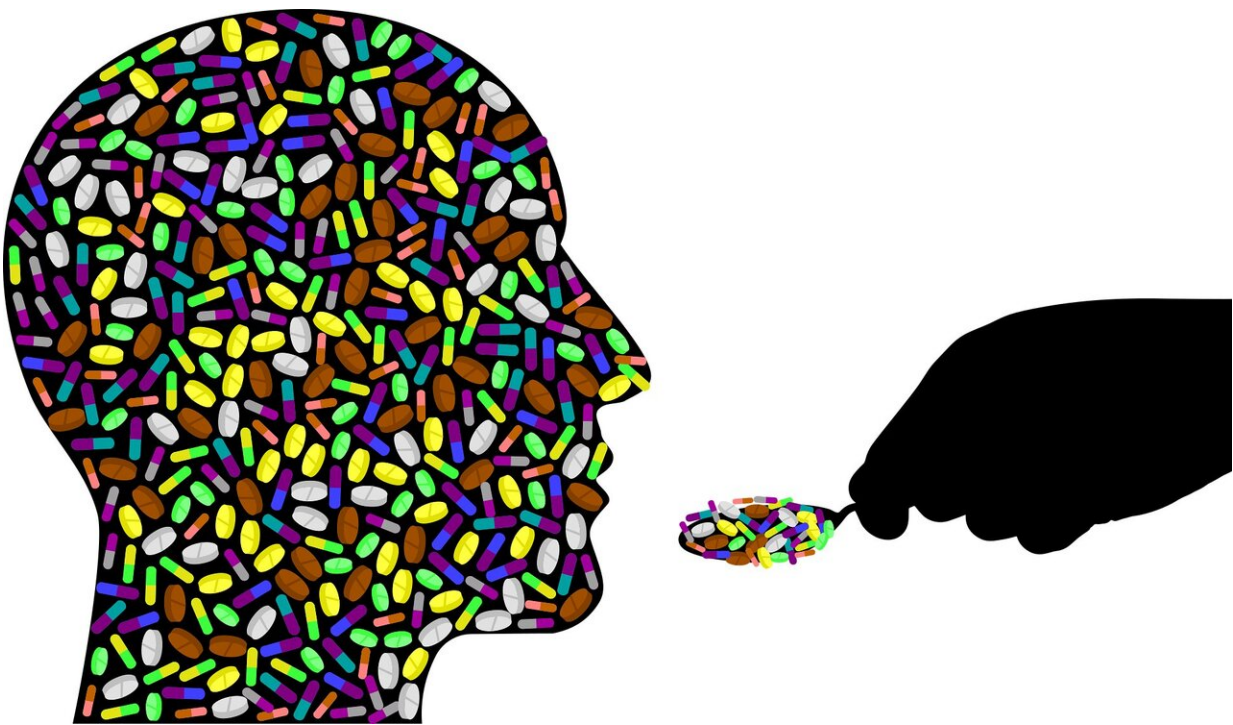


Connecticut medication-assisted opioid treatment programs retain patients at higher rates

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Medication-assisted treatment, or MAT, is an important tool in the ongoing fight against opioid use dependence in the United States. Employing certain medications in combination with counseling and behavioral therapy, MAT offers a comprehensive, "whole-patient"

approach to addressing opioid use.

According to a new study from researchers at the UConn School of Social Work and the Connecticut Department of Mental Health and Addiction Services, Connecticut's MAT programs have higher-than-average patient retention rates—more people who enter Connecticut's programs stay in the program to completion.

But the study—recently published in the journal *Substance Use and Misuse*—also found that younger patients and patients who reported cocaine or crack use in addition to opioid dependence had a harder time sticking with the MAT treatment program than those who were older or those who might also be using other substances, which has implications for both program providers and policymakers as the country continues to grapple with the opioid epidemic.

"One of the things you look at when folks are coming into a program like this is what kinds of drugs they were using right before this started," says Michael Fendrich, a professor and associate dean for research at the School of Social Work who focuses on policies, services, interventions, and [risk factors](#) related to substance misuse and mental health and is the lead author of the new study. "A lot of programs are focused on one substance, but a lot of folks come in there not just using one substance."

The study looked at information about clients enrolled in four federally funded MAT programs in Connecticut over a three-year period, from December 2016 to August 2019, and included 423 clients that followed the same treatment model. In addition to medication, the programs included cognitive [behavioral therapy](#) and employed a recovery support coach—a person in recovery from [opioid use](#) disorder—as part of the treatment model.

Clients were considered to be "retained" if they were still receiving

services from the program at the six-month interview or if they had a successful discharge before the six-month interview. The researchers found that, at six months, 58.9% of participants has been retained in the program. Most of these participants—71% - were still receiving services. Others had completed services or had successful discharges at six-month follow-ups.

Prior use of other substances did not necessarily lead to lower retention—a finding that Fendrich says he found surprising. In particular, those who reported using benzodiazapines actually had a higher probability of success in the program.

"I don't have a solid reason for that," Fendrich says, "but we do know that benzodiazapine is a dangerous medication to be taken at the same time that you're taking opioid treatment medications, so there might have been a little bit more focus on making sure that those folks were using the treatment medication in the way they were supposed to be using it."

But reported cocaine or crack use was correlated with reduced retention, an area that Fendrich says merits greater study.

"Prior substance use is a complex issue," he says. "You can't just say, 'all prior drug use is going to decrease the chances for success.' But you need to look at what specific drugs are being used. And I would suggest that we just need some more follow up on that one."

Overall, rates of retention did not vary despite differences in location and in the demographics of the clients who sought treatment at the four sites.

"They were dealing with diverse clients, and they were pretty similar kinds of outcomes that they experienced," Fendrich says, "which speaks

highly to the implementation of the program in the state."

Demographics, though, did influence success: older clients had higher retention rates than younger clients, suggesting that strategies specifically designed to support younger people who are struggling with opioid dependence are needed.

"I really think that the emerging adult, young adult, group is a group that's at risk for so many things, and I think we need to think about them in an even more focused way," Fendrich says. "As we emerge from the pandemic, this is a group that's struggling on many issues. It's a really difficult time, in terms of employment opportunities, in development—folks are not stabilized in their life—in relationships, and in just general direction in life. And so, it becomes harder when there's also substance dependence that's added into the picture."

While the role of peers employed as recovery support coaches in Connecticut's program was not specifically evaluated as part of the study, the researchers suggested their participation in the treatment model could contribute to Connecticut's higher retention rates. This hypothesis was supported by focus groups the researchers conducted with the program clients; many of the client comments were about the importance of peer support. While not unique to Connecticut, use of recovery support coaches in MAT programs is not universal, Fendrich says.

Programs need to think about the potential unique needs of people coming into the [program](#), he notes, and look comprehensively at supports they might need to be successful.

"It's never just one thing," Fendrich says. "You know, people are complicated. And there is an opioid crisis, but folks who are who are dependent on opioids have lots of other problems. Some are addiction-

related, and some are more in what I call the 'psychosocial adjustment realm,' but they all need attention. I think we've been good at attending to those in our programs in Connecticut, and it's a real feather in our cap."

He continues, "We have great programs here in the state, and we'll hopefully continue to build on the success that we've seen in our programs so far. But policy-wise, we need to be comprehensive in our approach to treatment for people who are coming into programs with [opioid](#) dependence."

More information: Michael Fendrich et al, Treatment Retention in Opioid Dependent Clients Receiving Medication-Assisted Treatment: Six-Month Rate and Baseline Correlates, *Substance Use & Misuse* (2021). [DOI: 10.1080/10826084.2021.1906276](https://doi.org/10.1080/10826084.2021.1906276)

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