

ECHO IDAHO



ECHO Idaho: Opioid Addiction and Treatment

Adolescents and Addiction

02/14/2019

Prepared by: Michael Biggins M.Ed

Presented by: Coire Weathers, MD

Lost River Wellness

The speaker has no significant financial conflicts of interest to disclose.

Learning Objectives

- Risk factors
- Available treatment
- Best outcomes

Risk factors for SUDs

- Problems with affective regulation
- Depression
- Anxiety
- Excitement-seeking
- Extreme extroversion
- Impulsivity
- Cognitive impairment
- Problems with executive control

Available Treatments

- Methadone – Full Opioid Agonist
- Buprenorphine – Partial Opioid Agonist
- Naltrexone (Oral, Injectable) – Opioid Antagonist

Methadone

- Restrictions on access
- Lack of developmentally specific treatment elements
- Anticipation of long term commitment
- Culture and setting

Buprenorphine

- Study by Marsh et al (Archives of Gen. Psychiatry 2005) found adolescents 13 to 19 who received 2 weeks of buprenorphine treatment were more likely to continue medical care, compared to those who received clonidine

Buprenorphine

- Study by Woody et al (JAMA 2008) compared 2 detox regimens in 15yo-21yo. One group received 8 weeks of buprenorphine, 2nd group received 2 weeks. Adolescents who received 8 weeks had lower rates of illicit opioid use, but once medication was discontinued, difference quickly disappeared.

Advantages of Buprenorphine

- Less reinforcing
- Ceiling effect
- Safety
- Easy detox
- Strong blockade effect
- Long duration
- Easy of office based delivery and integration into treatment program

Naltrexone

- Case series by Fishman et al in (Addiction 2010). 16 adolescents given XR-NTX. After 4 months 10/16 were retained in treatment, 9/16 had 'good' outcomes

XR-NTX

- Poor medication compliance and high dropout
- Exceptions: Highly motivated individuals, individual with compliance enhancements

References

- Marsh et al
- Woody et al
- Fishman et al