START Study Retention: Perspectives of Suboxone Dropouts

Cheryl Teruya, Christie Thomas, Anya Rosensteel, Albert Hasson, Maureen Hillhouse, Yih-Ing Hser, Walter Ling
University of California, Los Angeles, Integrated Substance Abuse Programs

ABSTRACT

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 opiate dependence. A recent study (*Starting Treatment with Agonist Replacement Therapies*, or START) conducted through the Clinical Trials Network (CTN) randomly assigned treatment-seeking opioid-dependent individuals to either methadone or Suboxone (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 (54% Suboxone vs. 26% methadone). This study explores the differential retention rate from the perspectives of participants who dropped out.

Methods: In-depth semi-structured interviews were conducted with staff and patients (dropouts, completers) at 7 of the 8 outpatient opioid treatment programs (OTPs) participating in START.

Results: This analysis highlights results of interviews with 67 individuals (56 Suboxone, 11 methadone) who dropped out of START. Examination of these qualitative interviews identified potential barriers and facilitators to treatment retention, including medication-related factors, patient factors, program factors, and life events.

Discussion: Recommendations offered by participants may help efforts to improve treatment retention. Ultimately, findings from this study may inform clinical practice, resulting in improved utilization and integration of buprenorphine within OTPs.

AIM

This analysis explores the perceived barriers to and facilitators of treatment retention among Suboxone dropouts compared to methadone dropouts and offers recommendations to improve retention.

METHODS

Participants: convenience sample comprised of 14% of total Suboxone dropouts and 8% of total methadone dropouts; "dropout" as defined as participants who terminated from START, for whatever reason, prior to completing the planned 24 weeks of treatment.

Procedures: 1-hour qualitative semi-structured in-person audio-recorded interviews; brief background survey questionnaire; participants paid for their participation (cash or gift cards); coding and content analysis conducted using ATLAS.ti.

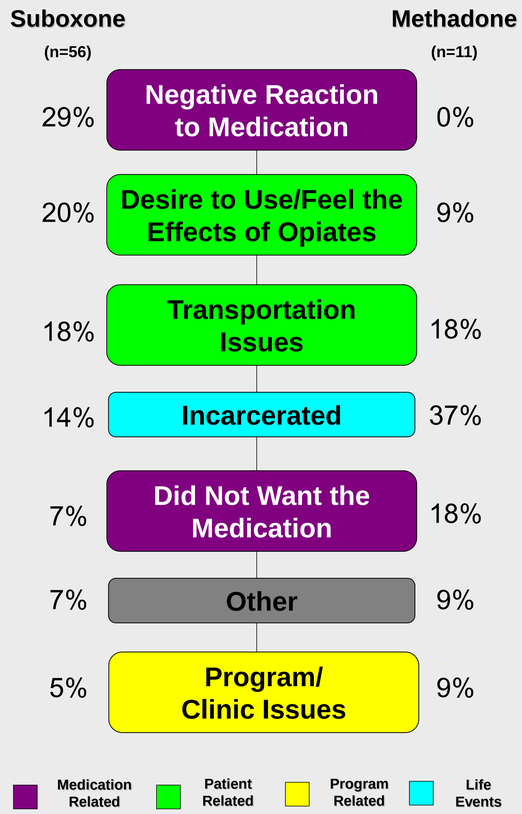
Main Interview Topics: reasons for enrolling in START; prior experience with Suboxone and methadone; medication preference; experience with medication during START; reasons for leaving treatment; suggestions on what would have helped the participant stay in START; advice to opiate users thinking about Suboxone or methadone treatment.

PARTICIPANT CHARACTERISTICS

Characteristic		Suboxone (n = 56)	Methadone (n = 11)
Sex (% Male)		68	82
Mean Age in Year (S.D.)		41.3 (11.07)	38.9 (10.03)
Race:	Caucasian	51.8	45.5
	Hispanic	23.2	27.3
	Other	24.9	27.3
Employment Status (%):	Part-time	16.1	18.2
	Unemployed	48.2	54.6
On Welfare (%)		46.4	45.5
Mean Age in Years of 1st Opiate Use (S.D.)		19.5 (5.34)	21.2 (8.59)
Ever Injected Opiates (%)		80.4	90.9
Mean Longest Period in Years Using Opiates (S.D.)		11.0 (8.82)	10.7 (12.26)
Prior Buprenorphine Treatment (%)		32.1	27.3
Prior Methadone Treatment (%)		76.6	90.9

PRIMARY REASONS FOR DROPOUT

Comparison of Dropout Reasons



Illustrative Quotes from Suboxone Dropouts

"I was willing to try it, but I wasn't really, I guess, educated about it, that you have to be in full withdrawals. I came in here still high, and when I took it, I went into complete withdrawals."

"I was feeling crappy, the headaches and stuff like that."

"It seemed like the Suboxone really triggered a wanna get high thing in me. Because the fact that I couldn't, it made me wanna use more… And I'm too spontaneous to stop takin' the Suboxone for two days so I can get high on Friday. I can't stop on Wednesday. If I wanna get high on Friday, I decide that on Friday."

"You couldn't get loaded… I tried it … When I came in… I was so clean, and… I wasn't ready to be so clean. I still wanted to be loaded."

"I just wasn't able to get here as much… and it cost more to get out here and back and forth… it was just I missed one day and then I wasn't that bad and I still had it, my 8 mg take-home and I ended up taking that and I was fine. Never needed to come back."

"I wanted to stay in for the whole time, but I knew once I had to go back to work… I'm gonna have to leave… They couldn't work with me… They wouldn't, you know, compromise, so to say. I tried everything… if they coulda just done one mandatory meeting at night… The meetings I guess, that's what broke the deal.

"I was absconding. When I got on the study … I didn't tell anybody on the study that I was on parole, so … when I did get just pulled over, they took me in on a warrant of absconding because I had not let my PO know yet that I was on the study."

"I went to jail… that was the reason… I would have never stopped."

"I came for methadone. They said I couldn't get it, I had to get Suboxone, and I walked out the door."

PARTICIPANT PERSPECTIVES

What might have facilitated retention in START…

- Not having experienced negative reactions to the medication (11 Suboxone)
- More and detailed information about the medication and what to expect (8 Suboxone)
- Option to choose medication (7 Suboxone; 1 methadone)
- Provision of take homes (7 Suboxone; 1 methadone)
- Resolution of transportation-related issues (6 Suboxone, 1 methadone)
- Not having been incarcerated (5 Suboxone, 2 methadone)
- Participation in counseling (individual and/or groups) (3 Suboxone)
- Ancillary services (e.g., housing and employment assistance) (2 Suboxone, 1 methadone)
- Being open-minded, giving the medication a chance to work (2 Suboxone)
- Other (e.g., larger incentives, not having to wait in the clinic for the medication to dissolve)

EMERGING RECOMMENDATIONS

- Educate patients about Suboxone (and how it might differ from methadone); in particular, provide detailed information on how to prepare for induction, and what to expect when using the medication.
- Consider use of split doses during the induction and maintenance phases of treatment. When appropriate, expedited take home medication may be helpful to those with transportation problems or work-related responsibilities.
- Allow patients who have a preference for Suboxone or methadone the option of choosing.
- Provide bus tokens/passes when possible for those who need assistance with transportation.
- Ensure patients attend individual counseling sessions and offer support groups (e.g., Suboxone groups).

DISCUSSION

- Some reasons for dropout differed between the 2 groups: only Suboxone participants indicated negative reactions to the medication; fewer Suboxone participants reported incarceration; and more Suboxone participants reported a desire to use/feel the effects of opiates.
- Participants described multiple factors that may have contributed to early termination (e.g., initial medication preference; experience/ beliefs about Suboxone and methadone; drug use history; dosing/dispensary experiences). Ongoing analysis will examine relationships among these factors and with reasons for dropout.
- Medication effect may contribute to differential dropout rates; Suboxone, a partial agonist, does not seem to provide the full opioid effect ("warm blanket" feeling) that methadone, a full agonist, does. (Mattick, Kimber, Breen, & Davoli, 2008).
- Data from the 8th site will be collected soon and analyzed with the current data; themes identified here should be considered preliminary.
- Further analyses are planned to examine themes and patterns among and between other categories of participants (e.g., completers, site staff) and within and across sites.
- Limitations: 1) Participants were not randomly selected so they may not be representative of all START dropouts and all OTP patients. 2) Site samples are small and the methadone sample is even smaller due to higher retention rate.
- This study is exploratory in nature and in-depth interviews from multiple perspectives may provide helpful information to OTPs considering offering Suboxone treatment.

Reference: Mattick RP, Kimber J, Breen C, Davoli M. Buprenorphine maintenance versus placebo or methadone maintenance for opioid dependence. Cochrane Database of Systematic Reviews 2008, Issue 2. Art. No.: CD002207. DOI: 10.1002/14651858.CD002207.pub3.

ACKNOWLEDGEMENTS

Contact: Cheryl Teruya, Ph.D. UCLA ISAP, (310) 267-5251, cteruya@ucla.edu
The Authors Report No Conflicts of Interest
This study was funded by NIH/NIDA (U10 DA 013045 and K05DA017648)

We would like to thank the Executive and Program Directors, and the research and clinical staff at the participating START sites for their support, input, and hospitality during the site visits.