Caring for adolescents and young adults with opioid use disorder

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Webinar Reminders

1. Everyone is muted.
   • Press *7 to unmute and *6 to re-mute yourself.

2. Remember to chat in questions!

3. Webinar is being recorded and will be sent out via email and posted to the program page.
Outline

1. Review the epidemiology and risk factors for opioid use disorder

2. Discuss the efficacy and effectiveness of medication treatment in youth

3. Special considerations when caring for youth
Big Picture: Brain Develops Back to Front

Source: S Levy, Children's Hospital Boston
Adolescence and young adulthood is a key developmental period

- Transitional
- Decision making
- Identity exploration, search for self
- Increased autonomy

However – this is also the time that youth take more risks, are impulsive…

- Significant opportunity to avoid effects of substance use
Why Youth Matter

2 in 3 individuals in opioid treatment report first use before age 25, and 1 in 3 report first use before age 18...

*Note: Only 0.7% of all 12th grade students reported past-year heroin use in 2017
Hospitalizations for prescription opioid poisonings among youth increasing

Gauthier et al. (2016) JAMA Peds
Opioid deaths increasing among adolescents

Between 1999 and 2016, overdose deaths rose among 15- to 19-year-olds:

- 95% for prescription opioids
- 405% for heroin
- 2,925% for synthetic opioids (i.e., fentanyl)

US National Trends in Pediatric Deaths From Prescription and Illicit Opioids, 1999-2016

Diagnoses of OUD increasing among youth

Hadland SE, et al. (2017) JAMA Pediatr
Are medications an option for youth?
What percentage of youth receives any treatment?

NSDUH, 2016
Shortage of Providers

Only 1% of buprenorphine prescribers in the US indicate "pediatrics" as their primary specialty...
Response to opioid overdose deaths

• Safer prescribing: CDC Guideline for Prescribing Opioids for Chronic Pain: https://www.cdc.gov/drugoverdose/prescribing/guideline.html

• Prescription Drug Monitoring Programs: https://www.cdc.gov/drugoverdose/pdmp/states.html
Medication for addiction treatment

**American Academy of Pediatrics (2016):**
- Encouraging pediatricians to consider offering MAT or discussing referrals to other providers for this service

**American Society of Addiction Medicine (2015):**
- Clinicians should consider treating adolescents using the full range of treatment options, including pharmacotherapy

Committee on Substance Use and Prevention (2016) *Pediatrics*  
Evidence for using MAT for adolescents

- Improves treatment retention
- Contributes to lower relapse rates
- Decreases engagement in risky behaviors
- Increases abstinence

Minozzi et al. (2014) Cochrane Database of Systematic Reviews
Woody et al., (2008) JAMA
Participants who received a 56-day buprenorphine taper were retained in treatment significantly longer than participants who received a 28-day buprenorphine taper.
Evidence for naltrexone in youth

Treatment of opioid dependence in adolescents and young adults with extended release naltrexone: preliminary case-series and feasibility

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63% retained in treatment for at least 4 months

Home-based naltrexone and assertive outreach for youth is feasible and well accepted
Receipt of buprenorphine and naltrexone

From 2000 to 2014 only 1 in 4 youth diagnosed with OUD received medication (buprenorphine or naltrexone) within 6 months of diagnosis.

Black youth 42% less likely to receive medication
Hispanic youth 17% less likely to receive medication

Hadland SE, et al. (2017) *JAMA Pediatr*
Retention in medication treatment

Only 4.7% of adolescents younger than 18 years and 26.9% of young adults 18+ received timely OUD medications.

Medications independently associated with lower attrition from treatment compared to behavioral health services alone.

Hadland et al. (2018) *JAMA Pediatr*
Retention is hard

75% of youth (15-25 y/o) returned for a second visit
45% were retained at 60 days
9% were retained at 1 year

FIGURE 1. Retention rate over time of opioid-dependent adolescents and young adults receiving outpatient buprenorphine/naloxone therapy (N = 103).

Matson et al. (2014) J Addict Med
RetentionPolicy is hard

Emerging adults remained in treatment at a lower rate at 3 months (56% versus 78%) and 12 months (17% versus 45%) than older adults.

They were more likely to test positive for illicit opioids, relapse, or drop out of treatment.

Fig. 2.
Retention over time during 12 months of collaborative care buprenorphine treatment.

Schuman-Olivier et al. (2014) J Subst Abuse Treat
Deciding buprenorphine versus naltrexone

No perfect algorithm and not enough data to inform our decisions so....

• Patient (and family) choice

• Experiences with medications in the past

• Probably try buprenorphine with more severe patients
What is different about treating youth?

- Ambivalence regarding treatment
- Early in trajectory of addiction and harms
- Co-occurring mental health disorders
- Often have never received medications for addiction treatment before
- May still be learning how to navigate the health system for themselves
- Family
- Confidentiality
Implications for Care

• Flexible: hours, different kinds of substances
• Focus on short-term
• Need for integrated behavioral health
• Capacity to address needs other than related to substance use
• Family-based
Our model: CATALYST

Patients served: adolescents and young adults through age 25 who use substances

Combination of OBAT, specialty care, and integrated behavioral health

Team: social workers, nurses, recovery coaches, primary care providers, psychiatrist, recovery support navigator, and program manager

Offer medical management, therapy, recovery support, case management, primary care, HCV treatment and whatever else they need
What we have learned

• Texting helps

• Transportation a real barrier, we use Uber Health

• Challenges in addressing substance use other than opioids and alcohol

• Engagement of the family is hard…we are working on addressing that next
THANK YOU

Questions?

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Your feedback is needed!

• Please complete our 2-question poll in the chat box
• If you have any additional comments or suggestions, please fill out our post-session evaluation: [https://www.tfaforms.com/4775736](https://www.tfaforms.com/4775736)
• We value your feedback and will use it to help design future ATSH webinars.
• **MAT for Everybody: The Fundamentals of Providing Compassionate Care in the Primary Care Setting** Katie Bell, RN, ATSH Coach and Consultant, will lead this webinar on December 11, 2019, 12 - 1pm. The webinar is geared toward those who want to learn more about opioid use disorder, using medications for addiction treatment, etc. **Note:** Any staff member from your clinic can register, they do not need to be part of your MAT core team. [Register here](#)