Youth deaths are driven by the same patterns of the opioid type seen in older adults: in the early 2000s mainly prescription opioids with a transition to heroin around 2012 and then to fentanyl in recent years [5]. Even the increase seen in stimulant-involved deaths mirrors the rising impact of these substances in adult populations. In 2017, fatal overdoses that included an opioid plus another substance surpassed the opioid-only deaths [6]. During that time, we have continued to see high rates of unmet need for interventions that reduce opioid-related morbidity and mortality. Medications (such as buprenorphine) are recommended treatment for youth with opioid use disorder. Buprenorphine improves retention in care, reduces opioid use, and decreases behaviors associated with HIV [7]. From adult studies, we can extrapolate that these medications are life-saving [8]. Despite this, the use of buprenorphine prior to the emergence of COVID-19 use was decreasing among youth [9]. Prior work found that among Medicaid-enrolled and commercially insured youth with a diagnosis of opioid use disorder, less than 25% received timely medication treatment. Black youth were even less likely to receive medication than their White peers [10].

The COVID-19 pandemic led to federal regulations related to substance use disorder treatment that allowed for providers to initiate buprenorphine over telehealth and loosened regulations related to methadone dosing. In this context, studies focused on understanding the impact of COVID-19 on treatment access, particularly among youth who are critical [11]. In this issue of Journal of Adolescent Health, finding by Alinsky et al. [12] that during the early COVID-19 pandemic, buprenorphine prescription paid with commercial insurance or cash among young adults significantly decreased is especially striking. In their study, the authors examined patient-level buprenorphine prescription data between January 2018 and August 2020 to understand the potential impact of COVID-19. They stratified their analyses by three age groups: 12–17, 18–24, and 25–29 years.

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could also reflect that more young people found it easier to access medication because of the flexible regulations around prescribing during the pandemic. As cash fills in this age group declined while insurance fills increased, it might also reflect greater willingness for the youngest cohort to use their family health insurance and to engage or involve their families in their addiction treatment.

The syndemics of COVID-19 and the overdose crisis have had a profound impact on the lives of individuals across the United States, including youth and those from minoritized and marginalized communities. A recent study found 1.25 million years of life lost among young people aged 10–24 years to unintentional drug overdose between 2015 and 2019 [13]. The most potent intervention to flatten and reverse this trend is medications for opioid use disorder. We urgently need additional research to examine the factors influencing youth access and adoption of medications to treat opioid use disorder, focused educational initiatives to increase prescribing at the time of diagnosis, and increased advocacy to support structural and policy changes at the federal and state level to increase equitable and persistent access to life-saving treatment.

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