

One-third of primary care physicians do not support the use of medications for treating opioid use disorder

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A survey of primary care physicians found that one-third did not perceive medications to treat opioid use disorder (OUD) to be more

effective than nonmedication treatment or safe for long-term use, despite conclusive evidence to the contrary. Physicians also reported low interest in treating OUD and low support for policy proposals allowing office-based physicians to prescribe buprenorphine and methadone. These findings are reported in a brief research report published in *Annals of Internal Medicine*.

Researchers from Johns Hopkins Bloomberg School of Public Health and Johns Hopkins Center for Mental Health and Addiction Policy Research surveyed a random sample of 1,000 licensed physicians selected from a large U.S. database to find out their thoughts and attitudes about medications for OUD. Of 336 respondents, one fifth expressed interest in treating patients with OUD. Most of the physicians surveyed perceived buprenorphine as more effective than methadone or naltrexone, but very few reported prescribing these medications or obtaining a buprenorphine waiver. More than 81 percent of respondents supported increasing insurance coverage of government investment in OUD medication, but fewer than half supported allowing physicians to prescribe methadone for OUD in primary care settings or eliminating the buprenorphine waiver requirement.

According to the researchers, these findings suggest that policy changes alone are unlikely to lead to widespread availability of primary care-based medication. They urge efforts to increase [primary care physicians'](#) acceptance of and willingness to prescribe medications for OUD.

More information: Study:
<http://annals.org/aim/article/doi/10.7326/M19-3975>

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