Working with Youth Who Use Substances

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Opioid Response Network

treat ME
MMA Center for Quality Improvement / Maine Chapter, AAP

DayOne
A better tomorrow starts **today.**

Working with communities.
Contact the Opioid Response Network

- The SAMHSA-funded *Opioid Response Network (ORN)* assists states, organizations and individuals by providing the resources and technical assistance they need locally to address the opioid crisis and stimulant use.

- Technical assistance is available to support the evidence-based prevention, treatment and recovery of opioid use disorders and stimulant use disorders.

- The *ORN* provides local, experienced consultants in prevention, treatment and recovery to communities and organizations to help address this opioid crisis and stimulant use.

- *ORN* accepts requests for education and training.

- Each state/territory has a designated team, led by a regional Technology Transfer Specialist (TTS), who is an expert in implementing evidence-based practices.
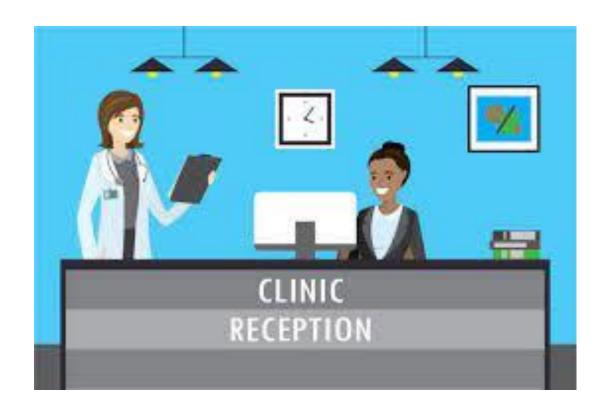
- To ask questions or submit a request for technical assistance:
  Visit www.OpioidResponseNetwork.org   Email orn@aaap.org   Call 401-270-5900

Disclosures

✧ The presenters for today's event have no financial interests or relationships to disclose.

Every interaction is therapeutic!

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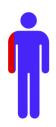
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Adolescent Substance Use and Treatment

4.5% of adolescents ages 12-17 diagnosed with a past year SUD

Only **8.3%** of them received treatment

Source: Substance Abuse and Mental Health Services Administration. (2020). Key substance use and mental health indicators in the United States: Results from the 2019 National Survey on Drug Use and Health (HHS Publication No. PEP20-07-01-001, NSDUH Series H-55). Rockville, MD: Center for Behavioral Health Statistics and Quality, Substance Abuse and Mental Health Services Administration. Retrieved from https://www.samhsa.gov/data/

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People remember the first thing you say to them and the last thing you say to them

Your role is crucial!

You are often the first point of contact for patients and families. Ensuring that patients and families feel <u>heard</u>, <u>understood</u> and <u>cared for</u> will increase the likelihood they will stay engaged in care.

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Strategies for Increasing Engagement and Retention

- ✧ Create an inclusive environment

- ✧ Provide Compassionate Care

- ✧ Lower Barriers to Care

Create an Inclusive Environment Where All People Feel Welcome

- Do not make assumptions and recognize that people have intersectional identities

- Ask questions using open and non-judgmental framing

- Examples:

  ➢ "What name and pronouns do you use?"

  ➢ "What is the best way to contact you?"

  ➢ "Do you need any immediate resources? If so, what can we help you find?"

Create an Inclusive Environment Where All People Feel Welcome

- Explore opportunities for increasing ease of access
    - Interpreter services
    - Outreach efforts to hard to reach/underserved communities
- Have a wide array of visual representation and resources that focus on the unique needs of the various populations your practice serves and have them available in different languages in your office
- Elicit feedback and input from patients and families for ways to improve their experience

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Sample Resources

- [Addressing Stigma of Substance Use Disorders](#)

- [Pronouns Matter](#)

- [A Pediatrician's Guide to an LGBTQ Friendly Practice](#)

- [Addressing Addiction in Our Native Communities](#)

- [Building Health Equity and Inclusion - CLAS Resources | Addiction Technology Transfer Center (ATTC) Network (attcnetwork.org)](#)

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Sample Resources

Minor Patients Can Consent to Their Own Care

Consent for SUD Treatment :

- Maine Revised Statutes, Title 22; Chapter 260: Consent of Minors for Health Services

- "*a minor may consent to treatment for substance use disorder or for emotional or psychological problems* " [Consent of Minors for Health Services Maine](#) Minor is defined as less than 18 years of age. No lower age is defined.

- In March of 2018 Maine's 128th legislature attempted to pass legislation that would have defined a lower cutoff limit to consent [LD1189](#). It did not pass.

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Provide Compassionate Care

✧ Use an empathic approach when interacting with patients

- "Put yourself in their shoes"

✧ Take a non-judgmental stance

- Ambivalence is normal and part of the process
- No shows are common and expected
- People may present in many ways (e.g. under the influence, unhoused, have not been able to bath, etc.)
  - be prepared and approach each person with compassion

Provide Compassionate Care

✧ Be aware of both your verbal and non-verbal communication

   • How you act toward others is as important as what you say to them

✧ Recognize your own feelings, judgments and biases

   • Seek support from a supervisor if you have strong or challenging feelings that arise with certain patients/families

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Provide Compassionate Care

✧ Use non-stigmatizing, person-first language in all interactions related to patient care

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What Words Should We Use?

Problematic Terms	Preferable Terms
"Junkie"	"Person who uses substances"
"Druggie"	"Person who uses substances"
"Addict"	"Person who uses substances"
"Substance abuser"	"Person who uses substances"
"Substance abuse"	"Substance use", "substance misuse"
"Clean"	"In recovery/remission" "Abstinent" "Sober"
"Dirty urine"	"Unexpected test result"
"Replacement therapy"	"Treatment" (buprenorphine)
"Born addicted"	"Substance-exposed"

Slide Adapted from: Scott E. Hadland, MD, MPH, MS

Botticelli MP & Koh HK. *JAMA,* 2016;316(13):1361-2

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Lower Barriers to Care

✦ If someone asks for support, respond immediately – it is an indication they are ready for care

✦ Make access to care as easy as possible (alleviate client burden)

✦ Remember, navigating systems can be challenging

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Practical Ways to Lower Barriers

✧ Talk to your team about creating a plan to support patients during wait times

– Have concrete resources at finger tips (websites, internal resources, etc.)

✧ Identify a "go-to" person in your practice to get right answers and responses when questions arise

Example: Introductory Interaction

Admin: "Good morning/afternoon. Thank you for calling/coming to General Pediatrics. How may I help you today?"

Patient: "I am struggling with using alcohol and other drugs and I am trying to find help."

Admin: "I'm so glad that you reached out. My name is Ariel and my chosen pronouns are she/her/hers. Let's work together to see what your needs are and how we can provide support and guidance. First, can you tell me your chosen name, chosen pronouns and your date of birth?"

Patient: "Charlotte Smith. Date of birth 7/11/2005."

Admin: "I am not finding a patient of that name in our system, could it be under another name?"

Patient: "Ummm… it might be under Charles Smith."

Admin: "Thank you! I found it. I will make sure that your chosen name and pronouns are reflected accurately in our system. This may take some time but please know that we are working diligently on this important matter."

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Example: Identifying the Need

Admin: "Do you have a sense of what you are looking for in terms of support?"

Patient: "No, I just need help."

Admin: "Okay, we are here to help. You mentioned that you are looking for help around your substance use. I am going to connect you with _____ (e.g. providers, nurse triage, resource specialist) to help you find what you need. If you have any trouble reaching them, please give me a call back and I'll help make sure that you get connected to someone."

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Example:
Providing Resources
if there is a Delay in Care

Admin: "Currently, there may be a wait to have you seen by one of our providers. I am going to give you some names and numbers of programs/supports that might be helpful for you during the waiting period. What is the best way for me to get that information to you?"

Patient: "Thank you. I don't have a cell phone or access to email at the moment, so giving them to me now would be the best thing."

Admin: "Perfect." (Provide resources)

Patient: "I am worried because I am really struggling right now and am not sure I can wait."

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Example:
Providing Resources
if there is a Delay in Care

Admin: "I am so sorry that you are having such a hard time. If you are worried about your safety, we suggest calling 911 or going to your nearest emergency room to get immediate support. After you have been seen by the emergency room and a plan has been made, please call us back so we can continue to help support you."

Remember:
Every interaction is therapeutic!

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Summary

- First impressions matter, engagement and retention begins with each of you

- Creating an inclusive environment will help to reach our most vulnerable patients

- Youth are the identified patients/main contact - parental consent is not required

- Provide compassionate care and be aware of your own biases/judgments

- Respond to youth's needs expeditiously and guide them in navigating systems

"Assisting adolescents to reflect on their current situation and experiences and helping them to envision a positive future may promote motivation to change, especially among those who have 'been there, done that' and are willing to look ahead."

Janet C. Titus, Susan H. Godley, and Michelle K. White
A Post-Treatment Examination of Adolescents' Reasons for Starting, Quitting, and Continuing the Use of Drugs and Alcohol

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Questions to Consider:

✧ What resources do we have in place to support patients during wait times?

✧ Who do I talk to if I am having challenging feelings toward a patient or family?

✧ What do we have or do we need to create an inclusive environment?

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Thank you!
Please fill out our brief survey

https://tinyurl.com/TREAT-ME