

Medications underutilized when treating young people with opioid use disorder

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Only one in four young adults and teens with opioid use disorder (OUD) are receiving potentially life-saving medications for addiction treatment, according to a new Boston Medical Center (BMC) study published online in *JAMA Pediatrics*.

Buprenorphine and naltrexone are medications used to treat OUD that help prevent relapse and overdose when used appropriately. In late 2016, the American Academy of Pediatrics recommended, for the first time, that providers offer [medication treatment](#) to adolescents with OUD.

Prior studies have shown that among all adults in treatment for opioids, one-third started using opioids before age 18, and two-thirds started before age 25. Unlike methadone, buprenorphine and naltrexone can be offered in the primary care setting. However, few teens receive medication due, in part, to a widespread shortage of physicians who have received a waiver certification required to prescribe buprenorphine. And, as researchers note, of all of the physicians who are certified in the United States, only one-percent are pediatricians.

"We know that experimentation with opioids often begins in adolescence, and early signs of addiction most commonly emerge in the teenage years or early 20s," said Scott Hadland, MD, MPH, MS, pediatrician and addiction specialist at BMC who led the study. "It is critical that providers caring for young people intervene early in the evolution of addiction and provide effective treatment with medication which can potentially prevent a lifetime of harm."

Researchers looked at nearly 21,000 teens and [young adults](#) aged 13-25 across the United States who were diagnosed with OUD between 2001 and 2014 and tracked whether or not they received buprenorphine or naltrexone within six months of their diagnosis. They found that 27 percent were

given a medication within six months, and buprenorphine was dispensed eight times more often than naltrexone. Additionally, the diagnoses rate for OUD increased nearly six-fold from 2001 to 2014.

The study also identified sociodemographic differences in receipt of medications. Teens were least likely than young adults to receive medications, with less than 1 in 50 teens aged 13-15 and 1 in 10 teens aged 16-17 provided [buprenorphine](#) or [naltrexone](#). Females were less likely than males to receive medications, as were African American and Hispanic teens compared to Caucasian adolescents. The underlying reasons for these gender and race differences are unknown, though researchers suggest that it may relate to access issues, denial of care or provider bias.

"Our study highlights a critical gap in [addiction treatment](#) for teens and young adults. We need tangible strategies to expand access to medications that do not worsen the gender and racial disparities we observed," said Hadland who is also an assistant professor of pediatrics at Boston University School of Medicine. "It's imperative that access to addiction treatment is widespread and equitable."

More information: *JAMA Pediatrics* (2017). jamanetwork.com/journals/jamap...pediatrics.2017.0745

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