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2021

The Effect of Barriers to Treatments, and the Attitudes and Beliefs toward Medication Assisted Treatment (MAT) on the Readiness to Change within Young Adults Engaging in Regular Alcohol and Opioid Use.

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Recommended Citation

Thorwardson, Kylie; Carpenter, Ryan; and Mead, Miriam, "The Effect of Barriers to Treatments, and the Attitudes and Beliefs toward Medication Assisted Treatment (MAT) on the Readiness to Change within Young Adults Engaging in Regular Alcohol and Opioid Use." (2021). *Undergraduate Research Symposium*. 75.

Available at: <https://irl.umsl.edu/urs/75>

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The Effect of Barriers to Treatments, and the Attitudes and Beliefs toward Medication Assisted Treatment (MAT) on the Readiness to Change within Young Adults Engaging in Regular Alcohol and Opioid Use.

Kylie Thorwardson, Miriam Mead, and Ryan W. Carpenter (PhD)

INTRODUCTION

- Recovery is a difficult and often long process for people who struggle with addiction, even when they decide to make changes.
- This difficulty for those battling addiction may stem from internal and external barriers to treatment like
 - Low motivation to change (i.e., acceptance of addiction and openness to talk about changing habits)
 - Limited access to treatment (i.e., transportation, treatment facilities nearby, insurance)
- For those dealing with opioid use disorder (OUD), there are unique elements to the recovery process.
 - The most effective method of OUD treatment is the use of medication-assisted treatment (MAT).
 - Three medications are used for MAT to curb dependency on opioids; Naltrexone, Buprenorphine, and Methadone.
- Attitudes toward MAT can be mixed and stigma around MAT is often high. Despite its effectiveness, many continue to view MAT as simply replacing one opioid with another
- Due to stigma and other factors, people with OUD may believe that MAT:
 - Is not an effective treatment
 - Is not safe or has negative side effects
 - Is replacing one opioid for another and, thus, inconsistent with abstinence
- Most young adults who use opioids do not receive MAT
 - It is unclear why exactly most young adults do not receive MAT
 - May be a mix of factors relating to readiness to change, access to treatment, and attitudes toward MAT
- The goal of this study was to better understand why many young adults regularly using opioids are not in treatment.
 - We assessed internal (motivation to change) and external barriers to seeking treatment and whether these factors were associated with willingness to try MAT.
- We expected participants who reported more motivation to change, and fewer external barriers would also report higher willingness to use MAT.

METHODS

- To be eligible:
 - Past-month alcohol ($\geq 2x/week$), opioid ($\geq 2x/week$), and alcohol-opioid co-use ($\geq 1x/week$)
 - Must not be in treatment currently
 - Must be between 18-24
- Participants recruited online via Facebook and Reddit, completed brief questionnaire and compensated with a \$25 gift card.
- 124 participants aged 18-25 ($M = 23.3, SD = 1.63$).
- 82.26% identified as male, 17.74% identified as female
- 49.2% were Black, 47.6 were White, 1.6% were one or more races, and both Asian and Pacific Islander were 0.8%
- For the questions of the survey used in this data set pertaining to the participant's Motivation to Change Opioid Use a scale of 1-10 with 1 being Not Motivated and 10 being Strongly Motivated
- Willingness to use MAT was assessed with one item from 1 (Strongly Disagree) - 5 (Strongly Agree).
- Reported Barriers were assessed with a modified version of the Barriers to Treatment Participation scale (Nanninga et al., 2015). 44 items ranged from 1 (Totally Disagree) - 5 (Totally Agree)

Descriptives Table		
	Mean	Std. Deviation
Motivation to Change Opioid Use	7.56	2.38
Willingness to Use MAT	4.08	1.00
Reported Barriers	2.73	1.08

RESULTS

- Overall, the sample reported above average motivation to change, with the majority of the participants rating their motivation at a 4 or higher.
- For external barriers, participants' average score was near the mean
 - Two-thirds (68%) endorsed or strongly endorsed at least one barrier.
 - For these participants, the mean for reported barriers was higher ($M = 3.33, SD = 0.67$)
- Greater willingness to use MAT was associated with greater motivation to change ($b = 0.57, SE = 0.20, p = .005$; Figure 1).
- Greater endorsement of barriers was associated with reduced motivation to change ($b = -0.75, SE = 0.18, p < .001$; Figure 2).

RESULTS

Figure 1. Association of Willingness to use MAT and Motivation to Change

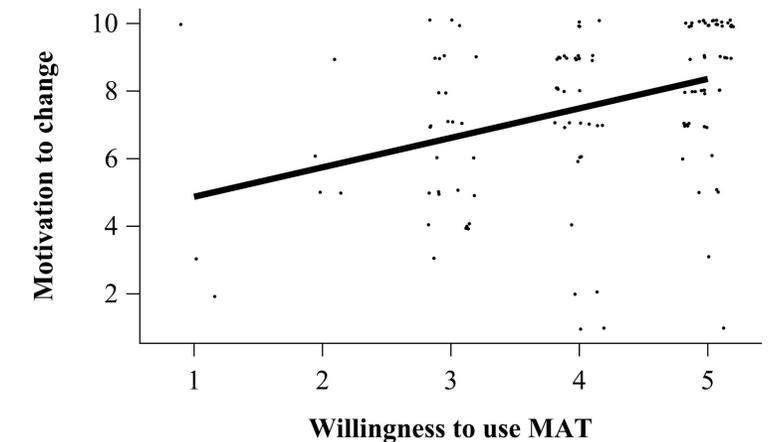
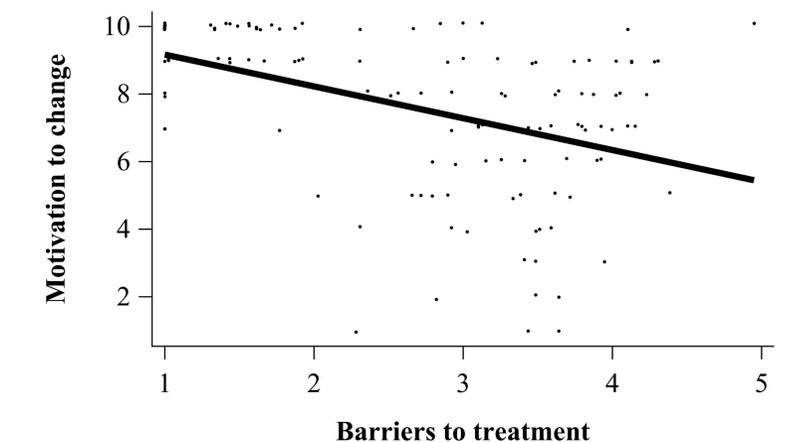


Figure 2. Association of Barriers to Treatment and Motivation to Change



CONCLUSIONS

- On average, participants reported:
 - Relatively high motivation to change their opioid use.
 - High willingness to use MAT
 - Moderate levels of external barriers to treatment
- Regarding external barriers, participants could strongly endorse a small number of barriers, indicating significant impediments to treatment, and score low on the scale overall.
- Despite reported willingness to use MAT none of the participants are in use of MAT. The exact cause is unknown, but it could be a lack of accessibility or as MAT typically calls for total abstinence of opioid use, perhaps participants are not willing to fully abstain.