

INTRODUCTION

- Despite strong evidence that MOUD reduces opioid-related mortality by more than 50%, only 1 in 10 individuals with opioid use disorder (OUD) receive treatment nationally.
- In Washington, DC, African American men living in lower-income wards are disproportionately affected by OUD and opioid overdose deaths.
- Barriers to treatment include stigma, pharmacists' reluctance to dispense MOUD, insufficient provider capacity, and limited community access points.
- Community pharmacists working under collaborative practice agreements are uniquely positioned expand care and increase treatment engagement by incorporating peer recovery coaches (PRCs).

OBJECTIVES

- The objective of this project is to increase access to medications for opioid use disorder (MOUD) in Washington, DC, by increasing pharmacists' engagement through establishing a Pharmacist-Physician-Peer Recovery Coach (P3) collaborative care model within community pharmacies.

METHODS

- This initiative trained 122 pharmacy personnel (pharmacists, technicians, interns, and students) on OUD management, stigma reduction, naloxone use, and collaborative care through an accredited 16-hour program.
- Following training, three pharmacies located in DC Wards 7 and 8 were recruited to implement the P3 model.
- Each site established collaborative practice agreements with physicians authorized to prescribe buprenorphine.
- PRCs were integrated to provide ongoing patient support and linkage to social services.
- Data collection included pre/post training knowledge surveys

RESULTS



Figure 1: Pre and Post Training Survey Results

- Results demonstrate increased pharmacist knowledge of evidence-based OUD care and willingness to dispense MOUD.

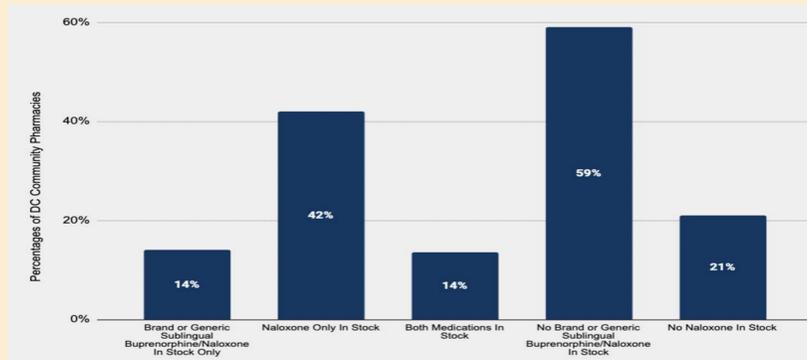


Figure 2: Sublingual Buprenorphine Access In DC Community Pharmacies

ADDITIONAL INFORMATION

- Baseline pharmacy surveys identified limited availability of buprenorphine products and high levels of stigma as barriers to patient care.
- Following implementation, participating pharmacies are expected to report improved access to oral buprenorphine, expanded naloxone distribution, and enhanced collaboration with physicians.
- A minimum of 120 patients with OUD are expected to receive follow-up care—including evaluation, continuation, and dispensing of MOUD. We anticipate high patient satisfaction, increased treatment retention, and strengthened relationships between pharmacists, physicians, and PRCs.

DISCUSSION

- This model offers a scalable approach for practice transformation, with potential policy implications for reimbursement frameworks and regulatory guidance to support pharmacist-provided MOUD services. By expanding access in underserved DC neighborhoods, the P3 project addresses health disparities and provides a replicable framework for other communities confronting the opioid crisis.

IMPORTANCE

- The P3 model demonstrates that community pharmacies can serve as critical access points for MOUD when supported by physician collaboration and peer recovery services. Training pharmacists reduces stigma, increases confidence in OUD management, and fosters integration into broader healthcare teams. Embedding PRCs enhances patient trust and treatment adherence.

DISCLOSURE

This project is funded by the Foundation for Opioid Response Efforts
Research was approved by the Howard University IRB