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Women-Reported Barriers and Facilitators of Adherence to Medications for Opioid Use Disorder

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INTRODUCTION

- Opioid use disorder (OUD) is a chronic health condition best managed with long-term treatment with medications (MOUD)
  - Methadone, buprenorphine, naltrexone
- Less than 20% of people with OUD receive treatment
- Women with OUD do not remain engaged with MOUD long enough to achieve sustained benefits
- Aim: Identify barriers and facilitators that impact women’s MOUD adherence

METHODS

Research design, site, and recruitment
- Community-Partnered Research Approach
- Springfield & Holyoke, MA
  - Community-based outpatient programs
  - Word of mouth, clinician referrals, flyers
Data collection and analysis
- Semi-structured interviews & focus groups
  - August - December 2018
    - 1 ½ - 2 hours
    - Recorded & professionally transcribed
    - $25 gift card
- Grounded theory analysis
Strengths and limitations
- Qualitative, exploratory data (+)
- Non-random convenience sample (-)

SAMPLE CHARACTERISTICS

- 20 women enrolled in outpatient MOUD treatment program for >90 days

<table>
<thead>
<tr>
<th>Sample Characteristics</th>
<th>Women (n=20)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Age (mean ± SD)</td>
<td>36.6 ± 6.5 years</td>
</tr>
<tr>
<td>Race/ethnicity</td>
<td>White, Non-Hispanic 60% Black, Non-Hispanic 2% Hispanic or Latina/x 30%</td>
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<tr>
<td>Educational attainment</td>
<td>High school/GED 5% High school/GED 25% Trade/vocational/tech training post-high school 5% Some college/Associate's degree 60% Bachelor's degree 5%</td>
</tr>
<tr>
<td>Employment status</td>
<td>Employed full-time 20% Employed part-time 15% Dismissed or fired 5% Disabled and not working 25% Retired and not working 10%</td>
</tr>
<tr>
<td>Adult household income</td>
<td>$&lt;10,000 45% $10,001-$20,000 35% $20,001-$40,000 15% $40,001-$75,000 5%</td>
</tr>
<tr>
<td>Opioid use (mean ± SD)</td>
<td>Age at 1st initiation, 26.6 ± 7.1 years Average duration of use, all opioids 4.6 ± 4.0 years</td>
</tr>
</tbody>
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Methodology treatment
- Enrolled in methadone program 100%
- Age at 1st treatment (mean ± SD) 31.3 ± 11.1 years
- Methodology treatment duration (Mean ± SD) 32 ± 24 years

Buprenorphine treatment
- Prefers methadone over buprenorphine 70% Knows about buprenorphine 70%
- Experienced negative buprenorphine side effects 45%
- Did not seek buprenorphine 40%
- Heard of negative buprenorphine side effects 30%

FACILITATORS

Program characteristics
- Sense of “safety” for women with trauma histories
- Peer-mentor model
  - Relatability
  - Hope and motivation
Gender-specific skill building
- Replacement behaviors that build self-esteem
- Boundary setting with active users
  - Friends, partners, family

BARRIERS

Fear & anxiety of MOUD-related stigma
- Social networks & social media messaging that MOUD is “substituting one drug for another”
Gender-specific side effects
- Weight gain
- Tooth decay
- Interactions with mental health medications
Consequences of being discovered as a MOUD client
- Loss of child custody
- Children being bullied
- Loss of employment & workplace stigma
- Associations with sex-work

IMPLICATIONS

To improve gender-specific treatment:
- Integrate recovery coaches/peer mentors
- Provide education about MOUD side-effects
- Provide relevant skill-building activities
- Outreach efforts to address community-level gender-specific stigmas
To understand medication preference
- Further examine methadone preference
- Identify negative buprenorphine side effects

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