

# Focus on Youth: Reducing Mortality and Promoting Recovery from Substance Use Disorders

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# WELCOME & INTRODUCTIONS

# PRESENTERS



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# AGENDA

Welcome and Introductions

Risky Behaviors

Youth Mortality Trends and Factors

Access to Care: Youth Versus Adults

Techniques: Youth Mortality Reduction

Creating a Culture of Recovery

Questions and Wrap Up

# LEARNING OBJECTIVES

Attendees will:

- Understand that risky behaviors are pervasive in society and how to focus on reducing risk versus elimination of it.
- Be able to describe risks of mortality for youth.
- Learn about disparities in mortality reduction for youth.
- Learn youth mortality reduction strategies.
- Learn tips for creating a culture of recovery.

# RISKY BEHAVIORS

# RISKY BEHAVIORS ARE UNIVERSAL

Speeding

Substance use

- When your doctor asks about your alcohol use, are you completely honest?

Sexual encounters

Eating unhealthy food

# TOTAL ELIMINATION OF RISK IS UNLIKELY

- Total elimination of risk for those with SUD is unlikely.
- Expecting total abstinence from risky behaviors often leads to:
  - Dishonesty.
  - Not seeking help.
  - Lack of trust.
  - Worsening of symptoms.



# MORTALITY TRENDS AND FACTORS IN YOUTH



**The rate of teenagers  
overdosing nationally  
has tripled in the past  
two years.**

**#StopTeenOverdose**

# OVERDOSE

- Adolescent overdose has tripled in the past two years.
- Youth overdose is occurring at 22 deaths per day in CA.
  - 3rd largest cause of pediatric deaths
- American-Indian and Alaskan Native adolescents had nearly 2x the overdose rate of Caucasians.
- 5% of high school seniors report nonmedical use of prescription pills (vs. 0.3% using heroin).

# OPIOID RELATED DEATHS AMONG YOUTH INCREASING AT A RATE MORE RAPID THAN ADULT DEATHS

## Opioid-Related Overdose Deaths, 2018

	Total	Percent of Deaths	Rate per 100,000 population
10 to 14 yr old	1	0.0%	0.04
15 to 19 yr old	53	2.2%	2.08
20 to 24 yr old	176	7.2%	6.49
10 to 24 yr old	230	9.5%	
All ages	2428	100.0%	5.82

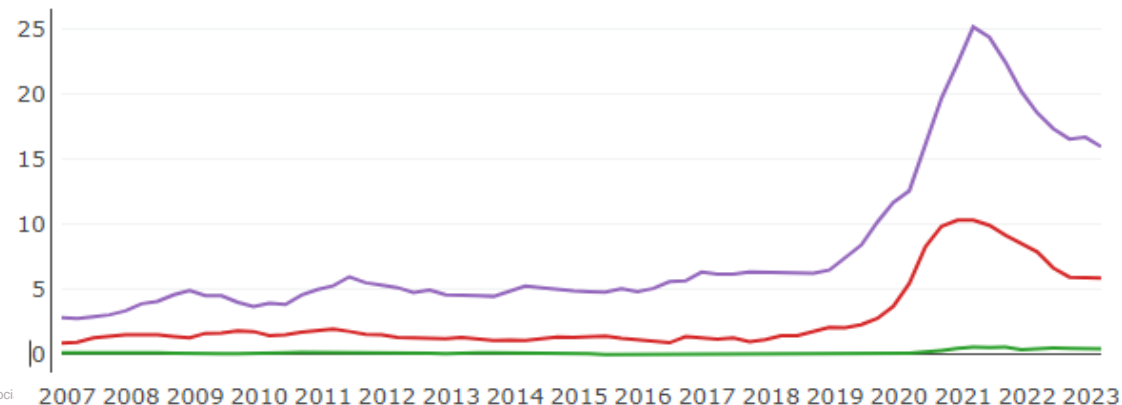
Source: California Department of Public Health - Injury and Violence Prevention using CDPH Center for Health Statistics and Informatics Vital Statistics - Multiple Cause of Death and California Comprehensive Death Files

Source: <https://skylab.cdph.ca.gov/ODdash/>

## Opioid-Related Overdose Deaths, 2022 preliminary

	Total	Percent of Deaths	Rate per 100,000 population
10 to 14 yr old	12	0.16%	0.47
15 to 19 yr old	165	2.2%	5.90
20 to 24 yr old	489	6.6%	16.72
10 to 24 yr old	666		
All ages	7385	100.0%	18.66

Source: adapted from California Department of Public Health - Injury and Violence Prevention using CDPH Center for Health Statistics and Informatics Vital Statistics - Multiple Cause of Death and California Comprehensive Death Files



# SUICIDE

- In CA, from 2020-2021, youth ages 19-24 saw the largest increase in suicide rates (11.2%) compared to other age groups.
- For youth aged 10-24 in CA:
  - Black youth continue to have the highest rates of suicide as of 2021.
  - Asian and White youth saw an increase in suicide rates from 2020 to 2021.
  - Female youth overall saw an increase in suicide rates from 2020 to 2021.



Sources:

[https://www.cdph.ca.gov/Programs/CCDPHP/DCDIC/SACB/CDPH%20Document%20Library/Suicide%20Prevention%20Program/SuicideandSelf-Harm\\_DataBrief\\_2021.pdf](https://www.cdph.ca.gov/Programs/CCDPHP/DCDIC/SACB/CDPH%20Document%20Library/Suicide%20Prevention%20Program/SuicideandSelf-Harm_DataBrief_2021.pdf)

[https://www.cdph.ca.gov/Programs/CCDPHP/DCDIC/SACB/CDPH%20Document%20Library/Suicide%20Prevention%20Program/SuicideandSelf-Harm\\_SlideDeck\\_2021.pdf](https://www.cdph.ca.gov/Programs/CCDPHP/DCDIC/SACB/CDPH%20Document%20Library/Suicide%20Prevention%20Program/SuicideandSelf-Harm_SlideDeck_2021.pdf)

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# ACCESS TO CARE: YOUTH VERSUS ADULTS

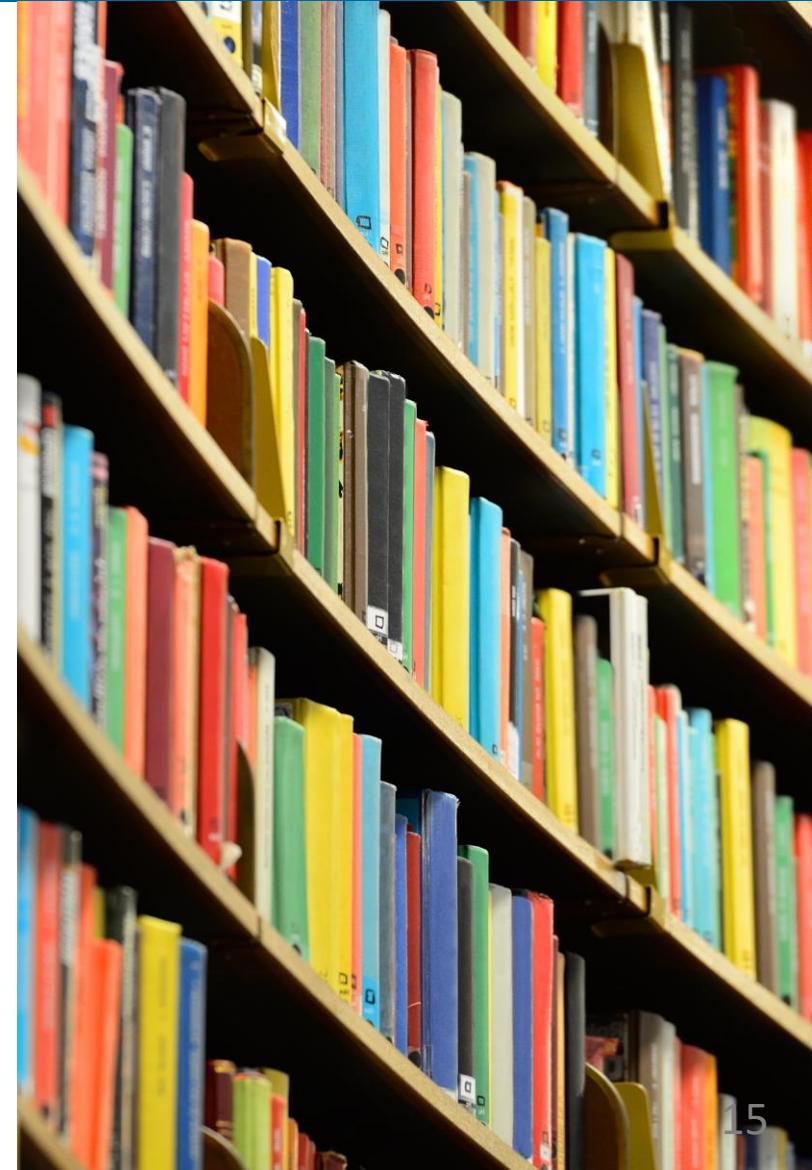


# MAT DISPARITIES

- Only 8.3% of youth 12-17 years who needed treatment for AUD or SUD received it.
- 2% of adolescents and emerging adults (vs. 26.3% of adults) receive treatment for heroin use.
- 4% of those in treatment for prescription drug use (vs. 12% of adults) received MAT.
  - Females, Black, and Hispanic youth are less likely to receive MAT than white youth.
- There are significant logistical issues: parental consent for methadone, transportation, inadequate access.

# ACCESS TO EVIDENCE-BASED TREATMENT

- 5.4% percent of adolescents with a co-occurring MDE and an SUD received both MH and SUD treatment
  - 60% percent received only MH care
  - <1% percent received only specialty SUD treatment.
- Shortage of certified peers who specialize in serving youth.



Sources: <https://www.hhs.gov/about/news/2023/01/04/samhsa-announces-national-survey-drug-use-health-results-detailing-mental-illness-substance-use-levels-2021.html>  
<https://www.samhsa.gov/data/sites/default/files/cbhsq-reports/NSDUHNationalFindingsReport2018/NSDUHNationalFindingsReport2018.pdf>  
[https://www.nri-inc.org/media/4dzhgv1/peer-specialists\\_final.pdf#:~:text=SMHAs%20less%20frequently%20\(52\)%20report%20utilizing%20youth,peers.%20Initiatives%20to%20Recruit%20More%20Peer%20Specialists.](https://www.nri-inc.org/media/4dzhgv1/peer-specialists_final.pdf#:~:text=SMHAs%20less%20frequently%20(52)%20report%20utilizing%20youth,peers.%20Initiatives%20to%20Recruit%20More%20Peer%20Specialists.)





# REMEMBER!

- We cannot help someone reach self-defined recovery if they:
  - Don't have access to evidence-supported treatment.
  - Aren't alive.



# YOUTH MORTALITY REDUCTION

# FEEDBACK

- Create feedback loops that show regularly how their input shapes services.
- "Elevate Youth California"
  - Annual youth listening sessions .
  - Focus group or healing circle.
  - Questions about program planning, activities, policies to change, prevention campaigns, program materials or youth engagement.



# MEDICATION-FIRST APPROACH

1. Provide medication as quickly as possible, prior to lengthy assessments or treatment planning sessions.
2. Maintenance medication is delivered without tapering or time limits.
3. Individualized psychosocial services are offered but not required.
4. Medication is discontinued only if the person's condition worsens.

# EDUCATION: NOTES FOR PROGRAMS

- Familiarize yourself with strategies that reduce risk of drug use.
- Make it worthwhile to them, explain how it is advantageous to understand and try to reduce risks.
- Listen to why they use drugs and identify opportunity for risk reduction.
- Focus on what they do already to reduce risks and consequences of their use.

# SAFETY FIRST EDUCATION

## Table of Contents

- 3 Introduction
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Monday, May 13

## Safety First Educator Training

Part of the [Safety First Curriculum Training](#) collection

This training will focus on our updated Safety First curriculum, a comprehensive, harm reduction based, drug intervention curriculum.



General Admission	-	1	+
Free	ⓘ		
<a href="#">Reserve a spot</a>			

# RISK REDUCTION STRATEGIES

- Avoid using drugs alone.
- Mixing drugs can increase risk of overdose or overamping.
- Have a buddy system.
- Know what is in your drugs, test them, ask people about what they have been experiencing, avoid drugs that may increase your risk (test strips available from the state of California).
- Snorting or smoking drugs carries slightly less risk than injecting drugs but can still cause overdose.



# SELF-MONITORING

- The best thing someone can do is get to know themselves better.
- Understand triggers that cause you to use more or have a worse time.
- Ask for help when you need it.





# PRO-SOCIAL ACTIVITIES

- Clubs, after-school programs, youth groups, etc.
- Special interest programs like photography, art, or language.
- Supportive alternatives.



# USING DATA

- Iterative implementation of these strategies.
- Consider messengers.
- Evaluate after a set time-period using process and outcome metrics.
- Make adjustments and try again.



# CREATING A CULTURE OF RECOVERY

# WHY ARE WE ALL HERE?



- Promote safety.
- Reduce recidivism.
- Help youth recover.
- Other reasons?



## 10 GUIDING PRINCIPLES OF RECOVERY



### The Four Major Dimensions of Recovery

- 1 Health**  
 Overcoming or managing one's disease(s) or symptoms - for example, abstaining from use of alcohol, illicit drugs, and non-prescribed medication if one has an addiction problem- and for everyone in recovery making informed, healthy choices that support physical and emotional well-being
- 2 Home**  
 Having a stable and safe place to live
- 3 Purpose**  
 Conducting meaningful daily activities, such as a job, school volunteerism, family caretaking, or creative endeavors, and the independence, income, and resources to participate in society
- 4 Community**  
 Having relationships and social networks that provide support, friendship, love, and hope



# PROMOTING HEALTH

- Mental Health:
  - Non-judgmental approach
    - Healing is a journey with many peaks and valleys.
    - Normalize parts of recovery that are nearly universal rather than shaming/punishing:
      - Cravings.
      - Low motivation.
      - Trouble with emotional regulation.





# PROMOTING HEALTH



- Ensuring medication access is:
  - Equitable (data)
  - Expedient (same-day)
  - Prioritized (Medication First)
  - Continued (Discharge Planning and Family Education)
  - Inclusive of MAT

# MAT AND ADOLESCENTS

Treatment of adolescents with OUD with MAT is recommended by:

- American Society of Addiction Medicine
- American Academy of Pediatrics
- Society for Adolescent Health and Medicine
- *“All adolescents and young adults (AYAs) with opioid use disorder (OUD) should be offered medication for OUD as a critical component of an integrated treatment approach that includes pharmacologic and nonpharmacologic strategies.”*

# HOME



- Safe and Stable
  - Correctional Facility Environment
    - Predictable
    - Consistent
    - Safe (physically/emotionally)
    - Free from abuse of power



# HOME

- Empowerment and Collaboration
  - Ask what has/hasn't worked in the past.
  - Formal pathways for program design contribution and feedback.
  - Shared Decision-Making:
    - Informed, meaningful, and collaborative discussions with providers about their health care services.
  - Patient/Family Collaboration.
  - Discharge Planning.



# PURPOSE

- Decreasing stigma:
  - Helps understand contributing factors to SUD.
  - Can be used to drive future purpose:
    - Roles in treatment programming.
    - Milieu responsibilities.
    - Peer certification.
- Discharge planning:
  - How can we promote sense of purpose?

# COMMUNITY

- Punishment vs. Support
  - Incarceration is the punishment
  - What are near and long-term changes we can make to promote a recovery community in a CF?
- Moving away from old-school recovery tenants
  - Shame
    - Used to be the goal, “break ‘em down to build ‘em up.”
      - Now known to trigger trauma and inhibit recovery
    - Now focused on measurable trauma-informed practices







# COMMUNITY

- Building an internal community that promotes accountability and recovery.
  - Based on values and interests.
- Discharge planning:
  - Where can we set up healthy connection with community that is based on youth's values and interests?

# REMEMBER!

- A recovery-oriented, trauma-informed environment promotes safety due to:
  - Predictability.
  - Lack of abuse.
  - Decreased triggers = ability to adopt cognitive and behavioral change.



# RESOURCES

- While funding is available, organizations currently eligible to receive naloxone through the Naloxone Distribution Project (NDP) can apply to receive free FTS kits through the [online application form](#).
- The all-in-one kits streamline the process of testing a drug for the presence of fentanyl... by packaging together a measuring scoop, the fentanyl test strip, a water pouch, and test instructions.



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**Free Fentanyl Test Strips through the  
Naloxone Distribution Project**

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# RESOURCES!

- Personal Prevention Plan and Staff Guide
  - Fillable PDF
    - Personal Prevention Plan to help individuals identify triggers and warning signs for returning to use, and plan for how to reengage in services if a return to use occurs.
    - Staff guide for how to facilitate completion of document.

You can access the [Staff Guide: Personal Prevention Plan and Personal Prevention Plan](#) on [AddictionFreeCA](#).

# POLLING QUESTIONS

1. Overall, today's webinar was:
  - A. Very useful
  - B. Somewhat useful
  - C. Not very useful
  - D. Not useful at all
  
2. The material presented today was:
  - A. At the right level
  - B. Too basic
  - C. Too detailed



# CONTACT US

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**FOR ANY QUESTIONS OR COMMENTS**  
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# REFERENCES

- California Department of Public Health. (2024). Fentanyl & Opioid Overdose Prevention. <https://www.cdph.ca.gov/Programs/OPA/Pages/Communications-Toolkits/Fentanyl-Overdose-Prevention.aspx>
- California Department of Public Health Substance and Addiction Prevention Branch (SAPB). (2024). California Overdose Surveillance Dashboard. <https://skylab.cdph.ca.gov/ODdash>
- California Department of Public Health. (2024). Injury data brief: California suicide and self-harm trends in 2021. [https://www.cdph.ca.gov/Programs/CCDPHP/DCDIC/SACB/CDPH%20Document%20Library/Suicide%20Prevention%20Program/SuicideandSelf-Harm\\_SlideDeck\\_2021.pdf](https://www.cdph.ca.gov/Programs/CCDPHP/DCDIC/SACB/CDPH%20Document%20Library/Suicide%20Prevention%20Program/SuicideandSelf-Harm_SlideDeck_2021.pdf)
- Substance Abuse and Mental Health Services Administration. (2019). Key substance use and mental health indicators in the United States: Results from the 2018 National Survey on Drug Use and Health (HHS Publication No. PEP19-5068, NSDUH Series H-54). Rockville, MD: Center for Behavioral Health Statistics and Quality, Substance Abuse and Mental Health Services Administration. <https://www.samhsa.gov/data/sites/default/files/cbhsq-reports/NSDUHNationalFindingsReport2018/NSDUHNationalFindingsReport2018.pdf>
- NRI. (2022). State Mental Health Agency Peer Specialist Workforce, 2022. [https://www.nri-inc.org/media/4dzhgyv1/peer-specialists\\_final.pdf#:~:text=SMHAs%20less%20frequently%20\(52%\)%20report%20utilizing%20youth,specialists.%20Initiatives%20to%20Recruit%20More%20Peer%20Specialists](https://www.nri-inc.org/media/4dzhgyv1/peer-specialists_final.pdf#:~:text=SMHAs%20less%20frequently%20(52%)%20report%20utilizing%20youth,specialists.%20Initiatives%20to%20Recruit%20More%20Peer%20Specialists)
- Elevate Youth California. (n.d.) Elevate Youth California. <https://elevateyouthca.org/>
- Stanford Medicine Halpern-Felsher REACH Lab. (n.d.) Safety First. <https://med.stanford.edu/halpern-felsher-reach-lab/preventions-interventions/Safety-First.html>

# REFERENCES

- Substance Abuse and Mental Health Services Administration. (2012). SAMHSA's Working Definition of Recovery. <https://store.samhsa.gov/sites/default/files/pep12-recdef.pdf>
- Substance Abuse and Mental Health Services Administration. (2024). Recovery and Recovery Support. <https://www.samhsa.gov/find-help/recovery>
- Society for Adolescent, H., & Medicine. (2021). Medication for Adolescents and Young Adults With Opioid Use Disorder. *J Adolesc Health*, 68(3), 632-636. doi:10.1016/j.jadohealth.2020.12.129
- Substance Abuse and Mental Health Services Administration. (2023). Shared Decision-Making Tools. <https://www.samhsa.gov/brss-tacs/recovery-support-tools/shared-decision-making>
- U.S. Department of Health and Human Services. (2023, January 4). SAMHSA Announces National Survey on Drug Use and Health (NSDUH) Results Detailing Mental Illness and Substance Use Levels in 2021. <https://www.hhs.gov/about/news/2023/01/04/samhsa-announces-national-survey-drug-use-health-results-detailing-mental-illness-substance-use-levels-2021.html>
- California Department of Public Health. (August 2023). [https://www.cdph.ca.gov/Programs/CCDPHP/DCDIC/SACB/CDPH%20Document%20Library/Suicide%20Prevention%20Program/SuicideandSelf-Harm\\_DataBrief\\_2021.pdf](https://www.cdph.ca.gov/Programs/CCDPHP/DCDIC/SACB/CDPH%20Document%20Library/Suicide%20Prevention%20Program/SuicideandSelf-Harm_DataBrief_2021.pdf)
- UCLA Health. (2024, January 8). About 22 high school age adolescents died each week from overdoses in 2022, driven by fentanyl-laced prescription pills. <https://www.uclahealth.org/news/about-22-high-school-age-adolescents-died-each-week#:~:text=An%20average%20of%202022%20adolescents,counterfeit%20pills%2C%20new%20research%20finds.>