The JEAP Initiative Forum Series on Medications for Opioid Use Disorder (MOUD) Recap

"Exploring Barriers and Facilitators to the Use of MOUD"

Although prior research has demonstrated the effectiveness of medications for opioid use disorder (MOUD), there are a number of barriers that impede the use of MOUD. The JEAP Initiative held a three-part virtual forum series from October-December 2022 that explored barriers and facilitators to the use of MOUD from the perspective of recipients of MOUD, providers of MOUD, and investigators in the MOUD field. Attendees represented diverse geographical regions and organizations, including individuals with lived experience with MOUD and recovery, providers of MOUD and recovery support services, reentry organizations, health insurance companies, research organizations, and the National Institute on Drug Abuse (NIDA). Below are the key takeaways from this forum series.

This 3-part series included:

October session: Group discussion of a key publication and documentary about MOUD

November session: Panel discussion with recipients and providers of MOUD

December session: Presentation and discussion with Dr. Noa Krawczyk on the state of MOUD research

This forum series was supported by the National Institute on Drug Abuse of the National Institutes of Health under award number R24DA051950. The content is solely the responsibility of the authors and does not necessarily represent the official views of the National Institutes of Health.

BARRIERS: What are the most significant barriers to clients initiating and maintaining MOUD?

Limited Hours & Scheduling

Many clinics have limited hours during standard business hours, making it difficult for clients to be employed and attend clinic appointments during the specified times, especially for clients prescribed a daily dose (e.g., methadone). Often multiple different appointments (e.g., medication, doctor, therapist) are required on different days. Clients who live in rural areas or who rely on public transportation often spend multiple hours commuting to and from clinics. Clients on probation or parole often have other programming requirements that create additional scheduling barriers.

Financial Costs

Clients with and without health insurance face financial barriers. The out-of-pocket monthly cost of MOUD can be hundreds of dollars or more. Some MOUD clinics do not directly bill insurance so clients with health insurance may have up-front, out-of-pocket costs and may receive conflicting information about covered services.

BARRIERS CONTINUED:

Power Imbalance

Clients have limited avenues if they are unsatisfied with the care received. Clients are often hesitant to raise concerns because they may be removed as clients from the clinic and it may be the only clinic available. Another risk of raising complaints is that the clinic may be shut down if it is found to be in violation of any rules, further limiting access.

Stigma against MOUD

There is still widespread stigma about MOUD within the recovery community, such as beliefs that it is 'replacing one drug with another.' In addition, there is stigma and discrimination from some employers that will refuse to hire someone who is prescribed MOUD or will fire someone if MOUD shows up on an employment drug screen even with a prescription.

Disconnect between Clients & Clinics

Some clients feel that certain clinics are profit-driven and viewed as 'investment opportunities.' There are often barriers for individuals with lived experience (in recovery and/or with the criminal legal system) being employed at MOUD clinics so these clinics typically have few or no staff with direct lived experience.

Criminal Legal System

MOUD is underutilized in the general population, and even more so within the criminal legal system. Additional barriers to accessing MOUD for individuals who are currently or recently incarcerated include: jails and prisons offering limited forms of MOUD (e.g., extended release naltrexone) or none at all; lack of resources and training for staff; lack of partnerships with community providers to make treatment connections for individuals with a short jail stay; and emphasis on abstinence and a punitive approach to substance use.

FACILITATORS:

What are the most significant facilitators for clients initiating and maintaining MOUD?

Low Barriers to Treatment Entry

Not requiring ID, offering walk-in, virtual, and/or same day services, and integrating MOUD referrals into harm reduction organizations were all highlighted as examples of lowering the barriers for MOUD.

Streamlining Scheduling

Consolidating all appointments into one day and providing weekly prescription refills greatly reduces the scheduling burden on clients. In addition, clinics that have hours outside of business hours make it easier for clients to maintain employment and other recovery capital.

FACILITATORS CONTINUED:

Incorporating Staff with Lived Experience into Clinics

Having staff at the clinic who have direct lived experience can increase empathy and advocacy for clients. It can be accomplished by employing people with lived experience in any staff role (e.g., clinicians, front desk staff) and by incorporating peer support specialists into MOUD clinics. A peer support specialist can serve as an advocate for their client with the rest of the clinic staff.

Continuity/Consistency from Providers

Ensuring clients have consistent providers that they see regularly was highlighted as a factor that helps individuals maintain MOUD. Clinics that minimize staff turnover and maintain continuity were described positively.

Support from Systems Related to Substance Use Disorder

Support from systems related to substance use disorder, such as jails, prisons, and courts, can be a facilitator to implementing MOUD. A panelist gave an example of their local drug court being supportive of participants on MOUD, which signaled legitimacy and acceptance to others such as family members.

Cross-Sector Partnerships

Creating partnerships across sectors can help facilitate the implementation of MOUD. Examples include partnerships between researchers and jails and partnerships between jails and community providers that will provide MOUD to individuals upon release.

Education on MOUD

Stigma against MOUD from the recovery community, the criminal legal system, and society at large was highlighted as a significant barrier, so continued education is needed to demonstrate the effectiveness of MOUD. In addition, within the criminal legal system, a lot of concern is aimed at the potential for diversion of MOUD. Additional education is needed to demonstrate that continued opioid use and overdose deaths are a greater concern than illegal use of MOUD.

Support for Advocacy by Researchers

Opportunities, training, and support for researchers to use their voice and platform to advocate for broader access and lower barriers to MOUD can help to address barriers mentioned above. It includes ensuring people with lived experience have a pathway into research careers.