ST VINCENT'S HEALTH AUSTRALIA

Treating Adolescent Opioid Use Disorder in Primary Care

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UNDER THE STEWARDSHIP OF MARY AIKENHEAD MINISTRIES

Project ECHO® St.Vincent's Hospital, Melbourne Australia

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Picture the last young person with Opioid Use Disorder (OUD) that you treated?

How old were they?

How did they go?

What did you experience as a clinician?

Adolescents = 12-17 years
Young Adult = 18-25 years
} Young Person / People

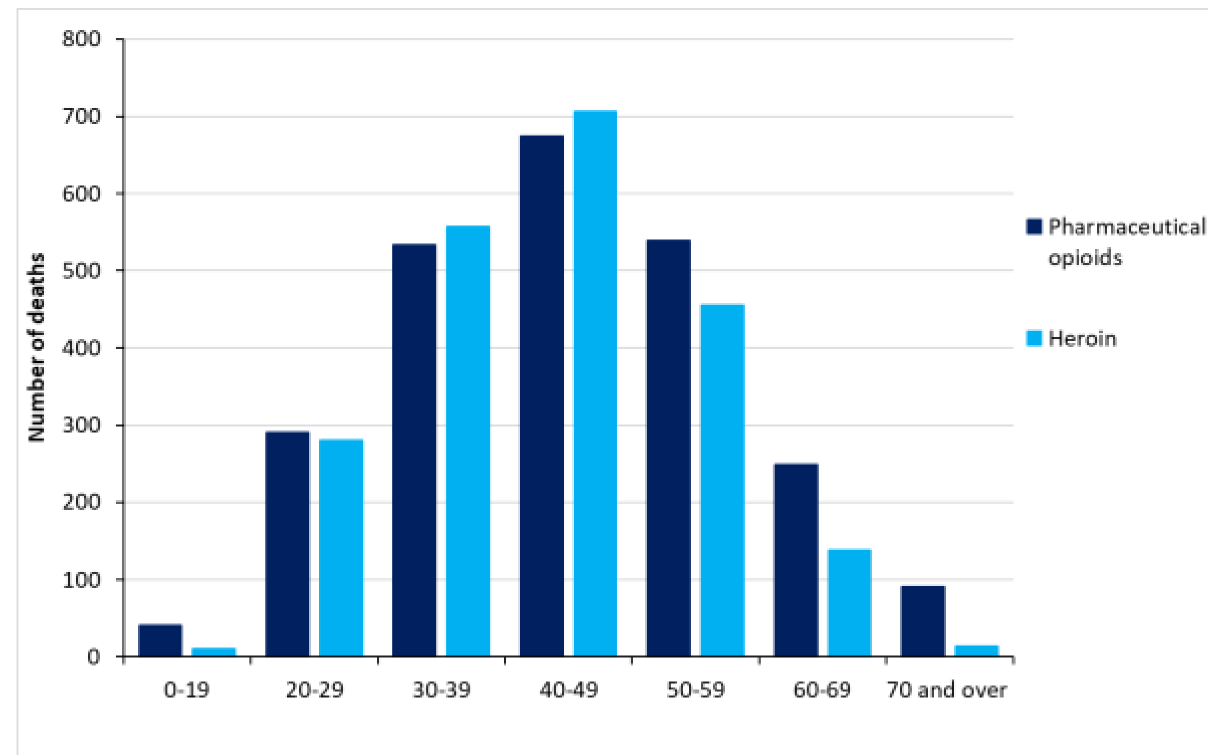
Prevalence

OUD prevalence unknown amongst young people

0-19 years: 1% of all opioid deaths
20-29 years: 12% of all opioid deaths

Cf. ~20% in North America

Figure 32. Number of unintentional drug-induced deaths by opioid type and age group, 2018-2022



Data for Figure 32. Number of unintentional drug-induced deaths, by opioid type and age group, 2018-2022

	0-19	20-29	30-39	40-49	50-59	60-69	70 and over
Pharmaceutical opioids	41	291	534	674	539	249	91
Heroin	10	281	557	707	455	138	14

Australia's Annual Overdose Report 2024, Pennington Institute

OUD Treatment in Young People

Where have we come from?

Psychosocial treatments only

Short-term pharmacotherapy for withdrawal management

Where are we going?

Offering full range of treatments, including OAT

Buprenorphine as first-line pharmacotherapy treatment

Longer-term

Compared to Adults

Legal and Regulatory considerations

Ethical considerations

Developmental considerations

Legal & Regulatory Considerations

VIC
2023

NSW
2018

Table 36. Requirements for patients less than 18 years

Patient age	Requirement
16–17 years	A second opinion (ideally from an addiction medicine specialist) in favour of treatment must be obtained before an authority for methadone or buprenorphine can be granted.
Less than 16 years	Prescribing methadone or buprenorphine requires an exemption to the provisions of the *Children and Young Persons (Care and Protection) Act 1998* (NSW). The request for an exemption should include a second opinion from an addiction medicine specialist nominated by the LHD or SHN. To seek an exemption, the prescriber must apply in writing to the Director, Pharmaceutical Regulatory Unit. The request for exemption will be forwarded on behalf of the Director to the Department of Family and Community Services.

National
2014

In treating adolescents, **the emphasis should be on psychosocial responses**, harm reduction and family intervention approaches

Nonetheless pharmacotherapy may also be an important component of treatment for some young people

If pharmacotherapy is used, **buprenorphine** may be preferred over methadone

Legal & Regulatory Considerations

Therapeutic Goods Australia

Buvidal is intended for use in adults and adolescents aged 16 years or over (2019)

Methadone is not recommended for use in this age group (<18 years) (1994)

U.S. Food & Drug Administration

Allow for methadone and buprenorphine to be provided for patients under 18 who have a documented history of **at least 2 prior unsuccessful withdrawal management attempts and have parental consent**

The Society for Adolescent Health and Medicine 2021

All adolescent and young adults with Opioid Use Disorder should be **offered medications for OUD as a critical component of an integrated treatment approach** that includes pharmacologic and non-pharmacologic strategies

Legal & Ethical Considerations

Capacity to Consent

Mature minor or Gillick competent

Confidentiality

Legal and ethical right to confidential health care with boundaries

Pharmacotherapy Considerations

Buprenorphine

- 3 Randomised Controlled Trials
    - Age 16-24 years
    - Outcome: % opioid abstinence and retention
    - Buprenorphine more effective than non-opioid pharmacotherapy (clonidine)
    - Extended (3 months) superior to short-term (2 weeks, 1 month)
    - Difference in % opioid abstinence faded, but retention sustained at 12 months

- No RCTs: <16 years, Long-Acting Injectable Buprenorphine, function as outcome

Pharmacotherapy Considerations

Buprenorphine

	Marsch et al. 2005		Woody et al. 2008		Marsch et al. 2016	
	Location: Burlington Vermont Duration: 28 days		Location: Multiple US sites Duration: 84 days		Location: New York City Duration: 63 days	
	Arm 1	Arm 2	Arm 1	Arm 2	Arm 1	Arm 2
Intervention	28-day clonidine withdrawal	28-day BUP withdrawal	2-week BUP withdrawal	8-week stable BUP & 4-week taper	28-day BUP withdrawal	56-day BUP withdrawal
Average age (range)	17.4 (16-18)	17.3 (16-18)	19.2 (16-21)	19.14 (15-21)	21 (17-24)	19.9 (16-24)
Main Problem – Heroin	50%	55%	53%	57%	86%	76%
Main Problem – Rx Opioids	50%	45%	32%	36%	14%	24%
Induction Dose	N/A	6 or 8mg	2mg	2mg	6-8mg	6-8mg
Max BUP Dose	N/A	8mg	20mg	32mg	16mg	16mg
Outcome - % Opioid abstinent	32%	64%	49%	57%	17%	35%
Outcome – Retention	39%	72%	21%	70%	18%	36%

Pharmacotherapy Considerations

Buprenorphine

- RCTs shown to be more efficacious than non-opioid pharmacotherapy or psychosocial intervention alone

Methadone

- Consider on a case-by-case basis
- One observational study – higher retention for adolescents using heroin compared to buprenorphine (Bell 2006)

Naltrexone

- Evidence limited to case series

Decision to Commence OAT

Not straightforward

Consult

Consider each patient's situation, including age, maturity/developmental age and trajectory of drug use

Consult with an Addiction Medicine Specialist

Treatment of Opioid Use Disorder for Youth, Guideline Supplement, British Columbia Centre on Substance Use

Decision to Maintain OAT

Optimal duration of buprenorphine treatment is unknown

RCTs show better outcomes the longer they receive buprenorphine

***'Although we recommend longer buprenorphine administration, this does not mean that we expect youth to use buprenorphine for the rest of their lives'* (Pecoraro et al., 2013)**

At the very least, 12-weeks; observational studies up to a year

Ultimately, adolescents decide for themselves…

Young People's Views of OAT

SSM Popul Health. 2020 Jun 4;11:100609. doi: 10.1016/j.ssmph.2020.100609

Opioid agonist therapy trajectories among street entrenched youth in the context of a public health crisis

Valerie Giang [a], Madison Thulien [a], Ryan McNeil [d], Kali Sedgemore [a,c], Haleigh Anderson [a,c], Danya Fast [a,b,*]

Envision a 'normal' future

Hopes of a 'full' recovery

View OAT as a short-term tool

Shorter treatments more desirable

Emphasised: **Discuss weaning protocols at the outset, as well as which OAT would be the easiest to 'come off'**

Making the Pitch

'[When talking about OAT] with youth, I kind of feel like you need to say, **'Give me a month. Give me three months. Just try this to see how your life falls into place in the next few months, and then you can decide about whether you take away these tools** [i.e., different forms of OAT].' That's kind of how I frame it.

'This is one of the tools we have to treat your opiate use disorder.

Without it, we know you're at a higher risk of dying.

So, why don't we try this tool, and then once you get some other things in place, maybe you'll consider a treatment program. Then maybe we can scale back'

Giang, Valerie, et al. "Opioid agonist therapy trajectories among street entrenched youth in the context of a public health crisis." *SSM-Population Health* 11 (2020): 100609.

Developmental Considerations

Developmental Considerations

Not Just Pharmacotherapy → 'Learning how to live well'

Good living skills (sleep/routines, employment*)

Good thinking skills (CBT, emotional regulation)

<u>Hope cultivated in ideas of self-improvement</u>

Bryant J, Caluzzi, G., Skattebol, J, Neale, J, & MacLean, S.J. (2023). Learning how to live well: how skills for 'living well' work to improve outcomes for young people in AOD care. UNSW Sydney; La Trobe University Melbourne

Developmental Considerations

Relational

Relationships
with friends, family, professionals, and a sense of belonging, are central to young people's health and wellbeing

Developmental Considerations

Relational

Model positive, consistent and dependable adult interactions

Straight-up relational style with clear and respectful communication

Purposely teach skills to manage personal relationships (e.g. family)

<u>Hope cultivated in relationships</u>

Caluzzi, G., MacLean, S.J., Gray, R. M., Skattebol, J, Neale, J, & Bryant, J (2023). Young people, hope and residential AOD settings: Reimagining futures without AOD problems. UNSW Sydney; La Trobe University Melbourne.

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Who will I be? Who am I? Who do I desire? Teenagerhood is so exploding with the tension and the yearning, that fantasizes that we'll achieve culmination when you get to the grand age of, I don't know, 20 or 90.

What often happens is that when we reach it, we look back to those moments of yearning and praise them, and see the courage it took to live in that long ache of self that is those strange years of teenagerhood

Padraig O Tuama, Poet

Conclusion

OAT is part of the treatment cascade for Young People with Opioid Use Disorder

When evidence runs thin (especially younger age group) – consult!

Acknowledge tension between clinician's world-view and young person's world-view

Re-double efforts in skills-building

Expect cycling/departures, aim for incremental treatment gains