interdisciplinary clinic, ages 11-21 (N = 77; 58.4% female; 46.8% Hispanic; Mage = 17.3; MBMI = 50.0). Perceived responsibility for the decision to pursue bariatric surgery, food choices, and exercise engagement were the variables of interest. Teens rated items on a scale from 1 (Mostly parent is responsible) to 5 (Mostly teen is responsible), with a score of 3 reflecting equally shared responsibility between parent and teen. Demographic (sex, age, body mass index) and psychosocial factors (internalizing symptoms, externalizing symptoms, attention difficulties, family support for diet and exercise) were examined as possible correlates using ordinal regressions. Missing data were handled using listwise deletion.

Results: While 61% reported shared responsibility for choosing surgery, 51.7% reported it was primarily the teen's responsibility to make decisions about exercise. There was relatively even endorsement of all response options for responsibility for food choices (13.9% mostly parent, 23.6% equal responsibility, 22.2% mostly teen). Older age (OR = 2.17, 95% CI [1.23, 3.83]), greater weight bias internalization (OR = 3.23, 95% CI [1.24, 8.40]), and greater family encouragement for healthy eating (OR = 1.28, 95% CI [1.02, 1.60]) were associated with greater odds of teen responsibility for the decision to pursue bariatric surgery. Greater family encouragement for healthy eating (OR = .77, 95% CI [.69, .88]) was associated with lower odds of teen responsibility for food choices. Last, older age (OR = 1.56, 95% CI [1.06, 2.31]) and greater attention difficulties (OR = 2.33, [1.36, 4.01]) were associated with greater odds, while greater family rewards and punishments for engaging in exercise (OR = .47, 95% CI [.30, .74]) were associated lower odds of teen responsibility for exercise behaviors.

Conclusions: Consistent with previous work, older age was associated with greater responsibility for the decision to pursue surgery and exercise choices. Notably, family support was associated with teens being less likely to report responsibility for eating and exercise behaviors, which may have important implications for teens' ability to maintain initial and long-term surgery outcomes. Additional research is needed to explore factors that influence perceived responsibility for weight-related choices and investigate the extent to which perceived responsibility may be associated with bariatric surgery outcomes.

Sources of Support: N/A.

RESEARCH POSTER PRESENTATION II: SUBSTANCE USE

170.

POOR ENGAGEMENT IN SUBSTANCE USE TREATMENT AND HIV SERVICES AMONG ADOLESCENTS AND YOUNG ADULTS WHO INJECT DRUGS IN INDIA

Lakshmi Ganapathi, MBBS [1], Kimberly F. Greco, MPH [1], Allison M. McFall, MHS, PhD [2], Srikrishnan K. Aylur [3], Suresh Kumar Munirathnam [3], Kenneth H. Mayer, MD [4], Conall O'Cleirigh, PhD [5], Gregory M. Lucas [6], Shruti H. Mehta [2], Sunil S. Solomon [6]

[1]Boston Children's Hospital; [2]The Johns Hopkins Bloomberg School of Public Health; [3]Y.R. Gaitonde Centre for AIDS Research and Education; [4]The Fenway Institute; [5]Massachusetts General Hospital; [6]The Johns Hopkins School of Medicine.

Purpose: The misuse of opioids is increasingly a global epidemic. India has experienced burgeoning HIV epidemics in several regions that are primarily driven by an alarming rise in injection of opioids. Among the ~850,000 people who inject drugs (PWID) in India, at least a quarter are adolescents and young adults (YPWID: 15-24 years) who have the highest HIV incidence. There is limited data on substance use treatment and HIV testing gaps in this population. We established Integrated Care Centers (ICCs) across 8 Indian cities, which provide single-window free HIV services and daily observed buprenorphine treatment in a stigma-free environment. We evaluated engagement of YPWID in substance use treatment and HIV testing at ICCs to inform interventions.

Methods: We performed a retrospective analysis of ICC service utilization data, utilizing 1-year follow-up data for YPWID who initiated buprenorphine between 1 January 2018 to 31 December 2018 across the 8 ICCs. We used summary statistics to describe HIV testing uptake and buprenorphine receipt, including receipt frequency, treatment interruptions (i.e., no buprenorphine receipt for >= 60 days with subsequent re-initiation within 1 year) and treatment drop-out (i.e., no buprenorphine receipt for >= 60 days without re-initiation during study period). To evaluate regional differences in buprenorphine uptake, we used chi-squared analysis to compare regions representing historical opioid epidemics (i.e., Northeast cities (NEC)) and those with emerging opioid epidemics (i.e., North/Central cities (NCC)). We used a multivariable logistic regression model to determine predictors of treatment drop within 6 months of initiation.

Results: 444 YPWID initiated buprenorphine (83% vs. 17%; NCC vs. NEC) in 2018. The median number of days of buprenorphine receipt in 1 year was 74 days in NCC (IQR: 14, 237) and 25 days in NEC (IQR: 8, 98). 37% of YPWID in NCC, and 27% in NEC experienced >= 1 treatment interruption. About a third (33%) of YPWID in NCC vs. 59% in NEC dropped out within 6 months of initiation ($p<0.0001$). Over a 6-month period, 47% of YPWID in NCC vs. 60% in NEC received buprenorphine <= 2 times per week on average ($p=0.0345$). In multivariable models, being unemployed, HIV uninfected, and living in NEC were significant predictors of treatment drop-out by 6 months. Regular HIV testing every 6 months was significantly lower in HIV uninfected YPWID who received buprenorphine <= 2 times per week (34% vs. 69%, $p<0.0001$).

Conclusions: YPWID at ICCs in India have significant substance use treatment gaps including low buprenorphine receipt frequency and retention. YPWID who are under-engaged in substance use treatment also have decreased uptake of regular HIV testing. Our findings suggest that co-located services alone may be insufficient to engage YPWID. There is an urgent need to develop youth-responsive interventions adapted to regional contexts to ameliorate these gaps.

Sources of Support: The National Institute on Drug Abuse (R01DA032059, R01DA041034, DP2DA040244 and K24DA035684), The Harvard University Center for AIDS Research (P30AI060354), The Johns Hopkins University CFAR (P30AI094189), The Elton John AIDS Foundation, The Aerosmith Research Endowment Fund, The Thrasher Research Fund Early Career Award, Career Development Fellowship from Boston Children's Hospital.

171.

CHILDREN'S HOSPITALS' IDENTIFICATION AND INVESTMENT IN SUBSTANCE USE SERVICES: IMPLICATIONS FOR RACIAL HEALTH DISPARITIES

Rohit Agrawal [1], Berkeley Franz, PhD [2], Kelsey Eackles, B.A [2]

[1]Cornell University; [2]Ohio University.

Purpose: Children's Hospitals are uniquely positioned to address the intergenerational transmission of substance use disorders because