

BACKGROUND

- Opioid use disorder (OUD) is a chronic, relapsing condition that can lead to serious social, economic, and physical harms if left untreated.
- Methadone, listed by the World Health Organization as an *essential medicine*, is often used to treat and manage OUD.
- There is a strong push in Nova Scotia and elsewhere to make methadone more accessible by increasing the capacity of primary care physicians to prescribe it.
- Some physicians are reluctant to integrate methadone prescribing to treat OUD into their primary care practices.
- The factors that motivate or discourage primary care physicians from prescribing methadone are not well understood.

RESEARCH OBJECTIVE

- This qualitative study examines the factors that community-based, primary care physicians consider important when contemplating prescribing methadone to treat OUD.

METHODS

- From August 2015 to March 2016, community-based primary care services within Halifax and surrounding areas were recruited and interviewed.
- Interviews lasted around 1 hour and were guided by scripted and unscripted questions.
- The qualitative data is being analyzed thematically to identify predominant themes and recurring patterns.
- Data analysis will be completed by July 2016.

Primary Care Physicians' Views about Prescribing Methadone to Treat Opioid Use Disorders (OUD): A Qualitative Study

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PARTICIPANTS (*n* = 20)

- 20 physicians participated
- 10 (50%) were women
- 11 (55%) were practicing in rural settings
- Years of family practice experience:
 - 0 to 5 years: 8 (40%)
 - 6 to 15 years: 4 (20%)
 - 16+ years: 8 (40%)
- 16 (80%) had methadone training
- 8 (40%) prescribe methadone to treat OUD

PRELIMINARY FINDINGS

When thinking about prescribing methadone to treat OUD in primary care settings, physicians commonly spoke about:

- The **challenging** nature of OUD patients and methadone prescribing practices
- Their level of **comfort**, skills, or knowledge treating OUD and prescribing methadone
- **Personal safety** issues related to prescribing methadone
- The tools and skills used to monitor, prevent, and **manage rule-breaking**
- The **regulation** and **oversight** of methadone-prescribing physicians
- The health, social, and economic **needs** of methadone patients
- The **support** and **resources** they need to provide quality care to methadone patients
- The **time** and **compensation** they need to treat OUD and prescribe methadone in community-based, primary care settings

Knowing such information is vital to supporting physicians and, in turn, improving access to high-quality, evidence-based services for people with substance use disorders.

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