

Adolescent Perspectives on Facilitators and Barriers to Treatment for Opioid Use Disorder

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Background and Objective: Although adolescents have been widely impacted by the opioid epidemic, the lack of timely, evidence-based treatment poses a significant barrier to care. Pre-implementation work involving interviewing adolescents to gain their perspectives on opioid use disorder (OUD) treatment is essential for implementing evidence-based practices into new settings. This qualitative evaluation seeks to describe adolescent perspectives on facilitators and barriers to engagement in treatment for OUD.

Project Methods: Adolescents aged 15-20 living in Indiana who reported use of any non-prescribed opioid in the past 12 months were screened for eligibility and consented. We conducted semi-structured interviews on 6 adolescents and performed qualitative analysis using a grounded theory approach. 3 coders analyzed interview transcripts using NVivo R (QRS International), identifying common themes concerning facilitators and barriers to adolescent disclosure of use, treatment initiation, and engagement in retention in treatment. The Indiana University IRB approved this study.

Results: Barriers to youth disclosure of use were shame/embarrassment and fear of disappointing significant adults. Treatment initiation barriers included denial of dependence and concerns about withdrawal. Engagement/retention in treatment barriers were perceptions of judgment after relapse and frustration with early stages of treatment. Identified facilitators of disclosure were acceptance of use as a problem and identification of life goals. Treatment initiation facilitators were supportive family members/trusted adults and family financial resources. Facilitators of treatment engagement/retention included positive peer influences and treatment of underlying mental health issues.

Potential Impact: Facilitators and barriers identified in this qualitative analysis will allow organizations and clinicians to tailor the way they engage and treat youth with OUD based on their specific needs and preferences, allowing for earlier, more effective engagement in treatment. Given the inequitable distribution of treatment for OUD between age groups, this pre-implementation data contributes to the end goal of closing treatment and outcome gaps.