



National Judicial Opioid Task Force

Medication-Assisted Treatment for Adolescents with Opioid Use Disorder

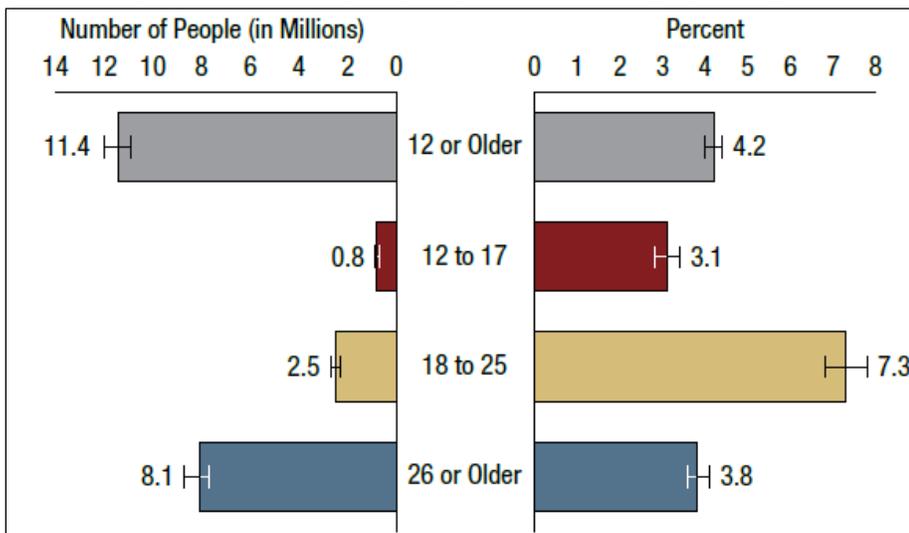
The Role of the Court in Ensuring Evidence-Based Treatment Services for Adolescents

Judicial leadership can play a crucial role in ensuring that juveniles with Opioid Use Disorder (OUD) under court jurisdiction have access to evidence-based treatment services, including medication-assisted treatment (MAT) when indicated and age-appropriate. The National Judicial Opioid Task Force has created a resource to educate justice system professionals about OUD and call attention to key issues surrounding MAT, the evidence that underlies treatment types, best practices, and legal implications.¹ Juvenile and family court judges should also be well-educated on what constitutes evidence-based treatment practices for juveniles with OUD.

Rates of Opioid Use Among Adolescents

Between 1991 and 2017, the rate of “non-medical use” (*i.e.*, without a prescription) of opioid medications by adolescents (12-17 years) and young adults (18-25 years) has more than doubled.² In 2017, approximately 769,000 adolescents aged 12 to 17 misused opioids in the past year.³

Past Year Opioid Misuse among People Aged 12 or Older, by Age Group: 2017⁴



Rates of Opioid Use Among Adolescents

Because the development of brain regions associated with motivation and impulsivity primarily occurs during adolescence and young adulthood, this suggests that OUD treatment strategies may differ in adolescents, as compared to adults.⁵ While there is a large body of

research that demonstrates the effectiveness of using MAT for treating adults with opioid use disorders (OUD), there is limited research regarding the efficacy of MAT in adolescents. However, there have been at least two randomized controlled trials that have shown positive outcomes for adolescents and young adults prescribed buprenorphine for OUD.⁶

A recent study found that only 1 out of 12 adolescents in need of treatment for opioid use disorder received any care in 2014. Of those who did receive treatment for prescription opioids, only 0.4% received MAT. Comparatively, between 10 and 30 times as many adults receive medication as part of their treatment plan for opioid addiction.⁷ This is, in part, due to few primary care pediatricians having the required 8-hour buprenorphine training. Further, federal regulations require publicly funded opioid MAT clinics to receive a waiver to treat adolescents, and adolescents must have had two failed attempts without medication before they become eligible for MAT.⁸

In 2002, the U.S. Food and Drug Administration (FDA) approved the use of buprenorphine for patients 16 years and older. Opioid agonists (methadone) and partial agonists (buprenorphine) are approved for patients 16 years and older.⁹ Opioid antagonists (naltrexone) are approved for patients 18 years and older.¹⁰

Support for the Use of MAT for Adolescents

The American Academy of Pediatrics issued a policy statement in 2016 encouraging pediatricians to consider offering MAT to their adolescent and young adult patients with severe opioid use disorders or discuss referrals to other providers for this service. The AAP policy statement includes three specific recommendations:

1. Opioid addiction is a chronic relapsing neurologic disorder. Although rates of spontaneous recovery are low, outcomes can be improved with medication-assisted treatment. The American Academy of Pediatrics (AAP) advocates for increasing resources to improve access to MAT of opioid-addicted adolescents and young adults. This recommendation includes both increasing resources for MAT within primary care and access to developmentally appropriate substance use disorder counseling in community settings.
2. The AAP recommends that pediatricians consider offering MAT to their adolescent and young adult patients with severe opioid use disorders or discuss referrals to other providers for this service.
3. The AAP supports further research focus on developmentally appropriate treatment of substance use disorders in adolescents and young adults, including primary and secondary prevention, behavioral interventions, and medication treatment.¹¹

The American Society of Addiction Medicine's National Practice Guide for the Use of Medications in the Treatment of Addiction Involving Opioid Use provides several recommendations regarding the use of MAT in adolescents, including:

1. Clinicians should consider treating adolescents who have OUD using the full range of treatment options, including pharmacotherapy.
2. Opioid agonists (methadone and buprenorphine) and antagonists (naltrexone) may be considered for treatment of opioid use disorder in adolescents. Age is a consideration in treatment, and Federal laws and US FDA approvals need to be considered for patients under at 18.

3. Psychosocial treatment is recommended in the treatment of adolescents with OUD.
4. Adolescents may benefit from treatment in specialized treatment facilities that provide multidimensional services.¹²

Notes

¹ Treatment of Opioid Use Disorder. National Judicial Opioid Task Force (2018).

<https://www.ncsc.org/~media/Files/PDF/Topics/Opioids-and-the-Courts/NJOTF%20Resources/OUN%20Tx%204-page%20final2.ashx>

² See Substance Abuse and Mental Health Services Administration, National Household Survey on Drug Abuse, Population Estimates 1992. Rockville, MD (1993); See also, Substance Abuse and Mental Health Services Administration, Results From the 2017 National Survey on Drug Use and Health: Summary of National Findings. Rockville, MD (2018).

³ *Ibid.*

⁴ Substance Abuse and Mental Health Services Administration, Results From the 2017 National Survey on Drug Use and Health: Summary of National Findings. Rockville, MD (2018), p. 23.

<https://www.samhsa.gov/data/sites/default/files/cbhsq-reports/NSDUHFFR2017/NSDUHFFR2017.pdf>

⁵ Chang, Derek C., et al. Medication-Assisted Treatment for Youth with Opioid Use Disorder: Current Dilemmas and Remaining Questions. *The American Journal of Drug and Alcohol Abuse*, Vol. 44, No. 2, 143-146 (2018).

⁶ See, Woody, GE, Poole, SA, Subramaniam, G., et al. Extended vs Short-Term Buprenorphine-Naloxone for Treatment of Opioid-Addicted Youth: A Randomized Trial. *JAMA*, 300(17), 2003-2011 (2008). See also, Marsch, LA, Bickel, WK, Badger, GJ, et al. Comparison of Pharmacological Treatments for Opioid-Dependent Adolescents: A Randomized Controlled Trial. *Archives of General Psychiatry*, 62(1), 1157-1164 (2005).

⁷ Feder KA, Krawczyk, N, Saloner B. Medication-Assisted Treatment for Adolescents in Specialty Treatment for Opioid Use Disorder. *Journal of Adolescent Health*, 60(6), 747-750 (2017).

⁸ See 42 CFR § 8.12, Federal Opioid Treatment Standards. See also, AAP COMMITTEE ON SUBSTANCE USE AND PREVENTION. Medication-Assisted Treatment of Adolescents with Opioid Use Disorders. *Pediatrics* (2016), 138(3).

⁹ The ASAM National Practice Guideline for the Use of Medications in the Treatment of Addiction Involving Opioid Use. American Society of Addiction Medicine (2015). <https://www.asam.org/docs/default-source/practice-support/guidelines-and-consensus-docs/asam-national-practice-guideline-supplement.pdf?sfvrsn=24>

¹⁰ *Id.*, at note 8.

¹¹ AAP COMMITTEE ON SUBSTANCE USE AND PREVENTION. Medication-Assisted Treatment of Adolescents with Opioid Use Disorders. *Pediatrics* (2016), 138(3).

¹² *Id.*, at note 8.