Youth Substance Use: Trends, Considerations & Evidence-Based Approaches

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Overview: *What are we Covering?*

Substance Use among **Youth**

- Unique features of **youth** vs. **adults**
- Understanding **Risk** vs. **Diagnosis**
- Critical **evidence based practices** within a youth system of care
  1. Risk reduction interventions
  2. Unique Case management needs; Other needs of Youth
  3. Inclusion of Family
  4. Integration models that address co-occurring emotional, cognitive and behavioral issues

Developmentally, who are we talking about?

- Adolescents
- Teens
- Minors
- Youth
- Young Adults
- Transition Age Youth (TAY)

Diverse age ranges: 12-17; 12-15; 16-21; 18-24; 12-24 years old

*Developmental periods characterized as transitional phases associated with "growing or maturing."

Who Are Young Adults and TAY?

- Transition Age Youth (TAY) - the **population demographic spanning middle and late adolescence to young adulthood, typically ages 16-25** (Martel, 2021).
- Transitional period filled with lots of changes, including neuro-biological, hormonal, physical, emotional, cognitive and social changes.
- Why focus on TAY? They often age-out of “teen” and “adolescent” services, but are not developmentally prepared for adult roles and services, placing them at particular risk.

Traditional Characteristics of Youth and Young Adults

What are some of the common traditional milestones achieved during the transition to adulthood?

Planning for/completion of education goals

Moving toward independent living

Achieving financial independence

Relationships

Starting a family

Institute of Medicine & National Research Council, 2013

How’s it Growing? Epidemiological Trends of Youth

Trending Issues among Youth Culture

- Recreational Cannabis/Marijuana
- Trending tobacco products: e-cigs, hookah, blunts
- Prescription drug misuse
- Club drug social patterns
- Opiates, Heroin, fentanyl

WHERE
DO I
START

Critical Question has become -- What to Prevent?

SUDs / Addiction

Problematic use

Misuse

General Substance Use (exp)

SUD Risk

Recognizing that youth are characterized as an **"at-risk"** population for developing SUDs

Risk-Taking is a Developmental Characteristic of Youth

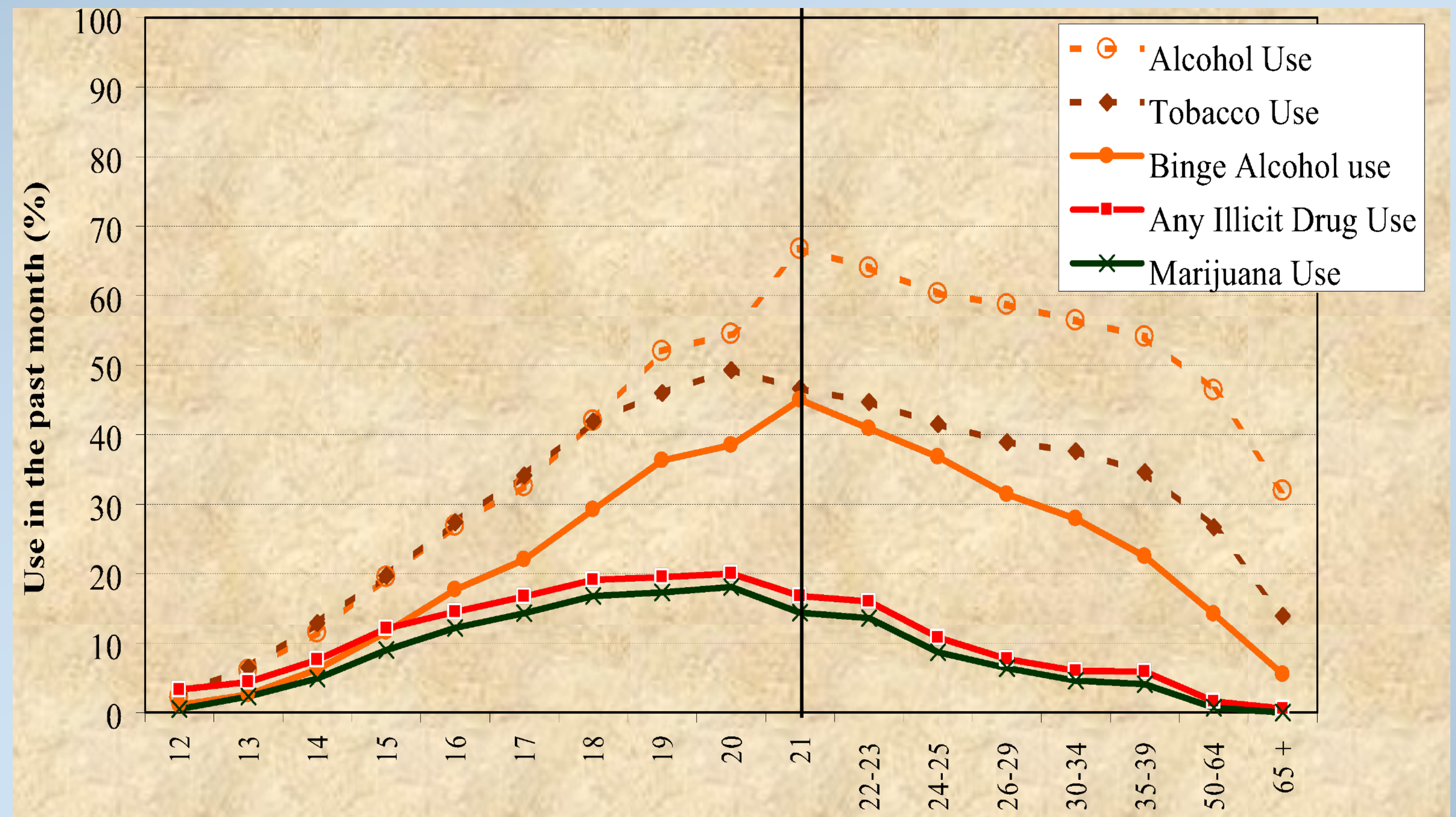
- **Emotional maturation**
- **Identity formation**
- **Life skills development**
- **Risk-taking behaviors**

Youth 5 S's
Social Media
Speeding (independence)
Sex
Spending (financial independence)
Substance Use Experimentation

Caregiver/Provider 5 S's
Safety
Spirituality (seeking purpose & meaning)
Success
Saving
Security

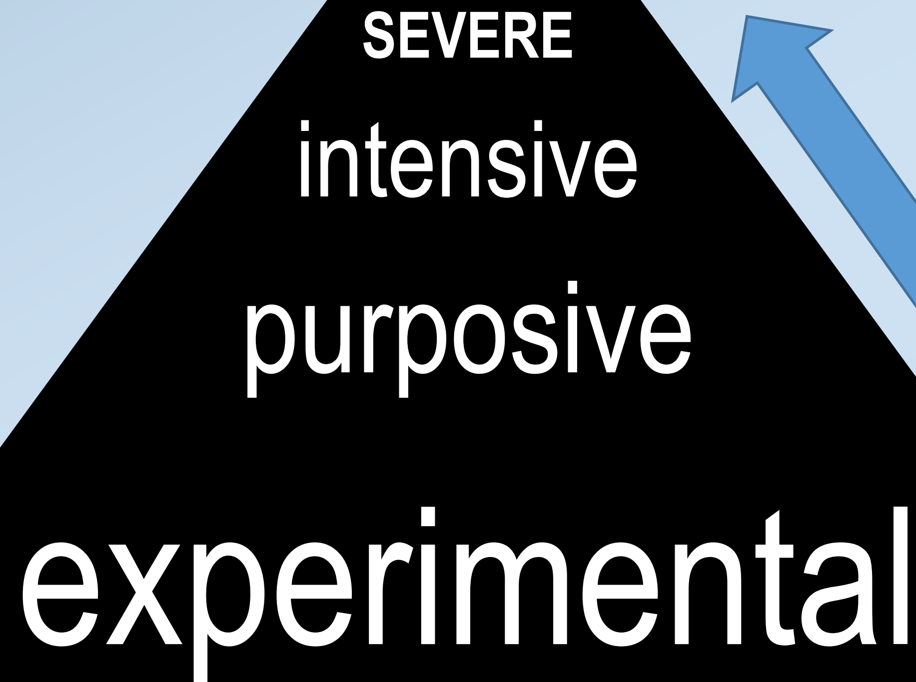
SUDs are Developmental Disorders

Research shows that the onset of SUDs start during the early developmental period & peak during the TAY years spanning 18 to 24.



We also know that the majority (90%) of adults (25+) with SUDs started using under the age of 18, half of which were under the age of 15.

Adolescent Substance Use is made up of "Risk Patterns"



Developmentally – starts experimental/social, and *can* turn problematic.

Quick Reflection on Etiology of SUDs

Why do people use drugs?

What do youth say?

To Feel Good!

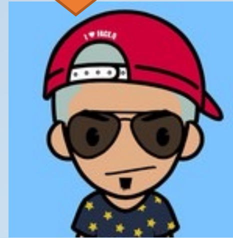
To Feel Better!

To Lessen:

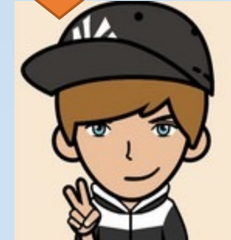
Anxiety
Worries
Fears
Depression
Hopelessness

I started out of **curiosity**.

To have **fun**, at parties.

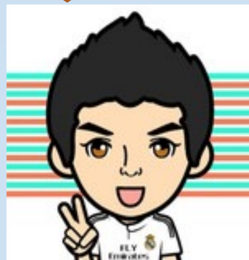


I was at my friends house and we were **bored**.

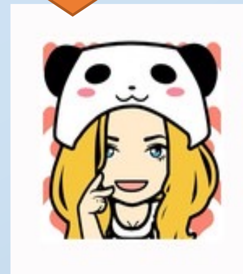


My **family** was doing it, my brothers and cousins.

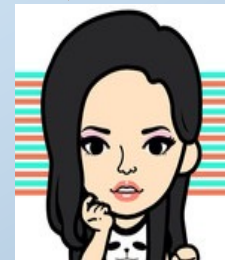
It all **around** the streets in my neighborhood



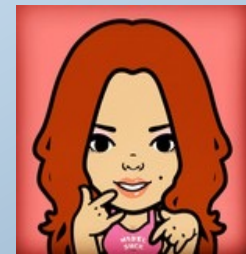
Hanging out with my first boyfriend.



It was what my friends were **talking** about.



It's in – **media**, ads, radio, film, TV



Important !!

Youth / TAY are developmentally different from Adults, have different patterns of use, and different needs

Youth are NOT "mini-adults" and should not be treated like adults

TAY Substance Use and Mental Health Needs

Transition to Adulthood

- Socio-emotional process for Youth
- Millions of Youth are living with a mental health or substance use disorder.
- Many do not realize they have a substance use or mental health need.

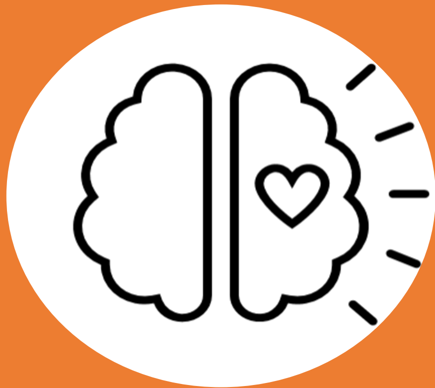
8.8 million
young adults reported having a mental illness

42%
of those with mental illness went untreated

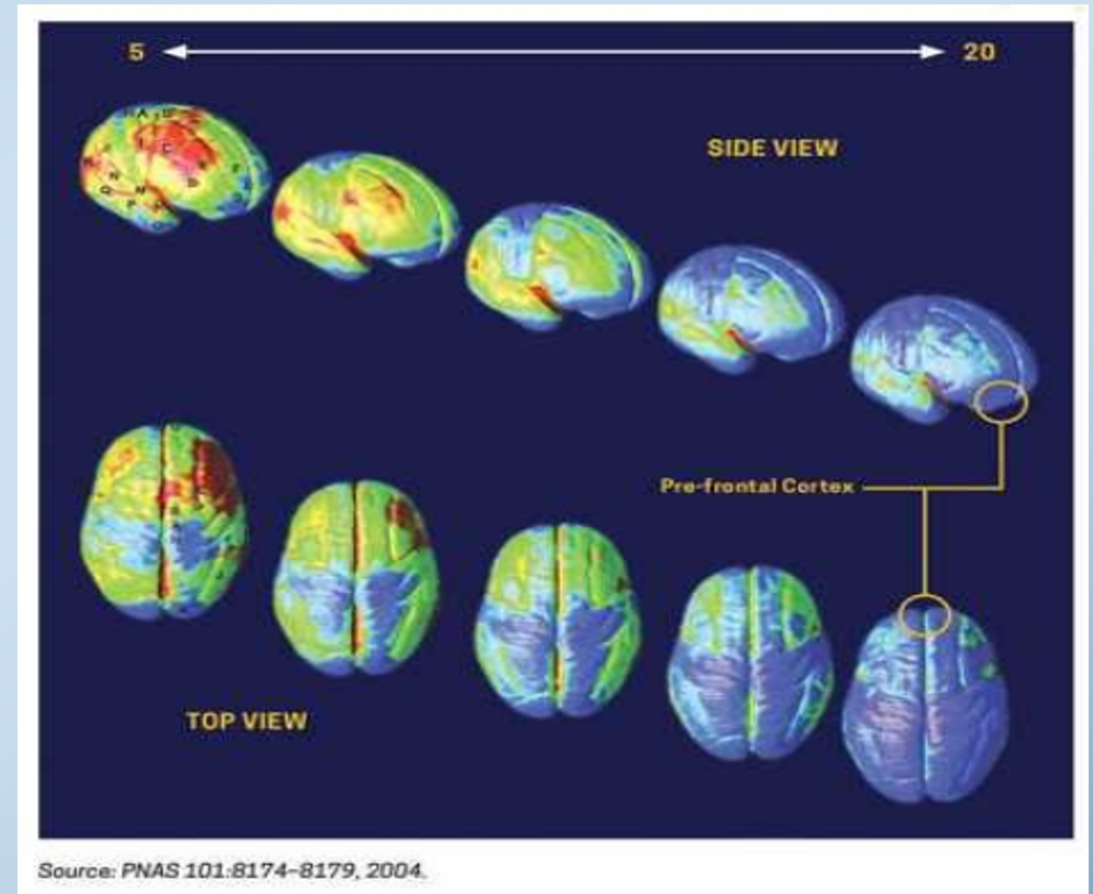
5.1 million
young adults reported having a substance use disorder

87%
of those with substance use disorders went untreated

Youth Developmental Characteristic: The Developing Brain

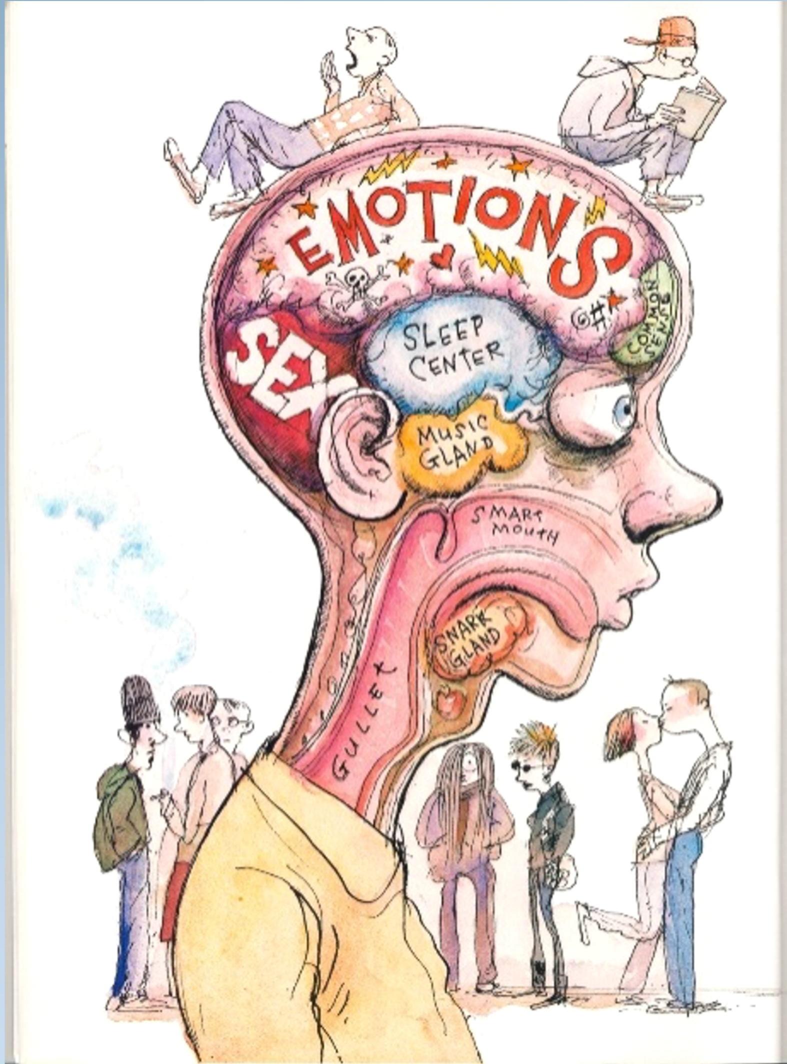


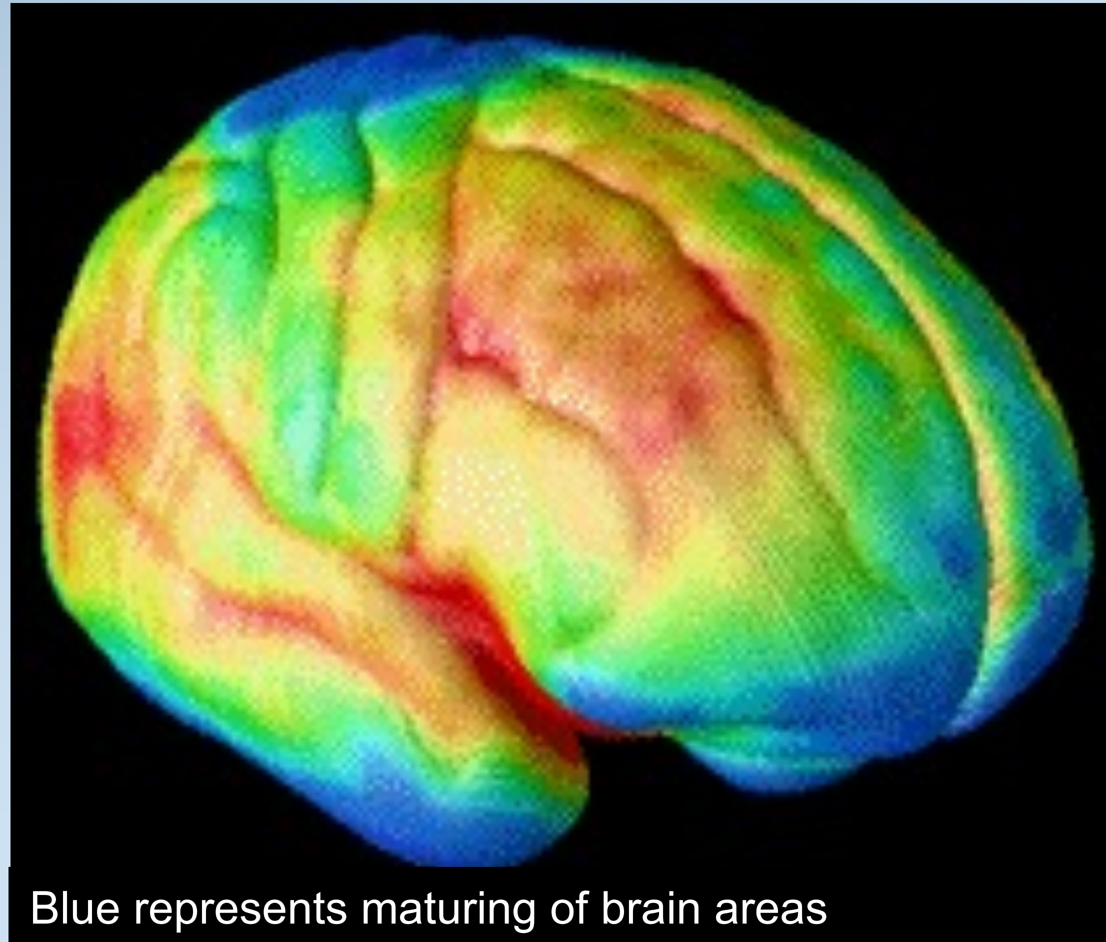
- Brain imaging shows that the brain changes dramatically from early childhood to early adulthood.
- There is a reduction in gray matter from age 5 to 20—due to unused synapses; this is shown by yellow turning to blue (NIDA, 2018).



Source: PNAS 101:8174-8179, 2004.

Immature, Developing Brain Systems influence Risk-Taking





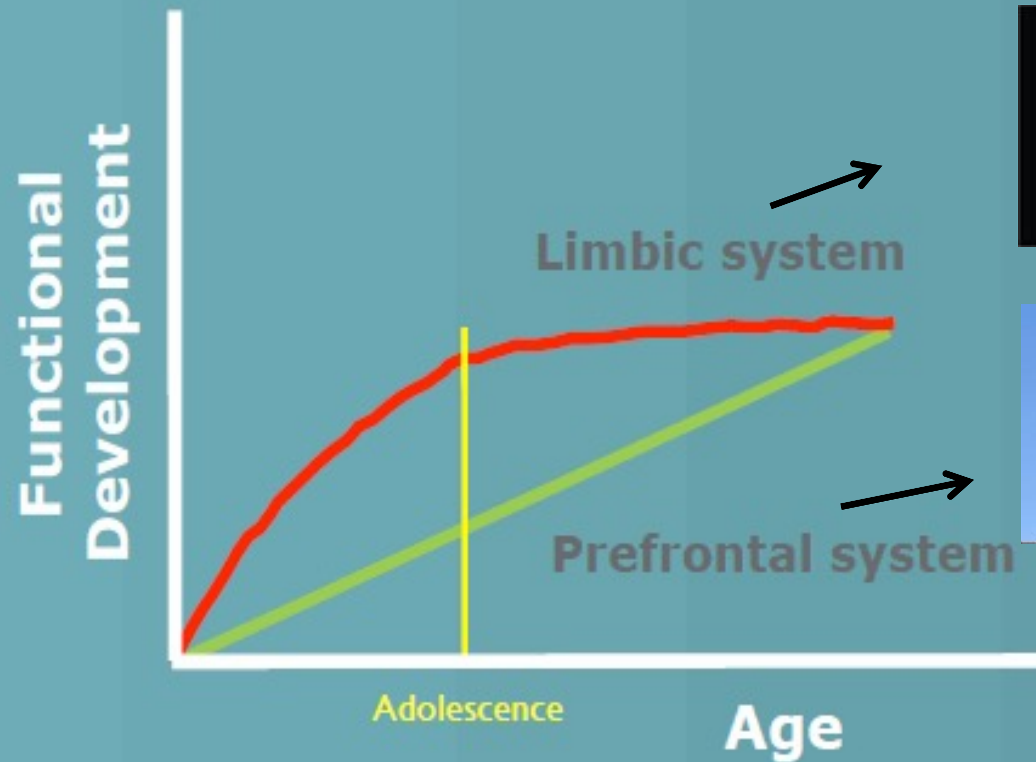
Blue represents maturing of brain areas

Brain Maturation Occurs from Back to Front: Age 25

Earlier:
Motor
Sensation
Emotions
Motivation

Later:
Judgment

Substance Use Risk-Taking is driven by emotional and contextual factors



Motives linked to Imbalanced Neurodevelopment

- Exploration: curiosity, new experiences
- Social: fitting in, boredom
- Emotional interest: coping

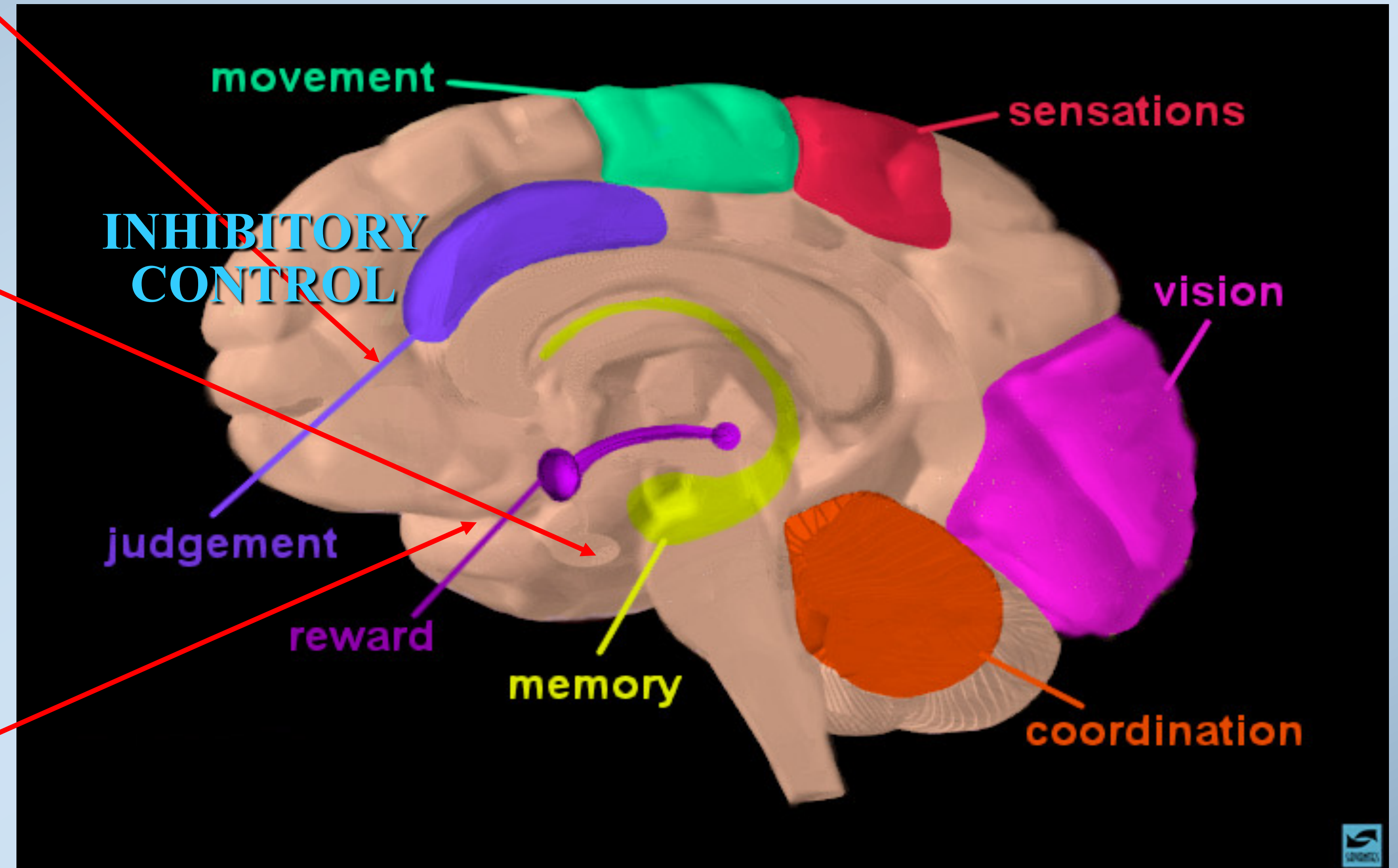
***Maturation gap**: Imbalance between cognitive and affective developmental systems underlie risk-taking

Youth may…

Exhibit Poor Self-Control: Why do you make irrational decisions and are so impulsive?

Have Poor Mood Regulation: Why are you so emotional and less practical?

Have a Robust Reward Center: Why do you seek fun and take risks? Pleasure & Motivation



Sneak Peak: Intervening with Youth SUDs!

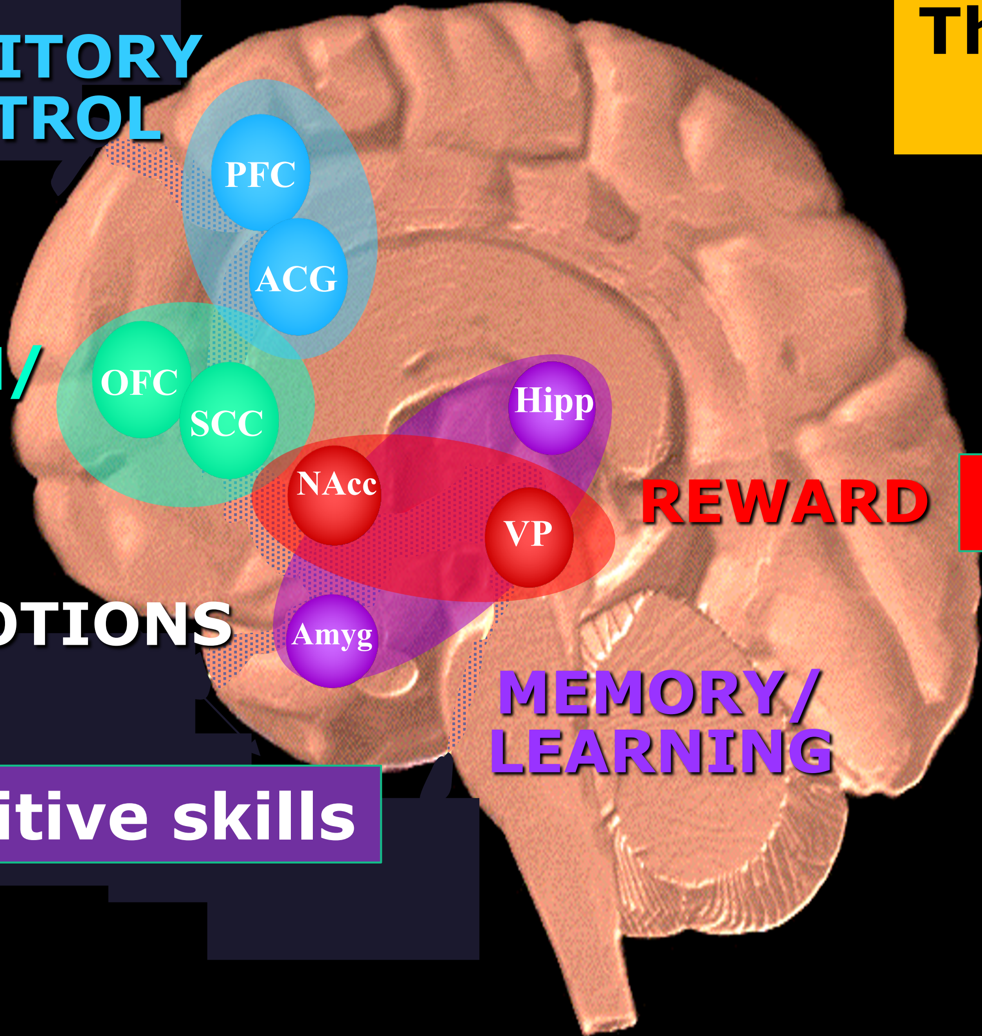
These Interventions Makes sense…

Behavioral Skills — INHIBITORY CONTROL

MET — MOTIVATION/ DRIVE

Coping Skills — EMOTIONS

Cognitive skills



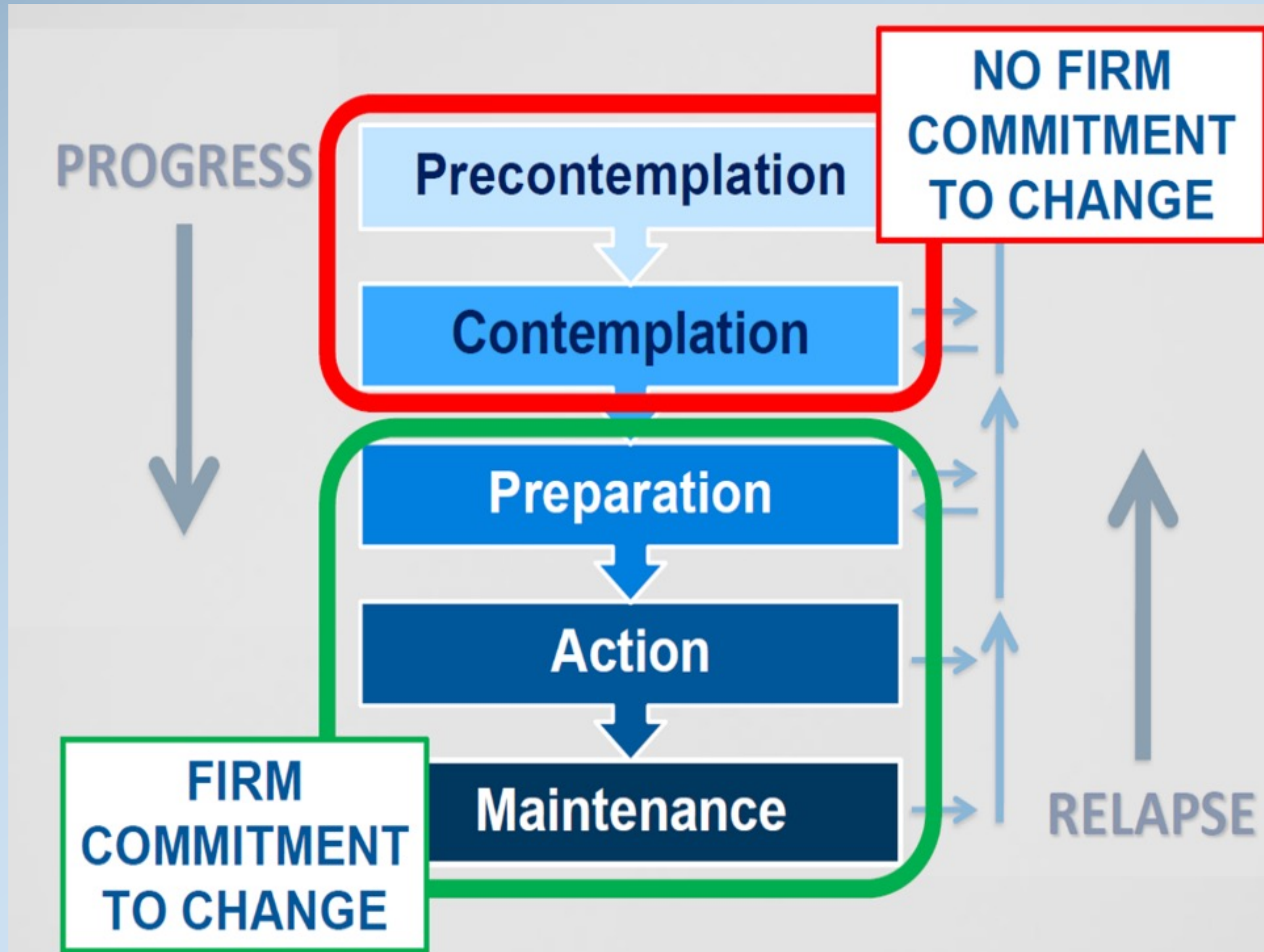
REWARD — Reinforcement

MEMORY/ LEARNING

Research on How Youth Differ From Adults

- Youth Ambivalence
- Youth Risk Perceptions
- Youth Social Values

Youth Ambivalence



"I don't have a Drug Problem."

"I got into trouble, but I'm not that bad."

"I have to go to Tx.......for months, twice a week?!"

Youth Risk Perceptions & Social Values

- **Biased perceptions of risk** - Majority of youth in tx do not believe SUDs are an illness/disease – but rather a **behavior** that can be stopped (*personal control and lifestyle change*)

- Substances are culturally accepted, **valued in social groups/contexts**, and widely available

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Original article

Perceptions of Chronicity and Recovery Among Youth in Treatment for Substance Use Problems

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Article history: Received March 9, 2011; Accepted November 16, 2011
Keywords: Treatment-involved youth; Substance use; Chronicity; Recovery

A B S T R A C T

Purpose: To explore how youth contextualize substance use problems and recovery, in general and for themselves, in relation to the commonly accepted chronicity framework.
Methods: Fourteen focus groups were conducted with 118 youth in substance abuse treatment settings (aged 12–24 years; 78.3% male; 66.1% Latino) located throughout diverse areas of Los Angeles County. Transcribed qualitative focus group data were analyzed for major substance use and recovery themes.
Results: Most (80%) youth do not accept a chronicity framework that conceptualizes substance use problems as recurring and constituting a lifelong illness. Most (65%) view substance use problems as a function of poor behavioral choices or a developmental/social lifestyle phase. Youth perceptions of recovery tend to parallel this view, as most define recovery to mean having an improved or changed lifestyle that is achieved through making better behavioral choices (67%) and exerting personal control over one's behavior (57%) through willpower, confidence, or discipline. Other recovery themes identified by youth were substance use related (47%), wellness or well-being related (43%), and therapeutic or treatment related (14%).
Conclusions: Findings highlight the importance of considering youth perceptions about substance use chronicity and recovery in making improvements and promoting new developments in clinical and recovery support approaches to better meet the needs of youth with substance use problems. Findings are discussed under a theoretical context of behavior change to provide insights for the treatment and recovery communities.

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IMPLICATIONS AND CONTRIBUTION

Substance use relapse among youth is a major concern for the treatment field. It is essential to understand youth perceptions of addiction and recovery for informing appropriate treatment and recovery support models to prevent post-treatment relapse.

Risk issues affect <u>**motivation**</u> (desire) to stop using or need for help.

How are Youth substance use issues addressed?

The Opportunity

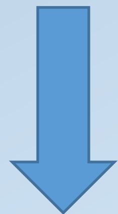
Investing in substance use services for Youth can promote the short-term and long-term health and wellbeing of youth and communities

We have a good sense of what services work—but we need to provide them and ensure they reach the youth who need them

Current Paradigms

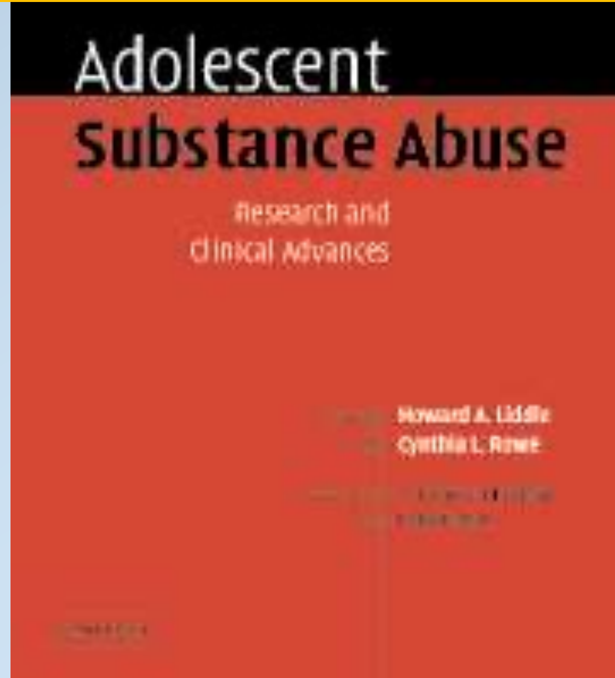
Drug Education
Life Skills
Social Norms

Prevention

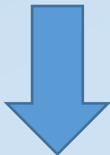


No Use

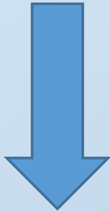
Early Intervention / Risk Reduction



Any use



Treatment



Abstinence

Screening is important b/c Youth are *not typically sick*, but at risk for SUDs…

- Standardized screening tools have been developed to **identify and determine the nature of risk for SUDs:**

  No Risk, Low Risk, Moderate Risk , High Risk

- **Research shows:**
  - **Mild (Low)**: many youth will decrease or discontinue substance use by either by "maturing out" or experiencing a personal/significant life event
  - **Moderate**: most youth are early users at increased risk and in need of "risk-reduction" interventions
  - **Severe (High)**: a growing number (yet fewer) youth in this category – tend to be older with more co-morbidities (emotional, cognitive, and other behavioral issues)

Importance of Screening for SUD Risk

Routine screening for risk is recommend by NIDA (best practice).

-health issue: helps reduce stigma & increase *engagement*

SUD risk should be normalized as routine care just like general health screenings for temp, BMI, BP, other vitals.

2 tools - BSTAD and S2BI with adequate psychometrics

BSTAD Tool

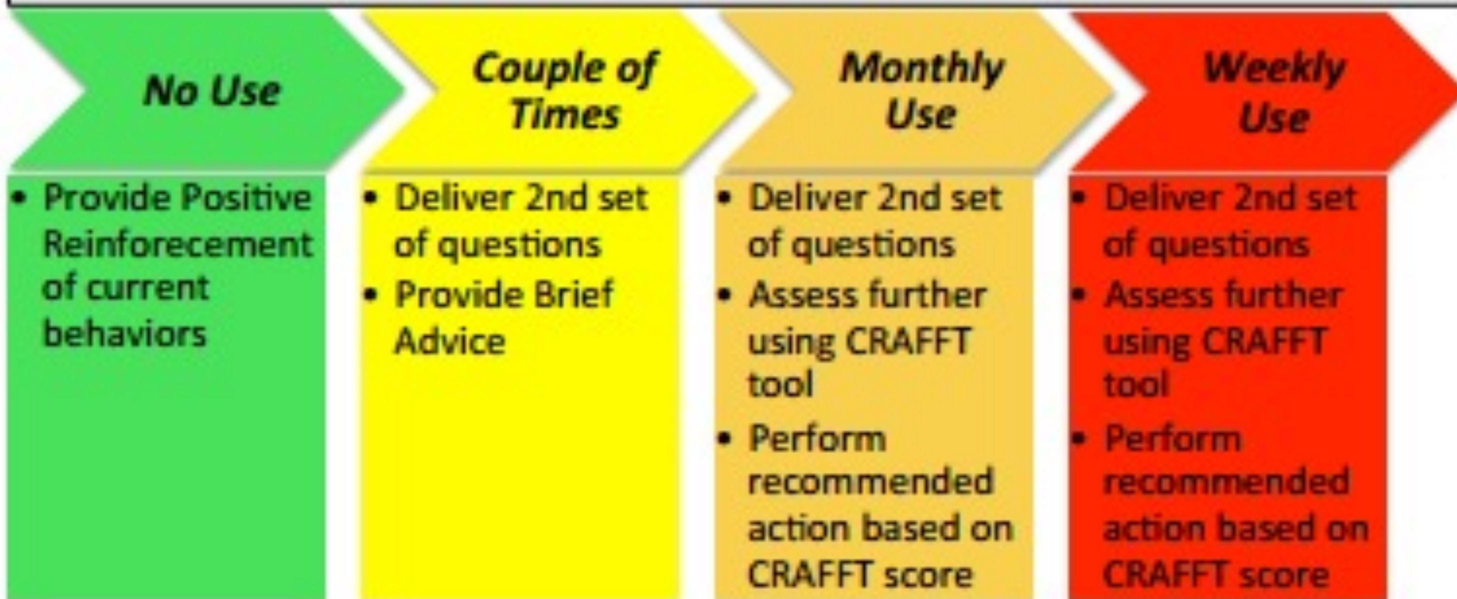
Brief Screener - Tobacco, Alcohol, Other Drug Use

- Built on the alcohol screener from the NIAAA/American Academy of Pediatrics
- It expands it to include:
  - Tobacco
  - Over-the-counter and prescription medications
  - Illicit drugs

S2BI Tool

Screening-to-Brief Intervention

- Accurately discriminate between risk categories
- Comprehensive: tobacco, alcohol, other drugs
- Quick (less than 1 minute), easy to administer, compatible with electronic medical record
- Developmentally appropriate and valid for use with teens



CRAFFT Results and Scoring

Administer questions. Each positive answer, scores one point.
Calculate score to determine risk level and recommended action.

CRAFFT SCORE	RISK LEVEL	Recommended Actions
0	No Risk	Positive Reinforcement
1 - 2	Low Risk	Brief Advice
3 - 4	Moderate Risk	Brief Intervention/Brief Therapy
5 - 6	High Risk	Brief Intervention/Brief Therapy/ Referral to Treatment

TEACHING
TRAINING
COACHING
MENTORING

Risk Reduction Approaches
(AKA: Early Intervention, Harm Reduction)

Risk Reduction Approaches

Major Goal: Identify Level of Risk and "motivate" behavior change

Awareness of problem → Target Motivation → Behavior change

Structured Screening for **Risk Identification** → (up to) Awareness of problem

Target Motivation → **Brief Intervention: Motivational Enhancement Strategies**

MOTIVATIONAL INTERVIEWING
PREPARING PEOPLE FOR CHANGE
WILLIAM R. MILLER
STEPHEN ROLLNICK
second edition

-Personalized Feedback

-Decisional Balance

Evidence Based Treatments for Substance Use Disorders

Recall: Brain Development Areas !!

- Behavioral-based
  - Motivational Enhancement
- Reinforcers / Rewards
- Cognitive Behavioral Strategies (CBT)
- Family-based (MDFT, FFT, MST, BSFT, ACRA-with MET/CBT)
- Pharmacotherapy/MAT

Accommodate Teen Brain

TIP 39: Substance Abuse Treatment and Family Therapy

Introduces substance abuse treatment and family therapy, as well as models for...

Multidimensional Family Therapy for Adolescent Cannabis Users

Presents a family treatment approach that addresses multiple dimensions of...

Substance Abuse and Mental ... nistration

Center for Substance Abuse Treatment

Treatment of Adolescents With Substance Use Disorders

Treatment Improvement Protocol (TIP) Series

32

SAMHSA

It's all about…
MOTIVATION, SKILLS, SUPPORT

MET/MI: Motivation

-Respects autonomy and **stages of change** (resistance)
-Evokes intrinsic desire to change (*purpose*)

CBT: Cognitive & Emotional Skills

Teach skills in:
-Cognitive areas: impulsive control, judgment, & problem solving
-Emotional areas: coping, stress management, dealing with anger, self-esteem

Family: Support

Address:
-Communication
-Conflict resolution

Self-Regulation | **Self-Management**

What Should Youth SUD Services Look Like? Outreach

- Outreach to places that serve youth—schools, health centers, churches, recreational centers, other social service providers
- Need to shift strategies due to COVID: Reach out to families, advertise through social and traditional media platforms
- Focus outreach on educating youth about availability of services in their communities, try to reduce stigma

What Should Youth SUD Services Look Like? Engagement

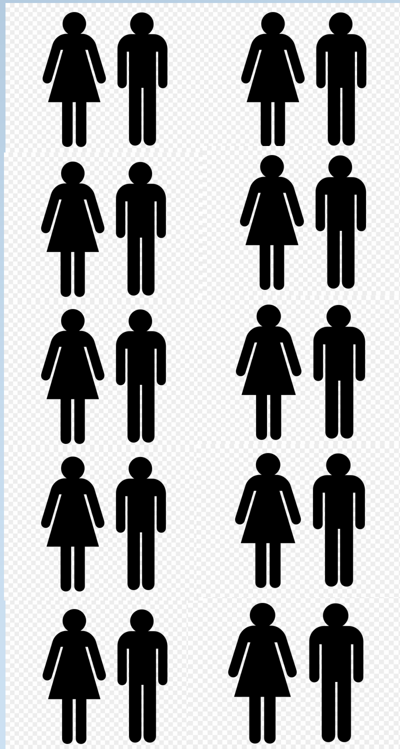
- Make services appealing—words like “prevention” and “education” aren’t enticing
- Tailor messages to different youth
- Informal outreach to begin building rapport, enhance motivation early
  - Consider engagement as the first step of treatment for youth

What Should Youth SUD Services Look Like? Treatment

- Create spaces that are fun and appealing to youth
- Use incentives (gift cards, food) to promote participation
- Transportation
- Field-based services and telehealth
- Help finding community-based support (youth focused 12 step and other mutual help groups)
- Care coordination and case management to address needs beyond substance use

What Should Youth SUD Treatment Look Like?

Our Youth



Outreach to where youth are (schools, health centers, churches, recreational centers, other social service providers

Screening and Early Intervention

Treatment

- Interventions that are clinically appropriate for youth
- Psychiatric assessment and mental health
- Unlimited case management
- Comprehensive family services
- In-home field-based services

Parental Engagement

Why don't parents come?

Parental participation **barriers** commonly experienced by families include:

- Parental frustration
- Parental substance use and/or mental health dysfunction
- Access (e.g., time, schedule, transportation, daycare)
- Cultural stigmas and shame of child having SUD

Parental knowledge/norms

SOURCE: NIDA. (2014). Principles of Adolescent Substance Treatment: A Research Based Guide.

Like all of us, Youth / TAY need love/support and less conflict

Large bodies of research shows better engagement and tx outcomes when parents are involved compared to when only the Youth is treated (isolation), and when family conflict is lower

Adolescent Health, Medicine and Therapeutics
Dovepress
open access to scientific and medical research
Open Access Full Text Article
REVIEW

Current advances in the treatment of adolescent drug use

This article was published in the following Dove Press journal:
Adolescent Health, Medicine and Therapeutics
20 November 2014
Number of times this article has been viewed

Ken C Winters[1,3]
Emily E Tanner-Smith[2]
Elena Bresani[3]
Kathleen Meyers[3]

Abstract: Research on the development and efficacy of drug abuse treatment for adolescents has made great strides recently. Several distinct models have been studied, and these approaches range from brief interventions to intensive treatments. This paper has three primary aims: to provide an overview of conceptual issues relevant to treating adolescents suspected of drug-related problems, including an overview of factors believed to contribute to a substance use

The comparative effectiveness of outpatient treatment for adolescent substance abuse: A meta-analysis☆

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ABSTRACT

Meta-analysis was used to synthesize research on the effects of outpatient treatment on substance use outcomes for adolescents with substance use disorders. An extensive literature search located 45 eligible experimental or quasi-experimental studies reporting 73 treatment–comparison group pairs, with many of the comparison groups also receiving some treatment. The first analysis examined 250 effect sizes for the substance use outcomes of adolescents receiving different types of treatment relative to the respective comparison groups. As a category, family therapy programs were found to be more effective than their comparison conditions, whereas no treatment programs were less effective. However, not all treatment types were compared with each other in the available research, making it difficult to assess the comparative effectiveness of the different treatments. To provide a more differentiated picture of the relative improvement in substance use outcomes for different treatments, a second analysis examined 311 pre–post effect sizes measuring changes in substance use for adolescents in the separate treatment and comparison arms of the studies. The adolescents in almost all types of treatment showed reductions in substance use. The greatest improvements were found for family therapy and mixed and group counseling. Longer treatment duration was associated with smaller improvements, but other treatment characteristics and participant characteristics had little relationship to the pre–post changes in substance use. Based on these findings family therapy is the treatment with the strongest evidence of comparative effectiveness, although most types of treatment appear to be beneficial in helping adolescents reduce their substance use.

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Case Management

Defined as: "Services to support a client gain access ***to needed medical, educational, social, prevocational, vocational, rehabilitative, or other community services.***"

-There should be a focus on **care coordination with other systems**, including primary and mental health care and interaction with the social/child welfare, educational, and criminal justice systems, as needed."

Historically, case management has not been embedded well within SUD tx.

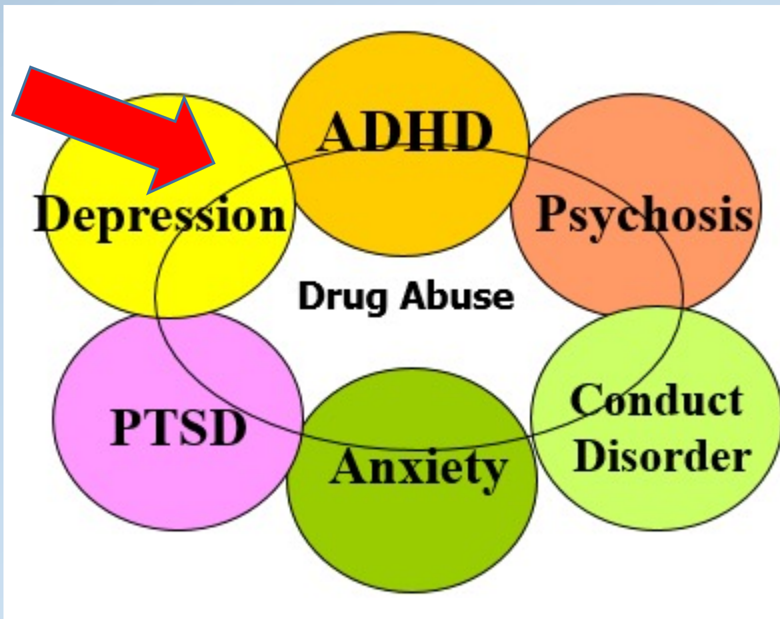
According to **SAMHSA TIP 27**: youth-based CM services should promote resilience; be tailored to adolescent strengths; and identify recovery capital (personal skills and community resources)

Strengths-based case management model

Center for Substance Abuse Treatment. Comprehensive Case Management for Substance Abuse Treatment. Treatment Improvement Protocol (TIP) Series, No. 27. HHS Publication No. (SMA) 15-4215. Rockville, MD: Center for Substance Abuse Treatment, 2000.

Addressing Co-Occurring Disorders

It is estimated that about 60-80% of youth at risk for, or with SUDs experience co-occurring mental issues:



Percent Using in Past Year

	12 to 17, Total	Had Major Depressive Episode in the Past Year	Did Not Have Major Depressive Episode in the Past Year
Illicit Drugs	17.4	33.0	15.2
Marijuana	13.1	24.1	11.6
Psycho-therapeutics	6.2	14.8	5.0
Inhalants	2.1	5.5	1.6
Hallucinogens	1.7	3.8	1.4

Behavioral Health Trends in the U.S. Results from the 2014 National Survey on Drug Use and Health.

After Care for Youth

- "Adult models", like traditional 12-step self-help (AA - focused on "fellowship" and total abstinence *led by people in recovery),* are not strong for youth.

- **Why?**
  – Low motivation
  – SUD – Stigma/Shame (do not relate to 12-step model disease orientation, total abstinence, higher power, lifelong recovery)

- Alternative models for Youth
  - Assertive Aftercare – home visits
  - Telephonic aftercare models
  - Recovery high schools

- Despite availability, few (<10%) continue to participate in aftercare after formal tx ends.

Questions, Comments, Follow-Up

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