Table 1

Participant Demographics and Other Characteristics

	n (%)
Patient Participants (*n*=20)	
Race	
Black or African American	12 (60.0)
White	6 (30.0)
Other	2 (10.0)
Male gender	14 (70.0)
Mean age (SD)	48.4 (10.0)
Mean age at first SU (SD)	17.7 (5.1)
Staff and PRC Participants (*n*=12)	
Race	
Black or African American	9 (75.0)
White	2 (16.7)
Other	1 (8.3)
Male gender	5 (41.7)
Mean age (SD)	49.2 (0.7)
Average years working in SU treatment (SD)	9.6 (7.6)
Reported SU history	
Among PRCs	4 (100.0)
Among staff members	6 (75.0)

SU=substance use

Table 2a

Representative Quotes Supporting the Conceptual Framework – Barriers by Level

Barriers	Representative Quotes
Individual	
Mental health	If I'm feeling down about myself and depressed and someone [says] "hey, wanna get high?" And I'm down, I'm gonna go get high so I feel better, mentally (Patient Participant, 1032)
Poor physical health or pain	If they're having mobility issues, if they're in pain, if they're sick, they can't really follow up with those things very well on their own.
Low motivation	They look at outside things as holding them back when it's actually them (Staff Participant, FG1)
Readiness for change	Well, this the third time I've been on the methadone program. The first two I walked off, because I really wasn't ready. But this time I think I'm actually doing wonderful because I stayed on for a year (Patient Participant, 1029)
Lack of perceived self-worth	They just want to do something and they want to do something good because they miss working…I basically just always took for granted that I would have somewhere to go every day. And they miss that. So just feeling like they can do and have good things, I think is an abstract barrier, but a very significant one. (Staff Participant, 1037)
Responsibilities and demands on time	It doesn't get in the way of me going to work, but sometimes if I have a moment to myself, I have to make the choice of getting here or taking a moment for myself. (Patient Participant, 1036)
Interpersonal and Social	
Social circle that influences use	Because of the company that we keep, we don't know how to change our thinking to be really ready to get clean. (Patient Participant, 1029)

Lack of social support	They don't got nobody really to back them up to push them forward (Patient Participant, FG4)
Connection with care providers	They might say you already on a high dose and they don't see that so and you gotta go up and they don't see that, you know what I'm saying? But you try to feel better and they not on the same page, especially part of your medicine and everything, you know. (Patient Participant, FG3)
Responsibilities and demands on time	Being gone for an hour and a half or two hours, you know, coming and going, and having people wait for me and stuff. (Patient Participant, 1036)
Institutional/Structural	
Lack of institutional coordination of care	When you come into this program initially... you're in process by one person but then you're passed over to another person. I think the same person, the counselor, should... once they pick up that person and do the in-processing for that person- that should be their counselor. (Patient Participant, 1016)
Program policies and schedule	Sometimes…I have to get to work, and I go up to the window and they're like, 'Oh, well, you gotta go see this person or this person, or this person.' (Patient Participant, 1038)
Unstable housing	You need a place to rest…when you're not out there using anymore and somebody wants to really engage in treatment it's hard when there isn't any stable housing. (Staff Participant, FG2)
Distance from treatment	You're not close, and you gotta catch the bus and don't want to do all that. (Patient Participant, 1030)
Financial strains	I'm on a fixed income I get $216 a month. Like I said I can't work I'm waiting on Social Security. That's enough right there to make me want to use. (Patient Participant, 1029)

Community/Environmental	
Environmental triggers of SU	Any kind of trigger to get high. They could see a dope dealer crossing the street. They could see a needle in the alley. I mean, any trigger can set an addict off to go use. (Patient Participant, 1035)
Community violence	You have some of those areas where there's [treatment] programs that you just don't want to be. (Patient Participant, 1016)
Stigma	They zoom in on the person you see noddin' but in reality, the person that's sitting beside you at that job may also be on methadone. You just don't know about that. So, you're only seeing part of it. (PRC Participant, FG1)

Table 2b

*Representative Quotes Supporting the Conceptual Framework – Interrelationships**

(1) Unstable housing and social circle that influences substance use	For some people that don't have stable housing, they'll have no choice but to keep the same company that they hang around because they may have to stay with them or spend a night at their house. (Patient Participant, 1029)
(2) Unstable housing and mental health and motivation	It needs to be you come from the program, you can go home, somewhere comfortable to live. And that tends to change your behaviors and your emotions, because I know that when I dress nice, I feel good about myself. When I know that I've got somewhere to go and lay my head that helps me feel better about myself so I tend to do better. (Patient Participant, 1029)
(3) Distance from treatment and poor physical health or pain	I'm in a lot of pain and it's hard to get here all the time. So that keeps me using and I'm trying not to, so it's difficult for me to just, just quit and not use. (Patient Participant, 1036)
(4) Distance from treatment and responsibilities and demands on time	If I had transportation, I could definitely get here and get out of here quickly and be at work and not have any issues with that. Instead of being gone for an hour and a half or two hours, you know, coming and going, and having

	people wait for me and stuff. (Patient Participant, 1036)
(5) Community violence and distance from treatment	It's when they have to transport themselves outside where the problem is. And then you have some of those areas where there's programs that you just don't want to be. (Patient Participant, 1016)
(6) Program policies and schedule and responsibilities and demand on time	Let's say they've got an appointment, my dose is at eight o'clock. But I have an appointment at eight o'clock that I can't miss. I go to my appointment of course, that means I'm not going to be able to get dosed until later in the day, again, you start feeling bad, things start going up in your head, thinking about going and getting something out there to make you feel better. (Patient Participant, 1039)
(7) Stigma and poor physical health or pain	They look at me like I am gonna, you know, take their medicine and like shoot it or something and not everybody in the methadone program shoots. There's a lot of stereotypes that go along with it and I just don't think that it should be judged because there's people that do need the pain medications and because of the opioid epidemic they can't get the pain medicines that they need because of all the stuff that's happening around them. (Patient Participant, FG3)
(8) Stigma and mental health and lack of perceived self-worth	But in their mind, they always felt less than because people would, uh, plant the seed that if you're on prescribed medication, you still getting high. (PRC Participant, FG2)

*Numbers in Table 2b connect barrier relationship content to Figure 1.