

BUILDING BRIDGES IN PREVENTION TO SUPPORT YOUTH ACROSS THE CONTINUUM OF CARE

CORINNE SHEA, MA

Institute for Behavior and Health, Inc.
One Choice Prevention

NANCY PASQUALE

RyeACT Coalition
One Choice Prevention

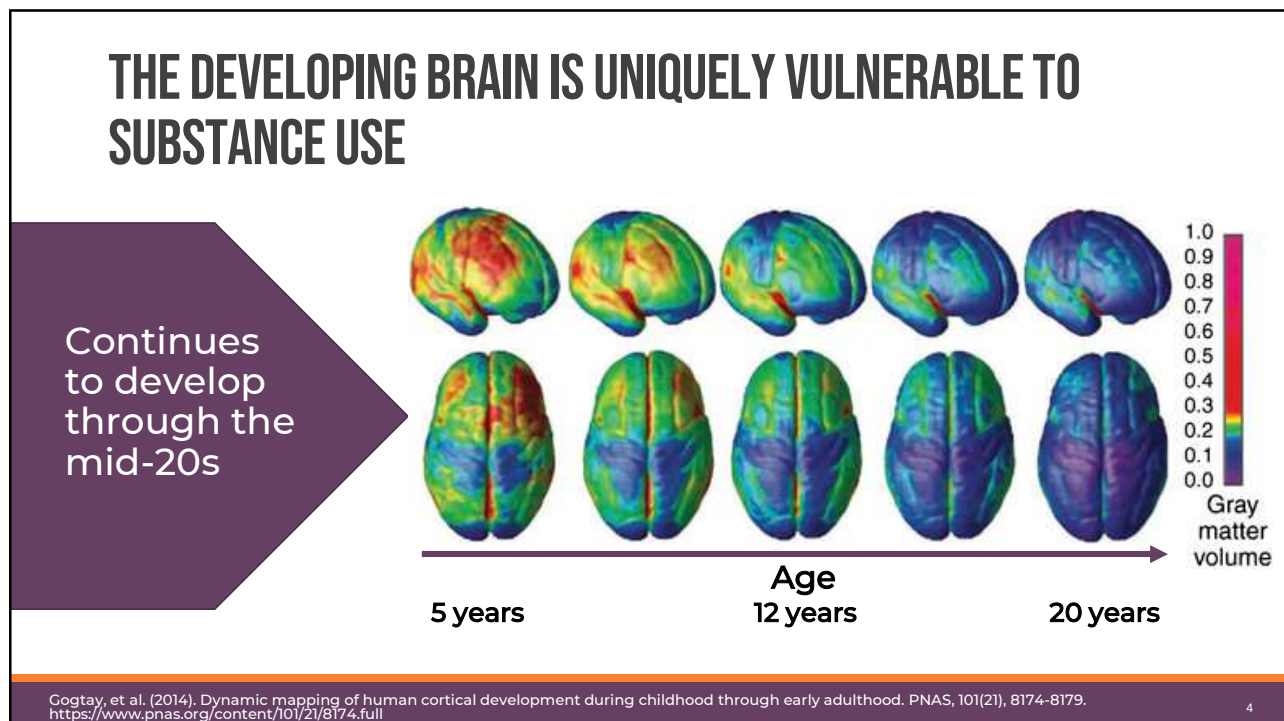
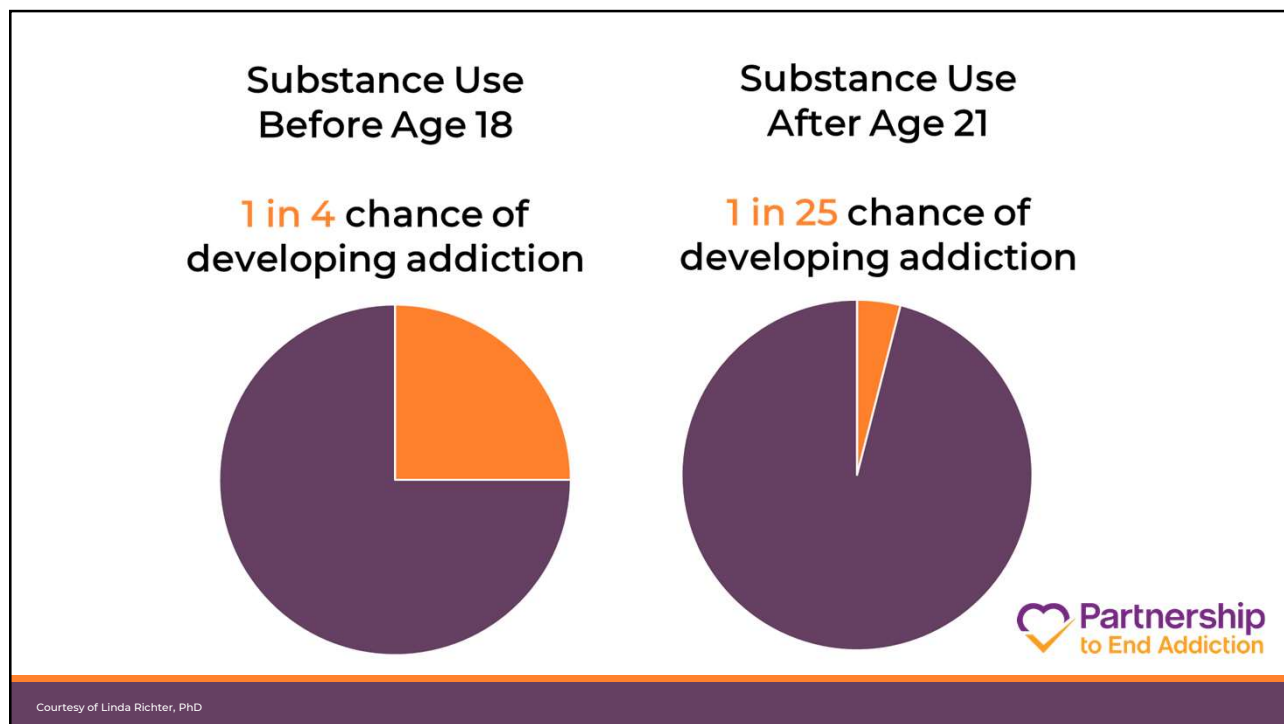


ADDICTION IS A PEDIATRIC-ONSET DISORDER

9 out of 10
adults (90%) with
substance use
disorders started
using substances
before age 18



National Center on Addiction and Substance Abuse at Columbia University. (2011). Adolescent Substance Use: America's #1 Public Health Problem. New York, NY: Author.



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 PATHWAYS THAT 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



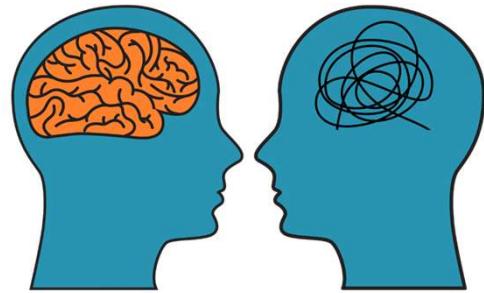
“The degree to which an adolescent’s peers use alcohol or illicit drugs is one of the strongest, if not the single strongest, predictor of that adolescent’s own substance use.”

Lansford, J. E., Goulter, N., Godwin, J., Crowley, M., McMahon, R. J., Bates, J. E., Pettit, G. S., Greenberg, M., Lochman, J. E., & Dodge, K. A. (2021). Development of individuals' own and perceptions of peers' substance use from early adolescence to adulthood. *Addictive Behaviors*, 120, 106958. Lansford, J. E. (2021, September 15). How friends influence teens' long-term drug and alcohol use. *Psychology Today*; Steinberg L. (2008). A Social Neuroscience Perspective on Adolescent Risk-Taking. *Developmental review*: 29, 280. <https://doi.org/10.1016/j.dr.2007.09.002>; Chassin L, Hussong A, Barrera M, Jr, Molina B, Trim R, Ritter J. Adolescent substance use. In: Lerner R, Steinberg L, editors. *Handbook of adolescent psychology*. 2. New York: Wiley; 2004. pp. 665-696.

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”



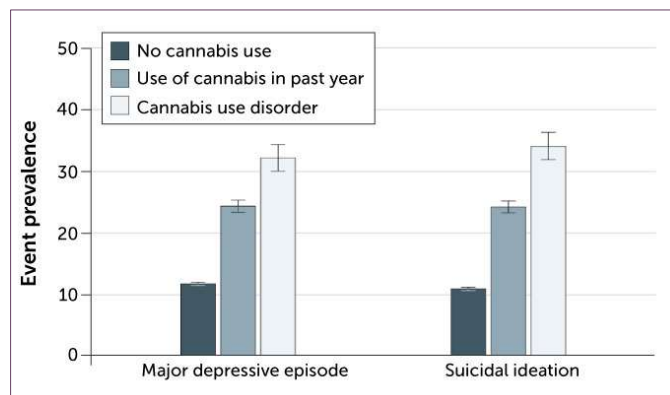
Tervo-Clemmens, B., et al. (2024). Substance Use, Suicidal Thoughts, and Psychiatric Comorbidities Among High School Students. *JAMA Pediatrics*. doi.org/10.1001/jamapediatrics.2023.6263; [https://www.news-medical.net/news/2024/01/29/Teen-substance-use-tied-to-higher-rates-of-depression-anxiety-and-suicidal-thoughts.aspx#:~:text=High%20school%20students%20who%20reported%20at%20Massachusetts%20General%20Hospital%20\(MGH\)](https://www.news-medical.net/news/2024/01/29/Teen-substance-use-tied-to-higher-rates-of-depression-anxiety-and-suicidal-thoughts.aspx#:~:text=High%20school%20students%20who%20reported%20at%20Massachusetts%20General%20Hospital%20(MGH),)

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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



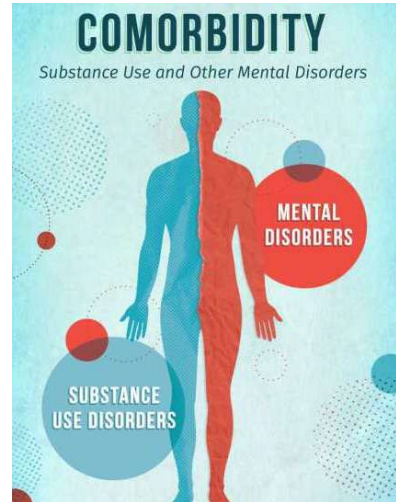
Sultan RS, Zhang AW, Olsson M, Kwizera MH, Levin FR. Nondisordered Cannabis Use Among US Adolescents. *JAMA Netw Open*. 2023;6(5):e2311294. doi:10.1001/jamanetworkopen.2023.11294

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CONNECTING PREVENTION TO OTHER HEALTH PRIORITIES

- Integral part of helping youth be healthy, happy, safe, and productive
- Mental health
- Social/emotional well-being
- Adverse Childhood Experiences (ACEs)
- Diversity and health equity

There is no problem so bad that alcohol and other drugs can't make worse



NIDA. 2021, April 13. Why is there comorbidity between substance use disorders and mental illnesses? . Retrieved from <https://nida.nih.gov/publications/research-reports/common-comorbidities-substance-use-disorders/why-there-comorbidity-between-substance-use-disorders-mental-illnesses>

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FOR TEENS

ALL SUBSTANCE USE IS CONNECTED

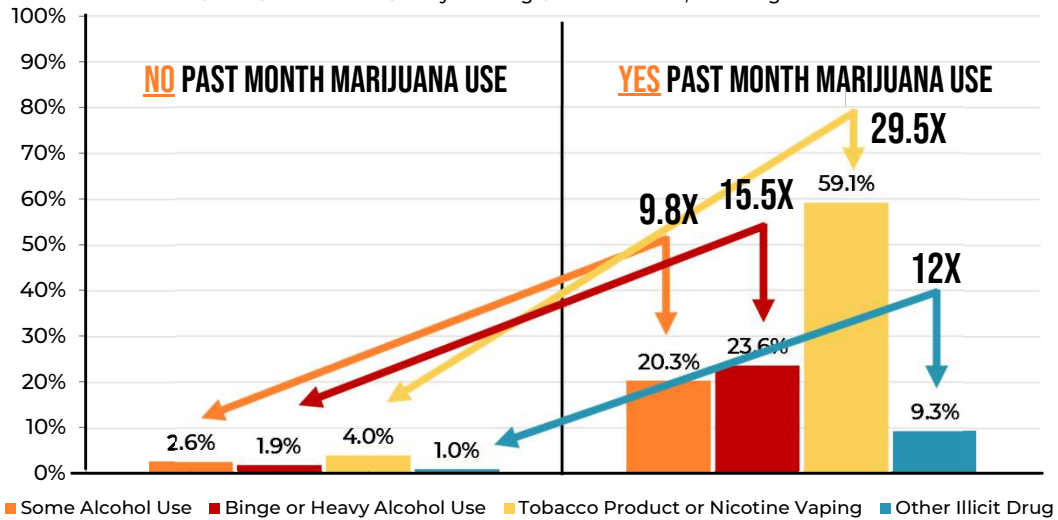
The use of any one substance (alcohol, nicotine, or cannabis) dramatically **INCREASES** the risk of using other substances



DuPont, R. L., Han, B., Shea, C. L., & Madras, B. K. (2018). Drug use among youth: national survey data support a common liability of all drug use. Preventive Medicine, 113, 68-73.

TEEN MARIJUANA USE IS ASSOCIATED WITH HIGHER USE OF OTHER DRUGS

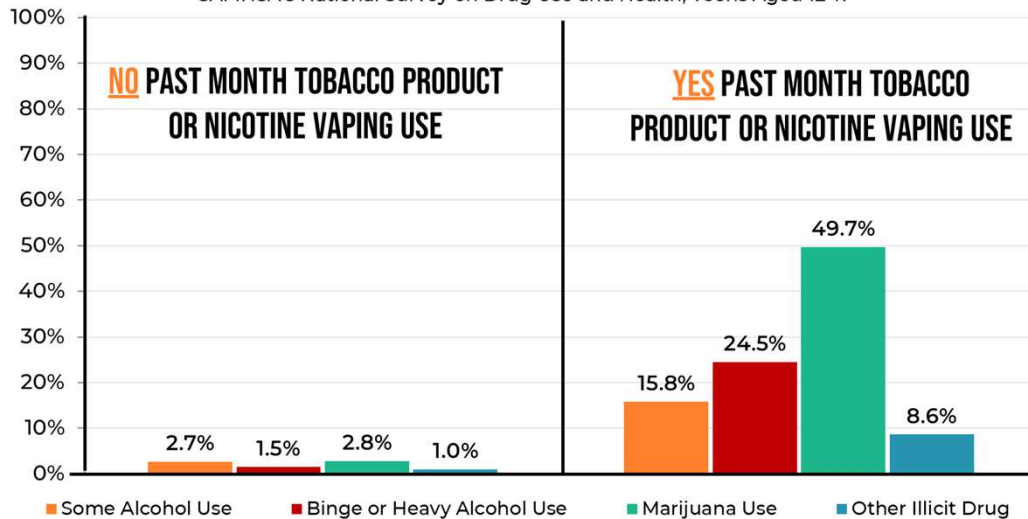
SAMHSA's National Survey on Drug Use and Health, Teens Aged 12-17



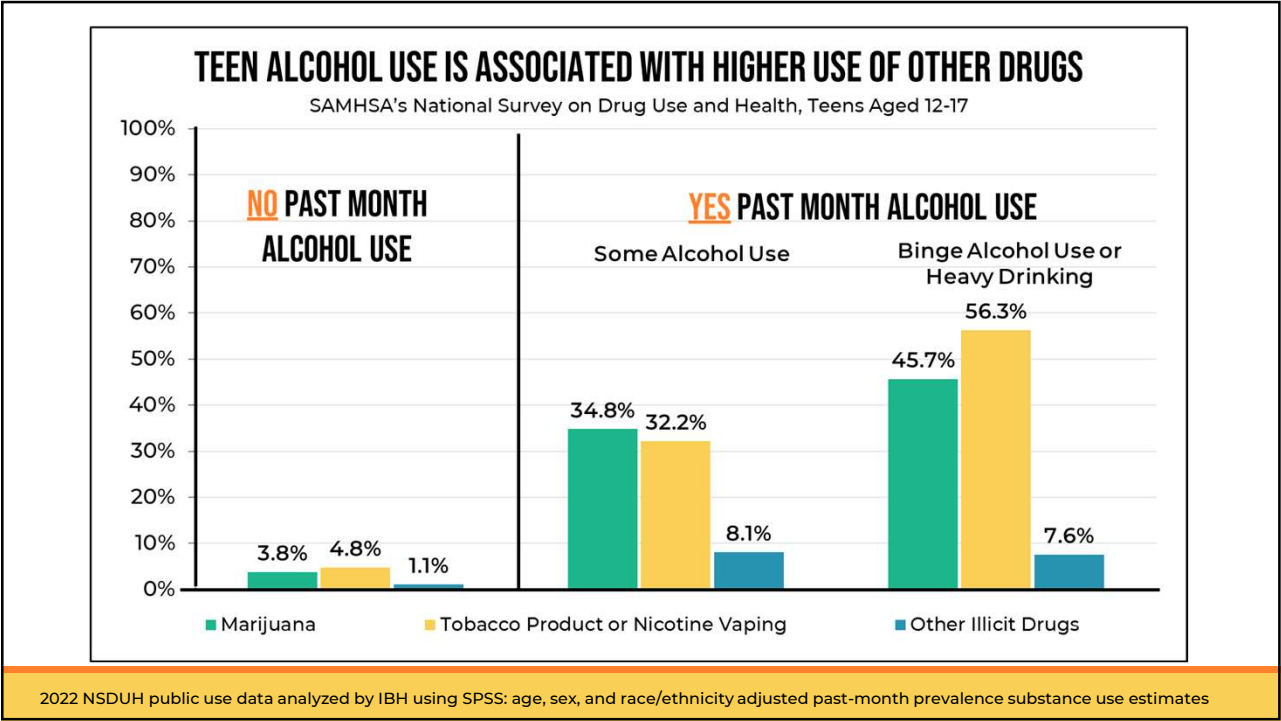
2022 NSDUH public use data analyzed by IBH using SPSS: age, sex, and race/ethnicity adjusted past-month prevalence substance use estimates

TEEN TOBACCO/NICOTINE USE IS ASSOCIATED WITH HIGHER USE OF OTHER DRUGS

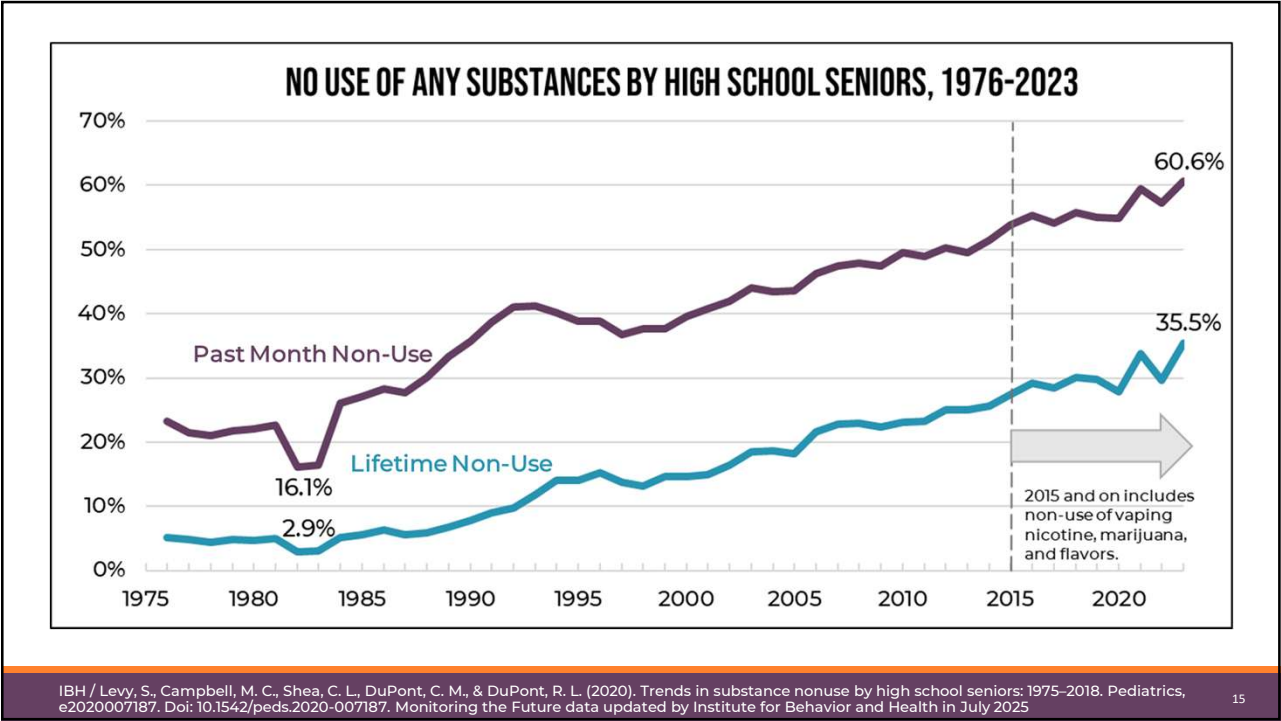
SAMHSA's National Survey on Drug Use and Health, Teens Aged 12-17



2022 NSDUH public use data analyzed by IBH using SPSS: age, sex, and race/ethnicity adjusted past-month prevalence substance use estimates



**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

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HOW DO WE **SHINE A LIGHT ON NON-USE** TO HELP REDUCE THE SOCIAL SPREAD OF YOUTH SUBSTANCE USE?



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

Branstetter, S. A., Low, S., & Furman, W. (2011). The Influence of Parents and Friends on Adolescent Substance Use: A Multidimensional Approach. *Journal of substance use*, 16(2), 150-160. <https://doi.org/10.3109/14659891.2010.519421>; Steinberg, L. (2007). Risk Taking in Adolescence: New Perspectives From Brain and Behavioral Science. *Current Directions in Psychological Science*, 16(2), 55-59. <https://doi.org/10.1111/j.1467-8721.2007.00475.x>; Lansford, J. E., Goulter, N., Godwin, J., Crowley, M., McMahon, R. J., Bates, J. E., Pettit, G. S., Greenberg, M., Lochman, J. E., & Dodge, K. A. (2021). Development of individuals' own and perceptions of peers' substance use from early adolescence to adulthood. *Addictive Behaviors*, 120, 106958. <https://www.psychologytoday.com/us/blog/parenting-and-culture/202109/how-friends-influence-teens-long-term-drug-and-alcohol-use>

one choice



FOR HEALTH

No use of any alcohol, nicotine, cannabis/THC, or other drugs by youth under age 21 for reasons of health



A clear health standard analogous to other standards like using seat belts, wearing bicycle helmets, eating healthy foods, and exercising regularly

one choice



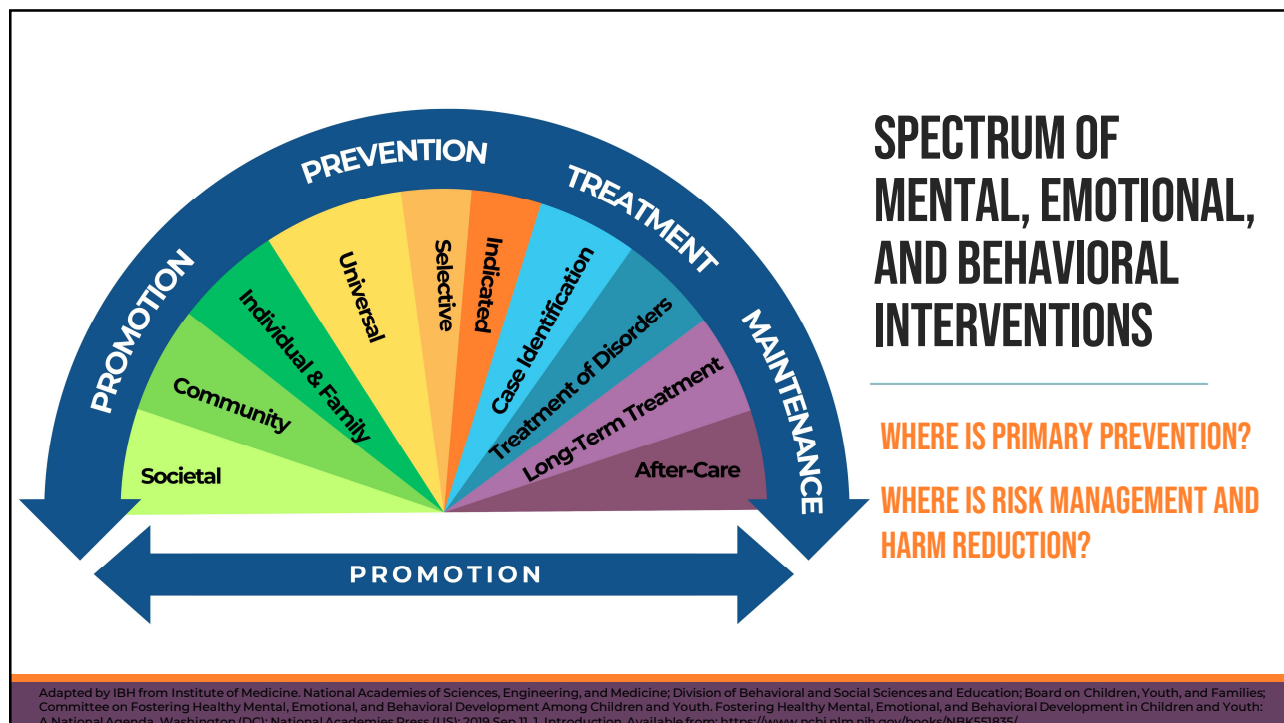
No use of any alcohol, nicotine, cannabis, or other substances

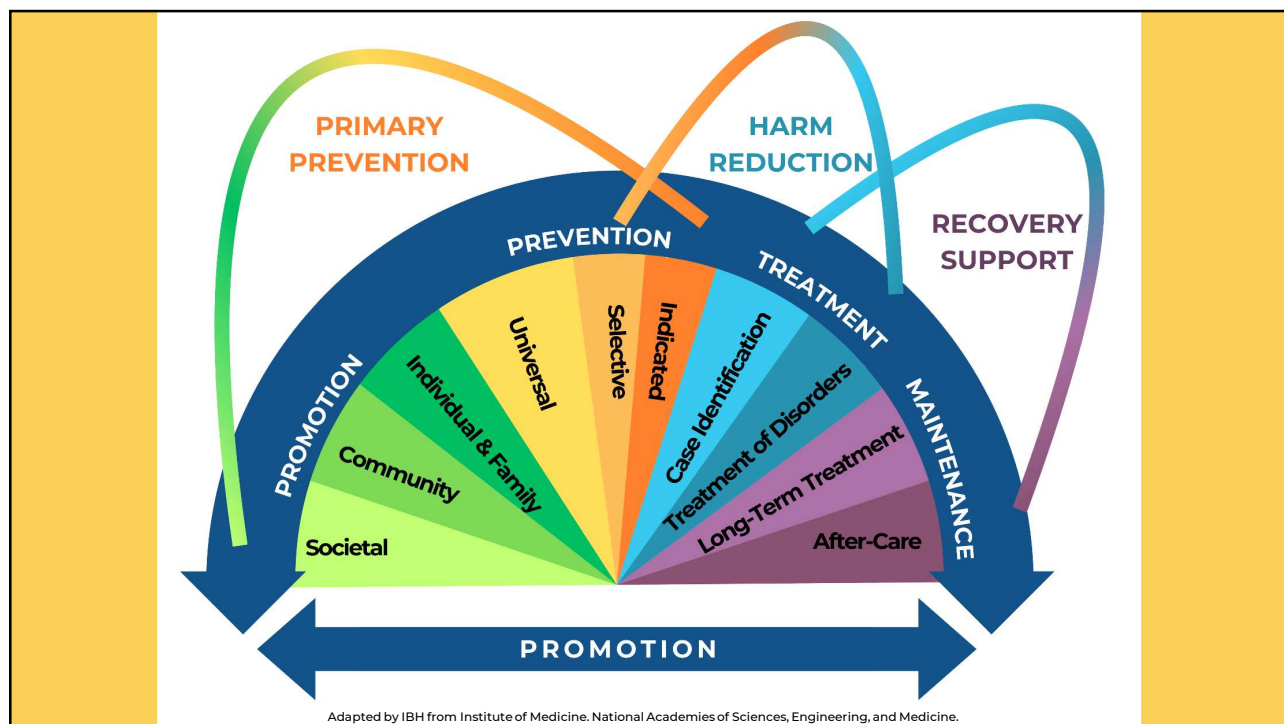
NOT A PURITY TEST – A PUBLIC HEALTH APPROACH

A public health standard analogous to other standards like using seat belts, wearing bicycle helmets, eating healthy foods, and exercising regularly



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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](#)
 - [CRAFT 2.1+N](#)
 - [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

Levy, S. J., Williams, J. F., & Committee on Substance Use and Prevention. (2016). Substance Use Screening, Brief Intervention, and Referral to Treatment. *Pediatrics*, 138(1), e20161211; <https://nida.nih.gov/s2bi/>; <https://craftt.org/>; <https://nida.nih.gov/bstad/>

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Substance Use Pattern	Definition	Brief Intervention Goals
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	• Advise to stop • Counsel about medical harms of substance use • Promote patient strengths
Mild-Moderate SUD	• Use associated with a problem • Use for emotional regulation	• 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 • Close patient follow-up • Consider referral to SUD treatment • Consider breaking confidentiality
Severe SUD	• Loss of control or compulsive drug use • Associated with neurologic changes in the reward system of the brain	• As above • Involve parents in treatment planning whenever possible • Refer to the appropriate level of care • Follow up and offer continued support

Levy, S. J., Williams, J. F., & Committee on Substance Use and Prevention. (2016). Substance Use Screening, Brief Intervention, and Referral to Treatment. Pediatrics, 138(1), e20161211.

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)

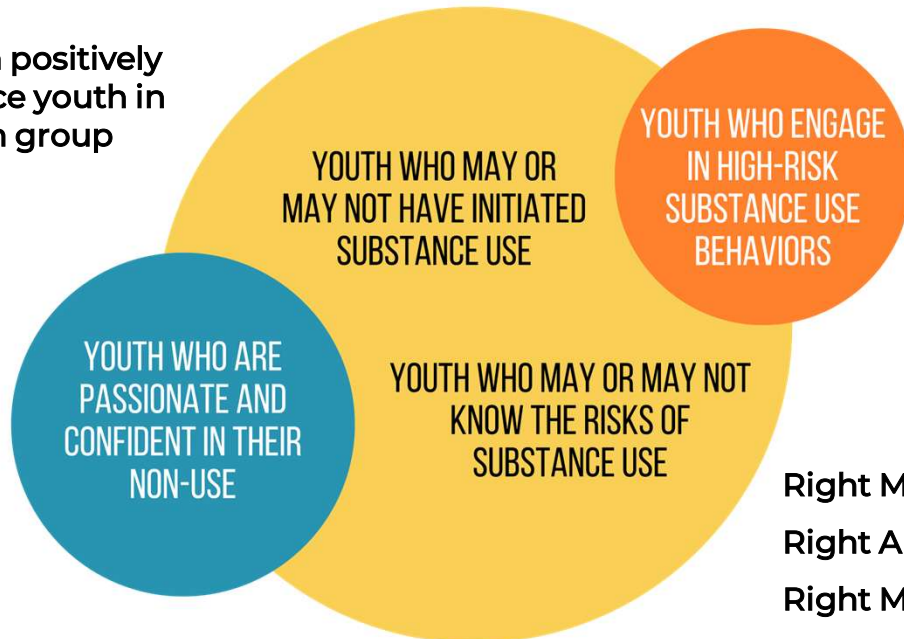
Levy, S. J., Williams, J. F., & Committee on Substance Use and Prevention. (2016). Substance Use Screening, Brief Intervention, and Referral to Treatment. Pediatrics, 138(1), e20161211; <https://nida.nih.gov/s2bi/>; <https://craftt.org/>; <https://nida.nih.gov/bstad/>

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CONNECTING WITH YOUTH

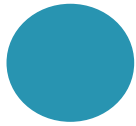
HOW DO WE BRIDGE PREVENTION AND RISK MANAGEMENT FOR YOUTH?

We can positively influence youth in each group



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

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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 (American Academy of Pediatrics)
- 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

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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

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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.

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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.

Two ways of “framing” the conversation —



a **focus on the future** and



the **risk of addiction**

— were found to **resonate most**.

Three others —



relationships,



activities and

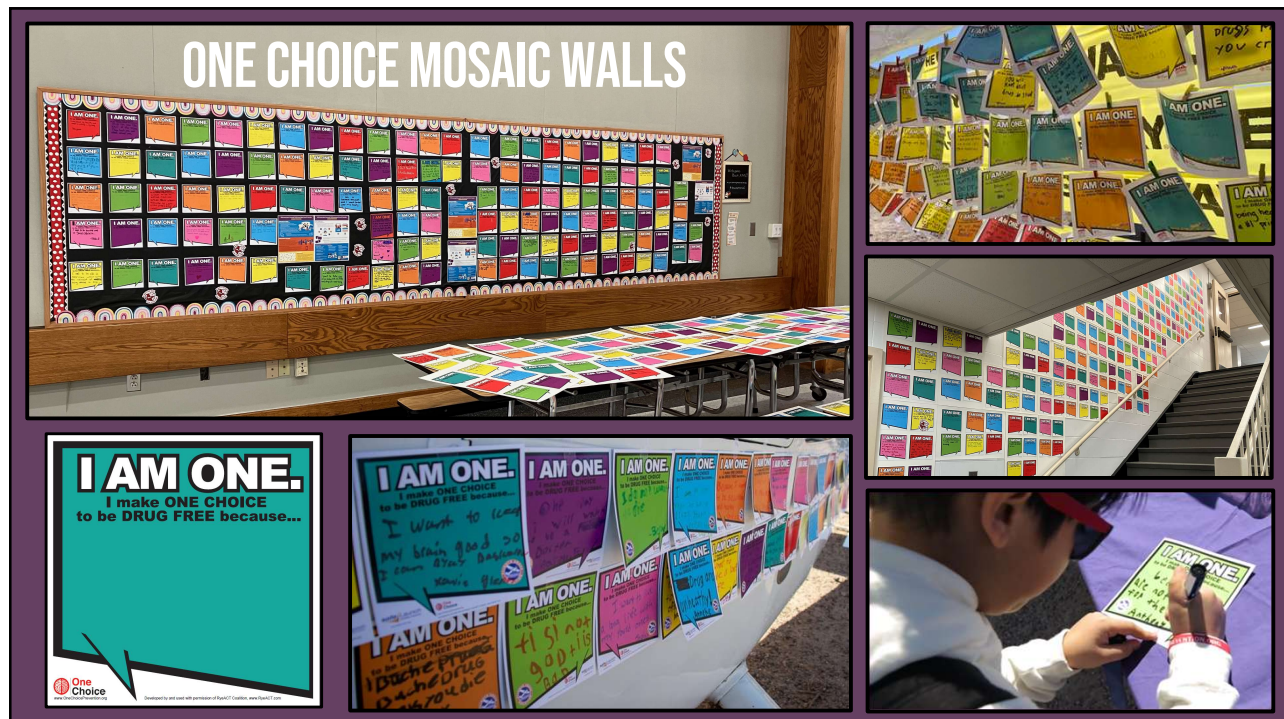


self-affirmation

— were identified as **only slightly less motivating**.³

National Council for Mental Wellbeing, **Getting Candid**. Framing the Conversation Around Youth Substance Use Prevention, Findings Report. Results from National Assessment Data Insights into Effective Substance Use Prevention Messaging for Youth https://www.thenationalcouncil.org/wp-content/uploads/2023/02/2023.02.09_CDC-Findings-Report.pdf

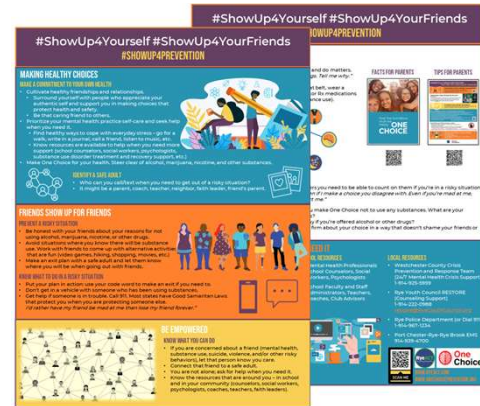
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WHAT YOUTH SAY

#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

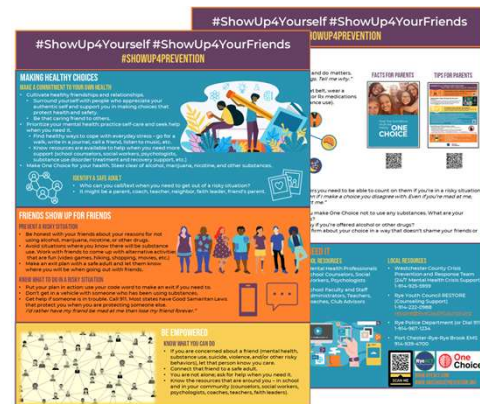


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WHAT YOUTH SAY

#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



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WHAT YOUTH SAY

#SHOWUP4URSELF #SHOWUP4URFRIENDS #SHOWUP4PREVENTION

- 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
 - Get help if someone is in trouble; call 911
 - Most states have Good Samaritan Laws that protect you when you are protecting someone else

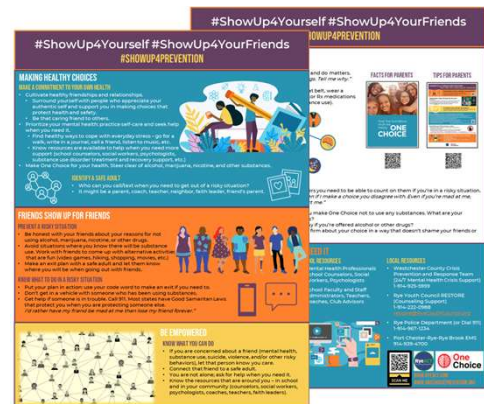


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WHAT YOUTH SAY

#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



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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

Parents/caregivers of a child who has not used any substances

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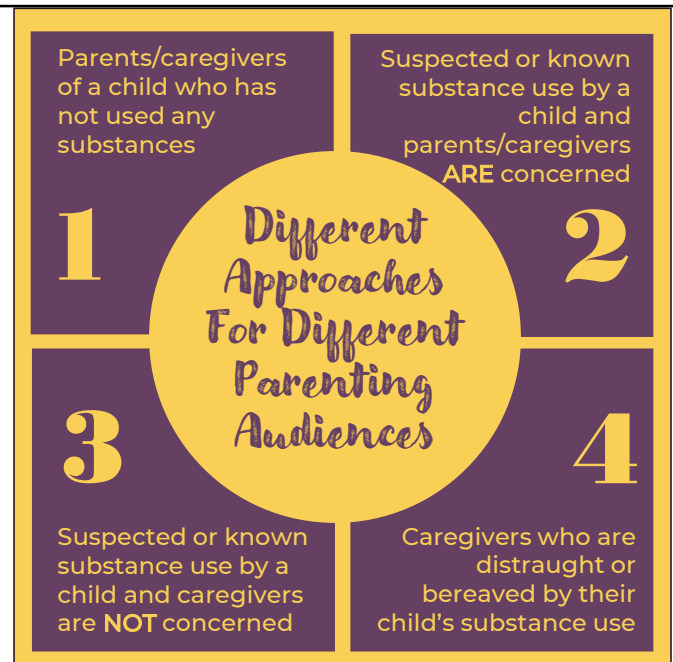
Suspected or known substance use by a child and parents/caregivers **ARE** concerned

2

Different Approaches For Different Parenting Audiences

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



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PREVENTING YOUTH SUBSTANCE USE

What Adults Need to Know

www.OneChoicePrevention.org

click on any image for more info

- 1 KNOW THAT YOUTH SUBSTANCE USE IS NOT INEVITABLE**
Most teens do NOT use alcohol, nicotine, marijuana, or other drugs*
- 2 BE BRAIN DEVELOPMENT SAVVY**
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.
- 3 BE SUBSTANCE SAVVY**
For teens, all substance use is related; using any one substance dramatically increases the likelihood of using other substances*
- 4 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.
- 5 ACT QUICKLY IF YOU SUSPECT SUBSTANCE USE**
Substance use puts teens at risk for many negative outcomes; help them make healthy choices and get support when you need it.

SUBSTANCE USE PREVENTION IS A 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.

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., "rectar 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?"

LEARN MORE
OneChoicePrevention.org

one choice community

KNOW WHAT?
In today's environment, just trying a drug once can be deadly. That's not a scare tactic, that's just a scary fact. You can make One Choice NOT to use. #showup4yourself

DID YOU KNOW?
THE DEADLY DRUG FENTANYL IS PUT INTO PILLS THAT LOOK LIKE REAL PRESCRIPTIONS.

Everyone Benefits!
Help combat social isolation by reaching out to older members of our community this holiday season.

PREVENTION IS A HEALTH PRIORITY
Establish a clear understanding of no substance use for their health. Get together with friends and family to share as opportunities to talk with your child about substance use. Be ready to have conversations if an adult they know has a problem.

Did You Know?
Products with high levels of alcohol, nicotine, and THC that are marketed to kids using fully flavored and enticing packaging. They include nicotine (change driving in a car), garages, cars, cigarettes, sneakers, and more kids among others.

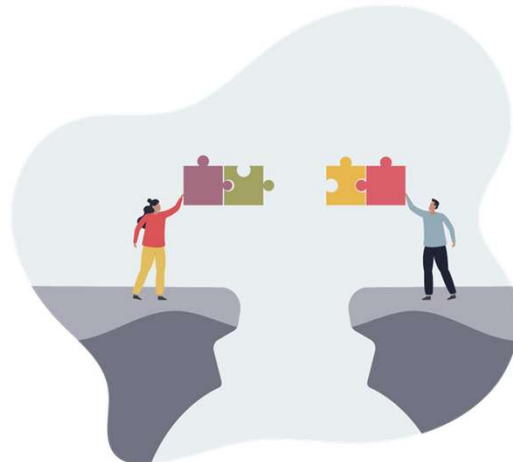
THE ONE CHOICE IS:
1. DON'T TRY SUBSTANCE USE
2. BE AWARE OF YOUR SUBSTANCE USE
3. BE AWARE OF YOUR SUBSTANCE USE
4. DON'T TRY SUBSTANCE USE
5. DON'T TRY SUBSTANCE USE
6. DON'T TRY SUBSTANCE USE

BACK TO SCHOOL ARE YOU READY? WE HAVE TOOLS THAT CAN HELP
One Choice

GOALS AND EXPECTATIONS
SUPPORT YOUTH MENTAL HEALTH
PROMOTE SAFETY
ENCOURAGE HEALTHY RELATIONSHIPS
PREVENT YOUTH SUBSTANCE USE

BUILD BRIDGES 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**



THANK YOU!

CONNECT WITH US:

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

Nancy Pasquale, Coordinator, Youth Coalition Advisor
RyeACT Coalition
One Choice Prevention
ryeactcoalition@gmail.com

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