

School-Based Health SBIRT Quick Guide

Opioid Use Disorder

The California School-Based Health Alliance (CSHA), with funding from the California Youth Opioid Response Grant, is creating quick guides for school-based health centers (SBHCs) in an effort to reduce youth opioid use. While our goal is to prevent youth opioid use, we recognize that adolescent experimentation and risk-taking is normative and prevention is not always successful. Therefore, it is important that health care providers are ready with age-appropriate screenings, brief interventions, and referrals to treatment (aka “SBIRT”). **This quick guide focuses on opioid use disorder (OUD) and its impact on youth.**

Young People Are Increasingly Impacted by Opioids

- **About 4% of California high school students report using opioids each year.¹**
- **Between 1991 and 2012, the rate of non-medical use of opioids by youth and their rate of opioid use disorders more than doubled.^{2,3}**
- **The rate of overdose deaths among youth is increasing. In 2015, half of the 4,235 overdose deaths among 15-24 year-olds were attributable to opioids.⁴**
- **For every young adult overdose death, there are 119 emergency room visits and 22 treatment admissions.⁵**



Youth often start experimenting with opioids such as cough syrup with Codeine (AKA “Swizzle” or “Purple Drank”). One of the greatest risks facing youth who use opioids is that deaths from fentanyl – an extremely potent opioid – more than quadrupled in California between 2014 and 2017. Early evidence supports the notion of a pending “wave” as fentanyl enters more and broader pockets of the drug supply. Deaths are increasingly seen among individuals using substances other than opioids, including marijuana, that are laced with fentanyl.

Youth and OUD

The adolescent brain is uniquely primed for substance use disorder (SUD), including OUD. Biologically, youth are at greater risk of initiating substance use and progressing to OUD. Adolescent substance use is also highly predictive of adult substance use because the adolescent brain is still developing, making it more susceptible to addiction. Nine out of ten people meeting the clinical criteria for a SUD began using addictive substances before the age of 18.⁶ At the same time, youth are at higher risk of experiencing more severe short- and long-term harms of substance use. The developing adolescent brain puts youth at greater risk of substance use because:

- Adolescent brains are primed for novelty and risk taking. The limbic system – like the engine of a car – is very strong and active, while the prefrontal cortex – like the brake – is still developing. Opioids also harm the prefrontal cortex, which can increase impulsivity.

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- The plasticity of an adolescent brain means that creating reward pathways is more likely to result in serious brain re-wiring and potentially the loss of other important pathways fundamental to responsible judgment.
- The brain naturally releases dopamine in response to things that are pleasurable and this process is disrupted when using substances. This impact is even greater for adolescents.
- Adolescent brains have heightened stress responsiveness and deficits in emotional regulation.
- Experience with trauma may increase these risk factors even further.

Treating Youth with OUD

OUD is a chronic disease. It can be treated with both medical and psychosocial interventions and often requires long term, sometimes lifelong, management. Relapse is common because cravings for opioids can persist for years; in relapse, risk of death is often higher as tolerance to opioids may be reduced.

Research shows that youth with OUD face higher risks than youth with other SUDs. They are more likely to use intravenous drugs, have more depressive symptoms, higher academic impairment, riskier sexual behavior, and a poorer long-term prognosis.⁷

Most substance use concerns arise during adolescence, yet less than 10 percent of youth receive the treatment they need.

The reasons why youth do not receive treatment can vary. The first step to determine if a young person has an SUD or OUD is screening. CSHA has created a series of quick guides that address SBIRT in SBHCs. You can learn more at bit.ly/SBIRTguides.

Works Cited

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