

Fact sheet: Medications for opioid use disorder for youth

Fentanyl and overdoses

- Overdoses involving fentanyl in Washington State [increased dramatically in recent years](#)¹ for people across the age continuum including teens and young adults.
- Fentanyl is a high-potency synthetic opioid that has infiltrated the drug supply, particularly in fake pills and powders.
- Fentanyl is causing large increases in opioid overdoses, hospitalizations, and deaths.
- Fentanyl use leads to a faster onset of opioid use disorder compared to heroin or pharmaceutical opioids and more OUD among youth.
- Naloxone (brand name Narcan) can help reverse an overdose. Sometimes several doses are needed due to the high potency of fentanyl.
 - Naloxone is an extremely safe medication with [no case reports of allergic reaction](#).²
- [Potential bystanders are present](#)³ in 2/3 of overdose deaths among adolescents.

Medications for opioid use disorder

- Methadone and buprenorphine products [reduce overdose risk by 50% or more](#)⁴ and support recovery.
- There are three medications for opioid use disorder (MOUD): methadone, buprenorphine, and naltrexone.
 - All three can be used with youth patients and reimbursable by Apple Health (Medicaid) with no prior authorizations.
 - [Email Apple Health Pharmacy Policy](#) with questions.
- There is no pre-determined time frame for an individual to continue the use of MOUDs. As with other medications, they should continue use as long as it provides more benefit than harm.
 - It is important to keep individuals on the treatment of their choosing to [support their recovery](#).⁵
- Inpatient residential treatment or withdrawal management services have been the default treatment option for many years. However, these one-time intensive interventions cannot cure an opioid use disorder and may increase the risk of overdose.
 - Medications are the standard of care for youth with opioid use disorder.

- [The evidence for inpatient treatment for OUD without the use of medication is poor.](#)⁶
- Counseling and other supports can be critical for recovery but should not be preconditions for medications.
- Youth taking MOUD are more likely to start and remain engaged in behavioral treatment.
- Medications for the treatment of substance use disorders, including OUD, do not substitute one addiction for another. [Instead, when medications are used,](#)⁷ it balances the brain chemistry and allows an individual to work on their recovery.
 - MOUD addresses the physical component of addiction, getting them off the rollercoaster of opioid highs and lows, and allows people to focus on the psychological and social components of use disorder.
- The Food and Drug Administration (FDA) labeling denotes the age range for which the drug had been studied at the time of approval.
 - A prescriber can choose to offer buprenorphine products to individuals under age 16 when medically necessary.
 - Buprenorphine was first approved in 2002. Since that time, numerous studies have evaluated the safety and effectiveness in adolescents.
- [The DATA 2000 waiver was eliminated.](#)⁸ Anyone with an active DEA registration can prescribe buprenorphine for opioid use disorder.
 - Providers Clinical Support System (PCSS) offers [free buprenorphine training,](#)⁹ including specific training for pediatric settings and a mentorship program that allows new providers to gain knowledge from more seasoned buprenorphine providers.
 - As of June 27, 2023, everyone with a DEA registration is required to complete 8 hours of training on the treatment and management of patients with opioid or other substance use disorders. [Read the letter from DEA](#)¹⁰ for more information.
- [Extensive tools are available](#)¹¹ for providers to talk with patients about medications for opioid use disorder.

Contact

Email adai@uw.edu, youthmoud@hca.wa.gov, and applehealthpharmacypolicy@hca.wa.gov with questions about MOUD for youth.

Links

1. **CMS Drug Overdose Deaths:** cdc.gov/drugoverdose/deaths
2. **AAAAI Naloxone Hypersensitivity:** aaaai.org/allergist-resources/ask-the-expert/answers/old-ask-the-experts/naloxone
3. **CDC Drug Overdose Deaths:** cdc.gov/mmwr/volumes/71/wr/mm7150a2.htm
4. **Johns Hopkins Barriers to Methadone Access:** publichealth.jhu.edu/2023/barriers-to-methadone-access
5. **ADAI Understanding and Supporting Adolescents with an Opioid Use Disorder:** adai.uw.edu/pubs/pdf/2021AdolescentsOUD.pdf
6. **JAMA Network Receipt of Timely Addiction Treatment:** jamanetwork.com/journals/jamapediatrics/article-abstract/2698965?utm_campaign=articlePDF&utm_medium=articlePDFlink&utm_source=articlePDF&utm_content=jamapediatrics.2018.2143
7. **NIH Effective Treatment for Opioid Addiction:** archives.nida.nih.gov/publications/effective-treatments-opioid-addiction
8. **SAMHSA Waiver Elimination:** samhsa.gov/medications-substance-use-disorders/waiver-elimination-mat-act
9. **PCSS 8-hour MOUD Education Options:** pcssnow.org/medications-for-opioid-use-disorder/8-hour-moud-education-options
10. **DEA Letter to Practitioners:** deadiversion.usdoj.gov/pubs/docs/MATE_Training_Letter_Final.pdf
11. **Learn About Treatment Understanding and Supporting Adolescents with an Opioid Use Disorder:** learnabouttreatment.org/for-professionals/youth-treatment