

## **The effect of person, treatment and prescriber characteristics on retention in opioid agonist treatment: a 15-year retrospective cohort study**

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**Introduction and Aims:** *Limited evidence on the relationship between retention in opioid agonist treatment (OAT) 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.*

**Design and Methods:** *Retrospective longitudinal study. Participants were 22,577 people entering the New South Wales (NSW) OAT program for the first time between August 2001 and December 2015. Time in OAT was modelled using a generalised estimating equation model to estimate associations with person, treatment, and prescriber characteristics.*

**Results:** *The impact of medication type on OAT retention reduced over time; risk of leaving treatment when on buprenorphine compared with methadone was higher among those that entered treatment earlier (e.g. 2001-2003: OR 1.59, 95% CI 1.44-1.74) and lowest among those that entered most recently (2013-2015: OR 1.24, 95% CI 1.12-1.37). 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. 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.*

**Discussions and Conclusions:** *In NSW, retention in buprenorphine treatment for opioid dependence, compared with methadone, has improved over time since its introduction in 2001. OAT retention is affected not only by characteristics of the person and their treatment, but also of the prescriber, with those of longer prescribing tenure associated with increased retention of people in OAT.*

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