

# One in three young adults receive medication for opioid use disorder after overdose

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A new study found that one in three young adults receive medication for opioid use disorder within 12 months of a non-fatal opioid overdose. The study, led by researchers at Boston Medical Center's Grayken Center for Addiction, in collaboration with the Massachusetts Department of Public Health (DPH), shows which medications—buprenorphine, methadone or naltrexone—are being taken, and how long after the overdose they receive the treatment. Published online in *Annals of Emergency Medicine*, the results provide important new data that can help increase access and time to medication for opioid use disorder for young adults who survive an overdose, including in an emergency department setting.

Nonfatal [opioid overdose](#) is a significant predictor for recurrent nonfatal and fatal opioid overdoses. Young adults (under age 25) have been disproportionately affected by the opioid epidemic, as data indicates that drug overdose deaths nearly quadrupled nationally between 1999 and 2016 in young adults between 15 and 24 years old. Research shows that young adults have distinct developmental differences that predispose them to substance use [disorders](#), which requires strategically designed interventions to engage and retain them in treatment.

"Given that the reward and positive reinforcement systems are more advanced than inhibitory systems among young adults, it is imperative to engage them in treatment as early as possible to help prevent a disorder, or worse," said Sarah Bagley, MD, the study's lead author and a pediatrician and internist at Boston Medical Center who specializes in

addiction.

Researchers conducted this retrospective study of 15,281 individuals who were 18-45 years old and survived an opioid-related overdose in Massachusetts between January 1, 2012 and December 31, 2014. To qualify, participants must have had an ambulance encounter or emergency department, inpatient hospital, or outpatient observation discharge that included an ICD 9 diagnosis code for opioid poisoning. The groups were stratified by age: 18-22 years old (1,209 individuals); 22-25 years old (3,059 individuals); and 26-45 years old (11,013 individuals). The three FDA-approved medications to treat [opioid use disorder](#) examined in the study included oral/injectable naltrexone, buprenorphine and methadone.

"This analysis took advantage of a unique tool developed by DPH that enabled us and many other partners to focus on specific high risk populations," said Dana Bernson, director of special analytic projects at DPH. "These results highlight the importance of using targeted data to respond to the opioid crisis."

The study results showed that 28 percent 18-21 year olds and 36 percent of 22-25 year olds received [medication](#) for opioid use disorder. That rate of medication receipt in adults 26-45 years old was also 36 percent. Young adults between 18-21 years old were more likely to receive naltrexone and less likely to receive methadone compared with the other age groups. Both 18-21 year olds and 22-25 year olds were more likely to receive naltrexone than 26-45 year olds. The 26-45 year olds were more likely to receive methadone than the other two age groups, though both they and the 22-25 year olds were more likely to receive buprenorphine than the 18-21 year olds. It is important to note that, although the study covered a 12 month period, the median time to treatment was three to five months among all age groups.

"These results indicate that age appears to be a factor in the type of medication administered to treat opioid use disorder," added Bagley, who also is an assistant professor of medicine and pediatrics at Boston University School of Medicine. "It is important that young adults who survive an overdose have access to medication, including when they are treated in the emergency department or in the hospital or outpatient settings. All of these encounters are critical opportunities to engage them in treatment, which can save their life."

The researchers recommended that additional studies be done to understand how providers and [young adults](#) choose a medication for opioid use disorder, and the feasibility of initiating medication for opioid use disorder in the emergency department.

**More information:** Sarah M. Bagley et al, Characteristics and Receipt of Medication Treatment Among Young Adults Who Experience a Nonfatal Opioid-Related Overdose, *Annals of Emergency Medicine* (2019). [DOI: 10.1016/j.annemergmed.2019.07.030](https://doi.org/10.1016/j.annemergmed.2019.07.030)

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