

Tittle: Patient Dropout From Opioid Substitution Treatment.

Abstract

Opioid Substitution Treatment (OST) is an established treatment for opioid dependence. In New Zealand, OST programmes are regulated by the Ministry of Health (2014) and Methadone and Buprenorphine/Naloxone (Suboxone) are the primary medications. Retention on OST is a key indicator for stabilisation of patients with opioid dependence. As yet, there have been no studies exploring the factors associated with New Zealand OST patient dropout, which is defined as discontinuation of OST by patients, against medical advice, for at least one month. Previous studies have showed that patients who drop out of treatment have a higher risk of harm to themselves by taking fatal overdoses and to society by engaging in criminal activities (Nwakeze, Magura, Rosenblum & Joseph, 2000; Garg, Yates, Jones, Zhon & Williams, 1999; Simpson, 1979). Previous research has demonstrated that the effectiveness of OST is strongly correlated with patient retention

(Fare, Mas, Torrens, Moreno & Cami, 2002; Hubbard et al., 1989; Simpson, Joe & Brown, 1997).

The purpose of the present research was to study dropout rates and identify factors associated with the dropout of patients from OST at the Community Alcohol and Drug Service (CADS), Hamilton, from 1st January 2013 to 30th April 2014. It was a retrospective, longitudinal, quantitative study. A retrospective clinical audit of patients on OST was conducted. There were 150 patients on OST in Hamilton under the CADS team during the period of study. Nine patients dropped out during the study period. Sixty-four patients were randomly selected from the remaining 141 patients who remained on treatment as a comparison group and for the study sample to be approximately half of the overall population of 150 patients. Time and resources were also factors in determining the size of the sample group. File review was conducted and potential predictors of dropout were identified. Thirty-five independent variables were selected and dropout was the dependent variable. The statistical programme SPSS22 was used to analyse the data. Fisher's exact test was used and four variables were identified as being associated with dropout: history of intravenous drug use; (Fisher's exact p value = 0.05); history of lifetime imprisonment (Fisher's exact p value=0.05); other medications prescribed, (Fisher's exact p value=0.04); and opioid type prescribed during the study, i.e. methadone or Suboxone. Patients on Suboxone dropped out more than those on methadone, (Fisher's exact p value = 0.00). This is consistent with previous studies (Mattick, Breen, Kimber & Davoli, 2014). The overall dropout rate was 6%, which was less than the rates of 15-85% found in previous studies. The limitations of the study were that it was retrospective and the number of dropouts was small. Furthermore, only patient factors associated with dropout were included in the study and service factors were not included. Therefore, the results of the study should be interpreted with caution. There is scope for a future study with a larger sample size and the inclusion of service factors to validate the finding.

Biography

Sohail completed his basic medical degree from Pakistan. Moved to South Africa in 1994, completed psychiatric training and became Dipolmat in Mental Health from College of Psychiatrists of South Africa in 2000, worked as a Senior Medical Superintendent at Polokwane/Mankweng Hospital Complex, and Thabamoopo Psychiatric Hospital in South africa. Completed Post Graduate Diploma in Public Management from Regenesys School of Public Management, South Africa. Moved to New Zealand in 20003, worked as a Senior Medical Officer, in Psychiatry, Completed, Post Graduate Diploma in Addiction and Co-existing Disorders, from University of Otago NewZealand in 2012, Complted Masters in Addiction from University of Otago in 2017. He is the Senior Medical Officer in Community Alcohol and Drug Service of Waikato District Health Board, Hamilton, New Zealand. He is Member of RANZCP vocational CPD programme and Member of National Association of Opioid Treatment Providers, New Zealand and contributed in drafting the National Guidelines of Opioid Substitution Treatment.

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