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Disclosures

- No financial disclosures

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Objectives for today

1. Your Words Matter
2. Fentanyl and adulterants (like xylazine)
3. Opioid Use Disorder and how buprenorphine helps
4. Protocols to start buprenorphine
5. Management of Withdrawal & precipitated withdrawal

4/11/2025

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A Note on Storytelling



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The words we use matter

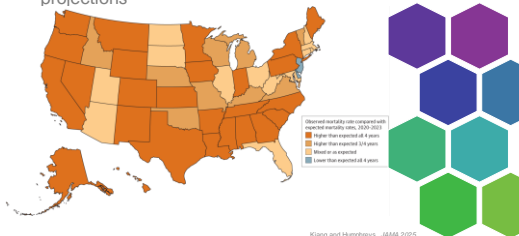
Instead of...	Use...
• Drug abuse	• Use • Misuse
• Clean / Sober	• Being in remission or recovery • Abstinent from substances • Testing negative
• Habit	• Substance use disorder
• Addict or user	• Person with substance use disorder
• Addicted baby	• Baby born to parent who used drugs while pregnant • Baby with signs of withdrawal from prenatal substance exposure • Baby with Neonatal Opioid Withdrawal Syndrome

Words Matter - Terms to Use and Avoid When Talking About Addiction | National Institute on Drug Abuse (NIDA)

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Despite national coverage that overdoses are slowing, ongoing trend continues to exceed projections



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Fentanyl & Other Opioids



Source: Health Reduction Ohio


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Fentanyl & Other Opioids

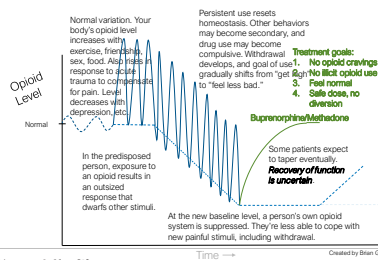


Source: NYTimes


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Impact of Chronic Opioid Use & MOUD


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Created by Brian Graham, MD, PhD on 4/1/18
Hennepin Healthcare Opioid & Addiction Care Team/CRO Group

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Adulterants

xylazine

A tranquilizer called xylazine, a non-opioid sedative, is increasingly being found in the US illegal drug supply and linked to overdose deaths.¹² Xylazine—which is not approved for use in people and can slow down the brain and breathing, make the heart beat slower, and lower blood pressure in people, is especially dangerous when combined with opioids like fentanyl.¹²

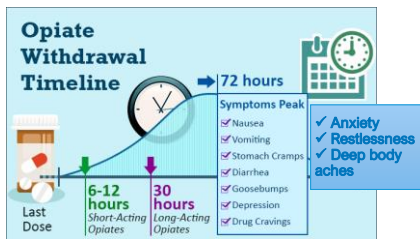


Source: CDC, Public Health Images

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Withdrawal Symptoms



Source: DrDarcyGreen.com

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How to respond to a patient's disclosure of opioid use

- Honor that the patient felt safe to share
- Affirm commitment to supporting them to be healthy and that this is a safe place
- Share:
 - Harm reduction
 - Substance use treatment programs
 - Medications



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Medications for Opioid Use Disorder



Without medications, >85% of people return to illicit use



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Medications for Opioid Use Disorder

Buprenorphine

Methadone

Naltrexone



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Buprenorphine



Partial Opioid Agonist

Less respiratory depression
Decreases cravings
Decreases withdrawal symptoms



Accessible

No X waiver needed to prescribe
Any provider with a DEA can prescribe
Allows for split dosing throughout the day








Risk of opioid overdose is significantly lower

62% reduction of opioid overdose risk
Maintain tolerance
Blocks fentanyl

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Buprenorphine Formulations

Sublingual <ul style="list-style-type: none"> Poor bioavailability 8-24 hours Suboxone = buprenorphine + naloxone Naloxone added as deterrent for injection of buprenorphine Subutex = buprenorphine only 		
Subcutaneous <ul style="list-style-type: none"> Long acting injectable 28-day formulation (Sublocade/Brixadi) 7-day formulation (Brixadi) 		
Transdermal patch <ul style="list-style-type: none"> Lower doses Chronic pain patients and low dose buprenorphine initiations 		
Buccal <ul style="list-style-type: none"> Chronic pain patients and low dose buprenorphine initiations 		

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Starting Buprenorphine



Need to decide:
Low dose or High dose initiation?




1st step:
Assess opioid withdrawal status



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Precipitated Withdrawal



Buprenorphine has a higher affinity for mu receptors than most opioids

Can replace full agonist opioid at mu receptor causing acute severe opioid withdrawal symptoms

Occurs 15-60 minutes after taking buprenorphine

It's not naloxone!



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Starting Buprenorphine: Assess Withdrawal Status

- Ask your patient:
 - Are you in withdrawal?
 - Goosebumps?
 - Dilated pupils?



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Starting Buprenorphine

COWS > 8 (more withdrawal)	<ul style="list-style-type: none"> • High dose buprenorphine initiation
COWS < 8 (less withdrawal)	<ul style="list-style-type: none"> • Low dose buprenorphine initiation or • Wait until COWS>8, then start high dose buprenorphine initiation
Regardless of severity of withdrawal symptoms:	<ul style="list-style-type: none"> • Offer supportive care immediately



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Starting Buprenorphine: **High Dose Initiation**

- If COWS score >8: start high dose buprenorphine initiation:
 - Give 8 mg buprenorphine immediately
 - Can increase to 16-32 mg/day as needed
 - Typically increase dose by 8 mg at a time
 - Can receive 32 mg on day 1 of treatment!



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Starting Buprenorphine: High Dose Initiation

- Titrate dose as needed:
 - Typical therapeutic dose 16-24 mg
 - In fentanyl era, 24 mg TDD = more engaged in care
- Goal:
 - Minimal to no cravings for opioids
 - No opioid withdrawal symptoms
 - Avoid side effects



Grande LA et al / J Addict Med 2023

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Starting Buprenorphine: Low Dose Initiation

Other commonly used terms:

- Microdosing
- low dose induction

Pros:

- Able to start buprenorphine when patient is not in withdrawal
- Able to start buprenorphine when patient is on full-agonist opioid

Cons:

- Longer duration to stabilization
- Initiation protocol more complicated

Patient Selection:

- Patient endorses difficulty starting buprenorphine previously
- Patient is currently requiring full-agonist opioids for pain control
- Patient is NOT currently in withdrawal



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Low Dose Buprenorphine Initiation Protocols

- **The basics:**
 - Start with low dose buprenorphine (less than 1 mg)
 - CONTINUE full agonist opioids:
 - Self-directed illicit/nonprescribed opioids outpatient
 - Methadone or hydromorphone recommended inpatient
- **Typical timeline:**
 - 3-7 days
- **Goals = same as high dose initiation**
 - By day 7:
 - Therapeutic dose of buprenorphine (typically 16-24 mg TDD)
 - Discontinue full-agonist opioids



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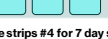
Example 3-day Low Dose Initiation Buprenorphine Protocol

Day	Buprenorphine Dose	Full-Agonist Opioids
1	0.5 mg (1/4 of 2 mg film) SL buprenorphine Q3 hours 	Continue
2	1 mg (1/2 of 2 mg film) SL buprenorphine Q3 hours 	Continue
3	8 mg (1 film) TID SL buprenorphine 	Wean or stop

• Prescribe: 2 mg buprenorphine films #6, 8 mg buprenorphine films #3 for 3 day supply

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7-day Low Dose Buprenorphine Initiation Protocol

Day	Buprenorphine Dose	Full Agonist Opioid
1	0.5 mg (1/4 of 2 mg film) buprenorphine SL daily 	Continue
2	0.5 mg (1/4 of 2 mg film) buprenorphine SL BID 	Continue
3	1 mg (1/2 of 2 mg film) buprenorphine SL BID 	Continue
4	2 mg (1 film of 2 mg film) buprenorphine SL BID 	Continue
5	3 mg (1.5 film of 2 mg film) buprenorphine SL BID 	Continue
6	4 mg (2 of 2 mg film) buprenorphine SL BID 	Continue
7	8 mg (1 film of 8 mg film) buprenorphine SL TID 	Wean or stop

Prescribe: 2 mg buprenorphine SL strips #15, 8 mg buprenorphine strips #4 for 7 day supply

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Treatment for Opioid Withdrawal

Opioid Withdrawal Symptoms	Supportive Care Medications
Anxiety, irritability, restlessness	Clonidine Hydroxyzine Gabapentin Tizanidine Lorazepam Olanzapine
Nausea, vomiting	Ondansetron
Diarrhea	Loperamide
Body aches/Pain	Tizanidine



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Precipitated Withdrawal



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Occurs 15-60 minutes after taking buprenorphine
It's not naloxone!



Treatment for Precipitated Withdrawal

Give more buprenorphine!
16-32 mg more helps flood the opioid receptors

Treat opioid withdrawal symptoms with other supportive medications



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Resources

California
Bridgetotreatment.org:



Boston Medical Center
MAT Quick Start



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In summary



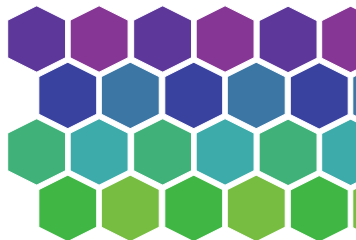
1. The words we use & chart matter
2. Fentanyl is different, but treatable
3. Protocols can help start buprenorphine
4. Treat and prevent withdrawal

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Questions?
Thank you!

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Perinatal Substance Use ECHO

Supporting Breastfeeding in Substance Use Disorder: A Patient-Centered Approach
With Katherine Standish, MD, MS

Wednesday, April 23rd
12:15 pm - 1:15 pm Central Time
via Zoom
Register on the iECHO program page [HERE](#)
or scan the QR code:

Enroll in our larger of support/larger group meeting with any questions.



**ADOLESCENT
SUBSTANCE USE CLINIC**

Thursday mornings
Clinic & Specialty Center Level 3
715 South 8th Street, Minneapolis 55404

- Meet medical providers who specialize in addiction care
- Medication for opioid and alcohol use
- Drug and alcohol testing
- Support and education for adolescents and their families
- Referral to primary care and psychiatric services

Contact 612-873-9360 or 612-873-5500
*Offer appointment times available at our new Adolescent Substance Clinic at 8th & 8th St.

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