**Symposium**
*Topics:* Opioid Use Disorders, Women and Addiction
*Keywords:* Female opioid use, Opioid agonist treatment, Addiction, Barriers, Gender specific treatment

## Bridging the gender gap: Effective opioid agonist treatment for women

*Chair(s):* **Atul Ambekar** (National Drug Dependence Treatment Centre, All India Institute of Medical Sciences, New Delhi – 29., India)

Women with opioid use disorder face complex and multifaceted challenges throughout their lives. They often experience more severe consequences due to a range of health-related and psychosocial needs, fewer resources, and greater vulnerability. Despite being the most evidence-based treatment for opioid dependence, the availability and accessibility of Opioid Agonist Treatment (OAT) remains inadequate for everyone, but especially for women. Various gender-specific barriers hinder their engagement in treatment, from personal issues like arranging childcare and family support to broader structural problems such as stigma, economic constraints, and policy issues. These challenges necessitate tailored approaches to effectively address the unique needs of women seeking OAT for opioid use disorder. Even the scientific literature is rather limited on the effectiveness of OAT in women and the unique challenges and solutions for this population. However, the available evidence as well as the clinical experience indicates that OAT is effective for women and can bring about transformation in their lives. Through this symposium, we strive to discuss the available literature on this topic and experiences from our treatment facility in India

Objectives:

This symposium aims to highlight the necessity of women-focused treatment for opioid use disorder and address gaps in interventions, services, and policies that hinder access to OAT. Sessions will explore gender differences in the pharmacokinetics and pharmacodynamics of OAT, its effectiveness in achieving positive outcomes for female opioid users, and the barriers to treatment that impact long-term recovery. Additionally, we will share our experiences with OAT, particularly buprenorphine, in the female population.

*Presentations of the Symposium*

### Treatment effectiveness, retention and abstinence in female opioid users on OAT: a review of literature

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Background: Treating opioid use disorder (OUD) in women presents unique challenges. While OAT is widely recognized as an effective treatment for OUD, its effectiveness, retention rates, and abstinence outcomes differ significantly between genders due to various biological and psychosocial factors. This session aims to explore these gender differences in the pharmacokinetics and pharmacodynamics of OAT. We will examine how these differences impact the effectiveness of OAT in achieving positive outcomes for female opioid users. By understanding these nuances, we can develop more tailored and effective treatment strategies to support female opioid users in their recovery.

Objectives: To assess the effectiveness of Opioid Agonist Therapy (OAT) in achieving positive treatment outcomes, including retention and abstinence, among female opioid users

### Trends in the use of OAT in female opioid users at National Drug Dependence Treatment Centre, India: 2015-2023

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Background: Buprenorphine maintenance treatment is an effective long-term treatment for opioid dependence. Indian experience with buprenorphine-based treatment is more than two decades old now. We share the outcome of maintenance treatment among Indian women with opioid dependence presenting to National Drug Dependence Treatment Centre, India between 2015 and 2023 demonstrating its effectiveness.

Objectives: To share the outcome of Buprenorphine maintenance among Indian females with opioid dependence.

### Barriers to bridges: policy and guideline reforms for females seeking OAT

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Background: Females seeking OAT for opioid use disorder face numerous barriers that hinder their access to effective treatment. These barriers include personal challenges such as childcare responsibilities and family support, as well as broader structural issues like stigma, economic constraints, and inadequate policies. This session aims to explore the various barriers encountered by females accessing OAT and the necessary reforms to bridge the gap between existing barriers and effective treatment. This session will highlight the importance of gender-specific approaches in policy-making.

Objectives: To examine the personal and structural barriers that hinder female access to OAT and to recommend reforms to address these barriers

**ID: 249**
**Oral Presentation**
*Topics:* Opioid Use Disorders
*Keywords:* Opioid use disorder, Buprenorphine, Methadone, Dropout, Agonist maintenance treatment

## Reasons for dropout and current drug use status of patients on Opioid agonist treatment: A community-based study

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Reasons for dropout and current drug use status of patients on Opioid agonist treatment: A community-based study

Abstract

Background: Though Opioid agonist treatment (OAT) is an evidence-based intervention for opioid dependence, OAT retention remains suboptimal (O'Connor et al., 2020). The objectives of the present study were to assess the reasons for dropout and current drug use status of patients who dropped out of a community-based OAT program from New Delhi, India.

Methods: Adult male patients who had dropped out of OAT were telephonically contacted and interviewed. Information from family members was collected when the patient could not be contacted. The reason for dropout was assessed using 'Reason for Leaving treatment (RLTQ) questionnaire and from an open-ended question. Current drug use was assessed by self-report or report by family members.

Results: 81 patients who dropped out of OAT were interviewed. Methadone (mean daily dose 21.6 (SD=6.9) milligram) was prescribed to 55.7% participants, while 44.3% (mean daily dose 8.5 (SD=5.6) milligram) received buprenorphine. The mean duration of opioid use was 4.58 (SD=3.16) years. Other comorbid substance use included tobacco use (94.3%), alcohol use (17.1%), and cannabis use (47.1%). The dropout group were on OAT for a mean duration of 92.7 (SD: 95.5) days before dropping out. Treatment dropout occurred within the first month for 42.9% of participants, between 30 and 90 days for 12.9%, and after three months for 44.3% of participants. The most common reasons for dropout as assessed from the open-ended question were: moved out of town (17.1%), felt that they have recovered from opioid use (15.7%), poor motivation or restarting drug use (15.7%), difficulty to come daily because of work (14.3%), and shifted to another treatment program (10%). Using the RLTQ, the most common reasons for the dropout were: felt that they could get better on their own (21.1%), inconvenient dispensing hours because of the work (14.5%), and shifted out of town (13.2%). 52.9% of participants did not use opioids even once in the past month of assessment despite dropping out of the treatment. Similarly, 8.6% of participants reported alcohol use, 37.1% reported cannabis use, and 72.9% reported tobacco use at least once in the past month.

Conclusion: This study finds that not all patients who drop out of OAT relapse to opioid use. The study indicates a need for tailored interventions to address barriers to retention, such as enhancing logistical support, flexible medication dispensing schedules, improving treatment adherence, and addressing motivational challenges.

Reference:

O'Connor AM, Cousins G, Durand L, Barry J, Boland F. Retention of patients in opioid substitution treatment: A systematic review. PLoS One. 2020 May 14;15(5):e0232086. doi: 10.1371/journal.pone.0232086. PMID: 32407321; PMCID: PMC7224511.

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