

# Current Trends in Adolescent Substance Use and Effective Engagement and Treatment Strategies



# Youth Opioid Response California

This presentation is supported by a federal grant under the State Opioid Response program, with funding provided by the California Department of Health Care Services.







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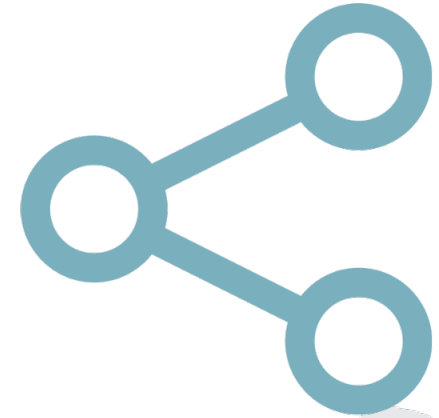
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**The webinar is  
being recorded**



**Supporting  
materials will  
be shared**

# Putting Health Care in Schools

The California School-Based Health Alliance is the statewide non-profit organization dedicated to **improving the health & academic success** of children & youth by **advancing health services in schools**.

Learn more:  
[schoolhealthcenters.org](http://schoolhealthcenters.org)



# Thank you to our co-sponsors



## Who We Are:

- 150+ nonprofit nationally accredited organizations
- Serving children, youth and families in public systems (child welfare, adoption, behavioral health, education, juvenile justice and prevention)
- Over 700,000 children and youth served by member organizations



## What the Catalyst Center Does:

- Training and Technical Assistance for service providers
- ACES Aware Initiative
- Provider Helpline
- Youth First Project
  - Developing model programs to meet the needs of youth with complex needs
- Diversity, Equity and Inclusion Initiative

# About the California School Nurses Organization

CSNO is the ONLY statewide organization supporting professional school nurses and school health team members.

Our objectives:

**School nurses have the skills and resources needed to provide exceptional care**

**Every student will have access to a credentialed school nurse**

**Students will have optimal health and attend class ready to learn**



# CURRENT TRENDS IN ADOLESCENT SUBSTANCE USE AND EFFECTIVE ENGAGEMENT AND TREATMENT STRATEGIES

James A. Peck, Psy.D.

UCLA Integrated Substance Abuse Programs

August 16, 2021

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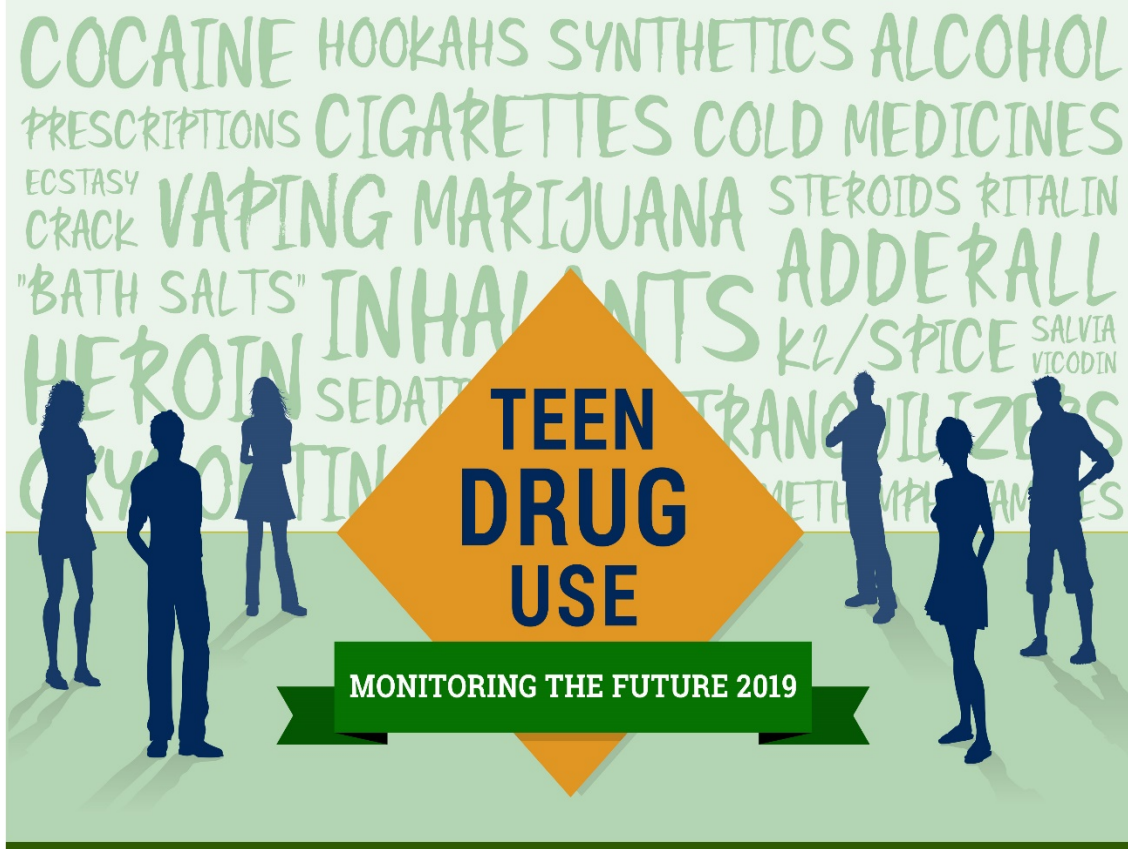
Please make a note of this; you will need it on the CE evaluation.

# LEARNING OBJECTIVES

- After this webinar, participants will be able to:
- Recognize recent prevalence rates of at least three substances that are commonly used by youth.
- Apply at least three strategies to help engage and retain youth in treatment for substance use disorders and traumatic stress.
- Identify at least two evidence-based SUD treatment approaches that can be implemented with youth.



# **WHAT IS THE PREVALENCE OF DRINKING AND DRUG USE AMONG ADOLESCENTS?**



Monitoring the Future is an annual survey of 8th, 10th, and 12th graders conducted by researchers at the Institute for Social Research at the University of Michigan, Ann Arbor, under a grant from the National Institute on Drug Abuse, part of the National Institutes of Health. Since 1975, the survey has measured how teens report their drug, alcohol, and cigarette use and related attitudes in 12th graders nationwide; 8th and 10th graders were added to the survey in 1991.

**42,531 STUDENTS FROM 396 PUBLIC AND  
PRIVATE SCHOOLS PARTICIPATED IN THE 2019 SURVEY.**



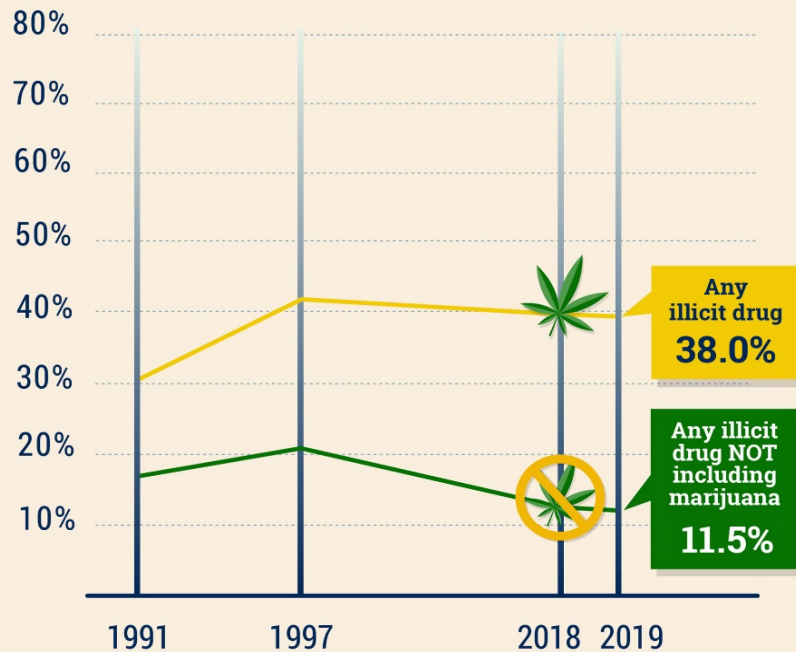
National Institute  
on Drug Abuse

[DRUGABUSE.GOV](http://DRUGABUSE.GOV)

# ILLCIT DRUG USE

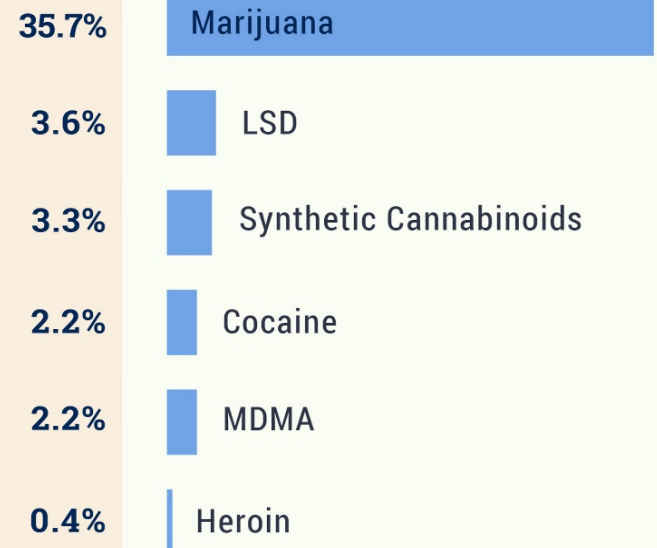
## ILLCIT DRUG USE STEADY

Past year use among 12th graders



## PAST YEAR ILLCIT DRUG USE

Past year use among 12th graders



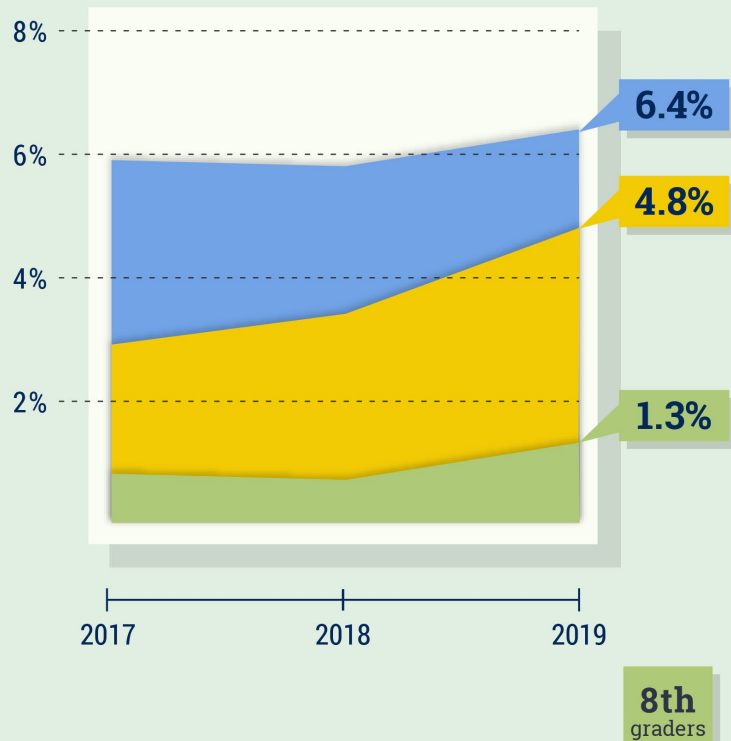
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on Drug Abuse

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# DAILY MARIJUANA USE IN LOWER GRADES INCREASES BUT PAST YEAR MARIJUANA USE STEADY

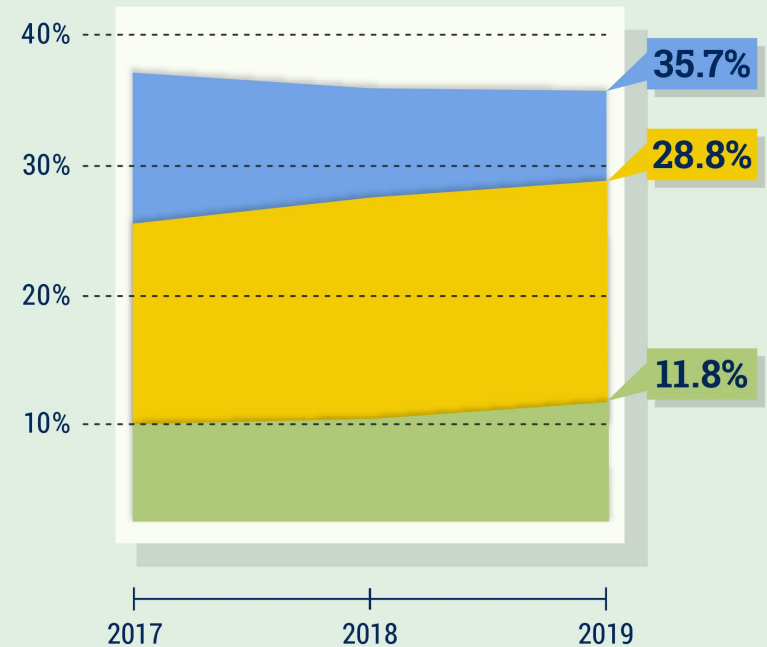
## DAILY MARIJUANA USE

sees significant increase among  
8th and 10th graders since 2018



## PAST YEAR MARIJUANA USE

gap closing between older grades



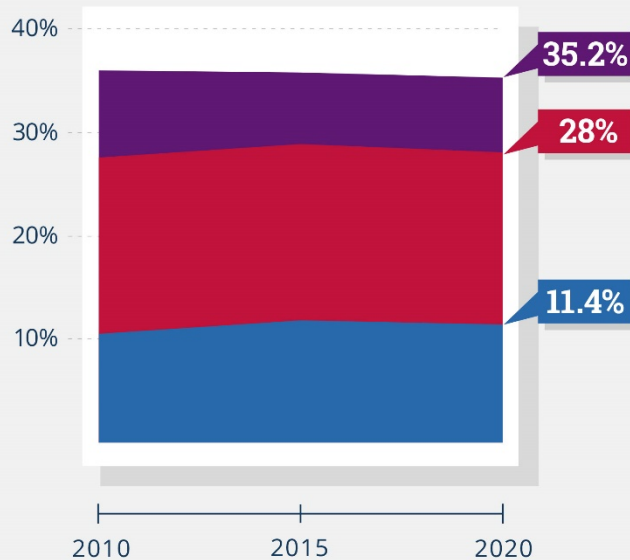
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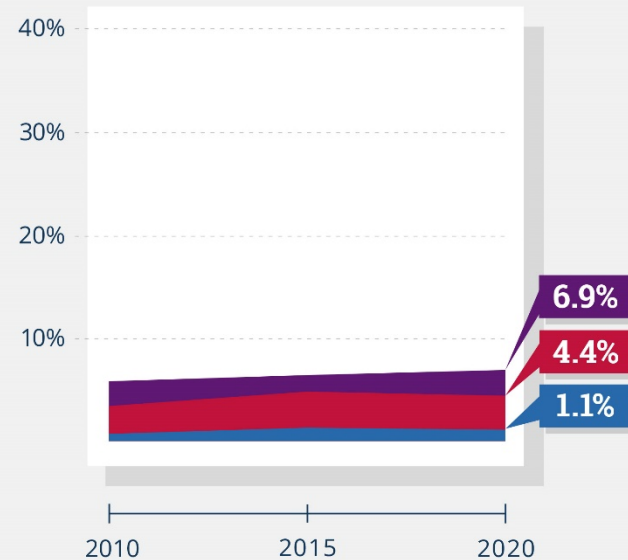
# Cannabis Use 2019-2020

## Marijuana Use Remains Steady

### Past-Year Marijuana Use



### Daily Marijuana Use



8th  
graders

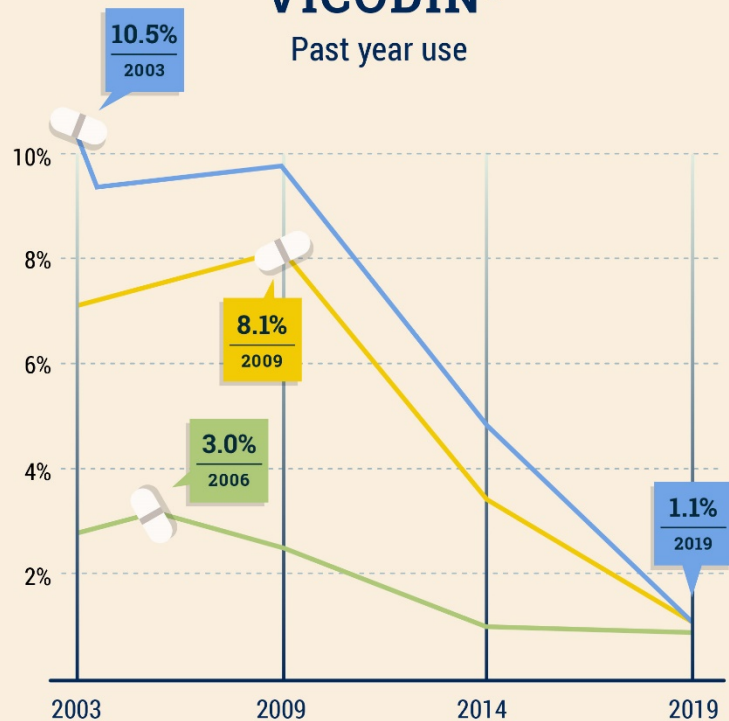
10th  
graders

12th  
graders

# PRESCRIPTION DRUG MISUSE CONTINUES DECLINE FROM PEAK YEARS

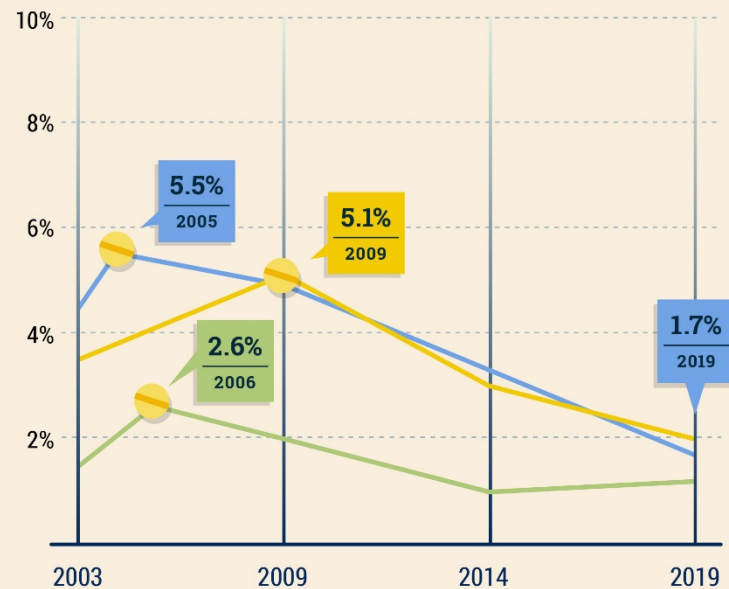
## VICODIN®

Past year use



## OXYCONTIN®

Past year use



8th  
graders

10th  
graders

12th  
graders



National Institute  
on Drug Abuse

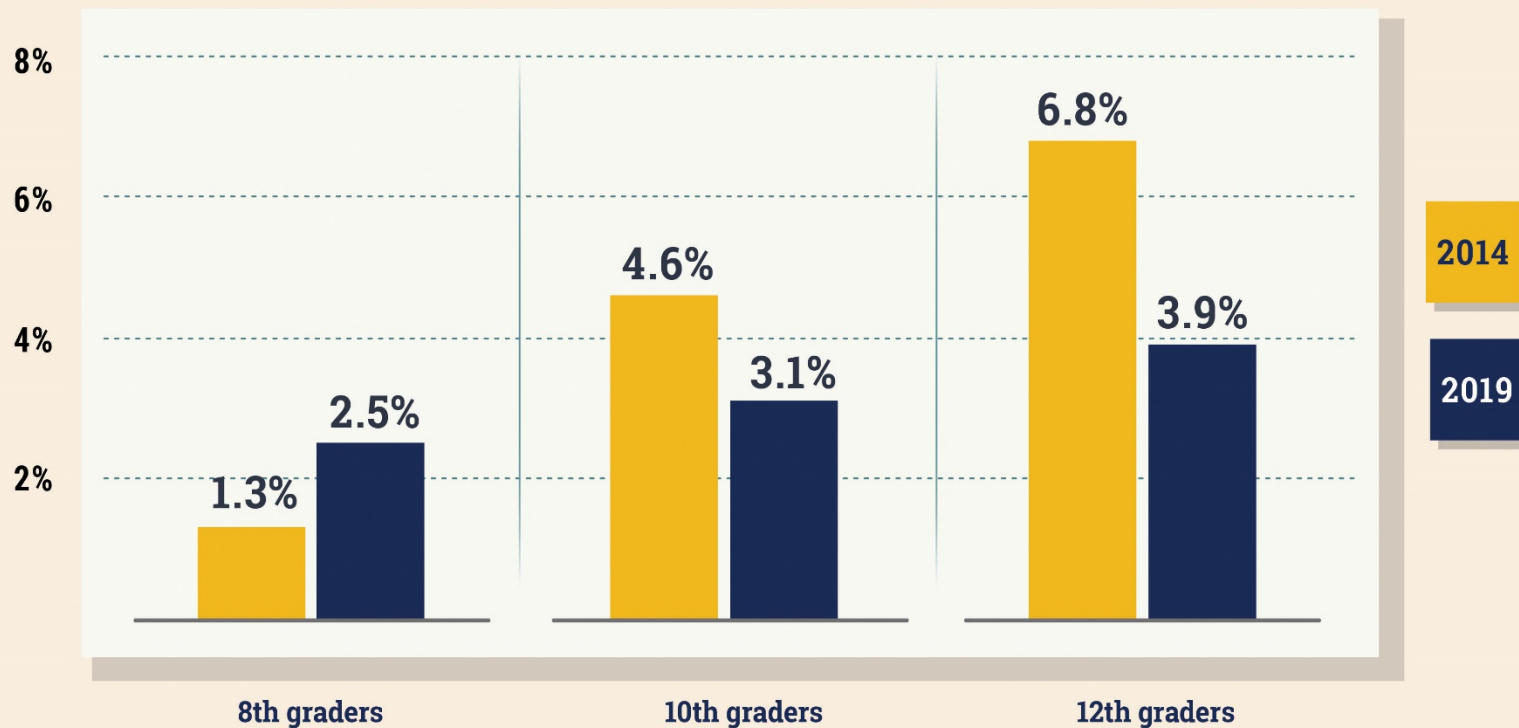
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# PRESCRIPTION DRUG MISUSE CONTINUES DECLINE FROM PEAK YEARS

## ADDERALL MISUSE SEES SIGNIFICANT CHANGES IN PAST 5 YEARS

a decrease in 10th and 12th grades, but an increase in 8th grade

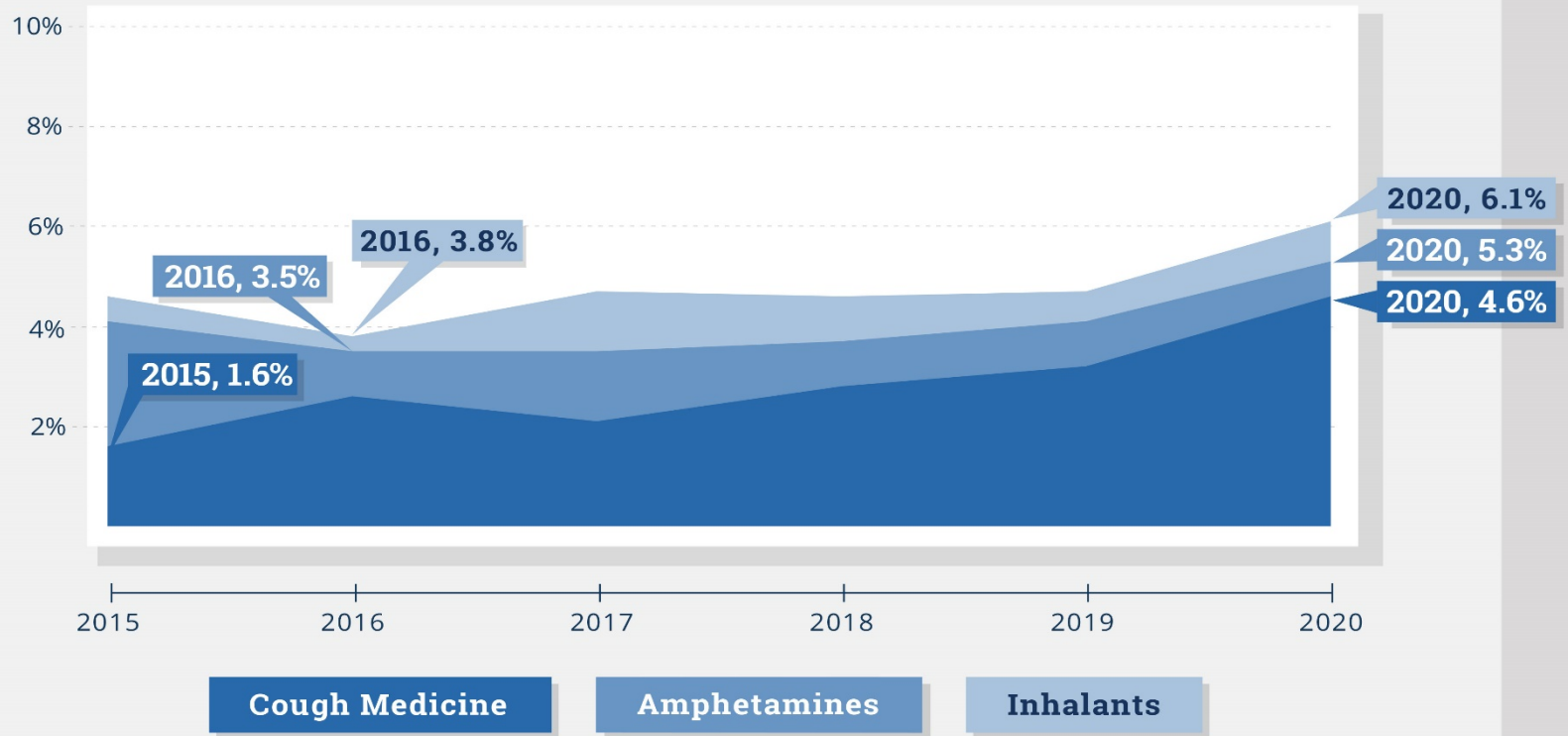


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## Amphetamine, Inhalant & Cough Medicine Misuse Trending Upward Among Eighth Graders

### Past-Year Substance Misuse Among Eighth Graders

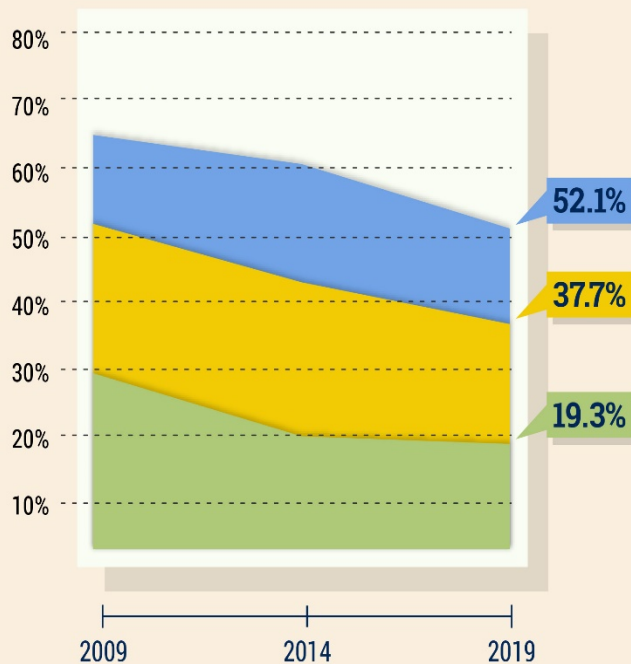




# ALCOHOL USE CONTINUES ITS DECLINE

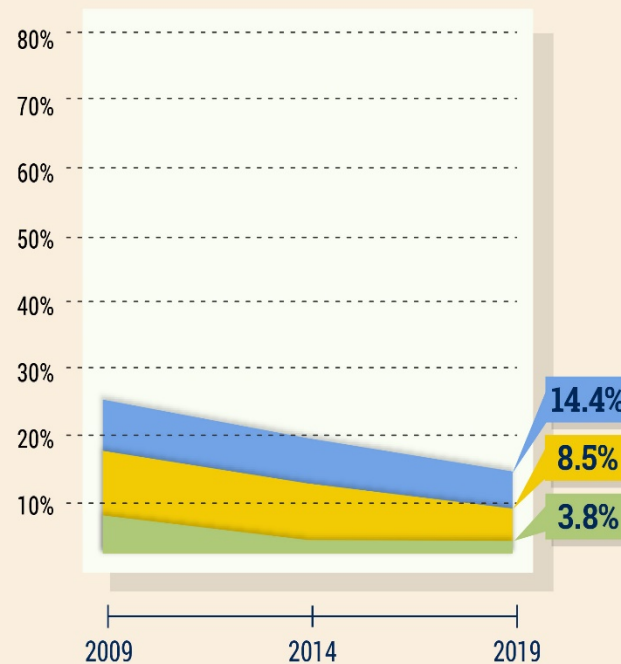
## PAST YEAR ALCOHOL USE

Significant long-term decrease in all grades



## BINGE DRINKING\*

Significant long-term decrease in all grades



8th  
graders

10th  
graders

12th  
graders

\*5 or more drinks in a row  
in the past two weeks

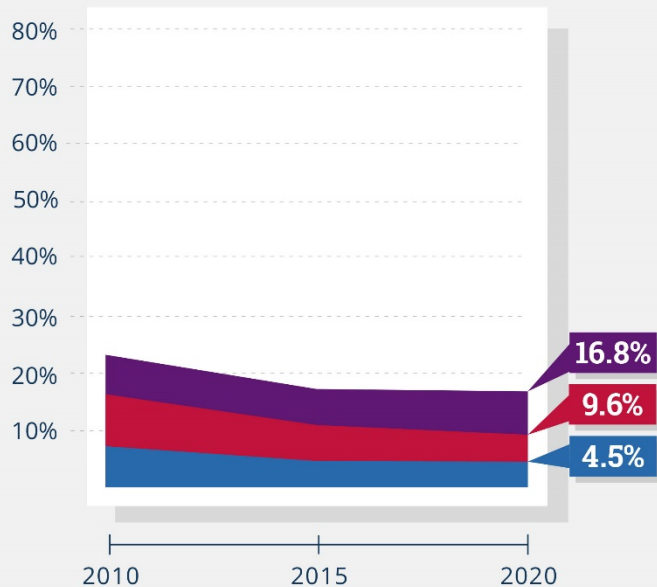


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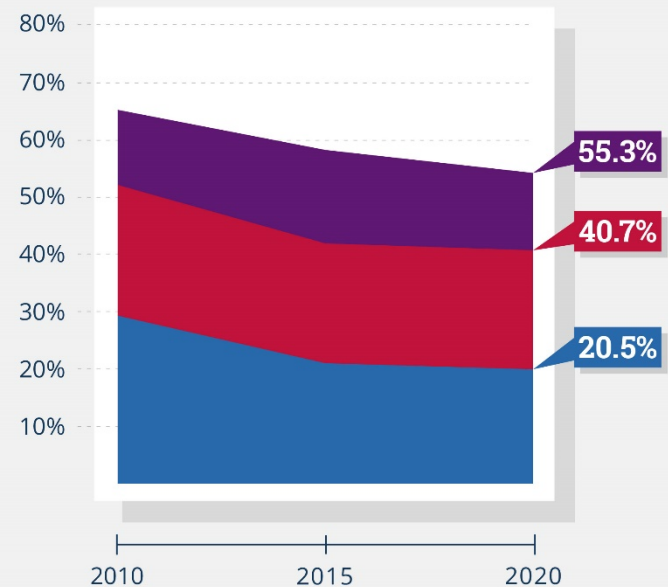
## Gradual Decline in Alcohol Use Slows

Long-term trend of decreasing alcohol use among all grades levels off.

### Binge Drinking\*



### Past-Year Alcohol Use



\*5 or more drinks in a row  
in the past two weeks

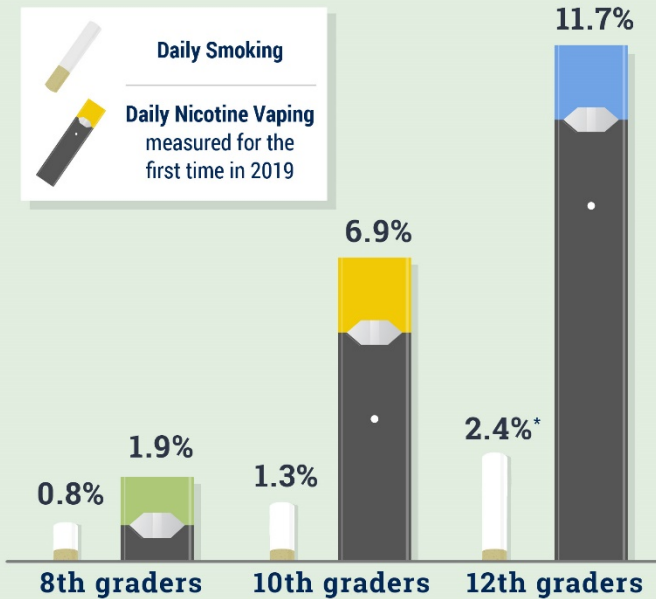
8th  
graders

10th  
graders

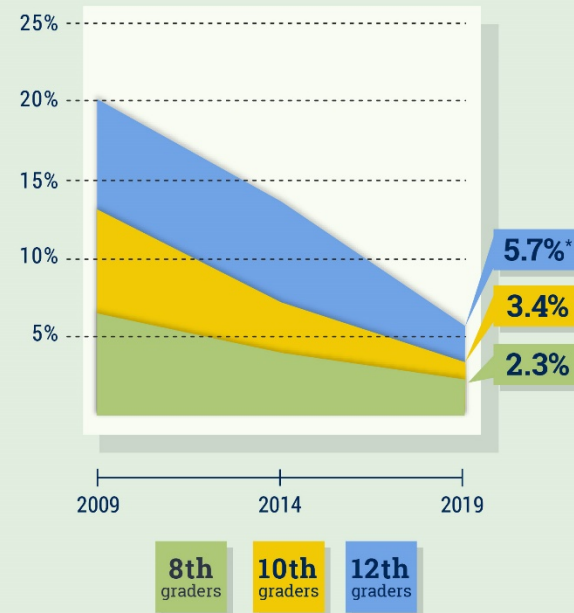
12th  
graders

# TOBACCO AND NICOTINE: VAPING THREATENS PROGRESS

## NICOTINE – DAILY USE



## CIGARETTE SMOKING (PAST MONTH) DECLINES OVER PAST TEN YEARS



TO VIEW MORE RESULTS ON VAPING VISIT:

<https://www.drugabuse.gov/related-topics/trends-statistics/infographics/monitoring-future-2019-survey-results-vaping>



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## TEEN VAPING CLIMBS SIGNIFICANTLY\*

*\*Both Nicotine and Marijuana (THC)*

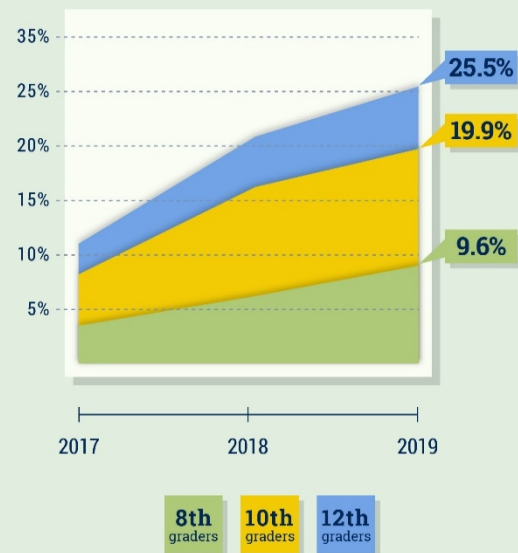
### DAILY NICOTINE VAPING<sup>1</sup>

Measured for the first time in 2019



### NICOTINE VAPING

Past month use



1. Miech R, Johnston L, O'Malley PM, Bachman JG, Patrick ME. Trends in adolescent vaping, 2017–2019. *N Engl J Med* 2019; 381:1490-1491

2019 Past Month Nicotine Vaping Equates to:

**1 IN 4 – 12TH GRADERS • 1 IN 5 – 10TH GRADERS • 1 IN 10 – 8TH GRADERS**

To view information on other drugs from the 2019 Survey visit:

[www.drugabuse.gov/related-topics/trends-statistics/infographics/monitoring-future-2019-survey-results-overall-findings](http://www.drugabuse.gov/related-topics/trends-statistics/infographics/monitoring-future-2019-survey-results-overall-findings)



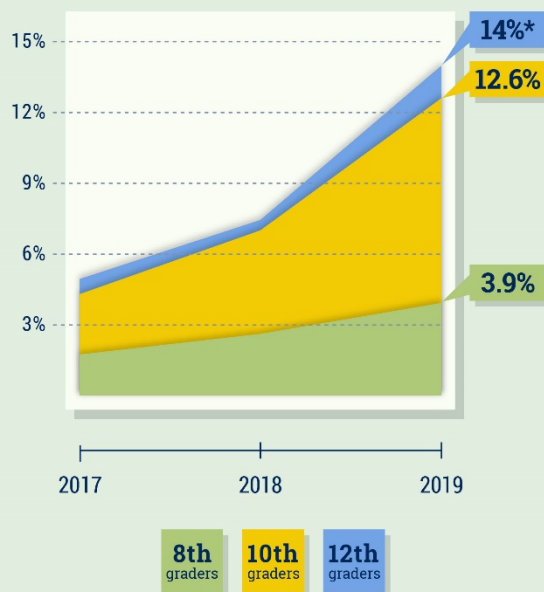
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## TEEN VAPING CLIMBS SIGNIFICANTLY\*

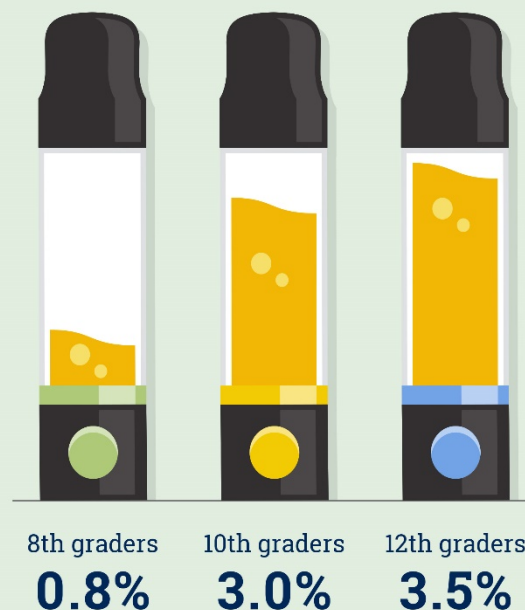
### THC VAPING

Past month use



### DAILY THC VAPING

Measured for the first time in 2019



**\*2018 – 2019 INCREASE IS THE SECOND LARGEST ONE-YEAR JUMP EVER TRACKED FOR ANY SUBSTANCE IN THE 45-YEAR SURVEY HISTORY (NICOTINE VAPING WAS THE LARGEST FROM 2017 – 2018)**

To view information on other drugs from the 2019 Survey visit:

[www.drugabuse.gov/related-topics/trends-statistics/infographics/monitoring-future-2019-survey-results-overall-findings](http://www.drugabuse.gov/related-topics/trends-statistics/infographics/monitoring-future-2019-survey-results-overall-findings)



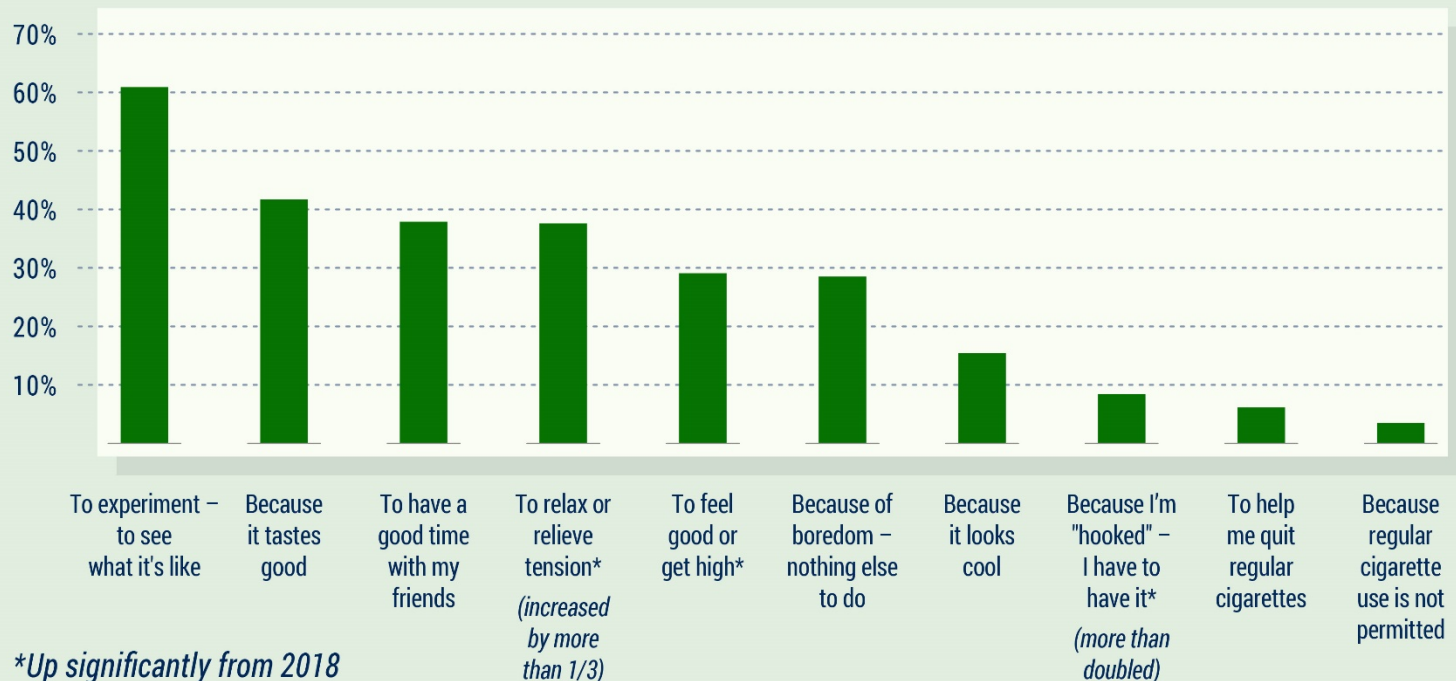
National Institute  
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# TEEN VAPING CLIMBS SIGNIFICANTLY\*

## TEENS REPORT REASONS FOR VAPING



To view information on other drugs from the 2019 Survey visit:

[www.drugabuse.gov/related-topics/trends-statistics/infographics/monitoring-future-2019-survey-results-overall-findings](http://www.drugabuse.gov/related-topics/trends-statistics/infographics/monitoring-future-2019-survey-results-overall-findings)



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# Changes During COVID

- Adolescent cannabis use and binge drinking did *not* significantly change, despite perception that availability had decreased
- Cannabis perceived availability (very or fairly available) decreased from 76% to 59% (2019-2020)
- Alcohol perceived availability (very or fairly available) decreased from 86% to 62% (2019-2020)
- Largest year-to-year decreases in perceived availability of alcohol & cannabis since 1975

# Implications of COVID Findings

- Despite decreases in perceived availability, use did not change
- “These findings suggest that reducing adolescent substance use through attempts to restrict supply alone would be a difficult undertaking. The best strategy is likely to be one that combines approaches to limit the supply of these substances with efforts to decrease demand, through educational and public health campaigns.”



# SBHC Providers' Attitudes, Beliefs, Perceptions, and Practice Regarding Opioid Misuse

- Only 8% of adolescents who need Substance Use Disorder (SUD) treatment ever receive it
- Only 1% of the 38,000 physicians waived to prescribe buprenorphine are pediatricians
- Youth in adult SUD programs typically experience poor outcomes because adolescent-specific needs are not addressed
- Many adolescents engage in at-risk alcohol and cannabis use, which almost always precedes initiation of opioid use

# SBHC Providers' Attitudes, Beliefs, Perceptions, and Practice Regarding Opioid Misuse (2)

- Study conducted with SBHC providers in NY state
- Attitudes/perceptions re: opioid crisis:
  - Opioid overdose is a major health-related crisis for adolescents in this country: 77%
  - My SBHC has a role in preventing opioid misuse and overdose: 82%
  - I have the skills to prevent opioid misuse and overdose among my students: 49.2%
  - I am confident in my ability to prevent opioid misuse and overdose among my students: 34.4%

# SBHC Providers' Attitudes, Beliefs, Perceptions, and Practice Regarding Opioid Misuse (3)

- Perceived barriers to implementing opioid misuse and overdose prevention services:
  - Adolescents in my SBHC face other more pressing health concerns: 37%
  - SUD treatment providers are better suited for this role than providers in my SBHC: 34%
  - I don't feel confident in my ability to prevent opioid misuse and overdose: 26%
  - I'm not trained to deliver services that prevent opioid misuse and overdose: 24%

# SBHC Providers' Attitudes, Beliefs, Perceptions, and Practice Regarding Opioid Misuse (4)

- Greatest influence of specific messages on the adoption and implementation of SBIRT:
  - SBIRT can prevent adolescent opioid misuse by reducing alcohol and cannabis use
  - Standardized screening tools provide a simple way for assessing risk and determining an appropriate level of intervention
  - SBIRT model can incorporate other behavioral health concerns such as depression and anxiety

# Engaging and Retaining Youth in Treatment

- Whether for substance use or mental health issues, adolescents often:
  - Do not believe they need help
  - Are apprehensive about the process
  - Are not aware of available services
  - Are concerned about stigma around substance use and/or mental health services
  - Are hesitant to ask an adult for assistance

# Engaging and Retaining Youth in Treatment (2)

- To identify youth in schools who may need help with substance use or mental health issues:
  - Use standardized screening instruments (i.e. CRAFFT or S2BI, PHQ-2 or -9, GAD-7)
  - Utilize peer networks – student leaders who have been trained to provide assistance to at-risk teens
  - Use Cognitive-Behavioral Intervention for Trauma in Schools (CBITS) to identify traumatic stress, which often accompanies substance use

# Engaging Youth

- Frequent high rates of no-shows at first appointments
- Strategies:
  - Make reminder calls
  - Be especially welcoming at first session – praise them for just making it to the appointment
  - Be culturally aware and sensitive – beliefs & attitudes toward mental health and substance use vary from culture to culture

# Engaging Homeless Youth

- Higher rates of substance use and mental health issues among homeless youth than among youth in stable housing
- Strategies:
  - Stay “at their level” during first contact; if possible demonstrate that you are familiar with their culture and the many challenges of being homeless
  - Avoid blaming – reframe current situations i.e. drug use, living in a shelter, in non-judgmental, matter-of-fact terms rather than as personal failures
  - Convey hope and empowerment – change is possible
  - Respect his/her concerns i.e. confidentiality, contacting parents/caregivers, etc.



# Involve Families to the Extent Possible

- Adolescents with caregivers involved in treatment process tend to have better outcomes than those whose caregivers do not believe treatment will help and/or are unwilling to work with treatment providers
- There are some specific strategies for involving families in treatment

# Involving Family Members

- Foster family motivation – determine what changes the family member would like to see and try to incorporate them into treatment goals
- Validate parents/caregivers – acknowledge their sense of stress & their own struggles
- Provide education about the nature of mental health/substance use issues, i.e. behavioral/emotional problems may not just disappear if adolescent stops using drugs/alcohol

# Build an Alliance

- Establish rapport – find out what the adolescent would like to talk about, so they don't feel like an intervention is being imposed upon them
- Show genuine interest in, and respect for, his or her unique interests, concerns, and worldview
- If possible, demonstrate understanding of his/her culture

# Discuss Limits of Confidentiality

- Discuss limits of confidentiality at beginning of treatment
- Plan with adolescent how information will be communicated to parents and other authority figures
- Reassure adolescent that if you must disclose information, you will make every effort to talk with him/her before you do it

# **TREATMENT APPROACHES ADAPTABLE FOR USE WITH ADOLESCENTS**

**MOTIVATIONAL INTERVIEWING  
COGNITIVE-BEHAVIORAL THERAPY**

# Motivational Interviewing: Definition

Motivational interviewing is a client-centered style of interaction aimed at helping people explore their ambivalence about their substance use and begin to make positive behavioral and psychological changes.

# What is Motivational Interviewing?

Developed by William Miller (U New Mexico), Stephen Rollnick (Cardiff University School of Medicine), and colleagues over the past three decades. Miller and Rollnick (2012, p. 29) define MI as:

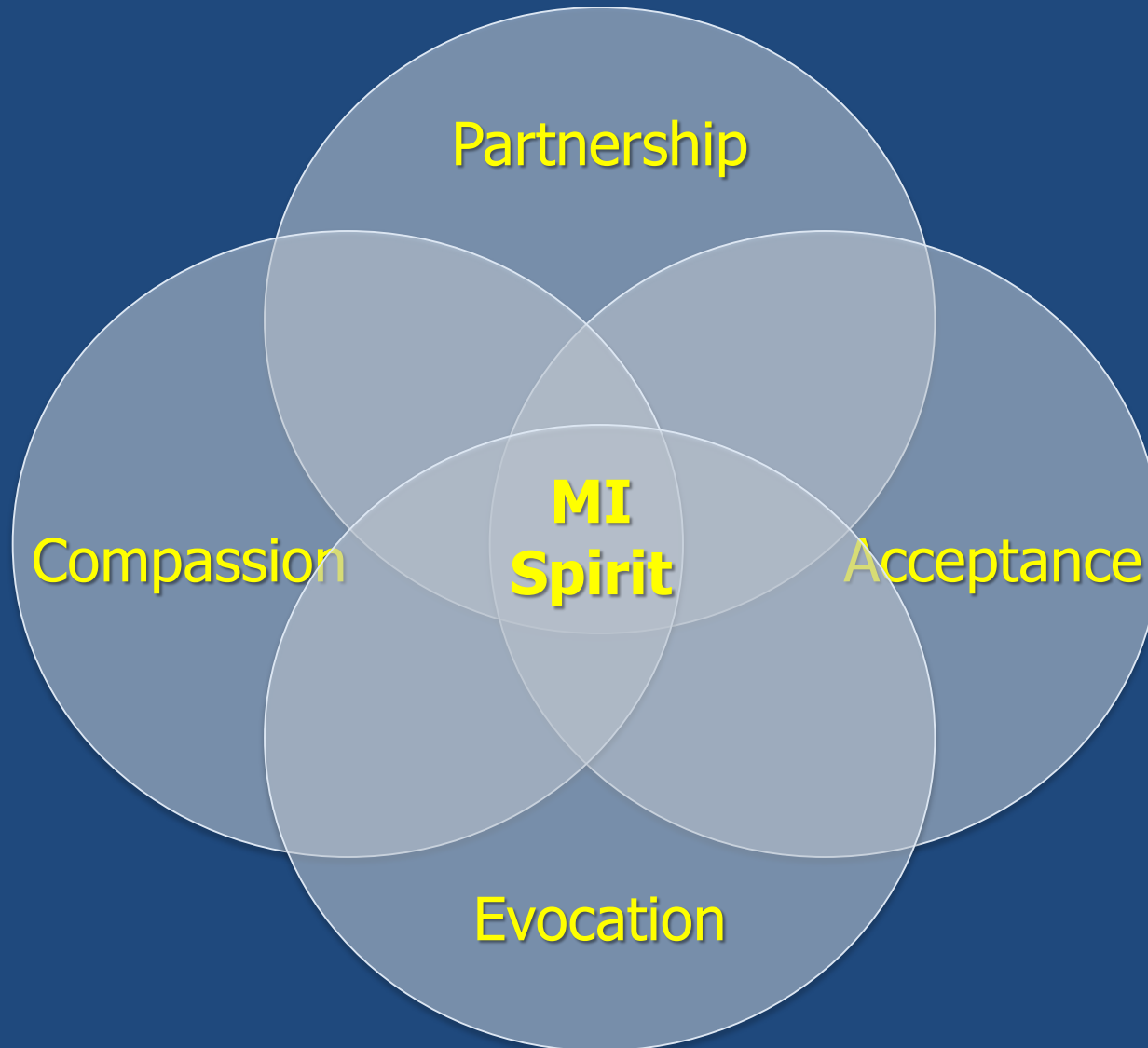
“MI is designed to strengthen personal motivation for and commitment to a specific goal by eliciting and exploring the person’s own reasons for change within an atmosphere of acceptance and compassion.”

# The Concept of Motivation

- Motivation as state rather than trait
- Motivation is influenced by the clinician's style
- Motivation can be modified
- The clinician's task is to elicit and enhance motivation
- *“Lack of motivation” is a challenge for the clinician's therapeutic skills, not a fault for which to blame our clients/patients*



# The Underlying Spirit of MI



# Four Processes of MI

**Planning**

**Evoking**

**Focusing**

**Engaging**

# What's the Best Way to Facilitate Change?

- Constructive behavior change comes from connecting with something valued, cherished and important
- Intrinsic motivation for change comes out of an accepting, empowering, safe atmosphere where people can be honest with themselves

# The Concept of Ambivalence

- Ambivalence is normal
- Students typically come into health settings with fluctuating and conflicting motivations
- They “want to change, yet they don’t want to change”
- *“Working with ambivalence is working with the heart of the problem”*



# Provider Interaction Style

- Nonjudgmental and collaborative
- Based on student and clinician/provider partnership
- “Gently persuasive”
- More supportive than argumentative
- More listening than telling
- Communicates respect for and acceptance of students’ feelings and worldview

# Provider Interaction Style

- Explores student's perceptions without labeling or correcting them
- No teaching, modeling, skill-training
- "Resistance" is seen as an interpersonal behavior pattern influenced by the clinician's style of interaction
- "Resistance" is met with reflection rather than confrontation, i.e. "I can sure understand why you see it that way; would it be ok if I share with you a slightly different way of looking at the situation?"

# MI: Principles

- Motivational interviewing is founded on 4 basic principles:
  - Express Empathy
  - Develop Discrepancy
  - Roll with Resistance
  - Support Self-efficacy

# The Decisional Balance

The good  
things  
about  
\_\_\_\_\_

The not-  
so-good  
things  
about \_\_\_\_\_

The not-so-  
good things  
about  
changing

The good  
things  
about  
changing

- Open-ended questions
- Affirmations
- Reflective listening
- Summarizing

Avoid questions that inspire a yes/no answer.



# Importance/Confidence/Readiness Rulers

On a scale of 1–10...

- How important is it for you to change your drinking?
- How confident are you that you *can* change your drinking?
- How ready are you to change your drinking?

For each ask...

- Why didn't you give it a lower number?
- What would it take to raise that number?



# MI “Micro-Skills”

# Core Skills

- **O** pen-Ended Questions
- **A** ffirmations
- **R** eflective Listening
- **S** ummarizing



# Open-Ended Questions

- Are difficult to answer with brief replies or simple “yes” or “no” answers.
- Contain an element of surprise; you don’t really know what the patient will say.
- Are conversational door-openers that encourage the patient to talk.

# Core Skills

- **O** pen-Ended Questions
- **A** ffirmations
- **R** eflective Listening
- **S** ummarizing



# OARS: Affirmations

(Positive Reinforcement)

- Must be authentic
- Supports and promotes confidence and self-efficacy
- Acknowledges the real-life challenges of the student
- Validates experiences and feelings
- Reinforcing success reduces discouragement & hopelessness

# OARS: Affirmations

- “Thanks for coming in today.”
- “I appreciate that you are willing to talk to me about your substance use.”
- “You are obviously a resourceful person to have recovered from that illness as you have.”
- “That’s a good idea.”
- “It’s hard to talk about drug use (your eating habits, your mental health, etc). I really appreciate your willingness to be honest with me.”



# Core Skills

- **O** pen-Ended Questions
- **A** ffirmations
- **R** eflective Listening
- **S** ummarizing





# Reflective Listening

What it is NOT: listening for the purpose of diagnosing and fixing a problem



# It's not about the nail...



# Establishing Empathy through Reflective Listening

Reflective listening is used to:

- Check out whether you really understood the student
- Highlight the student's own motivation for change
- Guide the student towards a greater recognition of her or his problems and concerns, and
- Reinforce statements indicating that the student is thinking about change

# Summary Statements

Collection



Linkage



Transition



# MI: Conclusion

- The interaction style and microskills of Motivational Interviewing are designed to engage a student in a structured, constructive, supportive conversation about making significant changes like reducing/stopping their substance use
- It communicates acceptance and respect for the student while gradually helping to move them toward the choice to make changes that are in their own best interest

# Cognitive Behavioral Therapy

# Why is CBT useful?

- CBT is a counseling-teaching approach well-suited to the resource capabilities of most programs/clinics
- CBT has been **extensively evaluated** in rigorous clinical trials and has solid empirical support, both for mental health conditions and substance use
- CBT is **collaborative, structured, goal-oriented, and focused on the immediate problems** faced by individuals using substances
- CBT is a **flexible, individualized** approach that can be adapted to a wide range of students as well as a **variety of settings** and formats (group, individual)

# Conceptualizing Behavior

- Classical conditioning
- Operant conditioning
  - Positive reinforcement
  - Negative reinforcement
- Social learning theory



# Important concepts in CBT

## Classical Conditioning

- Repeated pairings of particular events, emotional states, or cues with substance use can produce craving for the substance
- Over time, substance use is paired with cues such as money, drug paraphernalia, particular places, people, times of day, days of the week, and emotions. This is the development of “triggers”.
- Eventually, exposure to the cues/triggers *alone* produces drug/alcohol cravings

# Important concepts in CBT

## Classical Conditioning

- Vital to help student understand that classical conditioning takes place at an *unconscious* level
- Therefore, they have no control over whether or not it takes place
- Once established, it requires careful, specific strategies to extinguish the conditioned response

# Important concepts in CBT

## Operant Conditioning

Drug use is reinforced by the **positive** reinforcement that occurs from the pharmacological properties of the drug, i.e. the “high”



# Important concepts in CBT

## Operant Conditioning

- Drug use is reinforced by the **negative** reinforcement of removing or avoiding painful withdrawal symptoms or other unpleasant experiences like depression or anxiety.



# Important concepts in CBT

## Social Learning Theory

- Behavior is not fully explained by principles of conditioning - learning occurs in a social context
- “Dynamic and reciprocal interaction of the person, environment, and behavior”
- It is one thing to *initiate* new behavior; it is another to *maintain* it

# Important concepts in CBT

CBT attempts to help students:

- Follow a **planned schedule** of low-risk activities
- Recognize drug-using **(high-risk) situations** and avoid those situations
- Cope more effectively with a **range of problems** and problematic behaviors associated with substance use

# Principles of CBT

- CBT is used to teach, encourage, and support individuals about how to reduce / stop their harmful drug use.
- CBT provides skills that are valuable in assisting people to achieve initial abstinence from drugs (or to reduce their drug use).
- CBT also provides skills to help people sustain abstinence (relapse prevention).

# Behavioral CBT Concepts

In the early stages of CBT treatment, strategies emphasize behavior change, and include:

- Setting a schedule to promote engagement in behaviors inconsistent with substance use
- Recognizing and avoiding “high risk” situations, people, places, etc.
- Facilitating positive coping skills



# Cognitive CBT Concepts

As CBT treatment continues, more emphasis is given to the “cognitive” aspects of CBT. This includes:

- Psychoeducation on effects of substances in the brain
- Teaching students about triggers and cravings
- Teaching students cognitive skills (e.g., “thought stopping” and “urge surfing”)
- Identifying “red flag thoughts”

# CBT Summary

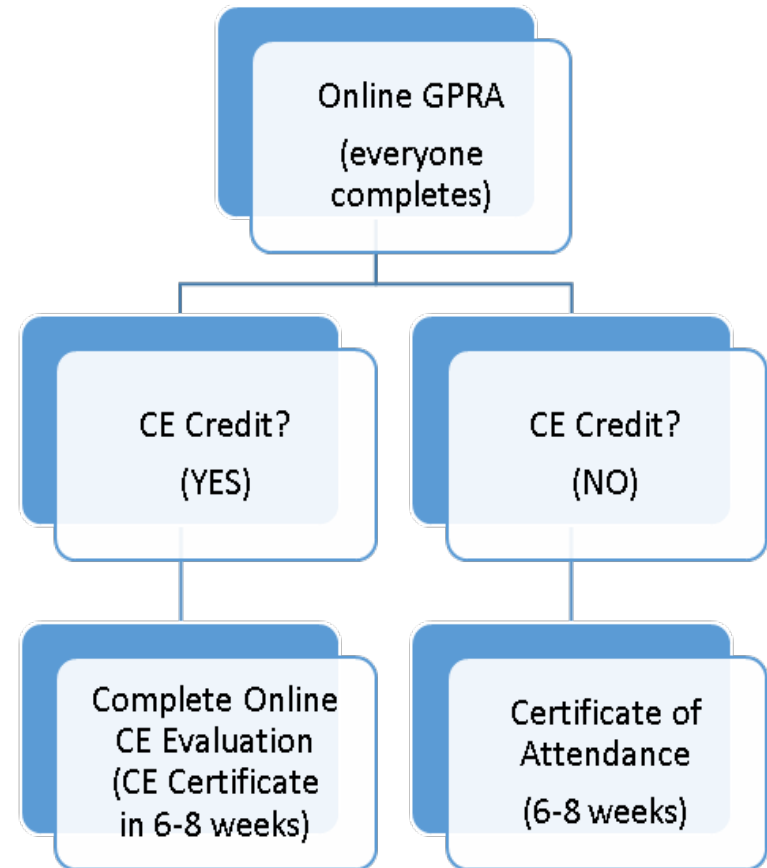
- Behavioral strategies: scheduling and avoidance of high-risk situations
- Cognitive strategies: recognizing triggers and cravings, thought-stopping, recognizing “red flag thoughts,” and analysis of the chain of events that result in a “slip” or “lapse”
- Optimally, CBT strategies can be used while using style of interaction consistent with MI
- CBT effects are robust across alcohol and many types of drugs

# Final Note On Treatment

- Involve parents/caregivers when possible
- Adolescent substance use often reflects underlying problems/dynamics at home
- Parents are often part of the problem and should be part of the solution when possible
- Brief Strategic Family Therapy is an evidence-based approach that can be helpful in changing patterns of family interactions that help maintain adolescent substance use

## Evaluation and CE Process

Please note: We recommend filling out the GPRA and CE evaluation immediately following the training. All surveys will close within one week of the training.



# Post-Training Evaluation (GPRA)

- Please fill out an evaluation!
- We will post the link in the chat and send it via email.
- You can also use your phone to fill out the evaluation using this QR code:



- If you are willing to complete a follow-up survey 30 days from now, please include your email.
  - If you complete the follow-up survey, you will be entered into a drawing for a \$10 gift card.
  - More information on our training evaluation can be found at: <http://uclaisap.org/gpra-survey-disclaimer.html>

# Continuing Education (CE) Credit

- After completing the post-training GPRA evaluation, you will find the link to an **online CE course evaluation**. Please choose the link that corresponds with the type of credit you need.
- Once the CE course evaluation is submitted, you will receive your CE certificate via email in 6-8 weeks.
- We will also send you an email with all of these details and links.

- **End code: 2947**
- Please write this down if you would like 1 hour of CE credit

# Save the Date for Our Virtual Conference: November 2-4!

Registration coming soon. Visit [www.schoolhealthcenters.org](http://www.schoolhealthcenters.org) for latest updates.

## Building Bridges to Healthy & Resilient Communities

Virtual Conference | November 2–4, 2021



# STAY CONNECTED



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Gracias

謝謝

Thank you

Cảm ơn

Salamat

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