

Dropout from Interim Methadone and Subsequent Comprehensive Methadone Maintenance

Background: Methadone maintenance in the U.S. is delivered primarily through specialized clinics that provide psychosocial services together with medication. Interim methadone (IM) is an evidence-based approach to increase access by providing methadone without counseling for individuals waiting for admission to comprehensive treatment. Little is known about the role of patient characteristics in predicting outcomes in the IM service pathway (IM with comprehensive methadone treatment following IM).

Methods: This study examined the relationship between patient motivation and dropout among patients in the IM service pathway ($n=183$). Participants were assessed with the Addiction Severity Index, the Texas Christian University Motivation Scales, and study-specific instruments at baseline, 4 month follow-up or admission to comprehensive treatment (whichever occurred first), and 6 months thereafter. Multinomial logistic regression was used for the analysis, controlling for demographics, route of administration, cocaine use, criminal justice history, and treatment history. *Results:* Of the total sample, 62% were retained throughout the IM service pathway, 20% left IM, and 18% left subsequent comprehensive treatment. Motivation did not predict dropout from either IM or comprehensive treatment following IM. Unexpectedly, neither did any of the other explanatory variables included in the model. *Conclusions:* Most patients remained in the IM service pathway. The patient characteristics examined are not associated with discontinuation of IM or subsequent comprehensive methadone treatment. *Scientific Significance:* The findings that most patients were retained in the IM service pathway, and that no subgroup experienced higher probability of dropout, bolster the public health potential of IM as a service strategy.