STUDY RETENTION: Perspectives of Suboxone Dropouts  
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INTRODUCTION: Retention is linked to treatment outcome; those who remain in treatment longer do better. Limited prior research has explored reasons for dropout from treatment for opioid dependence. A recent study (Starting Treatment with Suboxone, Agonist Medications, or Placebo) conducted through the Clinical Trials Network (CTN) randomly assigned treatment-seeking opiate-dependent individuals to either methadone (buprenorphine and naloxone) for 24 weeks of pharmacotherapy. A disproportionately larger number of the Suboxone group, compared to the methadone group, discontinued study participation earlier than scheduled, with many dropping out shortly after enrollment (Suboxone vs. 26% methadone). This study explores the differential retention rate from the perspective of participants who dropped out.

METHODS: In-depth semi-structured interviews were conducted with staff and patients (dropouts, completers) at 7 of the 8 subacute opioid treatment programs (OTPs) participating in START. A detailed interview guide was used to eliciting information from these sources. Informed consent was obtained prior to the initial interview, and the possibility of extending the interview to a second session if the participant wished to continue. Interviews were conducted at the OTP or research office. Interviews were audio recorded and transcribed.

RESULTS: This analysis highlights results of interviews with 67 individuals (56 Suboxone, 11 methadone) who dropped out of START. Of these, 24 dropped out for the reasons presented in this paper. The majority of participants (88%) dropped out due to personal reasons (39%) or program issues (39%).

DISCUSSION: This analysis highlights results of interviews with 67 individuals (56 Suboxone, 11 methadone) who dropped out of START. Of these, 24 dropped out for the reasons presented in this paper. The majority of participants (88%) dropped out due to personal reasons (39%) or program issues (39%).

EMERGING RECOMMENDATIONS

- Evaluate patients about Suboxone (and how it might differ from methadone), in particular, provide patients with appropriate information about treatment options and help them understand the potential advantages and disadvantages of each treatment option.
- Consider use of split doses during the induction and maintenance phases of treatment. When appropriate, additional home medications may be helpful to those with transportation or work-related problems.
- Allow patients who have a preference for Suboxone or methadone the option of choosing.
- Provide bus/taxi tokens/services for those who need assistance with transportation. Encourage patients attend individual counseling sessions and offer support groups (e.g., Suboxone groups).

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REFERENCES


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