Introduction

In the current opioid overdose epidemic, treatment retention among clients receiving medication-assisted treatment (MAT) for opioid dependence is a significant and growing concern among treatment providers, policy-makers, and researchers. A systematic review by Timko et al. (2015) suggested that 6-month retention rates have varied widely and that past interventions have had minimal impact on that variation. Using data from clients participating in SAMHSA’s MAT Prescription Drug and Opioid Addiction (MAT-PDOA) program from four treatment sites in Connecticut, we sought to understand 6-month MAT retention rates as well as potential client factors (based on self-reported GPRA data) associated with retention.

Methods

Sample: This study uses data obtained from clients enrolled in the Connecticut MAT-PDOA project (MATx) over a three-year period beginning in December 2015 and ending in August, 2019. This SAMHSA-funded project involved administration of MAT (usually Suboxone) to eligible clients with opioid use disorders (OUDs). These were enhanced programs; all sites had a person in recovery from an OUD (a recovery support coach, RSC) as part of the team. All clients who consented to participate were interviewed at baseline (usually shortly after MAT induction). Clients were also asked to complete a follow-up interview 6 months after their baseline. A discharge interview or administrative record may have been completed if clients were discharged from the program at any point after baseline, unless it coincided with their 6-month interview window. In addition, participants were targeted for a second follow-up interview one year after their baseline interview, depending on their length of stay in the program (clients discharged within the 6-month window did not get a second follow-up interview). This study includes information from 423 clients from four separate treatment programs in Connecticut with baseline interviews and examines their status at the first follow-up interview.

Definitions: Retention: Clients who were still receiving services from the program at first follow-up interview (around 6 months after enrollment) or who had a “successful” discharge by the first follow-up interview were considered to be “retained.” Reasons for successful discharges included: Treatment completion, transferring to another treatment program (e.g., long-term, closer to home) or provider, or began using another MAT (e.g., methadone).

Non-retention: Clients who were not receiving services from the program at the first follow-up and who were discharged for a reason indicative of an unsuccessful termination were considered to be “not retained.” Reasons for unsuccessful terminations included: client left the program against staff advice, client was discharged at staff request due to non-participation or rule violations, client moved out of area, client was incarcerated, client died, or client transferred to detox or health services.

Research Questions
1) What is the overall retention rate at 6 months for the 423 participants we followed in the MATx study?
2) What are the correlates of retention/non-retention for MATx participants? Specifically, are treatment programs, demographic characteristics, substance use at baseline, and mental health treatment at baseline related to retention?

Measures
1) Substance Use: All respondents were asked about the number of days of substance use in the past 30 days in the baseline GPRA instrument. We used responses on these measures to derive binary indicators of past 30 day use for cocaine/crack, marijuana/hashish, any alcohol, and any other non-opioid illegal drugs (i.e., benzodiazepines, methamphetamine/amphetamines, hallucinogens, hallucinartes, or inhalants).
2) Demographic data on age (3 groups), race/ethnicity (white or non-white), and gender were also derived from the GPRA.
3) Program: Site indicators were used to control for differences between four different programs.

Results

Table 1. Bivariate Correlates of Retention: At 6 months, 58.9% (n=249) of participants were retained. Older age groups had a significant positive association with participation. Past month cocaine and marijuana use both had significant negative associations with retention.

Table 2. Logistic Regression Predictors of Retention (n=407)

Conclusions

Retention rates at follow-up were relatively high compared to those examined in previous literature, underscoring the success of the Connecticut MATx program. One possibility is that the enhanced nature of the program—the involvement of an RSC—increased retention across sites relative to other MAT programs. These findings suggest that efforts for enhancing retention and successful treatment outcomes need to consider and potentially address the unique needs, problems, and risks of younger clients. Further research exploring the role of prior and ongoing substance misuse in impacting treatment outcomes is also needed. Our findings suggest that cocaine use, which was reported by 21.7% of the clients at baseline, is particularly problematic.

It is noted that MAT is focused on addressing opioid dependence and not necessarily other forms of substance dependence and misuse. This underscores the importance of adjunctive behavioral therapies (e.g., CBT, mindfulness, MMT) with the potential to address a broader scope of problems than those addressed by MAT alone. Follow up research should investigate whether participation in such therapies reduces the risk of non-retention for certain high risk groups (e.g., young cocaine users).

References


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