Department of Health Management and Informatics

UCF

UNIVERSITY OF CENTRAL FLORIDA

Graduate **S**tudent **S**ymposium

github.com/dss-hmi/**gss-2019-hsr**

Health **S**ervices **R**esearch

Thursday
April 25, 2019
12 pm - 3 pm
HPA II 247

Department of Health Management and Informatics

UNIVERSITY OF CENTRAL FLORIDA

Graduate Student Symposium

github.com/dss-hmi/**gss-2019-hsr**

Health Services Research

Thursday
April 25, 2019
12 pm - 3 pm
HPA II 247

01- *Olivia Randall-Kosich*

Reasons for starting and stopping medications for opioid use disorder: a qualitative analysis

02-*Stephen Mhere*

Reducing health care costs and improving health outcomes: Is patient-centered care the means to achieve the incongruent objectives?

03-*Rachel Totaram*

Participating in 12-step support groups while undergoing medication-assisted treatment for opioid use disorder: a qualitative study of individuals' experiences with stigma

04-*Xian-Cao*

A Comparative Analysis of home and community-based long term care between the USA and China

Participating in 12-step Support Groups While Undergoing Medication-Assisted Treatment for Opioid Use Disorder: A Qualitative Study of Individuals' Experiences with Stigma

Rachel Totaram, MHA, Barbara Andraka-Christou, JD PhD, Olivia Randall-Kosich, BS

Rachel Totaram, MHA
4/25/2019

UCF

Agenda:

Introduction
Methods
     - Qualitative Research Design
     - Participant Recruitment
     - Data Analysis
Results and Major Themes
Conclusion
References

UCF
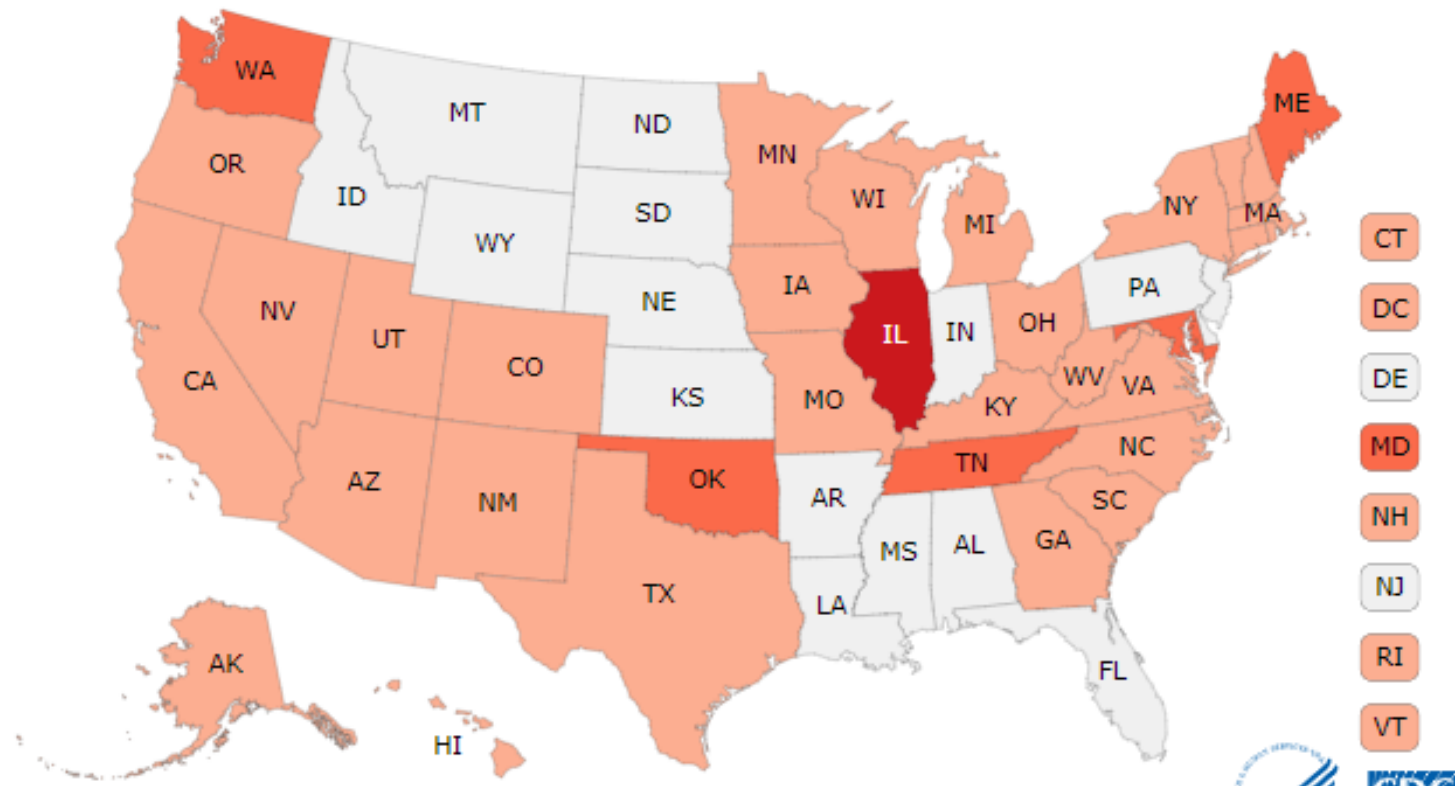
Introduction

- Nearly 2 million Americans have an opioid use disorder (OUD).

- From 2000 to 2015, rates of opioid-related deaths in the U.S. quadrupled.

- 12-step groups (12SGs) are a helpful recovery resource for millions of Americans with substance use disorder.

- Medications for opioid use disorder (MOUD), such as methadone, buprenorphine, and extended-release naltrexone, are proven to help prevent relapse and overdose.

UCF

Introduction

Statistically significant changes in drug overdose death rates involving prescription opioids by select states, United States, 2016 to 2017

Introduction

- 12SGs promote abstinence from all mind-altering substances, with some 12SGs arguing for abstinence from MOUD and stigmatizing individuals utilizing MOUD.

- Individuals utilizing MOUD may feel unwelcome in 12SGs.

- Peer support groups can be combined with MOUD but more data is needed regarding effectiveness of the combination.

- Few studies have examined experiences of individuals participating in both 12SGs and MOUD.

UCF

Objectives

- To identify how 12SGs respond to members utilizing MOUD
- To identify how 12SGs operationalize stigma towards individuals utilizing MOUD
- To understand how individuals utilizing MOUD respond to stigma in 12STGs
- To explore whether 12SGs and MOUD can be successfully combined

UCF

Methods: Qualitative Research Design

- Hour-long, in-depth, semi-structured telephone interviews, audio recorded & transcribed

- Interview topics (focus on Alcoholics Anonymous and Narcotics Anonymous)

- Experiences of stigma or acceptance within 12SGs by members utilizing MOUD

- Responses to stigma

- MOUD attitude variance by geographic area, group, and participant characteristics

- How to increase acceptance of MOUD in 12SGs

UCF

Methods: Participant Recruitment

- BA recruited a purposive sample of individuals with history of MOUD utilization & their family members through snowball sampling

- Inclusion criteria: 18+ years old and history of 12-step participation or family member of someone that meets inclusion criteria

- No exclusion criteria

- No incentives provided

- Continued recruitment until reached thematic saturation

UCF

Methods: Data Analysis

- BA, RT, and OR created preliminary codebook based on initial screening of transcripts, guided by research questions

- Tested codebook reliability by independently coding 2 transcripts using codebook in Dedoose© qualitative analysis software. Discussed codebook fit & adjusted codes as needed, resulting in revised codebook

- Independently coded each transcript using revised codebook. Also added inductive codes describing new categories of meaningful data as needed

- Conducted consensus coding in Dedoose© software - process of meeting to resolve coding discrepancies through in-depth discussion & negotiation

- Analyzed coded text for patterns & themes, using overarching research questions as a guide
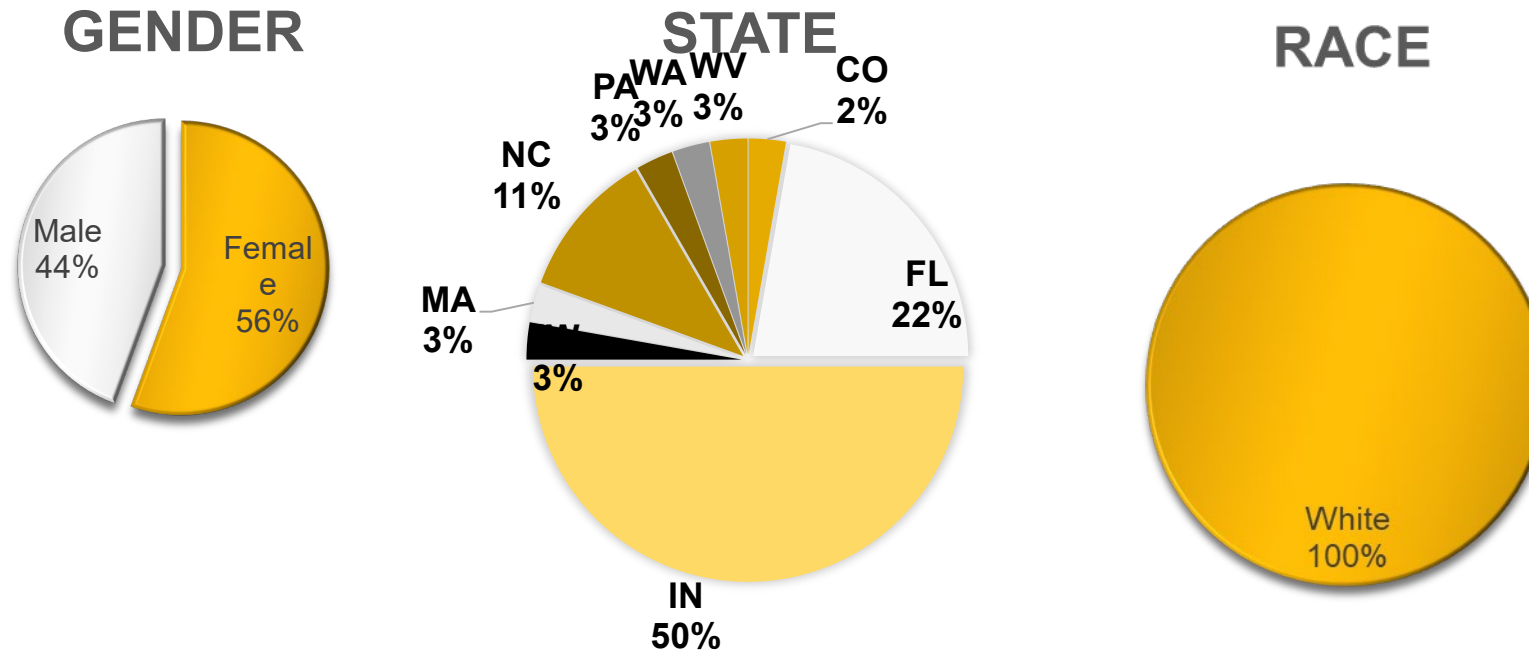
UCF

Methods: Data Analysis

- BA, RT, and OR created preliminary codebook based on initial screening of transcripts, guided by research questions

- Tested codebook reliability by independently coding 2 transcripts using codebook in Dedoose© qualitative analysis software. Discussed codebook fit & adjusted codes as needed, resulting in revised codebook

- Independently coded each transcript using revised codebook. Also added inductive codes describing new categories of meaningful data as needed

- Conducted consensus coding in Dedoose© software - process of meeting to resolve coding discrepancies through in-depth discussion & negotiation

- Analyzed coded text for patterns & themes, using overarching research questions as a guide

UCF

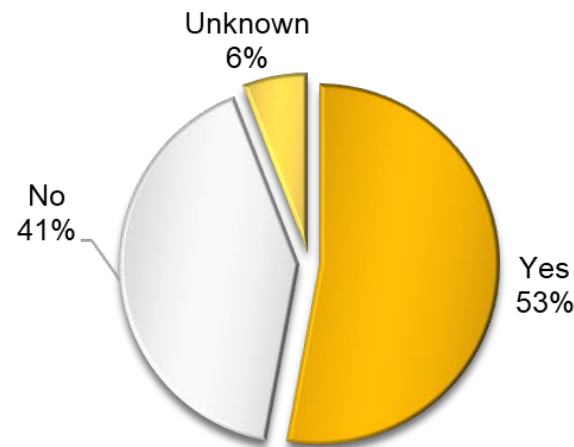# Results

Results: Participant Characteristics

GENDER

Male 44%

Female 56%

STATE

PA 3%
WA 3%
WV 3%
CO 2%
NC 11%
MA 3%
IV 3%
FL 22%
IN 50%

RACE

White 100%

Total Number of Participants that meet inclusion criteria (n) = 36

UCF

Results: Participant Characteristics

HISTORY OF FORMAL BUPRENORPHINE USE

Unknown 3%
No 41%
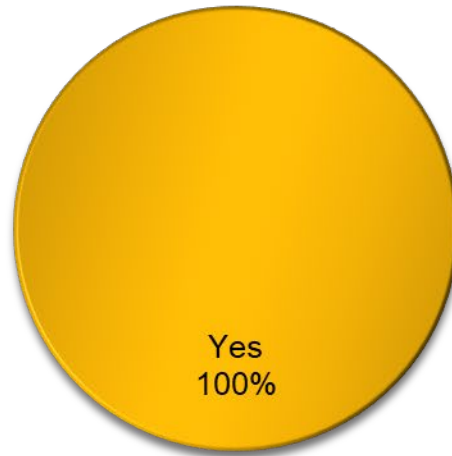Yes 56%
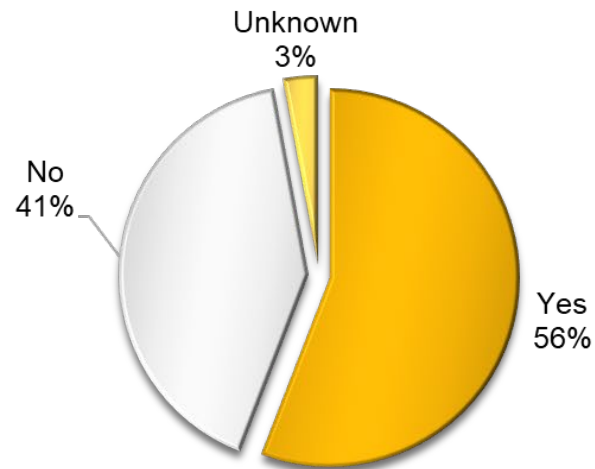
HISTORY OF FORMAL METHADONE USE

Unknown 6%
No 41%
Yes 53%

HISTORY OF FORMAL NALTREXONE USE

Unknown 12%
Yes 15%
No 73%
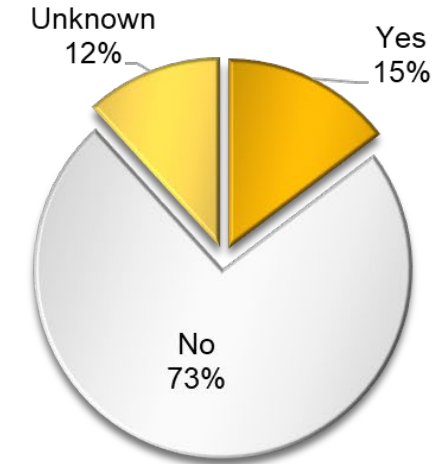
Results: Participant Characteristics

HISTORY OF AA/NA PARTICIPATION

Yes
100%

WITNESSED ANTI-MOUD ATTITUDES IN 12SGs

Unknown
6%

No
9%

Yes
85%

UCF
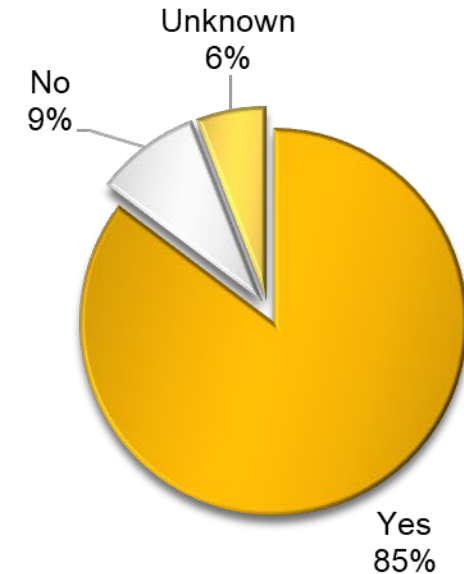
Results

- **Results fell into five main themes:**

1) How MOUD stigma is operationalized in 12SGs

2) Online stigma

3) How to change 12SGs attitudes towards MOUD

4) Responses of individuals undergoing MOUD to stigma in 12SGs

5) Perceptions of whether 12SGs should explicitly accept MOUD

UCF

1) How MOUD stigma is operationalized in 12SGs

- **Encouraging shortening time on MOUD**
  - Some 12SG participants view MOUD as a transitional tool
  - Some 12SG encourage short-term over long-term MOUD utilization
- **Not allowing individuals utilizing MOUD to claim "Clean Time"**
  - Individuals using medication for opiate addiction cannot collect sobriety markers (more common in Narcotics Anonymous)
- **12SG members refusing to sponsor individuals utilizing MOUD**
  - A sponsor acts as a guide and mentor to program members
  - Some sponsors do not want to be seen as endorsing MOUD
  - Some sponsors think individuals utilizing MOUD are not serious about their recovery.

UCF

1) How MOUD stigma is operationalized in 12SGs

- **Not allowing individuals with MOUD to speak at meetings**
  - Many 12SGs do not allow individuals with MOUD to speak at meetings, perceive MOUD as "just another drug"
  - *"I just had this big problem with narcotics anonymous telling people that… they're not clean and they're not sober and they're not doing it right. Well, you know what, they're not robbing from their parents and they're not sticking a needle in their arm. So I think they should be able to go there and talk about what's going on with them."*

2) Online stigma

- **Internet Online Support Groups**
  - Addiction support groups in forums such as on Facebook and Reddit are common sources of anti-MOUD stigma
  - Stigma online may be more intense than in in-person groups
  - Disputes between pro-MOUD and anti-MOUD members occur
    - *"I've gotten kicked out of a support group for defending MAT [MOUD] boldly up on them. It just means, you know, making fun of them, the users. Like they're zombies. A picture of a zombie saying, 'Hey bro, I'm clean. I take suboxone.'"*

UCF

3) How to change 12SGs attitudes towards MOUD

- **Forming a new AA/NA group that accepts MOUD**
  - Uses same doctrine as 12SGs, but allows specifically for medication

- **Grassroots movement**
  - Participants believe that change must occur from local meetings and work gradually up to the top levels to inspire change.

- **Individuals speak out in meetings**
  - Participants successfully utilizing MOUD and their allies can bring attention to MOUD efficacy in meetings, which may help destigmatize MOUD.

UCF

4) Responses of individuals undergoing MOUD to stigma in 12SGs

UCF

Responses of MOUD individuals to 12SG stigma	Quotes
Anger	*"Of course the 12 step program is going to say, well, it's okay for you to go to the meetings. You could go to the meetings where you can't talk. You can't open your mouth, which is completely ridiculous and upsets me just thinking about that right now."*
Leave the group	*"I think other people's opinions about someone else's treatment would definitely kill them or keep them out."*
Hide use of medication from group	*"I don't really tell people about it, which I feel guilty about because I'm supposed to be completely honest and share my experience, strength, and hope with others, and here I'm doing something that has helped me, and I can't really talk about it with a lot of people."*
Disregard opinions with which one disagrees	*"I just ignored it and didn't pay any mind because I know the way I felt about it and that was really all that mattered to me. And there was some people that definitely stuck up for it too. I just looked at it like it's People's opinion and that's all it is. You can have your own opinion if you want."*

5) Perceptions of whether 12SGs should explicitly accept MOUD

- **Should Accept – Being Anti-MOUD is contrary to 12SGs**
  - Main tenet of 12 steps is being non-judgmental and not giving professional and medical advice
  - Individuals with MOUD may be scared away and not want to attend 12SGs
- **Starting new groups:** If local 12SGs are anti-MOUD, then members should start their own pro-MOUD groups

UCF

Conclusions

- Individuals commonly experience anti-MOUD stigma within 12SGs.

- Individuals respond to stigma in a variety of ways, including anger, leaving, hiding treatment, or ignoring opinions of others.

- Many individuals want to combine MOUD and 12SG participation, but have difficulty doing so.

UCF

References

- 1. National Institutes of Health (NIH). Rates of nonmedical prescription opioid use and opioid use disorder double in 10 years. News & Events. https://www.nih.gov/news-events/rates-nonmedical-prescription-opioid-use-opioid-use-disorder-double-10-years. Published 2016. Accessed December 1, 2017.

- 2. Dowell, D., Arias, E., Kochanek, K., Anderson, R. Guy, G., Losby, L. & Baldwin G. (2017). Contribution of opioid-involved poisoning to the change in life expectancy in the U.S., 2000-2015. JAMA, 318(110: 1065-1067.

- 3. Saloner, B., & Karthikeyan, S. (2015). Changes in substance abuse treatment use among individuals with opioid use disorders in the United States, 2004–2013. JAMA, 314(14), 1515–1517.

- 4. Substance Abuse & Mental Health Services Administration. (2018). Medications for Opioid Use Disorder for Healthcare and Addiction Professionals, Policymakers, Patients, and Families: Treatment Improvement Protocol 63.

- 5. Laudet A. B. (2008). The impact of alcoholics anonymous on other substance abuse-related twelve-step programs. Recent developments in alcoholism : an official publication of the American Medical Society on Alcoholism, the Research Society on Alcoholism, and the National Council on Alcoholism, 18, 71-89.

- 6. Tracy, K., & Wallace, S. P. (2016). Benefits of peer support groups in the treatment of addiction. Substance abuse and rehabilitation, 7, 143-154. doi:10.2147/SAR.S81535

- 7. Laudet A. B. (2003). Attitudes and beliefs about 12-step groups among addiction treatment clients and clinicians: toward identifying obstacles to participation. Substance use & misuse, 38(14), 2017-47.

UCF

Thank you!
Questions? Comments?

01- *Olivia Randall-Kosich*

Reasons for starting and stopping medications for opioid use disorder: a qualitative analysis

02-Stephen Mhere

Reducing health care costs and improving health outcomes: Is patient-centered care the means to achieve the incongruent objectives?

03-Rachel Totaram

Participating in 12-step support groups while undergoing medication-assisted treatment for opioid use disorder: a qualitative study of individuals' experiences with stigma

04-Xian-Cao

A Comparative Analysis of home and community-based long term care between the USA and China