

Sarah Bagley: The treatment for opioid use disorder in adolescents and young adults really falls into two buckets. One is behavioral health treatment, and that can include different kinds of manualized but evidence-based therapy, like Cognitive Behavioral Therapy, Motivational Enhancement Therapy, and the Adolescent Community Reinforcement Approach among others. Importantly, any kind of behavioral health treatment that's offered to adolescents and young adults should also involve the family and should include family therapy and potentially for families, like Mutual Help Groups.

Best practice currently calls for medication to be added to behavioral therapy for patients who have opioid use disorder. What I often tell my patients is that the medication is going to help calm their brain down so they're able to focus on their recovery, but that it's going to be really hard to talk about their depression or anxiety or think about relapse prevention and how we're not going to go out and use again if they're having a lot of cravings and that's what medication can do, but that it's really important that patients also engage in behavioral health treatment because it takes a lot of work to get sober and getting extra help from trained professionals is going to lead to better success for them.

With adolescents and young adults, it's critical to intervene early because we're trying to prevent the downstream effects of long standing addiction. That means that we're trying to prevent transmission of HIV, of Hepatitis C, of complications from injection, like skin infections or infections in the blood stream or the heart. And we know that some of these medications can help prevent those diseases from occurring. We're also trying to ensure that adolescents and young adults are able to stay engaged with school or work, with the other goals that they have with their life and that medication's going to help them do that.

Although there have been fewer studies conducted in adolescents and young adults compared to older adults, the evidence that we do have shows that treatment with these medications does work. Importantly, a statement from the American Academy of Pediatrics came out in 2016 and recommended that providers offer medication treatment to adolescents and young adults with opioid addiction. This statement from the American Academy of Pediatrics was the first statement of its kind from a pediatric organization recommending treatment with medication for opioid use disorder in adolescents and young adults and represented a real paradigm shift in how we're thinking about caring for this age group with opioid use disorder.

Oftentimes we hear from patients and families and sometimes other treatment providers that medication should be used as a last resort. However, when we think about other chronic illnesses, like asthma or diabetes, we would never wait until someone hit bottom before starting treatment. We think that it's important to offer medication for opioid use disorder to adolescents and young adults as soon as we have a diagnosis.

There are three medications that we use to treat opioid use disorder in adolescents and young adults. Two of the medications, Methadone and Buprenorphine, work by controlling withdrawal symptoms or treating the withdrawal symptoms that one may have after stopping opioid use. They also help control cravings that people have for using the drug.

For example, if someone is spending a lot of time thinking about how they're going to go get heroine, taking Methadone or taking Buprenorphine helps take away some of those thoughts. Methadone and Buprenorphine also go to that opioid receptor and sit on it really tightly. If someone tries to use heroine or another opioid while they're taking their medication, that heroine or other opioid isn't able to cause a high.

Naltrexone works a little bit differently. Naltrexone goes to the opioid receptor and sits on it and blocks any other opioid from coming and causing a high. Naltrexone doesn't necessarily help with cravings with all patients, but it helps for some. You may have heard of Naloxone or NARCAN. This is the medication that's used to reverse an acute opioid overdose and is being distributed to people who use drugs and also to family members and anyone else who may be around someone who's at risk for an overdose. Naloxone can be given different ways. It can be given as a spray in the nose and can also be given intermuscularly. And once administered, it can reverse an opioid overdose and save a life.

In addition to medication and behavioral health care, it's important to recognize that there may be other barriers to care that teens and young adults may be facing. And these related to social issues they might be having. A lot of our patients are faced with homelessness or housing insecurity, might have a hard time accessing healthy food, might also have a hard time with transportation and being able to get around to their appointments or to school or their jobs. We recognize that it's going to be really hard for them to do all they need to do to get sober if we're not also addressing their needs.