Substance Use Disorders: Appreciating the Challenges of Minority Youth
1) The Impact of Substance Use on the Developing Adolescent Brain

2) Who's Doing What? The Epidemiology of Adolescent Substance Use

3) Substance Use Interventions for Adolescents and Transitional Age Youth

4) Integrating Stigmatized Loss and Disenfranchised Grief into the SBIRT Model

5) Substance Use in Adolescents and Transitional Age Youth: Justice Involvement and Homelessness

6) Substance Use Disorders: Appreciating the Challenges of Minority Youth

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Webinar Presenters

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Child and Adolescent Psychiatry Fellow
Boston Children's Hospital, Addiction Medicine Fellow, Boston Children's Hospital, Clinical Fellow in Psychiatry Harvard Medical School

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Dr. Adger has no conflicts of interest to disclose.

Dr. Simon has no conflicts of interest to disclose.
Outline/Objectives

• Describe the epidemiology of substance use disorders (SUD) and the impact on children and families.

• Discuss racism as a factor affecting health outcomes.

• Discuss health disparities and opportunities for enhancing outcomes in the prevention, intervention, and treatment of adolescents affected by substance use (SU) and SUDs.
Clinical Case

- 12-year-old Black boy with Type I Diabetes
- Multiple hospitalizations for DKA
- Parent and child sent to intensive educational program
- Admissions for new onset seizures and hypoglycemia
- Parental/family history

• What is the secret to this problem?
Epidemiological Issues: How Many Children/Adolescents are Affected by Family SUD?

Number and percentage of children aged 17 or younger living with at least one parent with a past year substance use disorder, by age group and household composition: annual average, 2009 to 2014

Source: SAMHSA, Center for Behavioral Health Statistics and Quality, National Surveys on Drug Use and Health (NSDUHs), 2009 to 2014.
7.4% of adults classified with DSM-IV* alcohol use disorder in past year.

18% of adults classified with lifetime DSM-IV alcohol abuse or dependence.*

9.7 million children living in households with 1 or more adults who were abusing or dependent* on alcohol.

*DSM-5 no longer recognizes abuse or dependence, but categorizes substance use disorders into levels of severity (mild, moderate, and severe).

B F Grant, AJPH; 90 (1):112-115; 2000
• 1 in every 4 children in the US exposed to alcohol abuse or dependence in the family.

• The number “defines one of today’s major public health problems.”

• “Children exposed through no fault of their own...are thrust into families and environments that pose extraordinary risks to their immediate and future well-being and threaten the achievement of their fullest potential.”

B F Grant, AJPH; 90 (1):112-115; 2000
Addiction a Pediatric Disease:  > 90% of adults with a SUD began use during adolescence

**ADDICTION IS A DEVELOPMENTAL DISEASE starts in adolescence and childhood**

Brain areas where volumes are smaller in adolescents than young adults


Oddly, the majority of Children/Adolescents in families affected by addiction go undetected.
Children of Parents or in Families Affected by SUDs

- Higher risk for SU/SUD related problems than other children.
- Family interaction is often defined by SUD in a family.
- A relationship between parental SUD and child abuse has been documented in a large proportion of child abuse and neglect cases.
- Higher risk for placement outside the home.
- Exhibit symptoms of depression and anxiety more than do children from non-affected families.
- More physical and mental health problems and higher health and welfare costs compared to children from non-affected families.
- Higher rate of behavior problems.
- Score lower on tests measuring school achievement and exhibit other difficulties in school.
- Maternal SU during pregnancy associated with adverse outcomes or neurological deficits.
- May benefit from supportive adult efforts to help them.
Primary roles of the Family in the Social and Cognitive Development of Children

Two relevant conclusions from the literature:

• All familial variables that can, will affect child outcomes

• The parent-child interaction is characterized primarily by two major dimensions:
  • Nurturance (i.e., warmth and support)
  • Control (i.e., supervision and discipline)
Children of Parents Affected by SUD

• May lack consistency, stability, or emotional support due to chaotic family environment.

• May be physically and emotionally traumatized due to accidental injury, verbal abuse or physical abuse due to parental drinking/drug use.

• May encounter:
  • Poor communication
  • Permissiveness
  • Violence
  • Neglect
  • Undersocialization
Family Disease Model: The SUD Family System

- Don’t Talk
- Don’t Trust
- Don’t Feel

Rigid Rules
Disease of Addiction
Defense Mechanisms
Isolation
Rigid Roles
Definitions:

• Terms to know
• A society’s culture includes aspects that are **visible** (the 10% seen above the water level), as well as a **target portion that is hidden** beneath the surface.
Racism & Antiracism:

**Racism**
“System of structuring opportunity and assigning value based on the social interpretation of how one looks (‘race’) that unfairly disadvantages some individuals and communities…and saps the strength of the whole society through the waste of human resources.”
- Camara P. Jones, MD, MPH, PhD

**Anti-Racism**
“Explicitly expressing the idea that racial groups are equals, actively opposing racism, and supporting policy that reduces racial inequity.”
- Ibram X. Kendi, PhD
Historical Context:

- Political and Legislative History to know
Historical Context in the US:

Historical injustices setting the stage for persistent injustices and disparities

1619 - Beginning of slavery in the US

1790 - Naturalization Act

1808 - US banned importation of African slaves

1830s - Indian Removal Act & Trail of Tears

1863 & 1865 - Emancipation Proclamation & 13th Amendment

Adapted from Camille Robinson, MD, MPH
Historical Context in the US:

Historical injustices setting the stage for persistent injustices and disparities

1896
Plessy v. Ferguson

1914
Harrison Narcotics Tax Act

1930 – 1950s
Marihuana Tax Act
HOLC Redlining Maps & Federal Housing Act

Adapted from Camille Robinson, MD, MPH
Redlining Map:

University of Richmond’s Digital Scholarship Lab. Mapping Inequality: Redlining in New Deal America. Available at https://dsl.richmond.edu/panorama/redlining/
Historical Context in the US:

Historical injustices setting the stage for persistent injustices and disparities

- 1896: Plessy v. Ferguson
- 1914: Harrison Narcotics Tax Act
- 1930 – 1950s: HOLC Redlining Maps & Federal Housing Act
- 1951: Henrietta Lacks Unknowingly Donates Cells
- 1932-1972: Tuskegee Study of Untreated Syphilis in the Negro Male
- 1951: Drug Abuse Prevention and Control Act

Adapted from Camille Robinson, MD, MPH

Jim Crow Era
Historical Context in the US:

Historical injustices setting the stage for persistent injustices and disparities

- 1954: Brown v. Board of Education
- 1955: Lynching of 14-year-old Emmett Till
- 1964: Civil Rights Act
- 1965: Voting Rights Act

Adapted from Camille Robinson, MD, MPH
“Two hundred fifty years of slavery. Ninety years of Jim Crow. Sixty years of separate but equal. Thirty-five years of racist housing policy. Until we reckon with our compounding moral debts, America will never be whole.”

- Ta-Nehisi Coates

*Award-winning author & journalist*
The American Academy of Pediatrics is committed to addressing the factors that affect child and adolescent health with a focus on issues that may leave some children more vulnerable than others. Racism is a social determinant of health that has a profound impact on the health status of children, adolescents, emerging adults, and their families. Although progress has been made toward racial equality and equity, the evidence to support the continued negative impact of racism on health and well-being through implicit and explicit biases, institutional structures, and interpersonal relationships is clear. The objective of this policy statement is to provide an evidenced-based document focused on the role of racism in child and adolescent development and health outcomes. By acknowledging the role of racism in child and adolescent health, pediatricians and other health care professionals will be able to proactively engage in strategies to optimize clinical care, workforce development, professional education, system engagement, and research in a manner designed to reduce the health effects of structural, personalized, and internalized racism and improve the health and well-being of all children, adolescents, emerging adults, and their families.

STATEMENT OF THE PROBLEM
Racism is a “system of structuring opportunity and assigning value based on the social construction of race one looks at (which is what we call ‘race’) that unfairly disadvantages some individuals and communities, unfairly advantages other individuals and communities, and erodes the strength of the whole society through the waste of human resources.”[10] Racism is a social determinant of health[11] that has a profound impact on the health status of children, adolescents, emerging adults, and their families. [12] Although progress has been made toward racial equality and equity, the evidence to support the continued negative impact of racism on health and well-being through implicit and explicit biases, institutional structures, and interpersonal relationships is clear. [13] Failure to address racism will have...
Education Matters

How education impacts health:
• Income opportunities and resources
  • Healthier neighborhoods

• Health knowledge and skills

• Social and psychological factors
  • sense of control, social standing, social networks

• Black students face disproportionately harsher punishment than white students in public schools
  • 18% of preschool population but represent 48% of out-of-school suspensions.¹

  • By 10yo, Black youth are viewed as older (~4.5yrs).²

  • Black youth (10 – 17yo) make up 44% of the population in juvenile (in)justice system.³

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¹ Helping to Ensure Equal Access to Education. U.S. Department of Education’s Office of Civil Rights
The health & daily lives of minority youth in the US are shaped directly/indirectly by the racism they experience.

- Majority of U.S. black and Latino adolescents (as young as 10–12 years old) report experiencing racism and/or discrimination (Only 8% of adolescents did not)
- Exposure to police violence negatively affects the mental health of black youth and adults

Note: Also, keep in mind intersectionality for racial/ethnic groups, which is experiencing additional discrimination based on belonging to another disadvantaged group besides race (e.g., gender, religion, disability, sexual and/or gender identity, national origin)

Kulis et al., 2009, J Health Soc Behav; Brody et al., 2006, Child Dev; Ang, 2020; Bor et al., 2018, Lancet
Levels of Racism

Institutionalized racism
- Initial historical insult
- Structural barriers
- Inaction in face of need
- Societal norms
- Biological determinism
- Unearned privilege

Personally mediated racism
- Intentional
- Unintentional
- Acts of commission
- Acts of omission
- Maintains structural barriers
- Condoned by societal norms

Internalized racism
- Reflects systems of privilege
- Reflects societal values
- Erodes individual sense of value
- Undermines collective action
Levels of Racism

- Infant Mortality, Low Birth Weight
- Obesity, Diabetes, Hypertension
- Life Expectancy
- Access to Addiction Treatment

Health Outcome & Disparity

racism
Access to Addiction Services Differs by Race/Gender

Buprenorphine Treatment Divide by Race/Ethnicity and Payment

Pooja A. Lagisetty, MD, MSc,1,3,4; Ryan Ross, BS4; Amy Bohnert, PhD2,3,5; et al.

Long-term Retention in Office Based Opioid Treatment with Buprenorphine

Zoe M. Weinstein, MD, MS,a Hyunjoong W. Kim, BA,b Debbie M. Cheng, ScD,c Emily Quinn, MA,d David Hui, BA,b Colleen T. Labelle, BSN, RN-BC, CARN,a Mari-Lynn DRAinoni, PhD, Med,e,f,g Sara S. Bachman, PhD, MS,e,h and Jeffrey H. Samet, MD, MA, MPH,i,j

Trends in Receipt of Buprenorphine and Naltrexone for Opioid Use Disorder Among Adolescents and Young Adults, 2001-2014

Scott E. Hadland, MD, MPH, MS,a,b,c,d,e,f J. Frank Wharam, MB, BCh, BAO, MPH,g,h,i, Mark A. Schuster, MD, PhD,j,k Fang Zhang, PhD,l,m,n,o,e,f Jeffrey H. Samet, MD, MA, MPH,p and Marc R. LaRochelle, MD, MPH,q

Receipt of Addiction Treatment After Opioid Overdose Among Medicaid-Enrolled Adolescents and Young Adult

Rachel H Alinsky, Bonnie T Zima, Jonathan Rodean, Pamela A Matson, Marc R LaRochelle, Hoover Adger Jr, Sarah M Bagley, Scott E Hadland

Racial/Ethnic Differences in Treatment for Substance Use Disorders among U.S. Adolescents

Dr. Janet R. Cummings, Ph.D., Ms. Hefei Wen, B.A., and Dr. Benjamin G. Druss, M.D., M.P.H.
Rollins School of Public Health
Diving into Health Disparities

• Where do we start? Strategies to improve it.
“The only way to undo racism is to consistently identify and describe it – and then dismantle it.”

- Ibram X. Kendi

Author of How to Be an Antiracist
Dismantle racism:

Well, how do I do that?
## Becoming an Antiracist in Health Care

### Identify (Diagnose)
Identify the social determinants of health and racial inequities that impact your specific patient population.

### Describe (Work Up)
Describe those social determinants and inequities by:
1) Asking patients, 2) Creating community advisory boards, 3) Conducting needs assessments.

### Interrupt (Treatment Plan)
Interrupting these inequities and biases by:
1) Creating/revising processes and policies that don’t exacerbate inequities, 2) Examining one’s own biases.
Becoming an ally within systems

- Education
- Employment
- Income & Wealth
- Physical Environment
- Social Environment
- Transportation Systems
- Housing
- Health Care System
Adverse Childhood Experiences (ACEs)

“Racism is an adverse childhood experience & core social determinant of health that is a driver of health inequities.”

Trent et al., 2019. Pediatrics
Clinical Case

- 15-year-old Hispanic girl with Type I Diabetes
- Multiple hospitalizations for DKA
- History of non-compliance
- Consult to adolescent medicine – talk to the patient about medication compliance and importance of taking her medications.
Adolescent

Black & Brown

Poor

Low health literacy

Risky behavior

Made her own decisions

Mother is an addict

Doing “adult” things

Older than appears

Drug user

Unhealthy

Abused

Lazy

Defiant

Hard to place adolescent in new home

Non-compliant

Incarcerated

Hot mess/train wreck

Too complicated of a case

Hard to place adolescent in new home

Adapted from Camille Robinson, MD, MPH
Low treatment rates for SUD found among all adolescents, with blacks and Hispanics having the lowest treatment rates across all racial/ethnic groups.

Unadjusted treatment completion rates by race/ethnicity for alcohol and marijuana treatment

<table>
<thead>
<tr>
<th></th>
<th>Panel A. Percent completing treatment</th>
<th>χ²-test</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>N</td>
<td>Treatment completed (%)</td>
</tr>
<tr>
<td>Alcohol treatment</td>
<td></td>
<td></td>
</tr>
<tr>
<td>White</td>
<td>7,872</td>
<td>64.9 (63.8, 65.9)</td>
</tr>
<tr>
<td>Black</td>
<td>1,392</td>
<td>50.9 (48.3, 53.6)</td>
</tr>
<tr>
<td>Hispanic</td>
<td>3,372</td>
<td>51.3 (49.6, 53)</td>
</tr>
<tr>
<td>Native American</td>
<td>768</td>
<td>66.3 (62.9, 69.6)</td>
</tr>
<tr>
<td>Asian-American</td>
<td>279</td>
<td>65.2 (59.6, 70.8)</td>
</tr>
<tr>
<td>Marijuana treatment</td>
<td></td>
<td></td>
</tr>
<tr>
<td>White</td>
<td>24,959</td>
<td>61.2 (60.6, 61.8)</td>
</tr>
<tr>
<td>Black</td>
<td>13,939</td>
<td>47.8 (47, 48.6)</td>
</tr>
<tr>
<td>Hispanic</td>
<td>12,709</td>
<td>52.5 (51.6, 53.3)</td>
</tr>
<tr>
<td>Native American</td>
<td>1,138</td>
<td>59.4 (56.5, 62.2)</td>
</tr>
<tr>
<td>Asian-American</td>
<td>632</td>
<td>57.8 (53.9, 61.6)</td>
</tr>
</tbody>
</table>

- Black and Hispanic youth were significantly less likely than whites to complete Tx for both ETOH and THC. Completion rates were similar for whites, Native Americans, and Asian Americans.

- Differences in predictor variables explained 12.7% of the black-white ETOH Tx gap and 7.6% of the THC Tx gap.

- Factors related to social context are likely to be important contributors to white-minority differences in addiction Tx completion, particularly for Hispanic youth.

- Increased Medicaid funding, coupled with culturally tailored services, could be particularly beneficial.
Adolescent-Serving Addiction Treatment Facilities in the United States and the Availability of Medications for Opioid Use Disorder


- Cross-sectional study of 2017 of National Survey of Substance Abuse Treatment Services facilities classified by whether they offer adolescent services.

- Among 13,585 US addiction treatment facilities, 26% offered adolescent programs.

- Adolescent serving facilities were half as likely to offer maintenance MOUD as adult-focused facilities, which was offered at 23.1% of adolescent vs. 36% of adult-focused facilities.

- Among adolescent-serving facilities characteristics associated with increased odds of offering maintenance MOUD were non-profit status, hosp. affiliation, accepting private insurance, accreditation, NE location, inpatient services.
Sociodemographic and Clinical Characteristics of 3606 Youth with Opioid Overdose by Receipt of Tx < 30 days of OD

- Retrospective cohort study, 2009-15, Medicaid enrolled youth 13-22 years old.
- 26.4% heroin OD; 74% other opioid OD.
- Of 3606 with opioid OD and enrollment >30 days after OD, 68.9% received no addiction treatment, only 29.3% received behavioral health services and only 1.9% received pharmacotherapy.
- There was a marked racial/ethnic disparity; only 1 black or Hispanic youth in the study received pharmacotherapy.
Health Disparities in Drug- and Alcohol-Use Disorders: A 12-Year Longitudinal Study of Youths After Detention

Objectives: To examine sex and racial/ethnic differences in the prevalence of 9 different SUDs in youths during the 12 years after detention.

Methods: Data from the NW Juvenile Project, a prospective longitudinal study of 1,829 youths randomly sampled from detention in Chicago, IL, starting in 1995 and re-interviewed up to 9 times in the community or correctional facilities through 2011.

Results. By median age 28 years, 91.3% of males and 78.5% of females had ever had an SUD. At most follow-ups, males had greater odds of ETOH- and THC-use disorders. SUDs were most prevalent among non-Hispanic Whites, followed by Hispanics, then African Americans (e.g., compared with African Americans, non-Hispanic Whites had 32.1 times the odds of cocaine-use disorder.)
Health Disparities in Drug- and Alcohol-Use Disorders: A 12-Year Longitudinal Study of Youths After Detention

• Substance use is a significant problem among youth in the juvenile justice system.

• Irrespective of sex or race/ethnicity, SUDs are the most common psychiatric disorders among delinquent youth.

• After detention, SUDs present a continuing challenge for the community mental health system.

Implications:
• Address-- as a health disparity-- the disproportionate incarceration of African Americans for drug offenses.

• SUD has far greater consequences for racial/ethnic minorities.

• Need to improve preventive interventions, services during incarcerations and care after release from detention.
Four areas of particular challenge stand out:

1. Systemic inequities that block many minoritized populations from sufficient access and engagement in evidence-based treatment;

2. scarcity and insufficient use of culturally appropriate evidence-based and promising interventions for patients of color;

3. minimal workforce development for mental health clinicians on the social determinants of health, and subjects such as implicit bias, cultural humility, and other factors that impede high-quality care for minoritized populations;

4. the difficulty of reaching the full range of providers with the training and resources needed to address the variety of circumstances and challenges affecting this highly diverse population.
Practical Issues: What is our role as health care professionals and child health advocates?
Drug use is a preventable behavior.
Drug Addiction is a treatable disease.

*Partnership for a Drug-Free America*
References:

- Slide 8: SAMHSA, Center for Behavioral Health Statistics and Quality, National Surveys on Drug Use and Health (NSDUHs), 2009 to 2014.
- Slide 9 – 10: B F Grant, AJPH; 90 (1):112-115; 2000
- Slide 29: Kulis et al., 2009, J Health Soc Behav; Brody et al., 2006, Child Dev; Ang, 2020; Bor et al., 2018, Lancet
- Slide 47: Many Rivers to Cross: Critical Challenges and Overarching Goals for the African American Behavioral Health Center of Excellence
Thank You

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Related Products & Resources from the ATTC Network

- **CLAS Standards in Behavioral Health: Working with Youth and Adolescents** (Recorded webinar)
- **Understanding Latino Youth Recovery: Issues, Assets and Creating Resiliency** (Recorded webinar)
- Adolescent Brain Maturation and Health: Intersections on the Developmental Highway
  - Recorded presentation
  - Handouts
- **Effects on Marijuana Use on Developing Adolescents** (Recorded webinar)
- **Vaping Overview and CATCH My Breath Program** (Recorded webinar)
- **Vaping 2: Education vs Punishment Using Deferred Citation** (Recorded webinar)
- **Understanding Suicide Part 2 Adolescents and the Changing Brain** (Recorded webinar)

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Related Products & Resources from the PTTC Network

- Underage Alcohol Use: An Overview of Data and Strategies (Recorded webinar)
- Youth Opioid Addiction: What Preventionists Need to Know (Recorded webinar)
- Selecting and Implementing Evidence-Based Practices to Address Substance Misuse Among Young Adults: Webinar on SAMHSA’s Resource Guide
- Preventing Youth Vaping (Webinar Series) Part 1 of 2: The Extent and Risk Factors for Youth Vaping (Recorded webinar)
- Preventing Youth Vaping Part 2 of 2: Policy Recommendations and Promising Practices for Addressing Youth Vaping (Recorded webinar)
- The Benefits of Engaging Youth in Communities: Insights and Evidence from Developmental Science (Recorded webinar)
- Vaping and LGBTQ Youth (Recorded webinar)
- Informing Prevention 6-Part Webinar Series on Adolescents: Mountain Plains PTTC
- Adolescent SBIRT Pocket Card

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