Child & Youth Substance Use Pathway Overview

START HERE

Open the conversation

1

Identifying problematic substance use can save lives and it starts with a conversation. "I talk to all youth about alcohol and other substances. Would it be alright for us to talk about this now?"

A successful conversation about substances involves **asking questions** respectfully and understanding child and youth **confidentiality**. After establishing a relationship of trust, you can provide **evidence-based education**. To ask youth questions around substances, use motivational interviewing as a framework of approach. It emphasizes a supportive, non-judgmental, and objective approach.

Link to

- Trauma-informed care
- Why words matter
- HEADSSS • SSHADESS
- Motivational interviewing
- Setting the stage
- Confidentiality
- Youth resources
- The 5A's Model

Screen for use

2

It is recommended that youth aged 10 yrs and older be regularly screened. Consider screening more frequently if multiple **problematic yellow or red flags** are present or risk factors have recently changed. When screening a youth, it is crucial to take into account their **developmental stage**, as well as the interplay of protective and risk factors, all of which contribute to the **complexity** of their care.

Screening tools

- General: CRAFFT • S2BI
- Alcohol: AUDIT • AUDIT-C
- Cannabis: CUDIT-R

Link to

- Clinician tools
- Youth resources
- Developmental stage
- Complexity: protective and risk factors

Is there problematic substance use?

YES

NO

Offer education and feedback

3A

Evidence-based education for youth and/or family members is essential to the prevention of problematic substance use.

Alongside education, empower youth and/or family members to look out for signs of problematic use. Signs that mean a follow-up appointment is recommended can include:

- Mood/attitude changes (despondent, angry, breaking rules, etc.)
- Changes in work/school performance and attendance
- Isolation or changing friend groups
- Recent traumatic events
- Physical changes (weight loss, increased sleep)

Link to

- Youth resources
- Family resources & supports

Screen for concurrent conditions

3B

Mental health conditions and **trauma** are often present alongside problematic substance use.

These factors can create **complexity** to a youth's substance use.

Link to

- Complexity: protective and risk factors

Screening tools

- Depression • Anxiety • ADHD • Autism

Offer education

4

When there is problematic substance use, provide counselling and brief intervention support.

Remember to create a nonjudgmental and open conversation, empowering youth with evidence-based education.

Link to

- Youth resources

Determine goals

5

What are the youth's priorities? It may be their substance use or another factor affecting their health. Determine if the youth can identify the root cause of their substance use: "What does using substances do for you?"

Moving forward, focus on the priority identified by the youth. If substance use is not the priority, discuss harm reduction and revisit in the future once other issues have improved.

Link to

- Motivational interviewing

Identify current support

6

Get to know whom the youth identifies as part of their current support system or care team.

Identify desired care team

7

Care team membership varies by who is available to support and whom the youth wants included.

Supports may include: Family members, teacher, health-care provider, Indigenous Elder, counsellor, social worker, case worker, and navigator among others.

Keep in mind that youth's wishes for their care team may change over time. Revisit the topic periodically.

Link to

- Youth resources

Is a referral needed, available, and acceptable to the youth currently?

YES

NO

Follow up

8A

Continue care with the youth on the topics relevant and prioritized by them. Consider **revisiting care team** and **frequency**.

Topics

- Mental health
- Sexual health
- Housing
- Eating disorders
- ADHD • Autism • FASD
- Physical health
- Substance use

Supportive and Interim Management

9

Follow up on goals set, harm reduction strategies, etc. Options while waiting for access to resources include:

- SMART Recovery • Foundry
- Motivational Interviewing
- Medication information: ACTOC

Click to learn about

Alcohol | Cannabis | Stimulants | Tobacco | Opioids | Other

Referral recommendations

8B

Always curate resources and service options for the youth and their family. Avoid long lists that require further navigation or research.

Learn about

- Available resources and referrals
- Resources/ referrals by development stage & complexity

Referral Recommendations

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↓ **Developmental Stage**

Complexity ↓	Early & Middle Adolescence	Late Adolescence	Young Adulthood
Low Complexity	• Youth and family education about substances • Counselling on safety and harm reduction • School-based/private counselling, online resources • Foundry • Offer to involve family or caring adults identified as supportive	• All low complexity recommendations for Early and Middle Adolescence (as seen in left-hand column) • Offer to involve family or caring adults identified as supportive	• Youth and family education about substances • Counselling on safety and harm reduction • Pharmacotherapy if needed (i.e., NRT, varenicline, naltrexone, acamprosate, SSRI/SNRI) • Foundry • Offer to involve family or caring adults identified as supportive
Moderate Complexity	**In addition to the Low Complexity Recommendations (above):** • Self-referred services (CYMH, Foundry) • Community family service agencies, parent support programs • Liaise with school • Referral to specialist taking consultations for youth addiction • Consult COMPASS • Offer to involve family or caring adults identified as supportive	**In addition to the Low Complexity Recommendations (above):** • All moderate complexity recommendations for Early and Middle Adolescence (as seen in left-hand column) • Pharmacotherapy if needed (NRT, SSRI) • Referral to CYMH or Addictions • Consult COMPASS • Offer to involve family or caring adults identified as supportive	**In addition to the Low Complexity Recommendations (above):** • Self-referred services (Foundry, youth addictions intake line, RAAC/RAAM) • Referral to outpatient Psychiatry or Addictions • Consult COMPASS • Offer to involve family or caring adults identified as supportive
High Complexity	**In addition to the Moderate Complexity Recommendations (above):** • Consider MCFD for protection/caregiver support • RAAC/RAAM (if eligible) • Foundry or OAT clinic (if eligible) for opioid agonist therapy • BCCSU 24/7 substance use line or RACE line • Offer to involve family or caring adults identified as supportive	**In addition to the Moderate Complexity Recommendations (above):** • Referral to specialized services: RAAC/RAAM, youth detox • Special population referrals: early psychosis, addiction/harm reduction in pregnancy, overdose outreach team • Consider MCFD for protection/caregiver support • BCCSU 24/7 substance use line or RACE line • Offer to involve family or caring adults identified as supportive	**In addition to the Moderate Complexity Recommendations (above):** • Referral to specialized services: MHSU clinic, community health centre, OAT clinic, AUD services, detox, RAAC/RAAM • Special population referrals: early psychosis, concurrent disorders, addiction/harm reduction in pregnancy, overdose outreach team • BCCSU 24/7 substance use line or RACE line • Offer to involve family or caring adults identified as supportive

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Consider Developmental Stage

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	Developmental Stage			
	Early Adolescence	Middle Adolescence	Late Adolescence	Young Adulthood
Cognitive Milestones	• Commonly 10~14 yrs old • Appreciates independence • Accepts parental involvement • Concrete thinking (i.e., all-or-nothing, good-or-bad, more literal understanding of metaphors, fantasy-like future planning)	• Commonly aged 13~17 yrs old • Greatly values independence from caregiver • Seeks approval from peers more than caregiver • Emerging abstract thinking (i.e., interest in moral reasoning, has sense of "conscience", ideological identity, perceives own future as "invincible")	• Commonly aged 16~20 yrs old • Greatly values independence as individual • Manages some life skills independently • Abstract thinking (i.e., considers pros and cons, compromises, articulates abstract ideas, more realistic future planning)	• Commonly aged 19~25 yrs old • Expects independence • Manages most life skills independently • Abstract thinking • Insightful self-reflection

Note that adolescents commonly revert back to previous developmental stages when under stress or emotional distress. For this reason, counselling with adolescents should avoid fear tactics and focus on helping the youth to stay calm and well-regulated.

Developmental stage and trajectory may be impacted by factors like neurodevelopmental conditions, developmental trauma, etc.

Consider Complexity

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To determine if substance use is problematic, note the complexity of the individual. Ask about their home life, mental health, etc.

↗ HEADSSS
↗ SSHADESS
↗ TEFA

This table is a guide, not a rule book.

Factors may interact and compound to change overall complexity.

i.e., "Older friends" is more alarming for a youth in a gang than a youth in school with a stable home life.

	Drugs	Mental Health	Home
Low	• Abstinence or strictly ceremonial use	• Resiliency and wellbeing • Positive childhood experiences • Adaptive responses to stress • Good therapeutic support network	• Feels safe and cared for by a responsible adult who does not suffer from SUD[5] • Sufficient household income for food, housing, and activities • Open discussions on important factors[6]
	• Experimental or infrequent use of small amounts of nicotine, alcohol, or cannabis	• Mild psychiatric concurrent diagnoses • Well managed symptoms	• Caregivers temporarily distracted by other life pressures, less time with youth
Moderate	• Often uses substances (weekly) or uses to treat mood, anxiety, social difficulties, etc. • Early onset (<15 yrs) • Interference in psychosocial functioning in one or more domains[1]	• Mild to moderate generational and childhood trauma affecting resiliency • Mental health[4] symptoms affecting school and relationships • Non-adherence to treatment	• Experiencing discrimination[7] • Recent immigration • Negative peer influence starting to supercede caregiver connection and guidance
	• Regularly using substances (3-4x wkly) • High risk use (i.e., street substances, prescription opioid misuse, etc.) • Experiencing negative consequences of use[2] and/or withdrawal symptoms	• Moderate to severe psychiatric diagnosis (i.e., paranoia, intrusive thoughts, anhedonia, etc.) • Use of substances to self-medicate • History of suicidal ideation and self harm	• Reaching out to more exploitive friends or adults as "family" • Insufficient parenting skills[8] • Moderate caregiver-child relationship issues
High	• Daily use (or 5+ days/wk) • Compulsive use despite negative impacts on self, family, friends, etc. • Severe impairment in functioning	• Complex childhood trauma, exposure to inter-partner violence • Poor engagement with mental health team • Behavioral dysregulation	• Parental discord, divorce and/or separation especially with conflict • Financial stress, food instability • Severe caregiver-child relationship issues • Neglect or verbal/emotional abuse
	• High risk drug related behaviours[3] • Injection drug use • Requiring treatment program/detox	• History of suicide attempt • History of psychiatric hospitalization • Use of substance to treat refractory symptoms	• Caregiver severe substance use or mental health disorder, or incarceration • Couch surfing, marginalized housing, or housing instability • Physical or sexual abuse, or severe neglect
Severe	• Overdose, major health event (i.e., brain injury, nerve damage to limb, endocarditis, etc.)	• Active psychosis, mania • Active suicidal ideation, plan and intent • Eating disorders with instability requiring hospitalization	• Homeless, living on street • Shelter dependent on exploitation

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Consider Complexity

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	Education/Employment	Activities	Sexual Health	
	• Attending work/school consistently, maintaining grades and work performance • Feels connected to an adult at school and has positive peer connections • Sense of belonging at school	• Enjoys positive activities and/or societal groups (i.e., hobbies, sports, volunteering, school, church, community organizations) • Enjoys participating in cultural activities	• In a stable relationship or not sexually active • Consistent contraceptive use[10] • Can talk to trusted adult about sexual health • 2SLGBTQI+ and not experiencing homophobia/transphobia	Low
	• Missing a few classes/work shifts without illness	• Spending more time alone • Spending most of free time on screens, social media use, or Internet gaming	• Aware of or accessing youth sexual health clinics for contraception, STI testing, etc. • Aware of PEP, PreP and using consistently if appropriate	
	• Mood changes including anxiety/depression causing some school/work avoidance • Undiagnosed or untreated neurodevelopmental differences[9] • Bullying and/or discrimination at school	• Dropped extracurricular activities • Less contact with previous friend group	• High-risk sexual activity like multiple partners, unknown partners, inconsistent contraceptive use, etc. • Recurrent treatable STI's	Moderate
	• Conflict with teachers/caregivers/authority figures • Skipping school to be with peers, grades or work performance dropping due to substance use	• New friends who require substance use to belong and may be older • Irritability and blaming others for present state	• Intimate partner violence • History of sexual assault • 2SLGBTQI+ and experiencing homophobia/transphobia • Nude images shared without consent	
	• Substance use at/before school or work	• Police involvement with increase in fighting and property damage • Loss of extracurricular activities except substance use with friends	• Syphilis • Using substances to enhance sex • Illegal age gap with partner • Pregnancy, especially late diagnosis (>13 wks)	High
	• School-aged and not attending school • School failure or loss of work	• Driving while using substances • Harm to peers, partners, caregivers resulting in inability to join activities in future	• HIV, hepatitis or other treatable but possibly not curable STIs • Sexual exploitation, trading sex for substances/money/housing, sexual blackmail (sex-tortion)	
	• Violence, theft, or other criminal behaviour at work/school • Actions that will affect ability to go to work/school in future	• Incarceration • Gang involvement	• Human trafficking	Severe

1. Domains may include school, family, peer relationships, work, etc.
2. Driving under the influence, work, school, or relationships negatively affected, etc.
3. Severe Substance Use Disorder (SUD) (6+ DSM 5 Criteria)
4. Depression, anxiety, ADD/ADHD, disordered eating affecting
5. Substance Use Disorder (SUD)
6. Discussion about drugs, alcohol, mental and sexual health, etc.
7. Discrimination based on colour, race, age, gender, economic factors, etc.
8. May include authoritarian or permissive parents
9. Learning difficulties, including undiagnosed (i.e., FAS, ADHD) increase vulnerability
10. Long-acting reversible contraceptive and consistent use of barrier contraceptive

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Working Group & Planning Committee:

Bruce Hobson, MD
David Smith, MD FRCPC DABAM
Dzung X. Vo, MD FAAP FSAHM
Hayley Broker, MD CCFP
James Ketch, MD CCFP
James Wang, MD FRCPC
Martha J Ignaszewski, MD FRCPC DiplABPN DiplISAM
Steve Mathias, MD FRCPC
Shirley Sze, MD CCFP FCFP
Yona Gellert, MSc

Instructional Design:

Katherine Co, MArch BEnds

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Your feedback is crucial to the continuous improvement of our clinical tools.
Share your thoughts and suggestions with us at cpd.online@ubc.ca.