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Top 10 Buprenorphine Myths and Misconceptions

SOUTHWEST CLINICAL TRIALS NETWORK

One of the biggest problems that surrounds buprenorphine and other medications for opioid use disorder (MOUD) are pervasive myths. We're here to bring some light to this topic in hopes of helping providers, patients, families, and communities, who all may suffer from the consequences of buprenorphine misinformation. We also provide policy change recommendations.

1

MYTH:
Prescribing buprenorphine for opioid use disorder (OUD) simply replaces or substitutes one addiction for another.

FACT:
Addiction is defined as compulsive use of a drug or behavior despite harm. Taking a prescribed medication to manage a chronic illness does not meet this definition of addiction. **Taking a daily medication to maintain health is not a SUD.**

RECOMMENDATION:

Public health campaign to reduce stigma associated with addiction treatment, similar to past campaigns like HIV which provided education and challenged myths and misconceptions.

2

MYTH:
Buprenorphine is misused frequently, so prescribers should strictly control access.

FACT:
Any medication can be misused. Buprenorphine is not a preferred substance to get high for those with OUD, due to its partial opioid activator effects which limit euphoria and reward. Buprenorphine misuse is clearly associated with self-treatment of opioid withdrawal and of lack of access to treatment with medication for opioid use disorder (MOUD).

3

MYTH:
One must be fully abstinent and have a completely negative urine drug screen to receive a buprenorphine prescription.

FACT:
People with OUD frequently use multiple drugs in an effort to self-medicate, including efforts to reduce opioid withdrawal and cravings. **Buprenorphine has a stabilizing effect which can reduce a patient's need for additional substances. Buprenorphine treatment benefits the patient even if the patient is still using other substances.**

4

MYTH:
Outpatient therapy or counseling is mandatory for clinical improvement.

FACT:
While therapy or counseling may benefit many patients, it is NOT mandatory. The Drug Addiction Treatment Act of 2000 (DATA 2000) only mandated that buprenorphine providers must be **able** to refer patients for behavioral services if indicated.

RECOMMENDATIONS:

- Ensure that OUD treatment programs do not mandate patient participation in counseling or therapy programs in order to access medication prescriptions for buprenorphine.
- Support "Medication First" and other low-barrier approaches to buprenorphine treatment of OUD.

5

MYTH:
Detoxification for OUD is effective.

FACT:
No data exists indicating the efficacy of detoxification for OUD treatment. Detoxification can be associated with opioid overdose and overdose death due to a loss of opioid tolerance, so is risky, not effective.

RECOMMENDATION:

Mandate existing short-term detoxification programs, sobering centers, and existing residential SUD treatment programs all provide buprenorphine maintenance treatment of OUD.

6

MYTH:
Prescribing buprenorphine is time consuming and burdensome.

FACT:
Previously-recommended, concurrent intensive therapy and counseling is not required for effective treatment, nor is in-office buprenorphine induction.

7

MYTH:
You aren't really in recovery if you're on Suboxone.

FACT:
Recovery does not equal abstinence from opioids. Recovery from OUD encompasses improved quality of life, which can involve prescribed medications for chronic disease management such as buprenorphine.

RECOMMENDATION:
Anti-stigma educational efforts at local, state, and national levels.

8

MYTH:
Suboxone isn't treatment for addiction if you aren't getting therapy along with it.

FACT:
Addiction treatment should actually include assessment and provision as indicated of housing assistance, employment support, peer support, recovery coaching, food, childcare support, primary care, and transportation support in addition to medication and therapy. Therapy helps some, but not all, patients with OUD.

9

MYTH:
Patients can get "high" or "loaded" on Suboxone.

FACT:
- **Suboxone does not cause intoxication in those persons who are opioid-dependent, given its partial opioid agonist effects of partial, not full, activation of the brain's opioid receptors.**
- Intoxication with Suboxone can occur in those who are not opioid dependent, but these persons are not being prescribed buprenorphine if there is no diagnosis of OUD.

10

MYTH:
Patients will just sell Suboxone.

FACT:
- Diversion and misuse of medications exist across the spectrum of medications. One study found similar rates of diversion between buprenorphine and antibiotics, both at approximately 20%.
- As mentioned previously, much buprenorphine misuse is clearly associated with self-treatment of opioid withdrawal symptoms and opioid cravings associated with lack of MOUD access or inability to afford prescribed medication.

Want more info?
Email SouthwestCTN@salud.unm.edu to join our listserv!

Adapted from the following references:

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