SBIRT: ‘RT’ IS FOR REFERRAL TO TREATMENT

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This presentation is supported by a federal grant under the State Opioid Response program, with funding provided by the California Department of Health Care Services.

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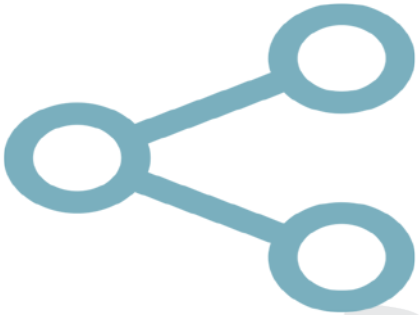

Supporting materials will be shared

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Putting Health Care Where Kids Are

Putting Health Care in Schools

The California School-Based Health Alliance is the statewide non-profit organization dedicated to **improving the health & academic success** of children & youth by **advancing health services in schools**.

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schoolhealthcenters.org

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SBIRT: RT is for Referral to Treatment

Aimee Moulin MD MAS

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Topics

- The Medical Model of Addiction with focus on Adolescents
- Treatment Options for Opiate Use Disorder
- How Medications Work to Treat Addiction

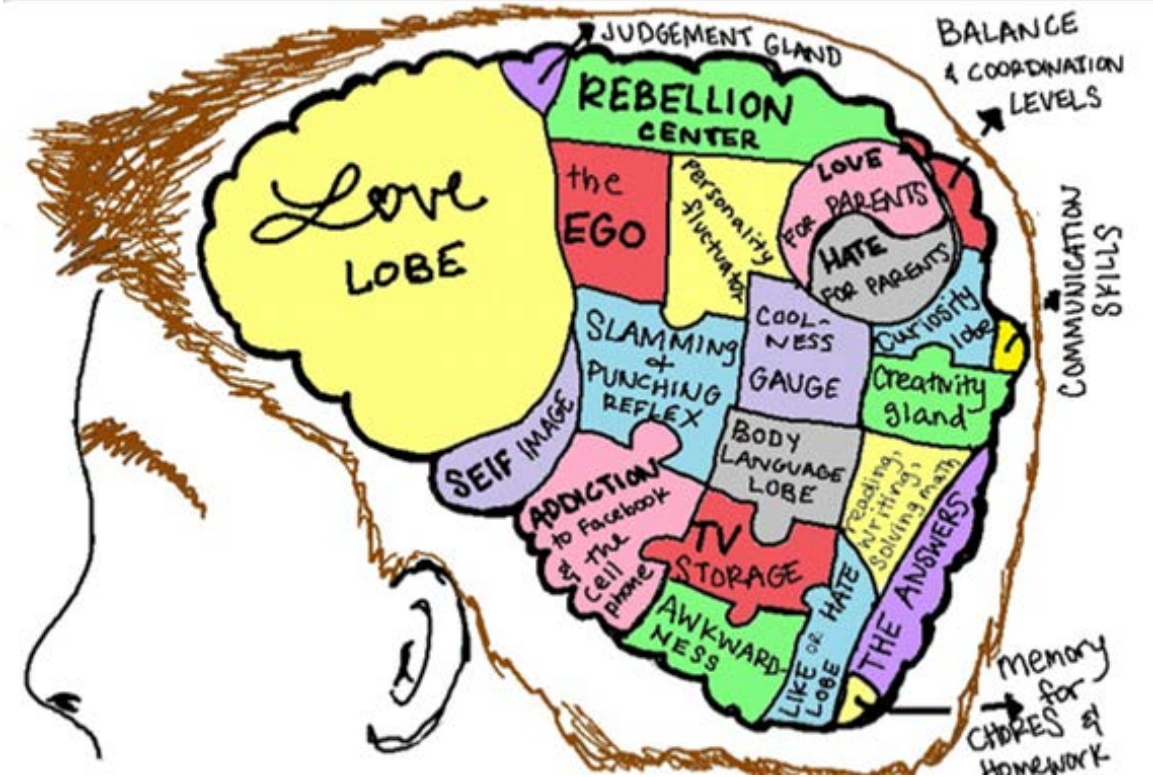
ADDICTION IS NOT A MORAL FAILING.

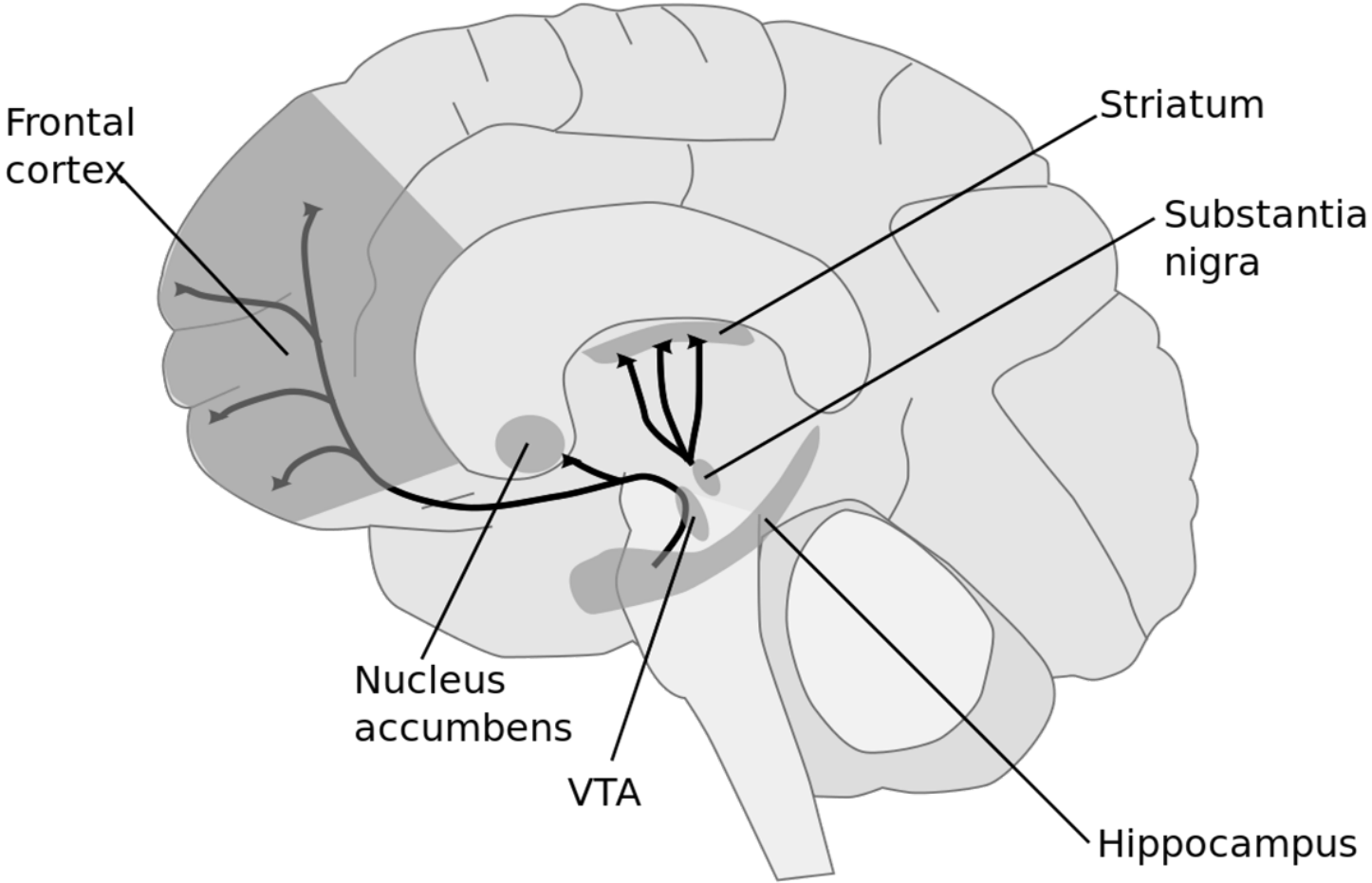
It is a chronic disease that requires medical treatment.

The Medical Model of Addiction with focus on Adolescents

Teenage Brain

*Frontal Lobe development occurs around 26




Frontal
cortex
Striatum
Substantia
nigra
Nucleus
accumbens
VTA
Hippocampus

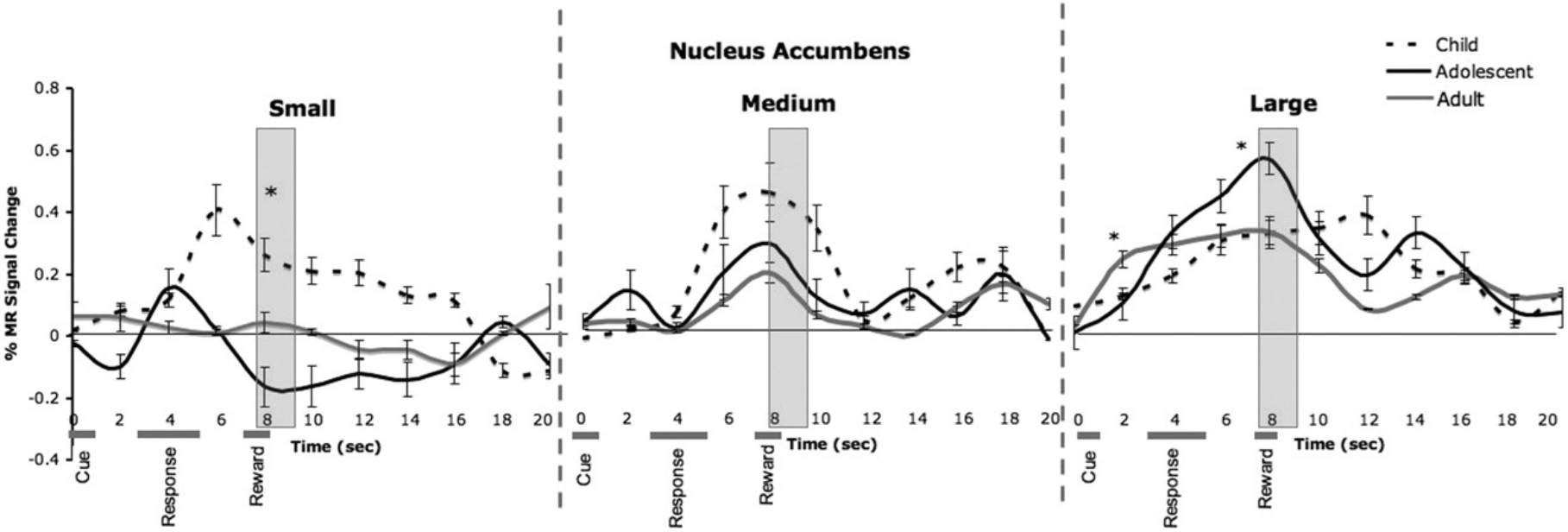
Superman Complex

- Nucleus Accumbens

  Development = 14

- Frontal Lobe Development = 26

Adolescents Reward Response Pathway



Galan A, etal Earlier Development of the Accumbens Relative to Orbitofrontal Cortex Might Underlie Risk Taking Behavior in Adolescents J Neurosci June 2006

Substance use disorders begin in adolescents

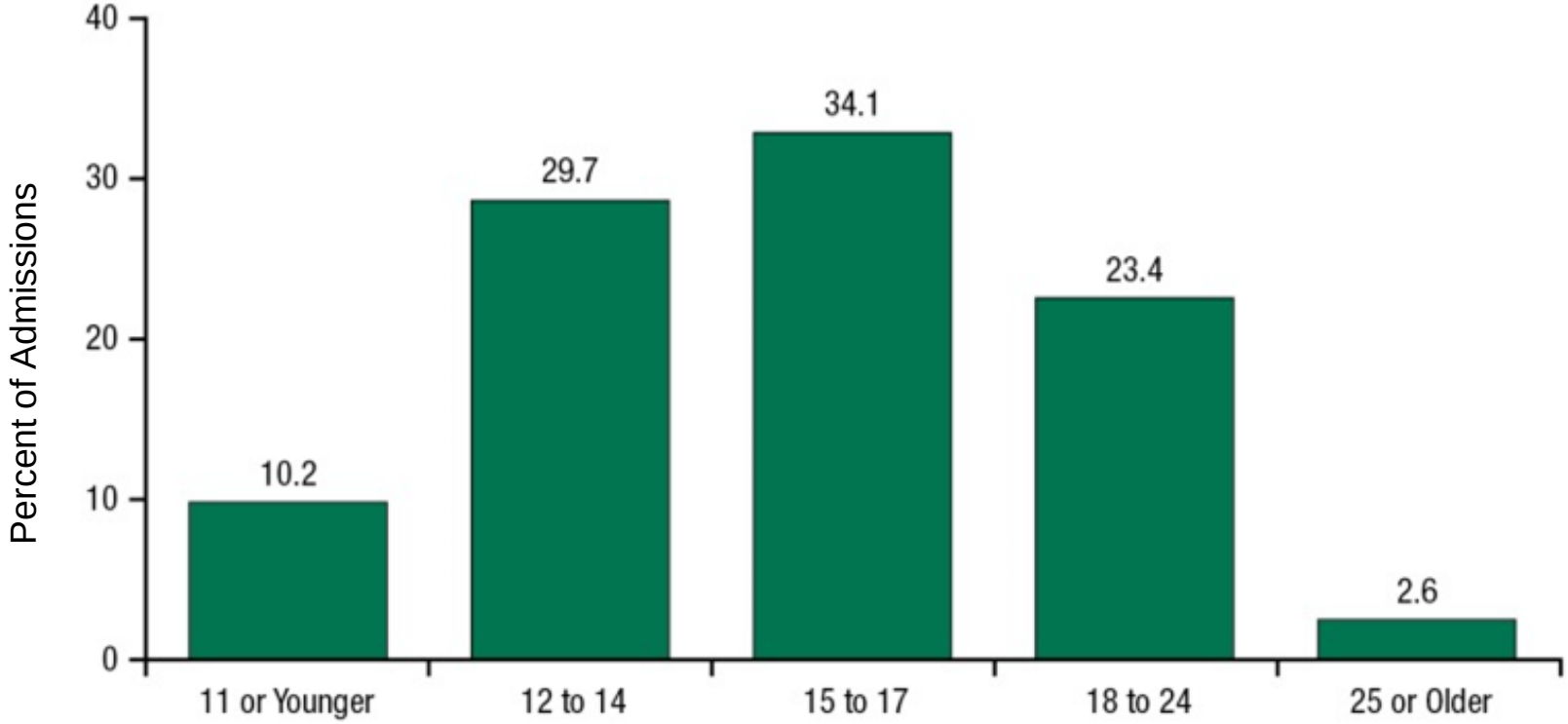
But *treatment* doesn't begin until adulthood

Mismatch Between Use and Treatment

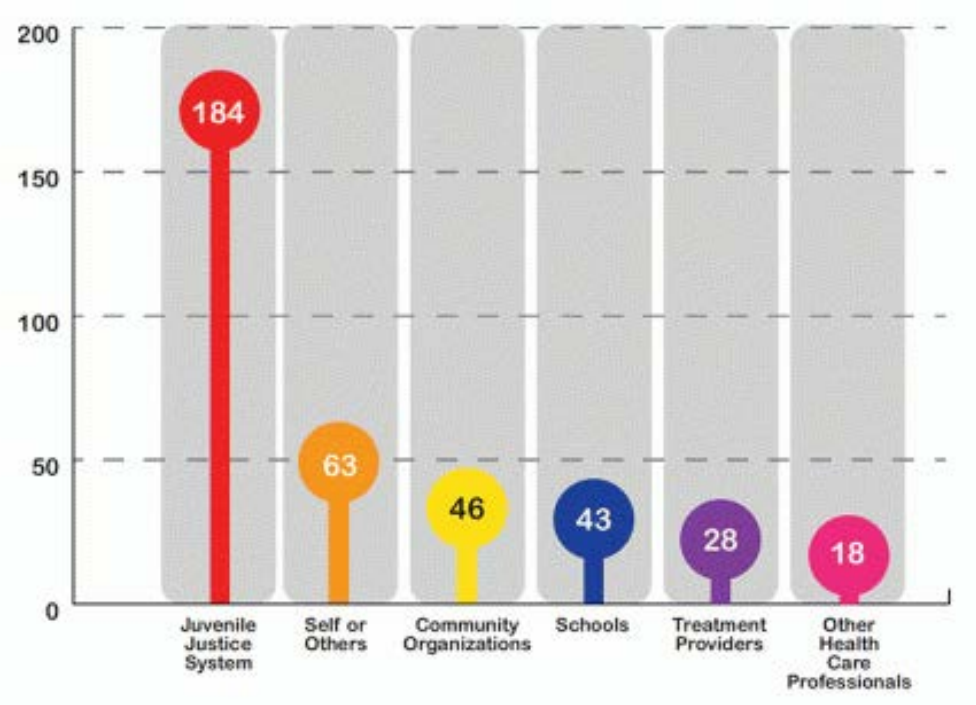
Age of First Use	Age of Treatment
17.4	26.7

Only 10% of 12 to 17 year-olds needing SUD treatment actually receive services

Age of Initiation



SUD and Justice Involvement



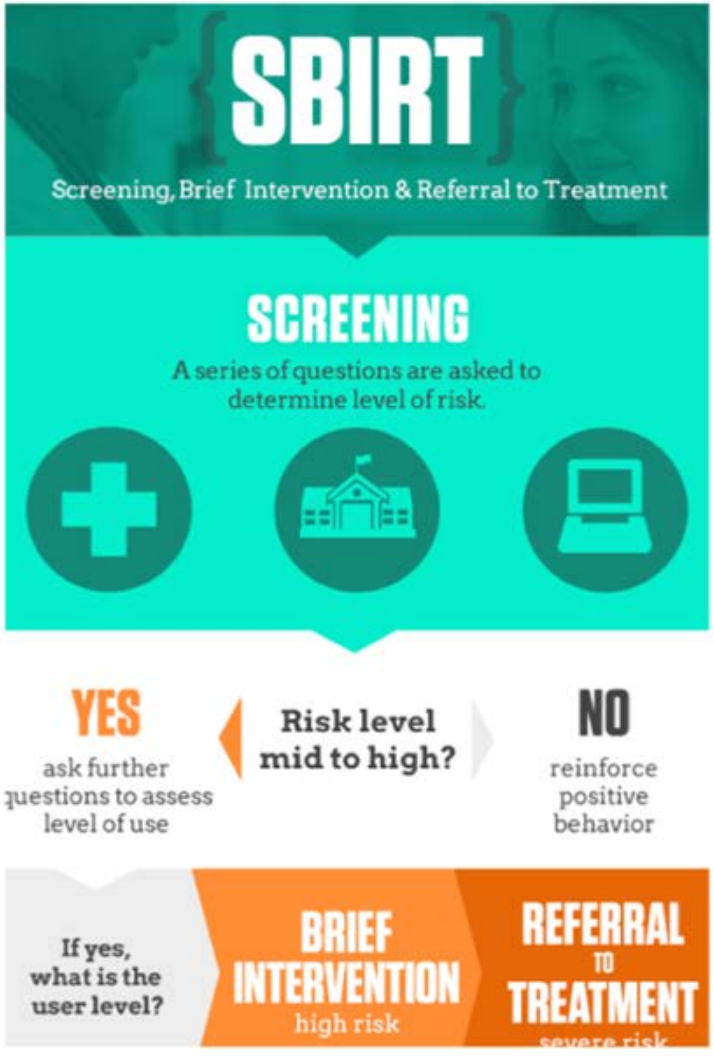
Number of Adolescents Aged 12–17 Admitted to Publicly Funded Substance Abuse Treatment Facilities on an Average Day, by Principal Source of Referral

Majority of adolescents are first engaged in treatment by the Juvenile Justice System

Treatment Episode Data Set 2008** SAMHSA Retireved from https://www.drugabuse.gov/publications/principles-adolescent-substance-use-disorder-treatment-research-based-guide/introduction on 2020, June 21

Screening Brief Intervention Referral to Treatment

SBIRT has shown efficacy for adolescents in a variety of settings including several school based pilots



Mitchell,SG. Etal SBIRT for adolescent drug and alcohol use:Current status and future directions Journal of Subst Abuse Treat. 2013

Treatment Options for Opiate Use Disorder

So what is our plan…?

Cognitive Behavioral Therapy

- Frequently used for Adolescents and Young Adults
- Focuses on developing alternative coping mechanisms
- Less efficacy in Adolescents with Opiate Use Disorder than with Alcohol and Marijuana

Godley MD, etal. Adolescent Community Reinforcement Approach implementation and treatment outcomes for youth with opioid problem use. Drug Alcohol Depend 2017

Contingency Management

- Leverages random reward response to dopamine release
- Link desired behaviors with dopamine release to achieve treatment goals
- Shown efficacy in adolescents

How Medications Work to Treat Addiction

What is MAT or MOUD?

Full Agonist = Methadone

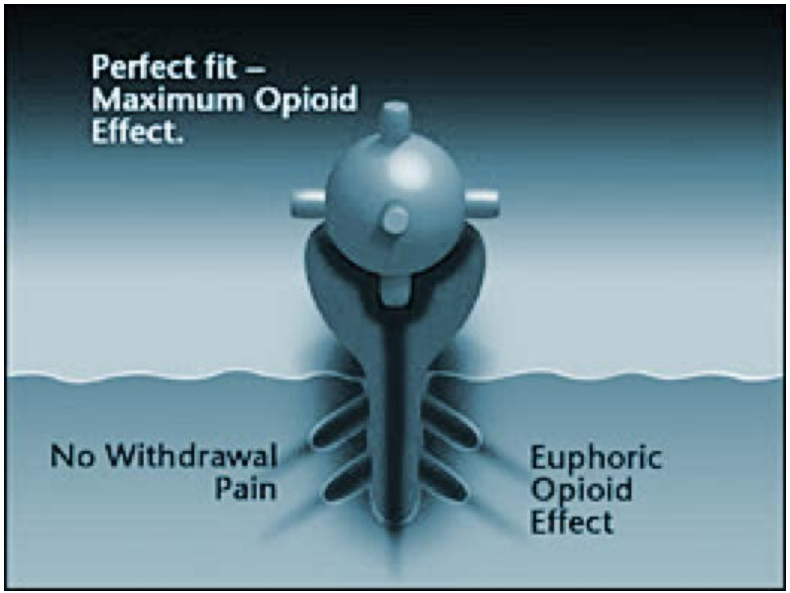
Partial Agonist = Buprenorphine (Suboxone)

Antagonist = Naltrexone (Narcan)

Opiates and Mu Receptor

Full Agonist

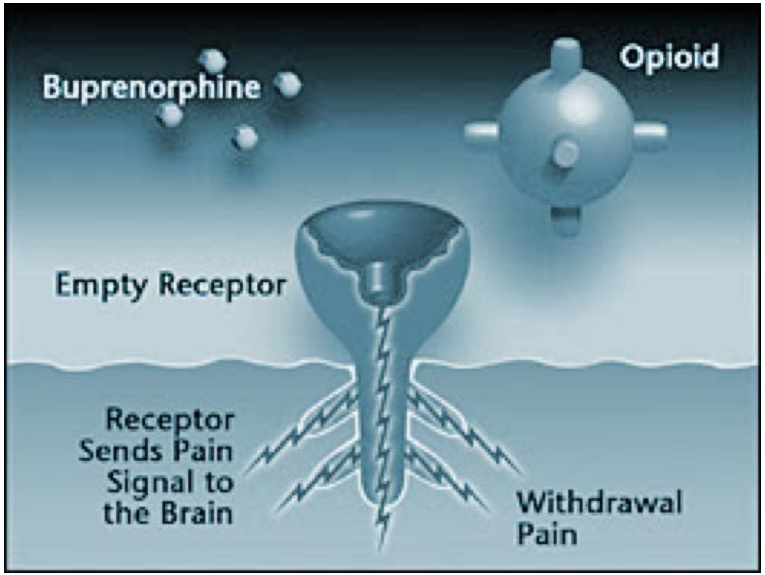
- Full binding effect of opiate on the Mu receptor
- Full dopamine response



Opiates and Mu Receptor

Full Antagonist

- No effect on the Mu receptor
- No dopamine response
- Withdrawal pain and symptoms



Opiates and Mu Receptor

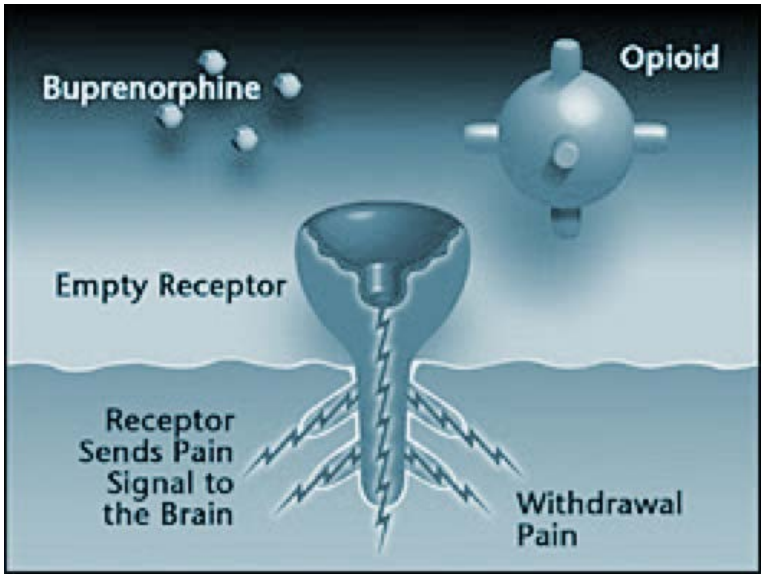
Partial Agonist

- Partial binding effect of opiate on the Mu receptor
- Partial dopamine response
- Blocks full opiate binding

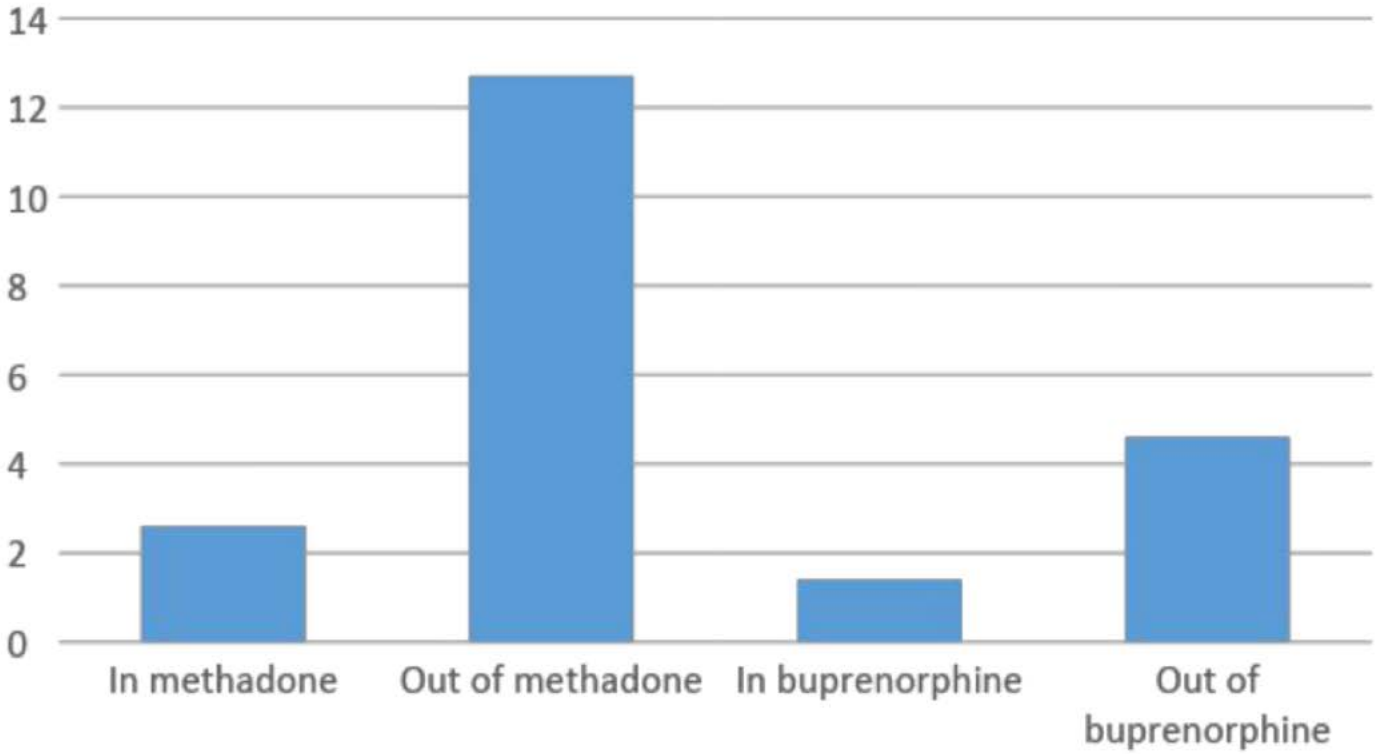
Opiates and Mu Receptor

Full Antagonist

- No effect on the Mu receptor
- No dopamine response
- Withdrawal pain and symptoms



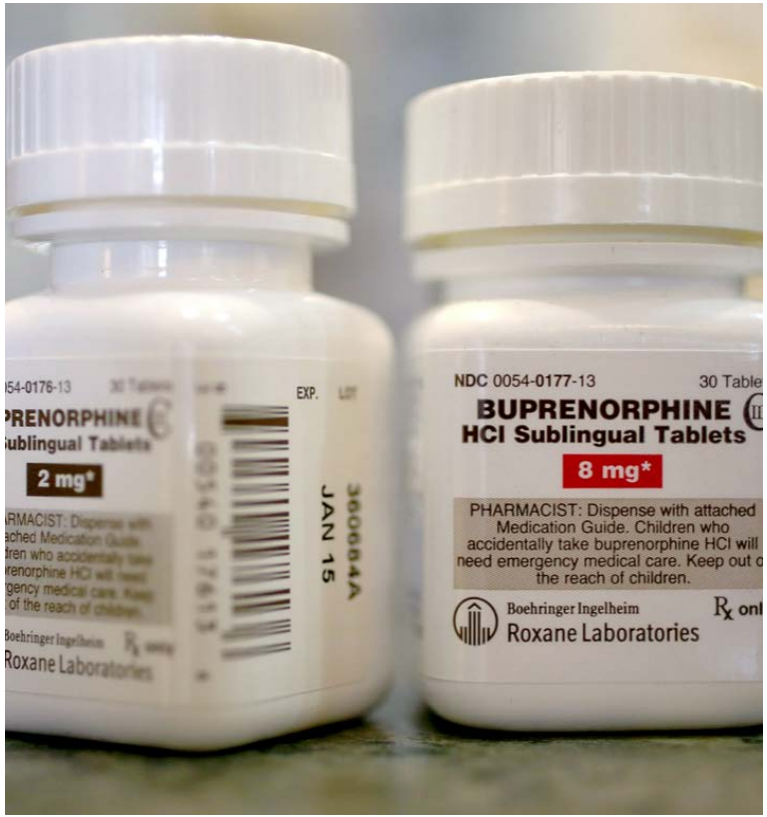
Decreased Mortality



Buprenorphine

Several RCT’s in Adolescents

- Decreased Use
- Longer Retention in Treatment



8. Marsch LA, et al. Comparison of pharmacological treatments for opioid-dependent adolescents: a randomized controlled trial. Arch Gen Psychiatry. 2005; 9. Woody GE, et al. Extended vs short-term buprenorphine-naloxone for treatment of opioid-addicted youth: a randomized trial. JAMA. 2008 10. Marsch LA, et al. A randomized controlled trial of buprenorphine taper duration among opioid-dependent adolescents and young adults. Addiction. 2016

Buprenorphine

- Can be prescribed by primary care provider as an outpatient
- Lower abuse potential
- Partial agonist does not have same effects on the brain than a full agonist

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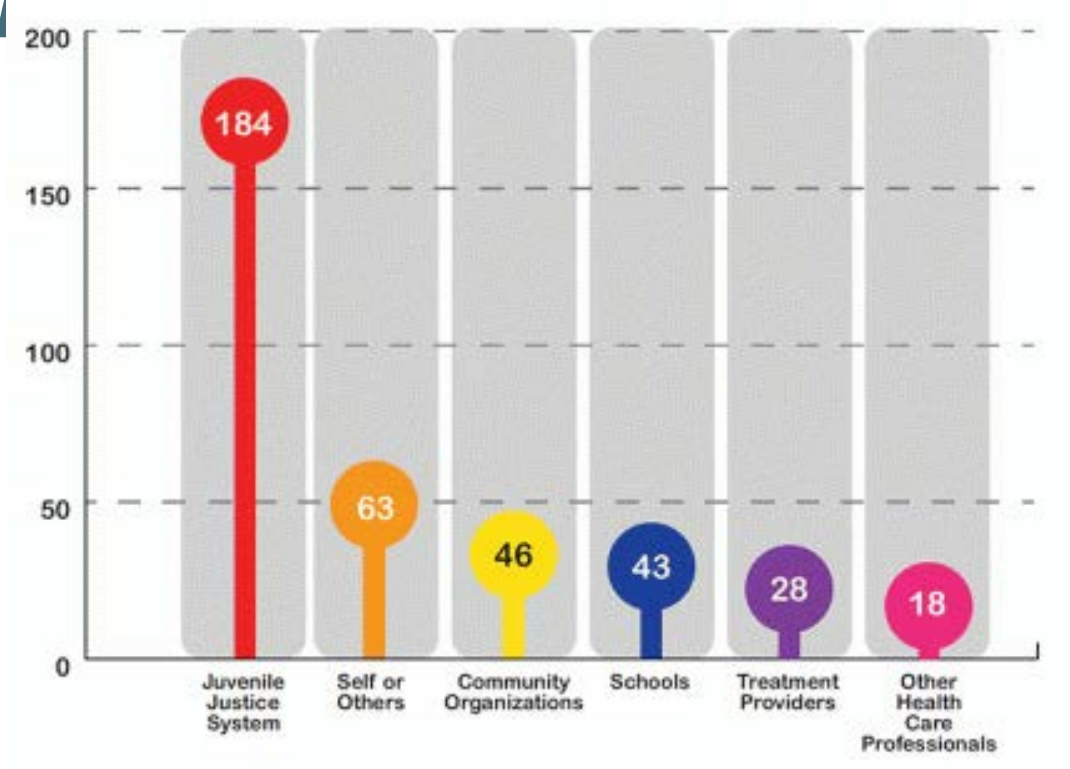
It is a chronic disease that requires medical treatment.

Have we Already Missed our Window??



Harm Reduction

Meet people where they are but don’t leave them there.

REFERRAL TO TREATMENT QUICK GUIDE

School-Based Health SBIRT Quick Guide

Referral to Treatment for Substance Use

Screening, Brief Intervention, and Referral to Treatment (SBIRT) is an evidence-based approach to the screening and identification of individuals engaged in substance use, the delivery of early brief interventions in order to reduce use, and the referral to treatment for high-risk use. The California School-Based Health Alliance (CSHA), with funding from the California Youth Opioid Response Grant, created this quick guide for SBIRT in school-based health centers (SBHCs) in an effort to reduce youth opioid use. **This quick guide focuses on referral to treatment, including referral to medication-assisted treatment in response to opioid use disorder (OUD).**

Why adopt referral to treatment for substance use?

- **Nationwide, 30% of high school students report having used alcohol in the previous month.[1]**
- **Fourteen percent of high school students report illicit drug use.[2]**
- **Between 1991 and 2012, the rate of non-medical use of opioids by youth, and the rate of OUD, more than doubled.[3]**

Referral to treatment is intended for youth who have a substance use disorder (SUD) and therefore need specialty SUD treatment that is typically beyond the scope of primary care settings such as SBHCs.

What are the different types of SUD treatment?

There are many different types of treatment for youth with SUDs. The treatment types can fall into these general categories:

- **Behavioral approaches** – Psychosocial approaches address the underlying causes and impacts of SUD, ranging from individual counseling to group therapy. One common approach to OUD and other SUDs is Cognitive-Behavioral Therapy (CBT). Short-term behavioral treatment is sometimes provided by trained and qualified behavioral health providers at SBHCs.

This service is supported by a federal grant under the State Opioid Response program, with funding provided by the California Department of Health Care Services.

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YOUTH AND OUD QUICK GUIDE

School-Based Health SBIRT Quick Guide

Opioid Use Disorder

The California School-Based Health Alliance (CSHA), with funding from the California Youth Opioid Response Grant, is creating quick guides for school-based health centers (SBHCs) in an effort to reduce youth opioid use. While our goal is to prevent youth opioid use, we recognize that adolescent experimentation and risk-taking is normative and prevention is not always successful. Therefore, it is important that health care providers are ready with age-appropriate screenings, brief interventions, and referrals to treatment (aka "SBIRT"). **This quick guide focuses on opioid use disorder (OUD) and its impact on youth.**

Young People Are Increasingly Impacted by Opioids

- **About 4% of California high school students report using opioids each year.[1]**
- **Between 1991 and 2012, the rate of non-medical use of opioids by youth and their rate of opioid use disorders more than doubled.[2, 3]**
- **The rate of overdose deaths among youth is increasing. In 2015, half of the 4,235 overdose deaths among 15-24 year-olds were attributable to opioids.[4]**
- **For every young adult overdose death, there are 119 emergency room visits and 22 treatment admissions.[5]**

Youth often start experimenting with opioids such as cough syrup with Codeine (AKA "Swizzle" or "Purple Drank"). One of the greatest risks facing youth who use opioids is that deaths from fentanyl – an extremely potent opioid – more than quadrupled in California between 2014 and 2017. Early evidence supports the notion of a pending "wave" as fentanyl enters more and broader pockets of the drug supply. Deaths are increasingly seen among individuals using substances other than opioids, including marijuana, that are laced with fentanyl.

Youth and OUD

The adolescent brain is uniquely primed for substance use disorder (SUD), including OUD. Biologically, youth are at greater risk of initiating substance use and progressing to OUD. Adolescent substance use is also highly predictive of adult substance use because the adolescent brain is still developing, making it more susceptible to addiction. Nine out of ten people meeting the clinical criteria for a SUD began using addictive substances before the age of 18.[6] At the same time, youth are at higher risk of experiencing more severe short- and long-term harms of substance use. The developing adolescent brain puts youth at greater risk of substance use because:

- Adolescent brains are primed for novelty and risk taking. The limbic system – like the engine of a car – is very strong and active, while the prefrontal cortex – like the brake – is still developing. Opioids also harm the prefrontal cortex, which can increase impulsivity.

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