Reasons for starting and stopping medications for opioid use disorder: a qualitative analysis

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Background: Despite their efficacy, medications for opioid use disorder (MOUD) are underutilized in the United States. Few studies have explored reasons why individuals pick MOUD versus non-MOUD options or why people discontinue using MOUD once they start. We sought to identify reasons why individuals start MOUD and stop MOUD, including how they learn of MOUD options. We also explored differences between starting and stopping the three most common formulations: methadone, oral buprenorphine, and extended-release naltrexone.

Methods: We conducted 31 semi-structured interviews over the phone with individuals with a history of MOUD utilization and one parent of an individual with a history of MOUD utilization who passed away. Participants were recruited using snowball sampling from nine U.S. states. Interviews were audio-recorded, transcribed, coded in Dedoose© software, and analyzed using thematic analysis.

Results: Participants primarily learned about buprenorphine and methadone from other individuals with OUD. Reasons for starting MOUD versus non-MOUD options varied significantly by medication and included perception of its efficacy in preventing relapse in peers (buprenorphine and methadone), exhaustion of other treatment options (methadone only), and perception of its efficacy in preventing overdose or death if relapse occurs (buprenorphine only). Across all three medications, participants stopped MOUD due to the desire to stop physical dependency (i.e. stop taking daily medication, doctor visits, etc.). Participants utilizing buprenorphine and methadone treatment felt pressure from various sources to quit their medications.

Conclusion: This study underscores the crucial role of peer-to-peer education regarding MOUD. We recommend that more peer support specialists with MOUD experience be incorporated into formal SUD treatment. Education initiatives, especially through peer-to-peer storytelling, should address misconceptions about MOUD.