



LOUDPC 2019

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APPROACHES TO WORKING WITH YOUTH WHO USE OPIOIDS AND THOSE WITH OPIOID USE DISORDERS

Disclosure of Commercial Support

- This program has received financial support from CAMH

Faculty/Presenter Disclosure

- Faculty: **Dr. Sharon Cirone**
- Relationships with commercial interests:
 - *Income, stipends and consultations fees from OHIP, CPSO, CAMH, OCFP, CFPC, SLFNHA, and various youth serving agencies*
 - *Member, MOHLTC Methadone Treatment Services Advisory Committee and the HQO Opioid Use Disorders Quality Standard Development Working Group*
 - *Reviewer: BCCSU OUD Guidelines; Youth Supplement*
 - *Dinner once or twice with Indivior*

Mitigating Potential Bias

- I will use generic names of medications.
- I may reference of label uses of medications and I will definitely name practices outside of the CPSO 2011 MMT Standards and Guidelines
- My patient guest may use commercial names



Overview

Opioid use in adolescents and young adults in Ontario

Special Issue in Adolescents and Young Adults

Patient presentation/discussion

Approaches to working with youth

Pharmacologic Management

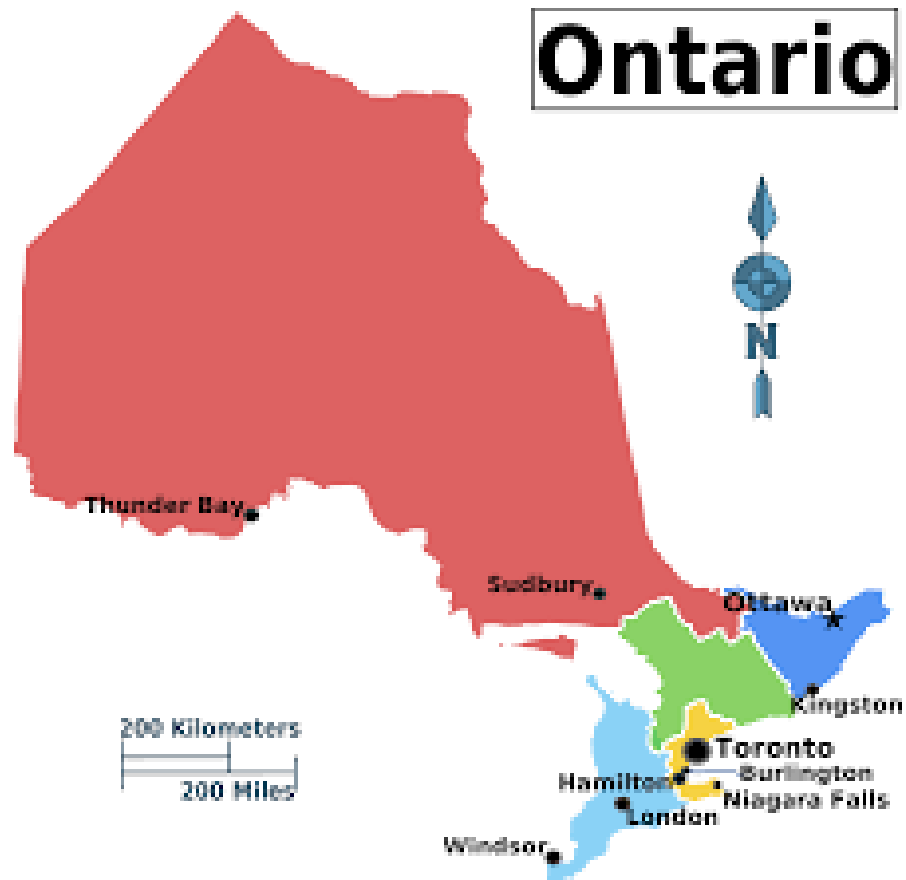
Youth specific programs in Ontario

Ontario Student Drug Use Survey 2017

- 11% of students reported non-medical use of prescription opioids in the past year, females= males
- Heroin use decreased over past decade (1.9% to 0.5%)
- Opioids second most commonly used illicit substance after cannabis
- Among students who reported using opioid analgesics non-medically, 72% reported obtaining them from home

Brands B, Paglia-Boak A, Sproule BA, Leslie K, Adlaf E. Nonmedical use of opioid analgesics among Ontario students. Canadian Family Physician. Vol 56: 256-62. March 2010.

What's happening in your part of the province?



Opioid Use Disorder is an Adolescent Onset Disorder

- Drug use disorders begin in adolescence
- Symptom onset by age 18 years in 50% of individuals
- By 24 years of age in 80% of individuals
- Prescribed opioids before 12th grade > increased risk for OUD by age 23 years
- Mental health co-morbidity is associated with higher rates of OUD
- Higher ACEs > higher risk of SUD
- Primary Prevention
- Secondary Prevention

NOT Adults!!!!!!!!!!



ADOLESCENTS AND YOUNG ADULTS: SPECIAL ISSUES

- Neurodevelopment
- Physiologic dependence versus addiction
- Poly substance abuse
- Co morbidity
- Consent

Brain Development and Vulnerability to Drug Use

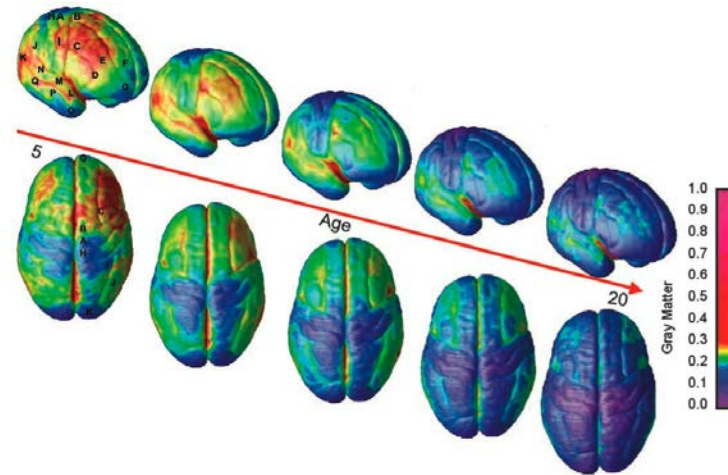
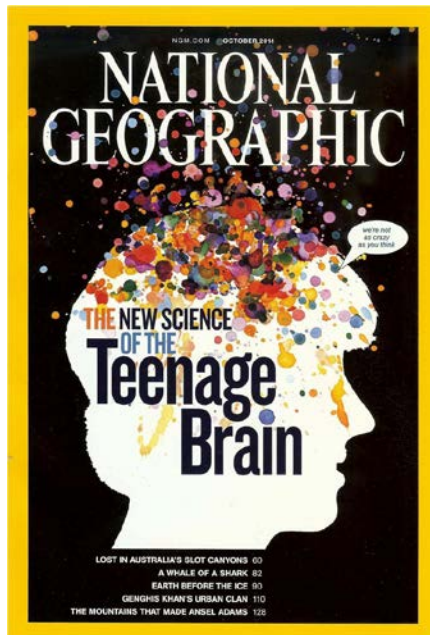


Image: Thompson, Paul. Ph.D., Time-Lapse Imaging Tracks Brain Developing from ages 5 to 20, UCLA Lab of Neuro-Imaging and Brain Mapping Division, Dept. Neurology and Brain Research Institute.

Permission: Dr. Paul Thompson

Drug Use and Neurodevelopment

- **Episodic opioid use > abuse > dependence:** neuroplastic changes of cellular receptors, intracellular functions, protein translation and gene expression
- **Physical dependence > addiction:** changes to the neural reward seeking centres

Therefore, never underestimate the impact of early intervention

Dependence versus Addiction: DSM V: Opioid Use Disorder; mild

- Shorter drug use history
- Relapsing use versus persistent daily use
- Route of use
- Withdrawal symptoms
- Tolerance
- Use despite harm

POLYSUBSTANCE ABUSE: RISK OF OVERDOSE AND DEATH

Alcohol: binge use

Cannabis

OTCs: Dextromethorphan, dimenhydrinate, sedating antihistamines

Benzodiazepines: Xanax

Ketamine

Other opioids: fentanyl



Emergence of Newer or Novel Street Drugs

Synthetic Cannabinoids

Other opioids: Kratom, LEAN

OTC Rx: Immodium, DXM

Methamphetamine



Keeping up.....



www.erowid.com

www.camh.ca

www.drugabuse.gov



THE GLOBE AND MAIL 

Complexity and Co morbidity

- Mental health symptoms
- Learning disorders and Behavioral issues
- Psychiatric disorders
- Drug use related medical issues
- Acute or chronic medical conditions
- Sleep and nutritional deprivation in street youth

Adolescent Consent for Medical Care

Health Care Consent Act (HCCA) 1996

No specific age of consent

Decision making capacity

Parental consent not necessary



YOUTH WITH SUBSTANCE USE DISORDERS IN YOUR OFFICE

- Adolescent behaviors
- Behaviors of co morbidity
- Drug using behaviors
- Diversity of youth
- Interactions with staff and other customers

The adolescent patient requires special consideration



Patient story



Principles for Working with Youth

- Harm Reduction
- Motivational Interviewing
- Case Management, outreach
- Counselling
- ‘Circle of Care’

Approaches to Working with Youth

Youth friendly environment:

- ✓ Accessible
- ✓ Non judgmental
- ✓ Flexible
- ✓ Structure
- ✓ Confidentiality

Rapport, rapport, rapport

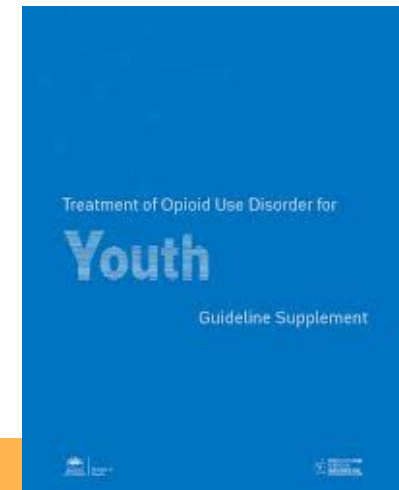
Approaches to Working with Youth

- ✓ Individual attention from staff
- ✓ Pharmacologic and behavioral approaches
- ✓ Long-term commitment
- ✓ Involvement of family members

Methadone maintenance treatment for youth: experiences of clients, staff, and parents. Substance Use Misuse. 2009;44(14):1979-89.

BC Centre for Substance Use: BCCSU

- Family practice is well suited to diagnosing and treating opioid use disorder and supporting long-term recovery; primary care practitioners are encouraged to take on addiction care as part of their practice
- Opioid use disorder is a chronic, relapsing disease that benefits from a compassionate, patient-centred and non judgemental approach
- A full range of services and available treatment should be offered to youth with OUD, including OAT, non pharmacologic interventions and recovery oriented services
- Treatment approaches should be developmentally appropriate, youth-centred, trauma informed, culturally appropriate, confidential, promote recovery and include family involvement when appropriate



Pharmacologic Treatment Options

Harm Reduction: Naloxone kit

Opioid Substitution Therapy:

Buprenorphine

Methadone

SROM

Abstinence (for individuals with Hx of misuse and lower dependence) :

Opioid taper

Symptomatic treatment of opioid withdrawal

LA Naltrexone

Symptomatic treatment of Opioid Withdrawal

- Clonidine
- Tazodone
- Gravol
- NSAIDs
- Acetaminophen
- Immodium
- Diazepam



Opioid Substitution Therapy

- Buprenorphine versus Methadone

HQO OPIOID USE DISORDER, Care for People 16 Years of Age and Older 2018

Treatment of Opioid Use Disorder for Youth: Guideline Supplement, BCCSU 2018

- Detoxification versus maintenance

Marsch et. al. A RCT of buprenorphine taper duration among opioid dependent adolescents and young adults. 2016 Addiction, vol 111 issue 8.

Buprenorphine

Buprenorphine is the first choice for younger patients with:

- shorter durations of use and addiction histories
- histories of opioid abuse and addiction and multiple relapses but may not be dependent on opioids
- histories of use of other sedating substances
- a good prognosis for detoxification
- concerns about stigma
- no access to methadone (remote and Indigenous communities)

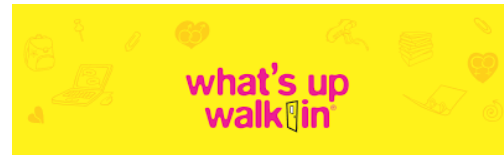
* Health Canada approval only for persons over age 18 years*

Methadone

CPSO 2011 MMT Program Standards and Guidelines:

- G5.1 The MMT physician should consider abstinence based treatment and/or opioid substitution for withdrawal purposes for patient's under 18 years of age with a shorter duration of opioid dependence.
- G5.2 The MMT physician should consider MMT for patients under 18 years of age only after a thorough assessment and discussion about all treatment options.
- G5.3 The MMT physician should ensure there has been a discussion with patients under 18 years of age (and other family members where possible) about potential issues with methadone including side effects, risks and difficulty withdrawing and tapering off of methadone.
- G5.4 The MMT physician should seek and document consultations, formal or informal, with a methadone provider prior to initiating a patient under 18 years of age on MMT.

Ontario services for youth



Dennis Franklin Cromarty High School program



Residential Treatment Services

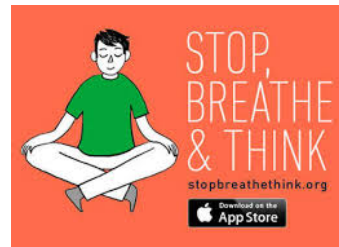
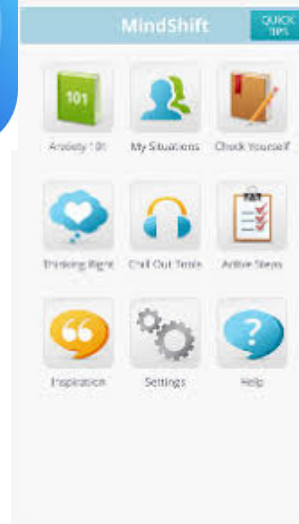
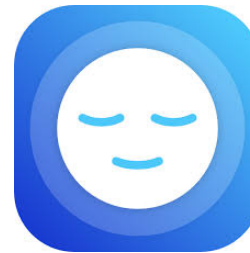
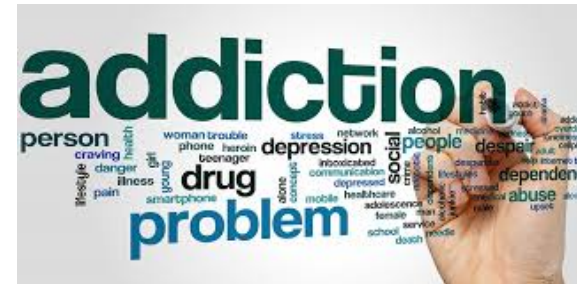


PINE RIVER
Institute



Gwekwaadziwin
Miikan

Online resources



ADOLESCENTS AND YOUTH IN YOUR PRACTICE

- Lessons learned
- Ideas?
- Knowledge translation: putting it into practice