

involvement. Sexual/relationship violence measures included a past 9-month history of sexual harassment, non-partner sexual violence (SV), and intimate partner SV. We first performed a latent class analysis (LCA) to create baseline future orientation profiles of participants. Mixed effects logistic regression then assessed how baseline future orientation class related to each form of violence perpetration over time (baseline to follow-up). Models were adjusted for age, intervention group, race/ethnicity, and parental education.

**Results:** There were 817 participants included in the analysis, with a mean age of 15.5 years (SD = 1.6 years). Most participants identified as Black, Non-Hispanic (74%). Nearly half of participants' parents/caregivers did not graduate from high school (43%). Our LCA yielded four classes ranging from low to high future orientation, with nearly 80% of youth belonging to moderately-high and high future orientation classes. Levels of violence perpetration among youth were high, ranging from 4.8% perpetrating intimate partner SV to half (50.7%) bullying someone else. Future orientation latent class was significantly associated with weapon violence, bullying, sexual harassment, non-partner SV, and intimate-partner SV in adjusted models (all  $p < 0.01$ ). Compared to the low future orientation class, youth belonging to moderate-high and high future orientation classes were less likely to perpetrate weapon violence (Moderate-High: adjusted odds ratio [aOR]=0.45, 95% CI:[0.20, 1.13]; High: aOR=0.41, 95% CI:[0.18, 0.99]). Use of violence was consistently highest among youth in the low-moderate future orientation class.

**Conclusions:** This LCA identified several unique profiles of future orientation among male adolescents from disadvantaged neighborhoods with differing patterns of association with multiple forms of violence. Identifying modifiable factors that contribute to lower future orientation and mechanisms for how future orientation influences use of violence is needed in youth violence prevention interventions.

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## 29.

### USE OF BUPRENORPHINE FOR OPIOID USE DISORDER AMONG US ADOLESCENTS AND YOUNG ADULTS DURING THE COVID-19 PANDEMIC

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**Purpose:** Opioid overdose deaths increased substantially during the COVID-19 pandemic, even as policy changes were implemented to facilitate better access to medications for opioid use disorder (MOUD). While prior work has suggested relatively stable sales volume of buprenorphine, a safe and effective FDA-approved MOUD, among adults during 2020-2021, less is known regarding whether the pandemic has been associated with changes in the use of buprenorphine to treat opioid use disorder among adolescents and young adults (AYA). AYA comprise 10% of annual opioid overdose fatalities in the US, yet are less likely than older adults to receive addiction treatment, and specifically MOUD such as buprenorphine.

**Methods:** We licensed IQVIA LifenLink, which represents anonymized patient-level prescription data throughout the US to characterize

changes in buprenorphine utilization during the COVID-19 pandemic. We included AYA ages 12-29 with at least one buprenorphine prescription fill between January 2018 through August 2020. We stratified analyses by patient age group and insurance to evaluate whether insurance served as an effect moderator. We used descriptive statistics to estimate the effect of the COVID-19 pandemic on AYA buprenorphine utilization by comparing March-August of 2019 with March-August of 2020. Data analysis was conducted with Stata, version 15 (StataCorp), using 2-sided t tests with significance set at  $P < 0.05$ . The study was exempted from review by the Johns Hopkins Bloomberg School of Public Health IRB.

**Results:** A total of 413,152 AYA age 12-29 filled at least one buprenorphine prescription between January 2018 and August 2020; prescriptions per month ranged between 90,932-120,740. Among young AYA age 12-17, the overall monthly rate increased by 8.3%, with small absolute increases in Medicaid and commercial insurance prescriptions, and a decrease in prescriptions filled with cash. Buprenorphine prescriptions per 100,000 decreased 7.5% during the pandemic among AYA age 18-24 and decreased 5.1% among AYA age 25-29. Among AYA age 18-24 and 25-29, monthly Medicaid prescription rates did not significantly change from the pre-COVID-19 period (March-August 2019) to the during-COVID-19 period (March-August 2020). In contrast, commercial insurance prescriptions during-COVID-19 decreased 12.9% among AYA age 18-24 and 11.8% in 25-29 year olds, and cash/other prescriptions decreased 18.7% among 18-24 year olds and 19.9% in 25-29 year olds.

**Conclusions:** Our findings suggest that during the COVID-19 pandemic, buprenorphine prescriptions paid with commercial insurance or cash among young adults significantly decreased, suggesting a possible unmet need among this group. The stable Medicaid prescription rate during the COVID-19 pandemic demonstrates the safety net role Medicaid has played in providing access to substance use disorder treatment. Our findings contrast with a study among all adults which found no significant change in buprenorphine prescriptions paid by commercial insurance. Young adults in particular may be more susceptible to the health consequences of COVID-19's economic impact, such as interruptions in employer-sponsored commercial insurance and financial hardship limiting individuals' ability to pay cash for prescriptions. Further research is needed to assess the potential impact of disruptions in buprenorphine access on health disparities and overdose, and to design interventions to improve treatment of OUD among AYA in the post-COVID era.

**Sources of Support:** RAND OPTIC.

## RESEARCH POSTER SYMPOSIA III: PREDICTORS OF ADOLESCENT HEALTH-RELATED BEHAVIORS AND OUTCOMES

### 30.

#### EXAMINING AND CHARACTERIZING ADOLESCENT-ADULT SOCIAL NETWORKS, ATTITUDES TOWARDS VIOLENCE AND RETALIATION, AND VIOLENCE EXPOSURE

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**Purpose:** Social network-based studies demonstrate that peer connections influence youth violence, yet less is known about the