

REASONS FOR A HIGH DROP-OUT OF OPIOID AGONIST THERAPY (OAT) AMONG CLIENTS IN MBEYA, TANZANIA.

Authors:

Lucas D¹, Peter P¹, Thadei B², Balibusu B², Nyandindi C³, Mbogela J¹, Wazee H¹, Bahemana E¹, Kayange A⁴, Akom E⁵, Maganga DH¹,

¹HJF Medical Research International, Walter Reed Program –Tanzania ⁵International HIV Prevention and Treatment (IHPT) In support of the U.S. Military HIV Research Program (MHRP) ⁴Walter Reed Army Institute of Research-Tanzania ³Drug control and enforcement authority- Tanzania, ² Mbeya Zonal Referral Hospital (MZRH), ⁵U.S. Military HIV Research Program (MHRP), Walter Reed Army Institute of Research, Silver Spring, MD, USA. ⁶The Henry M. Jackson Foundation for the Advancement of Military Medicine, Bethesda, MD, USA.

Background:

Multiple barriers in the health care system and the community limit the retention of people who use drugs (PWUD) in Opioid Agonist Therapy (OAT), despite its expanding availability. This study analyses factors that contribute to low retention in OAT among PWUD at Mbeya Zonal Referral hospital (MZRH).

Methods:

Data from the MZRH OAT clinic for clients initiated on methadone between 2007 to January 2022 were analysed. Records on treatment history and daily attendance were extracted from an electronic database. Clients with more than 30 total missed appointments identified and contacted by peer educators to elicit their reasons for non-attendance.

Results:

Of the 443 clients, 190 (43%) had treatment interruptions of 30 days or longer, 97% were male, with a median age of 34 years. Reasons for interruption of treatment was obtained for 131 clients; the remaining 59 clients lacked a reported permanent residence and could not be reached. The main reasons for treatment interruptions included: lack of transport fare: 32 (24%); relocated to other regions: 31 (24%); returned to their hometown when unable to pay rent 27 (21%); imprisonment 6 (5%); drug relapse 10 (8%); refused to continue taking methadone 11 (8%); and 14 (10%) had self-graduated and stopped using drugs.

Conclusion and lesson learnt:

Findings from this analysis highlighted financial difficulty as the major obstacle to retention in OAT, including the cost of travel and housing for out-of-town clients, possibly also for those who couldn't be reached. Programs need to develop structural interventions that improve PWUD's access to treatment by removing economic barriers while also facilitating their reinsertion in communities and in the active workforce. Additionally, drop-in centres and shelters have the potential to support treatment and help retention in OAT and graduation.