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PSYCHIATRY ACADEMY

Substance Use Disorders (SUD): Part II

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March 29, 2026

Disclosures

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Most adolescents with a SUD will have a co-occurring psychiatric disorder

- **When treating co-occurring disorders "There is No Wrong Door"**
- Standard of care is integrated treatment for both the SUD and psychiatric disorder
- However, integrated treatment can be hard to find

SAMHSA 2021—Treatment considerations for youth and young adults with serious emotional disturbances/SMI and co-occurring substance use

Initial impulse—How do I convince them that it's bad?

- ***You can't!***
- Ask permission to express concern
  - Developing brain
  - Acute risks associated with substance use
  - Impact on psychiatric symptoms and response to treatment

Key components of adolescent SUD treatment

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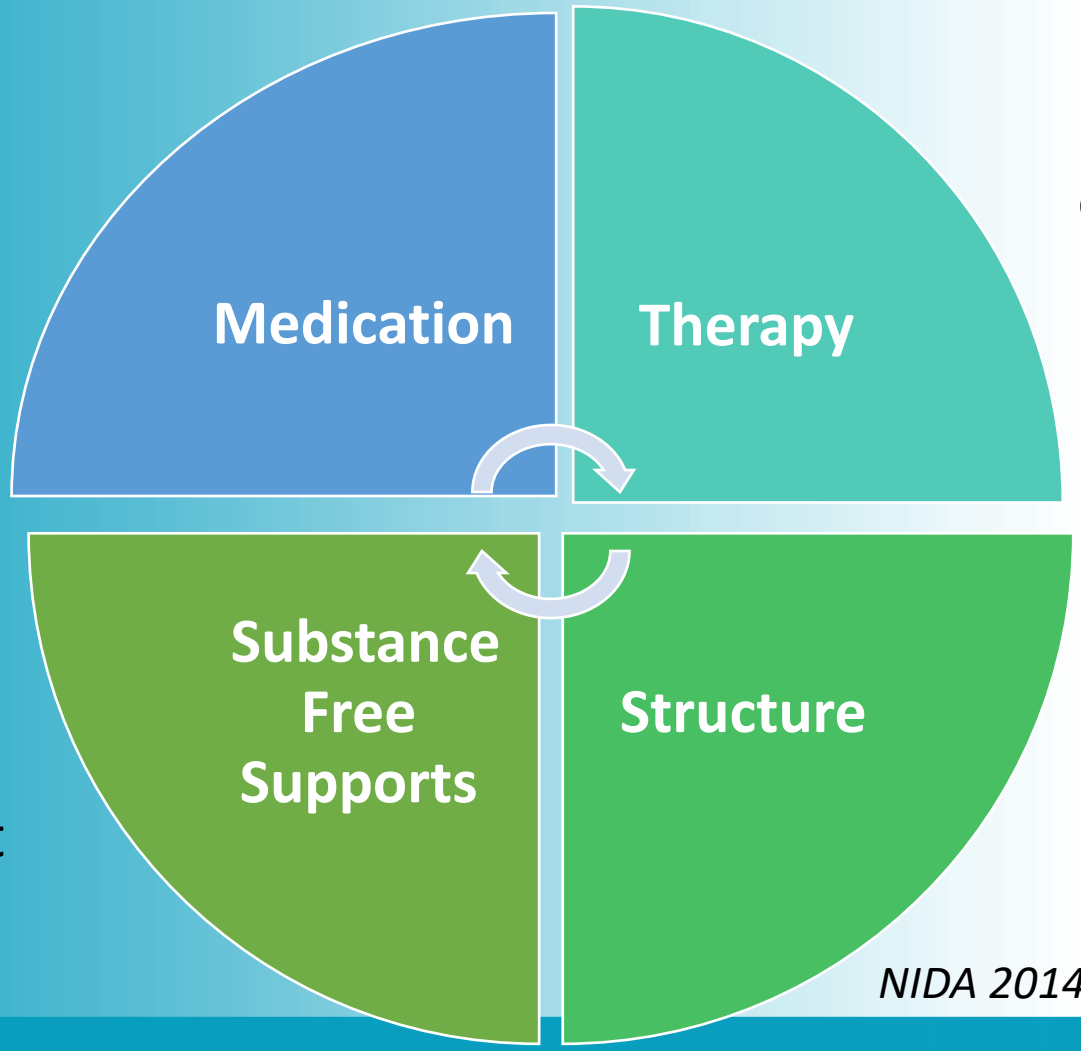
SUD
Psychiatric
Medical



Individual therapy
Group therapy
Family therapy/involvement

Family
Peers
Living environment

School
Work/volunteering
Sports

NIDA 2014 Principles of Adolescent SUD Treatment

General considerations in SUD treatment

- **Stay Patient and Family-Centered**
- The overall goal is to get the patient to come back!
- Patients and parents can have waxing/waning motivation to change

Harm reduction for all youth regardless of opioid use history

- **Naloxone**—opioid antagonist, temporarily reverses an opioid overdose
  - *"I like to talk to all families about how to recognize and respond to an opioid overdose. I hope that you will never need to use this information, but want to make sure that you are prepared just in case"*

Winer 2022, Hadland 2024

SUD Treatment—For therapy assess readiness to change

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Harm Reduction

- **Motivational interviewing**
- **Decrease risky use**

Total Abstinence

- **Cognitive behavioral therapy**
  (skill building, relapse prevention)

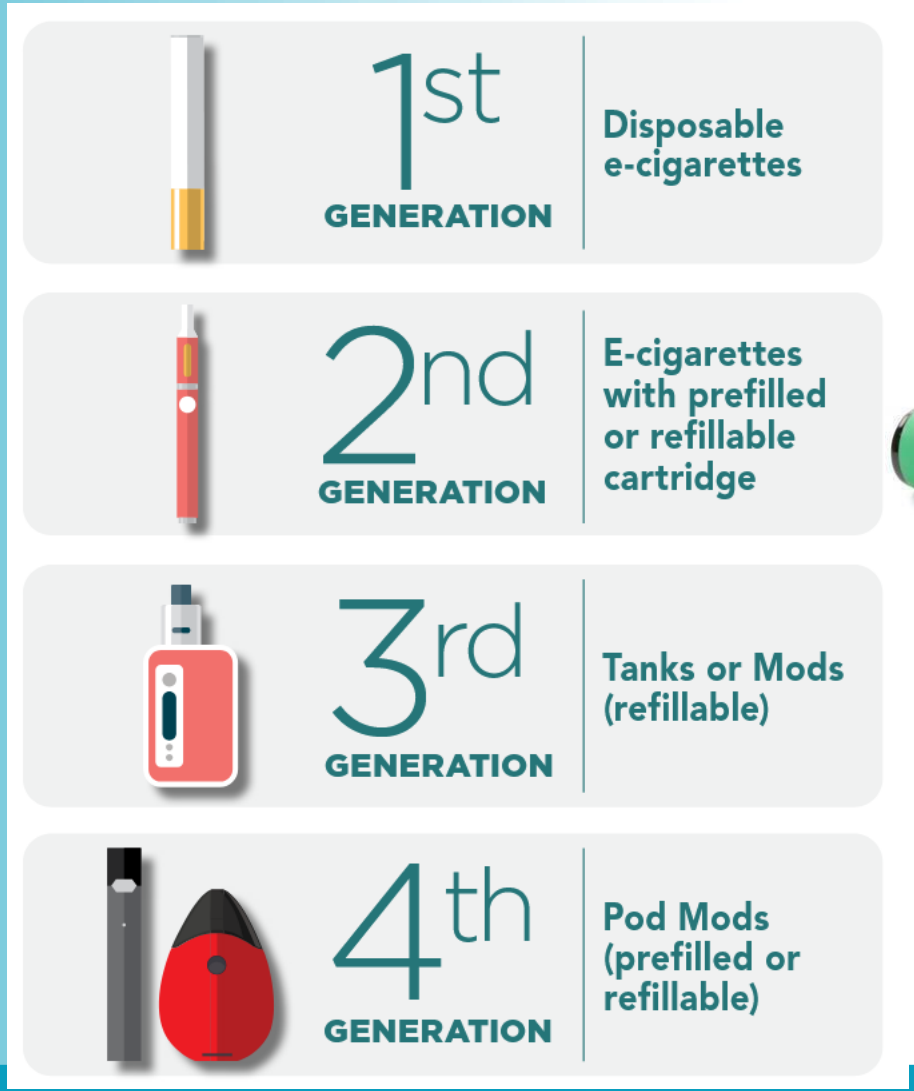
SUD Treatment—Pharmacotherapy

Pharmacologic strategies to treat SUD

1. Reduce urges or cravings
2. Agonist/substitution therapy
3. Aversive treatment (antimetabolism)
4. Treat co-occurring psychiatric disorder
5. Prevention

Adolescent nicotine use—E-cigarettes/vaping

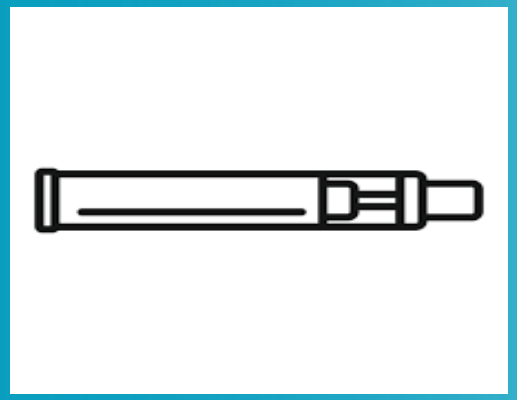
- E-cigarettes have evolved substantially since they were introduced in the United States in 2006
- It is important to quantify how much nicotine they are using (1 juul pod=1 pack of cigarettes)



5th generation—single use/disposable

CDC

Pharmacotherapy for Nicotine UD



- **Nicotine replacement therapy**—nicotine patch but not gum or nasal spray
  - 1 pack of cigarettes=20 cigarettes
  - Each cigarette—absorb approx. 1 to 2 mg of nicotine
  - Nicotine patches—7 mg, 14 mg, 21 mg
- **Bupropion SR 300 mg daily**
- **Varenicline 1 mg BID**

- *Remember—polycyclic aromatic hydrocarbons from combustible cigarettes* ***induce CYP1A2***

Myung 2019, Ziedonis 2017, Evins 2025

Pharmacotherapy for Alcohol UD

- **Naltrexone**—decrease in heavy drinking, 25 mg to 50 mg QD to BID
- **Topirimate**—decrease in heavy drinking, maintain abstinence, <300 mg/day (adults)
- **Odansetron**—decrease urges and drinking in early onset AUD, 2 to 8 mg/day
- **Disulfiram**—reaction to alcohol (use for **highly motivated** youth), blocks aldehyde dehydrogenase, 125 mg to 250 mg/day

Niederhofer 2003, Dawes 2004, Deas 2005, Johnson 2007, Yule/Wilens 2015

Pharmacotherapy for Opioid UD

- **Buprenorphine/naloxone**
  - FDA approved for youth ages 16+
  - Daily sublingual (8 mg to 16 mg), weekly and monthly subcutaneous injection
  - DEA waiver NO LONGER needed to prescribe
- **Naltrexone extended release**
  - FDA approved for 18+
- **Methadone**
  - Use very restricted in adolescents
  - Administered in opioid treatment programs only

Marsch 2005, Woody 2008, Fishman 2010, Marsch 2016

Youth with SUD & Psychiatric Co-morbidity

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- **ADHD**
  - Consider addressing both conditions
  - Low level substance use → continue to treat ADHD
  - More severe SUD → address SUD first
    - Once stabilizing treat with non-stimulants and extended-release stimulants
- **Depression**
  - Co-treat both
  - May need to improve SUD to see residual mood symptoms improve

Reviews: Gignac 2010, Yule/Wilens 2015, Jackson 2017

Youth with SUD & Psychiatric Co-morbidity

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- **Anxiety**
  - Address SUD initially, then anxiety
  - Can treat anxiety in the context of SUD (SSRI/SNRI, buspirone)
- **Severe Mood Dysregulation**
  - Co-treat both
  - Use safer agents (e.g. SGA for mood)
- **Psychosis**
  - Co-treat both, very important to decrease duration of untreated psychosis

Reviews: Gignac 2010, Yule/Wilens 2015, Jackson 2017

SUD Treatment—Summary

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- It is critical to identify and address substance use/use disorder
- Match behavioral therapy to readiness/motivation to change substance use
- Treatment of youth with SUD/psych co-morbidity requires treatment for both disorders
- Monitor adherence to pharmacotherapy and other follow-up recommendations
- Schedule frequent follow-up and regular communication with other treatment providers and caregivers