Supplement Introduction

In recent years, young adulthood has come to be seen as a distinct developmental phase. Just like other groups of pediatric and adult patients, young adults have unique health care needs, and standard approaches to caring for adolescents or older adults may be less effective for these individuals. Young adults also use substances at higher rates than any other age group in the United States, and they face higher burdens of illness, including injury, infection, and overdose, that result from using substances. Historically, however, the clinical evidence cannon has been underdeveloped with respect to studies that focus on young adults, and there has been little attention given specifically to the substance use care needs of this population.

For these reasons, the Grayken Center for Addiction at Boston Medical Center convened an interdisciplinary meeting of experts to establish principles of care to guide the management of young adults with substance use disorders, to help healthcare organizations establish effective care systems for these patients, and to inform public policy approaches that focus on helping young adults with substance use disorders achieve full and sustained recoveries. Because the substance use field for young adults is nascent, Grayken Center leaders made the deliberate decision to focus on care principles, as opposed to clinical practice guidelines or care algorithms. At the present time, the evidence base simply is not mature enough to make specific recommendations, and the Grayken leaders felt that the field requires a set of evidence-informed principles to guide thought processes and local actions to inform better approaches to care.

Those attending the meeting (which took place over the course of a year and comprised prework, in-person deliberations, and postwork phases) agreed that each principle needed to convey a commitment to compassion, therapeutic optimism and social justice, and that each principle should be evaluated and ratified on the basis of its evidence base, its specificity to the young adult population, and its person-centeredness. The group also decided that reduction in substance use proper should not be assumed to be the goal of treatment and that the harms associated with substance use should be reduced at every opportunity, even if a person is not able to stop using substances or engage fully with care.

This supplement to Pediatrics is entitled “Principles of Care for Young Adults with Substance Use Disorders.” It comprises 11 pieces. An introductory article provides a detailed rationale for the Grayken-sponsored meeting, explains the group’s methods, and briefly outlines the principles. The next six articles review each of the principles in greater depth, providing guidance, reviewing existing evidence, and outlining a series of practice or policy considerations likely to influence implementation of each principle. The six domains into which the principles are divided (ie, the six article topics) are evidence-based substance use treatment, family engagement in care, recovery support services, comorbid psychiatric illness, harm reduction, and criminal justice system reform. Finally, we provide four commentaries written by experts in the fields of policy, screening, prevention, and health equity.

Many people contributed to this supplement, above and beyond the authors themselves. Jennifer Watson and Maia Gottlieb provided valuable assistance linking meeting organizers with authors. Erin Ashe provided organization and structure to the writing and curating efforts. Ravin Davidoff and Bob Vinci provided valuable guidance on the overall direction of the supplement. Norman Stein and Alison LeBlanc helped keep the work grounded in the strategic mission of Boston Medical Center.

Our proximal hope is that the enclosed work gets adolescent and young adult providers, health systems leaders, and policy makers thinking specifically about young adults with substance use disorders and how best to care for them. We also hope it launches more work in the field that leads to specific clinical practice recommendations, based on more solid evidence gleaned specifically from young adult patients. Our more distal hope is that eventually we will be able to prevent – and if unsuccessful at preventing – effectively treat all patients with substance use problems, alleviating them and their families of the suffering that comes with this illness.

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