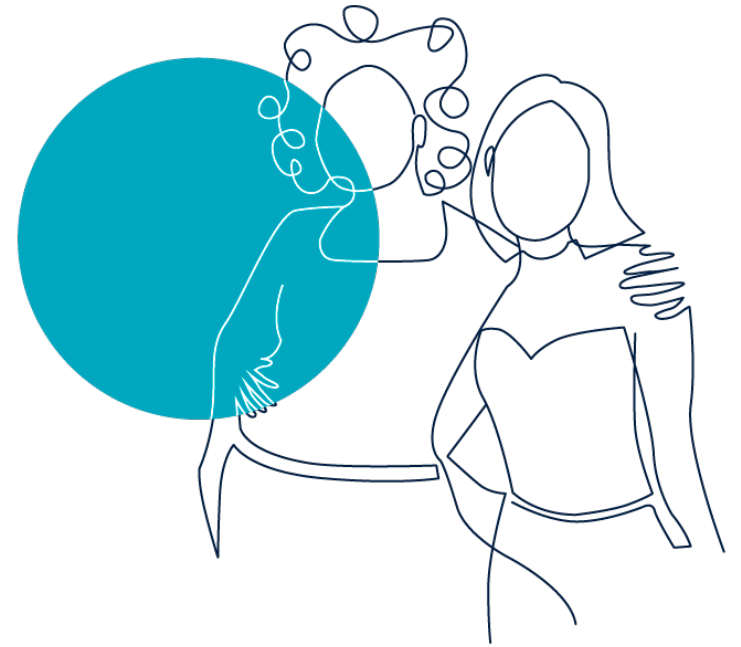


# A Province-Wide Clinical Care Pathway for Youth Who Use Substance

Presentation for CCMH on June 14, 2024

***Shirley Sze, MD, CCFP, FCFP and Veronica Clair, MD, MSc, PhD, CCFP, FRCPC on behalf of the Child and Youth Substance Use Clinical Care Pathway Working Group***



THE UNIVERSITY OF BRITISH COLUMBIA

**Continuing Professional Development**

Faculty of Medicine

*Particular assistance from: Dr. Bruce Hobson, Dr. James Wang, Allison Macbeth*

## LAND ACKNOWLEDGMENT

UBC is located on the traditional, ancestral and unceded territory of the Skwxwú7mesh (Squamish), xʷməθkwəy̓əm (Musqueam), Səlílwətaʔ/Selilwitulh (Tsleil-Waututh). People have traveled here from across the country to this conference which is taking place on land connected to the Anishinabe Algonquin Nation.



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## DISCLOSURES

Shared Care funded this project through the Child and Youth Mental Health and Substance Use Community of Practice.



The Practice Support Program funded small group learning sessions and online module development on CYSU.



The speakers have no other disclosures.

# LEARNING OBJECTIVES

1. Identify the important steps when approaching youth substance use in the primary care setting.
2. Recognize how youth development and psychosocial complexity may shape clinical decision-making.
3. Evaluate the process of developing a clinical care pathway for complex interdisciplinary issues.



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Mom says overdose death of 12-year-old daughter shows how lethal drug supply is

The overdose death of a 12-year-old Greater Victoria student is an example for children and parents of how lethal illicit street drugs are and the reach of the overdose crisis, says the girl's mother.

Cindy E. Hamett  
May 6, 2021 6:00 AM



Parenting / News / Local News / Local Health / Life / H

B.C. promising change preventable overdose University of Victoria s

More nasal naloxone, CPR training in h on post-secondary campuses are being p timelines and details not yet clear

Lori Culbert

Published May 20, 2024 • Last updated 23 hours ago • 4 min

66 Comments



Skye's Story

About Skye

British Columbia

Calls for more education, less stigma as report shows toxic drugs the leading cause of death in B.C. youth

Youth age 10-18 now more likely to die from an overdose than in a vehicle accident: B.C. Coroners Service



Tessa Vikander · CBC News · Posted: Aug 31, 2023 6:35 PM PDT | Last Updated: August 31, 2023



16-year-old Elliot Eurchuk died of an overdose in 2018. Illicit toxic drug overdoses are n death among youth ages 10 to 18 in B.C. (The Canadian Press/Rachel Staples)

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The Current

This father felt 'helpless' as his daughter succumbed to opioids. She died aged 14

Toxic drugs were leading cause of death among B.C. youth from 2017 to 2022



Padraig Moran · CBC Radio · Posted: Oct 24, 2023 1:00 AM PDT | Last Updated: October 26, 2023



Greg Sword and his daughter Kamilah, left, who was just 14 when she died after a drug overdose last year. Sword is critical of support available for teens with substance abuse issues. (Submitted by Greg Sword)



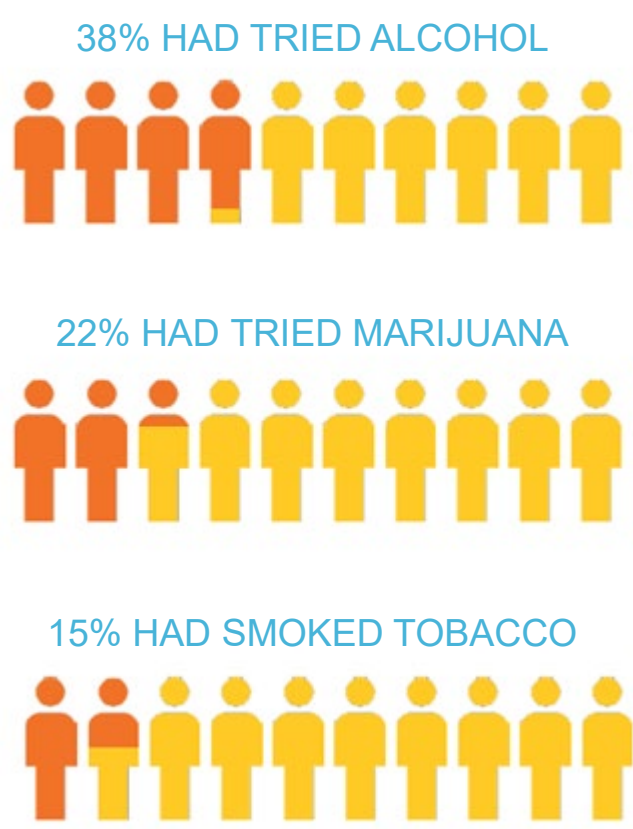
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Reasons youth used substances the last time <i>(among those who had used alcohol or other substances)</i>	
Wanted to have fun	61%
Wanted to experiment	32%
Friends were doing it	30%
Because of stress	22%
Felt down or sad	20%
There was nothing else to do	11%
To manage physical pain	6%
Because of an addiction	5%
Thought it would help them focus	5%
Felt pressured into doing it/to fit in	3%
To change the effect of another substance	2%
Didn't mean to (e.g., drink was spiked)	2%

Note: Youth could mark all that applied.



Cross-sectional substance use among Grade 7-12 students in BC



Mushrooms	6%
More of their own prescription than prescribed	6%
Prescription pills without a doctor's consent (other than benzodiazepines)	4%
Hallucinogens (other than mushrooms)	2%
Inhalants	2%
Benzodiazepines without a doctor's consent (e.g., Xanax, Valium, Ativan)	2%
Cocaine	2%
Ecstasy/MDMA	2%
Heroin, fentanyl, or other opioids	1%
Amphetamines	1%
Crystal meth	1%
Ketamine, GHB	1%

## TOOL DEVELOPMENT

Open it now!

<https://pathwaysbc.ca/ci/7710>

Note: Read Only Copy – links only work with www.PathwaysBC.ca account.





# ACKNOWLEDGEMENTS

This project was funded by Shared Care and developed in collaboration between the Child and Youth Mental Health and Substance Use Community of Practice and UBC CPD.



Collaborators/Representation/Experts from:

- Doctors of BC
- Pathways BC
- BC Children's Hospital
- BC Centre on Substance Use
- Practice Support Program
- First Nations Health Authority
- BC Guidelines

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# Child & Youth Substance Use Pathway Overview

[CYSU Counselling](#)
[CYSU Intake](#)
[Crisis Lines](#)
[Patient Info](#)
[Clinician Tools](#)

START HERE

## Open the conversation

1

Identifying problematic substance use can save lives and it starts with a conversation. "I talk to all youth about alcohol and other substances. Would it be alright for us to talk about this now?"

A successful conversation about substances involves **asking questions** respectfully and understanding child and youth **confidentiality**. After establishing a relationship of trust, you can provide **evidence-based education**. To ask youth questions around substances, use motivational interviewing as a framework of approach. It emphasizes a supportive, non-judgmental, and objective approach.

### Link to

[Trauma-informed care](#)
[HEADSSS • SHADESS](#)
[Setting the stage](#)
[Youth resources](#)  
[Why words matter](#)
[Motivational interviewing](#)
[Confidentiality](#)
[The 5A's Model](#)

## Screen for use

2

It is recommended that youth aged 10 yrs and older be regularly screened. Consider screening more frequently if multiple **problematic yellow or red flags** are present or risk factors have recently changed. When screening a youth, it is crucial to take into account their **developmental stage**, as well as the interplay of protective and risk factors, all of which contribute to the **complexity** of their care.

### Screening tools

**General** [CRAFT](#) • [S2BI](#)  
**Alcohol** [AUDIT](#) • [AUDIT-C](#)  
**Cannabis** [CUDIT-R](#)

### Link to

[Clinician tools](#)
[Youth resources](#)  
[Developmental stage](#)  
[Complexity: protective and risk factors](#)

Is there problematic substance use?

YES

NO

## Offer education and feedback

3A

Evidence-based education for youth and/or family members is essential to the prevention of problematic substance use.

Alongside education, empower youth and/or family members to look out for signs of problematic use. Signs that mean a follow-up appointment is recommended can include:

- Mood/attitude changes (despondent, angry, breaking rules, etc.)
- Changes in work/school performance and attendance
- Isolation or changing friend groups
- Recent traumatic events

## Offer education

4

When there is problematic substance use, provide counselling and brief intervention support.

Remember to create a nonjudgmental and open conversation, empowering youth with evidence-based education.

### Link to

[Youth resources](#)

## Screen for concurrent conditions

3B

**Mental health** conditions and **trauma** are often present alongside problematic substance use.

These factors can create **complexity** to a youth's substance use.

### Link to

[Complexity: protective and risk factors](#)

### Screening tools

[Depression](#) • [Anxiety](#) • [ADHD](#) • [Autism](#)

## Determine goals

5

What are the youth's priorities? It may be their substance use or another factor affecting their health. Determine if the youth can identify the root cause of their substance use: "What does using substances do for you?"

Moving forward, focus on the priority identified by the youth. If substance use is not the priority, discuss harm reduction and revisit in the future once other issues have improved.

### Link to

[Motivational interviewing](#)

## Identify desired care team

7

Care team membership varies by who is available to support and whom the youth wants included.

Supports may include: Family members, teacher, health-care provider, Indigenous Elder, counsellor, social worker, case worker, and navigator among others.

Keep in mind that youth's wishes for their care team may change over time. Revisit the topic periodically.

### Link to

[Youth resources](#)

## Identify current support

6

Get to know whom the youth identifies as part of their current support system or care team.

Is a referral needed, available, and acceptable to the youth currently?

YES

## Follow up

8A

Continue care with the youth on the topics relevant and prioritized by them. Consider **revisiting care team and frequency**.

### Topics

[Mental health](#)
[Physical health](#)  
[Sexual health](#)
[Substance use](#)  
[Housing](#)

## Supportive and Interim Management

9

Follow up on goals set, harm reduction strategies, etc. Options while waiting for access to resources include:

[SMART Recovery](#) • [Foundry](#)  
[Motivational interviewing](#)  
[Medication information: ACTOC](#)

Click to learn about

## Referral recommendations

8B

Always curate resources and service options for the youth and their family. Avoid long lists that require further navigation or research.

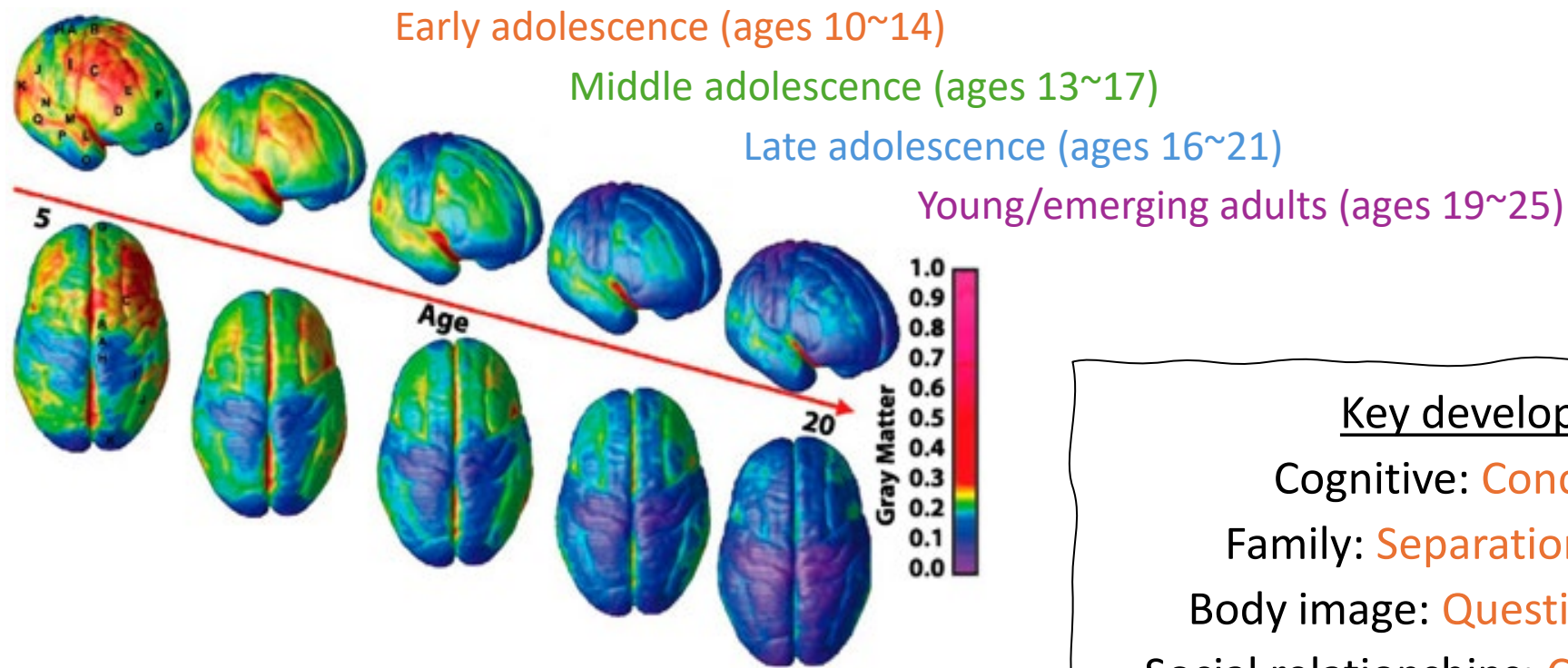
Learn about



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# Adolescent developmental stages



## Key developmental tasks

Cognitive: Concrete → Abstract

Family: Separation → Independence

Body image: Questioning → Acceptance

Social relationships: Conforming → Selective

Identity: Exploring → Refining



↓ **Developmental Stage**

**Early & Middle Adolescence**

**Late Adolescence**

**Young Adulthood**

**Low Complexity**  
↓

- Youth and family education about substances
- Counselling on safety and harm reduction
- School-based/private counselling, online resources
- Foundry
- Offer to involve family or caring adults identified as supportive

- All low complexity recommendations for Early and Middle Adolescence (as seen in left-hand column)
- Offer to involve family or caring adults identified as supportive

- Youth and family education about substances
- Counselling on safety and harm reduction
- Pharmacotherapy if needed (i.e., NRT, varenicline, naltrexone, acamprosate, SSRI/SNRI)
- Foundry
- Offer to involve family or caring adults identified as supportive

**Moderate Complexity**  
↓

**In addition to the Low Complexity Recommendations (above):**

- Self-referred services (CYMH, Foundry)
- Community family service agencies, parent support programs
- Liaise with school
- Referral to specialist taking consultations for youth addiction
- Consult COMPASS
- Offer to involve family or caring adults identified as supportive

**In addition to the Low Complexity Recommendations (above):**

- All moderate complexity recommendations for Early and Middle Adolescence (as seen in left-hand column)
- Pharmacotherapy if needed (NRT, SSRI)
- Referral to CYMH or Addictions
- Consult COMPASS
- Offer to involve family or caring adults identified as supportive

**In addition to the Low Complexity Recommendations (above):**

- Self-referred services (Foundry, youth addictions intake line, RAAC/RAAM)
- Referral to outpatient Psychiatry or Addictions
- Consult COMPASS
- Offer to involve family or caring adults identified as supportive

**High Complexity**  
↓

**In addition to the Moderate Complexity Recommendations (above):**

- Consider MCFD for protection/caregiver support
- RAAC/RAAM (if eligible)
- Foundry or OAT clinic (if eligible) for opioid agonist therapy
- BCCSU 24/7 substance use line or RACE line
- Offer to involve family or caring adults identified as supportive

**In addition to the Moderate Complexity Recommendations (above):**

- Referral to specialized services: RAAC/RAAM, youth detox
- Special population referrals: early psychosis, addiction/harm reduction in pregnancy, overdose outreach team
- Consider MCFD for protection/caregiver support
- BCCSU 24/7 substance use line or RACE line
- Offer to involve family or caring adults identified as supportive

**In addition to the Moderate Complexity Recommendations (above):**

- Referral to specialized services: MHSU clinic, community health centre, OAT clinic, AUD services, detox, RAAC/RAAM
- Special population referrals: early psychosis, concurrent disorders, addiction/harm reduction in pregnancy, overdose outreach team
- BCCSU 24/7 substance use line or RACE line
- Offer to involve family or caring adults identified as supportive



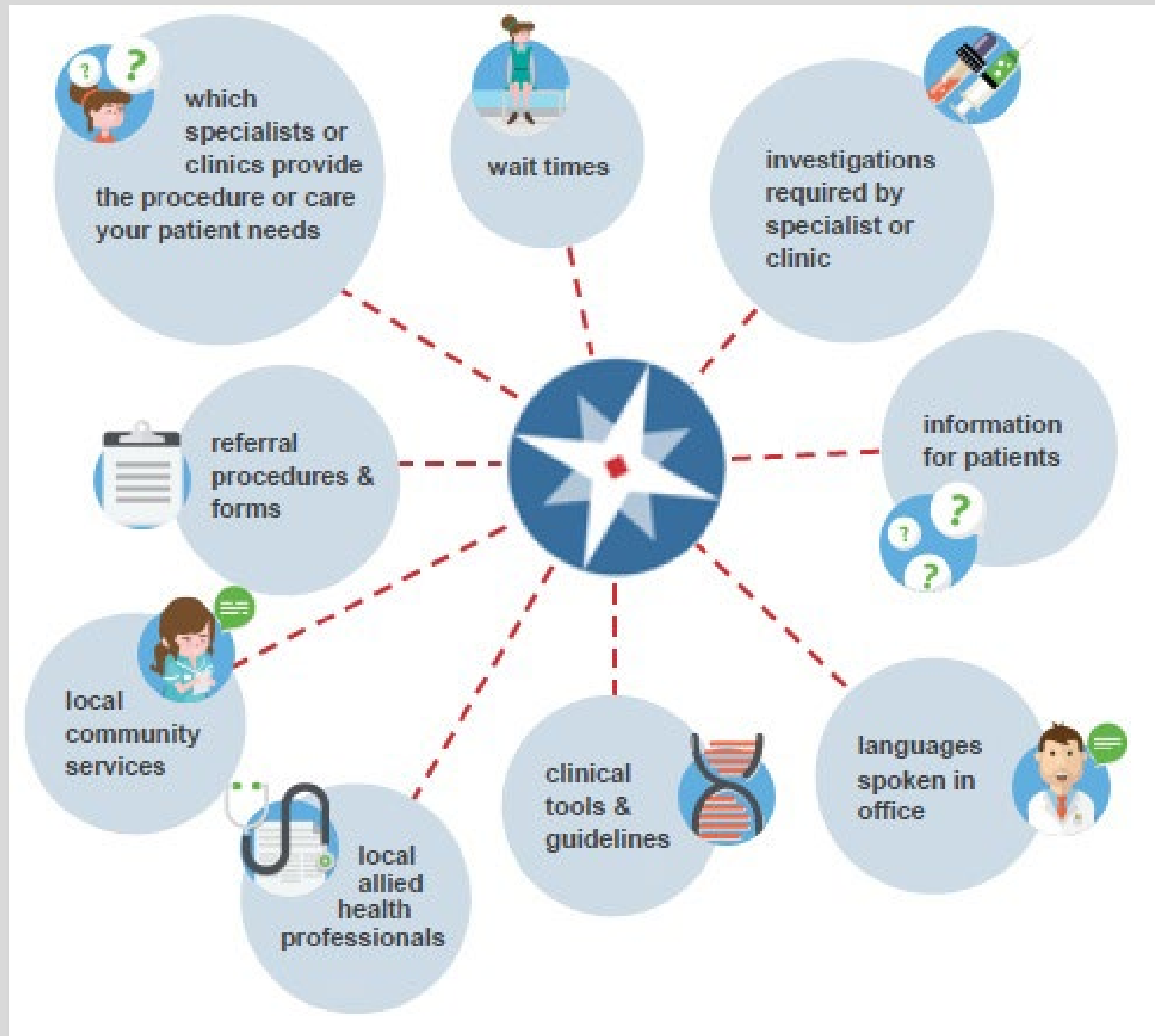


# Pathways

## What is Clinician Pathways?

- Online resource
- Created by family doctors + teams
- Provide information: clinical support tools and referrals to specialists, community services, and more!
- A registered non-profit
- Funded as part of the Physician Master Agreement
  - Funding sits in the budget of the Family Practice Services Committee (FPSC/GPSC).

**Success story** of the community-driven innovation enabled by BC's unique Joint Collaborative Committees: National, International interest.



## NEXT STEPS

- Webinar June 24 – register here: <https://bit.ly/cysu-webinar>
  - Supporting Children & Youth Who Use Substances: Implementing a New Clinical Care Pathway in Practice
- Small group workshops – case-based, accredited, using tool as a resource
- Proposal submitted for additional funding to create online module



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## Public Directories



### Medical Care Directory

Information about doctors and medical clinics in BC.

[Go to Medical Care Directory](#)



### Community Service Directory

Publicly available services and programs, in participating communities.

[Go to Community Services](#)

## Clinician Login



[Log in to Pathways](#)

[Forgot your password?](#)

[I have an Access Key](#) · [Request access](#)