Foundation *for*
Opioid Response Efforts

Program Advisory Meeting:
Drug Use and Overdose Among Children and Youth

Executive Summary

Note: This summary captures the breadth of discussion and guidance provided to the Foundation for Opioid Response Efforts (FORE) during the meeting but is not intended to be a consensus document. The use of the term "participants" does not imply majority agreement.

On July 26, 2023, FORE convened a program advisory meeting in New York City to identify gaps in the continuum of supports for children and youth who use drugs and/or are at risk of overdose from accidental or intentional exposure to fentanyl and other opioids. The participants were asked to provide recommendations and guidance on the role the foundation could play in advancing work in this area through grantmaking, convening, and information dissemination. The meeting objectives were:

- to enhance FORE's understanding of the landscape of youth-oriented interventions, including programs offering prevention, harm reduction, and treatment and recovery supports;
- to identify short- and long-term strategies for reducing drug use and overdoses among children and youth, as well the barriers to their implementation;
- to consider how anticipated changes in state and federal policies, regulations, and payer policies might align with or impede FORE's efforts;
- to consider agencies, organizations, and individuals with which FORE might partner; and
- to obtain guidance on areas of work or topics FORE should avoid.

This report summarizes the discussion.

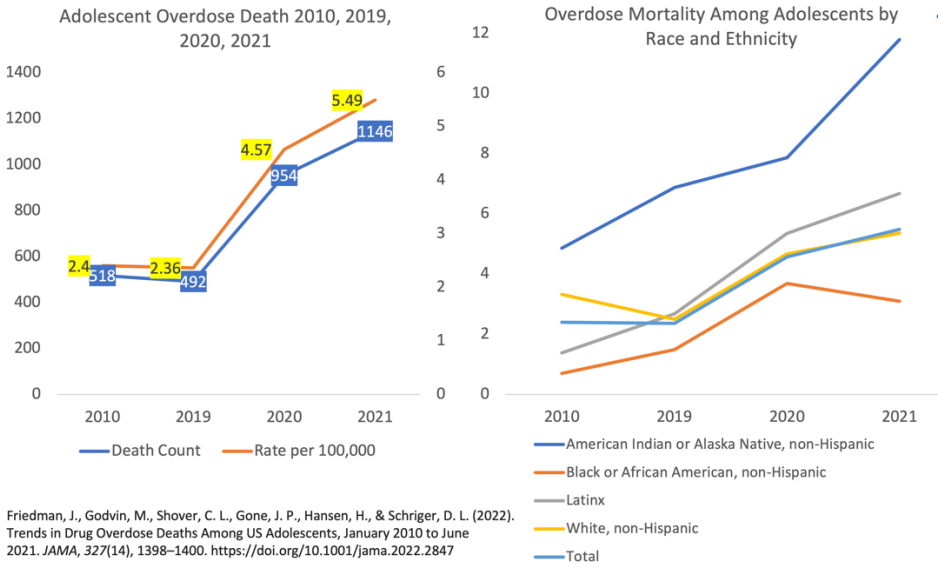
I. ASSESSING CURRENT TRENDS IN DRUG USE AND OVERDOSE AMONG CHILDREN AND YOUTH

Research Findings

To launch the discussion, two participants shared the findings of recent research documenting the incidence of drug use and overdose among adolescents. The data show overdose deaths among adolescents ages 14 to 18 more than doubled between 2019 and 2021, even as illicit drug use among surveyed middle and high school students declined. The Centers for Disease Control and Prevention (CDC) found more than 90 percent of overdose deaths involved opioids and were fueled by the widespread availability of illicitly manufactured fentanyl and fentanyl analogues (IMFs); the proliferation of counterfeit prescription drugs adulterated with IMFs or other illicit substances; and the ease with which youth were able to purchase pills through social media channels. Only a third (35%) of the adolescents who died from overdoses had a documented history of opioid use, suggesting some deaths may be the result of accidental rather than intentional exposure to IMFs. Research also shows that while overdose deaths increased among all races, the mortality rate increased at a faster rate among American Indian/Alaska Native, Black, and Hispanic youth.

Three FORE-supported research studies from the Urban Institute have documented patterns of substance use among youth and young adults between 2015 and 2019, revealing a host of missed opportunities to intervene. One study found roughly 3 million youth and young adults reported unhealthy use of opioids in the last year, with the highest rates reported by adolescents and young adults who identify as being two or more races. An analysis of data from Medicaid, which covers more than half of Americans under the age of 19, found adolescents with opioid use disorder (OUD) and other unhealthy opioid use have a higher incidence of comorbid health problems than youth who do not report using substances, and thus were more likely to have contact with health care providers. Despite this, fewer than half of Medicaid-enrolled adolescent patients with OUD or unhealthy opioid use were screened for substance use in medical settings. Fewer still — 18.1 percent of adolescents with OUD and 5.1 percent of adolescents with unhealthy opioid use — received any kind of substance use treatment.

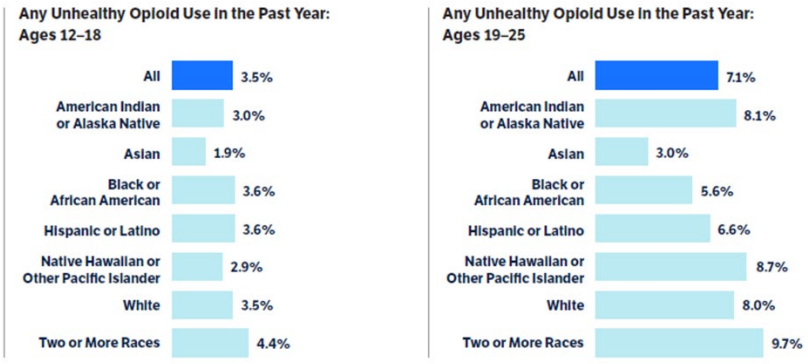
Trends in Drug Overdose Deaths Among US Adolescents



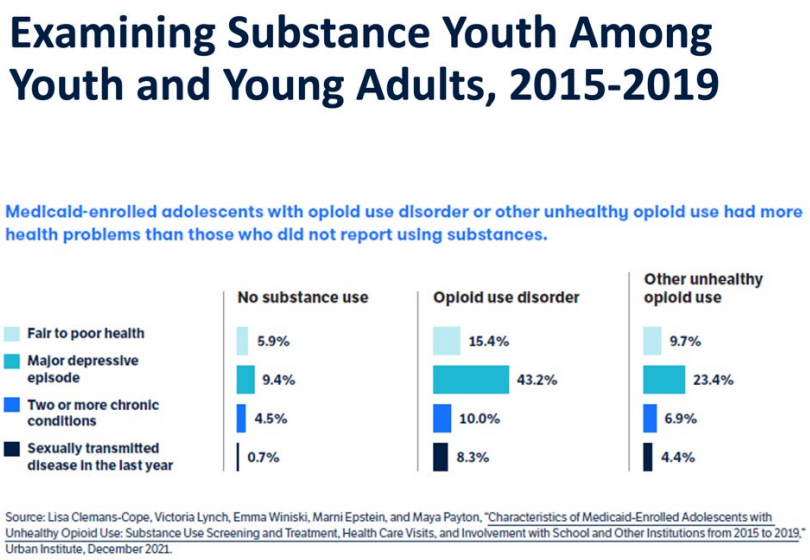
Friedman, J., Godvin, M., Shover, C. L., Gone, J. P., Hansen, H., & Schriger, D. L. (2022). Trends in Drug Overdose Deaths Among US Adolescents, January 2010 to June 2021. *JAMA*, *327*(14), 1398–1400. https://doi.org/10.1001/jama.2022.2847

Examining Substance Youth Among Youth and Young Adults, 2015-2019

Unhealthy opioid use varies by race and ethnicity but is highest among adolescents and young adults who identify as being two or more races.



Source: Lisa Clemans-Cope, Victoria Lynch, Emma Winiski, Marni Epstein, and Kimá Joy Taylor, "Substance Use and Age of Substance Use Initiation During Adolescence: Self-Reported Patterns by Race and Ethnicity in the United States, 2015-19," Urban Institute, December 2021.



A third study, analyzing Medicaid claims for adolescents and young adults in five states, confirmed the persistence of low treatment rates despite high levels of health system engagement via outpatient and emergency departments visits as well as hospitalizations, suggesting widespread opportunity to leverage health care settings to screen for opioid use and offer effective treatment.

Other research suggests that medications for OUD, the gold standard for treatment, are not widely accessible for youth. A recent secret shopper study of 160 treatment facilities found only one-quarter offered buprenorphine to adolescents ages 16 and older and only one in eight offered buprenorphine to children under the age of 16.

Participants reacted to these findings and offered reflections on how drug use and overdoses have accelerated in their communities and where opportunities to intervene exist.

An Escalation of Risk

Participants agreed that substance use has become exponentially more dangerous for youth, including young people who are unknowingly exposed to IMFs via counterfeit pills or other adulterated substances, such as stimulants. Lower pricing of fentanyl has made it more accessible to youth and its prevalence suggests the need for universal screening and prevention strategies in all settings that youth frequent, including schools, community centers, health clinics, and social media platforms.

The speed with which IMFs can kill also reinforces the importance of place-based interventions, including campaigns to increase access to the overdose reversal drug naloxone and training for bystanders to recognize signs of overdose. CDC data from July 2019 to December 2021 indicate that bystanders were present for 66 percent of overdose deaths involving youth but fewer than one-third (29.9%) of those who died were administered naloxone. While the CDC data suggest the majority of overdose deaths among youth occur in residential settings (82.1%), school bathrooms are also a frequent site of drug use and overdoses, participants said.

Lack of Clarity Around Messaging

Participants noted that the legalization of marijuana in many states has shifted the goal posts in terms of what constitutes experimentation for youth and complicated messaging around the hazards of drug use for developing brains. Many said youth, parents, and school staff need more consistent, evidence-based information about the risks of drug use and effective prevention and treatment strategies. Scare tactics and punitive approaches to discouraging drug use have been counterproductive, leading many youth to dismiss the information they receive from adults as unreliable and uninformed.

Schools and Clinicians Have Not Adapted to the Changing Nature of the Drug Crisis

The CDC's most recent analysis of overdoses among youth ages 10 to 19 found one-quarter (24.5%) of deaths involved counterfeit pills and roughly one in five (18.7%) involved the combination of stimulants and IMFs. These data highlight the importance of tailoring prevention, screening, and treatment approaches to changing patterns of drug use.

Participants recommended distinguishing between two groups to ensure that prevention and treatment protocols are designed around their unique needs. The first are youth who use opioids intermittently or inadvertently; the second are youth who are developing or have developed a dependence on opioids. Evidence-based approaches to prevention, screening, and treatment are not universally available for either group, but they tend to be more defined for those who have been diagnosed with OUD. In contrast, the needs of those who are exposed to opioids intermittently or through one-time use often go unrecognized until a death or overdose occurs.

To achieve universal access to prevention, treatment, and recovery supports, several participants also said it is important to address a reluctance they see among educators, policymakers, and medical providers to acknowledge and grapple with substance use in youth. Several participants attributed the hesitation to a lack of training and familiarity with substance use prevention and

treatment methods, as well as a concern that raising the issue will provoke a backlash from parents who may be more permissive about drug use or feel the subject is outside of a school's or clinician's purview.

Better Screening Tools and More Research Are Needed to Identify Youth Who Are Most At-Risk

Several participants cited the need for more effective screening tools. Some surveys, such as the National Survey on Drug Use and Health conducted by the U.S. Substance Use and Mental Health Services Administration, ask youth about the non-medical use of prescription medications, a question that may not be meaningful to them. Given the early age at which youth may begin using substances , it's also important to tailor survey questions in age-appropriate ways and assess the risk of accidental exposures to fentanyl. Without such measures, the U.S. will struggle to develop an accurate count of at-risk youth.

More research is also needed to discern the relative weight of specific risk factors for drug use (e.g., having access to prescription medication at home, having untreated mood or anxiety disorders) so that clinicians can respond accordingly. Research is also lacking when it comes to understanding what contributes to or could prevent experimentation or intermittent drug use. To inform the development of new interventions, one participant recommended learning from youth who have experienced significant adversity yet do not use substances.

Prevention and Treatment Programs Underemphasize Positive Youth Development and the Impact of Trauma

Several participants stressed the importance of recognizing and treating emotional trauma because it drives substance use in youth as well as adults. To address it, youth need greater access to mental health services as well as places within schools and community centers to experience a sense of safety and belonging and opportunities to develop a healthy sense of mastery and independence. Participants also highlighted that attention needed to be paid to developing and spreading programs which do not lead to trauma, noting that there is a history of punitive approaches which have especially targeted minoritized youth, and added to trauma.

The Workforce Needed to Deliver Behavioral Health Services and Promote Prevention Strategies Is Lacking

The success of overdose prevention and OUD treatment initiatives will depend on having a workforce with the skills and talents to engage youth and families. The nation currently faces a shortage of behavioral health staff for youth that confounds efforts to address the underlying drivers of substance use.

Youth peers and paraprofessionals could play a supporting role in prevention efforts. One participant noted that youth peers who had been trained to provide health education about sexually transmitted diseases and other adolescent health issues often went on to careers in health care, filling workforce gaps. Another said training youth for peer support roles was therapeutic in and of itself. Youth may define peers differently (e.g. they may consider an adult in a gaming community or a virtual friend on a social media platform to be a peer) and thus should be consulted in identifying potential supports.

Several participants also stressed the importance of ensuring interventions are designed in culturally relevant ways and having a workforce that is representative of the diversity of populations.

Next, participants discussed ways of addressing the challenges they outlined.

SOLUTIONS: TRANSFORMING CLINICAL PRACTICES

Enhance Training for Clinicians So They Recognize the Scope of the Problem and the Imperative to Act

Because of the frequency with which youth who use substances also seek medical care, clinicians and health care organizations can play a pivotal role in screening for substance use and substance use disorders (SUDs) and providing age-appropriate counseling regarding prevention, harm reduction, and treatment modalities. One reason this potential goes unrealized is that many primary care providers and specialists receive little training in how to address substance use, particularly in children and adolescents.

Participants recommended several ways of enhancing clinicians' familiarity and comfort with addressing substance use in youth, including developing youth-focused continuing medical education programs or case-based learning collaboratives that offer pediatricians and other primary care clinicians the opportunity to learn from experts in addiction medicine. Such programs could be created in partnership with organizations like the American Academy of Pediatrics, which has chapters in all states, and should reinforce the importance of family-focused, strength-based approaches to prevention as well as positive youth development, participants said. Such training programs could also emphasize the importance of tailoring interventions both culturally and linguistically and include non-Western treatment modalities.

Many states operate psychiatric consultation lines that make it easy for primary care providers to seek consults from child psychiatrists and talk through challenging cases. This infrastructure could be leveraged to enable pediatric care providers to consult with addiction medicine specialists as they manage complex cases and learn new skills.

Screening and Understanding Risk Factors

Given the changing nature of the drug supply and shifting patterns of drug use, it's important for researchers and clinicians to develop screening tools that detect both OUD and risk of incidental or accidental use of opioids, as well as other forms of substance use. Youth should be engaged in helping to shape questions in age-appropriate ways. Consistent screening will also help pinpoint risk factors for overdose and substance use, enabling the development of more refined prevention, harm reduction, and treatment protocols.

Promote A Non-Punitive Approach to Drug Use Prevention and Substance Use Treatment in Schools

School-based clinics are another vehicle for delivering prevention, harm reduction, and treatment services, but to be effective they must be staffed by people in whom youth are willing to confide. To build trust, schools should avoid punitive or fear-based approaches to preventing substance use and replace them with asset-based approaches that offer a pathway for healing trauma that often drives substance use.

Scorecards that enable schools and communities to benchmark how they fare at delivering prevention, screening, and referrals to treatment against their peers could spur the adoption of evidence-based practices. One participant suggested that youth be engaged in interpreting the findings of such reports to give communities greater insight into where their programs are falling short. Schools could also benefit from having a forum to share and learn from one another's successes and failures in preventing overdose deaths.

SOLUTIONS: REDUCING RISK THROUGH MORE EFFECTIVE COMMUNICATION AND HARM REDUCTION STRATEGIES

Develop Clear, Consistent, Evidence-Based Messaging About the Risks of Drug Use and Effective Ways of Preventing It

Several participants said health care providers, as well as schools and communities, need unified messaging that is targeted to youth at risk of developing OUD and those who are at risk from experimental or incidental drug use. There are ample opportunities to engage youth, families, and communities in developing and vetting the content. Social media companies and influencers

should also be tapped as partners to spread messages about overdose risks and effective strategies for delivering prevention, treatment, and recovery supports.

Expand the Distribution of Naloxone in Schools, Medical Settings, and Communities

Participants pointed to several models for expanding access to the overdose reversal drug and reducing the stigma associated with carrying it. The Los Angeles Unified School District has made naloxone available in schools at all grade levels (kindergarten through high school), as well as in after-school programs and early education and adult education centers. The Baltimore Department of Health has partnered with local libraries to distribute naloxone in their buildings, while a program in another locality leveraged community health workers to train families on how to administer naloxone.

One participant noted that funding available through the State Children's Health Insurance Program's health services initiatives will cover the cost of distributing naloxone for youth, as well as training for teachers and nurses to administer it; the funding can be used for all students, regardless of their source of insurance.

PRIORITIES FOR FORE

Next, participants discussed how FORE could play a role in reducing overdoses and other harms related to drug use among youth through its grantmaking, convening, and publishing.

Drawing on the daylong conversation, they suggested the following priorities:

- In building a strategy, FORE should consider both short- and long-term activities.
- Among short-term activities, FORE could strengthen clinical capacity to identify and address drug use and overdose risk by developing better screening tools and offering training and guidance to clinicians on effective treatment, prevention, and harm reduction strategies. This could include:
    - Providing funding to develop and disseminate tools that pediatric primary care providers can use to advise and assist parents in understanding the current risks associated with drug use as well as best practices for treatment and harm reduction.
    - Supporting the development and use of age-appropriate screening tools that reflect current patterns of drug use among youth.
    - Creating educational opportunities for clinicians to see and practice communication techniques that strengthen the therapeutic alliance between

clinicians and adolescents who use drugs. Youth who have experienced overdoses could partner with clinicians and professional societies in developing this training.
    - Providing funding to support addiction medicine training for pediatric providers who, in turn, could provide consultative guidance to peers.

- To reduce overdoses in the near term, FORE could also support efforts to promote universal access to naloxone (e.g., through doctors' offices, schools, libraries, and community centers) and work to reduce the stigma associated with carrying it so youth do not fear being discriminated against or punished for doing so. To build the evidence base of what works, FORE could fund evaluations of promising approaches to delivering naloxone and other harm reduction tools to young people.

- FORE could support the expansion of school-based health services and promote the development of a workforce of school-based health staff who are skilled at identifying youth in need of support, providing referrals to treatment, and responding to drug use and overdoses that occur on school property using evidence-based techniques.

- FORE could create a technical assistance center that offers clinicians, schools, states, and communities across the U.S. information and training on effective prevention and treatment strategies, with an emphasis on culturally relevant, non-punitive, family-focused approaches. The center could highlight models that promote collaboration across sectors and incorporate the principles of trauma-informed care.

- FORE could support the development of clear, evidence-based messaging by partnering with youth and families to create and test prevention messages that resonate with youth and keep pace with emerging risks that result from changing patterns of drug use. To appeal to young people, such campaigns could leverage first-hand accounts from youth that emphasize their strengths. FORE could also support the development of targeted messaging that addresses the unique needs of children and adolescents living with parents who have a substance use disorder.

- FORE could also support broader workforce expansion by funding training initiatives geared to both clinical and non-clinical staff. It could also support efforts to diversify the workforce so that it reflects the U.S. population as a whole to better meets the needs of youth and families.

- As a longer-term strategy for preventing drug use, FORE could support programs that promote positive youth development, including through mentorship.

TOPICS TO AVOID

Participants recommended that FORE avoid siloed approaches to problem solving by engaging a wide range of partners, including clinicians, educators, members of law enforcement, tribal organizations, a diverse array of parents, including ones who have lost children to drug overdoses, and youth themselves. Such collaboration will help to ensure that punitive approaches are avoided. FORE should also ensure that the prevention and treatment approaches it supports are family focused, given the far-reaching impacts of substance use.

PARTNERS AND PARTNER ORGANIZATIONS

To broaden the discussion and develop solutions, participants said the following groups should be engaged:

- Youth and families, including grandparents, with and without lived experience of substance use;
- Community-based organizations, such as the Boys and Girls Clubs of America;
- Educators, including administrators who determine school policies;
- Indigenous healers;
- Social media companies;
- Law enforcement; and
- Businesses and others in the private sector.

ATTENDEES

The following individuals attended the advisory board meeting. Their participation does not constitute their endorsement of this document.

Chair: Stephen W. Patrick, MD, MPH, MS, FAAP, Associate Professor of Pediatrics and Health Policy and Director of the Center for Child Health Policy at Vanderbilt University Medical Center

Attendees:

- Hoover Adger, Jr., MD, MPH, MBA, Professor of Pediatrics at Johns Hopkins University School of Medicine and member of FORE's Scientific Advisory Council.
- Zoe Barnard, MA, Senior Advisor at Manatt
- Lisa Clemens-Cope, PhD, Senior Research Fellow at the Urban Institute

- Angela Diaz, MD, PhD, MPH, Dean of Global Health, Social Justice, and Human Rights and Professor of Adolescent Health in the Department of Pediatrics at the Icahn School of Medicine at Mount Sinai
- Capt. Jennifer Fan, PharmD, JD, Acting Director of the Center for Substance Abuse Prevention at the Substance Use and Mental Health Services Administration
- Vincent Guilamo-Ramos, PhD, MPH, LCSW, RN, FAAN, Dean and Professor in the School of Nursing at Duke University
- Scott Hadland, MD, MPH, Chief of Adolescent Medicine at Mass General for Children and Associate Professor of Pediatrics at Harvard Medical School
- Aaron Hogue, PhD, Vice President of the Partnership to End Addiction
- Sharon Levy, MD, MPH, Chief of the Division of Addiction Medicine at Boston Children's Hospital and Associate Professor in Pediatrics at Harvard Medical School
- John Lowe, RN, PhD, FAAN, Joseph Blades Centennial Memorial Professor at the University of Texas at Austin School of Nursing
- Terrinieka Powell, PhD, Bloomberg Associate Professor of American Health in the areas of equity and adolescent health, and Vice Chair of Inclusion, Diversity, Anti-Racism, and Equity at the Johns Hopkins Bloomberg School of Public Health
- Richard Schottenfeld, MD, Professor and Chair of the Department of Psychiatry and Behavioral Sciences at Howard University College of Medicine.
- Moira Szilagyi, MD, PhD, Professor of Pediatrics at UCLA
- Kima Taylor, MD, MPH, Managing Principal of Anka Consulting, LLC
- Debra Waldron, MD, MPH, FAAP, Senior Vice President of the American Academy of Pediatrics
- Leslie R. Walker-Harding, MD, FAAP, FSAHM, Ford/Morgan Endowed Professor, Chair of the Department of Pediatrics, and Associate Dean at the University of Washington, and Chief Academic Officer and Senior Vice President at Seattle Children's Hospital

FORE Staff and Consultants:

- Karen Scott, MD, MPH, President of FORE
- Ken Shatzkes, PhD, Program Director at FORE
- Brian Byrd, MPA, Senior Program Officer at FORE
- Katherine Hamilton, MA, Operations Associate at FORE
- Yuyan Huang, MPH, Program Associate at FORE
- Sarah Klein, Partner at Pear Tree Communications, Inc.
- Myrna Manners, Partner, The Manners Dotson Group