Opioid Addiction: A Pediatric Illness
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Objectives
As a result of this activity, participants will
• Be able to identify major risk factors for initiating opioid use
• Increase screening of mental health and substance use in their pediatric patients
• Understand the role of medication as part of adolescent opioid use disorder treatment
Today I hope to convince you that
• Opioid use disorder is an illness that arises in youth
• Physician opioid prescribing IS a risk factor
• Cannabis and other substance use ARE risk factors
• Pediatricians invaluable role in screening, prevention, and treatment

Children do not recreate the way adults do!
rec·re·a·tion
noun: recreation; activity done for enjoyment when one is not working
“areas used for recreation such as hiking or biking”

late Middle English (also in the sense ‘mental or spiritual consolation’): via Old French from Latin recreatio(n-), from recreare ‘create again, renew.’

Oxford Dictionary online

This is youth recreation
Youth drug use is NOT!

“Heroin is a recreational drug that is also an opioid”

Removing “Abuse” from Our Vocabulary

“A patient with diabetes has ‘an elevated glucose’ level. A patient with cardiovascular disease has ‘a positive exercise tolerance test’ result. A clinician within the health care setting addresses the results. An ‘addict’ is not ‘clean’—he has been ‘abusing’ drugs and has a ‘dirty’ urine sample. Someone outside the system that cares for all other health conditions addresses the results. In the worst case, the drug use is addressed by incarceration.”

It begins with ONE pill
“Among persons who began their opioid use in the 1960s, more than 80% reported that their first opioid was heroin; conversely, in the 2000s, a total of 75% of users initiated opioid use with prescription opioids.”


There is plenty of heroin when the pills run out

In 2014
An estimated 467,000 youth (1.9%) aged 12 to 17 were current nonmedical users of pain relievers, and 16,000 youth were currently using heroin.

16,000 of our children using heroin

Brains don’t differentiate between “licit” and “illicit” substances

People with cannabis use disorder are 3 times more likely to have heroin use disorder

SOURCE: CDC Vital Signs, July 2015
Patients at higher risk for substance use disorder may be more likely to receive chronic opioid therapy


Cannabis IS addictive

8000 subjects, age 15-64 years
Of those who endorsed at least one time cannabis use, about 9 percent eventually developed dependence

Compared to alcohol 15 percent
cocaine 17 percent
heroin 23 percent


Major Risk Factors for Heroin Addiction

Opioid use disorder involving pills
Cannabis, alcohol, or cocaine use disorder
Uninsured status and poverty
Being male and young (18 to 25 year-old)
Lack of attachment and nurturing by caregivers
Ineffective parenting
Caregiver substance use
Poor classroom behavior or social skills
Academic failure
Association with substance using peers
Co-morbid Psychiatric Illness

Co-morbidity prevalence as high as 75%
- Conduct disorder
- Oppositional defiant disorder
- Depression
- Posttraumatic stress disorder
- Anxiety (especially panic)
- ADHD


What is protective?

- Preventing/delaying other substance use
- Strengthening parent-child bond
- Parental involvement in the child’s life
- Clear limits and consistent enforcement of discipline

Therapeutic Use Is Still Exposure

Any legitimate opioid use prior to 12th grade confers:
- one-third higher risk of non-medical use in emerging adulthood (19-23 years)
- 2.7 fold higher risk of nonmedical use for the purpose of “getting high”

Exposure Alone Not Enough

Treatment Works
Secondary analyses of data from 15-21 years olds randomly assigned to 12 versus 2 weeks Buprenorphine/Naloxone therapy plus counseling
Less opioid (+) urine at week 12 in
• Early opioid abstinence
• Previous 30-day injection drug use
• More active medical/psychiatric problems
• Ancillary psychosocial treatments

Identifying misuse risk is not enough
What is enough?

- Screen for mental health symptoms at every pediatric visit at least beginning by age 11
- Screen for substance use at least yearly, beginning by age 11, including visits where opioids are being prescribed
- Identify groups at enhanced risk (e.g., Heme/Onc, Pain Management)
- Develop prevention/intervention strategies that work
- Enhance communication between pediatric and adult disciplines

Get substance use out of social history

Social history familial, occupational, and recreational aspects of the patient’s life that have the potential to be clinically significant

- Placing in social history is an invitation to not ask
- By definition, youth substance use is clinically significant, and belongs in its own category

Medication Assisted Treatment is Effectively Unavailable!

- Less than half of US counties have at least one waivered prescriber
- Concentrated in Metro areas

No excuses

**Online Training for Waiver to Prescribe Buprenorphine**

This 8-hour online course is free to AAP members and will allow them to apply for a waiver to prescribe buprenorphine as part of treatment of young people with opioid use disorder and learn about the use of naltrexone.

The course can be accessed at:
www.aap.org/mat

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Additional resources

- Provider Clinical Support Services
  - Opioid Therapies (pcss-o.org)
  - Medication Assisted Treatment (pcssmat.org)
- Buprenorphine in adolescents

- Adolescent Screening Brief Intervention and Referral to Treatment:
  http://massclearinghouse.ehs.state.ma.us/BSASSBIRTPROG/SA1099.html