



## Suboxone: A Harm Reduction Approach

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### Editorial

The use of Suboxone, buprenorphine and naloxone, has gained more popularity recently in comparison to its counterpart, Methadone. Unlike Methadone, which is traditionally administered at a Methadone clinic, Suboxone has less of a stigma attached to its use. Suboxone can be prescribed to a physician who has completed the certification and prescriptions can be filled at the pharmacy in the most common form of sublingual films. Because of Suboxone's high binding affinity, it stymies other opiates from binding to opioid receptor sites and has a longer half-life [1,2]. Suboxone is also intended to have a shorter titration period than Methadone. As a partial opioid agonist, Suboxone can reduce cravings and prevent the experience of withdrawal symptoms that usually make individuals who are addicted to opiates a slave to them, regardless of their motivation to stop using.

Suboxone is intended to be used in conjunction with therapy and is stated on Suboxone's website [1]. The prescribing physician should be in contact with the other treatment providers to better monitor the use of Suboxone [1]. Frequent toxicology screenings provide the evidence

that Suboxone is being taken as prescribed.

Induction on Suboxone can be expensive and for clients who do not have insurance, it may not be a viable option, regardless of its success. According to Suboxone's website, individuals have to be in active withdrawal, with their last use within six hours of induction. In essence, the individual has to be experiencing acute withdrawal symptoms. This stipulation can result in individuals purposefully going to get high in order to stop using with the assistance of Suboxone. In contrary, it prevents individuals from abusing Suboxone to get high. Although more research would be needed to support the long-term effects of Suboxone, it would be beneficial for individuals who are actively working on their recovery to have fewer obstacles to obtain Suboxone.

### References

1. Suboxone Sublingual Film (2014) (n.d.) Retrieved.
2. Welsh C, Sherman SG, Tobin KE (2008) A case of heroin overdose reversed by sublingually administered buprenorphine/naloxone. *Addiction* 103:1226-1228.

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