NIH HEAL INITIATIVE

Preventing Opioid Use Disorder in Older Adolescents and Young Adults

November 2, 2022

HEAL Prevention Cooperative Webinar Series: Recruiting for Youth Substance Misuse Prevention

Tyra Pendergrass Boomer, Lily A. Hoerner, Erin E. Bonar, Ryan R. Singh, Kym Ahrens, Lissette Saavedra, and Barbara Oudekerk

NIH HEAL Initiative and Helping to End Addiction Long-term are service marks of the U.S. Department of Health and Human Services.

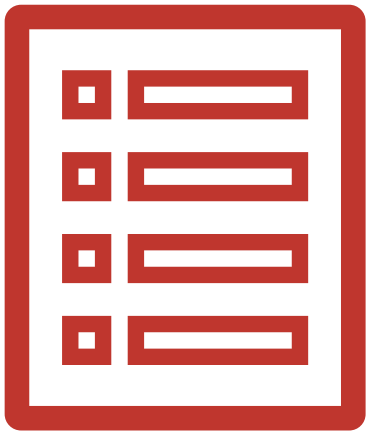
Statement of Support

This presentation is supported by the National Institutes of Health (NIH) through the NIH Helping to End Addiction Long-term (HEAL) Initiative as part of the HEAL Prevention Initiative. The authors gratefully acknowledge the collaborative contributions of the National Institute on Drug Abuse (NIDA) and support from the following awards:

- Oregon Social Learning Center (UH3DA050193)
- RTI International (U24DA050182)
- Seattle Children's Hospital (UH3DA050189)
- University of Michigan (UH3DA050173)
- Yale University (UH3DA050251)

The content of this presentation is solely the responsibility of the authors and does not necessarily represent the official views of NIH, the NIH HEAL Initiative, NIDA, or the participating institutions and organizations.

Today's Agenda



1. **Helping to End Addiction Long-term (HEAL) and HEAL Prevention Cooperative (HPC)**
2. **Recruitment in Substance Misuse Prevention**
3. **Recruitment in Four Settings**
   - School-based health centers
   - Emergency department
   - Community-based partnership with child welfare
   - Juvenile legal system
4. **Discussion**

1. HEAL and HPC

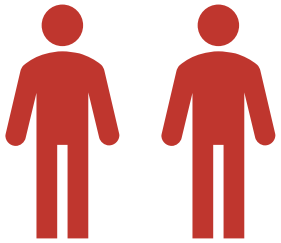
Barbara Oudekerk, PhD
National Institute on Drug Abuse (NIDA)

NIH HEAL INITIATIVE
Preventing Opioid Use Disorder in Older Adolescents and Young Adults

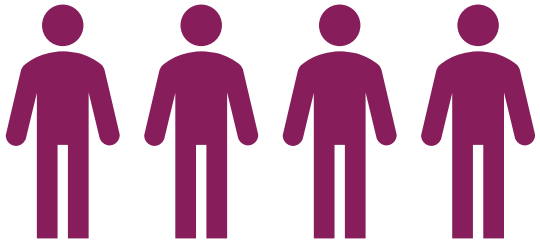
PREVENTION

No opioid misuse
Opioid misuse
Opioid use disorder (OUD)
9,500,000
2,700,000

The transition from adolescence into young adulthood is a key developmental period for preventing opioid misuse.



2 out of every 100
12- to 17-year-olds



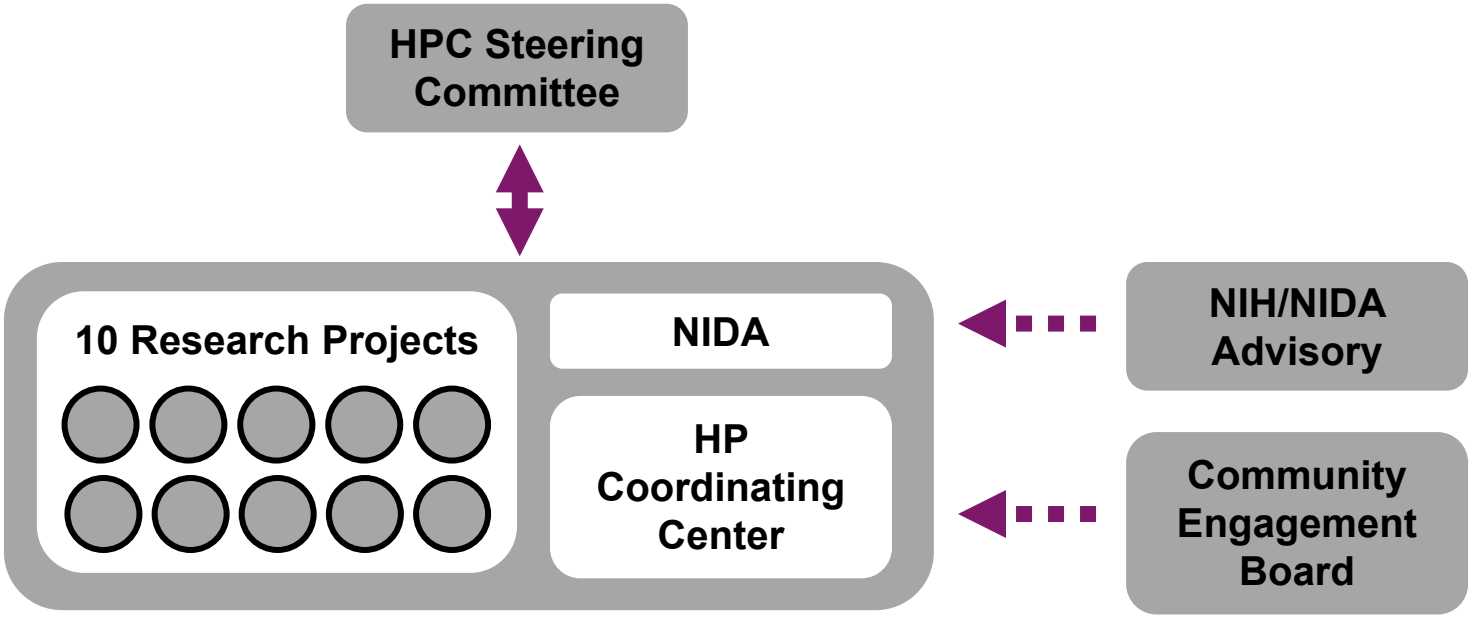
4 out of every 100
18- to 25-year-olds

NIH HEAL INITIATIVE | Preventing Opioid Use Disorder in Older Adolescents and Young Adults

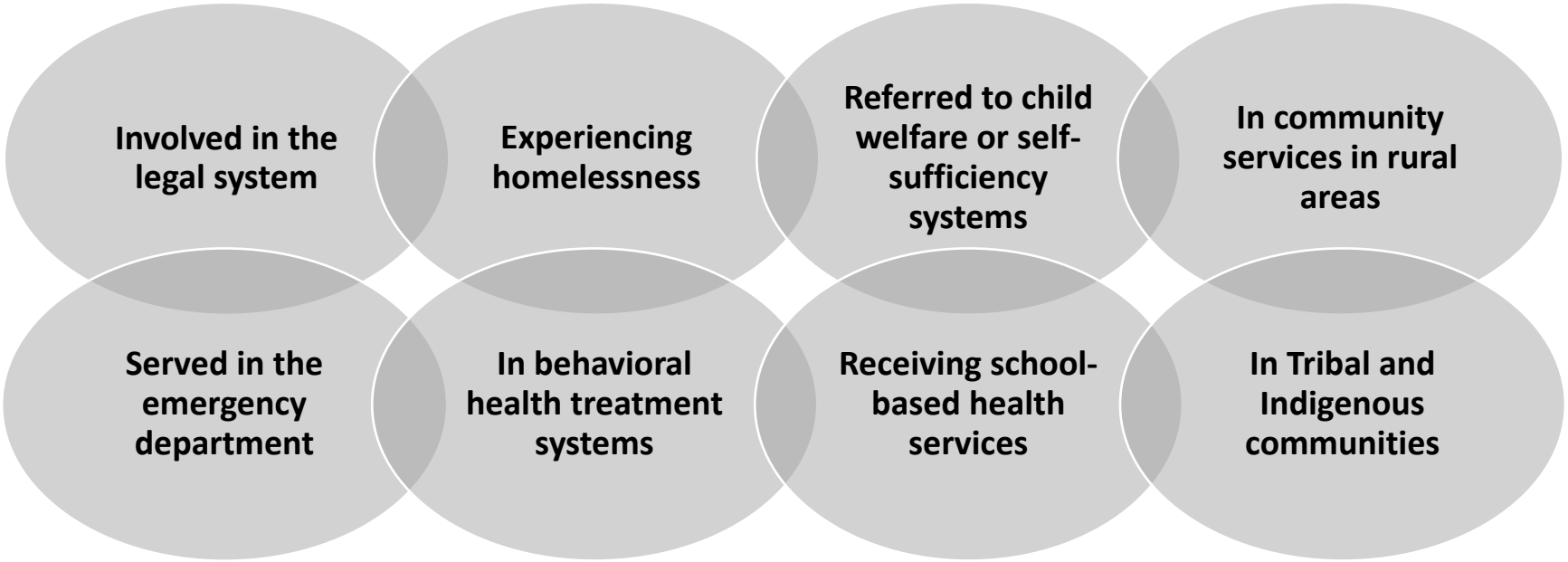
HPC Aim

Develop and test 10 interventions to prevent opioid misuse and OUD among young people aged 15–30.

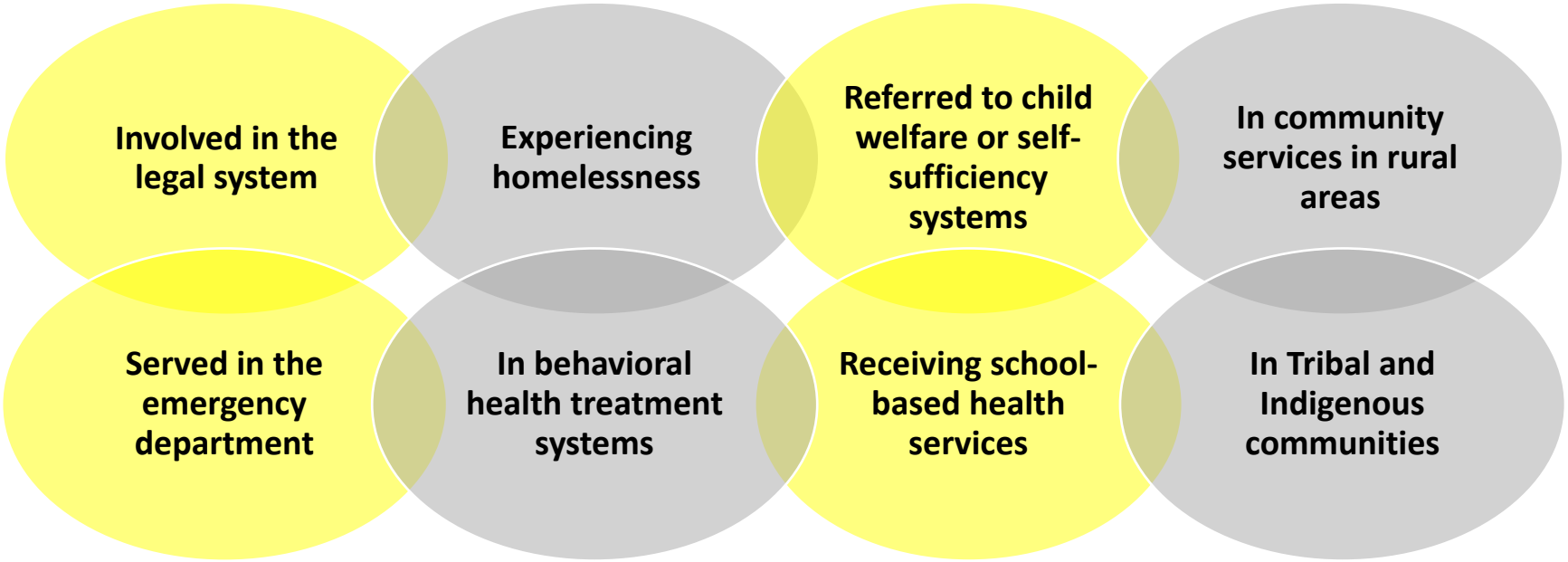
HEAL Prevention Cooperative Structure



Developing Prevention Services for Underserved Young People



Developing Prevention Services for Underserved Young People, cont.



For More Information

Sign up for the HPC Listserv:

https://survey.alchemer.com/s3/6449408/HEAL-Prevention-Network

Visit the HEAL Preventing Opioid Use Disorder website:

https://heal.nih.gov/research/new-strategies/preventing-opioid-use-disorder

NIH HEAL INITIATIVE Preventing Opioid Use Disorder in Older Adolescents and Young Adults

Thank you, HPC collaborators!

- **NIDA**
  Amy Goldstein, Barbara Oudekerk, Bethany Deeds, Aria Crump, Kathy Etz, Sarah Steverman, Carrie Mulford
- **RTI International (HPCC)**
  Phillip Graham, Ty Ridenour
- **Emory University/Cherokee Nation**
  Kelli Komro, TK Kominsky, Juli Skinner
- **Massachusetts General Hospital/ Boston Medical Center**
  Tim Wilens, Amy Yule
- **Ohio State University**
  Natasha Slesnick, Kelly Kelleher
- **Oregon Social Learning Center**
  Lisa Saldana
- **Seattle Children's Research Institute/ University of Washington**
  Kym Ahrens, Kevin Haggerty
- **Texas Christian University**
  Danica Knight
- **University of Michigan**
  Maureen Walton, Erin Bonar
- **University of Oregon**
  Beth Stormshak, Lisa Leve
- **RAND Corporation/UCLA**
  Liz D'Amico, Dan Dickerson
- **Yale University**
  Lynn Fiellin, Claudia-Santi F. Fernandes, Tyra Pendergrass Boomer, Kammarauche Asuzu

2. Recruitment in Substance Misuse Prevention

Lissette M. Saavedra, PhD
RTI International

NIH HEAL INITIATIVE
Preventing Opioid Use Disorder in Older Adolescents and Young Adults

Importance

- Representation of target population
- Challenges with samples of convenience
- Threats to external validity
- Patterns of systematic nonparticipation?
- Ease in recruitment signals feasibility of approach
- Subsequent uptake and sustainability

Increasing Attention to Recruitment

- Publication norms, culture, and practices
  - Outcome studies only report success
- Limited information about challenges experienced
- Limited guidance on equitable recruitment
- Useful information for end users (practitioners, researchers)
  - Limited training in recruitment
  - Limited options when resources are tight

3. Recruitment in Four Settings

A Digital Intervention to Prevent the Initiation of Opioid Misuse Among Adolescents in School-Based Health Centers

Play2PREVENT Lab at the Yale Center for Health & Learning Games
Tyra Pendergrass Boomer, MEM
Lily A. Hoerner, BA

NIH HEAL INITIATIVE
Preventing Opioid Use Disorder in Older Adolescents and Young Adults

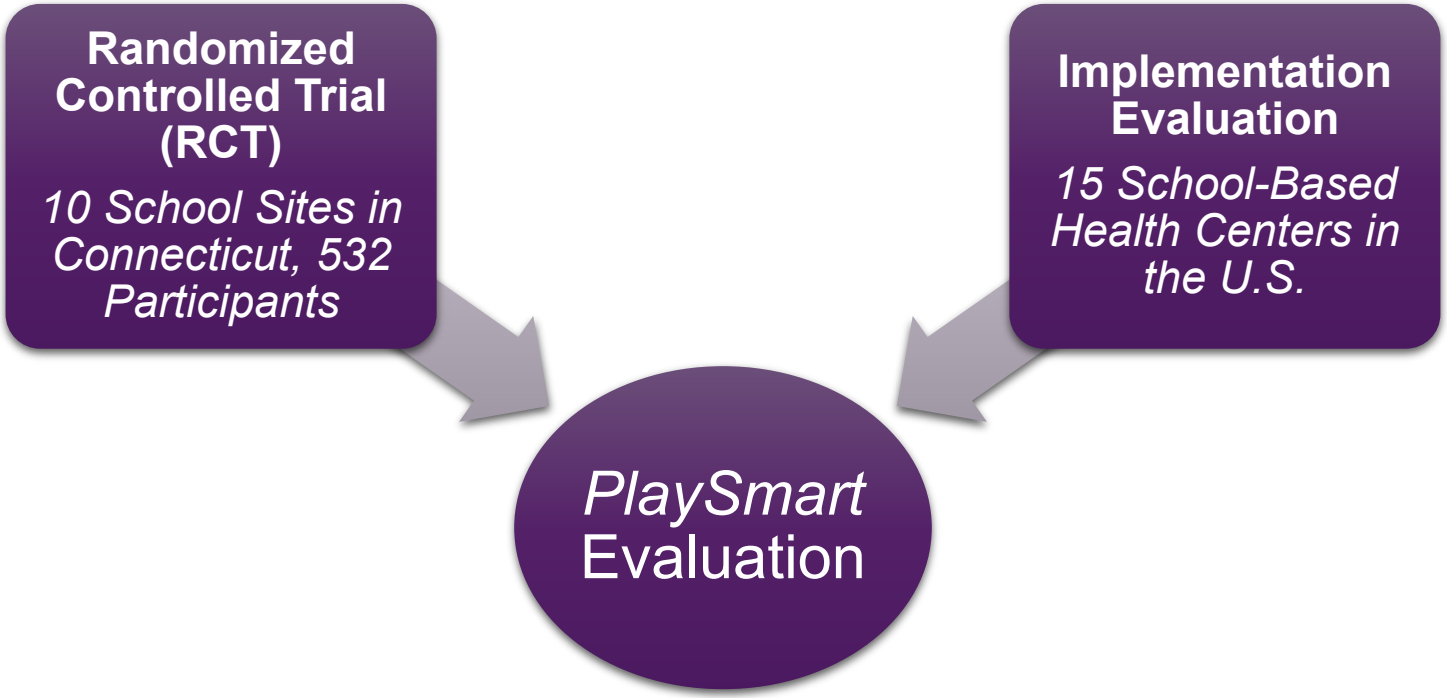
Play2PREVENT Lab and Digital Interventions

Our lab develops and evaluates videogame interventions, serious games, that help teens develop and maintain health behaviors.

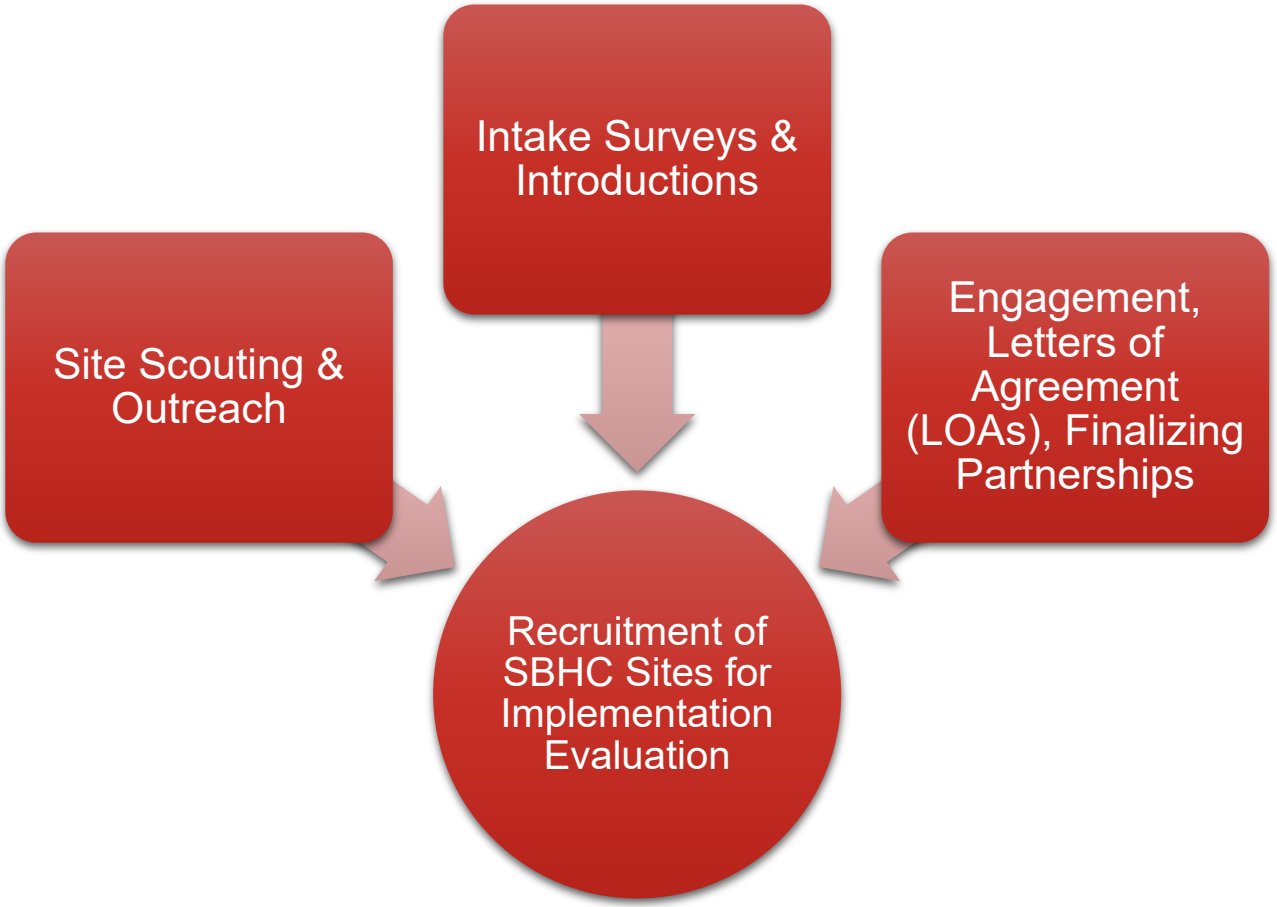
PlayForward | ***smokeSCREEN*** | ***empowerED*** | ***PlayTest!***

NIH HEAL INITIATIVE
Preventing Opioid Use Disorder in Older Adolescents and Young Adults

Our *PlaySmart* project is multifaceted



National Recruitment of SBHCs in a Virtual Environment



Challenges to Virtual Recruitment of SBHC Sites Nationwide

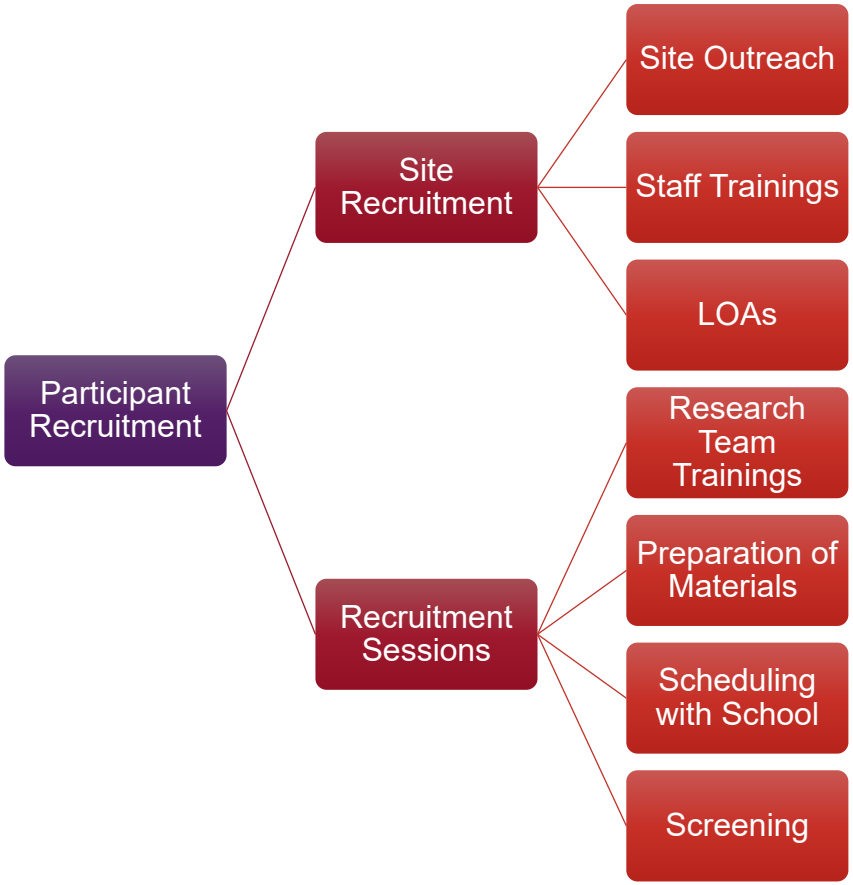
SBHC staff bandwidth

COVID barriers

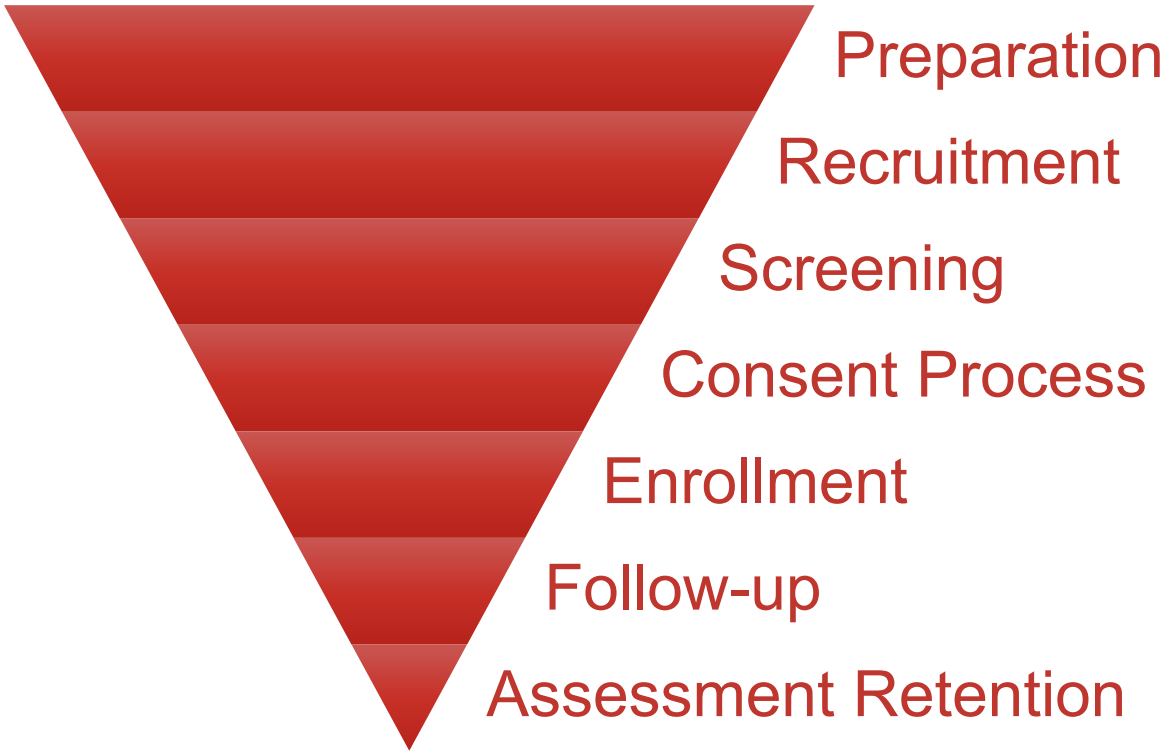
Staff turnover

Mixed buy-in

Recruitment procedures for an RCT involve many steps.



The Many Steps of RCT Recruitment and Retention



Solutions for Successful Recruitment of Sites and Participants

Flexibility

- SBHC staff and providers
- Recruitment and enrollment procedures
- Retention

Proactive and realistic expectations

- Enrollment
- Buy-in
- Participation

RCT Recruitment to date

Stage	Number (n), percentage (%)
Recruitment – Screening	379 (n/a)
Recruitment – Eligible	256 (91.8%)
Enrollment – Enrolled	113 (44.1%)
Retention – Assessment Completion	70 (94.6%)

Key Takeaways

- Many barriers faced during recruitment are specific to students and school sites.
- Flexibility is key when working toward successful recruitment.
- Virtual recruitment procedures are necessary when working with sites nationwide.

Recruitment in the Emergency Department (ED) Setting

Erin E. Bonar, PhD

University of Michigan

NIH HEAL INITIATIVE

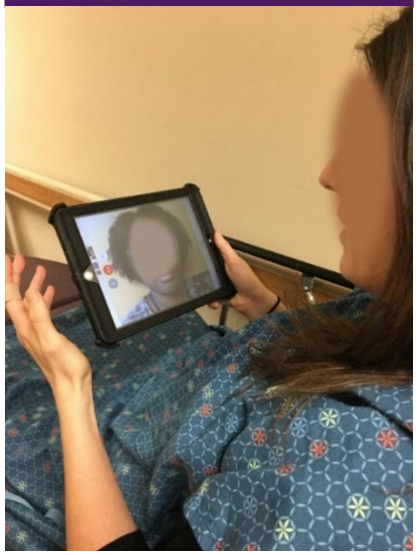
Preventing Opioid Use Disorder in Older Adolescents and Young Adults

ED Setting

Virtual Interventions Delivered by Remote Health Coaches

1. Brief, motivational interviewing-based session
2. Portal-based messaging for 30 days

Staff in Office, Patient in ED



Staff and Patient at Home*

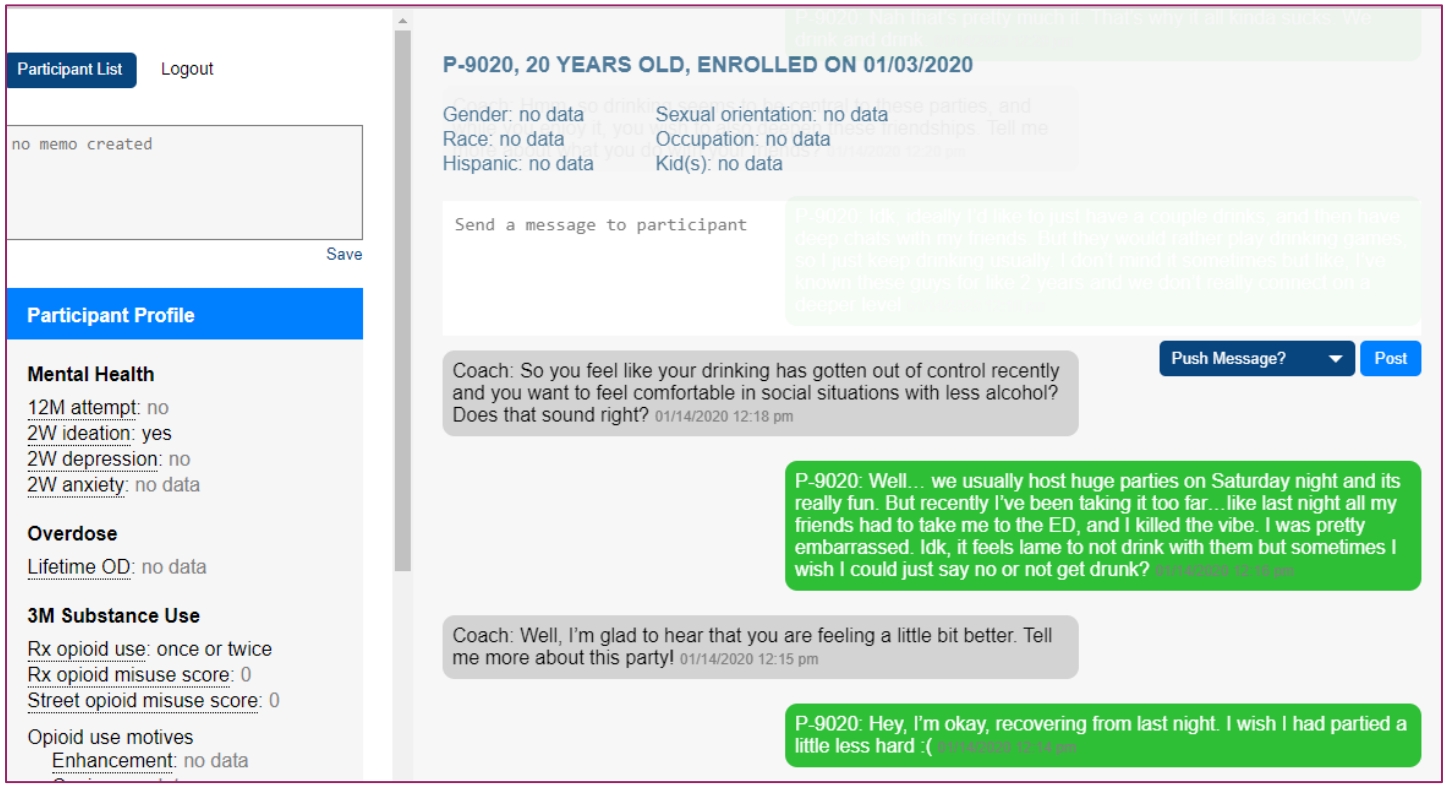
**Photos are staff role-playing, no participants pictured.*

Virtual Interventions Delivered by Remote Health Coaches, cont. 1

1. Brief, motivational interviewing-based session
2. Portal-based messaging for 30 days

Virtual Interventions Delivered by Remote Health Coaches, cont. 2

1. Brief, motivational interviewing-based session
2. Portal-based messaging for 30 days



Virtual Interventions Delivered by Remote Health Coaches, cont. 3

1. Brief, motivational interviewing-based session
2. Portal-based messaging for 30 days

Pain/Opioids
Tools, avoiding opioids, overdose prevention

Substance Use
Strategies for coping, harm reduction

Mental Health
Coping and resources for stress, anxiety, depression, suicidality

Physical Health/Sleep
In relation to substance use, pain

Lifestyle/Leisure
Substance-free activities, coping, social support

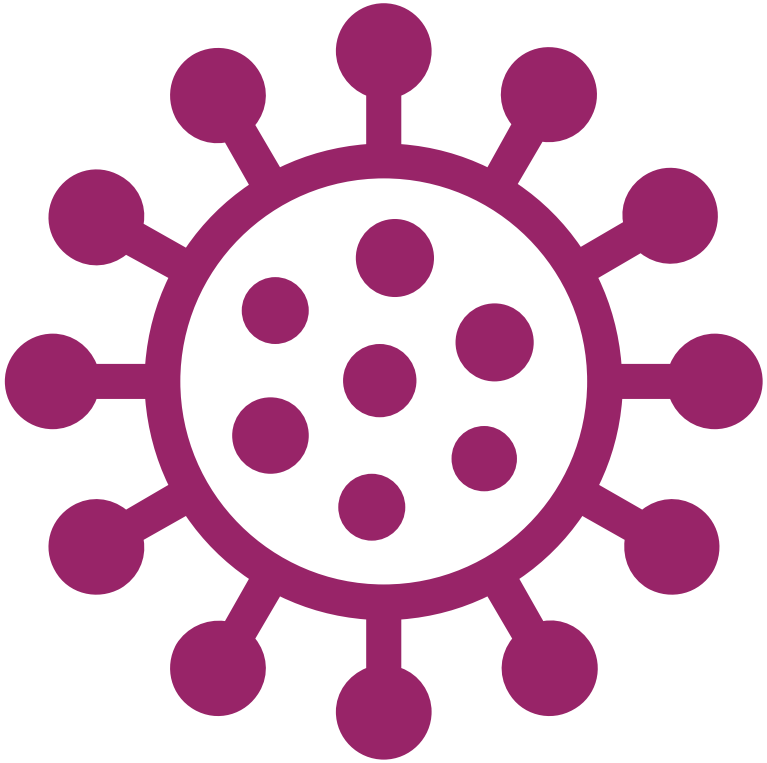
Study Sample (16–30 years old)

Past-year opioid misuse

~or~

Past-year opioid use + risk factor:
binge drinking, drug use, depression, or suicidality

Research Recruitment



Challenge:

COVID in ED setting

Solution:

Remote/hybrid recruitment

Research Recruitment, cont. 1

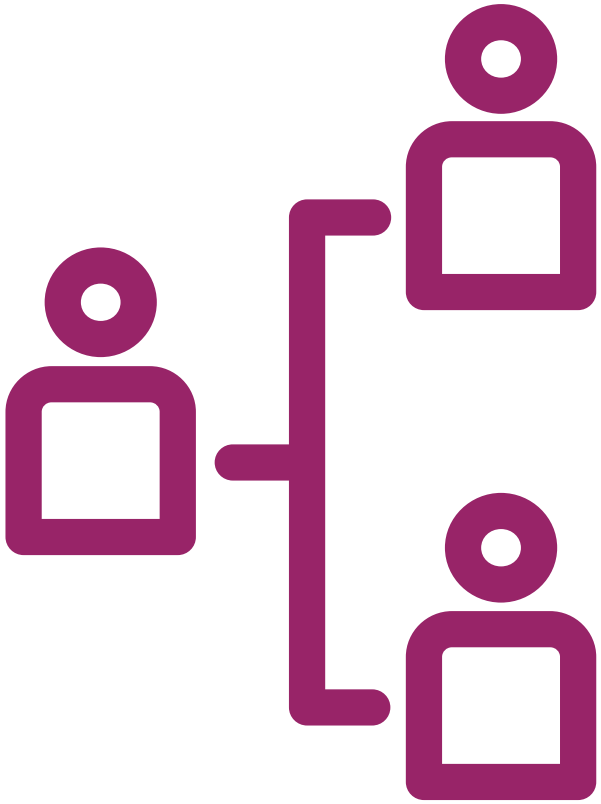
Challenge:

Staffing recruiters and interventionists

Solution:

Hybrid approach; increased salaries

Research Recruitment, cont. 2



Challenge:

Subgroup participation

Solution:

Prioritized approach

Research Recruitment, cont. 3

Challenge:

Enrollment and engagement

Solution:

Building trust; remuneration; reminders

Recommendations for IRL Intervention Implementation

Respond to ED partner feedback:

Screenings must be brief!

Address priority areas!

Reimbursement is needed!

Challenges to Recruiting a Substance Use Prevention Sample of Young Parents in Community-Based Settings

Ryan R. Singh, PhD, MPH
Oregon Social Learning Center

UG3DA050193-01

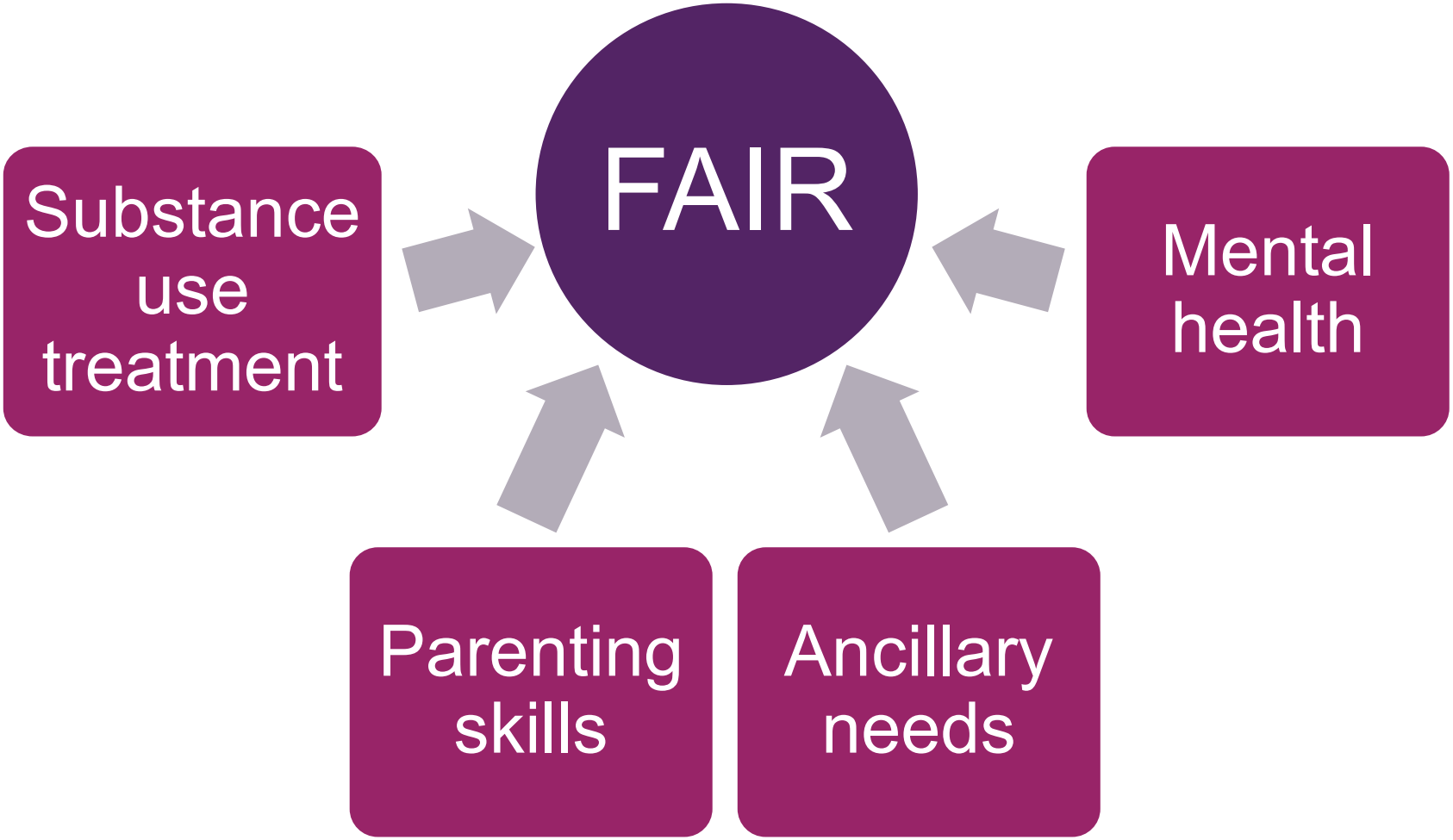
NIH HEAL INITIATIVE
Preventing Opioid Use Disorder in Older Adolescents and Young Adults

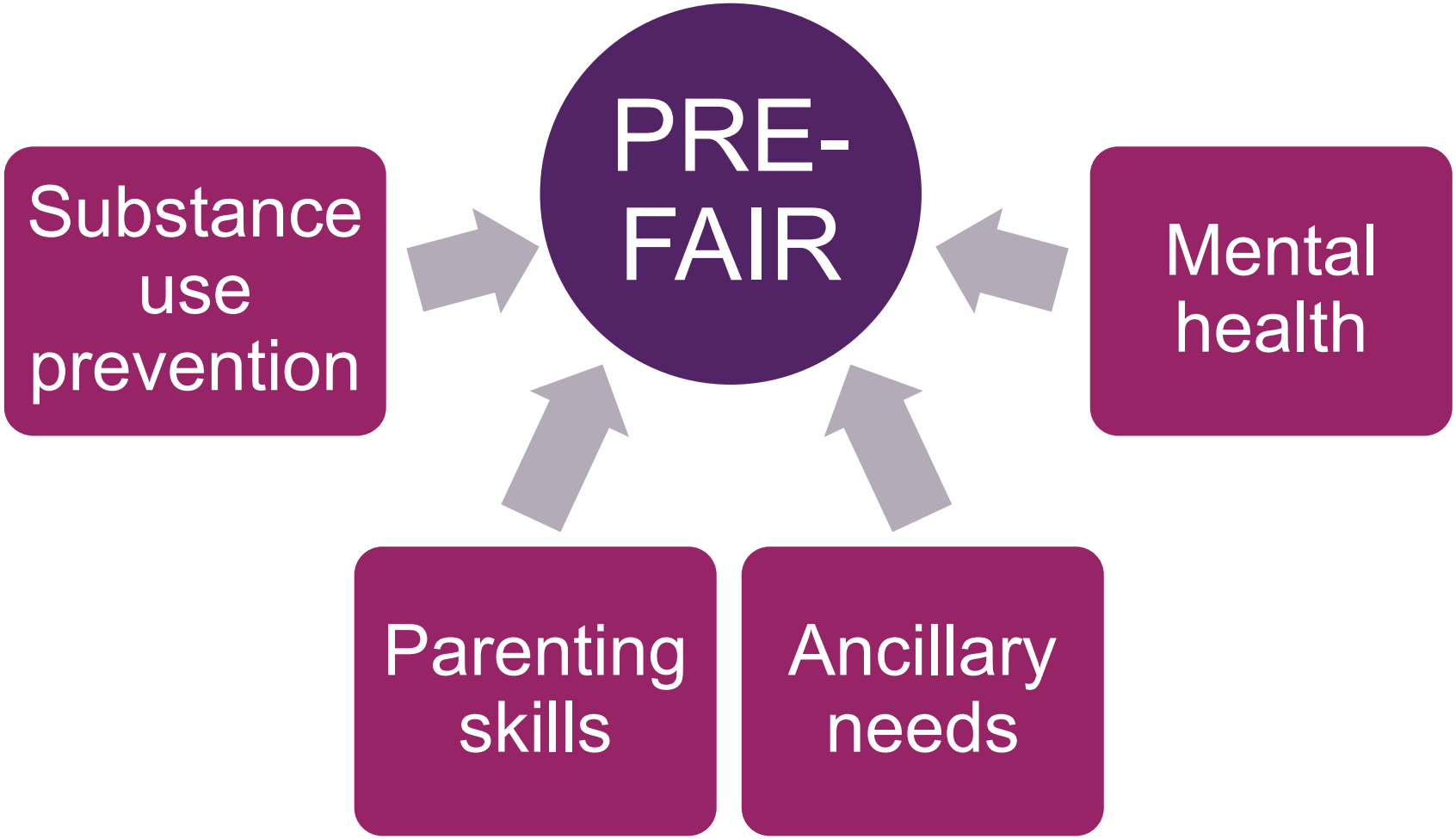
Background

- Oregon: highest rates of opioid misuse and methamphetamine use in United States
- Increasing family involvement in child welfare system due to parental substance use

PRE-FAIR

PRE-FAIR: Hybrid II effectiveness implementation randomized trial of an adaptation of the evidence-based **Families Actively Improving Relationships (FAIR)** intervention

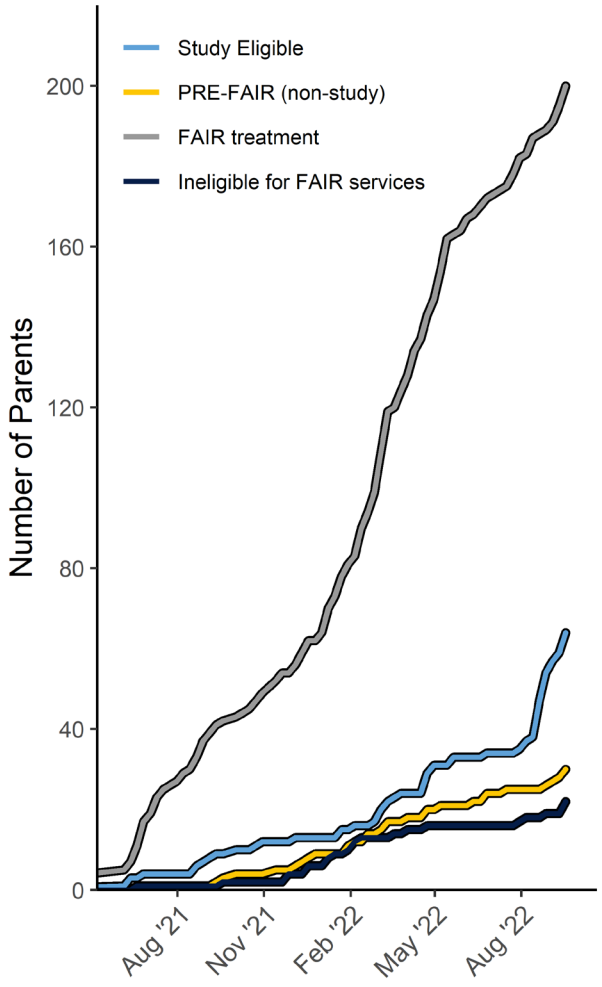

FAIR
Substance use treatment
Mental health
Parenting skills
Ancillary needs


PRE-FAIR
Substance use prevention
Mental health
Parenting skills
Ancillary needs

PRE-FAIR, cont.

- Four outpatient clinics across five Oregon counties
- Sites were selected in collaboration with the Oregon Department of Human Services
- Request that sites provide PRE-FAIR and FAIR to meet the full range of community needs
- Sites rely on Medicaid reimbursement

Recruitment Challenges



1. Referrals for treatment far outweigh those for prevention.
2. Many parents in need of prevention are older.

Strategies to Improve Recruitment

1. Establish strong community partnerships.
   - This includes child welfare (CW) and self-sufficiency programs (SSP) and other community-based programs.
   - It took time, but recruitment has picked up.
   - In the long run, sites benefit as PRE-FAIR becomes a part of the community.

Result: Local CW/SSP leadership recently led an effort to identify parents across the system who could benefit from PRE-FAIR.

Strategies to Improve Recruitment, cont.

2. Promote self-referrals.
   - Simplified flyers that include a scannable QR code to request more information were made.
   - Social media ads that include tailored messages to parents were created.

Result: The social media focus on recruitment has led to a surge in parents who successfully screened into the study.

Lessons Learned

- A strong focus on implementation has been key.
  - Establishing strong partnerships increased prevention support at the local level, but…this took time.
  - Local leadership has played a critical role.
- The push for self-referrals may indicate parent awareness of PRE-FAIR.
- Momentum is shifting as community partners increasingly support the prevention effort!

NIH
HEAL
INITIATIVE

The POST Project

Kym Ahrens

Positive Outcomes through Supported Transition (POST) Study

Partnership between:

- Seattle Children's Hospital
- University of Washington
- Washington State Department of Children, Youth & Families Juvenile Rehabilitation (DCYF JR)

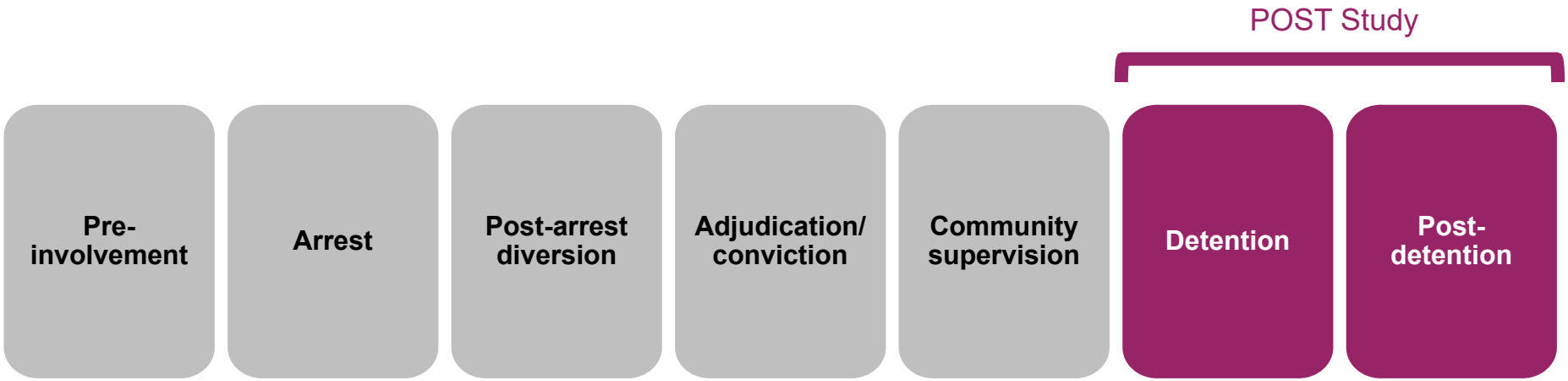
Goal:

Evaluate opioid prevention intervention strategies of various intensity levels among SUD and non-SUD youth transitioning from juvenile justice settings back into the community.

Setting: Juvenile Legal System

Pre-involvement	Arrest	Post-arrest Diversion	Adjudication/ conviction	Community supervision	Detention	Post-detention

Setting: Juvenile Legal System, cont.



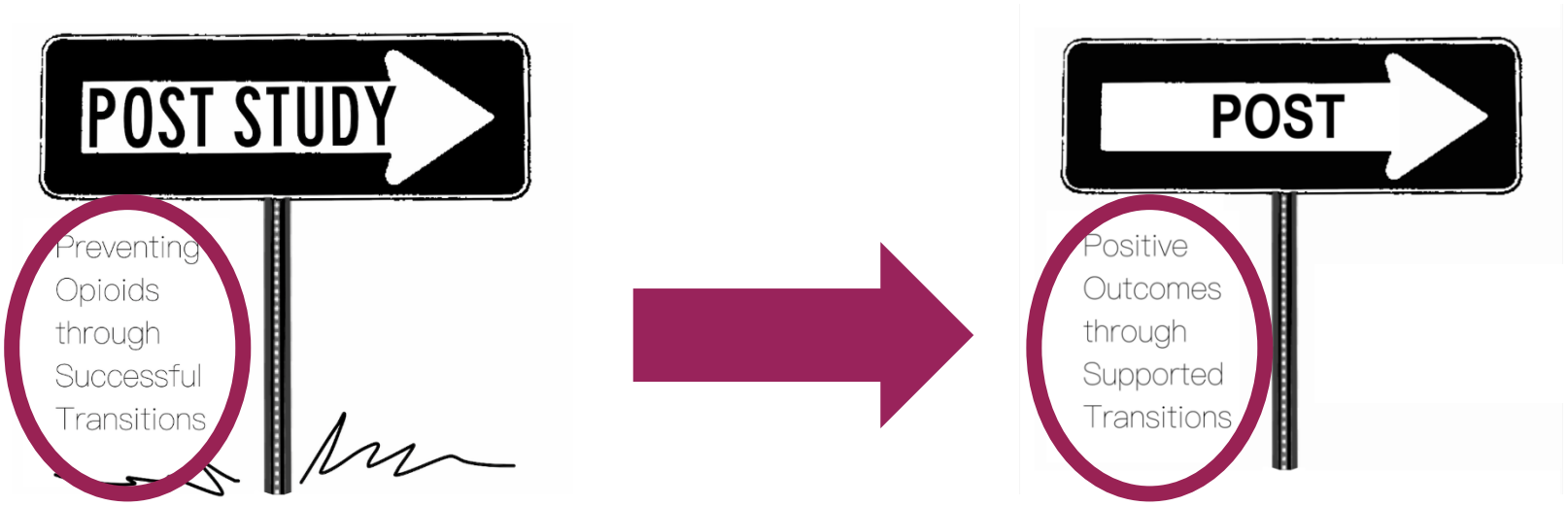
Recruitment Challenges in POST Study

- Agency concerns about benefit
- Staff assumptions regarding content/youth interest
- “Opioid use” language
- Parental consent requirement
- Program reputation
- Insufficient engagement prior to release
- Lack of consistent cellular or internet access

Agency Concerns about Benefit, Staff Assumptions

- Continuous collaboration from inception of grant
- Leadership, mid-level leadership, floor staff, caseworkers, youth
- Hired personnel within the agency

Original Name Mentioned Opioids



IRB Parental Consent Requirement

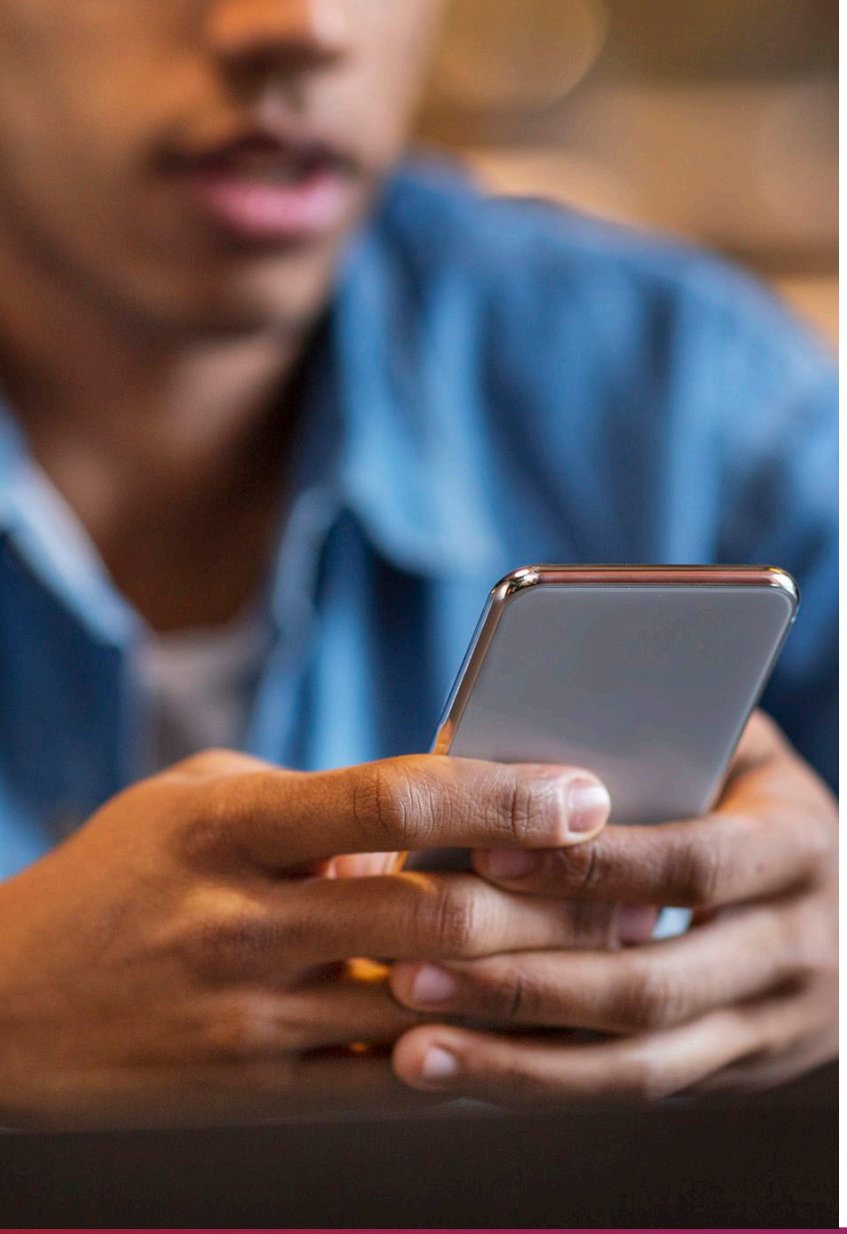
- Negotiated with IRB
- Obtained waiver in case parents of minors don't respond to three attempts
- Allows involved parent control without depriving youth who don't have involved parents

Program Developed Reputation

- Within-agency coordinators held meetings to address issues
- Surveyed youth regarding perceived issues with program
- Modified recruitment materials and program participation incentives based on youth feedback

Participant Engagement Prior to Release

- Moved program start from 6 to 12 weeks prior to release
- Increased in-person (vs. virtual) sessions
- Discussed post-release program plan with youth
- Collected as many post-release communication methods as possible



Lack of Consistent Cellular and Internet Access

- Provided phones
- Paid for cell coverage, including unlimited data for 6–7.5 months

Which challenges and solutions are relevant to non-study programs?

ALL, except IRB parental consent issue (which could happen with agency leadership).

4. Discussion

Lissette M. Saavedra, PhD
RTI International

NIH HEAL INITIATIVE
Preventing Opioid Use Disorder in Older Adolescents and Young Adults

Common Threads

- Bringing in our community partnerships
- Challenges adolescence and young adulthood
  - National youth mental health crisis
- Staff turnover
- Recruitment opportunities and challenges can be documented in protocol papers

Considerations for Research and Practice

- Increased attention to efforts toward equitable recruiting practices and approaches
- Early community engagement
  - Youth
  - Families
  - Providers
  - Other community champions
- Dissemination should include guidance for recruitment in practice settings
  - Protocol papers

Key Takeaways

- Recruitment is an important prevention priority.
- Challenges in recruitment require creativity and early planning.
- Incorporating voices of key stakeholders early is critical.
- Recruitment challenges should guide intervention refinement.