What Families Need to Know about Treatment for Adolescent Opioid Use Disorder

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Key takeaways for families:

What is buprenorphine? A safe and effective, FDA-approved medication treatment for OUD in adolescents age 16 and older. It activates the same brain receptors as other opioids but is absorbed into the blood over a long time, giving patients a measured level of the drug, reducing cravings, and helping them have productive lives.

What if an adolescent needs more comprehensive care because of the severity of OUD or mental health comorbidities? Treatment can be administered in many settings, such as office-based providers and outpatient centers, residential facilities, or inpatient programs, each with treatment tailored to adolescent patients. Treatment programs should also assess and address mental health needs or make appropriate referrals.

What if a treatment provider can't see an adolescent within 48 hours? If the problem is severe, try to find another provider or seek treatment in an emergency room.

Opioid use disorder (OUD), a problematic pattern of opioid use involving harmful consequences, is a serious crisis in the United States. OUD, like other substance use disorders, often originates in adolescence. Research exists on how to treat adolescent OUD, but little up-to-date, evidence-based information is available on treatment options. What do families need to know about treating adolescent OUD?

MEDICATION WORKS FOR TREATING OPIOID USE DISORDER

A vast body of research has documented the effectiveness of FDA-approved medication treatment for OUD (Schuckit 2016). Medications such as buprenorphine, methadone, and naltrexone have demonstrated a reduced risk of death, increased treatment retention, and fewer relapses. A recent study showed adolescents with OUD who received timely treatment with these medications were retained in treatment longer than those who did not receive these medications (Hadland et al. 2018). Most treatment will involve medication-assisted treatment, which pairs behavioral or psychosocial therapy with buprenorphine, methadone, or naltrexone.

Buprenorphine is key to treating adolescent OUD. Buprenorphine (available as a tablet or film, monthly injection, or six-month implant) is similarly effective as methadone and easier to access because it can be administered by prescribers who obtain a waiver from the Drug Enforcement Administration. It is typically started without a lengthy period of withdrawal symptoms. Naltrexone can be prescribed without a special waiver, but it has higher dropout rates prior to starting treatment; it requires patients to go without using opioids for 7 to 10 days. Methadone has also been found effective but requires additional documentation for adolescents.

SOME ADOLESCENTS WILL NEED MORE COMPREHENSIVE CARE

Some adolescents have less severe OUD and no underlying or co-occurring mental health disorders or other conditions, and they may be successfully treated in an office-based outpatient setting. However, others may need more comprehensive care based on the severity of OUD and/or mental health and other comorbidities. More intensive treatment can be administered in a range of settings tailored to adolescent patients, including outpatient treatment centers, residential treatment facilities, or inpatient programs, and services can provide comprehensive care to meet multiple treatment needs of complex adolescent patients.

TWELVE QUESTIONS TO ASK TREATMENT PROGRAMS FOR ADOLESCENTS WITH OPIOID USE DISORDER

These key components are based on evidence and can help families identify high-quality OUD treatment programs for adolescents (Cacciola et al. 2015; Garcia and Rapp 2016).

1. **Can the provider see the adolescent within 48 hours?** If the problem is severe, try to find another provider or seek treatment in an emergency room.
2. **Does the program offer FDA-approved medication treatments?** At least buprenorphine and naltrexone should be offered when appropriate.
3. **What does the screening and assessment process entail?** It should comprehensively assess the adolescent patient, provide rapid services, reassess the patient, and monitor progress.
4. **Does the process address mental health?** High-quality treatment programs assess mental health needs, provide rapid services (including medication or coordination with another provider), reassess, and monitor progress.
5. **Is the treatment comprehensive?** Treatment should be integrated or it should include a referral to address physical health, infectious disease and sexual health, educational or vocational needs, juvenile justice system needs, prosocial connections, trauma care, and factors to promote resiliency.
6. **Is family involved in treatment?** Treatment should assess family functioning and refer family members to treatment when needed, provide family therapy, and allow families to obtain information and provide input.
7. **Is the programming developmentally informed?** Adolescent patients should only be treated with other adolescents, and treatment should provide opportunities for adolescents to give input on treatment and features that address developmental issues, such as peer group influences, identity formation, and autonomy.
8. **Does the program implement strategies to engage and retain adolescents in treatment?** High-quality treatment programs minimize attendance barriers, emphasize therapeutic alliances between staff and patients, and use motivational enhancement and incentives to engage and retain adolescents in treatment.
9. **What are the staff's qualifications and training?** Staff should have clinical skills and training in relevant fields and in adolescent development.
10. **Is the treatment person-first?** Treatment should be culturally competent and person-first, providing gender-specific group sessions and curricula and programming for vulnerable and marginalized youth.
11. **Are continuing care and recovery supports available?** Treatment should offer opportunities to transition to lower levels of care, relapse prevention services, family education, links to relevant community services, and monitoring and reengagement if needed.
12. **What does the program evaluation entail?** Evaluations should include comprehensive electronic medical records, program performance measures, independent evaluations, and service improvements related to evaluations.

CITATIONS

Cacciola, John S., Kathleen Meyers, Suzanne Ward, Beth Rosenwasser, Amelia Arria, and A. Thomas McLellan. 2015. "**Assessing Adolescent Substance Abuse Programs with Updated Quality Indicators: The Development of a Consumer Guide for Adolescent Treatment**." *Journal of Child & Adolescent Substance Abuse* 24 (3): 142–54.

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For more information, see Evidence-Based Interventions for Adolescent Opioid Use Disorder *by Christal Ramos, Lisa Clemans-Cope, Haley Samuel-Jakubos, and Luis Basurto. The report provides more sources for the research summarized here.*

This fact sheet was funded by the William T. Grant Foundation and developed with input from Mark O'Brian from the Addiction Policy Forum and Genevieve Kenney from the Urban Institute. The views expressed are those of the authors and should not be attributed to the Urban Institute, its trustees, or its funders. Further information on the Urban Institute's funding principles is available at **urban.org/fundingprinciples**.

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