Primary Care Docs Not Keen to Prescribe Opioid Use Disorder Treatment

A national survey found that primary care physicians had little interest in prescribing buprenorphine or naltrexone.

April 23, 2020 By Benjamin Ryan

A national survey has found a low level of interest among primary care physicians in prescribing medication-assisted treatment (MAT) for opioid use disorder (OUD), including buprenorphine and injectable, long-acting naltrexone.

Methadone is the third form of MAT, but it can be prescribed only by specialty clinics. To prescribe buprenorphine, health care providers must obtain a waiver from the Drug Enforcement Administration.

Recent efforts to promote wider use of MAT among people with OUD have focused on primary care physicians as a conduit.

Publishing their findings in a letter in the Annals of Internal Medicine, a research team led by Emma E. McGinty, PhD, MS, at the Johns Hopkins Bloomberg School of Public Health, surveyed 643 primary care physicians about their attitudes about MAT.

Various characteristics of the respondents were on par with the national primary care physician population. Fifty-two percent of the physicians were in family practice, 4.5% were in general practice and 43% were in internal medicine.

Sixty-seven percent of the physicians believed that OUD treatment is more effective when MAT is used than when it is not, and 64% said they thought that people can safely use MAT to manage their OUD over the long-term.

Seventy-eight percent of the respondents said they thought buprenorphine was effective, 61% thought the same about methadone and 51% thought so about naltrexone.

Just 20% said they were interested in treating people with OUD. Just 7.6% said they had prescribed buprenorphine, and only 4.0% had prescribed naltrexone for OUD. Only 12% expressed interest in

obtaining a waiver to prescribe buprenorphine.

Eighty-two percent of the physicians supported increasing insurance coverage of MAT, and 76% supported government investment in MAT.

Forty-eight percent of the respondents said they supported allowing physicians to prescribe methadone for OUD in a primary care setting, and 38% supported eliminating the buprenorphine waiver requirement.

“These findings,” the study authors concluded, “suggest that policy changes alone are unlikely to lead to widespread availability of primary care–based medication treatment for OUD. Longer-term solutions, such as incorporating addiction medicine into physician training, and delivery system reforms, such as embedding addiction medicine professional in primary care practices, may be needed.”

To read a press release about the study, click here.

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