Recovery Support for Young People with Opioid Use Disorders

Tuesday, November 27, 2018

Hosted by
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- Addiction Technology Transfer Center
- American Academy of Pain Medicine
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- America Psychiatric Nurses Association
- National Association of Community Health Centers
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Recovery Support for Young People with Opioid Use Disorders

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November 27, 2018
Learning Objectives

• Participants will identify family-based interventions for adolescents with substance use disorders.

• Participants will describe school-based recovery programs for young people with substance use disorders.

• Participants will describe the research regarding participation in mutual help groups among young people with substance use disorders.
Recovery Support for Young People with Opioid Use Disorders

Amy M. Yule M.D.
Disclosures

• I have no financial relationships with an ACGME defined commercial interest

• Current research funding: 5K12DA000357-17

• Consultant to the Phoenix House & Gavin Foundation (clinical services)
Learning Objectives

At the conclusion of this activity participants should 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
Young people with OUD are less likely to remain in treatment

Retention in Care—Young People compared to Older People

- 294 adults in a collaborative care buprenorphine treatment program
  - 71 (24%) 18 to 25 years
  - 223 (76%) 26 years+
- Young people remained in treatment at a significantly lower rate compared to older people (17% vs 45% at one year)
- Young people were also more likely to test positive for illicit opioids at month 1, 2, and 3 (29% vs 15% at month 3)

Schuman Olivier 2014
Young people with OUD: Medication is a key part of their treatment plan

- 4837 young people ages 13 to 22 years diagnosed with OUD
- 75% received any treatment within 3 months of diagnosis of OUD
- Type of treatment:
  - 52% behavioral health services only
  - 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

Hadland SE 2018
Young people with OUD: Medication is a key part of their treatment plan

Young people are not immune to overdose

2015
772 drug overdose deaths among adolescents 15 to 19 yrs

Medications for OUD ↓ OD risk
(Sordo 2017)

Total  Male  Female

<table>
<thead>
<tr>
<th></th>
<th>2015</th>
<th>Male</th>
<th>Female</th>
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<tbody>
<tr>
<td>Unintentional</td>
<td>80.4</td>
<td>80.4</td>
<td>80.4</td>
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<tr>
<td>Intentional</td>
<td>19.6</td>
<td>19.6</td>
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Curtin 2017
Young People with OUD—Treatment Plan Components

**Therapy**
- Individual therapy
- Group therapy
- Family therapy

**Support for Abstinence**
- Family
- Peers
- Living environment

**Medication**
- Buprenorphine
- Methadone
- Naltrexone ER

**Structure**
- School
- Work/volunteering
- Sports
Why is it important to think about recovery support outside the office?

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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.

- **Home—Family/Friends**
- **School**
- **Treatment**
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
- 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
Family involvement is crucial when working with young people with SUD.

Parents can play an active and important role in:
- Encouraging treatment engagement
- Monitoring young people over time
- Encouraging treatment re-entry after relapse

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

Meyers 1996
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

Roozen 2010, Waldron 2007
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)

Roozen 2010
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?

- No: 80%
- Yes: 20%

YRBS 2017
Peer substance use contributes to relapse after SUD treatment in adolescents

Relapsed within 3 months of Treatment

- Yes 64%
- No 36%

N=66
Mean age: 15.6 ± 2.8 years

Relapsed Around Other People

- Yes 90%
- No 10%

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

Brown 1989
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

Moberg 2007
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

Finch 2017
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

Laudet 2014
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

Laudet 2015, 2016
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.

Kelly 2010, 2011
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

Kelly 2008, Labbe 2014
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.**

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

Hoeppner 2014
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

Bergman 2014
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

Kelly 2014
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

Kelly 2017
Conclusions

• 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

QUESTIONS?
PCSS Mentoring Program

- PCSS Mentor Program is designed to offer general information to clinicians about evidence-based clinical practices in prescribing medications for opioid addiction.
- PCSS Mentors are a national network of providers with expertise in addictions, pain, evidence-based treatment including medication 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.

For more information visit: pcssnow.org/mentoring
Have a clinical question?

Ask a Colleague

A simple and direct way to receive an answer related to medication-assisted treatment. Designed to provide a prompt response to simple practice-related questions.

Ask Now.
Session Evaluation and Certificates

- Instructions will be provided in an email sent to participants an hour after the live session.

- Certificates are available to those who complete an evaluation.

- Recordings of APA’s PCSS webinars can be accessed at www.pcssNOW.org and education.psychiatry.org.
State Targeted Response-Technical Assistance Consortium (STR-TA)

✧ **Opioid Use Disorder Virtual Learning Collaborative (VLC)**
  - Translate your knowledge into action by joining one of our virtual learning collaboratives
  - Play a role in expanding the availability of medical for addiction treatment options for opioid use disorders
  - Each collaborative runs for 12-weeks and is lead by an experienced faculty advisor
  - Participants watch pre-recorded webinars, call into office-hours, engage with a virtual community and complete an individual project
  - Participants will earn up to 12 Continuing Medical Education (CME) credits

✧ Fill out our interest intake form at [apapsy.ch/OpioidSTR](http://apapsy.ch/OpioidSTR). Contact Eunice Maize at emaize@psych.org for more information.

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