Improving Treatment of OUD in Youth

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Disclosures

Consultant for: Alkermes, Drug Delivery LLC, Nirsum Labs, Indivior, American Society of Addiction Medicine (ASAM), National Association of Drug Court Professionals

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Medications for research studies: Alkermes, Braeburn, Indivior

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Outline

- Scope of the problem
- Treatment
  - Medications (MAT / MOUD)
  - Family involvement
- Innovative, developmentally-informed approaches

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Background and overview

- OUD is an advanced, malignant form of SUD, usually beginning in youth
- Adolescents and young adults are extremely vulnerable; Young adults are disproportionately affected; Adolescent involvement is increasing
- There is evidence and consensus for medications in OUD (MOUD) in youth, but dissemination is poor due to problems with capacity, misinformation, and prejudice
- Broader use of MOUD is vital as a cornerstone of treatment. MOUD-forward approaches are especially important.
- But youth have worse outcomes than mature adults because of developmental vulnerability and treatment system limitations
- Improved strategies that target treatment capacity, engagement, retention and medication adherence could help. The Youth Opioid Recovery Support (YORS) and BOND interventions and others have promise as developmentally-informed approaches

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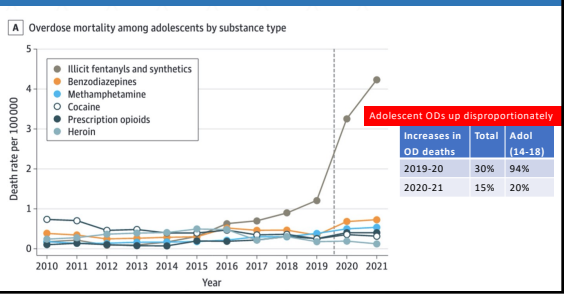
Adolescent OD deaths increasing



Adolescent ODs up disproportionately

Increases in OD deaths	Total	Adol (14-18)
2019-20	30%	94%
2020-21	15%	20%

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Fentanyl

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Intervention for youth substance use is **Prevention** for youth OUD

- Addiction – a developmental disorder of pediatric onset
- The vast majority of youth who initiate opioids have problems with other substances first
- Earlier onset associated with worse outcomes
- Earlier intervention associated with better outcomes
- Opioid addiction as an advanced stage in progression of illness
- Intervention for non-opioid SUD prior to opioid initiation – cannabis, alcohol, nicotine – is OUD prevention

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MOUD for adolescents and young adults Summary of the evidence

- Buprenorphine clearly effective
- XR-NTX promising, but less youth-specific research
- Outcomes very good, not as good as for older adults, but far batter than without medication
- Longer is better; no evidence for time limitation
- No signal for safety or efficacy problems based on age
- MOUD first line; No evidence for fail-first

- MOUD – should be STANDARD OF CARE

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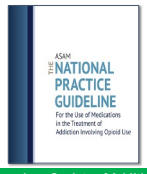
Treatment guidelines for youth



American Society of Addiction Medicine (2015, 2020):
- Clinicians should consider treating adolescents using the full range of treatment options, including pharmacotherapy

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

Committee on Substance Use and Prevention Medication-assisted treatment of adolescents with opioid use disorders. *Pediatrics*, 2016;138(3):1893.
Kampman K & Jarvis M. *Journal of Addiction Medicine*, 2015;9(5):358-367.

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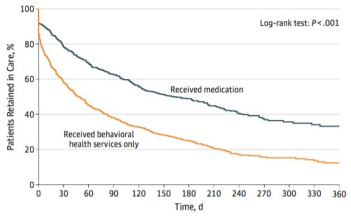
Medications promote retention for youth (But poor uptake)

Youth 13-22, Medicaid claims
26% received any medication
(5% for age <18 yrs).



Hadland et al. JAMA Pediatrics 2018

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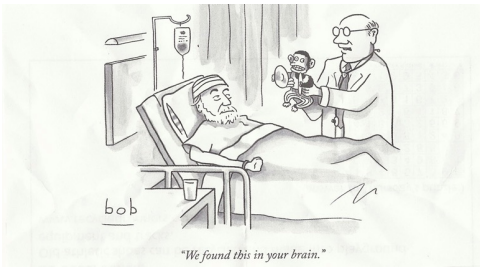
If only it were that easy



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How should we help this young person?

- 18 (or 16 or 25), M or F
- Onset cannabis age 13
- Onset nasal (or smoked) "percocet" use 17, progressing to daily use with withdrawal within 8 months, injection fentanyl 6 months later
- 2 episodes residential tx, 1 AMA, 1 completed, but no continuing care
- Buprenorphine treatment (monthly supply Rx x 4), took erratically, sold half
- Presents in crisis seeking detox
  ("Can I be out of here by Friday?")

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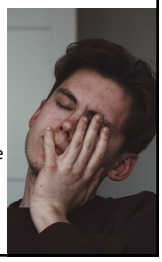
Features of youth opioid treatment

- Developmental barriers to treatment engagement
  - Invincibility
  - Immaturity
  - Motivation and treatment appeal
  - Less salience of consequences
  - Strong salience of burdens of treatment
- Variable effectiveness of family leverage
- Pushback against sense of parental dependence and restriction
- Prominence of co-morbidity



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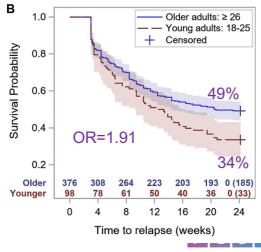
Youth have worse outcomes than adults

Relapse: XBOT secondary analysis



Fishman. *J Adol Health*. 2020.

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MOUD feasible for youth in real world
But poor adherence in community treatment

- Treatment received in acute residential followed by multiple community providers, youth 15-21, N=288
  - XRNTX 28%, Bup 33%, No meds 39%
- Over 6 months following residential discharge **low rates of MOUD** use:
  - XRNTX: mean doses 1.3
    - 41% 1st OP dose
    - 12% 3rd OP dose
    - 2% 6th OP dose
  - Bup: mean days 57

Mitchell et al. JSAT. 2021.

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Family Engagement:
Historical Barriers

- Normative pushback against **sense of parental dependence and restriction**
- Clinicians: lack of training, competence, comfort
- Focus on **internal transformation**
- Preoccupying focus on "enabling"
- Over-rigid concern with **confidentiality**

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Can families find a balance?

Desperate for immediate change, trying everything, sacrificing time and money, zero tolerance, going for the "nuclear option", kicked out of the house TODAY.

vs.

Helpless. It doesn't matter what I do, my child is going to use. There's no point in trying. Don't ask, don't tell. Don't let me catch you using. I don't Want to know about it.

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Rationale for family involvement

Both **families and patients** need a recipe for treatment with role definitions, expectations, and responsibilities

Families have **core competence, deep connections, special powers of persuasion** and natural leverage that we as clinicians don't have

Family **mobilization** – "Medicine may help with the receptors, but you still have to parent this difficult young person"

Encouragement of emerging patient autonomy and self-efficacy **is compatible** with empowerment of families

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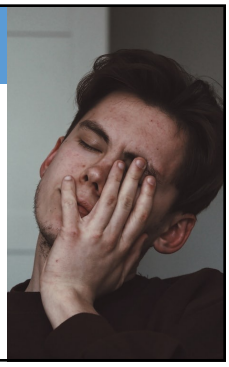
Principles of Family Negotiation
The Art of the Deal

- Pick your battles
- Know your **leverage**
- You gotta give to get
- You have more juice than you realize
- Keep your **eyes on the prize**



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Example of Innovative Intervention
Youth Opioid Recovery Support (YORS)

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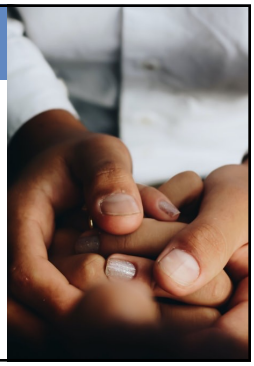
Assertive Treatment

Well established for treatment of **chronic illness** in hard-to-reach populations in which medication adherence is a **major barrier**

- TB, HIV, schizophrenia (ACT)



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Elements of family sessions

Family **psychoeducation** about OUD, medications, and other treatment

Collaborative **treatment agreement** between youth, family member, program

Skill building and improving effectiveness: Communication skills; shaping desired behaviors through operant conditioning; picking your battles

How will family know about and help **support** attendance and treatment progress? How will family help **support** medication adherence?

Crisis management -- What is the back-up or rescue plan if there is trouble?

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Poster child for family involvement?

- 23 year old male injecting heroin
- 4 inpatient detox admissions over 1.5 years, each time got first dose of extended release naltrexone but **never came back** for 2nd dose
- Lives with grandmother, team shows up with dose, he says no thank you, she says no not an option, **done deal**, gets 6 doses over 6 months

"As I learned from growing up, you don't mess with your grandmother. "

- Prince William

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Balancing parental and young adult empowerment

- Patient: "Mom, you can't be in here when I'm getting the shot…"
- Therapist: "Ma'am I think it's best if we provide her privacy for the injection."
- Mother: "Are you kidding me? Of course I am. I'm not leaving this room till I see that medicine go in you…"

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Don't take no for an answer

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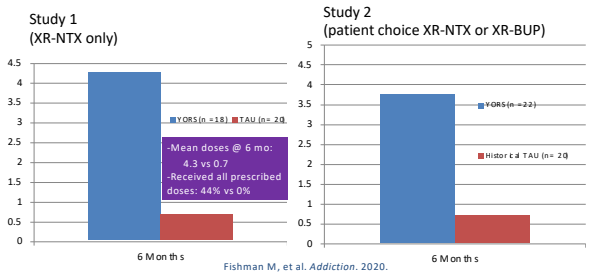
Mean outpatient MOUD doses received



Fishman M, et al. *Addiction*. 2020.
Wenzel K, et al. *JSAT*. 2021.

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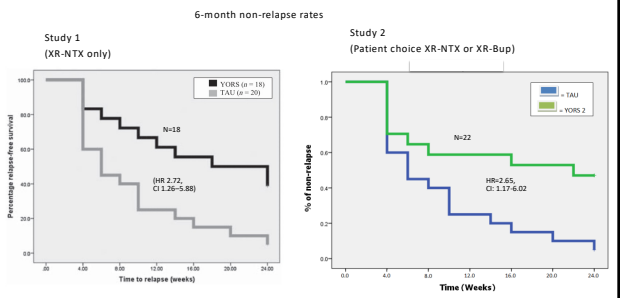
YORS Outcomes: Opioid Relapse-Free Survival



Fishman M, et al. *Addiction*. 2020.
Wenzel K, et al. *JSAT*. 2021.

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YORS HEAL BRIM Project

- Yrs 1-2: intervention enhancement, test cycles
- Yrs 2-5: larger RCT of enhanced YORS

Enhancements: Focus groups, interviews, qualitative and quantitative results

- Medication choice – no brainer
- Mobile van – 2 thumbs up!
- Telehealth – 3 thumbs up!
- reSet m-health app – mixed reviews
- Parent peer tele-group – strong endorsement from sub-group
- Written feedback "report card" – lukewarm at best

Wenzel and Fishman. Mobile van delivery of extended-release buprenorphine and extended-release naltrexone for youth with OUD: An adaptation to the COVID-19 emergency. *JSAT*. 2021

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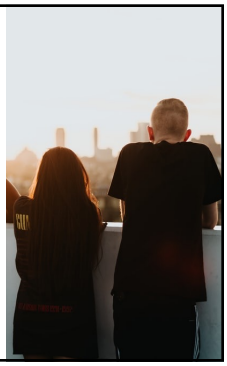
Example of Innovative Intervention

Primary Care Delivery, Hub and Spoke

- MOUD in youth serving primary care (spokes)
- Consultation and support from regional special center (hub)



Levy S, et al. A Novel Approach to Treating Adolescents with Opioid Use Disorder in Pediatric Primary Care. Substance Abuse. 2018

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Example of innovative intervention XR-Bup for adolescents

- Helps to address adherence problems
- Maryland medicaid approving on a case by case basis
- More research needed

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Example of innovative intervention
Youth OUD recovery housing

- Youth-specific
- OUD-specific
- Emphasis on MOUD, co-occurring disorder treatment, and accommodation to youth shenanigans
- Embedded in full continuum of care

Outcomes (N= 46)	
Avg. weeks in residence	14.4; Range = 0.4 - 50
Retention at 12-weeks	62%
Retention at 24-weeks	18%
Opioid Positive UDS at 12-wks	7.5%

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Community reinforcement approach and family training (CRAFT)

- Working primarily with the concerned significant other (CSO)
- Goals:
  - Move the loved one toward treatment
  - Reduce loved one's substance use
  - Improve the CSO's wellbeing
- Methods
  - Communication skills -- be positive, be brief, refer to specific behaviors, use I statements, offer to help, shape behaviors – be consistent, use healthy natural rewards

Meyers, R.J.; Miller, W.R.; Hill, D.E.; Tonigan, J.S. (1999). "Community reinforcement and family training (CRAFT): Engaging unmotivated drug users in treatment". *Journal of Substance Abuse*. **10**: 1–18.

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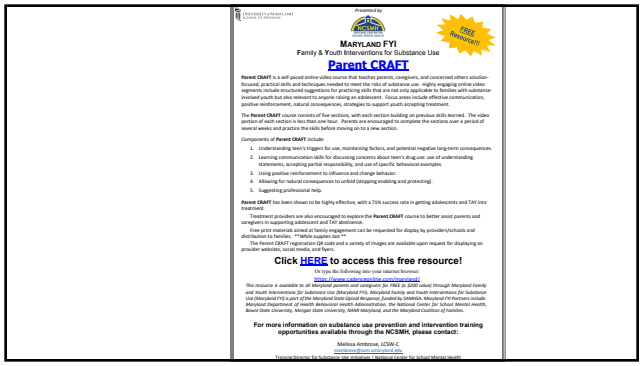

Presented by

MARYLAND FYI

Family & Youth Interventions for Substance Use

Parent CRAFT

Parent CRAFT is a self-paced online video course that teaches parents, caregivers, and concerned others solution-focused, practical skills and techniques needed to meet the risks of substance use. Highly engaging online video segments include structured suggestions for practicing skills that are not only applicable to families with substance-involved youth but also relevant to anyone raising an adolescent. Focus areas include effective communication, positive reinforcement, natural consequences, strategies to support youth accepting treatment.

The **Parent CRAFT** course consists of five sections, with each section building on previous skills learned. The video portion of each section is less than one hour. Parents are encouraged to complete the sections over a period of several weeks and practice the skills before moving on to a new section.

Components of **Parent CRAFT** include:

1. Understanding teen's triggers for use, maintaining factors, and potential negative long-term consequences.
2. Learning communication skills for discussing concerns about teen's drug use: use of understanding statements, accepting partial responsibility, and use of specific behavioral examples.
3. Using positive reinforcement to influence and change behavior.
4. Allowing for natural consequences to unfold (stopping enabling and protecting).
5. Suggesting professional help.

Parent CRAFT has been shown to be highly effective, with a 71% success rate in getting adolescents and TAY into treatment.

Treatment providers are also encouraged to explore the **Parent CRAFT** course to better assist parents and caregivers in supporting adolescent and TAY abstinence.

Free print materials aimed at family engagement can be requested for display by providers/schools and distribution to families. ***While supplies last ***

The Parent CRAFT registration QR code and a variety of images are available upon request for displaying on provider websites, social media, and flyers.

Click HERE to access this free resource!

Or type the following into your internet browser:

https://www.valleyvoiceline.com/maryland/

This resource is available to all Maryland parents and caregivers for FREE (a $200 value) through Maryland Family and Youth Interventions for Substance Use (Maryland FYI). Maryland Family and Youth Interventions for Substance Use (Maryland FYI) is part of the Maryland State Opioid Response, funded by SAMHSA. Maryland FYI Partners include: Maryland Department of Health Behavioral Health Administration, the National Center for School Mental Health, Bowie State University, Morgan State University, NAMI Maryland, and the Maryland Coalition of Families.

For more information on substance use prevention and intervention training opportunities available through the NCSMH, please contact:

Melissa Ambrose, LCSW-C

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BOND
Building opioid recovery support networks to engage and retain loved ones in medication for OUD

- Moving upstream to engage families in order to engage youth with OUD
- Coaching of families (and other concerned significant others) to get out-of-treatment youth into treatment
- Recruit concerned significant others
- Outcomes – engagement into treatment, MOUD initiation, MOUD retention

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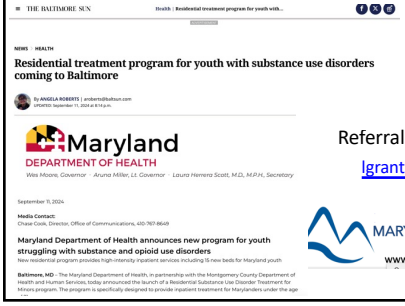
New adolescent inpatient treatment program



THE BALTIMORE SUN

Health | Residential treatment program for youth with...

NEWS | HEALTH

Residential treatment program for youth with substance use disorders coming to Baltimore

By ANGELA ROBERTS | aroberts@baltsun.com

UPDATED: September 11, 2024 at 8:14 p.m.

Maryland
DEPARTMENT OF HEALTH
Wes Moore, Governor · Aruna Miller, Lt. Governor · Laura Herrera Scott, M.D., M.P.H., Secretary

September 11, 2024

Media Contact:
Chase Cook, Director, Office of Communications, 410-767-6649

Maryland Department of Health announces new program for youth struggling with substance and opioid use disorders

New residential program provides high-intensity inpatient services including 16 new beds for Maryland youth

Baltimore, MD – The Maryland Department of Health, in partnership with the Montgomery County Department of Health and Human Services, today announced the launch of a Residential Substance Use Disorder Treatment for Minors program. The program is specifically designed to provide inpatient treatment for Marylanders under the age

Referrals -- Laura Grant

lgrant@marylandtreatment.org

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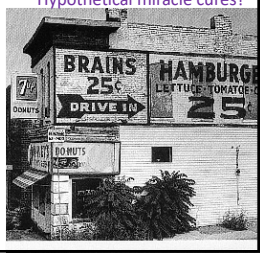
Conclusions
A Call to Action

- We are at a crossroads
- We have an existing and emerging toolbox but an **alarmingly low level** of adoption and utilization
- Emerging research and clinical consensus support **aggressive treatment for OUD across the lifespan** with MOUD
- We are saving lives, but we need to do better
- **Developmentally-informed interventions** might help
- If not now, then when?

Hypothetical miracle cures?



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Questions?
Discussion?

Therapeutic optimism remains one of our best tools!

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