

OPIOIDS SUBSTANCE ABUSE

Opioid use and Opioid Use Disorder (OUD) constitute a significant and growing public health crisis impacting youth in the U.S. Nearly 1 in 4 adolescents and young adults report some form of opioid use, with hundreds of thousands meeting OUD diagnostic criteria annually. Misuse often begins with prescription opioids, frequently obtained from family, friends or personal prescriptions. Post-dental visits are a leading source of initial opioid prescriptions for youth, linked to increased risk of persistent use and OUD.

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IMPORTANT FACTS

- Opioids cause pain reduction, anxiety reduction and feeling of euphoria.¹
- Highly addictive narcotic drug group.
- Can be legal for prescribed pain use, such as oxycodone, or illegal, such as heroin.
- Large doses can slow the body's heart and breathing rate to a complete stop in some cases.

SIGNS OF INTOXICATION

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|----------------------|-----------------------|--|
| • Drowsiness | • Slowed heart rate | <i>Always carry NARCAN/
Naloxone in the case of
an overdose.¹</i> |
| • Mood changes | • Pinpoint pupils | |
| • Nausea or vomiting | • A state of euphoria | |
| • Loss of appetite | • Odd behavior | |
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WITHDRAWAL SYMPTOMS

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|----------------|-----------------|---------------------------|
| • Sweating | • Panic attacks | • Chills |
| • Anxiety | • Mood swings | • Muscle cramps |
| • Trembling | • Insomnia | • Irritability |
| • Nervousness | • Anger | • Goose bumps on the skin |
| • Stomach pain | • Fever | |

COMMON SIGNS

- Taking longer than or in larger amounts than initially intended or prescribed.
- Persistent desire or craving and unsuccessful effort to cut down or control use.
- Use that begins and/or continues to interfere with a significant role or obligation at school, work or home.
- Continued use even in the event of recurrent social or interpersonal issues.
- Important social, occupational or recreational activities given up or reduced because of use.
- Recurrent use in situations where they become physically hazardous.
- Continued use even when knowing there is a prestant physical or psychological problem that is caused or worsened by use.

LONG-TERM EFFECTS

- Cardiac abnormalities.
- Decreased fertility.
- Infectious diseases from injection.
- Mental health struggles.
- Relational issues.
- Neglect of responsibilities.
- Loss of recreational or hobby activities.

TOLERANCE

- Need for markedly increased amounts to achieve intoxication or the desired effect.
 - Markedly diminished effect with continued use of the same amount of the opioid.
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PREVALENCE AND RISK

- Opioid use is common among adolescents and young adults, with nearly 1 in 4 reporting some type of opioid use, including medical prescriptions.
 - Over 150,000 adolescents under 18 years of age met diagnostic criteria for an opioid use disorder (OUD).
 - The earlier the age of opioid exposure, the greater the vulnerability to developing an OUD.
 - Tragically, 1 in 10 adolescents and young adults 15 to 24 years of age died from opioid-related causes.
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PREVENTION FOR FAMILIES

- Family-based therapy.
 - Multidimensional family therapy.
 - Cognitive behavioral therapy (CBT).
 - Multicomponent psychosocial therapy.
 - Third wave cognitive behavioral therapies.
 - 12 step programs.
 - Exercise, yoga and mindfulness.
 - Recovery specific educational settings.
 - Goal setting.
 - Digital strategies.
 - Culturally-based programs.¹
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IMPORTANCE OF EARLY INTERVENTION AND FAMILY INVOLVEMENT

- It is crucial to identify opioid use early, prevent escalation and reduce harms.
- Pediatricians are uniquely positioned to manage addiction in youth, given their expertise in longitudinal, preventive, and family- and patient-centered care.
- Engaging families of youth in the treatment plan has been shown to improve rates of treatment adherence and completion; lead to longer durations of abstinence from substance use; and result in fewer relapses for youth.
- Family-based therapies are highly efficacious for youth and can address various issues, including family communication, conflict, co-occurring behavioral and mental health, and learning disorders, school problems, and peer networks.
- Confidentiality and minor consent laws can vary by state when involving parents in a youth's treatment.

PARENTS

- Know your child's friends.
 - Know where your child is.
 - Set appropriate boundaries and rules for their age.
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ESSENTIALS OF OPIOID USE INTERVENTION

Prevention

- Education on risks.

Nonpharmacological interventions

- CBT therapy.
- Contingency management.

Pharmacological interventions

- Methadone.
- Buprenorphine.
- Naltrexone.

Motivational interviewing

- Empowerment of the child's autonomy in decision making.
- Supporting the child to achieve their goals.
- Validating the child's feelings and experiences.

WAYS TO SUPPORT

- It is **crucial that youth be offered treatment at the time of an OUD diagnosis**, which includes medications, behavioral interventions and/or referral to mutual support groups such as traditional 12-step programs or youth-oriented organizations.
- The two medications commonly used for office-based OUD treatment in adolescents are **extended-release naltrexone, an opioid antagonist, and buprenorphine, a partial opioid agonist**. Evidence from youth-focused studies and adult data supports the use of these medications as the gold standard for OUD treatment in youth.
- Home-based delivery of extended-release naltrexone has been shown to be feasible and acceptable to youth and their families, leading to more doses being received at home compared to office visits.^{2,3}

RESOURCES TO HELP

- okimready.org/overdose/
- samhsa.gov/find-help/helplines/national-helpline
- adolescenthealth.org/resources/clinical-care-resources/
- aacap.org/AACAP/Families_and_Youth/Resource_Centers/Substance_Use_Resource_Center/Home.aspx

REFERENCE

1. Chesher, Tessa (2023) OKCAPMAP Provider Education Opioid Use in Children and Adolescents Learning Module
2. Robinson, C. A., & Wilson, J. D. (2020). Management of Opioid Misuse and Opioid Use Disorders Among Youth. *Pediatrics*, 145(Suppl 2), S153-S164. <https://doi.org/10.1542/peds.2019-2056F>
3. Centers for Disease Control and Prevention (U.S.). David J. Sencer CDC Museum. (2022). Teen newsletter: July 2022 – Opioids. Public Health Academy Teen Newsletter. Retrieved from <https://www.cdc.gov/museum/education/newsletter/2022/july/index.html>

HARM REDUCTION STRATEGIES

- Fatal opioid overdose remains a major cause of opioid-related mortality among youth and young people are often uninformed about this risk.
- Pediatricians should deliver overdose education as part of any visit where a youth endorses opioid use. This education should include strategies for reducing overdose risk, recognizing signs of overdose and responding to an overdose.
- Pediatricians should prescribe naloxone for opioid overdose reversal to youth and their families for all youth using opioids. It is vital to educate and train both the youth and someone close to them on how to administer naloxone in the event of an overdose.
- For youth who are injecting opioids and not yet ready for treatment or cessation, safe injection practices and linkage to needle or syringe exchanges should be considered to reduce complications. Education on safe injection includes choosing safer places and materials, identifying safer injection sites like forearms are better than legs; neck and groin should never be used, and reducing exposure to contaminated products by avoiding sharing equipment.^{2,3}