Understanding the needs of youth in recovery from opioid use disorders:
What’s worked and what’s still needed

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Disclosures

None of the presenters have any financial relationships to disclose or Conflicts of Interest (COIs) to resolve.
Participants will be able to:

• Describe unique developmental characteristics of adolescents and young adults with opioid use disorders
• Review common youth and provider barriers limiting access to care for youth with opioid use disorders
• Recognize and address educational and research gaps interfering with the provision of youth-centered care in hospital, clinic, and community settings.
• Discuss and apply best practices for the treatment of opioid use disorders among youth
• Identify opportunities for improvement of clinical services and provider-patient relations in the treatment of youth with opioid use disorders
Workshop timeline

4:00pm: Welcome

4:05pm: Presentation:
Developmental characteristics of youth with opioid use disorder and how these may impact treatment and recovery

4:25pm: Youth panel discussion:
The experience of treatment and recovery

4:55pm: Small group moderated discussions:
Treatment engagement/provision for youth with OUD

5:15pm: Large group debrief

5:25pm: Take home points
Part 1: Youth and Opioid Use Disorder

Opioid overdose deaths among adolescents 15-19 years, 1999-2015

Brain Development

- Frontal Lobe
- Temporal Lobe
- Parietal Lobe
- Occipital Lobe
- Cerebellum
- Brain Stem
Rational Thinking Gap

Nucleus Accumbens

Prefrontal Cortex

Functional Development

Age

Adolescent

Adult

Opioid use and the teen brain

Activation of the reward pathway by addictive drugs

- Pre-frontal cortex
- Amygdala
- Nucleus accumbens
- Alcohol
- Cocaine
- Heroin
- Nicotine
- Heroin and other opioids

Developmental Considerations

- Higher rates of polysubstance use
- Tendency to not disclose or minimize withdrawal symptoms
- Reduced tendency to seek treatment
  - Perception that they may face fewer consequences
  - Drug use among their peers
  - Normalization of drug use
  - Lack of maturity needed for recognizing substance use as a problem

Source: Hering, et al. Treatment of Opioid Use Disorder for Youth, British Columbia Centre on Substance Use, 2018
Key Principles of Youth OUD Treatment

1. Early intervention
2. Recovery-oriented care
3. Multiple approaches of varying intensity
4. Full range of treatments should be offered (including medication)
5. Individually tailored treatment approaches
6. Psychosocial treatment interventions (involving families when possible)
7. Continuity of care between care settings (age-related)
8. Address co-occurring/concurrent disorders
9. Harm reduction

Source: Hering, et al. Treatment of Opioid Use Disorder for Youth, British Columbia Centre on Substance Use, 2018
Therapy for youth with OUD

Motivational Interviewing

Cognitive Behavioral Therapy

Dialectical Behavior Therapy

Contingency Management
Criteria to Consider for Opioid Agonist Treatment in Youth with OUD

- Moderate to severe OUD as per DSM-5 diagnostic criteria
- Co-occurring physical or psychiatric disorders
- Limited progress with non-medical approaches
- History of overdose, injection drug use, emergency department visits related to opioid use
- Family/guardian/peer can help monitor and support ongoing treatment and recovery
- 16 years or older (subject to clinical judgement)

Youth-focused harm reduction strategies

- Evidence-based examples:
  - Needle/syringe distribution programs
  - Overdose prevention with take-home naloxone
  - Supervised injection or consumption services
  - Fentanyl test strips

- Harm reduction services associated with:
  - Decreases in substance-related harms, including risky behaviours, HIV and hepatitis C infection
  - Reduction in overdose deaths
  - Promotion of entry into addiction treatment
Youth Continuum of care

Community Support
- School programs
- Parent education
- Peer mentors/recovery groups

Early Intervention
- Screening/Brief Intervention
- Primary care visits

Outpatient Services
- Individual and Group Counseling
- Family Therapy
- Medication Assisted Treatment

Intensive Outpatient
- IOP
- Partial Hospitalization

Residential/Inpatient
- Clinically managed
- Longer-term programs, including psych/SUD/ academic support

Acute Inpatient
- Medically managed (withdrawal services)
- Crisis stabilization
Treatment barriers: youth

Of the 4,800 young people examined in the study, ONLY 1 in 4 received medication within 3 months of their OUD diagnosis. Those who did receive a medication were less likely to drop out of treatment and stayed in treatment longer, on average.

Source: Hadland et al. Receipt of Timely Addiction Treatment and Association of Early Medication Treatment With Retention in Care Among Youths With Opioid Use Disorder, JAMA Pediatrics, 2018
Reduced tendency to seek treatment:

- Perception that they may face fewer consequences
- Drug use among peers
- Normalization of drug use
- Privacy concerns
- Lack of maturity needed for recognizing substance use as a problem
Treatment Barriers: Youth

- Financial
- Homelessness
- Logistical (i.e. access to treatment)
- Stigma/fear or judgement
  - From provider
  - Internalized stigma:
    “If I’m taking a medicine every day, that’s not being sober.”
Treatment Barriers: Providers

Identifying youth with opioid use disorder
# Treatment Barriers: Providers

Without screening tools, detection rates are low

## Medical Provider Impressions

<table>
<thead>
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<th>Sensitivity</th>
<th>Specificity</th>
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<tbody>
<tr>
<td>Any use</td>
<td>.63 (.58, .69 CI)</td>
<td>.81 (.76, .85 CI)</td>
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<tr>
<td>Any problem</td>
<td>.14 (.10, .20 CI)</td>
<td>1.0 (.99, 1.0 CI)</td>
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<tr>
<td>Any disorder</td>
<td>.10 (.04, .17 CI)</td>
<td>1.0 (.99, 1.0 CI)</td>
</tr>
<tr>
<td>Dependence</td>
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<td>1.0</td>
</tr>
</tbody>
</table>

Treatment Barriers: Providers

Quotes from practicing physicians:

“It’s a very small city ... I wouldn't think that the kids are really using drugs and alcohol.”

“If [patients] are drinking, it's like stupid high school kids who go out and have a couple beers on a weekend here and there ... it’s not like chronic alcohol problems.”
Treatment Barriers: Providers

- Lack of provider awareness
- Provider discomfort in discussing/diagnosing addiction in adolescents
- Lack of providers waivered to prescribe buprenorphine
  - Even once waivered, many providers do not prescribe
- Limited resources
- Few specialized youth providers to refer to
- Small number of youth treatment programs and facilities
Potential Solutions

- Evidenced-based screening in multiple environments
  - Schools, healthcare, communities
  - Use of SBIRT – with an emphasis on *brief interventions* and appropriate *referrals to treatment*
- Increased training for pediatric providers
- Parent guidance and education
- Youth-led initiatives and patient-provider collaborations
- Peer mentorship
  - Example: Youth in Recovery
- Recovery coaches
  - Example: CATALYST Clinic
What else?
Part 2: Youth Panel
Part 3: Small group discussions
Part 4: Large group debrief
Part 5: Take Home Points
Thank you!