

Differential Retention by Substance Use Disorder Subtype in a Low-Barrier Walk-In Clinic: A Retrospective Cohort Study in Western Michigan

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Submission Type Paper

Topic Addiction- Substance Use Disorders: Identifying, Diagnosing, Treating, and/or Managing

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Submitter Colleen Lane

Affiliation Corewell Health West

SUBMISSION DETAILS

If your paper is not accepted, please elect if you would like your submission to be reviewed as a poster. Yes, I would like to be reviewed as a poster.

Summary The ongoing overdose crisis and significant treatment gaps for substance use disorders (SUDs) highlight the urgent need for innovative, accessible care models. Low-barrier and rapid-access models have emerged as promising strategies to address these challenges. However, evidence is limited regarding retention patterns across substance use subtypes, particularly stimulant use disorder (StUD) and polysubstance use, in real-world walk-in clinical settings.

The questions following the above will ask you to breakdown your summary.

Background The ongoing overdose crisis and significant treatment gaps for substance use disorders (SUDs) highlight the urgent need for innovative, accessible care models. Low-barrier and rapid-access models have emerged as promising strategies to address these challenges. However, evidence is limited regarding retention patterns across substance use subtypes, particularly stimulant use disorder (StUD) and polysubstance use, in real-world walk-in clinical settings.

Educational Learning Objectives

Learning Objective 1 Explain how treatment retention rates differ across opioid, stimulant, and polysubstance use disorders in a real-world low-barrier walk-in clinic, and what these disparities reveal about the limits of a one-size-fits-all approach to addiction care.

Learning Objective 2 Analyze which patient-level factors predict dropout from low-barrier SUD treatment and challenge assumptions about the role of race and age in retention outcomes.

Learning Objective 3 Evaluate the evidence for targeted interventions, including contingency management, integrated behavioral health, and peer support, as strategies to close the retention gap for patients with stimulant and polysubstance use disorders in low-barrier settings.

Methods A retrospective cohort study using de-identified administrative data from a single low-barrier walk-in SUD clinic (N=884) in Kent County Michigan. The primary outcomes were 30-day and 90-day retention (return visit within ± 5 days of each interval). Multivariable logistic regression was used to examine associations between substance use type, demographic characteristics, and retention. Findings were contextualized with published literature and compared to population-level demographics from Kent County, Michigan.

Results Among 884 patients (mean age, 39.3 ± 10.6 years; 76.7% White; 12.3% Black or African American), overall retention was 32.0% at 30 days and 18.6% at 90-days. OUD was the most common diagnosis (54.9%), followed by polysubstance use (29.4%), alcohol use disorder (10.4%), and StUD (3.7%). Compared with OUD, StUD was associated with significantly lower odds of retention at both 30-days (adjusted odds ratio [AOR], 0.12; 95% CI, 0.07–0.49) and 90 days (AOR, 0.22; 95% CI, 0.05–0.92). Polysubstance use was associated with lower 90 day retention (AOR, 0.65; 95% CI, 0.44–0.97). Age and race were not significantly associated with retention.

Conclusion In a real-world low-barrier SUD clinic, patients with StUD and polysubstance use demonstrated significantly lower treatment retention compared to those with OUD. These findings highlight the urgent need for tailored engagement strategies for non-opioid SUD presentations in low-barrier settings. These findings align with qualitative literature emphasizing engagement benefits but highlight critical gaps in sustaining care for high-risk populations. Further research is warranted to understand the specific needs of these patient subgroups and how tailored treatment options like contingency management, integrated behavioral health services, and peer support may be particularly important for improving retention in these populations.

Scientific Significance In contrast to much of the existing literature for low-barrier SUD clinics, our cohort included patients with OUD, AUD, StUD, and polysubstance use and consisted entirely of unscheduled, walk in presentations. By eliminating appointment wait times altogether, the clinic achieved an overall 30 day return rate of 32%, consistent with the early engagement benefits demonstrated in prior studies. However, the 90-day retention rate of 18.6% highlights the persistent challenge of sustaining engagement over time in this population, particularly among patients who lack access to pharmacotherapy that can anchor ongoing care.

Will your paper cite external research? Yes

Please cite all references here in AMA format. 1. Ahmad FB, Cisewski JA, Rossen LM, Sutton P. Provisional drug overdose death counts. National Center for Health Statistics; 2024. Available at: <https://www.cdc.gov/nchs/nvss/vsrr/drug-overdose-data.htm>

2. Substance Abuse and Mental Health Services Administration. Results from the 2022 National Survey on Drug Use and Health. HHS Publication No. PEP23-07-01-006. SAMHSA; 2023.

3. American Society of Addiction Medicine. Engagement and Retention of Nonabstinent Patients in Substance Use Treatment: Clinical Consideration for Addiction Treatment Providers. October 2024. Available at: <https://www.asam.org/quality-care/clinical-recommendations/>

4. Corace K, Thavorn K, Suschinsky K, et al. Rapid Access Addiction Medicine Clinics for People With Problematic Opioid Use. *JAMA Netw Open*. 2023;6(11):e2344528. doi:10.1001/jamanetworkopen.2023.44528
5. Roy PJ, Choi S, Bernstein E, Walley AY. Appointment wait-times and arrival for patients at a low-barrier access addiction clinic. *J Subst Abuse Treat*. 2020 Jul;114:108011. doi: 10.1016/j.jsat.2020.108011. Epub 2020 Apr 22. PMID: 32527508.
6. Snow RL, Simon RE, Jack HE, Oller D, Kehoe L, Wakeman SE. Patient experiences with a transitional, low-threshold clinic for the treatment of substance use disorder: A qualitative study of a bridge clinic. *J Subst Abuse Treat*. 2019 Dec;107:1-7. doi: 10.1016/j.jsat.2019.09.003. Epub 2019 Sep 10. PMID: 31757259.
7. Lowenstein, M., Abrams, M. P., Crowe, M., Shimamoto, K., Mazzella, S., Botcheos, D., Bertocchi, J., Westfahl, S., Chertok, J., Garcia, K. P., Truchil, R., Holliday-Davis, M., & Aronowitz, S. (2023). "Come try it out. Get your foot in the door:" Exploring patient perspectives on low-barrier treatment for opioid use disorder. *Drug and Alcohol Dependence*, 248, 1–7.
8. Jakubowski A, Fox A. Defining low-threshold buprenorphine treatment. *Journal of Addiction Medicine*. 2020;14(2):95–98.
9. Sordo L, Barrio G, Bravo MJ, et al. Mortality risk during and after opioid substitution treatment: systematic review and meta-analysis of cohort studies. *BMJ*. 2017;357:j1550.
10. Substance Abuse and Mental Health Services Administration. Treatment Episode Data Set (TEDS) 2021: Admissions to and Discharges from Substance Use Treatment Services. SAMHSA; 2023.
11. Williams AR, Nunes EV, Bisaga A, Levin FR, Olfson M. Development of a cascade of care for responding to the opioid epidemic. *American Journal of Drug and Alcohol Abuse*. 2019;45(1):1–10.
12. Bolívar HA, Klemperer EM, Coleman SRM, DeSarno M, Skelly JM, Higgins ST. Contingency management for patients receiving medication for opioid use disorder: a systematic review and meta-analysis. *JAMA Psychiatry*. 2021;78(10):1092–1102.
13. Rash CJ. Implementing an evidence-based prize contingency management protocol for stimulant use. *Journal of Substance Use and Addiction Treatment*. 2023;151:209079.
14. Lagisetty PA, Ross R, Bohnert A, Clay M, Maust DT. Buprenorphine treatment divide by race/ethnicity and payment. *JAMA Psychiatry*. 2019;76(9):979–981.
15. United States Census Bureau. Kent County, Michigan: 2020 Decennial Census Data.