



# The (Perceived) Structural Barriers to Opioid Agonist Therapy

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## Introduction

Opioid agonist therapy (OAT) has been shown to be the most effective way to reduce the risk of overdose, death, cravings, and relapse. Despite this, these medications remain under-utilized (1). Before 2023, Manitoba physicians required extra training and licensure to prescribe suboxone and methadone. This separation of OAT from other medicines is an example of **structural stigma** - policies and practices that reinforce public attitudes and restrict the behaviour of a certain group (3).

Recently the CPSM removed the educational requirement to obtain suboxone prescribing approval, while still requiring licensure (4). By removing this structural stigma, this change, in theory, could improve access to OAT. This review sought to investigate any evidence into the impact of removing jurisdictional barriers surrounding OAT, and whether the removal structural barriers had an impact on OAT access and prescribing.

## Clinical Question

Would removing a jurisdictional requirement for physician training and licensure prior to prescribing OAT improve access or increase prescription of OAT?

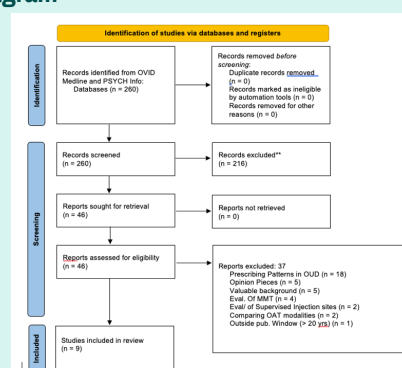
## Methods and Search Results

- Three databases were searched: Ovid Medline, PubMed and PsychInfo.
- Initial results included 260 papers, 46 were retrieved after a title and abstract screen
- 37 papers were excluded a total of 9 papers in the final analysis
- Of the 9 papers, the majority (n = 6) were survey questionnaires of physician attitudes. The remaining papers were literature review (n = 1), theoretical/commentary (n = 1) and in-person interview (n = 1).
- A sample of the studies retained for analysis were searched in SCOPUS
- MeSH terms were reviewed in the Yale MeSH analyzer

Figure 1. Search Strategy

Searches	Results	Type	Actions	Annotations
1. exp Opioid/ or exp Drug Dependency/ or exp "Opioid Use Disorder"/ or exp Drug Abuse/ or exp "Substance Use Treatment"/	155164	Advanced	Display Results   More +	
2. exp Medical Education/ or exp Physicians/ or exp Professional Licensing/ or exp "Prescribing Drugs"/	14297	Advanced	Display Results   More +	
3. exp Training/ or exp Self Instructional Training/	87528	Advanced	Display Results   More +	
4. treatment compliance/	17163	Advanced	Display Results   More +	
5. exp Drug Overdose/ or exp "Death and Dying"/ or exp Mortality Rate/	47491	Advanced	Display Results   More +	
6. exp Narcotic Agonists/ or exp "Substance Use Treatment"/ or exp Methadone Maintenance/	35007	Advanced	Display Results   More +	
7. exp Drug Overdose/ or exp "Death and Dying"/ or exp Mortality Rate/	47491	Advanced	Display Results   More +	
8. exp Methadone Maintenance/	3812	Advanced	Display Results   More +	
9. 2 or 6	152471	Advanced	Display Results   More +	
10. 4 or 5 or 7 or 8	85056	Advanced	Display Results   More +	
11. 1 or 9	158764	Advanced	Display Results   More +	
12. 9 and 10 and 11	260	Advanced	Display Results   More +	

Figure 2. Prisma Diagram



## Results

The literature consists mainly **surveys of physician attitudes** regarding perceived barriers to OAT prescribing. The search revealed evidence from US, Canada, France, and Germany, all of which have different OAT regulation policies. Some information can be gleaned by making cross-cultural comparisons (Figure 3).

### Germany

Context: Physicians must meet specific addiction therapy training requirements, register each OAT patient with the Federal Narcotics Control Board, and document all patient and treatment data (6). Regulatory violations have historically resulted in harsh consequences.

Results: From 2003-2012, the number of registered OAT patients rose from 52,700 to 75,000 while the number of certified OAT physicians increased, but less so. As a result, **the ratio of OAT patients to OAT providers continues to increase steeply**. Survey data suggests the perceived barriers to OAT are the high degree of regulation and threat of legal consequences for providers. The need to reduce social stigma was only mentioned by 7% of respondents (5,6).

Analysis: These responses suggest that **strict legal requirements and regulations present major structural barriers to OAT in Germany**. However, the data is of poor quality.

Figure 3. Percived Barriers to OAT Prescribing in Different Countries

Country	Level of Structural Barrier	Physician Perceived Barriers
France	Low	Social: Fear of misuse, fear of abetting "morally reprehensible behaviour," perception that OUD population is difficult to work with
Germany	High	Structural: high degree of regulation, fear of regulatory consequences
Canada	Medium	Physician Related: access to OAT education and expertise, lack of help from allied professionals, reduced connection to expert providers and specialty clinics  Social: perception that OUD population is difficult to work with
USA	Medium	Structural: degree of regulation, fear of legal consequences  Physician-related: lack of confidence, need for more specialized training, lack of institutional support and referral centers

### France

Context: Since 1994, all registered physicians have been allowed to prescribe suboxone without any special education or licensing.

Results: From 1994-2002, this model reduced opioid overdose by 80% (7). This system has been deemed efficient in terms of public health, access to care, and risk reduction (8,9). A large study carried out by the French national public health agency in 1998, 2003 and 2009 showed that 35.7% of interviewed family physicians did not accept opiate dependent patients (11). Reasons for this included fear of misuse, fear of "abetting behavior which is morally reprehensible," and the perception that the opioid using population is difficult to work with (12).

## Results

Analysis: Despite the reduction of systemic barriers and the creation of comprehensive guidelines in 2004, survey data suggest that a large number of physicians in France are still reluctant to prescribe OAT. French physician responses highlight examples of social stigma as barriers.

### Canada

Context: Moderate oversight, differs by province.

Results: Studies that interviewed and surveyed physician's emphasized physician-related factors such as: access to methadone expertise and the importance of being connected to expert providers and specialty clinics in order to feel supported. Structural and regulatory barriers were also mentioned, but less frequently (13,14).

Analysis: Canadian doctors are more likely to emphasize non-regulatory barriers such as access to expertise and training.

### USA

Context: Moderate oversight. The United States no longer require licensure to prescribe suboxone. Education and registration is still needed to prescribe methadone.

Results: In a survey of physicians who had completed an OAT prescribing course there was an increase in positive attitudes toward suboxone but only 28% reporting any prescribing. Licensure was not identified as a barrier. Physicians reported not prescribing due to a lack of institutional support, mental health and psychosocial support, and lack of confidence in their abilities.

Results: As of 2023, The United States have removed the federal requirement for practitioners to receive a DEA waiver to prescribe suboxone, though these studies suggest that the waiver may not be the most significant barrier.

## Conclusion

- A prohibitive regulatory environment may discourage physicians from prescribing OAT, but the removal of these barriers is not sufficient.
- Physician emphasis on need for more education/expertise suggests that removal of mandatory education without additional supports may actually decrease comfort in prescribing OAT, despite easing a physician's ability to do so.
- The research in this area is of poor quality, relying heavily on survey data with low response rates.
- Future studies tracking OAT prescribing, overdoses and deaths before and after policy changes would help inform us if any impact is made, or if we need to explore other avenues.
- In the absence of this, more rigorous study comparing different OAT regulation models cross-culturally would be a quick way to garner some evidence base for our regulatory choices.