CONNECTING CARE PODCAST // EPISODE #16 // TRANSCRIPT

Managing Risk among Youth: Delivering Substance Use Care during Emerging Adulthood

Alex Walley:

Throughout our Connecting Care Podcast Series, we focused our episodes on different communities of adults with HIV and, or substance use disorders. One population we haven't yet covered is the adolescent and young adult population. Treating youth with substance use disorders requires additional expertise and insight into their physical, emotional, mental, and social development.

Dr. Sarah Bagley:

During the teen years, what are you supposed to be doing? It's actually this really exciting time. You're supposed to be learning how to make decisions on your own and actually separate from your parents a little bit and really develop some independence. And so we don't want to stunt any of that. Even as they engage with us in treatment, we want to be able to continue to encourage them to do those things because it's totally developmentally appropriate. How do we support this young person and actually try to give them as many choices as we can so that they can really determine and chart their own course.

Alex Walley:

You're listening to Connecting Care. I'm Alex Walley, an HIV primary care doctor and addiction medicine specialist in Boston, Massachusetts. This month, my colleague, Dr. Jessica Taylor, talked with Dr. Sarah Bagley. Dr. Bagley is a researcher and the medical director of the CATALYST Clinic at Boston Medical Center, which is a clinic that uses a comprehensive approach to providing care for adolescents and young adults affected by substance use disorders.

During the conversation Jessica and Sarah talk about the substance use risks for youth, developing a substance use disorder, overdose prevention, the special legal considerations of treating youth and how their needs differ from those of older adults.

Dr. Jessica Taylor:

Welcome back. You're listening to Connecting Care, the intersection of HIV and opioid use disorder. I'm Jessica Taylor. I'm an HIV primary care doctor and an addiction medicine specialist in Boston, Massachusetts. And I'm usually joined by Alex Walley and Sim Kimmel who have the day off today.

So I'm thrilled to be here with this very special guest, Dr. Sarah Bagley, who is the medical director of the CATALYST Clinic at Boston Medical Center, a clinic that focuses on the care of adolescents and young adults with substance use disorders. Sarah is a clinician and a researcher. Her work focuses on caring for young adults, treating substance use disorders and engaging people in addiction treatment after overdose. So today we'll really get to delve into the care of substance use disorders in young people. Sarah, thank you so much for joining us.

Dr. Sarah Bagley:

Thanks for having me.

Dr. Jessica Taylor:

We have a lot to talk about and a lot of questions for you so we'll just jump right in. To start, I was wondering if you could tell us how you came to focus on addiction and substance use disorders in youth and young adults and a little bit about the CATALYST program.

Dr. Sarah Bagley:

Sure. So I am trained as an internist and a pediatrician and during my residency training, I've always found myself drawn to working with this adolescent young adult population, I think they are fun to take care of. There's a lot of resilience, there's a lot of hope and excitement about the things that they talk about in terms of their future.

And I think that as I then decided to focus in on caring for people who have substance use disorder who are affected by substance use really appreciated the intersection of taking care of youth, all of this hope, all of this hope for their future and what's going to come next, and then recognizing that if we can also incorporate care and advice around substance use, that we could really do a lot to minimize the harms in some of the downstream effects that we see when we're taking care of our older adult populations.

So that's really what's brought me to working with this population. And so as a result, we were able to start this program called CATALYST where we're taking care of adolescents and young adults who are somehow affected by substance use. Some of them are just beginning to use substances, some of them have substance use disorder, some of them may have parents or risk factors for developing substance use disorder.

And the goal really is for this program, we're trying to provide non-judgmental compassionate care for youth who are somehow impacted by substance use as I said. And I think that at the core of what we do is to take this approach, that behaviors make sense. So the reasons why they may be beginning to use substances or may have developed a substance use disorder actually make sense, and they can explain to us some of their motivations for drug use and that also our goal is to really put safety first.

And so really having harm reduction front and center grounds the work we do. I am so lucky in this program to work with a multidisciplinary team that includes social work and nursing and program manager who really provides a lot of support to the youth and the families who are working with recovery coaching. And so the idea is that we're all bringing different expertise and different lenses to the work that we're doing and the care that we're providing so that we can really wrap around the young people we serve.

Dr. Jessica Taylor:

Thanks so much, Sarah. We're both addiction specialists. And I imagine that in your work you get asked by a lot of people who were parents how to keep their kids from developing a substance use disorder, or what can be done to prevent a substance use disorder in the first place. Could you say a little bit about what we know about how it may be possible to prevent developing an addiction?

Dr. Sarah Bagley:

Sure. Thanks, Jess. I think it's such an important question and it definitely comes up a lot. I think one thing that I definitely want to highlight is that there's been a lot of progress in recent years where the prevalence of substance use, alcohol use among teens has actually really decreased a lot. And so that's really promising.

The other thing that I say to parents or other people who may be asking this question is that you can actually start pretty early talking to kids about setting good healthy habits in a way that I think can be helpful in terms of preventing substance use or potentially development of a substance use disorder. So

for example, I have younger children who are more daycare preschool age and elementary school age, but we spend a lot of time talking about healthy habits, about the importance of only taking medications that are prescribed to you, that an adult gives to you.

And I think that that kind of messaging can actually, as I'm saying can start really early. I think the other thing that we know is really important gets back to this idea of behaviors making sense. And so identifying preexisting co-occurring mental health disorders early and trying to engage young people in appropriate evidence based behavioral healthcare, I think is really important.

You listen to the news, I think we're all aware of the crisis that our country is experiencing in terms of teen mental health. And I'm really concerned about what that means actually for what's to come in terms of development of substance use disorders or risky substance use in the future with teenagers. So I think that those are some of the most important things.

Dr. Jessica Taylor:

Great. And other questions that come up frequently include around treating other medical conditions and specifically ADHD or attention deficit spectrum disorders. I know a lot of people who are parents really struggle with and wonder whether they should pursue treatment with medications like stimulants or whether that might increase the risk of developing a substance use disorder. And I think parents are often faced with really an overwhelming amount of medication from places like the internet that can be tough to wade through. So how do you talk to parents about that?

Dr. Sarah Bagley:

That's a great question, Jess, another one that comes up all the time. I think what we know is that exposure to a stimulant that's being prescribed for a diagnosis of ADHD does not increase the risk of developing a substance use disorder, although it does seem like untreated ADHD would actually be a risk factor for developing a substance use disorder.

And you can imagine maybe a 15 or a 16 year old who has untreated ADHD and then may actually go seek out substances that might treat their symptoms on their own and that is a much riskier situation. And so what we recommend is that teens should be evaluated by pediatricians or by psychiatrists, given a diagnosis and then treated based on the standard of care.

We do recommend for parents whose children may be treated with stimulants, that they should be storing those medications safely, they should be the ones administering those medications, the same kind of medication safety that we would talk to parents about for any other kinds of prescriptions.

Dr. Jessica Taylor:

Thanks. And that leads into a follow-up question about the role of schools. So obviously a key difference between the adult medicine world where I practice and taking care of children or youth, is that they spend a lot of their time in a very structured setting in schools often. And I'm wondering if you could weigh in on what role schools can play in keeping young people safe and specifically preventing the development of a substance use disorder.

Dr. Sarah Bagley:

Another great question. I think that schools really potentially have a really important role to play. The reality is high schools aged teenagers are spending a lot of their time actually at school. And so they're spending time with teachers, they're spending time with counselors, with maybe health educators, with their peers and so it's actually an ideal setting for them to receive education and just be able to have conversations too about substance use and how to keep themselves safe.

So there's an opportunity to think about substance use education and curriculum to be integrated into health classes that could include things like overdose education and prevention. And so I think that's one place. I think two, thinking about how do we empower school counselors and school nurses to feel comfortable having these conversations? I think it would be unfair to leave that all to them without giving them the knowledge that they need to navigate what can be really tricky conversations. But ideally I think schools are actually really perfect places to be having these conversations with youth.

Dr. Jessica Taylor:

And especially now, you alluded to overdose and we know that young people are a population where overdoses have actually been rising. And I'm wondering if you could shed some light on why that is, whether it's riskier substance use. Is it related to fentanyl? Is it because addiction overall is on the rise? What's happening with the increase in overdose among youth?

Dr. Sarah Bagley:

So it's really interesting because this year, although we've seen this really significant rise in overdose deaths among teenagers, we've also seen this decrease in plateauing of substance use prevalence. And so it's raised this question of what is exactly is going on. And I think that the answer does lie in what you mentioned in terms of fentanyl being the driver.

So when we look at overdose death rates among teens and what kinds of substances are driving those death rates, it very much mirrors what we're seeing in older adult or adult populations. And it's fentanyl and so we think that it's really the same story in terms of the kind of substance. I think we need more research to be honest, but I think probably there are some differences though. I think that a lot of the fatal overdoses that we hear about and the non-fatal overdoses, the patients who come to me who have had non-fatal overdoses, they're not necessarily teens who are using knowingly using fentanyl.

A lot of the times they are buying pills, depressed pills, and they think they might be purchasing Percocet or a benzodiazepine or maybe a stimulant or they're using cocaine and it's actually either contaminated with fentanyl or it's just fentanyl and so they're unaware that that's what's happening. And so I think that it's more that the drug supply has become more toxic and that that's actually what's driving these deaths, I think coupled with not enough education about overdose prevention in this age group.

Dr. Jessica Taylor:

And one thing that always stands out to me when we talk about overdose prevention is the way that you describe some of your younger patients really being proactive in decreasing their overdose risk, and that to me has been so inspiring to hear about because we think about such young people often feeling alone as it relates to adult supports in their life with trying to stay safe.

And I'm wondering if you could share a little bit about kind of what you're hearing from young people in terms of the ways that they're trying to prevent overdose in the context you're describing which might be more of purchased pressed pills or stimulant use, which is different than a lot of patients I take care of that are seeking out fentanyl and really have a diagnosed fentanyl use disorder.

Dr. Sarah Bagley:

Yeah. It's a great question. We're hearing a lot of really interesting, innovative ideas as you're talking about and I think it's important to point out that so much of the time we really learn from our patients and they give us advice or can share stories about how they're navigating substance use that can be really helpful for us to understand and potentially share with other patients.

And so we have heard from our patients, I mean, first of all, is that it has really been impressive to me how common knowledge about naloxone is among this age group, both among youth who use substances and those who do not use substances. And so I think that's important because that means that it's even more important that we think about how to standardize this education and make sure they're having access to good evidence based teaching.

We are also hearing a lot from them about the use of fentanyl test strips. And so I think that there are a lot of questions about fentanyl test strips and their effectiveness. And I know that for the adults that you and I take care of around where we practice, there's some question, well, there's so much fentanyl in the drug supply like what use is using a fentanyl test strip because everything's fentanyl.

I always say well but for teens and young adults where maybe they're purchasing pills and really intending to use something other than fentanyl, there really maybe is a potential role. And so we've had our patients be really interested in, we distribute them in our program and they've been really interested in using them. We've been teaching them and their families about what they are. We've heard back from our patients.

Sometimes they will try to take extra ones because they want to be able to give them out to their friends and their social network too. And we've even had some of our patients purchase them themselves off the internet and because they had heard that there was this risk. And so that's been really interesting and exciting. And I think to be honest, especially with fentanyl test strips, I think it leads to the opportunity for a conversation with youth like it's an engagement tool.

So again, I'm not sure how effective they are. I don't know how much they actually change behavior in an individual, but it gives me a chance to have a conversation about safer use. And I do feel like those conversations are really important. We've also had a lot of patients talk to us about calling a... like if they're going to use, and they're going to be alone calling a friend or having someone else on the other line who could potentially call for help. I know there's some apps that do that too, but some of our patients have preferred to just use their social network in that way as well. So continue to learn a lot from our patients as you mentioned.

Dr. Jessica Taylor:

Well, we've talked about the risks of developing a substance use disorder and a little bit about overdose prevention. And I was thinking we could talk a little more about how the needs of young people may differ from adults specifically with opioid use disorder, but really across the board with SUDs and was wondering if you could talk us through a case that highlights some of the needs that are really specific to youth and emerging adults that maybe those of us like me that take care of adult patients might not think about as regularly.

Dr. Sarah Bagley:

Yeah. So I was trying to think about a couple of different cases that I could put together as a composite that might be able to highlight some of the key themes that are things that I'm thinking about before I walk into an exam room and I'm going to meet someone for the first time. And some of these are specific to opioid use disorder, and then some of them really can be generalized for other kinds of substance use.

I think one of the most important things, and we've talked about this a lot, Jess is this idea of whether or not, or how to frame the idea that addiction is a chronic disease and what kind of language is appropriate to use for this age group. And I think my experience has been that it has not been necessarily helpful to use that framing that oftentimes I'm taking care of younger patients, they don't necessarily want to think about themselves as having a chronic disease and that by having a

conversation about a chronic disease distracts from the what I want to do which is talk about what's going on now, how do we keep them safe now, what kind of treatment do they want now?

They can be distracted by whether or not this is going to be a lifelong problem. Do I need to be on this medication for the rest of my life? That's just not to me a helpful conversation to be having in that moment. And so that's the first thing that I think about. And so that's me going into the room and really saying like, who are you, what are the things you care about and what are the goals that you have for engaging with me in this program? And then to really try to align everything we do around that.

I think another thing that is really different is family involvement. And as you can imagine, both with teenagers, but also with young adults, families are often still involved. Sometimes our patients are still living with their families, sometimes they might be living on their own, but they're still really connected to their families. And I really think families can be key allies as we try to engage people in harm reduction or treatment. And so that is totally necessary to everything we do.

I think the other thing is that thinking about teen or young adults at developmental stage and what they are supposed to be doing during this time is also important and different than when we're taking care of older adults. So during the teen years, what are you supposed to be doing?

You're supposed to be taking risks. You're supposed to be trying new things. It's actually this really exciting time. You're supposed to be learning how to make decisions on your own and actually separate from your parents a little bit and really develop some independence. And so we don't want to stunt any of that. We actually even as they engage with us in treatment, we want to be able to continue to encourage them to do those things because it's totally developmentally appropriate.

And so that's one of the things that we are always talking about actually as we're discussing patient cases as a team, is how do we support this young person and actually try to give them as many choices as we can so that they can really determine and chart their own course, which is the thing they should be doing in life and is better off for them in the long run that they're learning how to do that.

Dr. Jessica Taylor:

Thanks. And I want to go back to something that you said about chronic illness being really weighty and potentially not helpful in the moment of meeting a patient and just highlight something that I 100% learned from you. When I started at BMC in 2016, I remember being at a talk you gave and you talking about the other challenges related to language choice and framing about addiction in young people.

And specifically the context was talking about working with adult patients and planning for potential return to use in the future, which sometimes is called relapse planning or relapse preparedness. And these days I feel like we're saying return to use a little bit more than relapse, but principle being that many of us were taught to normalize return to use as part of the disease of addiction and that there can be benefits and talking about that openly with patients with nonjudgment and really having a plan A, plan B, plan C to make sure people are well supported.

And what I learned from you is that the framing around relapse prevention can sometimes land poorly with young people and that even just thinking about a very traditional paradigm of treatment, and even just thinking about treatment and recovery in a traditional sense can also be alienating. So I'm wondering if you could say more about that, because I found that to be so helpful and also share a couple of tips about better language choices that you use or different ways to have the same conversation that seem to be more effective at engagement.

Dr. Sarah Bagley:

Yeah. Thanks Jess for that question, I think about this a lot and this is definitely a concept that I learned from my patients through the years, is when I would talk to them about return to use or relapse and

what that might look like. I think we do it as you said because we feel like we want to normalize it. We want our patients to trust us and then we want them to be able to come back and talk to us if that does happen. We want them to stay engaged with us no matter what's going on in their lives.

And yet what I heard from people is that they felt like I didn't have hope in them and that I was setting a really low bar and that that was actually really discouraging to them. And so it was a really good example of somehow I think good intentions from providers about trying to normalize things can actually... We really have to think through our language choices and what we're saying and I think our patients want us to have hope in them.

Hopefully that's not going to be all that's driving them and I don't think it is often. But I think they want us to feel like we believe in them. I think one thing that has helped me with those conversations is this idea that people are more than their diagnosis of a substance use disorder or more than their substance use and that when we see them in clinical settings for these really short amounts of time, understandably, that's really what we're focused on.

But we really are seeing people for a tiny percentage of their lives. It is, it's a snapshot. And then they go out into the world and they have so many other identities, but the identity we give them is person with a substance use disorder, person with an opioid use disorder. And I think in general, again, what I've heard from my patients is that's not how they see themselves or that's not how they want to be. We're over determining who they are.

And so one approach that I have found really helpful is just to try to spend some time to understand more about who my patients are and the things that they do care about doing, the things that do bring a smile to their faces, the people that they care about, or the goals that they have so that I can try to demonstrate that I understand those are other important parts of their identity and the things that they probably care about more.

And then it hopefully, except this is a little idealized, but I think a lot of the time creates then a more open and trusting relationship that allows them to know that if they do return to use that this is a safe place to come to. The other thing that I do at the start of every visit with every new patient is I just thank them for coming and thank them for trusting me and acknowledge that it's this huge leap of faith that they're taking by even showing up and that I recognize that, and I'm going to try to that and be respectful of them and their story and that we're going to try to work together but that our doors are going to be opened to them no matter what.

Dr. Jessica Taylor:

And shifting for a minute to think about the systems that we practice in and how it impacts youth and young people, I know a source of angst for me if I am ever consulted on a person who's under 18 or if we ever have a 17 year old in our bridge clinic is just thinking about legal implications and regulatory implications of treating people who may be a minor. And I'm wondering if you could talk us through just some of the key points to keep in mind for addiction teams out there that may be working with people that are under 18 or treating minors with substance use disorders.

Dr. Sarah Bagley:

Sure. There are a couple of key ideas I think to keep in mind. So one is making the difference between consent and confidentiality. So I'm going to talk a little bit about consent first. So consent laws vary by state. And so it's really hard to give general advice because it really depends on where you live.

So for example, in Massachusetts, there's a regulation that allows us to treat minors, so between the ages of 12 and 17 without parental consent if there are two physicians who agree on the diagnosis of drug dependence. It's an old regulation so that's why the language is old. And so we're able to do that.

To be honest, we don't do that very often because we often believe that it's better to have family involvement and logistically it is also just very challenging to care for a teenager without parental or guardian involvement.

That being said, what we can do is assure confidentiality, unless there's a really imminent risk around safety. And so I think that part is really important. That is another key part of the intro that we provide to our patients, is an assurance that the care we're going to provide is confidential, that there are ways for us to talk to their parents or guardians about a general diagnosis or a general approach to treatment, but in a way that we do not have to disclose the details of the history that they have shared with us.

And I think that's, again, a way to getting back to the idea of developmentally what's appropriate, allowing them to have some autonomy and so to have some independence and to be able to help us figure out what we're going to be able to tell their parents about. And so those are those principles that guide us.

Dr. Jessica Taylor:

Can I ask about methadone as well?

Dr. Sarah Bagley:

So methadone is a different story, which I find very challenging. Methadone is basically impossible for under 18 year olds to receive because of federal regulations. They do have to have parental consent and they have to have two failed treatment attempts. I've never cared for an under 18 year old who has been treated with methadone and been talking to colleagues in other parts of the country have not heard of other cases of youth being treated with methadone.

And I think that as we continue to have these conversations about free hanging methadone and increasing access to methadone, that it's important that we don't forget about under 18 year olds. My thought is methadone treatment should be within youth treatment programs. I would not suggest that we take a 16 year old and treat them with methadone in the adult treatment system.

I think methadone should be part of youth care for opioid use disorder. It has not come up a lot that I have felt like it would be indicated, but there have been a few cases that it really seemed like buprenorphine was not an effective medication and it seemed like methadone would be a better choice but yet it was just not going to be an option. And that is really frustrating because it seems like we are really just trying to keep that person safe and alive until they're 18 and able to access it, which is really unacceptable.

Dr. Jessica Taylor:

No, absolutely. And you think about the context you share with us about the increase in overdose fatalities among youth and then these barriers just feel so just urgent to fix. I'm wondering what other barriers you face in accessing evidence based treatment. So we've talked about methadone, but in terms of other medications or harm reduction services, what are they up against that adults might not be?

Dr. Sarah Bagley:

I think the first thing that comes to mind is just a lack of providers. And these are different kinds of providers who are trained and comfortable working with youth who use substances. So this is pediatricians, there's other kinds of social workers, not enough child psychiatrists, and then definitely not enough child psychiatrists who are also trained in addiction psychiatry as well. And so there's just the lack of services is pretty overwhelming. And so it really is a workforce issue.

I think as we think about different legislation or ways to increase behavioral health services, we really need to be thinking about workforce development and appropriate training for people during medical school or while they're in school for social work. So that's a pretty significant barrier. And I will say, I think that thinking about pediatricians, I think there's real openness to training and learning.

I think it's just a matter of providing and again, empowering people to feel like they can do it and then they're open to do it. I talked to a pediatrician this afternoon who's going to take over naltrexone prescribing and she's never done it before, and that's awesome, but it required a conversation and assurance that there would be some support for her to do that. And so I think that we just need to do more of that.

I think that the other thing is a lack of support for families and that we spend a lot of our time in our program working with families and supporting families. This gets back to the care that's happening, I think with pediatricians is so I have these little kids when we go to the pediatrician's office, a lot of what we're talking about is anticipatory guidance and how we keep a two year old safe and a three year old safe, and a four year old safe, and that is the majority of what pediatricians are doing.

Then at some point, that ability to provide guidance transitions out. And I think that what we know though when we talk to parents of teenagers is that they are still craving guidance and how do they talk to their teenager? How do they talk to them about sex? How do they talk to them about drugs? How do they talk to them about other safety related issues? And so how are there ways for us to continue to provide that support and guidance for families so that they feel well equipped to be having conversations at home with their teenagers. And I truly believe that would make a difference. And so I think those are the two areas that I see as really significant barriers that need to be addressed.

Dr. Jessica Taylor:

Thinking about talking to families too, I'm just struck by the amount of potentially problematic messaging that families get around having a child or any relative with a child with a substance use disorder and you think about tough love messaging and rock bottom messaging. And I'm wondering kind of how you unpack that with parents and if you have any strategies that have been more effective at helping parents work through really the fear that is driving some of the behaviors and shifting towards more of a harm reduction focus and a treatment engagement focus, if that's what the goals are.

Dr. Sarah Bagley:

Yeah. It's a great question. And I would say, first of all, it's a process. And so when we're starting with families who might be newer to thinking about substance use disorder and treatment, it's assurance that this is going to be a process. This is going to take some time to understand what treatment looks like.

It's going to take time for behaviors to change. And also validating though how scared they are. They really love their kid and they are really trying to... They want to do the things that are right and best for their child to keep them safe, but they're scared. And as you said, they're not necessarily sure what to do.

So on the other hand, we've also, I will say we've also had some families recently who have had more experience in the treatment system and they are actually really reassured by the idea that we do not generally discharge or kick people out of our program and that we try to use more harm reduction because what we've heard from them is what hasn't worked is just telling them don't use or what hasn't worked is that they just need to stop doing it and that they really feel like they need a different approach in order to be more motivating for their kid to have behavior change.

So some of the strategies that we offer are increasingly trying to offer parent guidance. There are other programs that try to do this. So really actually having separate appointments and time for parents to talk through what's going on at home and offer alternative ways to respond and to communicate and to potentially even do some role playing around that, which I think can be really helpful.

There are some really great resources too that we refer parents to on the Partnership to End Addictions website, which also has some really nice toolkits and guidance and videos for parents that I think can be really helpful. And sometimes for those parents who need to sit and digest and read a little bit, that can be a really useful tool. And then we also, we train them in overdose prevention and talk to them about Narcan.

And again, it's an engagement tool for them. So we're able to then answer questions that they may have about opioid use and pressed pills and what's happening. And what we've really seen is that parents can really be amazing partners. They tend to know their kids best, which is not surprising. And so really can be incredible supports. And I see it as our role to try to really elevate them in their role. They're going to be there after we're gone or after our... and so really want to make sure that they understand best how to support their kids.

Dr. Jessica Taylor:

On this podcast, we have a public health audience. So we've talked about the patient level, we've talked about the family unit, we talked about physicians' involvement and some of the systems barriers that people face around accessing medications like methadone that can be life saving. I'm wondering if we take a little bit of a larger public health focus, if there are any real wishlist items that you've had on your mind in terms of policy change, systems change, access to care that would really change the way you're able to care for youth with substance abuse disorders.

Dr. Sarah Bagley:

Yeah. I mean, I think that one idea, one thing that I've been thinking about a lot which I am certainly not the first person to be thinking about this is getting back to this idea of school based care or really what kind of standardized curricula could be offered at a state level, at a national level that would be harm reduction based that I think that would potentially teach youth about substances but also about safety.

And so that is something that feels really important to me. And I think thinking about how to expand school based health centers, how to expand them in a way that they are able to provide integrated behavioral health and substance use and to primary care services is a really interesting idea when I know folks are thinking about that. And so to me, those seem like really potentially important solutions.

And I think to that end, then thinking about more healthcare settings, really trying to support models of care that are truly integrated primary care and behavioral healthcare models where it's co-located, it's one team, everyone is really working together, you're not referring people out, but really this idea of a creating a medical home both for youth and for their families too, I think is the way forward.

Dr. Jessica Taylor:

The last question. Working with youth with any serious illness and including substance use disorders can be incredibly challenging hard work. Why do you do it? What are the joys? What keeps you in the work?

Dr. Sarah Bagley:

The patients we're yet to take care of and their families and the team I work with. I think that I'm truly fortunate to work with a team that is so dedicated, so compassionate. And it is every day inspiring and

humbling to think about what they do and how they approach the work that we're doing and the kind of care we're trying to offer and I cannot imagine doing it without them. And so that's a huge part.

But again, the patience too, I mean, it is, I don't know, it's a gift. I feel lucky to be able to do this. It's a huge gift to be able to do this. I will sit in a room with a patient and can't believe the way stories are being shared and trust is being offered up to me and it's such a joy and so I think that's what keeps me in the game.

Dr. Jessica Taylor:

Well, Sarah, thank you so much for being here today. Thanks for everything that you shared. It's been a total privilege to get to learn from you about how to take care of young people with opioid use disorder and I hope everyone listening in today has the same experience. So thank you very much.

Dr. Sarah Bagley:

Thanks for having me, Jess.

Alex Walley:

You're listening to Connecting Care. Our program was produced today by JSI and Boston Medical Center. Connecting Care is supported by the HRSA funded project Strengthening Systems of Care for People with HIV and Opioid Use Disorder. The project aims to enhance system level coordination and networks of care among Ryan White HIV/AIDS program recipients and other federal state and local entities. You can learn more about the project and find resources at www.ssc.jsi.com.