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Differences in Behavioral Health Clinician Comfort Discussing Medication to Treat Substance Use Disorders

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Pharmacologic management is an important component of treatment for several substance use disorders (SUD), including nicotine, alcohol, and opioid use disorders (OUD). For example, medication for OUD (MOUD) has been associated with decreased risk for overdose and improved treatment engagement (Connery, 2015). Despite this only 11.2% of individuals with OUD received MOUD in 2020 (Substance Abuse and Mental Health Services Administration, 2021).

To more effectively address the opioid crisis and increase access for treatment, substantial effort has been devoted to integrating substance use treatment into behavioral healthcare since substance use and mental health conditions commonly co-occur. For example, one recent study in Canada found 87% of individuals on opioid agonist treatment had a cooccurring mental health condition (Morin et al., 2020).

Non-prescribing behavioral health clinicians (e.g., social workers, psychologists) play an important role on teams when integrating SUD treatment into behavioral health. Research in mental health settings and in patients with serious mental illness has suggested their attitudes and opinions towards medications can influence and increase patient treatment adherence and engagement (Chien et al., 2015; Linsky et al., 2015). However, it is unclear if non-prescribers are adequately trained to provide support for medications for SUD. In 2015 for example, only 2% of master's degree programs in social work reported requiring substance use coursework (Russet et al., 2014).

Boston Medical Center is an academic hospital that has a large proportion of patients with SUD. In the outpatient adult behavioral health clinics, approximately 33% of patients have a co-occurring SUD and mental health condition (C. Oppenheim, E. Toledo, personal communication, August 19, 2021). In order to enhance and expand SUD treatment in these clinics to better serve this patient population, an anonymous survey was distributed to 84 clinicians (MDs, NPs, APRNs, psychologists, and social workers). The survey included 33 questions assessing clinical role, current exposure to treating SUD, level of comfort as well as attitudes and beliefs about SUD, and perceived helpfulness of training on different SUD topics.

Clinicians were invited by email to complete the survey three times over four weeks in Winter 2021. Data was collected through the web-based platform Research Electronic Data Capture. Differences in survey responses between the prescriber and non-prescriber groups were examined with Pearson Chi Square and Fisher's Exact tests using SPSS software. Since this project was undertaken as a Quality Improvement Initiative it was not formally supervised by the Institutional Review Board per their policies.

A total of 41 clinicians (48.8%, 14 prescribers, 27 non-prescribers) completed the survey. Overall, there was no significant difference found between prescribers and non-prescribers when comparing current practice, level of comfort as well as attitudes and beliefs about substance use treatment, and perceived helpfulness of training on different SUD topics. The only area which showed a statistically significant difference was comfort with discussing medication treatment options for SUD. Of the 14 prescribers who answered the question, 11 (78.6%) indicated they felt comfortable discussing medications, compared to 8 (38.1%) of the 21 non-prescribers ($X^2 5.546, p = 0.036$), signifying that prescribers were more comfortable than non-prescribers discussing medication treatment for individuals with a SUD.

The results of this survey suggest it is important to evaluate non-prescriber comfort in discussing medications for SUD to encourage collaboration between mental health providers. Improved training opportunities in medications for SUD for non-prescribers can increase patient engagement with medication. The worsening opioid crisis and rising overdose deaths highlight the importance of comprehensive and multidisciplinary treatment for SUD. Further research and engagement with non-prescribers is needed to identify how to best improve and tailor SUD education for all behavioral health disciplines.

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