

Press Release

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SAFE Glen Cove Coalition: NIDA- Collaboration Between Pharmacists and Physicians May Improve Treatment Outcomes for Patients with Opioid Use Disorder

Recent research by the National Institute on Drug Abuse (NIDA) indicate collaborations between physicians with buprenorphine waivers and community pharmacists in the treatment of patients with opioid use disorder (OUD) are feasible and acceptable to both providers and patients. Policies to allow methadone administration and dispensation at Federally Qualified Health Centers or community pharmacies could expand access to methadone treatment for patients with OUD, particularly in underserved rural communities. Two recent NIDA-sponsored studies indicate that allowing licensed community pharmacists to dispense buprenorphine or methadone under certain conditions may help alleviate treatment barriers for people with OUD, especially those living in rural areas with limited treatment providers. Licensed community pharmacists are experts in medication therapy management, are used to dispensing medications (including medications to treat OUD), and are therefore natural partners of prescribers.

Treating patients with opioid use disorder (OUD) with methadone or buprenorphine can prevent overdose deaths and other opioid-related harms. Currently, methadone can only be administered or dispensed in federally certified opioid treatment programs (i.e., methadone clinics), but only a minority of U.S. counties have such facilities, limiting treatment access for many patients. Similarly, buprenorphine can be prescribed only by physicians who have received a special waiver; the numbers of those physicians are also limited.

Researchers conducted a pilot study assessing the feasibility of a collaborative care model involving buprenorphine-waivered physicians and licensed community pharmacists. In this model, physicians and pharmacists form a care team in which the physician provides clinical guidance and prescribes the buprenorphine, whereas the pharmacist dispenses the buprenorphine, educates the patient on its use, monitors drug use and treatment safety, and checks the Prescription Drug Monitoring Program to help prevent any medication diversion. Physician and pharmacist communicate at least monthly, and patients see the physician as needed. This contrasts with the “usual care” approach, in which pharmacist and

physician communicate infrequently and the pharmacist only dispenses the buprenorphine and checks the Prescription Drug Monitoring Program.

In the study, patients with OUD were switched from traditional office-based buprenorphine treatment delivered by a physician to community pharmacy care for 6 months. The researchers then monitored outcomes such as treatment retention and adherence; use of opioids and other drugs; patient safety; and treatment satisfaction of patients, physicians, and pharmacists. Researchers found that almost 90 percent of patients remained in treatment at the end of the 6 months and that overall, participants had shown treatment adherence (i.e., had taken any of the dispensed medication) at 95 percent of study visits; only 5 percent of patients for whom all drug screens had been collected had any opioid-positive urine tests during the study period. Additionally, patients appreciated that they could conduct their buprenorphine visits at the same place where they received the medicine.

The National Institute on Drug Abuse (NIDA) is a United States federal-government research institute whose mission is to "lead the Nation in bringing the power of science to bear on drug abuse and addiction". For more information please visit www.drugabuse.gov.

The SAFE Glen Cove Coalition is conducting an opioid prevention awareness campaign entitled. "Keeping Glen Cove SAFE," in order to educate and update the community regarding opioid use and its consequences. To learn more about the SAFE Glen Cove Coalition please follow us on www.facebook.com/safeglencovecoalition or visit SAFE's website to learn more about the Opioid Epidemic at www.safeglencove.org.