

Moving to a Medical Model of Substance Use Treatment of Youth

Sharon Levy, MD,^a Michael Botticelli, MD^b

Although the majority of the articles contained in this supplement address the need for comprehensive evidence based clinical standards and principles of care for young adults with substance use disorders (SUD), it is also critical that we address several important policy factors that can dramatically impact care for this population. In this article, we identify several of these factors, including a strategic focus on substance use as a health condition, access to affordable and equitable public and private insurance coverage, and thorough integration of substance use care with primary care settings that are supported by enhanced provider training. The recommendations in this article are not American Academy of Pediatrics policy, and publication herein does not imply endorsement.

Historically, both substance use policy and funding have reflected a moralistic

and punitive approach to the problem, despite the scientific recognition of addiction as a medical condition. Since the late 20th century, the majority of federal funding has been spent on supply side reduction efforts and deterrence through law enforcement and the criminal justice system, with comparatively little spent on treatment or prevention. News media coverage reinforces the problem by emphasizing the problem of illegal drug dealing and highlighting law enforcement solutions designed to arrest and prosecute the individuals responsible for diverting opioid analgesics onto the illegal market.

The flaws in the law enforcement approach are clear, particularly for young adults. The majority of incarcerated individuals in the United States meet diagnostic criteria for SUD, and most of the offenses committed by this group are directly related to

symptoms of their addiction.¹ Although effective, life-altering treatments are available for SUD, few prisoners receive any treatment or rehabilitation. Incarcerating or otherwise criminalizing young adults, in particular, can lead to further criminal activity and other long-term negative consequences.

The Affordable Care Act (ACA) ushered in a palpable change in US substance use policy by driving the incorporation of treatment of mental health and SUDs into primary care and other medical settings. The shift also served to shine a light on the gap in treatment services for young adults who are most likely to be un- or underinsured and consequently least likely to access routine care. The ACA extended the age that dependent young adults could remain on their parents' insurance plans and later expanded Medicaid coverage for all

^aAdolescent Substance Use and Addiction Program, Boston Children's Hospital, Boston, Massachusetts; and ^bGrayken Center for Addiction Medicine, Boston Medical Center, Boston, Massachusetts

The guidelines and recommendations in this article are not American Academy of Pediatrics policy, and publication herein does not imply endorsement.

Dr Levy and Mr Botticelli conceived of the content and drafted and revised the manuscript; and all authors approved the final manuscript as submitted and agree to be accountable for all aspects of the work.

DOI: <https://doi.org/10.1542/peds.2020-023523J>

Accepted for publication Oct 23, 2020

Address correspondence to Sharon J. Levy, MD, Adolescent Substance Use and Addiction Program, 300 Longwood Ave, Boston, MA 02115.

E-mail: sharon.levy@childrens.harvard.edu

PEDIATRICS (ISSN Numbers: Print, 0031-4005; Online, 1098-4275).

Copyright © 2021 by the American Academy of Pediatrics

FINANCIAL DISCLOSURE: The authors have indicated they have no financial relationships relevant to this article to disclose.

FUNDING: No external funding.

POTENTIAL CONFLICT OF INTEREST: The authors have indicated they have no potential conflicts of interest to disclose.

adults at or below 133% of the federal policy level. These policies cut the proportion of uninsured young adults from 25% to 14%.² The ACA also requires all insurance plans to include mental health and SUD treatment as an “essential health benefit,” further opening the door to SUD treatment of young adults.

Although expanded coverage has led to an increase in access to mental health services for young adults, access to SUD treatment has lagged behind.³ Several factors contribute: burdensome copays, pervasive stigma, and the need for outreach to promote engagement with care. Treatment capacity, hampered by lack of core competencies in substance use among medical professionals, also prevents patients from accessing appropriate services. Addressing core competencies through enhanced medical education and ongoing provider support are worthy of investment because using primary care is a logical strategy for diffusing SUD treatment, given the staggering prevalence of the problem.

There is evidence that pediatricians are heeding the call to address substance use as part of the routine care they provide. Self-reported rates of screening for substance use have risen dramatically over the past generation,⁴ suggesting that pediatricians now recognize that identifying and addressing substance use is an integral component of health care. This evolution in attitudes represents a critical step, although gaps remain. Suboptimal implementation of screening and brief intervention is common, leading to missed opportunities for prevention and early intervention. The gap is even greater when it comes to treatment: few pediatricians are waived to prescribe medication for addiction treatment, and the rates of young adults with diagnosed opioid use disorder receiving

pharmacotherapy remain low.⁵ Furthermore, although integrated behavioral health specialists are a critical component of SUD treatment, integration has been slow. It is time to optimize how substance use is managed in the pediatric medical home.

Primary care providers are at the heart of the medical home (a concept describing a facility that provides whole patient care, which was developed by the American Academy of Pediatrics and later adopted more broadly). For the model to be successful, physicians and other providers must be prepared to oversee treatment. Historically, little curriculum time has been devoted to addiction in medical school or pediatric residency training programs. Most pediatric training has centered on Screening Brief Intervention Referral to Treatment (SBIRT), with a focus on prevention and early intervention for low risk adolescents. These prevention and early intervention strategies are important, and the vigorous push to incorporate SBIRT into routine medical care led by the Substance Abuse and Mental Health Services Administration⁶ and the American Academy of Pediatrics⁷ may have contributed to the noted culture change. Nonetheless, SBIRT training alone is incomplete because it does not prepare primary care providers to participate in the management of stable youth with severe SUD who are in need of community based care, contributing to the severe lack of resources for this group.

Pediatric medical training, which generally focuses on the management of complex cases, should also include exposure to the management of adolescents with severe SUD. This includes a broader push to waiver train pediatric providers to prescribe medication for addiction. Competence in this area would have downstream

benefits, because the ability to manage addiction treatment would improve capacity to manage less severe substance use problems and disorders. The recent inclusion of Addiction Medicine within the American Board of Medical Specialties and the creation of Accreditation Council on Graduate Medical Education certified training programs bodes well for continued progress. However, with few Pediatric Addiction Medicine subspecialists, training programs may face challenges in identifying appropriate faculty to teach this material to residents. National resources such as the Prescriber’s Clinical Support System and the States Targeted Response Technical Assistance program, both supported by Substance Abuse and Mental Health Services Administration and run by the American Academy of Addiction Psychiatry, offer pediatric focused trainings and supports, and the American Academy of Pediatrics offers a wealth of policy statements, clinical reports, and educational materials on this topic and could help fill the gap while the burgeoning specialty grows. Residency training directors that avail their programs of these resources and encourage interested residents to pursue career opportunities in Addiction Medicine help to advance the field.

Pediatricians have a long history of advocating for their patients, from prescribing milk to infants and toddlers to giving away books to children at well check visits.⁷ These initiatives have expanded the role of pediatric primary care beyond physical health to include monitoring developmental, social, and emotional well-being. Now is the time for advocacy efforts to target substance use. The medical home is ideal for managing such complex problems and recognizing that addiction is a disorder of childhood with onset under our watch.

ABBREVIATIONS

ACA: Affordable Care Act

SBIRT: Screening Brief Intervention Referral to Treatment

SUD: substance use disorder

REFERENCES

1. Columbia University National Center on Addiction and Substance Abuse. Behind Bars: Substance Abuse and America's Prison Population. New York, NY: National Center on Addiction and Substance Abuse at Columbia University; 1998. Available at: <https://www.centeronaddiction.org/addiction-research/reports/behind-bars-ii-substance-abuse-and-america%E2%80%99s-prison-population>. Accessed December 2, 2020
2. Cohen R, Martinez M. *Health Insurance Coverage: Early Release of Estimates From the National Health Interview Survey, 2011*. Atlanta: National Center for Health Statistics; 2012:1–37
3. Saloner B, Lê Cook B. An ACA provision increased treatment for young adults with possible mental illnesses relative to comparison group. *Health Aff (Millwood)*. 2014;33(8):1425–1434
4. Levy S, Ziemnik RE, Harris SK, et al. Screening adolescents for alcohol use: tracking practice trends of Massachusetts pediatricians. *J Addict Med*. 2017;11(6):427–434
5. Hadland SE, Wharam JF, Schuster MA, Zhang F, Samet JH, Larochelle MR. Trends in receipt of buprenorphine and naltrexone for opioid use disorder among adolescents and young adults, 2001–2014. *JAMA Pediatr*. 2017;171(8):747–755
6. SAMHSA. Screening, Brief Intervention, and Referral to Treatment (SBIRT) grantees. 2017. Available at: <https://www.samhsa.gov/sbirt/grantees>. Accessed December 11, 2018
7. High PC, LaGasse L, Becker S, Ahlgren I, Gardner A. Literacy promotion in primary care pediatrics: can we make a difference? *Pediatrics*. 2000;105(4, pt 2):927–934

Moving to a Medical Model of Substance Use Treatment of Youth

Sharon Levy and Michael Botticelli

Pediatrics 2021;147;S262

DOI: 10.1542/peds.2020-023523J

Updated Information & Services

including high resolution figures, can be found at:
http://pediatrics.aappublications.org/content/147/Supplement_2/S262

References

This article cites 4 articles, 1 of which you can access for free at:
http://pediatrics.aappublications.org/content/147/Supplement_2/S262#BIBL

Permissions & Licensing

Information about reproducing this article in parts (figures, tables) or in its entirety can be found online at:
<http://www.aappublications.org/site/misc/Permissions.xhtml>

Reprints

Information about ordering reprints can be found online:
<http://www.aappublications.org/site/misc/reprints.xhtml>

American Academy of Pediatrics

DEDICATED TO THE HEALTH OF ALL CHILDREN®



PEDIATRICS[®]

OFFICIAL JOURNAL OF THE AMERICAN ACADEMY OF PEDIATRICS

Moving to a Medical Model of Substance Use Treatment of Youth

Sharon Levy and Michael Botticelli

Pediatrics 2021;147;S262

DOI: 10.1542/peds.2020-023523J

The online version of this article, along with updated information and services, is located on the World Wide Web at:

http://pediatrics.aappublications.org/content/147/Supplement_2/S262

Pediatrics is the official journal of the American Academy of Pediatrics. A monthly publication, it has been published continuously since 1948. Pediatrics is owned, published, and trademarked by the American Academy of Pediatrics, 345 Park Avenue, Itasca, Illinois, 60143. Copyright © 2021 by the American Academy of Pediatrics. All rights reserved. Print ISSN: 1073-0397.

American Academy of Pediatrics

DEDICATED TO THE HEALTH OF ALL CHILDREN[®]

