

ALBERTA WIDE, VIRTUAL OPIOID DEPENDENCY PROGRAM (VODP)

7 DAYS PER WEEK: **8AM - 8PM** EMERGENCY PHYSICIAN AFTER
HOURS ACCESS (PHARMACY OR CLIENT CALLS): 403-783-7770

TOLL FREE:1-844-383-7688

FAX:403-783-7610

CLINIC INFORMATION:

SUBOXONE®

for the treatment of
opioid use disorder



Date: 03/18/2026



WHO IS SUBOXONE® FOR?

Suboxone® (buprenorphine/naloxone) is a medication that doctors prescribe to individuals who are seeking help for their opioid use, which includes drugs like fentanyl, morphine, and hydromorphone. It helps individuals stop using opioids and also alleviates the uncomfortable physical symptoms that occur when they stop taking opioids after long-term use. Additionally, Suboxone® helps to reduce the strong urge to use opioids again.

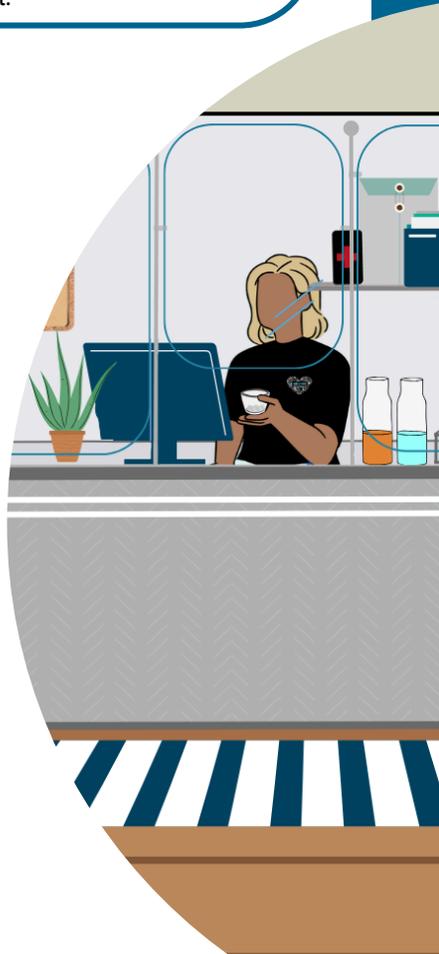
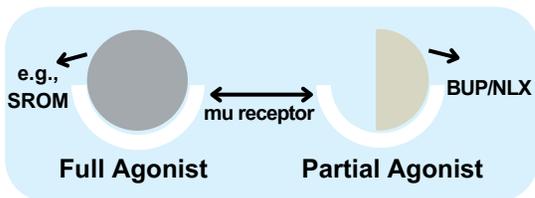
WHAT IS IN SUBOXONE®?

Suboxone® is a medicine that has two main ingredients: buprenorphine and naloxone. Buprenorphine is an opioid and naloxone is an opioid antagonist and is included in Suboxone® to stop people from misusing the medicine by injecting or smoking it. When you take Suboxone® the way your doctor tells you, naloxone has no effect.

WHEN DO DOCTORS RECOMMEND SUBOXONE®?

Suboxone® is the preferred medication for treating opioid use. Suboxone® works differently than some other drugs like methadone or fentanyl. It's a partial opioid agonist. This means it doesn't fully turn on the opioid receptors in your brain. Receptors can be thought of as locks, and opioids as keys. Suboxone® is like a key that only partly works, so it doesn't unlock all the effects that drugs like fentanyl or methadone might.

Suboxone® has a superior safety profile due to its ceiling effect for respiratory depression, as well as fewer side effects and medication interactions.



HOW IS SUBOXONE® TAKEN?

Suboxone® is a sublingual tablet meant to be placed under the tongue until fully dissolved, which can take up to 30 minutes. The tablets should not be chewed or swallowed. While the medication is dissolving, do not eat, drink or swallow. Some people do not like the taste of Suboxone®, or find it upsets their stomach, ask your healthcare provider about an anti-nausea medication if you are taking a large dose of Suboxone®.

Before taking the first dose of Suboxone®, it's crucial to stop using opioids for at least 12-48 hours and be in a state of opioid withdrawal (feeling 'dopesick'). If you don't wait 12-48 hours, taking Suboxone® can worsen withdrawal symptoms (e.g. precipitated withdrawal). On the first day of taking Suboxone®, a doctor may suggest additional non-opioid/non-sedative medications to help with withdrawal symptoms.

Starting Suboxone® treatment and figuring out the right dosing plan can differ for each person. Doctors will create a personalized plan based on what each person needs. Some people might need to take smaller amounts of the medicine for a longer time, while others could need larger amounts for a shorter time.

After the initial titration period, individuals typically take their Suboxone® dose once per day.

HOW LONG DOES SUBOXONE® LAST?

Suboxone® can be effective for up to three days. However, it is recommended that individuals take Suboxone® once daily, as factors such as weight, height, and drug use history can influence how long the medication remains effective.

ARE THERE RISKS ASSOCIATED WITH SUBOXONE®?

Suboxone® should not be taken with alcohol, benzodiazepine medications, or other sedatives. Mixing these substances can make you very sleepy and slow down your breathing to dangerous levels. This can lead to a poisoning, which needs urgent medical help and can even be deadly.

SIDE EFFECTS OF SUBOXONE®

While the medication is generally well tolerated, side effects are possible. Common side effects include nausea, vomiting, constipation, headache, dizziness, water retention, and drowsiness.