

Suboxone® (buprenorphine/naloxone) in Emergency Departments

MYTH vs REALITY¹

Buprenorphine treatment is more dangerous than other chronic disease management



“Buprenorphine treatment is simpler than many other routine treatments in primary care, such as titrating insulin or starting anticoagulation. But physicians receive little training in it.”



Use of buprenorphine is simply a “replacement” addiction



“Addiction is defined as compulsively using a drug despite harm. Taking prescribed medication to manage chronic illness does not meet that definition.”



Detoxification for opioid use disorder is effective



“There is no data showing that detoxification programs are effective at treating opioid use disorder. In fact, these interventions increase the likelihood of overdose death by eliminating tolerance.”



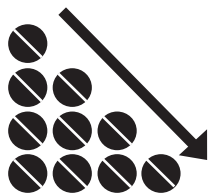
Prescribing buprenorphine is time consuming and burdensome



“Treating patients with buprenorphine can be uniquely rewarding. In-office inductions and intensive behavioural therapy are not required for effective treatment.”



Reducing opioid prescribing alone will reduce overdose deaths



“Despite decreasing opioid prescribing, overdose mortality has increased. Patients with opioid use disorder may shift to the illicit drug market, where the risk of overdose is higher.”



for Canadian National Guidelines information please visit: https://crismprairies.ca/wp-content/uploads/2018/03/CRISM_NationalGuideline_OUD-ENG.pdf