




Adolescent Substance Use: Current Science, Policy Updates, & Effective Interventions

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Idaho Conference on
Alcohol and Drug Dependency
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Training Learning Objectives

At the end of this module, participants will be able to:

1. Consider **current trends**, and state policies toward drug use, risk reduction, drug legalization, and their implications.
 2. Understand the **current science** on adolescent brain development and describe how drug and alcohol use affects **mood**, **memory**, and **cognitive** functioning of adolescents.
 3. Utilize **screening** procedures for identifying youth engaged in risky substance use and behavior.
 4. Identify **best practices to intervene early** with adolescents, and motivate them to reduce risk.
 5. Accurately identify **evidence-based treatment** practices for addressing youth who meet criteria for a SUD.
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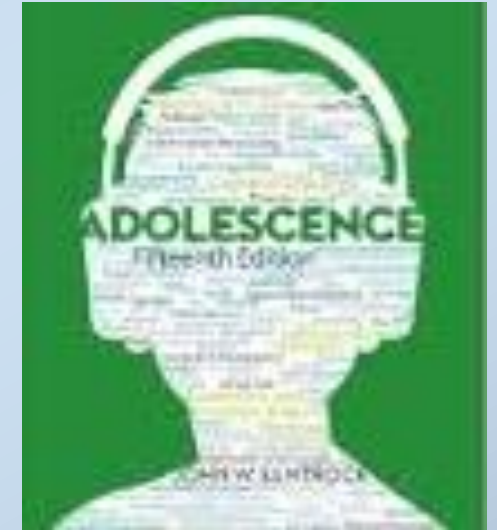
Ice Breaker: Stand Up!

- Stand up if you.....
 - Are a native to Idaho
 - Are a SUD counselor
 - Have ever lied about your age, weight or salary
 - Have ever met someone famous
 - Work in Law Enforcement
 - Are a student
 - Treat or provide services to an adolescent population
 - Work in a primarily mental health setting, medical or hospital setting
 - Own a dog
 - Work in a school-based setting
 - Are seeing changes in Cannabis use trends among your patient/client population
 - Drove more than 100 miles to be here



Developmentally, who are we talking about?

- Adolescents
- Teens
- Minors
- Youth
- Young People
- Young Adults



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

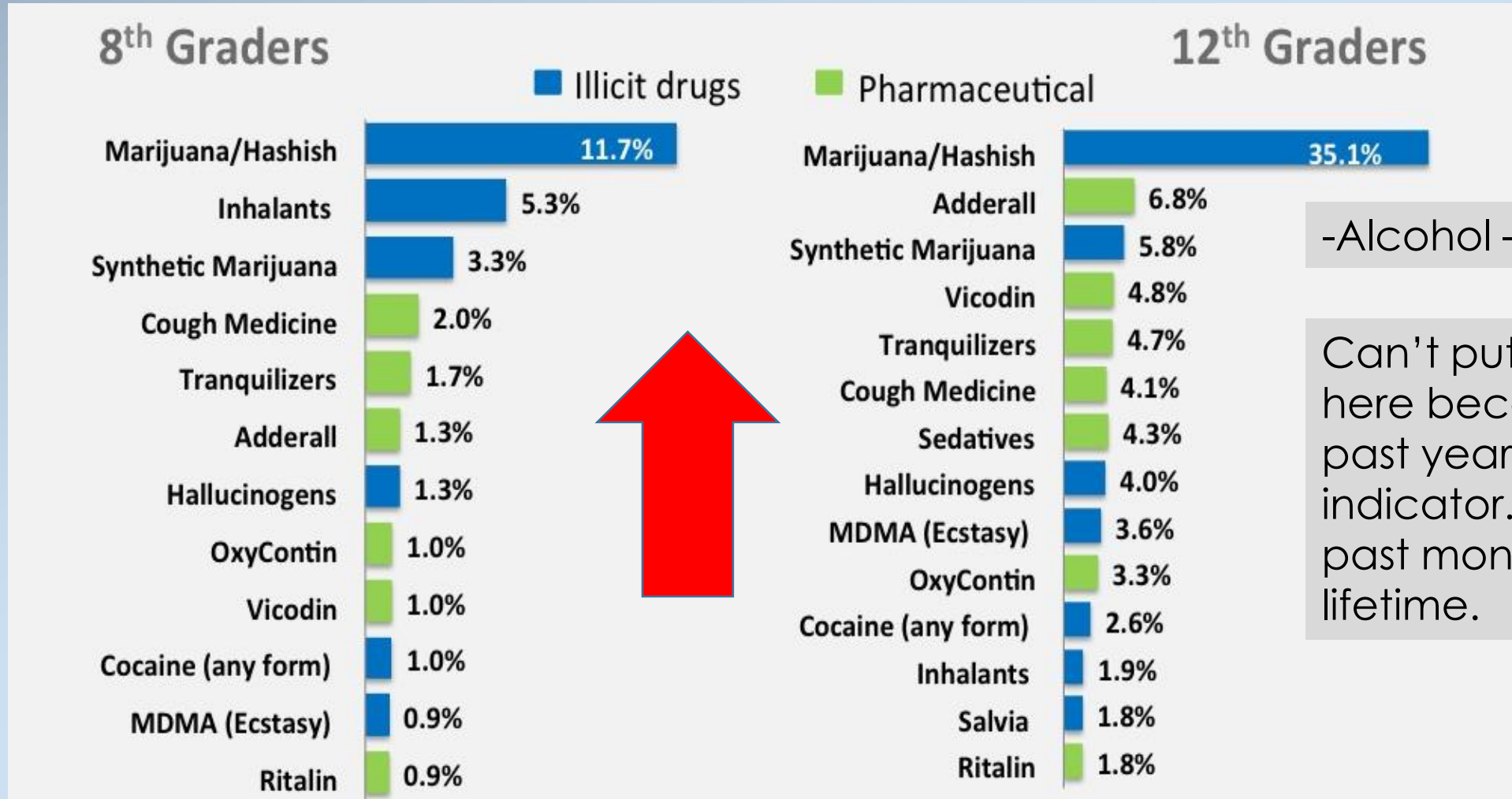
*Developmental periods characterized as transitional phases associated with “growing or maturing.”

WHY? Substance use disorders (SUDs) among youth under the age of 25 is a growing and significant public health issue.

How's it Growing? Epidemiological Trends



Substance Use Patterns that cause concern...



-Alcohol – 12th 64%

Can't put tobacco here because no past year indicator. 20% past month & 44% lifetime.

Prevalence and Treatment Trends

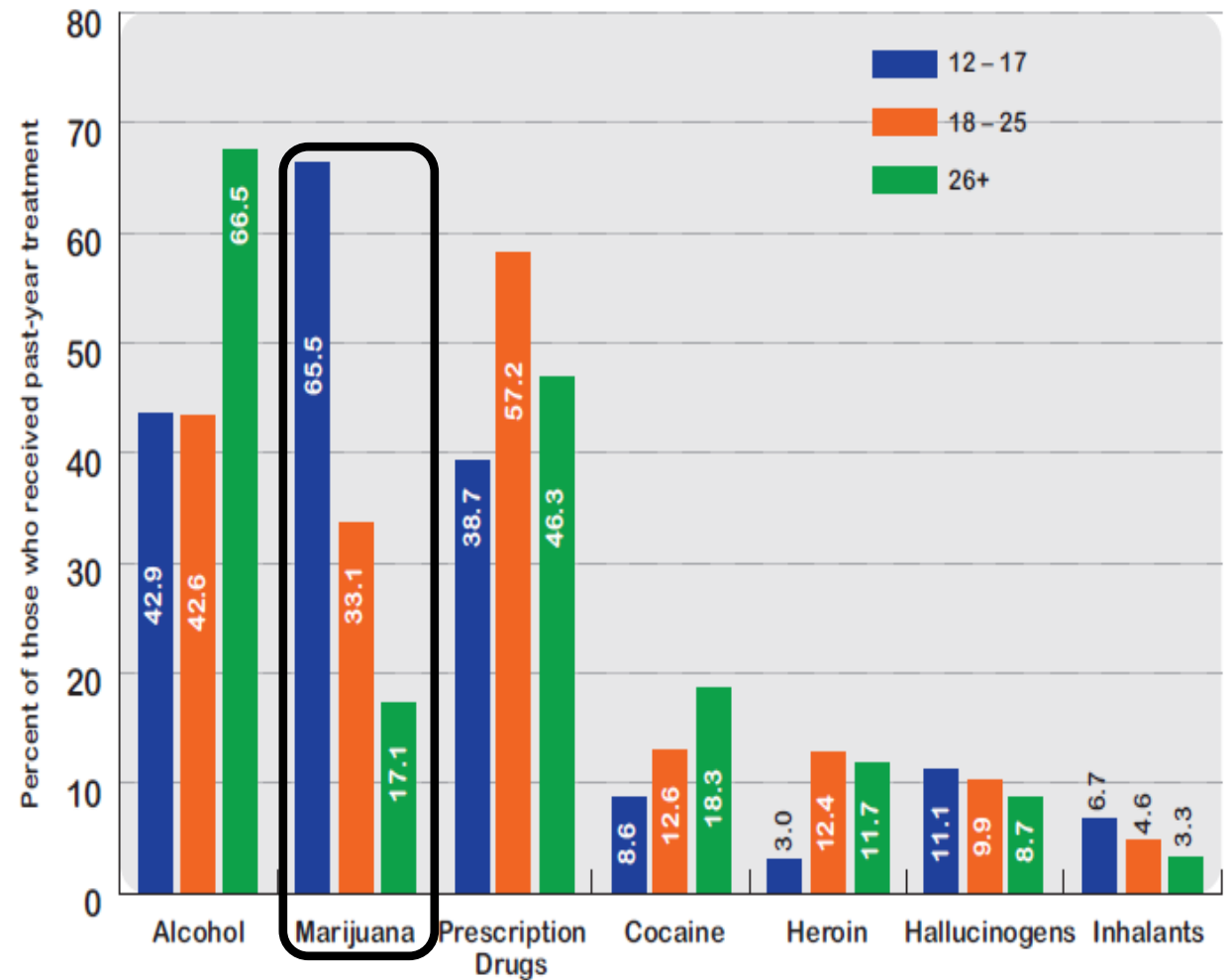
Drug	Prev. (%)
Alcohol	63.5
Cannabis	36.4
Any prescription drug*	14.8
Amphetamines*	7.9
Adderall*	7.6
Vicodin*	7.5
Tranquilizers*	5.3
Hallucinogens	4.8
Sedatives*	4.5
OxyContin*	4.3

* Nonmedical use -- not prescribed by a doctor

Prevalence of Past Year Use Among 12th Graders

Tobacco: 20% past month & 44% lifetime.

Adolescents Differ from Adults in Substances Most Abused

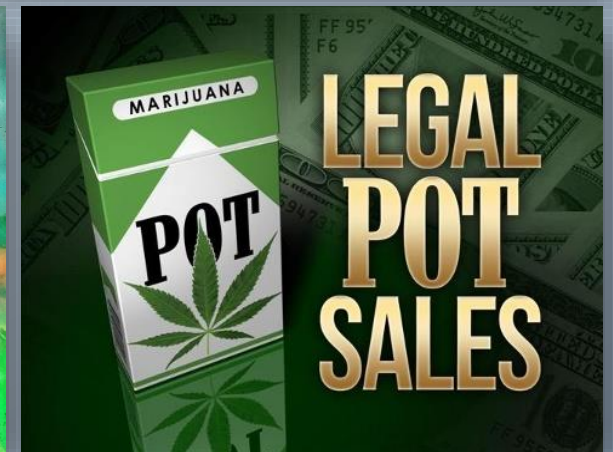


Source: SAMHSA, Center for Behavioral Health Statistics and Quality, National Survey on Drug Use and Health, 2013.

Concerning Trends?

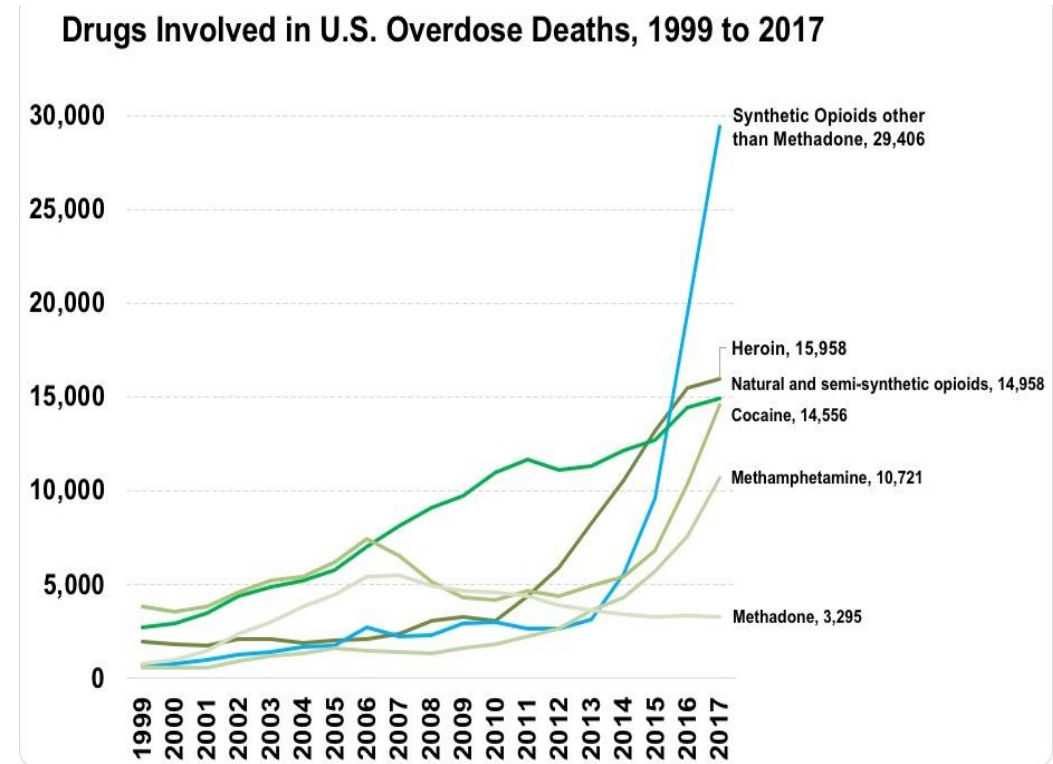


- Legalized and Recreational Marijuana
- Prescription drug misuse among students
- Opiate and Heroin craze
- Trending tobacco products: e-cigs, hookah, blunts



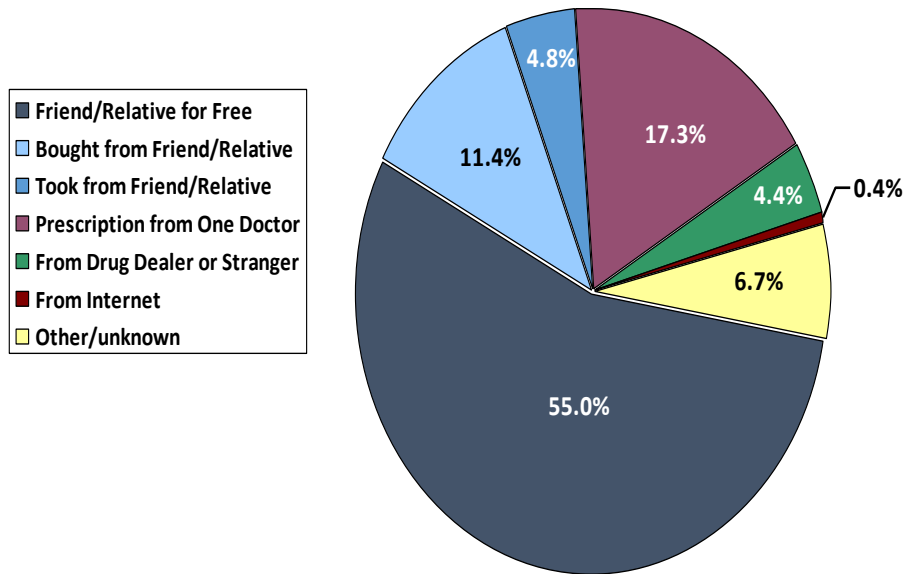
Where Do We Focus? It's Complicated

Most Common Causes of Death, United States, 2008*	Actual Causes of Death, United States, 2000**
1. Diseases of the heart	1. Tobacco
2. Malignant neoplasms (cancers)	2. Poor diet and physical inactivity
3. Chronic lower respiratory diseases	3. Alcohol consumption
4. Cerebrovascular diseases (stroke)	4. Microbial agents
5. Accidents (unintentional injuries)	5. Toxic agents
6. Alzheimer's disease	6. Motor vehicles
7. Diabetes mellitus	7. Firearms
8. Influenza and pneumonia	8. Sexual behavior
9. Nephritis, nephrotic syndrome, and nephrosis	9. Illicit drug use
10. Septicemia	



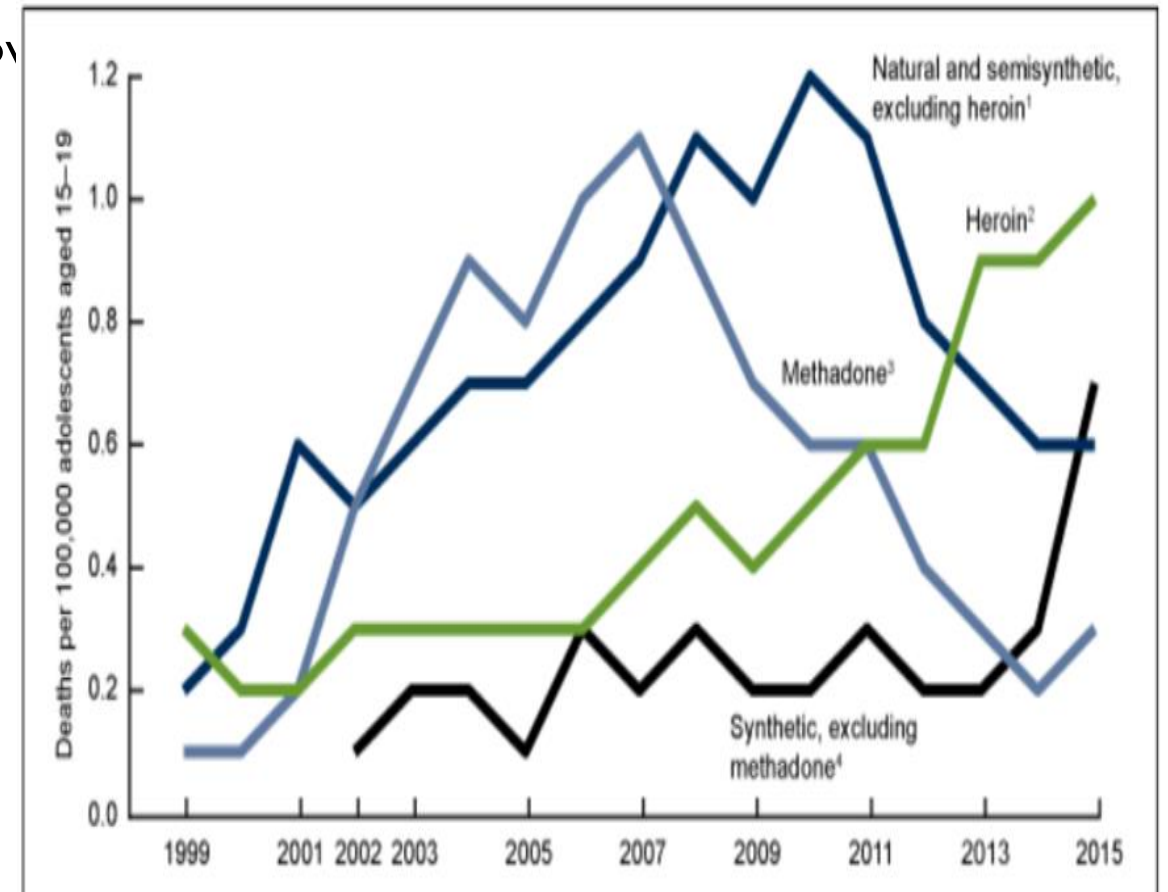
Research Flash: Opioid Access

- Access to Rx opioids = a constant problem among youth: r obtain from personal means.
- The number of opioids prescribed to youth has doubled over past decade – which coincides with treatment admissions, overdoses and deaths.



NSDUH Report: 2015

Figure 4. Drug overdose death rates for adolescents aged 15–19, by type of opioid drug involved: United States, 1999–2015



Poly-drug Use Issues

Heroin use is part of a larger substance abuse problem.

Nearly all people who used heroin also used at least 1 other drug.

Most used at least **3** other drugs.

Heroin is a highly addictive opioid drug with a high risk of overdose and **death** for users.

People who are addicted to...



...more likely to be addicted to heroin.

SOURCE: National Survey on Drug Use and Health (NSDUH), 2011-2013.

In 2014, the nonmedical use of prescription drugs was highest among young adults.²

com **relax**
decrease anxiety

Implications for Youth System?

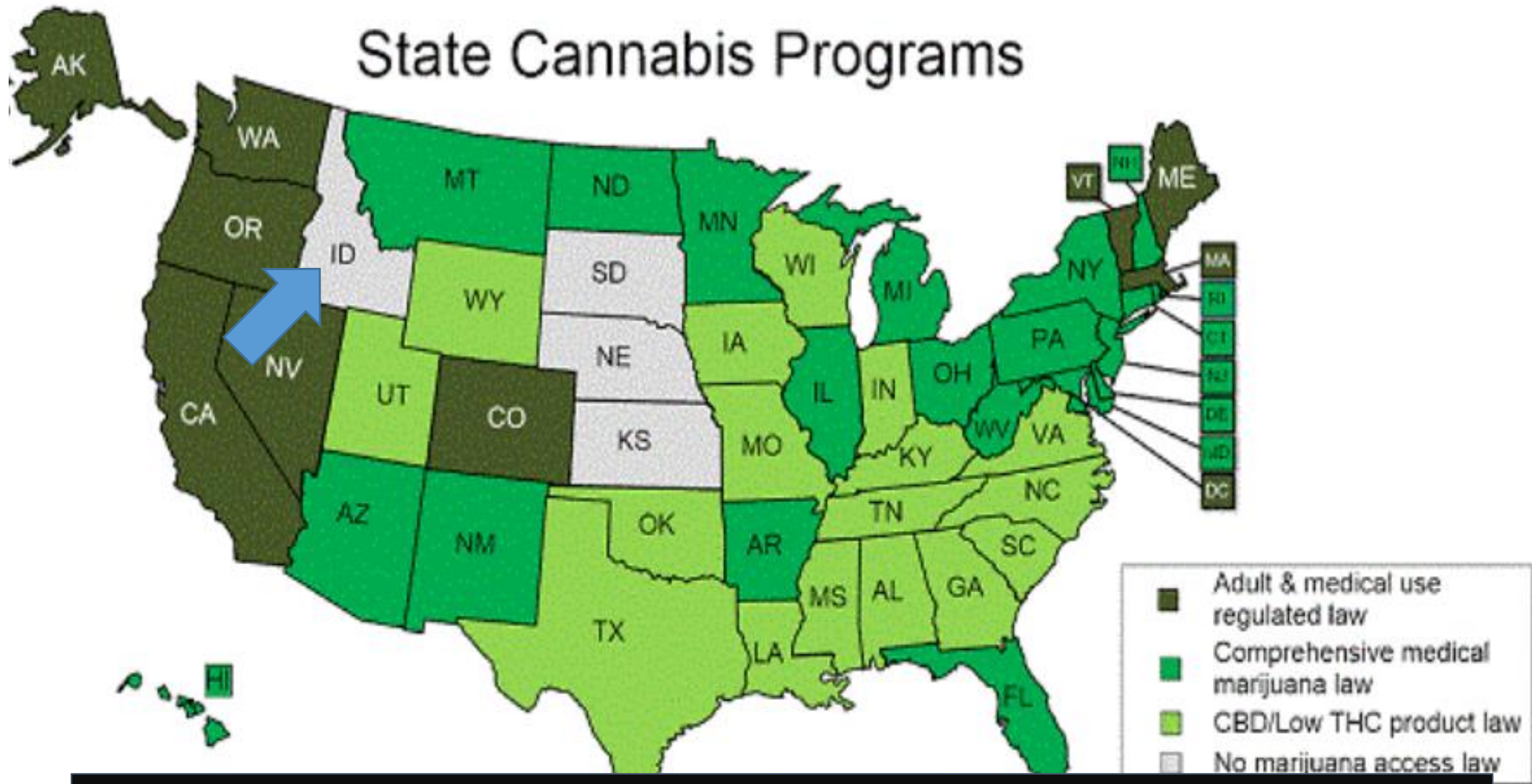
1. Are prevention strategies/messages addressing *opioid use*?
2. Is the treatment community prepared to address growing issues?
3. What else should the treatment system (or other systems) be considering – MAT, Early Intervention?

What About Cannabis? Cultural Context

- 89% of Americans agree on legal use of medical marijuana “if prescribed by a doctor.”
- 60% of Americans agree on legalizing cannabis for “recreational use.”



- Only 4 States following federal law
- 27 States plus DC, Guam, PR allow **Medical Cannabis**
- 12 States allow limited Cannabis Products (high CBD-cannabidiol/ no-to-low THC)
- 10 states plus DC allow **Adult (21+) Recreational Cannabis Use**



What's going on in Idaho?

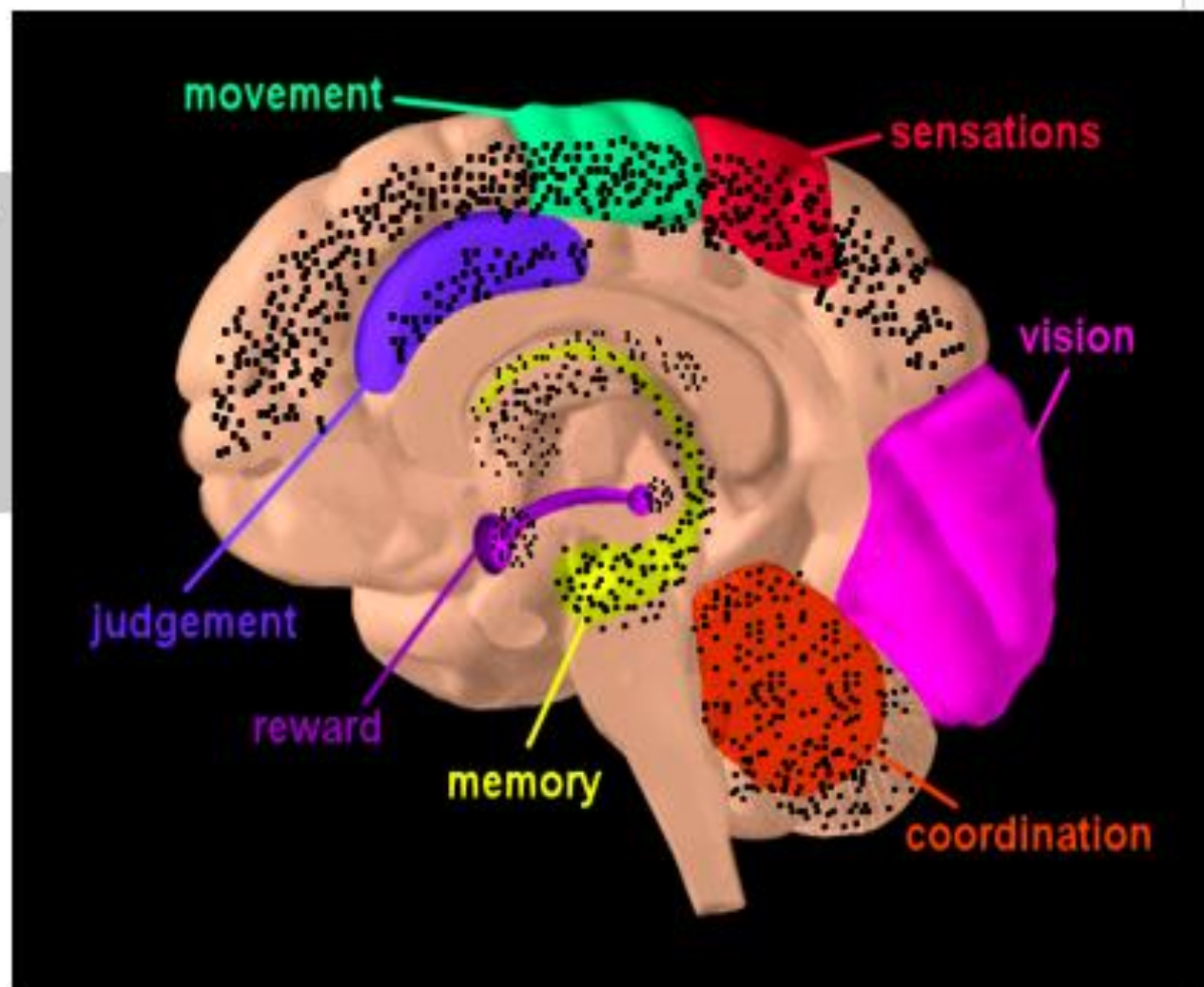


Colorado, Washington, Oregon, Alaska, California, Maine, Massachusetts, Michigan, Nevada, Vermont

Marijuana Activates (binds) to Cannabinoid Receptors Throughout the Brain

It interferes with brain development/function in a variety of areas:

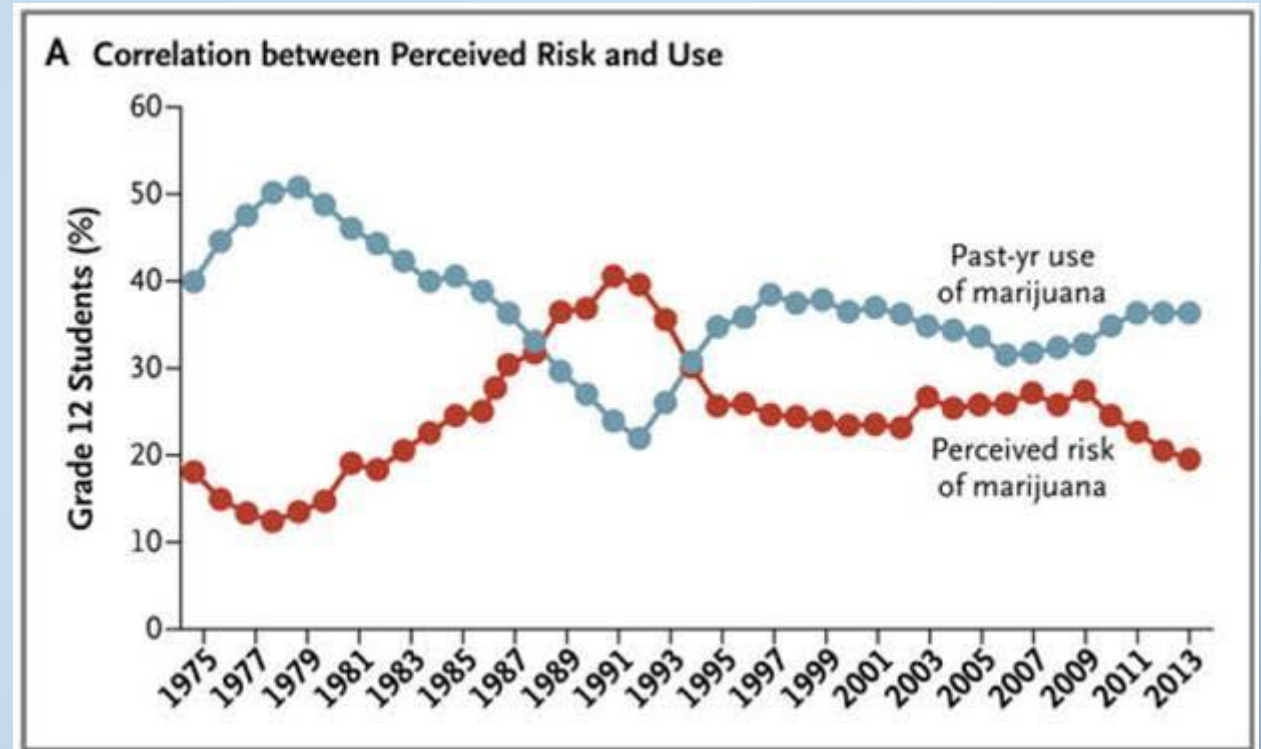
- Problem solving & decision making
- **Self-control**
- Working memory
- **Emotion regulation**
- Coordination



an "altered brain state"

How do we enhance our systems of care to respond to increased use of Marijuana and Tobacco-Related products, and decreased Perceptions of Risk?.....

- How to address youth risk perceptions (biases) ?
- Should we Integrate content specific information about marijuana research and tobacco research - adverse neurological, cognitive, and socio-emotional effects on adolescents
- What else?!?!.....



Low Risk Perceptions Reinforced by Environmental Cultural Trends

- Social Acceptance
- Accessible and Available
- Medicinal – Safe
- Legalized – No Risk
- Fun – it's part of Social party Life
- Eye-Appealing – looks and tastes good – Professional Marketing!!!





Trends: E-cigs & Vaping.....

Can you spot the candy?



Common Ques

- What is E-Cigarettes?
- What is vaping?
- Are they safe vs harmful?
- Are they addictive vs not?



Vaping Misperceptions among Youth

“They are safe-it’s just like a cup of coffee – no major harm...”

“They are electronic - It’s a battery...with water...no chemicals just liquid nicotine, so what’s the problem?”



Candy



Cola

“They are good. It’s like candy – so many flavors.”



- Safe Factor
- Cool Factor
- Pleasure Factor

IN 2016, NEARLY **4 MILLION**
U.S. MIDDLE & HIGH SCHOOL STUDENTS
CURRENTLY USED TOBACCO PRODUCTS.



ABOUT **HALF**
USED **TWO OR MORE**
TOBACCO PRODUCTS.



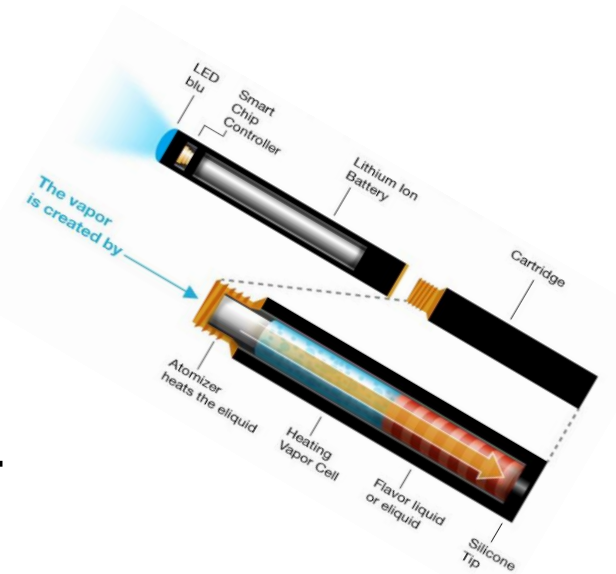
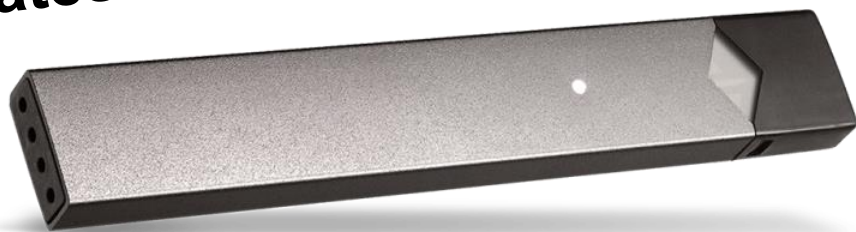
[CDC.gov/quit](https://www.cdc.gov/quit)

Are E-Cigarettes a *Safe* Alternative?

- ❖ That's what Big Tobacco wants you to think
- ❖ Aggressive marketing to teens
- ❖ Teen usage of vaping tripled between 2013-2014
- ❖ Believe it is safe alternative to vape due to the misconception that it is only vapor

Experts warn nicotine may harm the developing teen brain

“Latest and Greatest:” The JUUL



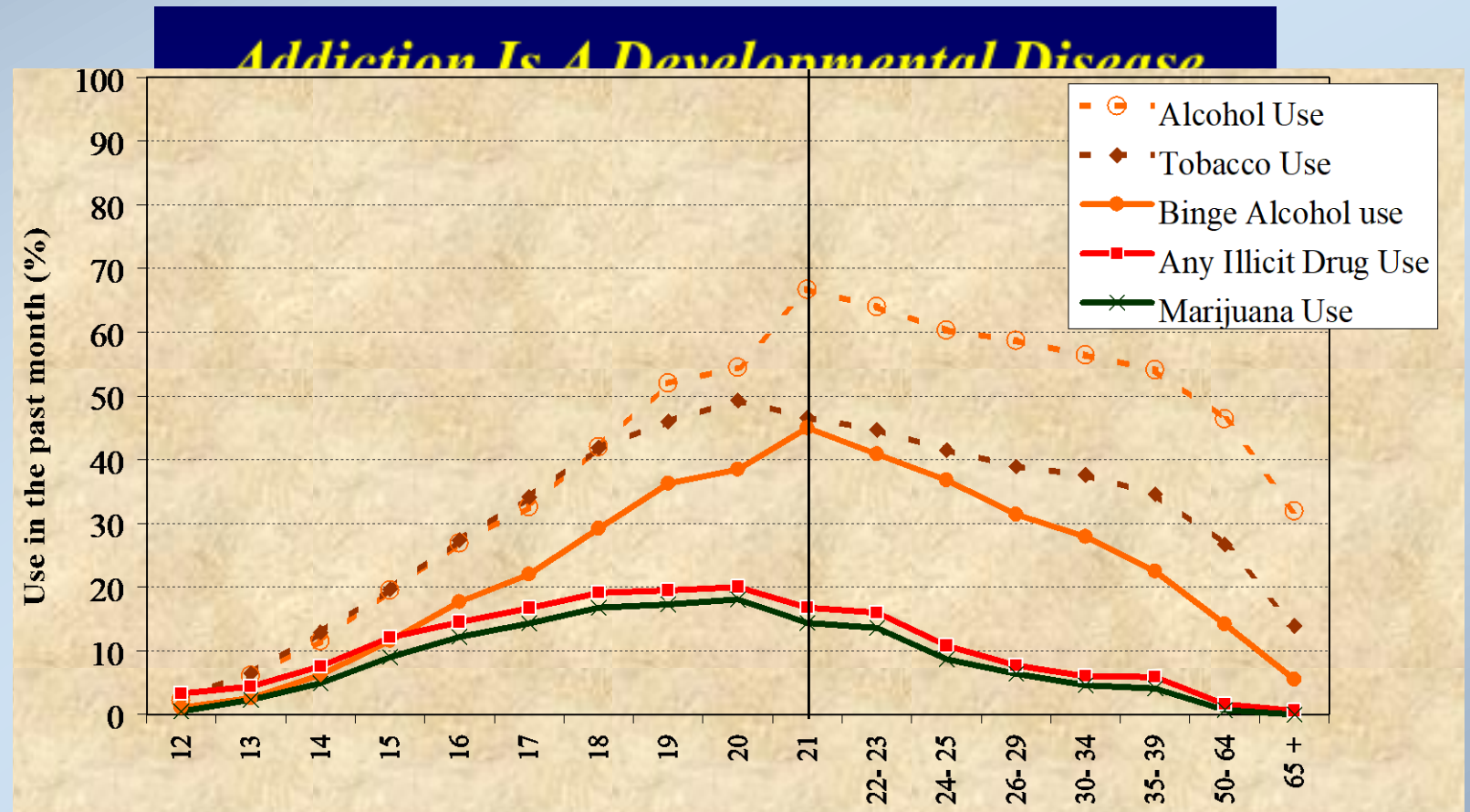
Nicotine is a highly addictive substance — and each hit of the JUUL packs quite the nicotine punch. The nicotine content is 0.7mL (or 59 mg/mL) per pod, which is approximately equivalent to one pack of cigarettes, or 200 puffs

**Youth are NOT mini-Adults,
and should not be treated as such**



SUDs are Developmental Disorders

Onset of SUDs **start** during the early developmental period & **peak** during the transitional young adult years spanning 18 to 24.



National Epidemiologic Survey on Alcohol and Related Conditions, 2003.

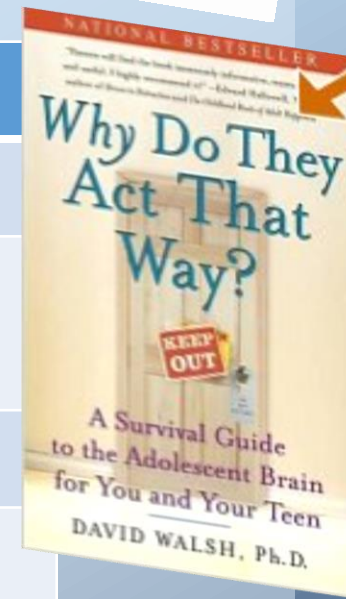
The majority (90%) of adults (25+) with SUDs started using under the age of 18, half of which were under the age of 15.

Risk Taking is a Key Process of the Developmental Period

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



Adolescent 5 S's	Caregiver/Provider 5 S's
Social Media	Safety
Speeding	Spirituality (seeking purpose & meaning)
Sex (Sexting)	Success
Spending	Saving
Substance Use Experimentation	Security





**WHERE
DO I
START**



**Critical Question has become
-- What to Prevent?**

SUDs / Addiction

Problematic use

Misuse

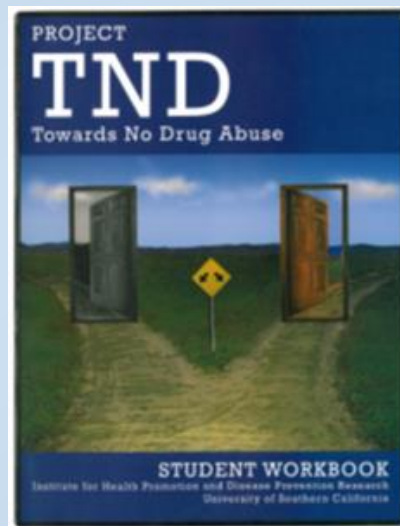
General Substance Use (exp)

**SUD
Risk**

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

Primary Prevention is not the only solution – we need a range of interventions

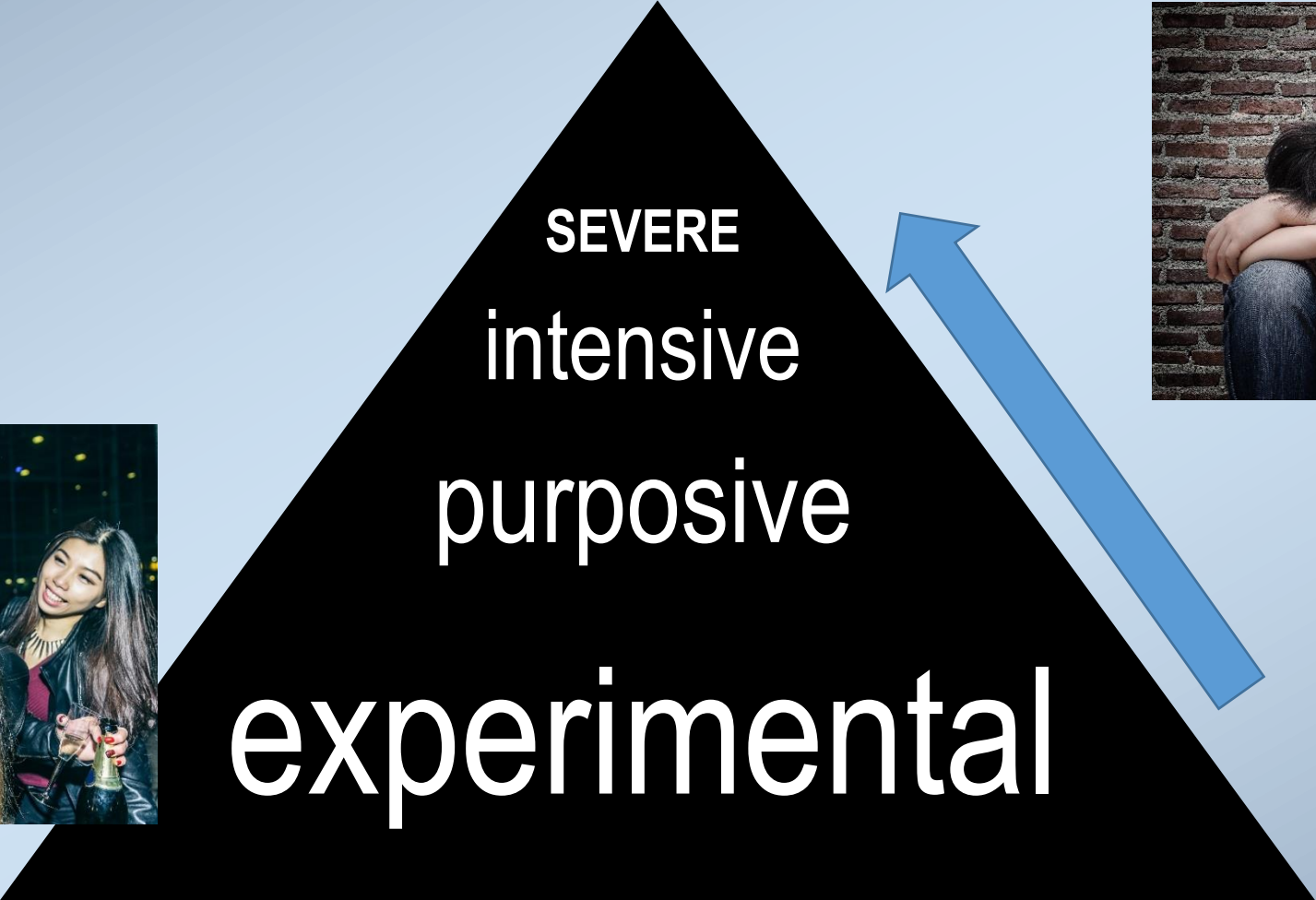
- Traditional model – reduce, delay, or eliminate the probability of developing alcohol, tobacco, & drug use disorders.
 - Mainly Focused on **Drug education** that is designed to help youth:
 - Understand why and how drugs are harmful (health and society)
 - Resist social influences from peers and norms (resistance skills/drug refusal from pressures)
 - Make better informed choices and decisions



Issues: Not specific to Trending Substances

Missing youth who are already using...

Adolescent Substance Use is made up of “Risk Patterns”



SEVERE
intensive
purposive
experimental



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 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.



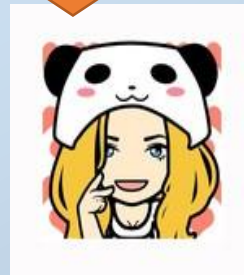
My **family** was
doing it, like my
brother and cousins



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



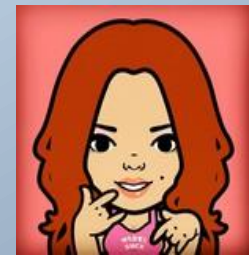
Hanging out
with my first
boyfriend.

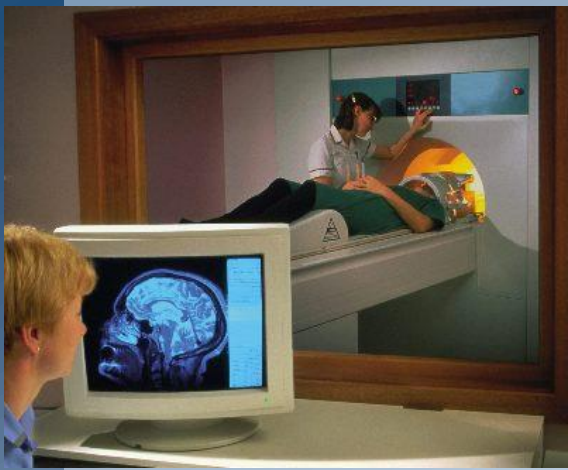


It was what
my friends
were **talking**
about.



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





Decades of research have revealed that while the initial decision to use drugs is experimental/voluntary, SUDs (addiction) evolve into a disease of the brain, that has chronic and long-term impact.



SCIENCE • VOL. 278 • 3 OCTOBER 1997

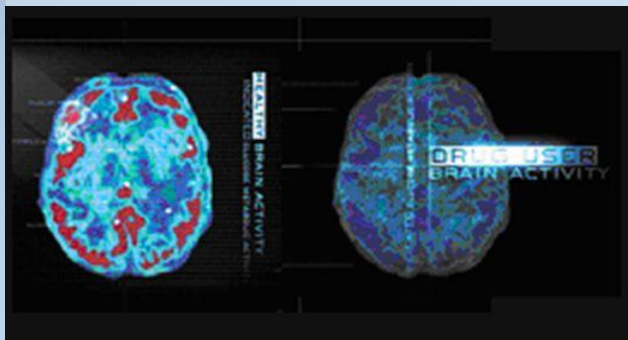
FRONTIERS IN NEUROSCIENCE: THE SCIENCE OF SUBSTANCE ABUSE

Addiction Is a Brain Disease, and It Matters

Alan I. Leshner

Scientific advances over the past 20 years have shown that drug addiction is a chronic, relapsing disease that results from the prolonged effects of drugs on the brain. As with many other brain diseases, addiction has embedded behavioral and social-context aspects that are important parts of the disorder itself. Therefore, the most effective treatment approaches will include biological, behavioral, and social-context components. Recognizing addiction as a chronic, relapsing brain disorder characterized by compulsive drug seeking and use can impact society's overall health and social policy strategies and help diminish the health and social costs associated with drug abuse and addiction.

affects both the health of the individual and the health of the public. The use of drugs has well-known and severe negative consequences for health, both mental and physical. But drug abuse and addiction also have tremendous implications for the health of the public, because drug use, directly or indirectly, is now a major vector for the transmission of many serious infectious diseases—particularly acquired immunodeficiency syndrome (AIDS), hepatitis, and tu-



Studies support major brain differences between individuals with SUDs vs individuals who do not use substances (non-diseased brain).

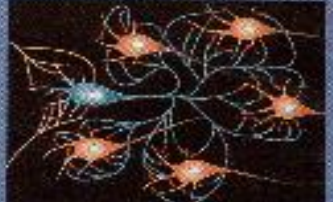
- ✓ Changed physiological neurotransmission & metabolic activity (blood flow)
- ✓ Structural impairments - receptor function and availability
- ✓ Impaired receptivity to environmental cues (people, places, things) affecting craving, & long-term learning/memory
- ✓ Impaired emotion regulation

Youth developmental period is characterized with profound brain maturation. Need to consider how substance use affects the developing brain...

INSIDE THE ADOLESCENT BRAIN

The brain undergoes two major developmental spurts, one in the womb and the second from childhood through the teen years, when the organ matures by fits and starts in a sequence that moves from the back of the brain to the front

Nerve Proliferation ...



By age 25 for girls and 27 for boys, the neurons in the front of the brain have formed the vast majority of new connections. Over the next five years, most of these links will be pruned.

Corpus Callosum

Thought is an involved process and requires the transfer of information. The bundle of nerve fibers connects the left and right hemispheres of the brain. Both sides receive the same information and process it in their own and more efficient ways.

Prefrontal Cortex

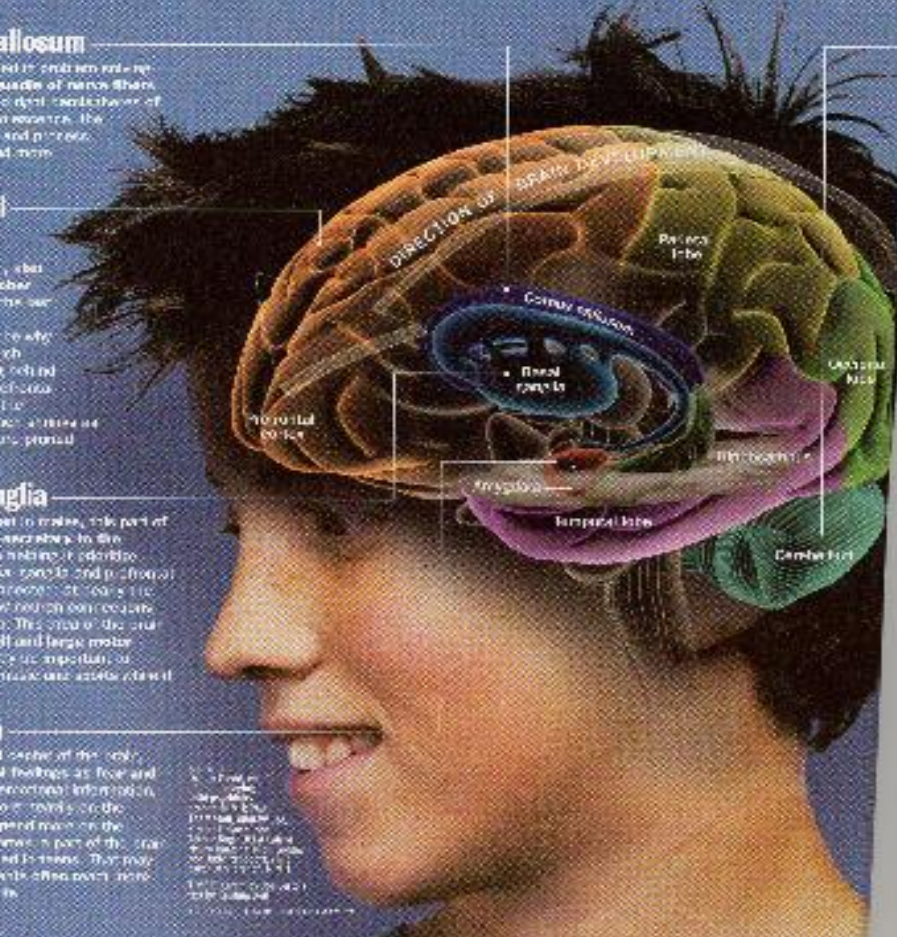
The CEO of the brain, also called the seat of higher thought, is the part of the brain that most recently developed. It is the last to mature, and it is the part of the brain that is most affected by drugs. The prefrontal cortex is the part of the brain that is most affected by drugs. It is the last to mature, and it is the part of the brain that is most affected by drugs.

Basal Ganglia

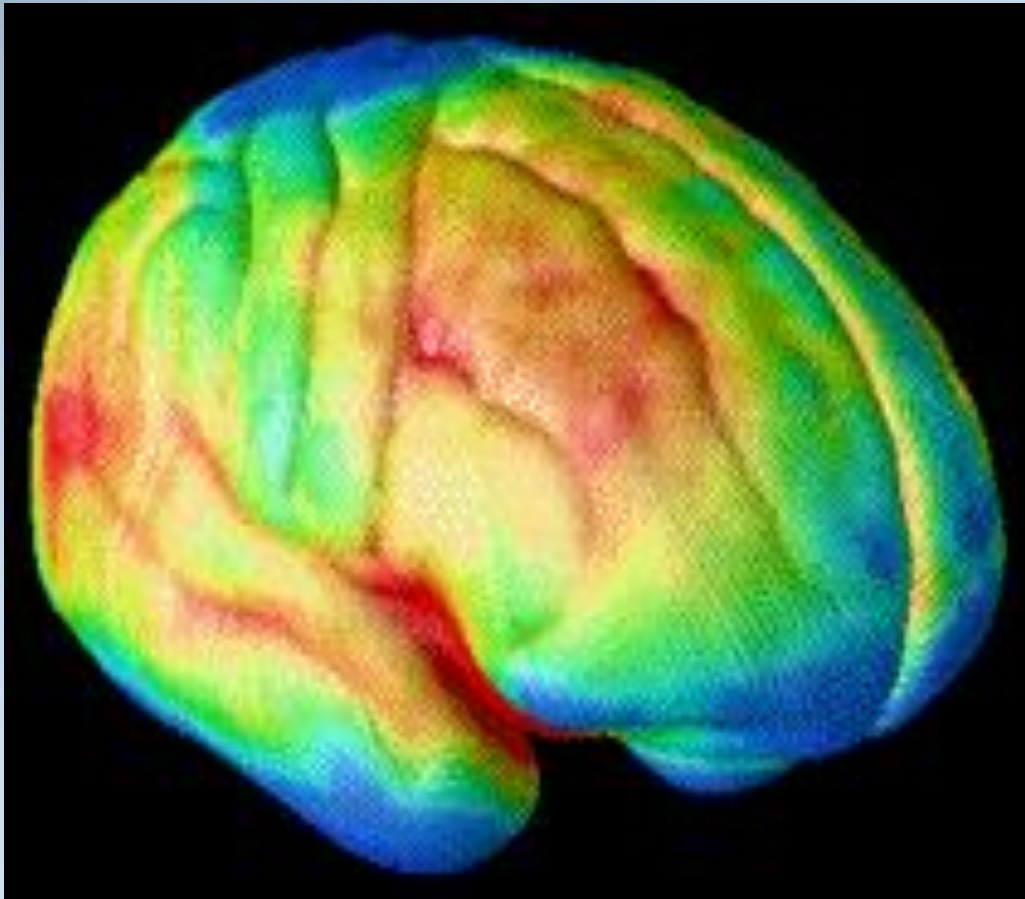
Large in the adult brain, this part of the brain acts like a switchboard in the prefrontal cortex by holding it and providing information. The basal ganglia and prefrontal cortex are highly connected. At the same time, the basal ganglia connections are being pruned. This pruning is a normal part of the brain's development, and it is important to ensure that the basal ganglia are properly functioning.

Amygdala

It is the emotional center of the brain, home to such primal feelings as fear and rage. In adolescence, emotional information flows into the amygdala from the prefrontal cortex. The amygdala is a part of the brain that is highly sensitive to stress. The amygdala is a part of the brain that is highly sensitive to stress.



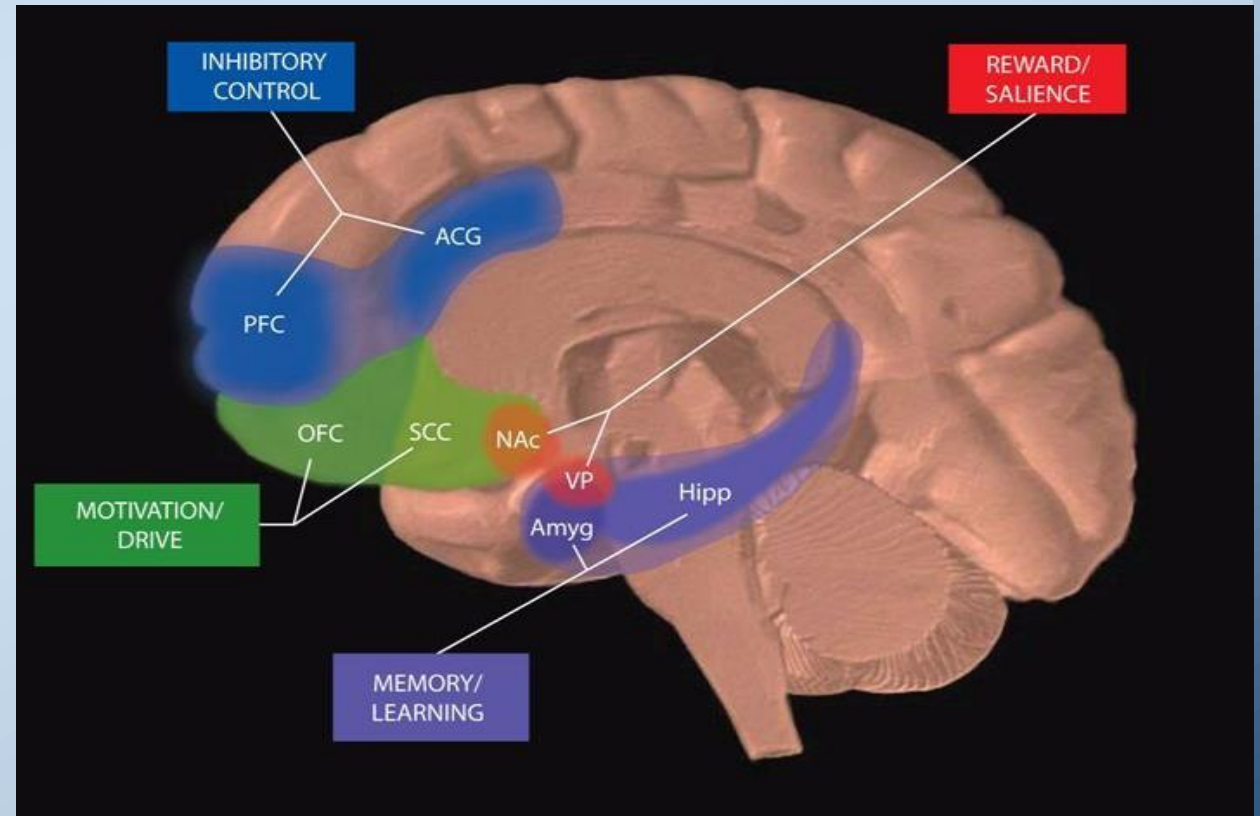
The Developing Brain



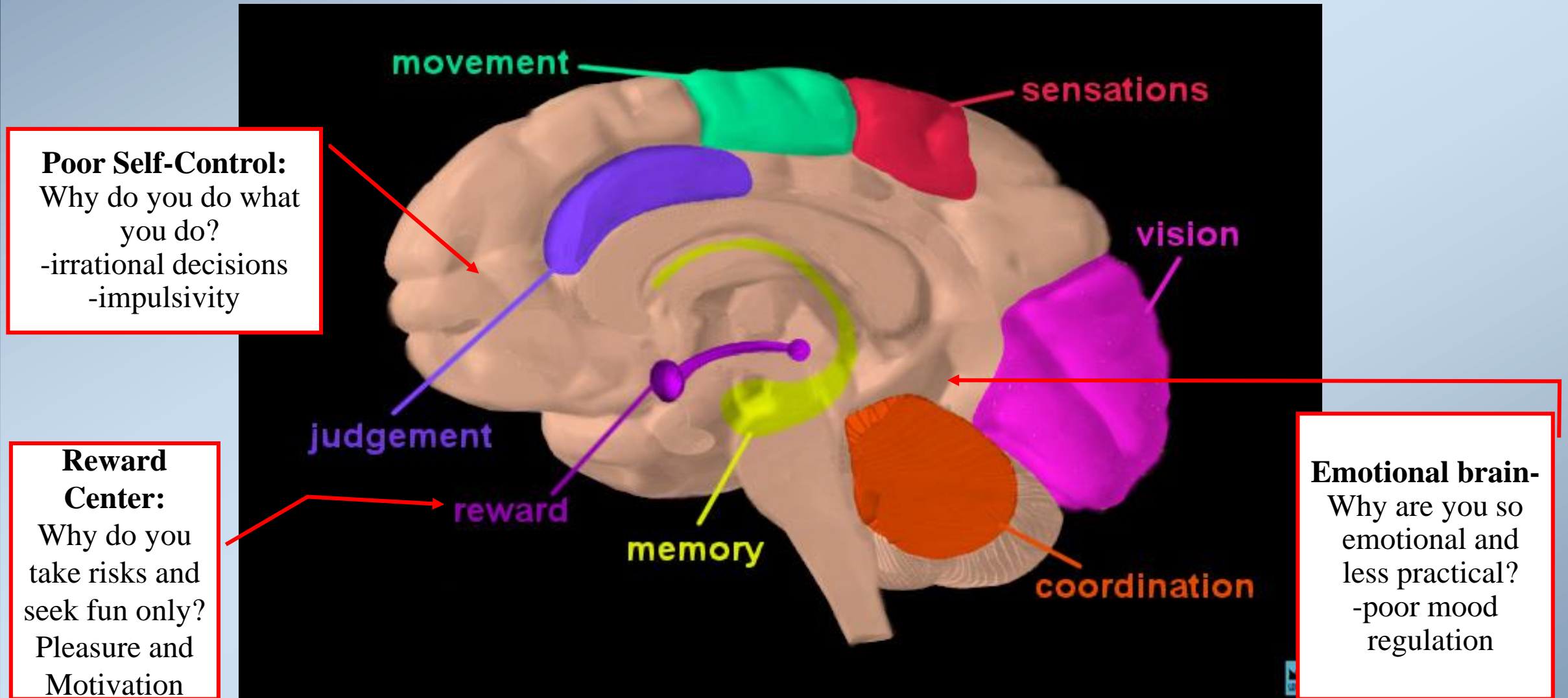
Areas Heavily Affected by Substance Use During Development:

⌘ **Limbic System:**– most important in initial process

- ☒ **Pre-Frontal Cortex**
- ☒ **Nucleus Accumbens**

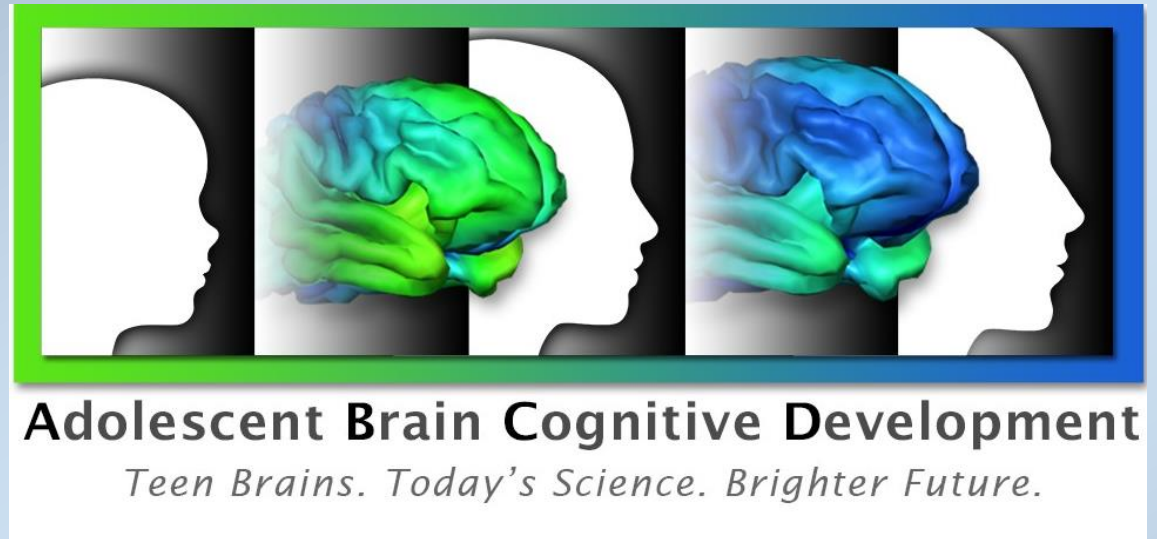


Complex Developmental Framework of Adolescent SUD Risk



ABCD Study

- Adolescent
- Brain
- Cognition
- Development



The largest long-term study of cognitive and brain development in children across the United States to date.

Will recruit 10,000 healthy children age 9-10 and follow them over 10 years into early adulthood

-Measuring “brain maturation” in the context of social, emotional, & cognitive development will allow us to understand the multiple ways outcomes are shaped (growth, sleep quality, injury, mental health and substance use, and other life experiences)...

-Findings will inform prevention & intervention strategies

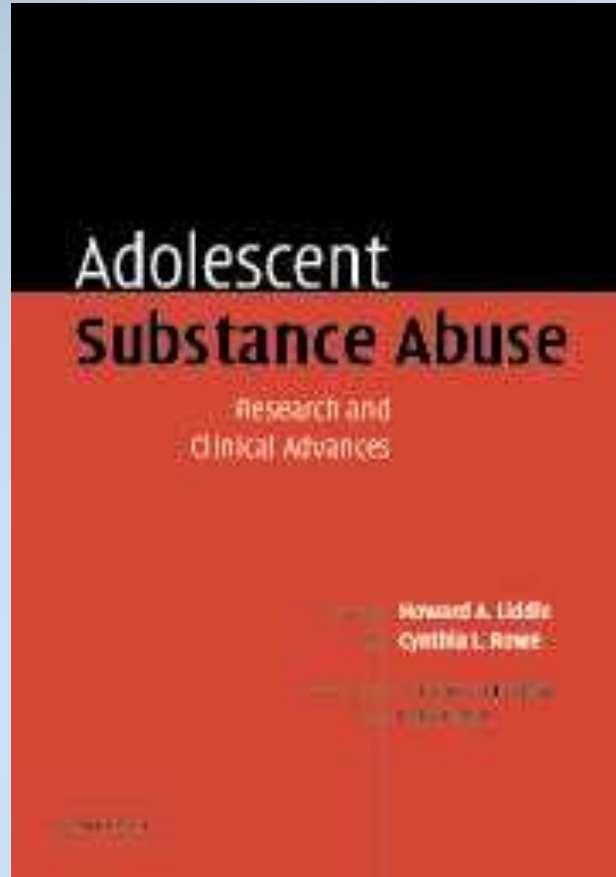
Current Paradigms

Drug Education
Life Skills
Social Norms

Prevention



No Use



Any use



Treatment



Abstinence

Question & Reflection

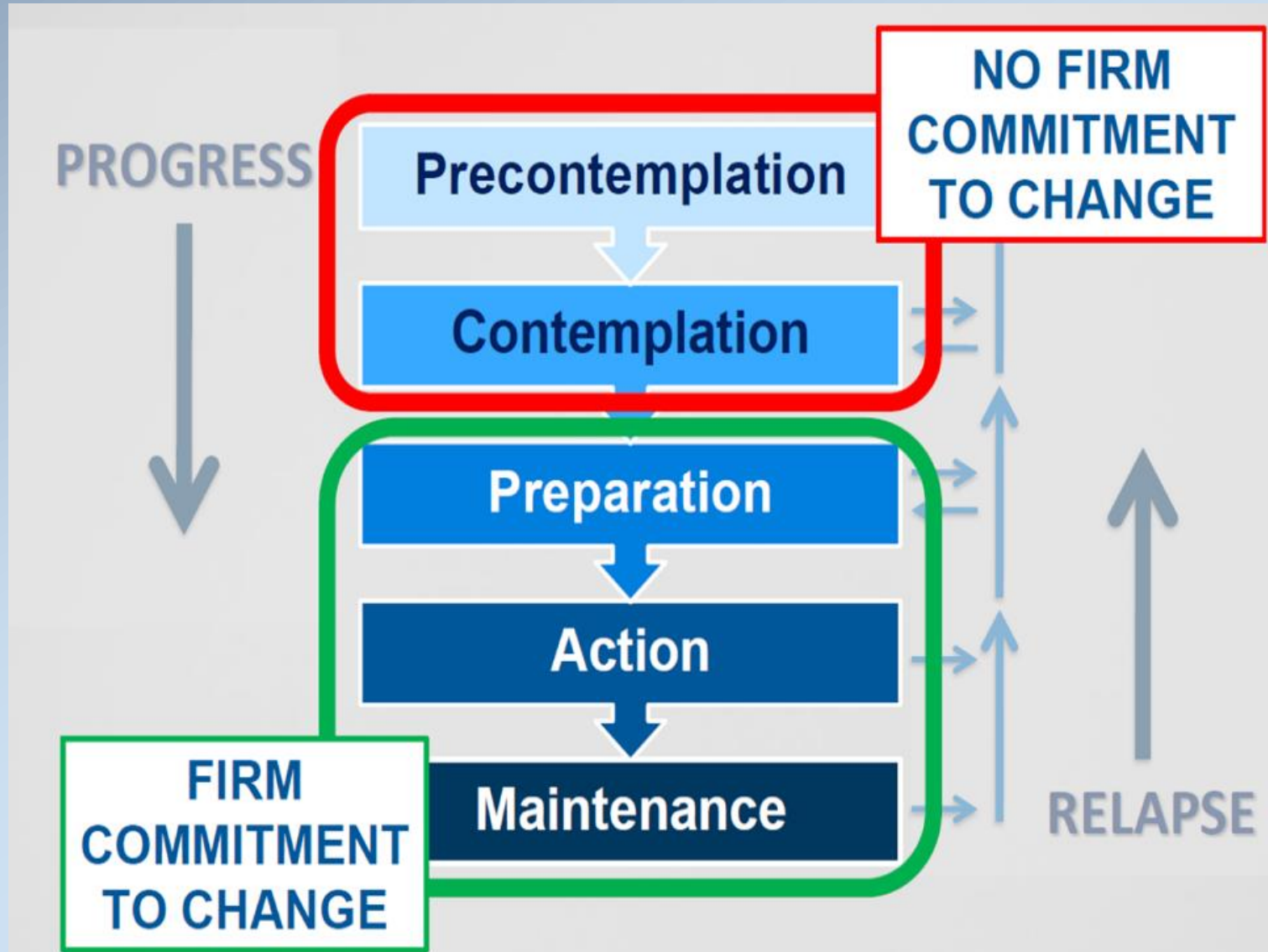


What is the downside to focusing on the extremes of the spectrum?

How do we better incorporate risk identification and early intervention?

1. Youth Denial

2. 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?!”


3. Youth Risk Perceptions

4. Youth 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

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

Journal of Adolescent Health 51 (2012) 144–149



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JOURNAL OF ADOLESCENT HEALTH
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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

ABSTRACT

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.

Published by Elsevier Inc. on behalf of Society for Adolescent Health and Medicine.

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.

5. Screening is important b/c youth are *not 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:** 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:** a growing number (yet fewer) youth in this category – tend to be older with more co-morbidities (emotional, cognitive, and other behavioral issues)

Despite Reform, Screening is still not *currently* not a Standard Practice within Systems that care for Youth



Screening and Early Interventions are a critical part of transforming the SUD system of care, especially for youth



PUBLIC SERVICE PERSPECTIVES

Brief Intervention, Treatment, and Recovery Support Services for Americans Who Have Substance Use Disorders: An Overview of Policy in the Obama Administration

Keith Humphreys

White House Office of National Drug Control
Policy and Stanford University

A. Thomas McLellan

White House Office of National Drug Control
Policy and University of Pennsylvania

The Obama Administration plans to reinvigorate the U.S. system of care for substance use disorders through new health insurance parity regulations, the historic health care reform law (formally known as "The Affordable Care Act of 2010"), and the President's National Drug Control Strategy. Parity regulations and health care reform will significantly expand the availability of health insurance, and the proportion of health insurance plans that provide adequate benefits for substance use disorder care. The President's National Drug Control Strategy and Fiscal Year 2011 budget request make investments that will build on this foundation, including broad dissemination of screening, brief intervention and referral to treatment (SBIRT) techniques, integration of care for substance use disorders into Federally Qualified Health Centers and the Indian Health Service, augmentation of reentry programs and drug courts, creation of a pay for performance treatment quality initiative, and expansion of the Access to Recovery voucher program. Collectively, these policies will improve the quantity and quality of substance use disorder care and thereby promote public health and public safety.

Keywords: President Obama, drug policy, treatment, brief intervention, addiction

Screening

- Strong support for early identification of SUD risk among youth supported by national efforts and policies.
- **American Academy of Pediatrics (AAP)** published policy statement that mandates the use of screening practices with adolescents (Bright Futures Schedule).
- **NIDA Priority:** Funding for adolescent substance use screening tool development and validation:
 - Be brief
 - Be applicable for universal screening;
 - Combined/address multiple drugs (tobacco, alcohol, marijuana, etc.);
 - Be suitable for self or interviewer administration;
 - Lead to actionable risk categories;
 - Use an electronic platform;
 - Be made available in the public domain





SBIRT has been endorsed as a National Priority, as recognized by changes to Medicaid under the Affordable Care Act (ACA), aimed to:

“improve access to preventive services for eligible adults” (Section 4106)”

- SBIRT is 3 evidence-based practices used to:
 - ✓ Identify Risk [unhealthy substance use patterns] via **Screening**
 - ✓ Triage Risk using a **Brief Intervention**
 - ✓ Facilitate linkages to necessary services to address Risk via **Referral to Treatment**



- SBIRT endorsed as an essential public health service **to be used in health care, mental health, social welfare, school settings**

Screening Using S2BI Tool

- ❖ **Efficient** - Quick, easy to administer, and compatible with electronic medical records
- ❖ **Comprehensive** - screen for tobacco, alcohol, other drugs commonly used by youth
- ❖ **Effective** – validated to identify risk among youth populations

Demographic information						
Name/ID #:	Age:	Gender:				
Race/Ethnicity:		Preferred Language:				
Insurance Type: <input type="checkbox"/> None <input checked="" type="checkbox"/> Medicaid <input type="checkbox"/> Medicare (specify): <input type="checkbox"/> Medi-Cal (specify): <input type="checkbox"/> Private (specify): <input type="checkbox"/> Other (specify):						
Living Arrangement: <input type="checkbox"/> Homeless <input type="checkbox"/> Living with family <input type="checkbox"/> Living in foster care <input type="checkbox"/> Other (specify):						
In the past year, how many times have you used:	Never	Once or Twice	Monthly	Monthly Frequency (number of days in past Month)	Weekly	Weekly Frequency (number of days in past Week)
1. Tobacco/Nicotine Products	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	
2. Alcohol	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	
3. Marijuana	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	
4. Methamphetamine						
5. Cocaine	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	
6. Heroin						
7. Club Drugs (MDMA/Ecstasy)						
8. Prescription Opiates (pain medications-oxycodone, Vicodin)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	
9. Prescription stimulants (Adderall, Ritalin, Concerta)						
10. Sedatives, Hypnotics, or Anxiolytics (benzodiazepines, sleeping pills)						
11. Inhalants (i.e. nitrous oxide)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	
12. Herbs or synthetic drugs (i.e. salvia, K2, or bath salts)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	
13. Steroids						

Adolescent Screening Tools and SBIRT Flow

In the past year, how many times have you used:
Tobacco? Alcohol? Marijuana?



The figure demonstrates SBIRT flow with the S2BI screening tool and how different responses are being used with adolescents



Risk Reduction Approaches

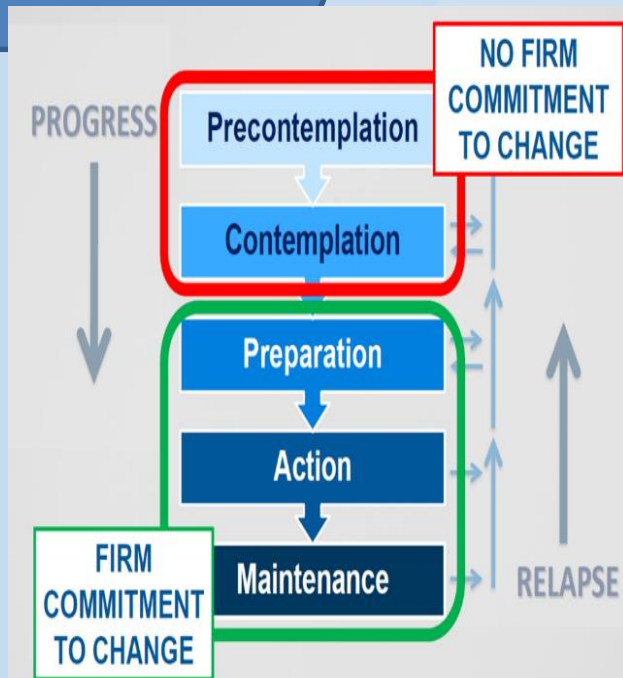
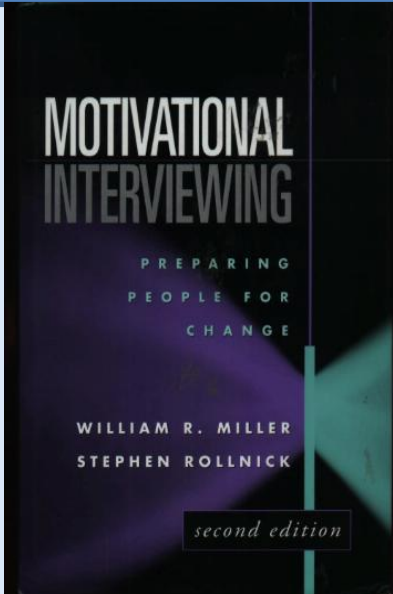
Major Goal: Identify Level of Risk and “motivate” behavior change



Brief Intervention (BI) Practice Protocol

- 5-15 minute conversation about Identified Risk

- Step 1. Raise the Subject
- Step 2. Provide Feedback
- Step 3. Enhance Motivation
- Step 4. Negotiate a Plan



Motivational Interviewing/ Stages of Change Platform

- ❑ **Conversation** geared towards using MI Techniques to evoke and enhance their own **intrinsic motivation** to change within an **atmosphere of acceptance** and **compassion** of their **readiness** to change.



It's All About Motivation & Engagement!

3 Keys to Success

- It's all about the relationship



- Planting a seed



- Learn how to listen



Brief or Early
Intervention –
BI

Risk Reduction
Intervention

Behavioral
Intervention

Motivational
Intervention

Be Yourself...?

A conversation between a practitioner and individual (client/patient) about their SUD risk screening results.

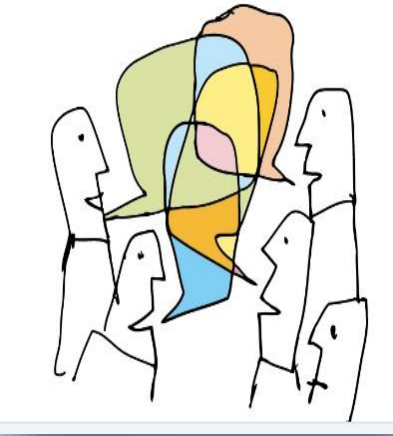
Practice



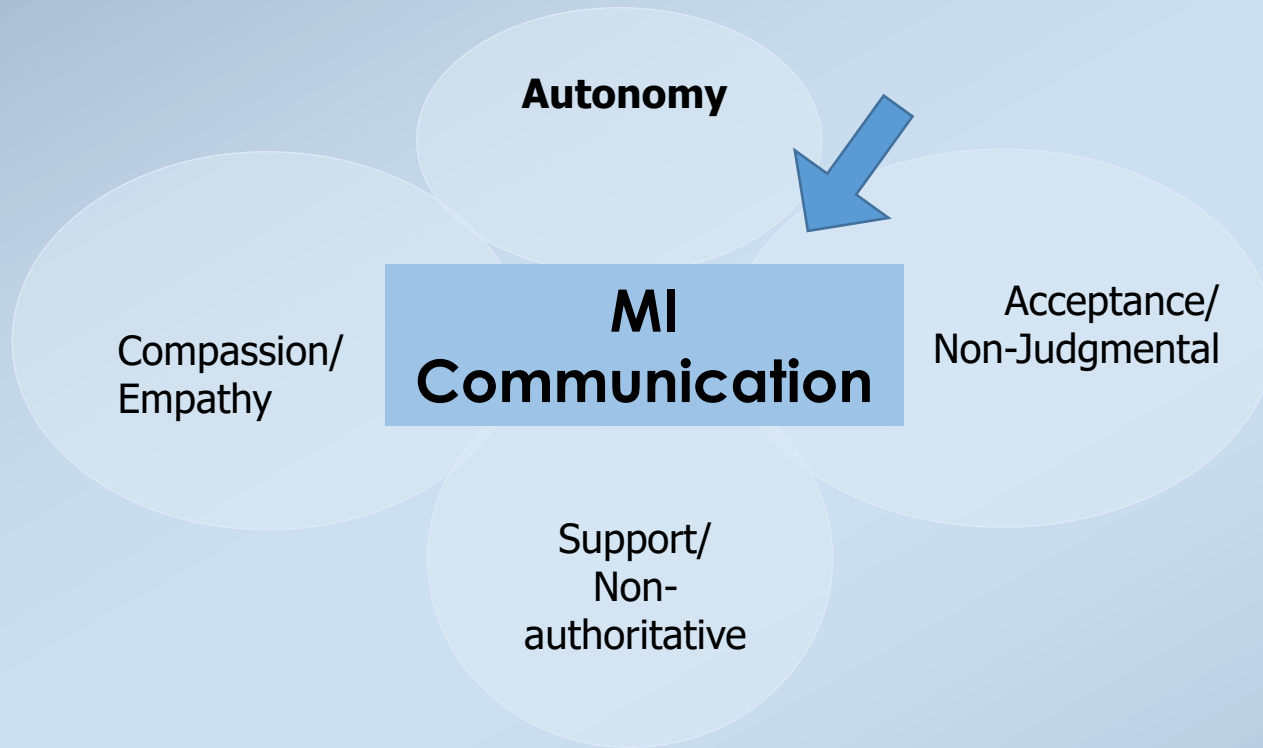
Help the individual engage in *behavior change* to address (reduce) their risk.

Goal

Mindful of Communication



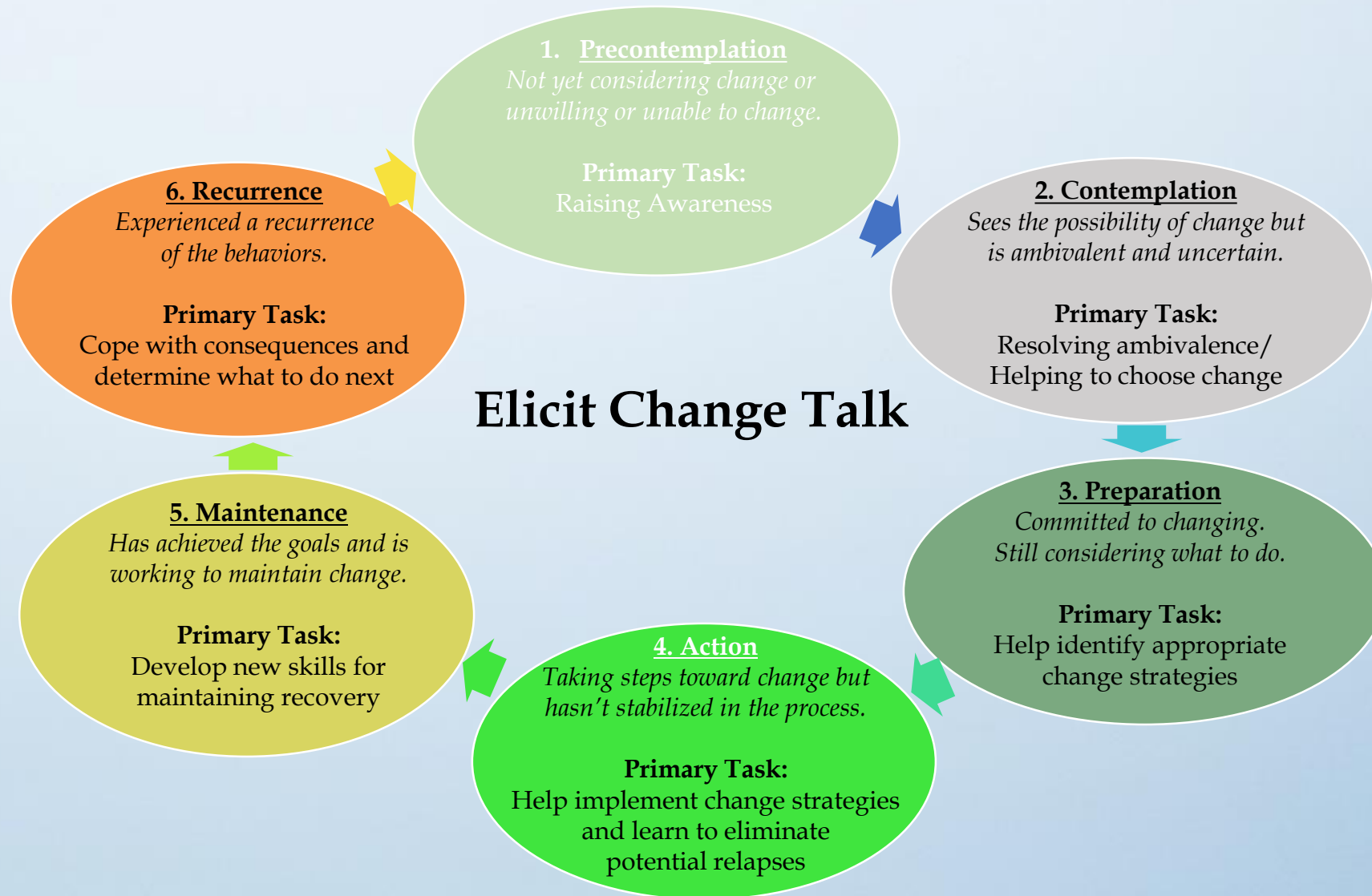
MI Style of Communication Effective for **Engaging** Patients



Directive, Confrontational Communication results in...

Anger	Fearful
Agitation	Not Heard
Defensive	Ashamed
Overwhelmed	Trapped
Frustrated	Disengaged
Annoyed	Uncomfortable

Primary Task During BI?



Beyond Risk Reduction and a Brief Intervention.....

What's in the Black Box of Treatment – Current Clinical Approaches



Question: For Youth Tx Providers.....



What's your "secret sauce?"

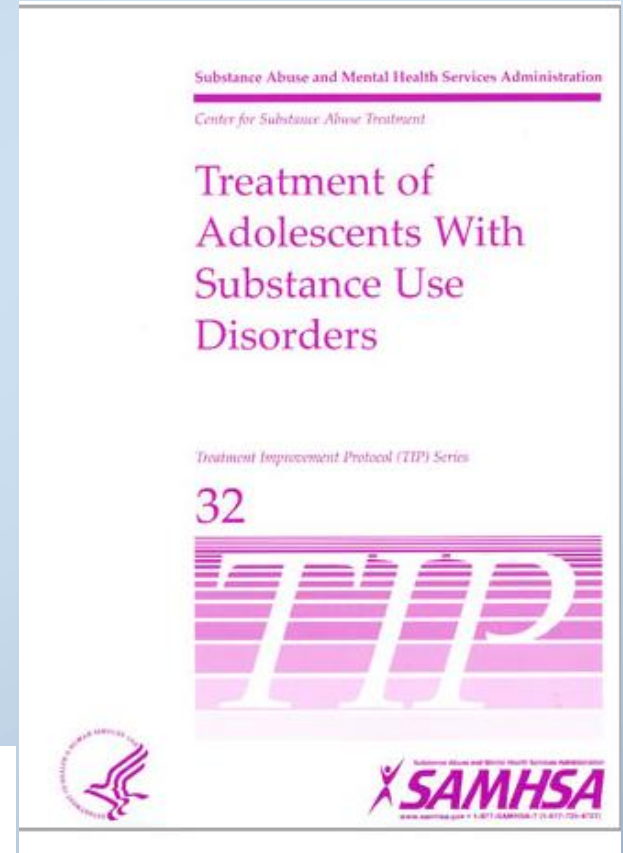
What is your "go-to" intervention that seems to be most effective?

**What are the key challenges for you?
Drug type? COD? Environmental?**

Evidence Based Treatments for Substance Use Disorders

- Behavioral-based
 - Motivational Enhancement
- 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 Health Services Administration
Center for Substance Abuse Treatment

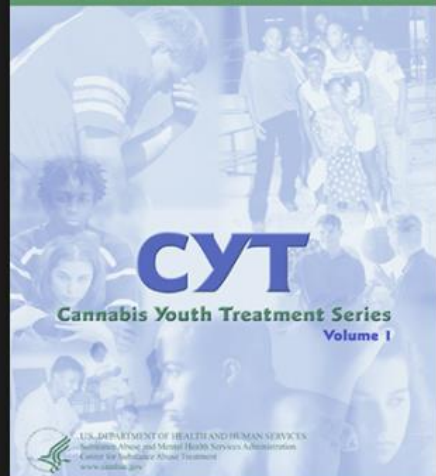
Enhancing Motivation
For Change in
Substance Abuse
Treatment

Treatment Improvement Protocol (TIP) Series

35

Motivational Enhancement Therapy
and Cognitive Behavioral Therapy for
Adolescent Cannabis Users: 5 Sessions



CYT
Cannabis Youth Treatment Series
Volume 1

U.S. DEPARTMENT OF HEALTH AND HUMAN SERVICES
Substance Abuse and Mental Health Services Administration
Center for Substance Abuse Treatment
www.samhsa.gov

Seeking SAFETY

A Treatment Manual for
PTSD and
Substance
Abuse

LISA M. NAJAVITS

Dialectical Behavior Therapy
for At-Risk Adolescents

A Practitioner's Guide to Treating
Challenging Behavior Problems

Includes sample dialogues,
specific interventions,
& handouts for
adolescents &
parents

Unique clinical applications for:
→ Individual therapy
→ Skills training groups
→ Coaching in crisis
→ Working with parents & caregivers

PAT HARVEY, ACSW, LCSW-C
BRITT H. RATHBONE, ACSW, LCSW-C

Substance Abuse
Treatment
with
Correctional
Clients

Practical Implications
for Institutional and Community
Settings



Barbara Sims
Editor

Substance Abuse and Mental Health Services Administration
Center for Substance Abuse Treatment

Combining Alcohol
And Other Drug
Abuse Treatment
With Diversion for
Juvenciles in the
Justice System

Treatment Improvement Protocol (TIP) Series

21

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...

ANGER
MANAGEMENT
for Substance Abuse and
Mental Health Clients

A Cognitive Behavioral
Therapy Manual



THE MINDFULNESS & ACCEPTANCE PRACTICE

MINDFULNESS
& ACCEPTANCE
FOR ADDICTIVE
BEHAVIORS



Applying Contextual CBT to Substance
Abuse & Behavioral Addictions

Edited by
STEVEN C. HAYES, PHD
& MICHAEL E. LEVIN, MA

A TREATMENT IMPROVEMENT PROTOCOL



Trauma-Informed Care in
Behavioral Health Services

TIP 57

Medication-Assisted Treatment
for Opioid Addiction


Facts for Families and Friends

NREPP

Included in SAMHSA's
National Registry of
Evidence-based
Programs and Practices

Evidence Based Treatments for Substance Use Disorders among Youth



Treatments that Accommodate the developing brain.....

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:

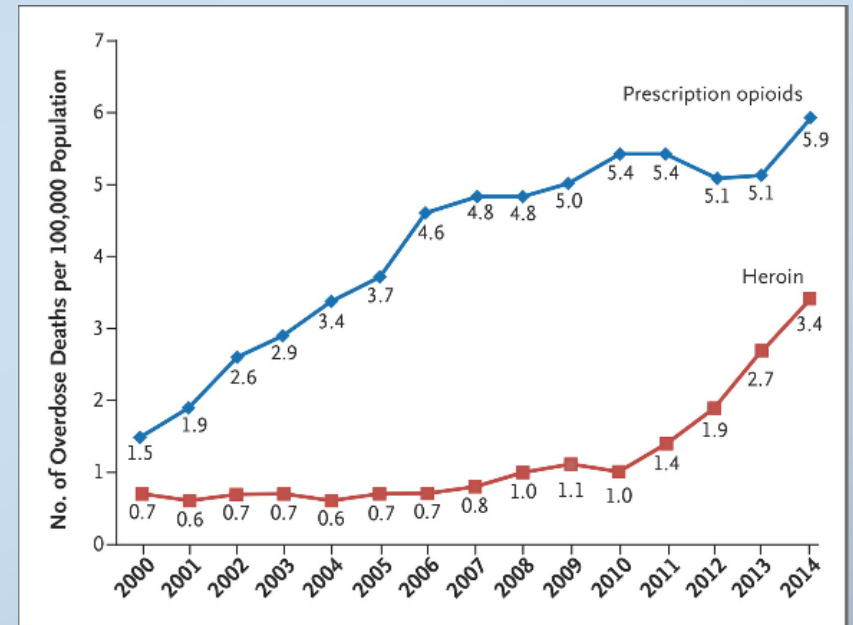
- Communication
- Conflict resolution

Self-Regulation

Self-Management

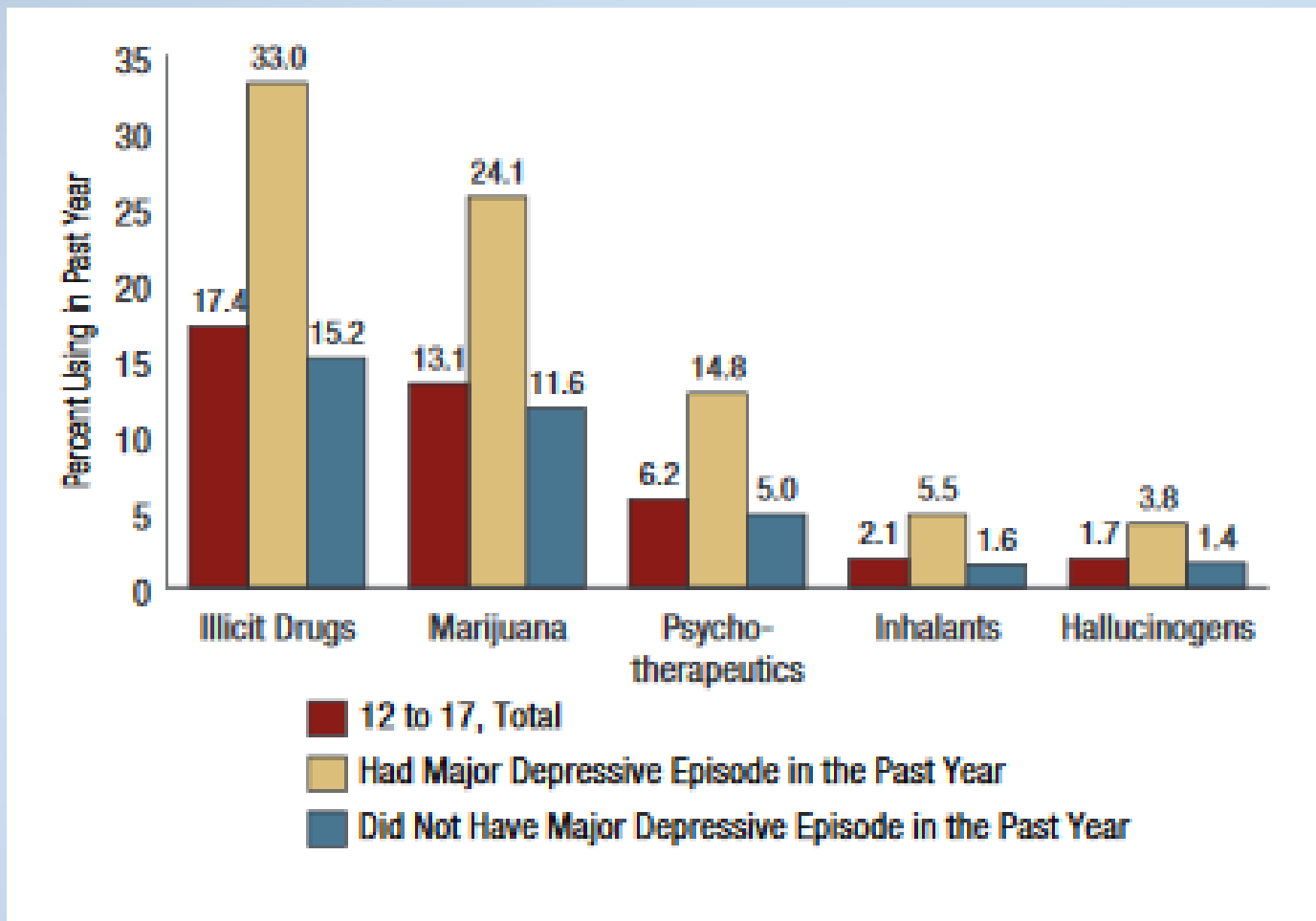
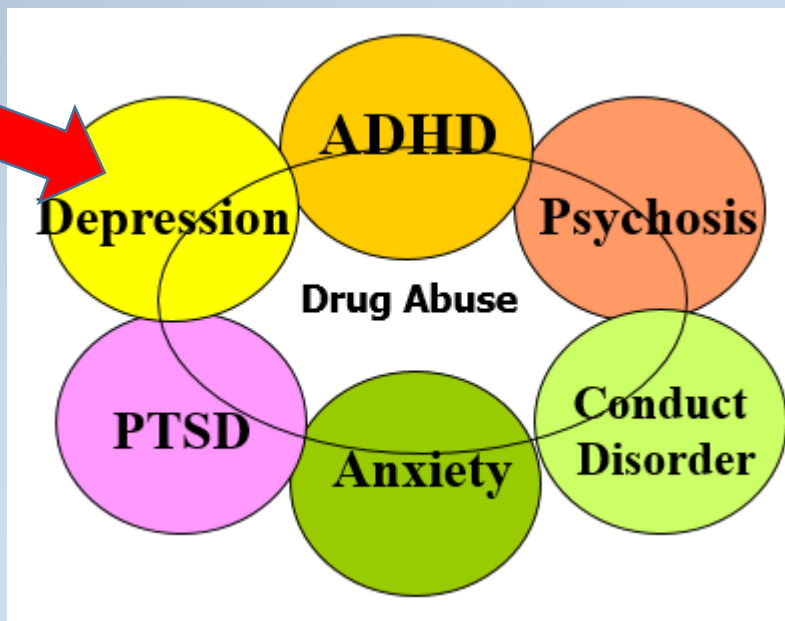
MAT Preparedness for Youth System of Care

- Increase in youth opioid overdoses makes MAT-preparedness critical for youth systems of care
- Medications (Naltrexone, Buprenorphine, and Methadone) for alcohol and opioid SUDs
- Efficacy of MAT on youth treatment outcomes:
 - **Naltrexone** blunted cravings and reduced the likelihood of drinking and heavy drinking among adolescents aged 15-19.
 - Adolescents (13-18) with opioid dependence who were assigned to a **buprenorphine** detoxification group had more favorable outcomes (with withdraw and craving) compared youth assigned to a clonidine group.



Developmentally, it is important to consider emotional issues (*symptoms*) that commonly co-occur with SUDs among Youth

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



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

FAMILY



**Special Considerations for Youth
Treatment?
FAMILY ENGAGEMENT!**

NIDA Principle of Effective Adolescent Substance Use Disorder Treatment

Parental Engagement



Parental participation **barriers** commonly experienced by families that need to be addressed include:

Parental frustration

Parental substance use and/or mental health dysfunction

Access (e.g., time, schedule, transportation, sibling daycare)

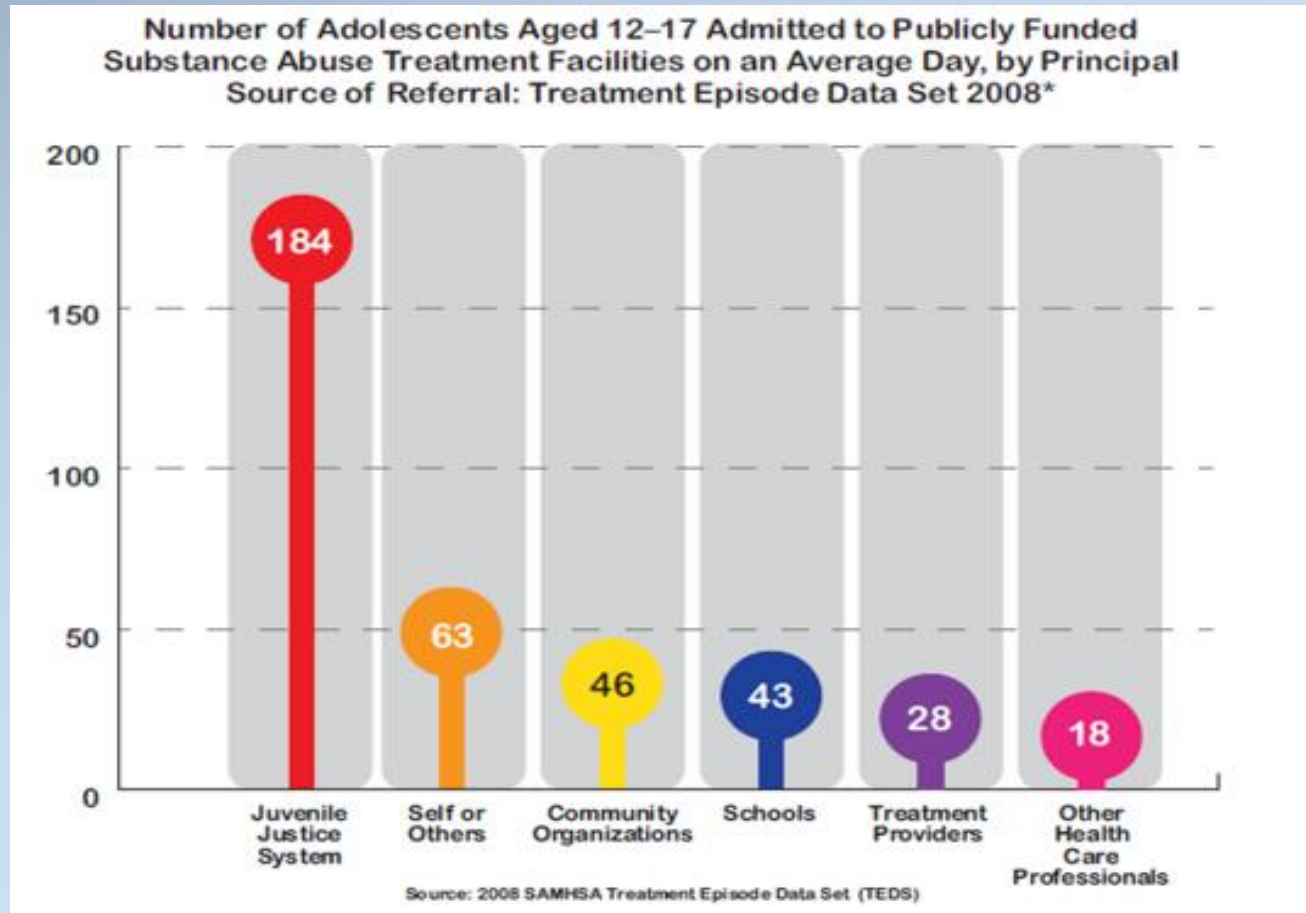
Cultural stigmas and shame with their child having SUDs

Parental knowledge/norms

Why don't parents come?

Why should Parents be involved?

Developmentally, Readiness to Change is an Important Issue



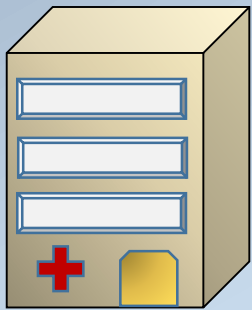
Research shows that inclusion of family is a major engagement tool to help youth transition into the system of care (and stay on track).

Research Supported Risk Factors related to Poor Tx Outcomes



	Substance Use Correlations				Intraclass Correlations w 95% C.I.
	3-month	6-month	9-month	12-month	
Family conflict	.56	.48	.47	.43	.58 (.53, .62)
Family cohesion	.56	.50	.46	.50	.54 (.50, .59)
Social support	.42	.38	.45	.44	.50 (.45, .54)
Recovery environment risk	.42	.42	.37	.24	.43 (.39, .48)
Social risk	.28	.34	.24	.21	.37 (.32, .42)
Substance use	.36	.30	.19	.27	.50 (.45, .54)
Substance-related problems	.43	.35	.31	.31	.46 (.42, .51)

What happens after TX?



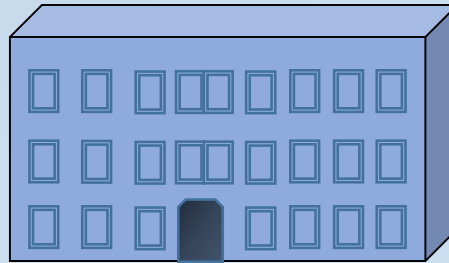
Detoxification

**Detox
Services**



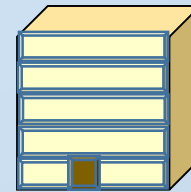
Medication
Assisted
Treatment

**Medication
Services**

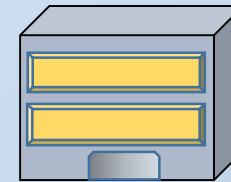


Residential
Treatment
"Rehab"

Clinical Treatment Services



Intensive
Outpatient
Treatment
"IOP"



Outpatient
Treatment
"OP"



Aftercare

**Recovery
Support
Services**

NIDA Principle of Effective Adolescent Substance Use Disorder Treatment

*Staying in treatment for an adequate period of time and continuity of care afterward are important

Why?

-Although treatment produces positive results:

Benefits diminish relatively quickly after treatment

65-75% relapse during first 3 months after completion

~85% relapse in first year after treatment

-Studies show that participation in aftercare is a critical element for maintaining treatment success (Kaminer et al., 2009)

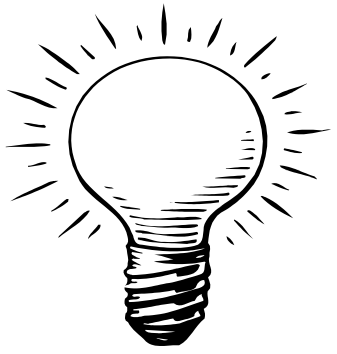
Adolescent Aftercare Models

- Traditional 12-step self-help community model –AA/NA focused on “fellowship” and total abstinence *led by people in recovery*
- Alternative models
 - Assertive Aftercare – home visits
 - Telephonic aftercare models
 - Recovery high schools
- Despite availability, few (<10%) continue to participate in aftercare after formal tx ends.
- **Why?**
 - Low motivation
 - SUD – Stigma/Shame [do not relate to 12-step model motto -disease orientation, total abstinence, higher power, lifelong recovery)
- Need to be sensitive to SUD severity differences
- Need to develop developmentally appropriate and engaging models

Use of Technology Approaches with Youth

- Growing attention on using Social Media, Mobile Apps, Mobile Texting, Computer-Based Interventions....video-gaming...etc.
- As supported by the CDC (2008): “in order to effectively reach youth, we need to go where they are, instead of expecting them to come to us – and using the technology they’ve adopted to promote the health behavior we want them to adopt”





Workforce Preparedness Challenges: Common Questions

As a Youth System of Care workforce, it is important to discuss and understand common questions about Cannabis, esp. as we work with youth....

- Unclear Terminology: Marijuana and Cannabis terms often used interchangeably.
- Lack of understanding regarding Cannabis: good, bad and ugly.
- Ambiguities in effects of Cannabis: by type, route, dose...and where does K2 (Synthetic Marijuana) fit within the context of Cannabis products?
- What do we know about Medical Marijuana?
- How do prop 64 Youth penalties work out in LA County with current DMC-ODS Waiver Requirements of Medical Necessity?
- What are best practice models – do they exist?
- Others?

Resources related to Youth Substance Use Treatment

- **SAMHSA TIPS (Treatment Improvement Protocols Series)**

<http://www.store.samhsa.gov/list/series?name=TIP-Series-Treatment-Improvement-Protocols-TIPS-&pageNumber=1>

- TIP 32: Treatment of Adolescents with SUDs
- TIP 35: Enhancing Motivation for Change

- **Cannabis Youth Treatment Series**

- Vol. 1 – MET/CBT for Adolescent Cannabis Users:

<https://store.samhsa.gov/product/Adolescent-Cannabis-Users-Motivational-Enhancement-and-Cognitive-Behavioral-Therapy/SMA05-4010>

- Vol. 2 – MET/CBT for Adolescent Cannabis Users:

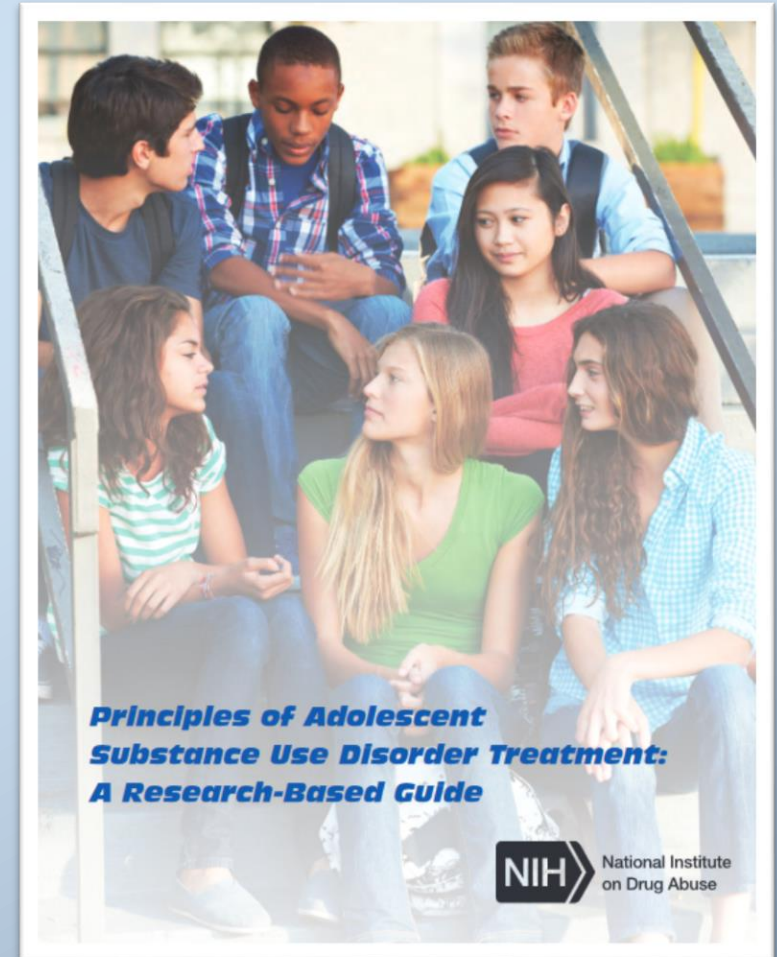
<https://store.samhsa.gov/product/Motivational-Enhancement-Therapy-and-Cognitive-Behavioral-Therapy-Supplement-7-Sessions-of-Cognitive-Behavioral-Therapy-for-Adolescent-Cannabis-Users/SMA15-3954>

Free Resources Addressing Youth SUD issues

NIDA

www.nida.nih.gov

- Drug Facts
- Principles of Substance Abuse Prevention for Early Childhood: A Research-Based Guide
- Principles of Adolescent Substance Use Disorder Treatment: A Research-Based Guide



Free Resources Addressing Youth SUD issues

More resources available at:

ATTC-IRETA

www.attcnetwork.org

- **Regional Annual Adolescent Conference:** Improving Care of Adolescents with Substance Use Disorders: Effective Approaches for Assessing, Treating, and Engaging Teens



Other Useful Resources for Addressing Youth SUD issues

- **American Society of Addiction Medicine:**
www.asam.org
- **Centers for Medicare & Medicaid Services SBIRT Bulletin**
https://www.cms.gov/Outreach-and-Education/Medicare-Learning-Network-MLN/MLNProducts/downloads/SBIRT_Factsheet_ICN904084.pdf
- **Early and Periodic Screening, Diagnostic and Treatment (EPSDT) benefit** <https://www.medicaid.gov/Medicaid-CHIP-Program-Information/By-Topics/Benefits/Early-and-Periodic-Screening-Diagnostic-and-Treatment.html>

Other Resources related to Screening and Brief Interventions

SAMHSA codes: <http://www.samhsa.gov/sbirt/coding-reimbursement>

State Reimbursement Map <http://my.ireta.org/sbirt-reimbursement-map>

Analysis Of National Funding Trends For SBI Services

https://www.mosbirt.org/Portals/0/Docs/FundingSBIRTCodes_2014_0318%20_FINAL.pdf

SAMHSA-HRSA Center for Integrated Health Solutions SBIRT Issue Brief

http://www.integration.samhsa.gov/SBIRT_Issue_Brief.pdf

State Billing And Financial Worksheets

http://www.integration.samhsa.gov/financing/billing-tools#billing_worksheets

Community Catalyst Issue Brief

<http://www.communitycatalyst.org/resources/publications/document/Funding-and-Sustaining-SBIRT-in-Schools-December-2015.pdf>

National SBIRT ATTC <http://www.attcnetwork.org/national-focus-areas/?rc=sbirt>

Questions & Follow-Up



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