Improving Engagement with Youth in Treatment

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Opioid Response Network

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, harm reduction, treatment and recovery of opioid use disorders and stimulant use disorders.

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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
  - Email orn@aaap.org
  - Call 401-270-5900

Disclosures

- I have no disclosures

Learning Objectives

1. Identify two strategies to improve engagement of youth in care for substance use.

2. Describe the effect of stigmatizing language on adolescents who use substances and offer alternative, inclusive language choices

3. Describe two ways to provide trauma-informed care to adolescents impacted by substance use

Identify two strategies to improve engagement of youth in care for substance use.

Behaviors Make Sense

- Initiate conversations with curiosity
- Understanding motivations can help guide next steps
- Substance use can relieve distressing symptoms- our job is to help make *not* using substances more appealing

Use ≠ Substance Use Disorder

- More teens report using substances than have a SUD
- Center clinical conversations with teens around treatment AND safety
- Emphasize any exposure to alcohol or drugs carries potential for harm, but also share knowledge on how best to minimize harm

Harm Reduction

- Naloxone!
- HIV prevention and PrEP
- Clean syringes and supplies for injecting drugs, fentanyl test strips
- Abstinence may not be the goal for many AYA
- Safer sex supplies
- Protective behavioral strategies (plan to get home safe from places where substances used i.e. having a designated driver)
- Naloxone!

Underlying all these strategies is the provision of compassionate care that validates adolescents' experiences and motivations, is non-judgmental, assures them that they have value, and gives gratitude to them for trusting the HCP.

Winer, Yule, Hadland, & Bagley (2022). *Annals of Medicine.*

Hard to Reach

I am not hard to reach, people just generally don’t know how to reach me

Telehealth

- Offers opportunities to increase access, reduce barriers to care, and improve engagement
- Has the potential to exacerbate inequities
- Changed practice during COVID-19 – questions remain about the optimal balance of in-person and telehealth care

Bagley SM, Yule AM, and Hadland SE, JSAT, 2021

Digital apps

- Similar to telehealth- potential to improve engagement, reduce stigma, and increase access
- Multiple options: web-based, games, and virtual reality
- Recent review found most focused on alcohol and fewer on nicotine, cannabis or opioids
- One example site is playbl.com

Monarque M et al. *Subst Abuse Treat Prev Policy*, 2023

Aligning goals

- Hold assumptions about what might be most important
- Keep questions open-ended
- Explore if goals to be motivations for behavior change

Offer a menu of options

- Developmentally, youth are seeking opportunities to be autonomous
- Identify ways that they can be involved in decision-making (i.e. in-person or telehealth visits, frequency of visits)
- Offer mini-experiments to see what it's like to cut back on use or make decisions about timing (i.e. not going to vape prior to school or will use NRT during school)

Family Involvement

- Families are critical allies and improve outcomes for youth with SUD
- With permission, inviting them to be part of visits is recommended
- Consider identifying resources prior to initiation of use to help them anticipate how to respond to risk taking in the teen years (Partnership to End Addiction is a great resource!)

Deciding how to make decisions about treatment options

- The best treatment is the one the adolescent is willing to engage in
- Limited evidence about individual versus group settings
- May depend on other co-occurring disorders such as anxiety and treatment availability

Describe the effect of stigmatizing language on adolescents who use substances and offer alternative, inclusive language choices

Impact of stigma

- Stigma toward substance use and substance use disorder treatment is common
- Rooted in belief that substance use is a moral failing
- We know that is inaccurate and beliefs about substance use and substance use disorder are the result of political and social policies

Impact of stigma

- Stigma isolates individuals and creates shame
- RCTs have found that the language we use directly affects decisions about care and outcomes
- There are simple ways that we can address stigma in our every day lives

Kennedy-Hendricks A et al, *JAMA Open Network*, 2022
Kelly JF and Westerhoff CM. *Int J Drug Policy*, 2010

Alternative language

Terminology regarding persons		
Person with a substance use disorder Person who uses [insert specific substance: opioid, cocaine, alcohol, etc] Person who injects drugs (PWID)	Substance/drug abuser, addict, junkie, druggie, stoner, alcoholic, drunk (and other colloquial substance-specific terms) Drug user, heroin user, drinker, crackhead, pothead, drug-seeking (and other colloquial substance-specific terms) Injection drug user	Uses person-first language, as individuals are not defined solely by their substance use. If unsure of whether the individual has a diagnosed disorder, then the description of "a person who uses [insert specific substance]" is most appropriate.
Treatment was not effective Patient in need of more support/ higher level of treatment	Patient who failed treatment Noncompliant, nonadherent	Referring to the treatment not meeting the needs of the patient or the patient needing a higher level of treatment, rather than the patient failing.
Person with multiple recurrences Person with multiple treatment admissions	Frequent flyer Recidivist	Less stigmatizing way to denote someone with recurrence of substance use disorder, rather than referencing it as a criminal offense or a relapse, which is associated with the connotation of more blame.
Infant/baby with neonatal withdrawal syndrome Infant/baby born substance-exposed Infant/baby with physiologic dependence/withdrawal	Addicted baby Born addicted Drug endangered Neonatal abstinence syndrome baby or NAS baby Crack baby	Substance use disorders, characterized by repeated use despite harmful consequences, cannot be diagnosed in an infant; an infant can develop physiologic dependence to a substance such as opioids, for which the medical term is neonatal opioid withdrawal syndrome or neonatal withdrawal.
Concerned loved one	Enabler	Less stigmatizing way to describe a loved one who supports someone with a substance use disorder and at times may protect them from the negative consequences of their substance use

Alinsky R et al. Pediatrics, 2022

Alternative language

TABLE 1 Recommended Terminology Regarding Substance Use

Say This:	Not This:	Here's Why:
Terminology regarding substance use		
Substance use disorder; [insert specific substance: opioid, cocaine, alcohol, etc] use disorder Addiction	Drug abuse/dependence Substance abuse/dependence	The diagnostic terms "substance abuse" and "substance dependence" described in the DSM-IV have been combined in the DSM-5 into "substance use disorder." "Abuse" and "dependence" should only be used in specific reference to DSM-IV or earlier criteria or when using ICD-10 nomenclature, which still use the term "dependence;" "addiction" may also be used in conjunction with a severe substance use disorder.
Substance use Hazardous substance use Unhealthy substance use Problematic substance use	Substance abuse Drug habit Vice	Substance use exists on a continuum, not all of which constitutes a diagnosable substance use disorder; therefore, these terms describe substance use that risks health consequences or is in excess of current safe use guidelines, without necessarily referencing or meeting criteria for a substance use disorder; it is more precise in describing health hazard than simply "misuse." Of note, any substance use in adolescents is considered unhealthy.
Nonmedical prescription opioid use Nonmedical prescription drug use Nonmedical prescription medication use	Prescription opioid abuse Prescription drug abuse	Refers to using opioids or other prescription drugs in a way other than as prescribed or by a person to whom they were not prescribed.
Intoxicated or in withdrawal	Strung out, tweaking, high, drunk (and other colloquial substance-specific terms)	Uses medically accurate language to describe the state of intoxication or withdrawal from a substance.
Using Drinking	Getting high Getting drunk	Less stigmatizing way to describe the act of using a substance to reach intoxication.

Alinsky R et al. Pediatrics, 2022

Stigma related to treatment

> J Adolesc Health. 2023 Jan;72(1):105-110. doi: 10.1016/j.jadohealth.2022.08.026. Epub 2022 Oct 8.

Ambivalence and Stigma Beliefs About Medication Treatment Among Young Adults With Opioid Use Disorder: A Qualitative Exploration of Young Adults' Perspectives

Sarah M Bagley [1], Samantha F Schoenberger [2], Vanessa dellaBitta [3], Karsten Lunze [3], Kendyl Barron [4], Scott E Hadland [5], Tae Woo Park [6]

Affiliations + expand

PMID: 36216678 DOI: 10.1016/j.jadohealth.2022.08.026

Editorial > J Addict Med. 2017 Nov/Dec;11(6):415-416. doi: 10.1097/ADM.0000000000000348.

Addressing Stigma in Medication Treatment of Adolescents With Opioid Use Disorder

Sarah M Bagley [1], Scott E Hadland, Brittany L Carney, Richard Saitz

Affiliations + expand

PMID: 28767537 DOI: 10.1097/ADM.0000000000000348

Case Report | Open Access | Published: 07 May 2018

Stigma associated with medication treatment for young adults with opioid use disorder: a case series

Scott E. Hadland, Tae Woo Park & Sarah M. Bagley

Addiction Science & Clinical Practice **13**, Article number: 15 (2018) | Cite this article

6269 Accesses | **52** Citations | **293** Altmetric | Metrics

Youth specific considerations

- “Recovery” language may not resonate
- Figure out the youth’s goals and align language
- Chronic disease model may be limited

Youth specific considerations

“They don't want their life to continue to be defined by their substance use, including if that means being defined by not using substances…Because having your identity be centered around being in recovery is also not, like your life is still being centered around substance using and that works for some people, that's great. But, I don't think that's what most people want… I think the conversation isn't just about …people won't die … It's like people will be present for their lives again.”

Eitan (non-binary, 23)

Describe two ways to provide trauma-informed care to adolescents impacted by substance use

Principles of Trauma-Informed Care

- Safety
- Trustworthiness and transparency
- Peer Support
- Collaboration and mutuality
- Empowerment, voice, and choice
- Cultural, historical, and gender issues

Taking the history

- Sharing parts of the SU history can be traumatic
- Acknowledge and give thanks to youth for showing up
- Focus on the key parts of the history that are related to safety: kinds of substance use, situations where they are using, overdose risk, potential for withdrawal syndromes, and driving risk

Language and transparency

- Compassionate, non-judgmental language
- Clear about confidentiality and limits
- Choice when possible

Confidentiality

- Confidentiality is a core principle of adolescent healthcare and endorsed by the AAP (American Academy of Pediatrics)
- Assuring confidentiality is critical and without it, adolescents may forgo care
- Recommended to be explicit with adolescents about potential limits of confidentiality
- Minors in Maine **are** able to consent for treatment

ORN Evaluation Survey Link

Please scan the below QR code or use the link below to access a very brief survey.

Link to Survey: http://tinyurl.com/yc57b4th

The survey will ask about your satisfaction with the training program you just completed as well as some basic demographic information. Your responses will help the Opioid Response Network improve the services they provide.

Thank you in advance for completing this survey!