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CHARACTERISTICS OF ADOLESCENT-SERVING ADDICTION TREATMENT FACILITIES IN THE UNITED STATES

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Purpose: Adolescents with opioid use disorder (OUD) or who experience opioid overdose are significantly less likely than adults to receive medications for opioid use disorder (MOUD). The extent to which addiction treatment facility characteristics contribute to this differential access is unknown. This study's objectives were to describe the quantity and characteristics of adolescent-serving addiction treatment facilities in the U.S., and examine associations between facility characteristics and offering maintenance MOUD.

Methods: We performed a cross-sectional study using the 2017 National Survey of Substance Abuse Treatment Services (N-SSATS), a survey of all U.S. addiction treatment facilities. We compared characteristics of facilities that offered specialized adolescent programs versus those that did not ("adult-focused facilities"), including ownership, payments accepted, accreditation/licensure, location, and services. We used logistic regression to identify facility characteristics associated with offering maintenance MOUD (opioid agonist maintenance with buprenorphine or methadone, or extended-release naltrexone), and included interaction terms to test whether MOUD availability differed between facilities with specialized adolescent programs and adult-focused facilities.

Results: Among 13,585 addiction treatment facilities in the U.S., 3,537 (26.0%) offered specialized adolescent programs. These facilities were more likely than adult-focused facilities to accept insurance or be owned by a non-profit or state/local/tribal government ($p<0.001$ for all). Of the 3,537 facilities with adolescent programs, 92.4% (3,267) offered outpatient treatment, 11.7% (413) offered residential treatment, and 3.6% (129) offered inpatient treatment. Among facilities with adolescent-programs, 23.1% (816) offered maintenance MOUD, compared to 35.9% (3,612) of adult-focused facilities (odds ratio [OR], 0.53; 95% confidence interval [CI], 0.49-0.58). While facilities with adolescent-programs and adult-focused facilities were equally likely to offer naltrexone as their only MOUD (OR, 0.92; 95% CI, 0.79-1.08), facilities with adolescent-programs were only half as likely to offer opioid agonist maintenance MOUD (OR, 0.51; 95% CI, 0.46-0.57). Among facilities with adolescent programs, non-profits were more likely than for-profits to offer maintenance MOUD (OR, 1.38; 95% CI, 1.08-1.75). Facilities that accepted any kind of insurance were significantly more likely to provide maintenance MOUD than those not accepting insurance or providing free/reduced-fee services. Cash-only facilities with adolescent-programs had the lowest rate of providing maintenance MOUD (13.2%), whereas cash-only adult-focused facilities had the highest rate of providing maintenance MOUD (41.5%). Facilities (both adult-focused and with adolescent programs) that offered inpatient services, or were licensed/accredited by a national authority were more likely to offer maintenance MOUD. Facilities in the Midwest, South, and West were less likely to provide maintenance MOUD than facilities in the Northeast; this negative association was strongest among facilities with adolescent-programs in the South (OR, 0.24; 95% CI 0.19-0.30; interaction term $p<0.001$) and West (OR, 0.15; 95% CI 0.12-0.19; interaction term $p<0.001$).

Conclusions: Only one-quarter of U.S. addiction treatment facilities offer specialized adolescent-programs, and these facilities are half as likely to offer maintenance MOUD as adult-focused facilities. This disparity may be even greater in the U.S. South and West. This may explain why adolescents are less likely to receive MOUD than adults by demonstrating that the facilities that serve them are also less likely to provide MOUD.

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