

# The Benefit of Evidence-Based Outpatient Treatment: New Findings for Youth with Opioid Problem Use

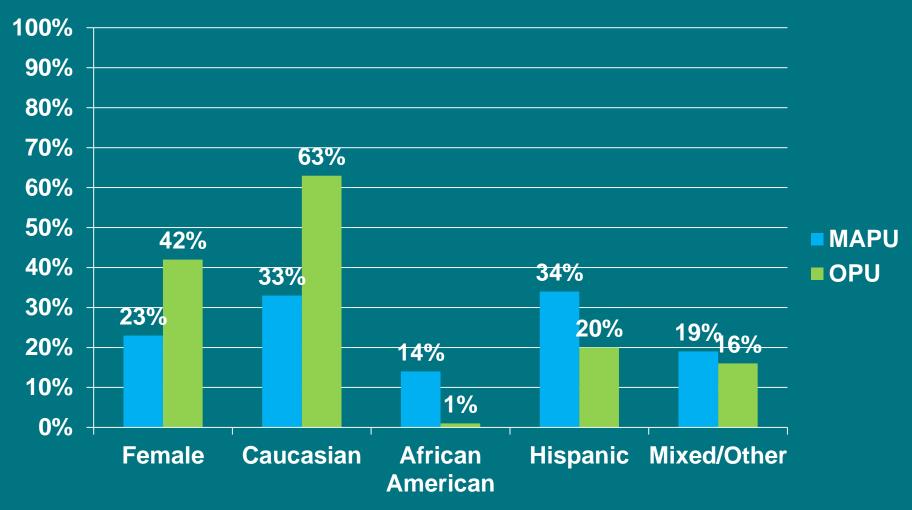
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#### Overview

- Of 4,027 youth treated by A-CRA/ACC for 6 months across the U.S.
- 306 youth had primary Opioid problem use (OPU) the remainder had primary Marijuana/Alcohol problem use (MAPU)
- GAIN interviews at Intake, 3, 6, and 12 months
- How do OPU to MAPU differ in terms of
  - Demographic, social, and clinical risk characteristics at intake
  - Response to outpatient evidence-based treatment
  - Substance use and mental health outcomes

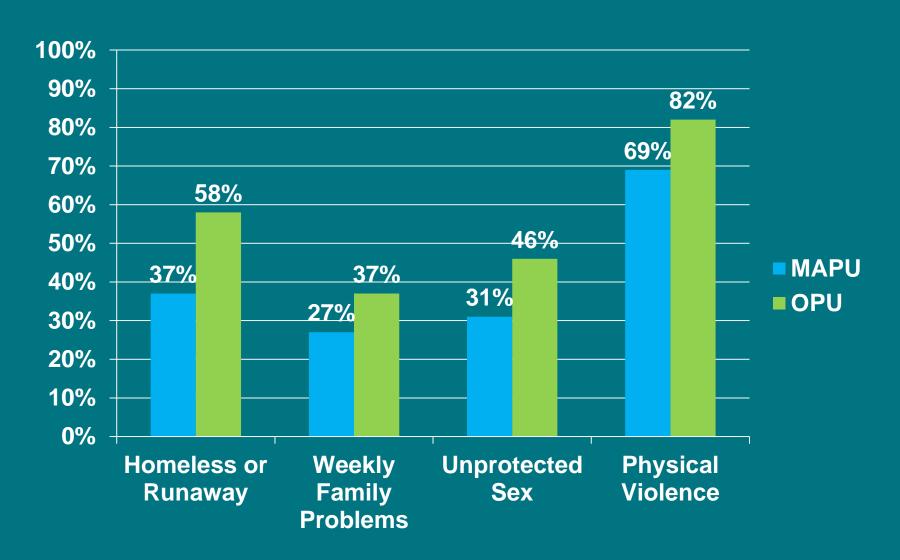
# Demographics



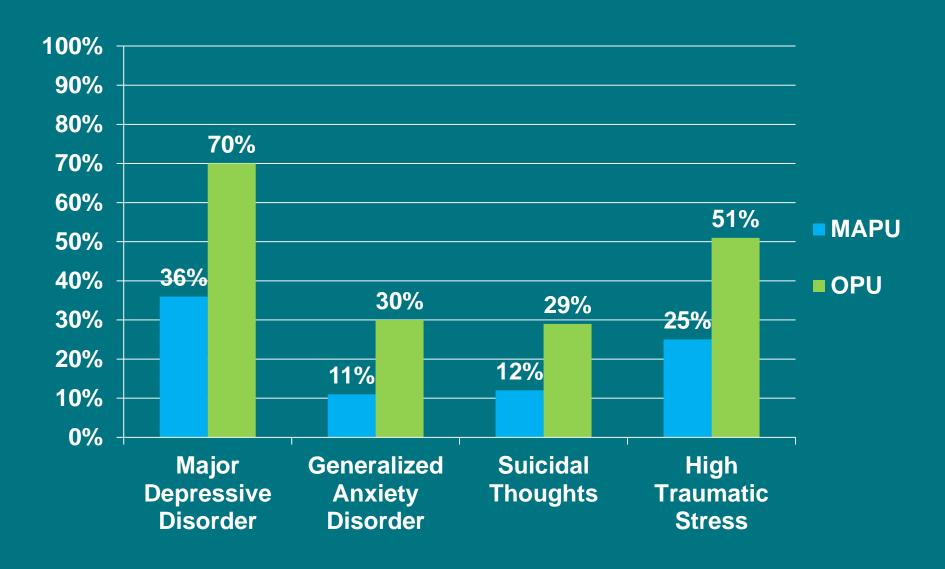
Average age: MAPU = 15.65; OPU = 15.85



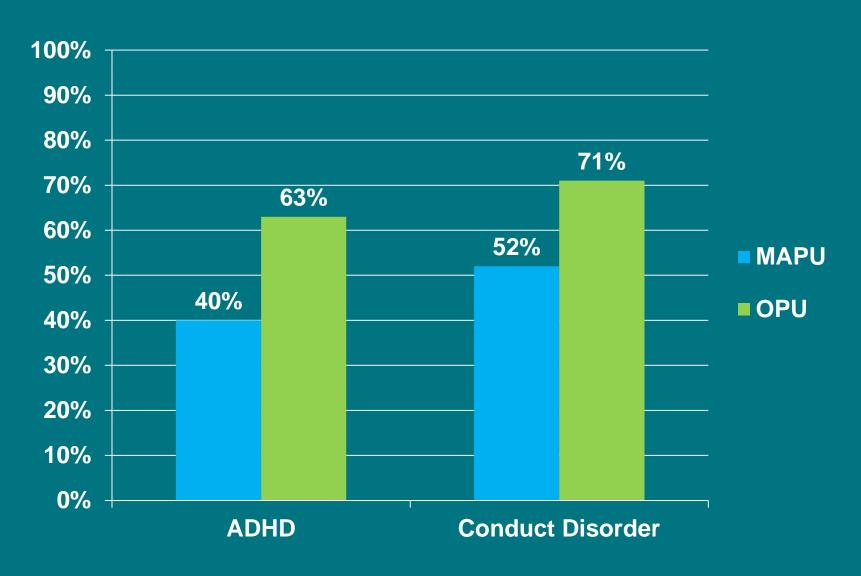
### Risk Factors at Intake



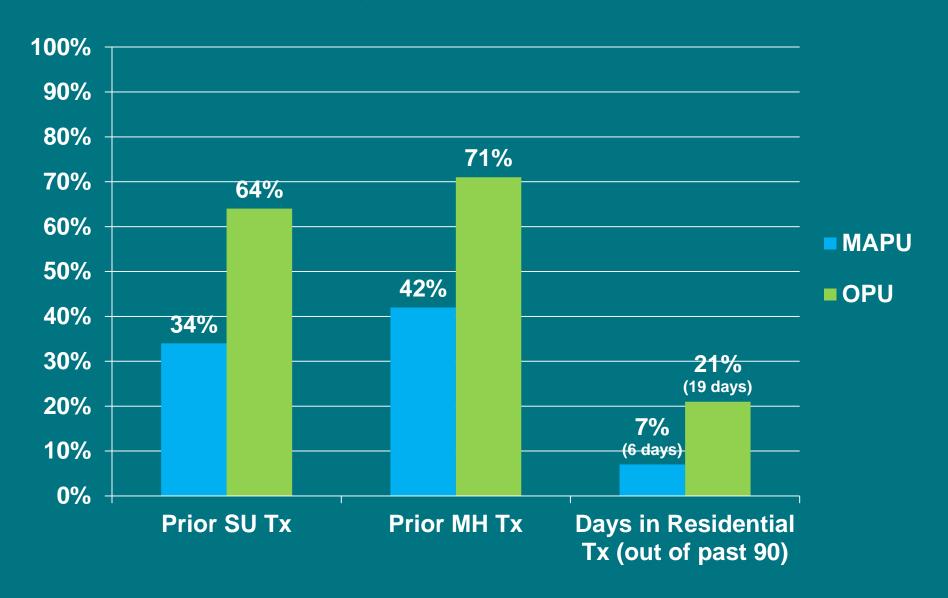
## Internalizing Disorders or Problems



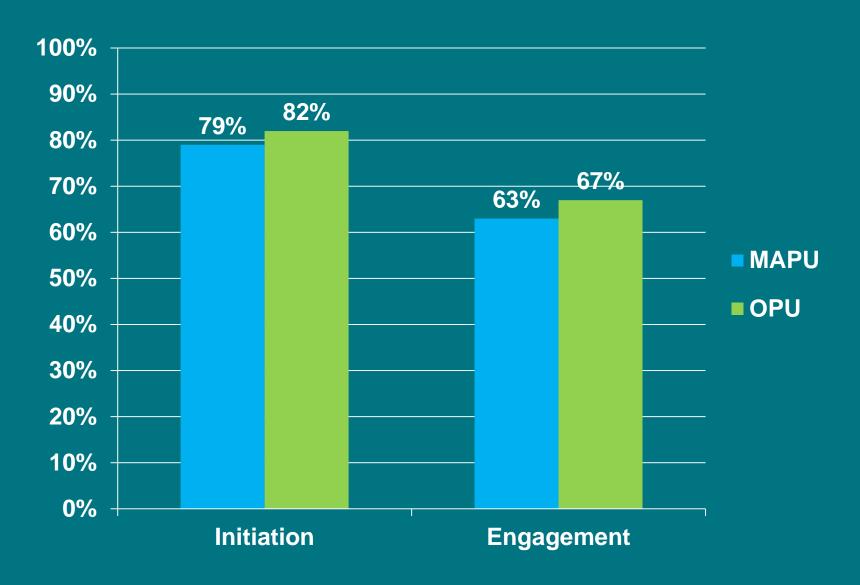
# **Externalizing Disorders**



### **Prior Treatment**



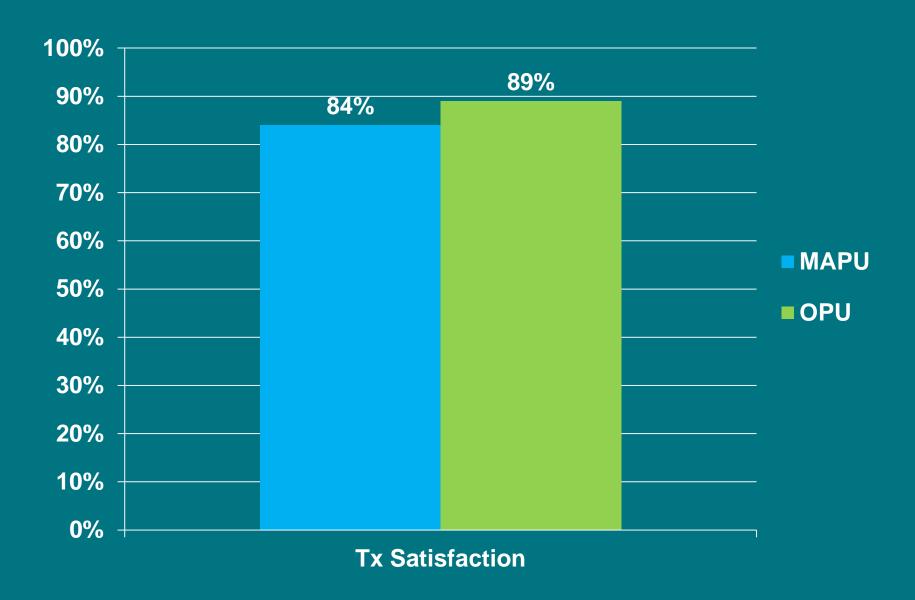
## **Treatment Initiation & Engagement**



### **Total Number of Sessions**



## Treatment Satisfaction Scale





# Average % of Days Using Alcohol (90 days)



Note: OPU > MAPU at Intake, p < .001; OPU decreasing at a greater rate over time, p < .05.



# Average % of Days Using Marijuana



**Note:** No significant differences



# Average % of Days Using Opioid



Note: OPU > MAPU at Intake, p < .001; OPU decreasing at a greater rate over time, p < .001.



## Average % of Days Using Other Drugs



Note: OPU > MAPU at Intake, p < .001; OPU decreasing at a greater rate over time, p < .001.



# Average Substance Use Disorder Symptoms in Past Month



Note: OPU > MAPU at Intake, p < .05.



### Average Days of Emotional Problems



Note: OPU > MAPU at Intake, p < .001; OPU decreasing at a greater rate over time, p < .05.



### Average Days in Residential Treatment



Note: OPU > MAPU at Intake, p < .001; OPU decreasing at a greater rate over time, p < .05.

## Summary

- Youth with OPU are clinically complicated cases
- But they participate in treatment and have high rates of treatment satisfaction
- Evidence-based outpatient treatment is beneficial for youth with OPU and disorders; however .... (next slide)

#### Recommendations

- Target A-CRA procedures to better assess and address opioid craving situations for each client to prevent relapse
- Study the combination of buprenorphine and A-CRA or other evidence-based treatments to better manage withdrawal and relapse prevention
- Use methods such as Assertive Continuing Care to extend outpatient monitoring and treatment out to one year