32.

IMPACT OF THE CORONAVIRUS DISEASE 2019 PANDEMIC ON ADOLESCENT ALCOHOL USE

Alexandra Chretien, MPH, BA [1], Machiko Minegishi, MD, MPH [2], Rachele Cox, BS MPH [2], Elissa Weitzman, ScD MSc [2]

[1]Boston Children's Hospital; [2]Division of Adolescent/Young Adult Medicine, Boston Children's Hospital.

Purpose: The Coronavirus Disease 2019 (COVID-19) pandemic resulted in a global shut-down that led to unprecedented disruptions to everyday life. Exposure to pandemic-related events such as job loss, school closures, social isolation, and illness have been linked to increases in mental and physical health problems, but little is known about the implications of these consequences on adolescent alcohol use. This study assessed the cross-sectional associations between the COVID-19 pandemic (exposure, impact, and distress) and alcohol use and binge drinking in two cohorts of adolescents and young adults (AYA) recruited from an urban adolescent hospital.

Methods: AYA receiving care for a chronic medical condition and those presenting for routine care were included. Self-reported questionnaires were administered through online survey. COVID-19 pandemic exposure, impact, and distress were assessed using the COVID-19 Exposure and Family Impact Scale (CEFIS); alcohol use was assessed using the validated Screening to Brief Intervention (S2BI) tool; binge drinking was defined by the number of drinks consumed on one occasion, based on age and biological sex. CEFIS exposure scales (range: 0-32) is the sum of COVID-19 related events including direct COVID-19 experiences in family members. CEFIS impact scale (range:1-4) derived from the mean of impact scales for personal emotional and physical wellbeing and family interaction. Logistic regressions were used to assess the associations between the COVID-19 pandemic (exposure, impact, and distress) and past 12-month alcohol use and past 3-month binge drinking, adjusting for age, cohort, biological sex, and parental education.

Results: Among N=461 participants, 69% were female, 62% were white, 82% were non-Hispanic, and mean age was 19.3(± 1.6). The mean score for CEFIS exposure was 9.2 (± 3.9), CEFIS impact score was 2.9 (± 0.6), and CEFIS distress score was 5.9 (± 2.3). 38% reported someone in their family members was exposed to COVID-19, and 25% reported some family members experienced the symptoms. 18% and 27%, screened positive for depression and anxiety . 60% of participants reported using alcohol in the past 12 months, and 47% of participants with past 3-month alcohol use reported binge drinking in the past 3 months. In adjusted models, AYA with higher personal or familial pandemic impacts were more likely to report past 12-month alcohol use (AOR:1.83; 95% CI, 1.27-2.65), and adolescents who reported worse levels of distress were more likely to report 12-month alcohol use (AOR:1.12; 95% CI, 1.02 -1.23). Among past 3-month alcohol users, exposure to a greater number of COVID-19 related events was associated with an increased odds of reporting past 3-month binge drinking (AOR: 1.11; 95% CI, 1.04 -1.20).

Conclusions: COVID-19 associated exposure, impact, and distress levels were associated with an increase in alcohol use behaviors. Adolescence is a period of intense vulnerability to the surrounding environment. The results highlight the behavioral risks associated with exposure to the disruptive and possibly traumatic events of the COVID-19 pandemic for AYA and need for support and assessment of ongoing problems in the future.

Sources of Support: Hilton Grant.

33.

TREATMENT INITIATION AND ENGAGEMENT FOR YOUTH WITH SUBSTANCE USE DISORDERS

Larissa M. Wenren, MD [1], Jonathan Rodean, MPP [2], Bonnie T. Zima, MD, MPH [3], Sarah M. Bagley, MD, MS [1], Alykhan Nurani, MS [1], Scott Hadland, MD, MPH, MS [4]

[1]Boston Medical Center; [2]Children's Hospital Association; [3]University of California Los Angeles; [4]MassGeneral Hospital for Children.

Purpose: The prevalence of substance use disorder (SUD) is rising among adolescents and young adults. Quality of treatment varies widely, and little is known about rates of timely treatment initiation and engagement. We aimed to determine rates of treatment initiation and engagement for adolescents and young adults with SUD using specifications from the corresponding 2019 Medicaid Adult Core Set quality measure (IET-AD).

Methods: We used a sample of publicly insured adolescents (13-17 years) and young adults (18-25 years) across 10 states from the IBM Watson/Truven MarketScan Medicaid 2018 data. Using measure specifications, we identified new SUD diagnoses (index episode in any clinical setting with no diagnosis in the preceding 60 days) and treatment initiation and engagement (defined as $\geq$1 claim within 14 days and $\geq$2 claims within 34 days of diagnosis, respectively, where claims with SUD diagnosis may or may not include specific behavioral or medication treatment). We calculated unadjusted treatment rates and then used multivariable analysis adjusting for sociodemographic and comorbid clinical conditions to calculate adjusted rates.

Results: We identified 33,072 Medicaid-insured youth with a new SUD diagnosis between January-November 2018, including 13,411 (41%) adolescents and 19,661 (59%) young adults. Overall, 51% were male; 55%, non-Hispanic white; 33%, non-Hispanic black; and 3%, Hispanic. Use disorders included cannabis (65%), alcohol (20%), opioid (11%), and other (32%), and 22% had polysubstance use. The adjusted treatment initiation rates for adolescents and young adults were 24% and 27% for any SUD; 20% and 36%, opioids; 26% and 25%, cannabis; 18% and 21%, alcohol; and 13% and 18%, other substances ($p<0.05$ for differences between adolescents and young adults for all SUDs). Among those initiating treatment, adjusted engagement rates for adolescents and young adults were 65% and 62% for any SUD; 70% and 69%, opioids; 68% and 61%, cannabis; 58% and 58%, alcohol; and 51% and 53%, other substances ($p<0.05$ for any SUD and cannabis).

Conclusions: Three-fourths of adolescents and young adults do not receive timely initiation of treatment for SUDs. Once in treatment, a majority meet performance expectations for engagement, but there remains room for improvement. Drivers for successful SUD treatment initiation and engagement among youth should be further investigated.

Sources of Support: None.