STASH, Vol. 20(9) – Awareness of and comfort with access to medications for opioid use disorder in primary care settings

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Medications for opioid use disorder (i.e., buprenorphine, methadone, and naltrexone) are effective at reducing overdose and opioid-related hospitalization. Because buprenorphine can be prescribed by primary care physicians and does not require full detoxification, increasing buprenorphine provision in primary care settings could improve access to this important treatment. This week, STASH reviews a study by Brandon del Pozo and colleagues that explored awareness of and comfort with access to medications for opioid use disorder in primary care settings.

What were the research questions?

Are people aware that primary care physicians can prescribe medications for opioid use disorder? How comfortable would they be with personally seeking or referring others to seek medications for opioid use disorder from their primary care physician?

What did the researchers do?

The researchers administered a telephone and online survey to a probability-based, nationally representative sample of adults in the United States. Over 1,200 adults completed the survey. In their analysis, the researchers weighted the data to better represent the United States population and account for non-response bias.

What did they find?

Only one in four respondents knew that primary care physicians can prescribe medications for opioid use disorder (see Figure). Among the 22% of respondents with a history of opioid misuse, over 80% said that they would be comfortable personally seeking medication for this condition from their primary care physician. Among respondents with no history of opioid misuse, almost 75% reported being comfortable referring someone they cared about to their primary

care physician for opioid use disorder medication.

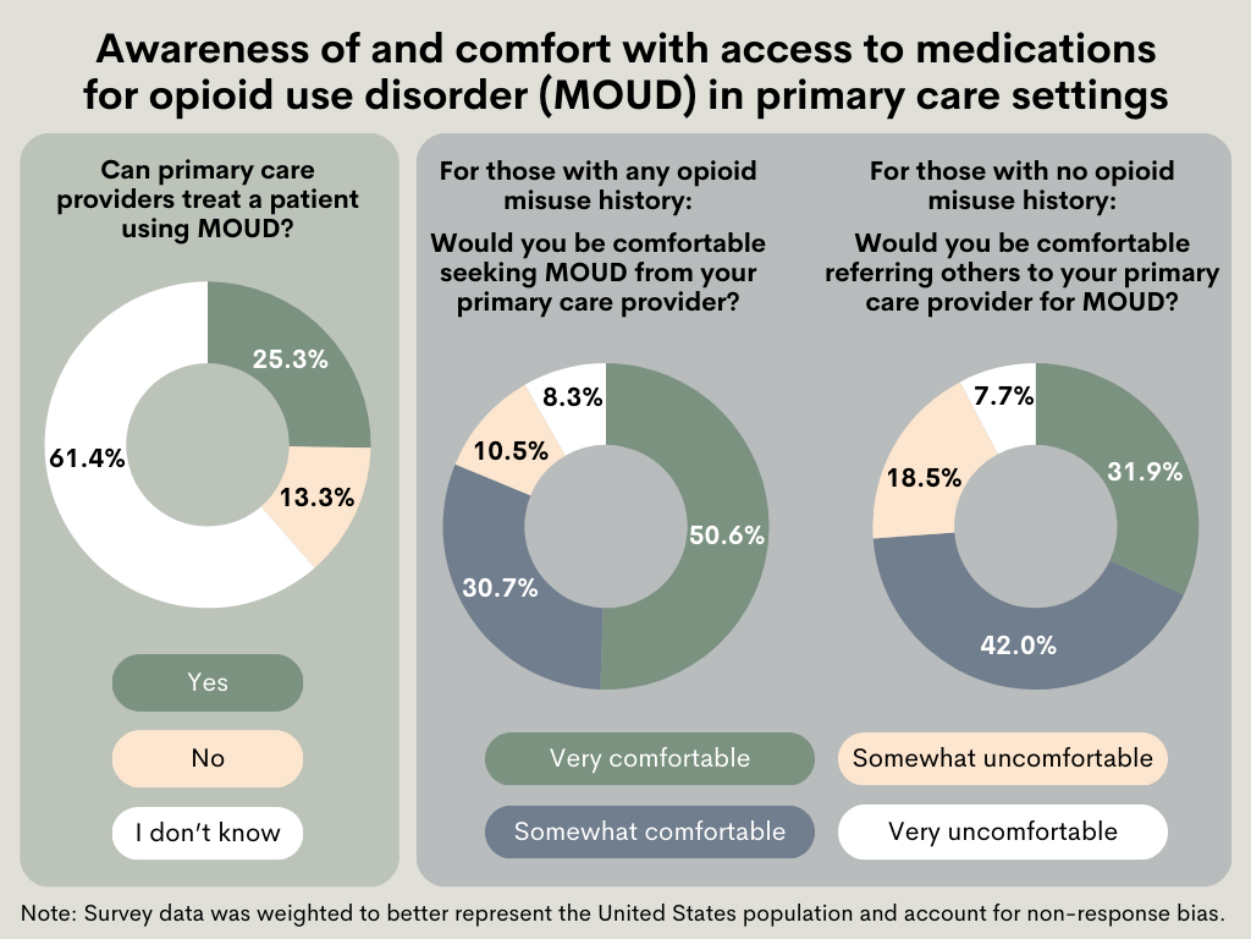

Figure. Awareness of and comfort with access to medications for opioid use disorder in primary care settings. Click image to enlarge.

Why do these findings matter?

Most people would feel comfortable going to or referring someone they care about to their primary care physician for medications for opioid use disorder, but the majority do not know that it is even an option. To address this barrier to treatment, primary care offices should use literature and signage to educate patients. They should also integrate medication for opioid use disorder into their practice by screening all patients for opioid use disorder and offering medication for this condition when indicated. They can also incentivize physicians to offer buprenorphine through workload reductions, protected time, and clinical resources, such as addiction specialist consults.

Every study has limitations. What are the limitations in this study?

The researchers used a cross-sectional study design and did not ask respondents about their current engagement with medications for opioid use disorder. Thus, we cannot conclude how awareness and comfort with access to medications for

opioid use disorder in primary care settings impacts actual patient use of this treatment modality.

For more information:
This infographic from the National Institute on Drug Abuse shows how medications for opioid use disorder work. If you are worried that you or someone you know is experiencing addiction, the SAMHSA National Helpline is a free treatment and information service available 24/7. For more details about addiction, visit our Addiction Resources page.

— Caitlyn Matykiewicz, MPH
