



# Youth, Opioid Use and Treatment Options

CPSO MMT Providers' Conference  
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ONTARIO METHADONE PRESCRIBERS **conference**

**camh**  
Centre for Addiction and Mental Health  
Centre de toxicomanie et de santé mentale



THE  
COLLEGE  
OF  
PHYSICIANS  
AND  
SURGEONS  
OF  
ONTARIO

# Disclosures

- No propriety involvement in pharmaceutical companies
- Assessor, CPSO Methadone Program
- Member, MOHLTC Methadone Treatment and Services Advisory Committee



# Overview

Opioid use in adolescents and young adults

MOHLTC Methadone Treatment and Services Advisory: Youth

Special Issue in Adolescents and Young Adults

Cases

Approaches to working with youth

Pharmacologic Management

# Ontario Student Drug Use Survey 2015

- 10% of students reported non-medical use of prescription opioids in the past year
- 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.

# MOHLTC, Methadone Treatment and Services Advisory Committee Final Report

## YOUTH: Recommendation 12

- Youth should have access to services specific to their developmental needs.
- Buprenorphine/naloxone should be the first-line opioid agonist therapy and should be the only treatment for youth that live in, or travel frequently to, communities where methadone is not available, in particular First Nations communities.
- Opioid agonist therapy clinicians and clinic staff should have access to education and connection to other supports as needed in providing youth specific services.

# ADOLESCENTS AND YOUNG ADULTS: SPECIAL ISSUES

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

# Brain Development and Vulnerability to Drug Use

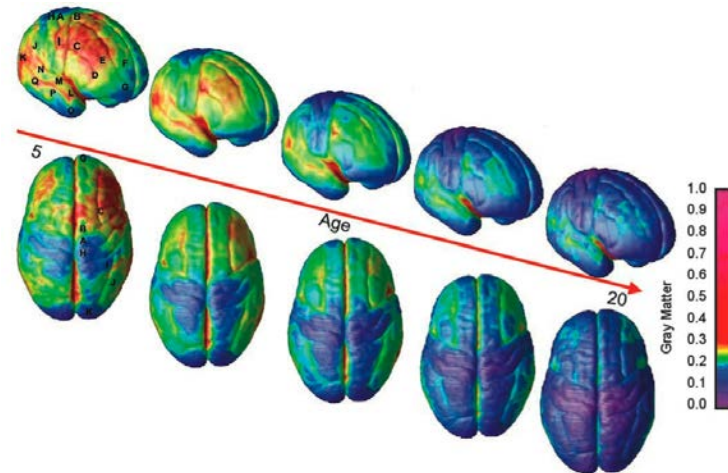
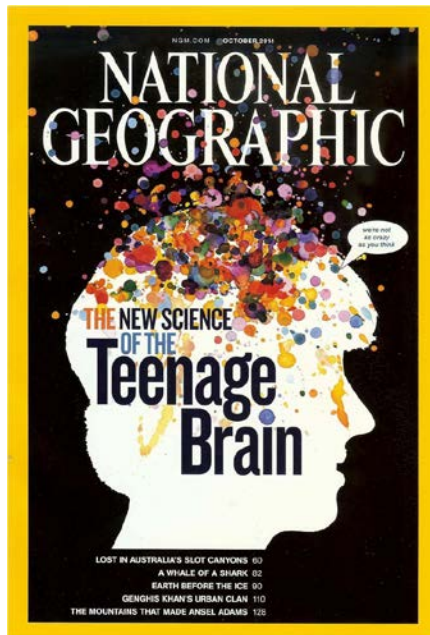


Image: Thompson, Paul. Ph.D., Time-Lapse Imaging Tracks Brain Developing from ages 5 to 20, UCLA Lab of Neuro-Imaging and Brain Mapping Division, Dept. Neurology and Brain Research Institute.

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*

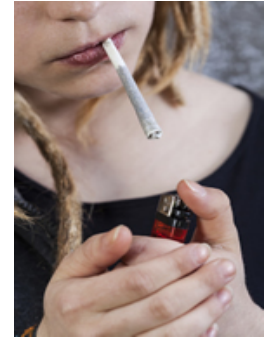


# Dependence versus Addiction

- 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: Khartom, LEAN  
OTC Rx: Immodium, DXM  
Methamphetamine



# Keeping up.....



[www.erowid.com](http://www.erowid.com)

[www.camh.net](http://www.camh.net)

[www.drugabuse.gov](http://www.drugabuse.gov)



[www.ccendu.ca](http://www.ccendu.ca)



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# 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*

# CASE

Danny (19 years) and Samantha (17 years old), are “travelers”

They present requesting to discuss treatment for opioid use issues

Sam tells your staff that she has been using IV heroin for 3 years, she was previously on MMT while living out west, she recently tried burpenorphine from a friend when she first came into town and couldn't find a source

Danny reports that he has only been using opioids since arriving into town with Sam, about 3 months ago. He has been using heroin IN, almost daily for the past month, few occasions of IVDU. When they are ‘on the road’, he drinks alcohol

They are requesting OST, preferably burprenorphine

Live with friends since arrival in town, on welfare, Danny has not gotten his OHIP yet

Samantha discloses to you that Danny had some mental health issues during their last 6 months of travel and she felt they should “settle down for a while” so that he can access services. She denies and mental health issues herself.





# “Pair and Share”

Pair up and discuss, “what are your next steps?”

# Approaches to Working with Youth

## Youth friendly environment:

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

***Rapport, rapport, rapport***

# Principles for Working with Youth

- Harm Reduction
- Motivational Interviewing
- Case Management
- Counselling
- 'Circle of Care'

# 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.

# Pharmacologic Treatment Options

## Abstinence:

Opioid taper

Symptomatic treatment of opioid withdrawal

Naltrexone

## Opioid Substitution Therapy:

Buprenorphine

Methadone

# Symptomatic treatment of Opioid Withdrawal

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



# Opioid Substitution Therapy

- Buprenorphine versus Methadone
- Detoxification versus maintenance

# Buprenorphine

Buprenorphine may be 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

\* 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.

# ADOLESCENTS AND YOUTH IN YOUR PRACTICE

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