MACS
Maryland Addiction Consultation Service

MACS FACT SHEET: MEDICATIONS FOR OPIOID USE DISORDER (MOUD) IN YOUTH

Diagnosis of Opioid Use Disorder

OUD is a chronic, treatable disorder diagnosed according to the Diagnostic and Statistical Manual of Mental Disorders 5 (DSM-5) criteria. The Diagnostic criteria do not differ based on patient age.

- The US opioid crisis has devastating consequences for youth and families.
- Young adults (ages 18-25) have been disproportionately affected by opioid use disorder, with over 700,000 (or approximately 1 in 80) estimated to have OUD in 2023.
- Rates of adolescent overdose deaths, though low in relation to other ages, have resulted in a greater relative increase in overdose mortality than the overall population.
- Approximately 60% of youth with OUD or a history of nonfatal overdose have co-occurring mental health conditions.

Medications for Opioid Use Disorder

The American Academy of Pediatrics, American Society of Addiction Medicine, American Association of Child and Adolescent Psychiatry and Society for Adolescent Health and Medicine have and recommended MOUD.

FDA-approved MOUD (buprenorphine, naloxone, and methadone) are effective and supported by extensive research in young adults (18-25 years).

For adolescents (13-21 years), MOUD is also supported by broad evidence and expert clinical consensus as safe and effective, though the research base is less extensive, and some prescribing remains off-label (FDA labeling: SL buprenorphine >16, XR-Bup “adults,” XR-Naltrexone >18, methadone special restrictions).

Age Disparities in MOUD Treatment

- Systematic reviews consistently find that younger age is negatively associated with MOUD access. Reasons for this vary but misinformation and prejudice contribute due to unfounded concerns over safety issues of MOUD for younger populations.
- Although MOUD is clearly more effective than treatment without medication, outcomes in youth have not been as good as in more mature adults because of problems with adherence and other characteristic developmental vulnerabilities.
- Receipt of MOUD within 3 months of OUD diagnosis predicts greater retention in care among young people compared with behavioral treatment only.
- While psychosocial/behavioral treatments likely add to the benefits of MOUD, non-participation should not be an impediment to receiving MOUD in youth.
- There is no evidence for a “second-line” or “fail-first” approach regarding non-medication approaches.

MOUD Clinical Considerations for Younger Populations

- Family engagement and participation, care coordination, and assertive outreach all improve outcomes
- Emerging evidence supports buprenorphine extended-release as a novel treatment for adolescents to improve adherence
- Compared to mature adults, youth, especially adolescents, may have difficulty stabilizing in low-intensity outpatient treatment and may need higher levels of care (intensive outpatient, inpatient) for initiating MOUD. For additional information on levels of care among youth, please see the 2026 ASAM Criteria 4th Edition, “Adolescents and Transition-Aged Youth” Volume.
- Little information is available on the optimal duration of MOUD treatment in youth, but emerging evidence and clinical guidance suggest it should probably be recommended for at least a year and probably several years.

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Additional References to Consider

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