**Pediatric and Adolescent Special Interest Group - meetings**

**AMERSA annual meeting, Washington DC: November 3, 2023**

Attendance and introductions

1. Nicholas Chadi: Session chair: Adolescent and Addiction Medicine, University of Montreal, clinician-scientist
	1. Discussion topic: Bridging the gap between pediatric and adult treatment/resources
2. Veronika Mesheriakova session co-chair: UCSF, Adolescent Medicine, Addiction Medicine.
	1. Discussion topic: Getting the hospital to support addiction work (moving beyond grand funding)
3. Rachel Isba: Consulting pediatric public health medicine, NHS, University of Lancaster, professor children and young people health
	1. Connect with and learn from this group
4. Lauren Bell: Adolescent Medicine, Tennessee, work in family medicine clinic doing addiction work with adolescents
	1. Make services more youth-friendly
5. Kristen O’Connor: Nurse, Santa Cruz California. Works in MAT with adolescents, part of an adolescent health collaborative
	1. Getting engagement from the patients (long acting bup is helping)
6. Sheryl Ryan: Penn State, Adolescent Medicine, Addiction medicine, program director addiction medicine fellowship
	1. Building capacity, transition care
7. Mat Holm: Addiction Medicine fellow at Montefiore (NY), pediatrician
	1. Discussion topic: Expanding services for youth in a large city, program development
8. Patricia Moreno: UCSF: Patient navigator, works with adults primarily, would like to learn more how to care for adolescents
	1. How to provide better support for adolescent
9. Syndney Cople: Pediatric psychologist, Denver Health, prevention and work with families that are high risk for substance use, consult service for pediatric service/ICU
	1. How to get support for early intervention services
10. Kalyn Holmes: Psychology post-doctoral fellow at Denver Health
	1. How to support younger individuals with overdose, how to create community around working with younger children who are exposed to substances
11. Jessie Calihan: Adolescent Medicine fellow at Boston Children’s Hospital, Addiction Medicine and Meds-Peds trained
	1. How to care for caregivers who have a history of substance use, how to talk to caregivers on how to talk to their kids
12. Abdul Alim: Family Medicine, Addiction Medicine Fellow, from Afghanistan, important issues in Afghanistan
	1. How to dobetter preventive care for younger individuals, taking expertise where children are
13. Sharon Levy: Developmental Pediatrics, program director Boston Children’s Hospital pediatric addiction medicine program
	1. Bringing the full continuum of addiction care to primary care
14. Holly Hagle: University of Missouri, Kansas City, addiction/immplementation researcher, SBIRT for youth
	1. Looking at universal prevention for substance use for youth. Looking to collaborate with AMERSA to create new capacity building materials, plenary for AMERSA on youth focused-issue, oral abstract session at AMERSA, learning community or modified ECHO youth substance use
15. Margaret Shang: Peds trained and addiction trained, masters of medical education, U Pittsburgh
	1. Developing and expanding pediatric curriculum for residents and building capacity
16. Patricia Schram: Developmental pediatrics, Addiction Medicine, Boston Children’s
	1. Building a community of pediatric addiction providers
17. Shawn Kelly: Pediatrician, addiction medicine, Ottawa, Canada, community and hospital-based practice
	1. Medical intervention ends and social determinants of health take over, how can we help the most vulnerable
18. Hannah Stone: Med-Peds, Addiction Medicine, University of Alabama Birmingham
	1. Dyadic care

**Discussion topics**

* Bridging the gap – Transition age youth
	+ Pushing the age of transition whenever possible; dedicated clinics within
	+ Looking at pediatric transplant clinics and models
	+ Partnering with family medicine and internal medicine, building capacity
	+ Building connexion from existing channels
	+ Nurse models allow more flexibility and time to spend with patients, can help and facilitate
	+ Bring nurses to continuing education events, provide training and education. Core competencies through Boston Medical Center community of practice
	+ Working on a level ground with nurses and the rest of the interdisciplinary team
	+ Helping MDs find the time to see patients with complex issues
* Reaching the younger more vulnerable, prevention work in children and adolescents
	+ Engaging adolescents is challenging when places (i.e. schools) don’t recognize they have a problem
		- Attempts at primary prevention is often happening where people are already using (i.e. in high school)
		- Need more appropriate secondary prevention (i.e. around treatment/messaging) in school settings
		- Could benefit from more realistic view of treatment for adolescents (i.e. it’s not just the detox they see in social media/TV, it’s not punitive, it’s adolescent/community-centric)
		- Role of Recovery HS
	+ Info from schools suggests teachers/admin are more concerned about THC/alcohol than opioids
		- Probably combination of people not being willing to share and low numbers of people
	+ Providers are open generally to the idea of harm reduction but there are barriers (i.e. schools)
		- I.e. schools do not all have mandated naloxone
	+ How much does the focus need to be on drugs v. alternative ways to cope w/ challenges
	+ Much of adolescent SU is social and what substances they use are in those contexts
		- Much of the transitions from one drug to another (i.e. alcohol > THC) is probably in that context
		- Need to include youth in these conversations to better understand these questions and to develop adolescent-appropriate and efficacious ways to respond
* Getting medical center support for addiction programs, curriculum building
	+ Where should pediatric addiction programs “live” (no body “wants it”)
		- There is often a conflict about institutions asking for clinical tasks
	+ Billing: important to learnt how to bill, and get financial incentives
	+ Leveraging community resources in schools. When feeling alone, thinking about how to partner with schools
	+ Consultation lines when being a lone provider, allows to extend reach