Personality, treatment, and prescriber all influence retention for opioid rehab

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"Being an Aboriginal or Torres Strait Islander person, younger, having a past-year psychotic diagnosis, or having four or more criminal offenses in the year prior to treatment were all associated with an increased risk of leaving treatment," said Ms Bharat.

The study found that most people in the cohort were male (69 percent) and non-Indigenous (77 percent), with a median age of 29 years.

"At first OAT entry, the percent of people initiating on methadone reduced over time (74.2 percent in 2001 to 38.3 percent in 2015)," said Ms Bharat.

The report also found that people whose prescriber had a longer tenure of OAT prescribing were at a reduced risk of leaving treatment compared to those whose prescribers had less experience.

"An example of this would be a prescriber with three years of OAT prescribing tenure, an increase of five years prescribing experience was associated with a 6 percent reduction in odds of the person leaving treatment," said Ms Bharat.

"In terms of where a prescriber worked, there was no association found between a person's time in OAT and either a prescriber's peer group size or whether they were prescribing from multiple locations."

Ms Bharat highlighted the need to recognize and address barriers to treatment retention at each of the person, prescriber, and system levels.

"Examining explanations for the improvement in buprenorphine retention over time could help to inform the processes needed to optimize retention, while greater education and mentorship programs could be considered as possible strategies to support prescribers in improving retention of OAT for people prescribed buprenorphine and methadone," said Ms Bharat.
Professor Michael Farrell, Director of NDARC said, "This important long-term study highlights improved treatment retention with buprenorphine which may be related to experienced clinicians’ skill fully inducting patients onto buprenorphine."


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