



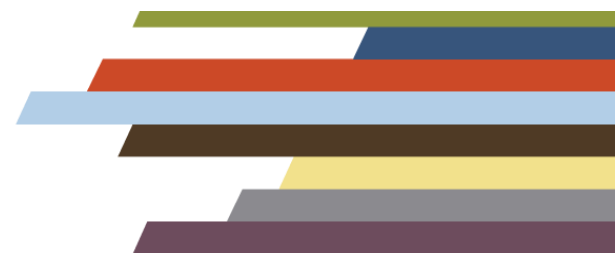
Northeast & Caribbean (HHS Region 2)

**ATTC**

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

# Adolescent Development, Substance Use, Current Trends

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# SAMHSA Disclaimer

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# Purpose of SAMHSA's Technology Transfer Centers

The purpose of the Technology Transfer Centers (TTC) program is to ***develop and strengthen*** the ***specialized behavioral healthcare and primary healthcare workforce*** that provides substance use disorder (SUD) and mental health prevention, treatment, and recovery support services.

Help people and organizations incorporate ***effective practices*** into substance use and mental health disorder prevention, treatment and recovery services.



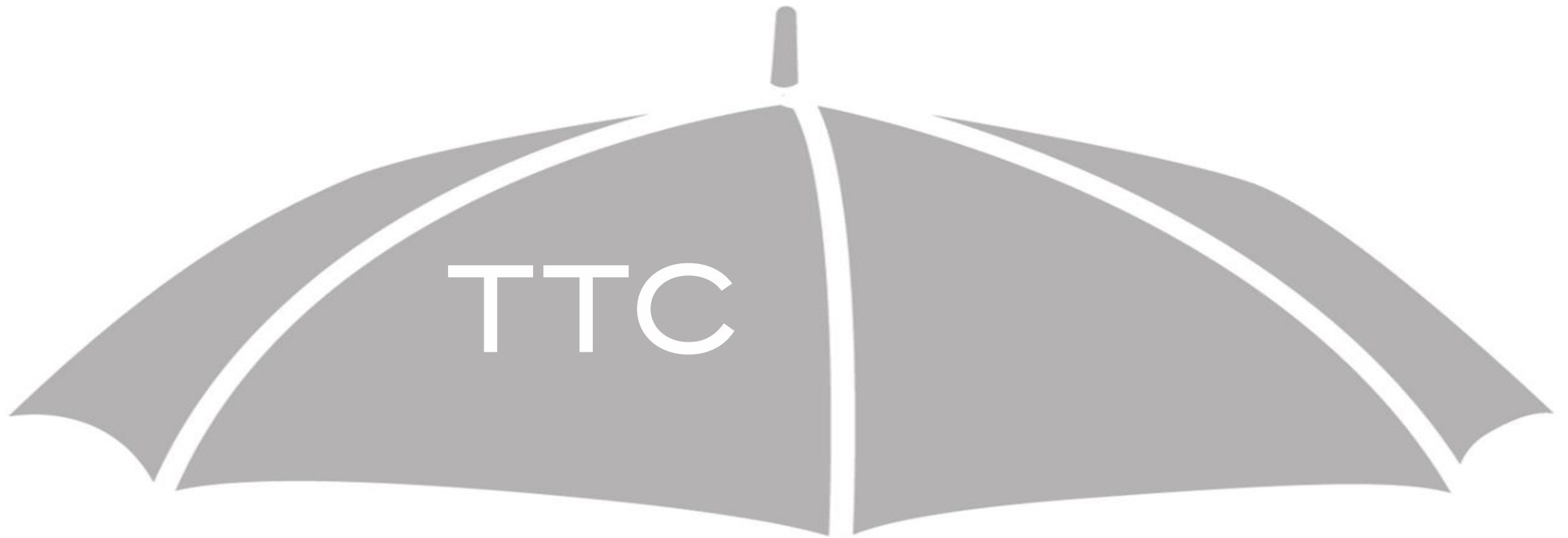
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# HHS Regions

# 10 Regional Centers





ATTC



MHTTC



PTTC



# Goal

Provide a review of mental health correlates of teenage stress and substance use, within the context of social distancing during a pandemic and other life stressors.



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# Common Adolescent Problems

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- Growth and development
- School related challenges
- Childhood illnesses that continue into adolescence, mental health disorders
- Consequences of risky or illegal behaviors, including injury, legal consequences, pregnancy, infectious diseases, and substance use disorders

# Mortality, Morbidity, and Social Problems

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- Behaviors that contribute to unintentional injuries and violence
- Tobacco use
- Alcohol and other substance use
- Sexual behaviors related to unintended pregnancy and sexually transmitted infections (STIs), including HIV infection
- Unhealthy dietary behaviors
- Physical inactivity

These behaviors, as well as obesity, overweight, and asthma, frequently are related, are established during childhood and adolescence, and extend into adulthood.



# Development and Behavioral Challenges

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- Can exercise poor judgment: finding it difficult to think through consequences
- Engage in increased risk-taking and inappropriate behavior
- Act on impulse and emotions rather than logical and practicality
- Can misunderstand subtle social cues: this can lead to miscommunication
- Misinterpret expectations and misread facial expressions
- Have a limited attention span and a different concept of time
- Lack the inhibitions of adulthood

# Pandemic Related Youth Challenges

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- Change in regular routines
- Break in continuity of learning
- Missing significant life events
- Loss of security and safety



# Risk Factors for Mental Illness

Almost all adolescents and teens experience periods of moodiness, crankiness, and/or angst, but there are certain indicators that could demonstrate the presence of a more serious issue including

- Becoming socially withdrawn
- Pervasive moodiness, lasting more than a few days
- Dramatic changes in eating habits (including changes in weight)
- Ongoing anger, irritability, or hopelessness



# Adolescent Mental Illness

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- 50% of all lifetime cases of mental illness will develop by age 14, and 75% by age 24.
- The most common mental health disorders in adolescents and teens are, ***anxiety disorders, stress-related disorders, mood disorders, obsessive-compulsive disorders, eating disorders, and disruptive-behavioral disorders*** (i.e. attention-deficit/hyperactivity disorder or oppositional defiant disorder).

# Neglect and Abuse

- Neglect disrupts attachment and changes the development of the brain
- Lack of empathy
- Creates frustration and anger



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Teenage Anxiety a Rapidly Growing Mental Health Concern, Retrieved January 2020 at:  
<http://www.westernyouthservices.org/teenage-anxiety/>

# Anxiety Disorders

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Affects 32% of 13 to 18 year-olds and characterized by feelings of excessive uneasiness, worry, and fear

- Emotional changes
- Social changes
- Sleep disturbances
- Poor school performance
- Panic attacks

# Depression

Affects about 13% of 13 to 17 year-olds, impacting on thoughts, feelings, daily activities, eating, sleeping.

- To be diagnosed with depression, the symptoms must be present for at least two weeks.

Some symptoms include:

- Persistent sad, anxious, or “empty” mood
- Feelings of hopelessness, or pessimism
- Irritability
- Feelings of guilt, worthlessness, or helplessness
- Loss of interest or pleasure in hobbies and activities
- Decreased energy or fatigue



# Others Include...

- Attention-hyperactivity Deficit Disorder (ADHD)
- Eating disorders
- Co-occurring disorders
- Self injury: offers relief, (feelings are getting out), trying to stop feeling painful emotions, like rage, loneliness, or hopelessness, or distraction





# Zoom Fatigue

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Coping with pandemic and staying connected to loved ones

Weariness and burnout of overusing technology



# Teen Stress

A "pile-up" of many stressful life events in a small amount of time, or ongoing, day-to-day stresses and strains are harder on adolescents than major life events.

- Problems with peers (including "romances")
- Family issues or problems with parents
- School-related problems or pressures
- Their own thoughts, feelings, or behaviors (feeling depressed or lonely, getting into trouble because of their behavior)



# Risk Assessments

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- The Rapid Assessment for Adolescent Preventive Services (RAAPS) is one risk screening tool recommended by the Society for Adolescent Health and Medicine.
- The Child and Adolescent Needs and Strengths (CANS) is a multi-purpose tool developed to support care planning and level of care decision-making, to facilitate quality improvement initiatives, and to allow for the monitoring of outcomes of services.



# Question

6 out of 10 young people believe that the casual use of electronic cigarettes does no or little harm



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# Use of E-cigarettes

- In February of 2020, a total of 2807 hospitalizations associated with lung injury and e-cigarettes happened or ended in death in the US.
- Among diseases in the United States, 78% developed in people under the age of 35, the CDC reported, with an average age of 24.



# How E-cigarettes Work



"E-cigs", "e-hookahs", "mods",  
 "vaporizers", "vaporizers", "tank systems"



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# E-cigarettes and Vapers

- Vaping is the act of inhaling and exhaling steam from an e-cigarette or similar device.
- The actual device used for vaping is a small battery-powered device that heats the e-liquid into an inhalable vapor, similar to how steam forms.
- E-liquids come in varieties of flavors and levels of nicotine or without nicotine.
- There are a wide range of options when it comes to devices, electronic liquids, tank systems and batteries.



# Aerosol Inhalers

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- In addition to nicotine, e-cigarettes may contain harmful and potentially harmful ingredients, including Ultrafine particles that can be inhaled deep into the lungs.
- Flavorings such as diacetyl, a chemical related to serious lung diseases
- Volatile organic compounds
- Heavy metals, such as nickel, tin and lead
- Vitamin E acetate identified in bronchoalveolar wash liquid samples.



# Caramel Flavors

68% of e-cigarette users in high school use flavors

Menthol

Alcohol

Candy

Fruit

Chocolate

Sweet



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[MMWR, Notes from the Field: Use of Electronic Cigarettes and Any Tobacco Product Among Middle and High School Students – United States, 2011-2018.](#)

# Tobacco

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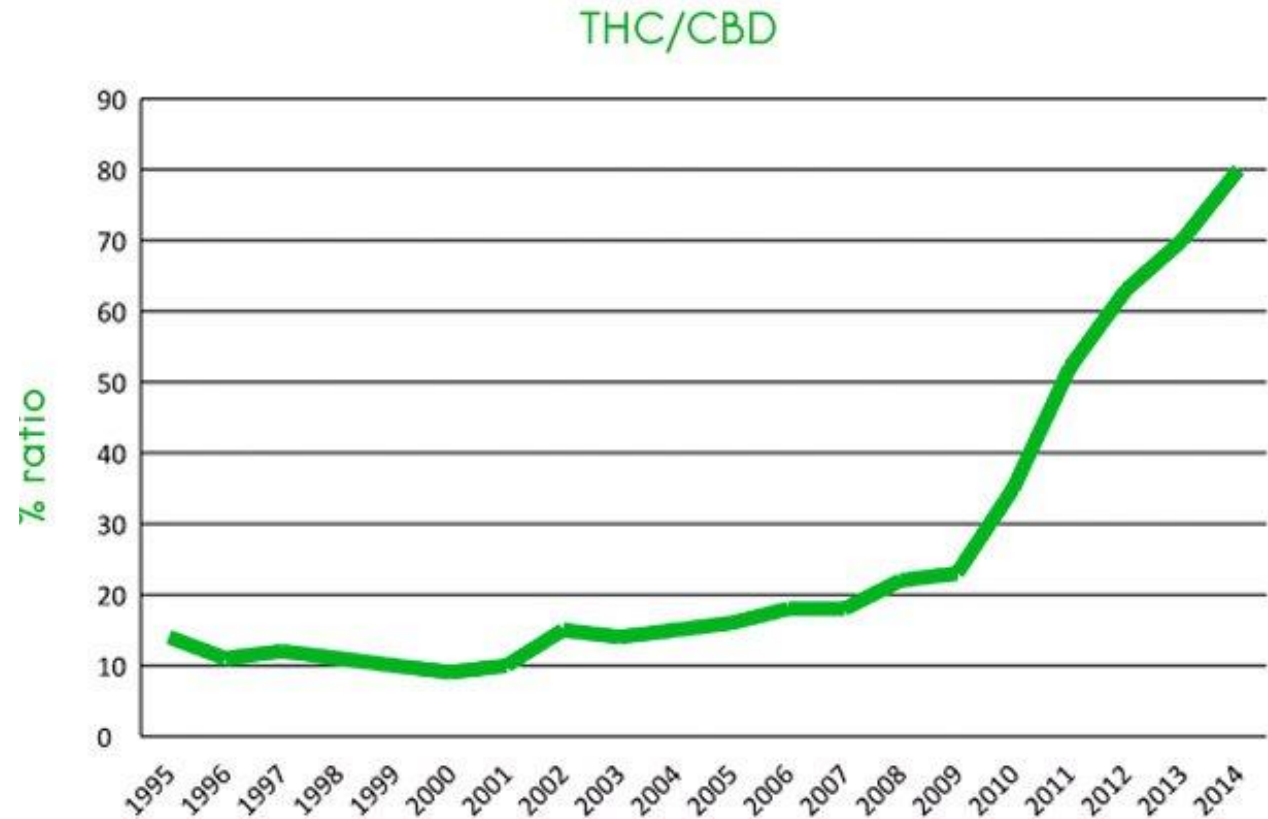
- Tobacco use accounts for 80% of preventable deaths in the US.
- 23.2% of Hispanic high school students use e-cigarettes.
- Young people who use e-cigarettes may be more likely to smoke regular cigarettes in the future.



## More Consequences

- Bad breath
- Smelly clothes and hair
- Problems keeping up in sports
- Increased risk of injury and shorter healing time
- Increased risk of disease

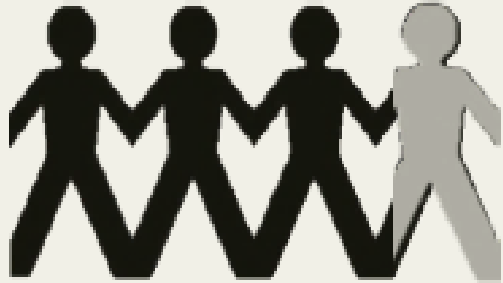
# Marijuana



In the 1960s-70s, average THC concentrations were 1-2%, now reaching 20%.

# Marijuana

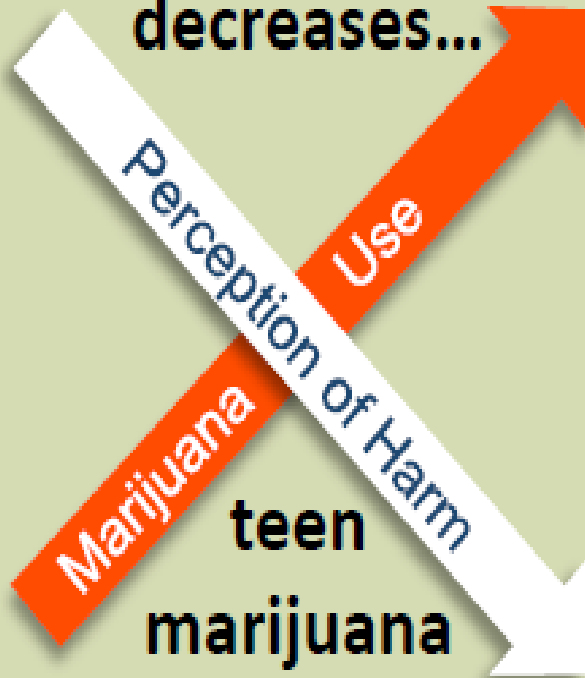
MOST MARIJUANA USE BEGINS IN  
**ADOLESCENCE**



**78%**

of the 2.4 million people who began using in the last year were aged 12 to 20.<sup>1</sup>

As perception of harm decreases...



teen marijuana use increases.<sup>2</sup>

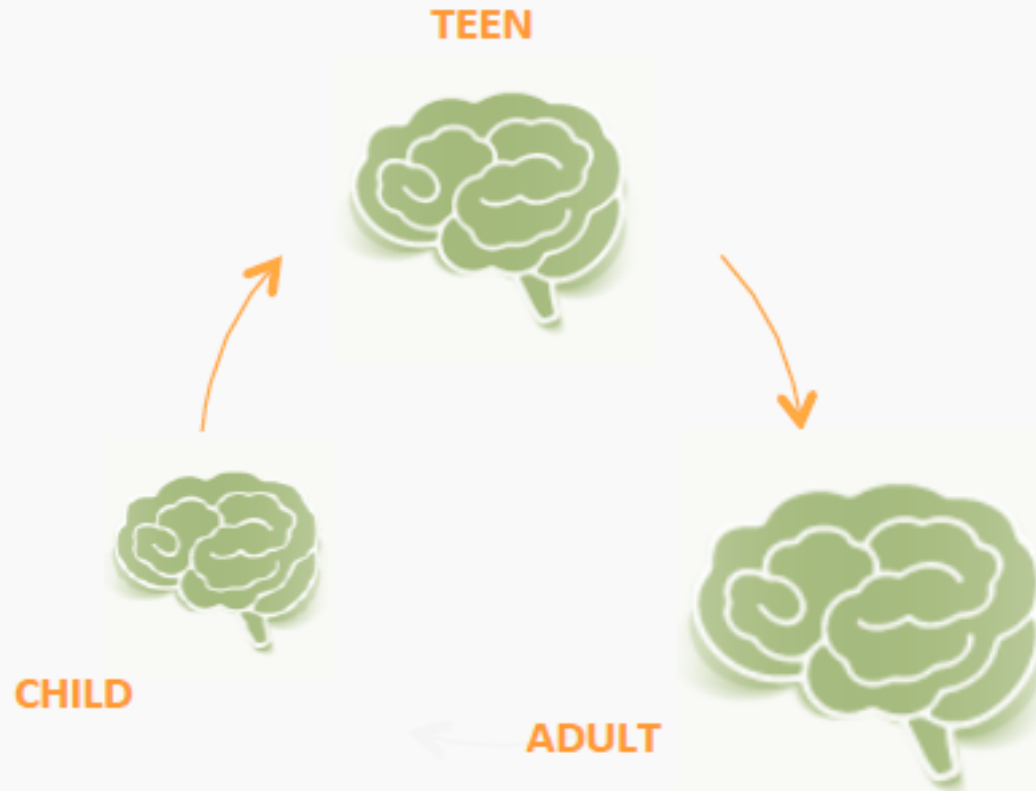
EVERY DAY,  
**3,287 TEENS**  
USE MARIJUANA  
FOR THE  
**FIRST TIME<sup>1</sup>**



# Brain Changes

## MARIJUANA MAY HURT THE DEVELOPING TEEN BRAIN

The teen brain is **still developing** and it is especially vulnerable to drug use.



**IQ**

Regular heavy marijuana use by teens can lead to an IQ drop of up to **8 points<sup>3</sup>**

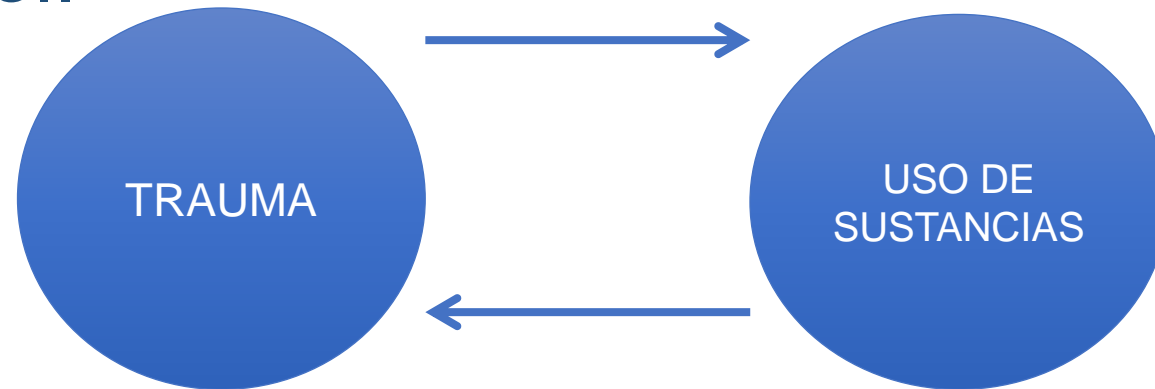
# Early Use of Substances

- 9 out of 10 people who use nicotine, alcohol or other substances before age 18 are at risk of substance use disorder
- Each year that substance use is delayed during the adolescent brain development period, the risk of addiction and substance abuse decreases



# Substance Use and Trauma

- 1 in 4 children and adolescents in the U.S. experience at least one potentially traumatic event before age 16
- 1 in 5 adolescents between the age of 12 and 17 are involved in abusive/dependent or problematic use of illicit drugs or alcohol.







# Luka's Case

- "I was selling my clothes," said Kinard, a 15-year-old high school sophomore.
- "I'd buy shoes, sell them, go out and buy cheap shoes, sell them. I was doing everything I could to get money."
- Luka Kinard knew his vaping habit was out of control when it started costing him \$150 a week.



# Signs of Vaping Behavior

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- Find unusual or unknown items. Vaping devices usually come with detachable parts.
- Behavioral changes, mood swings, agitation
- Difficulty breathing
- Poor performance
- Sweet fragrances
- Weight loss
- Mouth sores, abnormal cough

# Critical Aspects of Clinical Care

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- Culturally appropriate
- Reported trauma
- Stating
- Person-centered
- Support
- Learning to hear youth



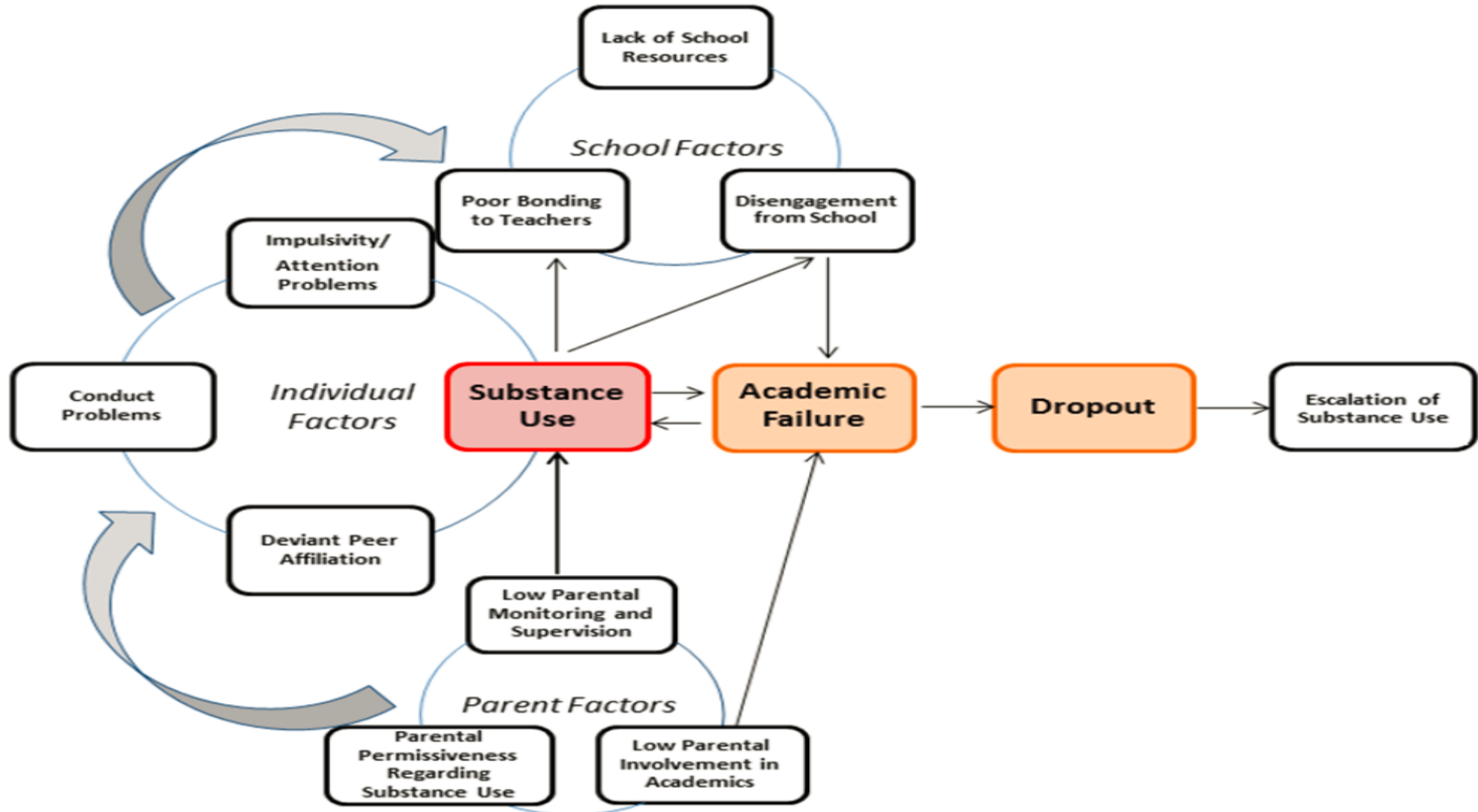
# 5 Tips to Stop

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- Know the facts
- Be ready to quit smoking
- Form a support team
- Download the app
- Consider counseling



# Academic Impact of Substance Use



# Warning Signs of Substance Use

- Alcohol, smoke or other chemical odors on your child's or their friends' breath or clothing
- Obvious intoxication, dizziness or bizarre behavior
- Changes in dress and grooming
- Changes in choice of friends
- Frequent arguments, sudden mood changes and unexplained violent actions
- Changes in eating and sleeping patterns
- Sudden weight gain or loss
- Loss of interest in usual activities or hobbies
- School problems such as declining or failing grades, poor attendance and recent discipline problems
- Trauma or frequent injuries
- Runaway and delinquent behavior
- Depressed mood or talk about depression or suicide; suicide attempts

# Adolescent SUD and Domain-Level Factors

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- **Individual:** genetic, early childhood temperament, psychiatric symptoms and disorders, history of trauma exposure
- **Family and parent:** family dysfunction, parent-teen relationship, parental substance use, parental psychiatric disorders, parental involvement, monitoring, permissibility relating to adolescent drug use, sibling drug use
- **Environment/community:** involvement with substance-using or antisocial peers, peer pressure, media promotion, access to alcohol and other drugs, poverty, exposure to community violence

# Principles of Adolescent Care

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- Developmentally Appropriate Care
- Cultural and Gender Competence
- Systems Collaborating Among Adolescent Serving Agencies
- Integrated Care
- Trauma Informed
- Recovery Oriented Systems of Care
- Evidence Based Practices



# Best Practices

**DHCS** CALIFORNIA DEPARTMENT OF HEALTH CARE SERVICES  
**ADOLESCENT SUBSTANCE USE DISORDER  
BEST PRACTICES GUIDE**  
OCTOBER 2020



[https://www.dhcs.ca.gov/Documents/CSD\\_CMHCS/Adol%20Best%20Practices%20Guide/AdolBestPracGuideOCTOBER2020.pdf](https://www.dhcs.ca.gov/Documents/CSD_CMHCS/Adol%20Best%20Practices%20Guide/AdolBestPracGuideOCTOBER2020.pdf)

# Screening, Brief Intervention, Referral to Treatment

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- **Screening:** A brief set of questions that identify the risk of substance use-related problems.
- **Brief Intervention:** Short guidance or counseling that raises awareness of risks and motivates the client to recognize their problem.
- **Short treatment:** Cognitive behavioral work with clients who recognize risks and are seeking help.
- **Referral to Treatment:** Procedures to help clients access full assessments and specialized treatments.

**SBIRT**

# SBIRT

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- Screening, Brief Intervention, Referral to Treatment, is a good fit for adolescents, their problems are not as deep-rooted.
- Person-centered approach is appealing to youth
  - Does not force them to admit having a problem
  - Allows them to develop action-oriented goals while avoiding confrontation
- Commitment to lengthy and intensive interventions can be difficult at this age.
- Many youth are seen in opportunistic settings.

# Validated Screening Instruments - Youth

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- **CRAFFT II:** Adolescent short screening (*How many days of alcohol, marijuana, other drugs*), along with (Car, Relax, Alone, Forget, Family or Friends, Trouble)
- **CRAFFT:** Adolescent Screen (Car, Relax, Alone, Forget, Family or Friends, Trouble) (*Do you..?*)
- **NIAAA** Alcohol Screening for Youth Ages 9-18
- **S2BI** Screening to Brief Intervention Tool
- **BSTAD** (Brief Screener for Alcohol, Tobacco and other Drugs)

# Using Confidentiality for Setting an ‘Atmosphere’

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- Adolescents are more likely to discuss high-risk behaviors if they believe their care is confidential
- Adolescents answer confidential screenings more ‘accurately’
- State and national laws allow minors to receive confidential care related to sexual health, mental health, and substance use disorder treatment
- Culturally sensitive, trauma informed, inclusive environments

# CRAFFT II Part A

- Introduce screening
- Address confidentiality
- Define substances
- Ask permission to ask questions
- Use exact wording

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?	<input type="text"/>	PUT 0 IF NO USE
2	Use any marijuana (for example, weed, oil, or hash by smoking, vaping, or in food) or "synthetic marijuana" (for example "K2" or "Spice")?	<input type="text"/>	PUT 0 IF NO USE
3	Use a prescription medication or pill that was NOT prescribed to you or MORE than was prescribed to you (for example, prescription pain pills or ADHD medications)?	<input type="text"/>	PUT 0 IF NO USE
4	Use anything else to get high (for example, other illegal drugs, over-the-counter medications, and things that you sniff, huff, or vape)?	<input type="text"/>	PUT 0 IF NO USE
C	Have you ever ridden in a CAR driven by someone (including yourself) who was "high" or had been using alcohol or drugs?	<input type="text"/>	<input type="text"/>
		YES	NO



If no days of use,  
then STOP here.



If any days of use, ASK  
ALL CRAFFT ?s BELOW.

# CRAFFT II Part B

- If any **YES** responses, ask all of the following 5 questions.
- If adolescents report **ANY** medication use, probe for type and where they got it from.



If no days of use, then STOP here.



If any days of use, ASK ALL CRAFFT ?s BELOW.



Do you ever use alcohol or drugs to RELAX, feel better about yourself, or fit in?

YES NO



Do you ever use alcohol or drugs while you are by yourself, or ALONE?

YES NO



Do you ever FORGET things you did while using alcohol or drugs?

YES NO



Do your FAMILY or FRIENDS ever tell you that you should cut down on your drinking or drug use?

YES NO

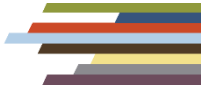


Have you ever gotten into TROUBLE while you were using alcohol or drugs?

YES NO



# 'Safe Space'





# The BI in SBIRT

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1. Build Rapport
2. Pros and Cons
3. Information and Feedback
4. Readiness Ruler
5. Action Plan

# Substance Use Screening for Adolescents

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- Self administered by paper or computer based
- Verbal interview by clinician

# Adolescent Specific Therapies

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## Behavioral Approaches

- Cognitive-Behavioral Therapy (CBT) (Group therapy or peer support programs to help achieve abstinence)
- Contingency Management (CM)
- Motivational Enhancement Therapy (MET)
- Twelve-Step Facilitation Therapy

## Family Based Therapies

- Brief Strategic Family Therapy (BSFT)
- Family Behavior Therapy (FBT)
- Functional Family Therapy (FFT)
- Multidimensional Family Therapy (MDFT)
- Multisystemic Therapy (MST)

# Adolescent Specific Therapies

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## **Addiction Medications**

- Opioid Use Disorder: Methadone, Buprenorphine, Naltrexone
- Alcohol Use Disorder: Acamprosate, Disulfiram, Naltrexone
- Nicotine Use Disorder: Bupropion, Nicotine Replacement Therapies (NRTs), Varenicline

## **Recovery Support Services**

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

# Resources

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- **CDC, Brief Facts on the Risks of Electronic Cigarettes to Children, Adolescents, and Young Adults, Electronic Cigarettes,** [https://www.cdc.gov/tobacco/basic\\_information/e-cigarettes/spanish/los-riesgos-de-los-cigarrillos-electronicos-para-jovenes.html](https://www.cdc.gov/tobacco/basic_information/e-cigarettes/spanish/los-riesgos-de-los-cigarrillos-electronicos-para-jovenes.html)
- **Vaping, young people, and COVID-19,** <https://positiveparentingnews.org/news-reports/el-vapeo-los-jovenes-y-el-covid/?lang=es>
- **Why is vaping so dangerous to teenagers** <https://cnnespanol.cnn.com/2019/01/17/por-que-el-vaping-es-tan-peligroso-para-los-adolescentes/>
- **DrugFacts in Spanish, e-cigs - DrugFacts,** <https://www.drugabuse.gov/es/publicaciones/drugfacts/cigarrillos-electronicos-e-cigs>.