APRIL 2022

TEXAS
The University of Texas at Austin

YOUTH SUBSTANCE USE

What substances are causing the most concern and what treatment options exist?

KATIE MCCORMICK, LMSW
Steve Hicks School of Social Work
The University of Texas at Austin

Background

- Social worker by training
- Multi-level and intersectional lens
- Community-based researcher

Overview

- Youth development
- Youth substance use
- Influencing factors
- Identifying and addressing substance abuse
- Q&A

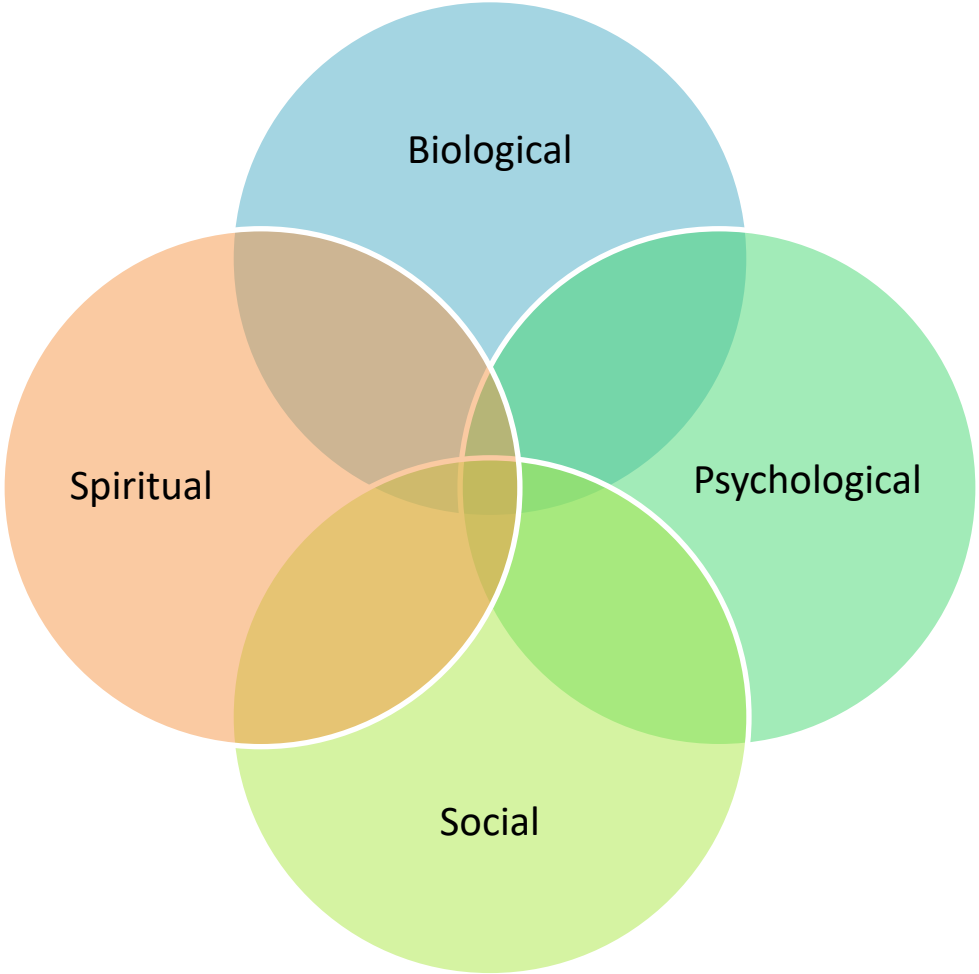
Learning Objectives

1. **Describe** multi-level factors that influence youth substance use.
2. **List** commonly used substances among youth.
3. **List and describe** various treatment options for youth with substance use disorders.
4. **Practice** strategies for supporting youth who use substances.

YOUTH DEVELOPMENT

Bio-Psycho-Social-Spiritual Model

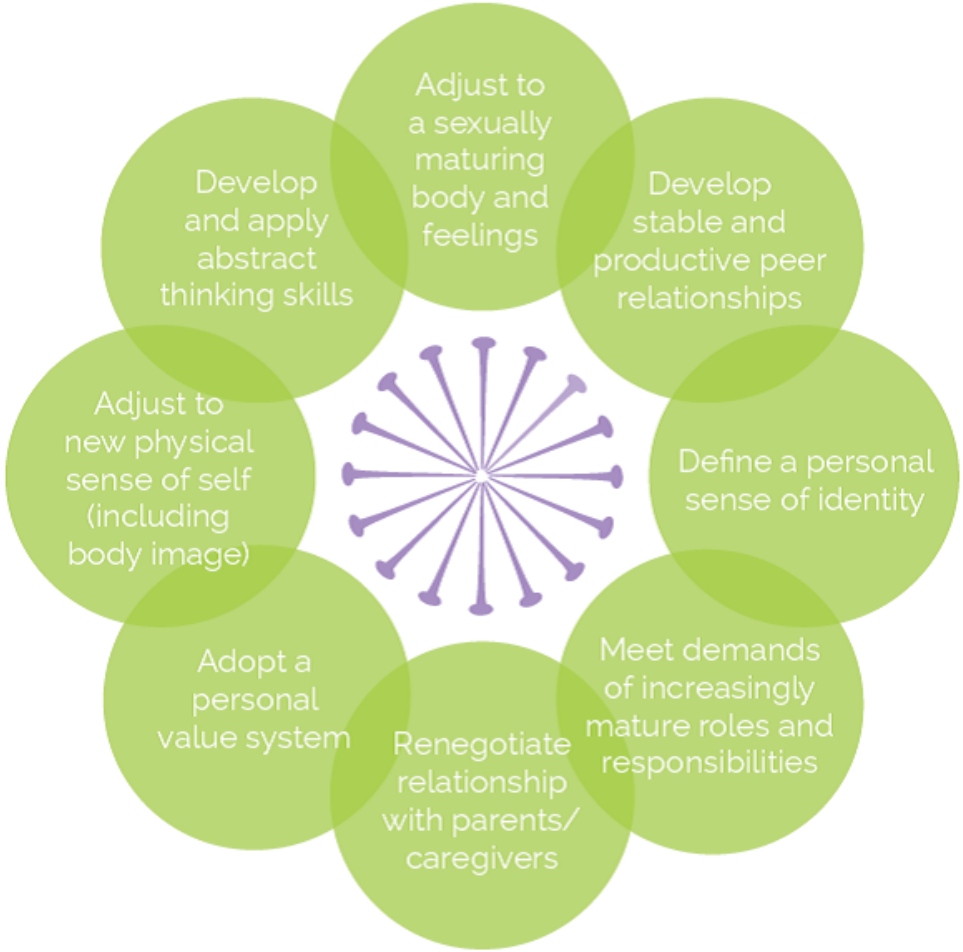
Interconnectedness of development and health



Socio-Ecological Model

Multiple levels of influences

Adolescent Developmental Tasks

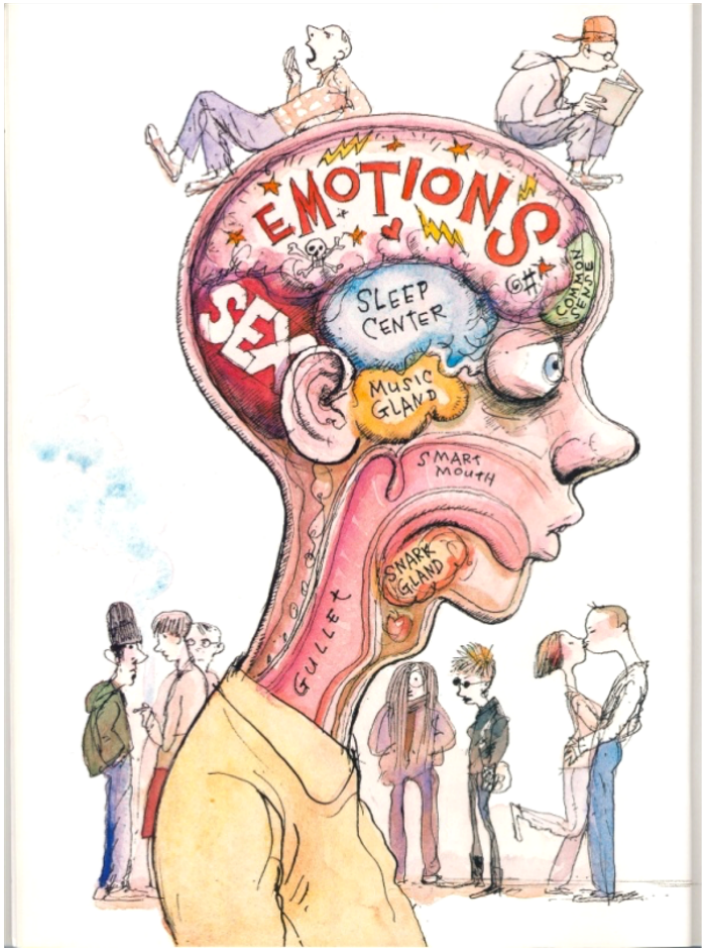


There's a lot going on!

Adolescence is a profound period of brain maturation.

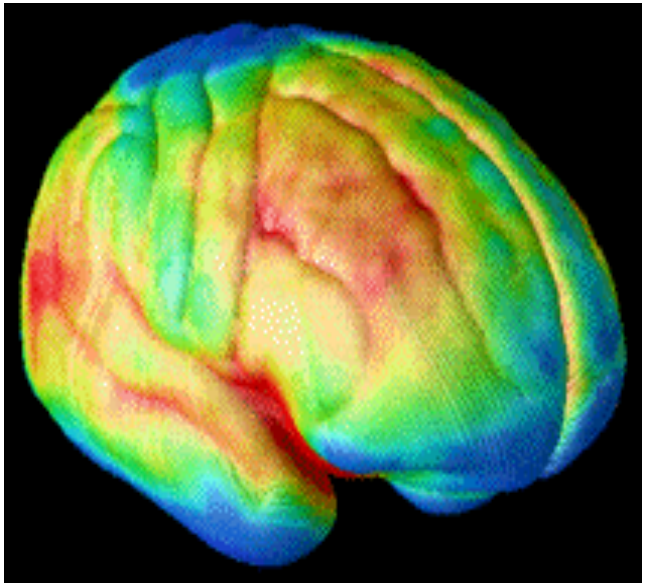
We thought brain development was complete by adolescence.

We now know that brain maturation is not complete until age 25.



Brain Maturation: Back to Front

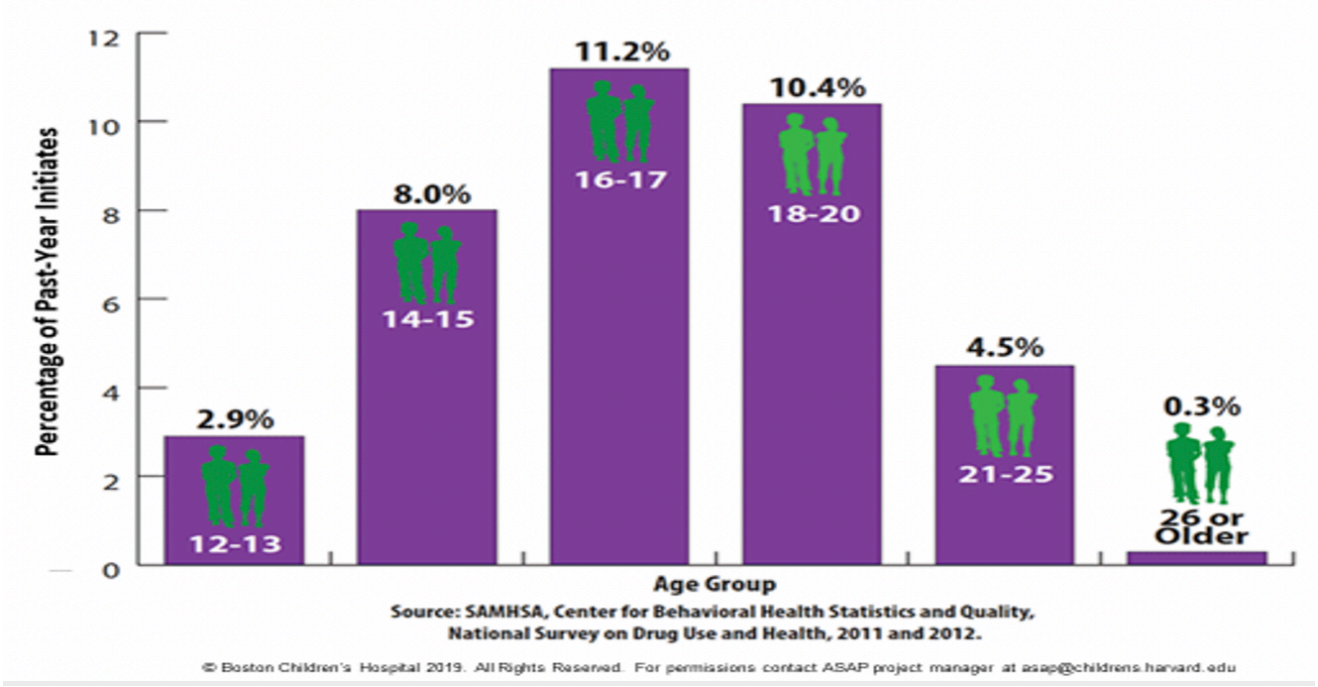
- Earlier (limbic system, back of brain)
  - Processing emotions
  - Processing social information
  - Experiences of reward/punishment
- Later (prefrontal cortex, front of brain)
  - Deliberative thinking
  - Logical reasoning
  - Planning ahead
  - Weighing costs/benefits
  - Regulating impulses



(NIMH, 2009)

YOUTH SUBSTANCE USE

Most drug use begins in adolescence

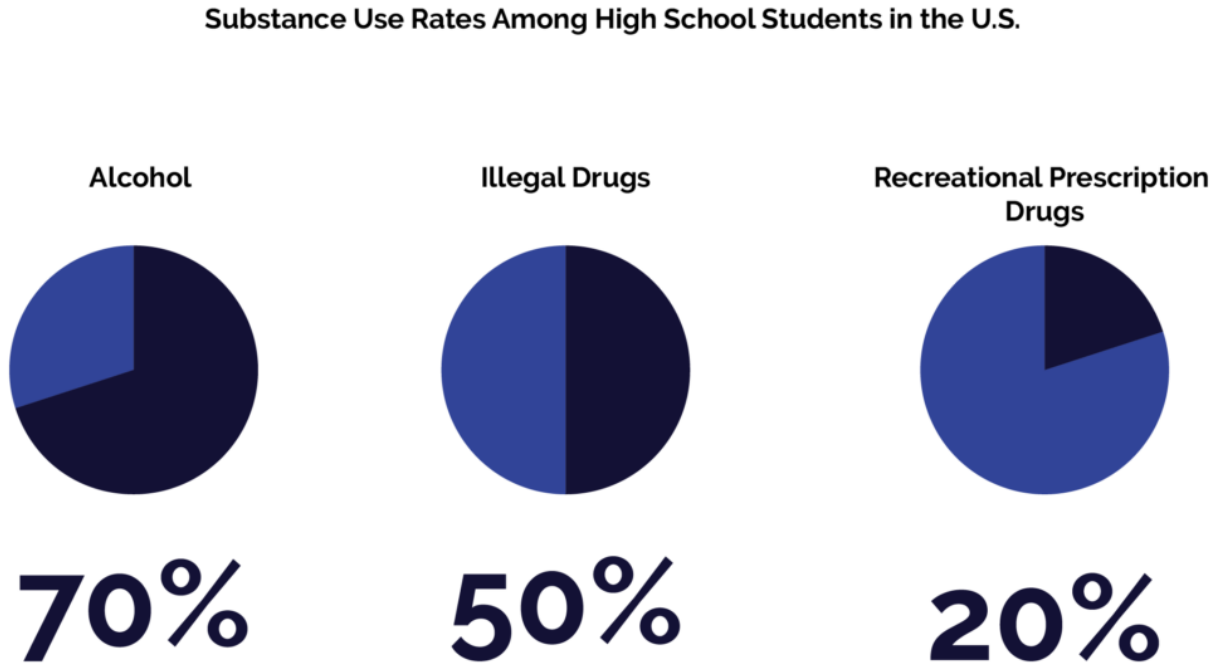


Substance Experimentation is Normative and Commonplace

- Experimentation with substances
  - **37%** of adolescents experimented with illegal drugs by 10th grade
  - **46%** experimented with alcohol by 10th grade
- Early experimentation can lead to abuse or dependence

(NIDA, 2020)

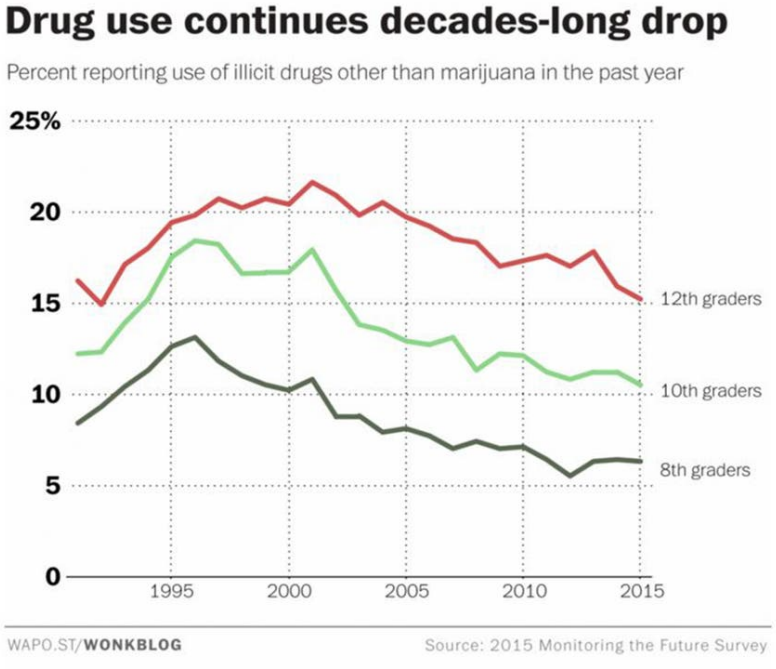
Commonly Used Substances



(NIDA, 2020)

Impact of COVID-19

- Youth substance use has largely been on the decline
- Substance use among youth **decreased significantly** in 2021
- **Largest 1 year decrease** since 1975



(NIH, 2021)

Alcohol Use

	8th graders	10th graders	12th graders
2020	20.5%	40.7%	55.3%
2021	17.2%	28.5%	46.5%

(NIH, 2021)

Marijuana Use

	8th graders	10th graders	12th graders
2020	11.4%	28.0%	35.2%
2021	7.1%	17.3%	30.5%

(NIH, 2021)

Vaping Nicotine

	8th graders	10th graders	12th graders
2020	16.6%	30.7%	34.5%
2021	12.1%	19.5%	26.6%

(NIH, 2021)

Illicit Drugs

	8th graders	10th graders	12th graders
2020	7.7%	8.6%	11.4%
2021	4.6%	5.1%	7.2%

(NIH, 2021)

Why might this be?

- Possibly:
  - Changes in drug availability
  - Increased family involvement
  - Differences in peer pressure
- Additional research is needed…

(NIH, 2021)

Gateway Theory

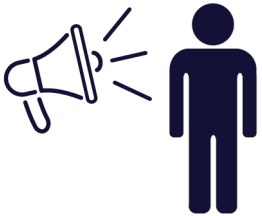
- Posits that some substances are “gateway drugs” that will lead to abuse of harder drugs (i.e., heroin, cocaine)
- Not entirely true, but we do know:
  - Earlier alcohol use → increased likelihood of progressing to illegal drugs
  - Initiation with marijuana or inhalants → leads to other drug use over time
  - Prescription drugs → increased risk for street opioids

(Barry et al., 2015; Zhang et al., 2021)

FACTORS INFLUENCING YOUTH SUBSTANCE USE

Some Common Reasons For Adolescents To Try Substances

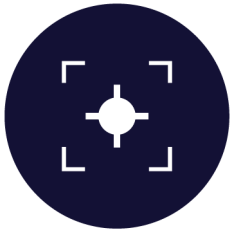
BOREDOM



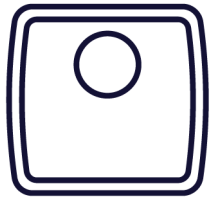
PEER PRESSURE

SOCIAL ANXIETY

TRYING NEW THINGS



BOOST CONCENTRATION & GRADES



CONTROL WEIGHT

(NIDA, n.d.)

Individual Risk Factors

- Inherited genetic vulnerability
- Mental health conditions
- Personality traits
- Attitudes and beliefs about drugs

(NIDA, 2014)

Interpersonal Risk Factors

- Family mental health condition
- Trauma
- Drug use in the household
- Bullying
- Peer drug use

(NIDA, 2014)

Community Risk Factors

- Availability of drugs
- Poverty, violence, crime
- Low quality schools
- Community attitudes towards drug use
- Limited prevention and recovery resources

(Jacinto & Greene, 2018)

Protective Factors

- Problem-solving abilities
- Strong social supports
- Engagement with parents & peers
- Academic success
- Positive attitudes & self-esteem
- Good physical, emotional & mental health

(CDC, 2019; Holleran Steiker, 2016)

Developmental Assets

EXTERNAL ASSETS

- Support
- Empowerment
- Boundaries & Expectations
- Contructive Use of Time

INTERNAL ASSETS

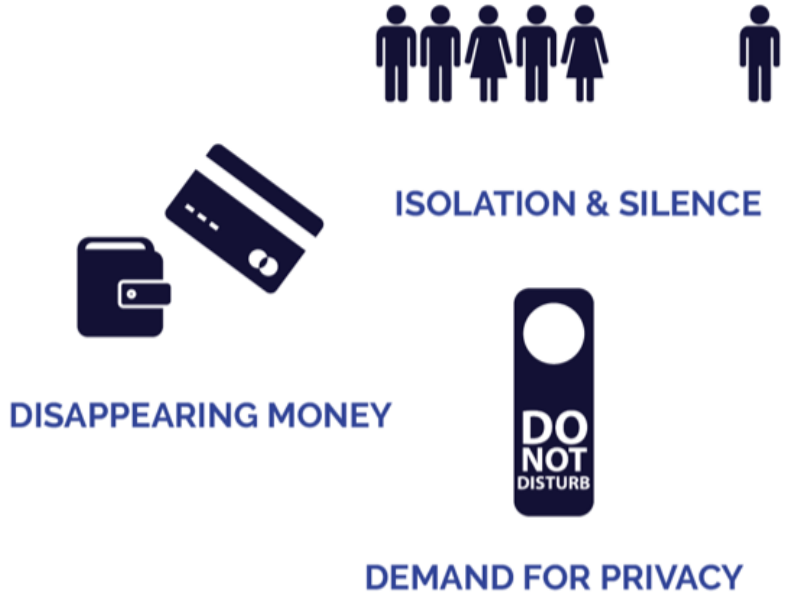
- Commitment to Learning
- Positive Values
- Social Competencies
- Positive Identity

(Search Institute, 2011)

IDENTIFYING YOUTH SUBSTANCE ABUSE

Signs of Substance Abuse

- Possession of drug paraphernalia
- Nosebleeds/runny nose without a cold
- Unexplained bruises or wounds
- Acting isolated, silent, or withdrawn
- Becoming uncooperative, defiant, or hostile
- Newfound demand for privacy
- Disinterest in extracurricular activities they previously enjoyed
- Fearfulness or paranoia
- The disappearance of money
- Unexplained need for more money



(Mission Harbor Behavioral Health, 2021)

Signs of Substance Abuse

- Flushed skin, bloodshot eyes, slurred speech
- Sudden weight loss/gain
- Frequent mood swings
- Changes in sleeping habits
- Tendency of nodding off
- Lack of respect for authority
- Changing friends or social circles
- Declining academic performance
- Lack of coordination, clumsy stumbling

SUDDEN OR DRAMATIC WEIGHT LOSS/GAIN

CHANGES IN SLEEP HABITS

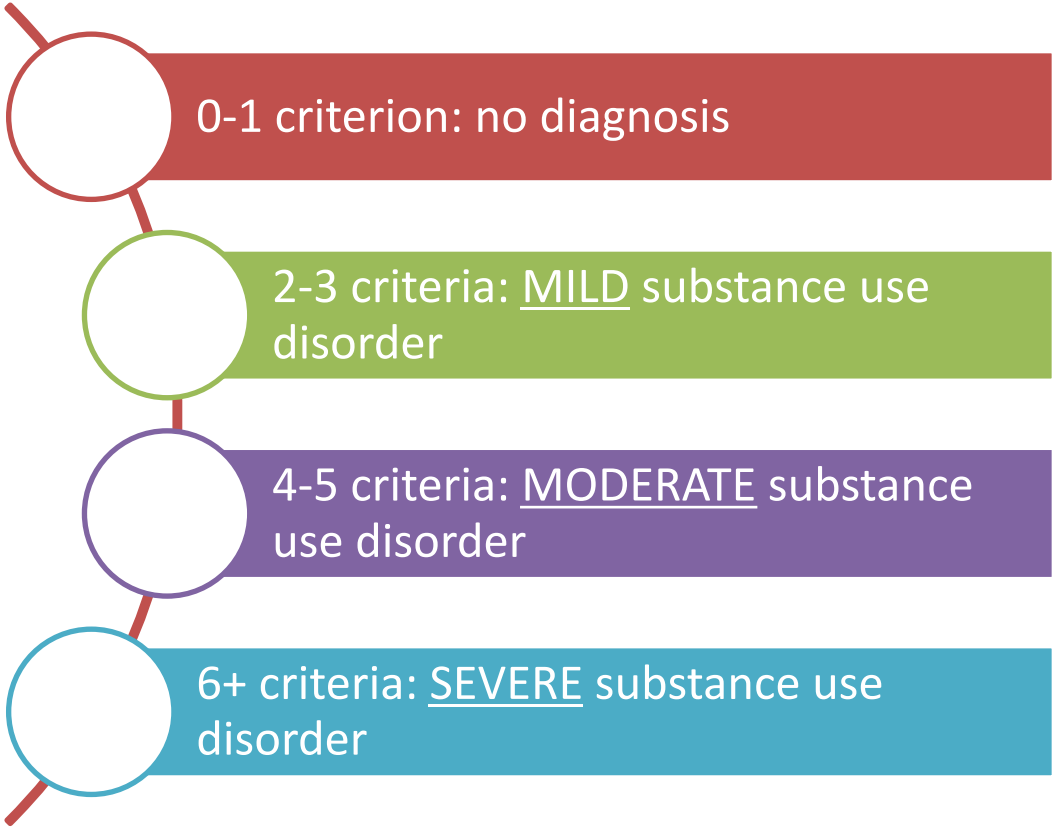
DECLINING ACADEMIC PERFORMANCE

(Mission Harbor Behavioral Health, 2021)

DSM-5 Criteria for Substance Use Disorder

Criteria groupings	Criteria (need 2 or more of 11)
Impaired control	1) the individual may take the substance in **larger amounts** or over a longer period than was originally intended 2) the individual may express a **persistent desire** to cut down or **regulate** substance use and may report multiple unsuccessful attempts to decrease or discontinue use 3) Individual may spend a great deal of **time** obtaining the substance, using the substance or recovering from its effects. 4) **Craving** with intense desire for the drug
Social impairment	5) Recurrent substance misuse may result in a failure to fulfil major role **obligations** at work, school, or home 6) The individual may continue substance use despite having persistent or recurrent **social** or **interpersonal problems** caused or exacerbated by the effects of the substance 7) Important social, occupational or recreational **activities** may be given up or reduced because of substance use. The individual may withdraw from family activities and hobbies in order to use the substance
Risky use	8) This may take the form of recurrent substance use in **situations** where it is **physically hazardous** 9) The individual may continue substance use despite knowledge of having a persistent or recurrent **physical** or **psychological problem** that is likely to have been caused or **exacerbated** by the substance.
Pharmacological	10) **Tolerance** is signalled by requiring a markedly increased dose of the substance to achieve the desired effect or a markedly reduced effect when the usual dose is consumed 11) **Withdrawal** is a **syndrome** that occurs when blood or tissue concentrations of a substance decline in an individual who had maintained prolonged heavy use of the substance.

DSM-5 Criteria for Substance Use Disorder



NIDA Guidelines for Addressing Youth SUD

(NIDA, 2014)

1	Early identification and intervention
2	Interventions beneficial regardless of use
3	Role of annual medical visits
4	Role of legal and family pressure
5	Individualized treatment
6	Addressing the whole person
7	Behavioral therapies
8	Role of family and community
9	Must address mental health needs
10	Must address trauma
11	Monitor use during treatment
12	Continuity of care post-treatment
13	STI testing and treatment

TREATMENT OPTIONS FOR YOUTH WITH SUD

Types of Treatment Options

- Behavioral Approaches
- Family-based Approaches
- Medication Assisted Treatment
- Recovery Support Services

(NIDA, 2014)

Behavioral Approaches

- Adolescent Community Reinforcement Approach (A-CRA)
- Cognitive Behavioral Therapy (CBT)
- Contingency Management (CM)
- Motivational Enhancement Therapy (MET)
- 12-Step Facilitation Therapy

(NIH, 2014)

Family-based Approaches

- Brief Strategic Family Therapy (BSFT)
- Family Behavior Therapy (FBT)
- Functional Family Therapy (FFT)
- Multi-dimensional Family Therapy
- Multi-systemic Therapy (MST)

(NIH, 2014)

Medication Assisted Treatments

Opioid Use Disorder	Alcohol Use Disorder	Nicotine Use Disorder
• Buprenorphine • Methadone • Naltrexone	• Acamprosate • Disulfiram • Naltrexone	• Bupropion • Nicotine Replacement Therapy • Varenicline

(NIH, 2014)

Recovery Support Services

- Assertive Continuing Care (ACC)
- Mutual Help Groups
- Peer Recovery Support Services
- Recovery High Schools

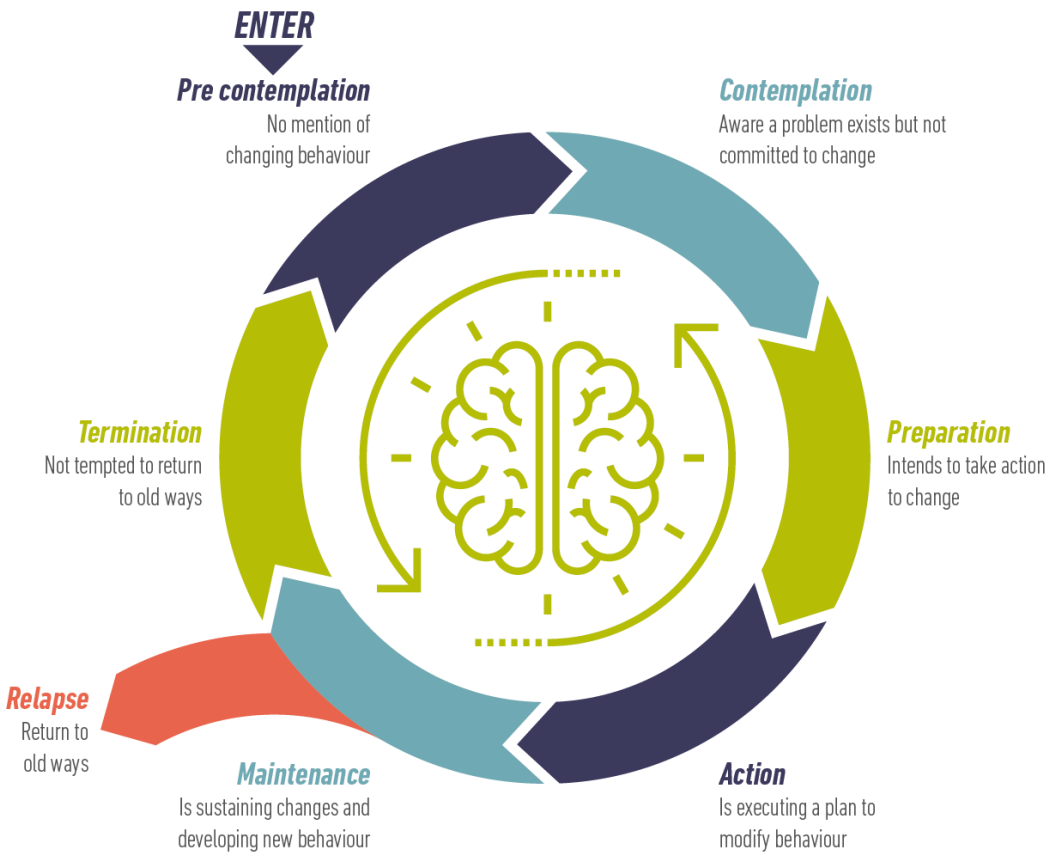
(NIH, 2014)

Mobile Options

- mHealth interventions (mobile health apps)
  - Send automated reminders
  - Present individualized guidance and educational content
  - Offer real-time feedback
- Acceptable to youth with SUD
- Promising for improving treatment adherence and engagement, and expand access to care
- More research needed on impact of SUD outcomes

(Adams et al., 2021; Curtis et al., 2019; Hutton et al., 2020)

ADDRESSING YOUTH SUBSTANCE MISUSE

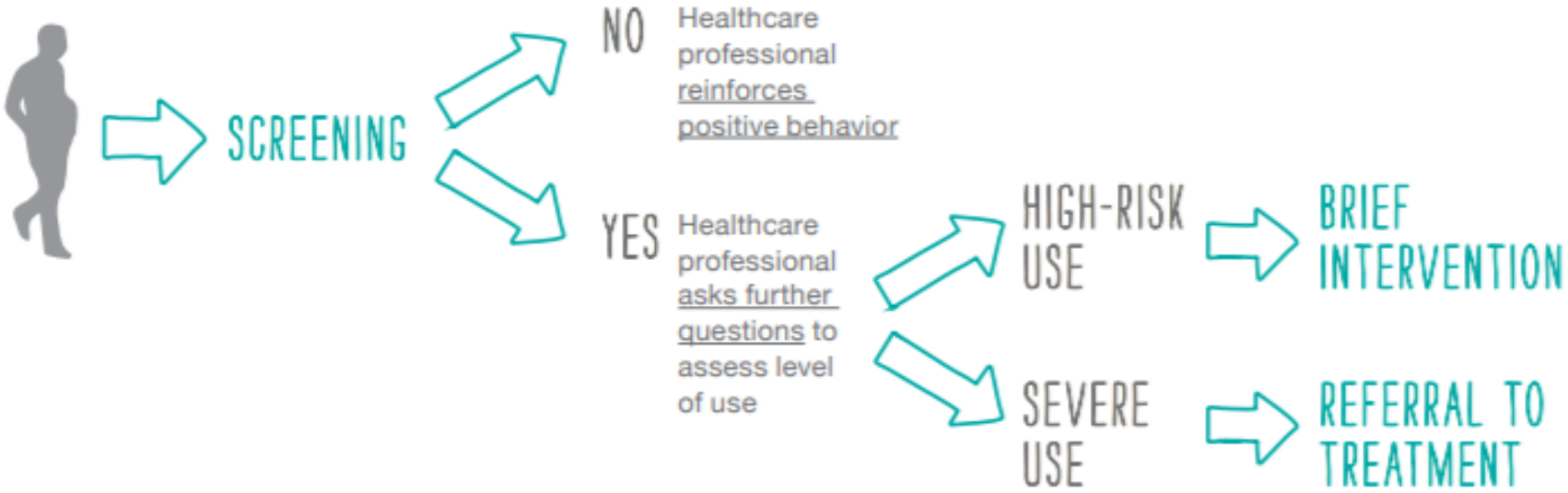


STAGES OF CHANGE

Screening Approach: SBIRT

- Screening, Brief Intervention, Referral to Treatment (SBIRT)
- Designed for use by those who ***do not*** specialize in addiction treatment
- Clear evidence of effectiveness with youth
- **Person-centered**; based on the person's readiness to change
- Gives feedback and recommendations respectfully, **without judgment or accusations**, in the form of useful information

SBIRT


SCREENING
NO
Healthcare professional reinforces positive behavior
YES
Healthcare professional asks further questions to assess level of use
HIGH-RISK USE
BRIEF INTERVENTION
SEVERE USE
REFERRAL TO TREATMENT

Screening Tool: CRAFFT

Box 1. The CRAFFT Screening Interview

Begin: "I'm going to ask you a few questions that I ask all my patients. Please be honest. I will keep your answers confidential."

Part A

During the PAST 12 MONTHS, did you:	**No**	**Yes**
1. Drink any alcohol (more than a few sips)? (Do not count sips of alcohol taken during family or religious events.)	☐	☐
2. Smoke any marijuana or hashish?	☐	☐
3. Use *anything else* to *get high*? ("anything else" includes illegal drugs, over the counter and prescription drugs, and things that you sniff or "huff")	☐	☐

For clinic use only: Did the patient answer "yes" to any questions in Part A?

No ☐ → **Ask CAR question only, then stop**

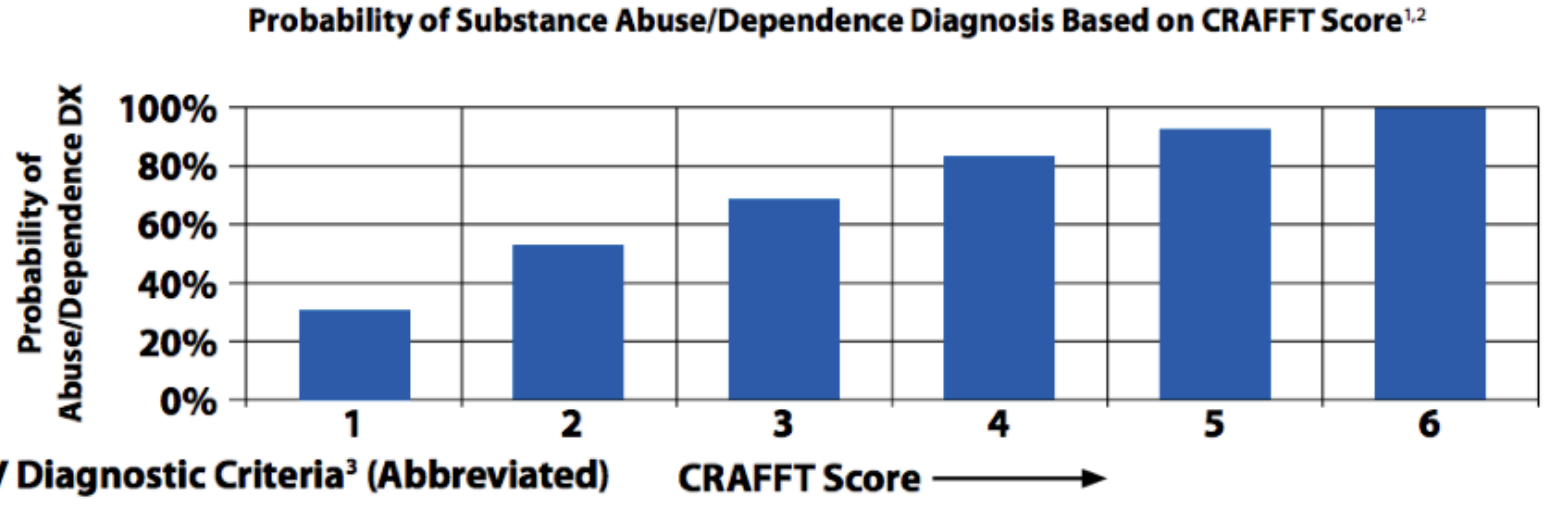
Yes ☐ → **Ask all 6 CRAFFT questions in Part B**

Part B

	No	**Yes**
1. Have you ever ridden in a **CAR** driven by someone (including yourself) who was "high" or had been using alcohol or drugs?	☐	☐
2. Do you ever use alcohol or drugs to **RELAX,** feel better about yourself, or fit in?	☐	☐
3. Do you ever use alcohol or drugs while you are by yourself, or **ALONE**?	☐	☐
4. Do you ever **FORGET** things you did while using alcohol or drugs?	☐	☐
5. Do your **FAMILY** or **FRIENDS** ever tell you that you should cut down on your drinking or drug use?	☐	☐
6. Have you ever gotten into **TROUBLE** while you were using alcohol or drugs?	☐	☐

CRAFFT Scoring

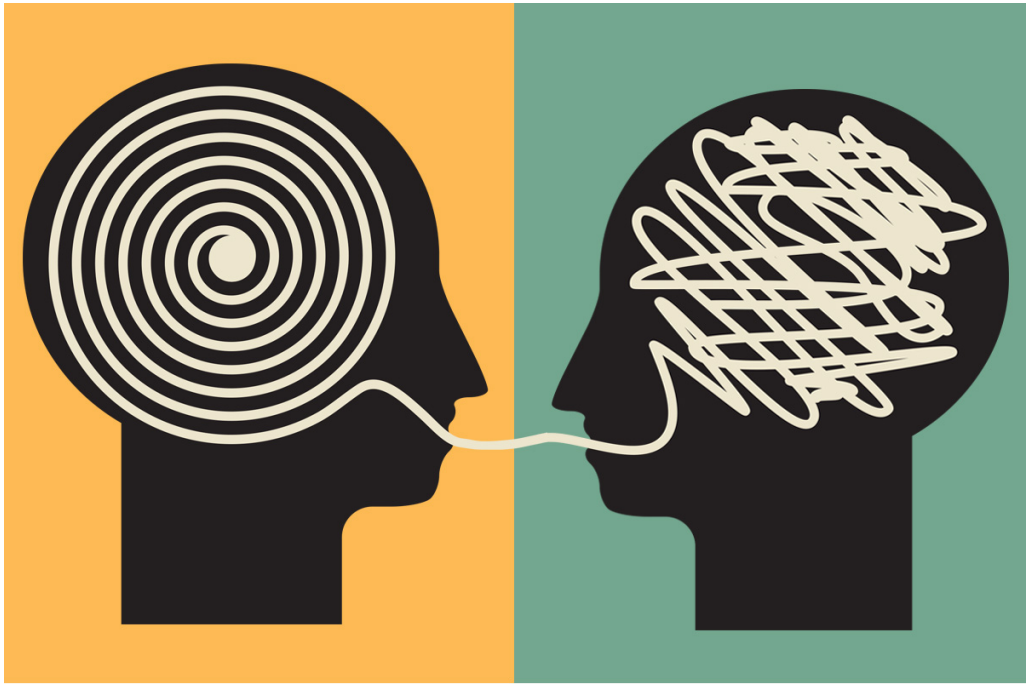
CRAFFT Scoring: Each "yes" response in **Part B** scores 1 point.
A total score of 2 or higher is a positive screen, indicating a need for additional assessment.



(Knight, 2002)

Motivational Interviewing

*"MI is a **collaborative, goal-oriented** style of communication with particular **attention to the language of change**. It is designed to strengthen **personal motivation** for and commitment to a specific goal by eliciting and exploring the person's own reasons for change within an **atmosphere of acceptance and compassion**."*



(Miller & Rollnick, 2013)

MI Technique: OARS

O	***Open-ended*** questions that allow patients to give more information including their feelings, attitudes and understanding.
A	***Affirmations*** to help overcome self-sabotaging or negative thoughts.
R	***Reflections*** as a way to express ambivalence.
S	***Summarize*** to let your patient know that they are being heard.

QUESTIONS?

THANK YOU!

kmccormick@utexas.edu