

BARRIERS to opioid use detection and treatment for youth

Drug overdose deaths in the US recently rose to over 100,000 deaths/year, and about 75% were due to opioids.¹ One in five adolescents under 25 years old report misusing opioids at some point in their lives, including 14% of high school students.^{2,3} Adolescents are about one-tenth as likely as adults to receive treatment for opioid use disorder (OUD) in general.⁴ Misuse refers to a situation where a substance is not used for its intended use (experimentation, partying, etc.). The DSM-V creates a continuum of substance use disorder (SUD) with addiction being the most severe and chronic form of SUD.⁵

Because opioid use is uncommon among adolescents compared to older age groups, providers may underestimate its prevalence, resulting in missed opportunities for prevention, screening, and treatment. Risk-taking behaviors like substance misuse can be difficult to screen for and treat, especially in adolescents who may be unlikely to bring up such behaviors on their own.

STRATEGIES for opioid use management

All health care professionals can benefit from recognizing the root causes of SUD and the associated stigma.

Some of the root causes lie within systems of oppression and inadequate social supports, particularly affecting Black, Indigenous, and People of Color (BIPOC), LGBTQ+ people, and people who are living in poverty. Historically, BIPOC communities have been stereotyped as morally responsible for the high rates of addiction in the US.^{6,7} This comes from drug policies and media representations that have disproportionately targeted marginalized groups and portrayed them as the perpetrators of the opioid crisis.

Additionally, the label “abuse” is perceived more poorly than SUD. According to a study that tested the stigma associated with the two labels, “abusers” have a high association with negative judgements and punishments.⁸ This social stigma affects access to OUD treatment and how they are seen by providers and peers.

OUD is often a symptom of a mental health disorder, and opioids may be used to cope with physical and psychological pain caused by everyday life. Those who misuse often report extensive histories of adverse childhood experiences (ACEs).⁹

- Recognize the role that systems of power and oppression play in the health of youth with marginalized identities, practice equitable care, and audit current policies with a diversity, equity, and inclusion lens.
- Reference SAHM’s [Anti-Racist Toolkit](#) to address the harmful effects of racism in your practice.
- Provide affirming care for LGBTQ+ youth using AHI’s [LGBTQ+ Care](#) resources.
- Commit to continual growth by seeking professional development opportunities on stigma and language in the context of substance misuse. To learn more about combating stigma, check out the Harvard University and University of Michigan (UM) [Summit on the Opioid Crisis: Stigma and Access to Treatment](#) conference.
- Screen adolescents annually for mental health concerns. Learn more below and with AHI’s [Adolescent Mental Health in Primary Care](#) and [Adolescent Risk Screening](#) Starter Guides.

¹ https://www.cdc.gov/nchs/pressroom/nchs_press_releases/2021/20211117.htm

² <https://www.healthaffairs.org/doi/10.1377/hblog20191115.977344/full/>

³ <https://www.cdc.gov/healthyyouth/substance-use/hrsu.htm>

⁴ <https://www.psychiatristimes.com/view/improving-care-teens-with-opioid-use-disorder>

⁵ <https://www.psychiatry.org/psychiatrists/practice/dsm>

⁶ <https://drugpolicy.org/issues/race-and-drug-war>

⁷ <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC5121004/>

⁸ <https://doi.org/10.1177/002204261004000403>

⁹ <https://www.cdc.gov/injury/priority/index.html>

FOR PROVIDERS

Use the SBIRT (Screening, Brief Intervention, and Referral to Treatment) process to identify, reduce, and prevent opioid misuse, and dependence.

1. **Screen** adolescents to identify their place on a spectrum from non-use to addiction to deliver an appropriate response. Check out [Michigan OPEN](#) for an explanation of the stages of substance misuse.
 - Create a well visit workflow that ensures risk screening is done confidentially at least once a year.
 - Use a comprehensive, validated risk screening tool, such as the [NIDA-Modified ASSIST](#), [CRAFT](#), or [Screening to Brief Intervention \(S2BI\) Tool](#).
 - Review the [NIDA Screening and Assessment Tools Chart](#) for more risk screening tools.
 - Allow patients to complete the screening process privately, while no one else is in the room.
 - Use an electronic format for screening tools, as teens may prefer to communicate through and respond more honestly when using technology. If it's not possible to use an electronic version, paper copies are preferable over verbal assessments.
 - Provide screening tools in the languages that your patient population uses.
 - For a closer look at screening strategies and tools, check out AHI's [Adolescent Risk Screening](#) Starter Guide and [Adolescent Risk Screening Directory](#).
2. Initiate a **brief intervention** to raise awareness of risks, elicit motivation to change, and set behavior-changing goals. Assess severity and determinants of substance use and negotiate behavior change plans.
 - Employ principles of motivational interviewing to engage adolescents in change talk. For training, visit the [Adolescent Substance Use Project](#) or the [Motivational Interviewing Network of Trainers](#).
 - Actively listen to the issues adolescent patients are facing, validate their concerns, and provide resources when appropriate.
 - Implement harm reduction strategies to minimize harmful consequences of substance use and clearly communicate using language the patient understands. Review the principles of harm reduction [here](#).
 - Identify protective factors in a young person's life that can support their mental health, such as participation in extracurricular activities, connection to the community, spirituality, etc.
3. **Refer to treatment** to facilitate access to and engagement in specialized services and coordinated care.
 - Referral to treatment is not always necessary. First, it's only appropriate if the patient would like treatment. Secondly, the patient should meet the criteria for level of care. Review the [American Society of Addiction Medicine Criteria](#) to assess the level of care needed for the patient, considering the stage of substance use, physical and mental well-being, and developmental level.
 - Ask for the patient's permission to include parents/caregivers when discussing treatment options.
 - Adolescent patients can be resistant to conversations about formal treatment. Review the Stages of Change model from the [AAFP](#) or [SAMHSA](#) to enhance motivation for behavior change.
 - Review the essential components of effective treatment programs [here](#).
- In many states, breaking adolescent confidentiality can occur if 1) the patient's situation poses a threat to their own well-being or that of another, 2) the threat may be reduced by involving the caregiver in the intervention, or 3) the patient lacks the capacity to make a rational decision whether or not to disclose their high-risk behavior to their caregiver.
 - Develop protocols for risk intervention and referral to internal and/or external care, keeping in mind state confidentiality and mandatory reporting laws. Review your local and state laws for more details or check out AHI's [Confidentiality Laws Spark](#) trainings by state.
- Review sample SBIRT workflows from [Kansas Department of Maternal and Child Health](#) and [SBIRT Oregon](#).
 - Also consider primary clinic workflows [with](#) and [without](#) a behavioral health specialist.
- Check out the [Youth SBIRT Initiative](#) or the University of Missouri-Kansas City's SBIRT for Adolescents [resource page](#) for information, training, and technical assistance. Review [SAMHSA guidelines](#) for information on SBIRT reimbursement and coding.

Understand the adolescent-specific prescribing considerations and non-opioid alternatives to pain management.

- Stay up-to-date with prescribing practices to avoid the various risks associated with opioids.
 - Participate in routine provider education on case studies/simulations, acute and chronic pain, and risk evaluation and mitigation. Check out the American Hospital Association's [Clinician Education on Prescribing Practices](#) for more information.
 - Read the latest CDC guidelines for [chronic](#) and [acute](#) pain prescribing and the associated risks.
 - Start the conversation with patients about the risks, side effects, and other general information that accompanies their opioid medication using the local Start Talking form ([example](#) from Ohio).
 - Check out UM's [Tools For Opioid Prescribing & Pain Management Agreements](#) for more resources.
- Be thorough and frank when educating patients on their opioid prescription.
 - Ask your patient if and how they want any caregiver involved in their pain management.
 - Highlight three to five things that are most important for the patient to understand, such as storage and dosage. Have them repeat this information back to you. Summarize their response, identifying any gaps in what was originally said, what they heard, and what they are understanding.
 - Provide free and easily accessible resources for further learning.
 - Follow-up with every patient after they have had time to digest the information. Make recommendations based on their pain control, medication storage, and disposal.
- Advocate for non-opioid alternatives to pain management for adolescents especially those who are at high risk for misuse. Check out this [article](#) for adolescent risk factors for misuse and addiction.
 - Recommend non-opioid pain medications such as ibuprofen or acetaminophen.
 - Combine the above alternatives with non-drug therapies based on the patient's need: physical therapy, acupuncture, surgery, injections or nerve blocks, etc.
 - Review Michigan Opioid Prescribing Engagement Network ([OPEN](#)) for opioid and non-opioid management recommendations for specific medical procedures.

FOR THE CLINIC

Educate patients and caregivers about storage and disposal of opioids.

- All opioids should be stored in their original packaging in a locked cabinet or box. If they are left in a bathroom or kitchen cabinet, it can be easy for other family members or friends to access the medication.
- Inform the patient and their caregiver that opioids should never be kept at home once the pain is gone.
 - Allow patients to deliver their leftover medication to the prescribing clinic. If your clinic has a secure medication drop-off box, familiarize your patients and caregivers with drop off procedures.
 - Recommend alternatives for opioid disposal, if needed, such as using public [permanent](#) and [temporary](#) take-back locations or disposing appropriately with household trash.
 - Stay up to date on FDA [rules](#) for proper disposal methods to answer any patient questions. The FDA also has a designated [flush list](#) for when take-back options are not readily available.

Keep all staff members updated on emergency management protocols.

- When someone looks like they have overdosed, take **ACTION**:
 - **A**rouse the person by shouting, shaking, or performing sternal rubs.
 - **C**heck for signs of an overdose: pinpoint pupils, unconsciousness, respiratory depression (Opioid Triad)
 - Telephone 9-1-1
 - Intranasal/Intramuscular [Naloxone](#)
 - Oxygen through Rescue Breathing or CPR
 - Naloxone again in 2-3 minutes

- Review SAMHSA's [Opioid Overdose Prevention Toolkit](#) that includes essential steps for responding to an overdose, as well as safety measures and other information for providers and staff. For other behavioral health emergency situations, reference the National Alliance on Mental Illness's [Navigating a Mental Health Crisis](#) guide.
 - Keep these action steps somewhere visible so they can be easily referenced during a crisis.
- Stock Naloxone and make sure staff members are trained to all delivery methods available at your site.
 - Check out the Red Cross's [Opioid Overdose Training](#) which includes different modes of Naloxone delivery.
- Routinely review [state laws](#) on Naloxone prescriptions. Most states have a Naloxone standing order law, which allows for access without a prescription and without identifying a particular patient.
 - Recommend that patients who use or misuse opioids keep Naloxone on hand in case of an emergency. With standing orders, caretakers and friends can also obtain Naloxone from certified pharmacies.
 - Co-prescribe Naloxone with any opioid pain medication, if possible. Though these standing orders exist, they are not well-known, and people can be uncomfortable asking for Naloxone.

Additional RECOMMENDATIONS and RESOURCES

PROVIDERS

- To learn more about the opioid crisis, check out the [Impacting the Opioid Crisis: Prevention, Education, and Practice for Non-Prescribing Providers Coursera course](#) from the University of Michigan.
- The [National Harm Reduction Coalition](#) offers professional training and consultation on harm reduction, Naloxone and overdose recognition, and assisted referrals, among others.
- AHI's Timely Topic [Trauma-Informed Care with Adolescent Patients](#) can support teams in being responsive and aware of past trauma when looking at the root cause of substance or opioid use.
- [Michigan Safer Opioid Prescribing Toolkit](#)
- The National Council of State Boards of Nursing's [Opioid Toolkit](#) serves as a hub for guidelines, trainings, and toolkits specifically related to opioid prescribing.
- NORC at the University of Chicago has a four-part webinar series, [Using SBIRT to Talk to Adolescents about Substance Use](#), that presents strategies to use with adolescents in different settings.
- The American Society of Anesthesiologists has guidance on [Non-Opioid Treatment](#) for pain including over-the-counter pain medications and non-drug therapies such as physical therapy or acupuncture.

CAREGIVERS

- DrugFree.org's Partnership to End Addiction: [How to Spot the Signs of Teen or Young Adult Substance Use](#)
- [Safe Use, Storage, and Disposal of Opioid Drugs](#) for families
- US Drug Enforcement Administration's [Talking to Your Child When You Suspect Drug Use](#)

YOUTH

- Self-Management And Recovery Training (SMART) [Recovery Teen & Youth Support Program](#)
- Society for Adolescent Health and Medicine (SAHM) [Substance Use Resources for Adolescents](#)
- Truth's webpage on [Opioids](#)
- Mayo Clinic guidelines on [Pain medications after surgery](#)