ADOLESCENTS, YOUNG ADULTS AND OPIOID USE: WHEN IS IT A PROBLEM? WHAT TO DO?

HOSTED BY:
ADOLESCENT SBIRT PROJECT, NORC at THE UNIVERSITY OF CHICAGO, and THE BIG SBIRT INIATIVE

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Adolescents, Young Adults and Opioid Use: When Is It a Problem? What to Do?
Matthew Felgus MD FASAM

BEFORE EXPOSURE TO OPIOIDS:

- POLL QUESTIONS 1+ 2

Poll Question 1
- Which of the following are warning signs that a young person could become addicted to opioid medication, prescribed or not?
  - Family history of alcoholism
  - Drinking 7 or more drinks per week
  - High current life stressors (family conflict, school)
  - History of high anxiety

Poll Question 2
- Which of the following are warning signs that a young person could become addicted to opioid medication, prescribed or not?
  - History of past trauma
  - Past history of other substance dependence
  - Prescription for a benzodiazepine
  - Cannabis use 2-3x/week

BEFORE EXPOSURE TO OPIOIDS:
- Past overuse of CNS depressants (alcohol or benzodiazepines) increase the risk of opioid overuse. Likely a greater risk than overuse of other substances (cocaine, cannabis) but both MD and patient must maintain awareness
- History of family members becoming ENERGIZED from opioid medication (more on this soon)
- High anxiety and/or life stressors raises risk
- Greater than 7 STANDARD drinks per week (12 oz beer/5 oz wine/1.5 oz liquor) raises risk
Education not Punishment
- Higher risk factors does NOT mean someone is intending to abuse their opioid medication
- Sometimes it is necessary to utilize opioid medication and this should be done as safely as possible
- Nobody starts using anything planning to develop an addiction
- Educating that someone is at higher risk in a non-judgmental way can make a major difference
- Adolescents and young adults tend to feel invincible and need to experience things on their own (poor listeners)

ENERGIZED by Opioids
- Most people become tired, nauseous, cloudy after taking an opioid
- Some people become energized
- This appears to be a genetic variation (does run in families)
- This will likely occur at first exposure (including in children)
- Education to this risk factor is key to preventing addiction

<3 Min Conversation for ALL Patients Prior to Opioid Rx
- “If you feel energized after taking this medication, you need to call the office and let us know. This shows you may have the brain wiring to develop an addiction to this type of pain medication. It is based on genetics and isn’t anything you are doing wrong. It is not about willpower or good character. It can happen to anybody with this type of brain wiring and most people don’t know they have it until they take this kind of prescription. However, this means you need to be very cautious with any opioids – never take extra and, if you can, have somebody else hold it for you.”

Opioid Use: The Basics
- ‘But doctors give them out...and my grandmother takes them...’ Still a belief that even if acquired on the street (or medicine cabinet), opioid pills are ‘safe’ because they’re prescribed.

Opioid Use: The Basics
- CNS depressant similar to effects of alcohol
- Greatest risk is of respiratory depression
- opioid + Benzodiazepine = recipe for an overdose
The Mental Health ‘Big 4’ for Driving Addiction
- Depression
- Anxiety
- Trauma
- Insomnia

Depression and Opioids
- Opioid use may precipitate Major Depression
- Depression is a risk factor for abuse of opioids
- Opioid use creates a challenge in medicating depression

Opioids and Depression
- Depressed opioid users often cannot maintain sobriety if depression is not treated
- Opioids may “depress” medications for depression

Almost always underlying substance use....
- Depression
- Anxiety
- Trauma
- Insomnia

Depression and Opioids: Which Came First?
- Is it Major Depression or a sign of opioid use?
- Is the depression Substance Induced?

Depression in Adolescents/Young Adults
- Depression is frequently overlooked in teenagers
- Poor historians: often out of touch with feelings
- In treatment under duress
- Behavioral problems may be the primary manifestation
WHY?

- GENETIC VULNERABILITY
- STRESSOR

To Treat or Not To Treat Mental Health Symptoms?

- Is 3-6 months substance free necessary
- Issue for sobriety, ability to “work program”
- Issue of “magic bullet” among substance abusers

Substance-Induced Disorders

- Can last past acute withdrawal
- Individual differences vary widely
- Noted by improvement with cessation of use

Substance-Induced Disorders

- Higher risk of suicide and self injury in Substance Induced Depression vs. Major Depression.
- Higher likelihood of panic attacks with Substance Induced Anxiety.
- THEREFORE, when in doubt, TREAT (with non-addictive medication)

1 Davis, L; Frazier, E, et.al; American Journal on Addictions: July-Aug 2006 (15) 4 278-285

IS THERE A PROBLEM?

- POLL QUESTIONS 3 + 4

Poll Question 3

Your adolescent client has been experimenting with opioids for the past few months. She is insisting that she isn’t addicted and could stop if she wished.

- Which of the following are risk factors of a developing dependence?
  - Continued use of alcohol > 7 drinks per week or >4 drinks at once
  - Reporting increased energy or ‘great’ mood
  - Complaining of depression
  - Ongoing Rx of a benzodiazepine for high anxiety
Poll Question 4
Your adolescent client has been experimenting with opioids for the past few months. She is insisting that she isn’t addicted and could stop if she wished.

- Which of the following are risk factors of a developing dependence?
  - Parents are going through a divorce
  - Difficulties in school since starting use
  - Engaging in risky behavior while using
  - Using every weekend

Substance Use Continuum

- Applicable for any substance
- No skip points
- Possible to move backwards—up to a point

Zone A: Non-Pattern Use
- Everyone starts here
- Lack of a pattern
- May become intoxicated
- Focuses on consequences of use

Zone B: Pattern Use
- Uses in a predictable, consistent manner:
  - Every Friday night or after work
  - Get-togethers with certain friends
  - After an argument with a significant other
- One situation with a pattern defines this zone
- No resulting negative life consequences

Zone C: Negative Consequence Use
- Any unintended life consequence resulting from substance use
- Substance use, including the after-effects, has prevented a person from engaging in activities he or she planned to do
- Earliest sign of problem use but able to control
- Unstable over time
- Often meets DSM V criteria for SUD ‘severe’
Zone D: Psychological Dependence

• Shows a pattern of using with negative consequences
• Use of the substance takes the place of other activities
• Unable to perform certain tasks if without
• Binges are characteristic
• Lack of physical addiction

Zone E: Physical Dependence

• Physical addiction and psychological dependence
• Withdrawal on being without
• Use is no longer a means but an ends

Substance Use Continuum

A B C D E

Isle of Abstinence

Poll Question 4

• Your adolescent client has been experimenting with opioids for the past few months. She is insisting that she isn’t addicted and could stop if she wished. Which of the following are risk factors of a developing dependence?
  - Parents are going through a divorce
  - Difficulties in school since starting use = D
  - Engaging in risky behavior while using = C
  - Using every weekend = B

Things Can Change...

• Opioid use that is advancing may cause
  • An increase in mental health symptoms (mood, anxiety, sleep) separate from the ‘drivers’
  • Inability to work, perform usual activities
  • Loss of social supports
  • Relying on the opioid for coping with any of the above

Warning Signs

• “I’m trying to cut down on my use but I’m going into withdrawal...”
Opioids and Anxiety

- Extremely common presentation
- High degree of overlap between withdrawal and anxiety sx's
- While anxiety isn't responsible for the opioid epidemic, it is a major barrier for individuals to stop using

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Anxiety: The Basics

- Can present as general unease, panic attacks, social withdrawal, phobias, obsessions and compulsions
- Common for teens and adults to treat anxiety with opioids, alcohol, cannabis and other substances

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Opioid Withdrawal

Matthew Felgus, MD

Anxiety

- Increased BP
- Increased HR
- Shortness of Breath/Smothering/Chest pain
- ‘Out of Body’/Depersonalization/Numbness
- ‘Room closing in’
- Sweating/Chills/Hot flashes
- Restlessness
- GI Cramps/Diarrhea
- Shaking/Tremor
- Fear of losing control/Going crazy/Dying

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Anxiety Vs. Opioid Withdrawal

- Take a good history
- Corroborate with family and friends
- Symptoms when abstinent
- Symptoms prior to use
- Look for physical evidence (e.g. gooseflesh, runny eyes/nose)

Matthew Felgus, MD
Your Client May Be Addicted to Opioids

- Now What?

Encourage Honest, Open Dialogue
- How much are they taking (could be supplementing a prescription)
- Do NOT encourage a physician to cut off their prescription at the first sign of a problem, they will often turn to the street for more pills or heroin

Screen for ‘The Big 4’:
- Depression
- Anxiety
- Trauma
- Insomnia

There are available screens (PHQ-9, GAD, HAM-D)

Refer to Pain Treatment, if needed
- ‘Alternative’ therapies: Neuromuscular Tx, Massage, Acupuncture, Chiropractor
- Refer to Specialized Counseling
- Good Boundaries and a Pain Contract (may need to provide guidance to the prescriber)
- No early refills under any circumstance
- Slowly lowering doses

Medication Assisted Tx for Opioid Dependence

- Buprenorphine/Naloxone (e.g. Suboxone®)
- Naltrexone (oral or IM- Vivitrol®)
- Methadone
Buprenorphine/Naloxone:
Why?

- Effective, proven treatment in reducing use
- Keeps clients in treatment (carrot)
- Blocking agent for other opioids
- Less likely to be abused (but not impossible)

Buprenorphine/Naloxone: Why?

- If used properly (lowering doses) clients can be tapered off opioids
  - This is important with a younger population
- One component of a well-rounded treatment program
- Safer in OD since less respiratory depression than other opioids

Buprenorphine/Naloxone: Why Not?

- Over reliance on medication vs. recovery tools
- Opioid Replacement may be started at a higher relative dose than amount used and patients may appear "stoned.
- It is possible to abuse opioid replacement medications
- Belief among some prescribers that this is lifelong treatment, even in a young population

Buprenorphine/ Naloxone

- Yes, you can get high....if not opioid dependent
- Diversion of prescription
  - Party drug for those without an opioid habit
  - Prevention of opioid withdrawal in those using
  - Self detox for those trying to quit

Injectable Naltrexone
(Vivitrol®)

- Blocks effects of opioids for 28 days
- More residential treatment programs offering this option at discharge as are jails/prisons
- Alternative to Replacement Therapy as can not be combined with opioids including suboxone
- Good option for motivated individuals

Inj Naltrexone: Why?

- It’s not an opioid
- It can not be abused (no high)
- No street value
- It saves lives –
  - Injection as leaving incarceration or rehab does help prevent overdose
Inj Naltrexone: Why Not?

- Injection is expensive ($800-1200/vial)
- Not an opioid and does not numb (still can have cravings)
- May be done under duress
- Young users may try to overcome block as injection wears off and overdose
- Pain medication will not be as effective (accident or emergent surgery)

Methadone

- In use since 1960s - must be given in a licensed methadone clinic (unless for pain)
- Blocks other opioids and reduces cravings
- Can be overdosed -- more lethal than suboxone
- At high doses, individuals can appear to ‘nod out
- Counseling should ideally be provided along with medication

In Summary:

- Addiction is a disorder of brain wiring
- Medication for Opioid Use Disorder in Adolescents is more effective than behavioral treatment alone
- We can not make anybody ready for treatment
- We can offer compassion along with good boundaries


Thank You!

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