



As Overdoses Among Adolescents Skyrocket, Medication-assisted Opioid Treatment is Rarer Than Ever

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Editor's Note: *Eli Cahan is a first-year pediatric resident at University of California, San Francisco and an investigative journalist whose work focuses on the intersection of health equity and social justice.*

-Rachel Y. Moon, MD, Associate Editor, Digital Media, Pediatrics

In March 2022, the CDC [released data](#) showing that opioids had killed more Americans than ever before. For the first time, over 100,000 people died from narcotics.

On the heels of the CDC data, an April study [demonstrated that](#) youth were particularly vulnerable. Opioid overdoses in teens ages 14 to 18 increased by 94% between 2019 and 2020 and by an additional 20% between 2020 and 2021. Teens from communities of color were at even higher risk.

Fentanyl, which is 80 to 100 times stronger than morphine, was a major driver of these deaths. Adolescent fentanyl-related overdose deaths leapt 350% over the study period; overall, fentanyl was associated with 77% of adolescent overdose deaths in 2021.

The findings come as fentanyl is easier to find than ever before. The number of positive forensic drug tests for fentanyl has increased from under 20,000 in 2015 to 117,045 in 2020, Drug Enforcement Agency (DEA) [data show](#). Simultaneously, per [data from the National Institutes of Health](#), the number of individual fentanyl pills seized by law enforcement increased nearly 50-fold from the first quarter of 2018 to the last quarter of 2021.

But even as the opioid crisis sweeps the nation, doctors—including pediatricians—have treatments that can work.

One such therapy is medication-assisted treatment (MAT), with drugs like buprenorphine. Studies show that teenagers who receive MAT are more likely to [remain involved with](#) medical care and have [higher rates](#) of cessation. Accordingly, a 2016 policy statement on MAT by the AAP's Committee on Substance Use and Prevention [recommended its use](#): MAT is "needed to save and improve lives of youth with opioid addiction," authors wrote.

The authors of the AAP Policy Statement were also quick to note that MAT is extremely underutilized: “confusion, stigma, and limited resources severely restrict access to buprenorphine for both adolescents and adults,” authors wrote. Preceding studies had found that [the minority](#) of addiction treatment programs for adolescents offered MAT.

In an article being early released this week in *Pediatrics*, “Buprenorphine Dispensing among Youth Aged ≤ 19 Years in the United States: 2015-2020” Terranella et al from the CDC sought to further enumerate just how underutilized MAT is in pediatric populations ([10.1542/peds.2022-058755](#)).

Terranella and colleagues queried nationally-representative medical claims data between 2015 and 2020. They found that, across youth under 20-years-old, the rate of MAT prescriptions decreased 45% between 2015 and 2020. In older adolescents, roughly 32 out of every 100,000 youth received MAT—a figure that implies that only 1 out of every 225 older youth with an opioid use disorder received the medications, based on the prevalence rate of (prescription) opioid use disorders in high schoolers [estimated by the CDC](#). Younger youth were even less likely to receive prescriptions for MAT.

The authors also note that pediatricians were particularly implicated in the worsening underutilization of buprenorphine. Despite being the main source of care for most children, pediatricians only prescribed roughly 2% of all MAT regimens. Indeed, prescriptions for MAT written by pediatricians decreased 39% between 2015 and 2020. During the same period, MAT regimens in adults increased by 47%.

Reflecting on the data, the authors describe multiple potential strategies to close the gaps in MAT utilization in the primary care, emergency, and hospital settings, as well as in partnerships with public health programs and local monitoring networks.

Given the ubiquity of the opioid crisis across the US in which pediatricians practice, readers would be well-served to review this article as a first step towards harm reduction in the communities in which they live and serve.