Additional Questions Submitted for Dr. John Knight

Caring for ME and Child Health:
Adolescents, Substance Use Screening and the Opioid Epidemic
By John Knight
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Q: What is being done about pregnancy and heroin addiction to withdraw and prevent post partem depression which could trigger using again?

A: Not enough, for sure. The American Academy of Pediatrics does recommend screening mothers of newborns for depression, but I'm not sure exactly which screen they recommend. I have attached three AAP Policy Statements/Clinical Reports that may be helpful.

Q: Do you have an opinion: getting patient off suboxone in X amount of time (e.g. 1 year—Maine Care) vs indefinite use?

A: SAMHSA recommends that adults remain on Suboxone indefinitely, as in "for life". However, there is little literature on this question in adolescents who are notoriously non-compliant with taking any regular medications. Our Adolescent Substance Abuse Program at Boston Children's best practice is to encourage a full year of stable recovery (no positive tests) before considering a taper. Then to taper slowly by 2-4 mg/day every two to four weeks, with careful monitoring of the return of any CRAVINGS. We've had some patients who tapered down to 2 mg/day, had cravings so stayed at the dose for another few months, then tried stopping. I hope this helps.

Q: Do you think we should be offering buprenorphine assisted treatment in primary care offices as we do for adults or should this be done in more specialized settings?

A: Given the paucity of specialized settings in rural Maine, I'd encourage all interested primary care providers to take the training and obtain the waiver. If there's a specialty center available that can handle the induction, you may wish to defer that to the center and then be the point of contact for periodic monitoring and Suboxone refills. I think of it like management of new onset Type I diabetes. Most primary care doctors will consult an endocrinologist at the beginning, issue insulin prescriptions, etc., from their own offices, and re-consult the specialist for any bumps along the road. Induction takes several hours of hanging around your office waiting room, but when we did this in our own BCH Adolescent Clinic, no one could discriminate the Suboxone patients from run of the mill variety.

Q: How valid is the CRAFFT when the parent is sitting next to the patient who is filling it out? Any pearls for addressing this in an efficient office who doesn't have iPads?

A: The CRAFFT has been validated by administering it in private, confidential healthcare settings. You won't get honest answers if within parents' eyesight. Some suggestions: 1) it takes only a minute to complete the written questionnaire, have assistants give it while checking weight and VS, assuming mothers do not come with; 2) Place a portable screen in a corner of your waiting room, designated as the place to fill out confidential documents; 3) excuse parent from exam room for confidential chat and either hand the questionnaire or use the interview form. Last resort: tell parents how important it is to have privacy for adolescents' questionnaires and ask THEM how you can best accomplish this.