Awareness to Recovery Care Pathway for **Treatment of Youth** (12–24)
Experiencing Psychoactive Prescription Drug Harms

This high-level care pathway outlines the continuum of care to provide quality treatment for youth experiencing harms from substance use

The pathway is based on peer-reviewed literature as well as on experiential evidence from subject-matter experts, including representatives from primary care, psychiatry, psychology, geriatrics, anesthesiology, neurology, pharmacy and nursing, and from individuals with lived experience

It is anticipated that this pathway will be adapted to the context and services available where it is being implemented

Pathway Step
AWARENESS

Healthcare professionals should be fully informed of prescription drug risks and possible harms, including substance use disorders
Healthcare professionals prescribing prescription drugs should be aware of the potential for iatrogenic addiction (EO)

(EO) = Expert opinion

Pathway Step
SCREENING

CRAFFT
DAST-Adolescent/DAST-10
GAIN-SS

Does the individual meet the criteria for having a problem with prescription drug use?

No

Continue checking in with the individual and monitoring him or her for prescription drug harms at regular intervals (EO)

Yes

Assess the individuals' readiness to change (EO)

Provide education on harms and resources (EO)

Ready

Not Ready

Assess severity of the harms being experienced; might include referral to an addiction medicine specialist

Pathway Step
ASSESSMENT

- DSM-IV: divides abuse and dependence
- Composite International Diagnostic Interview might distinguish between prescription opioid and heroin use
- HEEADSSS: assessment of various domains of a youth's life to ensure comprehensive examination
- Center for Substance Abuse Treatment, TIP 32
  - Individuals should get ongoing reassessment to permit movement across care continuum
  - Choose the most intensive level of care indicated by any single assessment criterion
- American Society of Addiction Medicine guidelines: less severe symptoms and life circumstances might respond well to less intensive treatment

In collaboration with the individual, determine the appropriate treatment

Pathway Step
TREATMENT

Stepped care approach (least intensive and restrictive option considered first) endorsed in adolescent substance abuse literature

If patient is under the age of 16, parents agreement with treatment option might be required (EO)

Brief Intervention

- Brief intervention endorsed for substance use in general, particularly those youth with less severe behaviours or early in the addiction spectrum
- Motivational interviewing encourages intrinsic motivation towards healthier choices

Withdrawal Management

- Unless withdrawal management is followed by further treatment, it will yield only short-term benefits
- Clinical Opiate Withdrawal Scale: tool to determine timing for induction
- Buprenorphine (bup) recommended for stabilization of youth using prescription opioids
- Bup + naloxone (nal) can follow same steps and dosages as adults; higher than normal doses might be required to cope with non-withdrawal pain relief

Medication-Assisted Therapy

- Methadone less appropriate for youth due to lower safety margin, higher abuse potential, stigma, restricted access and use profile of youth
- Longer term bup treatment (12 weeks) produced better abstinence and economic outcomes than when used only for detoxification
- SAMSHA suggests treatment should be led by a physician trained in addiction psychiatry with support from pharmacist or pharmacy assistant, social worker, psychologist, vocational and education specialist, certified or licensed addiction specialist or drug counsellor

Psychosocial Treatment

- Psychosocial treatment (non-confrontational, motivation techniques, vocational support, holistic risk reduction, family approaches) recommended as an adjunct to pharmacological treatment to maintain benefits and support long-term recovery

Pathway Step
RECOVERY AND RELAPSE PREVENTION

Naltrexone or bup + nal might be preferred for longer-term relapse prevention

KNOWLEDGE GAPS

Through our review and consultations to develop the care pathways, we identified a number of knowledge gaps

These gaps are highlighted below to inform further research

Awareness

- Primary care physicians might not be comfortable broaching the topic of substance use (Porath-Waller, A., Brown, J., & Frigon, A. [2015]. *Perceptions among Alberta healthcare professionals of prescription drug misuse.* Ottawa, Ont.: CCSA.)
- Many individuals who want treatment do not know what resources are available to them
- How can an individual enter the pathway other than via a healthcare professional?
- ** First Do No Harm competencies for health professionals in pain management, drug prescribing, dependency, addiction and abuse might be able to address this gap, and are currently in initial stages of uptake

Screening

- No tools specific to psychoactive prescription drugs
- CRAFFT and DAST-A only validated for adolescents, not young adults. DAST-10 not validated in transitional aged youth
- Mental health concerns should also be screened for
- No tool to assess youth readiness for change
- Which professionals should be performing each of the following steps?
- Do the pathways differ for a primary care physician versus a mental health or addictions specialist?

Assessment

- No tools specific to psychoactive prescription drugs
- Caution about DSM-IV is needed as symptoms of abuse are not necessarily always less severe than those of dependence
- Published literature hasn't caught up to DSM-V
- Composite International Diagnostic Interview has not been evaluated for use with adolescents or young adults
- No information on the validity or reliability of HEEADSSS with youth
- When and how often to reassess individuals?
- No evidence evaluating the American Society of Addiction Medicine guidelines

Treatment

- Treatment for co-occuring issues should be addressed (e.g., pain, trauma, mental health)
- Brief intervention for youth prescription drug use not addressed in the literature
- No evidence about withdrawal management for youth experiencing harms from prescription stimulant or sedative use
- Clinical Opiate Withdrawal Scale not validated with youth under 18
- Psychosocial therapies for opioid harms among youth have not been sufficiently evaluated
- Studies most often include heroin use
- No literature evaluating or describing psychosocial treatment for sedative or stimulant harms
- No literature on pharmacological treatments for stimulant or sedative harms

- Buprenorphine (bup) for detox is off-label use
- Bup not readily available for youth under 18 years (EO)

Recovery and Relapse Prevention

- Not clear how long a youth should remain on bup
- No evidence related to the role of family support on recovery for youth experiencing prescription drug harms

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