

Study finds medications for alcohol use disorder rarely given to youth and young adults on public insurance

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Heavy drinking commonly begins in adolescence and is a known risk factor for the development of alcohol use disorder (AUD). Data from adult clinical trials suggest that offering evidence-based medications for AUD to younger adults could promote their engagement in treatment and improve clinical outcomes.

But are those medications being used when and where they are needed? In a review of claims data for youth insured by Medicaid in 15 U.S. states, a team of researchers found that most youth with a diagnosis of AUD do not receive medications as part of their therapy, despite recommendations from national organizations to consider their use.

The team, which was led by Scott Hadland, MD, MPH, chief of Adolescent and Young Adult Medicine at Mass General for Children, recently published their findings in the *Journal of Adolescent Health*.

FDA-approved medications for AUD include naltrexone, acamprostate and disulfiram—all of which have been proven effective in helping to maintain abstinence among adults with AUD. While these medications are currently approved for adults 18 and over, the Substance Abuse and Mental Health Services Administration recommends considering them for adolescents under 18 as well.

To study whether and how these medications were being used, the team looked at Medicaid claims data from 4.7 million youth aged 13-22 in 15 states. From that group, they identified approximately 14,000 youth who were diagnosed with an AUD during the study period (2014 to 2019) and met the criteria for inclusion.

Of that group, 10,851 (76.4%) received treatment for AUD within 30 days of diagnosis. The vast majority—nearly 98% percent—received behavioral health services as treatment. Only 2% of youth received AUD medication on its own or in combination with behavioral health

treatment.

The findings point to an opportunity to improve medication access to this vulnerable populations, the researchers say.

"Treating addiction as early as possible is critical to preventing lifetime problems, and the failure to offer medications to [young people](#) with an alcohol problem may represent a missed opportunity," says Hadland, the senior author of the study. "Without medications, we know that psychosocial interventions may have limited efficacy for some patients, while pharmacotherapy can clearly reduce drinking in adults with alcohol addiction."

"While these three medications are only FDA-approved for people 18 years and over, we know they effectively reduce cravings for alcohol and are associated with reductions in heavy drinking episodes in this older population," Hadland points out. "Clinical trials are urgently needed to assess the effectiveness of these AUD medicines in adolescents under 18, but even the [young adults](#) aged 18 to 22 in our study rarely received medications despite their important role in treatment."

Hadland, an international leader in educating other pediatricians and general practitioners on addressing mental health and substance use in youth, believes that policymakers and clinicians have an important role to play in increasing public access to pharmacology for [alcohol addiction](#).

Potential strategies for increasing [medication](#) use, particularly for young adults for whom medications are recommended, include continuing education for practicing clinicians and stronger training on AUD screening, diagnosis and treatment in medical school and residency, the research team writes.

"Medications for [alcohol use disorder](#) are underused in all ages," emphasizes Hadland, "and stronger addiction training for clinicians is needed, along with better reimbursement for drug and alcohol treatment to incentivize clinicians to provide evidence-based care."

Hadland is an associate professor of Pediatrics at Harvard Medical School. Lead author Joel Earlywine is a health policy analyst at Mathematica.

More information: Joel J. Earlywine et al, Medications for Alcohol Use Disorder and Retention in Care in Medicaid-Enrolled Youth, 2014–2019, *Journal of Adolescent Health* (2023). [DOI: 10.1016/j.jadohealth.2023.03.005](#)

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