

Opioid Response Network

Prevention and Treatment of Substance Use Disorders in Youth with Psychiatric Disorders

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12/10/25



Opioid
Response
Network



Working with communities.

- ✧ The SAMHSA-funded *Opioid Response Network (ORN)* assists states, tribes, organizations and individuals by providing the resources and technical assistance they need locally to address the opioid crisis and stimulant use.
- ✧ Technical assistance is available to support the evidence-based prevention, treatment, and recovery from opioid use disorders and stimulant use disorders.



Working with communities.

- ✧ The *Opioid Response Network (ORN)* provides local, experienced consultants in prevention, treatment, and recovery to communities and organizations to help address this opioid crisis and stimulant use.
- ✧ *ORN* accepts requests for education and training.
- ✧ Each state/territory has a designated team, led by a regional Technology Transfer Specialist (TTS), who is an expert in implementing evidence-based practices.



Contact the Opioid Response Network

- ✦ To ask questions or submit a technical assistance request:
 - Visit www.OpioidResponseNetwork.org
 - Email orn@aaap.org



Substance Abuse and Mental Health Services Administration (SAMHSA)

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Approach: To build on existing efforts, enhance, refine and fill in gaps when needed while avoiding duplication and not “recreating the wheel.”

Overall Mission

To provide training and technical assistance via local experts to enhance **prevention, treatment** (especially medications like buprenorphine, naltrexone and methadone), and **recovery** efforts across the country addressing state and local - specific needs.



Recovery Science Series Webinars – Past Events

1. Recovery Support Services: Science and Practice, John Kelly, Ph.D.
2. Understanding and Addressing Substance Use Disorder Stigma in Clinical Care Settings, John Kelly, Ph.D.
3. Digital Recovery Support Services, Brandon Bergman, Ph.D.
4. Using Recovery Science to Dismantle Racial Inequities in Opioid Use Disorder, Corrie Vilsaint, Ph.D.
5. Examining Opioid Use Disorder Through the Lens of Recovery, Lauren A. Hoffman, Ph.D.
6. Recovery Community Organizations (RCOs): The Hub of Recovery Support in the Community, Patty McCarthy and Philip Rutherford, Faces & Voices of Recovery
7. Recovery High Schools as a Protective Factor against the Progression of Substance Use & Co-Occurring Disorders, Andrew Finch, Ph.D.
8. Collegiate Recovery: From Science to Policy, Noel Vest, Ph.D.
9. Mutual Help Groups as an Addiction Recovery Resource, Keith Humphreys, Ph.D.
10. Recovery Homes: Potential and Future Challenges, Leonard Jason, Ph.D.
11. Building Adolescent and Family Recovery Capital Through Community Supports, Emily Hennessy, Ph.D.
12. Incorporating Recovery Coaches into General Medical Settings, Dr. Sarah Wakeman and Windia Rodriguez
13. Considerations for Addressing Substance Use Disorder in Emerging Adults, Ashli Sheidow, Ph.D.
14. Integrating Behavioral Therapy with Pharmacotherapy in Treating Patients with Substance Use Disorders, Roger Weiss, M.D.
15. Medications for Stimulant Use Disorder: Evidence, Infrastructure and Cultural Factors that Support Whole Person Care, Steve Shoptaw, Ph.D.
16. Recovery Coaches: What Do They Do, Where Are They Being Utilized, Are They Effective?, David Eddie, Ph.D.
17. The “Age of Feeling In-Between”: Contemporary Strategies to Aid Treatment and Recovery for Emerging Adults with Substance Use Disorder, Brandon Bergman, Ph.D.
18. Mobilizing Schools to Support Student Substance Use and Other Mental Health Concerns, Randi M. Schuster, PhD
19. Adolescent Recovery as a Social Process: Examining and Fostering Social Network Change, Emily A. Hennessy, PhD



Coming Soon!

Dr. Samuel Meisel of Boston University will present on on April 22, 2026.

Caregiver-Involvement in Adolescent Substance Use Treatment: Core Principles and Applied Techniques

*Registration coming soon – will be emailed
out to today's attendees*



Disclosures

- ✧ No ACCME defined conflicts of interest to disclose
- ✧ Off label use of medication will be discussed



Learning Objectives

- ✧ Participants will be able to explain why it is important to focus substance use prevention and treatment efforts on youth with psychiatric disorders.
- ✧ Participants will be able to discuss adverse effects associated with opioid, stimulant, and other substance use in youth and strategies to decrease risk
- ✧ Participants will be able to describe recommended medication treatments for youth with a psychiatric disorder in the context of a co-occurring substance use disorder.

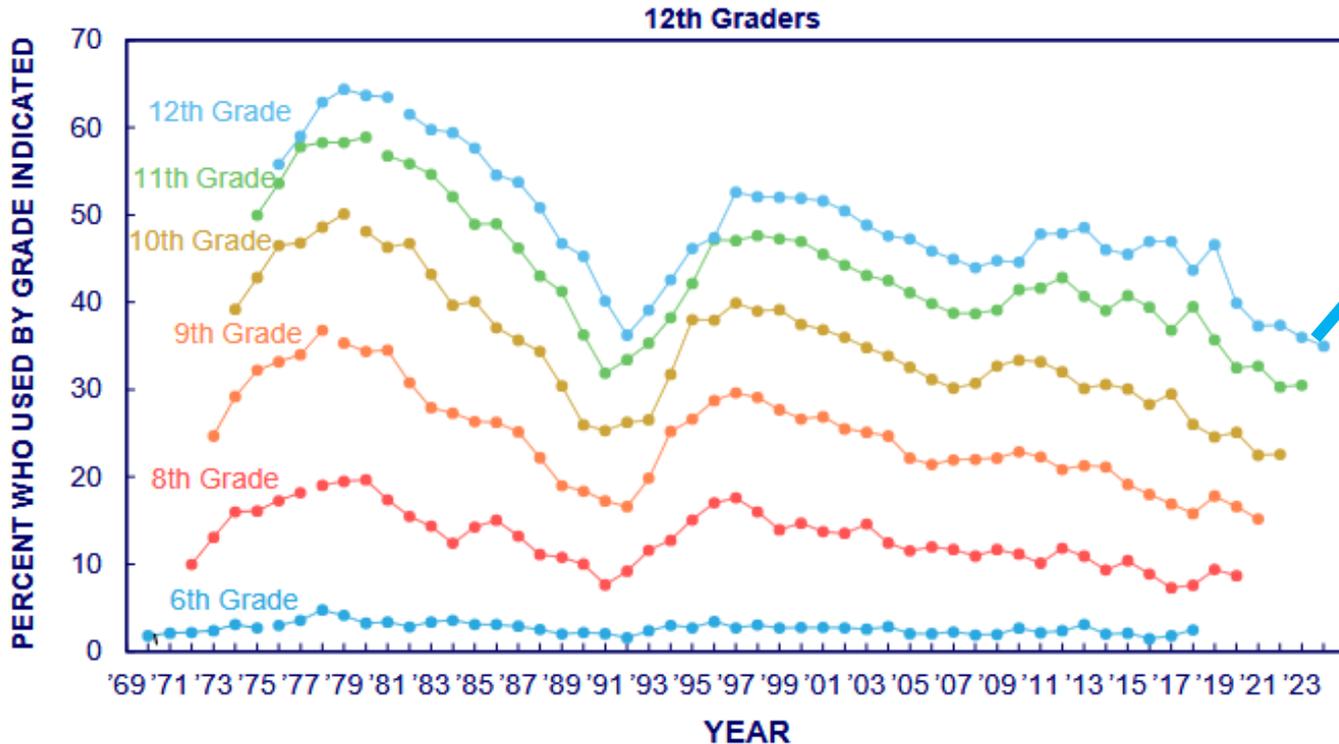




Substance use & Substance use Disorders in Youth without & with Psychiatric Disorders

Adolescent Substance Use— Current Patterns

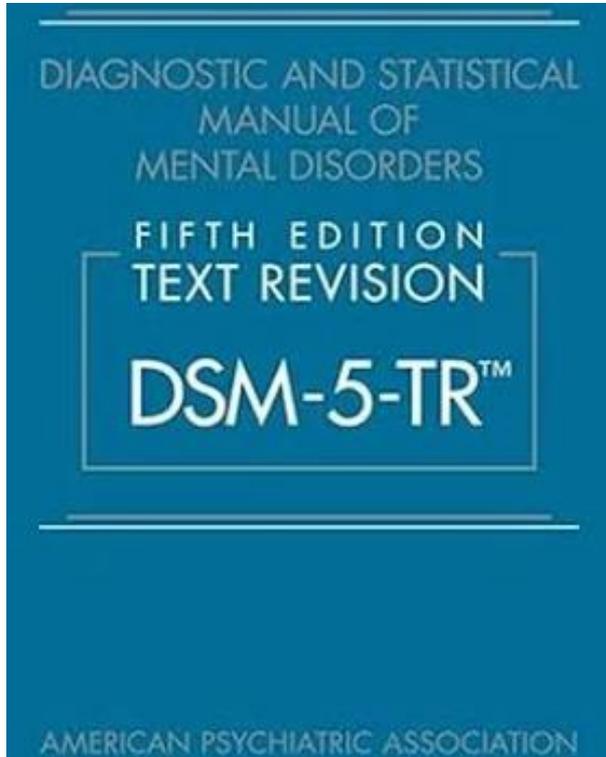
Lifetime
illicit drug
use by
grade



37%



Substance use ≠ Substance use disorder

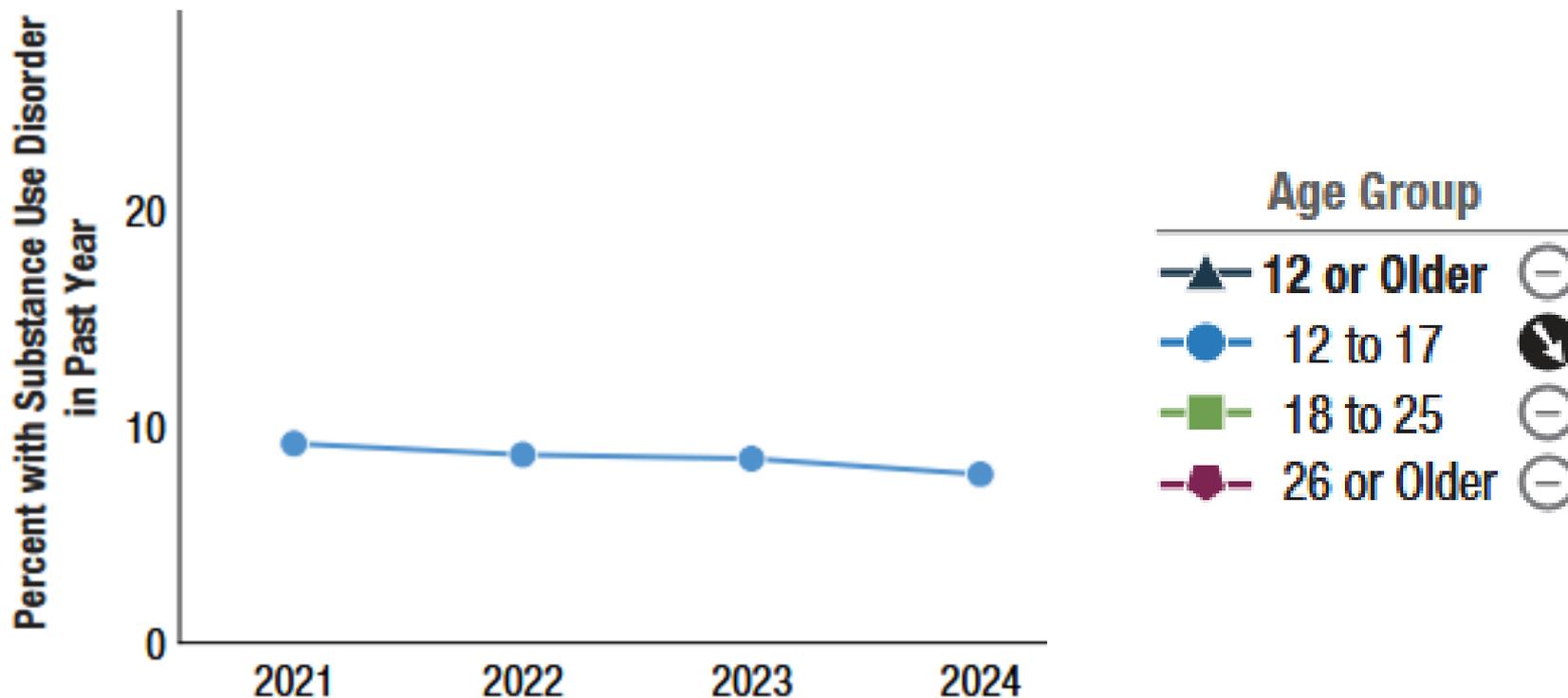


Substance use disorder (SUD) diagnosis

- ✧ Problematic pattern of substance use leading to *clinically significant impairment* over the past 12 months
- ✧ Total of 11 criteria
 - Impaired control
 - Social impairment
 - Risky use
 - Tolerance, withdrawal

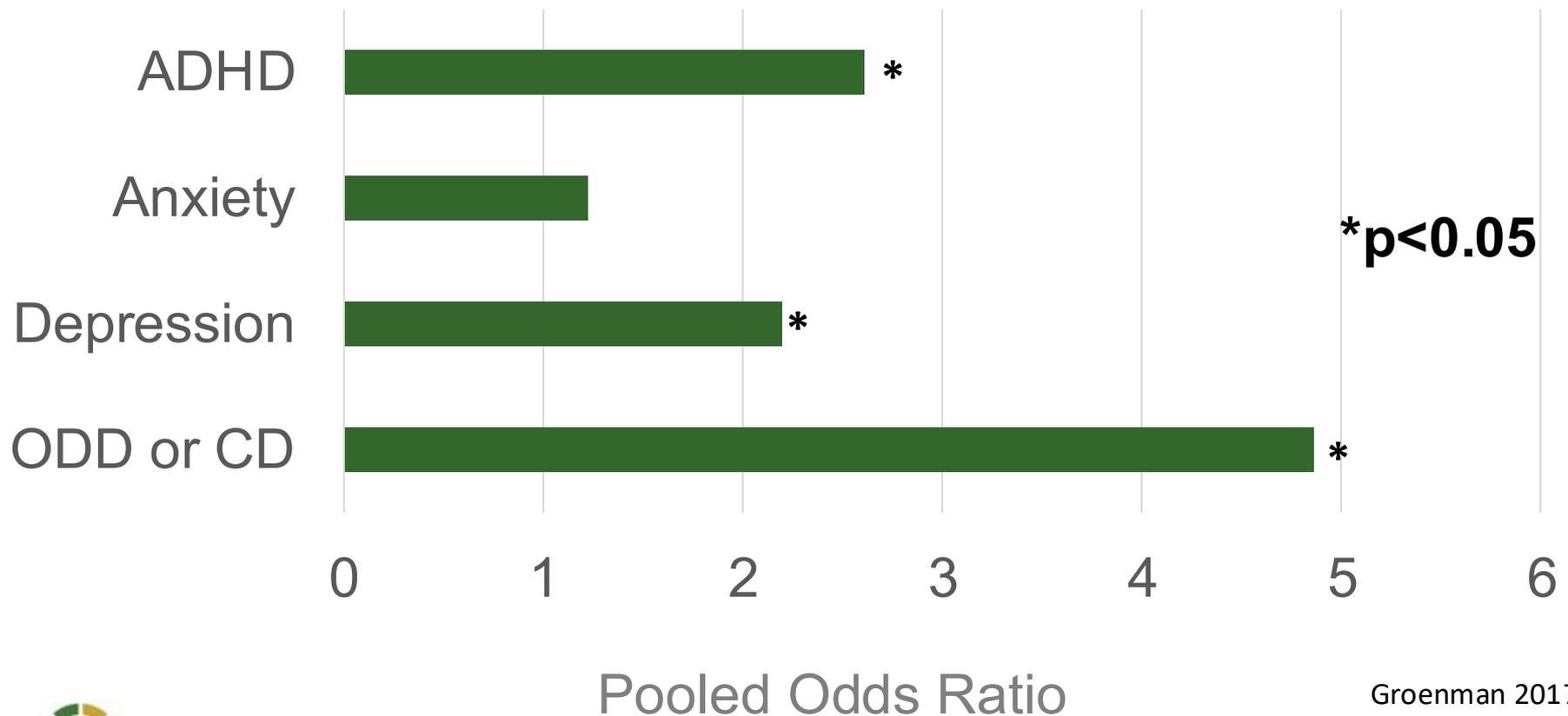


Adolescent SUD— Current Patterns



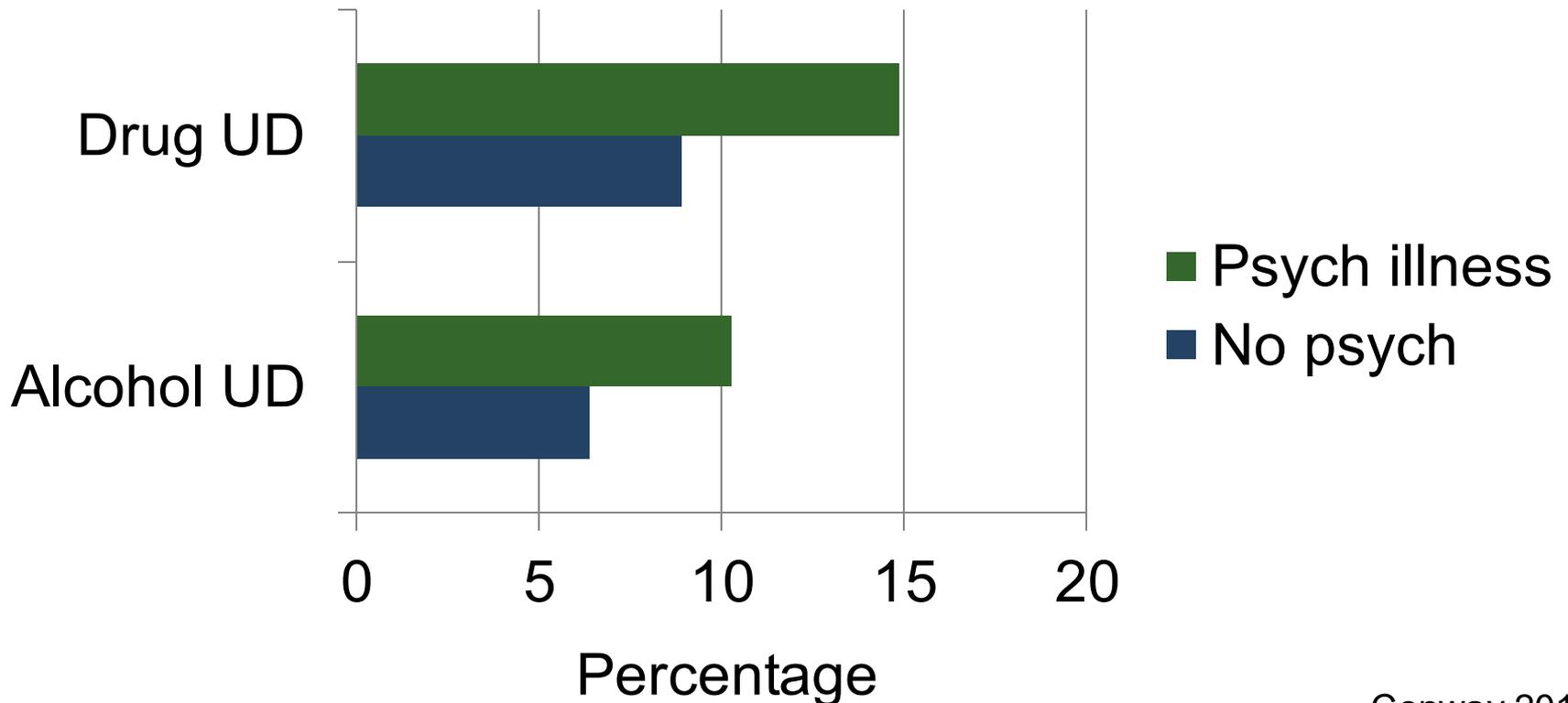
Adolescents with psychiatric disorders are at ↑ risk to develop a SUD

Psychiatric Disorder and Risk for SUD



SUDs Are More Common in Adolescents With Psychiatric Disorders

Lifetime prevalence of SUD in adolescents with & without psych disorder (NCS-A)

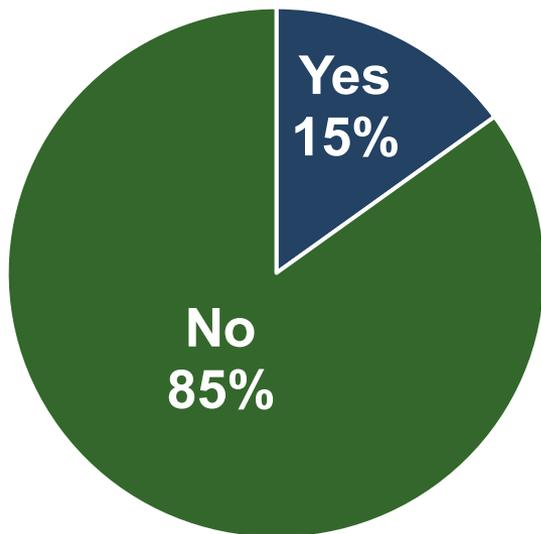


Conway 2016



Most Adolescents With a SUD Do Not Receive SUD Treatment

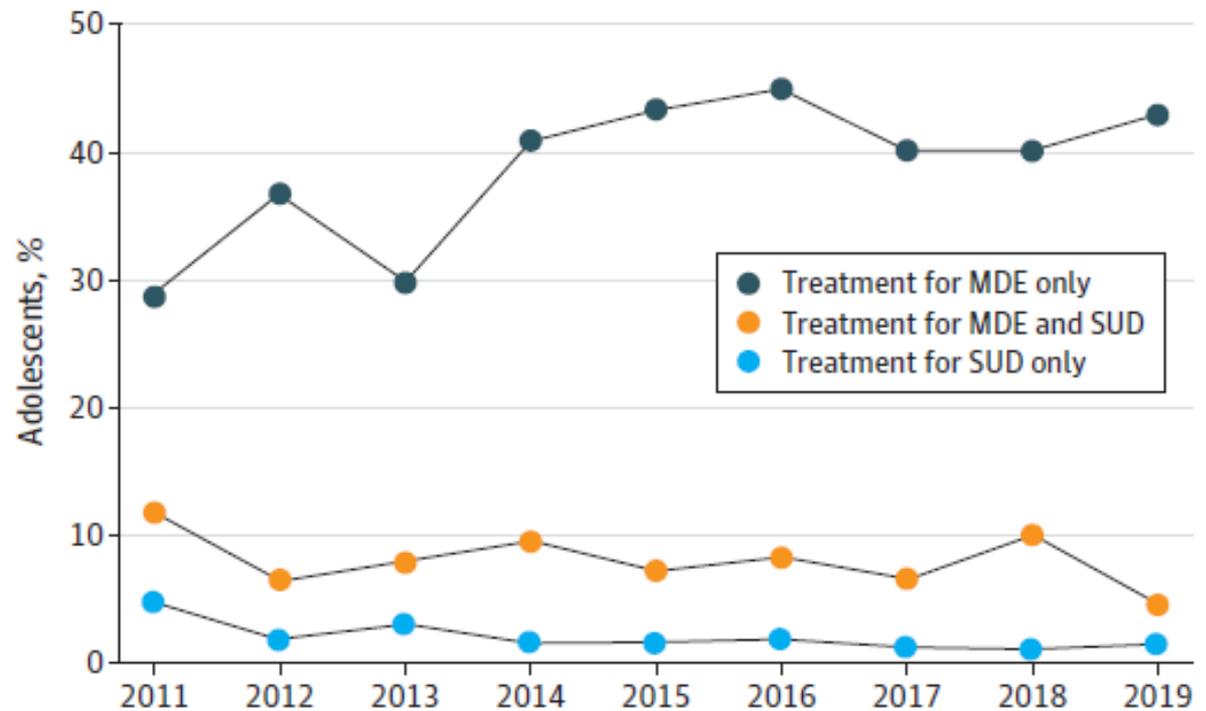
Lifetime Treatment for SUD Among Adolescents



Merikangas 2011

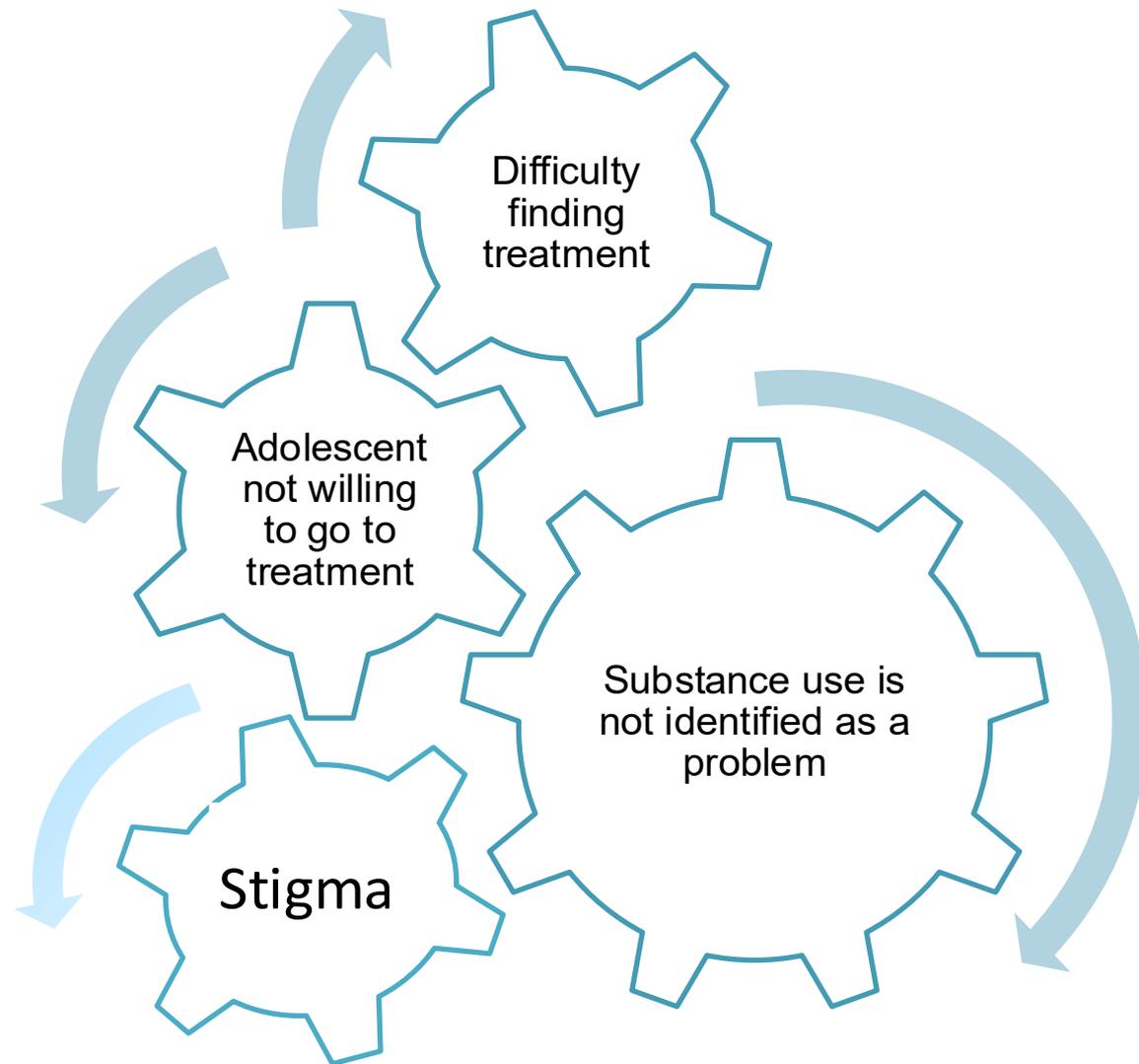


Annual Treatment for Adolescents with Co-occurring Major Depressive Episode & SUD



Lu 2021

Reasons for low receipt of treatment among youth





**High
co-morbidity—
opportunities for
prevention**

SUD prevention in the behavioral health setting

Screening



Treatment



Validated screening tools for adolescent substance use

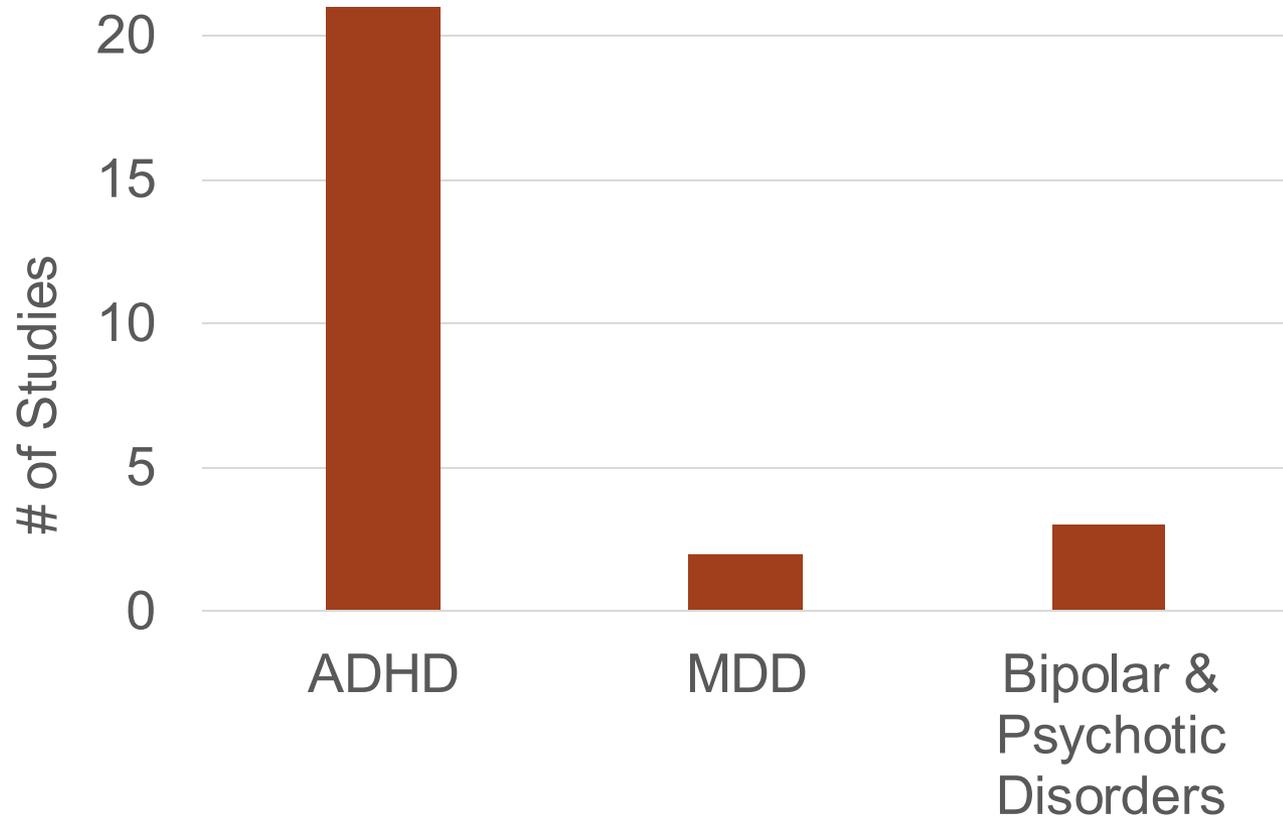


- Screening to Brief Intervention (S2BI)
- Brief Screener for Tobacco, Alcohol, and other Drugs (BSTAD)
- Both tools:
 - 3 initial questions about commonly used substances: tobacco, alcohol, marijuana
 - If yes, assess for additional types of substance use
 - Assesses frequency of use over the past year
 - S2BI: never, once or twice, monthly, weekly+
 - BSTAD: How many days?



Does mental health treatment prevent SUD?

Systematic review:
pharmacologic
treatments of
psychiatric
disorders



Quasi experimental examination of mood disorder treatment & SUD risk



MPI Wilens/Yule
1UG3DA050252-01
4UH3DA050252-02

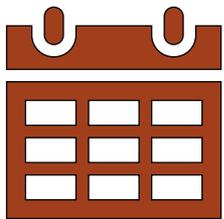
Does treatment for major depressive disorder decrease risk for SUD?

Does treatment for bipolar disorder decrease risk for SUD?

- ✧ Large dataset derived from the EPIC medical record across Mass General Brigham hospital system
- ✧ Sample: Youth ages 16 to 30 years of age diagnosed with MDD or Bipolar disorder who did not have a past or current SUD
- ✧ Outpatient treatment:
 - Medication—treatment with medication for \geq 4 weeks
 - Therapy—6 sessions within 6 months



Quasi experimental examination of mood disorder treatment & SUD risk



- ✧ Treatment in and of itself did not change later risk for SUD in youth
 - Treatment for major depressive disorder: HR 1.06 [0.84, 1.32], $p=0.63$
 - Treatment for bipolar disorder: HR 0.80 [0.49, 1.30], $p=0.37$





Adverse events associated with substance use in youth

Adverse effects

- ✧ Assessing broadly for adverse effects associated with substance use:

Have you ever taken more drugs, alcohol, and/or medications than your body could handle?

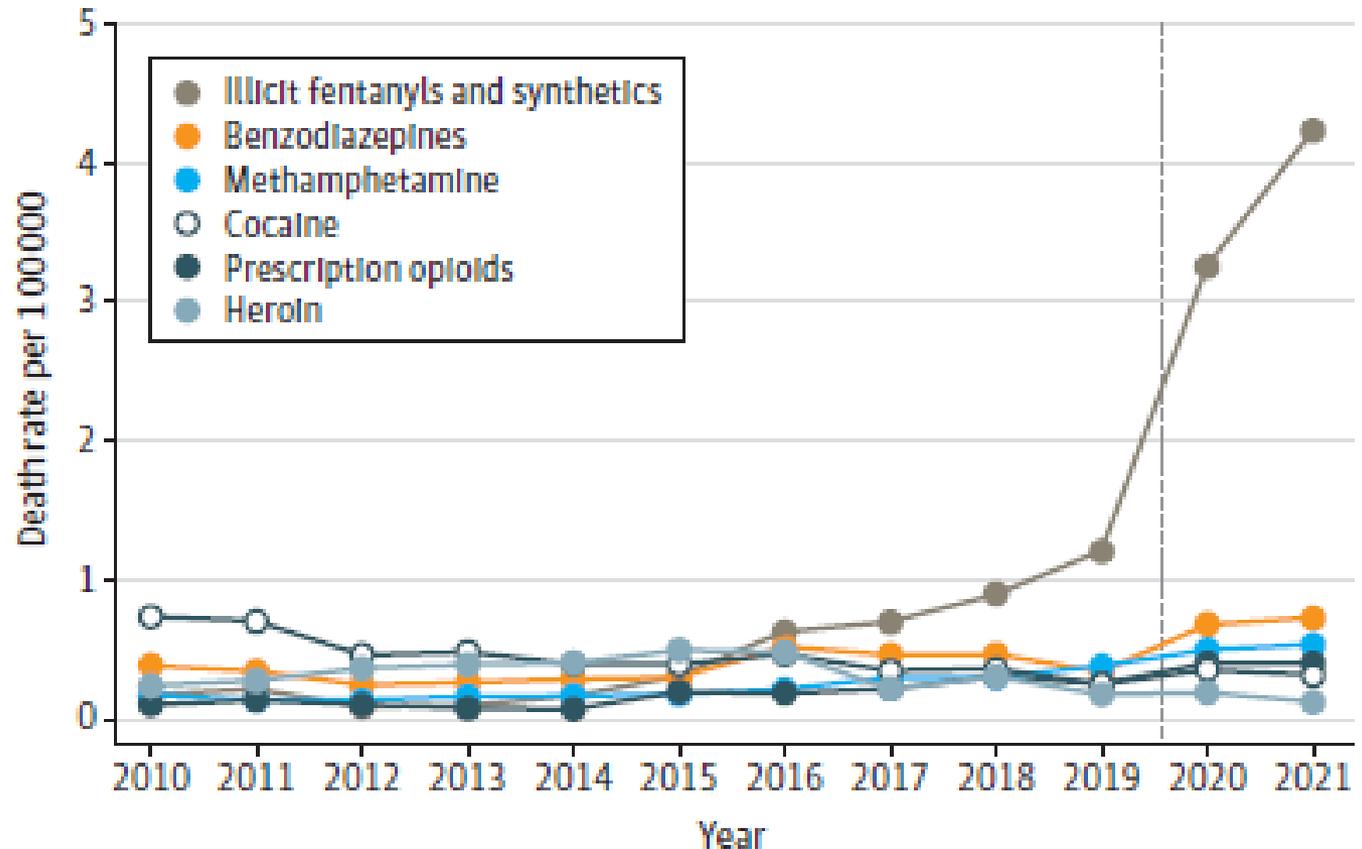




Adverse events associated with substance use in youth—**opioids**

Recent adolescent overdose deaths have been driven by illicit fentanyl

Drug
Overdose
Deaths for
Adolescents
by
Substance



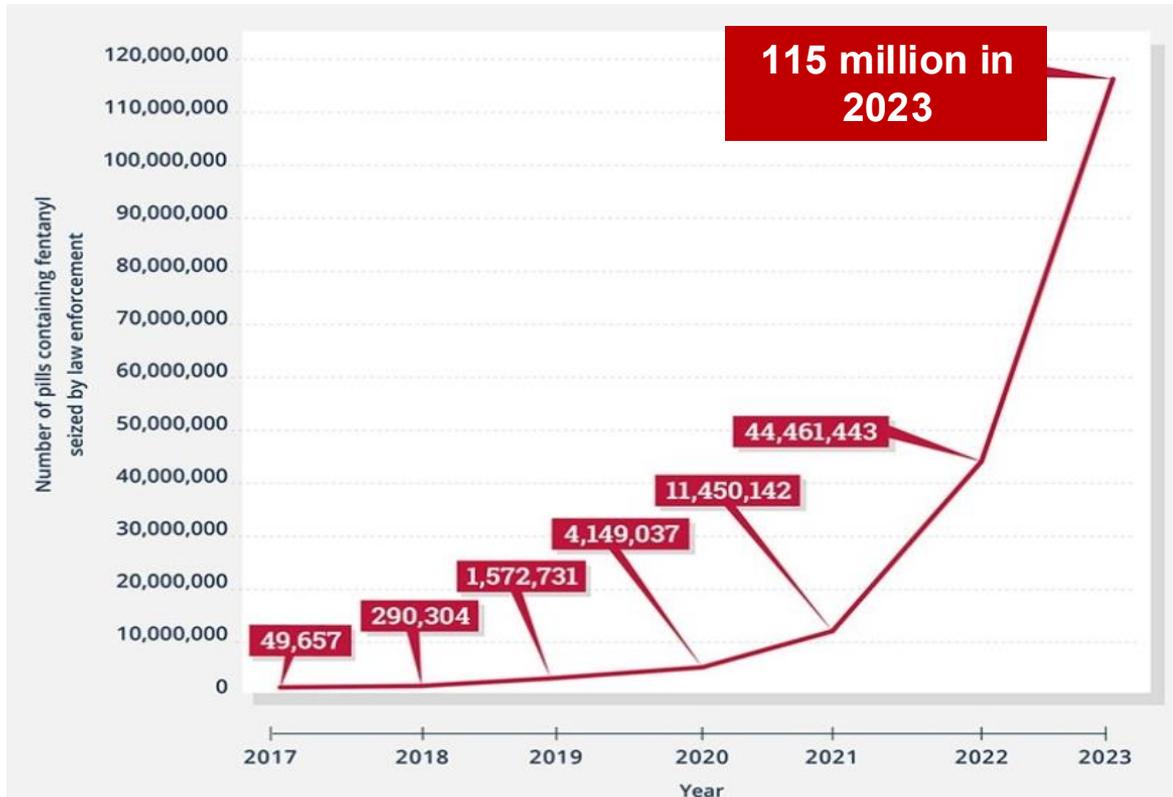
Friedman 2022



Exposure to illicit fentanyl is largely through counterfeit pills



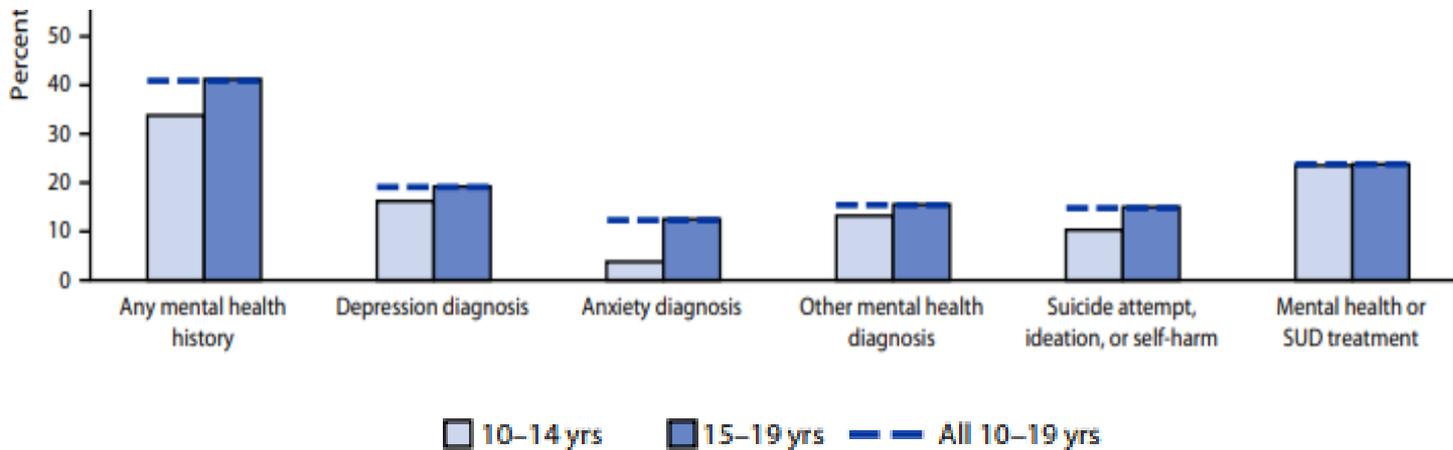
Counterfeit pill



Many of the youth who died by overdose had a psychiatric disorder and no known history of opioid use

Mental health diagnosis and treatment history for youth who died by drug overdose from July 2019 to Dec 2021

65% had no known history of opioid use



Universal overdose prevention

Educate:



Specific language on how to discuss overdose risk with youth and families

PEDIATRICS PERSPECTIVES

Anticipatory Guidance to Prevent Adolescent Overdoses

Scott E. Hadland, MD, MPH, MS,^{a,b} Deb M. Schmill, BS,^c Sarah M. Bagley, MD, MS^{d,e,f}

Concept	Sample Statements to an Adolescent and/or Family Member
Initiate conversation	"It's important that we talk about safety. As you might know, the number of teen drug overdoses has been increasing. I now talk all my teen patients and their families about how to prevent and respond to an overdose."
Provide education about fentanyl	"What do you know about fentanyl?" "Fentanyl is a potent opioid that is causing a record number of teen overdoses. Most of the prescription pills that people sell—including on social media—are fake and contain fentanyl, and can cause someone to overdose. If a medication isn't prescribed by a doctor and provided by a pharmacy, it's likely to be fake"
Review signs of overdose	"Do you know what an overdose looks like? Have you seen one?" "Someone who is having an overdose looks sleepy, or might even be unconscious. Their breathing is slow, or they might have stopped breathing altogether. They often look pale, and might be blue around their lips or fingertips."
Review how to respond to an overdose	"How would you respond if you thought someone was having an overdose?" "If you suspect someone has overdosed, immediately call 911. Then, if you have naloxone nasal spray, use it. If the person is not breathing and you know how to give rescue breaths, do so."
Discuss naloxone and how to find it	"What do you know about naloxone? Do you have any?" "I recommend everyone carry naloxone with them and have it in their home. Naloxone can save someone's life. And it's safe to use even if someone isn't having an overdose. I can prescribe it to you today. You can also buy it over-the-counter—though it's more expensive this way—and it's often available at school or in the community."
Confidentially assess previous fentanyl use/exposure	<u>Discussed confidentially with adolescent only:</u> "In our practice, we ask every teen about their use of drugs and alcohol. Thanks for completing the screening questionnaire. To your knowledge, have you ever used fentanyl?" "Do you have any friends who use pills that might not have been prescribed by a doctor or filled by a real pharmacy? Have you ever used a pill that someone gave or sold you? Have you ever been approached in real life or on social media to buy one?"





Adverse events associated with substance use in youth—**cannabis**

Cannabis commercialization associated with increased types of products



1980's: 3% *THC*
2014: 12% *THC*^{1,2}
2017: 17% *THC*⁴



Edibles



Dabs –
Wax and Shatter



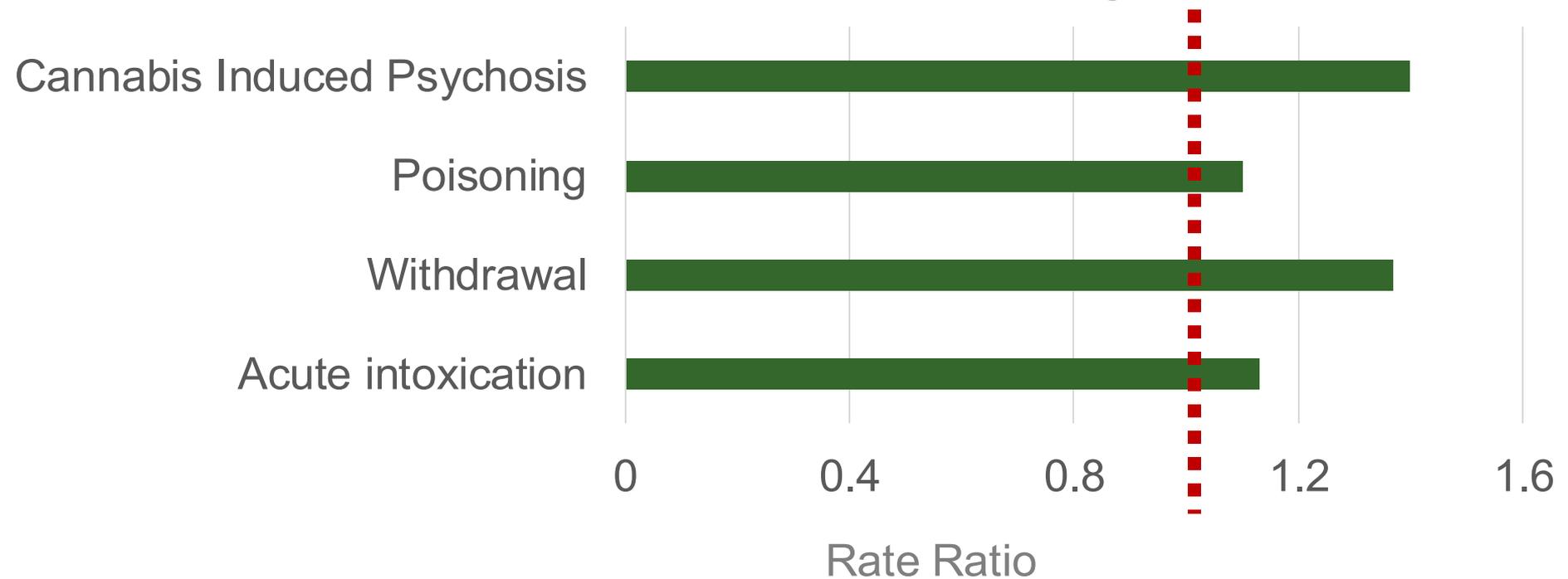
Hash Oil

Variable: 80% to 90% *THC*³



Increase in hospitalizations for cannabis induced psychosis associated with commercialization

Hospitalizations: commercialization versus pre-legalization



Cannabis withdrawal

3 or more symptoms that develop within one week after stopping use:

Irritability, anger, or aggression

Nervousness or anxiety

Depressed mood

Insomnia

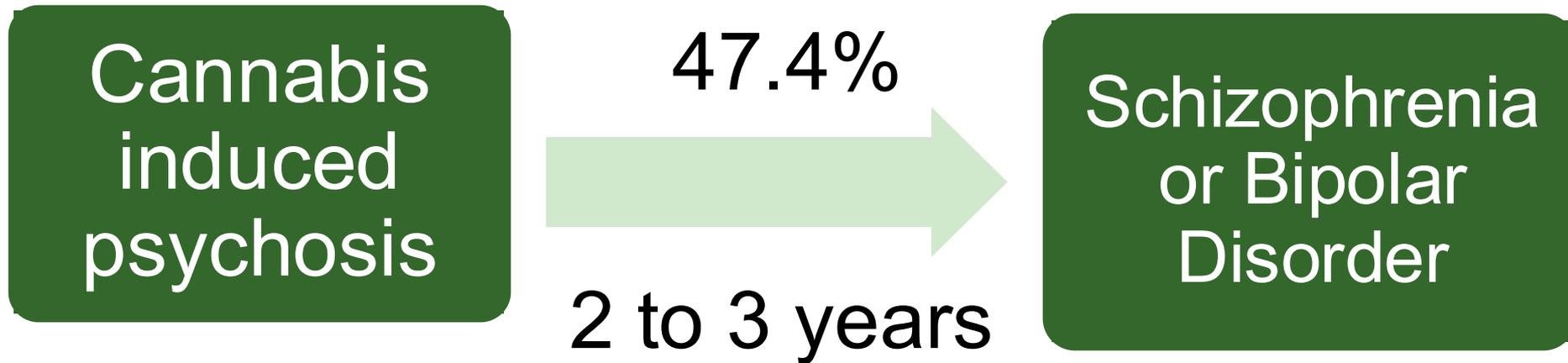
Restlessness

Decreased appetite

At least 1 causing significant discomfort: abdominal pain, tremors, sweating, fevers, chills, or headache



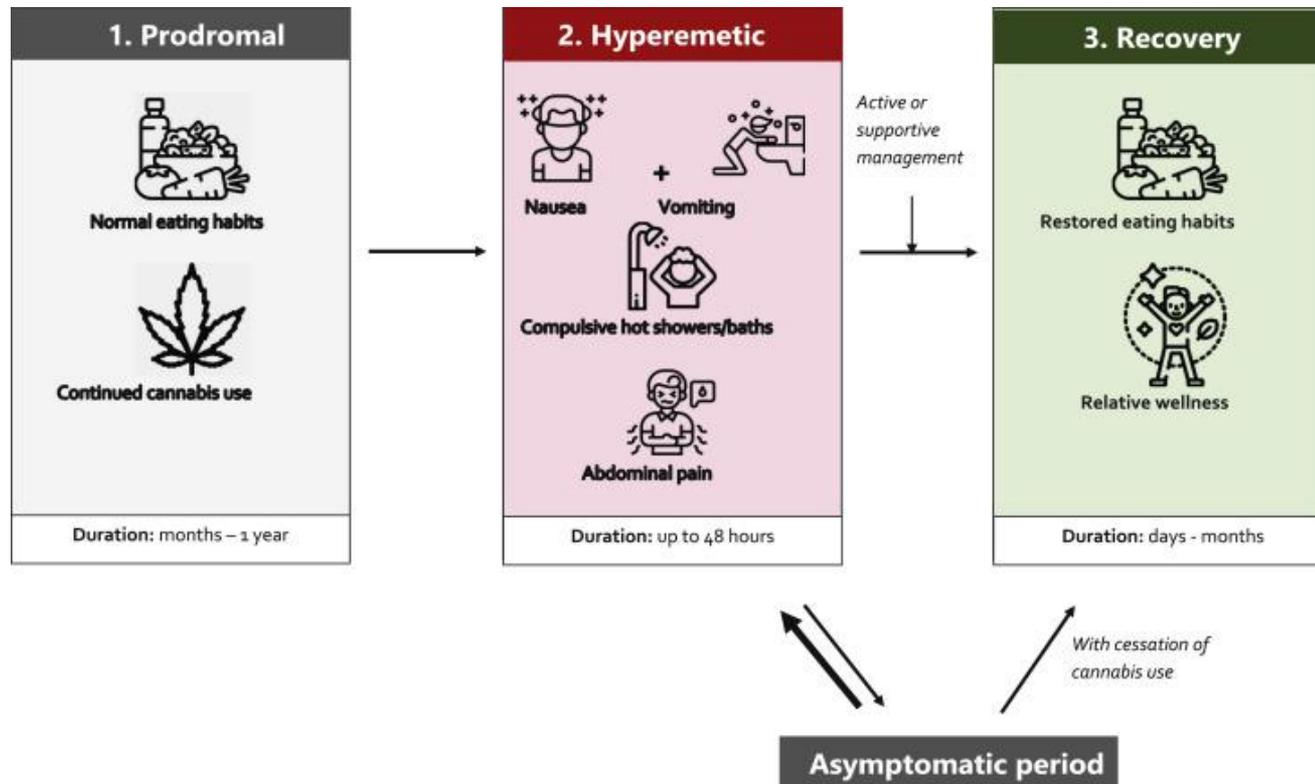
Youth with cannabis induced psychosis are at high risk to develop a persistent psychiatric disorder



Individuals 16 to 25 years old are at highest risk for converting from cannabis induced psychosis to schizophrenia



Cannabis hyperemesis syndrome



Cannabis commercialization in Canada associated with an increase in emergency room visits for cannabis hyperemesis syndrome compared to pre-legalization (**1.49 incident rate ratio**)



Decreasing risk associated with cannabis for youth

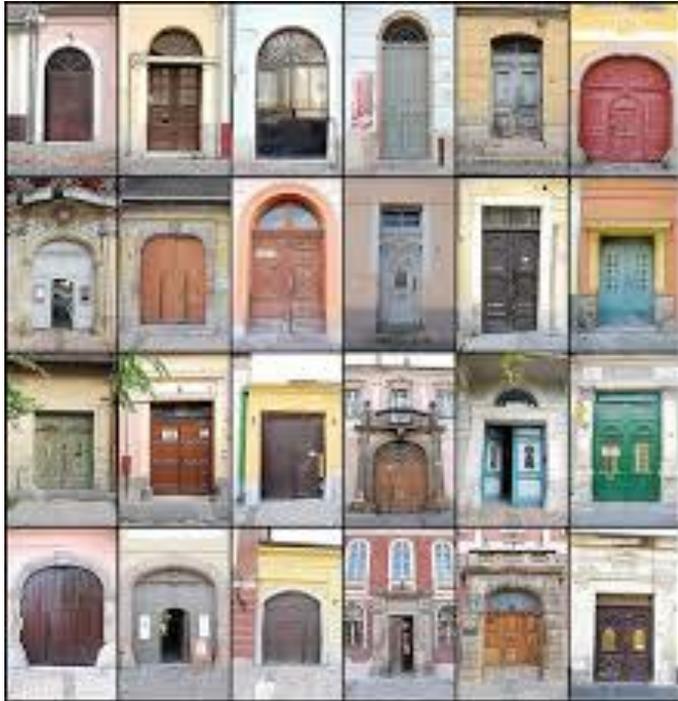
- ✧ Avoid high potency THC concentrate products
- ✧ Shift to cannabis products with minimal THC and high cannabidiol (CBD) content
 - If primarily using CBD, monitor LFTs
- ✧ If shift to edibles, be aware of the delayed onset of action
- ✧ If experiencing problems and the youth is ready to decrease and/or stop—provide medications to mitigate cannabis withdrawal symptoms





Treatment of co-occurring psychiatric disorders and SUD in youth

When treating co-occurring disorders “There is no wrong door”



- ✧ It is important to support youth with SUD and their caregivers wherever they are presenting for care
- ✧ Standard of care is **integrated treatment** for both psychiatric and substance use disorders
- ✧ However, integrated treatment can be hard to find



Medication for co-occurring psychiatric disorders and SUD



- ✧ Consider medications to treat BOTH psychiatric disorder and the SUD
- ✧ Emphasize importance of adherence
- ✧ Frequent follow-up, smaller quantities of the medication
- ✧ ***Be mindful of the interaction between medication and substances***



Medication Trials for Youth with SUD

FDA approved

Buprenorphine/naloxone SL for youth ≥ 16 years with an opioid use disorder (moderate/severe)

Promising

SUD	Medication	# studies & participants	SUD outcome
Alcohol	Naltrexone 50 mg daily	3 (N=155)	Mixed/mostly positive
Cannabis	N-acetylcysteine 1200 mg BID	1(N=116)	Positive
Tobacco	Nicotine replacement therapy	9(N=1118)	Mixed for nicotine patch, negative for nasal spray
	Bupropion SR	3 (N=657)	Positive (300 mg daily)
	Varenicline	4(N=565)	Mixed



Co-occurring ADHD & SUD

✧ General clinical recommendations

- Low level substance use → continue to treat ADHD
- More severe SUD → address SUD first
 - Once stabilizing treat with extended-release stimulants or non-stimulants
- If using stimulant medication:
 - If possible, involve a support person to monitor adherence
 - Initially frequent follow-up to monitor adherence and response

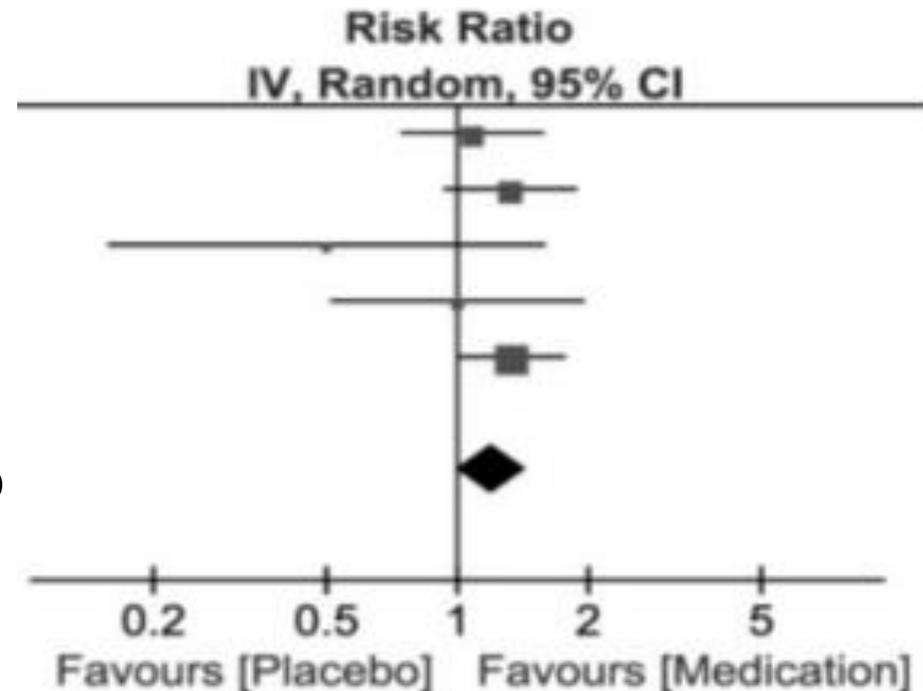


Co-occurring depression & SUD

✧ Fluoxetine 20 mg daily¹⁻⁴ & Sertraline 100 mg daily⁵

- For most studies both the active medication and placebo groups had improvement in symptoms of depression and substance use with **no between group differences**
- *Riggs 2007*—fluoxetine group had greater improvement in symptoms of depression, both groups had improvement in substance use

Meta-analysis (Zhou 2015)



Antidepressant medication may help symptoms of depression, less impactful on substance use

¹Riggs 2007, ²Findling 2009,

³Cornelius 2010, ⁴Cornelius 2009, ⁵Deas 2000



Co-occurring SMI and SUD

- ✧ Bipolar disorder—published RCT with Lithium (Geller 1998) and Topiramate (Farrow 2024)
 - Active treatment associated with improvement in substance use and functioning
 - No difference in mood changes between active treatment and placebo
- ✧ General clinical guidance:
 - Treat symptoms of bipolar disorder and psychosis with medication
 - Consider medication/substance interactions and risks associated with inconsistent medication adherence



General considerations in treatment: Stay patient and family centered



- ✧ The overall goal is to get the patient to come back!
- ✧ Stay patient centered and engage them around their concerns
- ✧ Youth and their caregivers can have waxing/waning motivation to change



Summary

- ✧ Psychiatric disorders and SUD commonly co-occur in youth
- ✧ We need to continue to improve our understanding of the relationship between these disorders to identify opportunities for:
 - Prevention
 - Strategies to decrease risk associated with substance use
 - Improved treatment outcomes



ORN Evaluation Survey Link

The grant that provided funding for this training requires that we request you to complete the brief survey linked below. Your feedback is important and provides support for this type of work to continue. Scan the QR Code to access the SAMHSA feedback survey.



Link to Survey: <https://lanitek.com/P?s=147295>

The survey will ask about your satisfaction with the training program you just completed as well as some basic demographic information. Your responses will help the Opioid Response Network improve the services they provide.



Thank you in advance for completing this survey!