ECHO Idaho: Opioid Addiction and Treatment

Adolescents and Addiction
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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
- East 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