



Providers
Clinical Support
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Recovery Supports for Young People with Opioid Use Disorders

Amy M. Yule, M.D.

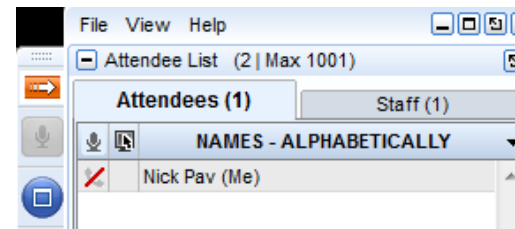
Director of Adolescent Addiction Psychiatry at Boston Medical Center
Assistant Professor in Psychiatry at Boston University School of Medicine

Tuesday, July 14, 2020

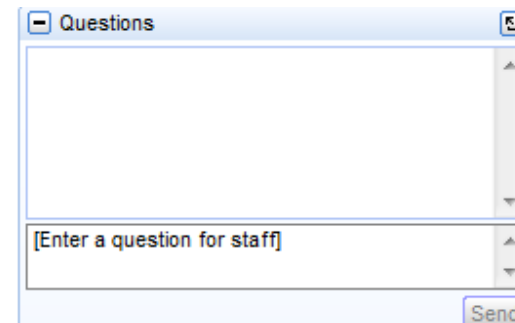
12:00 – 1:00 PM EDT

Webinar Housekeeping

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To be recognized, type your question in the "Question" box and select send.



Meet Our Speaker



Amy M. Yule, M.D.

- Director of Adolescent Addiction Psychiatry at Boston Medical Center
- Assistant Professor in Psychiatry at Boston University School of Medicine
- Physician scientist with NIH funding and her research interests include risk factors associated with the development of a substance use disorder in adolescents with psychiatric illness, risky behaviors in adolescent substance users, and treatment of substance use disorders when co-occurring with psychiatric illness.
- Leading projects focused on evaluating the impact of treating psychopathology in young people on subsequent development of a substance use disorder, and medication treatment for youth with substance use disorders co-occurring with bipolar disorder.

Disclosures

- I have no financial relationships with an ACCME defined commercial interest

Learning Objectives

By the end of this presentation, attendees will be able to:

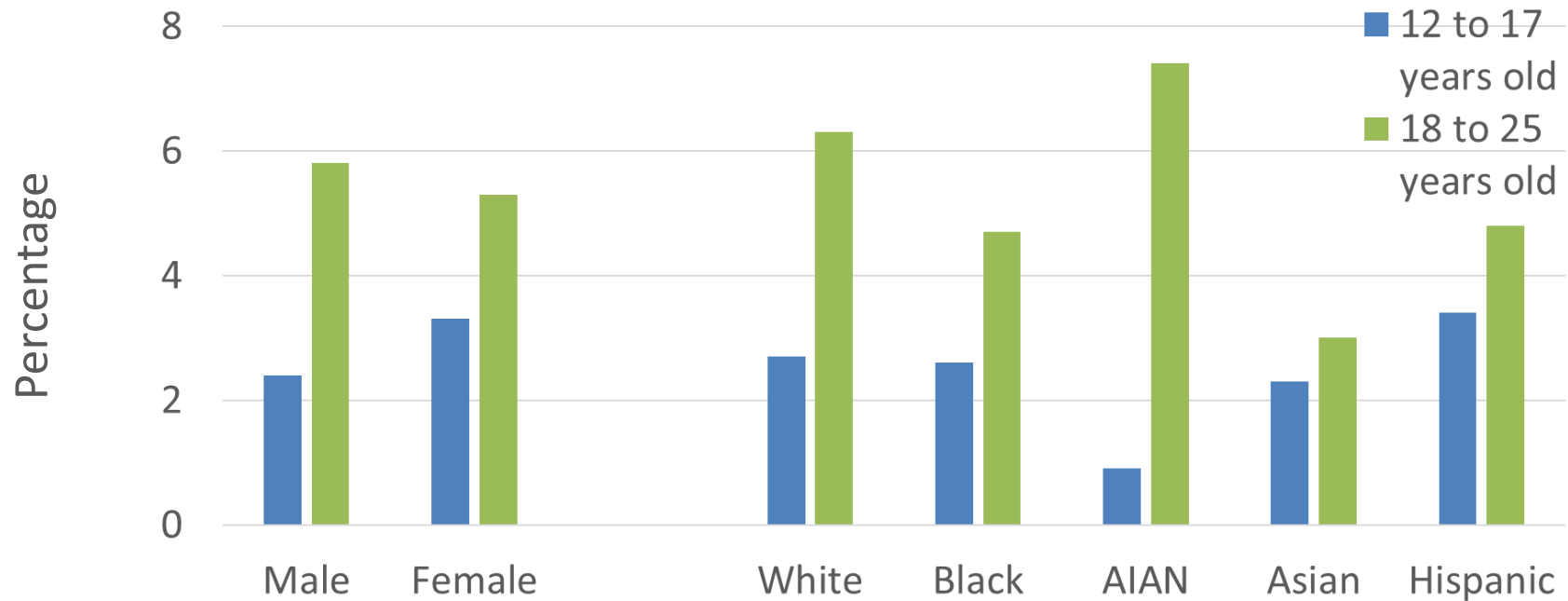
1. Identify family-based interventions for adolescents with substance use disorders.
2. Describe school-based recovery programs for young people with substance use disorders.
3. Describe the research regarding participation in mutual help groups among young people with substance use disorders.

Background:

Young People with OUD and Treatment

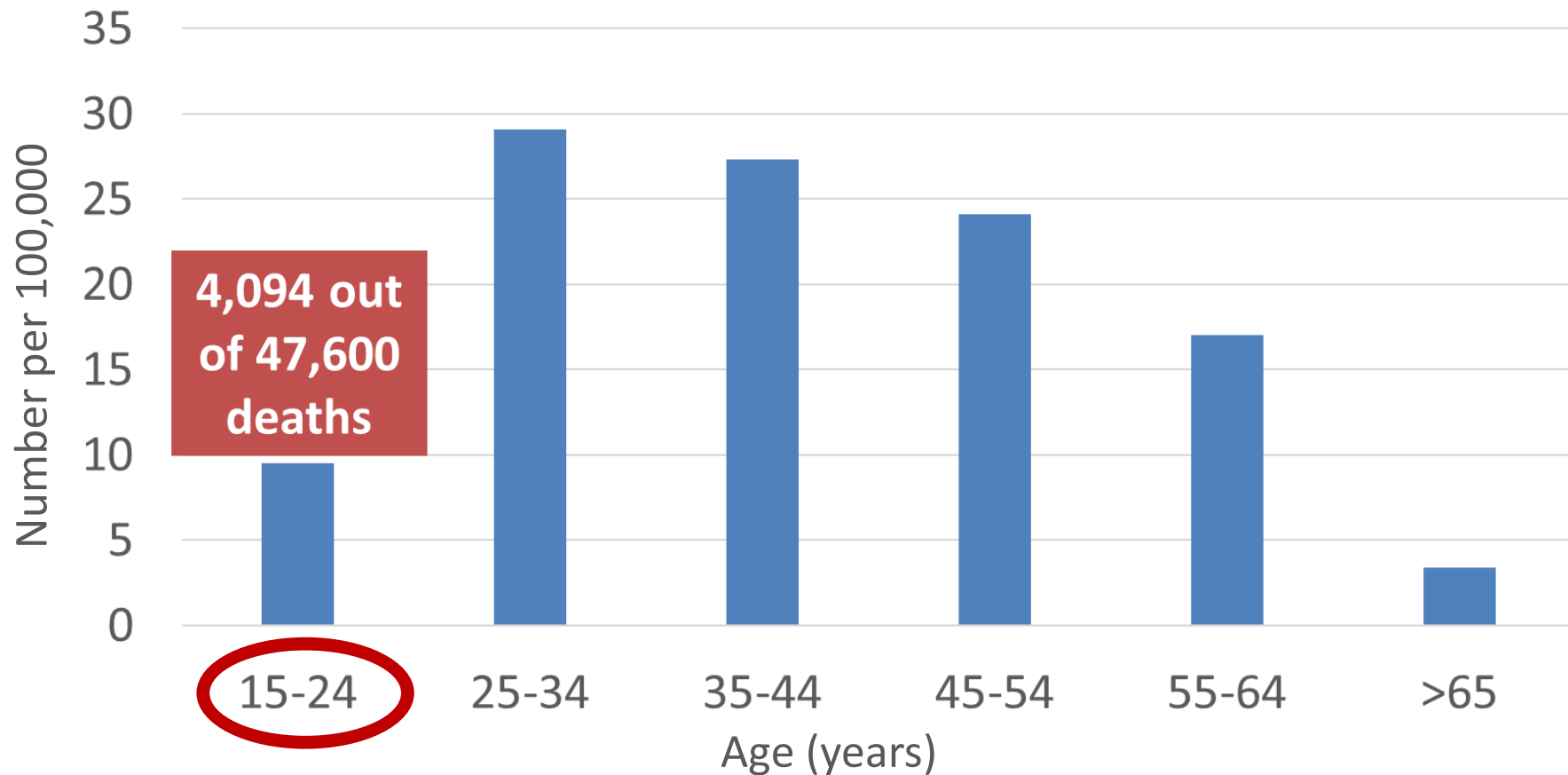
Opioid Misuse By Gender and Race/Ethnicity

Past Year Opioid Misuse 2018



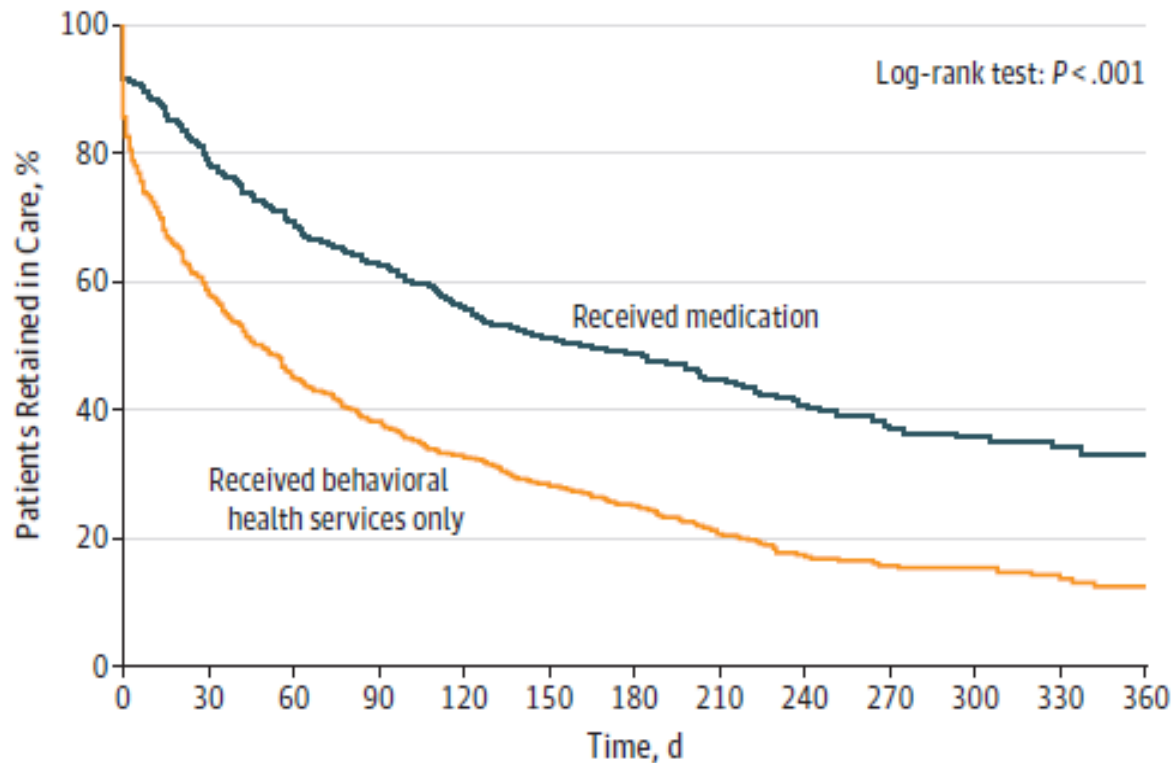
Young people are not immune from overdose death because of their age

Age adjusted rate of opioid overdose deaths in 2017



Young people with OUD: Medication is a key part of their treatment plan

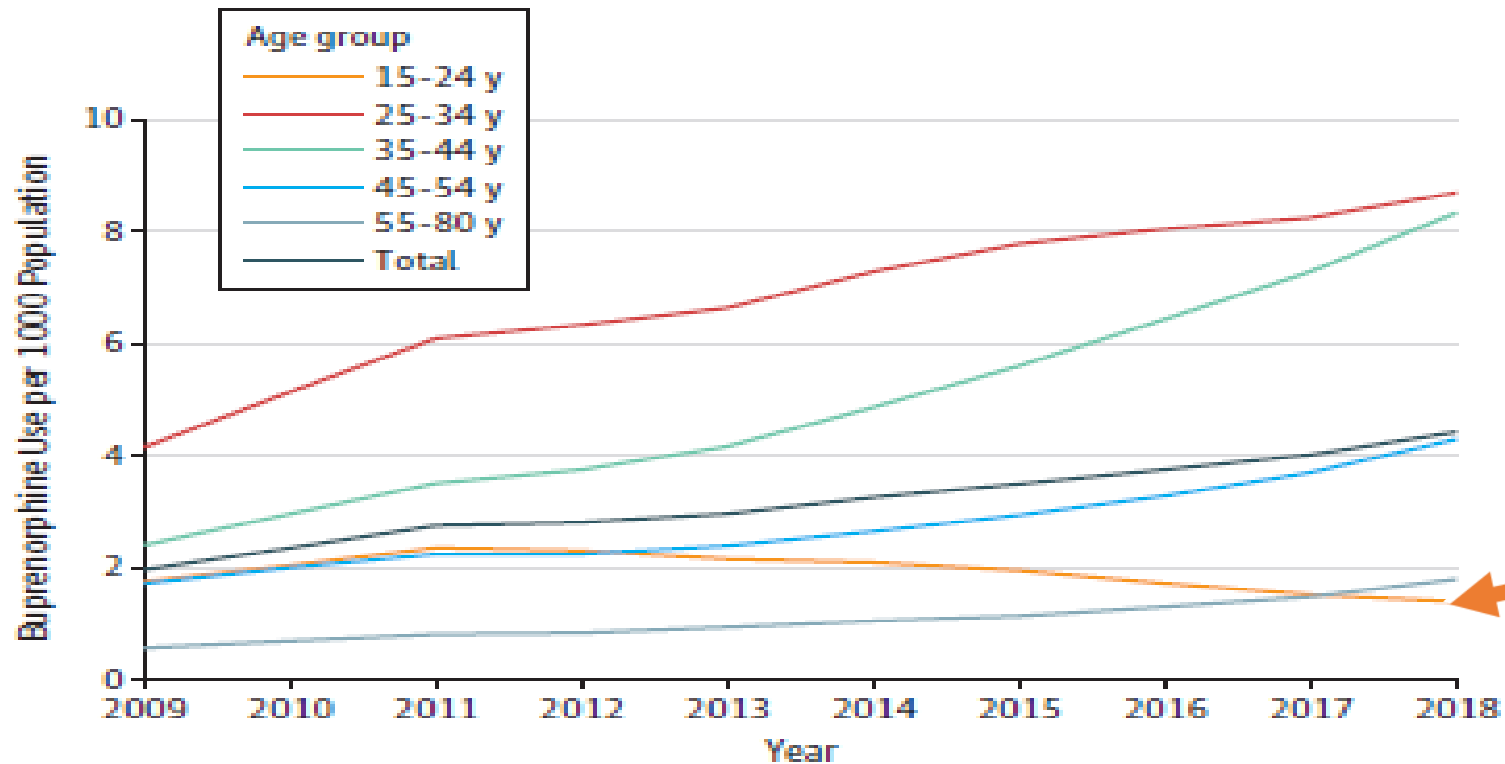
Retention in Care for 13 to 22-year old patients



- 75% received any treatment within 3 months of diagnosis of OUD
- Type of treatment:
 - 52% behavioral health services
 - 24% behavioral health and medication for OUD (buprenorphine, naltrexone, or methadone)
- ***Young people with OUD who receive medication are more likely to remain engaged in treatment***

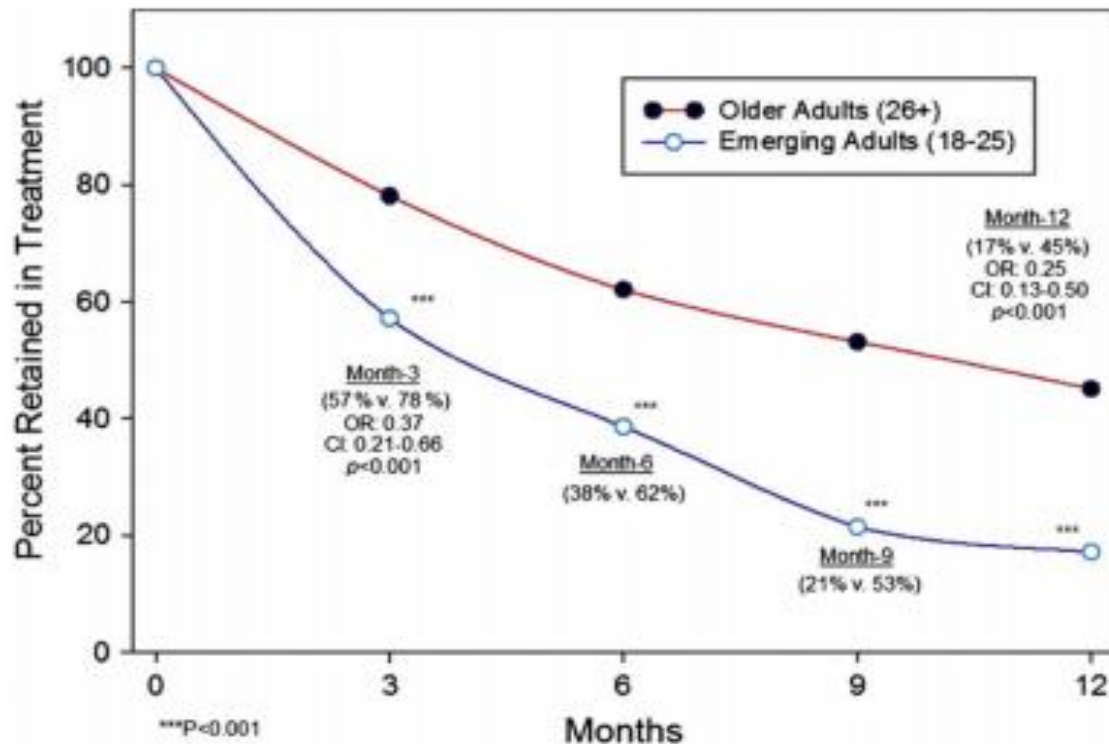
Young People with OUD have difficulty accessing medication treatment

Trends in buprenorphine receipt (2009-2018)



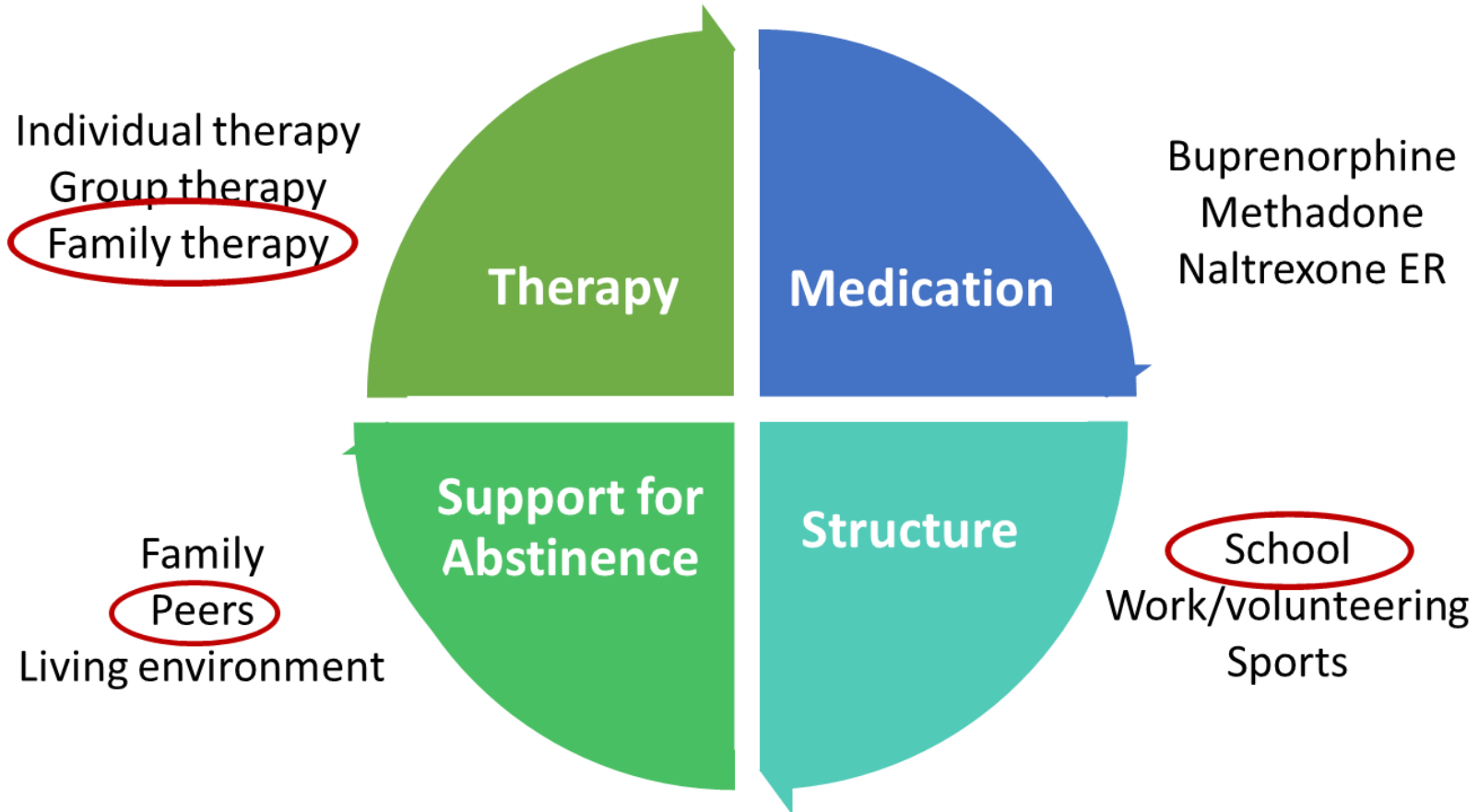
Young people with OUD are less likely to remain in treatment

Retention in Care—Young People compared to Older People

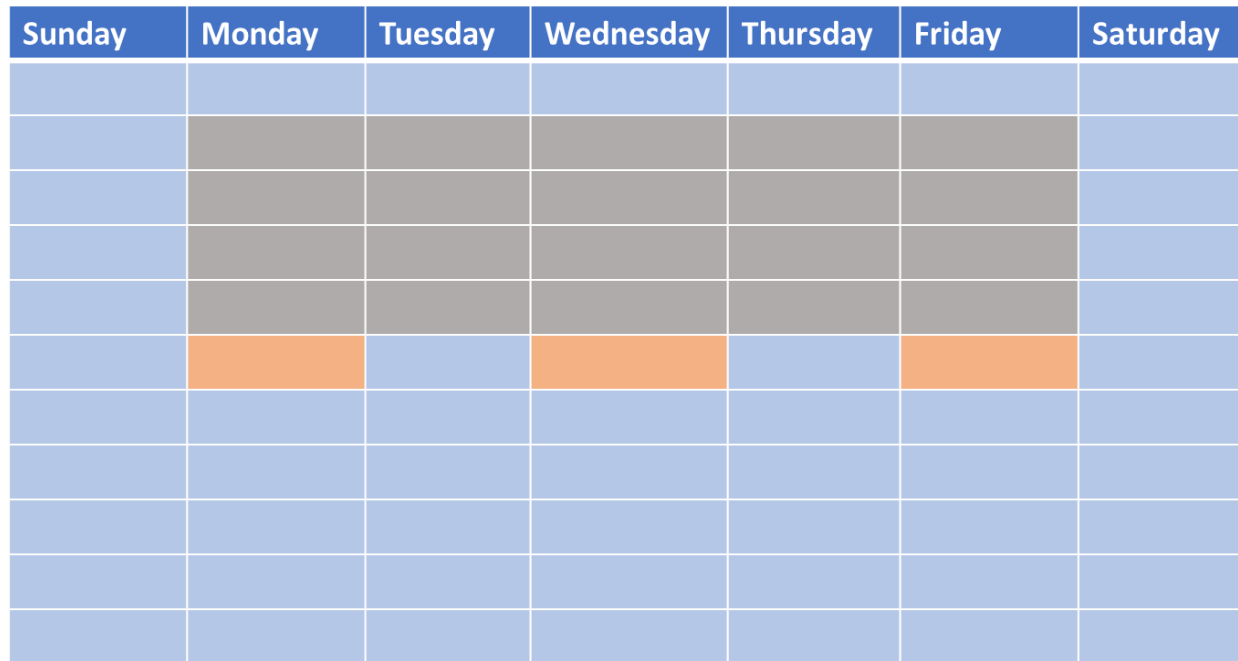


- Collaborative care buprenorphine treatment program
- Young people less likely to remain in treatment
- Young people more likely to test positive for illicit opioids

Young People with OUD— Treatment Plan Components



Why is it important to think about recovery support outside the office?

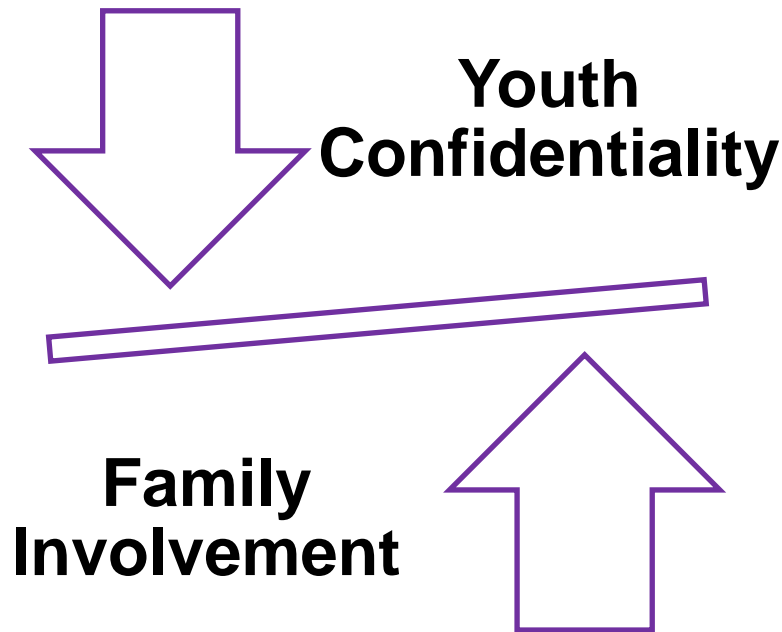


Home—Family/Friends School Treatment

Young people, particularly adolescents, spend the majority of their time at home and school. It is important that they have recovery support in these environments.

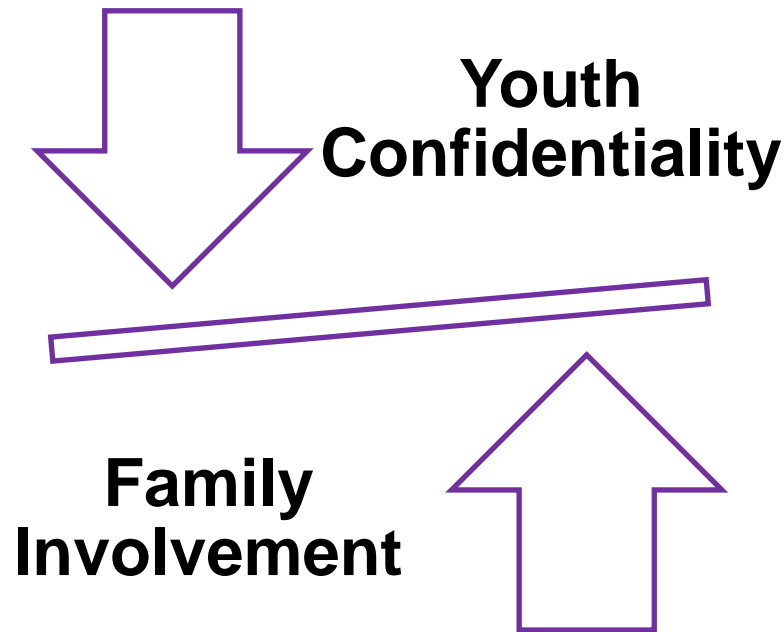
Family Based Interventions

Family involvement is crucial when working with young people with SUD



- Parental concern about a young person's substance use is frequently the reason young people present for SUD treatment
- Parents can play an active and important role in:
 - Encouraging treatment engagement
 - Monitoring young people over time
 - Encouraging treatment re-entry after relapse

Family involvement is crucial when working with young people with SUD



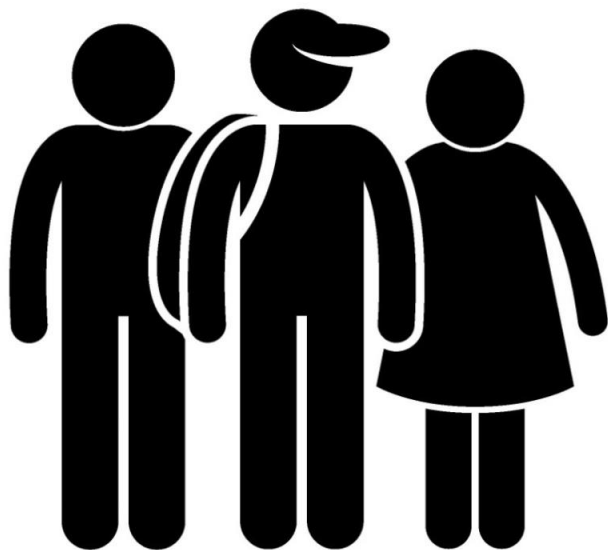
- State laws vary regarding adolescent confidentiality when engaged in substance use disorder care
- Young people are often reluctant to sign releases of information authorizing information to be shared with parents

Young people need a confidential and safe space to engage in care **AND** family needs to be involved

Working with young people often requires a multidisciplinary team

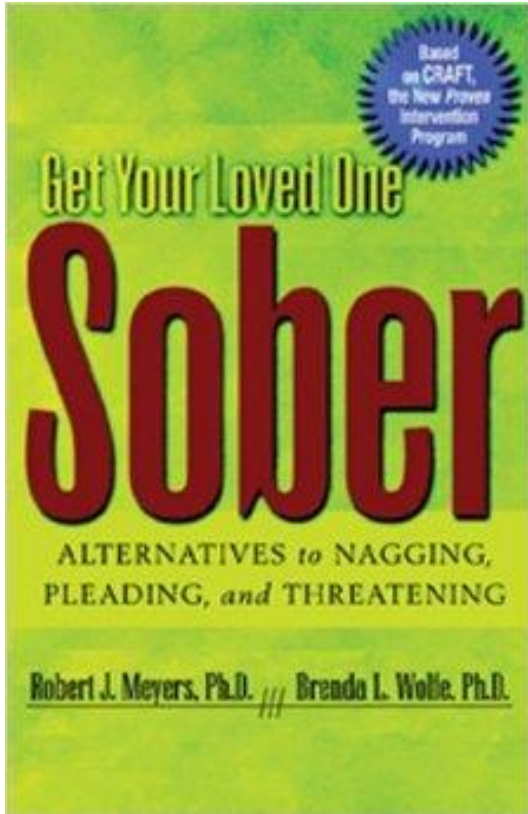


Types of family-based interventions for young people with SUD



- **Family therapy**
 - Functional Family Therapy
 - Multidimensional Family Therapy
 - Brief Strategic Family Therapy
 - Multisystemic Therapy
- **Unilateral Treatment—Parents only**
 - Community Reinforcement and Family Training (CRAFT)

Community Reinforcement and Family Training (CRAFT)



- Targeted to caregivers to help motivate adolescents with SUD to engage in treatment
- Delivered over 10 to 12 weeks

Goals:

- Improve caregiver's emotional functioning
- Teach principals of contingency management to reinforce behavioral change
- Help build communication and problem-solving skills

CRAFT Efficacy

- Generally effective in engaging 2/3 of adults with SUD in treatment typically after 4 to 6 sessions
- Decreased depression & anger in family member, increased family cohesion
- Adolescent specific:
 - No randomized controlled trial studies published to date
 - Waldron 2007
 - 42 adolescents who refused to engage in SUD treatment, and their parents
 - 71% adolescents engaged in treatment and reduced their cannabis use (74% to 64% days of cannabis use over prior 90 days)
 - Parents had significantly decreased symptoms of depression and anxiety at 6 months

CRAFT Efficacy

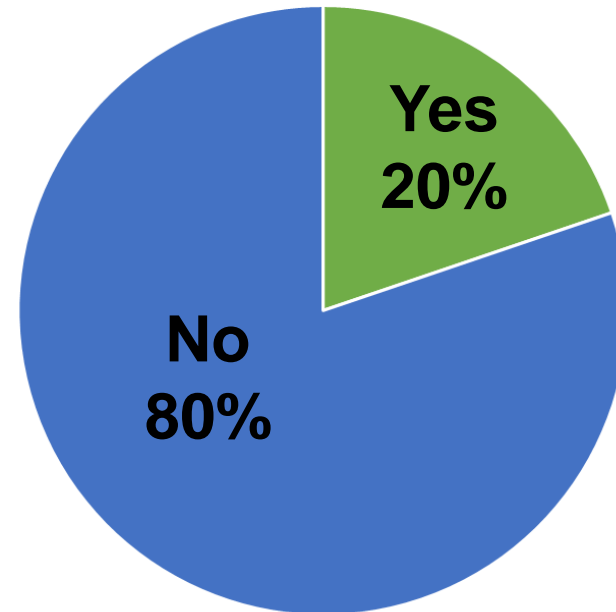
- Meta-analysis comparing unilateral treatments for adults with SUD
 - Al-Anon
 - Family members are powerless over loved one's addiction
 - Detach with love from individual with SUD, do not try to influence their behavior
 - Johnson Intervention
 - Family group confrontation
 - Increase family member's insight into the negative impact of substance related behavior
 - Results:
 - CRAFT three times as effective as Al-Anon (4 studies)
 - CRAFT twice as effective as Johnson intervention (1 study)

School Based Recovery Support

Substance use in high schools

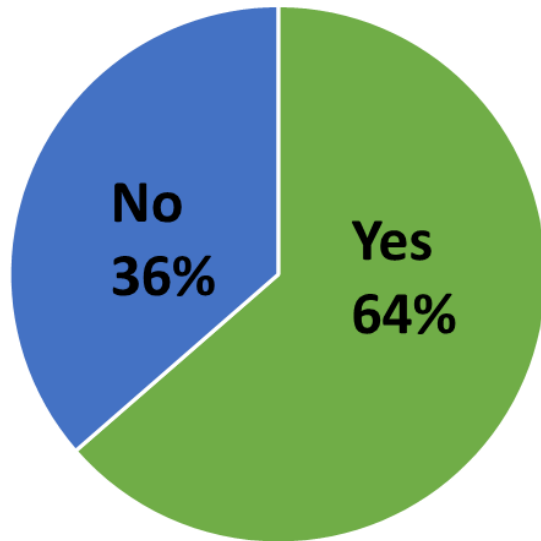


Have you been offered, sold, or given an illegal drug on school property during the past year?



Peer substance use contributes to relapse after SUD treatment in adolescents

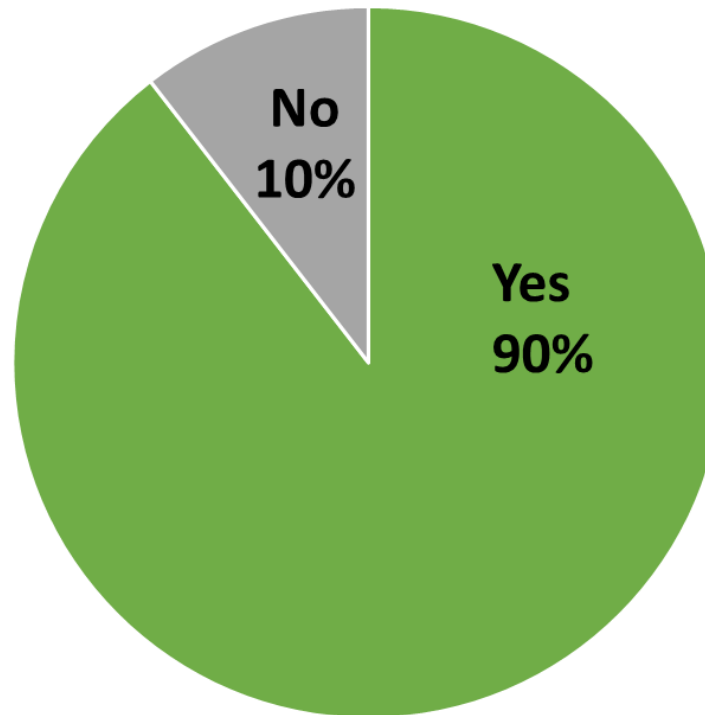
Relapsed within 3 months of Treatment



N=66

Mean age: 15.6 ± 2.8 years

Relapsed Around Other People



- Most were around same aged peers
- 50% were around pre-treatment friends
- 50% occurred when “socializing”

Recovery High Schools



- Full range of academic services provided in a structured environment that promotes recovery
- Increasing in number over the past 30 years
- Resources for information: Association of Recovery Schools

Recovery High Schools Help Young People Remain Abstinent

- Adolescents with SUD who received treatment—Recovery High School vs Non-Recovery High School
 - 194 adolescents, mean age 16 years, 93% had a co-occurring psychiatric disorder
 - Quasi-experimental design, matched adolescents who attended a Recovery High School for at least one month with those who did not using propensity scores
 - Outcomes:
 - 4x more likely to be abstinent from all substances at 6-month follow-up if attended a Recovery High School
 - Over 90 days, significantly lower cannabis use (14 less days) and less absenteeism from school (5 less days) associated with Recovery High School attendance

Collegiate Recovery Programs



- Supportive environment within the campus culture that reinforces recovery
 - Substance free housing
 - On campus 12-step meetings
 - Substance free social events
 - Physical facilities—drop in space with staff
- Increasing in number over the past 10 years, currently approximately 100 nationally
- Resources for information: Association of Recovery in Higher Education

Collegiate Recovery Program Student Characteristics

- Characteristics:
 - Mean age 26 years, 43% female, 91% white
 - Mean age 1st SUD treatment 21 years, Mean duration of abstinence 3 years
 - Most enrolled full-time
- Importance of the Collegiate Recovery Program
 - 34% reported program was very important
 - 21% reported program was the reason they enrolled at their current institution
- Reason for enrolling in Collegiate Recovery Program:
 - 56% wanting/needing a recovery supportive peer network
 - 31% wanting to “do college sober” and needing a safe place on campus to deal with stress associated with college

Mutual Help Organizations

Peer Led Mutual Help Organizations



- 12-step—Alcoholics Anonymous and Narcotics Anonymous
- Secular (Non-12-step)—SMART Recovery, Women for Sobriety
- Religious—Celebrate Recovery

12-step organizations



- 60 to 90-minute peer led free group meetings.
- Abstinence oriented, encourages participants to work through a series of 12 steps to facilitate spiritual and emotional growth as part of recovery.
- Key component of efficacy—need to be an active participant.

Young People and 12-step meetings

- AA/NA attendance has been associated with more days abstinent in adolescents engaged in outpatient SUD treatment
- Adolescents generally feel very safe at AA/NA meetings
 - 22% reported at least one negative incident at AA or NA over lifetime
- Challenges for young people:
 - Limited participation of same aged peers in meetings
 - Admission of powerlessness

What do young people like about 12-step meetings?

- Adolescent and Young adults' 12-step participation experiences:
 - Most helpful aspects: belonging, validation, and instillation of hope
 - Least liked aspects: meeting structure, needing to motivate oneself to attend
 - Reasons for discontinuation: logistical barriers, low recovery motivation/interest

How do young people benefit from mutual help groups?

Adults with alcohol use disorders—Younger and older adults both benefit from attending AA (decreased drinking days, decreased drinks). ***How*** younger and older adults benefit is different.

Mechanism of Decreased Drinks per Drinking Day	Younger Adults	Older Adults
Less people who encourage drinking in social network	42%	18%
Improved ability to cope with high risk for drinking social situations	38%	29%
More people who encourage abstinence in social network	10%	14%
Increased religiosity	6%	19%
Less symptoms of depression	3%	12%

Psychiatric Co-Morbidity and Mutual Help Groups

- Young people with co-occurring SUD and psychiatric illness engage at equal rates in AA as young people with SUD only
 - Equal rate of engagement in AA/NA and number of meetings attended
 - Low versus high levels of AA/NA involvement
 - Low involvement—young people with co-occurring SUD and psychiatric illness had less percent days abstinence than young people with SUD only
 - High involvement—young people with co-occurring SUD and psychiatric illness had equal percent days abstinence as young people with SUD only

Does the mutual help group need to be substance specific?

- Alcoholics Anonymous vs Narcotics Anonymous
 - Young adults with alcohol or drug use disorders primarily attended AA
 - When young adults with a drug use disorder who **attended AA** were compared to those who **attended NA**
 - Both groups had a similar number of days abstinent
 - Both groups were just as likely to participate in 12-step groups in the future
- Young adults with a drug use disorder may in general do as well in AA as NA

12-step facilitation and young people

- Twelve-step facilitation (TSF) treatment
 - Semi-structured therapy for individuals with a substance use disorder that systematically link and encourage active participation with 12-step mutual help organizations.
 - Strong evidence exists supporting TSF interventions in the treatment of alcohol use disorders in adults
- Adolescents
 - Integrated TSF (TSF with motivational enhancement therapy/cognitive behavioral therapy) versus standard motivational enhancement therapy/cognitive behavioral therapy
 - No difference in percent days abstinence
 - Integrated TSF attended greater number of 12-step meetings and had less consequences associated with substance use

Conclusions



QUESTIONS?

- Medication is a key part of the treatment plan for young people with opioid use disorders
- Providers also need to consider other recovery supports for young people with opioid use disorders outside the office such as:
 - Family support
 - School based recovery services
 - Peer mutual help organizations

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- PCSS Mentors are a national network of providers with expertise in **addictions, pain, evidence-based treatment including medications for addiction treatment.**
- 3-tiered approach allows every mentor/mentee relationship to be unique and catered to the specific needs of the mentee.
- No cost.

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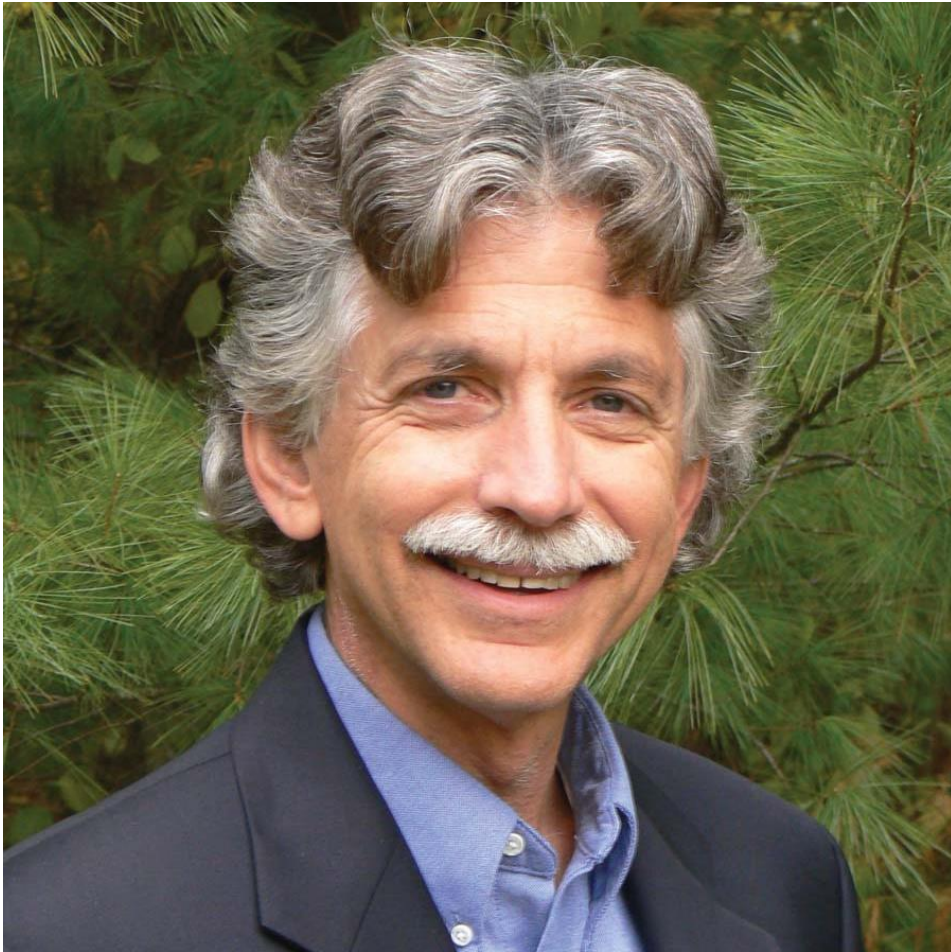
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Dr. Ronald Seigel, PsyD

Assistant Professor of Psychology,
Harvard Medical School

Tuesday, September 8th, 2020

12:00 – 1:00 PM EDT



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