Substance Use Treatment in Adolescents

- In 2011 25.1 million adolescents age 12-17
 - ¼ drink ETOH
 - 1/5 have elicit drug use
 - 1/8 smoke cigarettes
- Since 2002
 - Decrease in overall ETOH use
 - Decrease in cigarette use
 - Marijuana use is stable (decline from the 70s/80s)

Contributions to Adolescent Substance Use

- Peer Usage
- Family Environment
 - Violence
 - Abuse
 - Mental illness
 - Drug use in the household
- Comorbid depression/anxiety/adhd

Predisposition/Vulnerability to Addiction

- Stress physical/emotional abuse
- Impulsiveness/aggression
- Early use
 - 15% of adolescent who have been "drunk" by age 14 have adult abuse/dependence (compared to 2% who have first "drunk" at age 21
 - 25% who abuse prescriptions by age 13 evolve to adult abuse/dependence
- Genetics
- Prenatal exposure
- · Lack of parental monitoring
- Drug using Peers

Consequences

- Chronic MJ use in adolescents decrease in IQ points even after sobriety
- Adolescent who use less tolerance and withdrawl less likely to receive treatment
- Only 10% of adolescents who need treatment receive services

Adolescent Drugs of Abuse

- Marijuana 36.4%
- Amphetamines (most common Adderall) 8.7%
- Synthetic MJ 7.6%
- Painkillers 7.1 %
- Cough Medications 5 %

SAMHSA Recommendations

- · Identify and Treat Substance use ASAP
- · ANY drug use is a concern
- · Screen drug/MJ/tobacco use annually
- External pressures (family/court) help with treatment compliance involuntary treatment can still be effective
- Taylor treatment to needs of adolescent/treat the whole person
 - Medical, psychological, social, housing, school, legal
- Behavioral Therapies are the most effective
 - · Skill building, incentives, problem solving, interpersonal therapies
- · Treat comorbid conditions
- · Identify suicide risk/violence
- · Monitor Drug Use
- Adequate Treatment Duration (3 months)
- · Screen for STD

Effective Treatment

- Brief Strategic Family Therapy
- Family Behavior Therapy
- Functional Family Therapy
- Multidimensional Family Therapy
- Multisystemic Therapy

Medication Assisted Treatment

- THERE ARE NO FDA APPROVED TREATMENTS FOR ADOLESCENTS
- Marijuana
 - NAC 1200 mg BID plus contingency management in 2 studies in adolescents
- Opioid Use Disorder
 - Buprenorphine
 - · Decreases craving and withdrawl to improve sobriety
 - 2 positive studies in adolescents
 - Methadone
 - Some states have allowance for 16-18 year olds. 2 failed treatment and adult consent
 - Naltrexone

MAT

- Alcohol
 - Acamprosate
 - Disulfram
 - Naltrexone

Nicotine

- Buproprion
- Nicotine Replacement
- Varencline

Recovery Support

- Assertive Community Care
- Replace Drugs with Healthier Environment
 - Family, social, education, vocational, psychotherapy (problem sovling and coping)
- 12 Step