Early adoption of injectable Naltrexone for alcohol use disorders: Findings in the private treatment sector
A.J. Abraham & P.M. Roman
Journal of Studies on Alcohol and Drugs, 2010; 71: 460-466

Objective: The U.S. substance-abuse treatment system has been slow to adopt medications for the treatment of alcohol-use disorders (AUDs). The objectives of this study are to (a) determine how the inherent characteristics of injectable naltrexone (i.e., relative advantage, complexity, trialability, observability, compatibility) shape organizational-level decisions to adopt the medication and (b) identify key predictors of adoption and barriers that impede adoption. **Method:** This study uses data from a nationally representative sample of 345 privately funded U.S. substance-abuse treatment programs to examine adoption (current use) of injectable naltrexone. **Results:** Sixteen percent of private treatment programs are early adopters of injectable naltrexone. Multivariate logistic regression models reveal that organizational size and percentage of patients paying with private insurance are significant predictors of adoption. The most salient predictor of adoption is innovation compatibility, measured by program use of other AUD pharmacotherapies. Barriers to adoption include cost, lack of access to prescribing physicians, and lack of knowledge about the medication. Injectable naltrexone, however, is addressing the patient compliance barrier, demonstrated by 70% of patients receiving at least 2 months of medication. **Conclusions:** The adoption of AUD pharmacotherapies remains low, with only half of the sampled programs prescribing any AUD pharmacotherapies. Patterns of early adoption of injectable naltrexone are, however, promising. Results highlight innovation compatibility and relative advantage as explanations of organizational decisions to adopt injectable naltrexone. Future research will move beyond issues of adoption and provide a more detailed examination of the implementation process.