

Supporting Children & Youth Who Use Substances: Implementing a New Clinical Care Pathway in Practice



June 24, 2024 | 1800–1930 PT

NOTE: The webinar (and audio) will start at 6:30PM



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Ask your questions: [slido.com](https://www.slido.com) | [#CYSU](https://twitter.com/CYSU)

LAND ACKNOWLEDGMENT

We acknowledge that we work on the traditional, ancestral and unceded territory of the Skwxwú7mesh (Squamish), x^wməθkwəyəm (Musqueam), and Səlílwətaʔ/Selilwitulh (Tsleil-Waututh) Nations.



UBC CPD
Medicine
CONTINUING
PROFESSIONAL
DEVELOPMENT

LEARNING OBJECTIVES

- Demonstrate proficiency in navigating CYSU clinical care pathway in Pathways BC
- Manage CYSU patients effectively
- Utilize CYSU care pathway in practice



UBC CPD
Medicine
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PROFESSIONAL
DEVELOPMENT

DISCLOSURES

- **Hayley Broker:** nothing to disclose
- **Bruce Hobson:** UBC CPD - Medical Lead, Medical Director; Doctors of BC - Peer Mentor, Committee member; PHSA - Project work; PainBC - Project work, advisory committee member
- **Martha Ignaszewski:** received Team Grant Award from VCHRI
- **James Ketch:** received payment from Interior Health
- **Allison Macbeth:** nothing to disclose
- **Josey Ross:** BCCSU staff
- **Caldon Saunders:** nothing to disclose
- **David Smith:** nothing to disclose
- **Shirley Sze:** Shared Care Committee under the Doctors of BC for CYMHSU Community of Practice; receive honoraria for work with UBC CPD; receive honoraria for role in developing learning modules
- **Dawnda Tate:** nothing to disclose
- **James Wang:** nothing to disclose
- **Colleen Salter:** nothing to disclose
- **Kathryn Young:** nothing to disclose

Dr. James Wang

Pediatrician

Background and development of clinical pathway

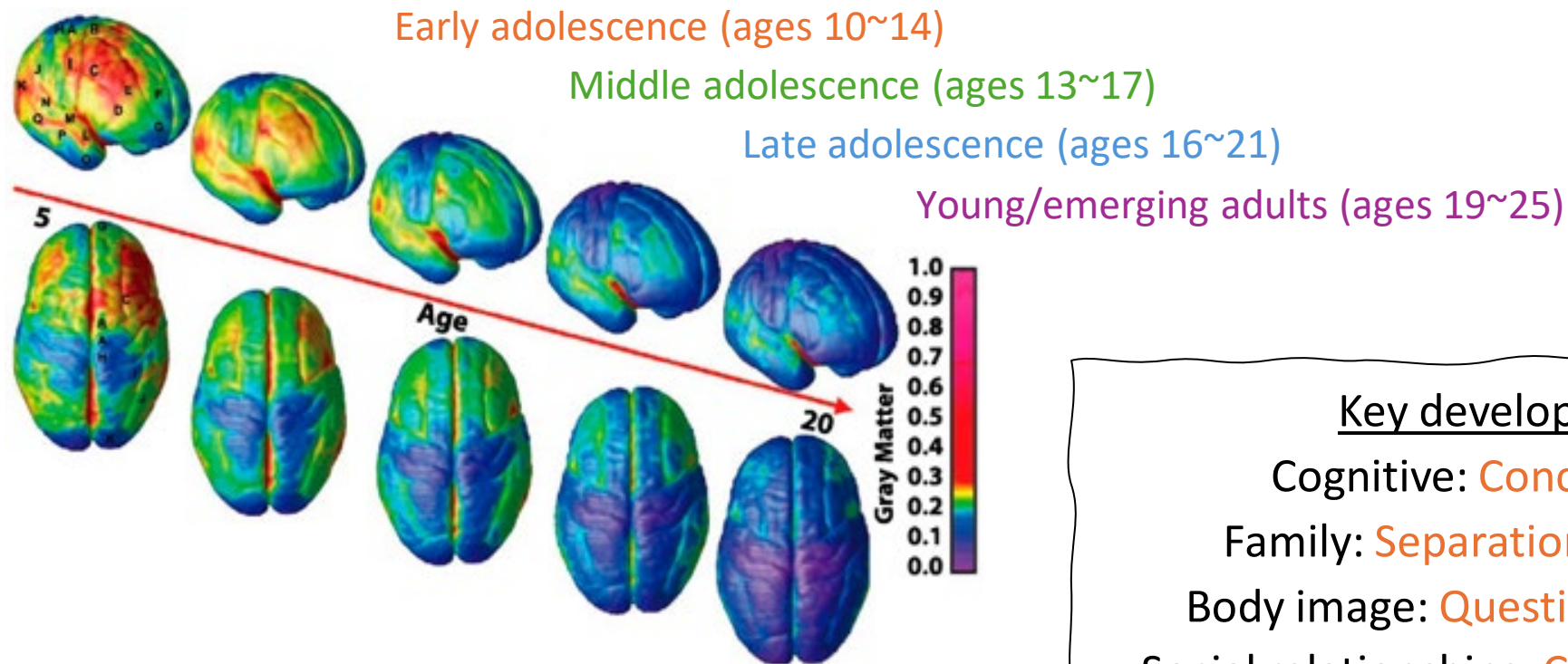


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Adolescent developmental stages



Key developmental tasks

Cognitive: Concrete → Abstract

Family: Separation → Independence

Body image: Questioning → Acceptance

Social relationships: Conforming → Selective

Identity: Exploring → Refining

**Reasons youth used substances
the last time** *(among those who had
used alcohol or other substances)*

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.

Epidemiology: adolescent substance use is common

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

38% HAD TRIED ALCOHOL



22% HAD TRIED MARIJUANA



15% HAD SMOKED TOBACCO



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%

Under-19 unregulated drug toxicity deaths are higher than ever



START HERE

Open the conversation

Identifying problematic substance use can save lives and it starts with a conversation about alcohol and other substances. Would it be alright for us to talk to you about your substance use? A successful conversation about substances involves asking questions, understanding child and youth confidentiality. After establishing a relationship, provide evidence-based education. To ask youth questions around substance use, use the **COMPASS** approach. It emphasizes a supportive, non-judgmental approach.

Link to

- [Trauma-informed care](#)
- [HEADSSS + SSHADESS](#)
- [Settings and environment](#)
- [Why words matter](#)
- [Motivational interviewing](#)
- [Confidentiality](#)

Screen for use

It is recommended that youth aged 10 yrs and older be regularly screened for substance use. If multiple problematic yellow or red flags are present or risk factors are present, it is crucial to take into account their interplay as the interplay of protective and risk factors, all of which contribute to the overall risk of substance use.

Screening tools

- General ➤ [CRAFT + SBBI](#)
- Alcohol ➤ [AUDIT + AUDIT-C](#)
- Cannabis ➤ [CUDIT-R](#)

Link to

- [Clinician tools](#)
- [Developmental stage](#)
- [Complexity/protection](#)

Is there problematic substance use?

By Developmental Stage and Complexity

This clinical tool is brought to you by:



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Funding for the development of this clinical tool was provided by the Shared Care Committee (SCC), a partnership of the Government of BC and Doctors of BC.

Working Group & Planning Committee:

- Bruce Hobson, MD
- David Smith, MD FRCPC DABAM
- Dzung X. Vo, MD FAAP FSAHM
- Hayley Broker, MD CCFP
- James Ketch, MD CCFP
- James Wang, MD FRCPC
- Martha J Ignaszewski, MD FRCPC DiplABPN DiplISAM
- Steve Mathias, MD FRCPC
- Shirley Sze, MD CCFP FCFP
- Yona Gellert, MSc

Instructional Design:

Katherine Co, MArch BENDS

Referral Recommendation

Early & Mid

Low Complexity	<ul style="list-style-type: none"> Youth and family education Counselling on safety School-based/private resources Foundry Offer to involve family as supportive
Moderate Complexity	<p>In addition to the Low Recommendations (L)</p> <ul style="list-style-type: none"> Self-referred services Community family support programs Liaise with school Referral to specialist youth addiction Consult COMPASS Offer to involve family as supportive
High Complexity	<p>In addition to the Moderate Recommendations (M)</p> <ul style="list-style-type: none"> Consider MCFD for protection/caregiver support RAAC/BAAM (if eligible) Foundry or OAT clinic/agonist therapy BCCSU 24/7 substance use line or RACE line Offer to involve family or caring adults identified as supportive

<p>overdose outreach team</p> <ul style="list-style-type: none"> 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 	<p>concurrent disorders, addiction/maintain reduction in pregnancy, overdose outreach team</p> <ul style="list-style-type: none"> BCCSU 24/7 substance use line or RACE line Offer to involve family or caring adults identified as supportive
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Low	<ol style="list-style-type: none"> Domains may include school, family, peer relationships, work, etc. Driving under the influence, work, school, or relationships negatively affected, etc. Severe Substance Use Disorder (SUD) (6+ DSM 5 Criteria) Depression, anxiety, ADD/ADHD, disordered eating affecting Substance Use Disorder (SUD) Discussion about drugs, alcohol, mental and sexual health, etc. Discrimination based on colour, race, age, gender, economic factors, etc. May include authoritarian or permissive parents Learning difficulties, including undiagnosed (i.e., FAS, ADHD) increase vulnerability Long-acting reversible contraceptive and consistent use of barrier contraceptive
Moderate	
High	
Severe	<ul style="list-style-type: none"> Violence, theft, or other criminal behaviour at work/school Actions that will affect ability to go to work/ Incarceration Gang involvement Human trafficking

Child & Youth Substance Use Pathway Overview

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 • SSHADESS
- 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 → CRAFFT • 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?

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
- Physical changes (weight loss, increased sleep)

Link to

- Youth resources
- Family resources
- Family support services

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

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
- Sexual health
- Housing
- Eating disorders
- ADHD • Autism • FASD
- Physical health
- Substance use

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?

NO

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

Alcohol	Cannabis	Stimulants
Tobacco	Opioids	Other

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

- Available resources and referrals
- Resources/ referrals by development stage & complexity

