

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

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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

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

they work with both parents and children. This study's goal was to explore whether Children's Hospitals differentially identify substance use programs as a critical health need and offer services in areas with specific racial minority populations. Thus far, no study has focused on racial disparities among Children's Hospitals and their employment of substance use interventions.

Methods: We conducted this study using data from the CHNAs of all nonprofit members of the Children's Hospital Association (N = 234). The 2017 County Health Rankings database was used to gather data on community characteristics ("County Health Rankings," 2017). We will control for drug overdose rates since opioid use affects rates at different rates (Khatari et al., 2021). In addition, we will control for relevant socioeconomic variables.

Results: It was hypothesized that substance use interventions would still be more prevalent in White communities after placing such controls. We found that as the percentage of Asian-Americans in communities increased, hospitals were less likely to identify substance use as a health need (OR: .868; 95% CI: .769-.979) and to invest in a substance use intervention (OR: .860; 95% CI: .757-.978). As the percentage of Whites in communities increased, hospitals had greater odds of investing in a substance use intervention (OR: 1.043; 95% CI: 1.005-1.083) even though they were not significantly more or less likely to identify substance use as a health need (OR: 1.027; 95% CI: .995-1.060). No significant differences were found for hospitals as the percentage of Hispanics and Blacks increased in communities.

Conclusions: The results suggest that Children's Hospitals are disproportionately investing in White communities while neglecting Asian-American populations even after controlling for socioeconomic status and drug overdose mortality rates. More studies need to be conducted on racial disparities in substance use treatment among Children's Hospitals. The relationship between racial disparities and substance use interventions might be of particular interest now because substance use disorders are rising among non-White Americans in light of COVID-19 and services are not aligned with this growing need (Khatari et al., 2021).

Sources of Support: Khatari, U. G., Pizzicato, L. N., Viner, K., Bobyock, E., Sun, M., Meisel, Z. F., & South, E. C. (2021). Racial/ethnic disparities in unintentional fatal and nonfatal emergency medical services-attended opioid overdoses during the COVID-19 pandemic in Philadelphia. *JAMA network open*, 4(1), e2034878-e2034878. National Data & Documentation: 2010-2019 | County Health Rankings & Roadmaps. Available online at: <http://www.countyhealthrankings.org/explore-health-rankings/rankings-data-documentation/national-data-documentation-2010-2019>.

172.

WHAT'S LOVE GOT TO DO WITH IT: EXAMINING THE ROLE OF SOCIAL SUPPORTS IN PROMOTING RECOVERY AND BUILDING RESILIENCE FOR YOUNG PEOPLE WHO INJECT DRUGS

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Purpose: Locally, one out of every ten hospitalized young people (ages 18-30) who inject opioids (YPWID) die within a year of discharge. Ongoing substance use is the primary driver of high morbidity and mortality in this group. Social connectedness and peer support are critical during this developmental stage. Research

suggests contact with parents and/or peers who have substance use disorders (SUD) may serve as a risk factor for ongoing substance use. Our study aims to examine how hospitalized YPWID conceptualize social supports (both family and peers) and how these relationships influence abstinence and treatment seeking-behaviors.

Methods: As part of an ongoing study, we identified and recruited hospitalized patients ages 18-29 admitted with infectious complications of injection opioid use. We conducted 30-60 minute semi-structured qualitative interviews informed by the Capacity-Opportunity-Motivation-Behavior (COM-B) framework, which were audio-recorded and transcribed verbatim. Interviews were analyzed iteratively using rapid analytic methods. Transcribed interviews were placed in a summary matrix based on interview guides used to identify broad domains using the COM-B model. We then identified themes, sub-themes and concepts related to each domain, including exemplar quotes. We represent findings from the first six interviews.

Results: There were 6 participants (mean age 26.0 years). 85% were white and half were female. The overarching themes show that parents and peers serve as important sources of support. These positive impacts span all three COM-B domains of capability, motivation, and opportunity. A recurrent theme suggests parents and peers foster resilience and build self-efficacy. Another common theme focused on the importance of parents and peer relationships as motivation for change. All youth described having parents and/or peers with SUD with whom they initiated or endorsed ongoing substance use, but they also discussed the positive ways in which even loved ones who use substances were able to support their recovery. For example, youth perceived parents and peers in recovery to have greater insight into their struggles. One 26-year-old woman expressed: "[Both my parents] also have addiction problems... So they know what I'm going through, and I know what they're going through." Having parents and peers with SUD helped reduce the shame and stigma around initial disclosure. Additionally, young people viewed the lived experiences of parents and peers as important to show change was attainable. Youth also commonly described defining themselves in opposition to the tragic outcomes of loved ones with SUD. One 29-year-old woman voiced, "I've lost a lot of friends, lots of people I've known for a long time, due to overdoses... Watching people go through the struggle... definitely helps, I mean it helps me want to get better."

Conclusions: Parents and peers, even those with SUD, can be assets in engaging YPWID into recovery. YPWID describe rich, complex interpersonal connections that may be leveraged to support recovery. Providers should look for ways to partner with these individuals to support youth recovery and abstinence, enhance youth capability, augment youth motivation, and create social opportunities for recovery.

Sources of Support: Funded by NIDA grant K23DA04898.

173.

ALLIANCES TO DISSEMINATE ADDICTION PREVENTION AND TREATMENT (ADAPT): ASSESSING THE EXCHANGE OF IDEAS IN ALLIANCES BETWEEN JUVENILE JUSTICE AND COMMUNITY MENTAL HEALTH CENTERS

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Purpose: In the US, over half of youth involved in the juvenile justice system meet criteria for substance use disorder (SUD). Further, SUD is