American Academy of Pediatrics

DEDICATED TO THE HEALTH OF ALL CHILDREN®

Statement of
Deepa Camenga, MD, MHS, FAAP

On behalf of the
American Academy of Pediatrics

Before the

U.S. House of Representatives

Committee on Energy and Commerce

Subcommittee on Health

"Combatting Existing and Emerging Illicit Drug Threats"

February 6, 2025

Summary

Despite statistics showing promising decreases in use of substances among adolescents, real-world clinical experience and research studies suggest that, year over year, young people are also experiencing increasingly greater harm from the current illicit drug supply, including in the form of hospitalization for opioid-overdose. These trends warrant urgent attention from policymakers. Prevention and early intervention for young people are critical components of any effort to address illicit drug use. Pediatricians are one of the essential workforces in delivering interventions that can prevent young people from experiencing the harms of substance use. We do this through:

- Screening, Brief Intervention, and Referral to Treatment (SBIRT), a cost-effective model for reducing and preventing underage drinking and other substance use.
- Referrals to evidence-based prevention services that can be applied outside the clinic.
- Overdose prevention education and the prescription of naloxone.
- The use of life-saving medications for addiction treatment, including buprenorphine.

The AAP therefore urges Congress to take robust action, including:

- **Health Care Financing**: Improve coverage and payment for substance use prevention and treatment services, including SBIRT, for children, adolescents, and young adults.
- **Workforce Capacity**: Increase training and support for pediatricians and other healthcare professionals in addiction medicine, specifically pediatric addiction medicine.
- **Behavioral Health Integration**: Promote integrated care models that combine medical and behavioral health services.
- **Public Health Programs & Data Collection**: Support federal data sources that monitor drug use patterns and expand funding for prevention programs.

Good morning, Chairman Carter, Ranking Member DeGette, and Members of the Subcommittee. Thank you for the opportunity to be here today to discuss the impact of current and emerging illicit drug threats on children, adolescents, and young adults. My name is Dr. Deepa Camenga, and I am the Chair of the American Academy of Pediatrics (AAP) Committee on Substance Use and Prevention (COSUP). I am a physician who is board-certified in pediatrics and addiction medicine and have nearly twenty years of clinical practice experience caring for children and adolescents.

As a physician, I have been fortunate to care for children and adolescents in various settings. I provide primary care to young people in a community setting. As a pediatric addiction medicine specialist, I treat pediatric patients in the hospital setting who have overdosed or experienced other serious adverse drug-related events. I also provide consultation to other healthcare professionals and provide substance use prevention and treatment interventions via telemedicine. For nearly a decade, I provided addiction specialty care for young people aged 16 to 25 in an opioid treatment program, and I am experienced in prescribing medications for the treatment of opioid use disorder (OUD). In addition to my clinical responsibilities, I conduct research on adolescent substance use prevention and early interventions. In short, I have seen the impact of multiple drug epidemics on the health and well-being of young people across the continuum of care and through the lens of rigorous, peer-reviewed research.

Today, I am here representing the American Academy of Pediatrics (AAP), a non-profit professional medical organization representing over 67,000 pediatricians, pediatric medical subspecialists, and pediatric surgical specialists across the United States. The AAP is dedicated to the health, safety, and well-being of all infants, children, adolescents, and young adults, and advocates for policies that advance these goals.

In my role as Chair of the AAP's Committee on Substance Use and Prevention, I lead the development of the AAP's guidance for pediatricians, policymakers, and the public to reduce harm from substance use. The Committee is composed of board-appointed experts who bring to bear years of clinical and research expertise on pressing pediatric substance use issues. The Committee addresses the full spectrum of pediatric care as it relates to substance use, from prevention to treatment, to make sure young people get the best possible care. As part of this work, the Committee monitors emerging trends in the use of a variety of drugs in adolescents and young adults to ensure that the AAP is prepared to support clinicians in caring for patients and families impacted by the harms of substance use. The multiple ongoing drug epidemics impact people of all ages, and I am grateful for the opportunity to highlight the ways that they uniquely impact the adolescent population.

Adolescent Substance Use

The 2019 National Academies of Sciences, Engineering, and Medicine report, "The Promise of Adolescence: Realizing Opportunity for All Youth," defines adolescence as "the distinct period of bio-developmental change in a person's life that bridges childhood and independent adulthood." It is marked by the neurodevelopmental maturation of the brain and spans the period from the onset of puberty to the mid-twenties.[1] The gradual development toward autonomy and individual adult decision-making also characterizes adolescence.

[1] The National Academies of Sciences, Engineering, and Medicine 2019 Report, "The Promise of Adolescence: Realizing Opportunity for All Youth," Washington, DC: The National Academies Press. https://doi.org/10.17226/25388.

Due to the neurodevelopmental changes that occur during this period, adolescents have a uniquely heightened risk of developing an addiction if they try substances, especially at younger ages.[2] [3] Unfortunately, adolescents are growing up amidst the most potent and lethal illicit drug supply in human history. Today, adolescents are often faced with situations for which they may not yet be prepared, such as those that arise around the use of drugs. Although some risk-taking behavior is expected during adolescence, for today's teenagers, engaging in certain types of risky behavior, such as substance use, not only can be harmful to health but also can be lethal. As pediatricians, we are one of the essential workforces in delivering interventions that can prevent young people from experiencing the harms of substance use.

Impacts of Illicitly Manufactured Fentanyl and Other Illicit Drugs on Adolescents

Pediatricians see up close the ways that our nation's drug epidemics impact children, adolescents, and young adults. Data from the 2024 Monitoring the Future Survey, funded by the National Institutes of Health, shows that among US adolescents, rates of alcohol, tobacco, and illicit drug use other than cannabis have overall declined over the past three decades. In 2001, for example, the Monitoring the Future Survey showed that 17% of 8th graders, 24% of 10th graders, and 31% of 12th graders reported they had used an illicit drug other than cannabis in their lifetime. As of 2024, the Monitoring the Future Survey reflected substantial declines in these rates; in 2024 8% of 8th and 10th graders and 12% of 12th graders reported they had used an illicit drug other than marijuana

[2] Hingson RW, Zha W. Age of drinking onset, alcohol use disorders, frequent heavy drinking, and unintentionally injuring oneself and others after drinking. *Pediatrics*. 2009;123(6):1477–1484pmid:19482757
[3] Chambers RA, Taylor JR, Potenza MN. Developmental neurocircuitry of motivation in adolescence: a critical period of addiction vulnerability. *Am J Psychiatry*. 2003;160(6):1041–1052pmid:12777258

(inclusive of nonmedical use of narcotics) in their lifetime.[4] The rate of past-year non-medical use of pharmaceutical narcotics like OxyContin among 12th graders has also decreased substantially from 9.2% in 2009 to less than 1.0% in 2024.[5] [6]

The current illicit drug supply harms young people

Despite these positive trends in substance use, real-world clinical experience and research studies suggest that, year over year, young people are also experiencing increasingly greater harm from the current illicit drug supply. Studies show that rates of emergency department visits and hospitalizations for opioid-overdose among adolescents have steadily increased in recent years.[7] Between 2019 and 2021, rates of fatal drug overdose increased 109% among adolescents aged 10-19 years, and drug poisoning and overdose is now the third leading cause of death among children in the

[4] "Any Illicit Drug Other Than Marijuana: Trends in 12 Month Prevalence of Use in 8th, 10th, and 12th Grade. *Monitoring the Future*. 2024. https://monitoringthefuture.org/data/bx-by/drug-prevalence/index.html#drug=%22Any+Illicit+Drug+other+than+Marijuana%22.
[5] "Narcotics Other Than Heroin: Trends in 12 Month Prevalence of Use in 12th Grade. *Monitoring the Future*. 2024. *https://monitoringthefuture.org/data/bx-by/drug-prevalence/index.html#drug=%22Narcotics+other+than+Heroin%22*
[6] Miech, R. A., Johnston, L. D., Patrick, M. E., & O'Malley, P. M. (2024). Monitoring the Future national survey results on drug use, 1975-2024: Overview and key findings for secondary school students. Monitoring the Future Monograph Series. Ann Arbor, MI: Institute for Social Research, University of Michigan. Available at: https://monitoringthefuture.org/results/annual-reports
[7] Friedman, Joseph, et al. "Trends in drug overdose deaths among US adolescents, January 2010 to June 2021." *Jama* 327.14 (2022): 1398-1400.

United States.[8] [9] [10] [11] These trends are of great concern to the AAP and warrant urgent attention from policymakers.

Multiple factors contribute to these alarming trends. A major contributing factor that has the potential to impact all young people is the widespread contamination of the illicit drug supply with illicitly manufactured fentanyl. We now live in a time when any adolescent who tries a drug has the potential to be exposed to this highly potent synthetic opioid. Another concerning factor is the emergence of unregulated and clandestinely produced "counterfeit" pills. Counterfeit pills are those which are purported to contain only pharmaceutical-grade medications, but in fact contain potentially lethal doses of unregulated and illegally manufactured fentanyl. Data from the CDC shows that a majority of drug overdose deaths involve illicitly manufactured fentanyl and nearly one quarter of deaths included evidence of counterfeit pills.[12]

As a physician, I have seen firsthand how adolescents are harmed by counterfeit pills. For example, in my clinical practice, I care for adolescents who are hospitalized after experiencing an opioid overdose. Some of these adolescents have reported that they thought they were using pharmaceutical stimulants, sedatives, or opioids, but instead they were unknowingly and unwillingly exposed to

---

[8] Opioid-related and stimulant-related overdose encounters increased (23.3% and 47.0%, respectively) b
From: https://www.sciencedirect.com/science/article/pii/S1054139X2400106X?via%3Dihub#fig2

[9] Tanz LJ, Dinwiddie AT, Mattson CL, O'Donnell J, Davis NL. Drug Overdose Deaths Among Persons Aged 10–19 Years — United States, July 2019–December 2021. MMWR Morb Mortal Wkly Rep 2022;71:1576–1582. DOI: http://dx.doi.org/10.15585/mmwr.mm7150a2.

[10] Miech, R. A., Johnston, L. D., Patrick, M. E., & O'Malley, P. M. (2024). Monitoring the Future national survey results on drug use, 1975-2024: Overview and key findings for secondary school students. Monitoring the Future Monograph Series. Ann Arbor, MI: Institute for Social Research, University of Michigan. Available at: https://monitoringthefuture.org/results/annual-reports

[11] Goldstick JE, Cunningham RM, Carter PM. Current Causes of Death in Children and Adolescents in the United States. N Engl J Med. 2022 May 19;386(20):1955-1956. doi: 10.1056/NEJMc2201761. Epub 2022 Apr 20. PMID: 35443104; PMCID: PMC10042524.

[12] Tanz LJ, Dinwiddie AT, Mattson CL, O'Donnell J, Davis NL. Drug Overdose Deaths Among Persons Aged 10–19 Years — United States, July 2019–December 2021. MMWR Morb Mortal Wkly Rep 2022;71:1576–1582. DOI: http://dx.doi.org/10.15585/mmwr.mm7150a2.

fentanyl. My pediatric colleagues across the nation have shared similar observations, suggesting that many young people who are being exposed to fentanyl do not intend to use fentanyl. Research demonstrates that adolescents have traditionally accessed prescription medications for nonmedical purposes through a variety of sources, including unsupervised access to their own prescribed medication, or via family, friends or other social sources.[13] In recent years, adolescent patients have also shared that they are increasingly able to access these pills through the internet and social media. This is especially concerning considering the upward trajectory in mortality among young people over the last decade from fentanyl and other synthetic opioids.[14]

Another factor that is contributing to the increasing burden of harm from fentanyl and other synthetic opioids among adolescents is low availability of treatment resources for adolescents with opioid use disorders. Today, thousands of families are desperately trying to find substance use treatment for their adolescent children. The Substance Abuse and Mental Health Services Administration (SAMHSA)-funded National Survey on Drug Use and Health estimates that in 2023, 317,000 adolescents aged 12-17 years (~1 in 100 adolescents in the US) had an opioid use disorder.[15] Unfortunately, adolescents continue to face many barriers in accessing evidence-based and life-saving treatments for opioid use disorder. A 2022 study published in Health Affairs strikingly documents the barriers faced by American families who are desperately trying to access opioid use

---

[13] McCabe SE, Veliz P, Wilens TE, West BT, Schepis TS, Ford JA, Pomykacz C, Boyd CJ, Sources of Nonmedical Prescription Drug Misuse Among US High School Seniors: Differences in Motives and Substance Use Behaviors. 58 *J Am. Acad. Child & Adolescent* 7. 2019. https://www.sciencedirect.com/science/article/pii/S0890856719302114.

[14] National Institute on Drug Abuse. "Reported use of most drugs among adolescents remained low in 2024" Dec. 17, 2024.https://nida.nih.gov/news-events/news-releases/2024/12/reported-use-of-most-drugs-among-adolescents-remained-low-in-2024.

[15] 2023 NSDUH Detailed Tables | CBHSQ Data;
Center for Behavioral Health Statistics and Quality. (2025). *Results from the 2023 National Survey on Drug Use and Health: Detailed tables*. https://www.samhsa.gov/data/report/2023-nsduh-detailed-tables.

disorder treatment for their adolescent children.[16] This study used a "secret shopper" methodology to query 160 residential addiction treatment facilities that treated adolescents with opioid use disorder.[17] The study found that 45.6% of the facilities had a waitlist, with a mean wait time of 28.4 days. Of facilities providing cost information, the mean cost of treatment per day was $878. Further, half of facilities required up-front payment by self-pay patients with a mean up-front cost of $28,731. Finally, the study could not identify any facilities for adolescents in ten states or Washington, D.C. These findings reflect my personal experience as an addiction medicine physician, and I spend much of my time trying to identify treatment facilities that can admit my adolescent patients in a timely manner that is realistically affordable for families. These statistics also reflect the personal stories of the families I care for, many of whom fear that their children will overdose while waiting for treatment that they cannot easily find or afford. The American Academy of Pediatrics supports the use of evidence-based pharmacologic treatments for adolescents with OUD, which have proven efficacy in treating this form of addiction. The lack of access to substance use treatment for adolescents is only fueling the ongoing illicit drug crisis and needs immediate attention.

Finally, it is important to note that recent national survey data also shows that alcohol, tobacco, and cannabis remain the most common substances used by adolescents.[18] While these substances generally can be legally sold to the adult population (including cannabis in states where recreational use has been legalized), the minimum purchase age for these substances, including cannabis where it

---

[16] King CA, Beetham T, Smith N, Englander H, Button D, Brown PCM, Hadland SE, Bagley SM, Wright OR, Korthuis PT, Cook R. Adolescent Residential Addiction Treatment In The US: Uneven Access, Waitlists, And High Costs. Health Aff (Millwood). 2024 Jan;43(1):64-71. doi: 10.1377/hlthaff.2023.00777. PMID: 38190597; PMCID: PMC11082498.
[17] Secret shopper is defined in the paper as a methodology wherein trained investigators "called adolescent residential treatment facilities in random order while role-playing as the aunt or uncle of a sixteen-year-old child with a recent nonfatal fentanyl overdose to inquire about admission, treatment practices, and costs."
[18] *Id*.

is legal, is 21 years of age, making them, in effect, illicit for the youngest Americans. The use of alcohol, tobacco, and cannabis can be a precursor to other illicit drug among adolescents, and addressing the use of these substances serves as a form of prevention for other illicit drug use when it comes to teenagers. As such, any substance use among young people is cause for concern and must be met with needed resources from the government, healthcare system, schools, and communities. Investments in the adolescent population have the potential to yield dividends now and, in the future, keeping young people healthy and averting the drug epidemics of tomorrow.

How Pediatricians Address the Ongoing Illicit Drug Crises

Prevention & Early Intervention through Screening, Brief Intervention, and Referrals to Treatment (SBIRT)

Prevention is at the core of pediatrics, consistent with the principle of promoting healthy child and adolescent development. Evidence from prevention science shows that primary prevention and early interventions effectively reduce rates of substance use initiation in adolescents.[19] Prevention and early intervention for young people are therefore critical components of any effort to address illicit drug use.

Pediatricians have a unique opportunity to intervene early, reinforcing decisions to abstain from substance use or addressing it if identified. For some young people, a pediatrician may be the first person to provide accurate information around the potential harms of substances, including illicitly manufactured fentanyl and counterfeit pills, and recognize the signs of early substance use, making them particularly well placed to provide these interventions. Screening, Brief Intervention, and Referral to Treatment (SBIRT) is an approach pediatricians use to identify and address adolescent

[19] U.S. Department of Health and Human Services (HHS), Office of the Surgeon General, Facing Addiction in America: The Surgeon General's Report on Alcohol, Drugs, and Health. Washington, DC: HHS, November 2016. (See Section 3).

substance use.[20] [21] [22] SBRIT has been shown to be a cost-effective model for reducing and preventing underage drinking and other substance use. SAMHSA and the AAP both recommend universal use of SBIRT as part of routine health care.[23] [24]

Under the SBIRT model, patients are screened with a validated screening tool that can accurately identify any history of substance use. Validated screening tools help pediatricians identify substance use along a spectrum ranging from abstinence to addiction, and pediatricians use this information to help develop an appropriate care plan. Following screening, pediatricians can deliver brief counseling interventions. A brief intervention is a conversation that focuses on encouraging healthy choices so that risk behaviors are prevented, reduced, or stopped. This may include positive reinforcement for adolescents reporting no substance use or brief, medically based advice for those reporting use but showing no evidence of a substance use disorder. In severe cases, a pediatrician can refer the patient to specialty substance use treatment wherein they can receive a comprehensive evaluation by a substance use treatment specialist and start needed treatment as soon as possible.

Because the adolescent age group is at the highest risk of experiencing substance use-related health consequences, it is also the most likely to derive the most benefit from universal SBIRT. However, many health care providers for adolescents are not trained in its use.

---

[20] Babor TF, Mcree BG, Kassebaum PA, Grimaldi PL, Ahmed K, Bray J. Screening, Brief Intervention, and Referral to Treatment (SBIRT): toward a public health approach to the management of substance abuse. *Subst Abus*. 2007;28(3):7-30.
[21] Madras BK, Compton WM, Avula D, Stegbauer T, Stein JB, Clark HW. Screening, brief interventions, referral to treatment (SBIRT) for illicit drug and alcohol use at multiple healthcare sites: comparison at intake and 6 months later. *Drug Alcohol Depend*. 2009;99(1-3):280-95.
[22] Babor TF, Del boca F, Bray JW. Screening, Brief Intervention and Referral to Treatment: implications of SAMHSA's SBIRT initiative for substance abuse policy and practice. *Addiction*. 2017;112 Suppl 2:110-117.
[23] Substance Use Screening, Brief Intervention, and Referral to Treatment (SBIRT). Substance Abuse and Mental Health Services Administration. https://www.samhsa.gov/sbirt. Accessed February 1, 2025.
[24] Levy S, Williams J, American Academy of Pediatrics Committee on Substance Use and Prevention, Substance Use Screening, Brief Intervention, and Referral to Treatment *Pediatrics* Jul 2016, 138 (1) e20161210; DOI: 10.1542/peds.2016-1210

Referrals to Prevention Services

Other prevention interventions can be applied outside the clinic. This can include the use of evidence-based parenting interventions that aim to strengthen parent–child relationships and protective parenting skills that can help prevent adolescent substance use. Multiple research studies have shown that universally delivered family-focused substance use prevention programs have a strong track record of efficacy and cost-effectiveness.[25] [26] For example, in 2023, the Community Preventive Services Task Force conducted a systematic review of over 60 randomized controlled trials that tested family-focused prevention programs. Their systematic review concluded that family-focused prevention programs reduced adolescents' rates of initiation of alcohol, tobacco, cannabis, and other illicit drugs.[27] Of note, research has also shown that it is feasible to integrate family-focused prevention programs into pediatric primary care.[28]

School and community-based interventions, including those targeting adolescents with preexisting risk factors, have also shown great promise in reducing youth substance use. Furthermore, education and awareness building regarding the health risks of drug use, including the education about the proliferation of counterfeit pills and fentanyl in the drug supply and the attendant acute health risks,

---

[25] Vermeulen-Smit E, Verdurmen JE, Engels RC. The Effectiveness of Family Interventions in Preventing Adolescent Illicit Drug Use: A Systematic Review and Meta-analysis of Randomized Controlled Trials. *Clin Child Fam Psychol Rev*. 2015;18(3):218-239. doi:10.1007/s10567-015-0185-7

[26] CPSTF Finding - Substance Use: Family-based Intervention to Prevent Substance Use among Youth. September 15, 2023. Accessed January 21, 2024. https://www.thecommunityguide.org/pages/tffrs-substance-use-family-based-interventions-to-prevent-substance-use-among-youth.html

[27] For each of the substances studied, 7 studies were reviewed for alcohol (-12.1% (IQI: -17.7% to -7.8%), tobacco (12.1%; IQI: -35.5% to 1.7%), 4 studies for cannabis (- 36.6% (IQI: -52.8% to -17.1%)), and 4 studies for other illicit drugs (-13.8% (IQI: -28.5 to -0.5).

[28] Hogue A, Brykman K, Guilamo-Ramos V, et al. Family-Focused Universal Substance Use Prevention in Primary Care: Advancing a Pragmatic National Healthcare Agenda. Prev Sci. Published online November 23, 2023. doi:10.1007/s11121-023-01584-4

are important to reach young people with information needed to promote positive decisions around remaining abstinent.

Overdose Prevention Education

As the supply of drugs to which young people have access has grown increasingly potent and therefore potentially lethal, the need to prevent overdose death has itself become an important part of the prevention dialogue in pediatrics. For this reason, the AAP now recommends pediatricians prescribe naloxone ("Narcan") when nonmedical prescription drug use is identified and educate families about how and when it should be used.[29] Efforts to increase the availability of naloxone, including in public places, can help reduce the risk of overdose death from fentanyl and other opioid exposure.

Medications for Addiction Treatment

The use of medication for addiction treatment (MAT) has been shown to be a relatively safe and effective treatment for OUD and improves success rates for retaining those seeking treatment.[30] [31] Given that an estimated 5% of individuals who survive an opioid overdose will die within one year, treatment with buprenorphine and other effective drugs is an essential public health tool to prevent future loss of life for those suffering from opioid use disorder.[32] [33] [34] It is for this reason that the AAP

---

[29] Nonmedical Use of Controlled Medications by Adolescents and Young Adults: Clinical Report

[30] Kampman K, Jarvis M. American Society of Addiction Medicine (ASAM) National Practice Guideline for the Use of Medications in the Treatment of Addiction Involving Opioid Use. *J Addict Med*. 2015;9(5):358-67.

[31] Hadland SE, Bagley SM, Rodean J, et al. Receipt of Timely Addiction Treatment and Association of Early Medication Treatment With Retention in Care Among Youths With Opioid Use Disorder. *JAMA Pediatrics*. 2018;172(11):1029-1037.

[32] Weiner SG, Baker O, Bernson D, Schuur JD. One-Year Mortality of Patients After Emergency Department Treatment for Nonfatal Opioid Overdose. Ann Emerg Med. 2020 Jan;75(1):13-17. doi: 10.1016/j.annemergmed.2019.04.020. Epub 2019 Jun 20. PMID: 31229387; PMCID: PMC6920606.

[33] Medication-Assisted Treatment of Adolescents With Opioid Use Disorders. *Pediatrics*. 2016;138(3)

[34] United Nations Office on Drugs and Crime, World Health Organization. Opioid overdose: preventing and reducing opioid overdose mortality. Published June 2013. Accessed February 2, 2025.

recommends the use of buprenorphine and other evidence-based medications for the treatment of adolescent and young adult patients with severe opioid use disorders.

Furthermore, adolescents have unique treatment needs that must be addressed in conjunction with the use of pharmacotherapy. Many adolescents with substance use disorders need behavioral interventions and supports to address co-occurring mental health conditions and other stressors. Furthermore, adolescents are uniquely dependent on their family and loved ones for support following the initiation of treatment. As such, family-focused interventions are also an important part of adolescent substance use treatment to ensure that adolescents can come back to a community that is ready to support their recovery.

However, access to these potentially lifesaving treatments for adolescents and young adults remains challenging.[35] While the removal of the requirement to obtain a waiver from the Drug Enforcement Administration to prescribe buprenorphine eased a key burden on the ability to provide treatment to young people, pediatricians and other health care professionals working with adolescents must have access to the latest resources and training to be able to dispense MAT safely and effectively. Recent studies have shown that adolescents and young adults have a low likelihood of receiving MAT for OUD, in part because there is not a sufficient number of providers who work with this population to

[35] Levy S, et al. "Buprenorphine Replacement Therapy for Adolescents with Opioid Dependence: Early Experience from a Children's Hospital-Based Outpatient Treatment Program." *Journal of Adolescent Health*. 2007. 40. 477-482.

provide OUD treatment.[36] [37] [38] Because many providers do not feel comfortable treating this population, young people in need of MAT often go without care.

Strengthening Prevention, Early Intervention, and Treatment

There is a significant need to strengthen access to evidence-based prevention, early intervention, and treatment services for adolescents and young adults, and Congress has an important role to play. By promoting access to substance use services, Congress can ameliorate the harms of the multiple ongoing drug epidemics, including the epidemic of fentanyl and other synthetic opioids.

Health Care Financing

The availability of health care services and interventions for substance use is often tied directly to the sufficiency of financing and reimbursement arrangements. Unfortunately, the availability and financing of substance use prevention, early intervention, and treatment services does not meet the needs of young people. Among young people who are insured, limitations in the scope of benefits, high out-of-pocket costs, and inadequate payments create barriers to needed substance use care. For instance, insurers may not pay separately for substance use screening services provided in the primary care setting, making it more difficult for pediatricians to provide such services in an already busy health maintenance visit, or may not pay for naloxone when prescribed preventively for individuals who are prescribed opioids or identified as having a history of nonmedical prescription

---

[36] Hadland S, et al. "Trends in Receipt of Buprenorphine and Naltrexone for Opioid Use Disorder Among Adolescents and Young Adults, 2001-2014." *JAMA Pediatrics*. 2017. 747-755.
[37] Carney BL, Hadland SE, Bagley SM. Medication Treatment of Adolescent Opioid Use Disorder in Primary Care. *Pediatrics In Review*. 2018;39(1):43-45.
[38] Feder KA, Krawczyk N, Saloner B. Medication-Assisted Treatment for Adolescents in Specialty Treatment for Opioid Use Disorder. *J Adolescent Health*. 2017;60(6):747-750.

opioid use, opioid overdose, or OUD. Additionally, optimal treatment of substance use disorders may require a greater number of outpatient visits or inpatient days than are specified within the patient's health insurance plan.

Optimal treatment may also include a wide array of services, including prevention services, assessment, early intervention, relapse prevention, crisis intervention, group therapy, family therapy, partial hospitalization or day treatment, or residential care, which may not be included as a covered benefit. Limitations on the number of follow-up visits or inpatient hospital days may interfere with access to high-quality care that may be needed for complete treatment and recovery. In the case of OUD, high out-of-pocket costs for medications such as buprenorphine may deter some adolescents from adequately accessing this evidence-based form of medication treatment.

Suboptimal payment rates and funding also serve as a barrier to achieving optimal substance use screening, prevention, and treatment services. Substance use services are medically necessary; therefore, payment should be sufficient to appropriately compensate physicians and nonphysician clinicians for these services. Although Medicaid benefits include coverage of substance use services, payment rates have been very low and, as a result, serve as a disincentive to provide pediatric substance use services. Publicly supported substance use services are often underfunded and typically available only for youth with serious emotional disturbances. If we are to truly address illicit drug use among adolescents, we must increase funding for Medicaid and make prevention services available well before an individual is in crisis. Many young people, particularly those who are just beginning to use substances, may not qualify for Medicaid-funded services. Moreover, children who are privately insured but without adequate substance use and other mental health benefits are seldom eligible for

Medicaid-funded services. Furthermore, financing and reimbursement challenges are exacerbated for uninsured young people, who are left with few options for accessing the care they need.

As such, the AAP recommends robust legislative and agency action to improve coverage of, payment for, and access to substance use prevention, early intervention, and treatment services to address the barriers identified above. Such action could include:

- Enacting and enforcing additional laws, in addition to the Mental Health Parity and Addiction Equity Act of 2008, that promote full parity between medical services and substance use services so that coverage of the management of substance use and substance use disorders is equal to the coverage of other chronic conditions.
- Incentivizing payers to provide reasonable payment for counseling, coordination, and consultation procedure codes to enable primary care pediatricians to provide evidence-based prevention and SBIRT services for substance use.
- Ensuring adequate oversight of the Early and Periodic Screening, Diagnosis, and Treatment (EPSDT) standard in state Medicaid programs and managed care plans to ensure they are offering the continuum of medically necessary substance use services, from prevention to treatment, for children and adolescents as required by law.
- Requiring public and private payers to support the development and use of telemedicine through equitable payment and coverage for substance use prevention, assessment, and treatment services for children, adolescents, and young adults.

- Increasing funding of state substance use and mental health programs for children and adolescents, including through a prevention set aside in the SAMHSA Community Mental Health Services block grant.

Workforce Capacity

The ability to provide substance use prevention and treatment services at scale to reach all young people who need them is dependent on a workforce sufficient to meet demand. Unfortunately, longstanding shortages of health care professionals capable of providing this care prevent us from doing so. Lack of access to appropriate treatment sources is a major barrier to SBIRT implementation. In the hospital setting, limited availability of ambulatory and inpatient substance use services contributes to increased emergency department visits for nonurgent substance use-related concerns and lengthened hospital stays for youth with SUDs admitted for medical and psychiatric stabilization. Further, low payment rates for the provision of substance use services heavily contribute to the workforce shortage. Pediatricians in training report economic disincentives to enter pediatric subspecialties because of the debt they will accrue. Providers must be adequately paid for the care they provide.

Additional training and workforce development around substance use is necessary if pediatric clinicians are to meet the need for these services in their practice settings. **As such, the AAP recommends robust legislative and agency action to support the pediatric workforce in addressing ongoing illicit drug epidemics. Such action could include:**

- Providing funding to train pediatricians in SBIRT approaches and increase their capacity to detect, assess, and intervene in youth substance use.

- Funding training of additional health care professionals who work with adolescents in addiction medicine to expand the availability of care for young people with severe substance use disorders. Individuals with severe substance use disorders are at risk of overdose death and other severe acute health outcomes. Timely access to treatment is necessary to mitigate these devastating health outcomes.
- Guaranteeing that public and private health insurance networks include pediatricians, addiction medicine specialists, and nonphysician clinicians trained or experienced in child and adolescent substance use prevention, assessment, evaluation, and management services.

Behavioral Health Integration

Integrated behavioral health care, wherein both medical and behavioral health providers function together as members of the care team, is an evidence-based strategy for delivering substance use services within primary care. For youth with substance use disorders and co-occurring mental health diagnoses, integrated treatment of both disorders has been shown to result in superior outcomes compared with separate treatment of each diagnosis. Assessment and treatment of substance use disorders often involves a team, including primary care physicians, psychologists, psychiatrists, addiction specialists, clinical social workers, drug and alcohol counselors, and community- and hospital-based programs.

Integrated behavioral health models, which encompass consultation, care coordination, and colocation of behavioral health clinicians in primary care, are difficult to implement because of lack of payment for collaborative care services, behavioral health “carve-out” contracts not allowing clinicians to bill for certain services in primary care, and lack of payment for medical and behavioral

health visits provided on the same day. Most integrated care efforts are funded through a patchwork of short-term public and private grants, limiting their reach and sustainability.

Best practices for integrating behavioral health with pediatric primary care recognize the medical home as a critical component of mental and behavioral health in a whole-person care approach. Behavioral health professionals should be included as members of the medical home team with participation in preventive, acute, and chronic care visits. Working in partnership with behavioral health practitioners to practice integrated care can improve care, enhance preventive services, lower costs, and strengthen the medical home. Pediatric primary care clinicians have a longitudinal, trusting relationship with patients and their parents. Given this special relationship, parents often seek joint visits with their trusted primary care physician and a mental health specialist. However, there is currently no payment model to support this type of visit.

As such, the AAP recommends robust legislative and agency action to support the scale up of integrated behavioral health models in primary care. Such action could include:

- Creating incentives to integrate behavioral health with primary care, such as providing enhanced payment for services housed within a primary care setting. Co-location of behavioral health providers in primary care offices and schools is the gold standard of care and allows for warm handoffs and brief interventions at visits and effective referrals to psychiatric care when needed.
- Providing payment for behavioral health services embedded within primary care, on the same day as other primary care services, such as allowing a specialist to provide a brief

intervention alongside a pediatrician will increase access and allow intervention before symptoms reach the level of a disorder.

- Eliminating barriers to the provision of integrated care, including allowing different kinds of providers to be able to bill for the same patient for the same diagnosis on the same day.
- Encouraging a shift away from fee-for-service/volume-based payment mechanisms and towards value-based, high-quality care, such as bundled or capitated payments or meaningful per member per month (PMPM) models, to promote integration. Pediatric alternative payment models must be designed to appropriately measure quality of care, long-term health outcomes, and the value of prevention to ensure that financial incentives support primary care practices investing in preventive care, early intervention, and behavioral health services.
- Maintaining federal funding for proven models such as the Health Resources and Services Administration Pediatric Mental Health Care Access program, which funds programs in 46 states, DC, and territories and tribal organizations. This program has also expanded access to mental health services for children including in rural areas by providing pediatric practices with teleconsultation by a pediatric mental health care team.

Public Health Programs & Data Collection

As detailed above, there are numerous broad-based preventive interventions that are provided outside the clinical setting and that have proven enormously valuable in reducing the impact of ongoing drug epidemics on the health and well-being of young people. Furthermore, federally funded data sources, including those from the Centers for Disease Control and Prevention, the National Institutes of Health, and SAMHSA, are critical to addressing the needs of adolescents who

are growing up amidst the fentanyl and illicit drug epidemics, including adolescents living in rural communities and other geographic areas with limited access to care who are therefore at especially high risk of the adverse negative consequences posed by substance use. The AAP relies on these sources to support the pediatric workforce in protecting young people from the harms of substance use and believes it is essential that these federal data sources, including but not limited to the Youth Risk Behavior Survey, continue to provide accurate, reliable insights into the trends driving adolescent risk-taking behavior.

As such, the AAP recommends robust legislative and agency action to support the work of these nonclinical interventions, including:

- Supporting and expanding federal drug use monitoring and surveillance efforts to provide medical professionals and the public with continued, timely insights into adolescent substance use trends that are essential to guiding future prevention and early intervention initiatives.
- Supporting and expanding funding for effective programs that target families and communities to prevent or ameliorate youth substance use and provide needed public education and awareness about the latest trends.

Thank you for the opportunity to testify before you today. The AAP looks forward to working with the subcommittee to address current and emerging drug epidemics by strengthening prevention, early intervention, and treatment services for adolescents and young adults.