PREFERENCES FOR OPIOID AGONIST TREATMENT AMONG PEOPLE WHO REGULARLY USE OPIOIDS IN AUSTRALIA: THE PREFER STUDY

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Background:
Methadone and buprenorphine are established as effective opioid agonist treatments (OAT). The availability of extended-release buprenorphine (XR-BUP) has the potential to transform OAT for some people, but research evaluating OAT preferences is limited. This study evaluated OAT preferences and associated factors.

Methods:
PREFER is a cross-sectional cohort study of opioid dependent people (opioids used in 21 of the past 28 days) recruited in Australia from needle and syringe programmes, OAT services, snowballing, and word-of-mouth. Participants completed an interviewer-administered questionnaire including demographics, injecting drug use characteristics, drug treatment history, and preferences for OAT. Preferences for OAT and associated factors were evaluated.

Results:
Between October 2020-April 2021, 360 participants were enrolled (mean age 45, 42% female), with 77% injecting drugs in the last month, 96% having ever received OAT, and 80% currently receiving OAT (61% methadone, 15% oral buprenorphine+naloxone, and 5% XR-BUP). Methadone was preferred by 54% (n=195), buprenorphine by 34% (n=122), no OAT preference by 9% (n=33), and 3% did not want OAT. Among those who preferred buprenorphine (n=122), oral buprenorphine ± naloxone was preferred by 50% (n=61) and XR-BUP by 50% (n=61). Among those with a preference for OAT, injecting drug use in the last month was associated with reduced odds of preferring buprenorphine treatment (vs methadone) (aOR 0.51, 95% CI 0.30-0.87) adjusting for age and gender. Among those with a preference for buprenorphine, currently receiving methadone was associated with a preference for XR-BUP (aOR 6.16, 95% CI 1.73-21.89) adjusting for age and gender.

Discussion:
In this sample, 54% and 34% indicated a preference for methadone and buprenorphine, respectively. Among those with a preference for buprenorphine, 50% indicated a preference for XR-BUP. Further work is needed to better understand factors influencing patient preferences for XR-BUP to guide clinical decision making.