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# TACKLING YOUTH SUBSTANCE USE CHALLENGES DURING THE PANDEMIC

## Unanswered Questions & Answers for June 16<sup>th</sup> COVID-19 Webinar

### Substance Use Management

**Q1: Why is naltrexone only first-line for alcohol addiction and not, say, cannabis? I am now using off-label, but then it is not paid for by Plan G/pharmacare.**

**A:** I don't think there has been any evidence to show efficacy of naltrexone for cannabis use disorder. I defer to my addiction medicine colleagues.

**Q2: Please repeat the name of the BCCSU course that Dr. Broker mentioned**

**A:** Addiction Care and Treatment Online Certificate through BCCSU.

**Q3: I'm new to practice on the island, as an IMG, what do you recommend as the number one way of getting up to speed with the situation of opioid pandemic and how to help my patients? I come from a country with no opioid pandemic.**

**A:** I would reach out to the local addiction service. For youth, that is Discovery Youth & Family Substance Use Services, and they are across the region. They would be aware of what services are available in the local areas. Pathways should list what addiction services are available. If you are part of island health, there are regular communications to the medical staff outlining concerns and medical staff can attend the town halls.

## Family Physician Role

**Q4: Role of family physicians and the team to help our youth in prevention and screening of substance use during pandemic.**

**A:** Just start with asking the question, maybe with something easier like nicotine (vaping or smoking), and then cannabis, EtOH, etc. Screening tools such as CRAFFT and KADS and GAD 7 can quickly screen for SU, depression, and anxiety. Zoom is great for this, and you can email the questionnaires straight from Pathways. Prevention is looking at your younger youth and their ACE's scores and catching mental health disorders early if possible.

## Foundry

**Q5: Does foundry offer mutual support groups for those with established addiction?**

**A:** Yes, though the group offerings vary depending on the community, ranging from SMART to Contingency Management programs, and other. For more information, reach out to the local Foundry centre at [foundrybc.ca/find-a-centre](https://foundrybc.ca/find-a-centre).

**Q6: Any place in Foundry Center in Ridge Meadows for a OAT Clinic for these age group? Would it be helpful?**

**A:** The Foundry Ridge Meadows team has identified Opioid Agonist Treatment (OAT) as a service/program that would be beneficial for their community. They are currently reaching out to community partners who offer this service to explore how it can be offered in their centre. For more information about Foundry Ridge Meadows services, please visit [foundrybc.ca/ridgemeanows](https://foundrybc.ca/ridgemeanows)

**Q7: Curious on the Foundry marketing incentive for small-town Vancouver Island Indigenous reservations, aside from the school district reaching out. More focused on post-graduation up to the 24 YOA you have mentioned. How are you letting this service be known?**

**A:** Foundry centre lead agencies each work closely with Indigenous partners in the community to share information about services available. In addition, our Foundry central office communications team works closely will be working closely with our Indigenous Wellness Team and provincial virtual services team to thoughtfully promote our new Foundry BC App with rural and remote communities.

**Q8: What is Foundry doing to increase more street outreach to homeless youth/those who may not be accessing services in smaller communities? Recognizing many who need these services the most**

**are not receiving them. I am familiar with the Granville Foundry's model, but what about Campbell River for e.g.?**

**A:** Foundry centres will employ outreach, peer support and youth to adult transitions workers as part of their staff team, even in smaller less urban areas to ensure youth in the communities are aware of Foundry's services. For example, for North Shore, we have ICM or intensive case management and YURT (youth urgent response team) and OOT (overdose outreach workers).

## Supporting Older Youth

**Q: What is being done to support youth who are older (17/18) for example, who present in ER? E.g. youth specific supports in hospital when around much older adults, especially if admitted.**

**A:** Island health is reviewing its supports for youth (17/18) presenting to hospital in South Island. This is a challenging age range as most 17/18 years old's are provided services in the adult system once inpatients. In South Island, this is further split as adult inpatient psychiatry (17+) and child and adolescent inpatient psychiatry (0-16) occurs at different hospitals. This is a complicated situation but one that is being addressed in South Island. Please also see the answer to #Q8.

## Assessment

**Q: Is there any questioner for- faking mental health in teenager.**

**A:** I don't know of any specific questionnaires to determine factitious disorder. Reliable history giving as a teenager is complicated by the surge of emotions which can influence memory recall, making it a bit more selective. Some young people are not certain what type of support they need or how to get it and this may influence how they communicate and what they communicate. I believe most young people are doing their best to communicate when they need help and it is our job to try our best to interpret and understand their needs. I think we should give the benefit of the doubt but do get collateral. Sometimes it is all in the perspective and the language used.

## Complex Needs Resources

**Q: Trauma and addiction. Can any one comment on trauma strategies and recovery oriented approaches for healing trauma, moreover addiction?**

**A:** Everyone I have met with opiate substance use disorder has had past and usually present trauma. Counsellors with trauma training help and being aware of ACE's and having some trauma sensitive training helps as well. The PRACTICE SUPPORT PROGRAM of BC has a good course on ACE's and trauma

to get started. Although when I am doing OAT, I don't always have the time or the training to for trauma therapy, just acknowledging their past trauma and how it links to their substance use is appreciated.