**SUBOXONE INDUCTION PROTOCOL:**

KEY POINTS

1. The goal of induction is to safely suppress opioid withdrawal as rapidly as possible with adequate doses of Suboxone (buprenorphine HCl/naloxone HCI dihydrate) or Subutex (buprenorphine HCl) sublingual tablets
2. The goal of maintenance is to prevent the emergence of opioid withdrawal symptoms, suppress the patient’s craving for opioids, and greatly attenuate the effect of self-administered opioids in patients who continue to episodically use illicit opioids.

The induction phase of MAT (Medication Assisted Treatment) involves helping the patient begin the process of switching opioids of abuse to buprenorphine. The goal of the induction phase is to find the minimum dose of buprenorphine at which the patient discontinues or markedly diminishes use of other opioids and experiences no withdrawal symptoms, minimal or no side effects, and no uncontrollable cravings for drugs of abuse.

1. Point of care urine drug screen is completed in the detention center.
2. Patients must abstain from opioids for 12-24 hours prior to induction, initiating the early stages of withdrawal (sweating, yawning, rhinorrhea, etc..) from opioids prior to induction.
3. The COWS (Clinical Opiate Withdrawal Scale) is used to assess the level of withdrawal prior to initial dose of Suboxone. Nursing staff or the provider should provide this assessment.
4. Initial dose of Suboxone (4 mg) is given once COWS assessment shows mild to moderate withdrawal, >7.
5. COWS assessment is repeated 2 hours after induction; if withdrawal symptoms persist then patient is given another dose of Suboxone at 2 mg. This process can be repeated up to 2 times.
6. If patient does not have precipitated withdrawal and withdrawal is controlled 2 hours after first dose, dispense a second dose of 4 mg of Suboxone or Subutex. The usual first day dose is 8 mg.
7. Assess patient’s response to first day’s dosing. If opioid withdrawal symptoms were fully suppressed and patient is feeling no withdrawal between doses, then keep dose at first day’s total dose; otherwise increase the dose by 2 or 4 mg on day 2.
8. Assess patient’s response to second day’s dosing. If opioid withdrawal symptoms are fully suppressed and patient is feeling no withdrawal between doses, then keep the dose at second day’s dose; otherwise increase the dose by 2 or 4 mg Suboxone on day 3.
9. After 3 days, once the patient is stable, or after a target dose of 16 mg Suboxone or greater is achieved, continue at that dose for 3-7 days until steady-state levels are achieved before increasing the dose further.
10. Doses should be decreased by 2 mg at a time if the patient experiences intoxication (not withdrawal effects).

Note: The goal is to induce treatment smoothly and suppress withdrawal as completely

and rapidly as possible.