



Drug Alert Watch

Misuse of Buprenorphine-Related Products

U . S . D E P A R T M E N T O F J U S T I C E

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This SENTRY Watch is based on source materials that have not been validated and/or researched by the National Drug Intelligence Center (NDIC). It is intended to serve as an immediate alert to law enforcement and public health officials of potential substance abuse.

Law enforcement authorities in Maine, Massachusetts, New York, and West Virginia are reporting an increase in seizures of buprenorphine in concert with other controlled prescription drugs.

Buprenorphine, a Schedule III controlled synthetic prescription drug used in office- and clinic-based treatment of opioid dependence and pain management, is approximately 20 to 30 times more potent than morphine.¹ The most commonly abused buprenorphine product is Suboxone®. Suboxone® is an orange, hexagonal-shaped tablet or sublingual film that when used properly is placed under the tongue until it dissolves. However, buprenorphine abusers typically snort or, less often, inject the drug. When buprenorphine is taken in conjunction with alcohol, other opioids, or benzodiazepines, the combination can result in loss of consciousness, respiratory distress, or death. Common street terms for buprenorphine include “Bupe,” “Subs,” “Subbies,” and “Orange Guys.”



Buprenorphine is a generic semi-synthetic opioid sold under the brand names Subutex® and Temgesic®, among others. It has been approved for treatment of opioid dependence (as a substitute for methadone) and for pain management. Office-based opioid treatment often is begun with Subutex® before the patient is switched to Suboxone® for long-term maintenance.

Suboxone® is the most commonly abused version of buprenorphine. In addition to buprenorphine, Suboxone® also contains naloxone. Naloxone blocks the effects of opiates and is marketed under various trademarks including Narcan®, Nalone®, and Narcanti®. Naloxone is typically kept on board ambulances so that emergency medical services personnel can administer it to a person experiencing

¹ Although buprenorphine is approximately 20-30 times more potent than morphine, buprenorphine is unlikely to cause death unless it is used concurrently with alcohol and other drugs.

heroin or opioid drug overdose. Naloxone also is added to buprenorphine to discourage crushing the drug for snorting or injecting, the primary methods of administration for those who misuse the drug.

Law enforcement officers in many areas of the United States are reporting an increase in the amount of buprenorphine being seized. Seizing Suboxone® tablets from a long-term opioid abuser could indicate that they are self-treating. The desire to self-treat opioid withdrawal symptoms with a drug such as Suboxone® is common among hard-core opioid addicts because of the severity of withdrawal. Hard-core addicts would normally not take Suboxone® with other opioids already in their system because the naloxone component could hasten withdrawal symptoms. Seizing Suboxone® from an inexperienced opioid abuser could indicate that they are abusing the drug. Inexperienced individuals who have abused opioids for a short time may experience some euphoric high from buprenorphine.

Buprenorphine misuse has been linked to the August 2010 deaths of a father and son, residents of Maine, as a result of combining the drug with alcohol and other drugs; the March 2009 deaths of two Milwaukee-area young adults (one teen and one college student) as a result of combining the drug with alcohol and possibly with other drugs; and the death of a Maryland teen in late 2009 attributed to the use of alcohol with buprenorphine. Additionally, the 2009 death of a Wisconsin prison inmate was the result of buprenorphine overdose in conjunction with polydrug abuse.

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Photo Credit: National Drug Intelligence Center

POC: SENTRY Management Team,

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Increased Availability of Buprenorphine-Related Products

Buprenorphine products are increasingly available for several reasons, including the following:

- The Drug Addiction Treatment Act of 2000 allows office-based treatment providers to treat up to 100 patients, an increase from the previous limit of 30. Subsequently, each physician may write more than three times more prescriptions for buprenorphine-related products than in the past.
- Single-ingredient buprenorphine (Buprenex® and Subutex®) is increasingly prescribed for pain management. Suboxone® also can be prescribed for pain management, primarily for patients with a history of opioid abuse.
- Some unscrupulous physicians dispense or prescribe buprenorphine to customers who have no legitimate need for the drug. These physicians usually charge an up-front fee for this service and accept only cash as payment. Some of these customers have been arrested for attempting to sell the drugs they obtained from these physicians.

If you would like to report an emerging drug issue in your area or have questions or comments about SENTRY, please e-mail us at sentry@usdoj.gov or visit us at www.justice.gov/ndic/sentry