

Reducing Teen Substance Misuse: What Really Works

Teen substance misuse continues to be a major public health problem, and the growing prescription drug and heroin epidemics make it imperative to act quickly. A significant number of students try alcohol, tobacco, or other drugs as teenagers. More than 65 percent of students have used alcohol, more than 40 percent used illegal drugs and around one-quarter used cigarettes at some point before entering or while in high school. More than 90 percent of adults who develop substance use disorder began using before they were 18-years-old.

For decades, substance misuse strategies focused on individual willpower or intervening once a serious problem had already developed. But evidence shows that a prevention-oriented approach can decrease the chances of “tweens” and teens initiating, regularly using or developing an addiction to alcohol and/or drugs. Trust for America’s Health (TFAH) has identified a set of recommendations that will help move toward a prevention-oriented, continuum-of-care approach to substance misuse which puts a greater emphasis on preventing use before it starts, intervening and providing support earlier, and providing sustained treatment and recovery support. This effort requires a multi-pronged approach, with a wide range of partners from the federal level all the way down to the community and family level, including schools, medical professionals and social services, cooperating reinforcing each other.

Focusing on prevention and early intervention will not only reduce the risk of substance misuse, it will have a wider impact on the lives of young people. The underlying root causes of substance misuse also contribute to an increased likelihood of poor academic performance, bullying, depression, violence, suicide, unsafe sexual behavior, and other problems as well. Achieving these goals will require a much stronger investment in the well-being of children and teens, and will lead to happier, healthier children with greater chances of a successful future.

Putting Prevention First

There is 40 years of research behind a prevention first approach to substance misuse prevention, with evidence showing the most effective strategies focus on reducing risk and boosting protective factors starting early in a child’s life, and continuing through the tween, teen and early adult years. Unfortunately, interventions often begin when problems are already emerging, when it may be too late to have a significant benefit.

Many of the successful prevention efforts underway today support general well-being and development and may not be viewed as “substance misuse prevention strategies,” but they have been shown to have the largest impact. We need to do more to make these programs available in communities across the country. Key recommendations include:

- **Start young and sustain support throughout youth:** The most effective way to prevent and reduce substance misuse is to invest in the early years before problems emerge, to reduce risks for children, youth and families. Support must be sustained over time, particularly when tweens and teens reach life transition points and are most vulnerable. Addressing early risk signs - such as behavior or academic concerns in preschool or elementary school - and providing multi-generational services that support parents as well as young children can have the biggest long-term payoffs.
- **Integrate school-based and community efforts:** Strategies work best when they reinforce each other. For optimal results, forces at the family, school, and community level must coordinate and work together.
- **Support expert organizations that can help build success:** Programs need expert technical assistance to be successful and sustained over time. This includes networks of experts, access to research and evidence-based practices and guidance on multi-sector collaboration. A backbone organization - potentially housed at an academic center or a non-profit organization - can provide assistance to support the development of community-based multi-sector collaborations and coalitions.
 - One model is to have a public-private partnership “backbone” organization in a state that can provide technical assistance on the best program choices to fit a community’s needs; provide training for implementing the programs; and engage a wide range of stakeholders and partners.
- **Support sustained and multi-sector funding for youth development:** Improved models should be developed to allow for sustained resources for youth development programs. Federal programs and grants should be fully funded and coordinated to be mutually reinforcing through the National Prevention Council or another Similar Mechanism.

Making Screening, Brief Intervention, Treatment and Connection to Services Routine Practice

There has generally been little emphasis on screening tweens and teens for health issues. Often, older children and teens struggle with problems at home, mental and behavioral health issues and pressures around substance use on their own or it is treated as an individual family problem. Routinely checking in with youth is an important way to help reduce substance misuse and provide quick and effective help for those who may be at risk or struggling with dependence.

- **Incorporate Screening, Brief Intervention and Referral to Treatment (SBIRT) in middle and high schools:** Many middle and high schoolers have screening requirements for sight, vision, fitness and scoliosis, but lack similar programs to identify mental health and behavior concerns. SBIRT is an evidence-based public health approach which aims to identify students at risk of developing substance use disorder - ideally before a serious problem develops - and connect them with treatment or other support systems.

- **SBIRT should start in early childhood and continue throughout youth:** Identifying and providing early intervention for risks can prevent, delay or mitigate the impact of difference concerns, and put a child on course for a happier, healthier life. While early childhood screenings and care are supposed to be routine, significant gaps exist, particularly among low-income students.

Comprehensive and Sustained Treatment and Recovery Support

Around 22.7 million Americans ages 12 or older - 8.6 percent - need treatment for a substance use disorder. However, only 2.5 million - 10.9 percent - of those individuals received recommended treatment in a specialty facility. The rapid rise in prescription drug misuse is increasing the need for treatment; while there has been a fivefold increase in treatment admissions for prescription drug misuse in the past decade, millions are still going untreated. According to the National Institute on Drug Abuse, addiction to any drug - prescribed or illicit - is a brain disease that can be effectively treated. While the Affordable Care Act and other laws have increased the accessibility and affordability of mental health and substance misuse treatment, private and public insurance coverage varies dramatically. Coverage is often limited and does not match what is needed to provide effective and ongoing treatment.

This “treatment gap” has been fueled by lack of funding, limits on insurance coverage, ongoing social stigma around substance misuse disorders and misperceptions about how effective treatment works. Expanded access to treatment is an essential part of any effective strategy to prevent or reduce substance misuse.

- **Increase funding for mental health and substance misuse treatment:** Funding for mental health and substance misuse treatment must be increased. Currently, only 7.4 percent of all health spending in the United States is devoted to mental health treatment services, and one percent goes toward substance abuse use treatment. For example, the Substance Abuse and Prevention Block Grant, which represents approximately 32 percent of funding by state substance abuse agencies, has seen level funding for the past three years despite an increasing need. While the grant saw a slight increase in FY16, it was still not enough to keep up with inflation.
- **Address workforce gaps and modernize treatment to match the latest research for best practices:** Nationally, there are only 32 behavioral health specialists for every 1,000 Americans with a substance use disorder. The problem is far worse in rural counties, 55 percent of which do not have a single practicing psychiatrist, psychologist, or social worker. On top of that, behavioral therapy specialists often have lower pay scales compared to other fields with comparable training requirements. There should be a concerted effort to expand the workforce for this field through both recruitment and incentive programs.

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<http://tfah.org/reports/youthsubstancemisuse2015/>