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Readiness and Recovery

Readiness and Recovery: Switching Between Methadone and Buprenorphine/Naloxone for the Treatment of Opioid Use Disorder

A 90 credit thesis submitted
in partial fulfillment of the requirements for the degree of
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Abstract

Opioid substitution treatment is an effective form of treatment for opioid use disorders. Long acting opiates are used as part of treatment with methadone and buprenorphine/naloxone (BUP/NX) most frequently prescribed. Current evidence suggests that BUP/NX is better than no treatment, but that methadone is marginally more effective for retention in treatment. Benefits of BUP/NX include greater ease in ceasing treatment and less use of illicit opiates while in treatment as compared to methadone. As yet there is little research asking service users about their experiences.

This project aims to understand citizen perspectives of what it was like to receive BUP/NX for the treatment of opioid use disorder. A qualitative descriptive approach was used to extract themes from semi-structured interviews of seven randomly selected participants. To be selected, participants had a current diagnosis of opioid use disorder, and had been prescribed BUP/NX during the course of their treatment. The project specifically sets out to consider how citizens viewed BUP/NX as a treatment option for opioid use disorder.

Thematic analysis extracted four themes that were interpreted in terms of the harm minimization and the recovery model. The four themes were: drivers for opioid substitution treatment change; readiness for BUP/NX substitution treatment; absence of effect from BUP/NX; and an increased sense of citizenship on BUP/NX. This study identified a number of factors that impacted on the participants' decision making when it came to switching between methadone and BUP/NX for the treatment of their opioid use disorder. This thesis discusses these factors and locates them within the current literature on the topic.

The thesis concludes by saying that methadone is most effective for those people who still seek sedation and currently wish to continue using other opioids, and BUP/NX is most effective for people who no longer wish to experience sedation, and see opioid abstinence as an end point in their recovery. This thesis also concludes that as an individual's treatment expectations change, these changes are important to consider when determining medication selection. Recommendations are offered, as is a treatment model, which is intended to help with medication decision-making. Future research directions are also suggested.

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