

Adolescent Substance Use— Prevention and Harm Reduction

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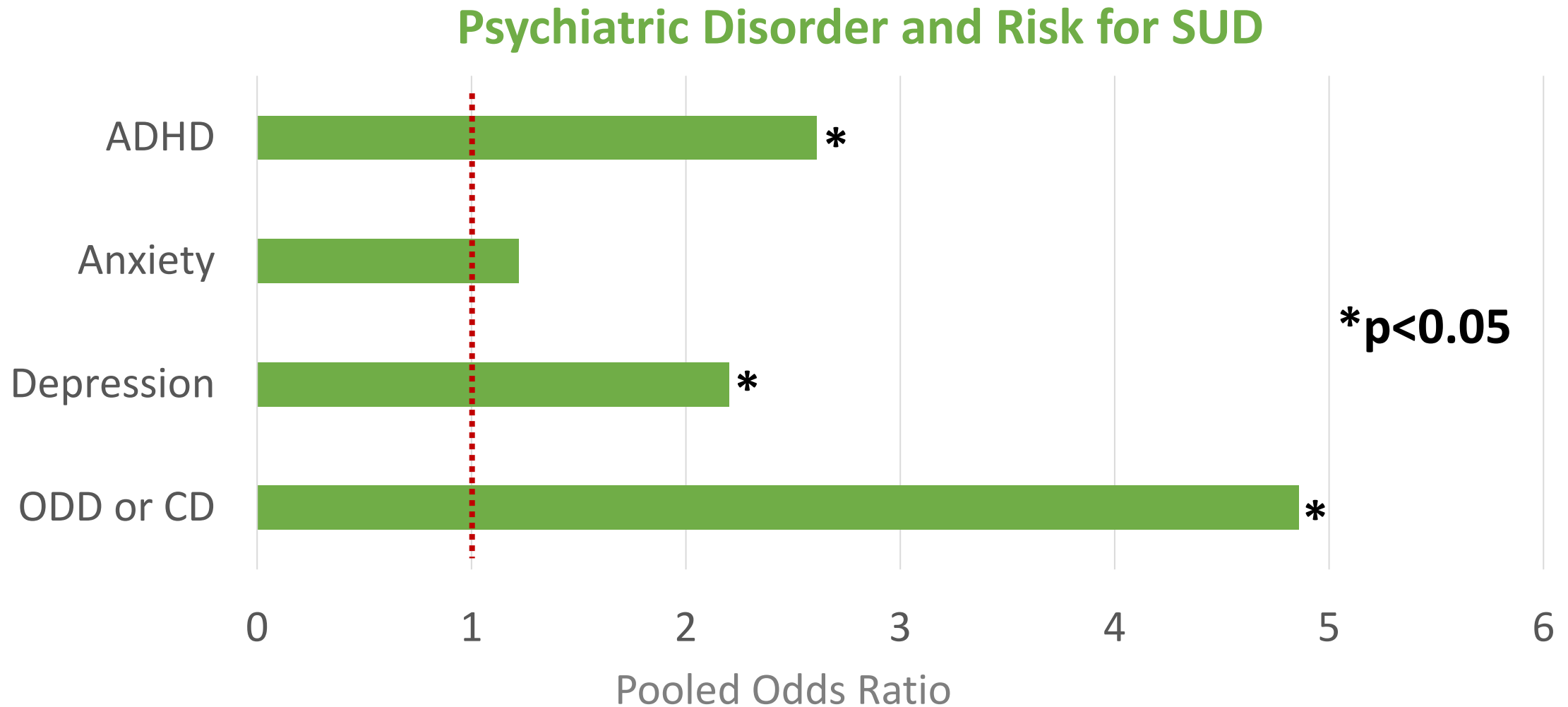


Grayken Center
for Addiction

Adolescent Substance Use— Prevention and Harm Reduction

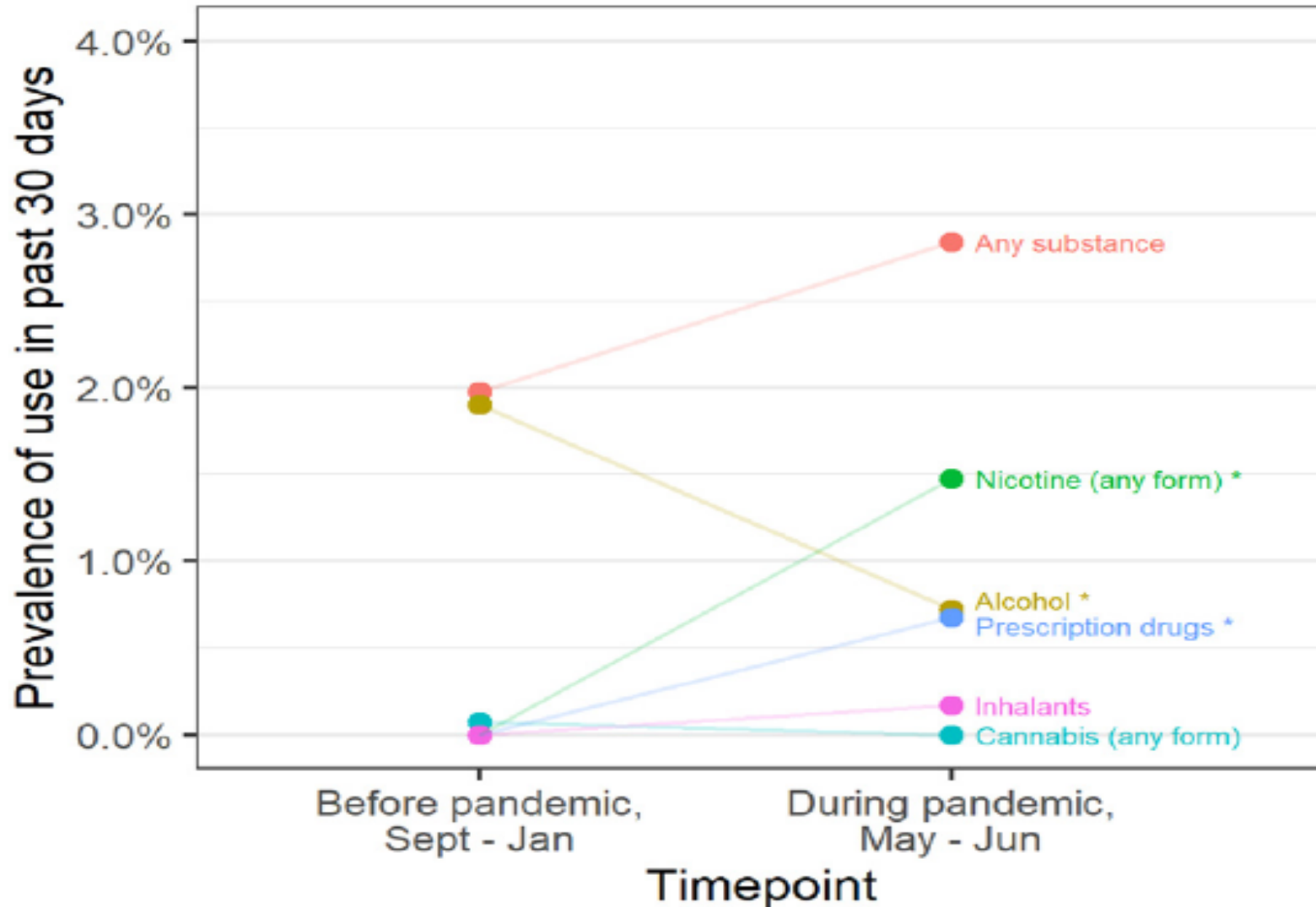


Important to monitor adolescents with psychiatric disorders for substance misuse since they are at ↑ risk to develop a SUD



Prevention

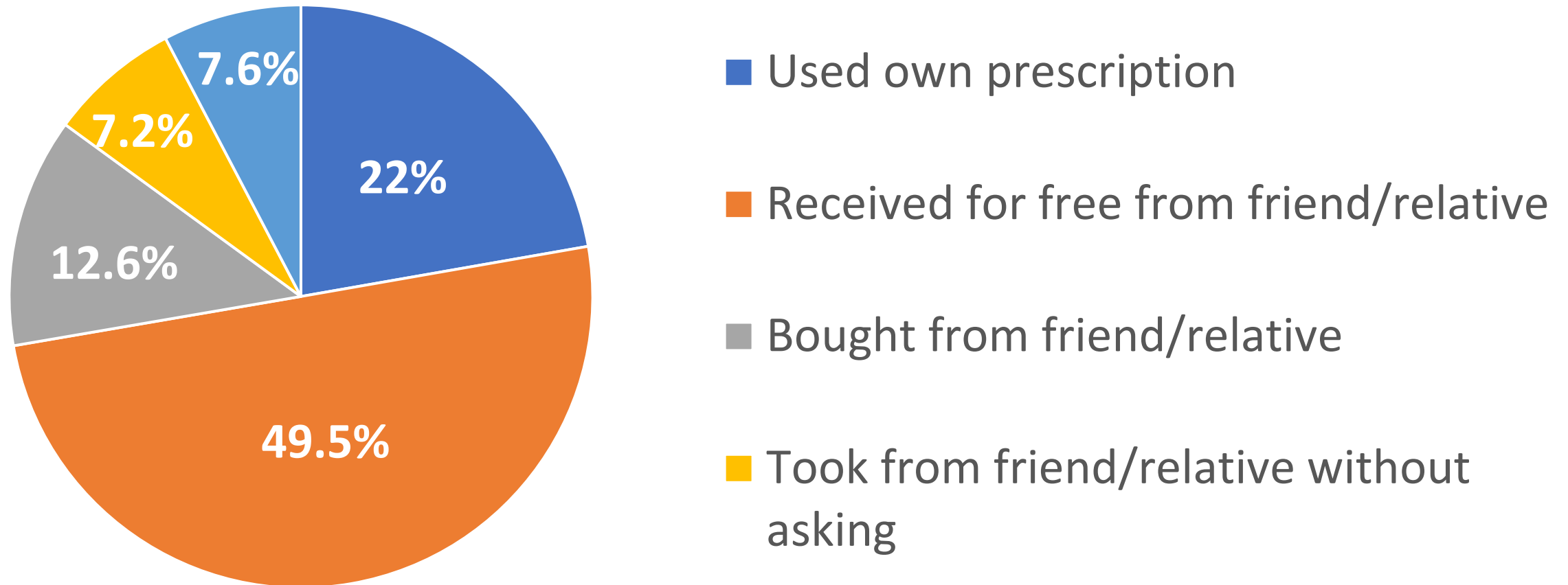
Early Adolescent Substance Use in the United States During the Pandemic



- N=1,079 from the ABCD Study
- Mean age 11.8 years
- Statistically significant changes:
 - ↑ prescription drug misuse
 - ↑ nicotine use
 - ↓ alcohol use

When Misused, Medications Are Often Shared

Source of Prescription Stimulant for Misuse (12 to 17-year-olds)



Medication Guidance



- Patient and family guidance
 - Take your medication as prescribed
 - Do not share your medication
 - Role play what to do if asked to share medication
- Periodic parent monitoring of medication adherence

Medication Guidance

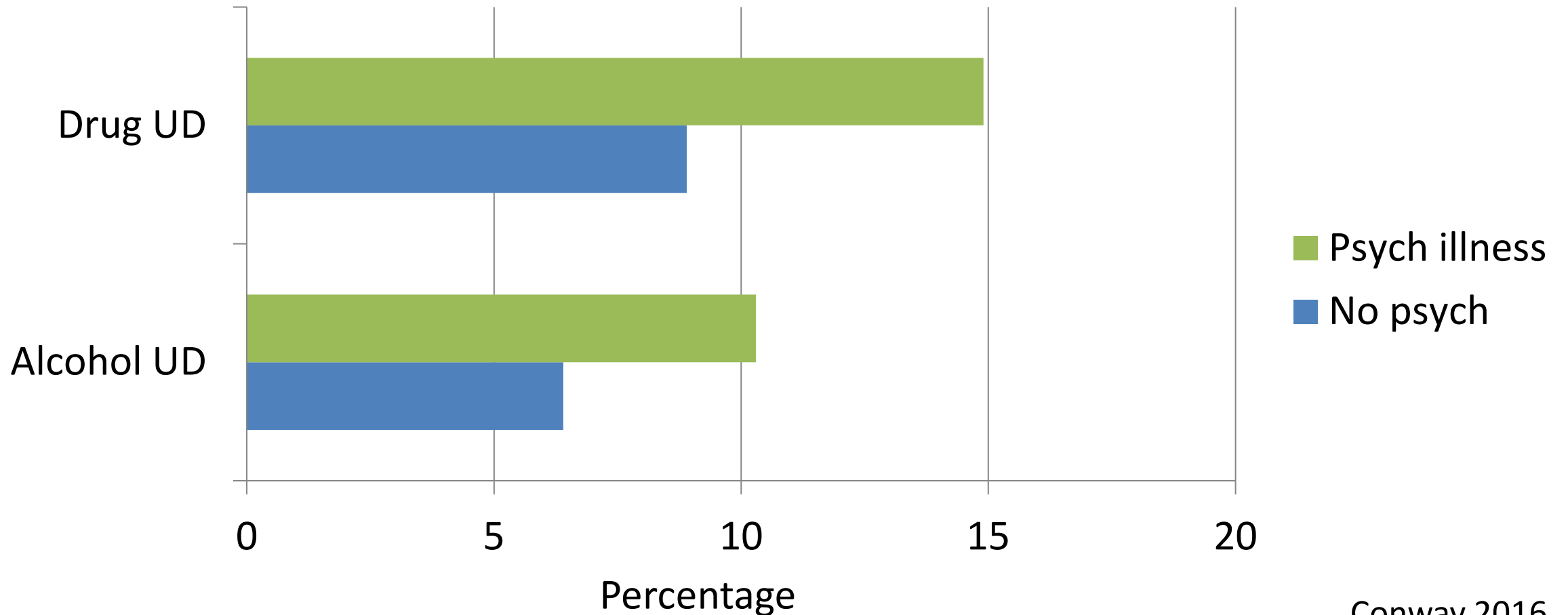


- Safe storage
 - Medication safe
 - Stored “out of sight”
- Discard unused medication every 3 to 4 months

Screening and Assessment of Adolescent SUD

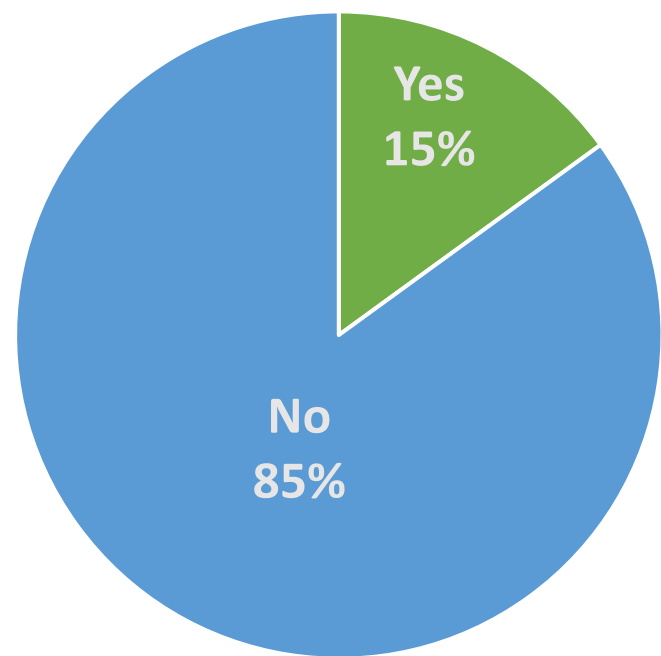
SUDs Are More Common in Adolescents With Psychiatric Disorders

Lifetime prevalence of SUD in adolescents with & without psych illness (NCS-A)



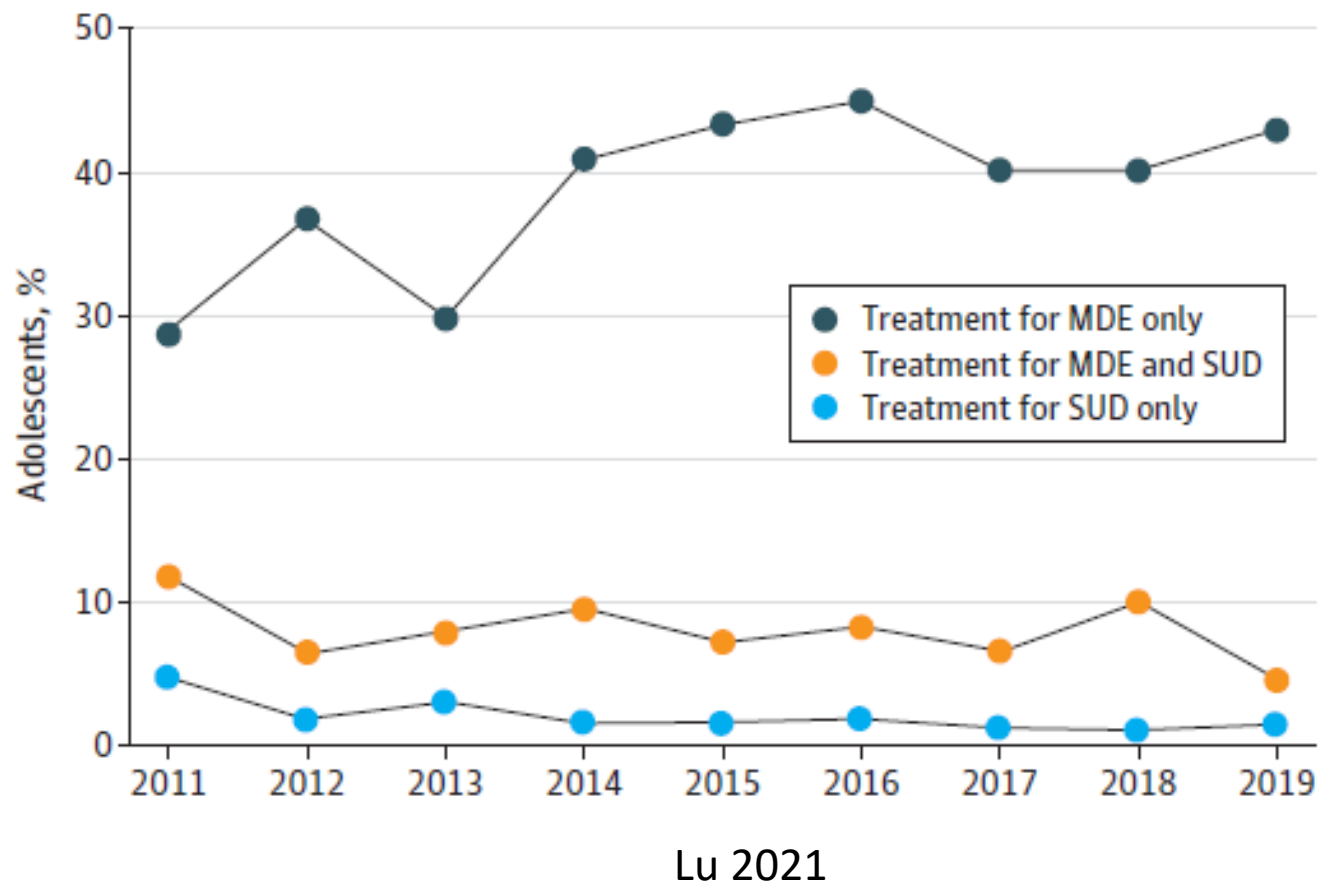
Most Adolescents With a SUD Do Not Receive SUD Treatment

Lifetime Treatment for SUD
Among Adolescents

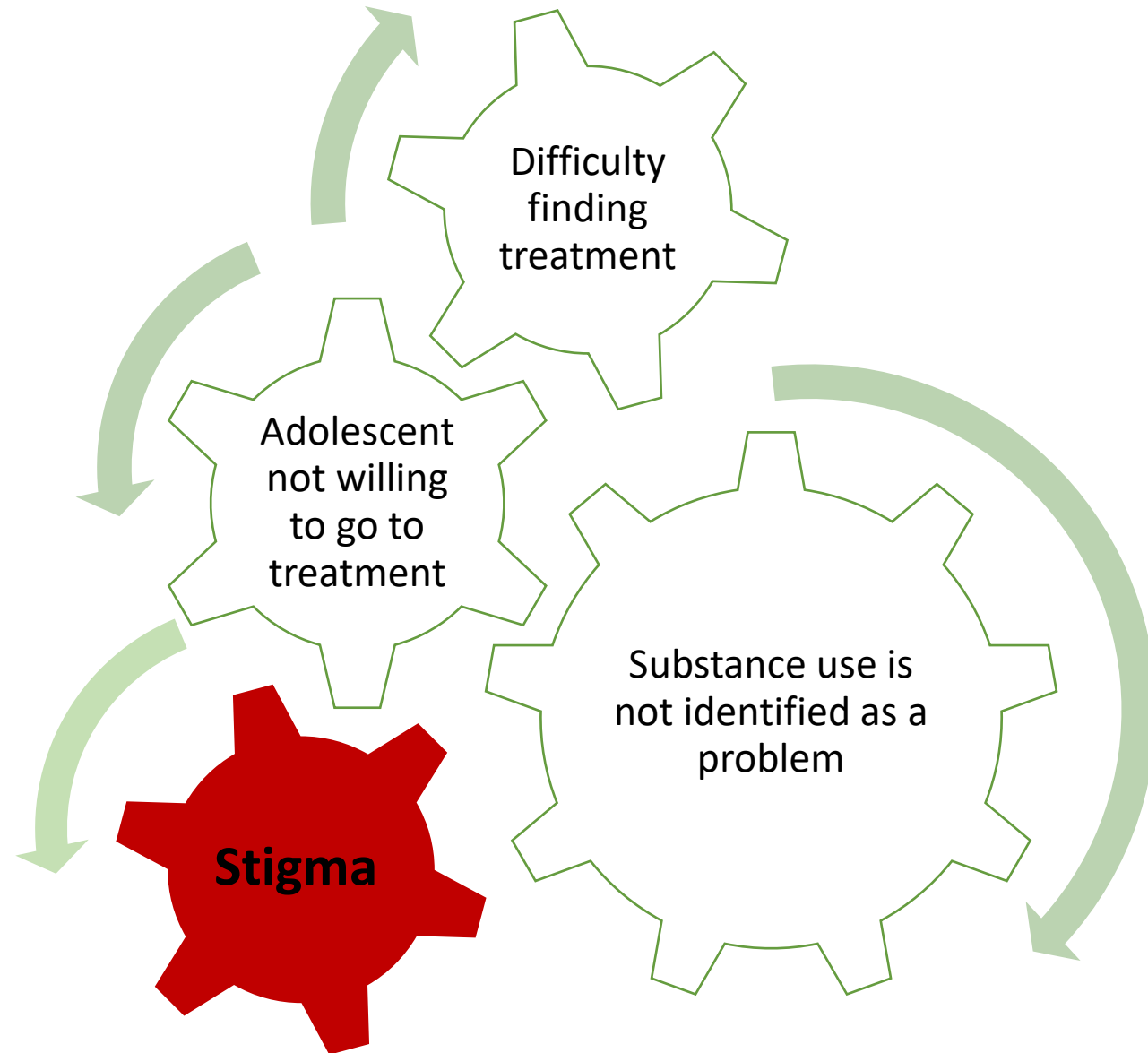


Merikangas 2011

Annual Treatment for Adolescents with
Co-occurring Major Depressive Episode and SUD



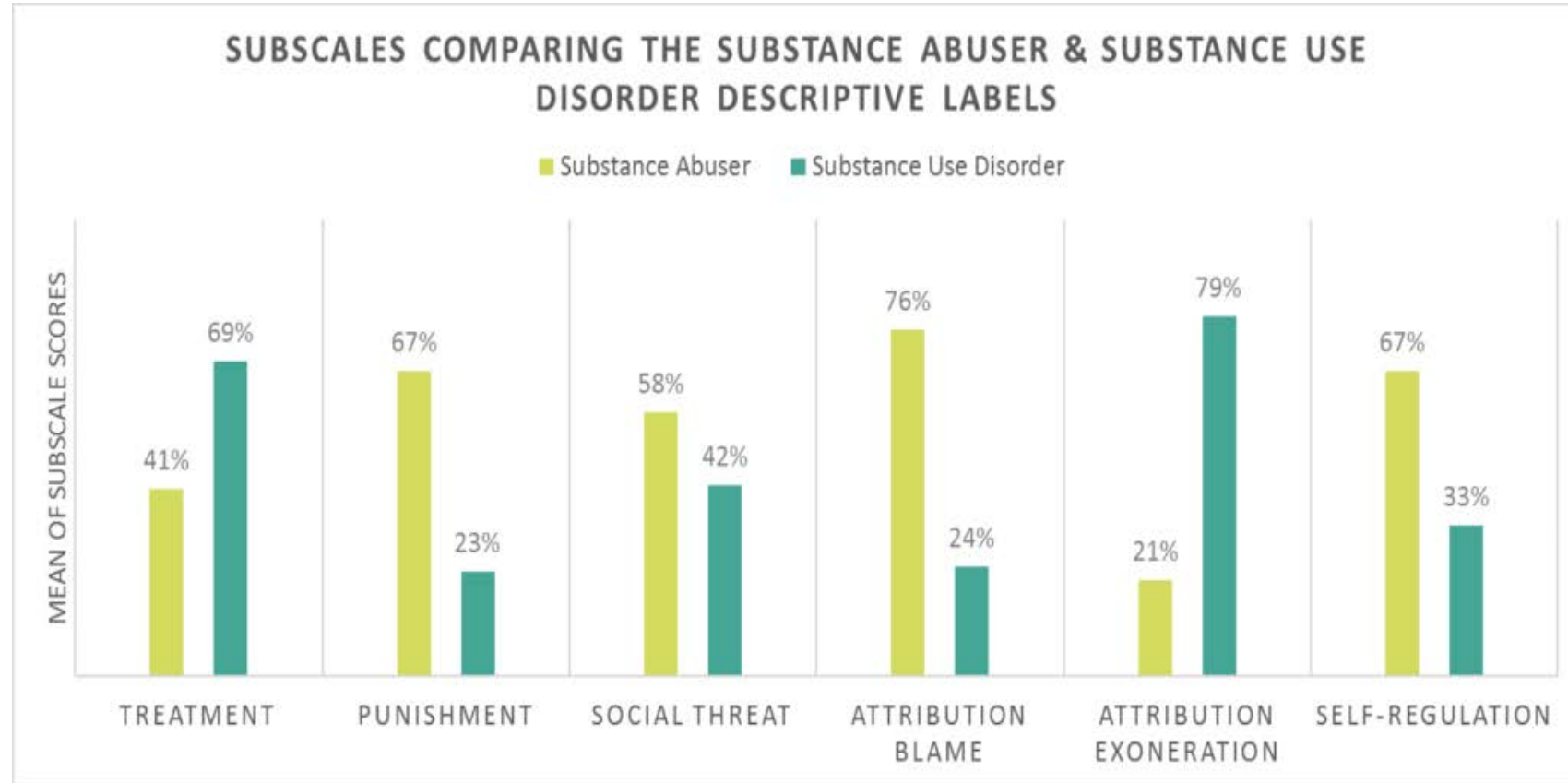
Why Do Most Adolescents Not Receive Treatment?



Stigma

35 questions related to how participants perceive or feel about two people “actively using drugs and alcohol”

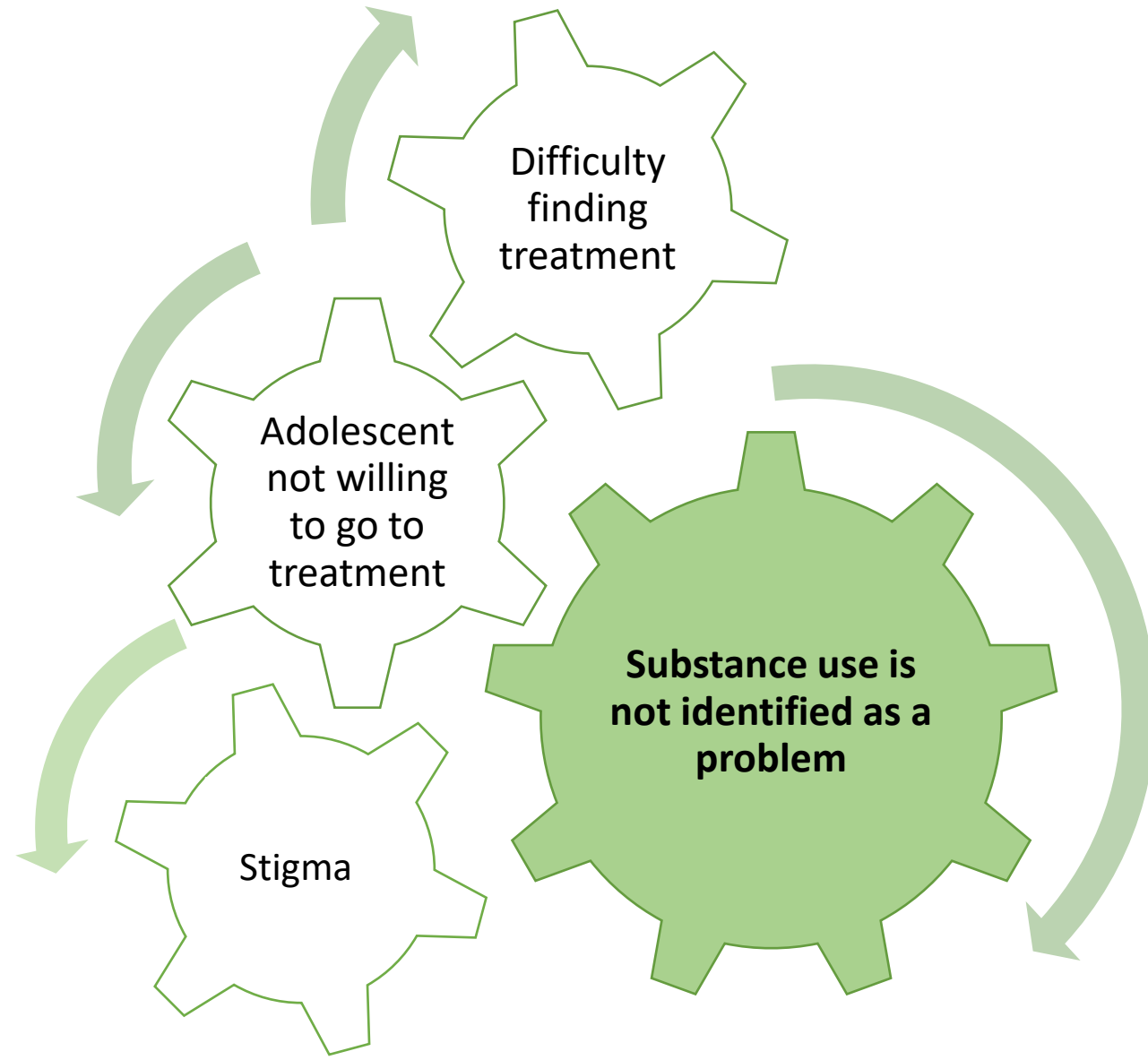
“Substance abuser” versus “Having a substance use disorder”



Preferred Language—Words Matter

Use....	Instead of....	Because....
Person with a substance use disorder	Addict User Substance or drug abuser Junkie	Using person-first language shows that SUD is an illness Using these words shows that a person with a SUD “has” a problem/illness, rather than “is” the problem
Person in recover or person who previously used drugs	Former addict Reformed addict	
Substance use disorder Drug addiction	Habit	“Habit” implies that a person is choosing to use substances or can choose to stop. Describing SUD as a habit makes the illness seem less serious than it is
Medication for treatment for opioid use disorders (OUD) Medications for OUD	Replacement therapy Medication assisted therapy (MAT)	MAT implies that medication should have a supplemental or temporary role in treatment when medication is a critical tool that is central to many patient’s treatment plans

Why Do Most Adolescents Not Receive Treatment?



Systematic Screening for Substance Use is Necessary to Identify Adolescent Substance Use



- Adolescents, and sometimes their parents, do not think their substance use is a problem, and therefore they don't bring it up as a concern
- Clinician barriers:
 - Uncomfortable asking questions about substance use
 - Clinical impression of an adolescent's substance use is inaccurate
 - Concern about identifying SUD if no treatment available

Confidentiality

~~“What you say will remain confidential unless I am concerned that you are at risk to harm yourself or other people.”~~

“If I am concerned about your safety, I will talk with you about involving other people, like your parents, who can help provide you with support. We would decide together how to do this.”

New Screening Tools for Adolescent Substance Use



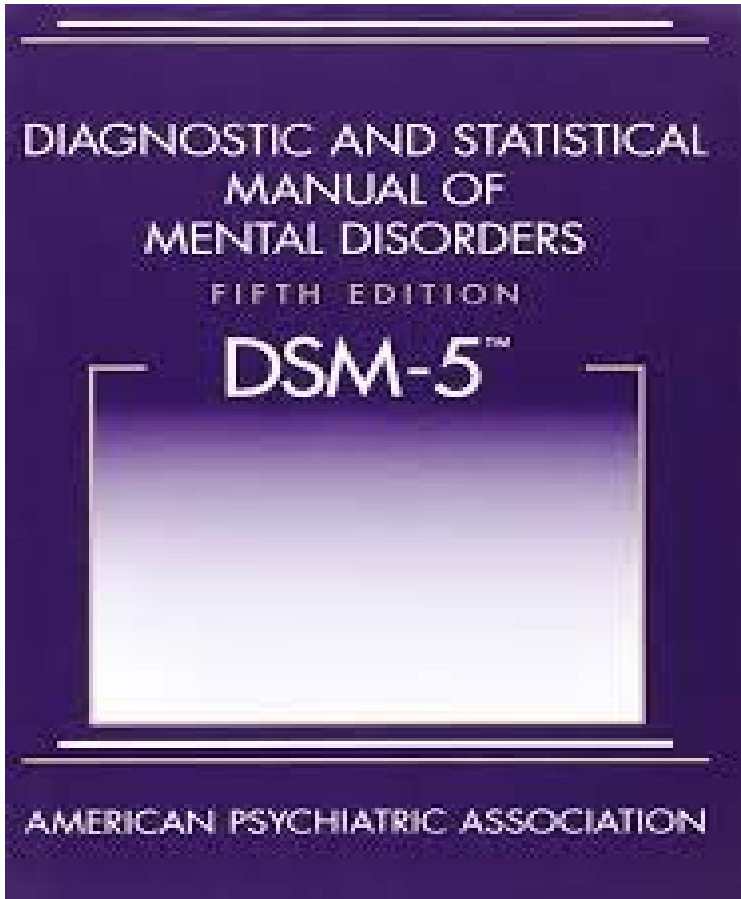
- **Screening to Brief Intervention (S2BI)**
- **Brief Screener for Tobacco, Alcohol, and other Drugs (BSTAD)**
- Both S2BI/BSTAD:
 - 3 initial questions about commonly used substances: tobacco, alcohol, marijuana
 - If yes, assess for 4 other substances
 - Assesses frequency of use over the past year
 - S2BI: never, once or twice, **monthly, weekly+**
 - BSTAD: How many days?
 - Frequency of use corresponds to risk for SUD

If an adolescent screens positive for substance use, *be curious*



- Find out **what** they are using and **how much** they are using.
- Find out **why** they are using—what do they identify as benefits to use?
- Find out **when** they are using—when was their last use.
- Find out **how** they are accessing the substances.
- Assess for **risks** associated with substance use.
- **Identify any urgent safety concerns.**

At-Risk Use - Assess for a SUD



- Problematic pattern of substance use leading to *clinically significant impairment* over the past 12 months
- Total of 11 criteria
 - Impaired control
 - Social impairment
 - Risky use
 - Tolerance, withdrawal

At-Risk Use - Assess for a SUD

Diagnosis is based on the
number of criteria endorsed

Mild
(2 to 3)

Moderate
(4 to 5)

Severe
(6+)

We can't turn a blind eye to substance misuse/SUD!



- When psychiatric disorders and SUD co-occur both disorders need to be addressed
- If the SUD is not addressed continued substance use will impact an individual's response to psychiatric treatment

When Treating Co-occurring Disorders

“There Is No Wrong Door”



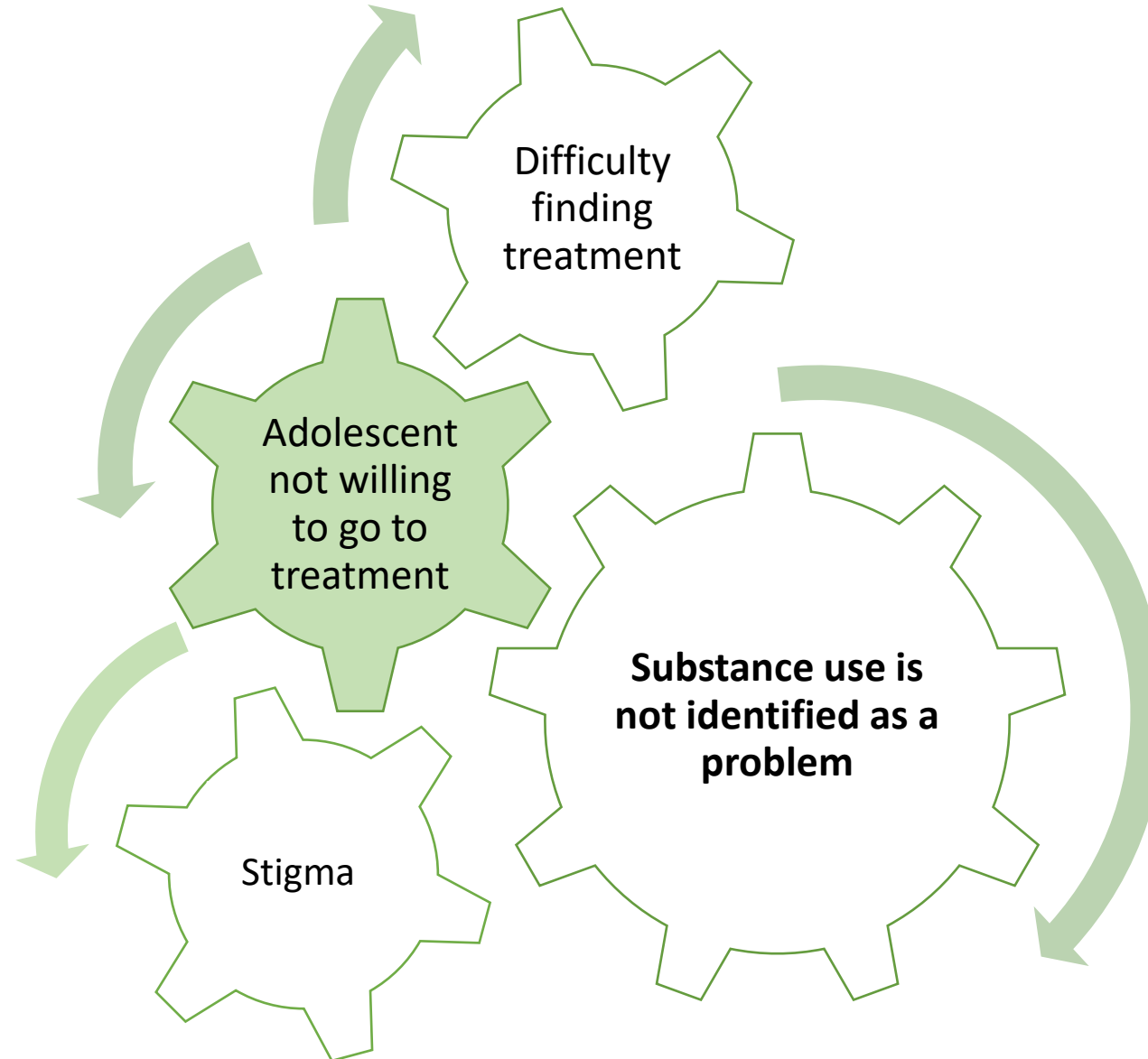
- Standard of care is **integrated treatment** for both psychiatric and substance use disorders
- However, integrated treatment can be hard to find

General Considerations in Treatment: Stay Patient and Family-Centered



- The overall goal is to get the patient to come back!
- Stay patient-centered and engage them around their concerns
- Patients and parents have waxing/waning motivation to change

Why Do Most Adolescents Not Receive Treatment?



Harm Reduction

Initial impulse—How do I convince them that's it's bad?



- ***You can't!***
- Ask permission to express concern
 - Developing brain
 - Acute risks associated with substance use
 - Impact on psychiatric symptoms and response to treatment
- Focus on harm reduction—"policies, programs, and practices that aim to reduce the harms associated with the use of alcohol or other drugs"

Risky Behavior—Overdose



Overdose=ingestion of an excessive amount of a substance

Overdoses can be fatal when associated with impaired level of consciousness and respiratory failure

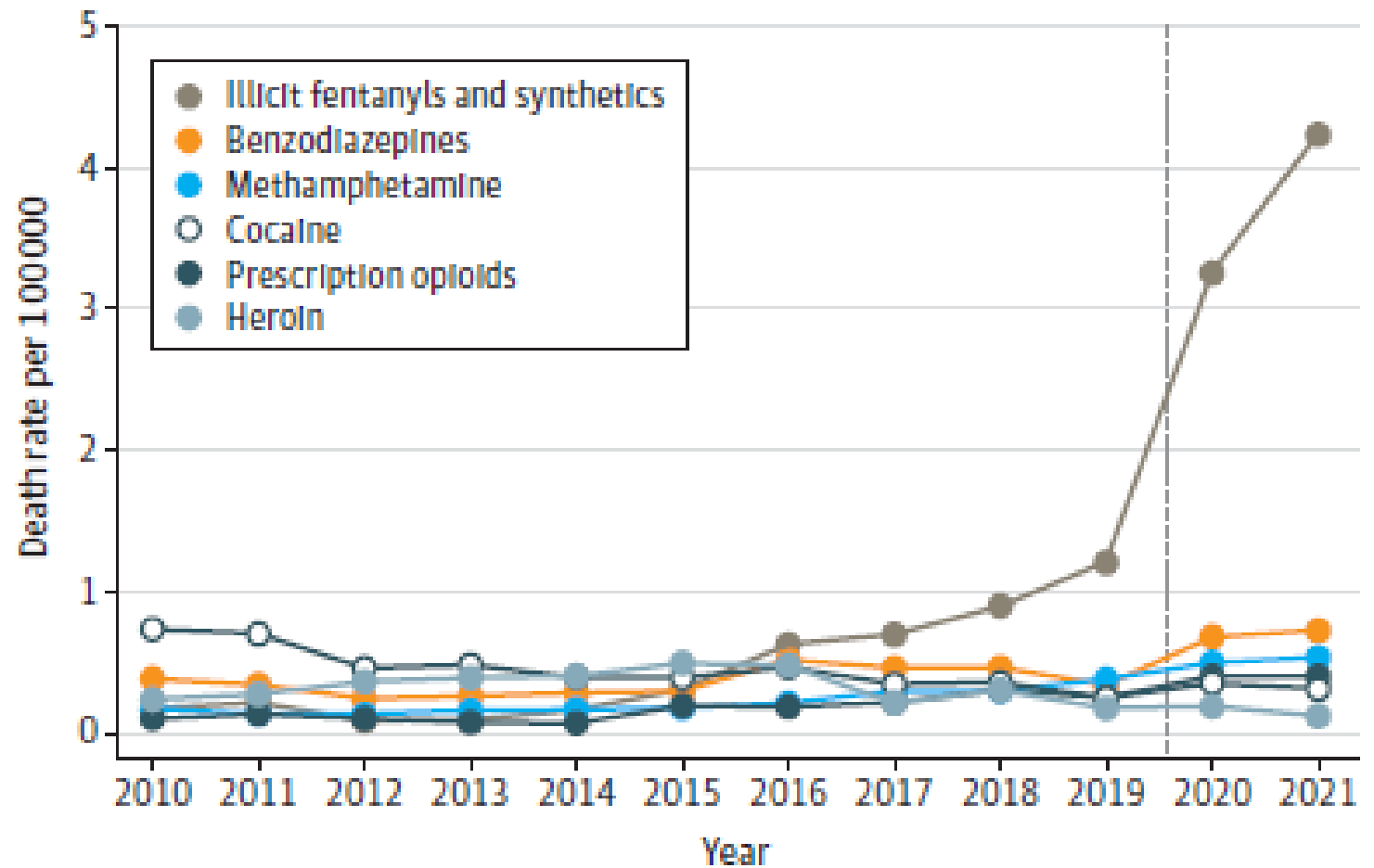
Fatal Adolescent Drug Overdose in the United States

Drug Overdose Deaths in the United States in 2021

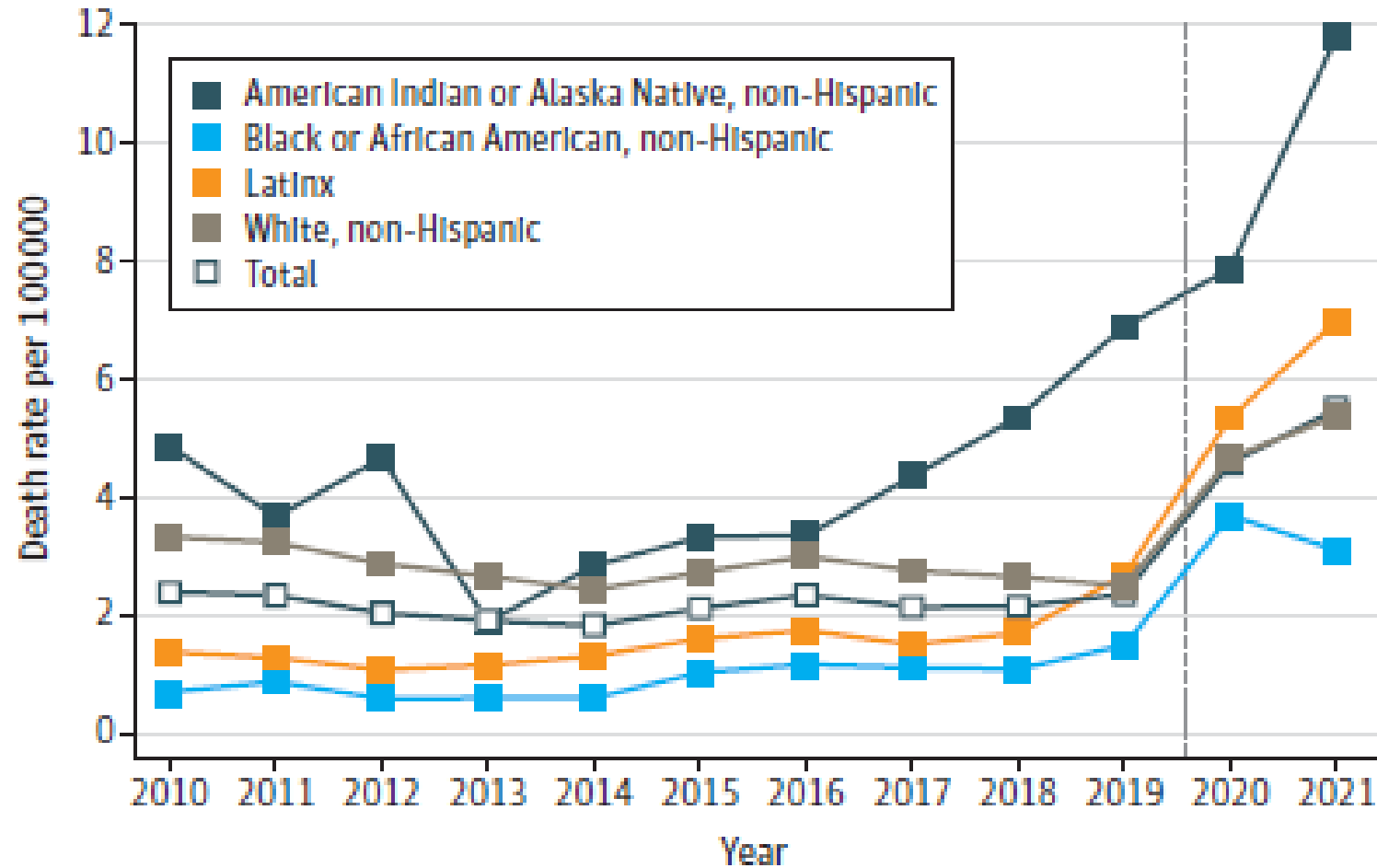
Overall population:
101,954 (↑ 11.5% from 2020)

Adolescents (14 to 18 years):
1146 (↑ 20% from 2020)

Drug Overdose Deaths for Adolescents *by Substance*

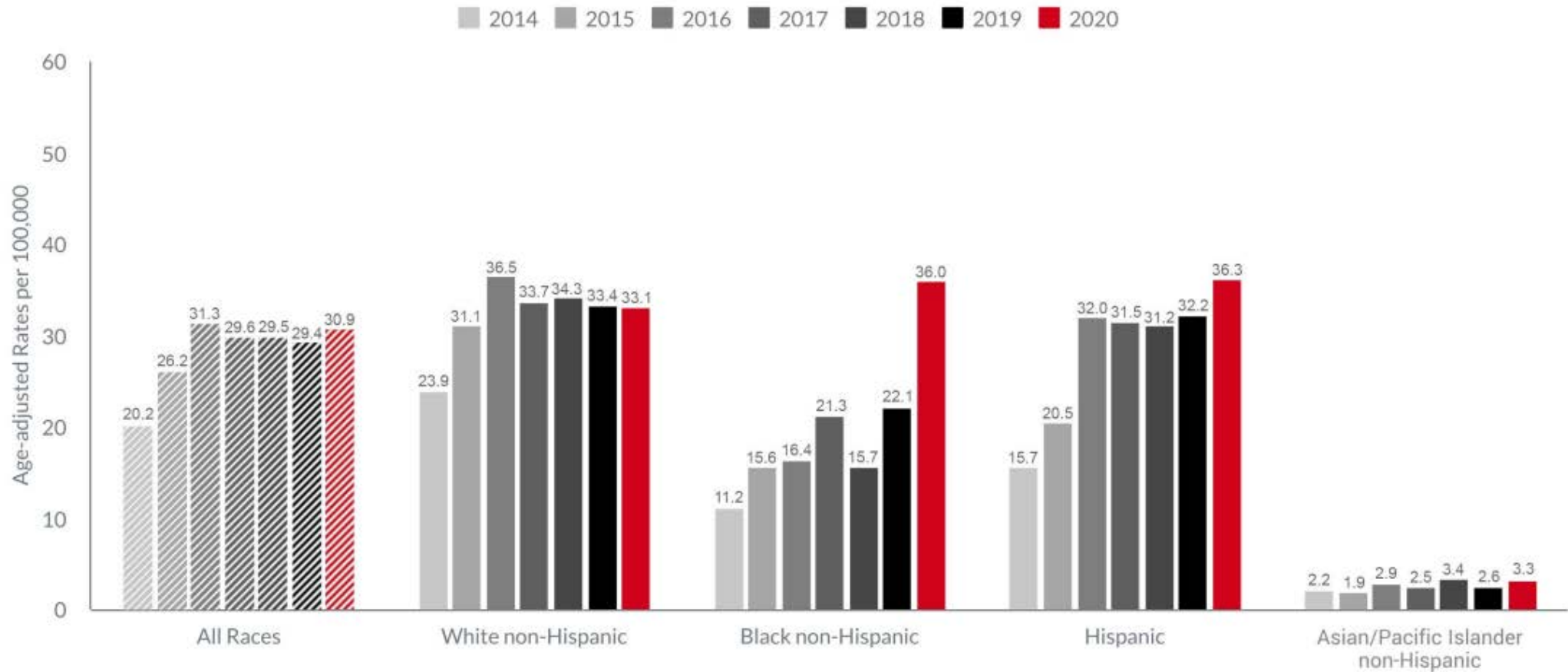


Fatal Adolescent Drug Overdose in the United States *by Race/Ethnicity*



Fatal Opioid Drug Overdose in MA, All ages

Confirmed Opioid-Related Overdose Death Rates, All Intent, by Race and Hispanic Ethnicity



Pressed pills with fentanyl



**Pressed
pill**

Naloxone for everyone....



- **Naloxone**—opioid antagonist, temporarily reverses an opioid overdose
 - *“I like to talk to all families about how to recognize and respond to an opioid overdose. I hope that you will never need to use this information, but want to make sure that you are prepared just in case”*
- **Mass.gov/Narcan, 1-800-327-5050**

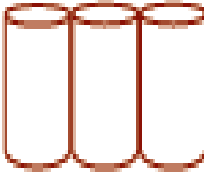
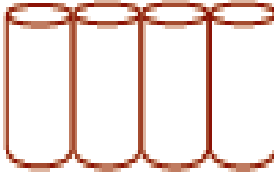
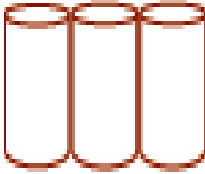
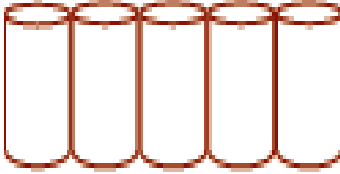
Adverse effects related to alcohol use— ↓ alcohol content of alcoholic drinks



Standard drink



Education on binge drinking levels for youth

Estimated binge drinking levels for youth			
	Boys		Girls
Ages 9-13	 3 drinks		
Ages 14-15	 4 drinks	Ages 9-17	 3 drinks
Ages 16+	 5 drinks		

↓ THC Content

- There are many different types of cannabis products.
- Cannabis products have different levels of THC content (potency). The risk of adverse effects from cannabis use increases with increased levels of THC.¹



1980's: 3% *THC*
2014: 12% *THC*²



Edibles



Dabs - Wax and Shatter



Hash Oil

Variable: 25% to 75% *THC*³

¹Volkow 2014, ²ElSohly 2016, ³Raber 2015

Other Risky Behaviors

- *Intravenous drug use and infectious diseases*
 - 400% increase in annual incidence rate of acute hepatitis C infection between 2004 and 2014 (Age 19 to 29 years)
- *No use of contraception*
 - Unplanned pregnancy
 - Sexually transmitted diseases
- *Illegal activity*

Adolescent Substance Use— Prevention and Harm Reduction



- Youth with psychiatric disorders are at increased risk for SUD
- Safe medication storage and disposal
- Screening is crucial to identify at risk youth
- Many youth are not yet ready to engage in treatment, focus on decreasing risk to keep them safe