

Drinking and Alcohol Use Disorder in Youth

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Some Things Never Change

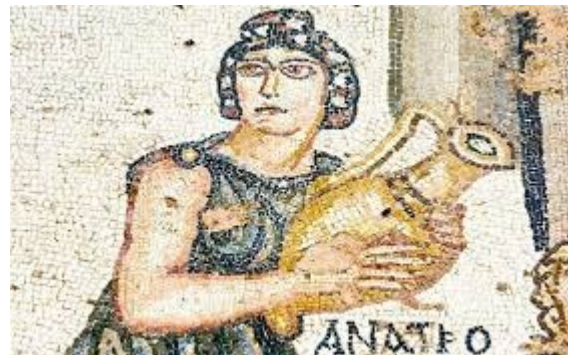


“We live in a decadent age.
Young people no longer respect their parents.
They are rude and impatient.
They frequent taverns and have no
self-respect.”

Inscription on Egyptian tomb circa 3000 BC

Alcohol as a hidden epidemic

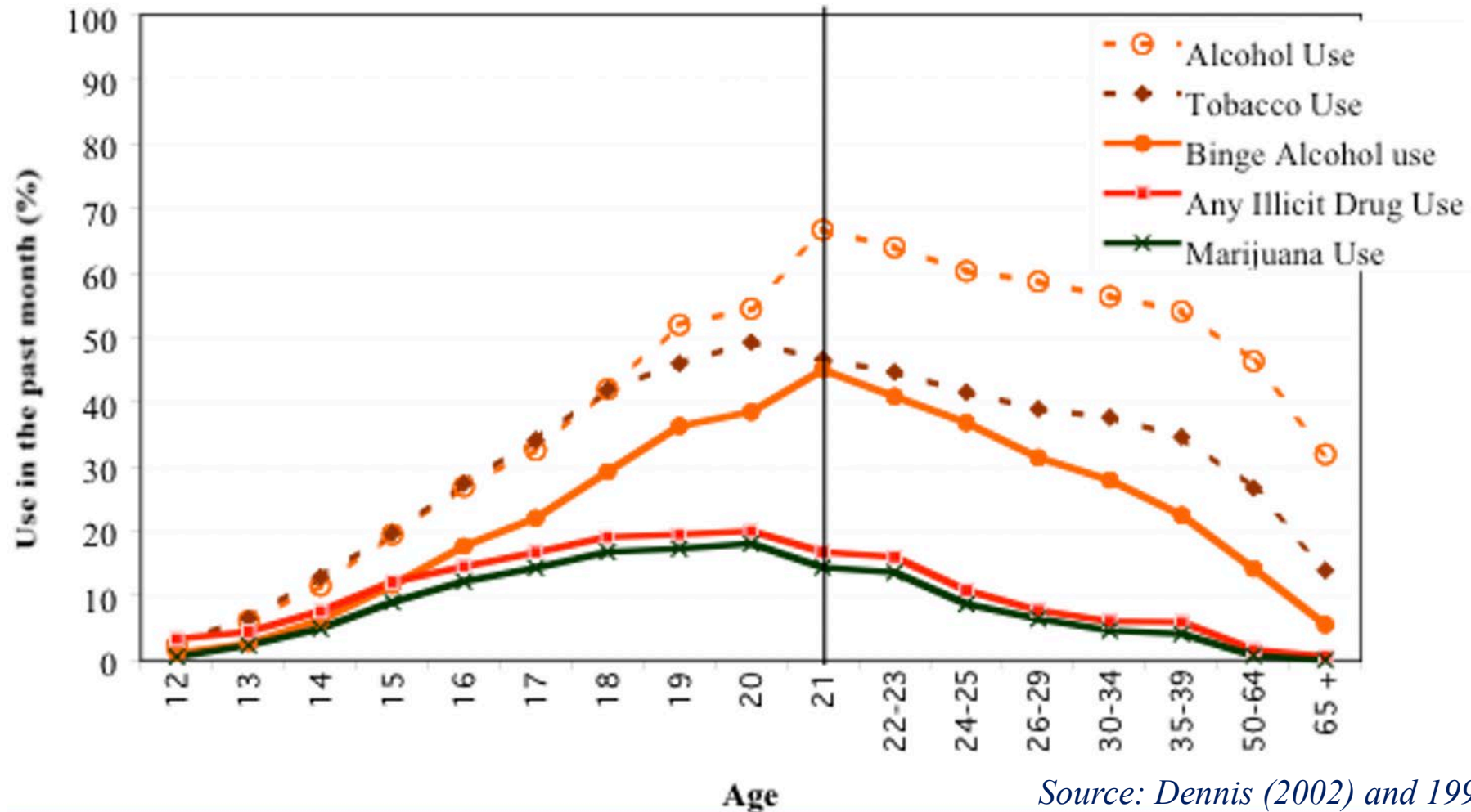
- Cultural tradition and core historical endorsement
- Normative: “everyone” drinks
- Low perception of harm: “it’s no big deal”
- Low conditional probability of problems
- Insidious nature of progression for most



Alcohol

- Most widely used substance by youth
- Cultural encouragement
- MVCs and other traumatic injuries
- Disinhibition, link to other risk behaviors
- Binge pattern
- Progression to other substances

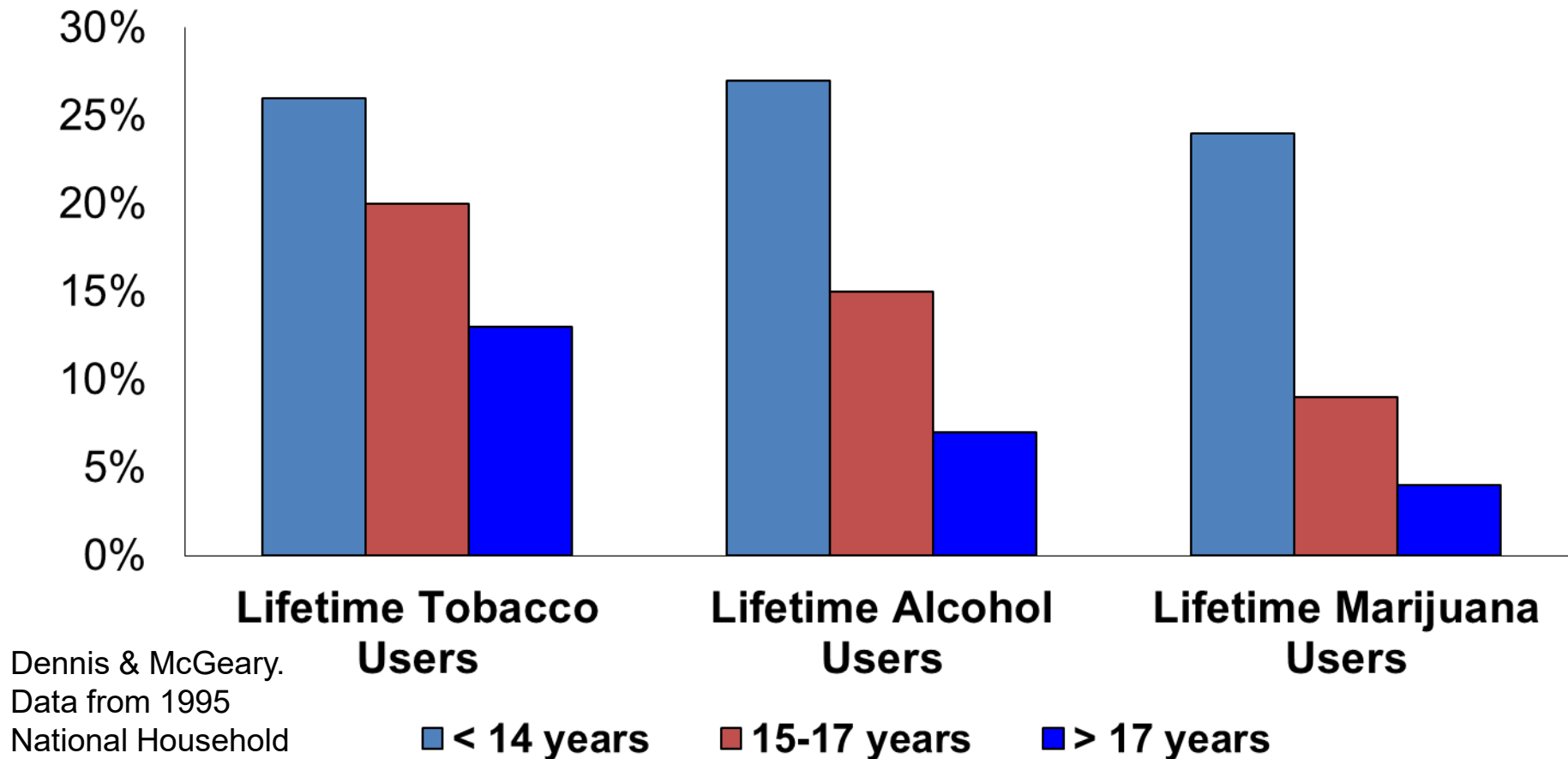
Relationship between substance use and age

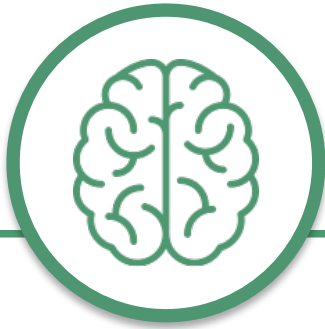


Source: Dennis (2002) and 1998 NHSDA.

Does Development Matter?

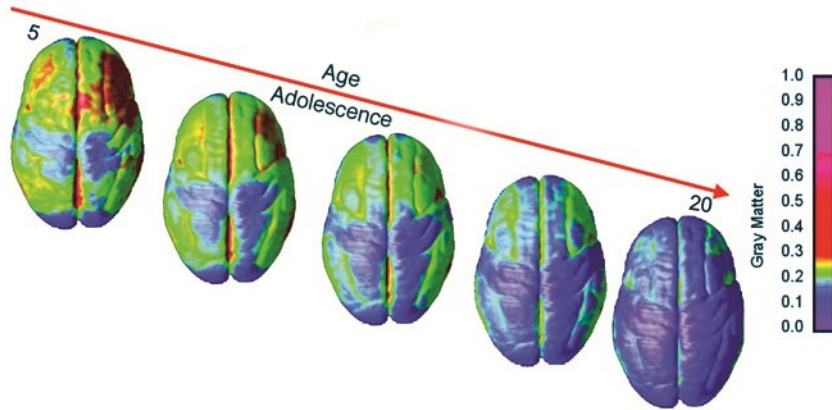
Probability of Having 1 or More Dependence Symptom(s) as an Adult Based on Age of First Use

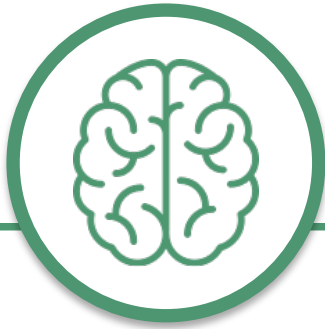




Adolescents Are Vulnerable

- Early substance use = high risk of addiction
- Adolescent immaturity during critical development period = vulnerability
 - Impulsiveness and excitement seeking
 - Difficulty delaying gratification
 - Poor executive function and inhibitory control
 - Poor emotion regulation



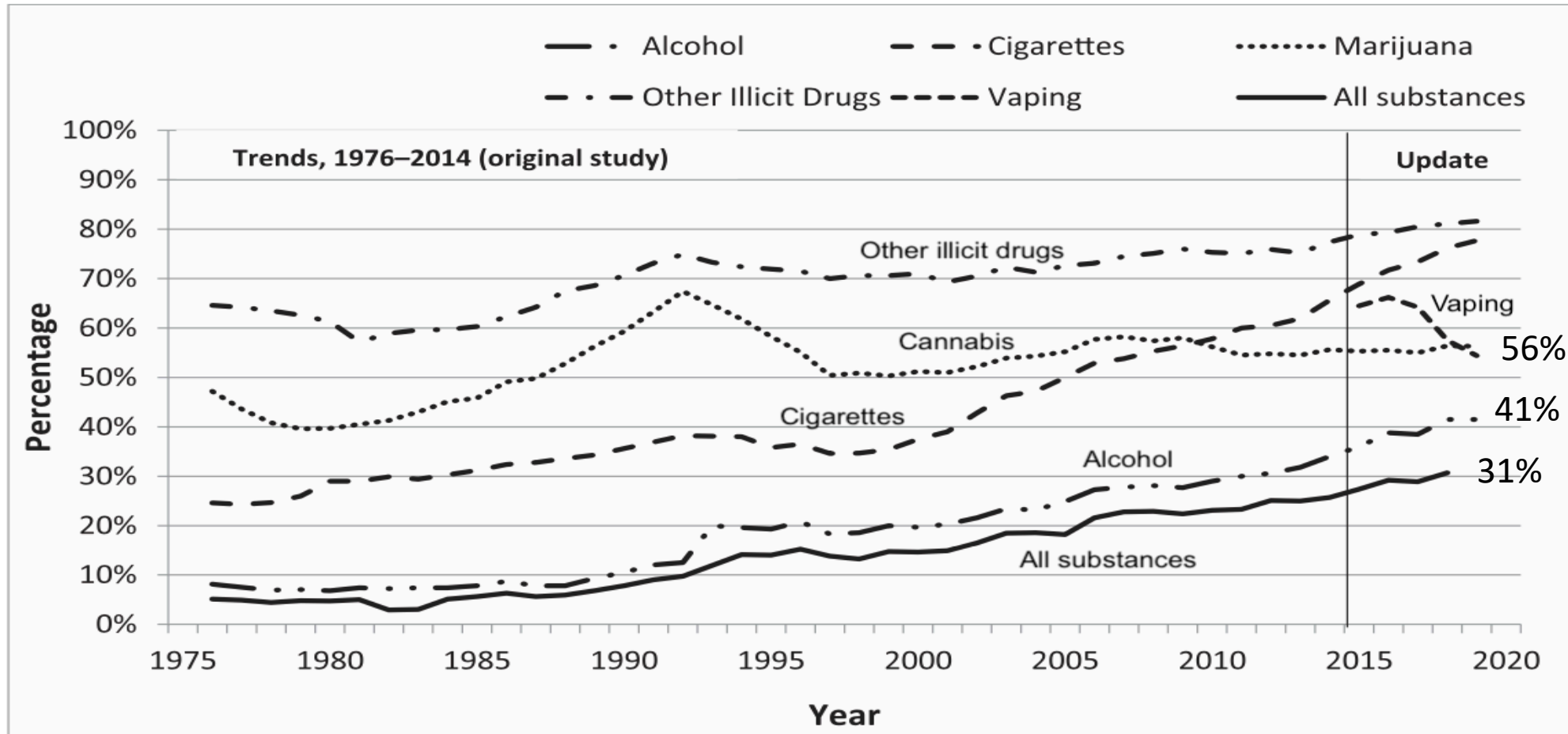


Resisting Temptation in Our Culture



Non-Use Trends

12 graders, lifetime



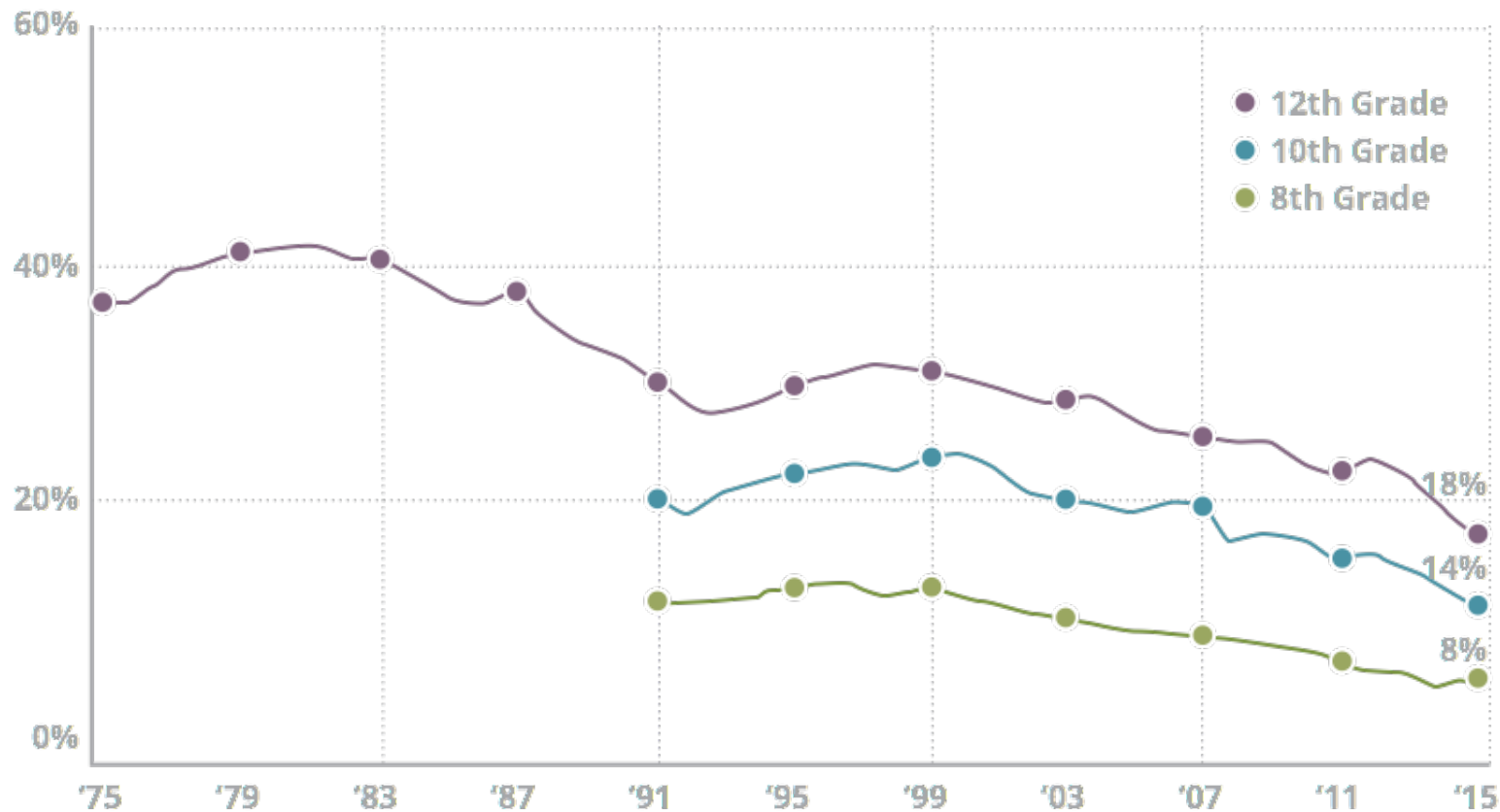
Abstinence all substances (including vaping):

| | |
|----------|-------|
| Lifetime | 25.3% |
| Past 30d | 50.9% |

Levy S et al. Trends in Substance Nonuse by High School Seniors: 1975–2018. *Pediatrics*. 2020;146(6). Source: MTF survey



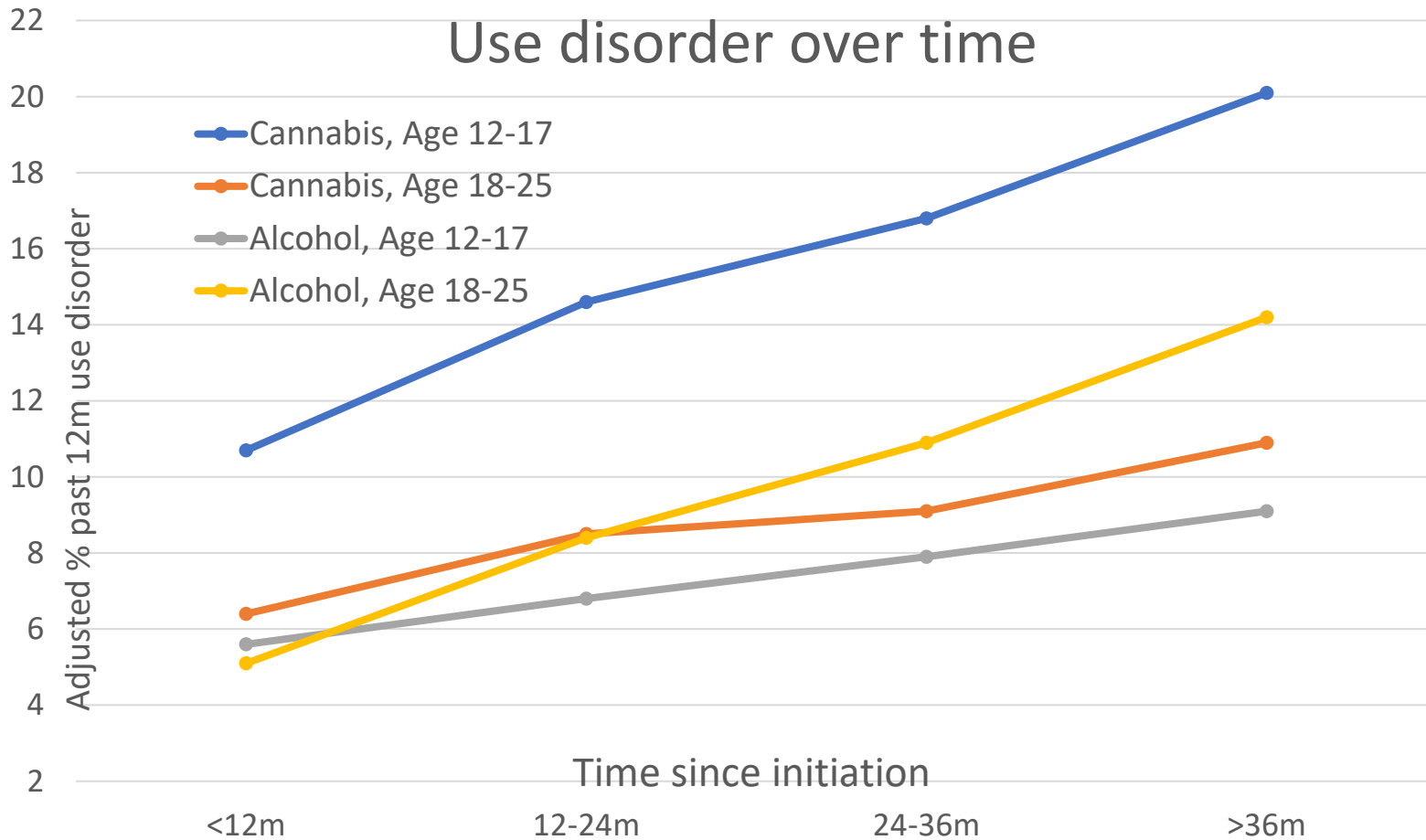
BINGE DRINKING (5+ Drinks) Past 2 Weeks



What are they drinking?



Early initiation confers high risk of progression



- Substantial rates of use disorder in youth soon after initiation
- Cannabis risk higher for adolescents than YA's
 - 10.7% vs 6.4% within 1 yr
 - 20.1% vs 10.9% within 3 yrs
- Cannabis risk higher than alcohol for adolescents

The SBIRT paradigm

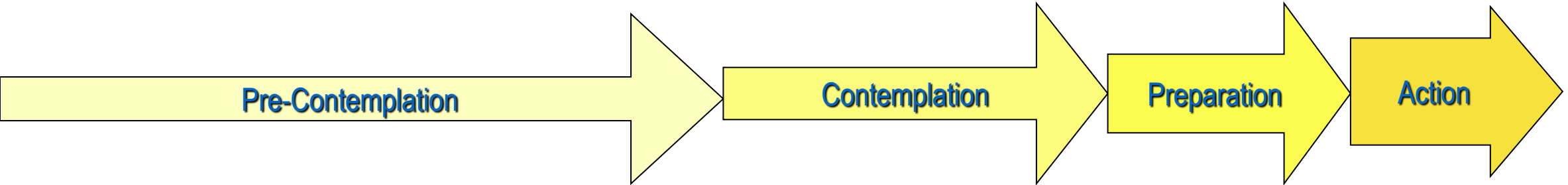
Intervention matched to severity

- Positive reinforcement for youth reporting no use
- Brief advice for those reporting experimental use but not SUD
- Brief motivational intervention for mild / moderate SUD
- Referral to treatment for mod / severe or non-responding SUD

Case 1

- 14 YO boy, acknowledges in screening -- drinking at parties, cannabis use “couple” times, “no big deal”
- Overall high functioning, parents unaware
- Likes it, but got a little loud and embarrassed last weekend

Treatment Engagement and Stages of Change



- Progressive treatment engagement
- Relationship and therapeutic alliance
- Motivational enhancement



Not In My House

- Set a clear standard
- Coordinate with peers, friends' parents, grandparents
- Parental Use? (tricky territory)
 - Universal precautions
 - “Not that this applies to you, but some families may use substances socially...”
 - Remind them that kids are mimics
 - How about a substance-free home, at least temporarily?



Family support

- Include and engage families!
- Monitoring, supervision, communication
- Compatible goals: empowerment of families and promotion of emerging autonomy and self-efficacy in youth
- Families have more juice than they realize



Talking to parents about youth drinking

- Not just teen highjinks
- Younger age of exposure predicts poor prognosis.
- “They’ll probably grow out of it ...” – Hope is not an intervention
- Take a stance, your attitudes matter, be clear and explicit
- Misguided concerns about hypocrisy (“We drink..” “We did it when we were kids...” -- This is not about you!



Model How to Talk With Your Kids

- Have the conversation(s)
- Practical balancing act: clear limits vs realistic expectations
- Don't be surprised that "they don't get it..."
- Pick your battles



Motivational approaches

- Do you know other kids who have been in trouble...
- Do you know why I or your parents might think it's a problem...
- What are the pro's and con's for you...
- What would be evidence in your view that it's a problem...
- If you could stop anytime, would you be willing to see what it's like...
- Let's schedule you to come back and see how it's going...
- Will you go and see a specialist? Get another opinion?

Case 2

- 15 YO girl, parents describe social withdrawal, explosiveness, change in peer group, and academic decline; no knowledge of SU
- She acknowledges not feeling herself. Preoccupying worries, irritable, concentration decline, sleep disturbance
- Volunteers she has experimented with marijuana and drinking; denies recent use
- Further exploration reveals ongoing weekend drinking; she acknowledges depression but believes the substances are “no big deal.”

Readiness Rulers: “How ready are you to ...”

On a scale of 0 to 10, how IMPORTANT is it for you right now to change?

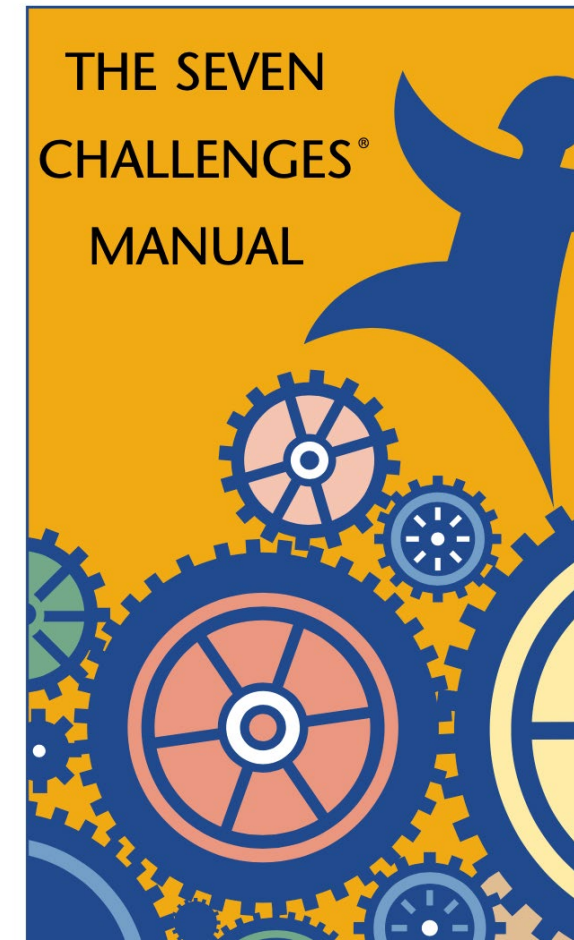
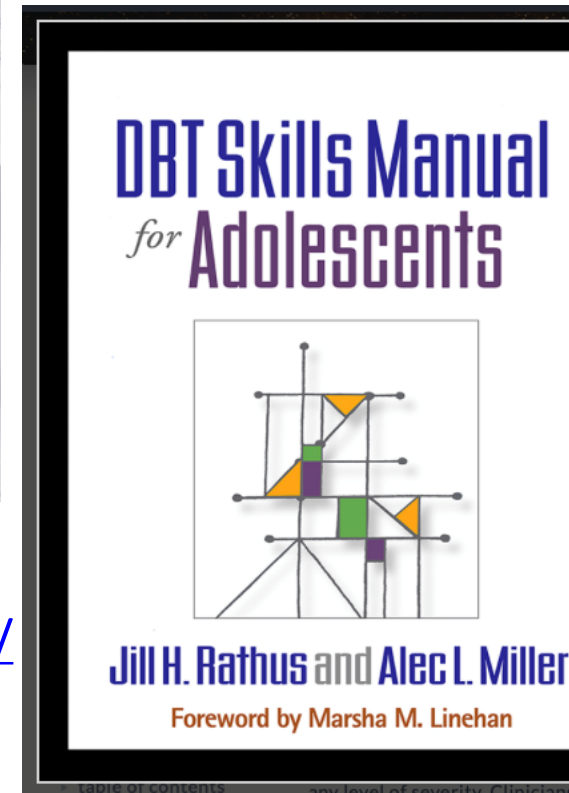
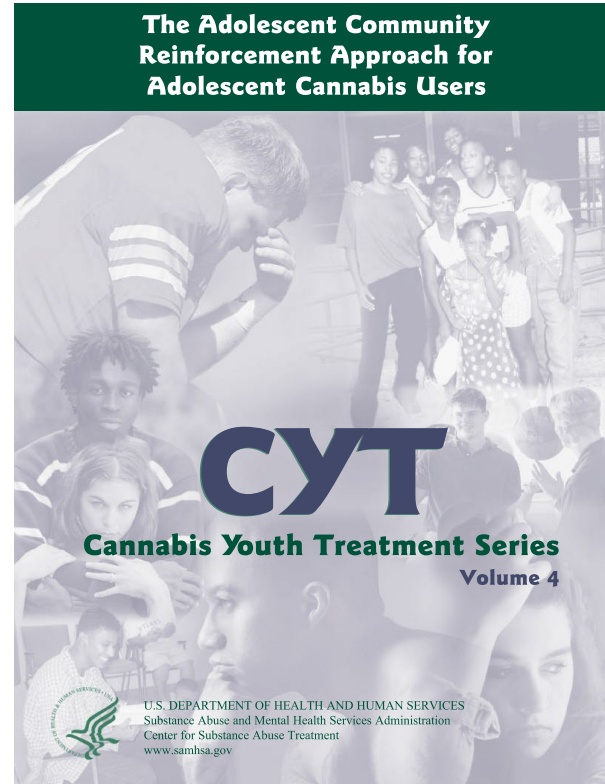
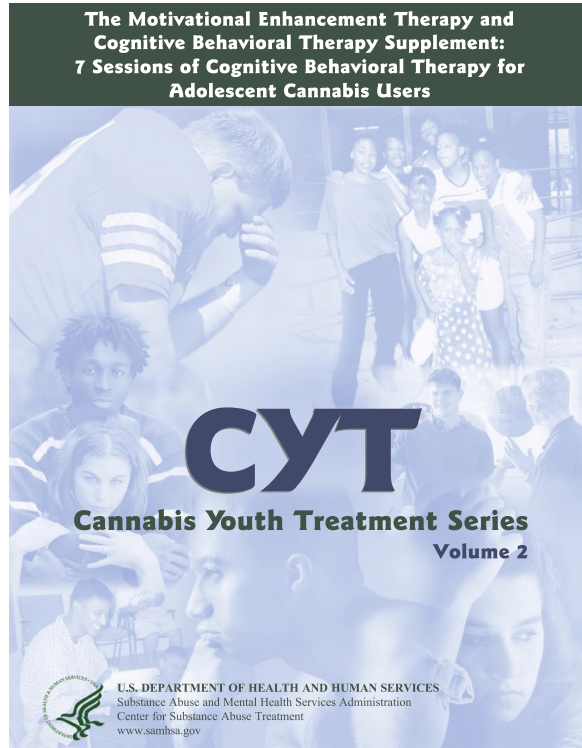
0____1____2____3____4____5____6____7____8____9____10
Not at all
Important
Extremely
Important

On a scale of 0 to 10, how CONFIDENT are you that you could make this change?

0____1____2____3____4____5____6____7____8____9____10
Not at all
Confident
Extremely
Confident

“What would it take to move you from a 4 to a 6?”

Examples of adolescent counseling manuals



- <https://www.chestnut.org/lighthouse-institute/store/>
- <http://www.sevenchallenges.com>
- <https://behavioraltech.org/about-us/>

Intervention for youth substance use is Prevention for youth OUD

- Addiction – a developmental disorder of pediatric onset
- The vast majority of youth who initiate opioids have problems with other substances first
- Earlier onset associated with worse outcomes
- Earlier intervention associated with better outcomes
- OUD as advanced, malignant stage in progression of illness
- Prevention of OUD by treatment of non-opioid SUD prior to opioid initiation – cannabis, alcohol, nicotine

Family Engagement: Historical Barriers

- Normative pushback against **sense of parental dependence and restriction**
- Clinicians: lack of training, competence, comfort
- Focus on **internal transformation**
- Preoccupying focus on “enabling”
- Over-rigid concern with **confidentiality**



Rationale for family involvement

Both **families and patients** need a recipe for treatment with role definitions, expectations, and responsibilities

Families have **core competence, deep connections, special powers of persuasion** and natural leverage that we as clinicians don't have

Family **mobilization** – “Medicine may help with the receptors, counseling may help with the skills, but you still have to parent this difficult young person”

Encouragement of emerging youth autonomy and self-efficacy **is compatible** with empowerment of families

How should we manage the confidentiality barrier?

- Following rigid limitations on disclosure?
- Making unilateral and surreptitious disclosures?
- Getting to yes



Approaches to family communication

- You can't talk to my family
- OK

Approaches to family communication

- You can't talk to my family
- Watch me

Approaches to family communication

- You can't talk to my family
- What should I say when they call?

Approaches to family communication

- You can't talk to my family
- Let's talk to them together

Getting to yes

- This is what we do
- Let's invite them in and see what happens
- Don't you want their help
- What if I could help you get them to back off
- They'll find out anyway and won't it be better if it comes from you

Principles of Family Negotiation

The Art of the Deal – Getting to Yes

- Pick your battles
- Know your **leverage**
- You gotta give to get
- You have more juice than you realize
- Keep your **eyes on the prize**
- For families: rewards will work better
- For patients: earning family points will be worth your while
- For both:
 - Aren't you tired of battling?
 - How's that working for you?



Public health prevention strategies

(All about access)

- Enforce age restriction
- Use price sensitivity through taxes
- Address exploitative distribution practices in lower economic zones, urban areas, and vulnerable communities
- Use restrictive regulation strategically
 - Products
 - Package stores and drive-throughs
 - Bar closing times



Questions? Discussion?

Therapeutic optimism remains one of our best tools!



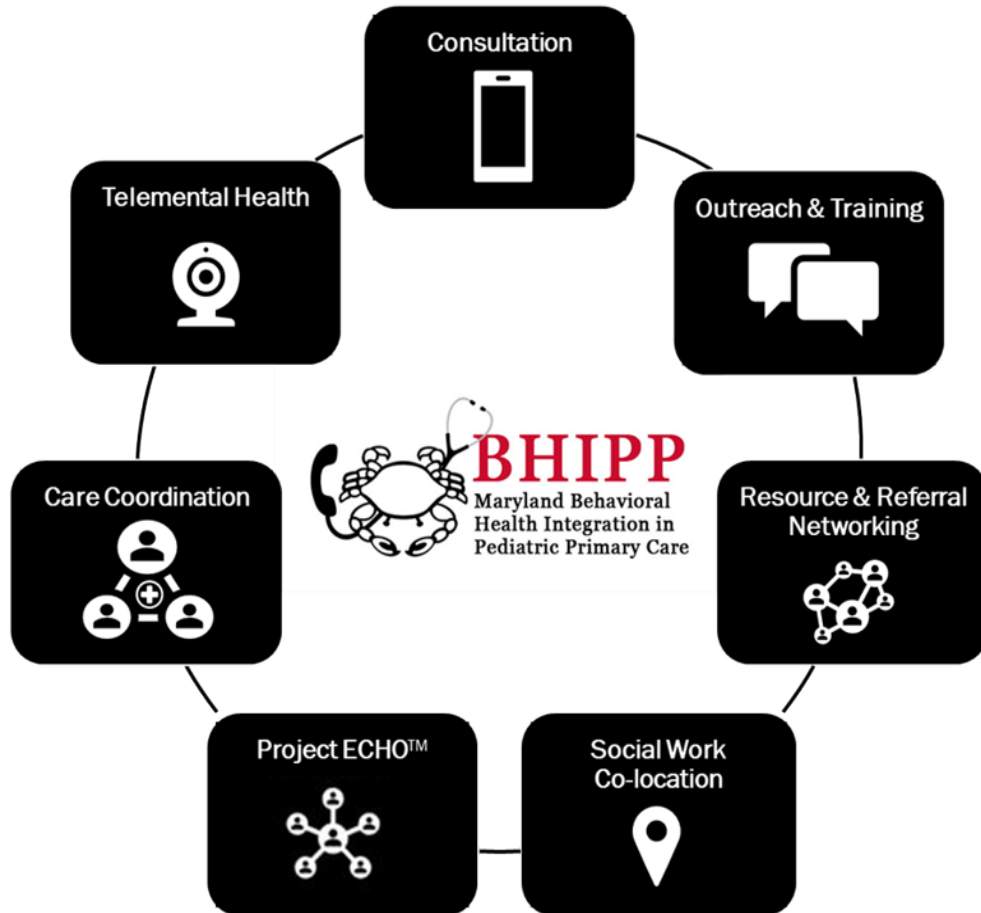


Provides support to prescribers and their practices, pharmacists, and healthcare teams in addressing the needs of their patients with substance use disorders and chronic pain management.

All Services are FREE

- Phone consultation for clinical questions
- Education and training opportunities related to substance use disorders and chronic pain management
- Assistance with addiction and behavioral health resources and referrals
- Technical assistance to practices implementing or expanding office-based addiction treatment services
- MACS TeleECHO™ Clinics: collaborative medical education through didactic presentations and case-based learning

Maryland BHIPP



Offering support to pediatric primary care providers through free:

- Telephone consultation (855-MD-BHIPP)
- Resource & referral support
- Training & education
- Regionally specific social work co-location (Salisbury University and Morgan State University)
- Project ECHO®

Coming soon!

- Direct Telespsychiatry & Telecounseling Services
- Care coordination