Teens May Benefit From Meds to Treat Opioid Use Disorder

A literature review shows promising signs that teenagers, like adults, can benefit from methadone, buprenorphine and naltrexone.

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Just as it may benefit adults, medication-assisted treatment (MAT) may benefit teenagers with opioid use disorder (OUD), according to a new review of scientific literature. MAT includes methadone, buprenorphine and extended-release naltrexone.

Publishing their findings in the Journal of Studies on Alcohol and Drugs, a research team led by Deepa R. Camenga, MD, MHS, of the Yale School of Medicine, reviewed 14 published papers on investigations of the effects of MAT on OUD among adolescents. The studies were published between 1973 and 2018 and included participant population sizes that ranged from only a handful to several hundred.

On balance, the benefits of MAT in this population far outweigh the risks, according to the review's authors. Nevertheless, only about 2% to 5% of adolescents with OUD receive such treatment, compared with 12% to 26% of adults.

The three MAT types were, in general, associated with an improvement in adolescent retention in treatment for OUD, decreased use of opioids and higher rates of abstinence. That said, the authors called for greater research into the optimal duration of MAT among adolescents and how best to keep this demographic in treatment.

For methadone, downsides include the need to closely monitor recipients because side effects of high doses include slow breathing, sedation and irregular heart rhythms. Additionally, a federally certified opioid treatment program must administer methadone, which can pose transportation challenges for young people. Adolescents also need to receive special dispensation to receive this treatment. And there is always the risk of abuse of methadone.

Because buprenorphine may be administered on an outpatient basis, many of the difficulties involved with receiving methadone are alleviated. But adults may still need to oversee adolescents' use of this form of MAT to ensure it is used properly.

Long-acting naltrexone, which is administered as a monthly injection and thus solves some of the

monitoring challenges associated with methadone and buprenorphine, can be prescribed only after individuals have undergone a detoxification program. This form of MAT may also raise the risk of overdose should individuals return to taking opioids after the naltrexone in their system has dissipated.

Another pressing problem is the woefully limited number of health care providers who treat teens with OUD. The review's authors have called for an increase in the workforce serving the needs of such young people.

To read a press release about the study, click here.

To read the study abstract, click here.

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