The Opioid Epidemic and Youth National Trends and Evidence-Based Practice for Preventing Adolescent Misuse and Addiction

Sharon Levy, MD, MPH

Associate Professor of Pediatrics, Harvard Medical School

Director, Adolescent Substance Abuse Program Boston Children's Hospital

Disclosures

I, Sharon Levy, have no relevant financial or commercial relationships to disclose.

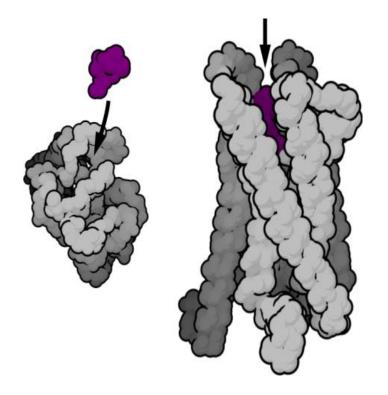




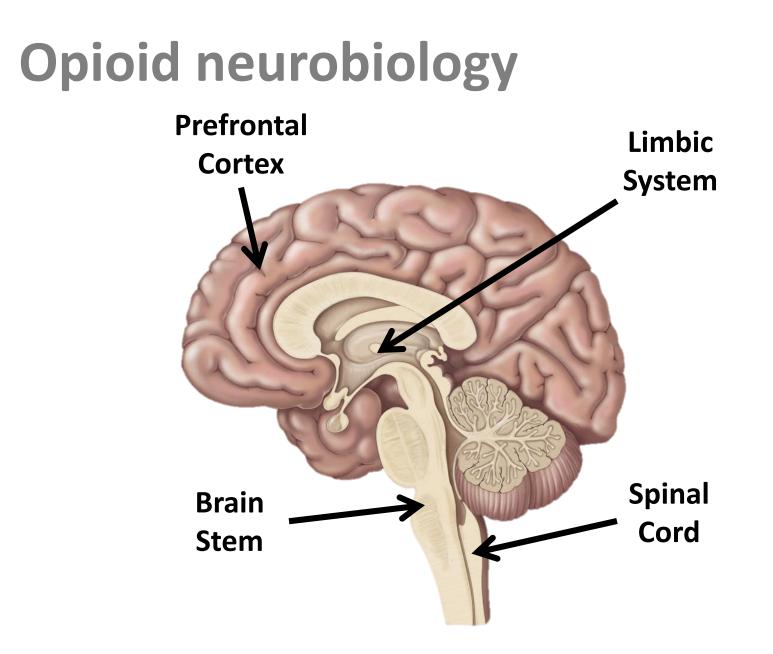


Opioids

Opioid pharmacology

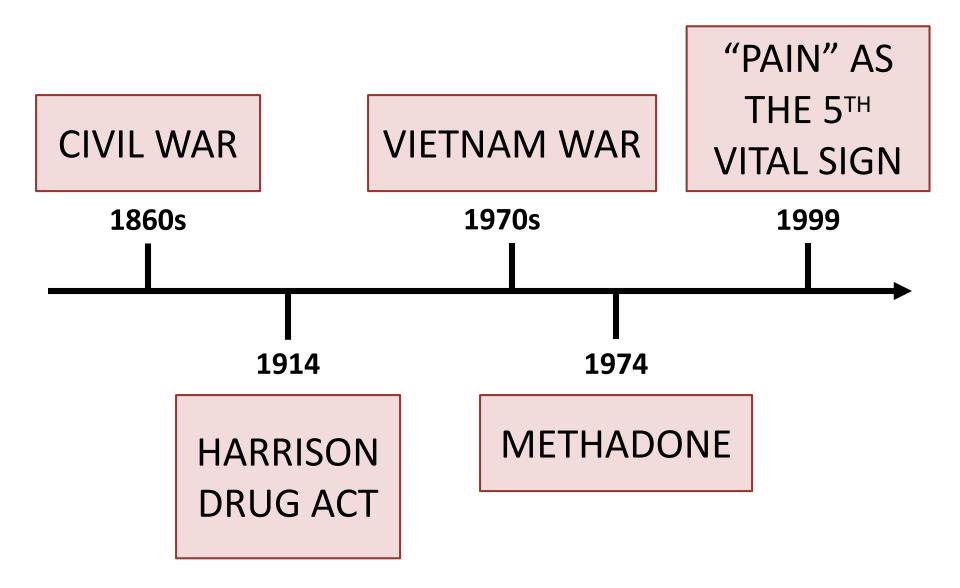


Opioid μ -receptor and agonist



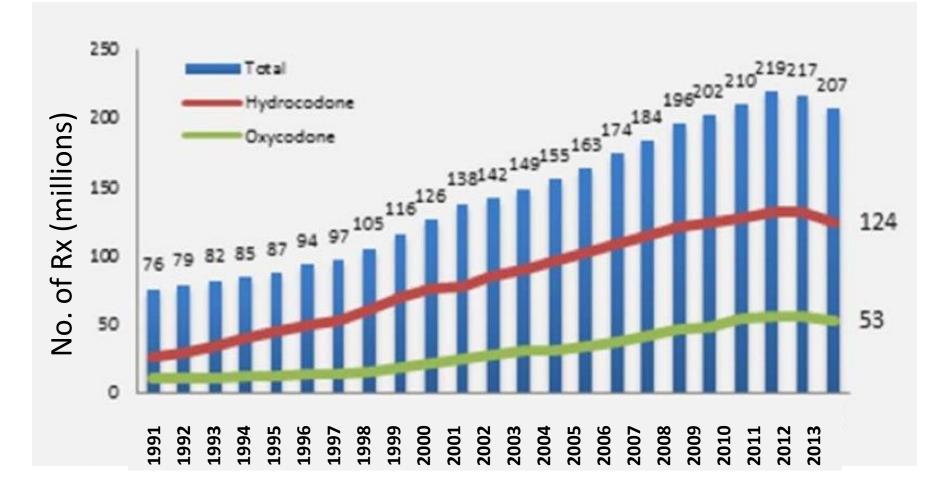






Levy S. Youth and the Opioid Epidemic. State of the Art Review. Pediatrics. 2019.

Increase in Opiate Rx, 1991-2013



Volkow ND. America's Addiction to Opioids: Heroin and Prescription Drug Abuse. Natl. Inst. Drug Abus. 2014.

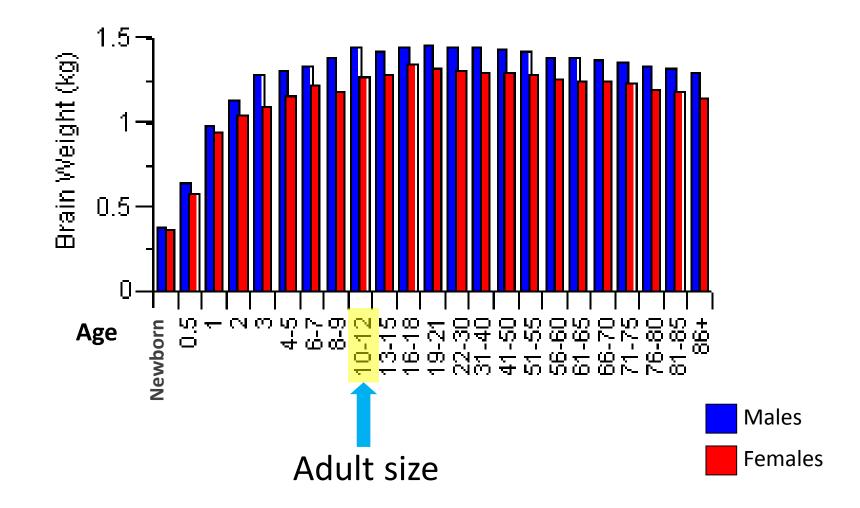
The opioid reservoir



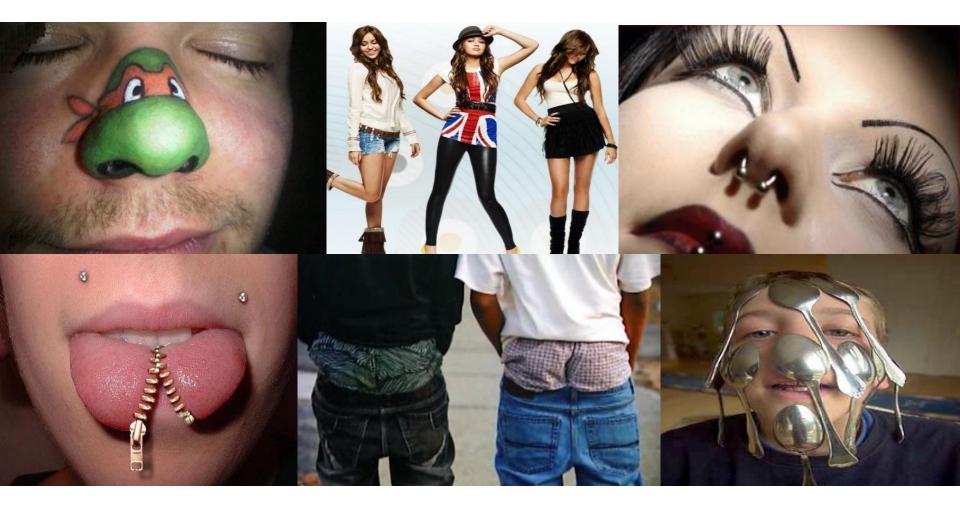
Adolescents are developmentally primed to use drugs



Brain weight by age



Source: Dekaban, A.S. and Sadowsky, D. Annals of Neurology, 4:345-356, 1978. Image retrieved from: http://www.pediatricmri.nih.gov/nihpd/info/image_gallery.html



Neuron growth in brain development

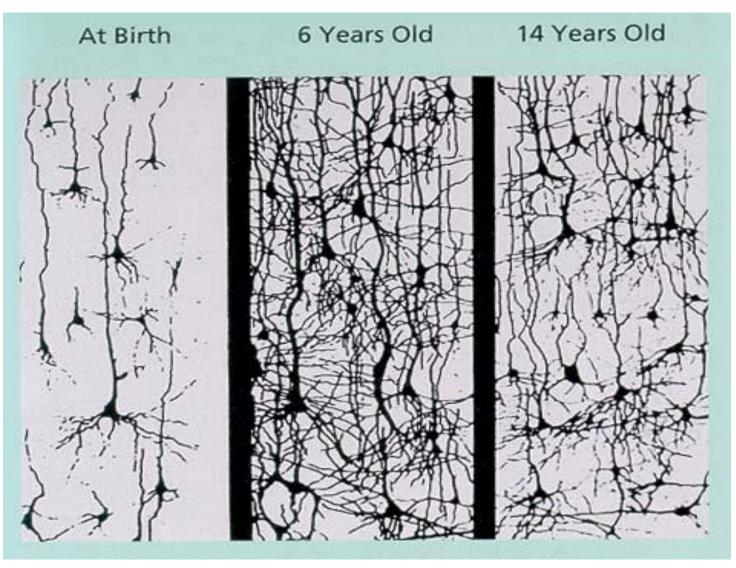
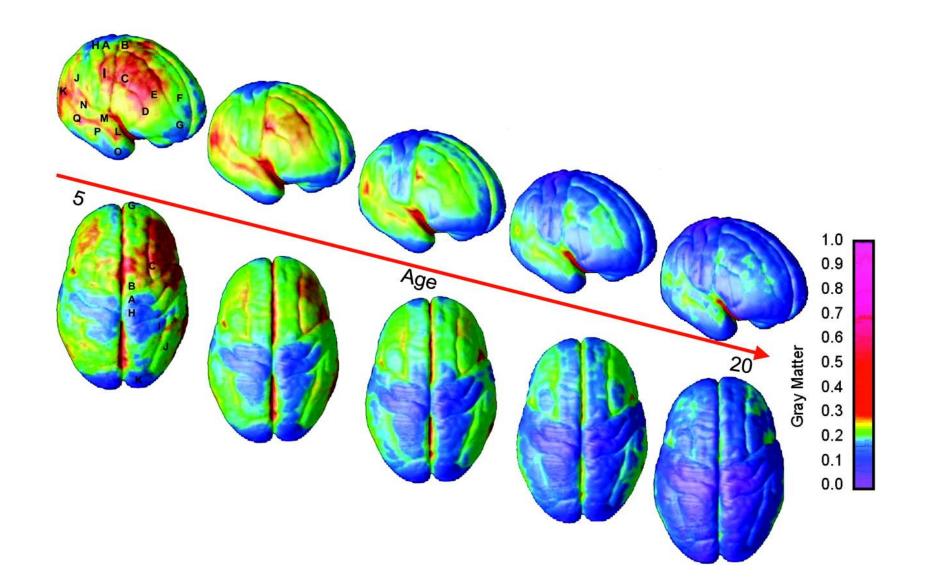
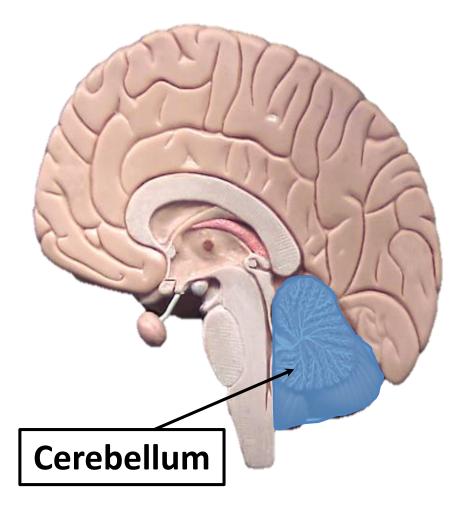
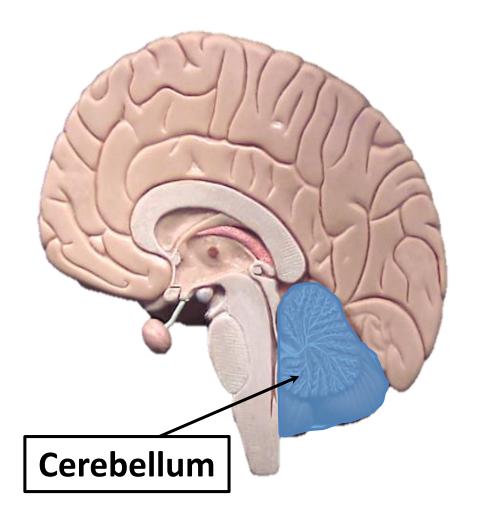


Image retrieved from: http://etec.ctlt.ubc.ca/510wiki/Brain-based_Learning

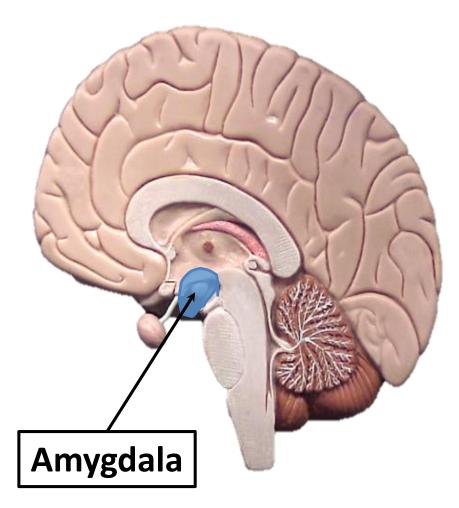


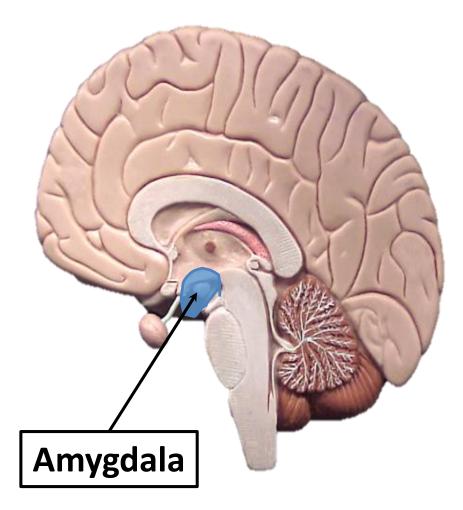
Source: Copyright (2004) National Academy of Sciences, U.S.A. Gogtay et al. PNAS. 2004:101(21):8174-8179. Retrieved on February 17, 2015 from http://www.ncbi.nlm.nih.gov/pmc/articles/PMC419576/figure/fig3/. Permission received from PNAS.

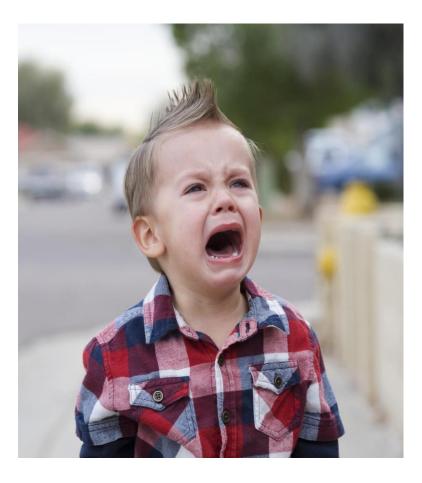


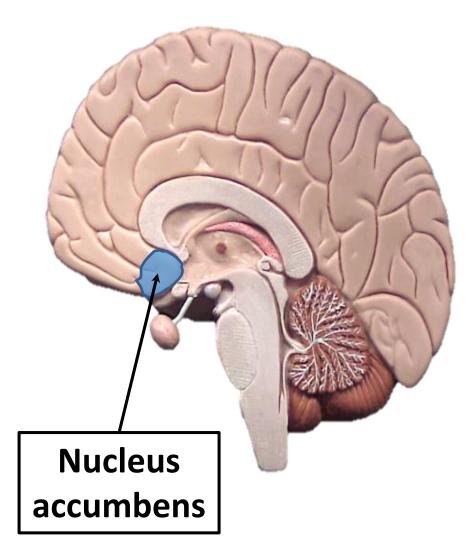


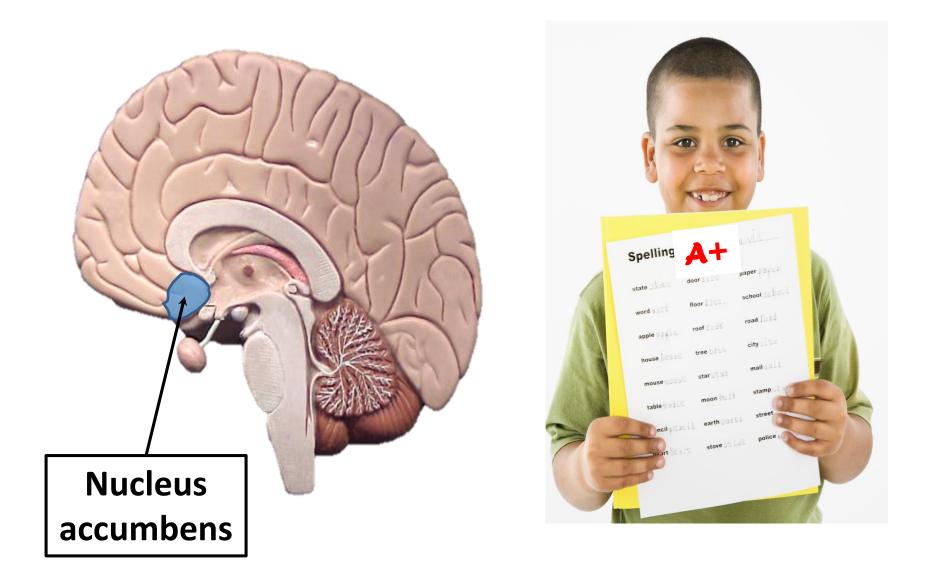


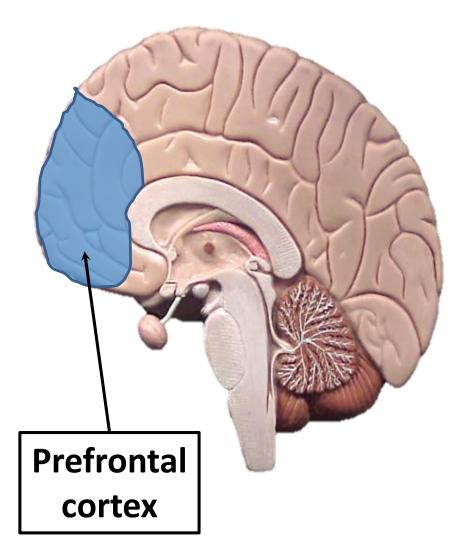




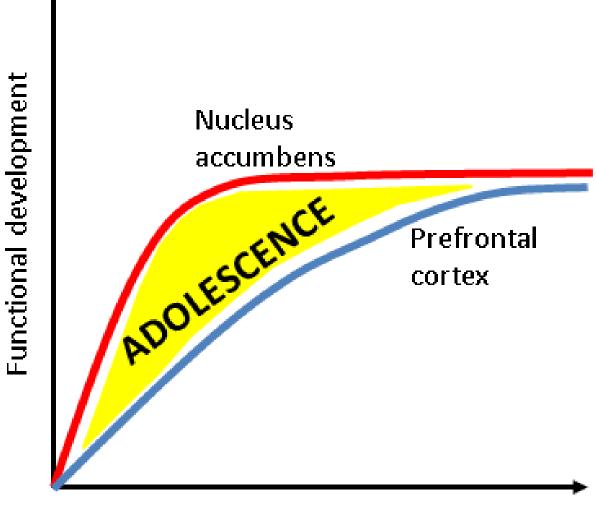






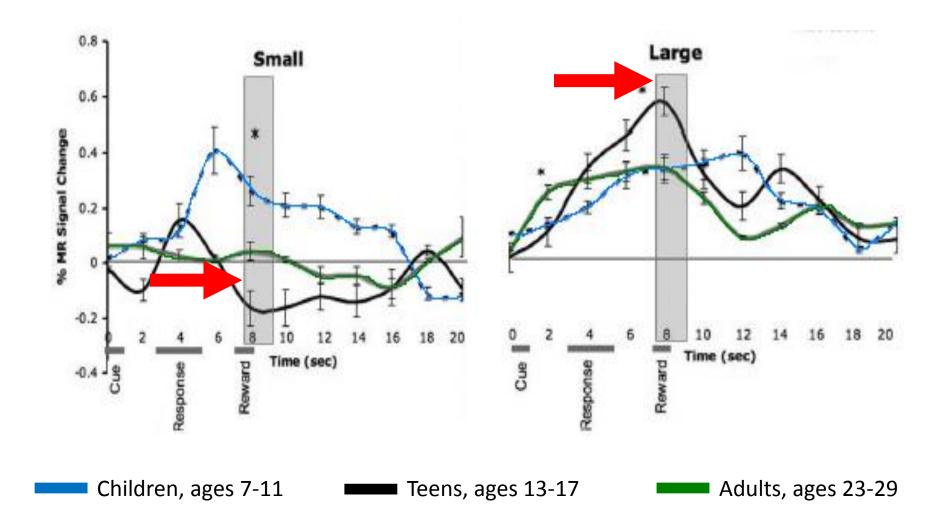






Age

Source: Casey BJ, et al., Development Reviews. 2008; 28: 62-77.



©2006 by Society for Neuroscience – Reprinted with Permission . Adriana Galvan et al. J. Neurosci. 2006;26:6885-6892

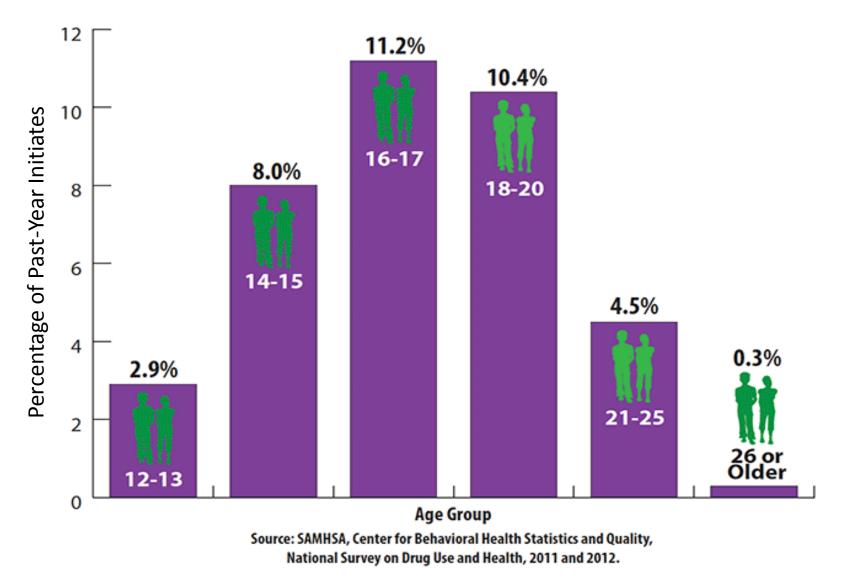
Activation of the reward pathway by addictive drugs

alcoho cocain nerom icotine marijuana



Image retrieved on February 17, 2015, from http://www.drugabuse.gov/publications/teaching-packets/neurobiology-drug-addiction/section-iv-action-cocaine/7-summary-addictive-drugs-activate-reward

Most drug use starts in adolescence



The opioid reservoir



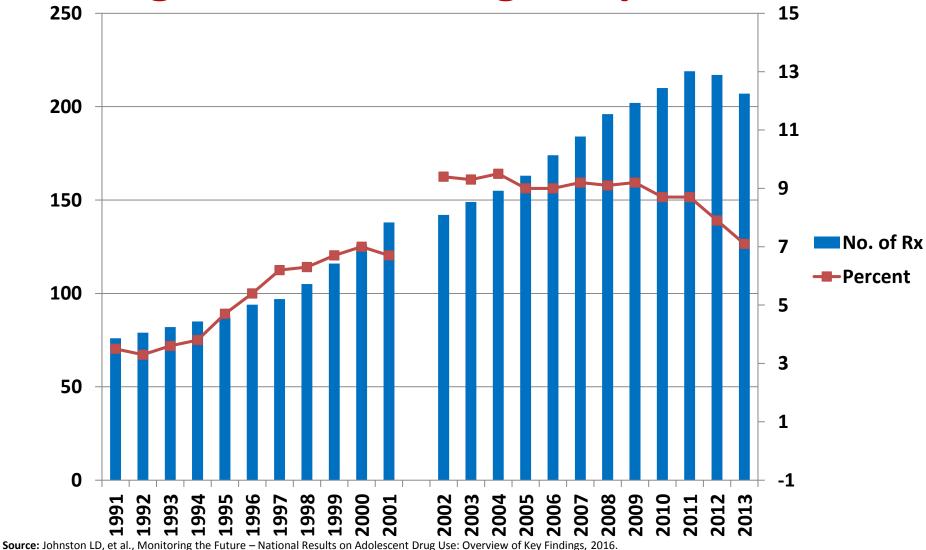
84.2%

of opioids obtained by adolescents were given by or taken from a family member or peer



Source: McCabe et al (2012). Adolescent Nonmedical Users of Prescription Opioids: Brief Screening and Substance Use Disorders. Add Behav, 37(5). © Boston Children's Hospital 2017. All Rights Reserved. For permissions contact ASAP project manager at asap@childrens.harvard.edu

Opioid Prescriptions by proportion of 12th graders misusing of opioids



Adolescents are developmentally vulnerable to develop substance use disorders



Activation of the reward pathway by addictive drugs

alcoho cocain nerom icotine marijuana



Image retrieved on February 17, 2015, from http://www.drugabuse.gov/publications/teaching-packets/neurobiology-drug-addiction/section-iv-action-cocaine/7-summary-addictive-drugs-activate-reward



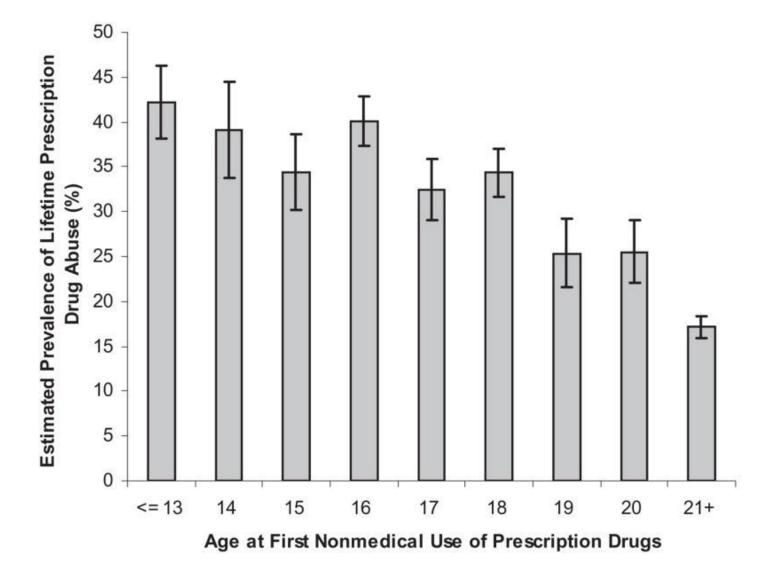


Younger age*

*AOR decreases by 5% each year that non-medical use is delayed (after one year, **AOR: 0.95** with 95% CI 0.94-0.97)

Sources: Johnson, et al. (2015). Prescription Opioids in Adolescence and Future Opioid Misuse. Lynskey, et al. (2003). Escalation of drug use in early-onset cannabis users versus co-twin controls. McCabe et al. (2007). Does early onset of non-medical use of prescription drugs predict subsequent prescription drug abuse and dependence? Boyd et al. (2009). Non-medical use of prescription analgesics. Boyd et al. (2006). Adolescents' Motivations to Abuse Prescription Medications.

Age of onset of non-medical use of prescription drugs



Source: McCabe SE et al. Does early onset of non-medical use of prescription drugs predict subsequent prescription drug abuse and dependence? Results from a national study. Addiction 2007 102(12):1920-1930. © Boston Children's Hospital 2017. All Rights Reserved. For permissions contact ASAP project manager at asap@childrens.harvard.edu

Gateway to opioid misuse





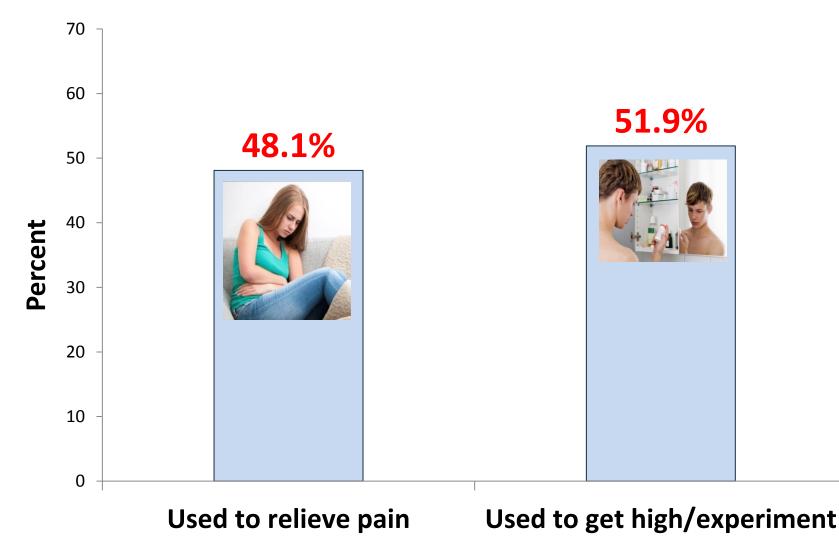
Exposure to marijuana AOR: 3.67 (95% Cl 1.02-13.14)



Cigarette smoking AOR: 2.2 (95% CI 1.3-3.5)

Source: Johnson, et al. (2015). Prescription Opioids in Adolescence and Future Opioid Misuse. Lynskey, et al. (2003). Escalation of drug use in early-onset cannabis users versus co-twin controls. © Boston Children's Hospital 2017. All Rights Reserved. For permissions contact ASAP project manager at asap@childrens.harvard.edu

Motivations for opioid misuse



Source: McCabe et al (2012). Adolescent nonmedical users of prescription opioids: brief screening and substance use disorders. Add Behav.



Recreational use

AOR: 3.42 (95% CI 1.45-8.07)



Unprescribed pain relief

AOR: 1.8

(95% CI 1.20-2.60)



Prescribed pain relief AOR: 1.33 (95% CI 1.04-1.70)

Johnson, et al. (2015). Prescription Opioids in Adolescence and Future Opioid Misuse. Lynskey, et al. (2003). Escalation of drug use in early-onset cannabis users versus co-twin controls. McCabe et al. (2007). Does early onset of non-medical use of prescription drugs predict subsequent prescription drug abuse and dependence? Boyd et al. (2009). Non-medical use of prescription analgesics. Boyd et al. (2006). Adolescents' Motivations to Abuse Prescription Medications.



Major depression, anxiety disorder, or panic disorder AOR: 4.43

AUR: 4.45 (95% Cl 3.64-5.38)



Familial alcohol problem/drug use

Hard drug abuse/dependence

AOR: 7.92



PTSD Hard drug abuse/dependence AOR: 8.68

Sources: Kilpatrick DG, Acierno R, Saunders B, Resnick HS, Best CL, Schnurr PP (2000). Risk Factors for Adolescent Substance Abuse and Dependence: Data From a National Sample. J Consult and Clin Psych 63(1):19-30. Sullivan MD, Edlund MJ, Zhang L, Unützer J, Wells KB (2006). Association Between Mental Health Disorders, Problem Drug Use, and Regular Prescription Opioid Use. *Arch Intern Med* 166(19):2087-2093. © Boston Children's Hospital 2017. All Rights Reserved. For permissions contact ASAP project manager at asap@childrens.harvard.edu

Pediatricians must be part of the solution to the opioid crisis

American Academy of Pediatrics



DEDICATED TO THE HEALTH OF ALL CHILDREN™

POLICY STATEMENT Organizational Principles to Guide and Define the Child Health Care System and/or Improve the Health of all Children

Medication-Assisted Treatment of Adolescents With Opioid Use Disorders

COMMITTEE ON SUBSTANCE USE AND PREVENTION

750,000 can prescribe addictive pain meds

37,000 trained to prescribe addiction treatment.

Only half actually do.



1% are pediatricians.



The Boston Blobe

Pediatricians are treating opioid addicts, and it's working





DEBEE TLUMACKI FOR THE BOSTON GLOBE

From left to right, Dr. Steven Mendes, substance abuse counselor Shannon Mountain-Ray, and Dr. Jason Reynolds have welcomed young patients with substance use problems to Wareham Pediatrics.







Buprenorphine Waiver Training



Providers Clinical Support System









Confidentiality

Model of care

Neurobiology and the developing brain

BlueCross BlueShield







Pediatric Physicians' Organization at Children's







Pediatric Physicians' Organization at Children's









BlueCross BlueShield

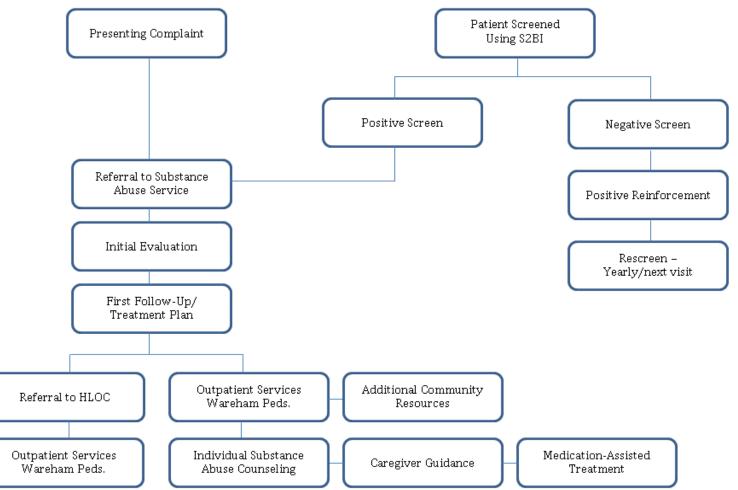
Pediatric Physicians' Organization at Children's



CFR 42, Part II



New clinical workflow



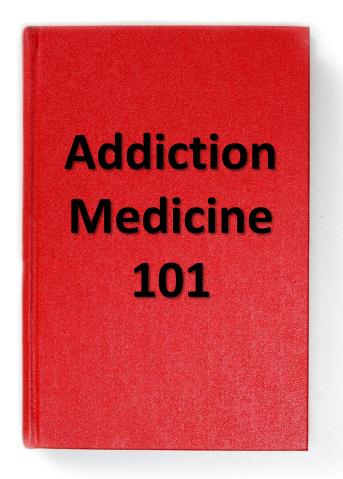
Emergencies



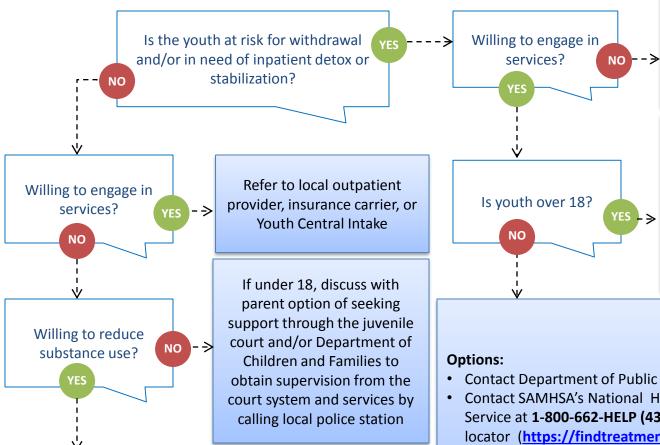
Emergencies



Additional Training



Connections to higher levels of care



Is youth at risk for harm to self through ongoing substance use that interferes with capacity to provide self-care? If yes, refer to state policies on involuntary civil commitment of youth. If state laws support this, discuss option with parent/caregiver. If no, provide referral info and follow up.

Contact SAMHSA's National Helpline/Treatment Referral Routing Service at 1-800-662-HELP (4357) or use SAMHSA's online treatment locator (https://findtreatment.samhsa.gov/)

- Contact Department of Public Health for consultation
- Contact SAMHSA's National Helpline/Treatment Referral Routing Service at 1-800-662-HELP (4357) or use SAMHSA's online treatment locator (https://findtreatment.samhsa.gov/) to find a facility that fits the patient's needs and is appropriate for adolescents.

- Monitor and follow up with youth ٠
- Refer family to Youth Central Intake •
- Suggest self-help groups for caregiver and for youth

Will kids really come?



Results: First 4 months

- Patients ages 12-22 seen for primary care: 683
- Expected number with SUD: 50
- Actual number identified: 20
- Number that kept at least one appointment: 13

Levy S, Mountain-Ray S, Reynolds J, Mendes SJ, Bromberg J. A Novel Approach to Treating Adolescents with Opioid Use Disorder in Pediatric Primary Care. Substance Abuse. 2018

	Ν
Total Referred	20
Total Evaluated	13
Age, mean (range)	17.3 (12-21)
Parental Involvement	7
Length of Treatment, mean (range) weeks	7 (1-19)
SUD Diagnoses	
Alcohol use disorder	5
Marijuana use disorder	10
Opioid use disorder	2
Cocaine use disorder	2
Sedative use disorder	1
Hallucinogen use disorder	2
MH diagnoses	
Anxiety disorder	9
Mood disorder	3
Non-verbal learning disorder	1
Attention deficit/hyperactivity disorder	4
Post-traumatic stress disorder	3

Levy S, Mountain-Ray S, Reynolds J, Mendes SJ, Bromberg J. A Novel Approach to Treating Adolescents with Opioid Use Disorder in Pediatric Primary Care. Substance Abuse. 2018

Total Referred/Evaluated	20
Age, mean (range)	17.3 (12-21)
Parental Involvement	7
Length of Treatment, mean (range) weeks	7 (1-19)
SUD Diagnoses	
Alcohol use disorder	5
Marijuana use disorder	10
Opioid use disorder	2
Cocaine use disorder	2
Sedative use disorder	1
Hallucinogen use disorder	2
MH diagnoses	
Anxiety disorder	9
Mood disorder	3
Non-verbal learning disorder	1
Attention deficit/hyperactivity disorder	4
Post-traumatic stress disorder	3

Levy S, Mountain-Ray S, Reynolds, Menden & Brosshergd AN Ryel Approach to Treating Adales ants with Appinit Approach to Treating Adales ants with Appinit Approach to Treating Adales ants with Appinit Approach to Treating Adales ants with Approach to Treating Adales ants with Approach to Treating Adales and the Approach to Treating Adales and the Approach to Treating Adales and the Approach to Treating Adales ants with Approach to Treating Adales and the Approach to Treating Adales and the Approach to Treating Adales and the Adale

Total Referred/Evaluated	20
Age, mean (range)	17.3 (12-21)
Parental Involvement	7
Length of Treatment, mean (range) weeks	7 (1-19)
SUD Diagnoses	
Alcohol use disorder	5
Marijuana use disorder	10
Opioid use disorder	2
Cocaine use disorder	2
Sedative use disorder	1
Hallucinogen use disorder	2
MH diagnoses	
Anxiety disorder	9
Mood disorder	3
Non-verbal learning disorder	1
Attention deficit/hyperactivity disorder	4
Post-traumatic stress disorder	3

Levy S, Mountain-Ray S, Reynolds J, Mendes SJ, Bromberg J. A Novel Approach to Treating Adolescents with Opioid Use Disorder in Pediatric Primary Care. SAj. 2018. © Boston Children's Hospital 2017. All Rights Reserved. For permissions contact ASAP project manager at asap@childrens.harvard.edu Æ

SBIRT-18 Issue Date: 11/14/2018 Department of Health and Human Services Substance Abuse and Mental Health Services Administration

Center for Substance Abuse Treatment

Grant Number: 1H79TI081137-01 FAIN: H79TI081137 Program Director: SHARON J LEVY MD

Project Title: Integrating SBIRT into Pediatric Primary Care

Organization Name: BOSTON CHILDREN'S HOSPITAL

Substance Abuse and Mental Health Services Administration



Notice of Award



The Boston Blobe

Pediatricians are treating opioid addicts, and it's working

By Felice J. Freyer | GLOBE STAFF JUNE 12, 2017

Dr. Jason Reynolds still thinks about the girl he could not save.

The teenager was homeless and shooting heroin. Once, she ended up in a hospital with a severe skin infection, a common consequence of injecting drugs. She received treatment for the infection, but not for her obvious addiction, and was referred to Reynolds, her Wareham pediatrician.

He could not find a treatment program for her. And the last he heard, the girl was roaming the shelters in Boston.



Education	Life & Career	Practice Management	Delivering Care	AMA News
-----------	---------------	---------------------	-----------------	----------

DELIVERING CARE

Pediatric primary care could be key to solving teen opioid crisis

AUG 24, 2017



Boston 25



Chronicle



Today Show



Senator Warren



Acknowledgements

Co-principal investigator: Elissa Weitzman, ScD, MSc Project Manager: Julie Lunstead, MPH

Clinicians

Diana Deister, MD, MS Leslie Green, MSW Julie Hansen, MSW Shannon Mountain-Ray, MSW Miriam Schizer, MD, MPH Patricia Schram, MD

Research Collaborators

Elizabeth Harstad, MD, MPH Sion Kim Harris, PhD Lydia Shrier, MD, MPH Lauren Wisk, PhD

Research Assistants

Louise Breen Molly Doernberg Dylan Kaye Maha Mian

Teaching Collaborators

Pamela Burke, PhD, RN, Linda Malone, DNP, RN Sarah Pitts, MD Jennifer Putney, PhD

Clinic Collaborators

Fatma Dedeoglu, MD Katharine Garvey, MD, MPH Laurie Fishman, MD Paul Hammerness, MD Andrew MacGinnitie, MD, PhD Jonathan Gaffin, MD