Substance Use Treatment for Adolescents: Trends and Considerations

Reducing Adolescent Substance Abuse Initiative
March 30th, 2015
Aaron Williams, MA
Got Questions?

The best way to ask a question is to use the question box in your GoToWebinar window.

We will have a brief Q&A session following the presentation.
Substance Use Treatment for Adolescents: Trends and Considerations

• Aaron Williams, MA
  Director of Training and Technical Assistance for Substance Abuse
• SAMHSA/HRSA Center for Integrated Health Solutions
• National Council for Behavioral Health
• AaronW@thenationalcouncil.org
Agenda

• Trends in adolescent Substance Use
  - Alcohol
  - Marijuana
  - Prescription Drugs
  - Tobacco/E-cigarettes

• Treatment considerations

• Treatment options
Screening, Brief Intervention, and Referral to Treatment (SBIRT)

• Identification of possible substance use problems & level of risk

  - **Low risk**: Raise awareness and motivate client to change or continue positive behaviors

  - **Moderate risk**: Provide brief interventions with clients who acknowledge risks and are seeking help

  - **High risk**: Refer those with more serious or complicated SU conditions to specialty care
Common Drugs of Abuse

Bath Salts
Bloom, Cloud Nine, Vanilla Sky, White Lightning

Cocaine
Coke, Coca, C, Snow, Flake, Blow, Bump, Candy, Charlie, Rock, Toot

Cough and Cold Medicines
Robotripping, Robo, Tussin, Triple C, Dex, Skittles, Candy, Velvet, Drank

Heroin
Smack, Junk, H, Black tar, Ska, Horse

Inhalants
Laughing Gas, Snappers, Poppers, Whippets, Bold

Marijuana
Pot, Grass, Herb, Weed, Mary Jane, Reefer, Skunk

MDMA (Ecstasy or Molly)
E, XTC, X, Adam, Hug, Beans, Clarity, Love Drug

Methamphetamine (Meth)
Speed, Chalk, Tina, Ice, Crystal, Crank, Glass, Fire, Go Fast
Common Drugs of Abuse

**Prescription Depressant Medications**
Barbs, Reds, Red birds, Phennies, Tooies, Yellows, Yellow jackets; Candy, Downers, Sleeping pills, Tranks; A-minus, Zombie pills

**Prescription Drugs**
Oxy, Percs, Vikes, Barbs, Reds, Candy, Tranks, Speed

**Prescription Pain Medications (Opioids)**
Hillbilly heroin, Oxy, OC, Oxycotton, Percs, Happy pills, Vikes

**Prescription Stimulant Medications (Amphetamines)**
Skippy, the Smart drug, Vitamin R, Bennies, Black beauties, Roses, Hearts, Speed, Uppers

**Salvia**
Salvia divinorum, Shepherdess's Herb, Maria Pastora, Sally-D, Ska Pastora

**Spice**
K2, Fake Weed, Yucatan Fire, Skunk, Moon Rocks

**Tobacco, Nicotine, & E-Cigarettes**
Smokes, Cigs, Chew, Dip, Snuff
Drug Use Trends

Top Drugs among 8th and 12th Graders, Past Year Use

8th Graders

<table>
<thead>
<tr>
<th>Drug</th>
<th>Illicit drugs</th>
</tr>
</thead>
<tbody>
<tr>
<td>Marijuana/Hashish</td>
<td>11.7%</td>
</tr>
<tr>
<td>Inhalants</td>
<td>5.3%</td>
</tr>
<tr>
<td>Synthetic Marijuana</td>
<td>3.3%</td>
</tr>
<tr>
<td>Cough Medicine</td>
<td>2.0%</td>
</tr>
<tr>
<td>Tranquilizers</td>
<td>1.7%</td>
</tr>
<tr>
<td>Adderall</td>
<td>1.3%</td>
</tr>
<tr>
<td>Hallucinogens</td>
<td>1.3%</td>
</tr>
<tr>
<td>OxyContin</td>
<td>1.0%</td>
</tr>
<tr>
<td>Vicodin</td>
<td>1.0%</td>
</tr>
<tr>
<td>Cocaine (any form)</td>
<td>1.0%</td>
</tr>
<tr>
<td>MDMA (Ecstasy)</td>
<td>0.9%</td>
</tr>
<tr>
<td>Ritalin</td>
<td>0.9%</td>
</tr>
</tbody>
</table>

12th Graders

<table>
<thead>
<tr>
<th>Drug</th>
<th>Pharmaceutical</th>
</tr>
</thead>
<tbody>
<tr>
<td>Marijuana/Hashish</td>
<td>35.1%</td>
</tr>
<tr>
<td>Adderall</td>
<td>6.8%</td>
</tr>
<tr>
<td>Synthetic Marijuana</td>
<td>5.8%</td>
</tr>
<tr>
<td>Vicodin</td>
<td>4.8%</td>
</tr>
<tr>
<td>Tranquilizers</td>
<td>4.7%</td>
</tr>
<tr>
<td>Cough Medicine</td>
<td>4.1%</td>
</tr>
<tr>
<td>Sedatives</td>
<td>4.3%</td>
</tr>
<tr>
<td>Hallucinogens</td>
<td>4.0%</td>
</tr>
<tr>
<td>MDMA (Ecstasy)</td>
<td>3.6%</td>
</tr>
<tr>
<td>OxyContin</td>
<td>3.3%</td>
</tr>
<tr>
<td>Cocaine (any form)</td>
<td>2.6%</td>
</tr>
<tr>
<td>Inhalants</td>
<td>1.9%</td>
</tr>
<tr>
<td>Salvia</td>
<td>1.8%</td>
</tr>
<tr>
<td>Ritalin</td>
<td>1.8%</td>
</tr>
</tbody>
</table>

* Only 12th graders surveyed about sedatives use

Source: University of Michigan, 2014 Monitoring the Future Study
What are the trends in your area?

Please type into the chat box.
Alcohol Use

- In 2014 the proportions of 8th, 10th, and 12th graders who reported drinking an alcoholic beverage in the 30-day period prior to the survey were 9%, 24%, and 37%, respectively.
Alcohol Use Rates Over Time

**Trends in the Prevalence of Alcohol Use**


The national Youth Risk Behavior Survey (YRBS) monitors priority health risk behaviors that contribute to the leading causes of death, disability, and social problems among youth and adults in the United States. The national YRBS is conducted every two years during the spring semester and provides data representative of 9th through 12th grade students in public and private schools throughout the United States.

<table>
<thead>
<tr>
<th>Year</th>
<th>Percentages</th>
<th>Change from 1991</th>
<th>Change from 2011</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Ever had at least one drink of alcohol</strong>&lt;br&gt;(on at least 1 day during their life)</td>
<td></td>
<td>81.6 80.9 80.4 79.1 81.0 78.2 74.9 74.3 75.0 72.5 70.8 66.2</td>
<td>Decreased 1991–2013 No change 1991–1999 Decreased 1999–2013</td>
</tr>
<tr>
<td><strong>Drank alcohol before age 13 years</strong>&lt;br&gt;(for the first time other than a few sips)</td>
<td></td>
<td>32.7 32.9 32.4 31.1 32.2 29.1 27.8 25.6 23.8 21.1 20.5 18.6</td>
<td>Decreased 1991–2013 No change 1991–1999 Decreased 1999–2013</td>
</tr>
<tr>
<td><strong>Currently drank alcohol</strong>&lt;br&gt;(at least one drink of alcohol on at least 1 day during the 30 days before the survey)</td>
<td></td>
<td>50.8 48.0 51.6 50.8 50.0 47.1 44.9 43.3 44.7 41.8 38.7 34.9</td>
<td>Decreased 1991–2013 No change 1991–1999 Decreased 1999–2013</td>
</tr>
<tr>
<td><strong>Had five or more drinks of alcohol in a row</strong>&lt;br&gt;(within a couple of hours on at least 1 day during the 30 days before the survey)</td>
<td></td>
<td>31.3 30.0 32.6 33.4 31.5 29.9 28.3 25.5 26.0 24.2 21.9 20.8</td>
<td>Decreased 1991–2013 Increased 1991–1999 Decreased 1999–2013</td>
</tr>
</tbody>
</table>
MARIJUANA USERS, TREATMENT ADMISSIONS, AND AVERAGE POTENCY: 1986-2010

Sources: NSDUH, TEDS, National Seizure System
Persistent cannabis users show neuropsychological decline from childhood to midlife.

Marijuana Use Rates

Percent of Students Reporting Use of Marijuana in Past Year

8th Grade, 10th Grade, 12th Grade
Percent Perceiving Great Risk of Smoking Marijuana Regularly
Prescription Drug/Opioid Abuse: We have an epidemic
PRESCRIPTION/OVER-THE-COUNTER VS. ILlicit DRUGS*

*The percentage of 12th graders who have used these drugs in the past year.

- **Adderall**: 6.8%
- **Vicodin**: 4.8%
- **Tranquilizers**: 4.7%
- **Cold Medicines**: 4.1%
- **OxyContin**: 3.3%
- **Ritalin**: 1.8%
- **Marijuana ("synthetic marijuana")**: 5.8%
- **MDMA/Ecstasy**: 3.6%
- **Cocaine**: 2.6%
- **LSD**: 2.5%

The National Institute on Drug Abuse is a component of the National Institutes of Health, U.S. Department of Health and Human Services. NIDA supports most of the world's research on the health aspects of drug abuse and addiction. Fact sheets on the health effects of drugs of abuse and information on NIDA research and other activities can be found at www.drugabuse.gov.
E-cigarettes

• Have made rapid inroads among adolescents, and prevalence is now higher than the prevalence of tobacco cigarette smoking.
Treatment Considerations
Assessing services needed

ASAM Patient Placement Criteria

• The ASAM criteria provide separate placement criteria for adolescents and adults to create comprehensive and individualized treatment plans. Adolescent and adult treatment plans are developed through a multidimensional patient assessment over five broad levels of treatment.
## ASAM Patient Placement Criteria

**AT A GLANCE: THE SIX DIMENSIONS OF MULTIDIMENSIONAL ASSESSMENT**

ASAM’s criteria uses six dimensions to create a holistic, biopsychosocial assessment of an individual to be used for service planning and treatment across all services and levels of care. The six dimensions are:

1. **Acute Intoxication and/or Withdrawal Potential**
   - Exploring an individual’s past and current experiences of substance use and withdrawal

2. **Biomedical Conditions and Complications**
   - Exploring an individual’s health history and current physical condition

3. **Emotional, Behavioral, or Cognitive Conditions and Complications**
   - Exploring an individual’s thoughts, emotions, and mental health issues

4. **Readiness to Change**
   - Exploring an individual’s readiness and interest in changing

5. **Relapse, Continued Use, or Continued Problem Potential**
   - Exploring an individual’s unique relationship with relapse or continued use or problems

6. **Recovery/Living Environment**
   - Exploring an individual’s recovery or living situation, and the surrounding people, places, and things
Adolescent substance use needs to be identified and addressed as soon as possible.

Adolescents can benefit from a drug abuse intervention even if they are not addicted to a drug.

Routine annual medical visits are an opportunity to ask adolescents about drug use.

Legal interventions and sanctions or family pressure may play an important role in getting adolescents to enter, stay in, and complete treatment.

Substance use disorder treatment should be tailored to the unique needs of the adolescent.

Treatment should address the needs of the whole person, rather than just focusing on his or her drug use.

Behavioral therapies are effective in addressing adolescent drug use.
• Families and the community are important aspects of treatment

• Effectively treating substance use disorders in adolescents requires also identifying and treating any other mental health conditions they may have.

• Sensitive issues such as violence and child abuse or risk of suicide should be identified and addressed.

• It is important to monitor drug use during treatment.

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

• Testing adolescents for sexually transmitted diseases like HIV, as well as hepatitis B and C, is an important part of drug treatment.
Other Treatment Considerations

Program selection

- Any adolescent treatment program must provide treatment plus comprehensive education on the long term health effects of substance use
- Consider programs and treatment protocols that are developmentally appropriate
- Treatment should address the needs of the whole person
Evidence-Based Treatment Options
The Matrix Model for Teens and Young Adults, is a comprehensive, organized set of evidence-based therapeutic interventions. The Matrix Model for that includes individual sessions, family sessions, group sessions, Twelve Step programs, and separate parent and adolescent substance-education groups.

http://www.hazelden.org/web/public/tnmxprogram.page
Primed for Life

Primed for Life an evidence-based prevention and intervention program, helps people learn to reduce their risks of alcohol and drug related problems. It is designed to change drinking and drug use behaviors by changing beliefs, attitudes, risk perceptions, motivations, and the knowledge of how to reduce their risk of alcohol and drug related problems throughout their lives.

http://www.primeforlife.org/
Living In Balance

• A comprehensive addiction treatment program that emphasizes relapse prevention. It consists of a series of 1.5- to 2-hour psycho-educational and experiential training sessions. The manual includes 12 core and 21 supplemental sessions. LIB can be delivered in individual or group settings

http://www.hazelden.org/OA_HTML/item/9616?Living-In-Balance-Core-Curriculum-Sessions-1-through-12&src_url=itemquest
Evidence-based Practice Resources

• **Addiction Technology Transfer Center (ATTC) Network**
  The ATTC Network continuously strives to improve the quality of addictions treatment and recovery services by connecting them to the latest research and information through activities such as skills training, academic education, online and distance education, conferences, workshops, and publications.

• **National Institute on Drug Abuse (NIDA)**
  NIDA is the largest supporter of the world's research on drug abuse and addiction. NIDA-funded scientific research explores emerging drug use trends, understanding how drugs work in the brain and body, as well as developing and testing new drug treatment and prevention approaches.

• **National Registry of Evidence-based Programs and Practices (NREPP)**
  NREPP is a searchable online registry of more than 340 substance abuse and mental health interventions. NREPP was developed to help the public learn more about evidence-based interventions that are available for implementation.
Other Resources

NIDA For Teens
http://teens.drugabuse.gov/

Centers for Disease Control an Prevention
http://www.cdc.gov/healthyyouth/adolescenthealth/index.htm

Primed for Life
http://www.primeforlife.org/

Center for Integrated Health Solutions (CIHS) SBIRT Clearinghouse
http://www.integration.samhsa.gov/clinical-practice/sbirt

The National Registry of Evidence-based Programs and Practices (NREPP)
http://nrepp.samhsa.gov/

About the Addiction Technology Transfer Center (ATTC) Network
http://www.nattc.org/home/

Principles of Adolescent Substance Use Disorder Treatment: A Research-Based Guide
Next Steps & Activities

• Brief interventions – keep it up!
  – BI Fidelity calls (cont. May 2015)
  – [Developing Integrated Care Through Brief Interventions](#), April 1st from 2:30-4:00 PM ET

• Upcoming eBlast: “SBIRT Scoop”

• Individual TA

• Future webinars:
  – *Getting the Right Answers: Tips for Effective Screening* (June 2015)
  – *SBIRT and Trauma* (August 2015)

3/30/2015
Got Questions?

Please type your questions into the question box and we will address them.