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A qualitative assessment of attitudes about and preferences for extended-release naltrexone, a new pharmacotherapy to treat opioid use disorders in Ukraine

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ABSTRACT

Numerous individual barriers, including negative attitudes toward opioid agonist therapies (OAT), have undermined HIV prevention efforts in Ukraine where the epidemic is concentrated in people who inject drugs (PWID). The recent availability of extended-release naltrexone (XR-NTX), an opioid antagonist, provides new opportunities for treatment and prevention, but little is known about patient preferences. We conducted qualitative analysis using focus groups (FG) of PWID recruited based on OAT experience: currently, previously, and never on OAT in five Ukrainian cities. FG included 199 PWID in 25 focus groups. Focus group transcripts were coded and analyzed using a modified grounded theory approach to identify common themes and domains related to attitudes about and preferences for XR-NTX, relative to other treatments. Interest in XR-NTX was supported if supervised opioid withdrawal and psychological support were assured. Other factors supporting XR-NTX included a focus on younger PWID early in their injection career and motivated for recovery. Perceptions of recovery included not receiving psychoactive medications like methadone or buprenorphine. With more information, XR-NTX could be a viable option for PWID in Ukraine, especially if concerns regarding withdrawal and psychological support are adequately addressed.

1. Introduction

Three evidence-based medication-assisted therapies (MAT) are available in Ukraine to treat opioid use disorders (OUDs). Among these, two are opioid agonist therapies (OAT), including maintenance treatment with buprenorphine (BMT) and methadone (MMT). BMT and MMT were introduced in Ukraine in 2004 (Bruce, Dvoryak, Sylla, & Altice, 2007) and 2008 (Lawrinson et al., 2008), respectively. Extended-release naltrexone (XR-NTX), a complete opioid antagonist, was introduced in 2009 in Ukraine to treat alcohol use disorders and its indication was expanded in 2014 to treat OUD. XR-NTX use, however, has been limited by its high cost relative to methadone or buprenorphine. Ukraine's HIV epidemic remains concentrated in people who inject drugs (PWID), primarily opioids, and their sexual partners (Kiriazova, Postnov, Perehinets, & Neduzhko, 2013; Mazhnaya et al., 2014). Expanding methadone coverage remains the most cost-effective strategy to avert new HIV infections in Ukraine. When combined with high coverage of antiretroviral therapy (ART), HIV transmission is most effectively reduced, but at a higher cost (Alistar, Owens, & Brandeau, 2011). Despite public funding of OAT (Dutta et al., 2013), numerous individual and structural factors have impeded OAT scale-up. Barriers to OAT scale-up include unclear treatment goals, dosing concerns, treatment site factors, and legal policies and regulations (Bojko et al., 2016). Principal among the barriers to OAT scale-up expressed by PWID (Bojko, Dvoriak, & Altice, 2013; Bojko et al., 2015; Bojko et al., 2016; J.M. Izenberg et al., 2013; Mazhnaya et al., 2016; Mimiaga et al., 2010) and providers (Polonsky, Azbel, et al., 2016; Polonsky, Rozanova, et al., 2016) has been strong negative attitudes toward OAT, believing it is harmful to health, substitutes one addiction for another and it is a treatment of last resort. Despite rapid scale-up of OAT in Ukraine from 2004 to 2010, scale-up remained stagnant with only 2.7% of the 340,000 PWID receiving it (Degenhardt et al., 2014; Wolfe, Carrieri, & Shepard, 2010).

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Despite its high cost, relative to methadone or buprenorphine, XR-NTX potentially overcomes many documented OAT entry barriers (Alanis-Hirsch et al., 2016; Cousins et al., 2016). For instance, XR-NTX may avoid governmental "registration" as a drug user that involves revocation of driver's license, restrictions on employment and increased police harassment (J. M. Izenberg et al., 2013; Kutsa et al., 2016). Conversely, it requires supervised withdrawal (detox) either in governmental hospitals or administration just before release from prison. XR-NTX does, however, provide new opportunities for treatment, including monthly rather than daily clinic visits and dual treatment of alcohol and opioid use disorders, which co-occur often in Ukraine (Azbel, Wickersham, Grishaev, Dvoryak, & Altice, 2013). Its opioid antagonist properties may avoid drowsiness or sedation drug interactions with HIV or tuberculosis medications (Altice, Kamarulzaman, Soriano, Schechter, & Friedland, 2010), and when not interrupted, prevent overdose (Volkow, Frieden, Hyde, & Cha, 2014).

In the presence of low OAT coverage and scale-up, we incorporated questions regarding XR-NTX into our interview guide before conducting qualitative interviews to increase our understanding of PWID's willingness to receive XR-NTX as a "new" evidence-based MAT to treat OUD in Ukraine. The objective was to better understand patient preferences and alternative strategies for treating OUD in preparation for introducing XR-NTX after its expanded indication to treat OUD in Ukraine where MAT scale-up has been thwarted by individual, clinical and structural factors (Bojko et al., 2016). Before introducing XR-NTX, it is crucial to understand how patients may view it for both treatment and HIV prevention in the Eastern European and Central Asian (EECA) context, the only region where both HIV incidence and mortality are increasing and where the epidemic is concentrated in PWID (UNAIDS, 2016).

2. Material and methods

2.1. Participants

Focus groups (average 8 per group and lasting 60–90 min) were conducted in five cities in Ukraine (Donetsk, Lviv, Odesa, Mykolaiv, Kyiv) in February–April 2013 to assess perceptions about and acceptability of XR-NTX in Ukraine. The 199 participants were 18 years of age or older and resided or worked in the focus group city. All met ICD-10 criteria for OUD and were recruited by local research assistants from OAT treatment and harm reduction sites based on their OAT experience: 'currently' (On OAT), 'previously' (Previous OAT), or 'never' (Never OAT) on OAT. FGs were conducted separately for each type of OAT experience; the currently on OAT group was further separated by years of treatment (i.e., less than or >1 year). A mixed OAT experience group was held in Odessa but not continued in other cities due to the extreme heterogeneity of the FG. Women-only groups were conducted in each city.

2.2. Data collection

The FG topic guide included specific questions about XR-NTX, with one moderator and one note-taker expanding the discussion based on responses to four questions:

1. If you were offered medication to treat your opioid addiction that would completely block opioids, meaning you could NEVER get high even if you shot up (the opposite of how methadone works), would that be of interest to you? (Why/Why not?)
2. If someone offered you methadone, buprenorphine or another medication that is administered every month as an intramuscular injection (a shot in your buttock monthly versus daily tablets requiring daily supervision) to help treat opioid addiction, which would you choose and why?
3. What is the most important thing you consider when choosing a treatment for opioid addiction? (Probe for dosage, frequency of administration, route of treatment administration, location of facility, stigma, co-treatment of alcohol problems, side effects, physiological feeling, ability to treat alcohol problems, cost, etc.)
4. How do you feel about receiving shots/injections? What about if the shot/injection is one time every month?

2.3. Analysis

FGs were audio-recorded, transcribed, translated and back-translated from Russian/Ukrainian to English (Brislin, 1970). Transcriptions were uploaded into MAXQDA (MAXQDA: VERBI Software – Consult – Sozialforschung GmbH, 1989-2016) and coded to identify themes. A code book was developed to minimize ambiguity in coding by four coders who were trained in qualitative methods. Codes were identified based on a priori knowledge of MAT and XR-NTX and those that emerged from review of the transcripts. Transcriptions were coded by at least two coders to assure all pertinent themes were identified. Coders met periodically to discuss and clarify coding. A specific code for XR-NTX or "Vivitrol" was used to mark phrases and sections in the transcripts when XR-NTX was discussed. Coders were instructed to use the XR-NTX code wherever knowledge, attitudes, and beliefs discussions occurred. A modified grounded theory approach (Glaser & Strauss, 1967; Strauss & Corbin, 1998) was used to understand common themes and domains.

2.4. Human subjects

The study was approved at institutional review boards at Yale University, the Ukrainian Institute on Public Health Policy and the Gromashevskiy Institute at the National Academy of Medical Sciences.

3. Results

The characteristics of the participants, described previously (Bojko et al., 2015), were predominantly male (66%), completed high school (71%), and unemployed (80%). There were 82 (42%) current, 33 (16%) previous and 41 (21%) never on OAT participants (see Table 1).

The main themes identified by participants related to attitudes and perceptions about XR-NTX included perceptions about the "ideal" XR-NTX candidate, the need for concomitant psychological support and supervised "detox" prior to initiating treatment and fear of prolonged withdrawal symptoms after starting XR-NTX. Beliefs about treatment effectiveness of XR-NTX, which included substituting non-opioid substances and views of acceptance of the treatment, such as readiness for change and a willingness to try XR-NTX, were also predominant themes. Some stated they had received oral naltrexone and thus felt they were familiar with the medication, its side-effects and its effect on drug use. Others had heard of XR-NTX and based their perceptions on information they had received from other PWID. Although they were told that detoxification is required prior to receipt of XR-NTX, many expressed fear of prolonged opioid withdrawal if not completely detoxed. Several discussed being "addicted to injecting" and fear they would want to continue to inject despite the inability to feel the effects of opioids when using an opioid antagonist. Others discussed the belief that they would find other substitutes (e.g., alcohol or non-opioid drugs) to get high while on XR-NTX.

3.1. An "idealized" candidate for XR-NTX

Based on their understanding of XR-NTX, participants envisioned XR-NTX would work best for younger PWID with less prior experience with drugs and not already experiencing "psychological addiction" to injecting drugs, which may refer to the severity of their addiction. Andrey (Lviv, Never OAT) expressed this as: