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Opinion Article

Adolescent Mental Health Care in Times of an Opioid Overdose Crisis

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Introduction

Mental illness accounts for the highest burden of disease in adolescence. In British Columbia during 2023-2024, opioid overdose became the leading cause of death among adolescents closely followed by suicide. While this pattern may not apply uniformly across North America, it highlights a troubling trend in regions severely impacted by the toxic drug supply. Notably, this has occurred despite overall declines in youth substance use, including opioids, alcohol, and stimulants as demonstrated in the 2024 Monitoring the Future study and other sources (1). This paradox reflects the rising lethality of substances, particularly fentanyl, and the structural failures of our health and social systems to respond effectively. Stigma, discrimination, and insufficient service integration further exacerbate risk, preventing youth from accessing care even when they need it most.

While a paradigm shift in adolescent substance use care has been repeatedly called for – by professional associations in the U.S and Canada over the past decade, implementation has been limited, fragmented, or altogether absent (2-8). Despite numerous position papers and national strategies, little has changed in how we prevent, screen, or treat substance use among youth. Without bold system-level change, we will continue to fall short of meeting this crisis. Adolescents who engage in high-risk opioid use often live in very complex environments marked by unstable housing, burdened families, early trauma, chronic pain, and significant suicidality. Despite this, they are frequently met with stigma even in the healthcare system, no access to care and a lack of effective and specialized interventions to keep them alive. Alinsky and colleagues in the US analyzed administrative data about adolescent overdose survivors and found that fewer than 10% of them were discharged from hospital care with a basic treatment effort, no real system in place, mainly ignorance of a biggest threat to them waiting (9,10).

Without clear priorities for capacity building and clinical research, to deliver effective care and support recovery, outcomes will remain dire or worsen. Opioid agonist therapy is a proven, life-saving intervention for opioid use disorder, yet its implementation in youth care remains rare. Part of this gap lies in the lack of a clear medical home for youth with substance use disorders. Depending on geography and system structure, youth may fall under the purview of primary care, adolescent medicine, pediatrics, or psychiatry – each operating in silos, often unsure how to respond. Providers may feel unprepared or unsupported, resulting in missed opportunities to intervene. A shared model of care is urgently needed with linkages across the healthcare system and beyond, integrating education and teaching in health and academic settings. Without partnering with primary care few patients will receive care: a very small fraction, only 3.3% of children with at risk cannabis use believed they needed treatment, and most of those who recognized the need still did not seek treatment (1). We need more readily available and better treatments specifically targeted toward adolescents, particularly for alcohol, nicotine and cannabis use and use disorders (1). The SBIRT (Screening, Brief Intervention, and Referral to Treatment) approach offers scalable framework for early intervention and treatment services for individuals who have use various substances and are at risk for developing substance use disorders (11). Primary care providers can screen, provide education, and brief intervention, and manage lower-severity cases

and refer more complex presentations to subspecialist teams (12). Such integration ensures the right care, at the right time, by the right provider, while persevering limited specialist capacity.

Addressing youth substance use requires coordination beyond the healthcare system. Effective strategies must integrate education, family systems, and community supports.

- School based prevention and early identification programs help youth understand not only the physical but also mental, social, and academic consequences of substance use.
- Caregivers and families must be supported and equipped to respond early, creating protective environments that reduce harm and foster recovery. Families of origin are a critical network to be actively included and supported to save lives. The largest body of evidence for youth substance use treatment is in family therapy (Canadian Centre on Substance Abuse, 2016).
- Digital and social media are deeply embedded in youth life and should be leveraged for education, outreach, and engagement.
- Community-based programs, especially those designed for indigenous and marginalized youth, are essential to build trust and connection.
- Opioid Agonist treatment (OAT) reduces mortality even in the fentanyl era (13,14), with greater retention in care, reduction in fatal and non-fatal overdose (15), reduction in use of unregulated opioids and with positive benefits for quality of life and overall mental health symptomatology.
- Finally, address and eliminate stigma. Much more needs to be done to change the con-versation within communities around SUDs.

This is a pressing challenge for all disciplines in child and adolescent care from paediatrics to primary care to adolescent medicine and psychiatry and must be met with expanded education, training, and workforce capacity. Without these supports, even dedicated providers are reaching breaking points which in turn limits care access for all patients. Synergy to face a crisis, which is here to stay, is an essential. We must ensure the continuum of care beyond the age of 18 or 24, adapting systems to meet developmental needs and prevent patients from falling through the cracks. Ultimately, our collective goal must be clear; to give the youth not only a chance to survive but the opportunity to heal and recover.

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