Adolescent Substance Use Treatment

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Founder/Owner of Adolescent & Young Adult Advocates

- Set up DUI system for Montgomery County 1984-85
- Director of Rehab After Work Launched in 1988
- Rehab After School Wrote and Implemented Program 1990
- Consultant, Advocate, Private Practice 1991
- Adolescent and Young Adult Advocates Founder 2005
- “Reaching Teens” Education Text for American Academy of Pediatrics
  Contributor three Chapters on Substance Abuse Disorder/Addiction 2014
- Founder of Bennett House 2018
- Co-Chair: The Coalition of Youth for Lower Merion
- Affiliated with:
  - American Academy of Pediatrics,
  - Children’s Hospitable of Philadelphia,
  - Chinese socialization and Cultural Assimilation Program
  - Caron Treatment Centers, PA and FL
  - Main Line Health / Mirmont Behavioral Health
  - Malvern Institute
  - Pennsylvania Association of Independent Schools
  - Recovery Centers of America
PA Adolescent Substance Use

- An Average of 62,000 Adolescents (12-17) were current illicit drug users based on 2016 & 2017 NSDUH data
- 93,000 Adolescents (12-17) used Alcohol in the past Month
  - 51,000 reported Binge Alcohol Use

Average # of current users reported in 2016 & 2017 surveys (Age 12-17)

Average # of individuals age 12-17 who reported using in the past year on the 2016 and 2017
National Adolescent Overdoses

- According to the CDC, the death rate due to drug overdose among adolescents aged 15–19 more than doubled from 1999 (1.6 per 100,000) to 2007 (4.2), declined by 26% from 2007 to 2014 (3.1), and then increased in 2015 (3.7).
- Opioids were the leading cause of overdose.
- 80.4% were unintentional overdoses.

![Graph showing deaths per 100,000 population in specified category from 1999 to 2015]
In PA alone drug related overdose deaths rose for ages 15-24 from 2015-2017
A new study reveals deaths from the synthetic opioid fentanyl skyrocketed more than 1,000% from 2011 to 2016, with deaths practically doubling every year starting in 2014. And while deaths rose in every age group, the largest increase in death rates was among younger people, between ages 15 and 34. These staggering numbers are just another piece of the deadly puzzle of opioid abuse that lawmakers and medical professionals are scrambling to solve. The CDC confirmed last year that fentanyl is now the deadliest drug in America.
Need for Adolescent Treatment

Approximately 1 Million people Nationally aged 12-17 had a need for SU treatment and only 91,000 received Specialized Substance Use treatment.

In Pennsylvania alone, 27,000 People Aged 12-17 NEEDED Specialized Substance Use Treatment and DID NOT receive it.
Adolescent Substance Use & MDE

- In 2017, the percentage of adolescents aged 12 to 17 who used illicit drugs in the past year was higher among those with a past year MDE than it was among those without a past year MDE (29.3 vs. 14.3 percent).
- An estimated 345,000 adolescents (1.4 percent of all adolescents) had an SUD and an MDE in the past year.
- Cycle of treatment to MH facilities continues with Adolescents because the SUD is not addressed when in MH treatment.
- High School students do not get Substance use treatment, go straight through the Mental Health System lending to emergent SU treatment needed in college.

Past Year Illicit Drug Use among Youths Aged 12 to 17, by Past Year Major Depressive Episode (MDE) Status: Percentages, 2017
Barriers to Care

- Lack of treatment options
  - 2 Adolescent residential detox services available
    - Caron- Private insurance
    - Pyramid- Transported to Adult Detox unit
- Challenges finding treatment
  - Outdated/incorrect listings
  - Incredibly difficult to navigate information available
- Cost, Insufficient Coverage, Lack of insurance, Wait lists
- Perceptual Obstacles
  - Caregiver failure to detect problem/severity of problem and need for treatment
  - Negative views about treatment/Professionals
  - Stigma (Caregivers and Adolescents)

Reasons for Not Receiving Substance Use Treatment in the Past Year among **People Aged 12 or Older** Who Felt They Needed Treatment in the Past Year: Percentages, 2017

- **Not Ready to Stop Using**: 139.7%
- **No Health Care Coverage and Could Not Afford Cost**: 30.3%
- ** Might Have Negative Effect on Job**: 20.5%
- **Might Cause Neighbors or Community to Have Negative Opinion**: 17.2%
- **Did Not Know Where to Go for Treatment**: 10.9%
- **Did Not Find Program That Offered Type of Treatment That Was Wanted**: 9.0%

Note: Respondents could indicate multiple reasons for not receiving substance use treatment; thus, these response categories are not mutually exclusive.
Despite limited variation in substance use in youth, drug and alcohol treatment programming has become more limited in availability.

Pennsylvania 12th Grade Rate of Lifetime Use

Pennsylvania Youth Survey (PAYS) Data (Monitoring the Future)
Adolescent Residential Treatment

2002- Drug & Alcohol Adolescent Residential Programs
2017- Drug & Alcohol Adolescent Residential Programs

- **Black:** Accept Only Private Insurance
- **Orange:** Criminal Justice Referral Only
- **Blue:** Medicaid or Private Insurance
- **Grey:** Criminal Justice Only, Halfway House, or Private Insurance Only
Negative outcomes associated with untreated or undertreated substance abuse among adolescent

- High levels of substance use are associated with the three leading causes of death among youth
  - Accidents
  - Suicide
  - Homicide
- Left untreated the risk of adverse consequences increases
  - Transition form abuse to dependence
    - Researchers have found that up to 60% of adult substance dependence may be prevented by early detection and treatment of substance use disorders in youth (Kendall and Kessler 2002; Kessler et al. 2001)
  - Lower educational and occupational attainment
  - Violence and gang involvement
  - Reduced life and relationship satisfaction
  - Motor vehicle accidents
  - High risk sexual behavior
  - Co-occurring psychiatric disorders
  - Premature death
“James”

- 15 year old Male
- Being raised by his grandparents due to parent Substance use Disorder
- History of suicide attempts
- History of Marijuana, Alcohol, Percocet, Adderall, Codeine, and Xanax Use.
- Medicare
- Guardians contacted us asking for pro-bono care after repeated unsuccessful treatment in inpatient(MH) and outpatient treatment
- After intake it was discovered that James needed Inpatient Detox due to Xanax use.
“James” Barriers to Treatment

- Adolescent Detox
- Co-occurring Mental Health
- History of Suicide attempt
- Financial difficulties
- Medicaid
- Difficulty locating accurate/helpful information
  - Incorrect, Outdated & Overwhelming Abundance of information for Adolescent Providers.
    - Of the 13 Adolescent Detox/Residential treatment facilities provided by DDAP help line 2 provided treatment for Adolescents and 1 accepted Medicaid
      - Caron Treatment Centers (Private Insurance)
      - Pyramid Health Care (Accepts Medicaid but Transports Adolescents to Adult Detox Location)
  - 2018 National Directory of Drug and Alcohol Abuse Treatment Facilities requires you to follow a key and only accurately listed 1 facility in PA that provides Adolescent Detox
2018 National Directory of Drug and Alcohol Abuse Treatment Facilities

- Of the 41 page Substance Use Treatment listing for Pennsylvania, 2 listed Adolescent Detox/Residential & only 1 actually provides the service
- Caron Treatment Centers-Private insurance
Generational Factors

GI Generation – born 1901-1926
Mature/Silent– born 1923-1942
Baby Boomers – born 1943-1962
Generation X – born 1963-1982
Generation Z – born 1998-2010 (2006 was the biggest birth year, 49% Latino/Hispanic)
Generation Alpha – born 2011-2025

Drug of Choice:

Baby Boobers: Alcohol, Marijuana, Stimulants, Sedatives
Generation X: Alcohol, Marijuana, Psychotherapeutics
Millennials: Alcohol, Marijuana, Opioids
Generation Z: Alcohol, Marijuana, Opioids, Cocaine

Need for funding and resources to adapt treatment approaches to the different developmental/generational factors of patients (Wagner, 2009)
Sources