What are the effects?

People in opioid agonist treatments, such as buprenorphine or methadone, are less likely to use additional or illicit opioids, or to become involved in the criminal activities often associated with illicit drug use.

- Constipation
- Headache
- Increased sweating
- Tiredness or drowsiness (especially after a dose)
- Loss of appetite, nausea and vomiting
- Abdominal pain
- Skin rashes, itching or hives
- Tooth decay
- Changes to periods (menstruation)
- Lowered sex drive (males and females)



The reported side effects of buprenorphine are similar to those of other opioids such as methadone, morphine and heroin. **The most common are:**

## What are the risks?

As with other prescription drugs, buprenorphine can suppress respiration resulting in fatal overdoses; however, buprenorphine is known to have less effect on respiration compared with other opioids. Buprenorphine can also cause sedation, though this is thought to be less than with methadone.

When taken as prescribed as part of a treatment program, buprenorphine generally has **no severe long-term effects on health**.

Both men and women have reported a reduced libido. Women have also reported disrupted menstrual cycles.

Some potential dental decay may occur due to the reduction in the amount of saliva produced.

Withdrawal from long-term use of buprenorphine may produce some symptoms similar to those experienced through withdrawal from other opioids, such as heroin or morphine. However, symptoms tend to be milder than for heroin or other opioids, such as methadone withdrawal.