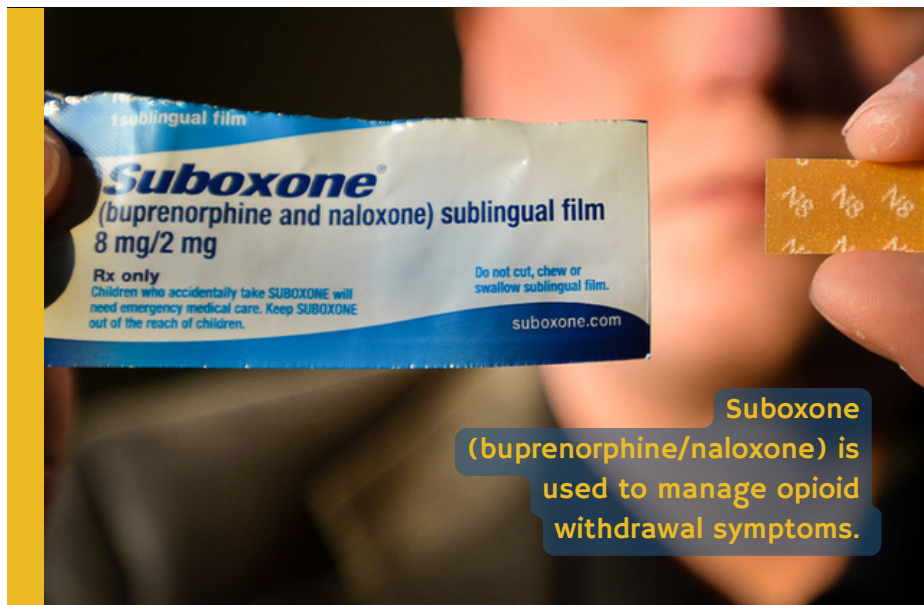


Clinical Bulletin

RPPEO Guidance on Opioid Use Disorder,
Buprenorphine/Naloxone and Naloxone

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Highlights

Buprenorphine/naloxone is a combination medication distinctly different from naloxone. Buprenorphine relieves the symptoms of opioid withdrawal. When taken sublingually as prescribed, only buprenorphine is active.

Naloxone addresses opioid toxicity and may induce opioid withdrawal when administered parenterally. Naloxone is not absorbed when taken sublingually or swallowed. Naloxone-precipitated opioid withdrawal can be uncomfortable for patients and should not be the goal of naloxone therapy; it is considered an adverse event.

Buprenorphine/naloxone, is listed as an auxiliary directive in ALS PCS 5.2, but it is not currently approved in the RPPEO region.



Key Points: It is crucial that paramedics are able to differentiate buprenorphine/naloxone from naloxone. Naloxone is not a treatment for opioid withdrawal. Buprenorphine/naloxone cannot treat opioid overdose.

Death from accidental opioid toxicity remains common. Many opioid-dependent patients resort to street supply to alleviate withdrawal symptoms, leading to unintended overdoses. The street supply, often contaminated with potent synthetic opioids like fentanyl, is a major contributor to accidental overdose deaths. Prescription opioids such as methadone and buprenorphine effectively treat withdrawal symptoms, reducing reliance on dangerous street drugs and offering a proven mortality benefit for those with opioid use disorder. Naloxone is widely used to treat opioid toxicity and overdose.



<p>Buprenorphine/ naloxone (Suboxone)</p> <p>use for <i>opioid dependence and withdrawal</i></p> <p>treatment effect from <i>buprenorphine</i></p> <p>relieves withdrawal symptoms <i>opioid agonist</i></p>	<p>Naloxone (Narcan)</p> <p>use for <i>opioid overdose</i></p> <p>treatment effect from <i>naloxone</i></p> <p>blocks the effects of opioids when taken parenterally <i>opioid antagonist</i></p>
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Naloxone

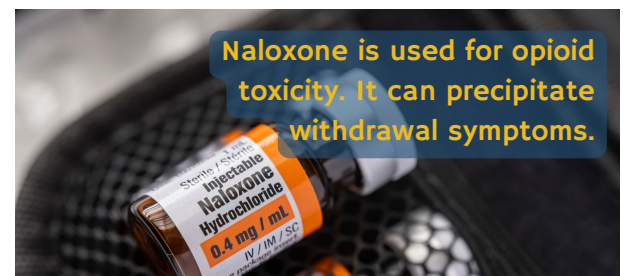
Naloxone is an opioid antagonist that blocks the effects of opioids when taken parenterally. It is used to temporarily reverse an opioid overdose. Naloxone’s broad use by bystanders and first responders is crucial for reversing acute opioid toxicity. However, complete reversal in opioid-dependent patients can be uncomfortable and may trigger acute behavioral emergencies, and reduce the likelihood a patient will engage in a plan that will meaningfully alter their disease trajectory. Naloxone-precipitated opioid withdrawal is an adverse event, prompting the need for careful titration by trained paramedics to maintain breathing without causing undue discomfort. Managing acute opioid toxicity with this approach should be the primary goal.

What is Suboxone®?

Buprenorphine/naloxone, known by the tradename Suboxone®, is a combination medication to treat opioid dependence. Administered sublingually, only the buprenorphine component is absorbed into the bloodstream. Buprenorphine is an opioid agonist that relieves withdrawal symptoms by occupying opioid receptors.

IT IS IMPERATIVE THAT PARAMEDICS UNDERSTAND THE PHARMACOLOGY OF THESE MEDICATIONS, AND THAT THEY ARE DISTINCTLY DIFFERENT FROM EACH OTHER.

The small amount of naloxone in Suboxone® has been added to reduce the risk of people injecting the medication instead of taking it orally as prescribed. When Suboxone® is taken orally, the naloxone is not absorbed and has no effect, and therapeutic effects of buprenorphine predominate. However, if someone tries to inject Suboxone®, the naloxone will block any euphoric effects or “high” of injected buprenorphine. Naloxone is only added to the formulation as a deterrent for people who might want to inject the medication. Suboxone® cannot be used to reverse an overdose.



Buprenorphine/naloxone was recently included in ALS PCS 5.2 for naloxone-precipitated withdrawal, though it is not yet approved in the RPPEO region. Planning is underway for paramedic administration in opioid withdrawal cases.

Buprenorphine/naloxone should not be confused with naloxone.