

Childhood Addiction and Pain Management

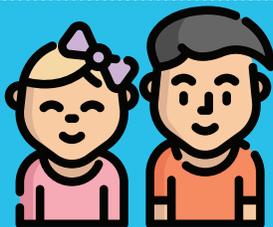


Trauma Connection

- » Trauma can lead to neurobiological dysfunction which increases health complaints and exacerbates pain.
- » There is a higher prevalence of chronic pain in patients with PTSD.
- » Emotional pain can amplify physical pain especially in children.
- » Consider screening for PTSD using the Adverse Childhood Experience Screening (ACES)
- » Make appropriate referrals for psychological support.

Treating Pain

- » Opioids have not been labeled for use in individuals under 18 years of age. There is a lack of evidence on the safety and efficacy.
- » OTC pain medications have been proven more effective without the risk for side effects.
- » Prioritize non-opioid treatments .
- » Limit opiate use to fewer than seven days.
- » Discuss the risk of diversion or accidental ingestion. Make sure the family has a safe way to store the medication.
- » Co-prescribe Naloxone for safety.
- » Frequently check the PDMP to safeguard against parent diversion .
- » Adolescents should undergo similar screening for risk of substance-use disorder that one would conduct with adults.



Screening Tools

Addiction Risk and Ongoing Monitoring

- » ORT
- » SOAPP-R

Pain Scales-Infancy through Childhood

- » NIPPS
- » FLACC
- » Faces Pain Scale - Revised (FPS-R)

01

Substance Use-Disorder

- » NIDA-Modified Assist
- » CRAFT
- » DAST-20 Adolescent Version

02

03

Co-occurring Mental Health Conditions:

- » PHQ-9
- » Screen for Child Anxiety Related Disorders (SCARED)
- » ACES

04

Four Research Based Traits That Put Kids at Risk for Addiction

- » Sensation-seeking
- » Impulsiveness
- » Anxiety sensitivity
- » Hopelessness



Top Prevention Strategies to Keep Kids off Opiates

- » Begin talking with children as early as elementary school about not sharing or selling prescription medication with friends. Explain that it can be dangerous.
 - » Studies show that the cycle of opiate use often begins with teens sharing personal medication or their parent's prescription drugs.
- » Aggressively treat and ameliorate the four traits that place kids at risk for addiction.
- » SBIRT
- » Screening and treating for trauma and adverse childhood events.
- » Getting kids involved in positive activities, building resilience, and helping them uncover their passions.



Medication Assisted Treatment for Opioid Use Disorder



- » **Pregnancy**-Methadone or Buprenorphine monoprodukt ONLY. Encourage breastfeeding. Both Methadone and Buprenorphine have an L2 rating for breastfeeding.
- » **Adolescents**- Methadone, Buprenorphine/naloxone combination product, oral or LAI Naltrexone.

(Adapted from ASAM guidelines)

References: Conrod, P. J., O'Leary-Barrett, M., Newton, N., Topper, L., Castellanos-Ryan, N., Mackie, C., & Girard, A. (2013). Effectiveness of a selective, personality-targeted prevention program for adolescent alcohol use and misuse: a cluster randomized controlled trial. *JAMA psychiatry*, 70(3), 334-342, ASAM NIDA, OPG Oregon Pain Guidance, & Columbia Pacific CCO