

## **ACMT Position Statement: Expanding Treatment for Youth with Substance Use-related Illnesses**

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The position of the American College of Medical Toxicology (ACMT), is as follows:

Members of the American College of Medical Toxicology (ACMT) who work with patients who have substance use-related disorders (SUD), observed that the youth population suffering from these conditions has continued to increase. However, treatment facilities and the training of practitioners to care for this group is inadequate to meet the increasing need. Based on this finding, ACMT has several recommendations to improve these deficiencies.

### **Background**

As physicians and medical toxicologists with expertise in pharmacology, substance use disorder prevention and treatment, and public health, members of the American College of Medical Toxicology (ACMT) are devoted to taking care of all patients regardless of age and are concerned about the limited treatment options for youth with SUD. Youth (ages 10 to 19) make up approximately 13% of the US population (1). The number who use non-prescribed substances is staggering, with about 2.1 million (8.3%) of 12- to 17-year-olds nationwide reporting use within the past month (2,3,4,5). Non-prescribed substance use increased 61% among 8th graders between 2016 and 2020(3). In addition, as these individuals age, many progress to develop SUD. In the United States, 90% of adult individuals with SUD initiated their use of substances before the age of 18 (4).

More detailed statistics:

- 8.7% of 8th graders have used illicit drugs in the last month.
- 21.3% of 8th graders have tried illicit drugs at least once.
- By 12th grade, 46.6% of teens have tried illicit drugs.
- 4,777 Americans aged 15 to 24 years old died of an overdose of illicit drugs in 2019 (4).
  - 11.2% of overdose deaths are in those aged 15 to 24 years.
- Injection drug use increases the risk for HIV and for overdose in youth (3).
- Youth opioid use is directly linked to riskier sexual behaviors (5).
- Students who report using non-prescription medications at any time are more likely than other students to report being the victim of physical or sexual dating violence (5).
- Drug use is associated with co-occurring mental health issues and an increase in suicide risk (5).

While substance use is increasing in youth, treatment availability in this demographic is not increasing to meet the demand. According to the 2018 National Survey on Drug Use and Health (NSDUH), 946,000 (3.8%) adolescents (ages 12-17) needed substance use treatment in the past year, but only 159,000 (0.6%) received it compared to 1.6% of young adults aged 18 to 25 and 1.4% age 26 or

greater (6). Furthermore, among 13,585 addiction treatment facilities in the U.S., only 3,537 (26.0%) offer adolescent programs (3). Moreover, 23.1% of facilities that treat adolescents offer medications for opioid use disorder compared to 35.9% of those that treat adults (7).

According to the ACGME program requirements for graduate medical education in addiction medicine, fellows are required to “demonstrate competence in providing care to SUD patients with diversity of age” and “to demonstrate knowledge of the impact of substance use, including psychosocial and medicolegal implications, in diverse populations and cultures, such as women, neonates, children, adolescents, families.....” (8). However, there is no specific requirement for those in fellowship training to care for youth during their training period. Because many SUD treatment centers, both inpatient and outpatient, exclude patients under the age of 18, those in fellowship training often have no clinical experience with this age group. The ACGME program requirements for training in medical toxicology include treating patients of “all ages” and “pediatric patients” in the curriculum, but nothing more specific (10).

Not only are we failing to address the substance use treatment needs of a substantial portion of our population, generations of addiction medicine and medical toxicology certified practitioners will have little experience with the care of SUD in youth, despite having formal training.

Youth are a vulnerable population and a group requiring increasing treatment needs for substance use (10).

### **Recommendations:**

- Youth must be included in the scope of service and access to addiction medicine services, including those provided in addiction medicine and medical toxicology fellowship training programs.
- Training programs should have specific time required for youth services, rather than general requirements suggesting that all ages be served. Further, such care must be provided in a developmentally appropriate environment that respects the family dynamic.
- Treatment centers should understand the Mental Health and Addiction Equity Act of 2008 (MHPAEA or Parity Law) and payors should provide coverage for treatment.
- Much of the research in SUD excludes those under 18 or 21 years of age, partly related to concerns with consent, but also risk of harm. Therefore, there is a need for the development of regulations and safeguards that allow youth to participate in SUD research
- There is a critical need for appropriate substance use education, prevention, screening, and intervention for youth patients. sup
- The expansion of federal legislation that removes barriers to care for youth with SUD by further expansion of 42 CFR part 8.

As the problem of SUD in youth continues to grow, there is a need for those working the addiction medicine health care system (including medical toxicology) to remove barriers preventing the treatment of youth who suffer from substance use-related conditions and SUD.

### **References**

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