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**REFERENCES:**

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2. Barry, DT, et al.. (2008). Integrating buprenorphine treatment into office-based practice: A qualitative study. *J Gen Intern Med, 24*(2), 218-225.
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**KEY POINTS**

* Barriers to Suboxone Rx for OUD exist on 3 levels: physician, patient, logistical barriers
* Limited physician knowledge in the areas of addiction, OUD, and Suboxone was a commonly identified barrier
* A lack of appropriate resources (time, personnel, office space) is a substantial barrier to Suboxone prescription
* Stigma surrounding patients with addictions and Suboxone itself influence a physician’s attitudes about Suboxone
* Key logistical barriers to Suboxone prescription include regulations and remuneration

Highlights:

* Over 80% of the physicians surveyed believed they regularly saw patients with opioid addictions
* Logistical barriers included inadequately trained staff, insufficient time, inadequate office space, and cumbersome regulations
* Other barriers included a lack of knowledge, time or interest; mistrust of people with addictions or Suboxone; and a difficult patient population

**Selected Studies**

Highlights:

* **Barriers to OUD treatment**: limited physician education, limited insurance reimbursement, stigma, and perceptions of patient difficulty
* **Barriers to Suboxone Rx:** regulatory restrictions, liability fears, and restrictions from the criminal justice system
* **Barriers to naltrexone Rx**: limited access to medically supervised opioid detoxification, lack of awareness of the medication, and patient fears/disinterest

Highlights:

* **MD facilitators**: promoting continuity of care and positive perceptions of Suboxone
* **Physician barriers**: competing priorities, lack of interest, lack of expertise in addictions
* **MD-identified patient barriers**: concerns about cost and confidentiality, and low motivation
* **Logistical barriers:** lack of remuneration, limited ancillary support, lack of time, and perceived low number of opioid dependent patients

Several guidelines for the treatment of opioid use disorder (OUD) in Canada and around the world recommend the use of buprenorphine-naloxone (Suboxone) as the first line of treatment for opioid agonist therapies. There remain substantial physician, patient, and institutional barriers to the proper adoption and use of Suboxone.

***THEME:***

***BARRIERS TO SUBOXONE PRESCRIBING***

**OPIOID PRESCRIBING PROJECT**

**LITERATURE SUMMARY SHEET**