

POSITION STATEMENT:

SBM supports increasing funding to expand evidence-based, developmentally-appropriate opioid and substance use treatments for youth

(FEBRUARY 2023) Melissa Pielech, PhD, Brown University- Department of Psychiatry and Human Behavior, Center for Alcohol and Addiction Studies; Robert Miranda, Jr, PhD, Brown University; James Murphy, PhD, University of Memphis; Caroline Hirsch, Northeastern University; Delaney Dunn, Oklahoma State University; Joanna Buscemi, PhD, DePaul University

SUMMARY STATEMENT:

The Society of Behavioral Medicine supports allocating funding to increase access to evidence-based opioid and substance use treatment that is culturally informed and developmentally tailored for youth to enhance long-term health and prevent drug-related fatalities.

THE PROBLEM:

Youth suffer higher rates of opioid and other substance use disorders than any other age group with an estimated 4.5% of adolescents and 14.1% of young adults impacted by these disorders. Opioid-related overdoses are subsequently killing American youth at unprecedented rates^[1,2]: from 1999 to 2018 opioid overdose mortality rates in youth increased by 384% and they continued to rise during the COVID-19 pandemic^[2,3]. Concernedly, fentanyl-related fatalities have increased dramatically among young people, with the greatest increases among Black and multiracial youth (5.1 fold and 4.7 fold, respectively^[4]). It is important to note that opioids (e.g., heroin, prescription pain relievers, fentanyl) are often used with alcohol or other substances, underscoring the need to address both opioid use and other drug use in the context of this unprecedented addiction and overdose epidemic^[5]. Beyond overdose and death, opioid use among youth also confers liability for an array of harmful health outcomes and risky behaviors, including worsening of other psychiatric disorders, legal involvement, school truancy, and sexually transmitted infections^[6,7]. Early intervention for youth opioid and other substance use is essential for preventing long-term harms, promoting positive health outcomes, and addressing health disparities.

Evidence-based pharmacological and psychosocial treatments for opioid and other drug use exist, yet fewer than one out of 10 youths who need substance use treatment receive it^[1]. Access to specialty treatment is even more limited for youth from underrepresented racial and ethnic groups as well as uninsured youth^[8,9]. Effective,



developmentally tailored psychosocial treatments for youth substance use include cognitive-behavioral therapy, motivational interviewing, and family-based interventions, all of which target child and parent/caregiver skills building as well as interpersonal dynamics^[10-12]. To optimize treatment effectiveness and patient engagement, utilization of cultural adaptations of these evidence-based interventions is recommended when possible. Barriers to delivering and receiving evidence-based developmentally and culturally appropriate treatment include lack of funding for program development and provider training, challenges with reimbursement, lack of healthcare access, and stigma^[13,14]. Action from federal policymakers is desperately needed to surmount barriers and expand access to evidence-based, developmentally tailored, and culturally informed treatment for youth who use drugs.

CURRENT POLICY:

The adverse consequences of opioid and other drug use in youth are devastating, pervasive, and yet preventable with access to evidenced-based treatment.

Gap 1: Currently pending legislation (HR 2448) has promise for increasing access to opioid use disorder treatment but fails to explicitly acknowledge or address funding gaps for expanding youth-focused and culturally sensitive treatment.

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The Opioid Settlement Accountability Act (HR 2448) creates requirements for the allocation of funds that states receive from litigation efforts against opioid manufacturers and distributors to ensure that funding is directed towards addressing opioid use. A strength of this bill is that prevention and treatment services are priority areas; yet, the impact of this bill could be improved by designating resources to vulnerable, high-risk populations, such as youth, especially those from minoritized racial and ethnic groups. Additionally, adult opioid and substance use treatment centers are often not equipped to service youth or provide care in a developmentally tailored way; thus, dedicated funding is needed for youth-focused program development. To maximize the impact of expanding opioid and other substance use treatment for youth, implementation of evidence-based, culturally informed treatment must be prioritized.

Gap 2: Care coordination models that could connect youth to substance use treatment are not available in all states and, therefore, not accessible to all youth.

In 2019, the Center for Medicare and Medicaid (CMS) launched the Integrated Care for Kids (InCK) Model to address youth behavioral health and psychosocial needs, including substance use, in a multi-pronged fashion ^[15]. This model utilizes currently available community treatment services in a child and family-centered integrated care model. At present, however, this program is only available to Medicaid-insured individuals in 7 states. Further, these kinds of models rely on the availability of community treatment resources for referrals (e.g., outpatient counseling, intensive outpatient programs for substance use), which are severely limited for young people—underscoring the critical need to increase substance use treatment programming for youth.

RECOMMENDATIONS:

Recommendation #1: Pass the Opioid Settlement Accountability Act (HR 2448) with modifications to include specific requirements to allocate funds for expanding evidence-based, developmentally tailored, and culturally informed opioid and other substance use treatment programming for youth — a high-risk, vulnerable population.

Recommendation #2: Expand care coordination programs, such as the Center for Medicare and Medicaid’s (CMS) Integrated Care for Kids (InCK) program, to all states and utilize the InCK model to support youth in accessing evidence-based, developmentally appropriate, and culturally tailored treatment services for opioid and other substance use disorders.

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ENDORSEMENTS

