

Non-Clinical Barriers and Facilitators to Treatment for Youth Who Use Opioids



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Results

Introduction

- Clinical spaces treating opioid use disorder must adjust their scope to include adolescents and young adults (AYAs) to address the overdose epidemic
- Barriers/facilitators outside treatment spaces can impact young people's ability to enter and remain in treatment

Objective

Determine **non-clinical barriers and facilitators to adolescent and young adult initiation, engagement, and retention in treatment for opioid use disorder (OUD)**

Methods

Sample:

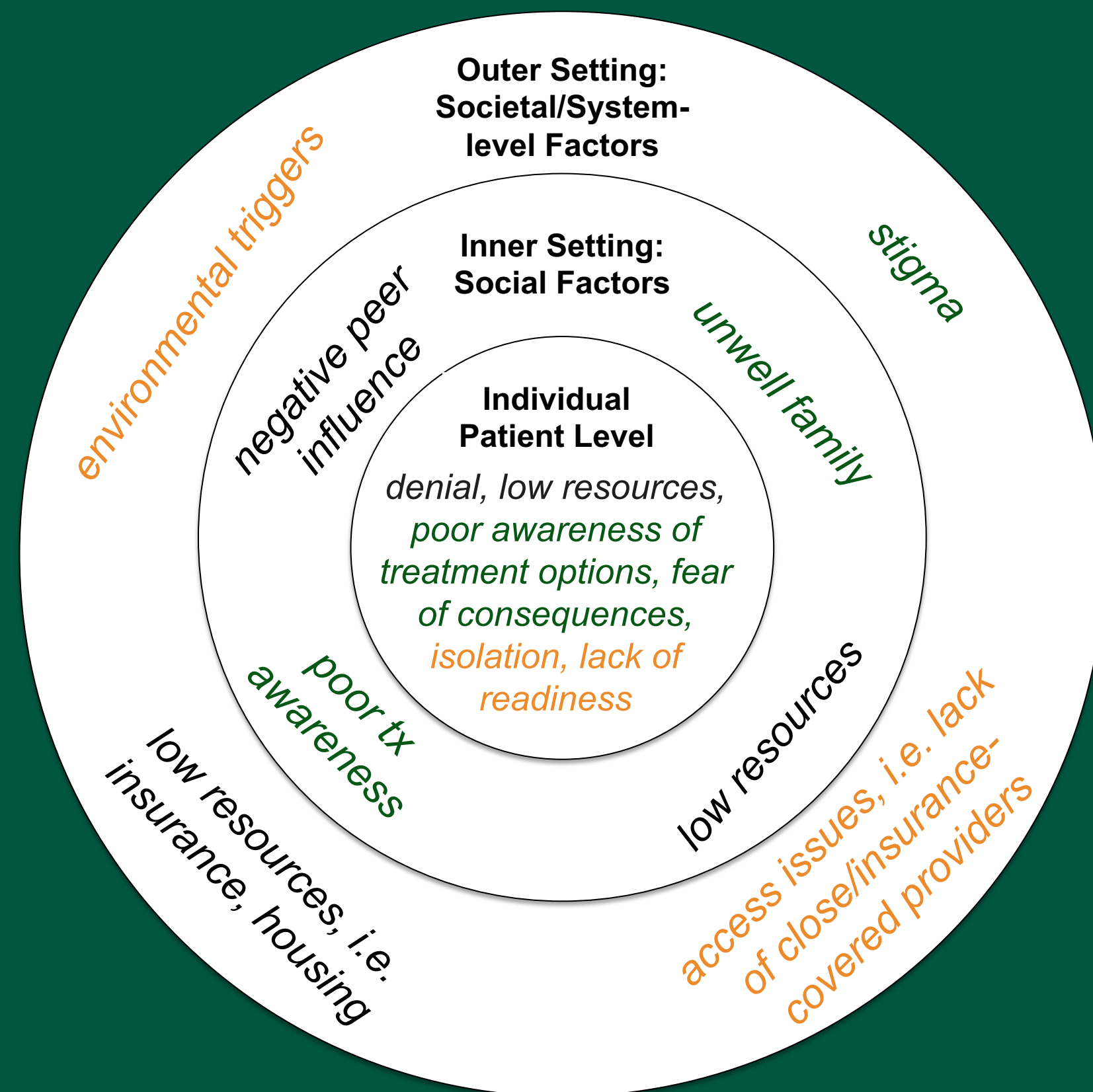
- Indiana-based AYAs with past-year illicit opioid use**, community-based individuals interfacing with youth using opioids, and clinicians treating youth with opioid use disorder (OUD)
- Massachusetts-based treatment-involved AYAs with a diagnosis of opioid use disorder**, their support people, and clinicians treating youth with opioid use disorder

Recruitment: AYA opioid use disorder treatment program, university-based research registry, community referrals, site visits, peer contact

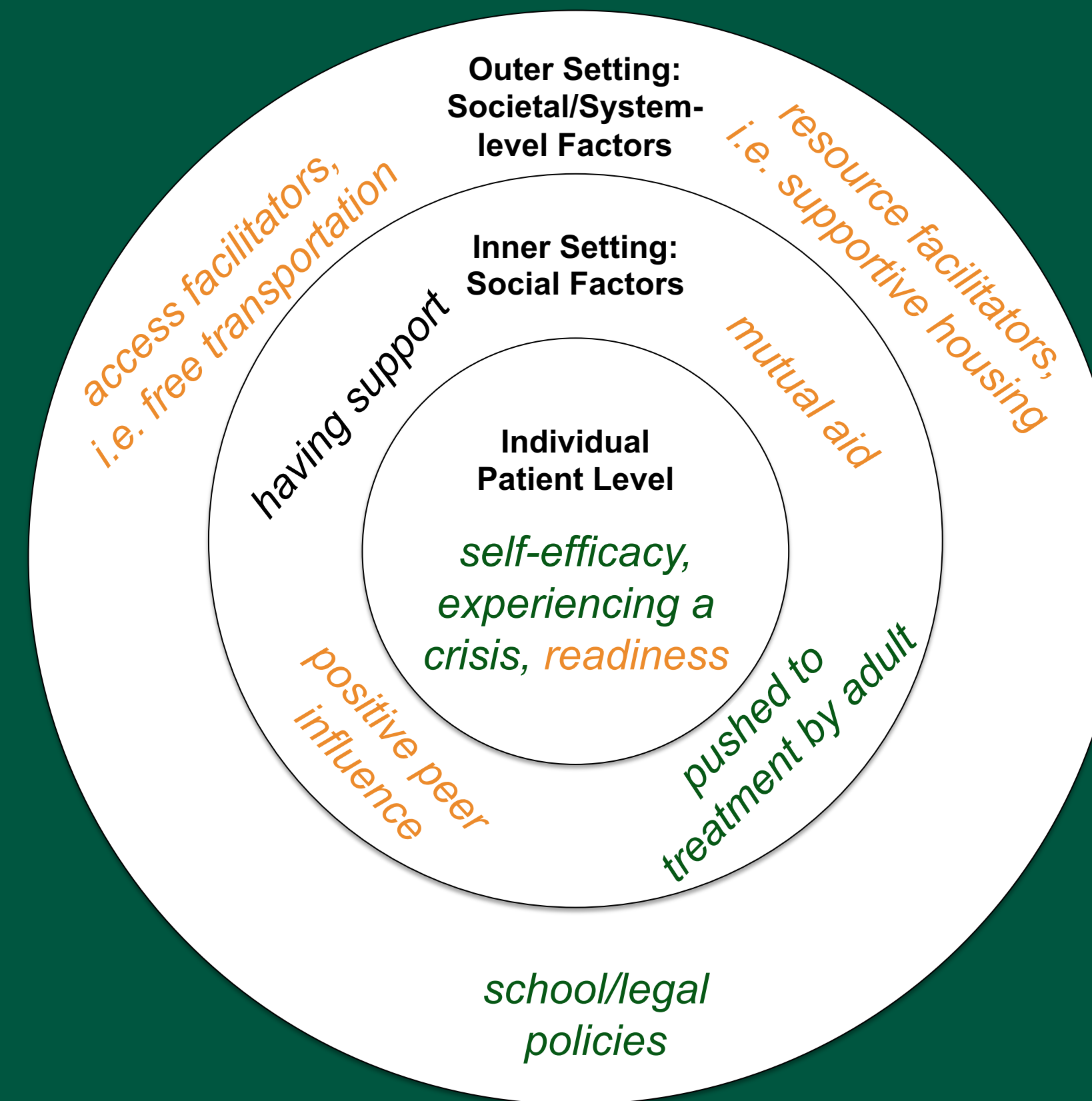
Data collection: semi-structured interviews over phone and Zoom

Analysis: qualitative descriptive analysis, incorporating the Consolidated Framework for Implementation Research (CFIR) into the interview guide; inductive and deductive coding; NVivo (14.23.0)

Barriers



Facilitators



Conclusions/Implications

AYAs experience non-clinical barriers and facilitators to opioid use disorder treatment that vary depending on geographic location and trajectory of treatment engagement

Clinicians: incorporate an understanding of this work to integrate the needs and strengths of AYAs seeking help with their opioid use

Community-based workers: utilize these barriers and facilitators to offer targeted support

Policy-makers and public health officials: create stigma reduction campaigns, increase awareness of acceptable treatment, and increase supportive resources for youth who use drugs

Total 64 participants

Indiana:

- 11 AYAs (age 16-24, median 18 years; 55% black, 18% >1 race; 9% Hispanic/Latinx; 64% straight; 3 w/tx hx)
- 12 community-based representatives (including police, fire department, harm reduction/recovery, and child services; 33% black, 9% >1 race; 75% straight)
- 4 clinicians (psychiatry, psychology, internal/addiction medicine/pediatrics; 100% white, 100% straight)

Massachusetts:

- 15 AYAs (range 17-25, median 23 years; 20% Latinx)
- 9 support people (family /peers, 22% >1 race)
- 13 clinicians (social work, nursing, pediatrics, internal medicine, psychiatry backgrounds)

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“Their insurance is constantly changing; this week, in my clinic alone, we have three kids who were insured, had the right insurance to be seen in our clinic and, then, for whatever reason, their insurance changed -Child/adolescent Addiction Psychiatrist, MA, re: access

“the younger population, like the younger you go, their first thought isn't MAT, their first thought is like going to some sort of facility to detox” - Social Worker, IN, re: lack of awareness of tx

“I enjoy going to the meetings and socializing with people, and then, going out after to eat and just kind of building like a sober support group.” - 23-year-old Male, MA, re: mutual aid