

Addressing a Growing Crisis

Improving Access & Removing Barriers to Medication for Addiction Treatment (MAT) for Minors with Substance Abuse Disorder

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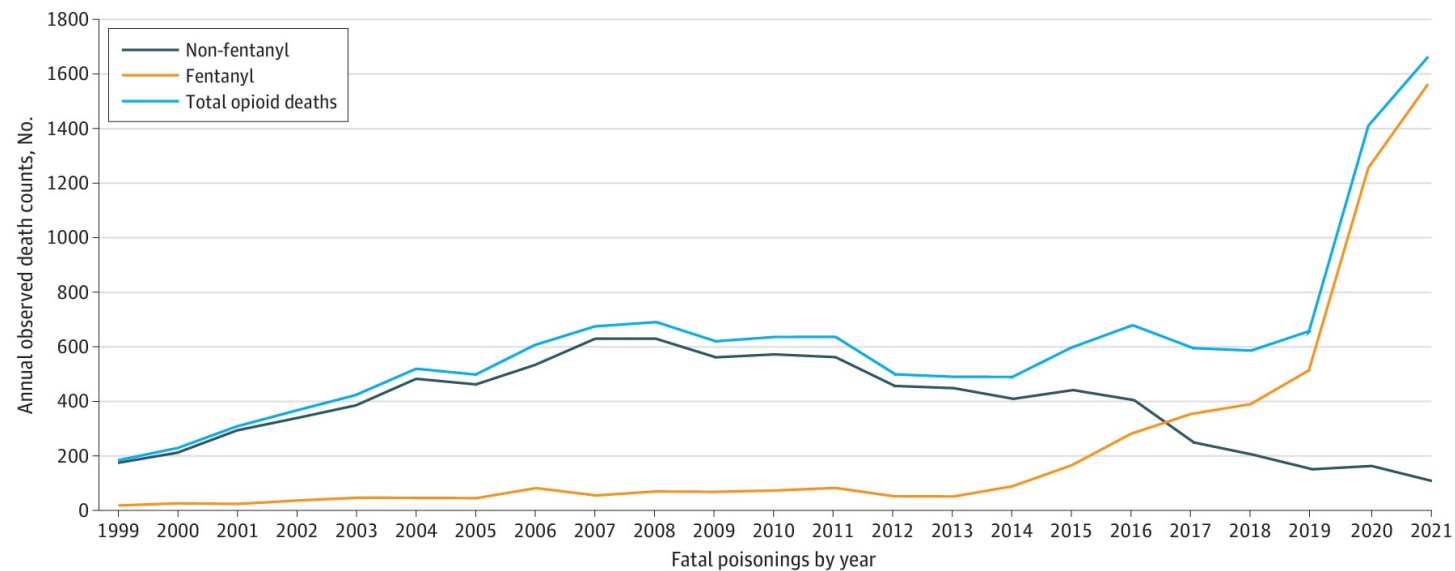
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Introduction

- It is time for New Mexico to act on the youth addiction crisis
- Youth substance abuse, overdose, and death are increasing in the U.S. and in New Mexico
- MAT is evidence-based and saves lives
- MAT is the standard of care, and behavioral health interventions are not enough
- There is far too little access to evidence-based substance abuse treatment for minors in the U.S. and in New Mexico
- New Mexico is currently subsidizing treatment that is not evidence-based, and some programs have policies that likely violate the Americans with Disabilities Act (ADA)
- No programs which provide substance abuse treatment to minors in New Mexico should be able to prohibit the use of MAT

The National Landscape of Youth Substance Abuse

Figure. Fatal Pediatric Opioid Poisonings Stratified by Fentanyl vs Non-Fentanyl, 1999-2021



No. of deaths	1999	2000	2001	2002	2003	2004	2005	2006	2007	2008	2009	2010	2011	2012	2013	2014	2015	2016	2017	2018	2019	2020	2021
Non-fentanyl	NR	203	285	330	377	473	453	525	620	620	552	563	553	447	439	400	432	396	241	196	142	154	100
Fentanyl	NR	17	15	28	38	37	36	73	46	61	59	64	64	43	42	80	157	273	345	381	508	1251	1557
Total opioid deaths	175	220	300	358	415	510	489	598	666	681	611	627	627	490	481	480	589	669	586	577	650	1405	1657

In accordance with the reporting policies followed by the US Centers for Disease Control and Prevention Wide-Ranging Online Data for Epidemiologic Research, values that would allow for the back calculation of 9 or fewer deaths are not reported (NR).

- Median monthly overdose deaths among persons aged 10–19 years (adolescents) increased 109% from July–December 2019 to July–December 2021
- Deaths involving illicitly manufactured fentanyl increased 182%.

Youth Substance Abuse – the National Landscape

- Two thirds of individuals in treatment for opioid use disorder first used before the age of 25; one third started before age 18^a
- Rates of spontaneous remission are low^b
- Most adolescents with severe use do not transition out of symptomatic substance use as adults^c
- Underinvestment in evidence-based substance abuse treatment when people are young will increase rates of death as people age
 - This will only worsen the drug overdose epidemic

a. SAMHSA. 2015

b. American Academy of Pediatrics. Committee on Substance Use and Prevention. 2016

c. McCabe et al. 2022

Contextualizing the Crisis

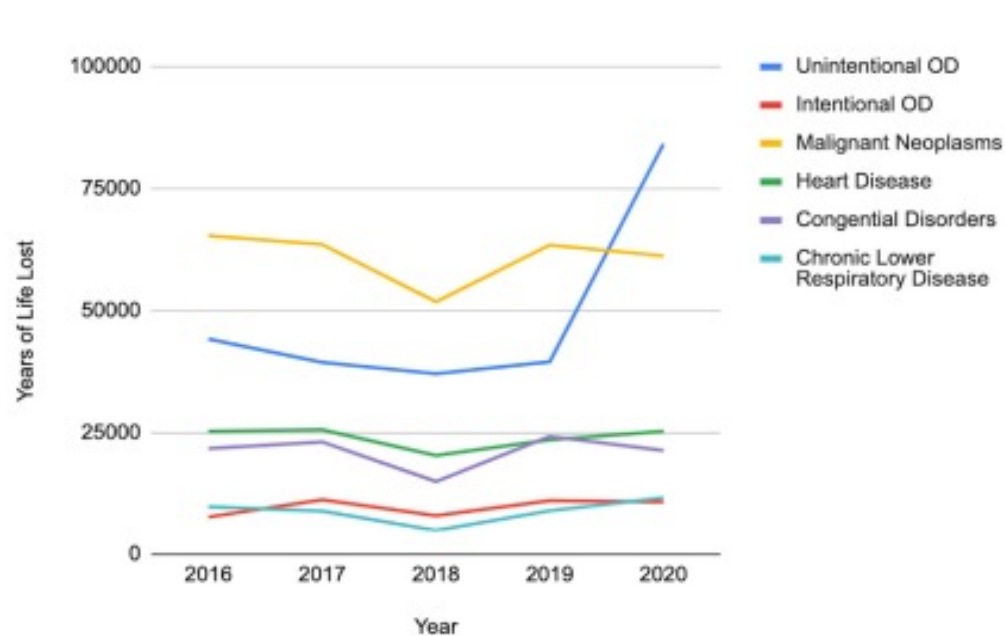


Figure 3. YLL to leading causes of death in adolescents by condition from 2016 to 2020.

- a
- Around 5000-6000 adolescents (ages 15-19) are diagnosed with cancer each year in the United States^b
 - In 2020, nearly 80,000 adolescents in the United States suffered from Opioid Use Disorder^c

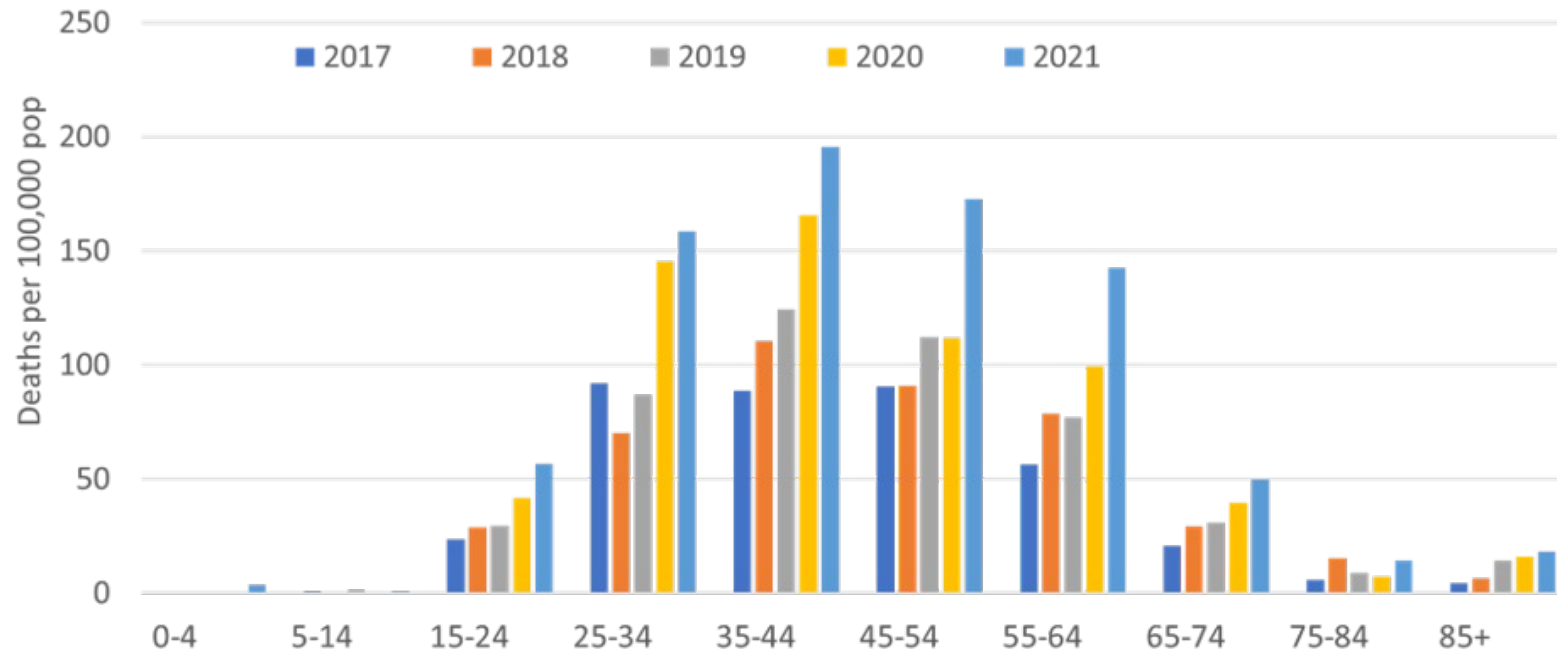
a. Hermans et al., 2023

b. U.S. Cancer Statistics Working Group. U.S. Cancer Statistics Data Visualizations Tool, based on 2022 submission data

c. Camenga et al., 2023

Youth Substance Abuse – New Mexico

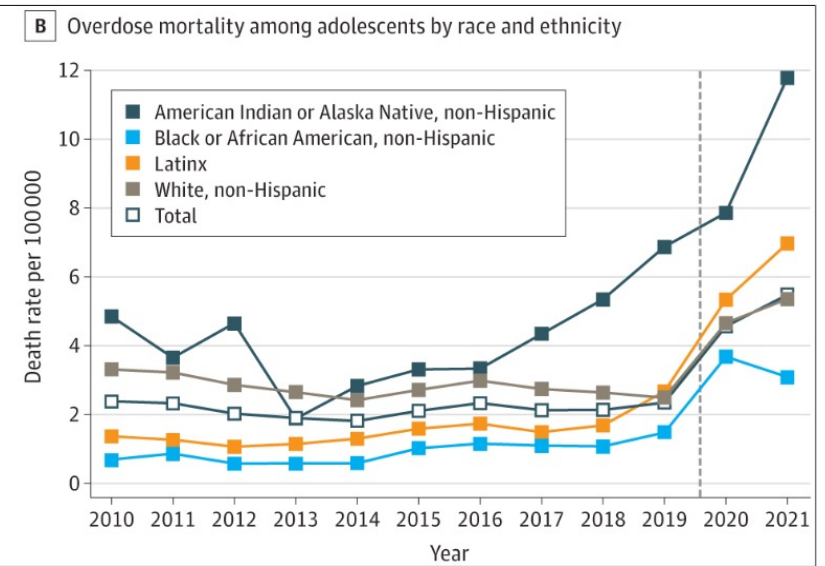
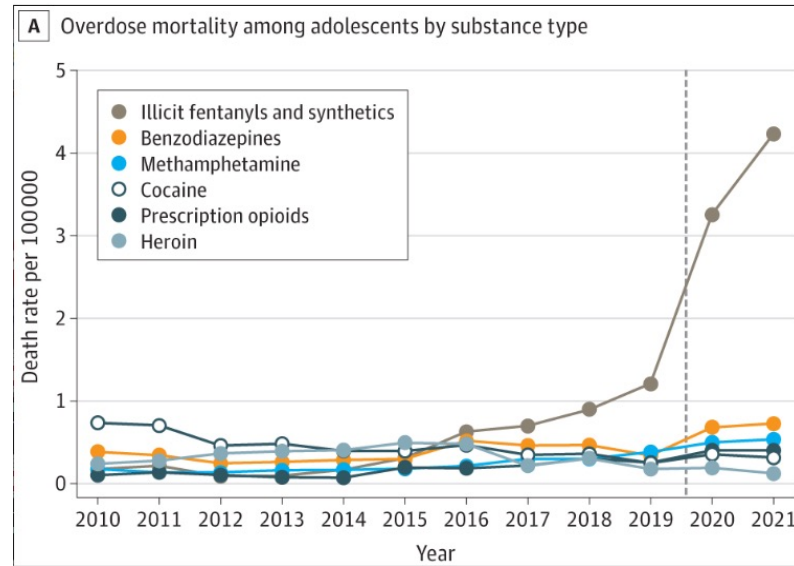
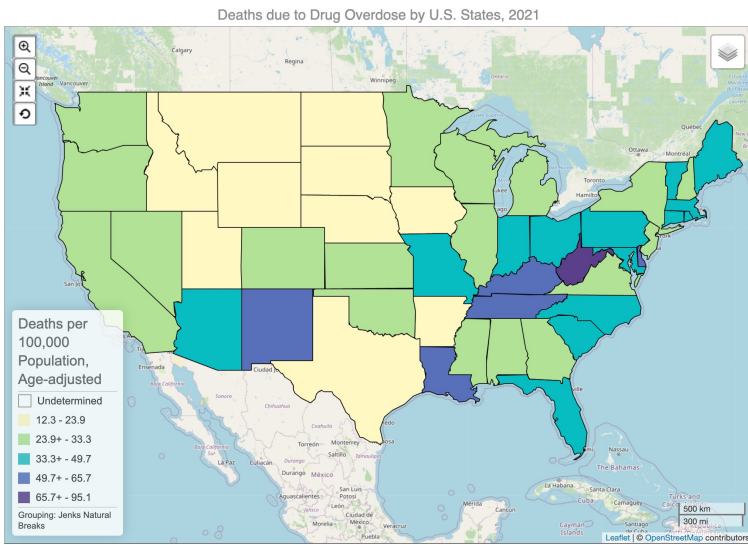
Drug Overdose Death Rates by Age and Year, NM,
2017-2021



Rates are age adjusted to the US 2000 standard population

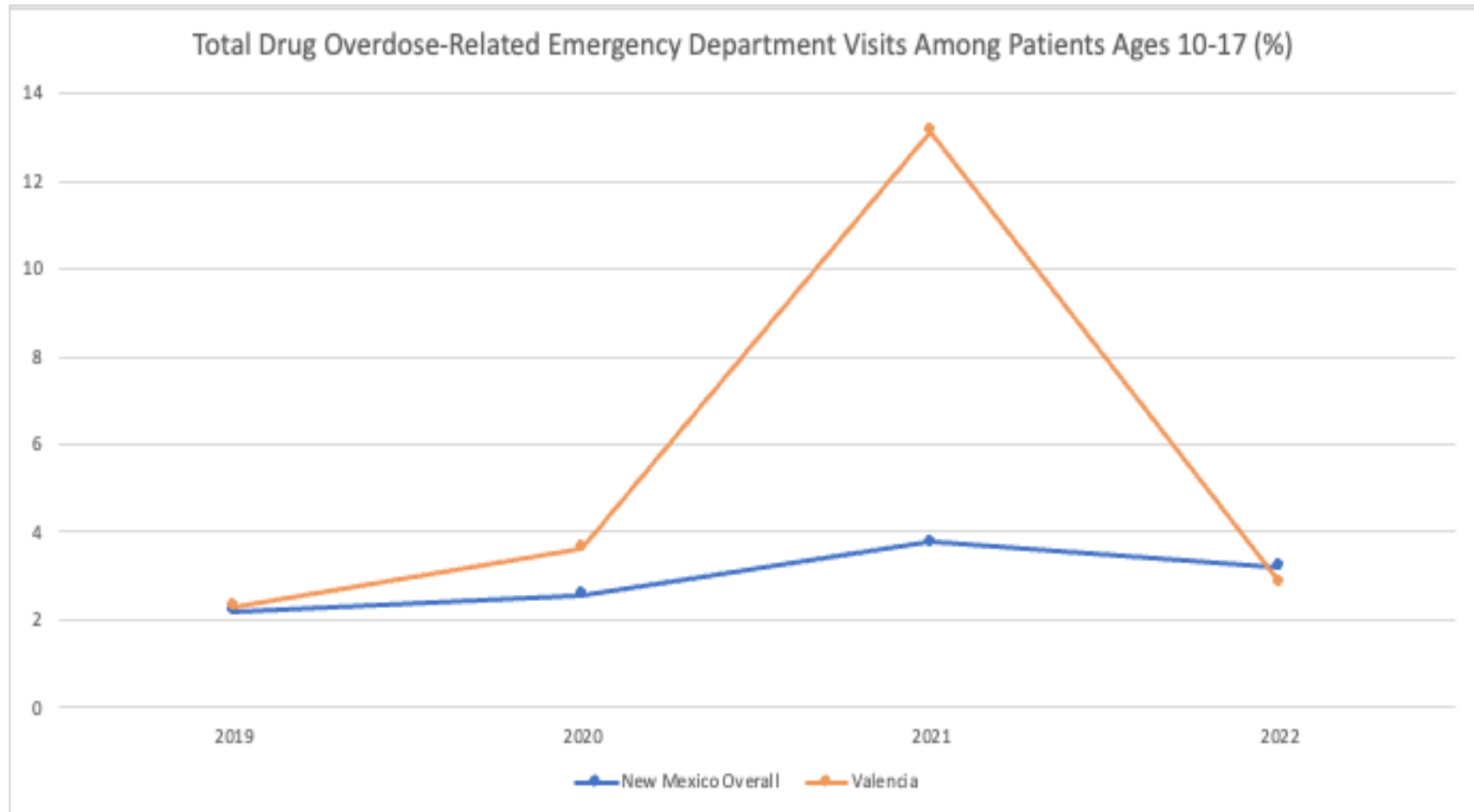
Source: NM DOH Bureau of Vital Records and Health Statistics death files, UNM/GPS population estimates

Overdose deaths— New Mexico



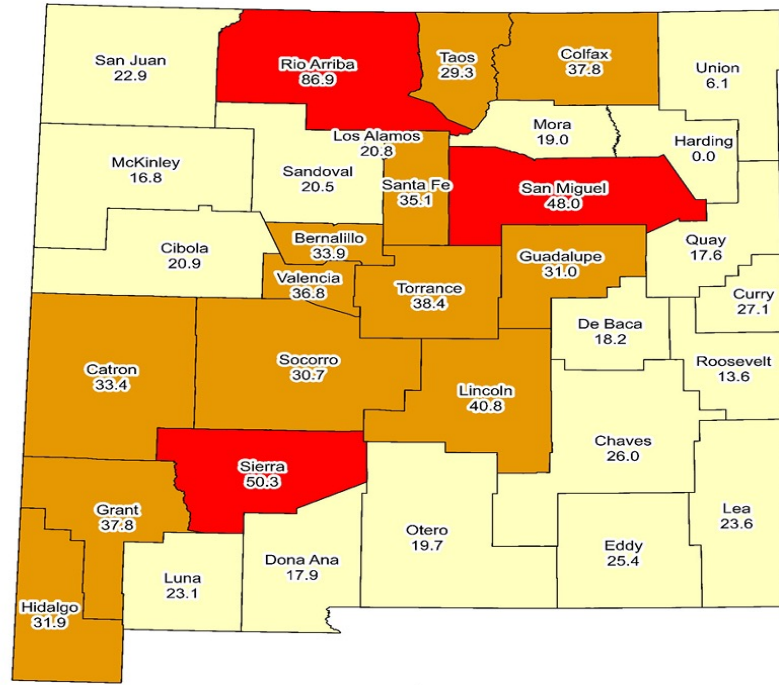
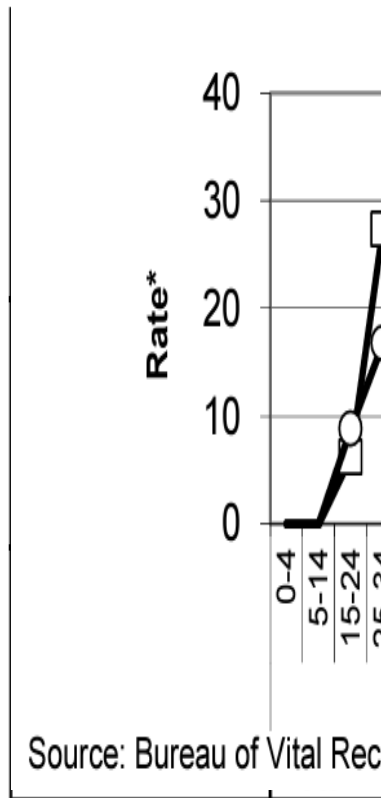
New Mexico's Health Indicator Data & Statistics, Substance Use Epidemiology, Epidemiology and Response Division, New Mexico Department of Health. 2022

Emergency Department Visits for Drug Overdose



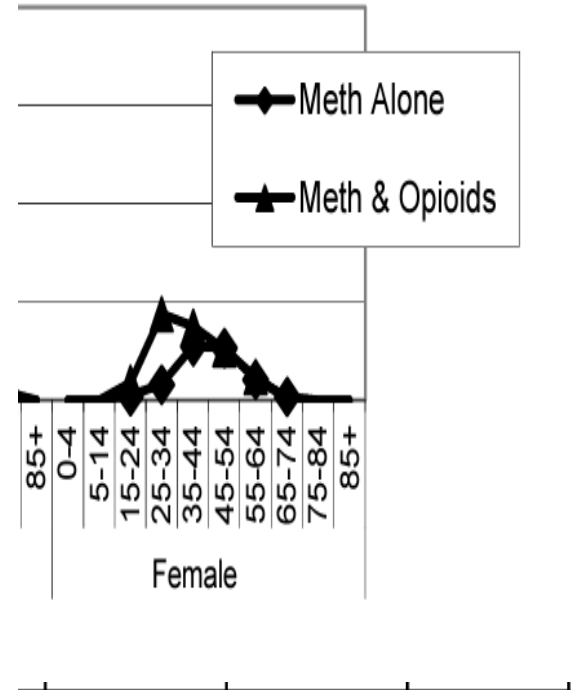
Youth Substance Abuse – New Mexico

Chart 5: Methamphetamine



New Mexico, 2016-2020

Age, Sex, and Mode of Overdose



* Age-specific rates (e.g.

* All rates are per 100,000, age-adjusted to the 2000 US standard population
 Sources: NMDOH BVRHS death files and UNM-GPS population files; SUES

Sources: NMDOH BVRHS death files and UNM-GPS population files; SUES

to the 2000 US standard population

Addiction and the Adolescent Brain

- Vivek Murthy, MD, Surgeon General of the United States, 2016 ^a
 - *"It's time to change how we view addiction. Not as a moral failing but as a chronic illness that must be treated with skill, urgency and compassion"... "adolescence and young adulthood are particularly critical at-risk periods."*
- Adolescents are uniquely susceptible to the short- and long-term effects of substances^b
 - Period of development critical for cognitive, emotional, and social development
 - Develop substance dependence faster than adults
 - Early substance use may alter brain maturation, cause certain cognitive impairments^c
 - Youth with substance use disorders experience higher rates of physical and mental illnesses, diminished overall health and well-being ^{c,d}
 - Positive association between ACEs and the development and severity of SUD in adolescence and adulthood^e
 - Studies urge prevention programs to promote a drug-free lifestyle and for drug-abusing youth to receive treatment earlier than later^c

a. The Surgeon General's Report on Alcohol, Drugs, and Health. Washington, DC: HHS, November 2016

b. Chambers et al., 2003

c. Winters et al., 2011

d. CDC, Division of Adolescent and School Health, National Center for HIV/AIDS, Viral Hepatitis, STD, and TB Prevention. [Youth Risk Behavior Survey Data Summary & Trends Report, 2009–2019](#). Atlanta, GA: U.S. Department of Health and Human Services, Centers for Disease Control and Prevention, Office of Infectious Diseases, NCHHSTP; 2020

e. Leza et al., 2021

MAT is the Standard of Care

- MAT should be used to treat adolescents with opioid use disorder, according to **American Academy of Pediatrics^a**, **American Society of Addiction Medicine^b**, **the Society for Adolescent Health and Medicine^c**, and the **World Health Organization^d**, and is **considered the standard of care^e**
- MAT is associated with **reduced all-cause mortality**, fewer relapses to opioid use, enhanced recovery and retention in addiction care^d, subsequent risk of HIV and Hepatitis C transmission, and improvement in mental health^f
- MAT/MOUD (medication for opioid use disorder) includes opioid agonists (buprenorphine, methadone) and antagonists (naltrexone) for the treatment of opioid dependence^c
- Most used medication for youth with opioid use disorder is buprenorphine/naloxone (Suboxone)^g

a. AAP COMMITTEE ON SUBSTANCE USE AND PREVENTION. 2016

b. The American Society of Addiction Medicine National Practice Guideline for the Treatment of Opioid Use Disorder. 2020

c. Society for Adolescent Health and Medicine. 2021

d. World Health Organization. Guidelines for the Psychosocially Assisted Pharmacological Treatment of Opioid Dependence. 2009

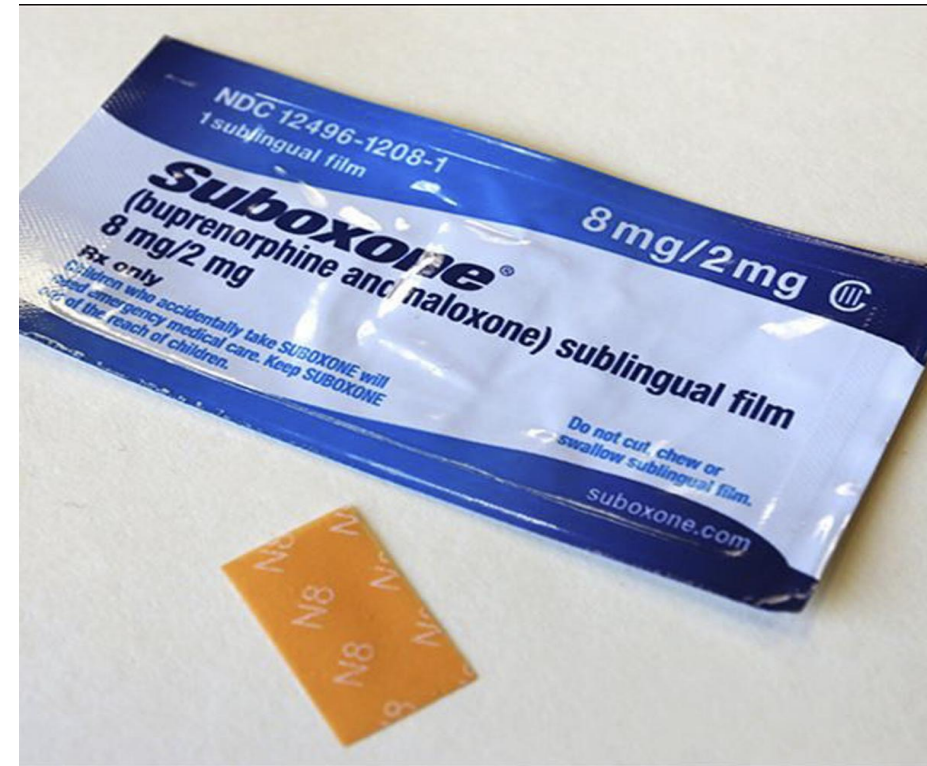
e. Nora Volkow, Head of the National Institute on Drug Abuse, 2023. NIDA Press Office

f. Viera et al., 2020

g. Bagley et al., 2021

Buprenorphine/Naloxone

- Approved by FDA in 2002 for use in adolescents ages 16 and older, but often used off-label at earlier ages
- As a partial agonist treatment, it binds more strongly to the opioid receptor than full agonists like heroin or fentanyl
 - Less euphoria and respiratory depression
 - Addresses cravings
 - Flexible induction and administration
- Associated with greater abstinence rates^a as evidenced by negative urine drug screens^b
- Associated with improved retention in care^c



- a. Paino et al. 2015
- b. Marsch et al. 2016
- c. Matson et al. 2014

Methadone



- Approved by FDA in 1972 for treatment of opioid use disorder in people 18 and older
- The most effective form of MAT for improving retention in care for adolescents^a
- Limitations: OTP must apply for a waiver to treat individuals less than age 18, written/parental consent is needed,^b state limitations exist^c

- a. Hadland et al. 2018
- b. Paino et al. 2015
- c. Camenga et al. 2019

Naltrexone

- Approved by the FDA in 2006 as an intramuscular injection to treat opioid use disorder in people 18 and older
- Is used off label in adolescents, though not a lot of rigorous evidence^a
- Improves retention in care^b as well as decreases opioid use and improves psychosocial domains (very small case-series)^c
- Can also be used to treat alcohol use disorder



- a. AAP COMMITTEE ON SUBSTANCE USE AND PREVENTION. 2016
- b. Hadland et al. 2018
- c. Fishman et al. 2010

MAT performs better than behavioral health interventions alone

- Psychosocial treatment alone is ineffective in treating OUD^a
- Prescribing barriers, such as policies requiring a trial of behavioral treatment alone before providing MAT, should be eliminated^b
- Adolescents who do not pursue behavioral therapy should not be denied MAT^b
- MAT is associated with reduced mortality and improved treatment outcomes with or without counseling
- A majority of adolescents receive abstinence-based treatment or outpatient psychosocial therapy, which have produced high rates of drop out and relapse^c

a. Calcaterra et al. 2022

b. Society for Adolescent Health and Medicine. 2021

c. Matson et al. 2014

Access to Treatment in the United States

- In general, access to MAT for adolescents is limited
- Among the small percentage of adolescents receiving treatment for opioid use disorder, less than 3% received opioid agonist treatment ^a
- In residential treatment facilities in the United States only 1 in 8 offer buprenorphine for ongoing treatment
 - The average parent would need to call 29 facilities before finding one that provides MAT to a patient 16 years or younger^b
- Nationally, many counties reporting overdose deaths lacked programs for special populations including adolescents^c
- From 2015 to 2020, the rate of MAT dispensed to youth decreased despite increasing rates of addiction and overdose^d

- a. Feder et al., 2016
- b. King et al. 2023
- c. Hadland et al., 2020
- d. Terranella et al. 2023

Access to Treatment in New Mexico

- Lack of programs and residential centers for minors has been an ongoing problem
- Only a small minority of programs will accept people under 18 with substance use disorders, and even fewer use MAT (2-3 residential programs identified in the state) to treat adolescents
- Minors may be required to wean off maintenance MAT prior to transfer or admission to most centers (both detention and residential)
- With so few available resources for adolescents, providing MAT is an especially important component for all existing programs

Access to Treatment in New Mexico

- 2020 Substance Use Disorder Treatment Gap Analysis- NM DOH
 - Some recommendations to address the identified gap of more than 100,000 people in New Mexico who need but do not receive treatment for their SUD include:
 - Increase availability of SUD treatment including MAT services at all points of entry (primary care, syringe services programs, emergency departments, corrections facilities, etc.)
 - Increase access to SUD treatment including MAT throughout New Mexico including supportive services

Access to Treatment in New Mexico

Table 1

Selected conclusions and recommendations

Issue	Conclusions	Recommendations*
Opioid-specific issues	Price and its relation to opioid use: Many individuals transition from prescription opioids to heroin due to the costs.	Address the rise in the number of individuals who use prescription opioids before they move on to heroin (see related recommendations below).
Recent changes	More young people are using opioids and seeking treatment.	Increase prevention and awareness efforts targeted at opioid use in young people.
Treatment gaps	Nonmedical prescription opioid use has increased.	Providers prescribing prescription opioids should be required to refer to the Board of Pharmacy lists to ensure clients are not "doctor shopping".
	Treatment for young people: There are no substance use detoxification facilities for people under 18 years of age.	Develop additional treatment facilities for youth, including detoxification, residential, and outpatient treatment programs.
	Easily available buprenorphine providers: Providers face barriers to prescribing buprenorphine, and it can be difficult for clients to access and afford.	Increase the number of providers who can prescribe buprenorphine and make available an online list of current prescribers. Provide incentives for physicians to begin and continue to prescribe buprenorphine.
City-wide concerns	Interagency communication and referrals: Many treatment providers and parents are unsure where to refer clients and youth with opioid use disorders.	Create a resource guide of information about available opioid treatment resources, keep it current, and make it accessible for parents, treatment seekers, and treatment providers.
	Lack of education: Many treatment providers and community members have a limited understanding of opioid use disorders.	Provide educational materials and presentations for providers and parents on effective treatments and overdose prevention strategies (e.g., Narcan).

Notes. *Some issues and gaps have more than one recommendation.

Needs Assessment commissioned by the City of Albuquerque in 2011

- Noted treatment gaps for people under 18 despite increased opioid use by young people
- Recommended development of additional treatment facilities for youth including detoxification, residential, outpatient
- Recommended an increase in number of providers who can prescribe buprenorphine and make a list of current providers available with incentives for physicians to prescribe buprenorphine

Legal Implications

- Inpatient and outpatient substance abuse treatment programs which have policies requiring patients already on maintenance MAT to titrate off prior to admission are arguably violating the Americans with Disabilities Act



U.S. Department of Justice

Civil Rights Division

The Americans with Disabilities Act and the
Opioid Crisis: Combating Discrimination
Against People in Treatment or Recovery

Example A

A skilled nursing facility refuses to admit a patient with OUD because the patient takes doctor-prescribed MOUD, and the facility prohibits any of its patients from taking MOUD. The facility's exclusion of patients based on their OUD would violate the ADA.

SETTLEMENT AGREEMENT BETWEEN
THE UNITED STATES OF AMERICA
AND
ASHLAND HOSPITAL CORPORATION
D/B/A KING'S DAUGHTERS MEDICAL CENTER,
UNDER THE AMERICANS WITH DISABILITIES ACT
USAO# 2021V00109 & DJ# 202-30-56

Proposed Statute

- New Mexico should take the lead by ceasing to contract with and subsidize inpatient and outpatient programs which discriminate against minors who are on MAT
- Insurance should be used to pay for evidence-based treatment rather than allowing MCOs to pay organizations that restrict minors from accessing the care that may give them the best chance at recovery
- Our state agencies – whose job it is to protect the public, especially vulnerable minors – should be held accountable for reporting progress to the Legislature

Proposed Statute

- The state should work with willing inpatient and outpatient substance abuse treatment programs to fund the expansion of evidence-based substance abuse treatment for minors
- Opioid settlement dollars represent an opportunity to utilize funds given to the state based on the suffering of our communities in order to improve the future outlook of treatment and recovery
- Development of criteria to receive those funds should be done in a collaborative spirit but in a way that prioritizes public health and the utilization of the current best evidence on the treatment of substance use disorder

Conclusion

- Substance use disorder among minors is a growing health crisis and, left unchecked, will lead to devastating impacts on individuals, families and communities
- Access to treatment – especially evidence-based treatment – is a problem in New Mexico and across the United States
- MAT is considered the standard of care for substance use disorder and should not be withheld from eligible minors
- In some circumstances, current inpatient and outpatient treatment program practices are violating the law
- The Legislature should take action now

Questions?

Thank you

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