Abstract Detail: Clinical - Epidemiology
Abstract Category: Original Research

Aim: To examine 1) the relationship between receiving medication for opioid use disorder (MOUD) and being an adolescent in substance use treatment facilities for opioid use disorder (OUD) adjusting for potential confounders nationally as well as by state and 2) the prevalence of adolescent and adult MOUD receipt across 2017-2021.

Methods: We obtained data on first episodes of treatment for OUD (n = 691,504) from the Treatment Episode Data Set - Admissions. We compared the national pooled proportions of adolescents (age 15-17 years) and adults (≥18 years) who received MOUD using logistic regression. The model accounted for admission year, sex, race, ethnicity, housing status, insurance type, referral source, treatment setting, and state. The Bonferroni method was used to correct for multiple comparisons. A directed-acyclic graph (DAG) was developed to map assumptions about relationships between variables. Prevalence of MOUD receipt for adolescents and adults was estimated for each year.

Results: Our sample included 689,545 adults and 1,959 adolescents. Approximately 7% of adolescents received MOUD compared to 45% of adults. Adolescents entering treatment with OUD were 81% less likely to receive MOUD compared to adults (95% CI: 0.17, 0.20). Almost all states had significantly lower prevalence of adolescents compared to adults who received MOUD, except for New Mexico, South Carolina, and Rhode Island which respectively had comparable prevalence. The DAG suggests covariates are not likely to introduce statistical bias. MOUD prevalence has overall been slowly increasing for both groups across 5-years, with adult prevalence slightly decreasing in 2019 and 2020.

Conclusions: MOUD receipt was markedly low, despite being the gold standard of treatment for OUD. Adolescents received significantly less MOUD than adults and this relationship has remained relatively constant over time. Findings suggest treatment and policy interventions are warranted to reduce barriers to MOUD receipt, especially for adolescents seeking treatment.

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Buprenorphine Treatment Outcomes Among Racially/Ethnically Diverse Adults at California Emergency Departments Participating in the California Bridge Patient Outcomes Research Evaluation Study

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Drug Category: Opiates/Opioids
Topic: Racial/Ethnic Differences
Abstract Detail: Clinical - Epidemiology
Abstract Category: Original Research

Aim: This study examines differences in emergency department administration of buprenorphine treatment for opioid use disorder (OUD) by race and ethnicity at 7 California emergency departments (EDs). We hypothesized there would be differences in buprenorphine treatment outcomes by race/ethnicity.

Methods: This is a secondary analysis of a prospective cohort of patients with OUD treated at 7 California EDs. Outcome variables were: buprenorphine initiation in the ED, 30-day treatment engagement, 30-day buprenorphine prescription, and status at 30-day follow-up visit. Covariates were age, self-reported gender, and housing status. Hypothesis was tested using logistic regression. A sub-analysis tested links between gender and outcomes for patients who identified as non-Hispanic Black.

Results: Among 464 participants, 43.8% were non-Hispanic White, 41.3% were Hispanic, and 14.8% were non-Hispanic Black. Mean age was 37.5 (29.8-48.0) years. Most (72.2%) identified as male, with unstable housing (58.4%), Medi-Cal insurance (86.0%), and past-year opioid overdose (53.4%). Reported past-year buprenorphine prescription varied significantly (p = 0.04) by race/ethnicity: 77.3% of NHWs, compared to Hispanic (70.8%) and NHBs (62.3%). Buprenorphine treatment for OUD outcomes did not differ by race/ethnicity. Most (73.9%) non-Hispanic Black participants were administered/prescribed buprenorphine in the ED, however only 53.4% had a buprenorphine prescription 30 days after their ED visit, 42.0% engaged in OUD treatment within 30-days; 33.3% returned to the ED within 30 days. Compared to non-Hispanic Black males, non-Hispanic Black females had lower percentages of administered/prescribed buprenorphine in the ED (57.1% vs. 81.2%), engagement in OUD treatment after 30-days (38.1% vs. 43.8%), and a buprenorphine prescription documented 30 days after their ED visit (42.9% vs. 56.2%), n.s.

Conclusions: EDs may represent key touchpoints for improving access to buprenorphine treatment for OUD among non-Hispanic Black adults. Findings support evaluation of the unique needs of non-Hispanic Black adults in order to develop structurally-competent and culturally-grounded buprenorphine treatment interventions and improve treatment outcomes.

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Is Abstinence From Illicit Substances Related to PTSD Treatment Outcomes in Those With Co-Occurring PTSD and Opioid Use Disorder?

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Drug Category: Opiates/Opioids
Topic: Comorbidities, Treatment
Abstract Detail: Clinical - Experimental
Abstract Category: Original Research

Aim: Posttraumatic stress disorder (PTSD) and opioid use disorder (OUD) frequently co-occur. We recently completed two randomized trials supporting the efficacy of prolonged exposure (PE) therapy above and beyond medications for OUD (MOUD; e.g., buprenorphine or methadone) alone for reducing the severity of PTSD symptoms in individuals with concurrent PTSD and OUD. However, no prior studies have evaluated the effect of continued