

# Patients battling opioid addiction in central Appalachia face issues accessing drug treatment

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Despite its proven effectiveness as a treatment for opioid use disorders (OUD), buprenorphine is not reaching patients in central Appalachia, the

epicenter of the opioid crisis in the United States, according to investigators from the Emory Rollins School of Public Health.

The findings, published in the *New England Journal of Medicine*, are part of a study in rural Kentucky that is supported by the National Institute on Drug Abuse. Hannah Cooper, ScD, chair in [substance use disorders](#), is first author on the article. Emory co-authors include David H. Cloud, JD, MPH; April M. Young, Ph.D., MPH; and Patricia R. Freeman, Ph.D.

The researchers found that despite numerous state and federal initiatives seeking to expand [buprenorphine](#) access, nearly a quarter of all pharmacies in 12 Kentucky counties denied buprenorphine to people with prescriptions. Other studies have shown a similar pattern in Tennessee and West Virginia.

In addition to its effectiveness as an OUD treatment, buprenorphine also reduces the risk of overdose, hepatitis C virus infection, and HIV infection. Increasing access to this lifesaving medication is particularly important during the COVID pandemic, which has witnessed significant increases in overdoses.

The researchers cite three main barriers that can account for pharmacists' hesitation in dispensing the drug:

- The system drug wholesalers use to monitor buprenorphine, which groups together medications that treat the problem with those that cause it;
- An erosion of trust in physicians among pharmacists in the region, owing to years of overprescribing painkillers; and
- Lingering stigma against people suffering from OUD.

Investigators say these impediments can be overcome if pharmacists and

drug wholesalers adopt measures such as tracking buprenorphine separately from other opioids and increasing the current cap on dispensing the medication. They suggest that state licensure boards provide clearer prescribing and dispensing guidelines. They also recommend re-educating [health care professionals](#) to refute misconceptions about the use of buprenorphine as a therapy for OUD.

**More information:** Hannah L.F. Cooper et al. When Prescribing Isn't Enough—Pharmacy-Level Barriers to Buprenorphine Access, *New England Journal of Medicine* (2020). [DOI: 10.1056/NEJMp2002908](https://doi.org/10.1056/NEJMp2002908)

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