Suboxone® and pain management

Unlike methadone, Suboxone® blocks the effects of other opioids (such as codeine, morphine or Percocet), so these pain medications will not work as well if you are on Suboxone®. Always tell any doctor treating you for pain that you are on Suboxone® so your pain can be managed effectively.

Suboxone® is not recommended if you are receiving ongoing opioids for chronic pain management.

If you are scheduled for surgery, you should discuss this with your ODP doctor so that your treatment plan can be adjusted appropriately if needed.

For general aches and pains, choose over-the-counter medications that do not contain codeine. Codeine is an opioid, so these types of over-the-counter drugs (such as TJs) will not work well for you.

Suboxone® withdrawal

Withdrawal from long-term use of Suboxone® will cause symptoms similar to those of withdrawal from heroin or other short-acting opioids. However, withdrawal symptoms tend to be milder with Suboxone® than with most opioids.

When you decide to come off Suboxone®, your doctor will set up a gradual taper to minimize any withdrawal symptoms.

If I’m on methadone, should I switch to Suboxone®?

If you are on methadone and this medication is working for you, there is no reason to switch to Suboxone®. However, if you and your doctor decide Suboxone® might be better for you, your doctor will set up a slow taper from methadone.

If you are interested in a switch, please discuss it with your ODP doctor.

Is Suboxone® treatment just switching one addiction for another?

No. Although you will still be physically dependent on opioids, Suboxone® stops the craving for other opioids, stops withdrawal symptoms and prevents you from getting the same “high” from taking other opioids. Suboxone® allows you to take control of your addiction and to regain control of your life.

To find out more about opioid addiction or Suboxone® treatment, call the Opioid Dependency Program nearest you.
The first dose
It is important that you are in mild to moderate withdrawal before you take your first dose of Suboxone®. This is important because if you have other opioids in your system, taking Suboxone® is likely to send you into severe withdrawal. If you are already in the first stages of withdrawal, Suboxone® will make you feel better.

When you start on Suboxone®, it may take a few days for the effects of Suboxone® to become stable in your body. Continuing other opioid use can make it difficult for you to stabilize.

How to take Suboxone®
Place the Suboxone® tablet under your tongue and allow it to dissolve. Suboxone® does not work properly if chewed or swallowed. The effects begin within 30 to 60 minutes of taking it.

Why does Suboxone® need to be placed under the tongue?
There are two large veins under your tongue. Placing the medication under your tongue allows Suboxone® to be absorbed quickly and safely through these veins as the tablet dissolves. If you chew or swallow the tablet, you won’t receive the full effect.

How long does it take Suboxone® to dissolve?
It usually takes about five to 10 minutes for a tablet to dissolve. If you need to take several tablets at a time, they will take longer to dissolve. Other factors, such as the amount of moisture in your mouth, can also affect that time. Drinking something before taking your medication is a good way to help it dissolve more quickly. Do not talk or drink while the tablets are dissolving, as this can result in less Suboxone® absorbed.

What happens if I forget and talk, or swallow my pills?
You will not receive the full effect of the Suboxone® if you talk, or if you swallow your pills. The medication will not be replaced and you may have some withdrawal symptoms until your next scheduled dose.

What happens if I vomit after taking Suboxone®?
You will not experience withdrawal symptoms because the medication has already been absorbed by the veins under the tongue. If you chewed or swallowed your medication and then vomited, your medication is not replaced and you may have some withdrawal symptoms.

Missed doses
If you miss your Suboxone® doses for more than five days in a row, the prescribing doctor may have to be consulted before you can be given another dose.

Suboxone® and pregnancy
The safety of using Suboxone® during pregnancy has not yet been established. If you are pregnant or planning to get pregnant, methadone will likely be the better choice for you.

Using Suboxone® with other drugs
Suboxone® can dangerously increase the effects of other drugs that cause drowsiness, including antidepressants, alcohol, antihistamines, sedatives (used for sleeping problems), other opioid pain relievers, anxiety medicines (such as Ativan®) and muscle relaxants. Make sure to tell your doctor you are on Suboxone® before you are prescribed these medications, because you may need a dose adjustment or special monitoring. Do not take any of these drugs unless they are prescribed to you, and take them only as directed by your doctor. Combining them with Suboxone® can result in overdose or death.