

# treat ME

MMA Center for Quality Improvement / Maine Chapter, AAP

## Block 2: Recognition – How Do We Find Youth?



# TreatMe Learning Collaborative Partners



A better tomorrow starts **today.**



**treatME**

MMA Center for Quality Improvement / Maine Chapter, AAP

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- Raffle winner will be announced at the end of today's webinar.
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- Video screen size and location are adjustable.
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- If you have any questions, please email: [admin@treatme.info](mailto:admin@treatme.info)

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- If you are attending by sharing the computer screen of a registered participant, please type your name and email address into the Q&A box. We will send you a link for the survey after this session.
- When this webinar ends, your survey will automatically open in a new window. A link to your CME/MOC and the Certificate of Attendance will be available for download upon completion of the survey.
- If you are unable to complete the survey at this time you will also be receiving an email with today's recording and the survey link in 1 business day.
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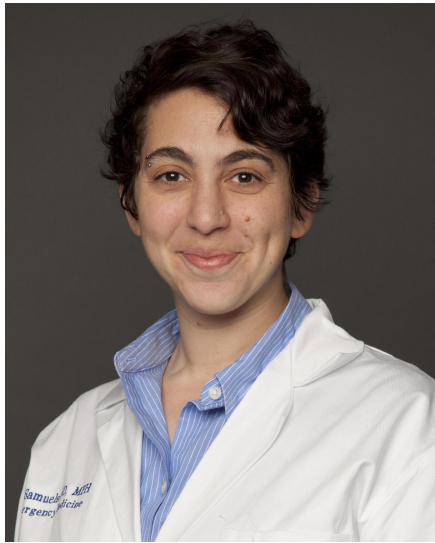
# Funding Provided By:

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# Disclosure

**Today's speakers have no relevant financial relationships with the manufacturer(s) of any commercial product(s) and/or provider of commercial services discussed in this CME activity**

# Presenters



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Associate Professor of Emergency Medicine  
UCLA Department of Emergency Medicine

Elizabeth A. Samuels, MD, MPH, MHS is an emergency medicine physician, health services trained researcher, and Associate Professor of Emergency Medicine at the University of California, Los Angeles. She was previously the assistant medical director of the Rhode Island Department of Health's Overdose Prevention Program. Samuels completed her emergency medicine training at the Brown Emergency Medicine Residency Program, a health service research and health policy fellowship at the Yale National Clinician Scholars Program, and is board-certified in emergency medicine and addiction medicine.

Her programmatic and scholarly work focuses on implementation of emergency department harm reduction and substance use disorder treatment and emergency department initiatives to address health-related social needs.

# Emergency Care for Adolescent Substance Use Part 1

Elizabeth A. Samuels, MD MPH MHS  
Associate Professor of Emergency Medicine  
UCLA Department of Emergency Medicine

January 19, 2023



Opioid  
Response  
Network



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A better tomorrow starts **today.**

# Working with communities.

- ✦ 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.

Funding for this initiative was made possible (in part) by grant no. 1H79TI083343 from SAMHSA. The views expressed in written conference materials or publications and by speakers and moderators do not necessarily reflect the official policies of the Department of Health and Human Services; nor does mention of trade names, commercial practices, or organizations imply endorsement by the U.S. Government.



# Working with communities.

- ✦ The *Opioid Response Network (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.



# Contact the Opioid Response Network

- ✦ To ask questions or submit a request for technical assistance:
  - Visit [www.OpioidResponseNetwork.org](http://www.OpioidResponseNetwork.org)
  - Email [orn@aaap.org](mailto:orn@aaap.org)
  - Call 401-270-5900



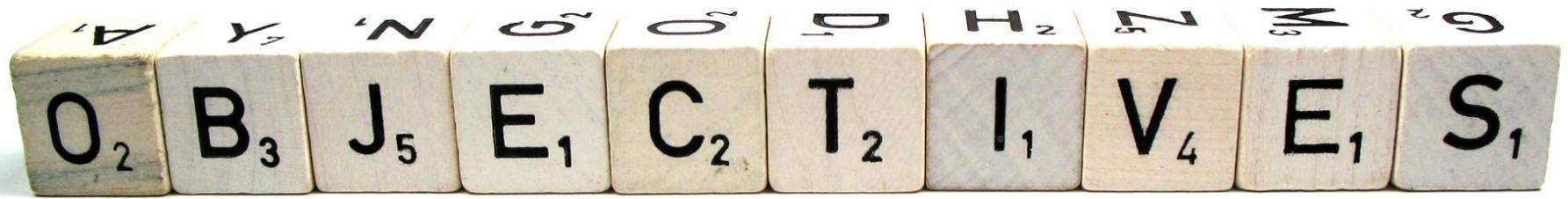
# Disclosures

I have no financial conflicts of interest to disclose

I am an emergency physician, not a pediatrician







- 
1. Identify clinical scenarios requiring emergency department treatment and management
  2. Describe emergency department screening, harm reduction, treatment initiation, and treatment linkage for adolescents with substance use disorders
  3. Understand how to best advocate for your adolescent patients with substance use disorders who have acute care needs
  4. Discuss clinical management of common substance use-related emergency department visits



# Outline

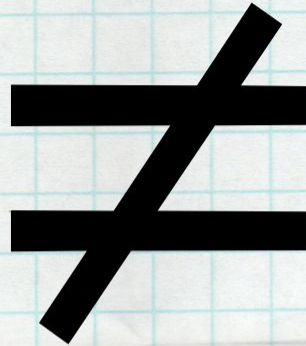
1. Background
2. ED approach to substance use disorders
3. ED referrals and communication





# **Substance Use & Addiction**

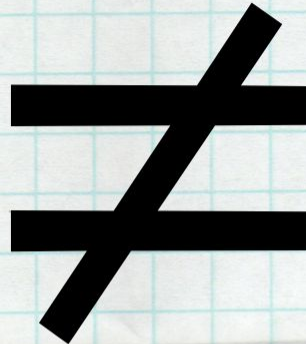
USE



USE  
DISORDER

DOES NOT  
EQUAL

DEPENDENCE

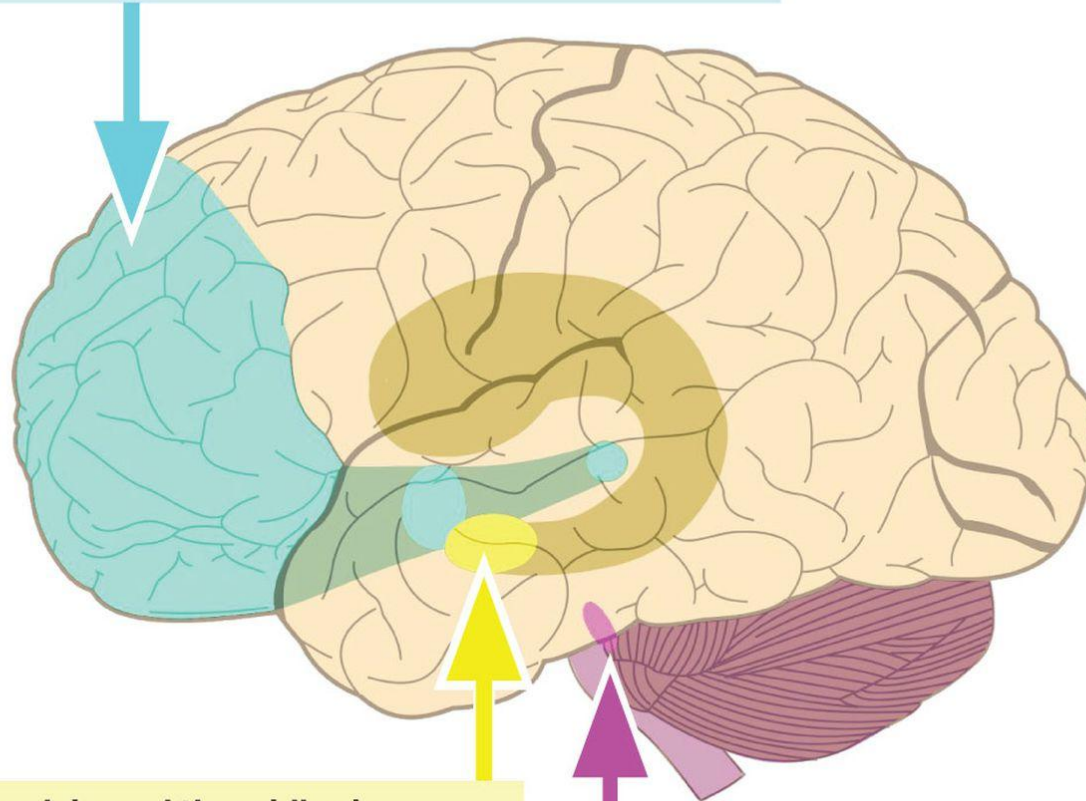


ADDICTION



## Prefrontal cortex and the central reward pathway

There is a natural link between pleasure and complex thoughts such as decision-making and planning. With long-term opioid abuse, this pathway becomes dysregulated.



## Amygdala and the midbrain

The urge to keep using opioids is born here. The midbrain helps steer behavior based on what it has experienced.

## Locus coeruleus and the brain stem

Opioids can suppress the brain stem's ability to control breathing and heart rate. During overdose, this can kill.



a specific  
**addiction.** 1. T  
substance, es  
narcotic dr  
ional

A treatable, chronic medical disease involving complex interactions among brain circuits, genetics, the environment, and an individual's life experiences. People with addiction use substances or

engage in behaviors that become compulsive and often continue despite harmful consequences.



a specimen  
**addiction.** 1. T  
substance, es  
narcotic dr  
ional

Prevention efforts and treatment approaches for addiction are generally as successful as those for other chronic diseases.



# Opioid Use Disorder

## DSM-5 diagnostic criteria for OUD

Patients must meet 2 of the following 11 criteria to receive a diagnosis of OUD:

1. Opioids are often taken in larger amounts or longer period than intended
2. Unsuccessful efforts to control opioid use
3. Large segment of time allocated to obtaining, using, or recovering from opioids
4. Strong desire to use opioids
5. Use of opioids is deterring one from daily activities such as work, school, or home
6. Continued opioid use despite its use causing an inability to fulfill responsibilities
7. Reduction or elimination of social occupational or recreational activities due to opioid use
8. Ongoing opioid use although physically hazardous
9. Ongoing opioid use despite having knowledge of such hazards
10. Experiencing tolerance to opioids
11. Experiencing withdrawal from opioids

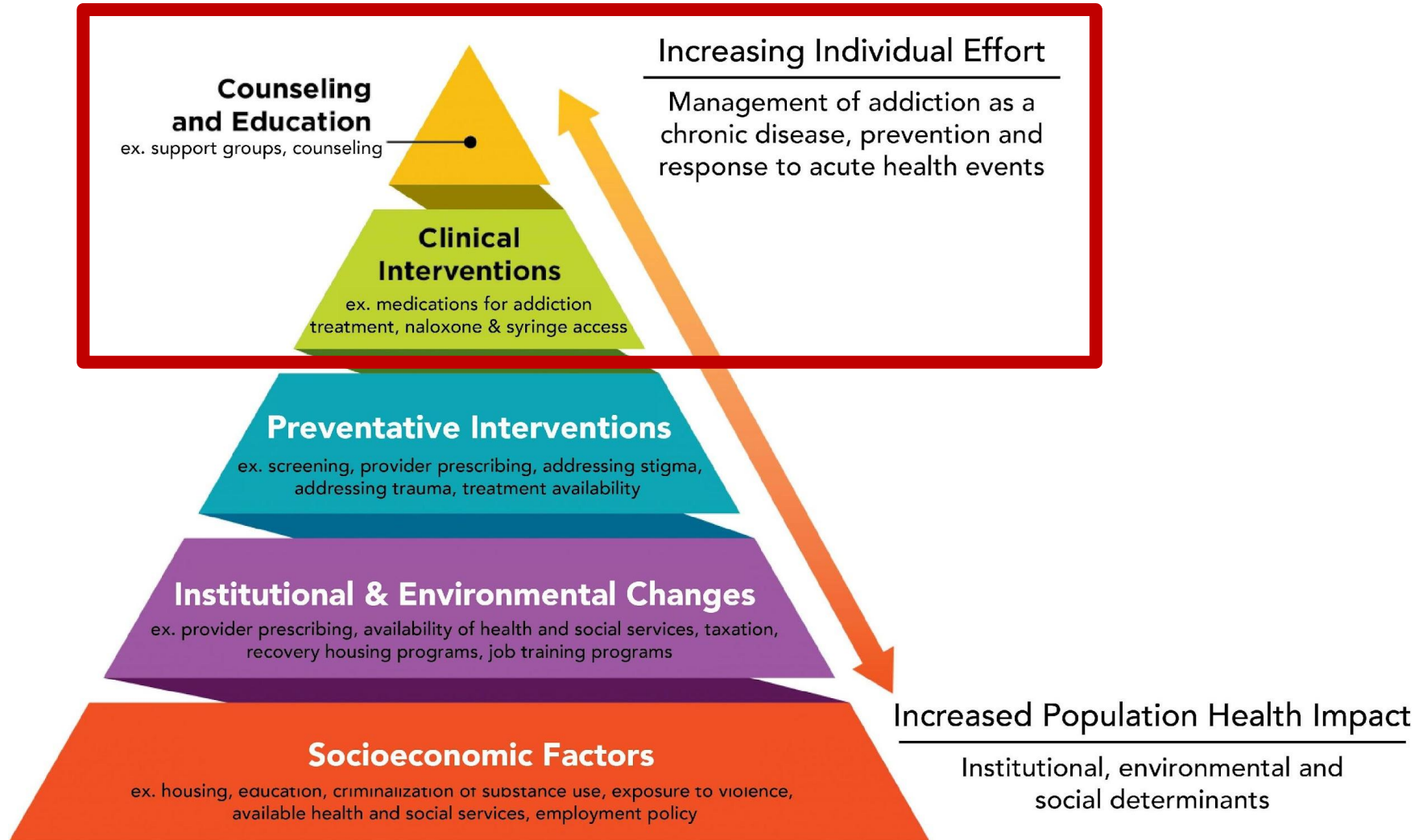
Impaired  
control of use

Social  
impairment





# Health Impact Pyramid



# SOCIAL ECOLOGICAL MODEL





# **Emergency Department Care**



## Role of the ED

Time sensitive  
treatment  
and  
stabilization

Acute Diagnostic  
Center

Healthcare Access  
and Treatment  
Linkage



# ED SUD Care

Prevention

Harm Reduction

Treatment





# E·QUAL

## EMERGENCY QUALITY NETWORK



Reducing Opioid-Associated Harm  
through safer prescribing and the implementation  
of evidence-based interventions

Levels of Care for Rhode Island  
Emergency Departments and Hospitals  
for Treating Overdose and Opioid Use Disorder



BALTIMORE  
CITY HEALTH  
DEPARTMENT

Levels of Care for Baltimore  
City Hospitals Responding to  
the Opioid Epidemic  
*Guide for Hospitals*

August 2018



Catherine E. Pugh, Mayor, City of Baltimore  
Lena S. Wex, M.D., M.Sc., Commissioner of Health  
1001 E. Fayette Street • Baltimore, MD 21202

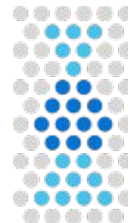
@Bmore\_Health  
@DrLenaWex  
@BaltimoreHealth  
health.baltimorecity.gov

# CAMBRIDGE

TREATMENT STARTS **HERE**

# MASSACHUSETTS

RHODE  
ISLAND



## NEW YORK

# MATTERS

Medication Assisted Treatment & Emergency Referrals

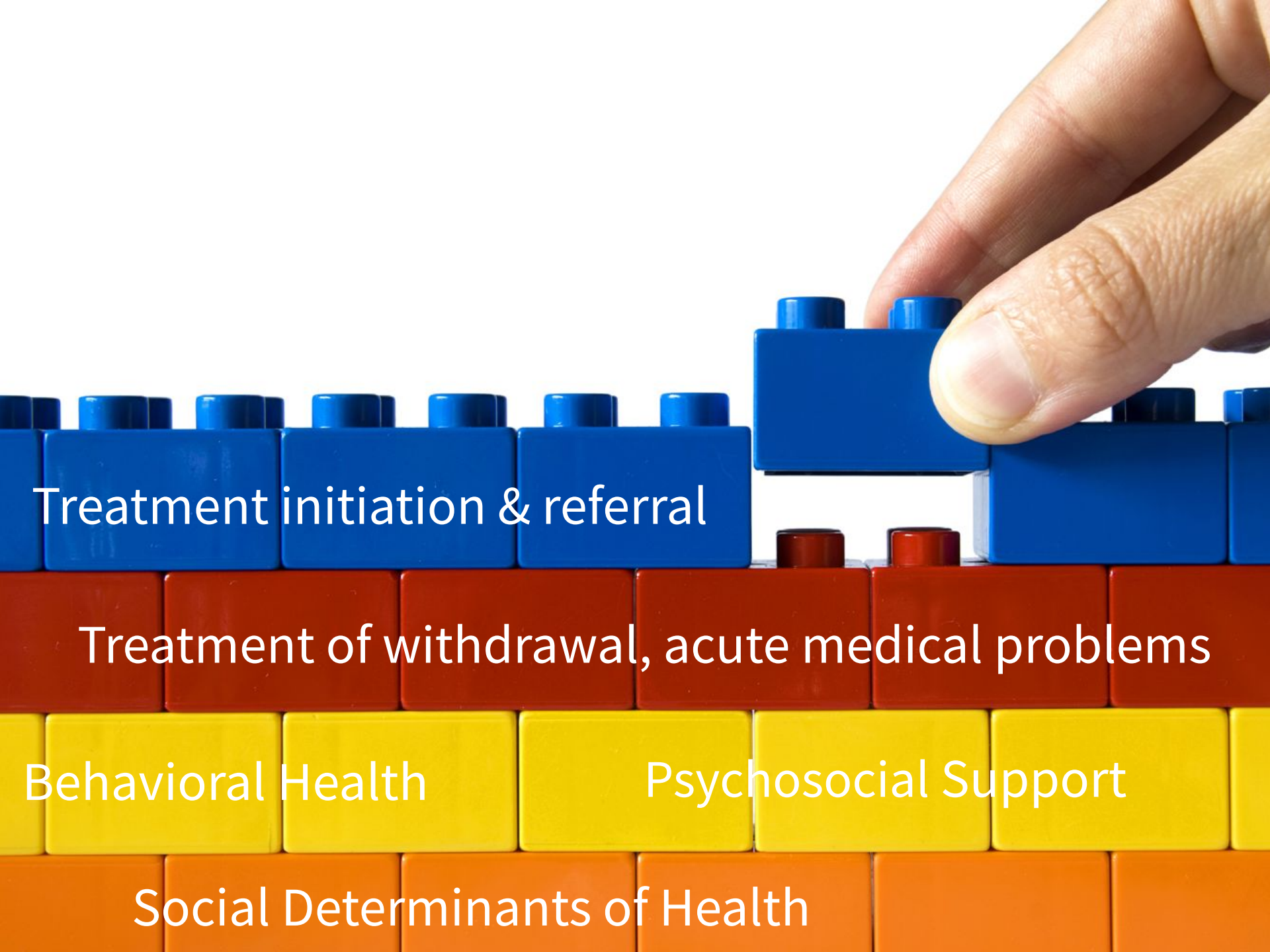
# OPEN

OPPIOID PRESCRIBING ENGAGEMENT NETWORK

# MEDIC

MICHIGAN EMERGENCY DEPARTMENT  
IMPROVEMENT COLLABORATIVE





Treatment initiation & referral

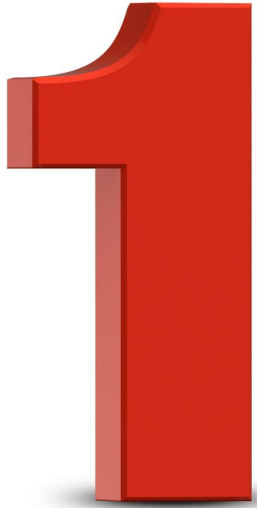
Treatment of withdrawal, acute medical problems

Behavioral Health

Psychosocial Support

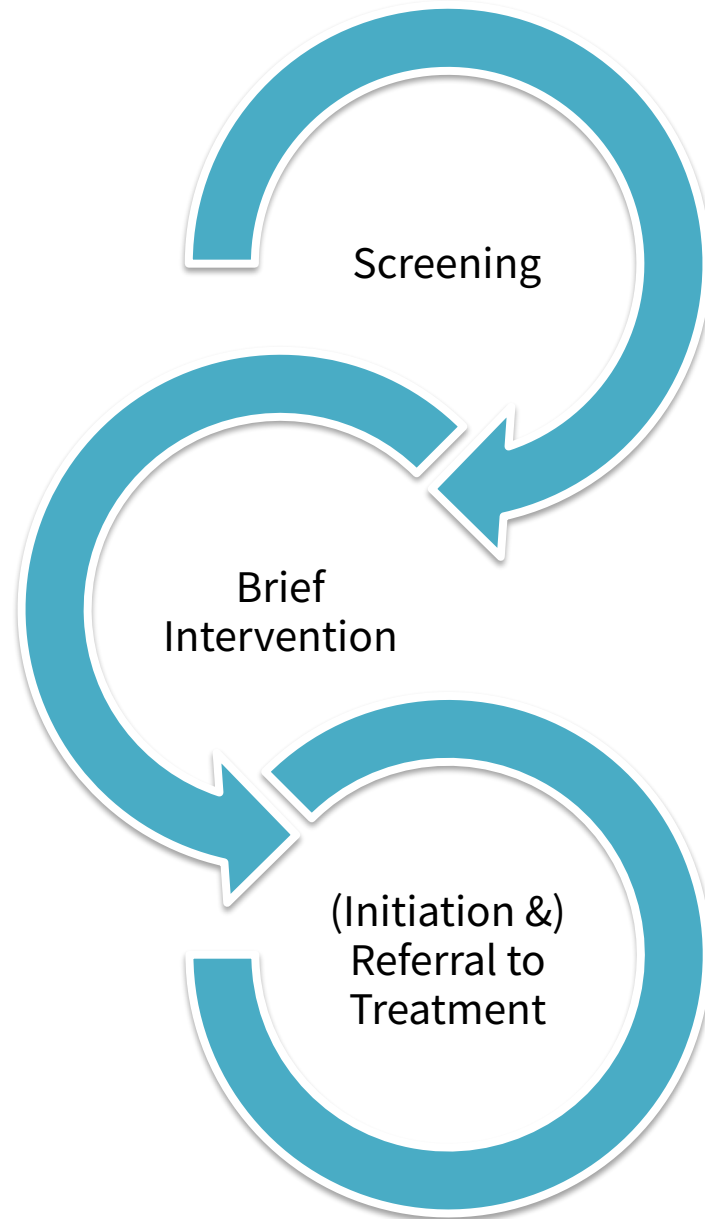
Social Determinants of Health





# **Patient Assessment**





# Adolescent SUD Screening

NAME	TIME	ADMIN. METHOD	FORMAT	SCREENS FOR	# Qs
CRAFFT	5 min	Asked or Self-administered	Print	Alcohol & drug use	9
Brief Screener for Alcohol, Tobacco, and Other Drugs (BSTAD)	5–10 min	Asked and Self-administered	Print or Electronic	Alcohol & drug use tobacco use	3
Screening to Brief Intervention (S2BI)	5 min	Asked or Self-administered	Electronic	Alcohol & drug use tobacco use	3–7
APA Adapted NIDA Modified ASSIST Tools	5–10 min	Self-administered	Print	Alcohol & drug use other mental health concerns	25



# Adolescent OUD Screening

## The CRAFFT Questionnaire (version 2.1)

To be completed by patient

Please answer all questions **honestly**; your answers will be kept **confidential**.

During the **PAST 12 MONTHS**, on how many days did you:

1. Drink more than a few sips of beer, wine, or any drink containing **alcohol**? Put "0" if none.

# of days

2. Use any **marijuana** (cannabis, weed, oil, wax, or hash by smoking, vaping, dabbing, or in edibles) or "**synthetic marijuana**" (like "K2," "Spice")? Put "0" if none.

# of days

3. Use **anything else to get high** (like other illegal drugs, prescription or over-the-counter medications, and things that you sniff, huff, vape, or inject)? Put "0" if none.

# of days

### READ THESE INSTRUCTIONS BEFORE CONTINUING:

- If you put "0" in ALL of the boxes above, ANSWER QUESTION 4, THEN STOP.
- If you put "1" or higher in ANY of the boxes above, ANSWER QUESTIONS 4-9.

- |   | No                       | Yes                      |
|---|--------------------------|--------------------------|
| 4. Have you ever ridden in a <b>CAR</b> driven by someone (including yourself) who was "high" or had been using alcohol or drugs? | <input type="checkbox"/> | <input type="checkbox"/> |
| 5. Do you ever use alcohol or drugs to <b>RELAX</b> , feel better about yourself, or fit in?                                      | <input type="checkbox"/> | <input type="checkbox"/> |
| 6. Do you ever use alcohol or drugs while you are by yourself, or <b>ALONE</b> ?  | <input type="checkbox"/> | <input type="checkbox"/> |
| 7. Do you ever <b>FORGET</b> things you did while using alcohol or drugs?   | <input type="checkbox"/> | <input type="checkbox"/> |
| 8. Do your <b>FAMILY</b> or <b>FRIENDS</b> ever tell you that you should cut down on your drinking or drug use?                   | <input type="checkbox"/> | <input type="checkbox"/> |
| 9. Have you ever gotten into <b>TROUBLE</b> while you were using alcohol or drugs?  | <input type="checkbox"/> | <input type="checkbox"/> |



# PATIENT ENGAGEMENT

## FIVE PRINCIPLES OF MOTIVATIONAL INTERVIEWING



Express empathy  
for the client

Develop discrepancy  
between the client's goals  
and values and their current  
behavior, particularly  
regarding substance use



Avoid argumentation  
and direct  
confrontation

Roll with client  
resistance, instead  
of fighting it



Support the client's  
self-efficacy, or  
their belief that  
they can change



*measures how willing a person is to take an action*



*measures how confident a person is in his / her ability to  
perform or take the action*



*measures how ready the person is to take the action*

# 2

**Meet Patients Where They Are**





# 3

## Harm Reduction

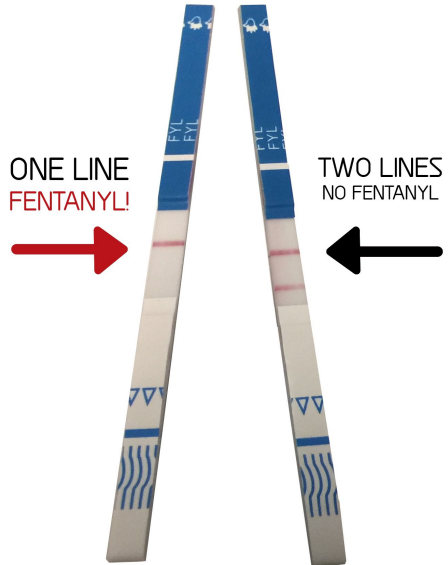




# HARM REDUCTION PRINCIPLES

- Health & Dignity
- Person-centered
- Participant involved
- Recognize Inequalities & Injustices
- Respect Autonomy
- Pragmatism/realism

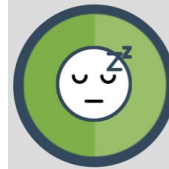




# Naloxone



## How to Respond to an Overdose



### Try to wake the person up

Call their name and rub the middle of their chest with a closed fist.

### Call 911

The Good Samaritan law protects you from arrest for possession of drugs.



### Give naloxone

Follow the directions for nasal or intra-muscular naloxone kits.

### Start rescue breathing

Make sure their mouth is not blocked, pinch their nose, and breathe every 5 seconds.



### Recovery position

If you can't stay to wait for help, put the person on their side supported by a bent knee.

We all have a role to play in ending the overdose crisis. **What's yours?**

Find out at [PreventOverdose.RI.gov](http://PreventOverdose.RI.gov)

Prevent Overdose RI



Check out our companion site

visit site



Resources for community members, health departments, community-based organizations and collaborations

Opioid safety and overdose prevention resources for prescribers and pharmacists



## Welcome to PrescribeToPrevent.org

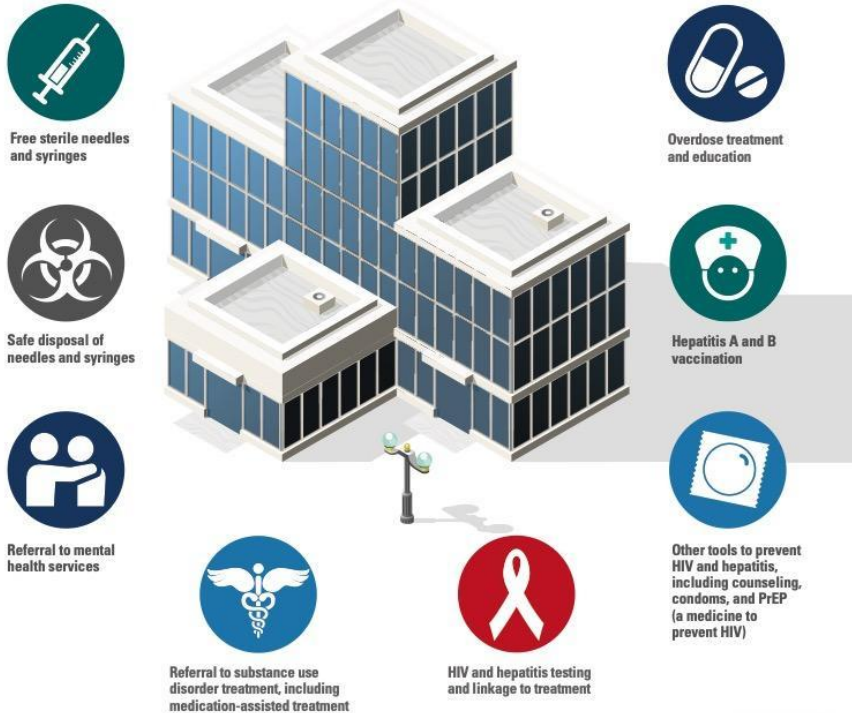
Here you will find information you need to start prescribing and dispensing naloxone (Narcan) rescue kits, including some useful resources containing further information about this life-saving medicine. We are prescribers, pharmacists, public health workers, lawyers, and researchers working on overdose prevention and naloxone access. We compiled these resources to help health care providers educate their patients to reduce overdose risk and provide naloxone rescue kits to patients.





# Syringe Services Programs: Vital Part of Efforts to Combat Opioid, HIV, and Hepatitis Epidemics

**What is an SSP?** A community-based program that provides key pathway to services to prevent drug use, HIV, and viral hepatitis



**SSPs DON'T increase illegal drug use or crime but DO reduce HIV hepatitis risk.**  
Syringe services programs: <http://bit.ly/2dhkAsq> Find an SSP: <http://bit.ly/2dhktgB>

**HIV diagnoses are down among PWID. More access to SSPs could help reduce HIV and hepatitis further.**

PWID - People who inject drugs

SOURCE: Vital Signs, December 2016

[www.cdc.gov/hiv/risk/ssps.html](http://www.cdc.gov/hiv/risk/ssps.html)



# Syringe Services/Exchange Programs

## SSPs Increase Entry Into Substance Use Disorder Treatment:

SSPs **reduce drug use**. People who inject drugs (PWID) are 5 times as likely to enter treatment for substance use disorder and more likely to reduce or stop injecting when they use an SSP.



## SSPs Reduce Needlestick Injuries:

SSPs **reduce needlestick injuries** among first responders by providing proper disposal. One in three officers may be stuck with a needle during their career. Increasing safe disposal also protects the public from needlestick injuries. SSPs do not increase local crime in the areas where they are located.



## SSPs Reduce Overdose Deaths:

SSPs **reduce overdose deaths** by teaching PWID how to prevent and respond to drug overdose. They also learn how to use naloxone, a medication used to reverse overdose.



## 3,600 HIV Diagnoses Among PWID In 2015:

SSPs **reduce new HIV and viral hepatitis infections** by decreasing the sharing of syringes and other injection equipment. About 1 in 3 young PWID (aged 18–30) have hepatitis C.



## Prevention Saves Money:

SSPs **save health care dollars** by preventing infections. The estimated lifetime cost of treating one person living with HIV is more than \$400,000. Testing linked to hepatitis C treatment can save an estimated 320,000 lives.



**SSPs DON'T INCREASE DRUG USE OR CRIME.**



# Fentanyl Test Strips

## How to stay safe with fentanyl



### Have naloxone

Overdose happens fast. Make sure you and your friends carry naloxone.



### Don't use alone

Make sure someone is around. They can give naloxone if you overdose.



### Call 911

If you think it's an overdose, call 911. They have more naloxone.

We all have a role to play in ending the overdose crisis. **What's yours?**

Prevent Overdose RI 



# How to use a fentanyl test strip to help prevent overdose

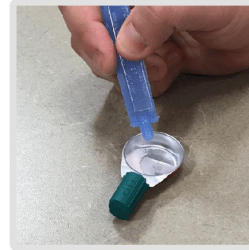


A deadly opioid called **fentanyl** is being added to drugs like **heroin, cocaine, and pills**.

Fentanyl test strips can tell you whether or not you have fentanyl in your drugs. You can follow these steps to use a fentanyl test strip to prevent overdose.

## Step 1 - Add water

Testing residue



Add 10 drops of sterile water to your cooker after you have drawn your shot and stir well.

Testing pills or powder



Add water to an empty bag with residue in it and mix well. If you have pills, break a piece off and stir it into water.

## Step 2 - Test



Hold the blue end of your test strip and dip it into the water for 15 seconds. Be sure you only dip up to the wavy lines.

## Step 3 - Wait




Wait two minutes until you can see lines show up in the middle.

## Step 4 - Results



1 line - Positive for fentanyl 



2 lines - Use caution 

Read your test results. One line means that your drugs have fentanyl in them. **No drugs are 100% safe.**

## What can I do after I get my test result?

1. I can have naloxone with me
2. I can have someone with me who can call 911 and give me naloxone if I overdose
3. I can go slow and use less







# Treatment Initiation & Linkage



# Evidence-Based Treatments

## Behavioral Treatment

Group therapy  
Adolescent Community Reinforcement  
Approach (A-CRA)  
Cognitive-Behavioral Therapy (CBT)  
Contingency Management (CM)  
Motivational Enhancement Therapy  
(MET)

## Family-Based Treatment

Brief Strategic Family Therapy (BSFT)  
Family Behavior Therapy (FBT)  
Functional Family Therapy (FFT)  
Multidimensional Family Therapy (MDFT)  
Multisystemic Therapy (MST)

## Recovery Support Services

Peer Supports  
Recovery High School

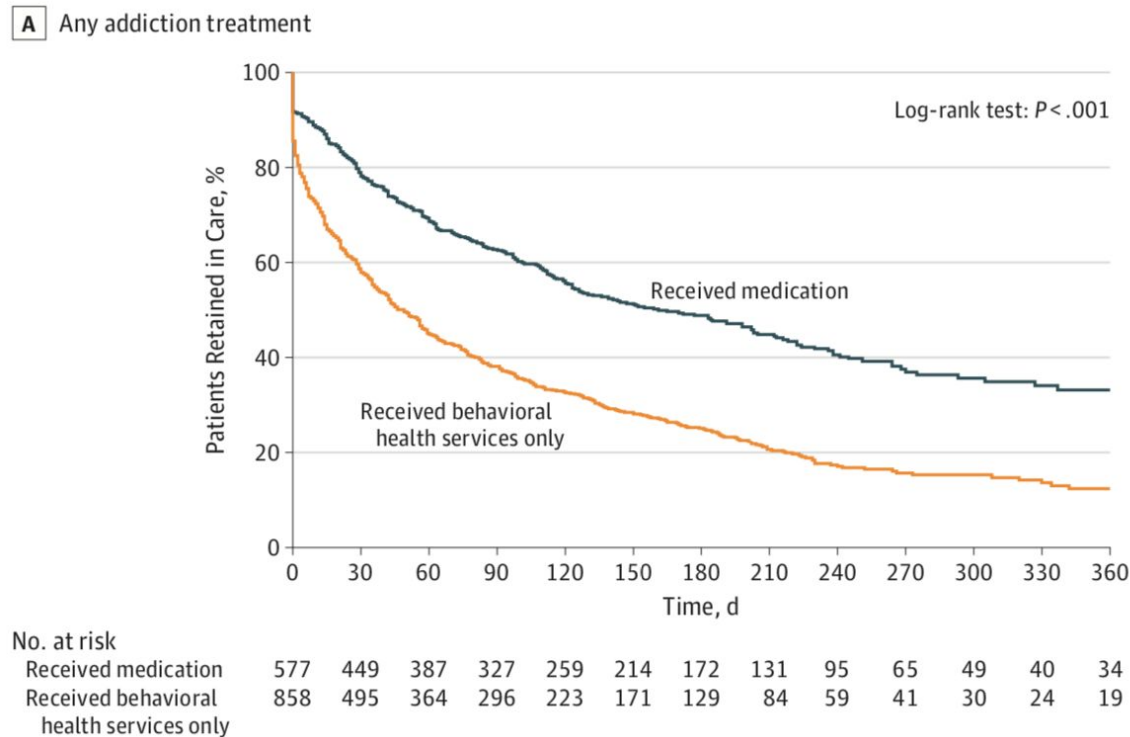
## Medication for SUD

Methadone  
Buprenorphine  
Naltrexone

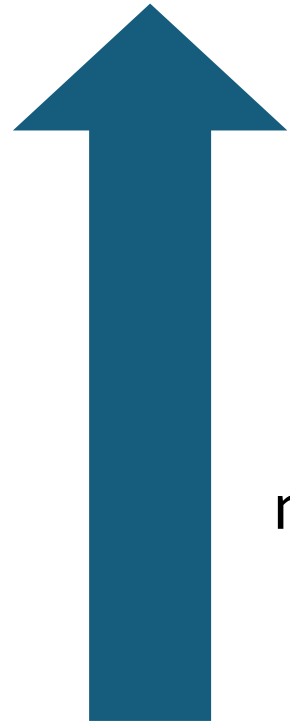
# Receipt of Timely Addiction Treatment and Association of Early Medication Treatment With Retention in Care Among Youths With Opioid Use Disorder

Scott E. Hadland, MD, MPH, MS; Sarah M. Bagley, MD, MSc; Jonathan Rodean, MPP; Michael Silverstein, MD, MPH; Sharon Levy, MD, MPH; Marc R. Larochelle, MD, MPH; Jeffrey H. Samet, MD, MA, MPH; Bonnie T. Zima, MD, MPH

**Figure. Retention in Care According to Timely Receipt of Opioid Use Disorder Medication Within 3 Months of Diagnosis Among Youths**



# Medication for Opioid Use Disorder (OUD)



Survival

Treatment Retention

Ability to gain &  
maintain employment

Birth outcomes



Overdose

Mortality

HIV & HCV

Infections

Crime



**for opioid use disorder**

# Medication ~~Assisted Treatment~~ of Adolescents With Opioid Use Disorders

COMMITTEE ON SUBSTANCE USE AND PREVENTION

1. Increase resources for medication for OUD (MOUD).
2. Pediatricians should offer MOUD to adolescent and young adult patients with severe OUD and/or refer to other providers.
3. Further research focus on developmentally appropriate OUD treatment in adolescents and young adults, including primary and secondary prevention, behavioral interventions, and medication treatment.



American Academy  
of Pediatrics



DEDICATED TO THE HEALTH OF ALL CHILDREN™



In 2016,

**20.1**  
**MILLION**  
**AMERICANS**

over age 12 had a substance use disorder (related to alcohol or illicit drug use),



A survey of people diagnosed with substance or alcohol use disorder found that more were willing to enter treatment in primary care settings than in specialty drug treatment centers.

**37.3%**

Primary care settings

**24.6%**

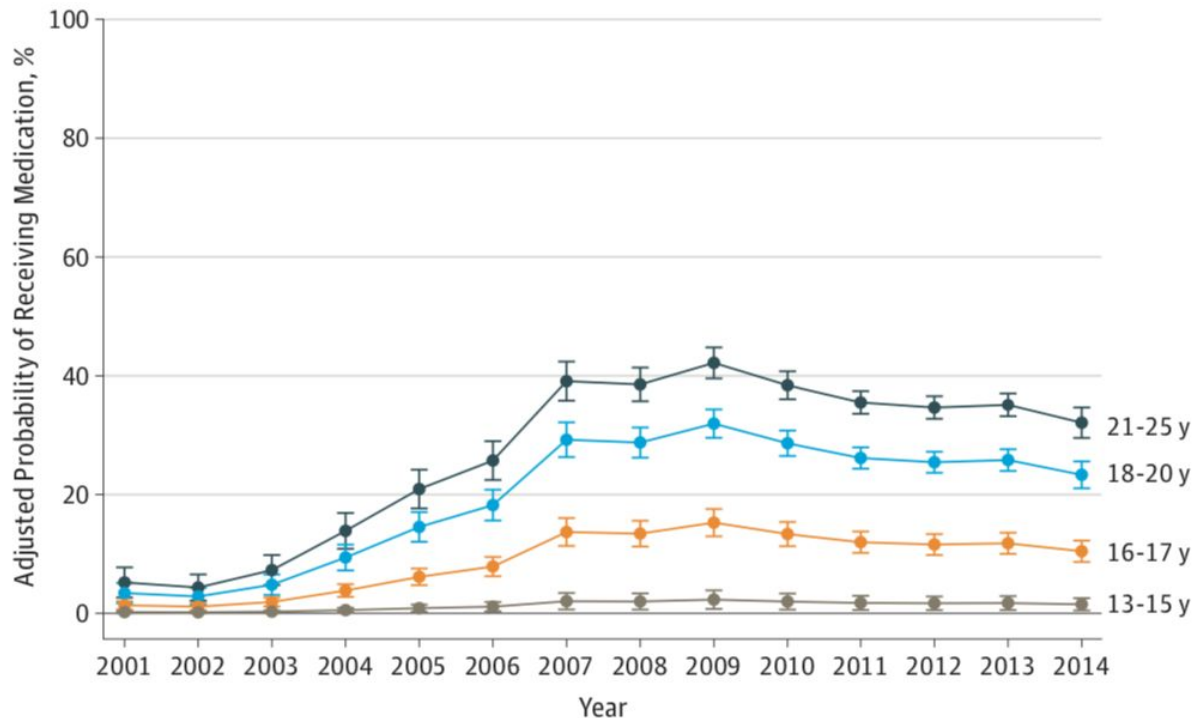
Specialty drug treatment centers



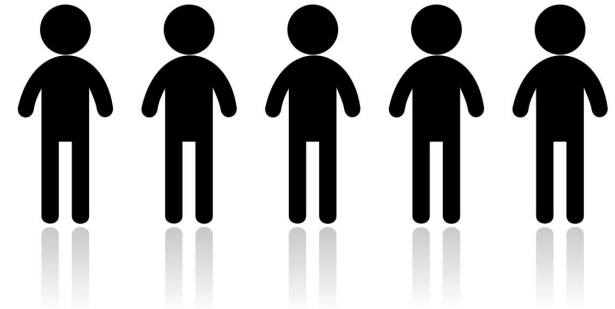
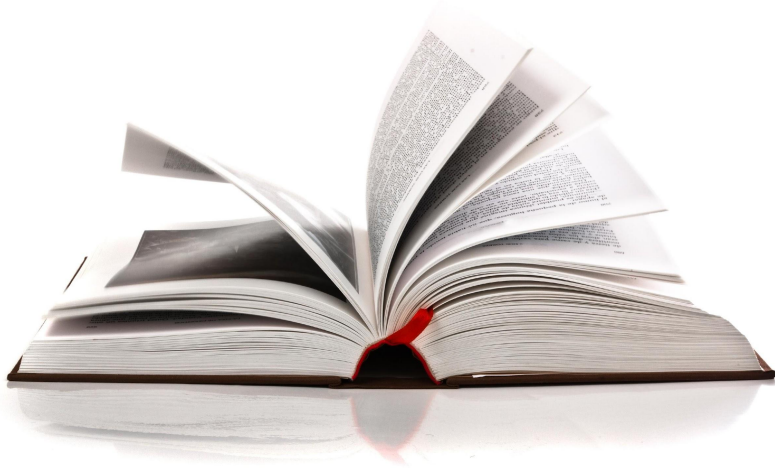
# Trends in Receipt of Buprenorphine and Naltrexone for Opioid Use Disorder Among Adolescents and Young Adults, 2001-2014

Scott E. Hadland, MD, MPH, MS; J. Frank Wharam, MB, BCh, BAO, MPH; Mark A. Schuster, MD, PhD; Fang Zhang, PhD; Jeffrey H. Samet, MD, MA, MPH; Marc R. Larochelle, MD, MPH

Figure 3. Proportion of Youth With a Claim Containing an Opioid Use Disorder Diagnosis Who Were Dispensed Any Buprenorphine or Naltrexone According to Age at First Diagnosis



# Barriers



January							February						
S	M	T	W	T	F	S	S	M	T	W	T	F	S
1	2	3	4	5	6	7			1	2	3	4	
8	9	10	11	12	13	14	5	6	7	8	9	10	11
15	16	17	18	19	20	21	12	13	14	15	16	17	18
22	23	24	25	26	27	28	19	20	21	22	23	24	25
29	30	31					26	27	28				

to **JANUARY 1**

THURSDAY, DEC. 29	363/2	FRIDAY, DEC. 30	364/1	SATURDAY, DEC. 31	365/0
7		7		7	
:15		:15		:15	
:30		:30		:30	
:45		:45		:45	
8		8		8	
:15		:15		:15	
:30		:30		:30	
:45		:45		:45	
9		9		9	
:15		:15		:15	
:30		:30		:30	
:45		:45		:45	
10		10		10	
:15		:15		:15	
:30		:30		:30	
:45		:45		:45	
11		11		11	





# Barriers

## Structural Barriers

- Incarceration
- Homelessness
- Fear of interactions with government services or police

## Health Care System Barriers

- Treatment program structure
  - Waiting times
  - Confidentiality
  - Lack of insurance

## Patient Barriers

- Lack of perceived need, interest, trust, or education
  - Stigma

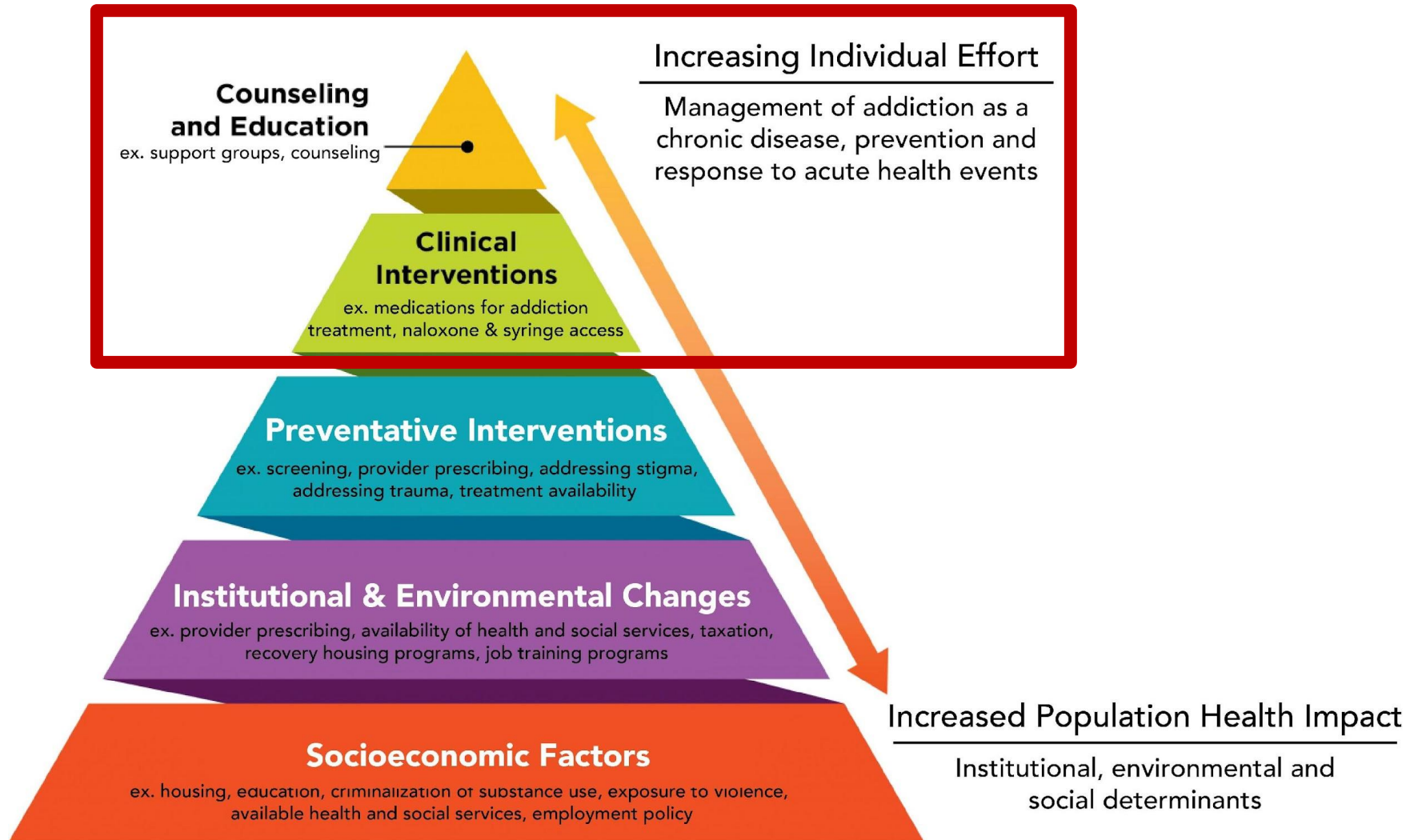
## Clinical Encounter

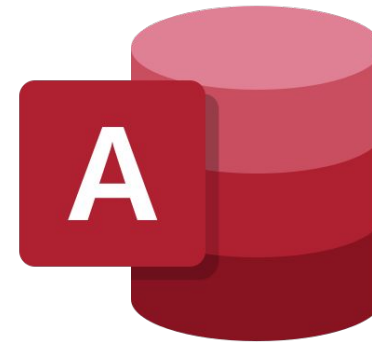
## Provider Barriers

- Difficulty prescribing MAT
- Insufficient training or experience

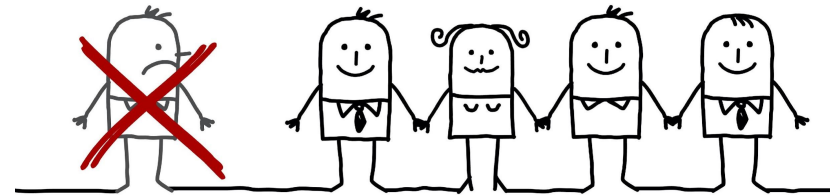
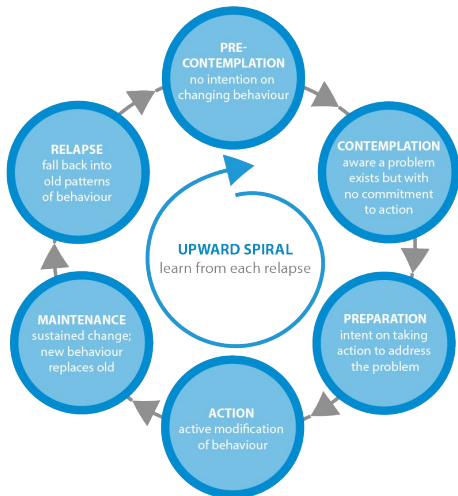


# Health Impact Pyramid





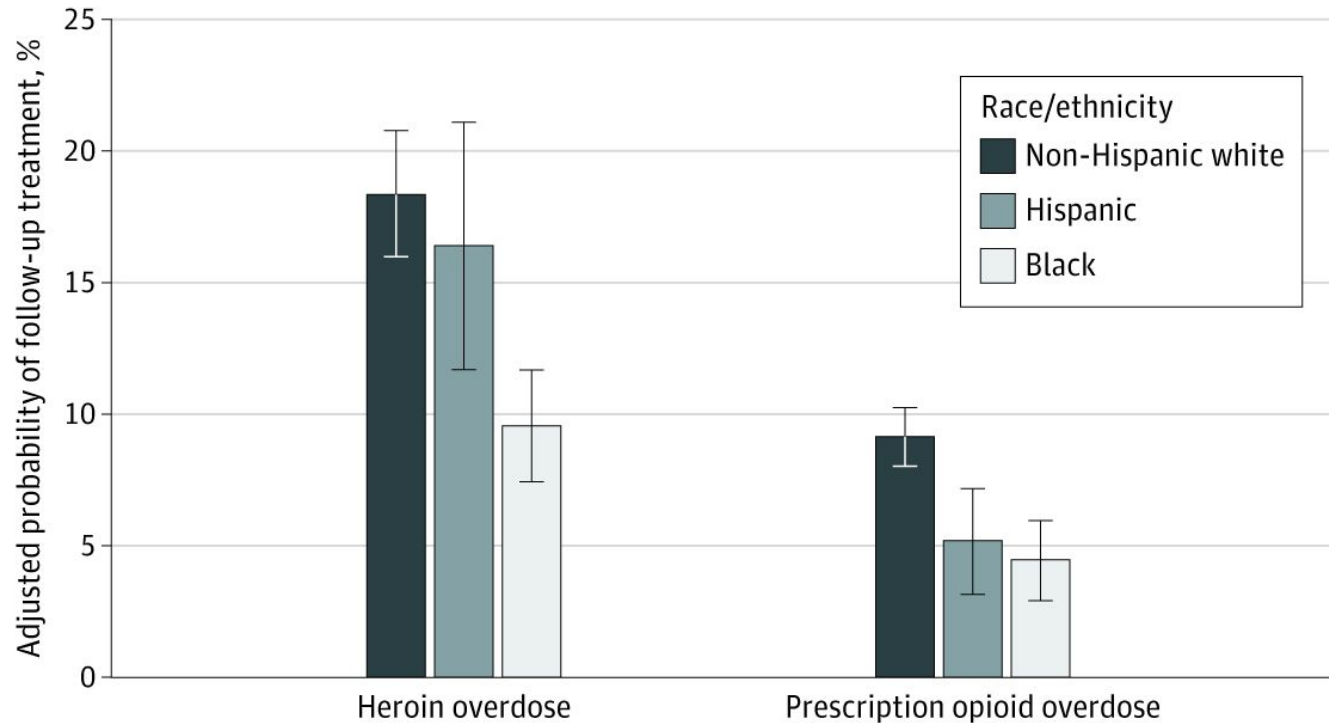
### STAGES OF CHANGE



# Incidence of Treatment for Opioid Use Disorder Following Nonfatal Overdose in Commercially Insured Patients

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## Average Adjusted Probability of Follow-up Treatment After Opioid Overdose, by Overdose Type and Race/Ethnicity





**How we approach  
substance use is a  
racial equity  
issue**

# Emergency Department Substance Use Disorder (SUD) Treatment

NALOXONE

[Browse](#) [Preference List](#) [Facility List](#)

Order Sets & Panels  (Alt+1)

Name	User Version Name	Type
NALOXONE INFUSIONS FOR PRURITUS OR OVERDOSE		Order Panel
Naloxone Kit and Education		Order Set



Recovery Coach  
Social Work  
SMART

January		February		to JANUARY 1	
7	THURSDAY, DEC. 29 363/2	7	FRIDAY, DEC. 30 364/1	7	SATURDAY, DEC. 31 365/0
7		7		7	
15		15		15	
30		30		30	
45		45		45	
8		8		8	
15		15		15	
30		30		30	
45		45		45	
9		9		9	
15		15		15	
30		30		30	
45		45		45	
10		10		10	
15		15		15	
30		30		30	
45		45		45	
11		11		11	

Lifespan Recovery Center,  
RIH CPC Recovery Clinic,  
CODAC, VICTA



# Emergency Department SUD Treatment

## Orders

Naloxone Kit and Education ⤴

### General

#### Nursing Interventions

- Play Overdose Rescue Education Video  
STAT, Until discontinued, Starting Today at 1239, Until Specified

#### Consult - Anchor Recovery Coach

Call 401-415-8833

- Anchor Recovery Coach (401-415-8833)  
Reason for consult? Overdose  
Did you contact the consulting MD? No

#### Social Work Consult

- Social Work Consult  
Reason for Social Work Consult: Opiate Overdose  
Was patient notified that consult was requested? No  
Has consulting service been contacted? No

#### Ambulatory Referral to Substance Abuse Recovery

- Ambulatory Referral to Substance Use Recovery  
Internal Referral, Routine, YYYYRH RECOVERY CTR, Substance Use Recovery, Specialty Services Required  
Reason for Referral: Overdose

### Labs

#### Urine

- Drugs of Abuse Screen, Urine, Random  
STAT, Today at 1239, For 1 occurrence

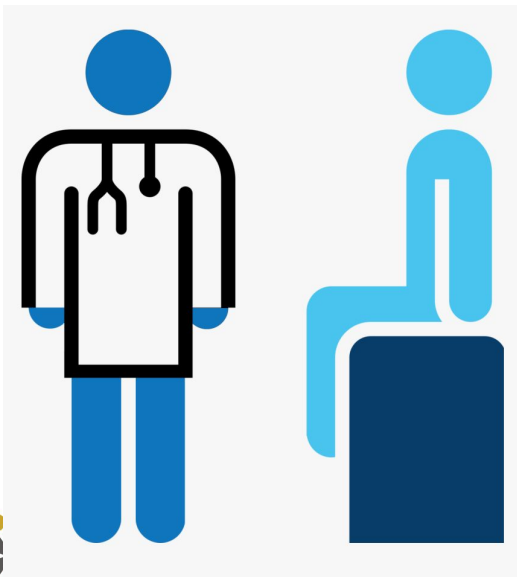
### Medications

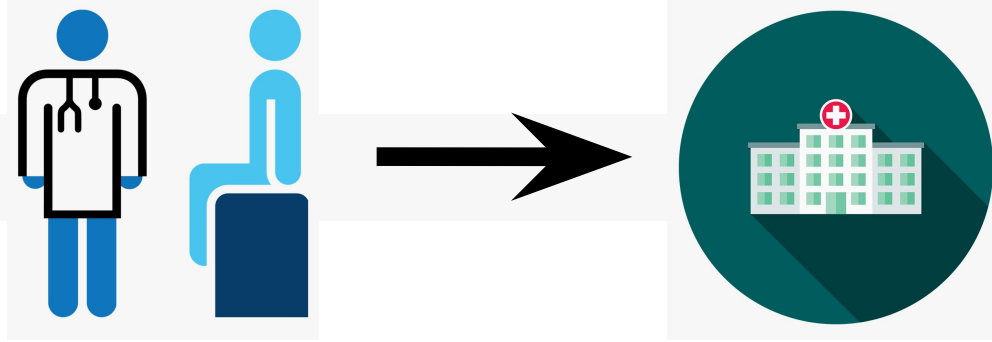
#### Medication - General

- naloxone (NARCAN) 4 mg/actuation spray 4 mg (\$\$\$)  
! 4 mg, One nare, Once as needed, opioid reversal, Starting Today at 1238, 1 dose, Until tomorrow at 1238



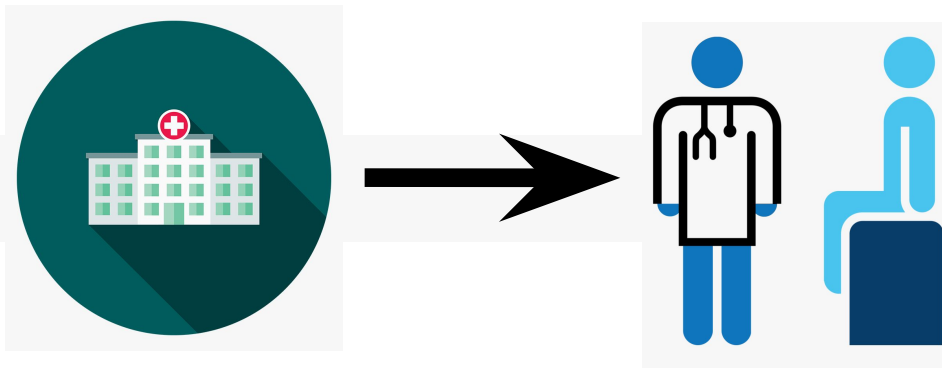






- Please call ahead
- Ask and be available for a follow up call





- If discharge plan seems insufficient, help with post-ED follow up plan (even if just an office visit)
- Follow up with patient





- Alcohol or benzodiazepine withdrawal
- Ongoing opioid withdrawal symptoms
- Signs of systemic infection
- Psychiatric emergency
- Concern for trafficking, abuse, neglect, lack of a safety plan
- Treatment initiation (depends on scenario)
- Nausea & vomiting
- Other acute medical need



# Take Home Points

- Rising opioid overdoses in young adults
- Insufficient initiation of and access to treatment
- Optimal ED care:
  - Patient centered
  - Motivational interviewing
  - Harm reduction
  - Behavioral counseling
  - Treatment initiation and/or linkage
- Concurrent mental health treatment is essential
- Safe disposition planning



# RESOURCES

- American Academy of Pediatrics Opioid Epidemic Resources:  
<https://www.aap.org/en-us/advocacy-and-policy/aap-health-initiatives/Substance-Use-and-Prevention/Pages/opioid-epidemic-resources.aspx>
- Brief Screener for Alcohol and Other Drugs:  
<https://www.drugabuse.gov/ast/bstad/#/>
- NIDA Adolescent Substance Use Screening Tools:  
<https://www.drugabuse.gov/adolescent-substance-use-screening-tools>
- Prescribetoprevent.org – information about prescribing and distributing naloxone
- Providers Clinical Support System – <https://pcssnow.org> – Information about medication for opioid use disorder, free online waiver training, adolescent-specific webinars







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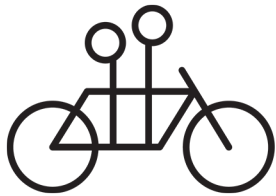
# Questions?

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 @LizSamuels



# Prize Winner!!!!



TANDEM COFFEE ROASTERS

*tandemcoffee.com*

To be eligible you must complete the asynchronous session evaluation for the block and be present for the live webinar.

# Next Steps

1. Reminder you will receive a survey for your CME/MOC and Certificate of Attendance following this webinar via email.
2. We are also asking that you complete a survey for the ORN to give them feedback.
3. Go to [treatme.info](http://treatme.info)
4. Click on Block 3 Now Live in the top right-hand corner to access the asynchronous materials and videos.

[admin@treatme.info](mailto:admin@treatme.info)

**treatME**

MMA Center for Quality Improvement / Maine Chapter, AAP

# Save the Date!

## Half-Day In-Person Session

June 22<sup>nd</sup>, 2023

8:00am-1pm

### Topics

Adolescent SUD and the ER  
Part 2

Getting Started with the  
Patient

Acute Toxidromes

### Speakers

Jesse Hinckley, MD, PhD

Elizabeth Samuels, MD, MPH, MHS

Jason Reynolds, MD, PhD

Amy Mayhew, MD, MPH

Dylan McKenney, MD

# Next Live Webinar

## Date

February 16<sup>th</sup>, 2023  
12pm-1pm



## Topic

Substance Use Presenting As or  
Exacerbating Physical or Mental Illness

## Speaker

Omar Shah, BCH





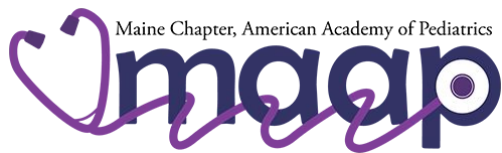
**Thank you!**

**Please fill out our  
brief survey**

**<https://tinyurl.com/Jan-Samuels>**



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A better tomorrow starts **today.**

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