

Myths and Facts About Buprenorphine for Treating Opioid Use Disorder

There are U.S. Food and Drug Administration-approved medications, such as buprenorphine (referred to as bupe, pronounced “byoop,” and by brand names such as Suboxone and Zubsolv), available to treat opioid use disorder (OUD), stop or reduce opioid use, and manage cravings and withdrawal symptoms. Read on to learn more about some common myths and actual facts about bupe and OUD.

Myths	Facts
Taking medication for OUD is replacing one addiction with another.	OUD is a chronic health condition that can be treated and managed with medication. Taking a medication to treat OUD is like taking insulin to treat diabetes.
Taking medication for OUD means you are not really in recovery.	Recovery is a process of change through which people improve their health and wellness, by setting self-identified goals and striving to reach their full potential. Taking medications such as bupe and methadone is consistent with being in recovery.
People with OUD should be able to stop using opioids “cold turkey” (abruptly) without taking bupe to treat their OUD. Taking bupe for OUD means you have less willpower than people who do not take bupe.	<p>OUD is a chronic medical condition, not a moral weakness, and opioid cravings are biological reactions that occur regardless of a person’s willpower. Many people are not able to stop or reduce their opioid use without taking a medication.</p> <p>Recovery from OUD is unrelated to whether a person stops using opioids cold turkey. People who stop using opioids abruptly or go to detox and return home without starting bupe or methadone are at increased risk of overdose.</p>
Bupe treatment should be discontinued or not started for people who are actively using drugs.	Completely stopping all drug use is not required to safely start and benefit from taking bupe. However, it is important to not use any opioids within a certain amount of time before taking your first dose of bupe. Talk to your health care provider about how to safely start bupe to avoid withdrawal symptoms.
Bupe treatment should be short-term or stopped after a certain amount of time.	There is no specific amount of time someone should take bupe. People with OUD should take bupe for as long as they benefit from it, which can be years or their entire lives. Most people who take bupe for longer periods of time have better outcomes than people who take it for a shorter time.

Myths	Facts
<p>Bupe is not beneficial without counseling or therapy.</p>	<p>Treatment and recovery are different for everyone. While many people benefit from counseling or therapy, bupe is very effective at treating OUD, even when taken without counseling or therapy.</p>
<p>Bupe is frequently misused (not taken as prescribed or instructed or taken without a prescription).</p>	<p>Bupe, like other medications, can be misused. Because bupe is weaker than other opioids, such as heroin or fentanyl, it is not usually used to get high. Some people might take bupe without a prescription because they lack access to treatment providers, and taking it helps them avoid withdrawal symptoms or stop or reduce their opioid use.</p>
<p>It is easy to overdose on bupe.</p>	<p>It is very difficult to overdose on bupe by itself. Bupe has a “ceiling effect,” meaning after taking a certain amount, taking more bupe will not produce a high or cause respiratory depression (slowed or shallow breathing). This means that even if someone takes more bupe than prescribed, it will not cause increased sedation or slowed breathing. If someone overdoses on bupe, it is usually because they have also taken other drugs that slow breathing, such as benzodiazepines or alcohol.</p>
<p>Bupe does not work if you use fentanyl.</p>	<p>Bupe works the same for all opioids, including fentanyl, by managing withdrawal and decreasing the risk of overdose. However, starting bupe too soon after fentanyl use can cause sudden withdrawal symptoms. Talk to your provider about when to start taking bupe to avoid these effects.</p>

For more information and for help finding bupe, visit nyc.gov/health and search for **bupe treatment**.

For help finding a health care provider, call **311** or 844-692-4692 (844-NYC-4NYC).

For mental health or substance use support, call or text 988 or chat at nyc.gov/988. Text and chat services are available in English and Spanish, and counselors are available by phone 24/7 in more than 200 languages.