Medications for opioid use disorder in professional recovery programs in the United States: Policies and recommendation patterns

Dear Editor:

The use of medications for opioid use disorder (MOUD) by health professionals engaged in professional recovery programs (PRPs) is a topic of persistent controversy.[1] However, discussions of this topic are limited by a reliance on outdated publications and anecdotal reports.[2]

The purpose of this study was to describe current policies and clinician recommendation patterns for MOUD in PRPs. A survey was developed and pretested during 2 live interviews with PRP directors in Texas. The final survey focused on collecting data for each form of MOUD approved by the FDA: methadone (MTD), buprenorphine (BUP), and naltrexone (NTX). Data were collected in relation to participants in 2 scenarios: (1) not practicing, and (2) returning to practice.

The survey was constructed and disseminated using online software (Qualtrics, Provo, Utah). Email addresses and phone numbers were compiled for PRPs serving physicians, pharmacists, and nurses in all 50 US states. If a PRP could not be identified, the state board was listed instead. Administration of PRPs varies between states, with some serving multiple health professions, so the survey allowed respondents to select multiple professions served with pertinent survey items repeated to obtain distinct responses for each profession. A unique survey link was emailed to each program on September 12, 2022, and a follow-up call was conducted within 1 week to confirm receipt and encourage completion. Two reminder emails were sent to noncompleters, and the survey closed on October 4, 2022. Respondents could enter a raffle for one of five $50 gift cards. This study was deemed exempt by The University of Texas at Austin Institutional Review Board.

TABLE: Policies and recommendation patterns for medications for opioid use disorder in professional recovery programs in the United States

| Program | Participant Not Currently Practicing[a] | | | | | | Participant Returning to Practice[b] | | | | | |
| | Methadone | | Buprenorphine | | Naltrexone | | Methadone | | Buprenorphine | | Naltrexone | |
	Policy[c]	Freq, %[d]	Policy[c]	Freq, %[d]	Policy[c]	Freq, %[d]	Policy[c]	Freq, %[d]	Policy[c]	Freq, %[d]	Policy[c]	Freq, %[d]
Physician 1	=	0	=	1	=	1	=	0	=	1	=	1
Physician 2	−	5	=	15	+	50	−	5	=	15	+	50
Physician 3	−	1	=	9	+	40	=	1	=	9	=	40
Nurse 1	=	0	=	10	+	80	=	0	=	10	+	80
Nurse 2	=	0	=	1	=	75	=	0	=	0	=	80
Nurse 3	−	1	=	9	+	40	=	1	=	9	=	40
Nurse 4	=	1	=	5	=	10	=	1	=	5	=	20
Pharmacist 1	− −	0	−	0	=	10	− −	0	− −	0	− −	10
Pharmacist 2	−	5	=	15	+	50	−	5	=	15	+	50
Pharmacist 3	−	30	−	30	−	10	−	10	−	40	−	10
Pharmacist 4	−	1	=	9	+	40	=	1	=	9	=	40

[a]"For a participant diagnosed with OUD who is not actively practicing and is not immediately seeking to return to practice…".

[b]"For a participant diagnosed with OUD who is seeking to return to practice…".

[c]"…please classify your PRP's policies related to each medication." − −, prohibited; −, discouraged; =, neutral; +, encouraged; + +, required (option on survey, but never selected).

[d]"…please estimate how often a treating clinician recommends each of the following treatments. Focus on the last six months."

Eleven complete responses were obtained (response rate, 7.3%) from 8 distinct programs in 7 states representing 3 of the 4 US census regions. These responses are detailed in the Table. For a participant who is not currently practicing, only 1 response reported an explicit prohibition for any medication: MTD. However, only 1 response reported MTD is recommended in more than 5% of cases. A total of 9 responses reported neutral BUP policies, and 2 reported it is discouraged, but 1 of the latter responses reported the highest recommendation frequency of 30%. A total of 6 responses reported NTX is encouraged, and 7 responses reported recommendation frequencies ≥40%. For a participant who is returning to practice, only 1 response reported an explicit prohibition for any medication: MTD, BUP, and NTX. Differences in policies for this scenario compared with the prior scenario were minor and not consistently more or less permissive.

This study provides the first objective data describing PRP policies regarding MOUD in more than a decade. The findings support anecdotal reports that NTX is preferred and that MTD and BUP use are rare even in the absence of explicit prohibitions. Low response rate, social desirability bias, and recall bias are limitations of this study. The survey was administered soon after a US Department of Justice finding against a state board of nursing related to MOUD policies, and this may have impacted both response rate and policy reporting.[3] Future investigations of this issue would be strengthened by obtaining and analyzing participant data.

Morgan L. Murchison, PharmD, MS[1]
[1] Research Assistant, The University of Texas at Austin College of Pharmacy, Austin, Texas

Lindsey J. Loera, PharmD[2]
[2] Assistant Professor of Practice, The University of Texas at Austin College of Pharmacy, Austin, Texas

Lucas G. Hill, PharmD[3]
[3] (Corresponding author) Clinical Associate Professor, The University of Texas at Austin College of Pharmacy, Austin, Texas, lucas.hill@austin.utexas.edu

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