



Substance Use Disorders in Adolescents and Young Adults

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+ Objectives

- Review definitions related to substance use and substance use disorders.
- Understand typical adolescent development and why adolescents are particularly vulnerable to substance use.
- Examine current epidemiology of substance use in teens.
- Identify strategies to talk to teens about substance use.
- Understand how to implement routine screening and brief interventions into clinical practice for adolescent patients.



Definitions

+ Substance Use Disorder

Characterize dependence***

1. Tolerance
2. Withdrawal

Loss of Control

3. Larger amounts and/or longer periods
4. Inability to cut down on or control use
5. Increased time spent obtaining, using, or recovering
6. Craving / Compulsion

Use Despite Negative Consequences

7. Role failure, work, home, school
8. Social, interpersonal problems
9. Reducing social, work, recreational activity
10. Physical hazards
11. Physical or psychological harm

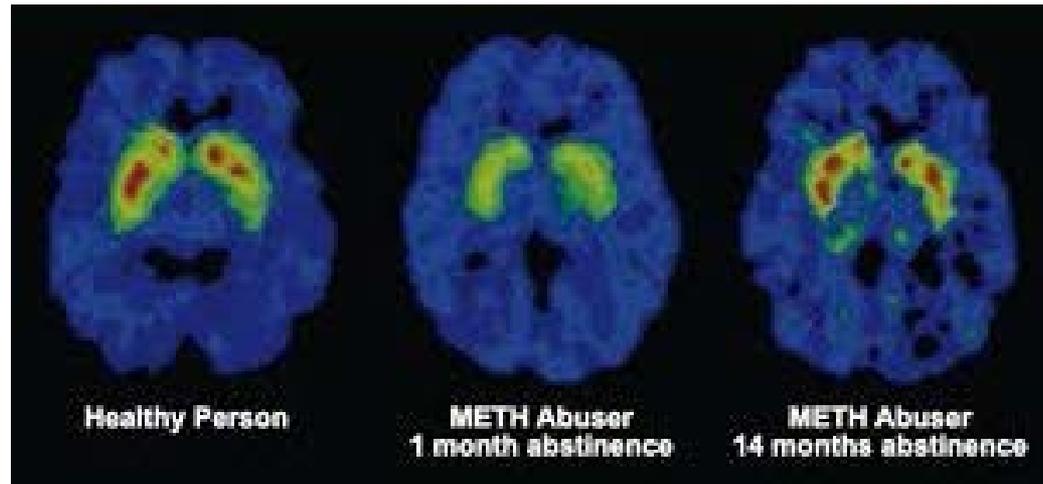
Characterizes a spectrum of use: score if positive

Scores: Mild (2-3) → Moderate (4-5) → Severe 6 or higher

+ Addiction

Complex, **chronic, relapsing** brain **disease** characterized by **compulsive**, and at times, **uncontrollable** drug craving, seeking, and use that **persist** even in the face of extremely negative consequences.

Characterized by molecular mechanisms and cardinal features are related to structural and functional changes in the reward, inhibitory, and emotional circuits of the brain.



+ SBiRT

- **S**creening in Clinical Settings
- **B**rief **I**ntervention in Outpatient Setting
- **R**eferral Options
- **T**reatment Considerations





How do you define adolescence?



Image from: <https://www.psychologistworld.com/behavior/erikson>

10-18....

21....

25

+ Adolescent Development



IMAGE: <http://theconversation.com/why-its-time-to-lay-the-stereotype-of-the-teen-brain-to-rest-85888>

■ Period of rapid changes in variety of domains

- Biologic/Physical
- Psychological/Cognitive
- Social
- Sexual



IMAGE: <https://www.ctvnews.ca/sci-tech/adolescence-now-lasts-from-10-to-24-scientists-suggest-1.3766854>

+ Early Adolescence (10-13y)

■ Biological

- Onset of puberty

■ Psychologic/Cognitive

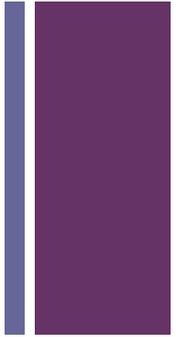
- Pre-occupation with body
- Egocentric
- Emotional lability
- Concrete thinking

■ Social

- Same sex peer groups
- Group allegiance/protection
- Shifting from dependence to independence

■ Sexual

- Self exploration
- Sexual fantasies
- Comparison





Middle Adolescence (14-16y)

■ Psychological/Cognitive

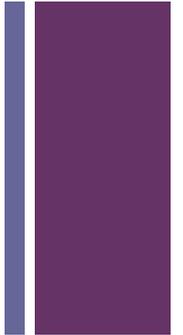
- Logical thinking/complex decision making
- Impulsive/testing boundaries
 - risk taking behaviors

■ Social

- Independence from parents
- Conforming with peers

■ Sexual

- Exploration of sexual identity
- Crushes/romantic idealism
- Onset of sexual behavior



+ Late Adolescence (17+)

■ Psychological/Cognitive

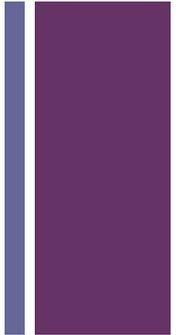
- Refinement of logical thinking/abstraction
- Delayed gratification

■ Social

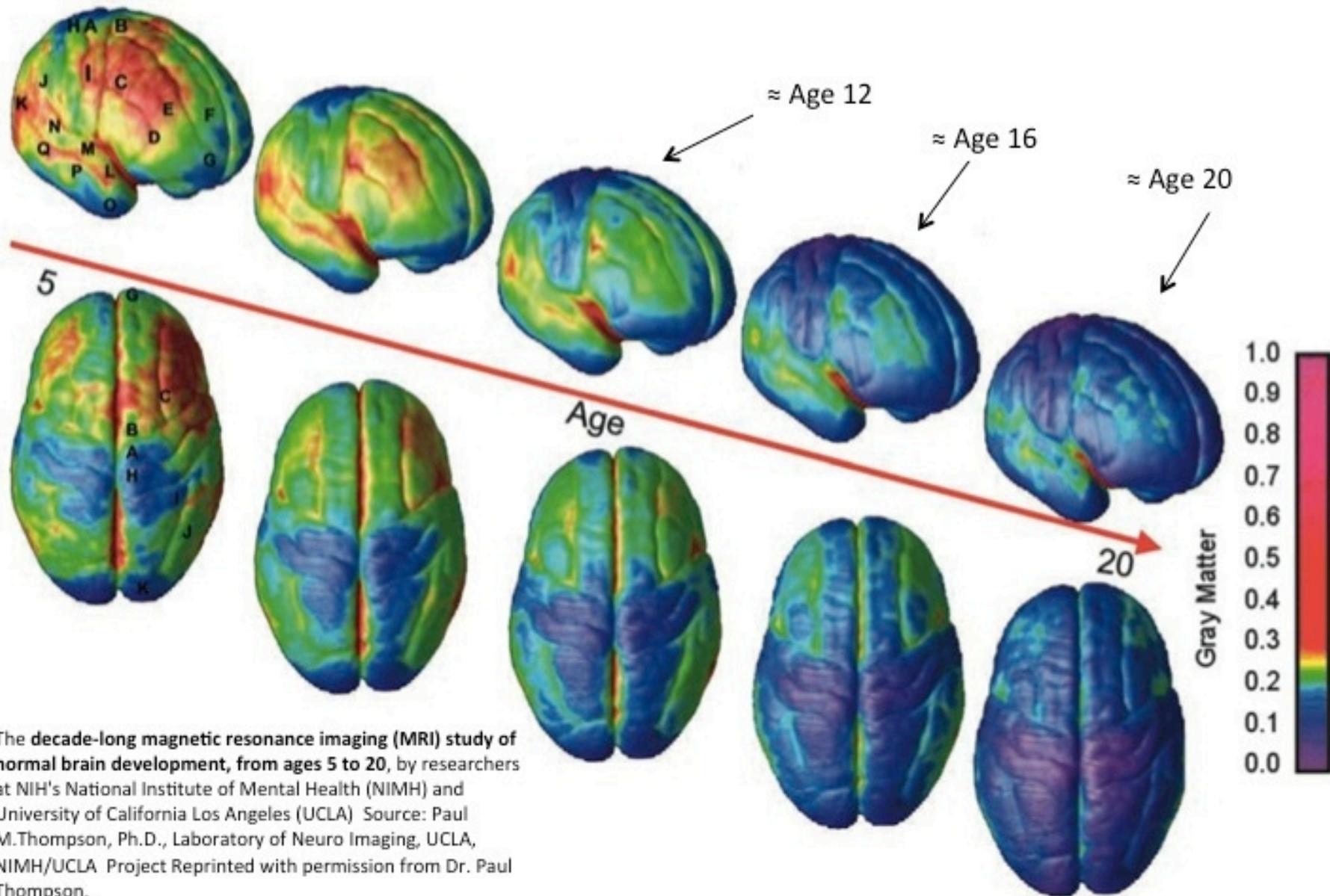
- More time in intimate relationships
- Re-alignment of family relations

■ Sexual

- Intimacy
- Acceptance of sexual identity

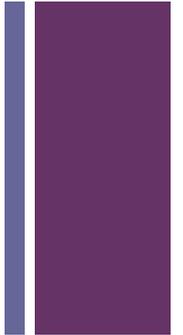


+ Adolescent brain



The decade-long magnetic resonance imaging (MRI) study of normal brain development, from ages 5 to 20, by researchers at NIH's National Institute of Mental Health (NIMH) and University of California Los Angeles (UCLA) Source: Paul M. Thompson, Ph.D., Laboratory of Neuro Imaging, UCLA, NIMH/UCLA Project Reprinted with permission from Dr. Paul Thompson.

+ If the adolescent brain were a car....



■ Fully functioning gas pedal

- Amygdala: Process feelings of reward and pain. Matures early.
- Gut reactions.
- Salience of substance use related rewards

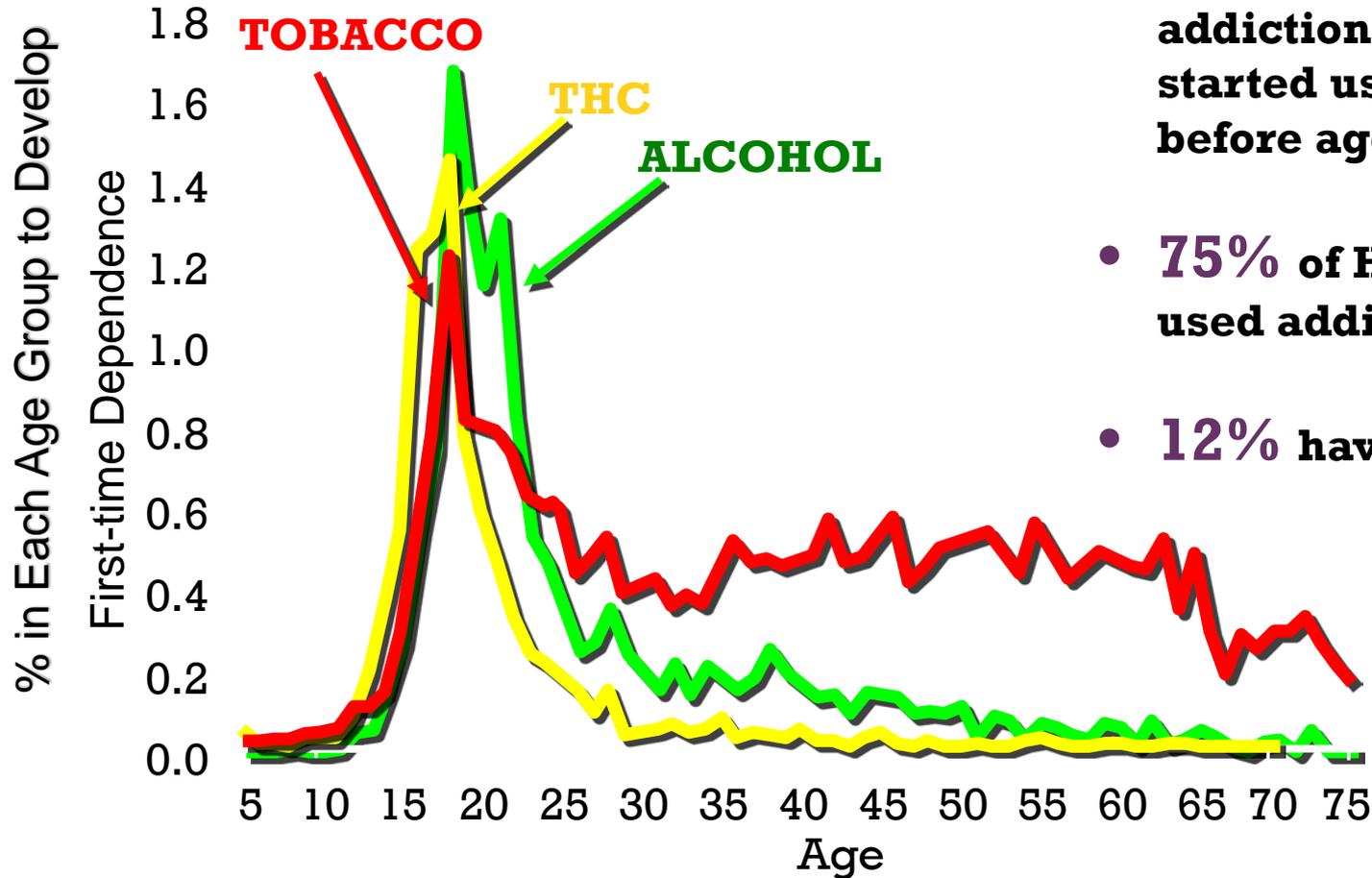
■ Weak brakes

- Prefrontal cortex—assess situations, make decisions, control impulses, weigh consequences, plans
- Limited ability to recognize/think through substance use related consequences

■ End result?

- Pursue pleasurable rewards, avoid painful stimuli, little thought of consequences

Addiction is a pediatric disease



- **90%** of those with addiction as adults, started using substances before age of 18
- **75%** of HS students have used addictive substances
- **12%** have an addiction

+ Recent data-2017 YRBSS

- During the 30 days before the survey:
 - 29.8% reported current alcohol use
 - 16.5% rode in a car with driver who has been drinking
 - 19.8% reported current marijuana use
 - 8.8% of high school students had smoked cigarettes
 - 13.2% had used an electronic vapor product
- Lifetime use:
 - 14.0% prescription pain medicine misuse
 - 1.7% heroin use
 - 2.5% methamphetamines
 - 1.5% injected any illegal drug
- Prevalence of many health-risk behaviors is significantly higher among sexual minority students compared with nonsexual minority students

+ Behaviors in context

- Adolescent brain **responds differently** to substances in same quantities
 - May be less sensitive to some factors that may limit use
 - Adolescents less susceptible to sedative properties of alcohol (Li et al 2003)
- Adolescent brain **more vulnerable to harmful aspects of substance use**
 - Adolescents show more alcohol-induced learning impairments at same levels of use (Monti et al, 2005)
- **Damage from SU may more directly target those areas of the adolescent brain that moderate use**
 - Greater damage in areas with alcohol use that correspond to orbital-frontal and temporal-cortical regions (Monti et al 2005)
- Exposure during adolescence may **increase likelihood of addiction to substance when re-exposed during adulthood**
 - Exposure to nicotine in the peri-adolescent period leads to increased sensitivity to reinforcing properties during adulthood (Trauth et al, 2001)
 - Exposure to cocaine and amphetamines in peri-adolescent rates led to up-regulation of transcription factors in nucleus accumbens (not seen in adults)



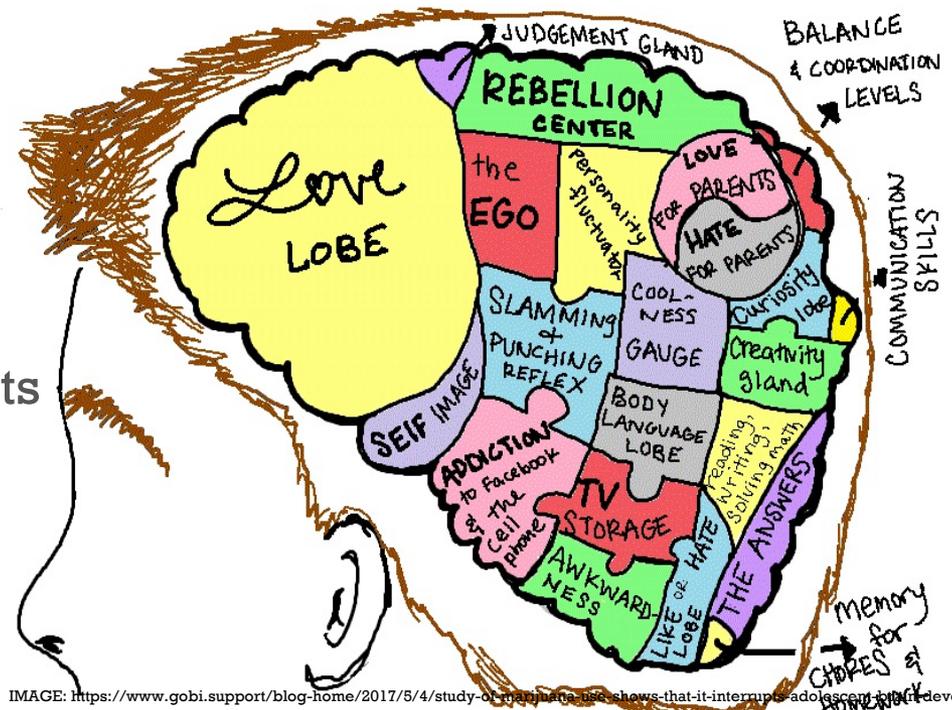
How do you talk to teens?





General tips for talking to teens

- See both alone AND with parents
- Establish clear guidelines related to confidentiality
- Demonstrate you are listening
 - Reflections, summarize what you have heard
- Avoid arguments
 - Do not fall for traps
- Find way to connect
 - Popular culture, music, sports
- Be genuine/authentic
 - If you do not know? Ask.

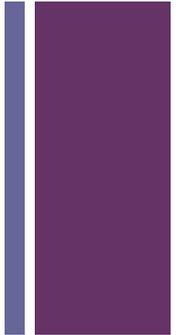


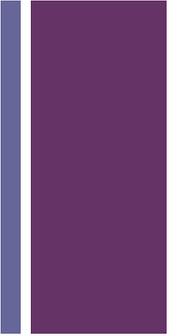


Addressing substance use in clinical settings

+ David

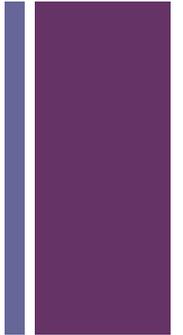
- 16 yo with a history of ADHD (taking Concerta) and Asthma (well-treated).
- He is getting Cs in 10th grade.
- He plays basketball on the varsity team.





How do you bring up substance
use?

+ Psychosocial assessment

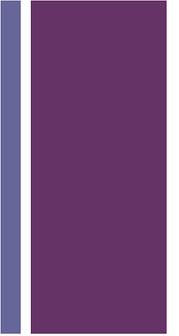


■ HEADSS

- Home
- Education
- Activities
- Drugs
- Diet
- Sexuality
- Safety/suicide

■ SHADESS

- School
- Home
- Activities
- Drugs
- Emotions/Depression
- Sexuality
- Safety/suicide



**Should we use screening instruments
to ask about substance use?**

+ Screening instrument versus clinical impression

	Medical Provider Impressions	
	Sensitivity	Specificity
Any use	0.63 (0.58, 0.69 CI)	0.81 (0.76, 0.85 CI)
Any problem	0.14 (0.10, 0.20 CI)	1.0 (0.99, 1.0 CI)
Any disorder	0.10 (0.4, 0.17 CI)	1.0 (0.99, 1.0 CI)
Dependence	0	1.0

- Able to recognize majority who ever used alcohol/drugs
- Very LOW sensitivity to identify those with problematic use



CRAFFT

C: Have you ever ridden in a CAR driven by someone (including yourself) who was “high” or had been using alcohol or drugs?

R: Do you ever use alcohol or drugs to RELAX, feel better about yourself, or fit in?

A: Do you ever use alcohol or drugs while you are ALONE?

F: Do you ever FORGET things you did while using alcohol or drugs?

F: Do your family or FRIENDS ever tell you that you should cut down on your drinking or drug use?

T: Have you ever gotten into TROUBLE while you were drinking or getting high?

+ CRAFT Scoring

- Positive score = 2 or higher
- 76% sensitive
- 94% specific
- PPV is 83%
- Higher scores are associated with increased likelihood of dependence (more severe SUD)

+S2BI: Screening to Brief Intervention

- 1) In the past year, how many times have you used:

- Tobacco?

- Alcohol?

- Marijuana?

Never Once or twice Monthly Weekly

STOP IF NEVER. Otherwise, Continue.

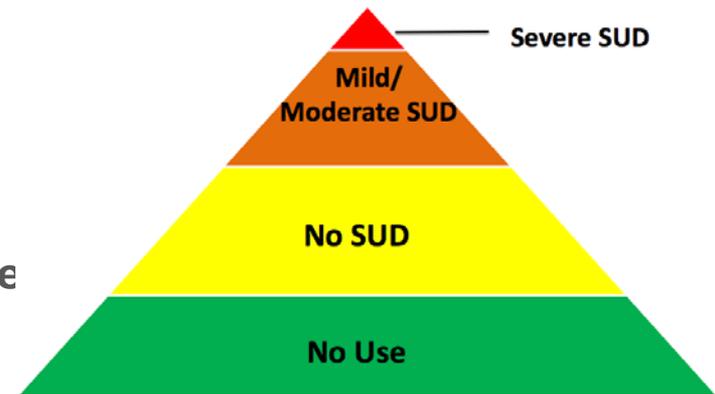
- 2) Prescription drugs that were not prescribe medicine or Adderall)?

- 3) Illegal drugs (like cocaine or ecstasy)?

- 4) Inhalants (like nitrous oxide)?

- 5) Herbal or synthetic drugs (like salvia, K2, or bath salts)?

Any SUD: 90-100% sensitivity with 94% specificity



Adapted Boston Children's Hospital. 2013.

+ What next?

- **No use → NO SUD**
 - Positive reinforcement to delay initiation
- **Once or twice → NO SUD**
 - Brief advice to encourage/continue cessation
- **Monthly use → Mild/Moderate SUD**
 - Brief intervention to stop or reduce use/risky behaviors
- **Weekly use → Severe SUD**
 - Brief intervention to:
 - Reduce use/risky behaviors
 - Accept referral to treatment
 - Embrace possible medications

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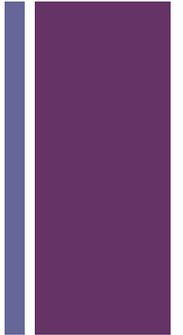


Substance Use Screening, Brief Intervention, and Referral to Treatment

Sharon J.L. Levy, MD, MPH, FAAP, Janet F. Williams, MD, FAAP, COMMITTEE ON SUBSTANCE USE AND PREVENTION

+ David

- Tells you he has never tried marijuana, alcohol, or tobacco before. He has never ridden in a car with anyone using marijuana or alcohol. He describes himself as “straight-edge” and says he does not plan to use them.



+ What next?

■ No use → NO SUD

- Positive reinforcement to delay initiation

■ Once or twice → NO SUD

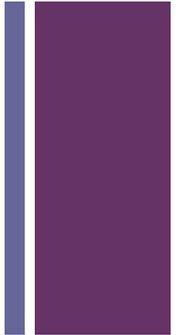
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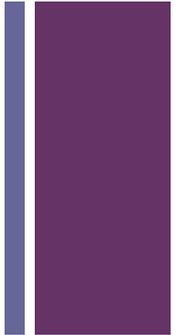
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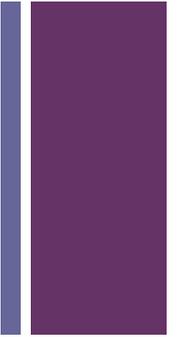
If no use:

- Give positive feedback
- Frame it as a choice/decision: “You made a good choice to not use or try...”
- Use motivational interviewing techniques:
 - What stops him from use
 - How does he resist peer pressure
 - Reinforce positive behaviors



+ David

- He says he has smoked marijuana before, but has never tried tobacco or alcohol.
- What else do you ask him?





Additional screening questions:

- Regular assessment of use
 - How much (cost vs quantity)
 - How often (typical day or typical week)
 - How getting it (from where/who/how paying for it)

- History of use:
 - Last use
 - First use
 - Age of regular use
 - Use of what else?

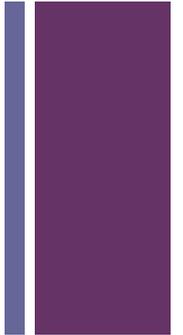
- Factors driving use
 - Triggers for use
 - How it makes them feel (why still using)
 - Probe for MH, cognitive function

+ Additional screening questions:

- Family history of substance use or mental health
- Consequences of use
 - Legal, educational, family conflict
 - Risky behaviors when intoxicated (driving, sex, fights, etc.)
- Strengths
 - Periods of abstinence
 - Medication assisted methods
 - Pro-social peers
 - Family support

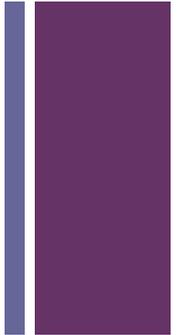
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- He says... "It's no big deal. Everyone I know does weed sometimes. I wouldn't use "real drugs." Besides marijuana is like medicine some places. It's like taking a vitamin. Everybody knows you can't get addicted to it."

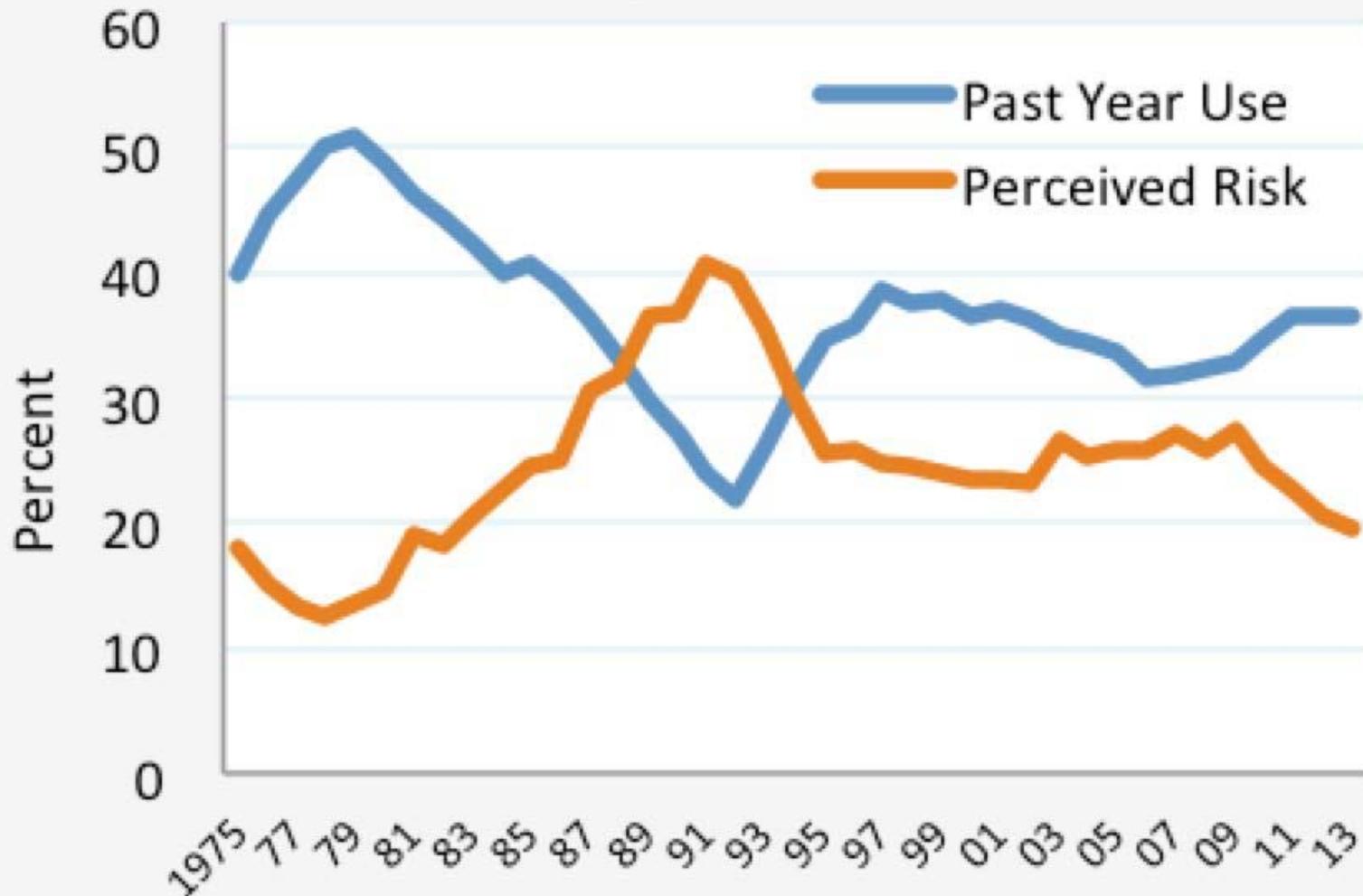


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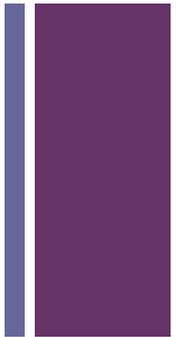
Marijuana Perceived Risk vs. Past Year Use by 12th Graders



SOURCE: University of Michigan, 2013 Monitoring the Future Study



Lasting Consequences of Marijuana Use



- Cannabis dependence before age of 18
 - Associated with increased risk of persistent use
 - Greater IQ decline compared to adult-onset use
- Declines in working memory, concentration
- Early onset use associated with functional changes in reward-processing



How does marijuana impact health?

Volkow, 2014. NEJM

Table 1. Adverse Effects of Short-Term Use and Long-Term or Heavy Use of Marijuana.

Effects of short-term use

Impaired short-term memory, making it difficult to learn and to retain information

Impaired motor coordination, interfering with driving skills and increasing the risk of injuries

Altered judgment, increasing the risk of sexual behaviors that facilitate the transmission of sexually transmitted diseases

In high doses, paranoia and psychosis

Effects of long-term or heavy use

Addiction (in about 9% of users overall, 17% of those who begin use in adolescence, and 25 to 50% of those who are daily users)*

Altered brain development*

Poor educational outcome, with increased likelihood of dropping out of school*

Cognitive impairment, with lower IQ among those who were frequent users during adolescence*

Diminished life satisfaction and achievement (determined on the basis of subjective and objective measures as compared with such ratings in the general population)*

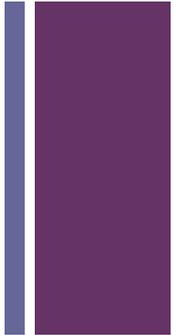
Symptoms of chronic bronchitis

Increased risk of chronic psychosis disorders (including schizophrenia) in persons with a predisposition to such disorders

* The effect is strongly associated with initial marijuana use early in adolescence.

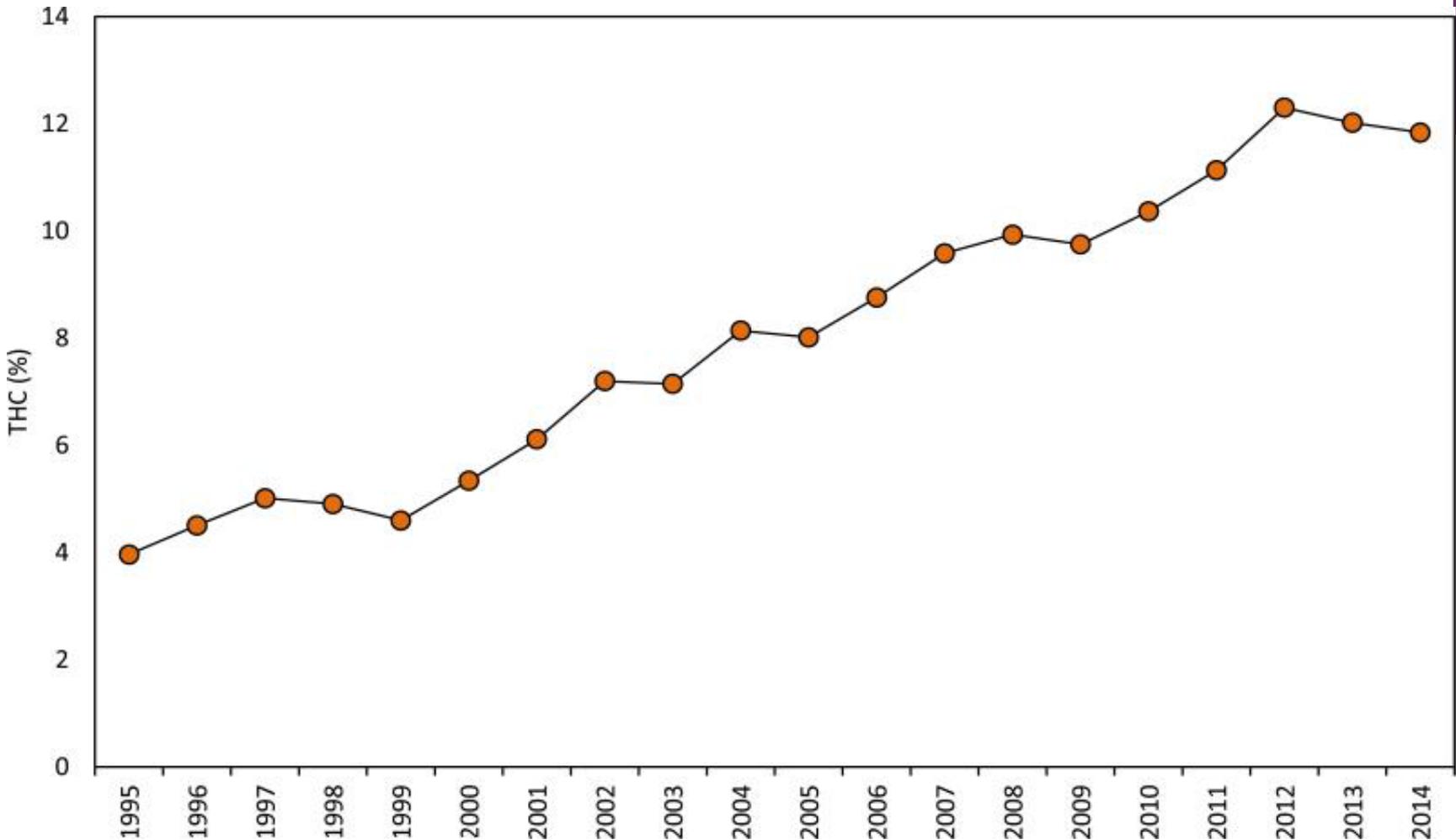
+ Other salient effects

- Effect on weight and appetite
- Gynecomastia in young men
- Decision-making while intoxicated
(e.g. unprotected sex or driving)
- Impact on school performance
(memory)





Effects related to changing potency of Marijuana



Average THC concentration of DEA specimens by year, 1995-2014.

+ Dabbing

- Use highly concentrated “dabs” or butane hash oil
- Hard, wax-like concentrations
 - “butter,” “honeycomb,” “earwax”
- Can contain 70-90% THC
- Users reported more rapid tolerance and more frequent withdrawal symptoms



IMAGE: <https://www.leafly.com/news/cannabis-101/what-are-cannabis-dabs-and-benefits-of-dabbing->

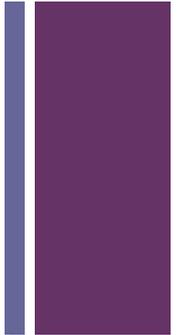


IMAGE: <https://www.youtube.com/watch?v=C09k6Jzu0T0>

Loflin & Earleywine; 2014



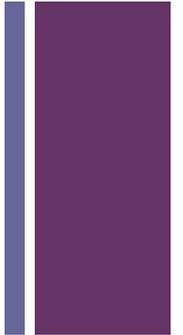
A Cultural shift



- Increasing numbers of states with decriminalization and legalization of marijuana for recreational use
- Growing number of states legalizing medical marijuana
 - Youth with MJ prescriptions are 10.2 times more likely to say they use MJ because they are “hooked” than those who use the drug illegally
 - 4% of 12th graders reported using someone else’s medical MJ (Boyd, et al, JAH, 2015)
- Decreased perception of harm

+ David

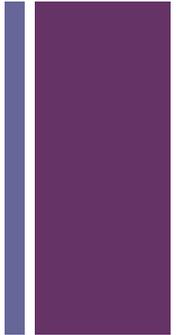
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Brief Advice:

- Should be personalized and strengths based.
- Focus on areas that are pertinent and relevant to each patient.
- Be clear on recommendation to quit:
 - “I recommend you stop smoking marijuana altogether because of...”
- Provide information on effects relevant to patient
 - “Using marijuana every day can actually impact...”
 - Grades, decision-making, sports performance, and so on

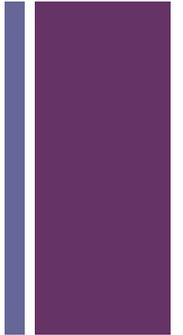


+ David

- He says he now smokes 3 blunts a day to help him relax. He feels irritable without it and gets into fights. He does not think it is a problem. His mom is upset because he is now getting Ds now in school and she blames his smoking.
- He says... "It's no big deal. I don't think I even have a problem. My mom is being overly dramatic. It isn't a problem for me. I could stop whenever I wanted."

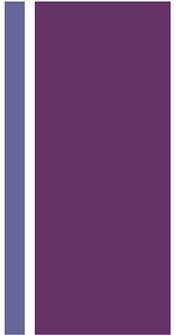
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Brief Interventions and Adolescents



- 3-5 minutes in routine clinical appointment
- Pediatric providers effective agents to deliver interventions
 - Focus on **teachable moments/health context** vs legal/moral issues
 - Adolescents receptive to screening and intervention by PCP
 - More positive perceptions of care when PCP discuss SU
- Teens more receptive to “self-guided behavior change strategies”
- Evidence shows they are effective at:
 - Reducing consumption
 - Reducing associated risky behaviors (e.g. driving while intoxicated)

+ David

■ Assess Stage of Change

- Pre-contemplative
- Contemplative
- Preparation
- Action

■ Use **motivational interviewing** to help David move towards change

- Express Empathy
- Develop discrepancy
- Roll with resistance
- Avoid Argumentation
- Support Self-efficacy



IMAGE: <https://www.cigarettedirect.co.uk/ashtray-blog/2012/10/the-best-way-to-quit-smoking-its-not-what-you-think.html>

He'd tried many ways to quit smoking,
but only one had really worked.

+ David



IMAGE: <https://www.cigarettedirect.co.uk/ashtray-blog/2012/10/the-best-way-to-quit-smoking-its-not-what-you-think.html>

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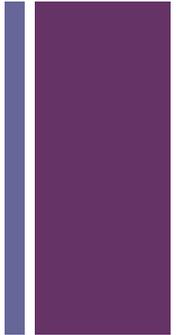
- Express Empathy

■ **Develop discrepancy**

- Roll with resistance
- Avoid Argumentation
- Support Self-efficacy

+ Developing discrepancy

- What is teen doing?
 - When are they using (e.g. before school or job)?
 - Problems while intoxicated?
 - Done anything they regretted while high?
 - How often are they getting high?
- What does teen want to be doing?
 - Getting job
 - Going to college
 - Playing sports

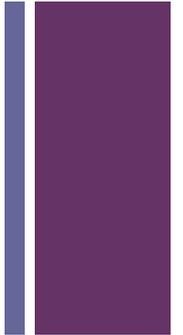


+ Sample

- **SUMMARIZE:** “It sounds like you really want to go to college, but since you started smoking marijuana every day before you go to school and also between 4th and 5th periods, you have noticed your grades have gotten worse.”
- **ADVISE:** “You know, only you can decide whether or not you decide to quit smoking. As your doctor, I do recommend you quit.”
- **EDUCATE:** “We know when kids smoke daily, they are at risk for a lot of problems that impact them at school, like...”



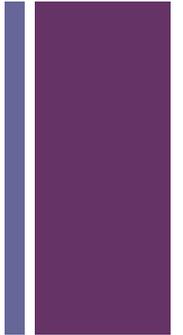
The Challenge



- “I know you said you feel like you could stop if you wanted because it is not a problem for you.”
- “If it is not a problem for you, how about you stop for just two weeks? You can make a follow-up appointment to see me and then we can discuss how that went for you.”
- When they return:
 - If quit → life better/same/worse? How difficult was it?
 - If not able to → discuss triggers and why ongoing use. Ongoing motivational interviewing. Planting seed that MJ use may be a problem they *cannot* control.

+ David

- David acknowledges that in addition to using marijuana, he also has started taking pain pills to help him “relax” and “calm down” after school.
- He first received a prescription for oxycodone after getting his wisdom teeth removed and liked how they made him feel.
- He now has been getting them from friends who are taking them from their parents. He uses about 90 mg a few times a week. Used to use them to feel good, but now takes them to feel normal.





Natural History of Opioid Use Disorder



Acute use

Chronic use

+ Exposure is high:



MTF – 2017

- Heroin Use – 0.4%
- Prescription Opioid Misuse – 4.2%
 - Down from peak of 9.6% in 2002

YRBSS – 2017

- Heroin Use – 1.7%
 - Down from peak of 3.3% in 2003
- Prescription pain medicine misuse 14.0%

Lifetime exposure among high school students 22-45%

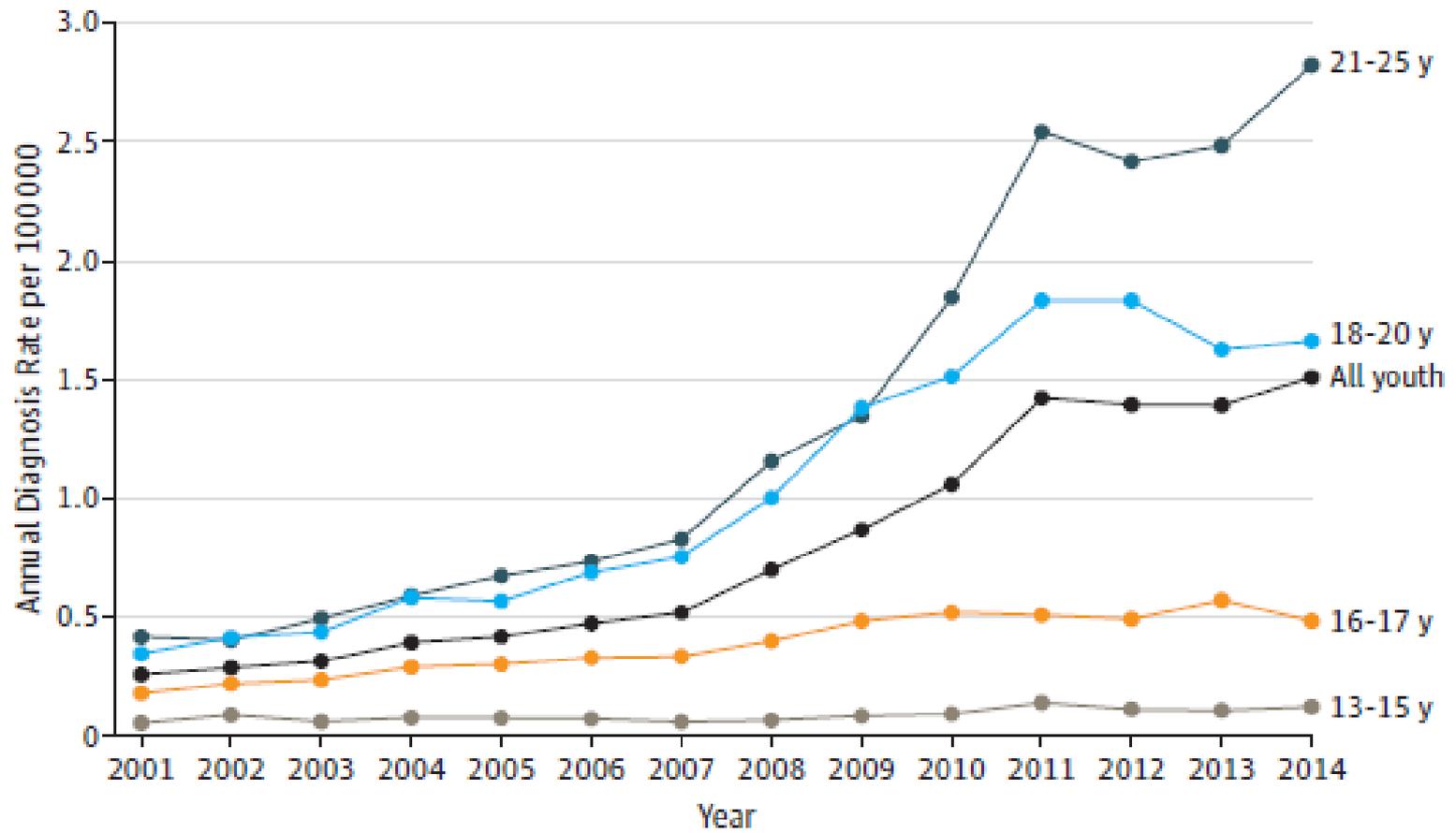
Boyd, et al. Drug Alcohol Depend. 2006

McCabe, et al. J Adolesc Health. 2007.

McCabe, et al. Arch Pediatr Adolesc Med. 2012

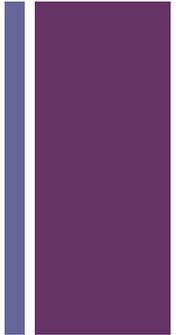
+ High rates of lifetime exposure

Figure 1. Trends in Annual Rate of New Diagnoses of Opioid Use Disorder Among Youth



+ What next?

- **No use → NO SUD**
 - Positive reinforcement to delay initiation
- **Once or twice → NO SUD**
 - Brief advice to encourage/continue cessation
- **Monthly use → Mild/Moderate SUD**
 - Brief intervention to stop or reduce use/risky behaviors
- **Weekly use → Severe SUD**
 - Brief intervention to:
 - Reduce use/risky behaviors
 - Accept referral to treatment
 - Embrace possible medications



+ **Brief Intervention AND Referral to Treatment**

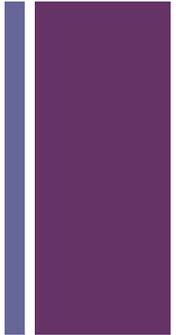
■ Risk reduction

- Education
- Pharmacotherapy

■ Engagement in treatment

- 1) Refer for treatment
- 2) Treat
 - Co-occurring disorders (ADHD, Major Depressive Disorder)
 - Opioid Use Disorder

■ Breaking confidentiality/Engaging parents



+ **Brief Intervention AND Referral to Treatment**

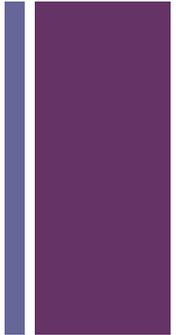
■ Risk reduction

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<https://www.narcan.com>

- Naloxone nasal spray
4 mg/actuation
- Prescribe for patients
on chronic opioids or
misusing opioids



Welcome to PrescribeToPrevent.org

Here you will find information you need to start prescribing and dispensing naloxone (Narcan) rescue kits, including some useful resources containing further information about this life-saving medicine. We are prescribers, pharmacists, public health workers, lawyers, and researchers working on overdose prevention and naloxone access. We compiled these resources to help health care providers educate their patients to reduce overdose risk and provide naloxone rescue kits to patients.

You may use and adapt any material on this site. Please include any attribution that documents may contain.

+ **Brief Intervention AND Referral to Treatment**

■ Risk reduction

- Education

- Pharmacotherapy

■ Engagement in treatment

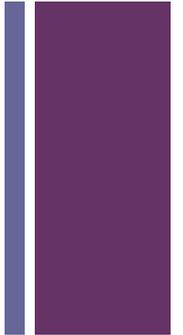
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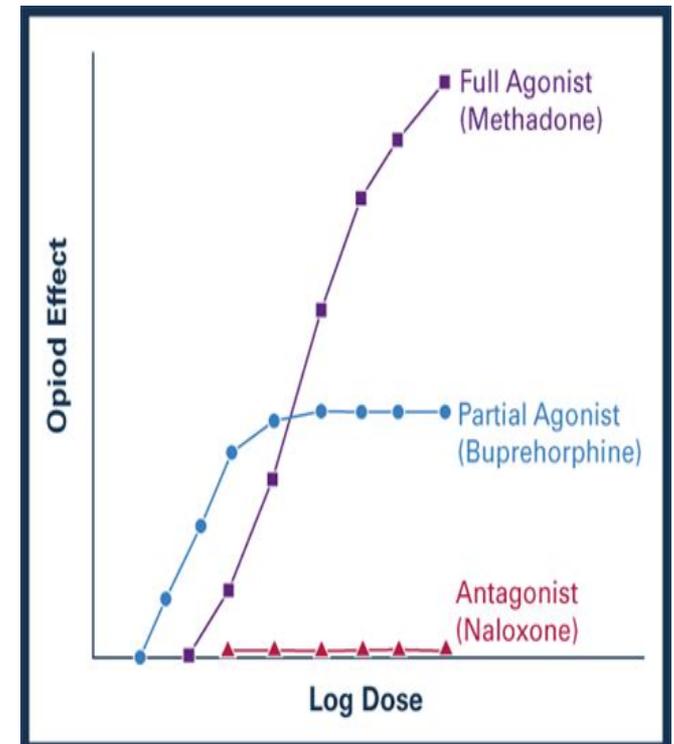
+ Pharmacotherapy for OUD

■ Antagonist

- Naltrexone
 - Extended-release injectable (Vivitrol)
 - Oral (shorter acting)

■ Agonist

- Full agonist
 - Methadone
- Partial agonist
 - Buprenorphine
 - Suboxone, Zubsolv



+ Medications to treat OUD in Youth

■ Professional organizations support

- American Academy of Pediatrics
 - Ryan SA, et al. Pediatrics, 2016.

■ Extensive evidence of efficacy in adult populations

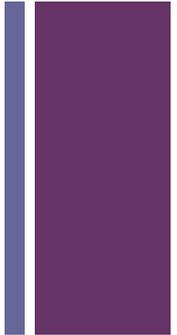
- Nielsen S, et al. Cochrane Database Syst Rev, 2016.

■ Small randomized trials in youth demonstrating improvement in retention and abstinence

- Marsch LA, et al. Addiction, 2016.

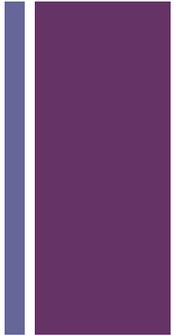
■ Cost-effective treatment for youth with OUD

- Polsky D, et al. Addiction, 2010.



+ Antagonist: Naltrexone

- **Potent inhibitor of Mu opioid receptor**
- **Minimal side-effects**
 - Nausea, headaches, dysphoria when starting
 - Potentially hepatotoxic at super-therapeutic doses
- **Efficacy:**
 - ER-NTX efficacious (Krupitsky, et al. Lancet, 2011)
 - Oral less efficacious (more difficult retention)
 - May be more difficult to start, but equally effective as buprenorphine-naloxone once started (Lee, et al, Lancet 2018)



+ Partial agonist: Buprenorphine

- **Partial agonist at mu receptor**

- Blocks/attenuates euphoria of exogenous opioids

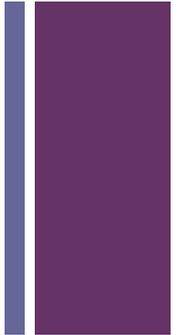
- **FDA Approved for >16 yo**

- **Can be prescribed by any physician/NP/PA completing waiver program (DATA 2000)**

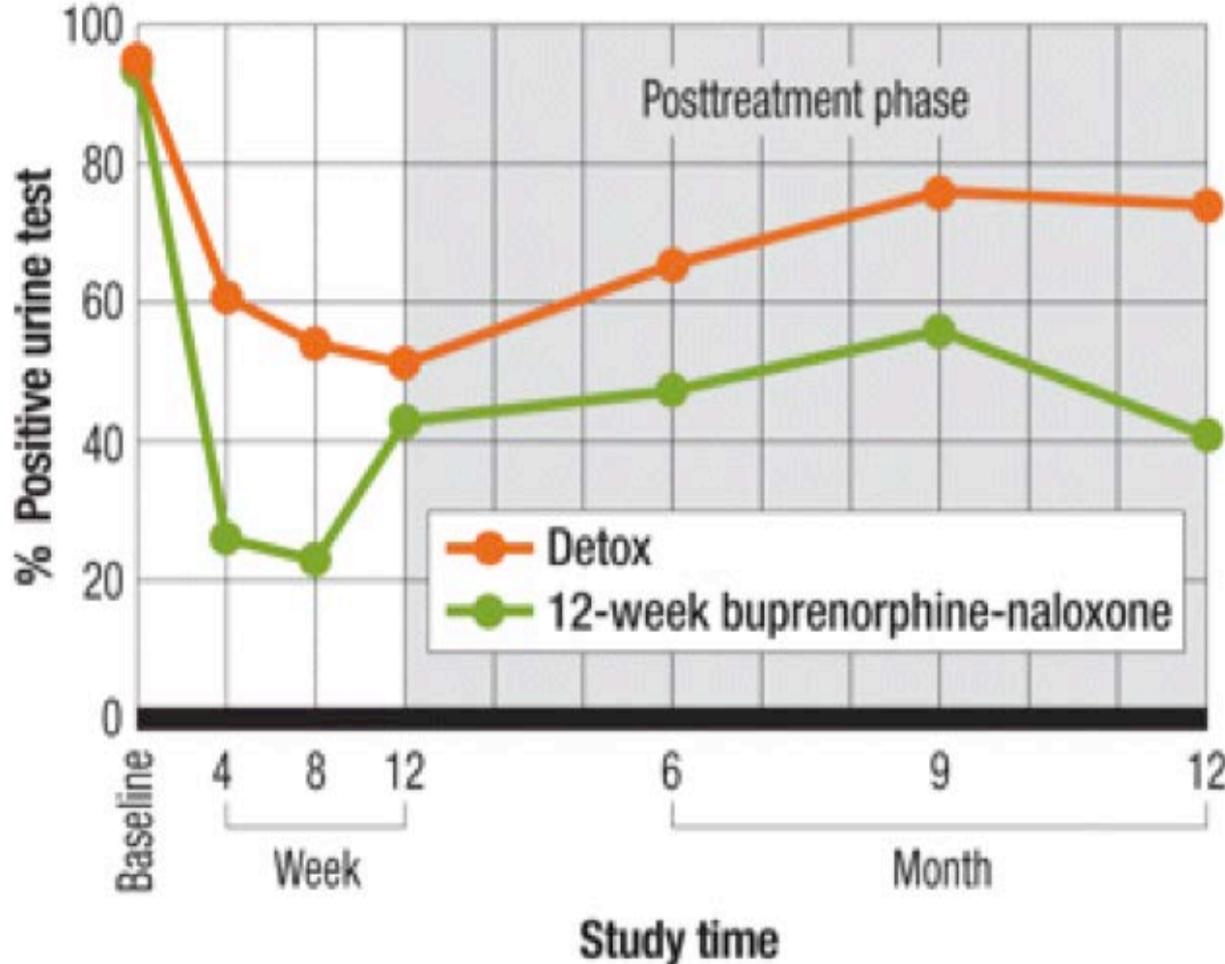
- Given days, to weeks, to month supply at a time

- **Common formulations**

- Suboxone, Zubsolv



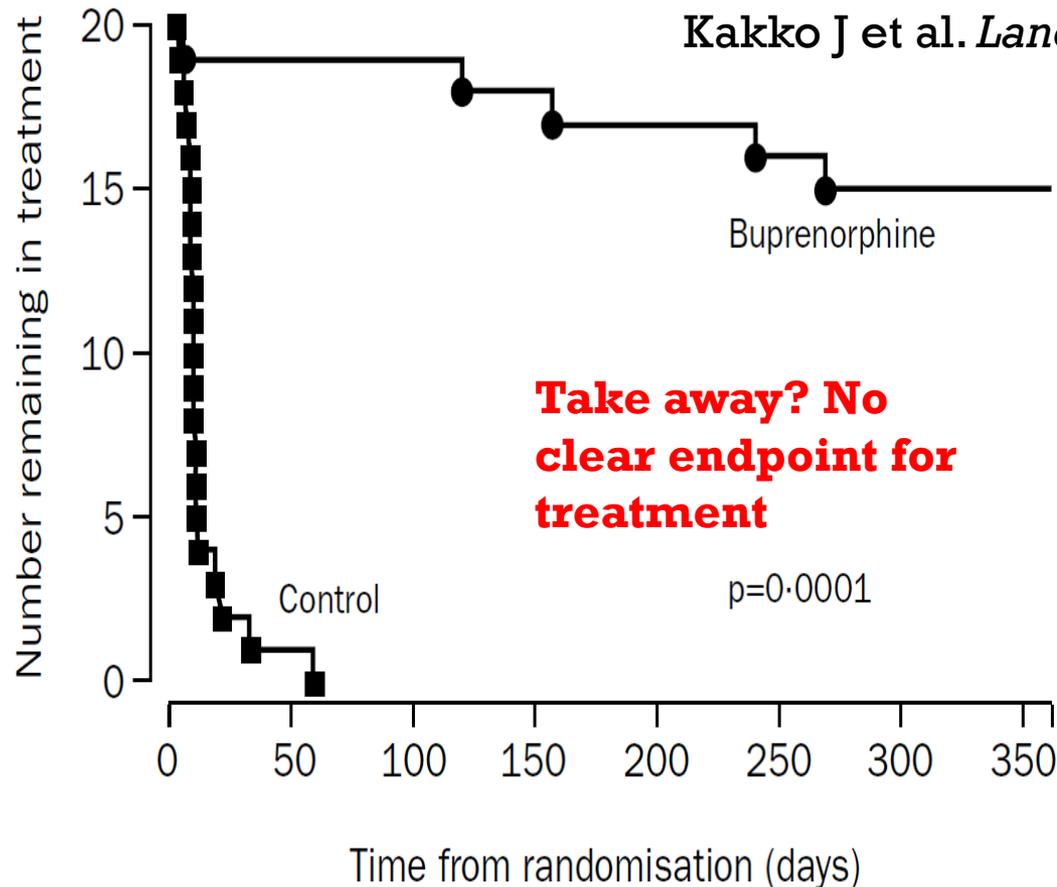
+ Extended Treatment with Buprenorphine More Effective



■ Woody, et al.
JAMA, 2008.

■ Continuing treatment improved outcomes compared to short-term detoxification

Longer Buprenorphine Courses Better



52 week completion rates:

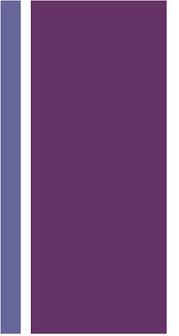
- 0% in Taper group
- 75% Maintenance gp

Mean % urine neg:

- 75% Maintenance gp

Mortality

- 20% Taper
- 0% Maintenance



What is best for David?



Poor uptake of medications to treat youth with opioid use disorders

- Only 2.4% of adolescents in treatment for heroin received medications for OUD compared to 26.3% of adults
- Only 0.4% of adolescents in treatment for prescription opioids received medications for OUD compared to 12% of adults



Get trained!



NEWS CALENDAR NEWS SIGN UP CONTACT

ABOUT EDUCATION & TRAINING MENTORING RESOURCES

Discover the rewards of treating patients with Opioid Use Disorders

Start Training

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Programs & Campaigns » Medication-Assisted Treatment » Training Materials and Resources » Buprenorphine Waiver Management



Medication-Assisted Treatment

Medication and Counseling Treatment

Training Materials and Resources

Buprenorphine Waiver Management

Qualify for a Physician Waiver

Apply for a Physician Waiver

Apply to Increase Patient Limits

Update Physician Contact Information

Verify Physician Waivers (For Pharmacists)

Waiver Management in Spanish

Buprenorphine Waiver Management

[En español](#)

Find information for physicians on the waiver application and management process to prescribe or dispense buprenorphine for opioid dependency treatment.

The [Drug Addiction Treatment Act of 2000 \(DATA 2000\)](#) expands the clinical context of medication-assisted opioid dependency treatment. Qualified physicians are permitted to dispense or prescribe specifically approved Schedule III, IV, and V narcotic medications (medications that have a lower risk for abuse, like buprenorphine) in settings other than an opioid treatment program (OTP) such as a methadone clinic. OTPs provide medication-assisted treatment (MAT) for people diagnosed with an opioid use disorder. Learn more about [OTPs](#). Find information on drug scheduling from the [Drug Enforcement Administration \(DEA\)](#).

In addition, DATA 2000 reduces the regulatory burden on physicians who choose to practice opioid dependency treatment by permitting qualified physicians to apply for and receive waivers of the special registration requirements defined in the [Controlled Substances Act](#).

Medications to Treat OPIOID ADDICTION

[Methadone](#)

[Naltrexone](#)

[Buprenorphine](#)

OPIOID TREATMENT PROGRAM DIRECTORY

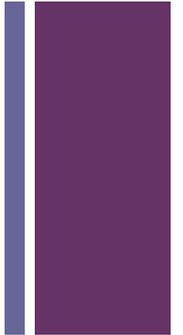
Medication for OPIOID OVERDOSE Naloxone

Related SAMHSA Resources

- » [Behavioral Health Treatments and Services](#)
- » [Medical Records Privacy and Confidentiality](#)
- » [Mental and Substance Use Disorders](#)



- Substance use is common in adolescents and young adults
- Substance use disorders and substance use can be identified in primary care pediatric settings using screening instruments and careful history
- Once identified, providers should provide targeted education, tailored brief interventions, and pertinent referrals to eligible youth
- Pediatric providers have important roles to play in treatment of young people with substance use disorders





Questions?

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