Building Bridges in Prevention to Support Youth Across the Continuum of Care



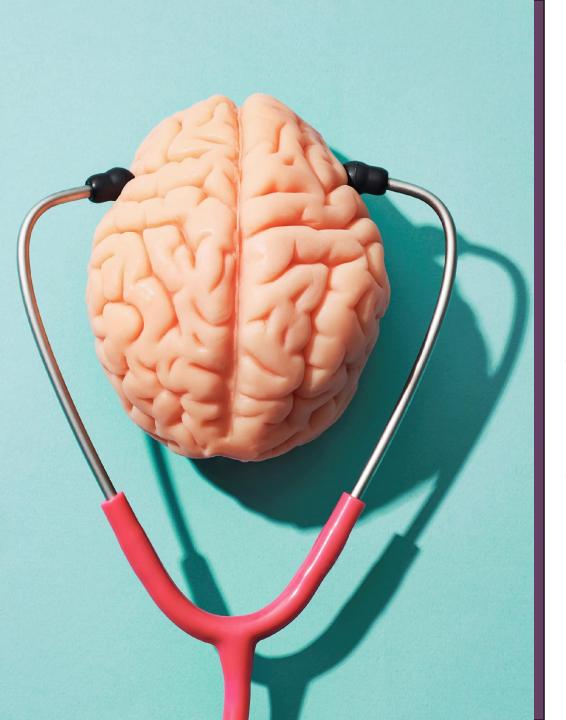
Caroline DuPont, MD

Vice President
Institute for Behavior and Health



disclosures

• No relevant financial relationships with any commercial interests



Learning Objectives

- Describe youth drug trends, the connection to mental health challenges, and their implications for prevention messaging.
- Articulate the science of the vulnerable developing brain and national data analyses that support a clear public health standard of non-use for youth.
- Access and brainstorm ways to utilize tools and practical handouts for engaging with various audiences on youth substance use prevention in your community.

Addiction is a pediatric-onset disorder

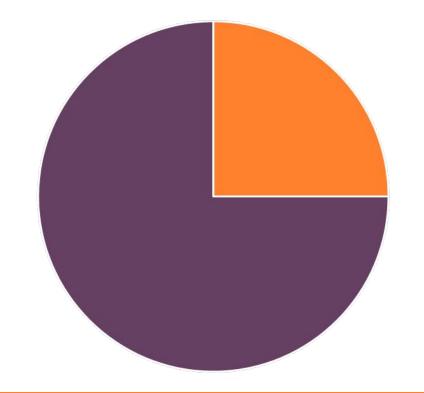
9 out of 10

adults (90%) with substance use disorders started using substances before age 18.



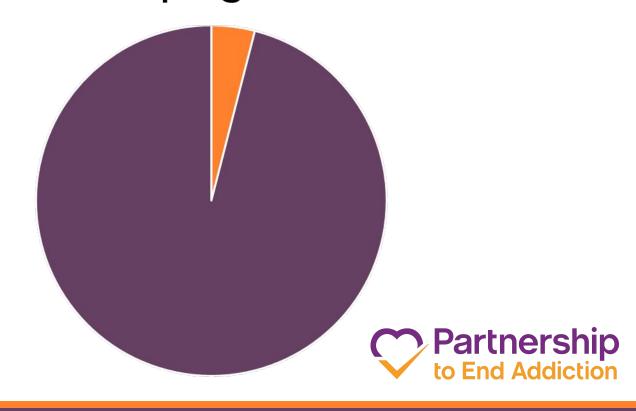
Substance Use Before Age 18

1 in 4 chance of developing addiction

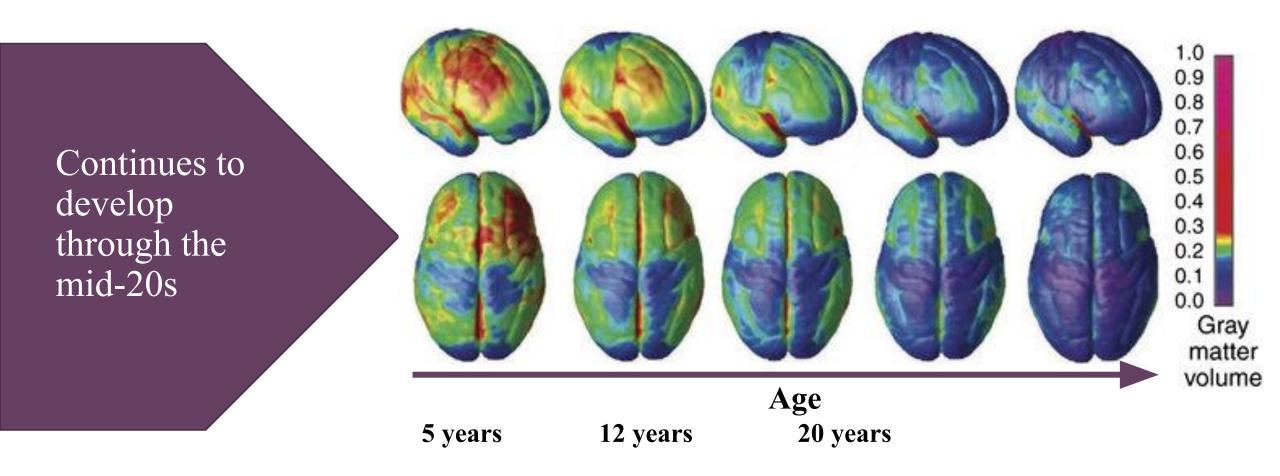


Substance Use After Age 21

1 in 25 chance of developing addiction



the developing brain is uniquely vulnerable to substance use



Teen Brain (Ages 12-18): "Use it or Lose it"

Neural pruning



• Connections no longer needed or not used are pruned away.

Myelination



• What's focused on becomes efficient, optimized, entrenched/"hard wired," Super-highway channels.

The Neural Faulways mat Fire together Wire Together

Youth Substance Use is spread Socially

- Not malicious often with perceived good intentions ("helping" or "fun").
- Teens are likely to choose friends who use substances in a similar way and influence each other over time, growing more alike in their use.

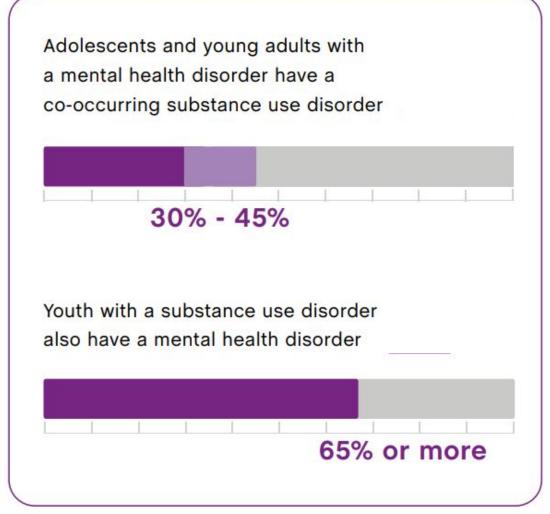


"The degree to which an adolescent's peers use alcohol or illicit drugs is one of the strongest, **if not the single strongest**, predictor of that adolescent's own substance use."

Substance Use and Mental Health Challenges are Bi-Directional

1 in 5 adolescents has a mental health disorder.

Half (50%) of all lifetime mental illness begins by age 14, and 75% by age 24.



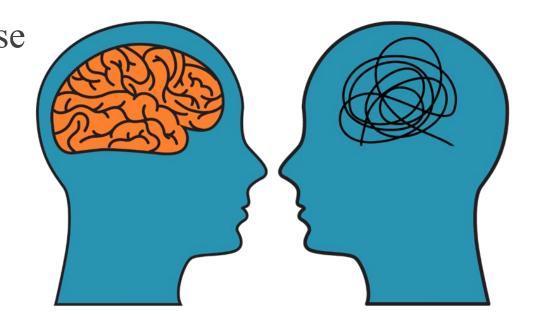




Intersection of Mental Health & Substance Use

Study of 15K+ high school students:

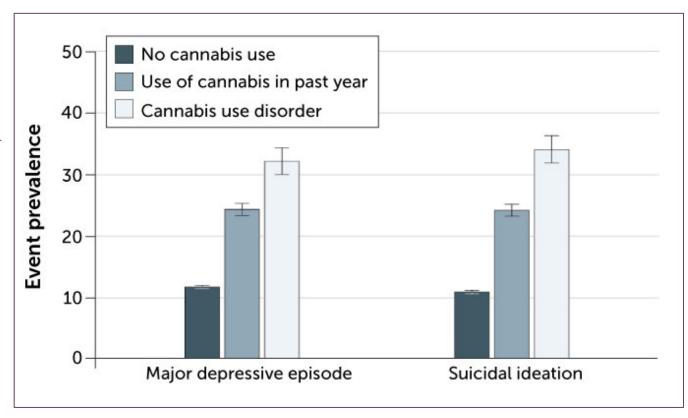
"Alcohol use, cannabis use, and nicotine use were each associated with an increased prevalence of suicidal thoughts as well as depression/anxiety symptoms, psychotic experiences, and attention deficit hyperactivity disorder symptoms."



Intersection of Mental Health & Substance Use

National study of 68K+ youth aged 12-17

- Teens with cannabis use disorder had a higher rate of depression and suicidal thoughts than did those who didn't use cannabis.
- Teens who used occasionally (but were not addicted) also had a higher prevalence of depression and suicidal thoughts than those who didn't use.



Do young People View substance Use as harmful?

Among high school seniors in the US:



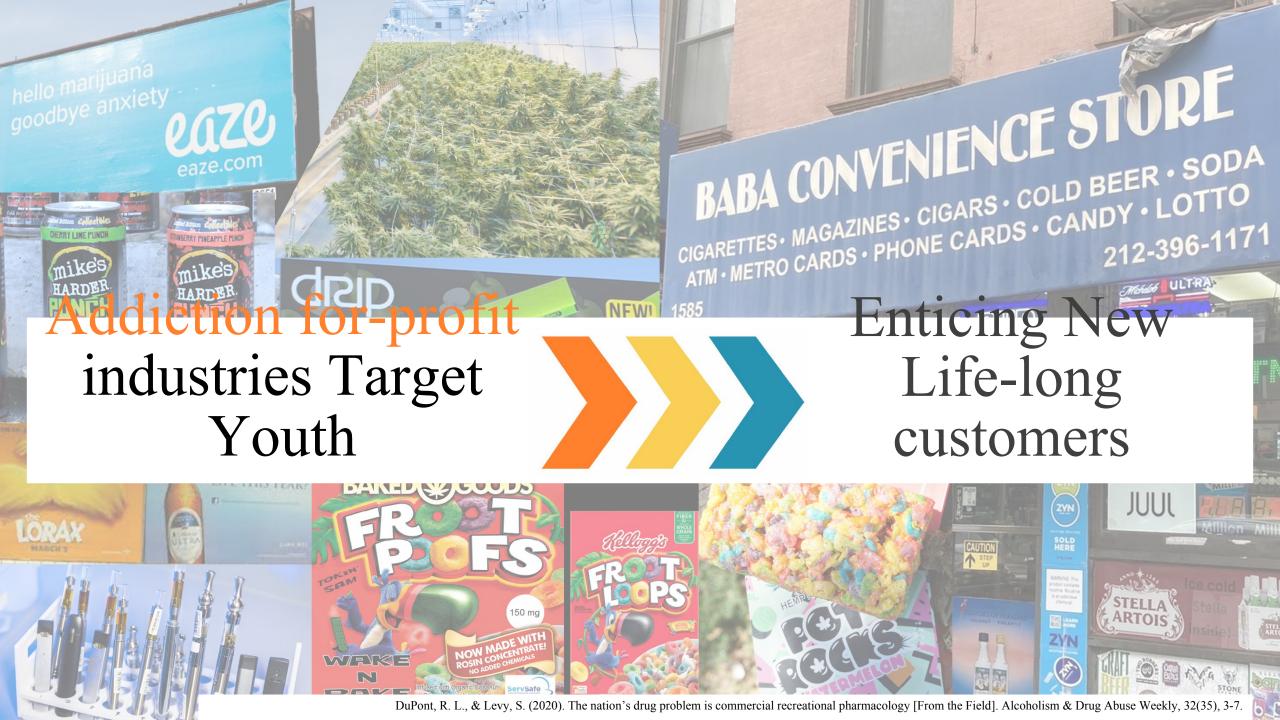
- 56.9% don't see having 5 or more drinks once or twice each weekend as a great risk.
- 64.1% don't see using cannabis regularly as a great risk.



• 66.5% of high school seniors don't see trying any prescription opioid (codeine, Vicodin, OxyContin, etc.) once or twice as a great risk.



• Regular cigarette use is viewed as much riskier (70%) than nicotine vaping (54%).

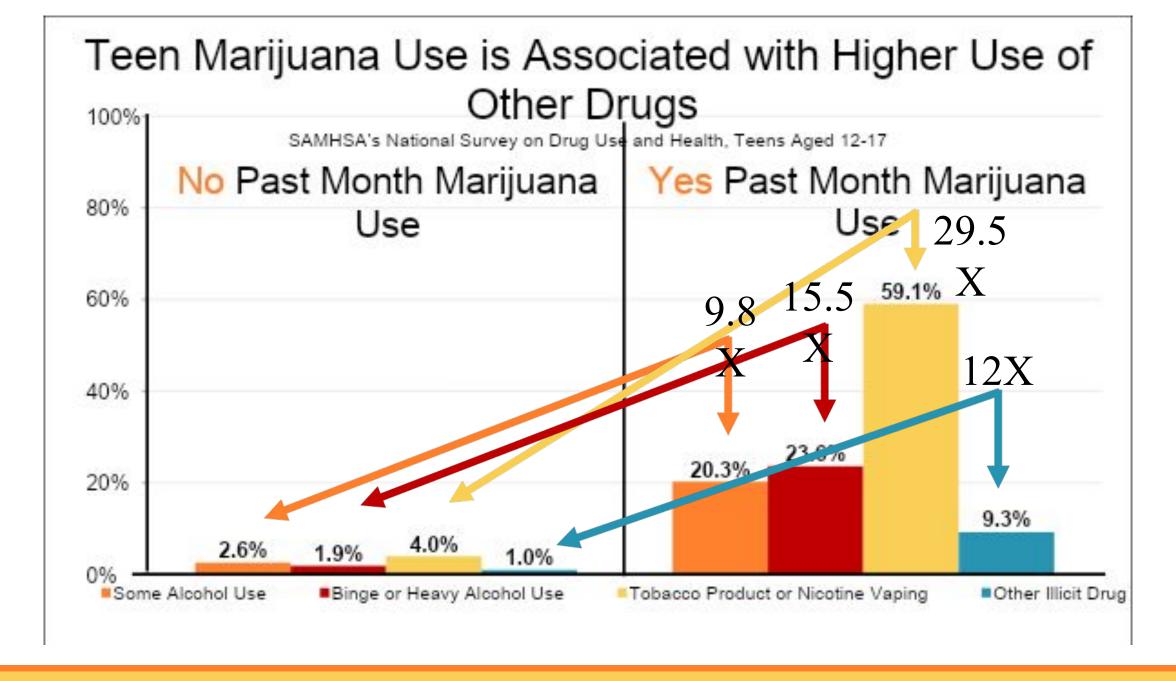


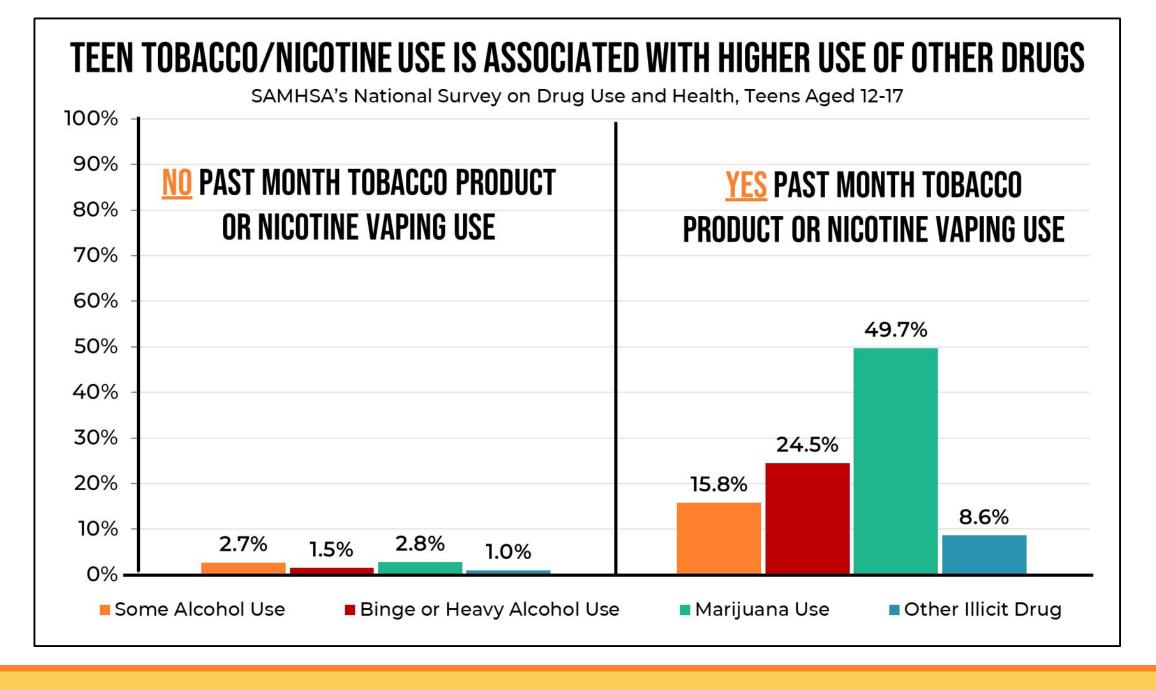
FOR TEENS

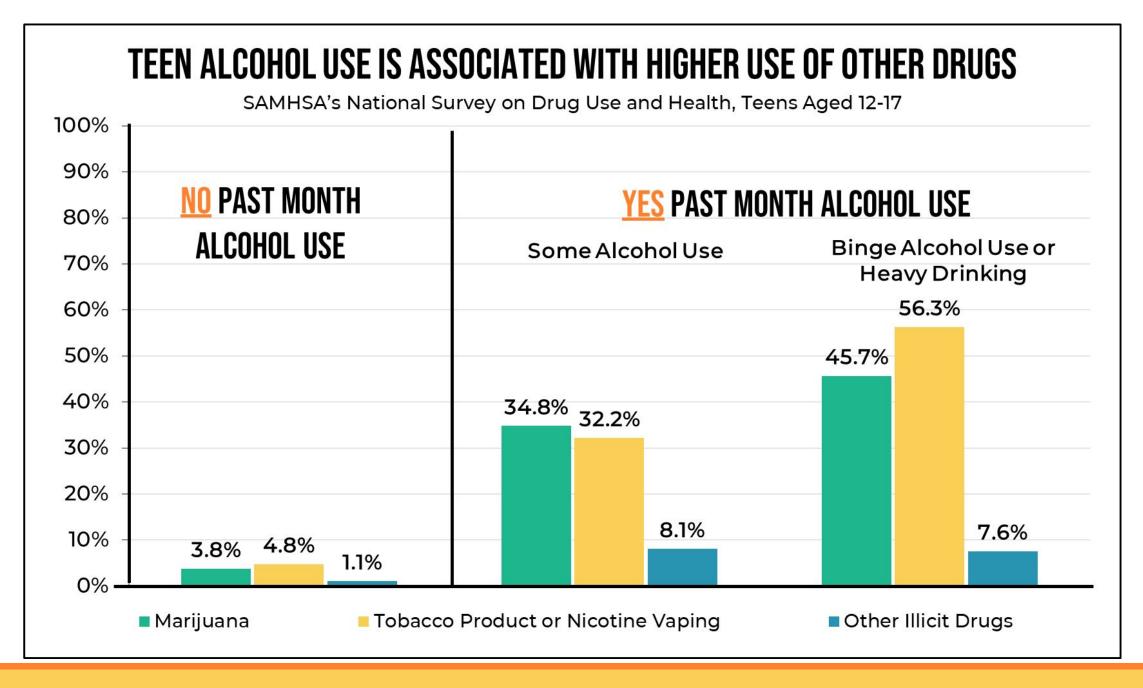
ALL SUBSTANCE USE IS CONNECTED

The use of any one substance (alcohol, nicotine, or cannabis) dramatically **INCREASES** the risk of using other substances.

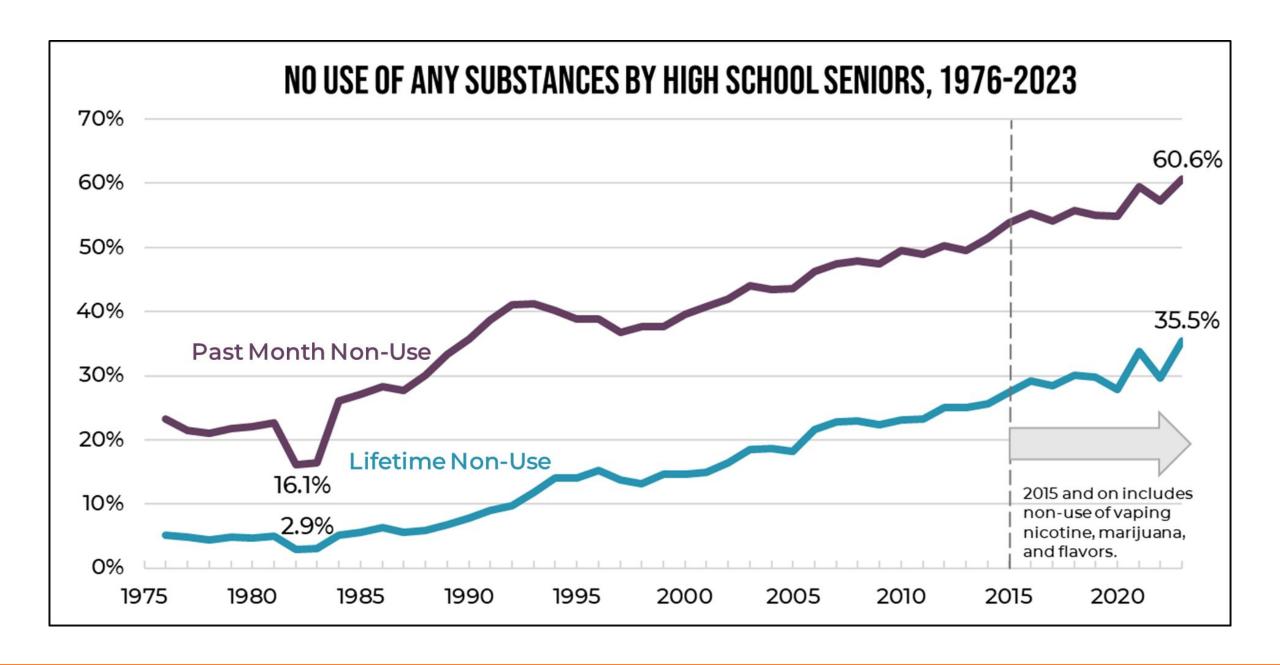








Youth Substance Use is Not inevitable.



Non-Use is the norm

2024	Lifetime Non-Use	Past Month Non-Use
12 th Grade	42.1%	67.1%
10 th Grade	57.7%	80.2%
8 th Grade	72.4%	89.5%

No use of any alcohol, marijuana, nicotine products, or vaping.

Monitoring the Future 2024

What can we do to support Youth prevention?



Alter teens' perceptions that their friends are using substances



Change the contexts in which risky behavior occurs



Increase protective factors and mitigate risk factors



Start with a clear goal rooted in health

one

No use of any alcohol, nicotine cannabis/THC or

ot a Purity Test — a public health approa



wearing bicycle helmets, eating healthy foods, and exercising regularly

For youth, Non-Use is the Health Standard

"The non-use message should be reinforced by pediatricians through clear and consistent information presented to patients, parents, and other family members."

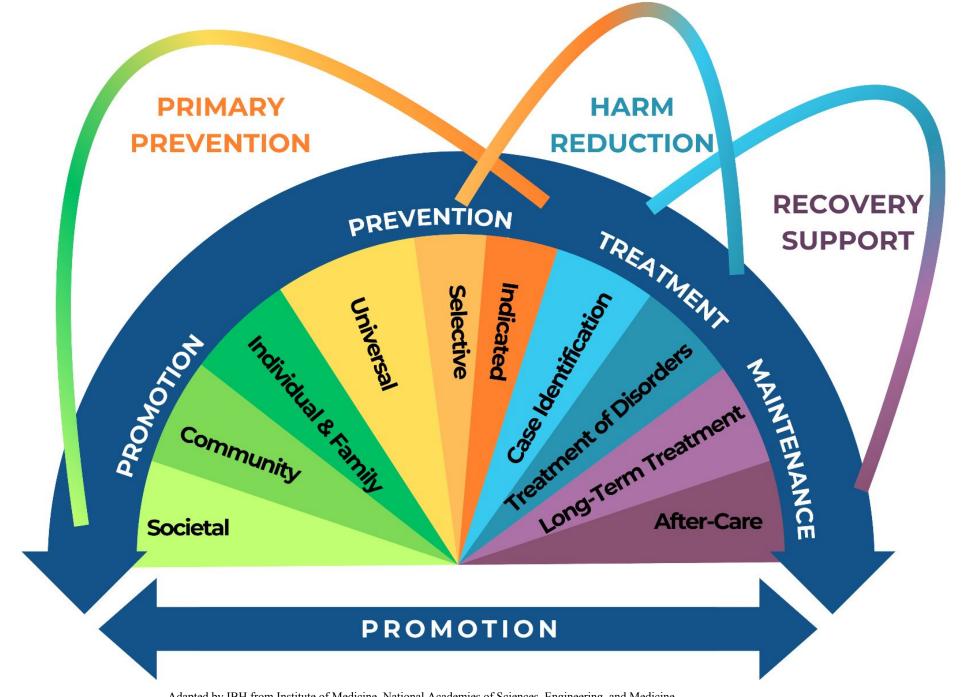
American Academy of Pediatrics (AAP)

Policy Statement on Screening, Brief Intervention, and Referral to Treatment (SBIRT)



Spectrum of Mental,
Emotional, and
Behavioral
Interventions

Where is Primary
Prevention?
Where is risk
Management / Harm
Reduction?



Prevention in Health Care

- American Academy of Pediatrics (AAP) and SAMHSA both recommend Screening, Brief Intervention, Referral to Treatment (SBIRT) as part of routine health care.
- Several validated screening tools available:
- Screening to Brief Intervention (S2BI) Tool
- o <u>CRAFFT 2.1+N</u>
- o Brief Screener for Tobacco, Alcohol, and Other Drugs (BSTAD)
- AAP universal screening guidelines:
- Depression/suicide age 12 (annually).
- Substance use age 11 (annually).
- Screen for nicotine use at every clinical encounter.

Non-Use

- The time before an individual has ever used drugs or alcohol more than a few sips
- Prevent or delay initiation of substance use through positive reinforcement and patient/parent education

Substance Use Without a Disorder

• Limited use without related problems

Preventi

- Mild-Moderate **SUD**
- Use associated with a problem
- Use for emotional regulation

Risk Management/HR & Tresperse referrante SUD treatment

- **Severe SUD**
- Loss of control or compulsive drug use
- Associated with neurologic changes in the reward system of the brain

- Advise to stop
- Counsel about medical harms of substance use
- Promote patient strengths
- Brief assessment to explore patient-perceived problems associated with use
- Clear, brief advice to quit
- Counseling on medical harms of substance use
- Negotiate behavior change to quit or cut down
- Consider breaking confidentiality
- As above
- Involve parents in treatment planning whenever possible
- Refer to the appropriate level of care
- Follow up and offer continued support

How do we bridge CONNECTING WITH YOUTH Prevention and Risk Management for youth?

We can positively influence youth in each group

YOUTH WHO MAY OR MAY NOT HAVE INITIATED SUBSTANCE USE

YOUTH WHO ENGAGE
IN HIGH-RISK
SUBSTANCE USE
BEHAVIORS

YOUTH WHO ARE
PASSIONATE AND
CONFIDENT IN THEIR
NON-USE

YOUTH WHO MAY OR MAY NOT KNOW THE RISKS OF SUBSTANCE USE

- > Right Message
- > Right Audience
- > Right Messenger



Youth Who are Confident in their Non-Use

- Be proud of making positive choices for their health.
- Emphasize being compassionate to friends who are making different choices about substance use.
- Understand substance use disorder as a chronic, brain disease not a moral issue.
- Help remove the stigma around getting help for substance use and mental health challenges.



Youth Who Engage in High-Risk Substance Use Behaviors

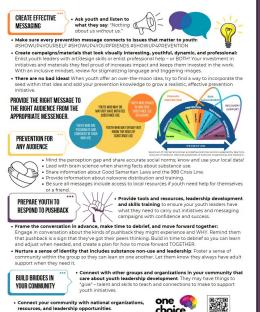
- Who are we talking to? Youth who drink regularly, binge drink/heavy alcohol use, high potency cannabis/THC use, regular nicotine use/vaping, use of non-prescribed pills.
- Assess risk and take action to limit risk: e.g., carry naloxone, get a safe ride home.
- Because of the vulnerability of the developing brain, reducing use and eventually stopping use is the health goal for youth. (AAP)
- Make the connection between substance use and mental health these are bi-directional!
- Connect youth to treatment and recovery support when needed.
- Help youth develop healthy coping strategies and engage youth in their own self-care.
- Connect youth to healthy activities and support networks.



The Many Youth in between

- Who are we talking to? Youth who may have tried substances, may not know about the risks of substances, and may be ambivalent about use.
- "Pre-bunk" misinformation about substance use.
- Close the perception gap: youth THINK their peers are using at much higher rates than the reality.
- Recruit young people to the prevention table and engage them in developing community health priorities.



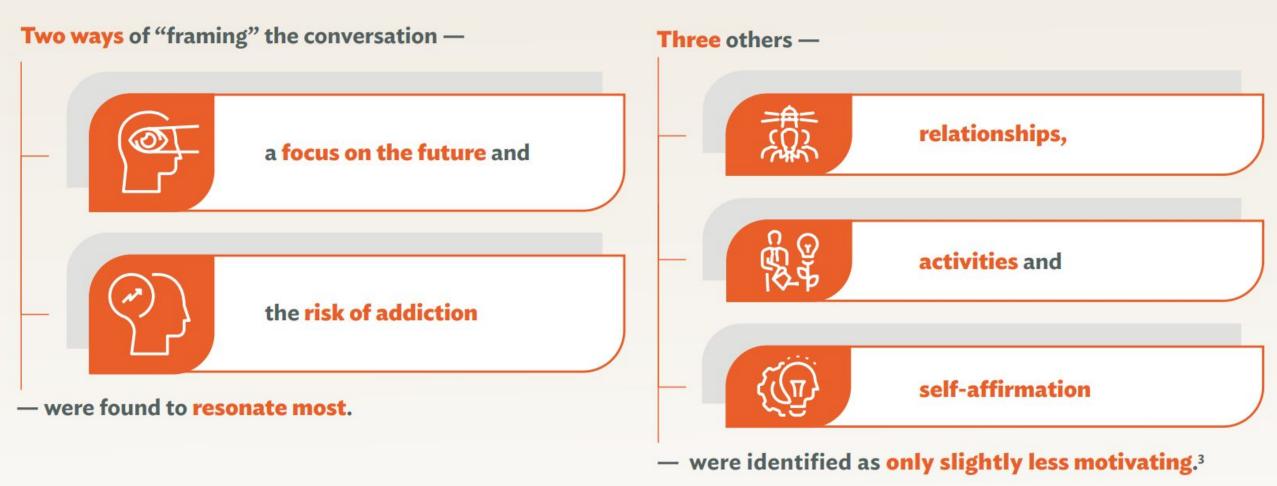


Prevention for Any audience

- Mind the perception gap and share accurate social norms; know and use your local data!
- Lead with brain science when sharing facts about substance use.
- Share information about Good Samaritan Laws and the 988 Crisis Line.
- Provide information about naloxone distribution and training.
- Be sure all messages include access to local resources if youth need help for themselves or a friend.

Amplify Youth Voices in Prevention

Knowing why youth might choose to use substances is invaluable information for identifying risk and protective factors, deciding how to frame conversations and for the selection of prevention messages that will be most likely to resonate.



What Youth say

#sHOWUP4urself #showup4urfriends #showup4prevention

- Cultivate healthy friendships and relationships.
- Prioritize your mental health.
 - Practice self-care.
- Find healthy ways to cope with everyday stress.
- Seek help when you need it.
- Steer clear of alcohol, nicotine, marijuana, and other drugs.



What Youth say

#sHOWUP4urself #showup4urfriends #showup4prevention

- Identify a safe adult.
- Prevent risky situations.
 - Be honest with your friends about your reasons for not using substances.
 - Avoid situations where you know there will be substance use.
 - Work with friends to come up with alternative activities that are fun.
 - Make an exit plan with a safe adult and let them know where you will be when going out with friends.

- Know what to do in a risky situation.
- Put your plan in action: use your code word to make an exit if you need to.
- Don't get in a vehicle with someone who has been using substances.
- o Get help if someone is in trouble; call 911.
- Most states have Good Samaritan Laws that protect you when you are protecting someone else.

What Youth say

#sHOWUP4urself #showup4urfriends #showup4prevention

Be empowered

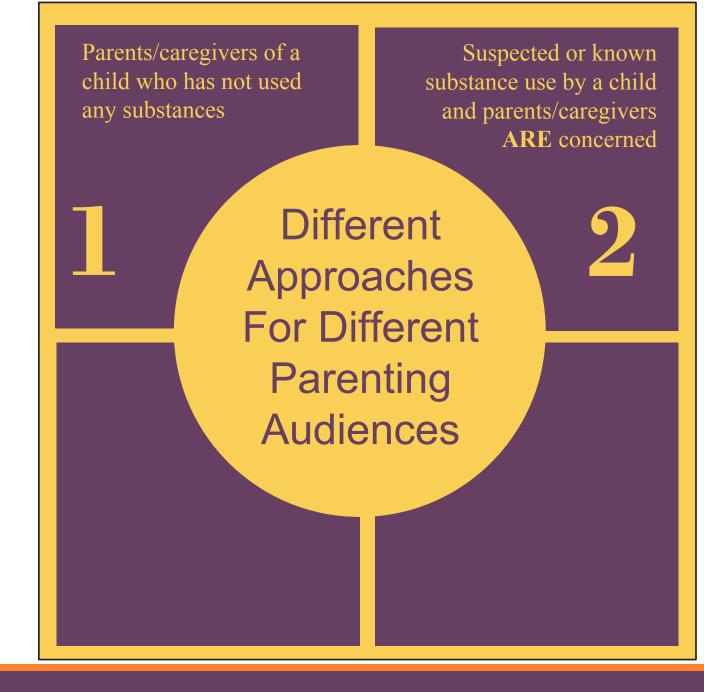
- If you are concerned about a friend, let that person know you care.
- Connect that friend to a safe adult
- You are not alone; ask for help when you need it.
- Know the resources that are around you.



translating the One Choice message for Parents & Caregivers

Supporting Caregivers

- Encourage and reward non-use behavior among youth.
- Talk early and often to reinforce the message.
- Approach the conversation with open-ended questions in a non-judgmental way.
- Be a trusted resource.
- Focus on HEALTH.

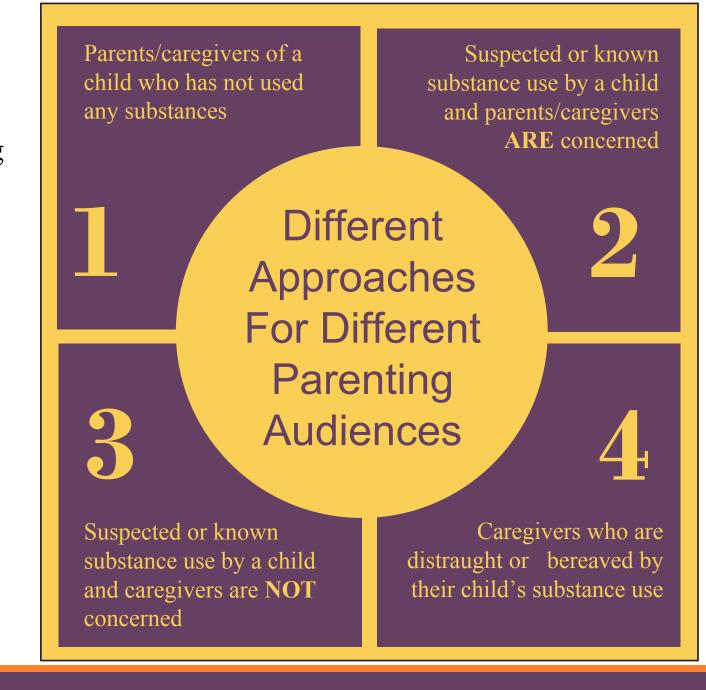


Supporting Caregivers

• Educate caregivers on the developing brain and connection between substance use and mental health.

Ask about use among peers/friends.

• Help families navigate and access resources for treatment and/or grief.



One Choice 5 Prevention Framework

- Know that Substance Use is Not Inevitable
- 2. Be Brain Development Savvy
- Be Substance Savvy
- Talk Early and Often
- Act Quickly if You Suspect Substance Use

Youth Substance Use Prevention is a Health Priority

www.OneChoicePrevention.org/Basics

PREVENTING YOUTH SUBSTANCE USE

What Adults Need to Know



www.OneChoicePrevention.org

- click on any image for more info

KNOW THAT YOUTH SUBSTANCE

Most teens do NOT use alcohol, nicotine. marijuana, or other drugs*



BE SUBSTANCE SAVVY

For teens, all substance use is related; using any one substance dramatically increases the likelihood of using other substances*



The developing brain is uniquely vulnerable to substance use: 9 in 10 adults with a substance use disorder started drinking, smoking, or using other drugs before age 18*

TALK EARLY AND OFTEN

Prevention is not a single conversation; look for teachable moments and communicate the clear expectation of no use as the health standard for youth





Substance use puts teens at risk for many negative outcomes; help them make healthy choices and get support when you need it

on Addiction and Substance Abuse at Columbia University, 2011 [3] DuPont, et al., 2018

SUBSTANCE USE **HEALTH PRIORITY**

The health standard of no substance use for teens is similar to other health standards like using seat belts, wearing bicycle helmets, exercising, getting enough sleep, and supporting mental health self-care

IN THE LAST 6 MONTHS, DID YOU -

- · Experience stress (work long hours, family trauma, world events)?
- · Experience joy/celebrate (have a good day, birthday, wedding, graduation, holiday)?
- · Socialize with friends or family (attend a sporting event/tailgate, dinner party, reunion)?

Are alcohol, marijuana/THC, or other substances a common part of de-stressing, celebrating, or socializing with friends and family?

If your responses often or always include alcohol, marijuana/THC, or other substance use, consider adding responses that do not include substances to model alternative strategies for your kids.



THE STRESS-JOY-SOCIAL CHECK-IN

"What do you do in moments of stress, joy, and sociability?"



WHAT ARE HEALTHY WAYS TO DE-STRESS, FIND JOY, AND BE SOCIAL WITHOUT SUBSTANCES?

- · Go for a hike
- · Call a friend
- Journal
- · Read a book
- · Light a scented candle · Do yoga or stretch
- · Walk the dog/play with pets
- · Listen to music
- · Bake/cook a special meal · Plan an outing with friends
- · Drink warm tea
- · Close your eyes and listen to the sounds around you

Consider planning activities without alcohol, marijuana/THC, or other drugs, especially when they include youth.



WHY DOES IT MATTER?

Adolescence is a unique time in human development. The brain continues to develop until the mid-20s, and during this time, teens are building a foundation for relationships, emotional connection, and coping skills. Opportunities where teens have to navigate life experiences without substances is one important way they acquire these skills. Parents/caregivers can be intentional in modeling healthy strategies for dealing with stress, finding joy/celebrating, and socializing. They can provide positive social spaces for youth explicitly without alcohol, marijuana/THC, or other drugs present to support their social and emotional growth.



......

#1 MIND THE MESSAGE

When adults glorify alcohol (e.g., "nectar of the gods", "wine-o'clock") or marijuana/THC (e.g., "weed mom"), it sends the message to teens that substance use is the norm. Also, when we overemphasize the glory of "glory days", we can overlook or minimize the trauma that went along with those times.

Parents/caregivers are often sensitive to the messages in advertising, media, and music that explicitly endorse substance use but may overlook how substance use is embedded within the home/family life.

Pay attention to the messages your words and behaviors send about substances use

#2 PROCESS EMOTIONS OUT LOUD

Kids learn to process their emotions in part by watching parents/caregivers. Consider processing your feelings more outwardly: "I had a hard day at work today."

Instead of "I need a drink", try something else like, "I'm going to go for a walk to de-stress."

Upon return, report back and share if you are feeling positively or negatively. and declare your next step/plan.

#3 USE SITUATIONS TO START CONVERSATIONS

"Do you think people can have fun at a tailgate/party and not drink alcohol? I just had a blast without drinking.

"Did you notice/was it uncomfortable to see So-And-So drunk/high at the family reunion? What do you think about that?"



Stress-Joy-Social Check-In

 What caregivers do matters.

 Consider moments of stress, joy, and sociability.

one choice community













We all have a role to play in Prevention!

- Break down the silos: no matter the focus THC/cannabis, nicotine vaping, alcohol, meth, Rx pills **for teens, it's all connected.**
- Include a comprehensive public health message that **normalizes substance non-use for youth.**
- Connect prevention efforts to mental health self-care.



- Embrace never stigmatize young people who need support for substance use problems.
- Provide the right message (health promotion, primary prevention, and risk management) to the right audiences (both youth and caregivers) from the right messenger.















FOR HEALTH







Thank You!

Caroline DuPont, MD
Vice President
Institute for Behavior and Health, Inc.
onechoice@ibhinc.org

Corinne Shea, Executive Director Institute for Behavior and Health corinne.shea@ibhinc.org

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