

Youth and Opioids: Trends and Treatment

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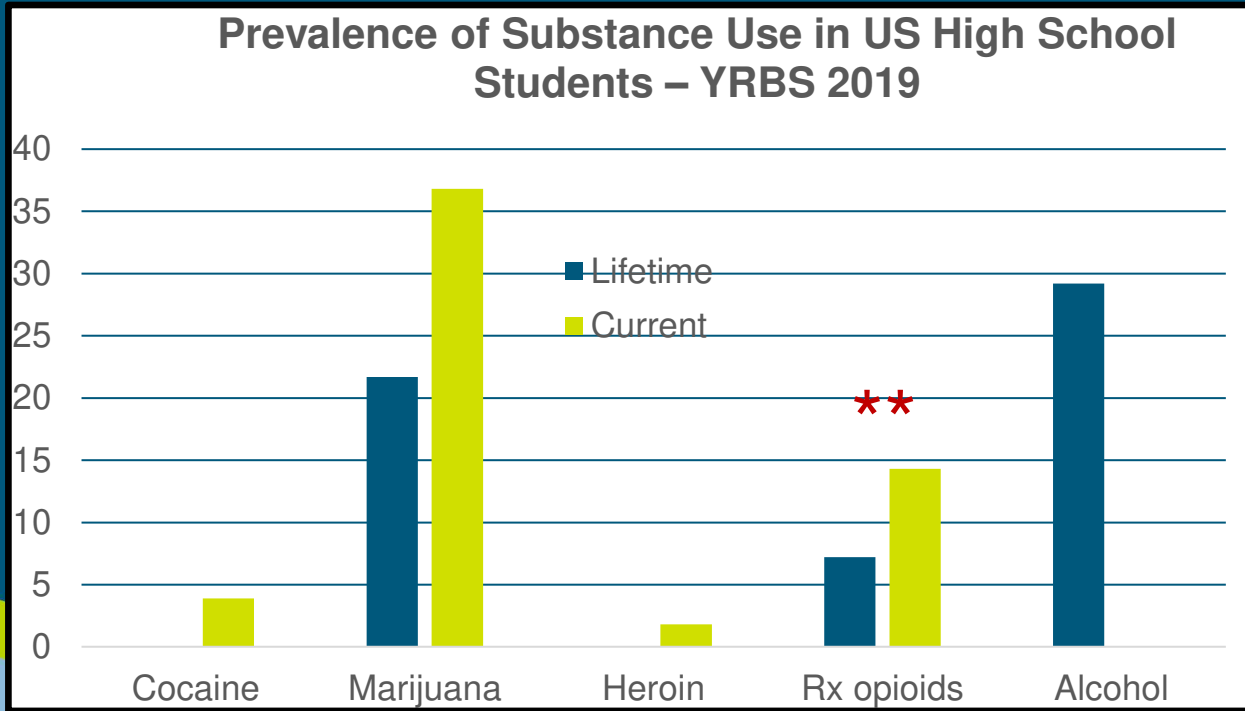


Learning Objectives

- 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



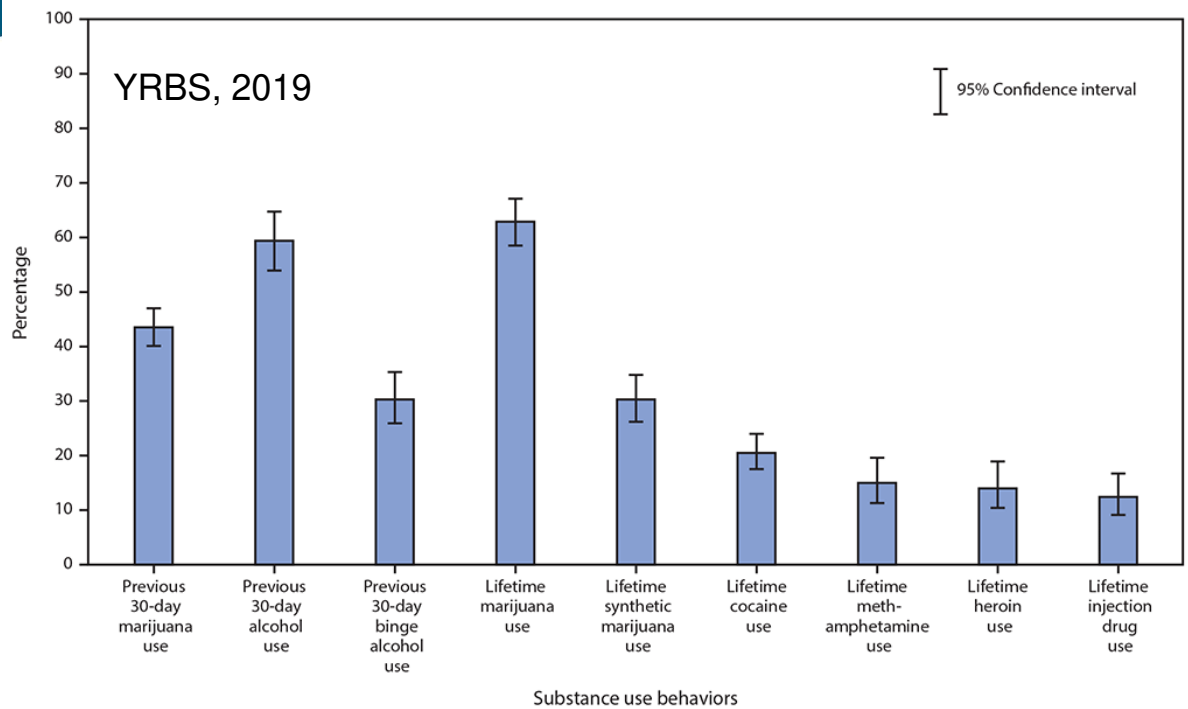
1 in 7 have ever abused prescription opioids

1 in 14 are currently abusing prescription opioids

Substance Use in Youth

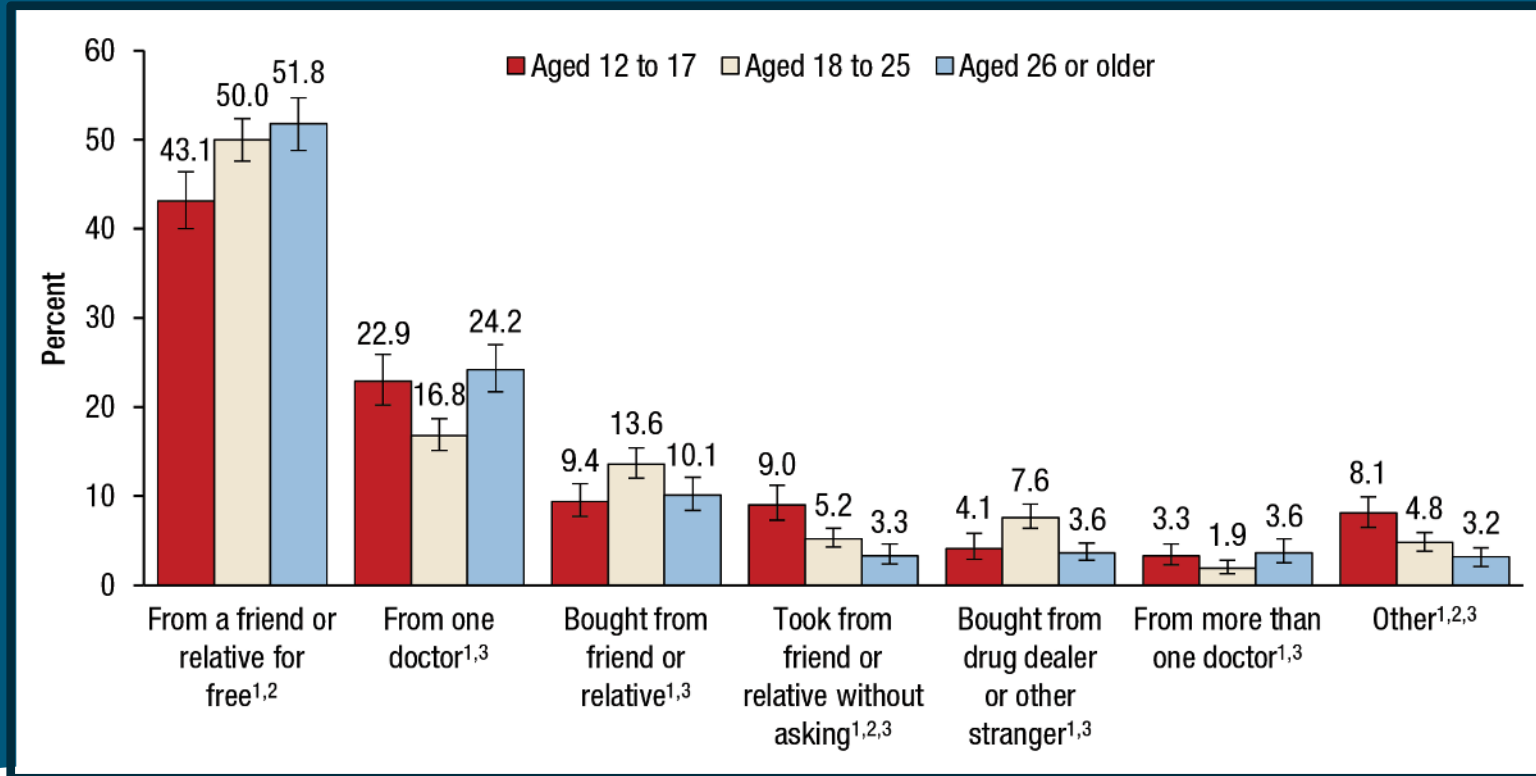


- Most youth have **issues with other substances** before initiating opioid use



↓ initiation of any substance use in youth ↓ opioid use in youth

Non-prescription Opioid Sources



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

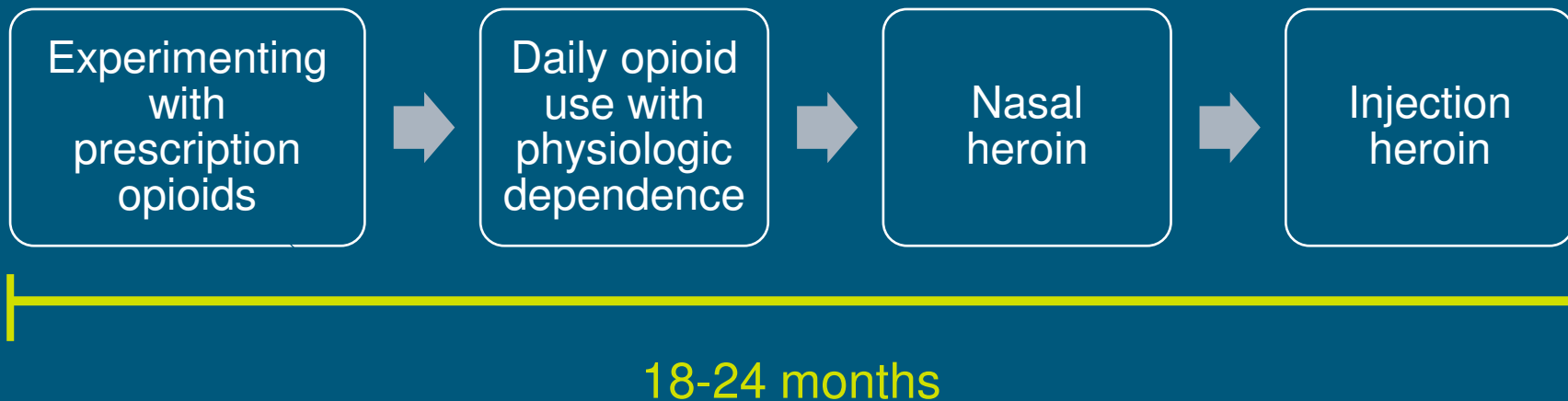
“Fake”/pressed pills

Heroin

- Accessible
- More powerful high
- Cheaper

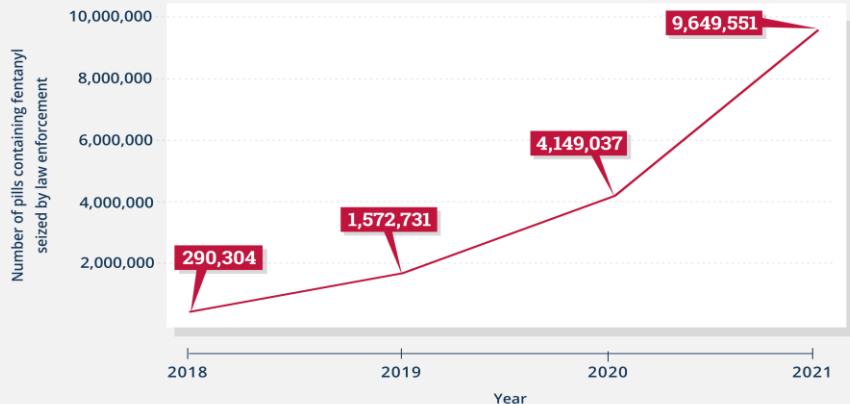
Opioid Use in Youth

- Rapidly progressing disease



“Fake” Prescription Opioid Pills

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



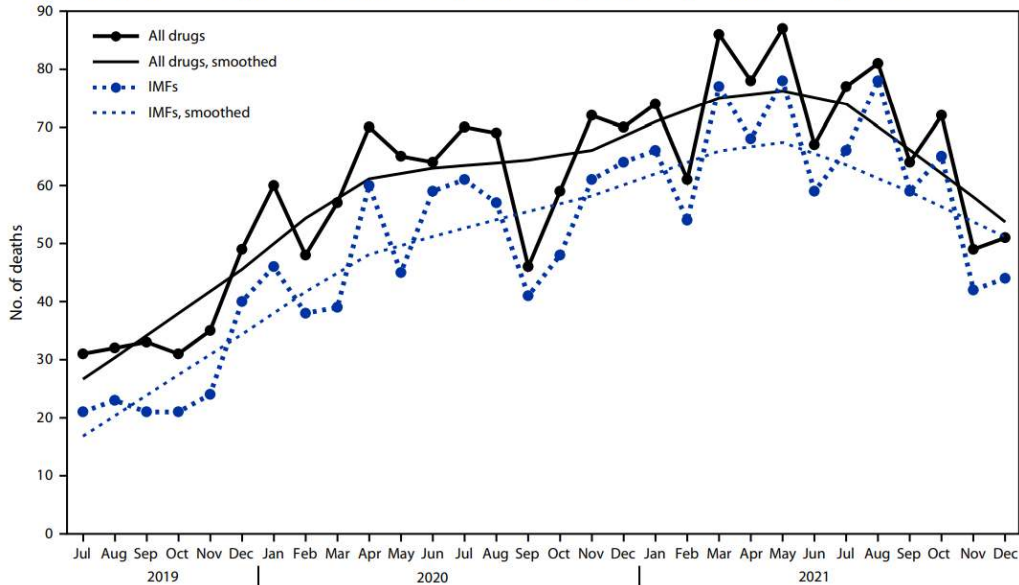
Estimates based on data reported by the Office of National Drug Control Policy's High Intensity Drug Trafficking Areas program

Reference: JJ Palamar, et al. *Drug and Alcohol Dependence*. DOI: 10.1016/j.drugalcdep.2022.109398 (2022)

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

Opioid Overdose in Youth

FIGURE 1. Number of drug overdose deaths and deaths involving* illicitly manufactured fentanyl† among persons aged 10–19 years (N = 1,808), by month — State Unintentional Drug Overdose Reporting System, 32 jurisdictions,⁹ July 2019–December 2021¹



- 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



Fake



Real



Assume
the pill is
fake



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

**Withdrawal
management**

MOUD
Management of comorbid
mental health conditions
Relapse prevention skills
Behavioral interventions

Naloxone distribution and
education
Overdose recognition and
treatment
Testing strips
Safe spaces to use

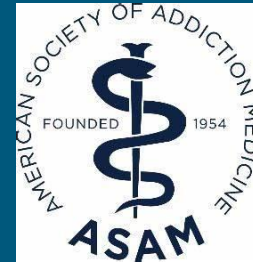
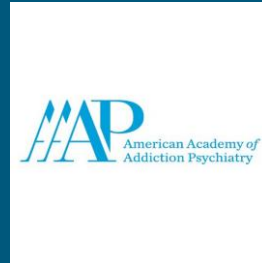
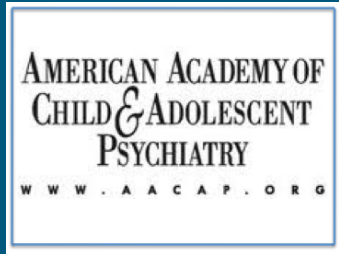
**Harm
reduction**

**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

Educate about potential fentanyl exposure

- Fentanyl testing strips

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>



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



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Q&A

Thank You!

