



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

	Women (N=20)
Age (mean ± SD)	36.6 ± 9.5 years
Race/ethnicity	
White, Non-Hispanic	65%
Black, Non-Hispanic	5%
Hispanic or Latina/x	30%
Educational attainment	
< 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%
Employment status	
Employed full-time	20%
Employed part-time	15%
Laid off/ Unemployed	30%
Disabled and not working	25%
Retired and not working	10%
Adult household income in last 12 months	
<\$10,000	45%
\$10,001-\$20,000	35%
\$20,001-\$40,000	15%
\$40,001-\$75,000	5%
Opioid use (mean ± SD)	
Age at 1 st initiation, all opioids	26.6 ± 7.1 years
Average duration of use, all opioids	4.6 ± 5.0 years
Methadone treatment	
Enrolled in methadone program	100%
Age at 1 st first treatment (mean ± SD)	31.3 ± 11.1 years
Methadone treatment duration (mean ± SD)	2.8 ± 2.4 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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