

Importance of Collaborative Care for Adolescents with OUD: A Case Report

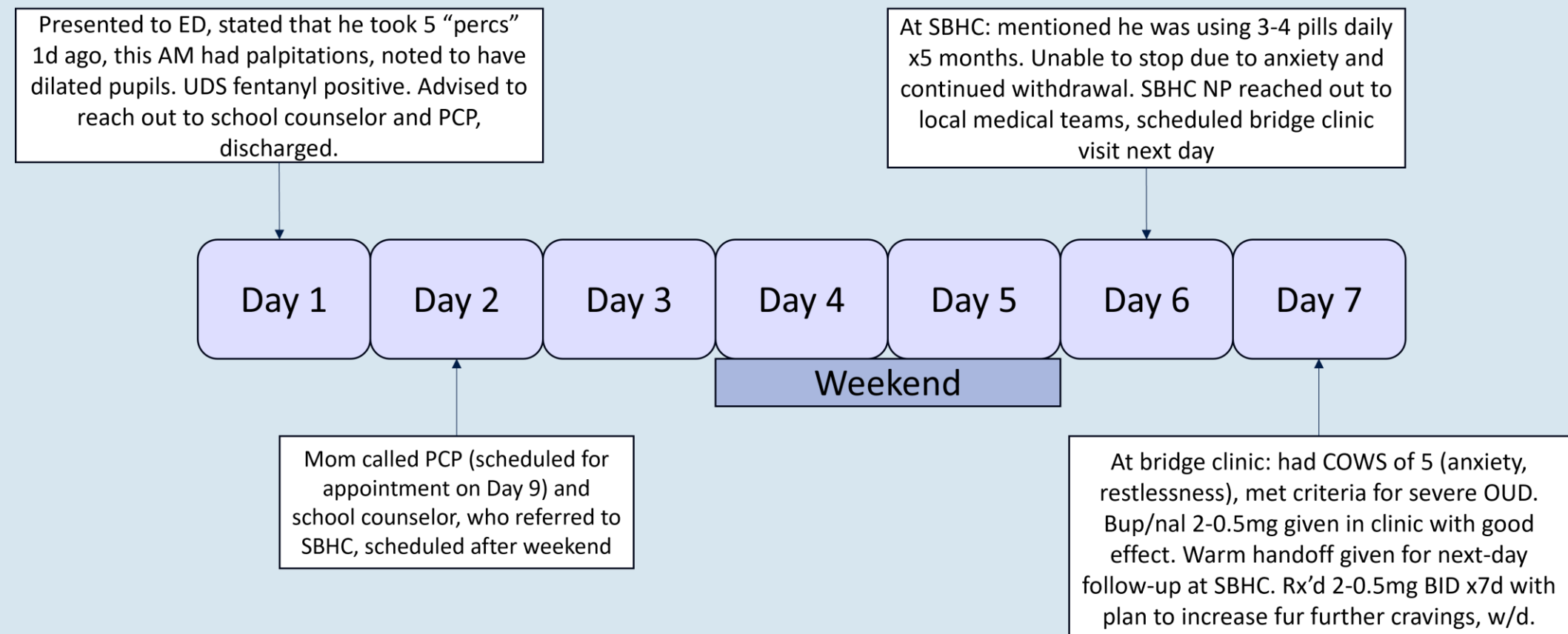
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LEARNING OBJECTIVES

1. Highlight issues around consent and confidentiality in providing substance use disorder (SUD) care for adolescents
2. Describe opioid use, opioid use disorder (OUD) treatment, and overdose (OD) rates in adolescents
3. Explain the school-based health center (SBHC) model as an important partner in treating adolescents with OUD

CASE DESCRIPTION

Patient is a 17 year-old male without significant past medical history who presented to the ED in opioid withdrawal, last use of pills 1 day prior.



SUD History:

- Started using "Percocet" 6 months ago, began to use \$200 of pills daily
- Hadn't heard of fentanyl or naloxone, no prior overdose
- Cannabis 5g/week – both smoked and edibles

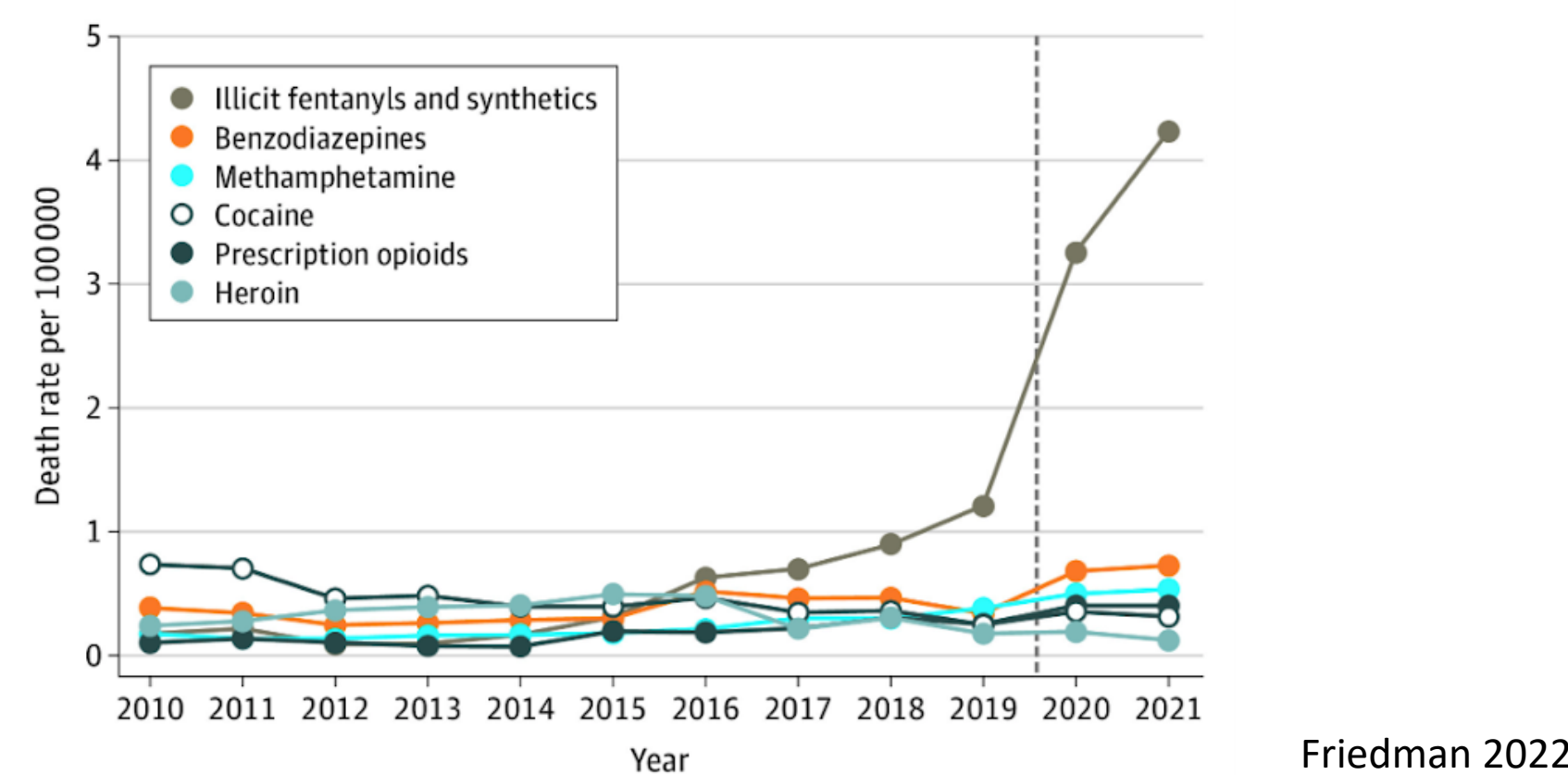
Social History:

- Lives with mom and siblings, senior at public high school, planning to work in construction after graduation; busses tables after school
- Speaks Spanish, understands some English
- Brother with OUD

OPIOID USE & OUD IN ADOLESCENTS

- Illicit drug use among adolescents is declining, but drug deaths are increasing and OD is now the 3rd leading cause of mortality among US adolescents, particularly in American Indian/Alaskan Native, Latino population
- 12% of adolescents have ever misused opioids, starting ~age 16
- OUD prevalence among adolescents is ~0.3-1%
- 1 in 21 receive medications for OUD (mOUD) within 3 months of diagnosis
- Adolescents have poor care retention rates; ~9% remain in treatment at 1 year

A Overdose mortality among adolescents by substance type



MOUD IN ADOLESCENTS

Medication	Considerations for Adolescents
Buprenorphine	<ul style="list-style-type: none"> • Associated with increased abstinence, engagement in care • Longer duration of treatment associated with decreased opioid use • FDA approved for OUD in patients 16-18yo • Safety/efficacy of XR buprenorphine not studied though use is increasing
Methadone (MMT)	<ul style="list-style-type: none"> • Less studied due to federal restrictions but improves care retention • Opioid treatment programs (OTPs) require written consent of parent or legal guardian (no longer requires initial failure of outpatient treatment) • OTP setting not designed for adolescents
Naltrexone (NTX)	<ul style="list-style-type: none"> • Improves retention, possibly associated with reduced OD • Not FDA approved for patients < 18yo • Same OD risk as in adults with initiation, adolescents may try to "test" limits

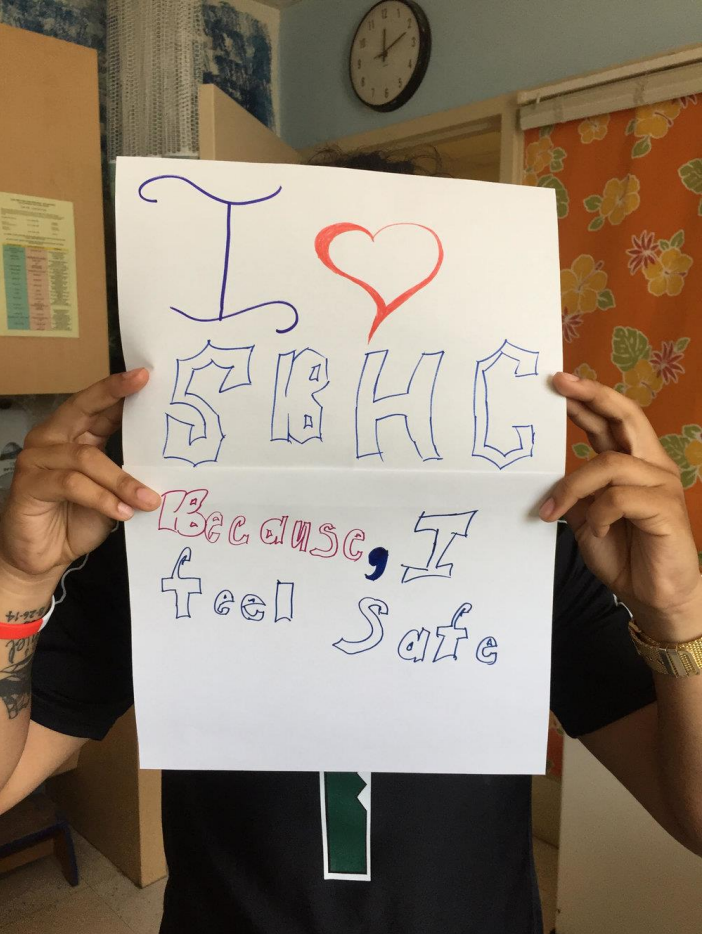
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SCHOOL-BASED HEALTH CENTERS

- SBHCs are on-site primary care clinics in schools that work in addition to and in collaboration with existing school nursing services
- Shown to improve health outcomes and reduce health disparities
- Provide access to a wide range of healthcare, including physicals, acute care, reproductive health, behavioral health, management of chronic disease and health education, in a convenient and trusted setting
- There are >2500 SBHCs in the US, largely in high schools in underserved areas



CONCLUSION

Case Update

- Extensive time spent teaching, counseling patient and mother on opioids, MOUD, and OD prevention, including use of IN naloxone and fentanyl testing strips
- Patient seen at SBHC on Day 9: "I'm so happy, it really helped"
- Connected with adolescent SUD clinic and Spanish-speaking recovery coach (RC) through SBHC associated community healthcare center
- Missed appointments and required daily check-ins by SBHC NP and intensive care coordination between SBHC, RC, school counselor, the patient, and family
- Stopped MOUD, had ~4 month period of abstinence before return to use; continues to engage with SBHC and integrated addiction medicine/primary care at community health center

Take-Home Points

- Adolescents can consent to SUD treatment; care is confidential with 42CFR
- Opioid use is overall decreasing in adolescents, but opioid overdoses are increasing
- Adolescents do not receive adequate evidence-based OUD care
- MOUD works; longer duration of treatment is associated with better outcomes
- SBHC provides a model for adolescent healthcare that can be especially effective for SUDs given ease of access

CONSENT & CONFIDENTIALITY

What you need to know	Patient counseling
<ul style="list-style-type: none"> • Parents can legally make medical decisions for children <18yo; SUD treatment is one exception • Adolescent substance use treatment is protected by 42CFR except in cases of serious threat to minor's life • Parents may access adolescent charts through EMR/patient portal if not protected 	<ul style="list-style-type: none"> • Describe confidentiality • Describe what parts of your visit are confidential • Explain exceptions to confidentiality • Explain how you would break confidentiality if needed

REFERENCES

1. Friedman, J., Godvin, M., Shover, C. L., Gone, J. P., Hansen, H., & Schriger, D. L. (2022). Trends in drug overdose deaths among US adolescents, January 2010 to June 2021. *JAMA*, 327(14), 1398–1400. <https://doi.org/10.1001/jama.2022.2847>
2. Substance Abuse and Mental Health Services Administration. (2024). Key substance use and mental health indicators in the United States: Results from the 2023 National Survey on Drug Use and Health. <https://www.samhsa.gov/data/report/2023-nsduh-annual-national-report>
3. Peavy, M., Banta-Green C. (2021). Understanding and supporting adolescents with an opioid use disorder. *Addictions, Drug & Alcohol Institute*. <https://adai.uw.edu/pubs/pdf/2021AdolescentsOUD.pdf>