



Providers
Clinical Support
System

Recovery Supports for Youth and Young Adults with Opioid Use Disorder

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Housekeeping

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- The overarching goal of PCSS-MOUD is to increase healthcare professionals' knowledge, skills, and confidence in providing evidence-based practices in the prevention, treatment, recovery, and harm reduction of OUD.

Meet Our Speaker



- Peter Jackson, MD
- Medical Director of The Addiction Treatment Center at the University of Vermont Medical Center
- Assistant Professor in Psychiatry at the UVM Larner School of Medicine
- Certified in Adult Psychiatry, Child and Adolescent Psychiatry, and Addiction Psychiatry
- Directing the clinical efforts of the University of Vermont Center on Rural Addiction, to improve capacity for SUD treatment in rural primary care practice settings
- Teaching, research, and clinical interest in the multigenerational impacts of substance use disorder within families, family interventions, stigma reduction, and motivational interviewing

Disclosures

In accordance with the disclosure policy of the American Academy of Addiction Psychiatry, as well as standards set forth by JAC policies and guidelines and the ACCME, the JAC expects accredited providers to present learners with unbiased, independent, and objective information in all activities. Accredited providers must be in compliance with the Standards for Integrity and Independence in Accredited Continuing Education. Therefore, Presenter(s), Planner(s), Reviewer(s), and all others involved in the planning or content development of this activity were required to disclose all financial relationships within the past 24 months.

All disclosures have been reviewed and there are no relevant financial relationships with ineligible companies to disclose.

All speakers have been advised that any recommendations involving clinical medicine must be based on evidence that is accepted within the profession of medicine as adequate justification for their indications and contraindications in the care of patients. All scientific research referred to, reported, or used in the presentation must conform to the generally accepted standards of experimental design, data collection, and analysis. Faculty have also been advised that they must not actively promote or sell products or services that serve their professional or financial interests during accredited education.



Educational Objectives

1. Evaluate strategies for enhancing treatment and recovery planning for adolescents with Opioid Use Disorder (OUD).
2. Implement family-based interventions for adolescents struggling with Substance Use Disorder (SUD).
3. Analyze school-based recovery programs designed for adolescents with SUD.
4. Summarize research findings on the effectiveness of mutual help groups for adolescents with SUD.

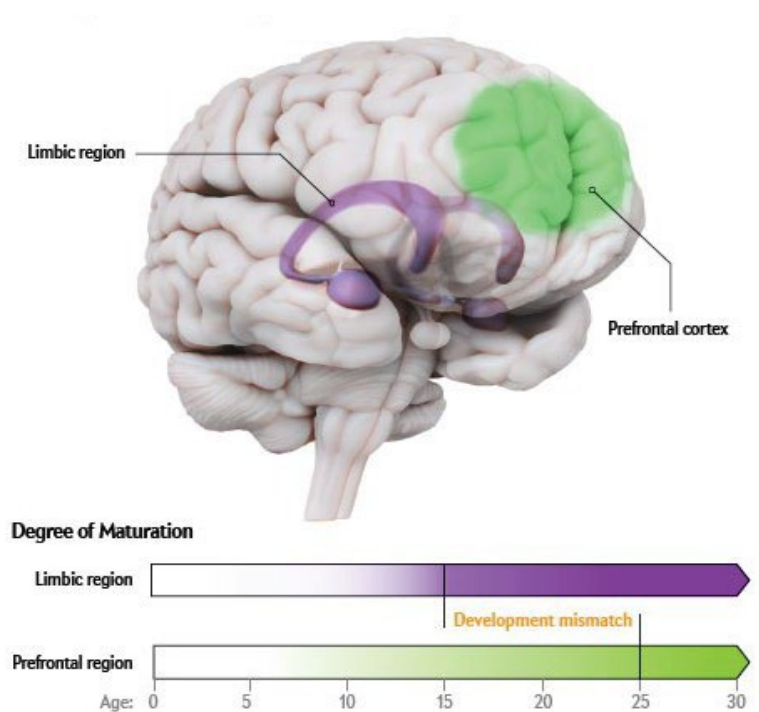
Outline

- Background
- Family-Based Interventions
- School and educational-based recovery supports
- Mutual Help Supports
- Questions

The Transitional Age Brain



Erik Erikson



Geidd J, 2015

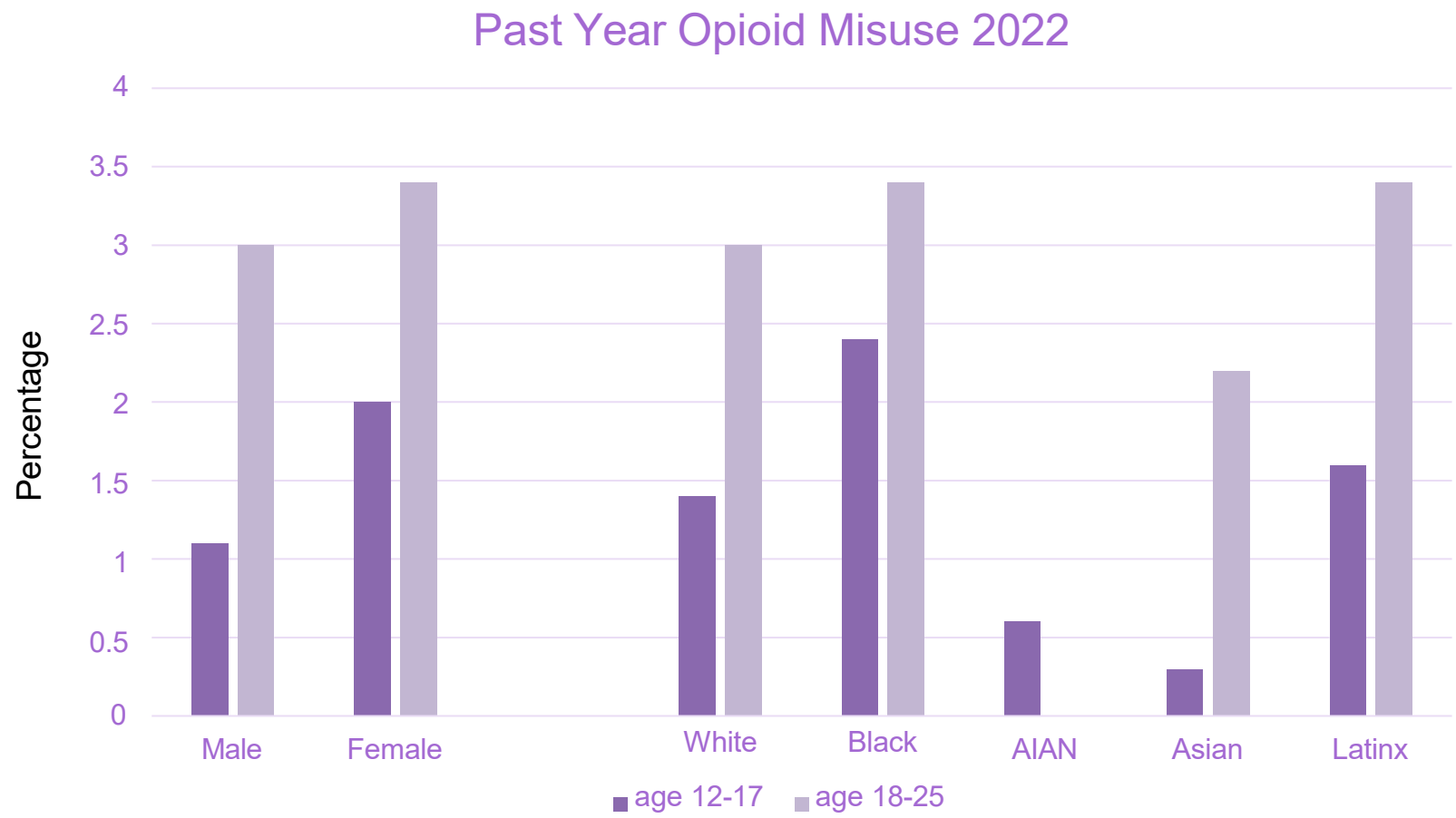


Stigma Messaging

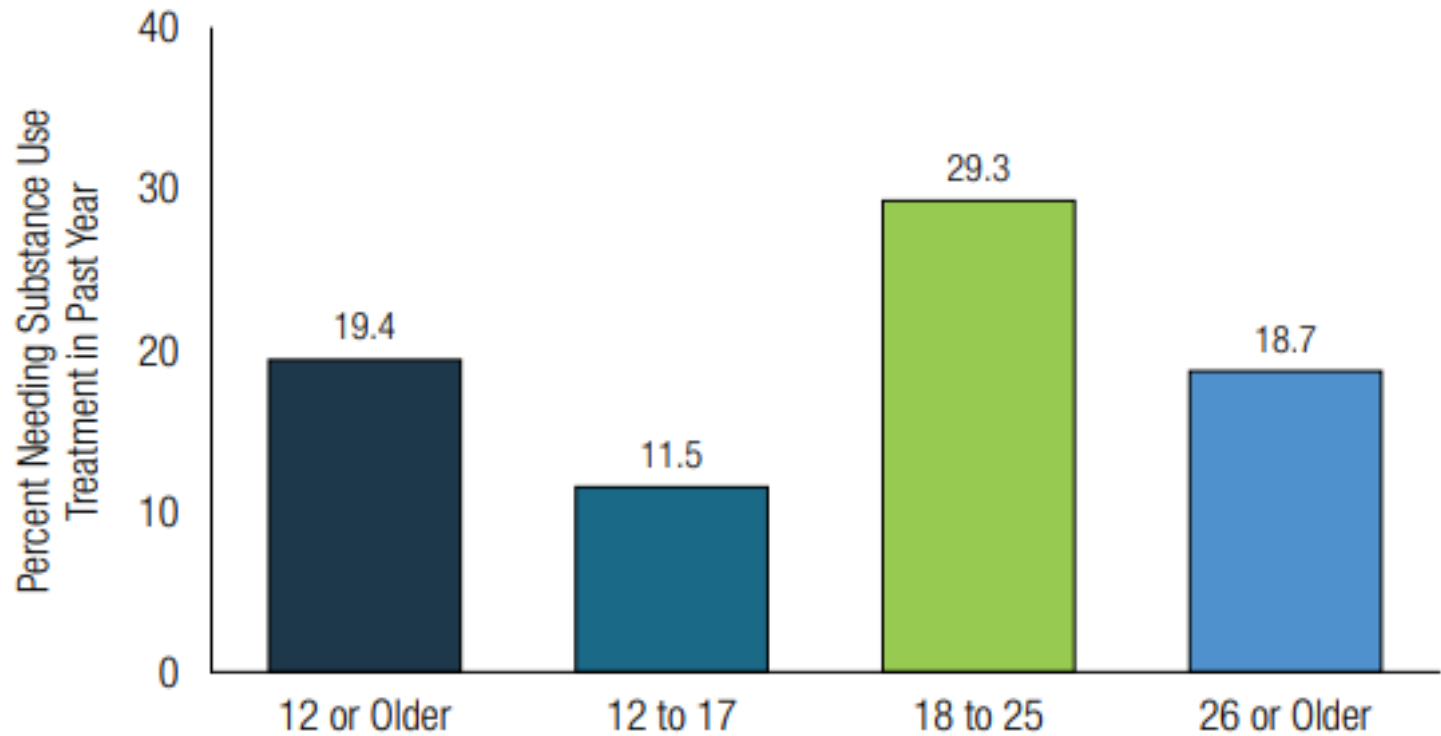
- People who use substances are not inherently bad.
- Harm reduction is important
- All forms of substance use carry potential risks and harms.
- Earlier exposure correlates with a higher likelihood of SUD and more severe cases
- Can we “have our cake and eat it too?”



Opioid Misuse by Gender and Race /Ethnicity

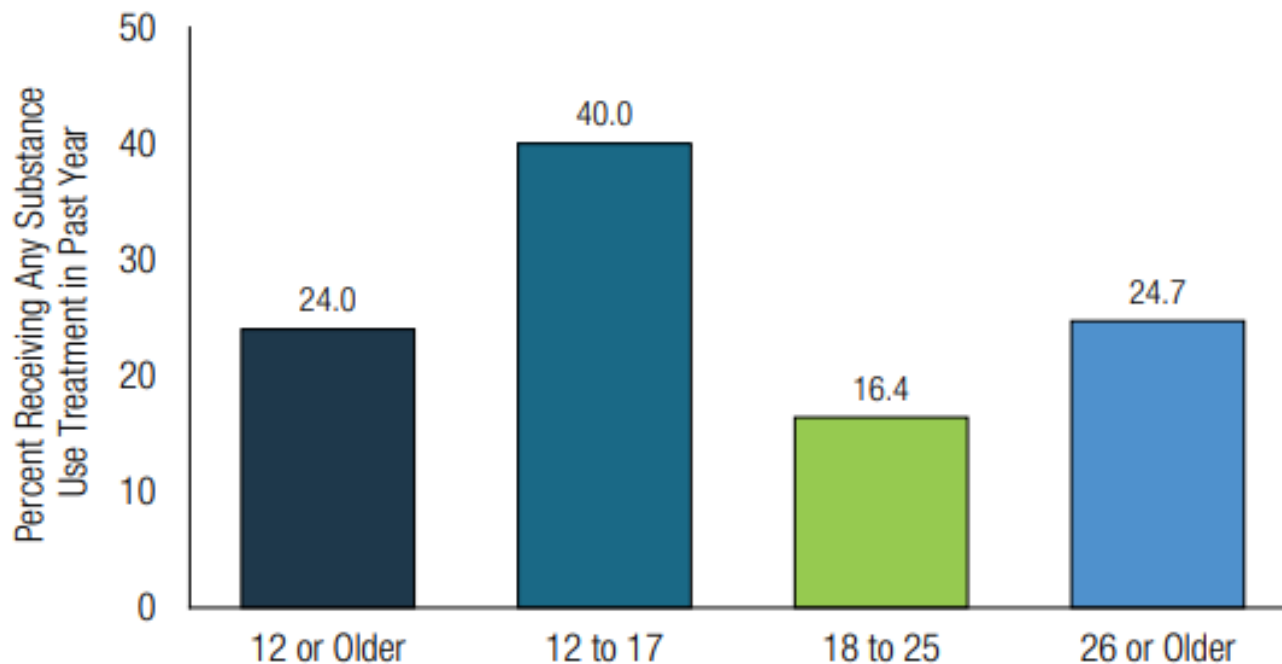


% of population needing SUD treatment



Note: Need for Substance Use Treatment is defined as having a substance use disorder in the past year or receiving substance use treatment in the past year.

% of those with SUD receiving treatment



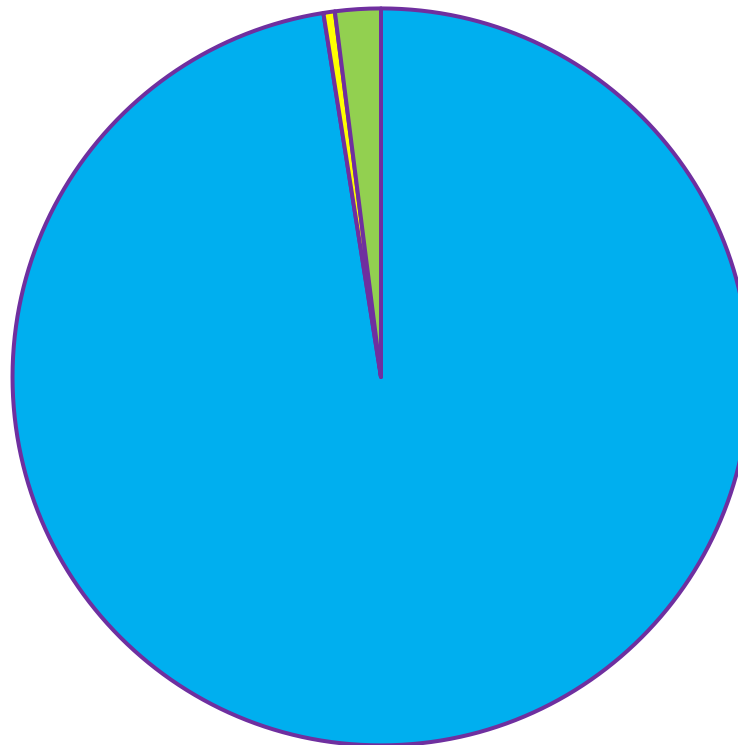
Note: Substance use treatment includes treatment for drug or alcohol use through inpatient treatment/ counseling; outpatient treatment/counseling; medication-assisted treatment; telehealth treatment; or treatment received in a prison, jail, or juvenile detention center.

Note: Need for Substance Use Treatment is defined as having a substance use disorder in the past year or receiving substance use treatment in the past year.



1.8 million US adolescents with SUD

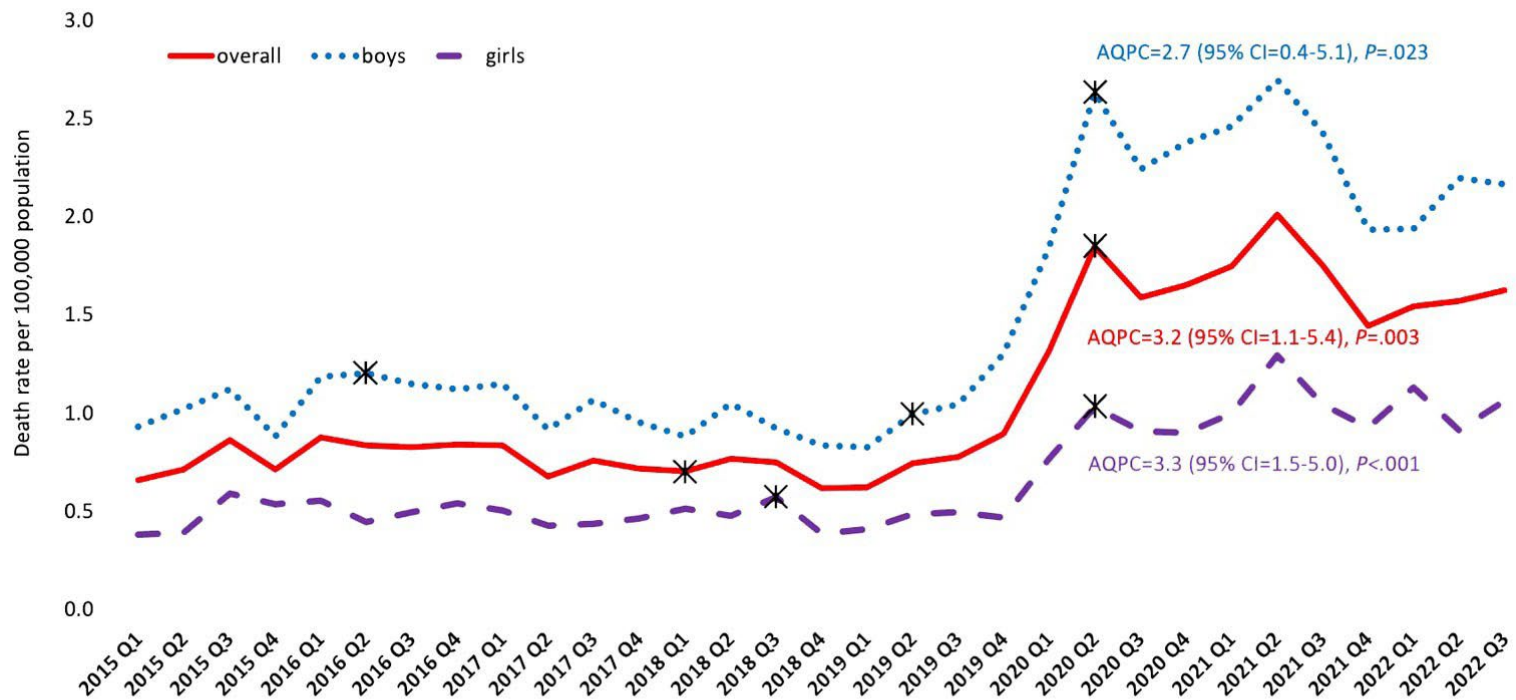
% of individuals 12-17 with SUD not receiving treatment



■ Did not see need for treatment ■ Sought treatment ■ saw need but didn't seek treatment

Trends in Drug Overdose Death Among Youth

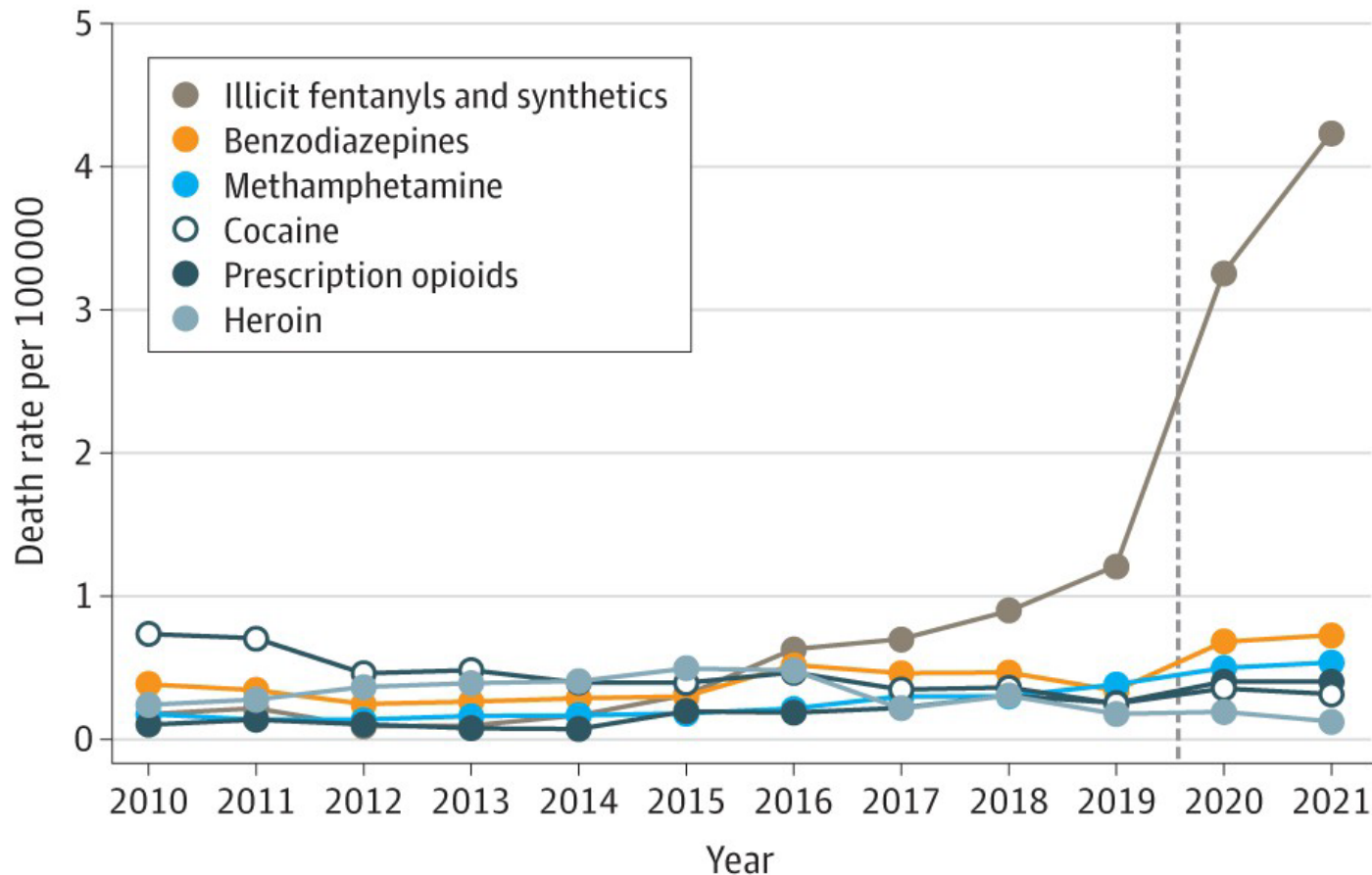
Unintentional Drug Overdose Death Rates Among US Youth Aged 15-19



Data sources: National Vital Statistics System's multiple-cause-of-death 2019-2021 final and 2022-2023 provisional data and the U.S. census monthly data. *: Jointpoints identified indicate significant changes in nonlinear trends using Bayesian Information Criterion. AQPC=average quarter percentage change during 2019 Q1-2023 Q1.

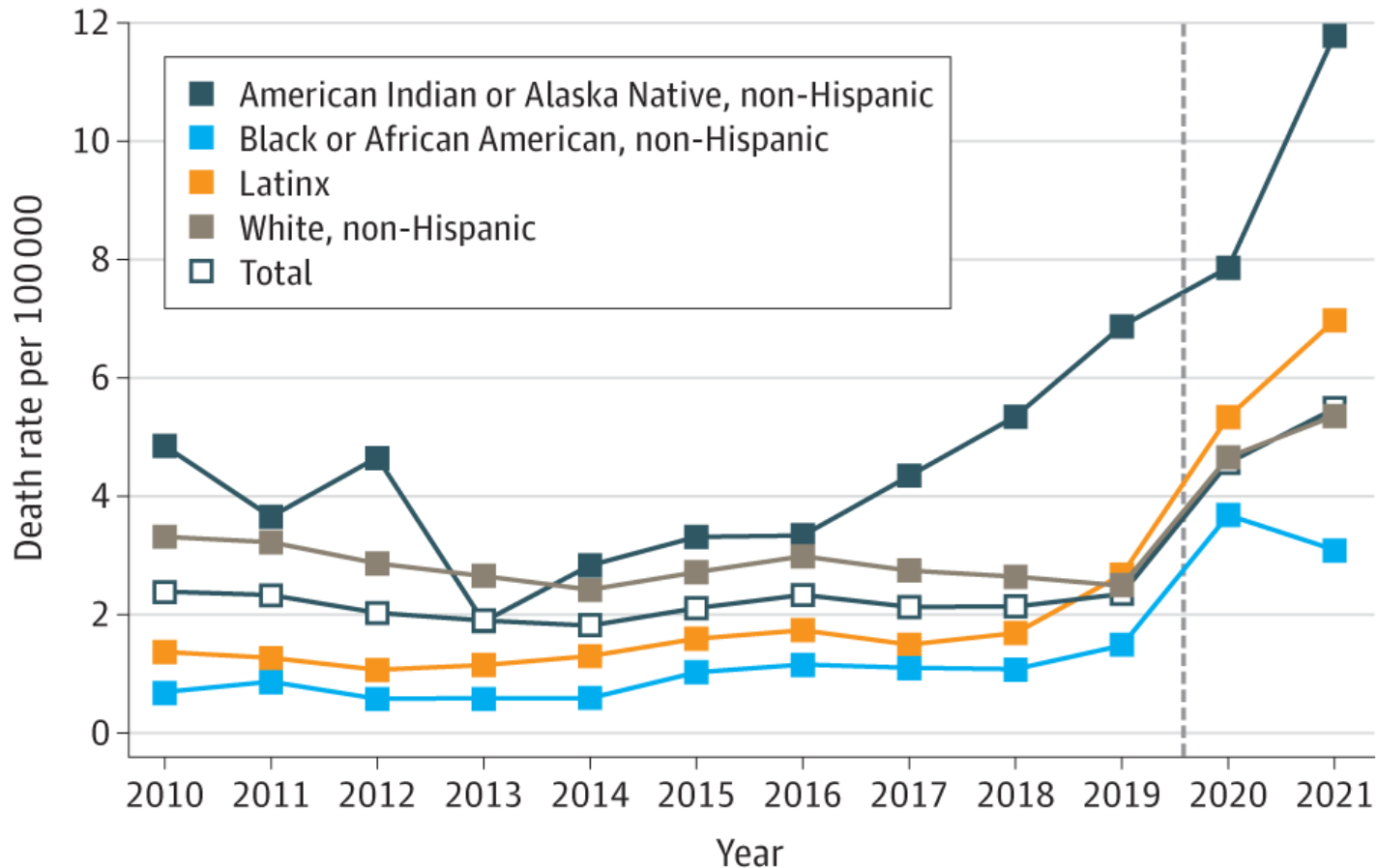
Substances Involved in Overdose

A Overdose mortality among adolescents by substance type

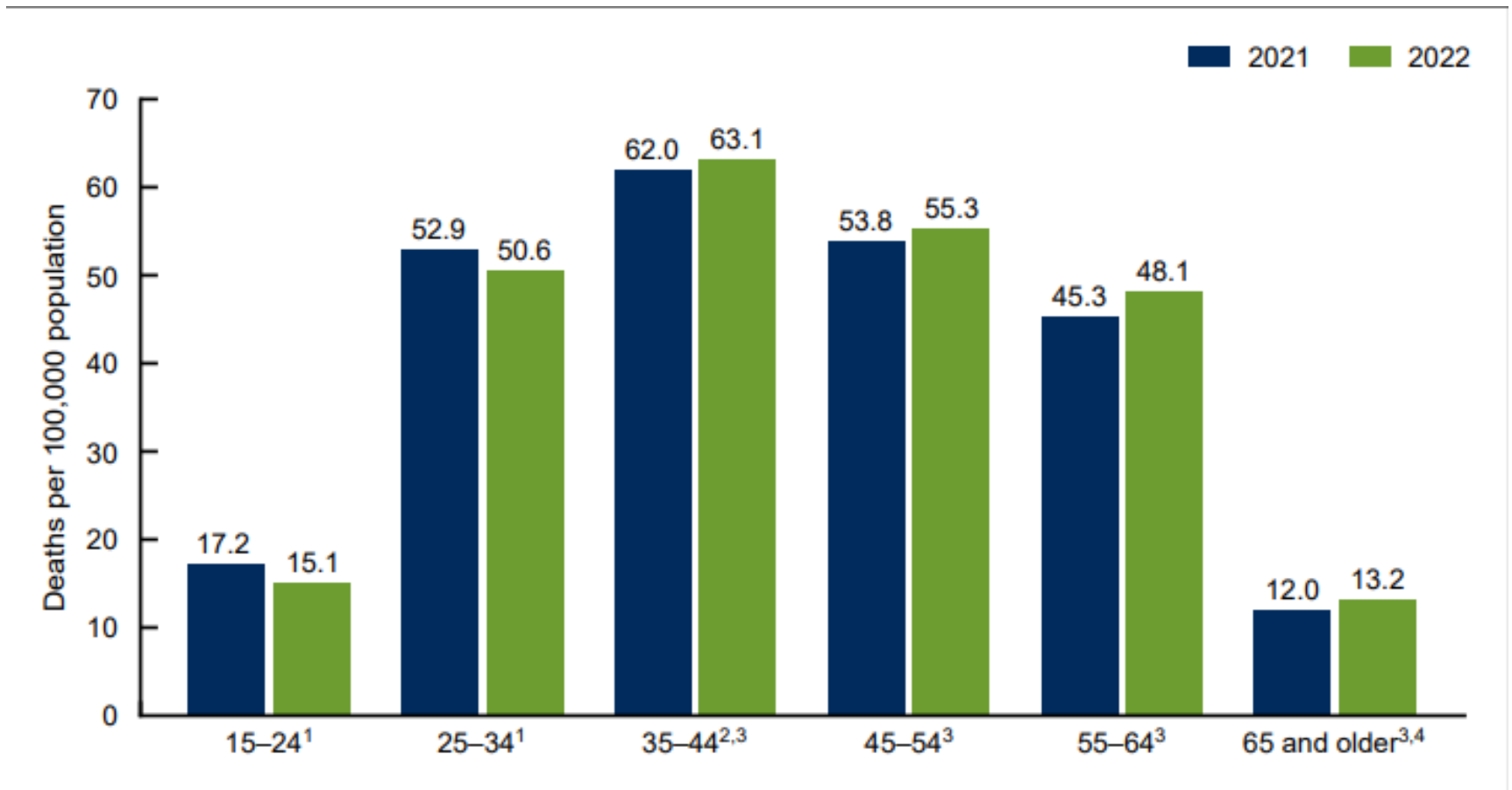


Overdose Rates by Race and Ethnicity

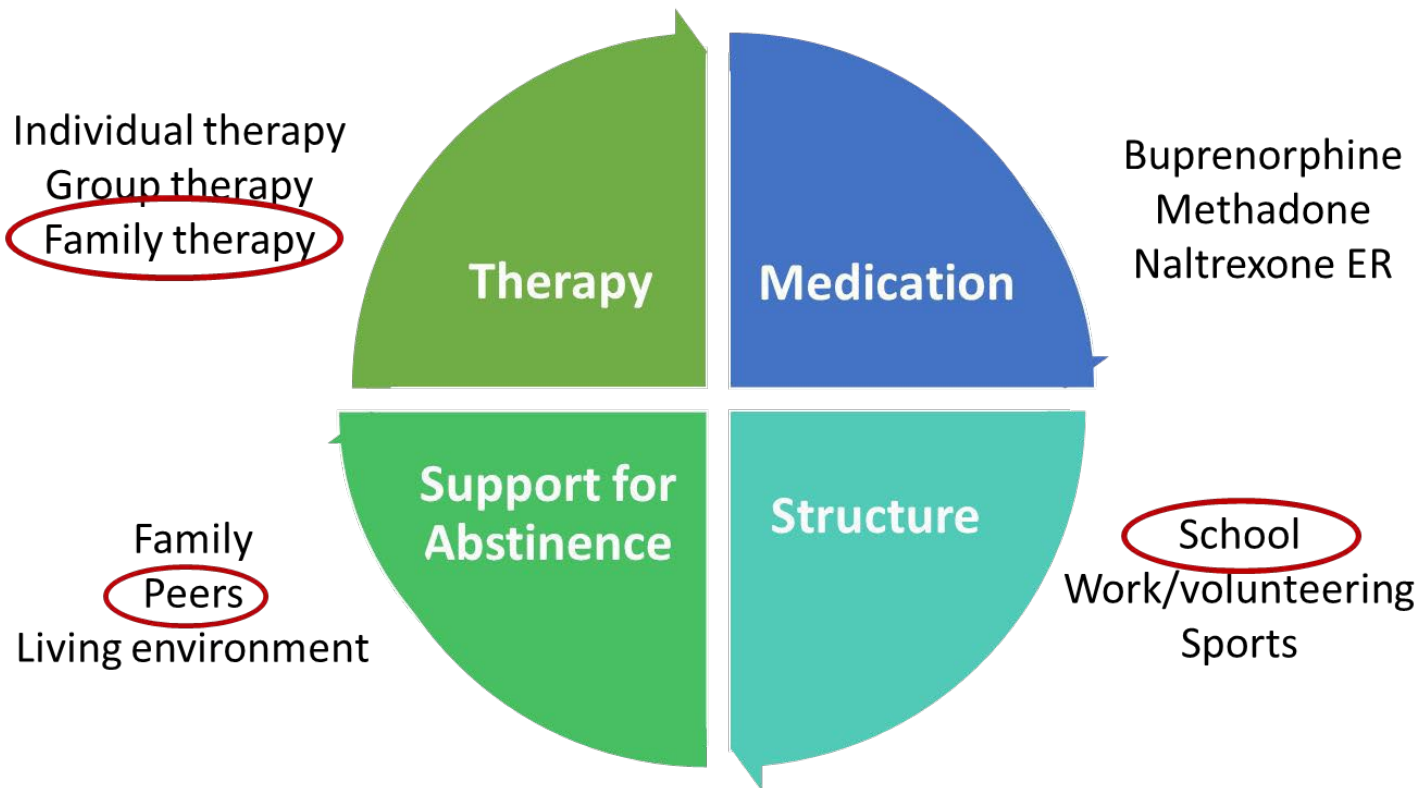
B Overdose mortality among adolescents by race and ethnicity



Rate of Drug Overdose Deaths



Young People with OUD— Treatment Plan Components



Why is it important to think about recovery support outside the office?

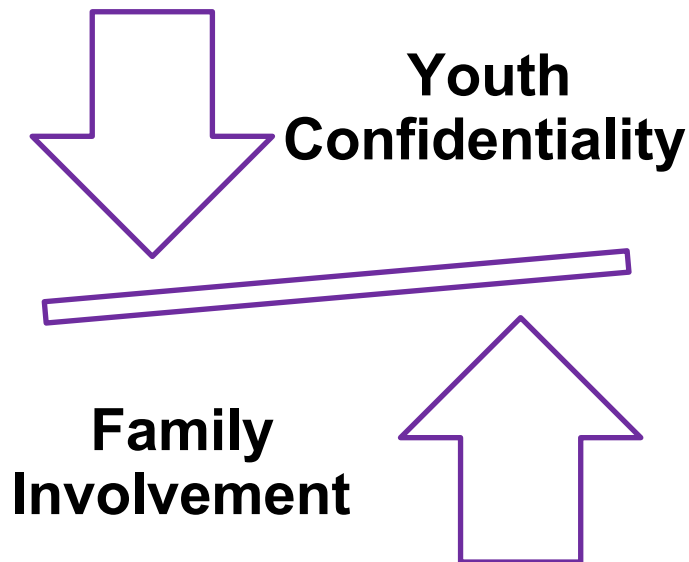


Home—Family/Friends School Treatment

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.

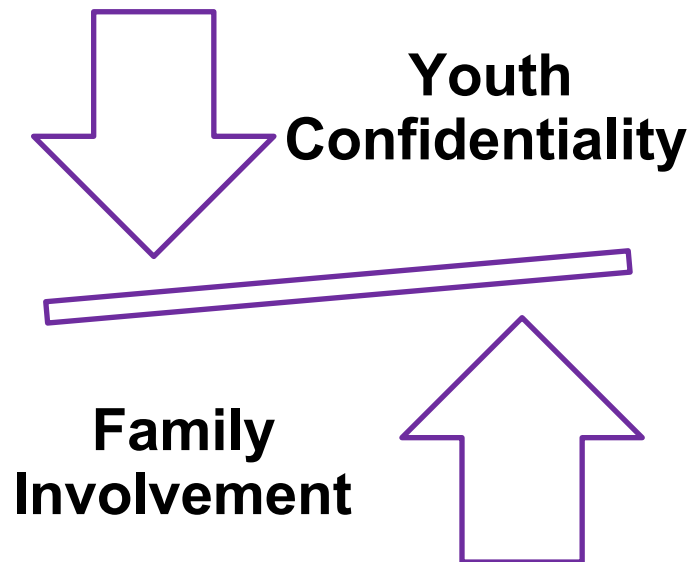
Family-Based Interventions

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

Family involvement is crucial when working with young people with SUD



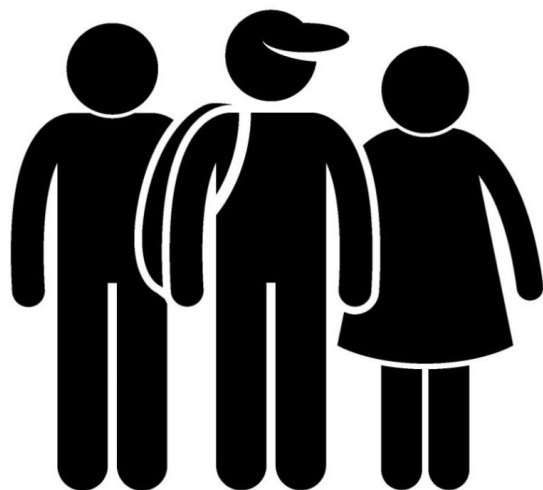
- State laws vary regarding adolescent confidentiality when engaged in substance use disorder care
- Young people are often reluctant to sign releases of information authorizing information to be shared with parents

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)

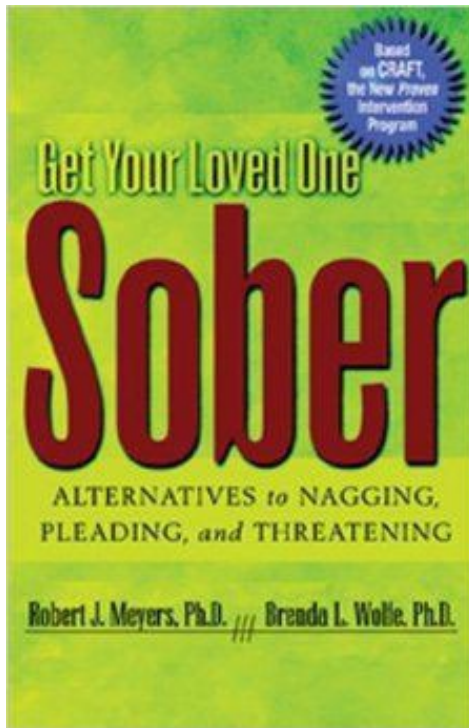
Family Therapy Modality Highlights

Functional Family Therapy	Multidimensional Family Therapy	Brief Strategic Family Therapy	Multisystemic Therapy
<ul style="list-style-type: none"> - Youth ages 11-18 - CBT and systemic therapy based - A phasic program beginning with engagement and motivation enhancement, focusing on specific behavior change goals, then concludes with generalization of skills acquired and planning for the future 	<ul style="list-style-type: none"> - Ages 10-26 - Youth, Parent, Family, Community - Individual work with youth - Individual work with parent, or parents together - Family Work - Efforts to improve collaboration with and connection to other “dimensions” of a youth’s life, including school and any other involved agencies 	<ul style="list-style-type: none"> - Ages 6 to 17 and family - Structured family systems approach - For both externalizing and internalizing symptoms in youth - Targeting maladaptive family interactions - Joining, observing and identifying interactional patterns, restructuring and reframing 	<ul style="list-style-type: none"> - 12-17 year old youth - Ecological assessment of youth, family, school and community - Common application in justice involved youth and their families - Clinicians are on call 24/7 - Introduce pro-social recreation and focus on school and job skills

Common Themes of Evidence Based Family Therapy Modalities

- Contingency management
- Improving communication
- Parent training for effective discipline
- Conflict resolution techniques
- Behavioral contracts
- Motivational interviewing/motivational enhancement
 - For both family and adolescent
- Involving and connecting multiple systems
 - Home, school, neighborhood, clinic, social groups

Community Reinforcement and Family Training (CRAFT)



- Targeted towards concerned family members to help motivate individuals with SUD to engage in treatment
- Delivered over 10 to 12 weeks

Goals:

- Improve caregiver's emotional functioning
- Teach principles of contingency management to reinforce behavioral change
- Help build communication and problem-solving skills

CRAFT Efficacy

- Meta-analysis comparing unilateral treatments for family members or CSO (concerned significant other) of adults with SUD
 - Al-Anon
 - Family members are powerless over loved one's addiction
 - Detach with love from the 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 is three times as effective as Al-Anon (4 studies)
 - CRAFT is twice as effective as the Johnson intervention (1 study)

CRAFT Efficacy

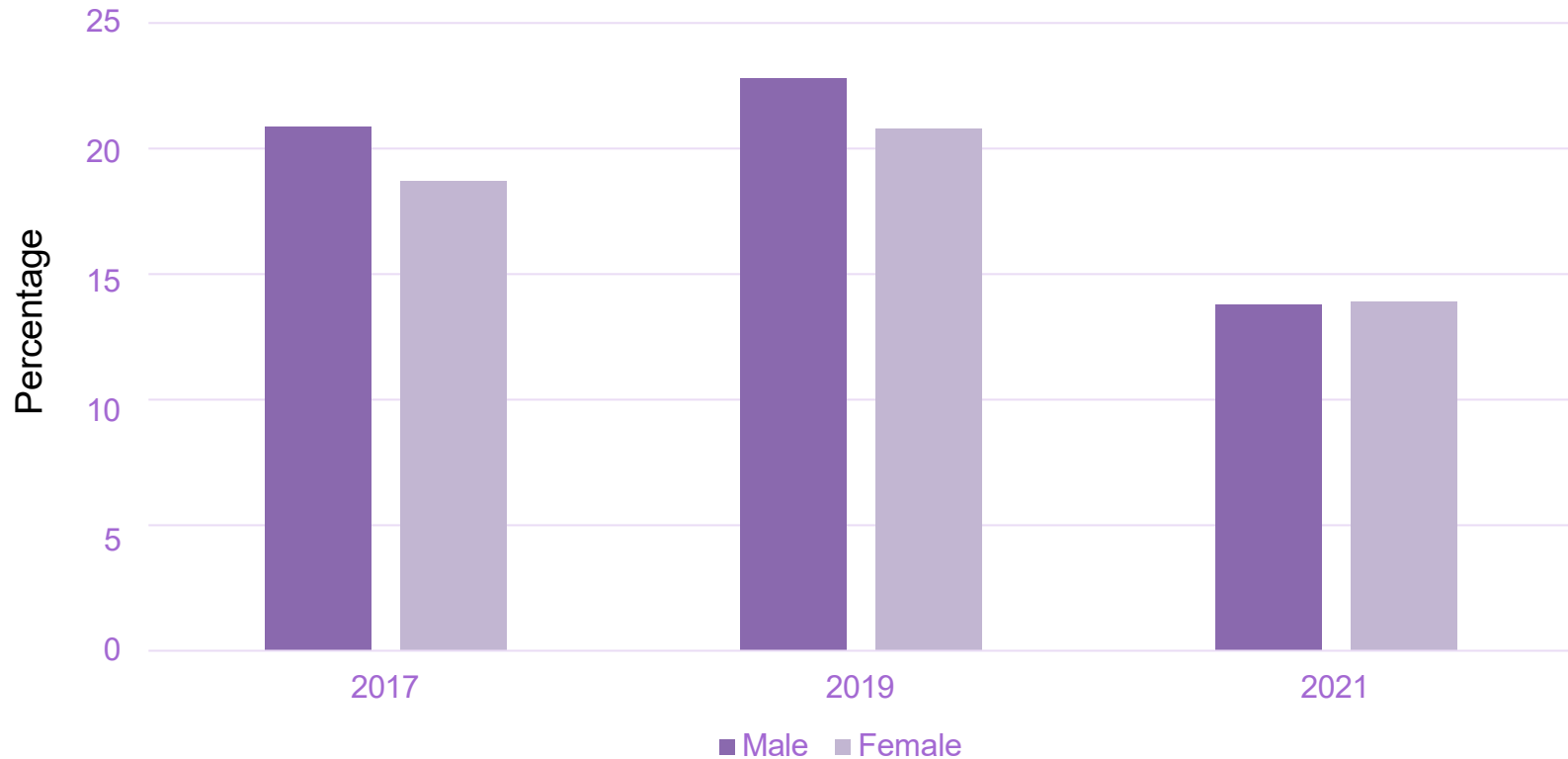
- Generally effective in engaging 2/3 of adults with SUD in treatment typically after 4 to 6 sessions
- Decreased depression & anger in family members, increased family cohesion
- Young adult specific:
 - Siljeholm, 2024
 - both CRAFT and Parent Counseling improved rates of treatment entry and decreased young adult substance use
 - 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% of adolescents engaged in treatment and reduced their cannabis use (74% to 64% days of cannabis use over the prior 90 days)
 - Parents had significantly decreased symptoms of depression and anxiety at 6 months
 - Adaptation for parents of adolescents with emphasis on treatment entry training

School and Educational Based Interventions



Substances in School

Were you offered, sold or given an illegal drug at school in past year?



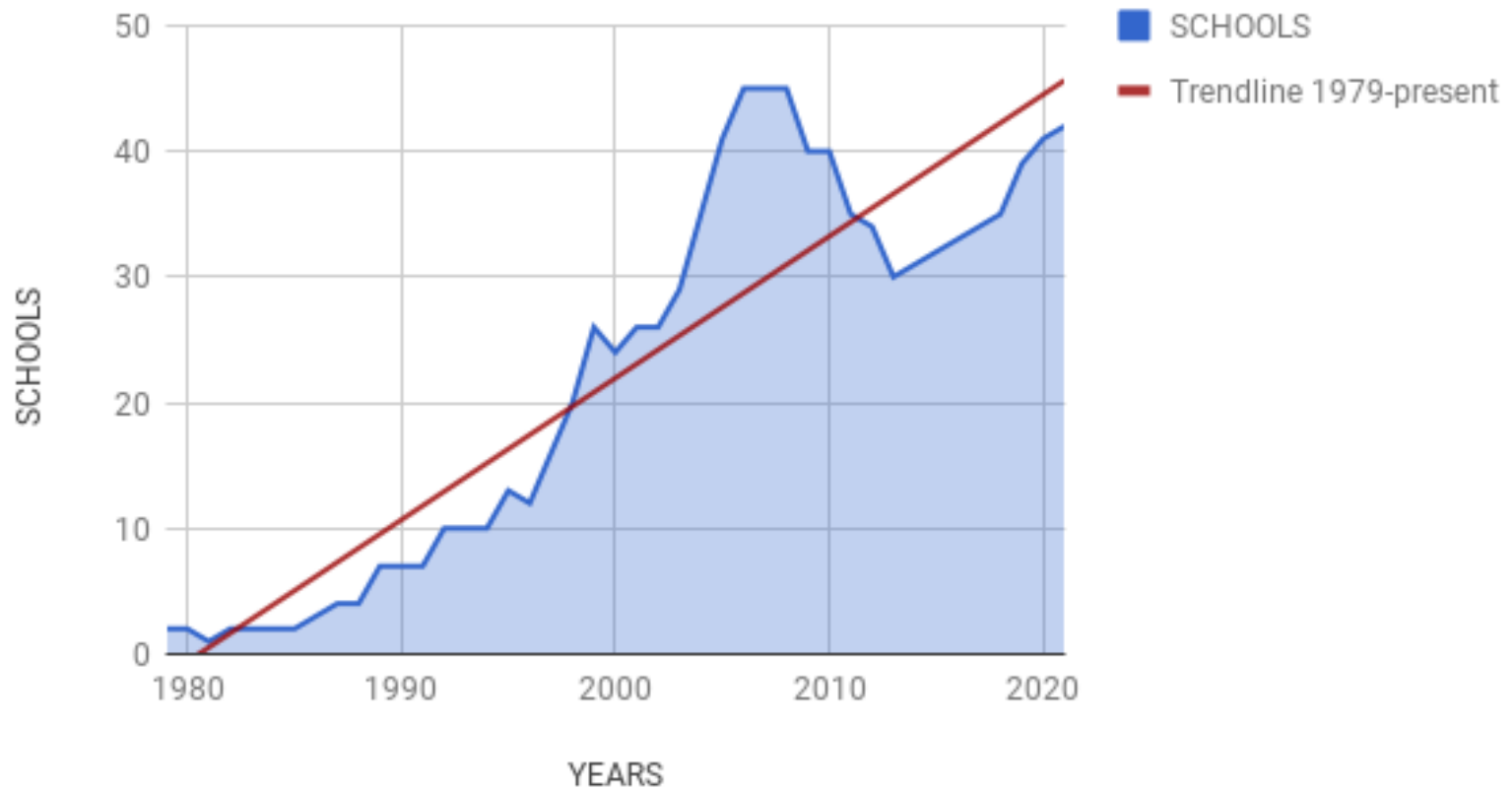
Recovery High Schools



- 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

Growing Number of Recovery Schools

RECOVERY HIGH SCHOOLS BY YEAR

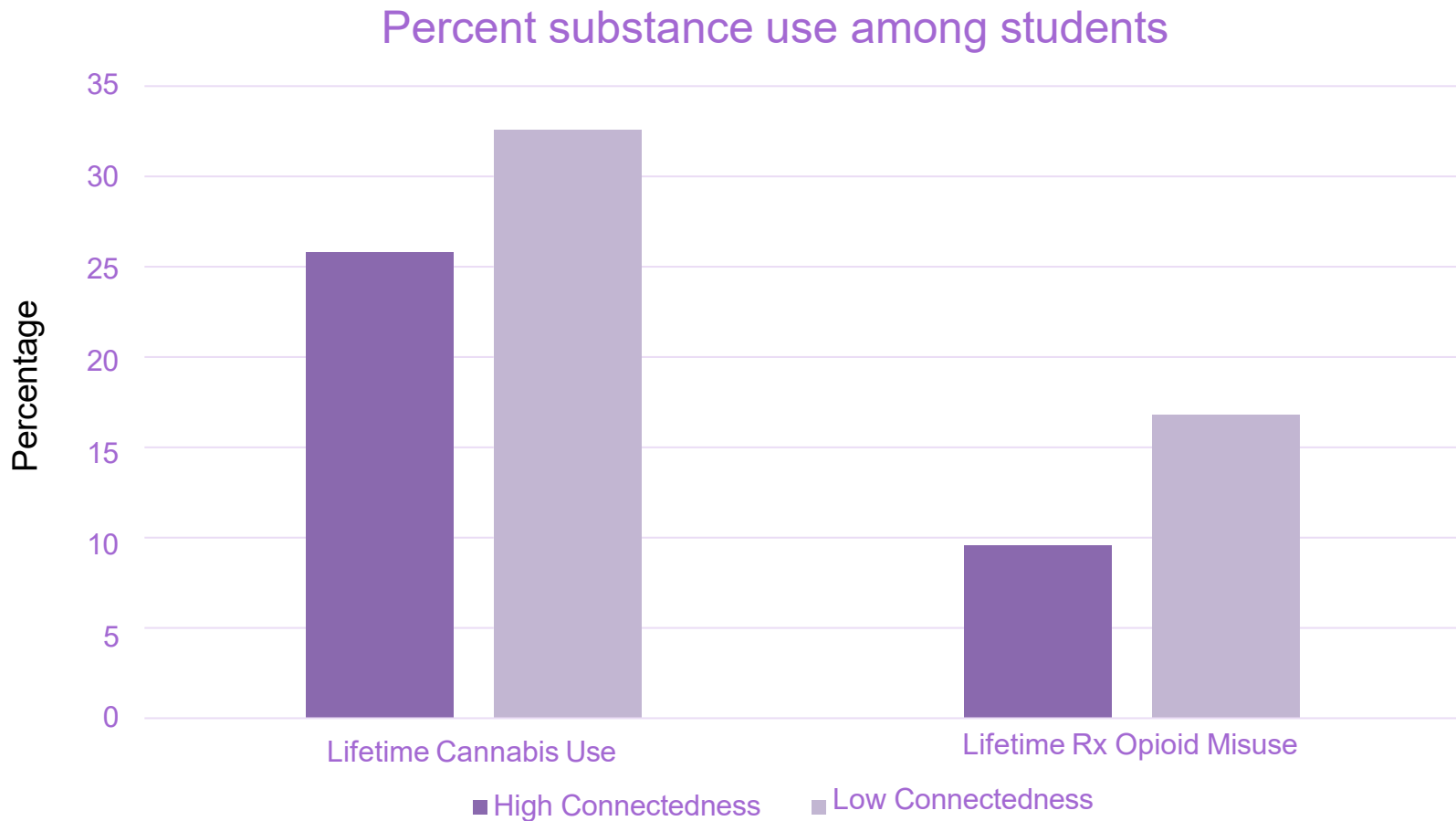




Recovery High Schools Help Young People Remain Abstinent

- 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
 - 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 fewer days) and less absenteeism from school (5 fewer days) associated with Recovery High School attendance
 - Higher rates of high school graduation

School Connectedness – High School



Collegiate Recovery Programs



- Supportive environment within the campus culture that reinforces recovery. Example components:
 - Substance-free housing
 - On-campus recovery skills development or group meetings
 - Substance-free social events
 - Physical facilities—drop-in space with staff
 - Academic advising
 - Mental health access/referral pathway
- Increasing in number over the past 10 years, currently approximately 160 programs nationally
- Resources for information: Association of Recovery in Higher Education; collegiaterecovery.org

Collegiate Recovery Program Efficacy

- Improved GPA on average
- Robust engagement, over 70%
- Appear Beneficial for longer-term recovery
- Areas for improvement:
 - More robust measurement of standardized outcomes
 - Expand beyond observational and qualitative assessment
 - Expand outreach to minority populations
 - Engaging younger students

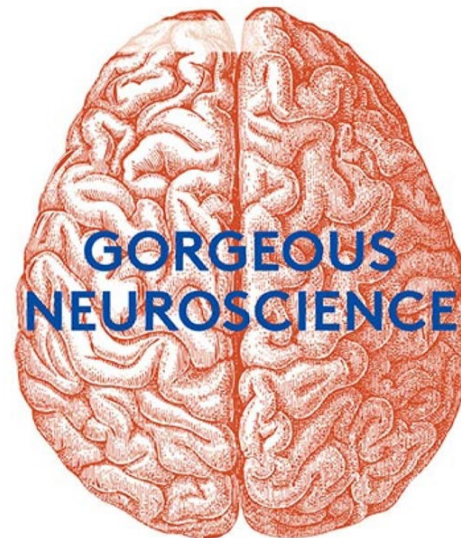
Additional Programs and Services



University of Vermont
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UVM RESIDENTIAL LIFE
WELLNESS ENVIRONMENT



Mutual Help-Based Interventions

Peer Led Mutual Help Organizations



- 12-step—Alcoholics Anonymous, 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 a lifetime
- Challenges for young people:
 - Limited participation of same-aged peers in meetings
 - Admission of powerlessness

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

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.

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



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

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

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

Conclusions



QUESTIONS?

- Opioid use and opioid overdose represent one of the greatest current threats to the health and life of youth and young adults
- While we enhance MOUD as a key part of the treatment plan for young people with opioid use disorders, additional treatment components can be essential
- 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

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PCSS-MOUD Mentoring Program

- PCSS-MOUD Mentor Program is designed to offer general information to clinicians about evidence-based clinical practices in prescribing medications for opioid use disorder.
- PCSS-MOUD Mentors are a national network of providers with expertise in **addictions, pain, and evidence-based treatment including medications for opioid use disorder (MOUD)**.
- 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:

<https://pcssNOW.org/mentoring/>

PCSS-MOUD Discussion Forum

Have a clinical question?

Ask a Colleague

A simple and direct way to receive an answer related to medications for opioid use disorder. Designed to provide a prompt response to simple practice-related questions.

<http://pcss.invisionzone.com/register>

Addiction Policy Forum	American College of Medical Toxicology
Addiction Technology Transfer Center*	American Dental Association
African American Behavioral Health Center of Excellence	American Medical Association*
American Academy of Addiction Psychiatry*	American Orthopedic Association
American Academy of Child and Adolescent Psychiatry	American Osteopathic Academy of Addiction Medicine*
American Academy of Family Physicians	American Pharmacists Association*
American Academy of Neurology	American Psychiatric Association*
American Academy of Pain Medicine	American Psychiatric Nurses Association*
American Academy of Pediatrics*	American Society for Pain Management Nursing
American Association for the Treatment of Opioid Dependence	American Society of Addiction Medicine*
American Association of Nurse Practitioners	Association for Multidisciplinary Education and Research in Substance Use and Addiction*
American Chronic Pain Association	Coalition of Physician Education
American College of Emergency Physicians*	College of Psychiatric and Neurologic Pharmacists
	Black Faces Black Voices

Columbia University, Department of Psychiatry*	Partnership for Drug-Free Kids
Council on Social Work Education*	Physician Assistant Education Association
Faces and Voices of Recovery	Project Lazarus
Medscape	Public Health Foundation (TRAIN Learning Network)
NAADAC Association for Addiction Professionals*	Sickle Cell Adult Provider Network
National Alliance for HIV Education and Workforce Development	Society for Academic Emergency Medicine*
National Association of Community Health Centers	Society of General Internal Medicine
National Association of Drug Court Professionals	Society of Teachers of Family Medicine
National Association of Social Workers*	The National Judicial College
National Council for Mental Wellbeing*	Veterans Health Administration
National Council of State Boards of Nursing	Voices Project
National Institute of Drug Abuse Clinical Trials Network	World Psychiatric Association
Northwest Portland Area Indian Health Board	Young People In Recovery



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