

Removing barriers to opioid use disorder treatment shows success during pandemic

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Pandemic-era changes to prescribing guidelines for the lifesaving drug buprenorphine led to improved treatment outcomes for patients with opioid use disorder in Philadelphia, according to a recently published study in the journal *Drug and Alcohol Dependence Reports* from

researchers at Drexel University's Dornsife School of Public Health.

The authors analyzed data from [medical records](#) and the Pennsylvania Prescription Drug Monitoring Program for 506 patients who received buprenorphine for the treatment of [opioid use disorder](#) at the multi-service harm reduction organization Prevention Point Philadelphia between September 2018 and June 2020. Once the Drug Enforcement Agency (DEA) authorized less-restrictive prescribing regulations, in response to the pandemic, which included telemedicine visits to clients, longer prescriptions and fewer drug screening requirements during the course of treatment, patient retention in treatment improved. Patients accessing providers using telemedicine resources at Prevention Point stayed enrolled an average of 78 days and those accessing providers via telemedicine offsite stayed in care an average of 180 days. This translates to 3-8 times greater duration in treatment compared to those treated before the pandemic.

The findings are a useful case study for policymakers tasked with improving [treatment options](#) for the 1.7 million people in the United States experiencing opioid use disorder. Buprenorphine stops or limits the euphoric effects of opioids while making the body experience craving and withdrawal symptoms less often.

"We treated the policy changes as a natural experiment and compared treatment outcomes before and after they took effect," said lead author Kathleen Ward, a doctoral research fellow at the Dornsife School of Public Health's Urban Health Collaborative. "We found the lessened restrictions were associated with people remaining in care for a longer period time. This is a really important finding in support of these policy changes."

"Prevention Point Philadelphia adapted quickly during the pandemic to care for clients by shifting from only offering onsite treatment at one of

their locations to offering telemedicine visits with a provider," Ward said. "This included allowing clients to come onsite to access telemedicine appointments if they did not have access to a smartphone or computer."

"During the course of the pandemic, people are still having massive problems accessing care for [substance use disorders](#)," said study co-author Benjamin Cocchiario, MD, a family medicine provider at Prevention Point. "We're now allowed to do [telemedicine visits](#), space out urine drug screens—bringing down these barriers brought our internal follow-up rates from one out of five people staying for 180 days up to about three out of five people."

Buprenorphine helps people recovering from opioid use disorder by reducing cravings and withdrawal symptoms, cutting risk of fatal overdose in half during the first six months of treatment. The medication is prescribed and monitored under the direction of a medical professional to help strengthen recovery from [substance use disorder](#).

The team followed clients for six months—the National Quality Forum benchmark of 180 days that is the minimum amount of time recommended for someone to remain on the medication to maximize drug effectiveness.

Before the pandemic-era changes, close to one in seven people with opioid use disorder in the United States remained on medication for at least this period of time, according to Cocchiario.

According to Cocchiario, success for patients comes down to trust.

"Trust builds recovery," said Cocchiario. "The moment you decide for the patient what their recovery needs to look like, that's when you start losing people. The decreased restrictions that came with the pandemic

gave us just a taste of what low-barrier access to treatment looks like—we're not even scratching the surface. The shift we need to see is a vast liberalization of access to medications for opioid use disorder, as well as a policy focus on the antecedent causes of this disorder—trauma, poverty, abuse, neglect, racism, oppression."

Last month, the U.S. Department of Health and Human Services went a step in that direction by announcing the State Opioid Response grant funding of just under \$1.5 billion to states and territories to expand access to medications for treatment of opioid use disorder, as well as prevention, harm reduction, treatment and recovery support services.

"For most patients struggling with opioid use disorder, there are many barriers to accessing and staying engaged in treatment," said senior author of the Drexel study, Alexis M. Roth, Ph.D., an associate professor in the Dornsife School of Public Health. "The FDA regulation changes are critically important to reducing some of the known barriers such as short-duration prescriptions and requiring in-person appointments. There were more than 100,000 opioid-related overdoses in 2021—more than there has ever been in a single year before. These policy shifts are lifesaving and should remain in place. But there is still so much more that's need to be done to combat this public health crisis."

The authors note that although the data comes from a single site and may not be generalizable to a clinician administering medication assisted treatment in a traditional clinical setting, the data suggests that making these lower restrictions permanent and expanding access to digital technology for those experiencing homelessness may increase access to treatment and improve retention in care among marginalized populations.

More information: Kathleen M. Ward et al, Impact of reduced restrictions on buprenorphine prescribing during COVID-19 among

patients in a community-based treatment program, *Drug and Alcohol Dependence Reports* (2022). [DOI: 10.1016/j.dadr.2022.100055](https://doi.org/10.1016/j.dadr.2022.100055)

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