Opioid Response Network

Integrating Overdose Prevention and Opioid Use Disorder Treatment in Pediatric Primary Care

Sarah M. Bagley, MD, MSc
Associate Professor of Medicine and Pediatrics
Director, Youth Advocacy and Research Collaborative
Chobanian & Avedisian School of Medicine and Boston Medical Center

July 8, 2026

Opioid Response Network

Thank you to Amy Yule, Scott Hadland, and Jessie Calihan

Working with communities.

- The SAMHSA-funded *Opioid Response Network (ORN)* assists states, tribes, organizations and individuals by providing the resources and technical assistance they need locally to address the opioid crisis and stimulant use.
- Technical assistance is available to support the evidence-based prevention, treatment and recovery of opioid use disorders and stimulant use disorders.

Working with communities.

- The *Opioid Response Network (ORN)* provides local, experienced consultants in prevention, treatment and recovery to communities and organizations to help address this opioid crisis and stimulant use.
- *ORN* accepts requests for education and training.
- Each state/territory has a designated team, led by a regional Technology Transfer Specialist (TTS), who is an expert in implementing evidence-based practices.

Contact the Opioid Response Network

- To ask questions or submit a technical assistance request:
  - Visit www.OpioidResponseNetwork.org
  - Email orn@aaap.org

Substance Abuse and Mental Health Services Administration (SAMHSA)

Funding for this initiative was made possible (in part) by grant no. 1H79TI088037 from SAMHSA. The views expressed in written conference materials or publications and by speakers and moderators do not necessarily reflect the official policies of the Department of Health and Human Services; nor does mention of trade names, commercial practices, or organizations imply endorsement by the U.S. Government.

Approach: To build on existing efforts, enhance, refine and fill in gaps when needed while avoiding duplication and not "recreating the wheel."

Overall Mission

To provide training and technical assistance via local experts to enhance **prevention**, **treatment** (especially medications like buprenorphine, naltrexone and methadone) and **recovery** efforts across the country addressing state and local - specific needs.

Opioid Response Network

Integrating Overdose Prevention and Opioid Use Disorder Treatment in Pediatric Primary Care

Sarah M. Bagley, MD, MSc
Associate Professor of Medicine and Pediatrics
Director, Youth Advocacy and Research Collaborative
Chobanian & Avedisian School of Medicine and Boston Medical Center

July 8, 2026

Opioid Response Network

Thank you to Amy Yule, Scott Hadland, and Jessie Calihan

Learning Objectives

1. Describe evidence-based approaches to screening, brief counseling for youth

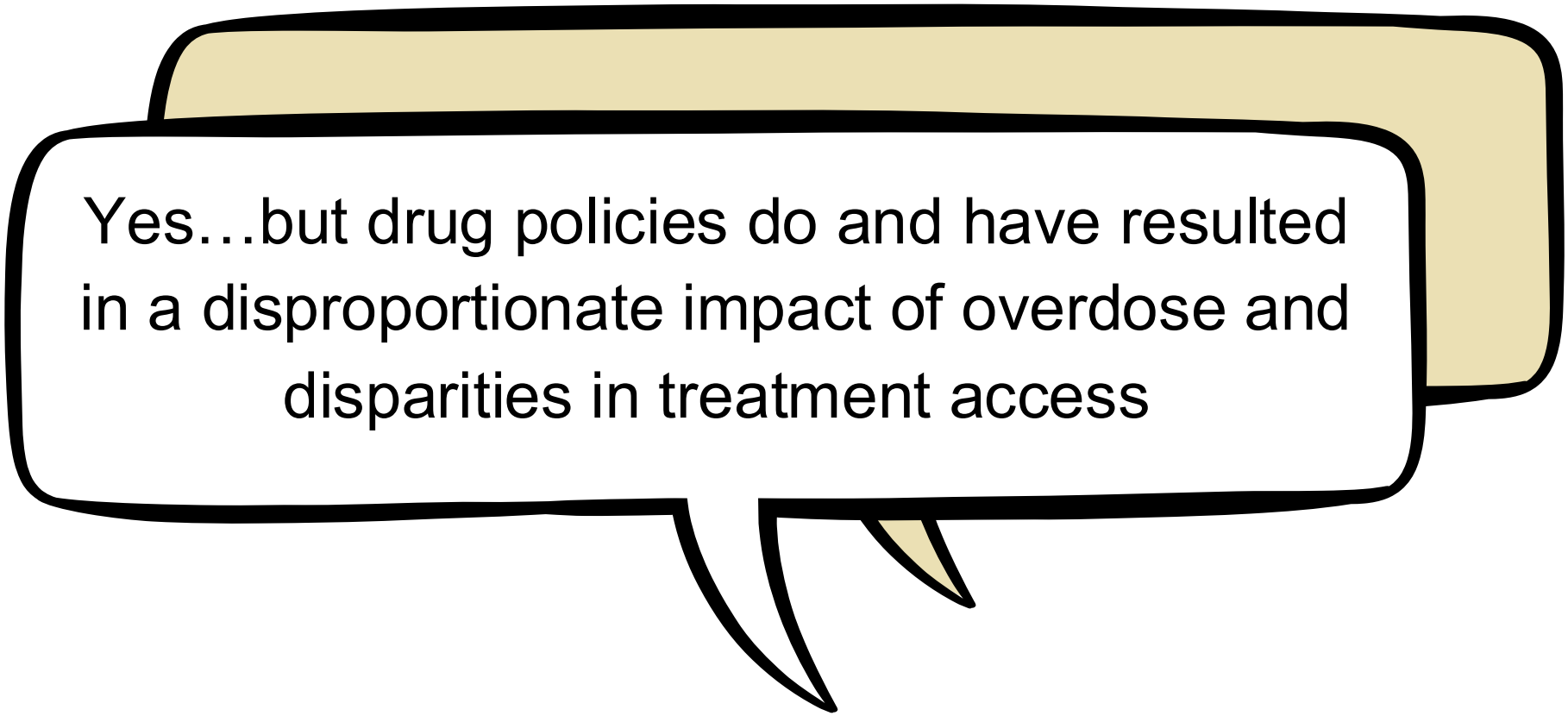
2. Identify evidence-based approaches pharmacologic options for treating youth with opioid use disorder

3. Identify strategies for connecting adolescents to behavioral health and community resources to support OUD treatment and overdose prevention.

4. Apply at least one actionable overdose prevention or OUD treatment practice within their own role or setting

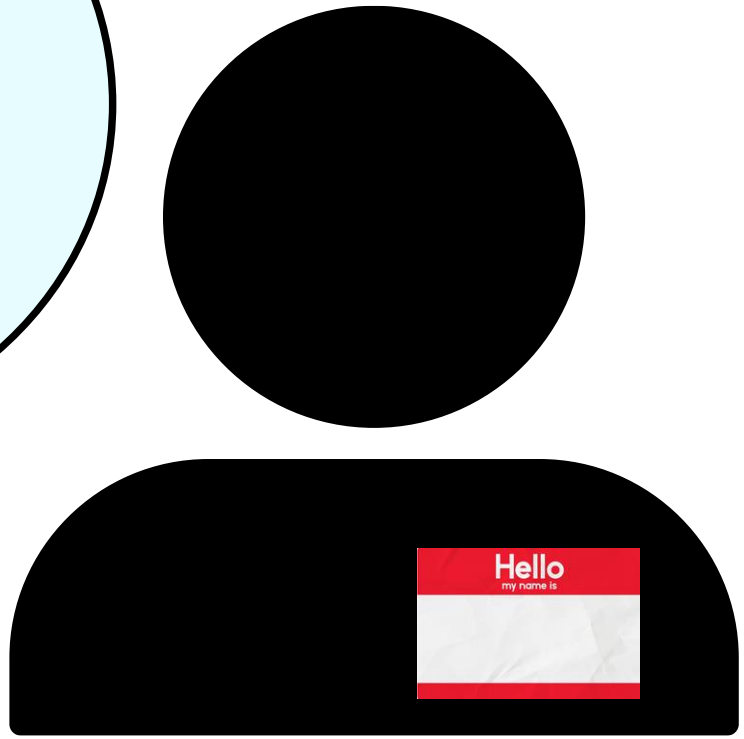
Language Matters: Hard to Reach

Language Matters: Addiction does not Discriminate



Identity Formation

"They don't want their life to continue to be defined by their substance use, including if that means being defined by not using substances… I think the conversation isn't just about …people won't die … It's like people will be present for their lives again."



Schoenberger SF et al. J Gen Intern Med. 2022; Mar:37(4):816-822

Use ≠ Substance Use Disorder

More teens report using substances than have a SUD

Any exposure to alcohol or drugs carries potential for harm, but there is also an opportunity to minimize harm

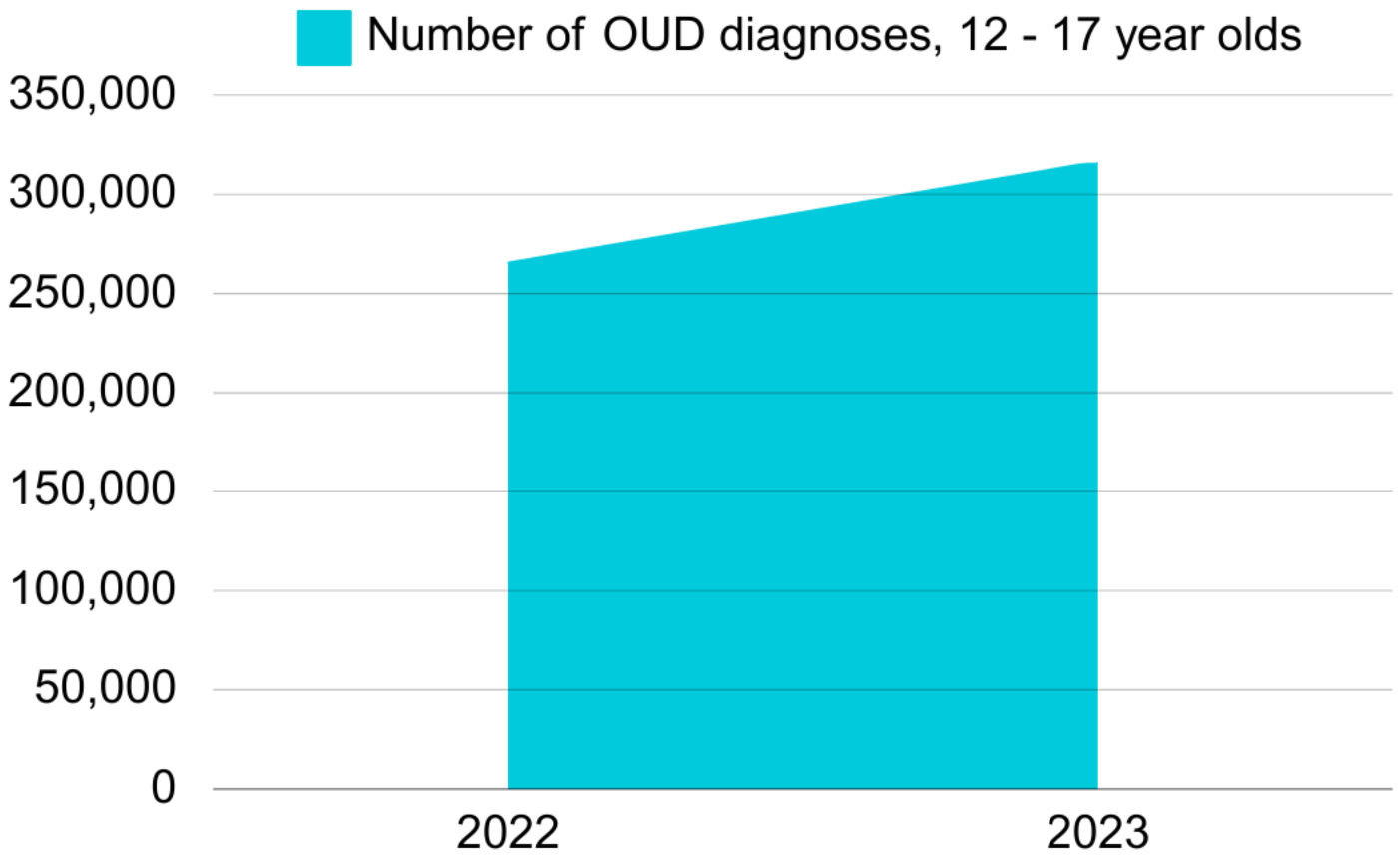
Role of Counterfeit Pills

- Proliferation of counterfeit pills complicates risk
- Mimic legitimate prescription drugs
- Increase risk for overdose- expose to substance unintentionally
- Appear to be a particular risk factor for youth

O'Donnell J et al. MMWR, 2023: Vol 72, No 35
Glidden E et al. MMWR, 2024: Vol 73, No 29

Rising Rates of Opioid Use Disorder

NSDUH data that shows 265,000 opioid use disorder diagnoses in 2022 to 316,000 in 2023, in youth 12-17 years of age



Case 1

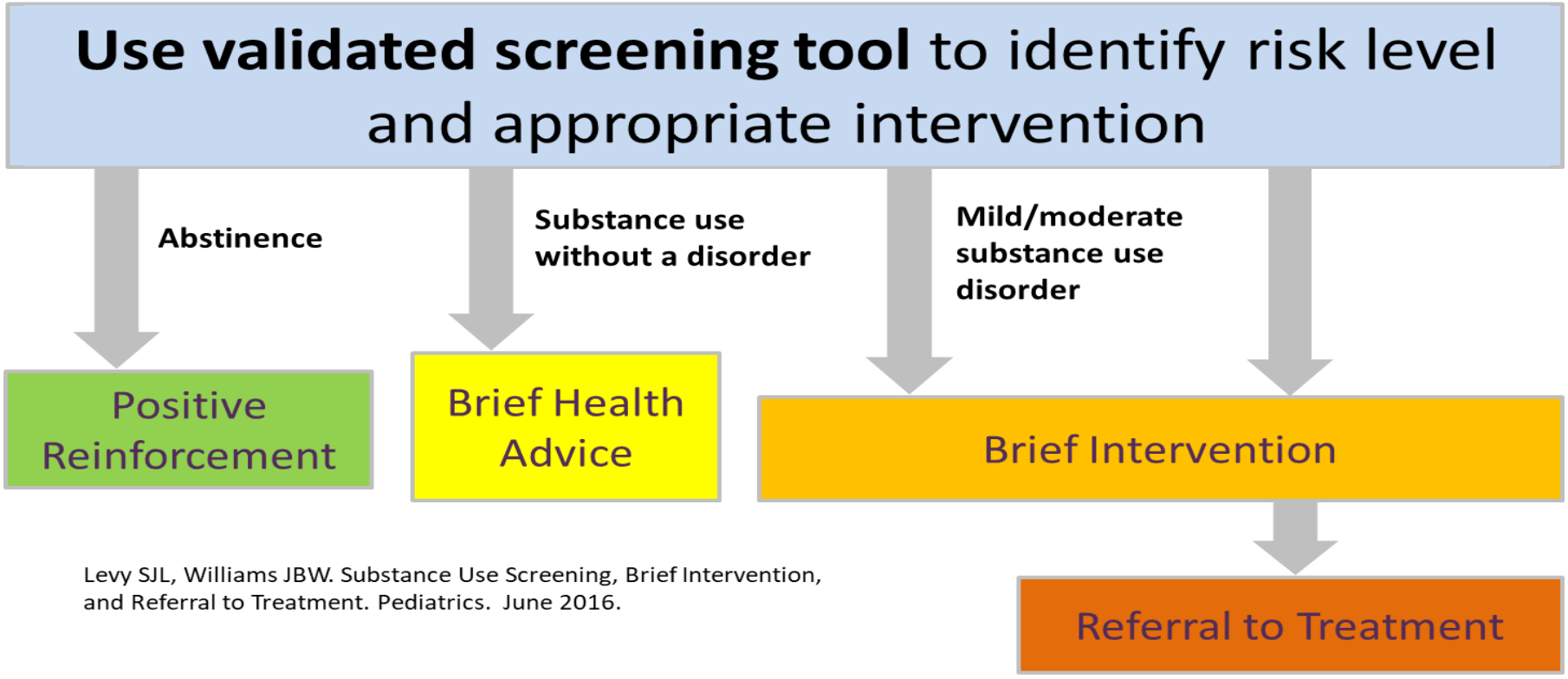
- 16 year old patient presents to primary care because parents found pills in their room.
- You have seen a lot of cannabis and nicotine use recently but few patients who use pills and wonder what next steps could be.

Describe evidence-based approaches to screening and brief counseling, adolescents

Systematic Screening for Substance Use is Necessary

Adolescents, and sometimes their parents, do not think their substance use is a problem, and therefore they don’t bring it up as a concern

Screening, Brief Intervention and Referral to Treatment (SBIRT)



Levy SJL, Williams JBW. Substance Use Screening, Brief Intervention, and Referral to Treatment. Pediatrics. June 2016.

Slide courtesy of Nic Chadi

Validated Tools for Screening Adolescents for Substance Use

Screening Tools for Adolescent Substance Use

NIDA Launches Two Brief Online Validated Adolescent Substance Use Screening Tools

NIDA has launched two brief online screening tools that providers can use to assess for substance use disorder (SUD) risk among adolescents 12-17 years old. With the American Academy of Pediatrics recommending universal screening in pediatric primary care settings, these tools help providers quickly and easily introduce brief, evidence-based screenings into their clinical practices.

Two Screening Options: Providers can select the tool that makes sense for their clinical practice.

S2BI algorithm

In the past year, how many times have you used:
Tobacco? Alcohol? Marijuana?

Case continued

- The teen arrives for the visit and is brought into the exam room. For this visit, because they are brought by their parents with a concern related to their pill use you want to take more of a history.

- How can you assess for a substance use disorder in a teen? If they have a use disorder, what are the options for pharmacologic treatment?

Taking the History

- Sharing parts of the SU history can be traumatic, particularly if family scheduled treatment/visit
- Acknowledge and give thanks to youth for showing up
- Focus on the key parts of the history that are related to safety
- Always give youth time alone
- Consider talking alone with parent *if youth consents*

Respond with Curiosity

- **What** products are they using & what are the potential risks?
- **Why** did they start & could we address symptoms using alternatives?
- **When** do they use & could they avoid before/during school, driving, sports?
- **Where** do they use & how are those places risky?

DSM-5 OUD Diagnostic Criteria

1. Taking more or longer than intended
2. Persistent desire or failed efforts to cut down
3. Spending excessive time obtaining, using, or recovering
4. Cravings or strong urges to use
5. Failure to fulfill major obligations (school, home, work)
6. Continued use despite persistent social problems
7. Giving up important activities because of use
8. Use in physically hazardous situations
9. Continued use despite physical or psychological problems
10. Tolerance (need more for same effect)
11. Withdrawal (symptoms or using to relieve/avoid them)

Severity: Mild (2-3) ✦ Moderate (4-5) ✦ Severe (6+)

Case continued

- You make a diagnosis of moderate opioid use disorder and share it with the teen and their parents. They ask about next steps and what the treatment options are for adolescent opioid use disorder.

Identify evidence-based approaches pharmacologic options for treating youth with opioid use disorder

Why Do we Use Medications for Opioid Use Disorder?

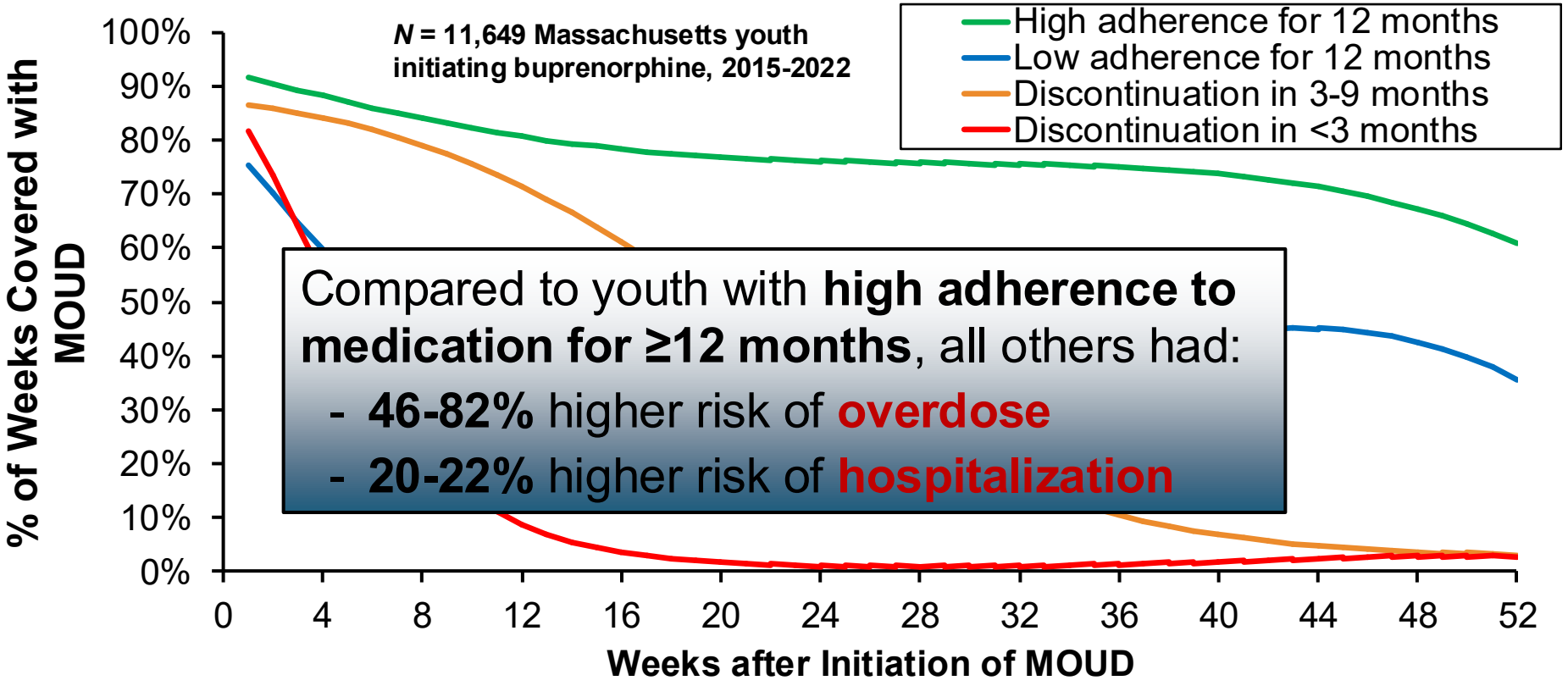
- Treat withdrawal
- Minimize cravings
- Opioid blockade
- Reduce risk of overdose
- Get back to other things in life that are important

What's the Evidence for Medication Treatment?

- Improved retention in care (clinical trials and observational data)
- Decreased opioid positive urine drug tests (clinical trials)
- Improved mortality (observational data)
- Youth have lower retention in care!

Woody et al. JAMA. 2008
Hadland SE. JAMA Pediatr 2018
Santo T Jr et al. JAMA Psychiatry. 2021 Sep 1;78(9):979-993
Matson et al. J Addict Med. 2014 May-Jun;8(3):176-82

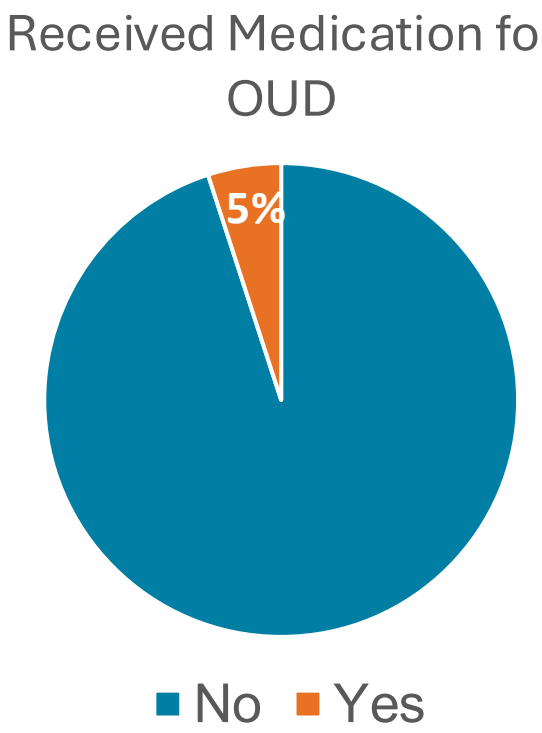
Ideal Treatment Duration



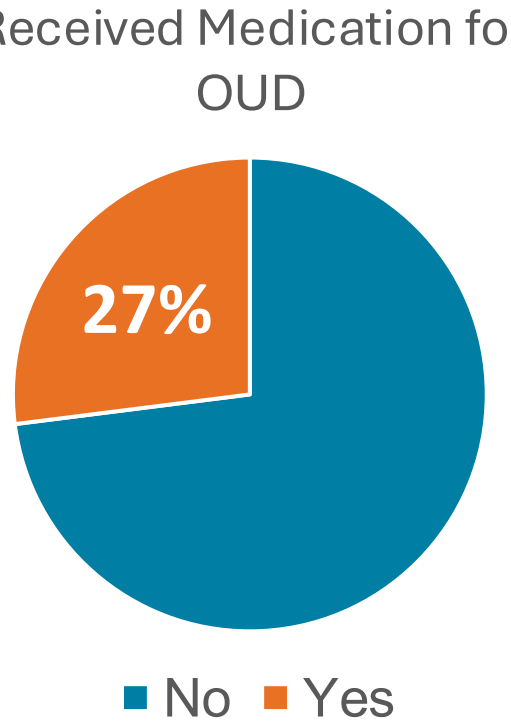
Hadland SE, et al. *Pediatrics.* 2025;156(6):e2025071147

Adolescents are Less Likely to Receive Medication for OUD

Youth <18 years



Youth 18 to 22 years



Hadland 2018

Adolescents are Less Likely to Receive Medication for OUD

- **2015 to 2020** buprenorphine dispensing to youth 19 years and younger decreased **25%** while dispensing to adults increased **47%**
- Pediatricians accounted for less than **2%** of all prescriptions dispensed for youth

- Only **1 in 4** US facilities offered buprenorphine
- **1 in 8** offered buprenorphine for ongoing treatment
- **Average parent would need to call 9 facilities** on the SAMHSA Treatment Locator to find buprenorphine

Terranella A et al. Pediatrics. 2023 Feb 1;151(2)e
King, C et al. JAMA. 2023

What are some common considerations that arise when treating youth with MOUD?

How Does the Medication Work?

- It is important to not assume that youth and caregivers know how medication for OUD works
  - They may have received psychoeducation about medication during a period of crisis
  - They may have received inaccurate information from peers or the media
- Provide written and online resources for additional information
- Check knowledge intermittently during treatment

Monitoring Adherence

- Clear instructions to take medication as prescribed
- Encourage caregiver oversight
  - Ensure medication safely stored
  - Monitor adherence
- Supporting youth engagement with medication for OUD is a team effort
  - Youth are often aware that their prescriber, and often their caregiver, have a strong recommendation regarding medication
  - Youth may be more open about their ambivalence to medication with other team members

Medication for How Long?

- Duration of treatment
  - Focus on starting the medication
  - Emphasize taking the medication until there has been period of clear stability
  - Emphasize the importance of making dose changes in collaboration with their prescriber

What are Barriers and Stigma Specific to Medication for Youth with OUD

- All ages
  - Siloed treatment systems – medication for OUD not well integrated into psychiatric settings
  - Concern for diversion or misuse of buprenorphine
- Youth
  - Medication for OUD is viewed as the “last resort”
  - Lack of consistency in messaging regarding medication for OUD from adults in their life (caregivers, state agency staff, treatment providers, teachers, other trusted adults)

Hadland 2018

Lack of Treatment Providers

- Perceived scope of managing substance use disorders
  - **1 in 5** pediatricians thought it was their responsibility to manage substance use disorders
  - **12%** thought it was their responsibility to prescribe medications for substance use disorders
  - Nearly **25%** had diagnosed an adolescent with opioid use disorder
  - Fewer than half felt prepared to counsel on opioid use

Hadland SE et al. JAMA Pediatr.2024;178(4):414-416

Case continued

- The teen is willing to try medication but does not want any other treatment. How do you respond?

Strategies to improve engagement – maintain a flexible treatment plan

Stay Patient Centered

- The overall goal is to get the patient to come back!
- **Stay patient-centered and engage them around their concerns**
- Patients can have waxing/waning motivation to change

Medication is One Part of their Treatment Plan

- Youth with an OUD often need other recovery supports in addition to medication to restabilize
  - However, they may not want to engage in other recovery supports!
  - It is important to have a flexible treatment plan

Strategies to improve engagement – encourage engagement with social support in the community

Case continued

- You discuss social and community supports with the teen and their parents. The parents worry about their child being around other youth with histories of problems due to substance use.

Social Support is Very Important

- The recovery process takes place primarily in the community
- We need to think of recovery supports **outside of the office**, particularly for youth
- We should be advocating within our communities for the community to support positive activities for youth that do not involve substance use

Social Support – Educational Setting

Recovery High Schools

- Full range of academic services provided in a structured environment that promotes recovery
- Resources for information: Association of Recovery Schools

  https://recoveryschools.org

Collegiate Recovery Programs

- Supportive environment within the campus culture that reinforces recovery
- Resources for information: Association of Recovery in Higher Education

  https://collegiaterecovery.org

Social Support – Mutual Help Groups

- Mutual Help groups – Alcoholics Anonymous/Narcotics Anonymous
- AA/NA attendance has been associated with more days abstinent for adolescents who were engaged in outpatient SUD treatment
- Adolescents generally feel very safe at Young People's AA/NA meetings
- Challenges for young people:
  - Limited participation of same aged peers in meetings
  - Admission of powerlessness

Kelly 2010, 2011

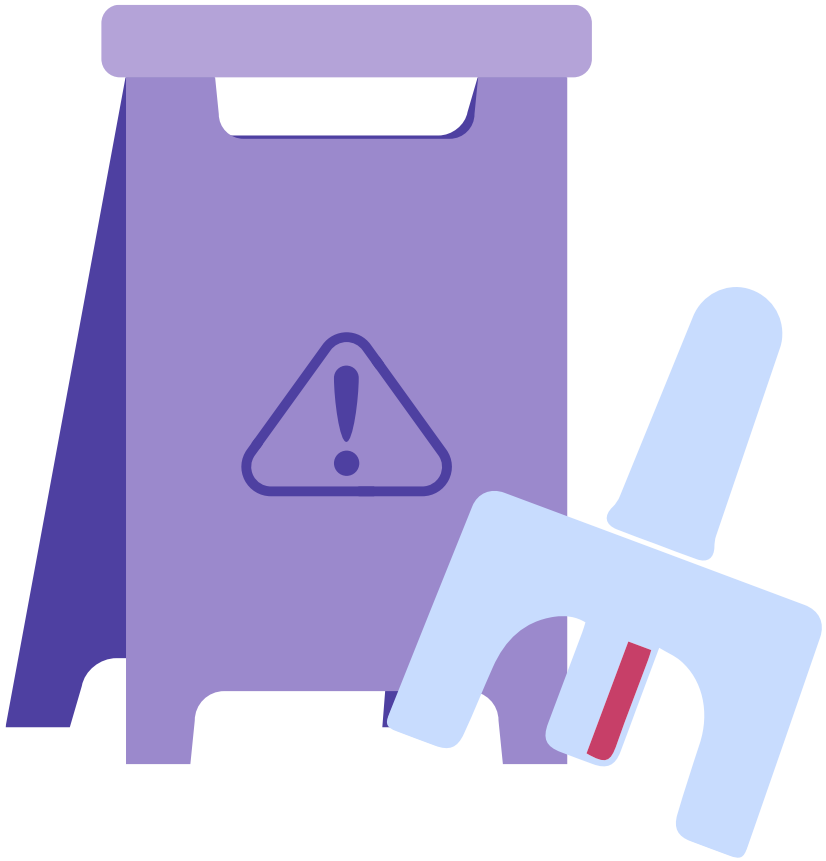
Case continued

- The teen has high motivation to change their opioid use. Do you need to talk about optimizing safety as they engage in care?

Apply at least one actionable overdose prevention or OUD treatment practice within their own role or setting

Reframing the Risks for Youth Overdose

Overdose deaths are preventable



Opportunities for a Better Response

Issue	Response
Overdoses happening at home, many without intervention.	Need to teach teens and families about recognizing and responding to overdose.
Most youth with no history of opioid use.	More general education for youth about risks of overdose given toxic drug supply.

How to Talk to Teens and Families about Overdose Risk?

- Normalize the conversation, “I like to talk to all families how the drug supply has changed, is it ok for me to share some information with you?”
- Start by finding out what they know about overdose risk
- Can frame as anticipatory guidance and information that they can also share with their friends

How to Talk to Teens and Families about Overdose Risk

PEDIATRICS PERSPECTIVES

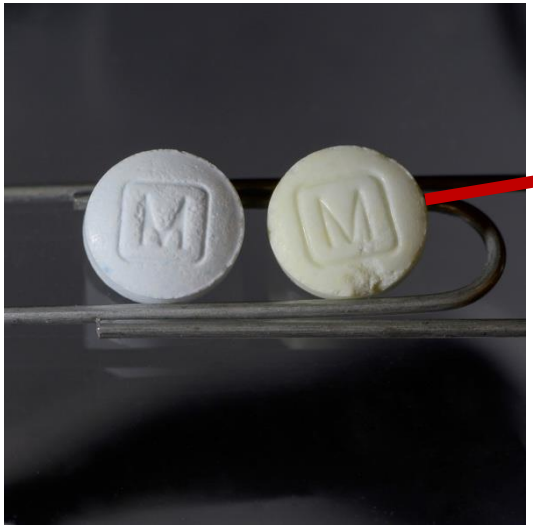
Anticipatory Guidance to Prevent Adolescent Overdoses

Scott E. Hadland, MD, MPH, MS,[a,b] Deb M. Schmill, BS,[c] Sarah M. Bagley, MD, MS[d,e,f]

TABLE 1 Anticipatory Guidance for Overdose Prevention for Adolescents and Their Family Members

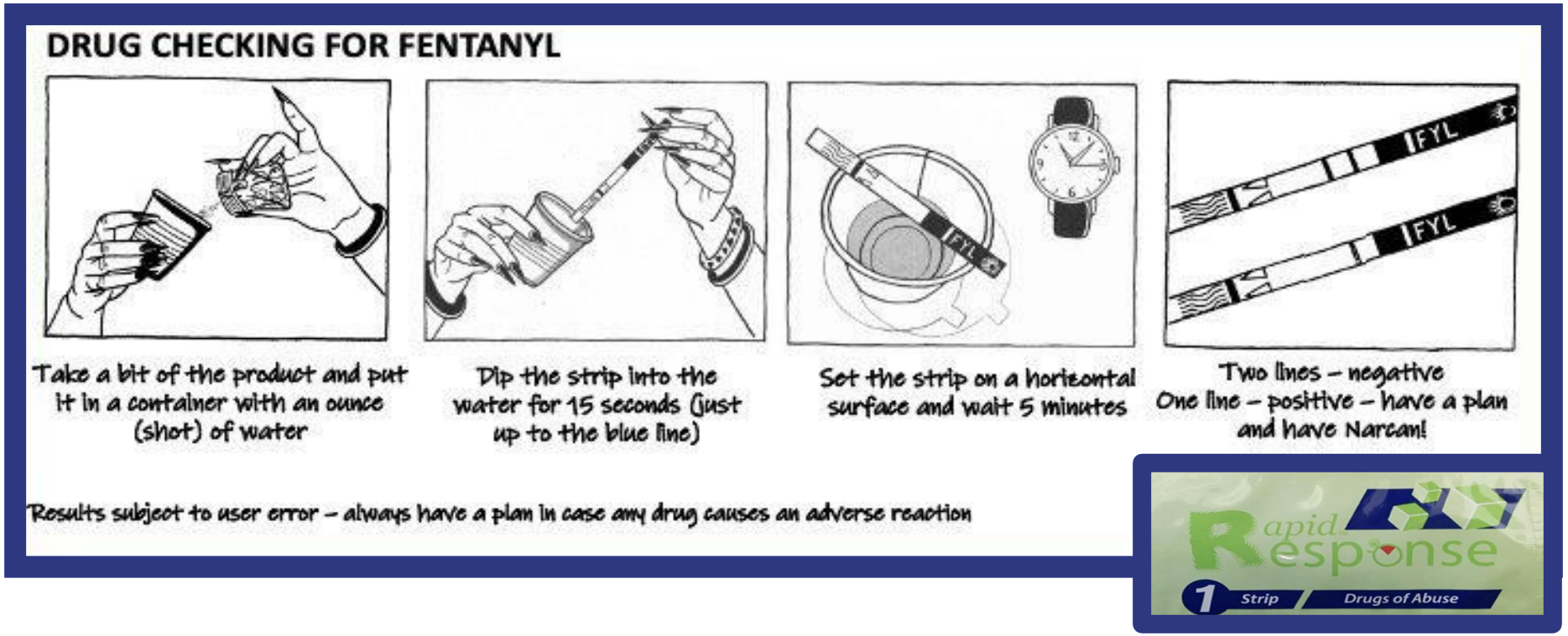
Concept	Sample Statements to an Adolescent and/or Family Member
Initiate conversation	"It's important that we talk about safety. As you might know, the number of teen drug overdoses has been increasing. I now talk all my teen patients and their families about how to prevent and respond to an overdose."
Provide education about fentanyl	"What do you know about fentanyl?" "Fentanyl is a potent opioid that is causing a record number of teen overdoses. Most of the prescription pills that people sell—including on social media—are fake and contain fentanyl, and can cause someone to overdose. If a medication isn't prescribed by a doctor and provided by a pharmacy, it's likely to be fake"
Review signs of overdose	"Do you know what an overdose looks like? Have you seen one?" "Someone who is having an overdose looks sleepy, or might even be unconscious. Their breathing is slow, or they might have stopped breathing altogether. They often look pale, and might be blue around their lips or fingertips."
Review how to respond to an overdose	"How would you respond if you thought someone was having an overdose?" "If you suspect someone has overdosed, immediately call 911. Then, if you have naloxone nasal spray, use it. If the person is not breathing and you know how to give rescue breaths, do so."
Discuss naloxone and how to find it	"What do you know about naloxone? Do you have any? "I recommend everyone carry naloxone with them and have it in their home. Naloxone can save someone's life. And it's safe to use even if someone isn't having an overdose. I can prescribe it to you today. You can also buy it over-the-counter—though it's more expensive this way—and it's often available at school or in the community."
Confidentially assess previous fentanyl use/exposure	Discussed confidentially with adolescent only: "In our practice, we ask every teen about their use of drugs and alcohol. Thanks for completing the screening questionnaire. To your knowledge, have you ever used fentanyl?" "Do you have any friends who use pills that might not have been prescribed by a doctor or filled by a real pharmacy? Have you ever used a pill that someone gave or sold you? Have you ever been approached in real life or on social media to buy one?"

Discuss the Unsafe Drug Supply



Pressed pill

Fentanyl Test Strips



https://www.btnx.com/HarmReduction

Discuss Risks Associated with Using Multiple Substances at the Same Time

- Drug overdoses often involve multiple substances
- Discuss risks associated with substance use while taking prescribed medications that can be sedating

Youth who Use Substances Alone are at Increased Risk for Overdose Death

- Encourage youth to designate someone to monitor for overdose
- Introduce youth to overdose prevention helplines

Opioid Receptor Antagonist – Naloxone

- **Naloxone is NOT used to treat OUD**
- Naloxone quickly reverses an overdose
  - Takes only 2 to 3 minutes to work
  - Only lasts 30 to 90 minutes

Distribute Naloxone

”I like to talk to all families about how to recognize and respond to an opioid overdose. I hope that you will never need to use this information, but want to make sure that you are prepared just in case”

Winer 2022, Heward 2024

FAQ About Naloxone

- What are the age limits on naloxone?
- Where can I get naloxone?
- Does having naloxone around encourage drug use?
- What are other strategies to reduce overdose risk?

The Good Samaritan Law

- Instruct youth to call 911 if they are with an individual who has overdosed
- Law exists in 48 out of 50 states in the United States
- Massachusetts Law – Chapter 94C, Section 34A: A person who, in good faith, seeks medical assistance for someone experiencing a drug-related overdose shall not be charged or prosecuted for possession of a controlled substance under section 34 or found in violation of a condition of probation or pretrial release as determined by a court or a condition of parole, as determined by the parole board if the evidence for the charge of possession of a controlled substance or violation was gained as a result of the seeking of medical assistance.

Decrease Risk of Overuse & Overdose

Providers can emphasize abstinence as the safest approach while still advising:

- Pacing use: "Start low and go slow"
- Transition from higher- to lower-potency products
- Considering timing of use

Commit to one change you can make in your interactions with youth in the next month!

ORN Evaluation Survey Link

The grant that provided funding for this training requires that we request you to complete the brief survey linked below. Your feedback is important and provides support for this type of work to continue. Scan the QR Code to access the SAMHSA feedback survey.

Link to Survey: https://lanitek.com/P?s=220953

The survey will ask about your satisfaction with the training program you just completed as well as some basic demographic information. Your responses will help the Opioid Response Network improve the services they provide.

Thank you in advance for completing this survey!