



Youth and Opioids: Prevention, Intervention and Treatment

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Adolescence Defined

the period in life when most of a person's biological, cognitive, psychological, and social characteristics are changing in an interrelated manner from what is considered childlike to what is considered adultlike. When most of one's characteristics are in this state of change, one is an adolescent.

– Corsini Encyclopedia of Psychology



Photo: <https://www.flickr.com/photos/usaghumphreys/7253838248>

Youth Development Model

Key Elements

- Sense of Industry/Competency
- Control over One's Fate in Life
- Connectedness to Others
- Sense of Identity¹

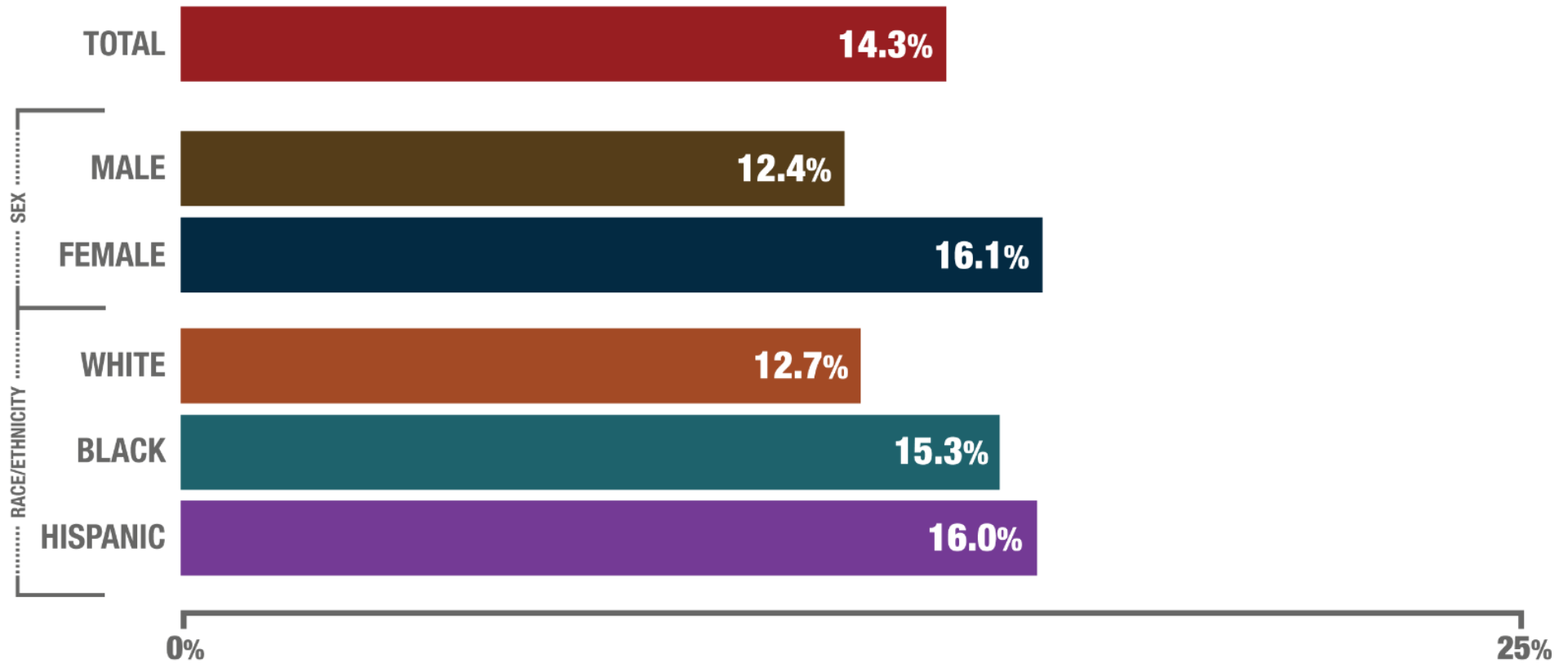


Two Core Frameworks for SUD Policy



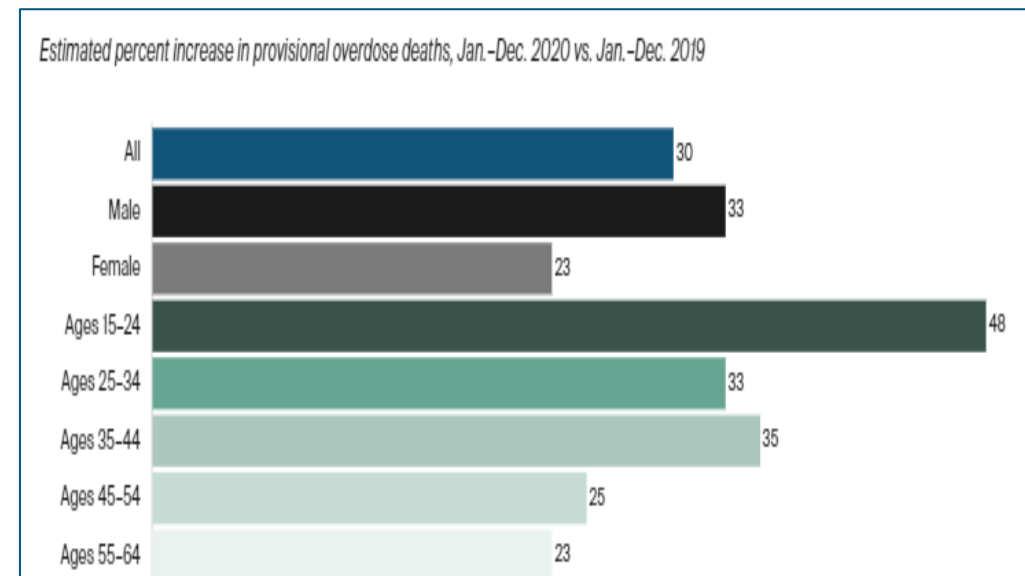
- Alcohol and other drug problems are a public health issue.
- Addiction is a health condition

Percent of High School Students who had Ever Misused Prescription Opioids by Sex and Race, US, YRBSS 2019²



Overdoses among Youth

- In 2019, 4,777 drug overdose deaths among youth/young adults aged 15-24.³
- Center for Disease Control and Prevention estimates indicate overdose deaths increased by 48% in 2020 compared to 2019. This is a bigger increase than any other age group.⁴

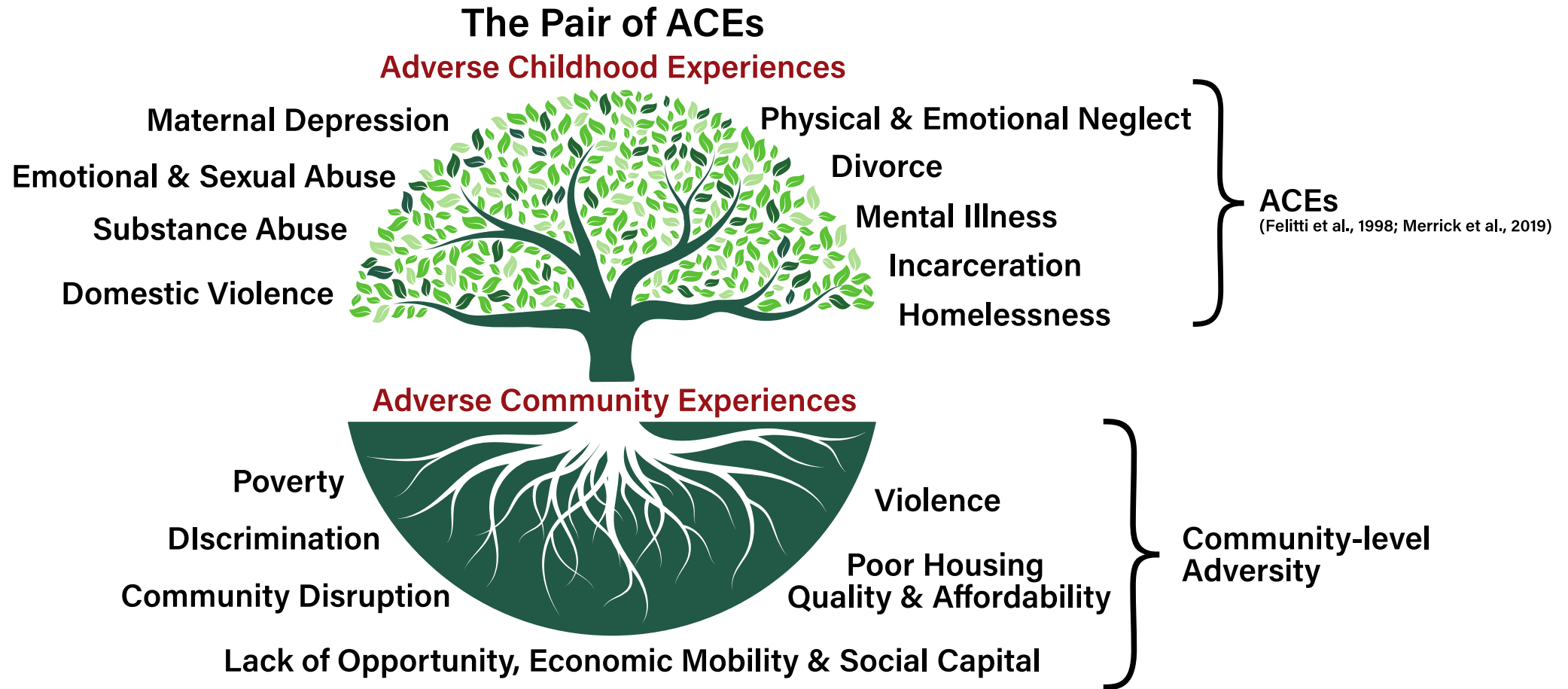


Selected Barriers to Youth Access

- Stigma and Discrimination
- Mis-perception related to perceived need
- Inadequate screening, assessment and access points
- Lack of youth-specific, youth relevant early intervention, treatment and recovery support resources
- Parental consent
- Silos and lack of meaningful collaborative systems between youth-serving agencies, health providers and behavioral health providers



Social Determinants of Health and Adverse Childhood Experiences⁵

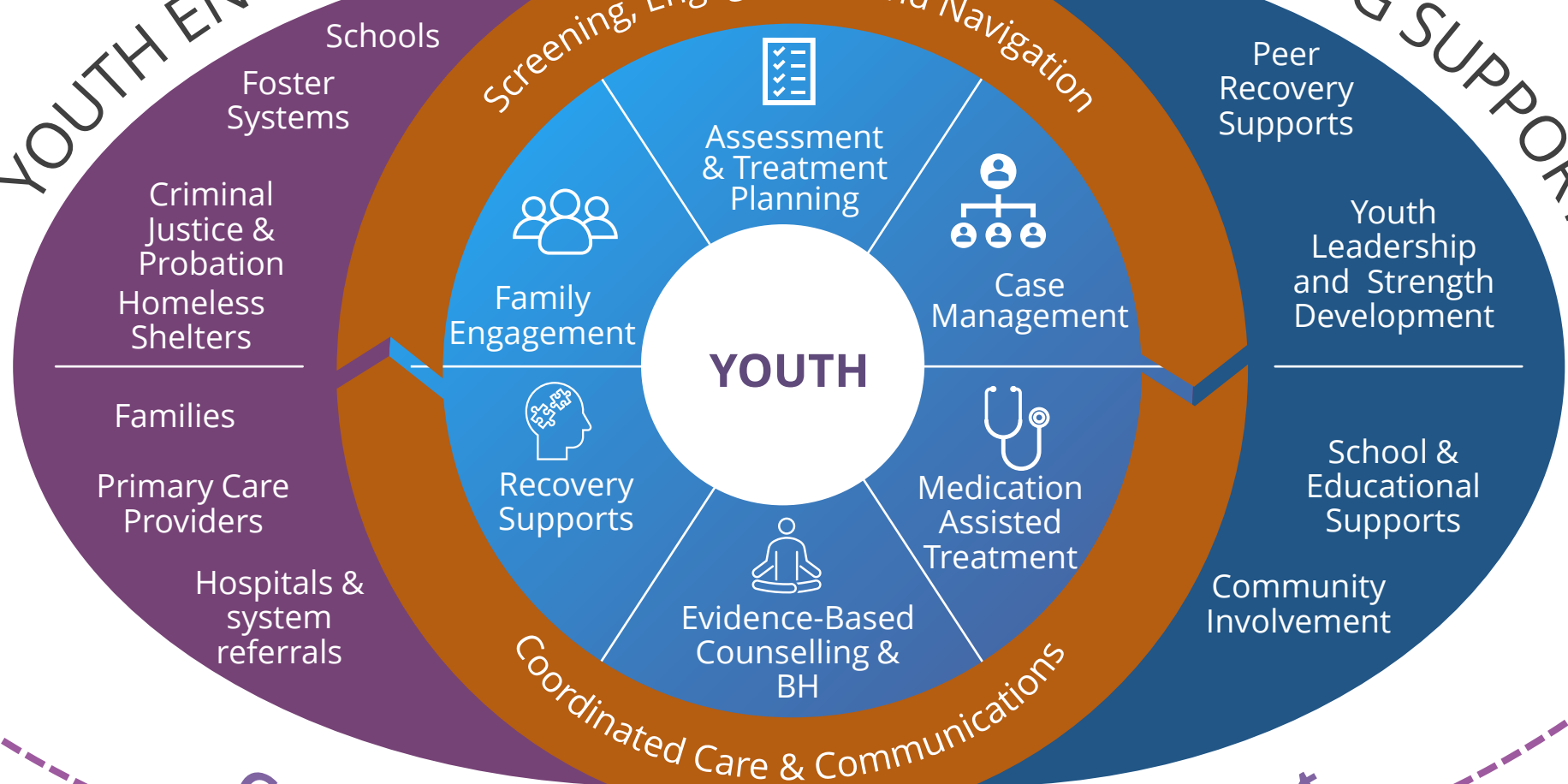


Culturally Competent, Age-Appropriate, & Trauma Informed

YOUTH ENTRY

INTERVENTION

ONGOING SUPPORT



Grounded in Positive Youth Development

- Schools
- Foster Systems
- Criminal Justice & Probation
- Homeless Shelters
- Families
- Primary Care Providers
- Hospitals & system referrals

Screening, Engagement and Navigation

- Assessment & Treatment Planning
- Case Management
- Medication Assisted Treatment
- Evidence-Based Counselling & BH
- Recovery Supports
- Family Engagement

Coordinated Care & Communications

- Peer Recovery Supports
- Youth Leadership and Strength Development
- School & Educational Supports
- Community Involvement
- Family Engagement
- Recovery Supports



Medications for Youth with OUD

- The American Academy of Pediatrics (AAP) advocates for increasing resources to improve access to medication-assisted treatment of opioid-addicted adolescents and young adults.⁷
- Timely receipt of buprenorphine, naltrexone, or methadone is associated with greater retention in care among youths with OUD compared with behavioral treatment only (retrospective study)⁸
- MAT can stabilize reward circuitry
 - better retention in treatment and more abstinence
 - greater ability to engage in and benefit from psychosocial treatments⁹



Policies that Protect Youth

- Remove barriers to services
- Offer universal screening in youth-relevant settings
- Support effective prevention
- Promote cross-system services/access
- Recognize youth are still not adults.
- Treat youth with substance use disorders as individuals with a health condition.
 - Re-think zero tolerance policies
 - Treatment and skill building and avoiding justice involvement
 - Promote access to comprehensive youth relevant services

Summary



- Ensure Positive Youth Development is integrated across all youth services.
- Support development of a comprehensive youth-relevant continuum of services.
 - Effective age-appropriate youth prevention services that build skills.
 - Universal screening
 - Access to a robust continuum of services including medications for addiction treatment
- Addressing youth substance use and OUD is not a one system issue – require collaboration.
- Consider youth trauma and development needs and unintended consequences in all policies.



References

- 1 CSR, Incorporated (1997), *Understanding youth development: promoting positive pathways of growth* HHS, Administration on Children, Youth and Families, <https://permanent.fdlp.gov/lps88723/undyouth.pdf>
- 2 Jones CM, Clayton HB, Deputy NP, et al. Prescription Opioid Misuse and Use of Alcohol and Other Substances Among High School Students — Youth Risk Behavior Survey, United States, 2019. *MMWR Suppl* 2020;69(Suppl-1):38–46. DOI: <http://dx.doi.org/10.15585/mmwr.su6901a5>
- 3 National Institute on Drug Abuse (2020) <https://teens.drugabuse.gov/drug-facts/drug-overdoses-youth>
- 4 Jesse C. Baumgartner and David C. Radley, “The Drug Overdose Mortality Toll in 2020 and Near-Term Actions for Addressing It,” *To the Point (blog), Commonwealth Fund, July 15, 2021, updated Aug. 16, 2021.*
- 5 Ellis, W., & Dietz, W. (2017). A New Framework for Addressing Adverse Childhood and Community Experiences: The Building Community Resilience Model.. *Academic Pediatrics, 17* (7S). <http://dx.doi.org/10.1016/j.acap.2016.12.011>
- 6 California Youth Opioid Response Service Model, <https://work.cibhs.org/yorcalifornia>
- 7 American Academy of Pediatrics, Committee on Substance Use and Prevention, *Pediatrics* September 2016, 138 (3) e20161893; DOI: doi: 10.1542/peds.2016-1893
- 8 Hadland, S. E., Bagley, S. M., Rodean, J., Silverstein, M., Levy, S., Larochele, M. R., . Zima, B.T. (2018, November). *JAMA Pediatrics, 172*(11), 1029-1037. doi: 10.1001/jamapediatrics.2018.2143
- 9 Emily Tejani, MD, YOR California Learning Collaborative, October 10, 2019

Thank you!



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