Key informant perspectives on opioid use disorder treatment for adolescents and young adults

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Overview
In this qualitative study, key informants in the opioid use disorder treatment system were interviewed. Participants were asked about their perspectives on available opioid use disorder (OUD) treatment services for youth, barriers to providing OUD treatment for youth, and developmental considerations for working with youth with OUD.

Results

Availability of OUD treatment for AYA
Theme 1: There are limited treatment programs which care for adolescents with OUD, despite the high need for OUD treatment among this age group.

“the need for all adolescent substance use...is large and the resources are small...then if you’re talking about the resources that are providing a really solid evidence-based [care]...it then whittles down even further” - Participant 30, clinic leader

Barriers to providing OUD treatment to AYA
Theme 2: AYA with OUD often have a lack of basic resources, including issues with housing, caregiving, finances, and transportation, that challenge participation in OUD treatment.

“How do you discuss substances...when you have a client in front of you with zero support, no health insurance, no primary, and, you know, doesn’t have food stamps or a roof over their head” - Participant 5, treatment provider

Theme 3: Lack of sufficient training in developmentally tailored treatment for AYA with OUD.

“It’s really hard to treat someone that you really haven’t had a lot of education around how to do that treatment...and substance abuse in adolescents is very hard to treat” - Participant 25, state policymaker

Theme 4: Stigma and gaps in knowledge about medications for OUD (MOUD) from providers, patients, and their family members prevent its use among adolescents.

“There’s the stigma that goes along with [MOUD], and people are petrified of putting young people on these meds” - Participant 13, patient advocate

Developmental considerations for working with AYA with OUD
Theme 5: Youth have a high need for wraparound services, including mental healthcare, development of basic life skills, and vocational/educational assistance.

“I really think that [AYA OUD treatment]...needs to be an interdisciplinary team of providers, counselors, social workers, case managers, to make sure that one patient, one person, getting cared for in a holistic manner on a whole bunch of different levels and dimensions” - Participant 22, clinic leader

Theme 6: Youth should be in treatment with other youth to increase relatability, establish peer connections, and share treatment experiences that are unique to youth.

“A lot of the clients who I’ve worked with have had a hard time relating to other programs because if there’s too many older people in the room, they feel ostracized, like they can’t relate to the same challenges that these people are experiencing” - Participant 28, treatment provider and state policymaker

Theme 7: Early intervention is crucial for AYA with OUD to prevent progression to more severe OUD.

“Our perspective is catch ‘em early. The earlier you catch ‘em, hopefully, the better probability you have of getting them where they’re gonna be that less addicted as young adults or adults” - Participant 14, hospital policymaker

Theme 8: Parents are an incredibly important component of youth OUD treatment because parents are a key part of youth’s environment, and psychoeducation and skills-building for parents is useful for helping them to support their youth.

“You need that family context to generalize things and to actually work with the system to make long standing changes instead of putting a band-aid on a bullet hole with teaching just the kid” - Participant 11, treatment provider

Conclusions

• Findings highlight a lack of developmentally tailored OUD treatment for AYA, particularly for adolescents, largely due to the systems-level challenges of treating those under the age of 18 (i.e. MOUD) and gaps in provider training.
• Key informants suggested several developmental considerations for optimizing OUD treatment for AYA and emphasized that separate AYA-focused OUD treatment is ideal (versus treating AYA together with adults).
• A significant and important consideration for AYA treatment is facilitating caregiver and family involvement.
• Future studies should seek the perspectives of AYA with OUD along with their caregivers to ensure that treatment programs are catered to the needs of and priorities of AYA.

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