

## Adolescents and young adults

Sarah Bagley gave the presentation summarized below.

### TAKEAWAYS

The rate of youth opioid use is relatively low and has been decreasing in recent years.

The rate of youth opioid-related deaths is increasing, particularly those due to synthetic narcotics like fentanyl.

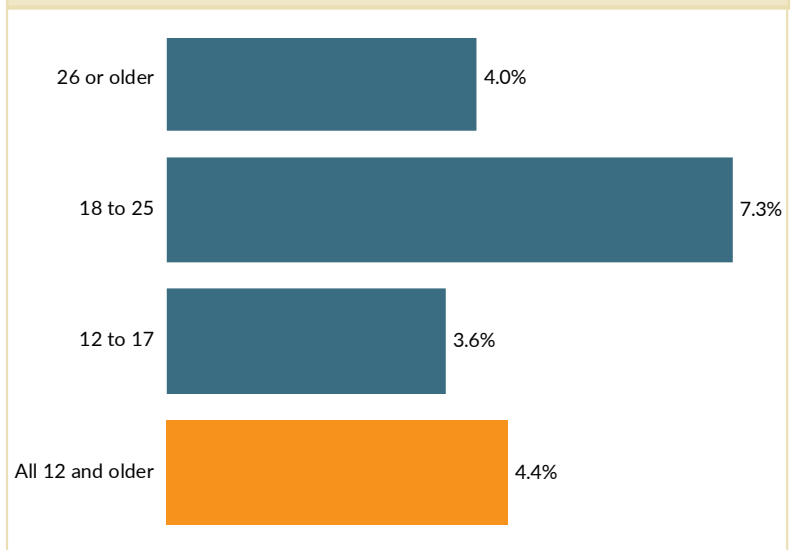
While the need for services targeted to adolescents is rising, the availability of those services is limited.

Strategies to address opioid misuse among adolescents and young adults need to include early intervention, treatment of co-occurring disorders such as anxiety and depression, and support for those in recovery.

### Description of issue

School-age children deal with the same issues related to opioid misuse as younger children, including the continuing effects of neonatal abstinence disorder and the effects of opioid use disorder on their parents and other family members. As children mature, their risk for opioid misuse also grows. A 2016 survey found that 3.6 percent of adolescents between the ages of 12 and 17 reported misusing opioids over the past year (Figure 1). The rate doubled for older adolescents and young adults between the ages of 18 and 25, then declined again after age 25.<sup>1</sup> Nearly all of this reported misuse is of prescription opioids rather than illegal opioids. The rate of substance misuse among youth does appear to be on the decline; for example, among high school seniors, past-year misuse of pain medication other than heroin decreased from a peak of 9.5 percent in 2004 to 3.4 percent in 2018.<sup>2</sup>

**Figure 1. Past year opioid misuse is highest among those who are between the ages of 18 and 25.**



**Note:** Figure shows 2016 estimates of opioid misuse, defined as heroin use or the misuse of prescription pain reliever.

**Source:** Key Substance Use and Mental Health Indicators in the United States: Results from the 2016 National Survey on Drug Use and Health. Available at: <https://www.samhsa.gov/data/sites/default/files/NSDUH-FFR1-2016/NSDUH-FFR1-2016.htm#fig28>

While the rate of youth opioid use is relatively low and dropping, the rate of overdose deaths for this population is increasing, as is the proportion of opioid overdose deaths.

Not all adolescents are at equal risk; those who have witnessed the overdose of a family member or who have peers who misuse prescription drugs are more likely to misuse opioids. Other risk factors include chronic pain or other physical health problems; a history of mental illness, such as depression; or other substance use. While some adolescents are misusing drugs prescribed to them, nearly half of adolescents between the ages of 12 and 17 who reported misusing pain relievers said they came from a friend or relative.<sup>3</sup>

## Summary of presentation

Youth—adolescents and young adults—are often left out of the discussion about opioid misuse. While there has been much recent attention on pregnant women, infants, and young children, there has been much less research and policy focus on those between the ages of 12 and 25.

As noted, youth opioid use is fairly low and decreasing, but the story gets more complicated when we look at youth overdose deaths. The opioid-related overdose rate among 15- to 24-year-olds has more than quintupled over the past two decades. Much of this increase is attributable to Fentanyl and other synthetic narcotics.<sup>4</sup>

While the need for services targeted to adolescents is rising, the availability of those services is limited; fewer than one in three of current U.S. specialty drug treatment programs offer care to adolescents.<sup>5</sup> As with older adults, medication assisted treatment has been shown to be effective, and to have higher treatment retention rates than behavioral health services alone.<sup>6</sup> However, between 2000 and 2014, only a quarter of youth diagnosed with opioid use disorder received medication assisted treatment (buprenorphine or naltrexone) within six months of their diagnosis.<sup>7</sup>

Early intervention creates opportunities to lower opioid misuse; the risk of developing a substance use disorder rises as the age at which substance use begins falls. For example, children who begin to drink alcohol before age 15 are about five times more likely to develop an alcohol use disorder compared to those who begin to drink after the age of 19.<sup>8</sup> Brief, early interventions provided in the context of routine medical visits have been shown to be effective.<sup>9</sup>

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## Research and policy implications

Across the country, there are several examples of promising programs for youth, both to prevent substance misuse and to support those in recovery. For example:

- **Recovery high schools**, schools that are specifically designed for students recovering from substance use, are currently located in 14 states. Adolescents attending these schools were significantly more likely to report complete abstinence from substances six months after initial treatment than were their peers not attending such schools;<sup>10</sup>
- **Collegiate recovery programs**, available in most states, provide recovery support while students pursue a postsecondary degree;
- The **Strengthening Families Program**, available in all 50 states and in 36 countries, provides seven- to 14-week long skills courses to youths up to age 17 and their parents. The program is designed to encourage happier family relationships, improve mental health outcomes, and decrease youth alcohol and drug use. Twelve

randomized control trials have found positive results of the program among both youth and their parents. Youth assigned to the program had improved school performance, less depression and anxiety, and dramatically lower tobacco, alcohol, and drug use compared to those assigned to a control group.<sup>11</sup> Parents reported positive effects on their parenting skills, family life, and relationship with their child; and

- **LifeSkills Training**, a curriculum available for elementary, middle, and high school students, combines training in self-management skills, social skills, and substance-use resistance skills. A prescription drug abuse prevention module is available. Researchers found that participating in LifeSkills Training in grade seven reduced by 4.4 percent a child’s likelihood of initiating prescription opioid misuse prior to 12th grade. A combination of this training and the Strengthening Families program was shown to be particularly effective.<sup>12</sup>

Other programs currently operating in only one state or that are being piloted in a small number of locations include:

- **The Phoenix**, a sober, active community providing fitness programs in several states taught by instructors who are themselves in recovery. The “membership fee” is 48 hours of sobriety;
- **Bridge over Troubled Waters in Massachusetts**, offering street outreach, emergency shelter, and independent housing for young adults;
- **Familias Unidas** in Florida, providing substance use and sexual risk behavior prevention intervention for Hispanic youth and their families;
- **Youth Clubhouses** in New York, community-based centers offering peer-driven support services in a nonclinical setting;
- **Speak Now**, a Colorado social marketing campaign intended to encourage conversations between parents and teens around substance use and abuse;
- **CATALYST Clinic** at Boston Medical Center, offering integrated, comprehensive medical, behavioral health, and recovery support care to adolescents and young adults;
- **Start Talking**, a K-12 curriculum in Ohio providing tools to start conversation between parents, educators, community leaders, and youths about healthful lifestyles;
- **Michigan Youth Treatment Infrastructure Enhancement**, an initiative intended to help providers offer an effective continuum of care to youths between the ages of 16 and 21 and their guardians;
- **Teens Linked to Care**, a pilot program operating in three rural communities in Indiana, Kentucky, and Ohio to help schools address high-risk substance use and other health concerns through education, primary prevention, and early detection screening; and
- **Opioid Affected Youth Initiative** in Miami-Dade County, Florida, a U.S. Department of Justice initiative to develop data-driven, coordinated responses to address opioid use among those under the age of 25.

As with adults, treating co-occurring disorders among youths is important. Adolescents and young adults may be self-medicating for preexisting anxiety and depression. While medication can work well for opiate use disorder, it does not

always work well for other substance use disorders, and does nothing for underlying mental health issues. It is not reasonable to expect patients and their families to access treatment for multiple issues separately; coordination is key. This may involve sharing data across agencies and programs, which is not always easy to do. ■

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<sup>1</sup>Substance Abuse and Mental Health Services Administration, *Key Substance Use and Mental Health Indicators in the United States: Results From the 2016 National Survey on Drug Use and Health*, HHS Publication No. SMA 17-5044, NSDUH Series H-52, Center for Behavioral Health Statistics and Quality. Available at: <https://www.samhsa.gov/data/sites/default/files/NSDUH-FFR1-2016/NSDUH-FFR1-2016.pdf>

<sup>2</sup>L. D. Johnston, R. A. Miech, P. M. O'Malley, J. G. Bachman, J. E. Schulenberg, and M. E. Patrick, *Monitoring the Future National Survey Results on Drug Use, 1975–2018: 2018 Overview, Key Findings on Adolescent Drug Use*, Institute for Social Research, The University of Michigan: Ann Arbor, MI, 2017.

<sup>3</sup>Substance Abuse and Mental Health Services Administration, *Results from the 2015 National Survey on Drug Use and Health: Detailed Tables*, Center for Behavioral Health Statistics and Quality, Substance Abuse and Mental Health Services Administration: Rockville, Maryland, September 8, 2016. Available at: <https://www.samhsa.gov/data/sites/default/files/NSDUH-DetTabs-2015/NSDUH-DetTabs-2015/NSDUH-DetTabs-2015.pdf>

<sup>4</sup>Centers for Disease Control and Prevention, National Center for Health Statistics. Multiple Cause of Death 1999–2017 on CDC WONDER Online Database, released December 2018. Available at: <https://wonder.cdc.gov/wonder/help/mcd.html>.

<sup>5</sup>S. E. Hadland, J. F. Wharam, M. A. Schuster, “Trends in Receipt of Buprenorphine and Naltrexone for Opioid Use Disorder Among Adolescents and Young Adults, 2001–2014,” *JAMA Pediatrics* 171, No. 8: 747–755.

<sup>6</sup>Hadland, Wharam, and Schuster, “Trends in Receipt of Buprenorphine and Naltrexone for Opioid Use Disorder.”

<sup>7</sup>Hadland, Wharam, and Schuster, “Trends in Receipt of Buprenorphine and Naltrexone for Opioid Use Disorder.”

<sup>8</sup>B. F. Grant and D. A. Dawson, “Age at Onset of Alcohol Use and Its Association With DSM-IV Alcohol Abuse and Dependence: Results from the National Longitudinal Alcohol Epidemiologic Survey,” *Journal of Substance Abuse* 9 (1997): 103–110.

<sup>9</sup>S. K. Harris et al., “Computer-Facilitated Substance Use Screening and Brief Advice for Teens in Primary Care: An International Trial,” *Pediatrics* 129, No. 6 (2012): 1072–1082.

<sup>10</sup>A. J. Finch, E. Tanner-Smith, E. Hennessy, and D. P. Moberg, “Recovery High Schools: Effect of Schools Supporting Recovery from Substance Use Disorders,” *The American Journal of Drug and Alcohol Abuse* 44, No. 2 (2018): 175–184.

<sup>11</sup>K. L. Kumpfer and C. Magalhães, *Journal of Child & Adolescent Substance Abuse* 27, No. 3 (2018): 174–179.

<sup>12</sup>R. Spoth, L. Trudeau, C. Shin, and C. Redmond, “Long-Term Effects of Universal Preventive Interventions on Prescription Drug Misuse,” *Addiction* 103, No. 7 (2008): 1160–1168.