



PRACTICE GUIDANCE: MEDICATION FOR OPIOID USE DISORDERS AMONG ADOLESCENTS AND YOUNG ADULTS

Prevent • Treat • Recover • For Life

INTRODUCTION

The prevalence of opioid misuse and addiction among adolescents and young adults continues to increase across the United States. The Bureau of Substance Addiction Services (BSAS), Massachusetts Department of Public Health (MDPH) is committed to ensuring better coordinated and more integrated approaches to address the needs of all individuals with substance use disorders. Specific to opioid use disorders (OUD), BSAS recognizes and supports Medication Assisted Treatment (MAT) combined with behavioral interventions as an effective practice that can support adolescents and young adults to achieve sobriety and engage in long-term recovery.

This Practice Guidance was developed with a focus on youth ages 16 to 24 with identified OUD. The aim is to enable service providers (including but not limited to BSAS licensed and/or contracted treatment providers) to better engage, retain, and support this population’s treatment process. The document summarizes essential elements of effective MAT and provides guidance on how to deliver the most effective response to adolescents and young adults with OUD. All treatment programs serving this population should be capable of engaging and ensuring integrated MAT, whether directly or through coordination of care with MAT providers, including community-based pediatricians, family physicians, and office-based opioid treatment program (OBOT) or office-based addiction treatment (OBAT) to increase MAT access and service capacity.¹

I. RATIONALE

Opioid misuse and subsequent opioid related deaths have become a significant public health priority: rates of overdose deaths in 2016 more than tripled compared to those in 1999. In 2015-2016 alone overdose-related deaths were 20% higher². Adolescents have not been spared from this impact. Between 1999 and 2015, the rate of drug overdose deaths significantly increased in adolescents aged between 15-19, and the overdose death rate specifically for opioids tripled in this time period. Among all opioids, rates of drug overdose deaths in this age group were highest for heroin³. Apart from opioid overdose deaths, hospitalizations for opioid poisonings doubled for teenagers aged 15-19 within a similar time period⁴, demonstrating a growing public health concern.

Massachusetts has mirrored national data, with 1 in 14 young adults in the Commonwealth having reported non-medical pain reliever use in the year 2016⁵. Alarming, the number of fatal overdoses in youth younger than age 24 has been rising exponentially. In Massachusetts, there has been a fivefold increase in opioid overdose deaths among those under age 25 between 2012-2015⁶. Between

¹ LaBelle, Colleen T et al. "Office-Based Opioid Treatment with Buprenorphine (OBOT-B): Statewide Implementation of the Massachusetts Collaborative Care Model in Community Health Centers" *Journal of substance abuse treatment* vol. 60 (2015): 6-13.
² Hedegaard, H., Warner, M., & Miniño, A. (2017). *Drug overdose deaths in the United States, 1999–2016. NCHS Data Brief, no 294.* Hyattsville, MD: National Center for Health Statistics.
³ Curtin, S., Tejada-Vera, B., & Warner, M. (2017). *Drug overdose deaths among adolescents aged 15–19 in the United States: 1999–2015. NCHS data brief, no 282.* Hyattsville, MD: National Center for Health Statistics.
⁴ Gaither, J., Leventhal, J., SA, R., & Camenga, D. (2016). National Trends in Hospitalizations for Opioid Poisonings Among Children and Adolescents, 1997 to 2012. *JAMA Pediatr, 170*(12), 1195–1201. doi:doi:10.1001/jamapediatrics.2016.215
⁵ SAMHSA. (2017). *2015-2016 NSDUH State Prevalance Estimates.* Rockville, MD: Substance Abuse and Mental Health Services Administration (SAMHSA). Retrieved from <https://www.samhsa.gov/data/population-data-nsduh/reports?tab=33>
⁶ Kaiser Family Foundation. (2017). *Opioid Overdose Deaths by Age Group: 1999-2016.* Kaiser Family Foundation. Retrieved from <https://www.kff.org/other/state-indicator/opioid-overdose-deaths-by-age-group/?activeTab=graph¤tTimeframe=0&startTimeframe=16&selectedDistributions=0-24&selectedRows=%7B%22states%22:%7B%22massachusetts%22:%7B%7D%7D%7D&sortModel=%7B%22colId%22:%22Loc>

2014-2015, opioids accounted for nearly a quarter of all deaths in the group of young persons aged 18-24⁷. Of all non-fatal opioid-related overdoses in the Commonwealth between 2012-2014, 20% of cases were persons aged 18-25, where this population only comprises 8% of the entire population of Massachusetts. This trend is particularly concerning, given that overall in the state, nearly 1 in 10 people die within 2 years of a non-fatal overdose. This indicates a clear and persistent issue that needs to be addressed.

The BSAS [Standards of Care](#) (March 2016) call for the understanding and commitment to address the vulnerability to substance use disorders as influenced by individual experiences, personal characteristics, developmental life stage, environment, and overall health, among other factors. As such, BSAS is committed to promoting strength-based approaches and effective treatment responses to the whole person, based on evidence of effectiveness.

Treatment for youth and young adults with OUD usually involves management of acute withdrawal, short- and long-term residential treatment, and outpatient counseling. Although the research on the validity of behavioral health services (inclusive of mental health and substance use disorder) with adults receiving MAT is inconsistent, for adolescents it is best practice. MAT with behavioral interventions has been found to be significantly more efficacious in the treatment of youth with OUD.⁸ Integrated MAT in treatment settings may be a prime opportunity for improved outcomes, relapse and overdose prevention, and engagement in longer-term treatment and recovery.

Considerations:

In general, all adolescents and young adults benefit from developmentally appropriate services tailored to meet their unique social, emotional, cognitive, and physical stages of development. Adolescents and young adults with OUD are developmentally different from older adults; therefore, programs seeking to develop MAT delivery should include evidence-based, age-appropriate counseling and behavioral therapy as adjuncts. Additionally, patients of this age group may also have family and other social supports that can be an asset to recovery. Incorporating family—biological or chosen—into treatment is recommended when it is in the best interest of the young person. Existing studies^{9 10} and current practice indicate that the use of MAT can reduce overdose risk and improve treatment engagement and recovery outcomes. There is growing evidence-based support and advocacy for the role of MAT specifically with youth and young adults with severe OUD, especially with injection drug use, and other medical or psychiatric comorbidities.

There are currently three FDA-approved medications for treating OUD: *Methadone* (full opioid agonist), *Buprenorphine* (partial opioid agonist), *Buprenorphine* in combination with Naloxone (opioid antagonist), and *Naltrexone* (opioid antagonist). A new formulation of a monthly depot injection of buprenorphine extended release has recently been approved for adults. According to the FDA, its safety has not been determined in patients less than 17 years. We would recommend consulting with a

⁷ Massachusetts DPH. (2017). *An Assessment of Fatal and Nonfatal Opioid Overdoses in Massachusetts (2011-2015)*. Boston, MA: Massachusetts Department of Public Health.

⁸ Marsch, Lisa A., et al. "Comparison of pharmacological treatments for opioid-dependent adolescents: a randomized controlled trial." *Archives of General Psychiatry* 62.10 (2005): 1157-1164.

⁹ Derek C. Chang, Jan Klimas, Evan Wood & Nadia Fairbairn (2017) Medication-assisted treatment for youth with opioid use disorder: Current dilemmas and remaining questions, *The American Journal of Drug and Alcohol Abuse*, 44:2, 143-146, DOI: [10.1080/00952990.2017.1399403](https://doi.org/10.1080/00952990.2017.1399403)

¹⁰ Minozzi S, A. L. (2016). Maintenance treatments for opiate-dependent adolescents. *Cochrane Database Syst Rev*, 6(CD007210). doi:10.1002/14651858.CD007210.pub3

medical provider with adolescent addiction treatment experience before giving this formulation. Most MAT-related studies have focused on adults and only a few studies have examined the use of these medications in the youth population. However, it is known that in comparison to methadone, Buprenorphine/naloxone has been found to be a cost effective and safe treatment option for youth with OUD¹¹¹²¹³. Buprenorphine/naloxone is currently approved for OUD at age 16. Methadone requires additional clinical need and documentation, that is, (1) to show the individual has failed two previous drug-free or withdrawal management attempts, and (2) written consent from a parent or guardian for those under 18. Options for youth remain limited yet given the increasing numbers of youth opioid use and opioid-related deaths, there is an urgency to increase treatment access and address MAT service capacity.

In clinical practice, all programming should distinguish adolescents and young adults as developmentally different from older adults. Thereby the use of evidenced-based motivational and cognitive-behavioral approaches specific to the developmental needs of this age group. Services provided directly and those coordinated with community supports and MAT prescribers should also be developmentally appropriate. Additionally, family and other social supports are considered an asset and must be included in all aspects of the treatment and recovery process. These practices are formalized and sustained in program policy and clinical practices aimed at engaging, retaining, and supporting youth and their families throughout the treatment and recovery process.

II. GUIDANCE

While MAT can help manage cravings and withdrawal symptoms of OUD, counseling helps adolescents and young adults address life domains that may have been impacted by their use/or address other underlying issues including trauma that may have contributed to their initiation of substance use. Adolescence and young adulthood are developmental phases focusing on identity formation and autonomy. For young people with SUD or OUD this can be especially challenging when navigating treatment options. Especially, when this may mean separating from or reducing interactions with their existing peer group and relying more on parent or guardians instead of separating from them. Related concerns include possibly not mastering certain developmental tasks that would promote long-term recovery capital such as education, employment, or romantic relationships.

Developmentally appropriate MAT care models must include behavioral health services and be relentless in their efforts to increase engagement and retention in treatment for this population. Prescribers, clinicians, and support staff should be trained in developmentally appropriate SUD treatment modalities that are rooted in motivational interviewing and cognitive behavioral approaches. Programs should offer flexible meeting times and days for young people and whenever possible convenient locations for counseling sessions. If possible, programs should utilize contingency management at varying stages of treatment to incentivize youth and young adults to engage and stay in treatment.

Integration of developmentally tailored psychosocial interventions such as cognitive behavioral therapy (CBT) and family- and community-centric approaches with access to MAT improves outcomes for youth. The CBT approach is action oriented and has been proven to improve outcomes by changing the way one thinks. Existing treatment programs use CBT to help adolescents and young adults identify and change beliefs, attitudes, and behaviors. It embraces the opportunity to educate regarding risk factors

¹¹ Polosky D. Glick et al

¹² Feder K.A

¹³ March, Lisa

and risk behaviors while facilitating behavioral change. This coupled with family- and community-centric approaches that involve the youth's families, peers, schools, and communities can demonstrate the most success. This multidisciplinary approach can not only facilitate youth's SUD treatment outcome, but also strengthen youth-family interactions, improve parenting skills, support behavior changes, and connect youth to other positive adults, peers, and pro-social activities.

To effectively respond, treatment providers should demonstrate organizational commitment to integration of MAT, whether directly or through coordinated care. Primary responsibility for ensuring effective responses rests with the agency leadership who respectfully embrace the growing evidence of the importance and benefits of MAT integration and care coordination. Organizational change must therefore expand beyond information sharing, presentation of evidence, and training opportunities. Leadership, including board members, management, and supervisors, must define the values and vision that shape organizational mission and operations, and chart the course of practice improvement.

Leaders should be able to identify and address beliefs and perceptions about MAT delivery in their own agencies, for example, the belief that SUD treatment is not inclusive of MAT or that their program is not the proper venue for MAT. This may result from a lack of knowledge or confidence in responding to and working with adolescents and young adults with OUD. Management and supervisory staff must also be able to explore issues while motivating those who resist change to reconsider beliefs and attitudes. In turn, they must be able to address stigma and cultural differences through established working knowledge and education for all organizational participants (e.g. staff, board members, and clients/patients). This task may be more challenging in settings currently defined as drug-free SUD treatment, but all settings would benefit from exploring assumptions and beliefs. It is critical to note that medication for addiction treatment does not violate a drug-free policy and individuals utilizing medications should not be excluded from programs, support groups, sober homes, or other BSAS licensed treatment or recovery services.

Leadership must also take the initiative in organizational change to assess the agency's capacity and status in delivering the continuum of models ranging from integrated youth-specific MAT capacity with direct prescribing and behavioral counseling interventions and/or integrated coordinated care with a MAT prescriber. Staff qualifications, clinical supervision, ability to bill for both SUD psychosocial interventions and MAT, availability of resources, among other factors, will influence the route the agency can take in responding to this need. For example, outpatient MAT programs not positioned to offer evidence-based, developmentally appropriate behavioral health services are encouraged to partner with trained providers in the community to appropriately incorporate these services.

Workforce development efforts should be aimed at building commitment and confidence in responding to adolescents and young adults with OUD. The BSAS treatment system draws on the skills of a workforce with a wide variety of experience and education in this regard. Effective responses to adolescents and young adult specific OUD needs can utilize the full spectrum of disciplines, from pediatric, primary health, psychiatry, addiction specialists, and clinicians ensuring accurate diagnoses and treatment, to peer resources providing a bridge to supportive relationships and communities. For all skill levels, supervision and consultation are key. Agencies with limited clinical resources should establish consultative relationships to support appropriate responses and build staff confidence.

In clinical practice, all programming should distinguish adolescents and young adults as developmentally different from older adults, therefore the use of evidenced-based motivational and cognitive-behavioral approaches specific to the developmental needs of this age group is required. Services provided directly and those coordinated with community supports and MAT prescribers should also be developmentally

appropriate. Additionally, family and other social supports are considered an asset and must be included in all aspects of the treatment and recovery process. These practices are formalized and sustained in program policy and clinical practices aimed at engaging, retaining, and supporting youth and their families throughout the treatment and recovery process.

A. Organization

Service Provider's Policy:

- Leadership makes stated commitment to the following:
 - Implement integrated MAT either directly or through coordinated care;
 - Welcome and promote access to MAT for adolescents and young adults with OUD;
 - Ensure all staff are able and ready to respond appropriately, i.e., not only clinical staff;
 - Ensure family involvement and education to support all treatment and aftercare.
- Leadership prohibits discrimination against persons on MAT, persons taking prescribed medication to treat substance use disorders.
- Leadership-established policy and practices ensure proper youth-centric (e.g. developmentally appropriate, family inclusive) procedures for treatment of OUD and integrated MAT.
- Leadership policy and procedures regarding relapse require screening and assessment for OUD and include overdose prevention as a critical component.
- Leadership maintains staffing policies to support ongoing care coordination of MAT services with primary care, pediatric and family medical practices.
- Leadership conducts a comprehensive organizational review to assess status and capacity to serve adolescents and young adults with OUD disorders. The review process should include scheduled annual reassessments of progress in achieving measurable outcomes. This annual review process includes:
 - **Mission, values and structure:** e.g. program rules, admissions process, eligibility;
 - **Milieu:** organizational values (explicit and implicit), language and assumptions, perceived safety and transparency of treatment, consistency of requirements and schedules;
 - **Screening and Assessment:** e.g. developmentally tailored approaches inclusive of age-appropriate terms in admission systems and tools;
 - **Treatment:** i.e., capacity to provide evidence-based treatment, such as motivational and cognitive approaches, assess progress based on stages of treatment rather than time, and include families and peers;
 - **Capacity to engage families:** ability to offer family therapy and support services, directly or through referrals;
 - **Continuity of Care:** establishment of formal internal and interagency processes to ensure access to needed services and care coordination following discharge;
 - **Staff and workforce readiness:** e.g. availability of consultation and supervision, training and engagement of staff in organizational change processes;
 - **Funding streams:** e.g., exploration of additional resources, effective billing systems;
 - **Barriers to practice improvement:** support from leadership, staff engagement, availability of resources;
 - **Measurable outcomes with timelines.**

Operations:

- Service providers utilizing an integrated care model should ensure internal coordination and planning through team consultations and reviews, efficient communication systems, and identification of single points of contact for individuals served;
- Service providers holding licenses for multiple levels of care and/or modalities (i.e., MAT prescriber, mental health and SUD treatment) should provide integrated care (i.e., clinicians competent in and across all areas);
- Service providers employing care coordination models should utilize service agreements to:
 - Establish referral systems and monitor utilization through secure information systems and written policies to ensure confidentiality and information sharing practices align with 42 Code of Federal Regulations (CFR) Part 2 and Health Insurance Portability Accountability Act (HIPAA);
 - Establish a system for consultation on MAT and treatment of other comorbid conditions (i.e., psychiatric, medical care);
 - Ensure case management systems achieve timely referrals, service provision, and feedback in response to the needs of individual served.
- All service providers establish:
 - Integrated universal screening and assessment of substance use and mental health disorders to reduce and eliminate delays in obtaining timely diagnoses;
 - Systems for responding to indications of suicidality, including links to emergency mental health services, crisis intervention, and psychiatric service providers;
 - Fiscal analyses of revenue/funding streams to identify potential youth and family-specific resources;
 - Intake and admission processes that focus on engagement and persuasion, i.e. actively reaching out, and applying harm reduction and motivational interviewing approaches regardless of apparent stage of readiness to change;
 - Procedures and service agreements as needed for response to mental health emergencies and access to respite care.
- Programs serving pregnant and post-partum youth and young adults, whether providing integrated or coordinated care:
 - Establish services agreement with community obstetrical care providers, and provide cross training as needed to ensure obstetrical care providers are knowledgeable about substance-related disorders, treatment and overdose prevention.
 - Ensure consultation between psychiatric and obstetrical care providers to monitor medication;
 - Ensure post-partum monitoring for signs and symptoms of depression and relapse.
 - Ensure seamless referral to ongoing prenatal care.

Programs in which Medication is Prescribed and/or Dispensed:

- Service provider establishes policy and procedures for ensuring that medical staff review all medications an individual is taking to assess for potential adverse drug interactions and side effects and provide timely alerts in the event of a problem.

- Medical and clinical professionals in integrated MAT programs (i.e. Opioid Treatment Programs and Office Based Opioid Treatment):
 - Are knowledgeable about co-occurring mental health disorders and the medications used to address both mental health and SUD.
 - Monitor medication dosages to avoid potential adverse interactions and side effects from all medications the individual is prescribed.
- Whether providing integrated or coordinated care, agencies should ensure that psychiatrists prescribing medication for treatment of mental health disorders are knowledgeable about youth-specific strategies and substance-related disorders.

Supervision, Training & Staff Development:

- Service provider establishes structures and processes to support leadership capacity to direct organizational change (for example, conducting an organizational assessment), engagement in reconsideration of beliefs and perceptions, motivating and supporting staff, and effective meeting management.
- Workforce development efforts are guided by clearly stated goals linked to agency mission and values, including periodic review and reinforcement of learning, and outcome measures are applied according to stated goals.
- Staff training and supervision address:
 - Capacity to differentiate developmental needs, substance use and mental health-related signs and symptoms, opportunities for early recovery and respond appropriately;
 - Understanding, recognition, and correct response to indications of suicidality;
 - Understanding of the complex links between SUD and Mental health Disorders and, traumatic experiences, including, the importance of providing a sense of safety, i.e. predictable environment; awareness of potential triggers; transparent service provision and inclusion in the decision- making process;
 - Skill to assess for stages of change and utilize evidence-based motivational and cognitive behavioral approaches to effect change;
 - Link between co-occurring disorders (SUD and mental health disorders) and relapse;
 - Effects of substance related and mental health disorders on family, friends and partners;
 - Ongoing training and guidance on medications including side effects, interactions and overdose prevention/response;
 - Skill and confidence in coordinating care, and in documenting coordination, including communicating and engaging effectively with other systems, such as juvenile justice/criminal justice, children and family services, mental health providers, psychiatrists, MAT prescribers, pediatric and primary care providers.
 - Additional supports are provided to non-clinical staff, such as recovery specialists, house managers, clerical staff, etc. to enable them to respond to individuals served in ways that support continued engagement in treatment and recovery.
- Service providers where coordination relies primarily on service agreements for MAT:
 - Supervision and training should focus on:
 - Increasing staff ability to accurately recognize and respond appropriately to symptomatic behavior.

- Comfort and competence in discussing MAT and the understanding of their own limitations in such discussions.
- Additional supports are provided to non-professional staff such as recovery specialists, house managers, clerical staff to enable them to respond to individuals in ways that support continued engagement in treatment and recovery.

B. Service Delivery and Treatment

Engagement:

- All staff welcome and engage youth and their families in treatment, regardless of perceived status in relation to substance related and/or mental health disorders, treatment modalities and readiness to change;
- Staff convey confidence and competence in providing services based on individual needs, either directly or through referral.

Intake and Screening:

- All individuals are screened for co-occurring disorders, and;
 - Screening results that indicate possibility of co-occurring disorder trigger full mental health assessment either directly or through coordinated care/service agreement-based referral;
 - Determination of appropriate level of care is based on the ASAM Criteria¹⁴.
- List of current medications, prescriber, supply on hand, and availability of refills are reviewed and recorded.

Planning:

- Treatment plans should specify developmentally appropriate substance use/mental health and physical health treatment goals, service providers responsible, individual's planned action, and follow-up reviews;
- Treatment plan reviews are conducted in multidisciplinary case conference format and include participation of youth (and their family/support when appropriate) served;
- Treatment plan reviews specifically address the youth and their families' participation in, understanding of and satisfaction with treatment plans and goals.

Case Management: Regardless of care model, case management services ensure that staff:

- Actively advocate for and follow up with all substance-related treatment services;
- Assist individuals in tracking and managing care;
- Assist individuals in obtaining health insurance, educational services, and other benefits including but not limited to Social Security, or Social Security Disability benefits, as appropriate;
- Maintain up-to-date listing of youth and family centric recovery resources including community, and peer resources;
- Maintain systems to ensure prompt and smooth transition to different levels of care when needed.

¹⁴ <https://www.asam.org/resources/the-asam-criteria/about>

Service Provision: Agencies employ evidenced-based practices shown to be effective in engaging with and treating adolescents and young adults with SUD and their families, such as:

- **Adolescent Community Reinforcement Approach (A-CRA)**—A behavioral intervention that seeks to increase family, social, and educational reinforcers of an adolescent to support recovery (<http://ebtx.chestnut.org/Treatments-and-Research/Treatments/A-CRA>)
- **Adolescent-Focused Family Behavior Therapy (Adolescent FBT)**—Includes over a dozen treatments, including treatment planning, behavioral goals, job-skills training, stimulus control (<http://familybehaviorther.wixsite.com/familytherapy>).
- **Community Reinforcement and Family Training (CRAFT)** — A skills-based program that teaches family behavioral and motivational strategies for interacting with their loved one. (<https://www.robertjmeyersphd.com/craft.html>)
- **Functional Family Therapy (FFT)**—An interventional program for families aimed at youth with different behavioral issues, including substance misuse (www.fftllc.com)
- **Multidimensional Family Therapy (MDFT)**—Family-centered treatment for youth (<http://www.mdft.org/>)
- **Multisystemic Therapy (MST)**—Intensive family and community-based treatment (<http://www.mstservices.com/>)

Psycho-Educational Services:

- Engagement in treatment engagement used as an opportunity to educate and inform about opioid overdose prevention, communicable disease risk and exposure (HIV, Viral Hepatitis, TB and sexually transmitted diseases).and self-care, including understanding and managing medication when indicated, following up on appointments, awareness of symptoms;
 - All programs ensure that all youth and their families have information about SUD and mental health disorders, MAT, and are trained in relapse and overdose prevention;
 - Youth and their families are provided with resource information and assisted in making informed choices about community and peer supports including resources for persons with co-occurring disorders;
 - Information and guidance on successful negotiation of multiple systems, terms used (including jargon and acronyms), eligibility criteria, etc.

Engaging Families:

- Staff assist individuals in engaging families, friends, and partners, including obtaining consents for family participation in programs or for referrals to family treatment;
- Information and education for families (including partners, parents, children) to address co-occurring disorders and importance of co-occurring treatment;
- Family members are provided or referred for treatment and support services;
- Families are given information about:
 - Family services support groups, such as those offered by [Allies in Recovery](#), [CMC: center for motivation & change](#), [Learn to Cope](#), [Massachusetts Organization for Addiction Recovery \(MOAR\)](#) and other local support resources;
 - Ways to support adolescents and young adults in continued treatment and recovery.

Discharge Planning: Regardless of care model, agencies ensure discharge planning includes comprehensive planning for care coordination following discharge, and that such planning begins at the time of admission.

- Staff ensure that the youth and their family have information about developmentally appropriate services, including names, contact information, purpose, current medications, status of refills, etc.;
- Staff provide information about peer support services such as BSAS Recovery Centers, Department of Mental Health (DMH) Recovery Learning Centers, Recovery High Schools, and other community support resources for transitional-age adolescents and young adult;
- Staff assist individuals in identifying self-help resources that support recovery from OUD and other substance-related disorders;
- Staff ensure that individuals know that they can return to treatment at any time regardless of the reason for discharge, and staff and the individuals discuss potential signs and symptoms and circumstances that may necessitate follow-up care or additional treatment.

III. MEASURES

Examples of positive outcome measures include:

- Increase sobriety, recovery days, academic functioning, employment, social supports, improved family functioning/relationships, positive self-esteem/beliefs;
- Reduce AOD relapse, overdose, health-related risk factors (infectious diseases), juvenile justice, or criminal justice recidivism.

IV. RESOURCES

Massachusetts:

- Grayken Center for Addiction Medicine at Boston Medical Center | Training and Technical Assistance <https://www.bmc.org/addiction/training-education>
- Commonwealth of Massachusetts | General Laws
Section 12 E: Drug dependent minors; consent to medical care; liability for payment; records
Section 12 FF: Immunity of person administering naloxone or other opioid antagonist to person experiencing opiate-related overdose.
- Department of Mental Health | [Resources for Transition Age Youth and Young Adults](#)
- Department of Public Health | [Office of Youth and Young Adult Services](#)
- Institute for Health and Recovery | Information and training materials related to women and pregnancy may be found at <https://www.mass.gov/service-details/pregnancy-and-medication-assisted-treatment><http://healthrecovery.org/projects/moms-do-care/>
- University of Massachusetts | [Misperceptions and the Misused Language of Addiction: Words Matter](#)
- Massachusetts Substance Use Helpline | Provider information may be found at: www.helplineMA.org or 800-327-5050.

- Massachusetts Health Promotion Clearinghouse | Free health promotion materials for Massachusetts residents and health and social services providers may be found at <https://massclearinghouse.ehs.state.ma.us/>

Federal:

U.S. Department of Health & Human Services

- Centers for Disease Control and Prevention | [CDC Guideline for Prescribing Opioids, Overdose Prevention](#)
- Office of Adolescent Health | [Opioids and Adolescents, Coordinated Adolescent- and Family Centered Services TAG Research Review](#)
- National Library of Medicine | [Opiate Addiction and Treatment \(Environ-Health Links\)](#)
- SAMHSA | [Medication-Assisted Treatment Recovery Support Tools and Resources for Youth and Young Adults: Treatment Improvement Protocols \(TIP\) and Toolkits](#)
[TIP 32 Treatment of Adolescent Substance Use Disorders](#)
[Opioid Overdose Prevention Toolkit](#)
[TIP 31 Screening and Assessing Adolescents for Substance Use Disorders](#)
[TIP 63 Medications for Opioid Use Disorders](#)
[Behavioral Health among College Students Information & Resource Kit](#)

Other Resources:

- American Academy of Pediatrics | [Medication-Assisted Treatment of Adolescents with Opioid Use Disorders Policy Statement, Healthy Children.org](#)
- American Society of Addiction Medicine | Educational Resources
- [Opioid Addiction 2016 Facts & Figures, Screening and Assessment, Medication Assisted Treatment](#)
- Network for Public Health Law | [Legal Interventions to Reduce Overdose Mortality: Naloxone Access and Overdose Good Samaritan Laws](#)
- Social Security Administration | [Fact Sheet for Mental Health Care Professionals : Supporting Individuals' Social Security Disability Claims](#)

BSAS welcomes comments and suggestions. Contact: BSAS.Feedback@state.ma.us.