

Youth Concurrent Disorders: Service Navigation

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LAND ACKNOWLEDGEMENT

Our hands go up to the x^wməθkwəyəm (Musqueam), Skwxwú7mesh (Squamish) and Səlílwətaʔ/Selilwitulh (Tsleil-wau-tuth) Nations for the privilege to live and work as guests on their beautiful territory



Disclosures

None.



Learning Objectives

As a result of attending this webinar series, the participant will be able to:

1. Identify concurrent / substance use disorders in children and youth, including various comorbidities that increase its complexity.
2. Describe evidence-based guidelines for assessment and intervention for concurrent / substance use disorders in children and youth.
3. Recommend and/or deliver appropriate pharmacological and non-pharmacological interventions for children and youth with concurrent disorders.

Outline

1. Statistics
2. Screening and Comprehensive Assessment
3. Navigating Substance Landscape
4. Tips for Navigation
5. Supporting Caregivers



Statistics/Reality Check

- In 2021 was the deadliest year in B.C.'s opioid crisis
 - including death of 29 under 19yrs, and 326 between 19 and 29yrs.
- Highest rate - Northern and Vancouver Coastal
- Overrepresentation of Indigenous peoples, worsening through COVID-19
- 207 lives lost to toxic drugs in January 2022; 174 in February



Screening and Comprehensive Assessment

- Screening
 - Tools (i.e CRAFT, S2BI)
 - Be mindful of age based assumptions
- Comprehensive Assessment
 - Use motivational interviewing (MI) to learn and discover
 - Exploring risk together
 - Ask about previously tried interventions
 - Use MI to explore change readiness, hopes and goals
 - Incorporate a concurrent disorders assessment



Assessment - Takeaways

- Discuss privacy and confidentiality
- Ask about substance use
- Use a trauma-informed approach
- Explore with a non-judgmental curiosity and openness
- Ensure a client-centered approach



Harm Reduction

- Harm reduction is a just and evidence-based approach to be integrated into your assessment and intervention
- Focus first on reducing harms and increasing the chances of your patient returning to see you!

Education

- Explore and provide education around harm reduction practices with your patient and their caregivers
- Provide education about their particular substance of choice(s) (i.e. you may want to talk about how the substance(s) may impact brain development)
- Provide education on addiction, tolerance, and withdrawal symptoms



Service Navigation

Generally increasing levels of intrusion, speciality or intensity

Safer Use, OAT, Harm Reduction

- Adult Supervised Consumption Sites
- Foundry
- Community Health Clinics
- Naloxone
- Lifeguard App, drugcocktails.ca
- RAAC, DTES Connections, Ann Vogel etc.

Withdrawal Management

- Social Detox (i.e. home-like setting)
 - ex. Directions* soon to be closed.
- Medical Detox
 - ex. Creekside, Quibble Creek, Surrey
- Home based detox

Youth Hubs or Centres

- Foundry (up to 24)
- VCH Community Health Clinic and other equivalents
- Directions, Covenant House, Broadway Youth Resource Center
- Indigenous Youth Hubs, Friendship Centres etc

Service Navigation

Generally increasing levels of intrusion, speciality or intensity

Peer Based Groups

- Foundry (up to 24)
- AA, NA, CA
- SMART Recovery
- Life Ring
- Wellbriety
- Refuge Recovery

Counselling, Psychiatry and SU Groups

- Foundry
- CYMH
- Watari
- Boys and Girls Club
- UNYA
- Youth Concurrent Disorders Programs
- FNHA's Virtual Substance Use and Psychiatry (16+)

Intensive Case Management (ICM) or Outreach

- VCH ICMT
- Foundry
- Watari
- Covenant House
- VCH Overdose Outreach Team - Youth Worker
- UNYA
- Kilala Lelum

Service Navigation

Generally increasing levels of intrusion, speciality or intensity

Day Program/Daytox

- Youth Day Treatment Program
- DEWY

Residential

- Carlile
- Peak House
- Young Bears Lodge
- Nechako
- Full Time Attendance Programs (FTAP)
- Renfrew House
- Youth Recovery House

Tips for Navigation

- Referrals
 - Some programs allow self-referral, some require a health or mental health provider to refer
 - Inquire with your Health Authority around centralized referral process (CAIT, Fraser Health)
 - Age cut off
 - Caregiver consent
- Managing wait times
- Funding Options
 - Extended health benefits
 - Private - FAP, and others
 - Public
 - FNHA, Band/Nations
 - Indigenous Nations or Communities



Supporting Caregivers

- Family, and community involvement where possible.
- Child/Youth SUD effects on caregivers and family members
- Caregivers may become case managers for their youth.

Working with families:

- Providing substance use and harm reduction education.
- Safety Planning
- Finding supports for the family
 - Moms Stop the Harm, FamilySmart, From Grief to Action, FoundryBC



Summary/Key Takeaways

- Don't be afraid to talk about substances
- Harm Reduction and keeping youth alive is a priority
- Youth Centred - Choices and collaboration
- Spirit of MI
- Treat concurrently
- Consider the spectrum of services



Thank you! Questions?

Visit the Compass Concurrent Disorders / Substance

Use Toolkit: <https://compassbc.ca/toolkits>

CRAFFT Questionnaire: https://njaap.org/wp-content/uploads/2018/03/COMBINED-CRAFFT-2.1-Self-Admin_Clinician-Interview_Risk-Assess-Guide.pdf

S2BI Screener:

https://www.mcpap.com/pdf/S2BI_postcard.pdf

