RESOLUTION 43-22

Title: Risks of Substance Use Linked to a Child's Early Years

Introduced by: Robert Sain, MD, for the Washtenaw County Delegation

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Referred To: Reference Committee E

House Action: **WITHDRAWN**

Whereas, opioid deaths in Michigan continue to surge, from 500 deaths in 1999 to more than 2,000 deaths in 2018, and

Whereas, current government and private responses to persons with opioid addiction have also increased; however, these efforts will not catch up with the increase of opioid deaths without early interventions before dependence, and

Whereas, current critical treatments have improved including but not limited to the use of medication for opioid use disorder (MOUD), and

Whereas, these treatments are enhanced by effective psychiatric efforts (e.g. trauma focused psychotherapy), and

Whereas, deaths from overdose mostly occur during and after adolescence, and

Whereas, this presumes that our understanding of a child's experience before dependence is key to our understanding of later opioid dependence, and

Whereas, referrals to child psychiatrists and other mental health professionals who understand the relationship of deprivation (of love) and trauma to subsequent depression and substance dependence are critical after recognition of the risks; therefore be it

RESOLVED: That MSMS support and encourage the implementation of screening tools such as the Rapid Adolescent Prevention Screener (RAPS), the PHQ9, and the GAD-7 to detect high risk behaviors and mental health conditions such as substance use, smoking, and vaping in adolescent patients aged 12 to 20; and be it further

RESOLVED: That MSMS support and encourage the continuing education of all physicians treating very young children (0-5 years of age and older) who suffer from deprivation (of love) and adolescents who are already using addictive substances (marijuana, alcohol, opioids, including heroin), and cocaine.

WAYS AND MEANS COMMITTEE FISCAL NOTE: $2,000-$4,000 for physician outreach.

Relevant MSMS Policy:

Routine ACE Screening in Pediatric Appointments
MSMS supports screening for adverse childhood experiences in annual pediatric appointments. (Board Action Report #2, 2019 HOD, re Res29-18)

Relevant AMA Policy:

Adverse Childhood Experiences and Trauma-Informed Care H-515.952
1. Our AMA recognizes trauma-informed care as a practice that recognizes the widespread impact of trauma on patients, identifies the signs and symptoms of trauma, and treats patients by fully integrating knowledge about trauma into policies, procedures, and practices and seeking to avoid re-traumatization.
2. Our AMA supports:
a. evidence-based primary prevention strategies for Adverse Childhood Experiences (ACEs);
b. evidence-based trauma-informed care in all medical settings that focuses on the prevention of poor health and life outcomes after ACEs or other trauma at any time in life occurs;
c. efforts for data collection, research, and evaluation of cost-effective ACEs screening tools without additional burden for physicians.
d. efforts to educate physicians about the facilitators, barriers and best practices for providers implementing ACEs screening and trauma-informed care approaches into a clinical setting; and
e. funding for schools, behavioral and mental health services, professional groups, community, and government agencies to support patients with ACEs or trauma at any time in life; and
f. increased screening for ACEs in medical settings, in recognition of the intersectionality of ACEs with significant increased risk for suicide, negative substance use-related outcomes including overdose, and a multitude of downstream negative health outcomes.
3. Our AMA supports the inclusion of ACEs and trauma-informed care into undergraduate and graduate medical education curricula.