Youth and Opioids: Trends and Treatment

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Learning Objectives

• Understand national trends in opioid use among youth
• Describe pathways to opioid use including fentanyl in youth
• Discuss medication options for treatment of OUD in youth (MOUD)
• Implement effective preventative and risk mitigation strategies for youth at risk for opioid misuse/abuse
Substance Use in Youth

Prevalence of Substance Use in US High School Students – YRBS 2019

1 in 7 have ever abused prescription opioids
1 in 14 are currently abusing prescription opioids
• Most youth have issues with other substances before initiating opioid use.

↓ initiation of any substance use in youth ↓ opioid use in youth
Non-prescription Opioid Sources

Source: SAMHSA, Center for Behavioral Health Statistics and Quality, National Surveys on Drug Use and Health (NSDUHs), 2013 and 2014.
Opioid Use in Youth

Initiation of Opioid Use
- Experimentation
- Progression of substance use
- Valid prescription

Prescription opioids
- Accessible
- Not illegal/less stigma
- Perception of safety

“Fake”/pressed pills

Heroin
- Accessible
- More powerful high
- Cheaper
Opioid Use in Youth

• Rapidly progressing disease

Experimenting with prescription opioids → Daily opioid use with physiologic dependence → Nasal heroin → Injection heroin

18-24 months
“Fake” Prescription Opioid Pills

- 40% of all pills seized contain fentanyl
- 83% of all illicit opioid pills contain fentanyl

Number of Pills Containing Fentanyl Seized by Law Enforcement in the United States, 2018 – 2021

Estimates based on data reported by the Office of National Drug Control Policy's High Intensity Drug Trafficking Areas program

Opioid Overdose in Youth

- Median monthly overdose deaths among 10-19 yo **increased 109%**
  - 90% opioids (83% illicit fentanyl)
- Deaths related to illicitly manufactured fentanyl **increased 182%**
Fentanyl Contamination

Assume the pill is fake

Fake
Real

Fentanyl-contaminated cocaine
Fentanyl and Youth

- Younger age has been associated with:
  - Seeking fentanyl over less potent opioids
  - Identifying *non-fatal* overdose as primary risk of fentanyl use
  - Difficulty consistently using harm reducing behaviors
  - Perception risk of withdrawal > risk of overdose
  - “Immunity” to overdose

**Knowledge of overdose risk factors ≠ behavioral change**
Treatment of OUD in Youth

- Comfort medications: Buprenorphine
- Naloxone distribution and education
- Overdose recognition and treatment
- Testing strips
- Safe spaces to use

- Withdrawal management
- MOUD: Management of comorbid mental health conditions
  - Relapse prevention skills
  - Behavioral interventions

- Harm reduction

- Maintenance therapy
MOUD in Youth

- Scientific literature supports use of MOUD in youth
- Multiple scientific medical organizations support use of MOUD
MOUD in Youth

• Dissemination of MOUD hampered by misinformation and prejudice
  • Patients, family, support systems
  • Recovery communities
  • Providers of chemical dependency treatment services
    • Treatment with MOUD precludes patient from participation in services
    • Young adults more likely than adolescents to receive MOUD
MOUD in Youth

• Developmental barriers to uptake of MOUD by youth
  • Sense of invincibility and omnipotence
  • Varying degrees of internal and external motivation
  • Less salience of consequences
  • Stronger salience of burdens of treatment
  • Developmentally normal resistance to parental influence and restrictions
MOUD: Buprenorphine Products

• Goals of treatment:
  1. Eradication of withdrawal symptoms
  2. Meaningful reduction in cravings
  3. Minimal side effects

• SL maintenance dosing range 2-24 mg/day
• Extended-release buprenorphine following stabilization on SL
MOUD: Naltrexone

• Immediate-release (oral) and extended-release (IM) formulations

• Use in adolescents not well characterized

• Generally well-tolerated, no significant adverse safety signals

• Compliance issues:
  • Difficulty tolerating opioid detoxification prior to administration
  • Early enthusiasm followed by waning interest
  • Barriers to follow up visits
MOUD: Methadone

- Safety and effectiveness not established in children <18 years
- Many barriers to use
- Studies demonstrate increased retention in treatment among young adults treated with methadone
MOUD: Length of Treatment

• Optimal length of treatment has not been well established
  • 12 weeks of treatment SL buprenorphine significantly improves outcome vs. early taper

• Discuss potential increased risk of overdose death in first 4 weeks following discontinuation
## Harm Reduction

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<tr>
<th>Educate about potential fentanyl exposure</th>
<th>• Fentanyl testing strips</th>
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</table>
| Overdose prevention and treatment counseling | • Naloxone distribution and education  
• Overdose recognition and management |
| Safer spaces to use | • Needle exchange services  
• Supervised consumption sites  
• [https://neverusealone.com](https://neverusealone.com) |
Conclusions

• While most youth do NOT abuse opioids, those that do are at risk of worse outcomes vs. adults
• MOUD should be the standard of care for affected youth
• Best outcomes with longitudinal MOUD + behavioral interventions, mental health support, harm reduction
References


References


Q&A

Thank You!