

ILLINOIS STATE MEDICAL SOCIETY

**Resolution 08.2022-09
(A-23)**

Introduced by: Jerrold B. Leikin, MD and Raymond Bertino, MD, ISMS Members

Subject: Lack of Addiction Medicine Resources for Adolescents

Referred to: Council on Medical Service

1 Whereas, adolescents make up approximately 15% of most communities’
2 population; and

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4 Whereas, addiction medical care based upon pathophysiological processes in the
5 adolescent and its outpatient therapeutic medication interventions are virtually identical
6 to adults; and

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8 Whereas, 2.08 million (8.33%) of 12- to 17-year-olds nationwide report using
9 drugs in the last month; and

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11 Whereas, almost none of the 35,000 Illinois youth between age 12 and 17 years
12 who self-reported misuse of drugs, 3.4 percent of all Illinois youth, received treatment
13 (reference 2); and

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15 Whereas, among 13,585 addiction treatment facilities in the U.S., 3,537 (26.0%)
16 offered adolescent programs; and

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18 Whereas, Adolescent-serving facilities were half as likely to offer maintenance
19 medications for opioid use disorder as adult-focused facilities (odds ratio, .53; 95%
20 confidence interval, .49–.58), which was offered at 23.1% of adolescent-serving versus
21 35.9% of adult-focused facilities (ref. 4); therefore, be it

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23 RESOLVED, the scope of service and access of addiction medicine services must
24 include care of adolescents; and be it further

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26 RESOLVED, treatment of adolescents with substance use disorders must
27 be provided in a developmentally appropriate environment; and be it further

28 RESOLVED, that the Illinois State Medical Society work with its partners in
29 healthcare to remove all artificial and licensing barriers to the outpatient addiction
30 medical treatment of adolescents.

References:

1. Substance Abuse and Mental Health Services Administration (SAMHSA). (2015b). National Survey on Drug Use and Health: Comparison of 2002-2003 and 2013-2014 population percentages (50 states and the District of Columbia). Rockville, MD: Office of Applied Studies, SAMHSA
2. <https://icjia.illinois.gov/researchhub/articles/national-and-illinois-youth-substance-use-risk-factors-prevalence-and-treatment>
3. <https://drugabusestatistics.org/teen-drug-use/>
4. Alinsky, Rachel H., et al. "Adolescent-serving addiction treatment facilities in the United States and the availability of medications for opioid use disorder." *Journal of Adolescent Health* 67.4 (2020): 542-9
5. Leikin Jerrold B. "How to Make the School Classroom a Drug Free Workplace for the Child Worker." Urban and Rural Schools: Problems, Solutions and Progress, (editor Lynch, Danielle E.) 2011: pages 195-206

Fiscal Note:

None

Existing ISMS policy related to this issue:

ISMS affirmed Board action to reaffirm existing policy in lieu of the first Resolved of Resolution 02.2019-27 (A-19), Medication Assisted Treatment for Opioid Addiction, and to adopt the second and third Resolveds of Resolution 02.2019-27 (A-19), which state: RESOLVED, that ISMS support and cause to be introduced in Illinois legislation to prohibit health insurers from denying medication assisted treatment for substance use disorders and that prohibit health insurers from using prior authorization policies for medications to treat opioid use disorders (because they delay or interrupt care for patients); and be it further RESOLVED, that the ISMS consider use of model state legislation materials provided by the American Medical Association to help develop and implement this legislation in Illinois (which could be similar to legislation in Maryland and Kentucky). (2019 Annual Meeting)

House of Delegates adopted as amended Resolution C326 (A-18), Treating Opioid Use Disorder in Hospitals, which states: RESOLVED, that ISMS 1) adopt a policy in favor of hospitals in Illinois treating opioid use disorder with medications FDA-approved for that purpose (buprenorphine, methadone and naltrexone) along with appropriate counseling, and 2) advocate for legislation, standards, policies and funding to support that policy; and be it further RESOLVED, that ISMS introduce a resolution to the American Medical Association asking the AMA to 1) adopt a policy in favor of hospitals in the United States treating opioid use disorder with medications FDA-approved for that purpose (buprenorphine, methadone and naltrexone) along with appropriate counseling, and 2) advocate for legislation, standards, policies and funding to support that policy; and be it further RESOLVED, that ISMS introduce a resolution to the AMA asking the AMA to work together with relevant organizations such as the American Hospital Association, The Joint Commission and the American Society of Addiction Medicine to develop and promote a model hospital policy that would assist hospitals in addressing opioid use disorder as a chronic disease by: a) ensuring that medical and other clinical staff are educated about evidence-based treatment of opioid use disorder in order to appropriately advise and treat their patients, b) providing patient education about and access to all three FDA-approved medications in emergency and inpatient settings, and buprenorphine and methadone in obstetric settings, c) maintaining use of these medications for patients already on them, d) initiating use of these medications for assenting patients affected by the disease, e) establishing comprehensive discharge plans for ongoing medical and behavioral treatment in the community, and f) participating in the development of community-wide systems of care for patients with opioid use disorder to facilitate discharge planning. (HOD 2018)

Board of Trustees approved causing the introduction of legislation to address the issues of opioid prescribing, diversion, overdose and addiction, as presented in the report. (BOT 2015-JAN)

House of Delegates adopted Substitute Resolution 32 (A-10), as amended, which directed that ISMS participate in Medicaid reform efforts and encourage Medicaid reform partners to study the following proposals: (1) Managed care for Medicaid patients with appropriate provider compensation for complexity of management; (2) Case management for complex health care users; (3) Shared individual Medicaid electronic data among physician practices, hospitals, including emergency rooms, and pharmacy systems; (4) Non-punitive institutional reporting of inappropriate emergency room and pharmacy use to assigned state and federal agencies; (5) Non-punitive identification of drug and alcohol addictions with development of proper treatment modalities; (6) Identification of social processes impacting medical and psychiatric illnesses; and that ISMS initiate a vigorous campaign to educate ISMS members about the existing Medicaid claims database available to all Illinois Medicaid providers through the IDHFS Medical Electronic Data Interchange (MEDI) system. (HOD 2010)