

SUBOXONE

Suboxone is a medication used to treat opiate addiction and withdrawal. When used as directed by a physician, it can be a safer treatment than the more traditional medication, methadone. For those in recovery, Suboxone is a significant player in MAT—Medically Assisted Treatment—because it eases the transition into sobriety, especially for those experiencing chronic pain associated with opioid withdrawal.

Suboxone, like similar medications Bunavail and Zubsolv, combines the medications buprenorphine and naloxone to treat opiate withdrawal.

Though it may seem counterintuitive to use a drug to treat a drug habit, science shows that Suboxone does just that. In fact, these medications work by combining a partial opiate agonist with an opiate blocker. Buprenorphine is itself an opioid medication which, when used as opioid replacement therapy, alleviates withdrawal symptoms by reducing the shock to the system. A [study](#) by the American Society of Interventional Pain Physicians found that “Patients continuing buprenorphine SL [sublingual] therapy for more than 60 days reported significant decreases in pain.” Naloxone, on the other hand, is a medication that actually blocks opioid effects. When a drug-user introduces opiates into the body, the central nervous system and respiratory system become depressed. Naloxone reverses this depression. So when buprenorphine and naloxone (also known as bup/nal) are taken in combination, the opiate helps with withdrawal, while the blocker significantly decreases the risk of the medication being abused. While buprenorphine results in opioid effects, after a certain point, higher doses do *not* increase the user’s effects, making it less likely to be abused by the patient in recovery, or to result in overdose.

Methadone is also a medication which has been used in recovery for years. Methadone (which has been used since the 1930s) provides pain relief and management for those experiencing withdrawal; however, there are significant reasons why Suboxone (which was approved by the FDA more recently, in 2002) is superior to methadone. In concert, buprenorphine and naloxone decrease withdrawal symptoms more safely than methadone. In addition, Suboxone has a lower likelihood of dependence than methadone, and it is easier for patients to taper off usage over time. Moreover, for those suffering through the agony of detox, Suboxone is also longer acting than methadone, and can be taken every other day, as opposed to methadone, which is generally administered daily. Suboxone can be prescribed by the physician in your Addiction Treatment facility.

The two other buprenorphine/naloxone Medication-Assisted Treatments similar to Suboxone, Bunavail and Zubsolv, operate in similar ways to Suboxone, but have some differences. Zubsolv is administered as a tablet, while Suboxone is a film dissolved under the tongue. Bunavail is also dissolved in the mouth, but as a film strip placed discreetly on the inside of the patient’s cheek, where it will stay in place, allowing the patient to talk while it is absorbed. Zubsolv has a mint taste, where Suboxone and Bunavail taste like citrus.

According to a 2016 [study](#) from *The Journal of the American Society of Anesthesiologists*, buprenorphine/naloxone medications had “a lower abuse potential due to the addition of naloxone, a safety profile due to its ceiling effects, as well as fewer withdrawal symptoms upon discontinuation, and fewer respiratory depression complications than other opioids, bup/nal may be considered as a first-line medication for those who just begin opioid-dependence treatments.” Another 2014 [study](#) shows that buprenorphine/naloxone medications have “been successfully used for pain relief in opioid dependent chronic pain patients possibly due to the reversal of OIH [opioid-induced hyperalgesia, a sensitivity to painful stimuli caused by opioid exposure].”

Medication-Assisted Treatment has been denigrated by those in favor of the abstinence method. However, with the dramatic increase in addiction, overdose, and death sweeping the country, Suboxone is quickly becoming accepted as the gold standard in evidence-based behavioral health recovery facilities. For those suffering through withdrawal, Suboxone has proven to fulfill the craving for opioids while also stopping the physically painful withdrawal symptoms. Administered and monitored in a safe, medically licensed behavioral health facility like Soul Surgery, Suboxone works. When paired with other recovery-based treatments such as IOP (Intensive Outpatient) therapy, Relapse Prevention programs, and a strong 12-Step program, all of which are offered under one roof by Soul Surgery of Scottsdale, the positive results from Suboxone skyrocket.

It’s important to use Suboxone, and all recovery medication treatments, as directed and under professional supervision, and considering an individual patient’s needs and experiences. Suboxone and other Medication-Assisted Treatments are offered by Soul Surgery in Scottsdale, Arizona. Using Suboxone in a strong Intensive Outpatient program such as Soul Surgery increases an addict’s chances of recovery and sustained sobriety by over fifty percent. In addition, SS specializes in ancillary services which enhance the comfort level in the detox process, using a strategic strategy of IV Therapy, Bio-Feedback, Guided Meditation, Acupuncture, Massage therapies, Cranial Sacral Therapy, all empowered by health and fitness within a private setting.