THE EFFECT OF PERSON, TREATMENT AND PRESCRIBER CHARACTERISTICS ON RETENTION IN OPIOID AGONIST TREATMENT: A 15-YEAR RETROSPECTIVE COHORT STUDY

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Background:

There is limited evidence on the relationship between retention in opioid agonist treatment for opioid dependence and characteristics of treatment prescribers. This study estimated retention in buprenorphine and methadone treatment and its relationship with person, treatment and prescriber characteristics.

Methods:

Retrospective longitudinal study. Participants included people entering the opioid agonist treatment programme in New South Wales, Australia, for the first time between August 2001 and December 2015. The primary outcome, time in opioid agonist treatment, was modelled using a generalized estimating equation model to estimate associations with person, treatment and prescriber characteristics.

Results:

The impact of medication type on opioid agonist treatment retention reduced over time; the risk of leaving treatment when on buprenorphine compared with methadone was higher among those who entered treatment earlier [e.g. 2001-03: odds ratio (OR) = 1.59, 95% confidence interval (CI) = 1.45-1.75] and lowest among those who entered most recently (2013-15: OR = 1.23, 95% CI = 1.11-1.36). In adjusted analyses, risk of leaving was reduced among people whose prescriber had longer tenure of prescribing (e.g. 3 versus 8 years: OR = 0.94, 95% CI = 0.93-0.95) compared with prescribers with shorter tenure. Aboriginal and Torres Strait Islander people, being of younger age, past-year psychosis disorder and having been convicted of more criminal charges in the year prior to treatment entry were associated with increased risk of leaving treatment.

Conclusion:

In New South Wales, Australia, retention in buprenorphine treatment for opioid dependence, compared with methadone, has improved over time since its introduction in 2001. Opioid agonist treatment retention is affected not only by characteristics of the person and his or her treatment, but also of the prescriber, with those of longer prescribing tenure associated with increased retention of people in opioid agonist treatment.

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