



# Substance Use Interventions for Adolescents and Transitional Age Youth

Produced in Partnership:



Network Coordinating Office

**ATTC**

Addiction Technology Transfer Center Network  
Funded by Substance Abuse and Mental Health Services Administration



Interdisciplinary Leaders in  
Substance Use Education,  
Research, Care and Policy

ADOLESCENT  
**S B I R T**  
Screening, Brief Intervention & Referral to Treatment

by



at the  
University of  
Chicago



## Webinar Moderator

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**Hildie Cohen, MA, MEd**

Research Director II

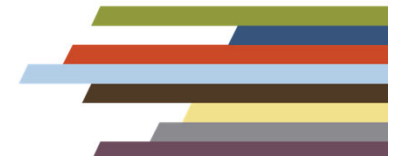
Health Sciences

NORC at the University of Chicago

Cohen-Hildie@norc.org



 **NORC** at the  
University of  
Chicago



Produced in  
Partnership...



Network Coordinating Office

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[attcnetwork.org](http://attcnetwork.org)



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ADOLESCENT

**S B I R T**

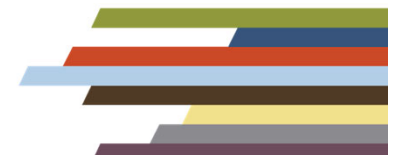
*Screening, Brief Intervention & Referral to Treatment*

by

**NORC**

at the  
University of  
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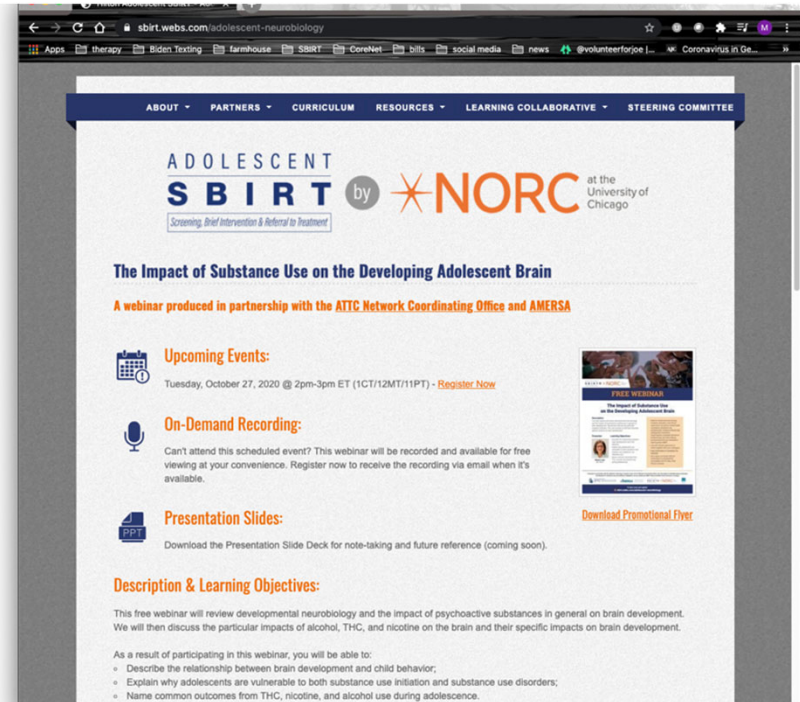
- 1) The Impact of Substance Use on the Developing Adolescent Brain
- 2) Who's Doing What?: The Epidemiology of Adolescent Substance Use
- 3) Substance Use Interventions for Adolescents and Transitional Age Youth**
- 4) Integrating Grief and Loss Conversations into the SBIRT Model

[attnetwork.org/centers/global-attn/tay-webinar-series](https://attnetwork.org/centers/global-attn/tay-webinar-series)

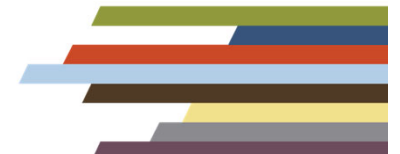
# Access Materials

- Bookmark the website
- Follow-up email
- On-demand access 24/7
- Brief survey
- Certificate of Completion brief application (1 NAADAC CE)

[sbirt.webs.com/adolescent-interventions](http://sbirt.webs.com/adolescent-interventions)



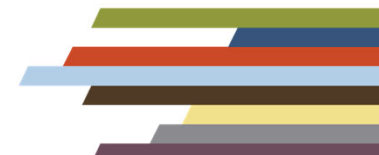
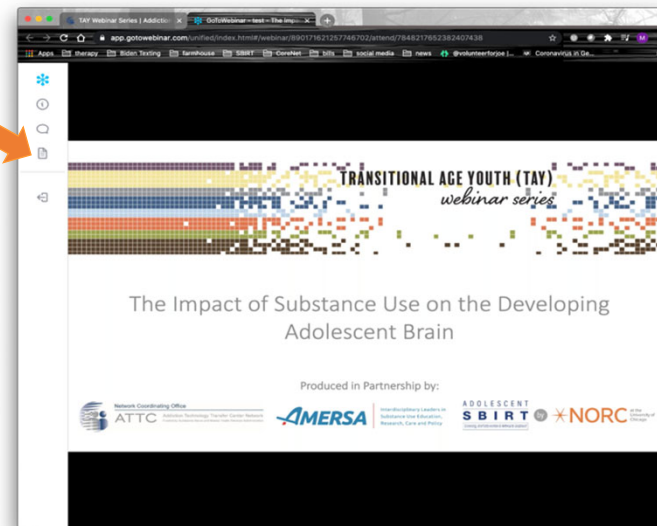
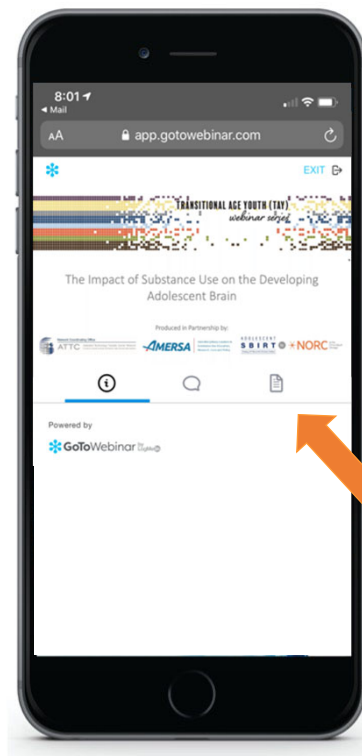
The screenshot displays the website for Adolescent SBIRT by NORC at the University of Chicago. The page is titled "The Impact of Substance Use on the Developing Adolescent Brain" and is produced in partnership with the ATTC Network Coordinating Office and AMERSA. It features a navigation menu with links for ABOUT, PARTNERS, CURRICULUM, RESOURCES, LEARNING COLLABORATIVE, and STEERING COMMITTEE. The main content area includes sections for "Upcoming Events" (Tuesday, October 27, 2020 @ 2pm-3pm ET), "On-Demand Recording" (available for free viewing), "Presentation Slides" (downloadable PPT), and "Description & Learning Objectives" (covering developmental neurobiology and the impact of psychoactive substances). A "Download Promotional Flyer" link is also present.



# Access PowerPoint Slides

Access the PowerPoint slides through the “Handouts” pane of your GoToWebinar Control Panel on your computer or mobile device.

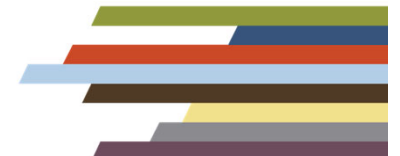
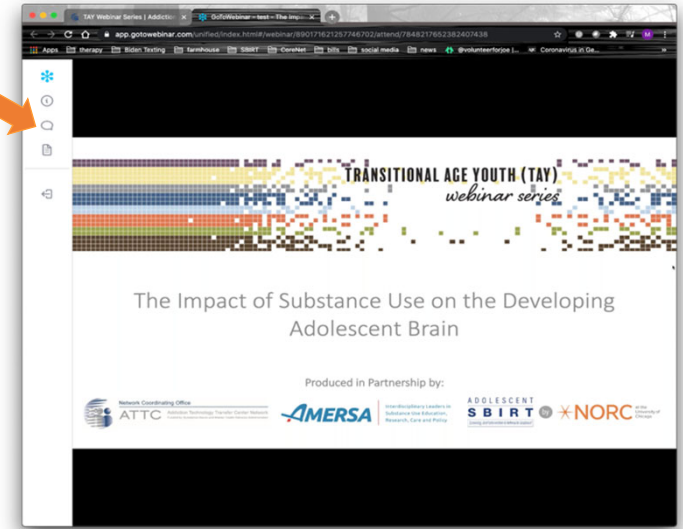
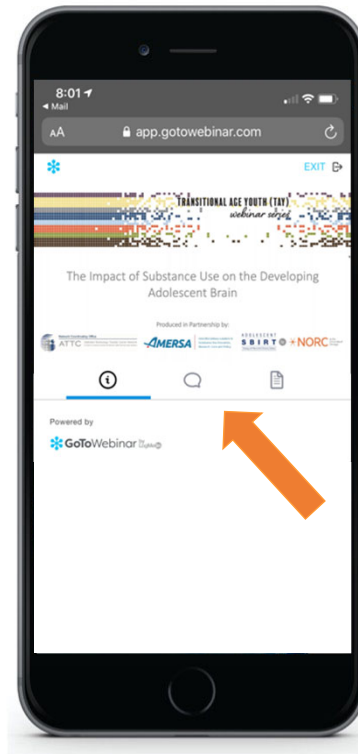
Or, download them from the website.



# Ask Questions

Ask questions at any point through the “Chat” pane of your GoToWebinar Control Panel on your computer or mobile device.

Answers will be posted on the website.



# Webinar Presenters



## **Sarah Bagley, MD, MSc**

Primary care physician and researcher specialized in addiction medicine

Boston Medical Center, Boston, MA

Assistant Professor of Pediatrics and Medicine, Boston University

## **Nicholas Chadi, MD, MPH**

Pediatrician and researcher specialized in adolescent and addiction medicine

Sainte-Justine University Hospital Centre, Montreal, Canada


Assistant Professor of Pediatrics, Université de Montréal



A large orange shape on the left side of the slide, consisting of a vertical rectangle with a rounded right edge.

Disclosures

Dr. Chadi and Dr. Bagley  
have no conflicts of  
interest to disclose

A yellow dashed line in the bottom right corner, consisting of several curved segments.

# Objectives



1

**Describe** the steps involved in conducting screening, brief intervention and referral to treatment (SBIRT)

2

**Review** key behavioral and medication treatment approaches for youth with substance use disorders

3

**Discuss** the role of family and community support in caring for youth with substance use disorders

Part 1:  
Screening  
and  
behavioral  
interventions

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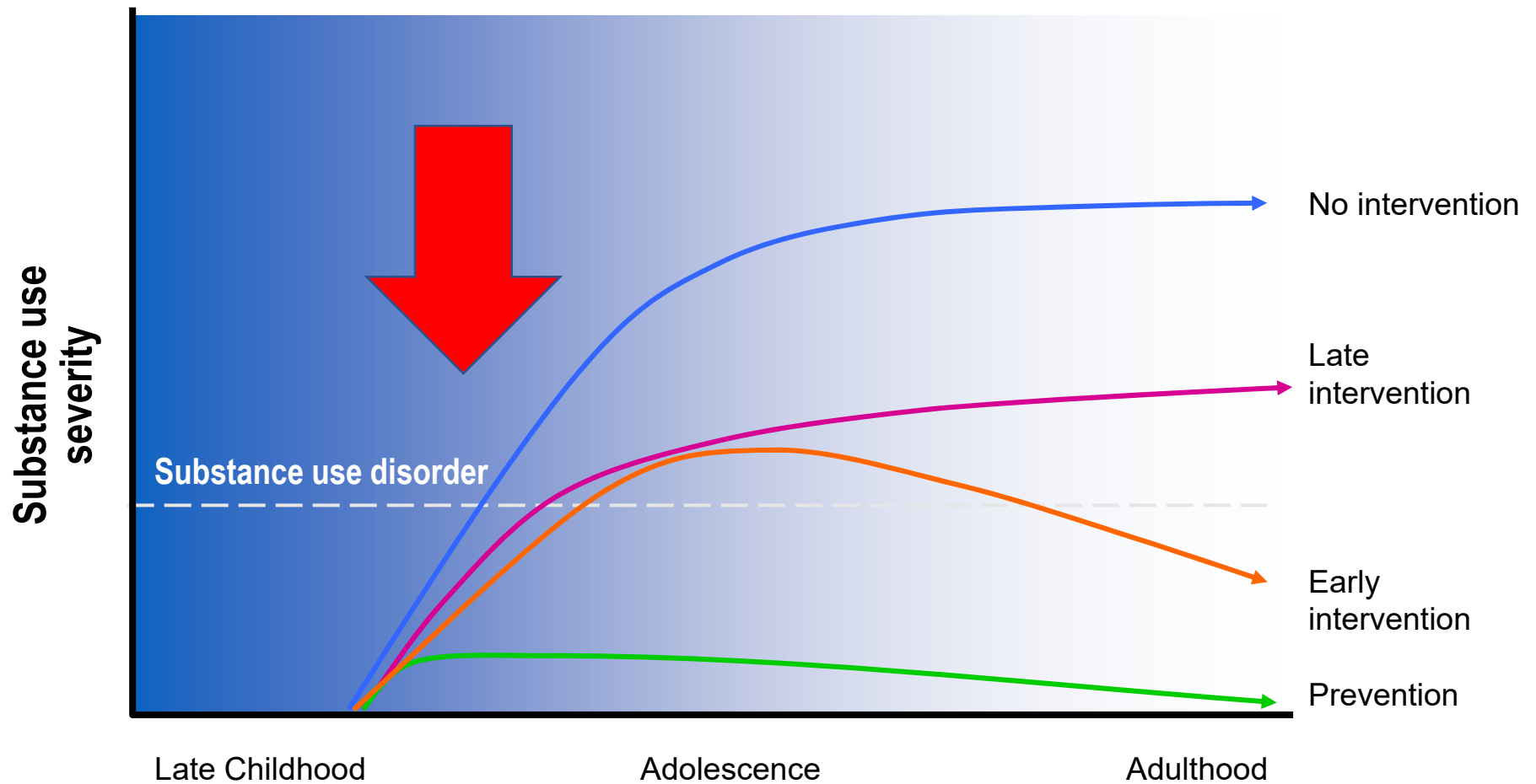


# Clinical vignette: Cynthia

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- 14 years old, grade 9
- Started vaping 2 years ago
- Uses high concentration pre-filled disposable flavored nicotine and THC vaping devices
- Vapes before, during and after school and wakes up once or twice every night “to take a few hits”
- Tells you: “I just *love* how social vaping is! All my friends do it. The only problem is that I do it so much, I kinda don’t wanna do anything else”.
- What else would you like to know about Cynthia’s substance use behaviors?
- How could you help her cut down or quit?

# Early intervention: bending the curve



# A few words about SBIRT...

- **Screening:** Universal or targeted screening for assessing use and severity of alcohol; illicit drugs; and prescription drug use and disorders
- **Brief Intervention:** An interpersonal interaction whose primary impact is motivational, working to trigger a decision and commitment to change.
- **Referral to Treatment:** Referrals to specialty care for adolescents with substance use disorders

# School SBIRT in Massachusetts

The state of Massachusetts has recently adopted a law requiring all schools to offer **SBIRT** to all middle and high school students by the end of the 2017-2018 academic year



**House Bill No. 4056: The Commonwealth of Massachusetts**

*An Act relative to substance use, treatment, education and prevention.*

**Section 15:** Subject to appropriation, each city, town, regional school district, charter school or vocational school district shall utilize a verbal screening tool\* to screen pupils for substance use disorders. Screenings shall occur on an annual basis and occur at 2 different grade levels as recommended by the department of elementary and secondary education, in consultation with the department of public health.

\*Screening protocols must be approved by the Department of Public Health – the MA DPH has stated that SBIRT is the only approved screening protocol for use in middle and high schools.

# Experience of School SBIRT in a Sample of Middle and High School Students in Massachusetts

- School SBIRT is generally **well-accepted** by students
- The majority of students value speaking with an adult about substance use and would feel **comfortable** following up with the screener
- There are several **barriers to disclosure** of substance use behaviors and the best ways to address these barriers remain unclear

JOURNAL OF  
**SCHOOL HEALTH**



RESEARCH ARTICLE

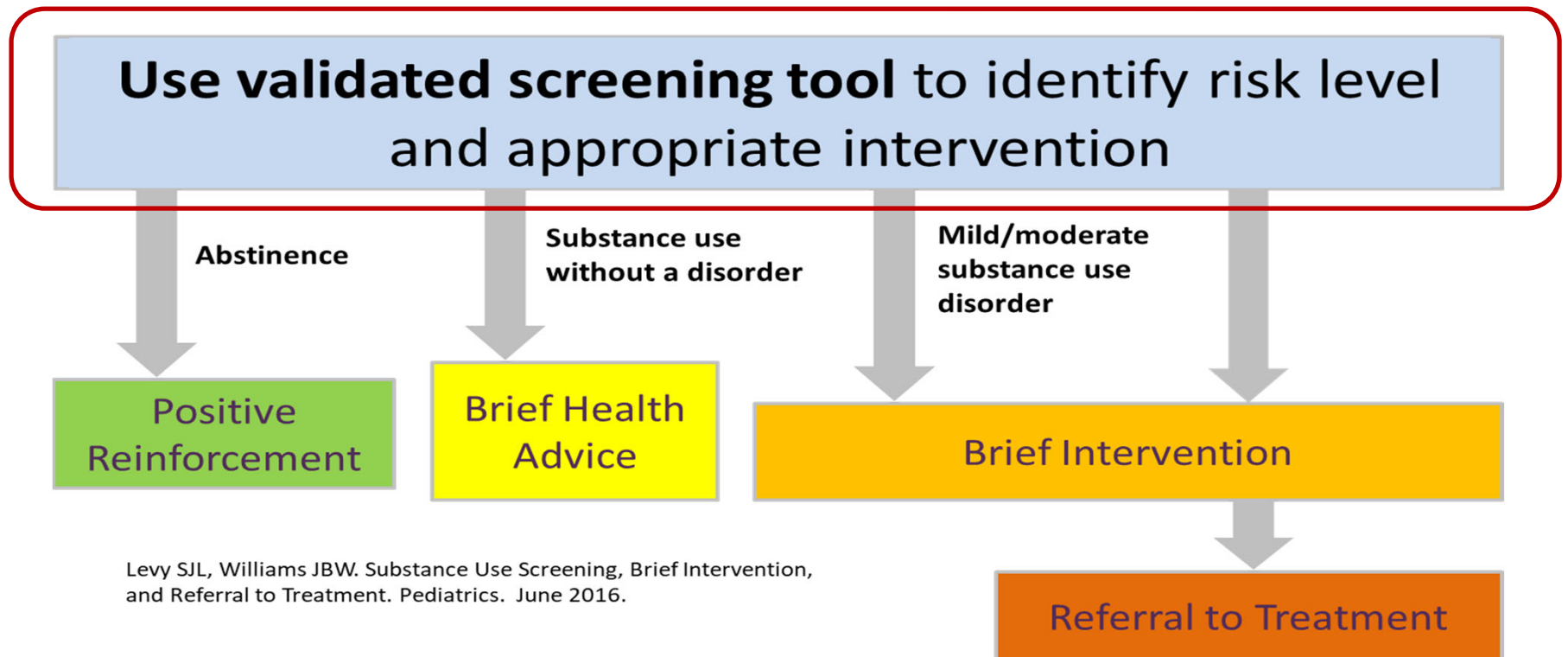
## Student Experience of School Screening, Brief Intervention, and Referral to Treatment

Nicholas Chadi MD, MPH , Sharon Levy MD, MPH , Lauren E. Wisk PhD , Elissa R. Weitzman ScD, MSc 

First published: 24 March 2020 | <https://doi.org/10.1111/josh.12890> | Citations: 1



# Screening, Brief Intervention and Referral to Treatment (SBIRT)



# Privacy and confidentiality

- Important to clarify the **limits** of confidentiality
- Should be discussed with **every young person** at the beginning of every visit
- Encourage the youth to be honest/truthful
- Create a space where the youth will feel comfortable sharing sensitive information
- Reasons to **breach confidentiality** (i.e. to parents):
  - Self-harm/suicidality, harm to others, sexual abuse

# Validated Screening Tools

- **BSTAD:** Brief Screener for Tobacco, Alcohol, and other Drugs (Kelly S, 2014)
- **S2BI:** Screening to Brief Intervention (Levy, 2014)
- **CRAFFT 2.1+N:** Car-Relax-  
Alone-Forget-Friend-  
Trouble (Knight, 2002)

# Screening to Brief Intervention (S2BI)

In the past year, how many times have you used

- Nicotine/tobacco (including cigarettes, electronic cigarettes or vapes)
- Alcohol?
- Marijuana?

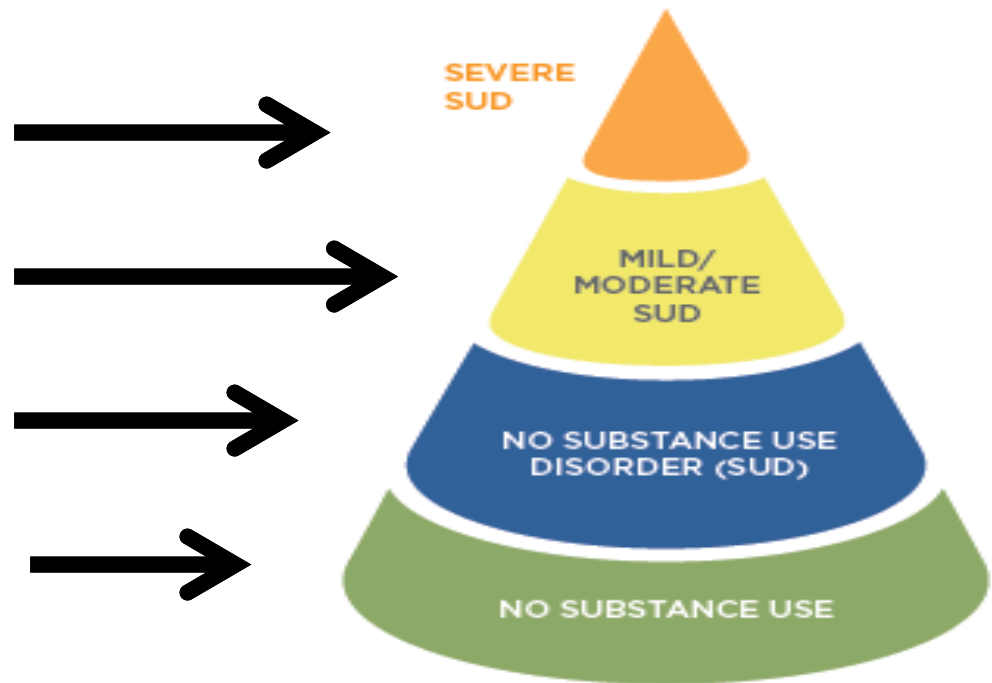
**STOP if all "Never." Otherwise, CONTINUE.**

- Prescription drugs that were not prescribed for you (such as pain medication or Adderall)?
- Illegal drugs (such as cocaine or Ecstasy)?
- Inhalants (such as nitrous oxide)?
- Herbs or synthetic drugs (such as salvia, "K2", or bath salts)?

- Never
- Once or twice
- Monthly
- Weekly

# Screening to Brief Intervention (S2BI)

S2BI	
In the past year, how many times have you used:	
• Nicotine or tobacco?	• Weekly
• Alcohol?	• Monthly
• Marijuana?	• Once or twice
	• Never



Levy SJL, Williams JBW. Substance Use Screening, Brief Intervention, and Referral to Treatment. Pediatrics. June 2016.

# The CRAFFT+N 2.1 Interview

To be orally administered by the clinician

**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, on how many days did you:**

1. Drink more than a few sips of beer, wine, or any drink containing **alcohol**? Say "0" if none.

# of days

2. Use any **marijuana** (weed, oil, or hash by smoking, vaping, or in food) or "**synthetic marijuana**" (like "K2," "Spice")? Say "0" if none.

# of days

3. Use **anything else to get high** (like other illegal drugs, prescription or over-the-counter medications, and things that you sniff, huff, or vape)? Say "0" if none.

# of days

4. Use any **tobacco or nicotine** products (for example, cigarettes, e-cigarettes, hookahs or smokeless tobacco)?

# of days

When possible, consider self-administration using pen/paper or electronic formats to improve response/disclosure rates

Did the patient answer “0” for all questions in Part A?

Yes



Ask CAR question only, then stop

No



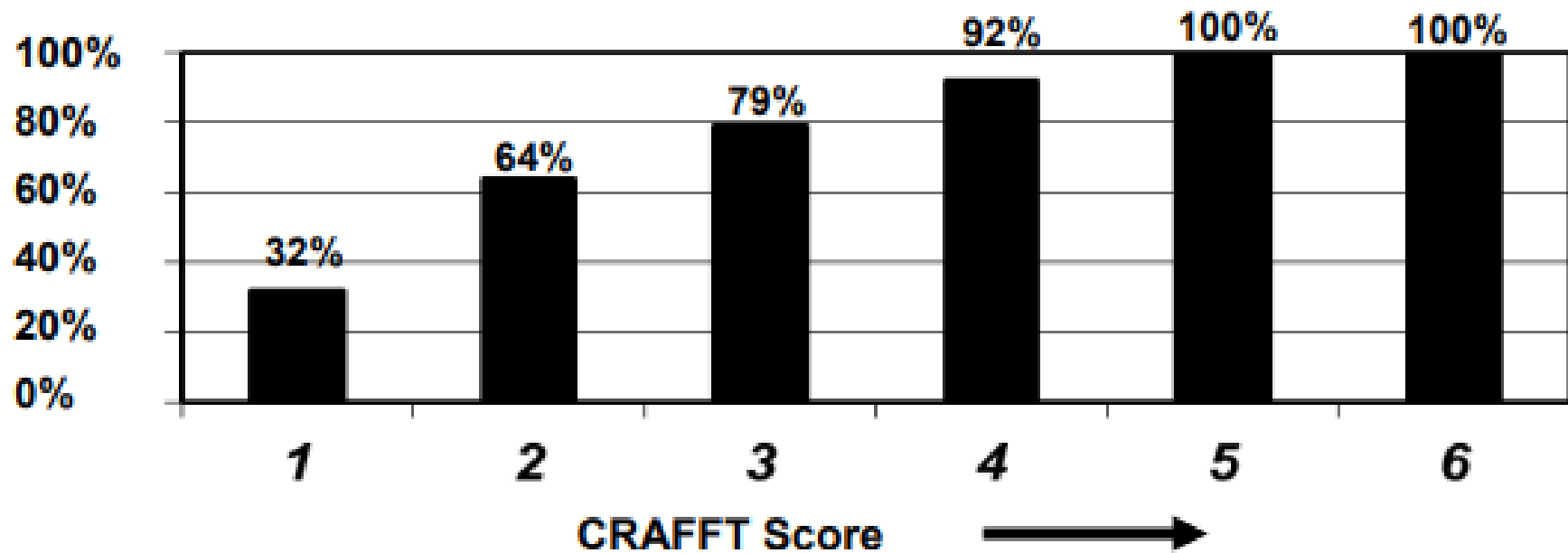
Ask all six CRAFFT\* questions below

**Part B**

	No	Yes
<b>C</b> Have you ever ridden in a <b>CAR</b> driven by someone (including yourself) who was “high” or had been using alcohol or drugs?	<input type="checkbox"/>	<input type="checkbox"/>
<b>R</b> Do you ever use alcohol or drugs to <b>RELAX</b> , feel better about yourself, or fit in?	<input type="checkbox"/>	<input type="checkbox"/>
<b>A</b> Do you ever use alcohol or drugs while you are by yourself, or <b>ALONE</b> ?	<input type="checkbox"/>	<input type="checkbox"/>
<b>F</b> Do you ever <b>FORGET</b> things you did while using alcohol or drugs?	<input type="checkbox"/>	<input type="checkbox"/>
<b>F</b> Do your <b>FAMILY</b> or <b>FRIENDS</b> ever tell you that you should cut down on your drinking or drug use?	<input type="checkbox"/>	<input type="checkbox"/>
<b>T</b> Have you ever gotten into <b>TROUBLE</b> while you were using alcohol or drugs?	<input type="checkbox"/>	<input type="checkbox"/>

**\*Two or more YES answers suggest a serious problem and need for further assessment. See back for further instructions →**

## Percent with a DSM-5 Substance Use Disorder by CRAFFT score\*



\*Data source: Mitchell SG, Kelly SM, Gryczynski J, Myers CP, O'Grady KE, Kirk AS, & Schwartz RP. (2014). The CRAFFT cut-points and DSM-5 criteria for alcohol and other drugs: a reevaluation and reexamination. *Substance Abuse*, 35(4), 376–80.

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## 2. Use these talking points for brief counseling.



1. **REVIEW** screening results  
For each “yes” response: *“Can you tell me more about that?”*



2. **RECOMMEND** not to use  
*“As your doctor (nurse/health care provider), my recommendation is not to use any alcohol, marijuana or other drug because they can: 1) Harm your developing brain; 2) Interfere with learning and memory, and 3) Put you in embarrassing or dangerous situations.”*



3. **RIDING/DRIVING** risk counseling  
*“Motor vehicle crashes are the leading cause of death for young people. I give all my patients the Contract for Life. Please take it home and discuss it with your parents/guardians to create a plan for safe rides home.”*



4. **RESPONSE** elicit self-motivational statements  
Non-users: *“If someone asked you why you don’t drink or use drugs, what would you say?”* Users: *“What would be some of the benefits of not using?”*



5. **REINFORCE** self-efficacy  
*“I believe you have what it takes to keep alcohol and drugs from getting in the way of achieving your goals.”*

# Risk factors for substance use disorders



**Younger  
age**

**AOR: 0.95**  
with 95% CI 0.94-  
0.97)



**Exposure to  
marijuana**

**AOR: 3.67**  
(95% CI 1.02-13.14)



**Cigarette smoking**

**AOR: 2.2**  
(95% CI 1.3-3.5)



**Recreational use**

**AOR: 3.42**  
(95% CI 1.45-8.07)



**Unprescribed  
pain relief**

**AOR: 1.8**  
(95% CI 1.20-2.60)



**Prescribed pain  
relief**

**AOR: 1.33**  
(95% CI 1.04-1.70)



**Major depression,  
anxiety disorder, or  
panic disorder**

Opioid use **OR: 4.43**  
(95% CI 3.64-5.38)



**Familial alcohol  
problem/drug use**

Hard drug abuse/dependence  
**OR: 7.89-7.92**

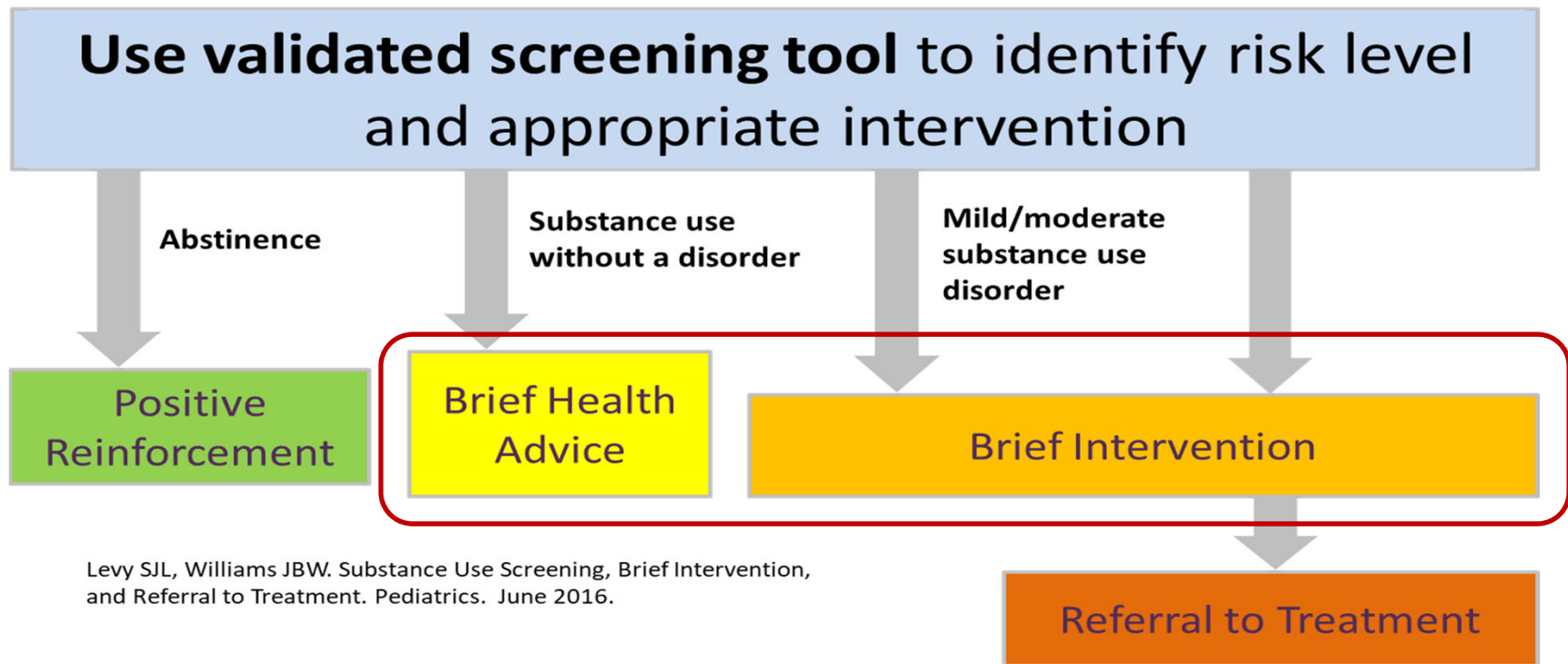


**PTSD**

Hard drug abuse/dependence  
**OR: 8.68**

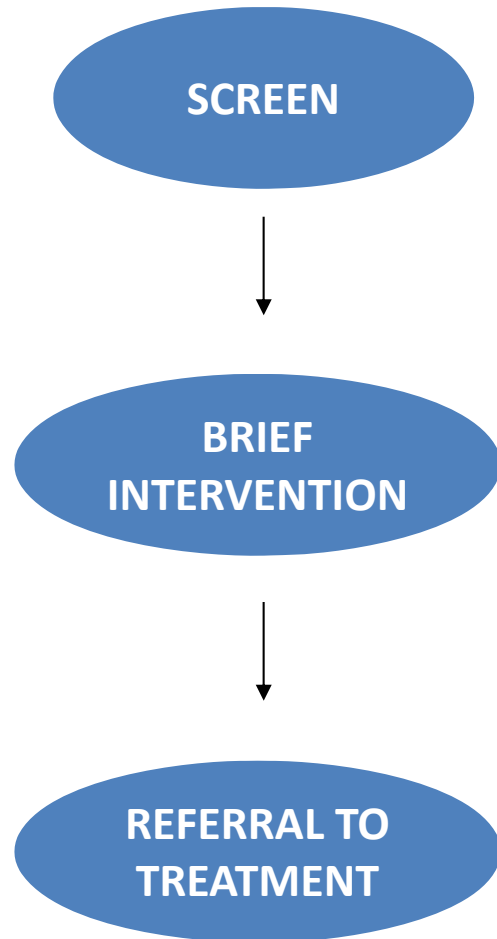
**Sources:** Kilpatrick DG, Acierno R, Saunders B, Resnick HS, Best CL, Schnurr PP (2000). Risk Factors for Adolescent Substance Abuse and Dependence: Data From a National Sample. *J Consult and Clin Psych* 63(1):19-30. Sullivan MD, Edlund MJ, Zhang L, Unützer J, Wells KB (2006). Association Between Mental Health Disorders, Problem Drug Use, and Regular Prescription Opioid Use. *Arch Intern Med* 166(19):2087-2093.

# Screening, Brief Intervention and Referral to Treatment (SBIRT)



Levy SJL, Williams JBW. Substance Use Screening, Brief Intervention, and Referral to Treatment. Pediatrics. June 2016.

# SBIRT



# The 5 As

*Ask* about use

*Advise* to quit

*Assess* readiness to quit

*Assist* in quit attempt

*Arrange* follow-up

U.S. Department of Health and Human Services. Treating tobacco use and dependence: 2008 update; Practice guideline executive summary: <http://www.ncbi.nlm.nih.gov/books/NBK63956>

# Brief intervention



Use a patient-centered strengths-based approach



Advise youth to consider cessation



Provide information about health consequences



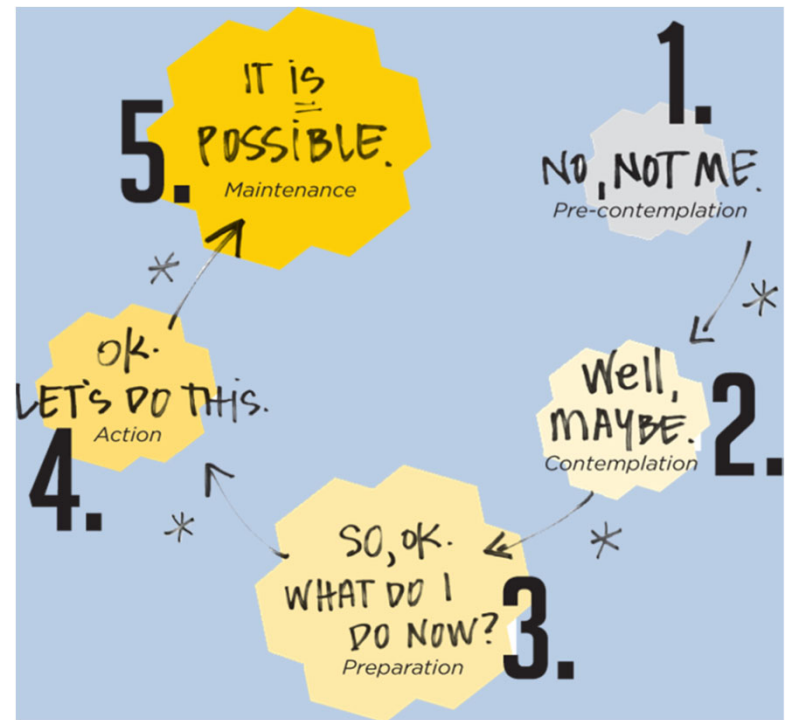
Use a non-judgmental approach



Determine readiness/willingness to quit (scale from 1 to 10)

# Motivational interviewing: eliciting change

- Counselling method informed by level of readiness based on **stages of change**
- Assisting patients to resolve ambivalence
- Aims to elicit the **patient's own reasons** for change and advantages favoring change



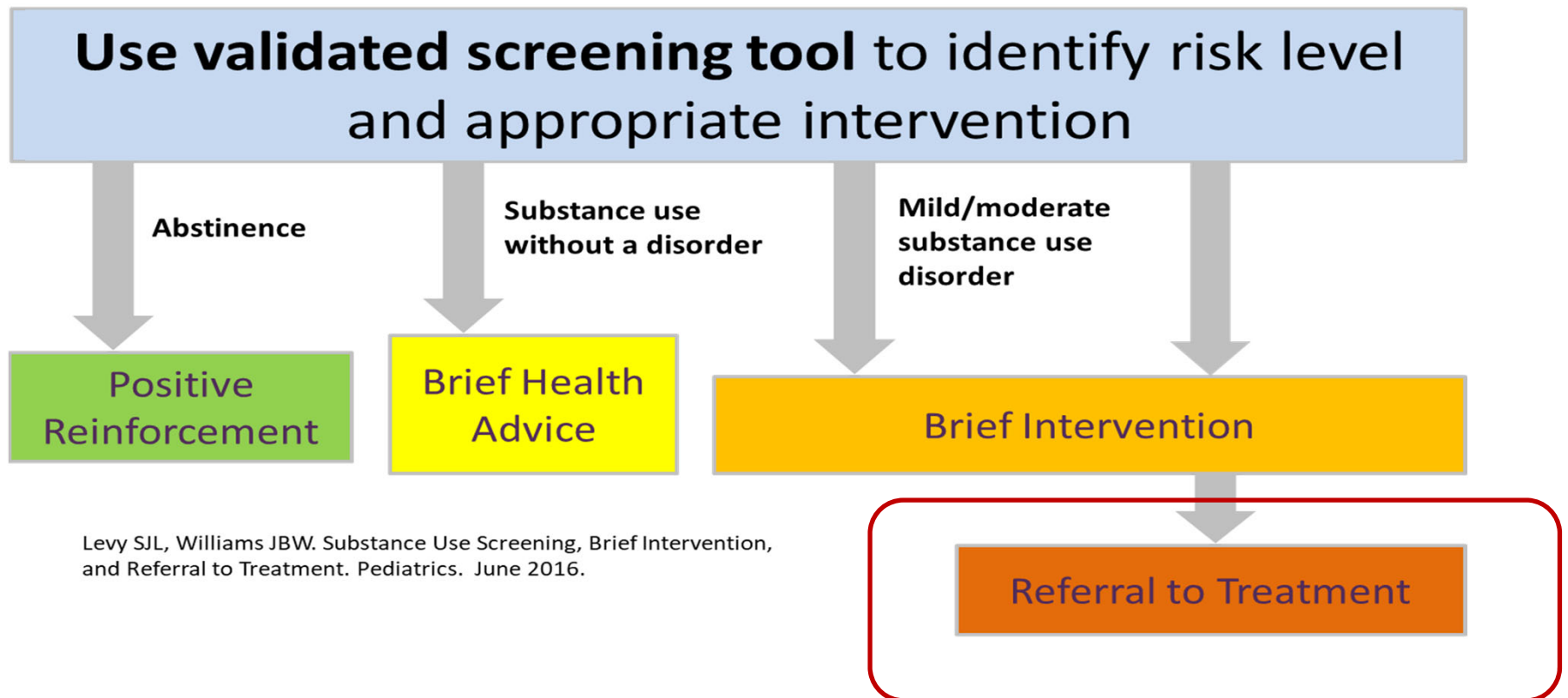
# MI Toolbox

- **Open-ended questions**
- **Reflective listening**
- **Affirming**
- **Negotiating**
- **Reframing**
- **Summarizing**



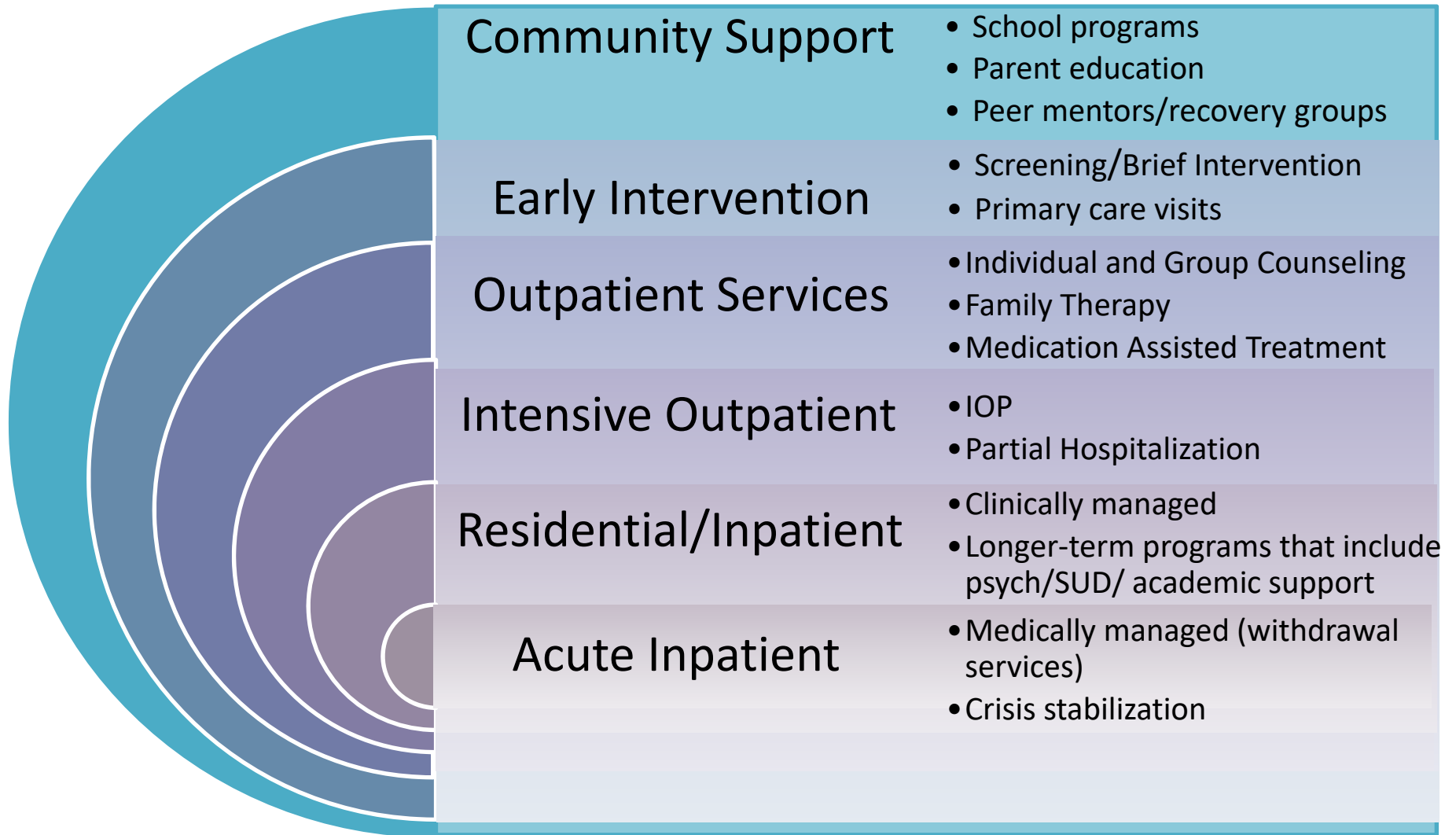


# Screening, Brief Intervention and Referral to Treatment (SBIRT)



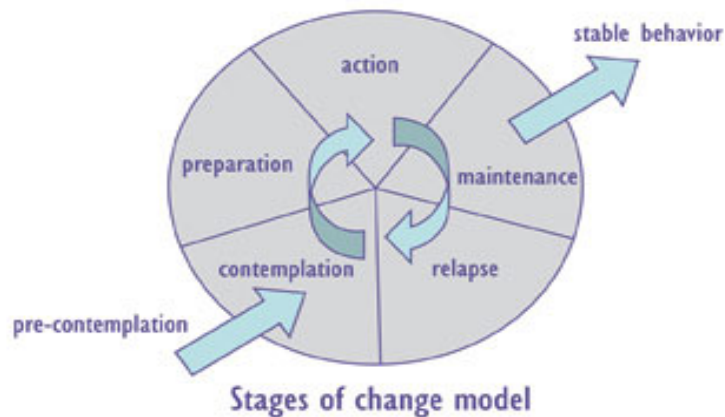
Levy SJL, Williams JBW. Substance Use Screening, Brief Intervention, and Referral to Treatment. Pediatrics. June 2016.

# Continuum of care

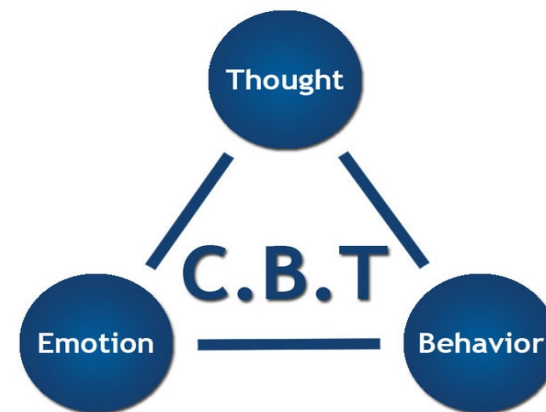


# Behavioral approaches for TAY with substance use disorders

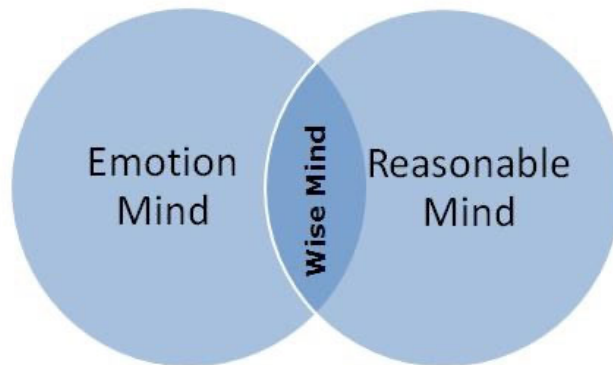
## Motivational Interviewing



## Cognitive Behavioral Therapy



## Dialectical Behavior Therapy



## Contingency Management



Part 2:  
Medications,  
family and  
community  
support

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# Clinical vignette: Ben

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- 19 years old, sophomore in college
- Known for anxiety and ADHD
- In 10<sup>th</sup> grade started trading his ADHD medication for opioid and benzodiazepine pills that he would then resell at school
- Now uses oxycodone and alprazolam on a daily basis “to keep stress levels down at school”
- Often attends “pill parties” where he and his friends ingest different pills “without knowing what they do”
- What else would you like to know about Ben’s substance use behaviors?
- How could you help him cut down or quit?

# What else do you want to know?

- Why does Ben say he is here today?
- Frequency and dose of opioids and benzodiazpines
- Route of administration and history of overdose
- Does he think that his parents know about his substance use?

# What are your next steps?

- Determining the diagnosis
- Assessing Risk
- Identifying others who can provide support for Ben

# Diagnosis: Substance Use Disorder

## ***Substance use occurring over 12 months with $\geq 2$ of:***

1. Taken in larger amounts / over a longer period than intended
2. Persistent desire / unsuccessful efforts to cut down
3. Excess time spent in activities to obtain, use or recover from substance
4. Craving
5. Failure to fulfill major role obligations at work, school, or home
6. Continued use despite having persistent / recurrent social or interpersonal problems
7. Social, occupational, or recreational activities given up
8. Recurrent use in situations in which it is physically hazardous
9. Continued use despite knowledge of having a persistent or recurrent physical or psychological problem
10. Tolerance
11. Withdrawal

### **Mild:**

2-3 criteria

### **Moderate:**

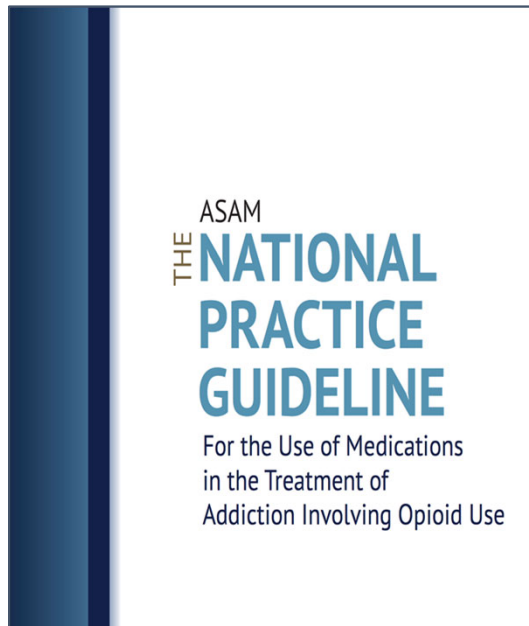
4-5 symptoms

### **Severe:**

$\geq 6$  symptom



# Is pharmacotherapy indicated?



**American Society of Addiction Medicine (2015):**  
Clinicians should consider treating adolescents using the full range of treatment options, including pharmacotherapy

**American Academy of Pediatrics (2016):**  
Encourage pediatricians to consider offering medication treatment or discuss referrals to other providers for this service

POLICY STATEMENT Organizational Principles to Guide and Define the Child Health Care System and/or Improve the Health of all Children

American Academy  
of Pediatrics

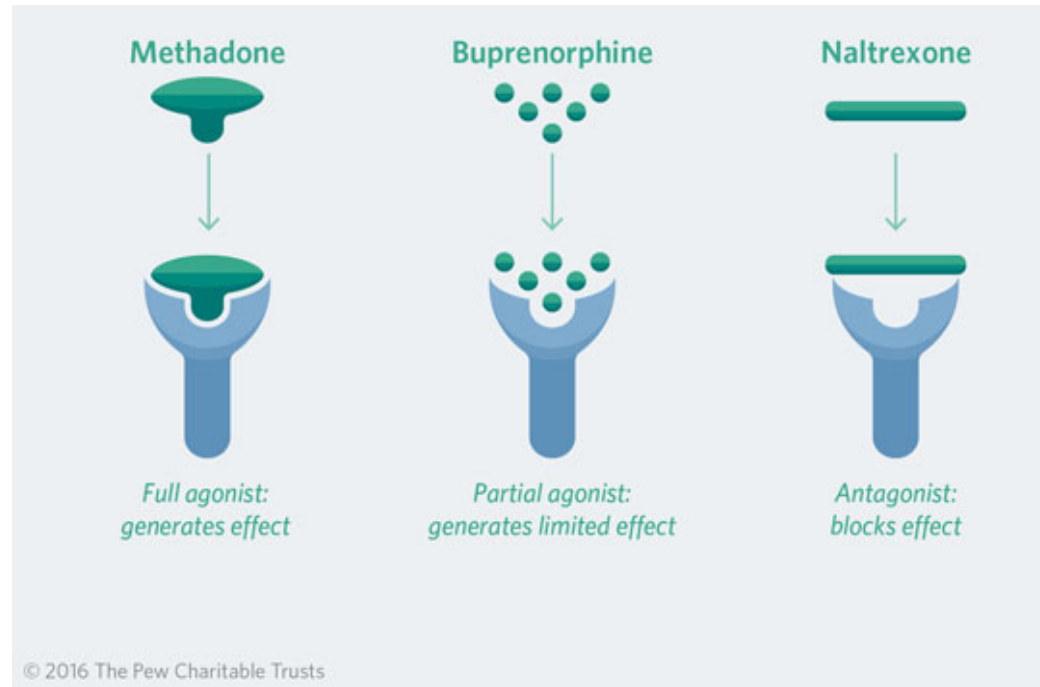


DEDICATED TO THE HEALTH OF ALL CHILDREN™

## Medication-Assisted Treatment of Adolescents With Opioid Use Disorders

COMMITTEE ON SUBSTANCE USE AND PREVENTION

# Medication Treatment: Opioids



# Medication Treatment: Opioids

## FDA-Approved Drugs Used in MAT<sup>21</sup>

Medication	Mechanism of action	Route of administration	Dosing frequency	Available through
<b>Methadone</b>	Full agonist	Available in pill, liquid, and wafer forms	Daily	Opioid treatment program
<b>Buprenorphine</b>	Partial agonist	Pill or film (placed inside the cheek or under the tongue)	Daily	Any prescriber with the appropriate waiver
		Implant (inserted beneath the skin)	Every six months	
<b>Naltrexone</b>	Antagonist	Oral formulations	Daily	Any health care provider with prescribing authority
		Extended-release injectable formulation	Monthly	

© 2016 The Pew Charitable Trusts

Pew, 2016: <https://www.pewtrusts.org/en/projects/substance-use-prevention-and-treatment-initiative>

# What's the evidence?

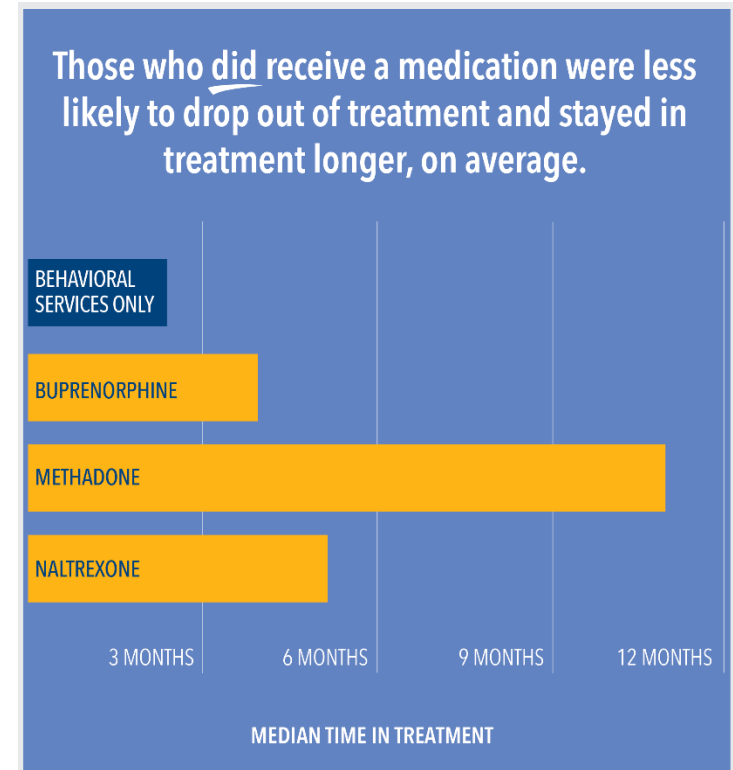
- Improved retention in care (clinical trials and observational data)
- Decreased opioid positive urine drug tests (clinical trials)
- Improved mortality (observational data)
- BUT TAY have poorer retention!

Woody et al., (2008) *JAMA*; Marsch et al. (2016) *Addiction*; Fishman et al. (2010) *Addiction*; Matson et al., (2014) *J Addict Med*

# Low timely receipt of MOUD among youth



Only **1** in **4** youths received treatment within 3 months of OUD diagnosis



# Access to timely addiction treatment lacking

Research

JAMA Pediatrics | Original Investigation

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

Rachel H. Alinsky, MD, MPH; Bonnie T. Zima, MD, MPH; Jonathan Rodean, MPP; Pamela A. Matson, MPH, PhD; Marc R. Larochelle, MD, MPH; Hoover Adger Jr, MD, MPH, MBA; Sarah M. Bagley, MD, MSc; Scott E. Hadland, MD, MPH, MS

[+](#) Supplemental content

**IMPORTANCE** Nonfatal opioid overdose may be a critical touch point when youths who have never received a diagnosis of opioid use disorder can be engaged in treatment. However, the extent to which youths (adolescents and young adults) receive timely evidence-based treatment following opioid overdose is unknown.

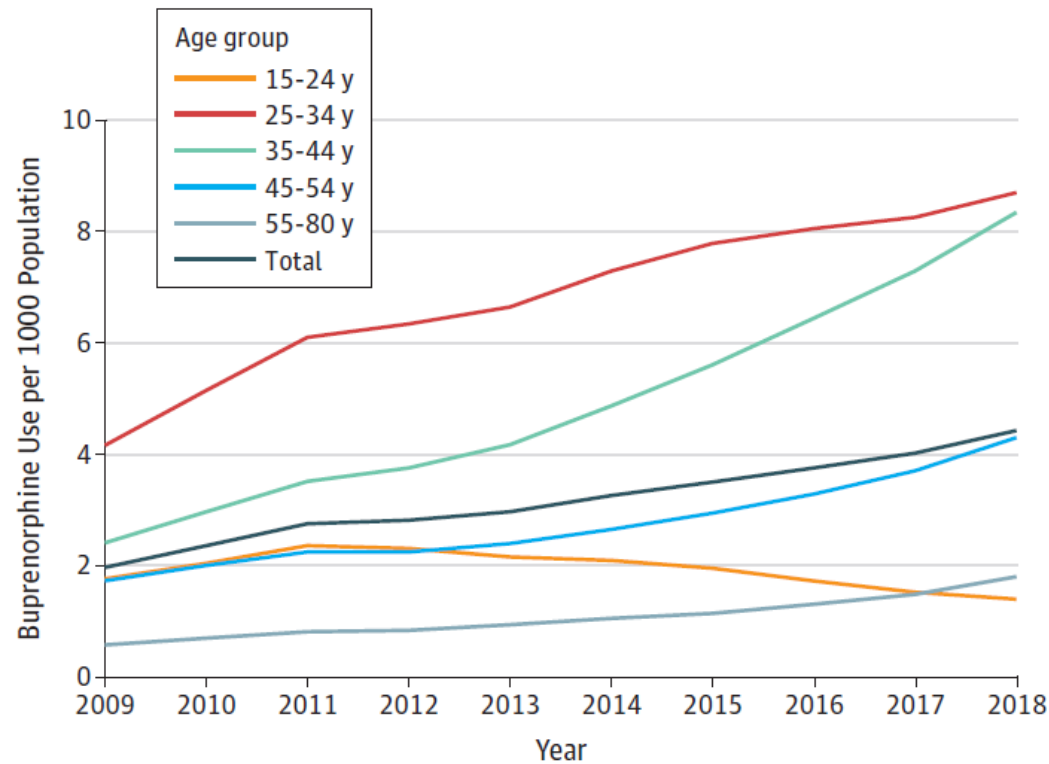
**OBJECTIVE** To identify characteristics of youths who experience nonfatal overdose with heroin or other opioids and to assess the percentage of youths receiving timely evidence-based treatment.

**<1/3 received timely addiction treatment after overdose**  
**Only 1 in 54 received MOUD**

**Youths who experienced a heroin overdose were significantly less likely than those who overdosed on other opioids to receive any treatment**

# Widening treatment gap 15-24 yo

Figure. Trends in Buprenorphine Use in the United States per 1000 Population, Total and by Age Group, 2009-2018



# Barriers

- Only 1% of buprenorphine prescribers in the US indicate “pediatrics” as their primary specialty
- Stigma related to having an opioid disorder AND the medications that we use to treat OUD



# All patients should be offered naloxone

- Can be given by medical professionals and lay people
- 48 states have eliminated need for prescription
- 49 states allow third party prescribing

# Complications of Substance Use

- In 2018, highest rate of acute hepatitis C was among 20-29 yo (300% increase from 2009 to 2018)
- In 2018, about 1 in 5 of **new** HIV cases among 13-24 yo
- KEY to integrate HIV prevention and safer injecting strategies for at risk TAY

# Nicotine Use Disorder Treatment

- Pharmacotherapy: Nicotine replacement therapy, Bupropion SR, Varenicline
  - Approved for use in TAY
  - Gum, lozenges, and patch available over the counter
- Behavioral Treatment
  - Grade “A” USPSTF recommendation for brief advice
  - Intensive counseling
  - Quitlines

**Among 18-22 yo with NUD, fewer than 1.5% received rx and 4% received behavioral treatment!**

# Alcohol Use Disorder Treatment

- Behavioral treatment: CBT, MET
- Pharmacotherapy: naltrexone, acamprosate, disulfiram
  - Approved for use in TAY
  - Do NOT require any specific training prior to prescribing

# Considerations for treatment of other substance use disorders

- Behavioral treatment is main option
- Polysubstance use is the norm
- KEY to integrate treatment of co-occurring psychiatric disorders

# Addiction is a Family Disease

- Addiction is a chronic illness
- Families can be invited to be part of treatment planning
- Their involvement can vary
- Few family based strategies that have been specifically tested among the TAY population

# Strategies Focused on the Family

- Many strategies exist that focus on supporting families affected by addiction whose loved ones may not be in treatment yet.
- The following is not an exhaustive list but provides information on well-known approaches.
  - Community Reinforcement Approach and Family Training (CRAFT)
  - Overdose Education and Naloxone Rescue Kits
  - Al-Anon or other mutual support groups

# CRAFT

- Therapists trained in the CRAFT methods help the family member to engage the individual who is resisting treatment.
- This is done by helping the family member learn how to modify their environment to reward behaviors that promote sobriety and withhold rewards when the individual is using drugs or alcohol.
- CRAFT also involved teaching the family member about positive communication skills. The family member will also learn about the difference between enabling alcohol/drug use and reinforcing sober behavior.
- **Importantly**, the therapist will support the member in taking care of him or herself during this process whether their loved one enters treatment or not.

(Meyers, 2003)



# Overdose Education and Naloxone Prescribing

- Family members are receptive to receiving overdose education and naloxone (Strang et al,2008)
- Overdose education and receipt of naloxone rescue kits increases confidence and security of family members (Bagley et al, 2015)
- In MA, family members reported 20% of all rescues from state distributed naloxone

# Mutual help support groups

- As a result of the increase in opioid use and opioid related deaths, many support groups for parents and families have arisen locally in communities.
- It may be helpful for providers to become familiar with the support groups in their own communities. This can include simply identifying a group and a meeting schedule or attending a meeting as a guest.

\*More information can be found on the resources slide at the end of the module.



Conclusion



# Take home messages

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- Screening using **validated tools** is a quick and effective way to engage with TAY about their substance use behaviors
- Brief interventions based on **motivational interviewing** should be considered first-line treatment for substance use among TAY
- Evidence-based treatment, **including pharmacotherapy**, should be offered to TAY
- Treatment plans should (1) include families (2) be tailored to individual risk and (3) build on the strengths of the TAY

Thank You!



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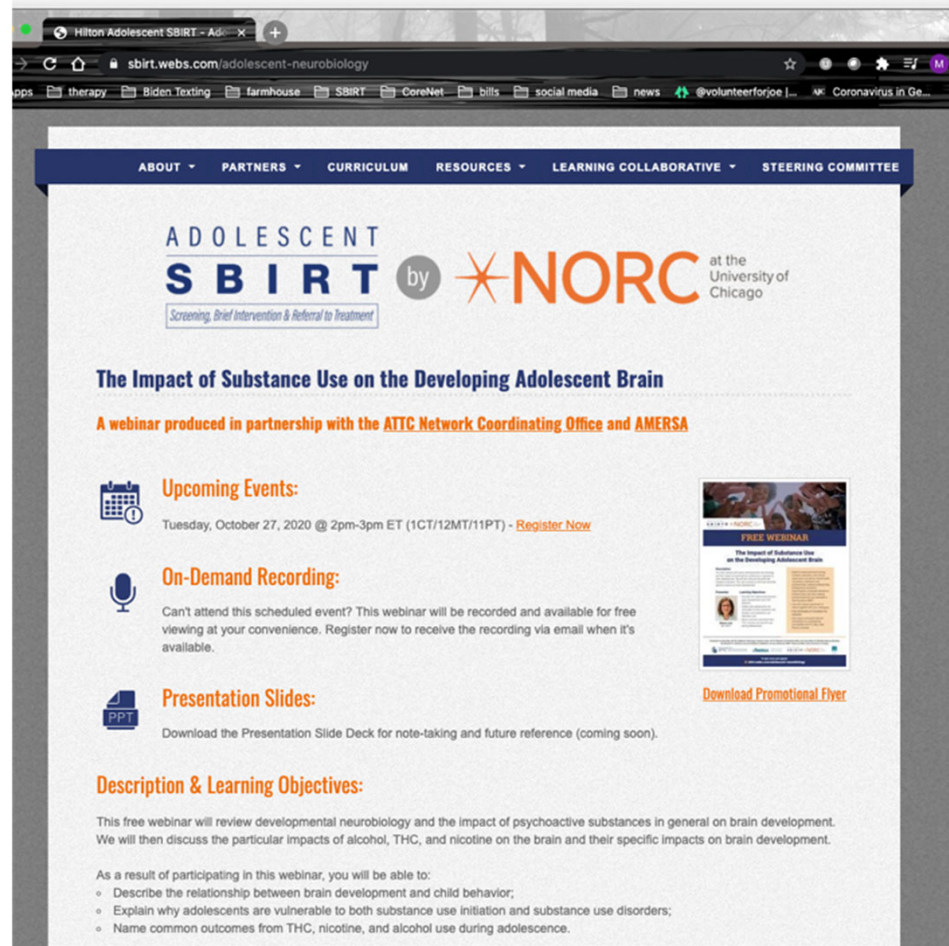
Sainte-Justine University Hospital Centre, Montreal, Canada

Assistant Professor of Pediatrics, Université de Montréal

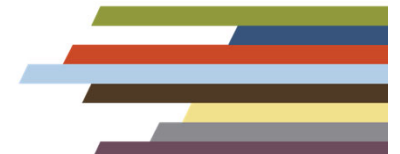
## In Our Last Few Moments...

- Follow-up email
- PowerPoint slides
- On-demand access 24/7
- Brief survey
- Certificate of Completion brief application (1 NAADAC CE)

[sbirt.webs.com/adolescent-interventions](http://sbirt.webs.com/adolescent-interventions)



The screenshot shows a web browser window with the URL [sbirt.webs.com/adolescent-neurobiology](http://sbirt.webs.com/adolescent-neurobiology). The website header includes navigation links: ABOUT, PARTNERS, CURRICULUM, RESOURCES, LEARNING COLLABORATIVE, and STEERING COMMITTEE. The main content area features the logo for "ADOLESCENT SBIRT by NORC at the University of Chicago". Below the logo, the title "The Impact of Substance Use on the Developing Adolescent Brain" is displayed, along with a note that the webinar is produced in partnership with the ATTC Network Coordinating Office and AMERSA. The page lists "Upcoming Events" for Tuesday, October 27, 2020, at 2pm-3pm ET, with a "Register Now" link. It also provides information about "On-Demand Recording" and "Presentation Slides". A "Description & Learning Objectives" section follows, detailing the webinar's focus on developmental neurobiology and the impact of psychoactive substances. The learning objectives include describing the relationship between brain development and child behavior, explaining adolescent vulnerability to substance use, and naming common outcomes from THC, nicotine, and alcohol use during adolescence. A "Download Promotional Flyer" link is also present.





# 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)

[attnetwork.org/centers/global-atcc/tay-webinar-series](http://attnetwork.org/centers/global-atcc/tay-webinar-series)





# Keep in Touch with the ATTC Network

- ATTC Network Office publishes the Messenger monthly
  - Subscribe:  
<https://attcnetwork.org/centers/global-attc/subscribe-attc-messenger>



## the Messenger October 2020

October is Domestic Violence Awareness Month

**In Honor of Domestic Violence Awareness Month:  
Responding to Substance Use Coercion in  
Treatment and Recovery Services**

By Carole Warshaw, MD, and Gabriela Zapata-Alma,  
LCSW, CADC,

**Intimate Partner Violence (IPV) Can Have Profound**

include deliberately introducing a partner to substances, forcing or coercing a partner to use, interfering with treatment, controlling medication; sabotaging recovery efforts; threatening a partner with withdrawal, and leveraging the stigma associated with substance use to discredit a partner with potential sources of safety and support.



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[attcnetwork.org/centers/global-attc/tay-webinar-series](https://attcnetwork.org/centers/global-attc/tay-webinar-series)



# 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](#)

[attnetwork.org/centers/global-attnetwork/tay-webinar-series](http://attnetwork.org/centers/global-attnetwork/tay-webinar-series)



## Keep In Touch with the PTTC Network

- PTTC Network Office publishes the *PTTC POST* monthly
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# Substance Use Interventions for Adolescents and Transitional Age Youth

Produced in Partnership:



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