

Vol. 2 - Supporting Youth and Young Adults
Impacted by Substance Use in Massachusetts:
Toolkit for Professionals

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Introduction

Welcome to Volume 2 of Supporting Youth and Young Adults Impacted by Substance Use in Massachusetts: Toolkit for Professionals! The purpose of this toolkit is to provide professionals with education and resources in supporting young people and their families who are impacted by substance use in the community and in programs. The toolkit demonstrates this through outlining prevention, intervention, and treatment approaches within various professional capacities, in two volumes. Volume 2 builds upon the concepts included in Volume 1 (published in August 2025). Both volumes incorporate a trauma-informed, person-centered approach, grounded in cultural humility within a Diversity, Equity, Inclusion and Justice (DEIJ) lens.

The Institute for Health and Recovery (IHR), in collaboration with the Massachusetts Department of Public Health (MADPH) Bureau of Substance Addiction Services (BSAS) Office of Youth and Young Adult Services (OYYAS), developed this toolkit to help increase the understanding of core competencies that are necessary for professionals when supporting youth and young adults. The Youth and Young Adult Substance Use Disorder Workforce Competencies are listed below:

- Screening and Identification
- Prevention and Diversion
- Intervention
- Assessment
- Referral
- Treatment
- Recovery Supports
- Specific Populations and Special Topics
- Case Management
- School-Based Supports
- Parents, Caregivers, Family Supports
- Co-Occurring Disorders

Volume 1 of the toolkit highlights some of these concepts, notably screening, prevention, intervention, and assessment. Volume 2 highlights concepts that include the impact of substance use on youth and young adult brain development, challenges and barriers to youth and young adult substance use treatment, best practices for referrals, trauma-informed care for youth and young adults in substance use treatment, and how to involve families and community stakeholders to support young people in recovery. In addition, it offers resources to enhance knowledge of these subject areas.

Thank you for taking the time to deepen your understanding of how to support youth, young adults, and their families. Your compassion and dedication to this work are acknowledged and deeply appreciated!

The Youth and Young Adult Substance Use Disorder Workforce Competencies

The workforce competencies are woven throughout Volume 1 and Volume 2 of *The Supporting Youth and Young Adults Impacted by Substance Use in Massachusetts: Toolkit for Professionals*. In order to increase the effectiveness and application of these competencies, it is crucial to focus on understanding and applying these competencies in an integrated way—ensuring they are embedded across multiple areas of practice rather than treated as separate or siloed concepts.

With this approach in mind, both volumes apply the competencies across several topic areas to support all readers in building practical, cross-integration skills.

For readers who would like to focus on competency areas, the guide on the next page provides a brief overview of where each competency is addressed within each toolkit. Key Concepts of Youth and Young Adult Substance Use, Vol. 2.

Prevention and Diversion

- Understanding Youth Substance Use
- Impact of Substance Use on Brain Development
- Emerging Trends in Massachusetts for Youth and Young Adult Substance Use

Screening and Identification

- Signs and Symptoms of Substance Use
- Screening and Assessment for Youth Substance Use

Referral

- Understanding and Addressing Challenges and Barriers to Youth and Young Adult Substance Use Services
- Referrals to Substance Use Services for Youth and Young Adults

Assessment

- Screening and Assessment for Youth Substance Use

Intervention

- Meaningful Conversations to Support Youth around Substance Use
- Supporting and Providing Brief Interventions

Treatment

- Trauma-Informed Care for Youth and Young Adult Substance Use Services
- Meaningful Conversations to Support Youth Around Substance Use
- Understanding and Addressing Challenges and Barriers to Youth and Young Adult Substance Use Services

Co-Occurring Disorders

- Understanding Youth Substance Use

Case Management

- Understanding and Addressing Challenges and Barriers to Youth and Young Adult Substance Use Services
- Referrals to Service and Recovery Supports for Youth and Young Adults
- Community Collaboration to Support Positive Youth Development and Recovery

Recovery Supports

- Community Collaboration to Support Positive Youth Development and Recovery

Specific Populations and Special Topics

- Current Trends in Substance Use in Massachusetts for Youth and Young Adults
- Challenges and Barriers to Substance Use Treatment

School-Based Supports

- Community Collaboration to Support Positive Youth Development and Recovery
- Supporting and Providing Brief Interventions

Parents, Caregivers, and Family Supports

- Supporting Families of Youth and Young Adults with Substance Use Challenges

What Is the Impact of Substance Use on Youth and Young Adult Brain Development?

The youth and young adult years (ages 12-25) are critical for brain development, characterized by significant shifts in the brain's structure, functioning, and neural activity patterns. During this time, the brain is sensitive to substances that can alter and interfere with ongoing development. By understanding how the brain evolves over time and the impact of substance use on the brain, professionals are better equipped to engage young people with both empathy and science to support recovery. This section explores the process of youth and young adult brain development, the role of the brain's natural reward pathway and prefrontal cortex, the effects of specific drugs on brain function, the neurobiology of addiction for youth and young adults, and the potential long-term consequences of substance use on cognitive, emotional, and behavioral health for young people.

Youth and Young Adult Brain Development

During the youth and young adult years, repeated behaviors - such as using alcohol or drugs- can significantly impact the developing brain in ways that increase both short-term and long-term risks. Research shows that the brain rapidly matures from birth through the mid-20s, a significant period of development. Neural connections (the linkages between brain cells that allow an individual to process information, think, feel, and act) used most often during these years are strengthened. The connections commonly used become faster and more efficient, through a process known as myelination. These changes make thinking, learning, and decision-making quicker and more coordinated for youth and young adults – in other words, what fires together, wires together. The purpose of myelination is to help the brain specialize and prepare for adulthood. On the other hand, neural connections not being used by young people are gradually eliminated, a process known as synaptic pruning (a “use it or lose it” phenomenon). (Baker et al, 2025)

Young people's brains are wired to respond to rewards more strongly than adults or younger children. When youth and young adults receive or expect to receive some kind of reward (such as money or positive feedback) strong activity is produced in the brain region called the ventral striatum, otherwise known as the brain's reward center, by releasing the neurotransmitter called dopamine. Dopamine is the “feel good” chemical messenger, playing a critical role in feelings of pleasure, motivation, learning, and attention. Dopamine is released naturally during rewarding activities, such as eating delicious food or spending time with loved ones. Dopamine is also released when using substances, leading to the “high” or sense of euphoria that is often felt during

Brief Glossary of Terms:

Substance use / substances: Drugs, Alcohol, Nicotine and/r Tobacco

Caregivers: Individuals who regularly or frequently provides care, with or without compensation, for a child.

Substance Use Disorder: a diagnosed medical condition characterized by ongoing substance use despite negative consequences in multiple areas of life.

Important to note that some people may not have access to services to be formally diagnosed. Often addiction is used interchangeably with substance use disorder or may be a preferred term.

drug or alcohol use. However, with repeated use of the substance, this disruption in the dopamine system can cause the brain to experience much less pleasure from natural, healthy activities. This significantly increases the risk for developing a substance use disorder, particularly for young people.

Developmental Difference: The Brain's Reward Pathway and Prefrontal Cortex

While the reward pathway is fully developed by adolescence, the prefrontal cortex takes longer and is the last part of the brain to develop. The prefrontal cortex is the region of the brain that helps focus our attention, control impulses, and delay gratification. It helps organize thoughts, problem solve, form strategies, regulate intense emotions, weigh the pros and cons of a situation, and think about future consequences.

The developmental imbalance between the reward system and the prefrontal cortex often leads young people to engage in risky, impulsive, and sensation-seeking behaviors. Their heightened response to rewards and desire to have exciting new experiences, combined with poor impulse control and lowered self-regulation, makes it more likely that they will engage in risky behaviors including using drugs or alcohol. It also means that their heightened sensitivity to rewards, combined with the remodeling of the brain during these critical years, puts them at higher risk for developing neural pathways of addiction.

The Effects of Substance Use on The Developing Brain

When alcohol and drugs enter the brain, they interfere with brain functioning by mimicking or altering the brain's natural chemical messengers, known as neurotransmitters (such as dopamine, serotonin and endorphins). These chemical messengers play a key role in how brain cells communicate with one another to regulate mood, motivation, learning, decision-making, and behavior. Alcohol and drugs disrupt the neurotransmitters in specific ways by interfering with how the brain cells send, receive or process signals. There are many other impacts on the developing brain, but the most prominent type of disruption is that of the dopamine system.

Substance use during the youth and young adult years can interfere with **cognitive development**, impacting attention, memory, learning, problem-solving, and information processing. Because the neural connections related to thinking and decision-making (prefrontal cortex) are still developing, repeated substance use can strengthen pathways associated with substance use while weakening

The Developing Brain: Glossary of Terms

- **Neurons:** Brain cells
- **Neural Connections:** Pathways between neurons that shape how we think, feel, and act.
- **Myelination:** The process by which neural connections that are used often become faster and more efficient.
- **Synaptic Pruning:** The brain's "use it or lose it" process for removing unused connections.
- **Reward Pathway:** The brain region that responds strongly to pleasure and rewards.
- **Neurotransmitters:** Chemical messengers that allow brain cells to communicate.
- **Dopamine:** Neurotransmitter driving pleasure, motivation, and learning.
- **Prefrontal Cortex:** Brain region responsible for executive functioning (planning, impulse control, decision-making, etc.)
- **Extended Amygdala:** The brain's stress and threat system, linked to fear, anxiety, and emotional reactivity.

those needed for academic success, planning, and judgment. Over time, this can make it harder for young people to concentrate, retain information, and adapt to new challenges.

Substance use can also affect **emotional development** by disrupting the brain region involved in emotional regulation and stress response: the extended amygdala. The extended amygdala is the emotional center of the brain, helping detect danger and respond to stress. It influences emotional reactions like fear, anxiety, and irritability, and is especially sensitive during periods of trauma, chronic stress, or substance withdrawal. When overactivated, it can keep the body in a constant state of survival, making it harder for young people to feel calm, safe, or emotionally regulated. Young people who use substances may experience increased mood instability, heightened anxiety, irritability, emotional numbness, and/or difficulty managing strong feelings. For youth and young adults with existing mental health conditions, substance use can worsen symptoms of depression, anxiety, ADHD, bipolar disorder, and psychosis, and increase vulnerability to emotional dysregulation.

In terms of **behavioral development**, substance use can impair impulse control and increase risk-taking behaviors. Because the brain's reward system is highly sensitive during the youth and young adult years (while the prefrontal cortex is still developing), substance use can amplify sensation-seeking and reduce the ability to pause, reflect, and consider consequences. This imbalance increases the likelihood of continued use, risky behaviors, and difficulty changing behavioral patterns over time.

The **long-term risks** of youth and young adult substance use are heightened during the youth and young adult years due to ongoing brain development in areas responsible for critical thinking, decision making, and managing emotional responses. One of the most significant long-term consequences is the increased risk of developing a substance use disorder, as repeated exposure to substances can reshape the brain in ways that reinforce craving and compulsive use. Early substance use is also associated with lasting cognitive, emotional, and behavioral challenges that may persist into adulthood. For young people with co-occurring mental health conditions, there is also an increased risk of worsening depression, anxiety, and other mood and psychotic disorders. Here are some examples of how specific substances impact the developing brain:

Alcohol:	Impact on developing brain regions: • Heavy drinking can negatively affect the brain’s frontal lobe, leading to decreased problem-solving abilities, impaired judgment, and decreased impulse control. • It can also impact the hippocampus (impairing memory and learning), the amygdala (making it harder to manage emotions) and disrupt white matter connectivity (decreased processing speed and impaired coordination). (Zhao et al., 2021) Impact on mood, behavior, and mental health: Alcohol use during adolescence is associated with increased impulsivity and emotional dysregulation. Impact on learning, memory, and cognitive skills: • Alcohol causes more severe memory and attention deficits for individuals who begin drinking at an early age. Risk of dependence and long-term impact: • Research shows that youth who start drinking by age 13 are at significantly higher risk for alcohol dependence than those who delay alcohol use until age 21 (SAMHSA, 2025).
Cannabis/THC (Marijuana):	Impact on developing brain regions: • Research shows altered brain development for young people involved in executive function and impulse control, even with weekly use. (Albaugh et al, 2021) • Chronic use is associated with changes in brain-based thinking and behavior affecting executive function, learning, and decision-making. Impact on mood, behavior, and mental health: • THC use is linked to depression, anxiety, and delusions. • Young people who use cannabis (particularly high potency THC daily) have increased risks for anxiety, depression, bipolar disorder, and suicidal ideation, as well as psychosis (which can lead to a diagnosis of schizophrenia in those with a genetic vulnerability for this condition). (Petrilli, et al., 2022) Impact on learning, memory, and cognitive skills: • Cannabis use is associated with deficits in attention, memory, and problem-solving skills. Risk of dependence and long-term impact: • Early and frequent use increases the likelihood of persistent cognitive and mental health challenges into adulthood. • 1 out of 6 (17%) of young people under the age of 18 who use marijuana develop a cannabis use disorder. (Banghu et al, 2025)

Nicotine:	Impact on developing brain regions: • Nicotine alters the development of brain regions involved in attention, learning, memory, and impulse control. • The adolescent brain is more sensitive to nicotine, increasing vulnerability to long-term neurodevelopmental effects. Impact on mood, behavior, and mental health: • Nicotine use is associated with increased irritability, anxiety, and stress sensitivity. Impact on learning, memory, and cognitive skills: • Nicotine exposure can interfere with concentration and learning processes during critical developmental periods. Risk of dependence and long-term impact: • Young people develop nicotine dependence more rapidly than adults, increasing the likelihood of sustained use over time.
Cocaine:	Impact on developing brain regions: • Cocaine causes large spikes in dopamine that can disrupt the reward system for young people. • Chronic cocaine use is linked to significant reductions in gray matter volume in several brain regions (e.g. prefrontal cortex, amygdala, and hippocampus), leading to negative impacts on executive functioning skills and emotional regulation. Impact on mood, behavior, and mental health: • Use can lead to acute or chronic paranoia • Increased risk of developing or exacerbating mental health problems such as chronic anxiety, depression, and psychosis. Impact on learning, memory, and cognitive skills: • Cocaine use reduces attention span and impairs memory. Risk of dependence and long-term impact: • Early exposure increases the risk of substance use disorder and long-term mental health complications.

Opioids:	Impact on developing brain regions: • Opioids override the brain’s natural reward system, increasing vulnerability to dependence. Impact on mood, behavior, and mental health: • Use is associated with emotional numbing and increased risk of overdose. Impact on learning, memory, and cognitive skills: • Opioid use is linked to deficits in strategic planning, decision-making, and executive functioning. Risk of dependence and long-term impact: • Fentanyl, a highly potent synthetic opioid increasingly found in the drug supply, is the leading cause of overdose deaths among young people.
Benzodiazepines:	Impact on developing brain regions: • Long-term use can lead to significant difficulties with thinking and brain function affecting sensory processing and motor control. Impact on mood, behavior, and mental health: • Benzodiazepine use increases the risk of dependence and emotional dysregulation. Impact on learning, memory, and cognitive skills: • Impairments may include attention/concentration skills, problem-solving, and verbal, nonverbal, and working memory deficits. Risk of dependence and long-term impact: • While cognitive impacts may improve with abstinence, some people experience more persistent cognitive impairment, even after discontinuing benzodiazepine use.
Hallucinogens:	Impact on developing brain regions: • Hallucinogens can disrupt perception and cognitive processing during critical developmental periods. Impact on mood, behavior, and mental health: • Acute effects include panic attacks, psychotic symptoms, and other unpleasant experiences (i.e., “bad trips”). Impact on learning, memory, and cognitive skills: • Hallucinogen use can lead to significant deficits in word recall and working memory. Risk of dependence and long-term impact: • Psychological risks may be heightened for youth with underlying mental health vulnerabilities.

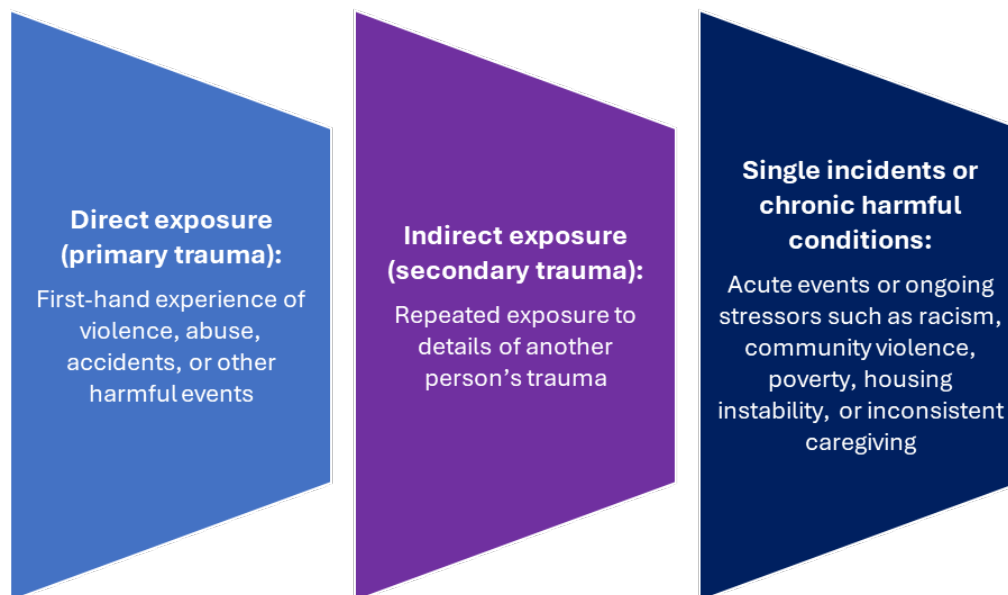
Trauma-Informed Care for Youth and Young Adult Substance Use Services

Youth and young adults who use substances often experience stress, adversity, and trauma. Their behaviors and coping strategies have frequently developed as ways to manage or survive these experiences within the context of their lives. Understanding trauma helps providers respond with empathy, reduce stigma, and create environments where young people feel safe to engage and heal. This section offers a brief overview of trauma, resilience, and trauma-informed care for providers.

What is trauma?

Trauma occurs when an individual is exposed to an event, series of events, or set of circumstances that they interpret as threatening their life, bodily integrity, or sense of safety. A trauma response is a healthy and adaptive survival reaction that occurs during a harmful or frightening situation. However, when those responses continue long after the danger has passed, they can disrupt daily functioning, undermine a sense of safety, and impact overall well-being (SAMHSA, 2014).

Trauma can involve:



(National Academies of Sciences, Engineering, & Medicine, 2019)

How a young person makes meaning of an event, and how it affects them physically and psychologically, shapes whether the experience becomes traumatic. Trauma effects may appear

immediately or emerge over time, and they can be short- or long-term. Trauma can involve physical, emotional, cognitive, behavioral, and social changes, even when they do not recognize the connection between the traumatic event and what they are experiencing (SAMHSA, 2014; Hinckley et al., 2024).

How Does Trauma Impact the Brain and Body?

When an individual senses danger, their brain's **survival system** activates (fight, flight, or freeze). This response protects them, but it can also make it harder to:

- manage strong emotions (such as fear, anger, or sadness)
- think clearly or problem-solve
- control impulses
- trust others
- engage in services or relationships

These responses are adaptive survival strategies - learned reactions to stress or danger that help a person survive - not intentional misbehavior. Over time, these strategies may become less helpful, especially in safe environments, but they developed as a protective mechanism. (Siegel & Payne Bryson, 2011; Perry & Winfrey, 2021).

The Window of Tolerance

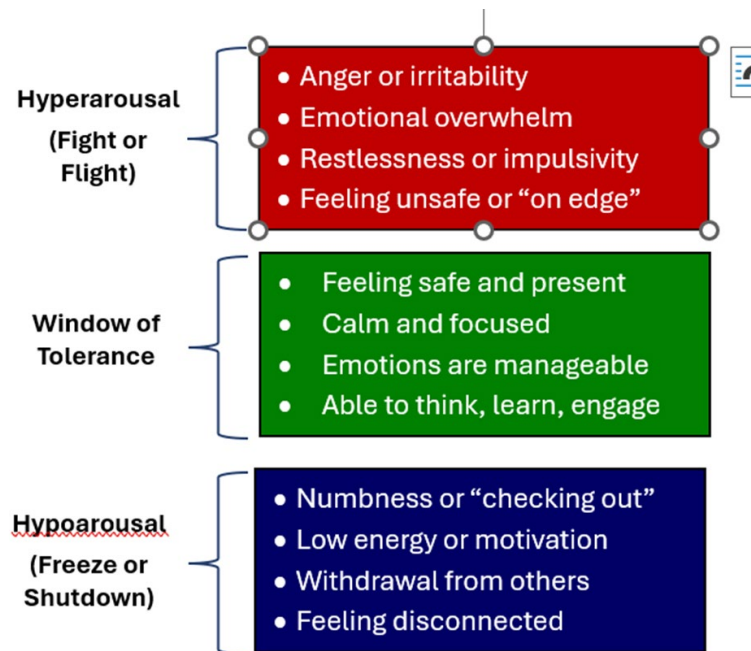
The concept of a window of tolerance describes the range in which a person can think, feel, and connect without becoming overwhelmed (Kerr, 2015). Within this window, they can engage in conversations, stay emotionally regulated (manage their emotions without becoming overwhelmed), learn new skills, and reflect on their choices.

When someone is outside their window of tolerance, they may enter a state of hyperarousal, feeling on edge, anxious, or reactive. This state is often described as “fight or flight”. When others

Trauma-Informed Care: Glossary of Terms

- **Trauma:** Experiences perceived as threatening to safety or well-being that can have lasting physical and emotional effects.
- **Trauma Response:** Automatic survival reactions that protect a person during danger but may persist after the threat has passed.
- **Survival System:** The brain and body's built-in response to perceived danger (fight, flight, freeze).
- **Adaptive Survival Strategies:** Learned behaviors that help a person cope with stress or danger.
- **Trauma Triggers:** Reminders that activate the body's stress response.
- **Hyperarousal:** A state of heightened alertness, anxiety, or reactivity.
- **Hypoarousal:** A state of shutdown, numbness, or disconnection.
- **Window of Tolerance:** The zone in which a person can regulate emotions, think clearly, and engage with others.
- **Emotional Regulation:** The ability to manage feelings without becoming overwhelmed.
- **Resilience:** The capacity to adapt, recover, and grow despite adversity.
- **Protective Factors:** Supports and conditions that strengthen resilience and promote healing.
- **Trauma-Informed Lens:** Understanding behavior in the context of lived experiences.
- **Trauma-Informed Care:** An approach that prioritizes safety, trust, empathy, and resilience.

feel triggered or dysregulated, they may enter a state of hypoarousal, feeling shut down, numb, or disconnected. The state of hypoarousal is often described as “freeze”). In both hyperarousal and hypoarousal, it is hard to think clearly, manage emotions, or engage with others – in other words, they are no longer in the window of tolerance. Here are some key markers of each of state:



These states are not choices; they reflect the nervous system’s attempt to cope with stress or threat. Recognizing this helps providers respond with compassion, adjust expectations, and focus on regulation before problem-solving.

What Is Resilience?

Resilience is the ability to adapt to stress and recover from adversity. It is not about being unaffected by hardship; it is a survival skill shaped by relationships, culture, identity, and access to support. (Info NMN, 2020)

Resilience develops through:

- Nurturing, supportive relationships
- Community and cultural connection
- Consistent routines
- Opportunities that strengthen confidence and competence
- Access to safety and basic needs
- Developing emotional regulation skills

Strengthening resilience expands a young person’s window of tolerance and increases their capacity for healing and growth. Trauma-informed approaches build resilience by restoring safety, increasing coping skills, and reconnecting youth and young adults with supportive people, programs, and places (Info NMN, 2020).

How Trauma and Resilience Influence Substance Use

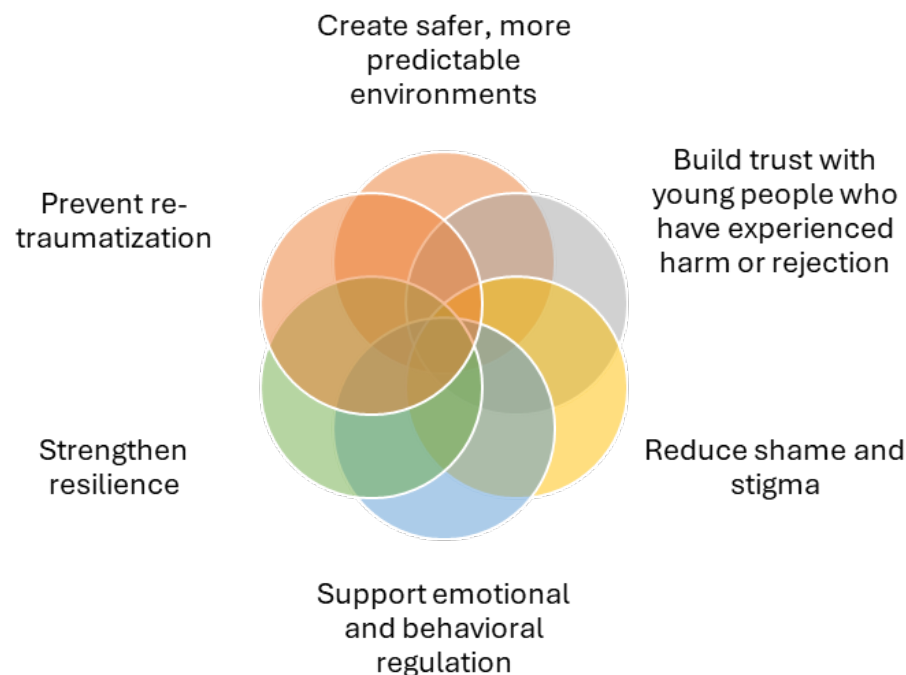
Many young people use substances to cope with overwhelming emotions, intrusive memories, or physical sensations related to trauma. Substance use may temporarily calm anxiety or hyperarousal, numb painful feelings, improve sleep, create a sense of belonging, and provide predictability or control. There are significant short-term and long-term negative impacts, however, when using substances as a coping strategy. Over time, relying on substances can interfere with emotional processing, increase mental health symptoms, increase the risk of a substance use disorder, and ultimately intensify the very distress the young person is trying to manage. However, these patterns make sense when viewed through a trauma-informed lens (Perry & Winfrey, 2021).

Behavior Is the Language of Unmet Need

What may look like “resistance,” “defiance,” or “not caring” is often a young person trying to stay safe, soothe distress, or protect themselves. Understanding this helps providers move from judgment to curiosity: *“What is this behavior telling me about what this young person needs in this moment?”* Trauma-informed care shifts the question from “What’s wrong with you?” to “What happened to you?” (Perry & Winfrey, 2021)

Why Trauma-Informed Care Matters

Trauma-informed care helps providers:



Trauma-informed care is not a specialized intervention- it is a way of seeing and responding to young people with compassion, curiosity, and respect. A trauma-informed approach is beneficial for *all* young people, not only those with known trauma histories. When providers understand how trauma shapes behavior and functioning, they can create the conditions necessary for building safety, connection, resilience, and meaningful change.

Brief Intervention Supports and Services for Youth and Young Adults

Screening, Assessment, and Engagement Tips:

- Volume 1 of the toolkit includes **Screening and Assessment for Youth and Young Adult Substance Use**, as well as how to have **Meaningful Conversations to Support Youth and Young Adults Around Substance Use**.
- Two screening tools and methods were recommended in Volume 1 of the Toolkit: The Screen to Brief Intervention (S2BI) and CRAFFT (Car, Relax, Alone, Family or Friends, Forget, Trouble).
- Please refer to Volume 1 for more information about screening, assessment, and engagement best practices – most notably Motivational Interviewing (MI). These skills are essential to helping make effective referrals to youth and young adult substance use services and recovery supports.

Recognizing that professionals across community and school settings support and engage with youth and young adults, it is important to highlight brief intervention strategies that are accessible to all. Brief intervention strategies are brief, nonjudgmental approaches to engagement with young people that support change or reduction of unsafe, risky drug or alcohol use and/or behaviors related to substance use. Brief intervention can help reinforce making healthy choices, increase awareness for risky behaviors, support internal motivation for change, and assess for additional services needed for the youth. These engagement approaches are essentially brief discussions, ranging from 5 to 30 minutes. Conversations include an initial discussion to additional (often 1-4)

discussions with young people about use. These discussions often take place outside of clinical services.

This section outlines approaches for conducting short, meaningful conversations with young people, ranging from early discussions about motivation and behavior change to psychoeducation about substance use and harm reduction, to structured brief interventions.

Approaches to Brief Interventions:

Motivational Interviewing (MI) is a helpful approach to supporting brief discussions about understanding where young people are at in terms of their substance use. Motivational interviewing can help professionals understand if a young person wants to change their substance use, behaviors related to use, or circumstances that occur as a result of their substance use. Through open-ended, nonjudgmental questions and a collaborative, empathetic style, MI supports young people in reflecting on their experiences with alcohol or other drugs. The spirit of Motivational Interviewing can be used by any professional with formal MI Training. Please note that Motivational Interviewing may be used as a short-term brief intervention tool but is often used as a long-term best practice for engaging people in substance use treatment as well.

Supporting in making safer choices help young people decrease behaviors related to risky substance use is to have conversations with them about how to make safer choices. This often includes asking whether the young person mix substances when they use (which can increase the risk of overdose); whether they use drugs and alcohol around people whom they trust and know (which can reduce the risk of harm under the influence), and exploring ways they may want to change patterns of use (if they are not ready to stop using). These discussions reflect the principles often found in harm reduction approaches. While harm reduction can be part of long-term treatment and a pathway to recovery, it can also be introduced through brief, nonjudgmental conversations. Providing brief moments of psychoeducation in a supportive and respectful way allows young people to make informed and increase chances of safer decision making to support about their substance use. In addition, through the use of a brief intervention model educating youth about reducing harm allows professionals to meet youth at in the moment and at times support assessing if the young person is in further need of support treatment services or increasing community supports.

Below includes brief ways to increase safer decision making:

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Below are some forms of psychoeducation in making safer choices to support young people:

- Awareness of people, places, and things: Listen and discuss with the young person about challenging situations, such as people, places, and situations that may increase the desire to use drugs or alcohol or when increase unsafe behaviors occurs as a result of use. Educate about the dangers of dangers of mixing substances
- Increasing Safety Planning: Supporting safety planning around substance use, such as not using alone, using smaller amounts, and knowing when and how to seek help. Providing education about fentanyl contamination and the use of fentanyl test strips (fentanyl is a powerful synthetic opioid that has led to a huge increase in fatal overdoses, particularly among young people and those with substance use disorders).
- Educating young people, families, and communities: Engaging families in reducing risk at home, including safely storing and locking up medications, alcohol, and other substances, and having open, non-punitive conversations about substance use and safety.
- Training and increasing access to naloxone (known by the brand name Narcan) to young people, families, and peers on how to recognize and respond to an overdose.
- Educating about safety precautions: educating about mixing substances can increase likelihood of an overdose and fentanyl test strips (fentanyl is a powerful synthetic opioid that has led to a huge increase in fatal overdoses) to test substances they use before using.

Why Focus on Harm Reduction?

Harm reduction aims to reduce the risk of disease, injury, and death related to substance use by:

- Meeting people where they are, nonjudgmentally
- Strengthening connection and trust
- Prioritizing safety, dignity, and quality of life
- Preventing overdose and save lives
- Promoting safer use strategies and access to care
- Supporting small steps toward change
- Recognizing many pathways to recovery

By having brief discussions about making safer choices may help increase insight for youth and/or motivation for more services and support.

Brief Intervention Programs

Brief intervention programs are evidence based practices that are developed to support professionals in having more structured and goals oriented discussions with young people about their substance use. iDECIDE and Project Amp are two examples of brief intervention programs that are multi-session and available to professionals in Massachusetts. All professionals can receive training in these structured, early interventions for young people.

[iDECIDE](#) (Drug Education Curriculum: Intervention, Diversion, and Empowerment) was developed by the Center for School-Behavioral Health (CSBH) at Massachusetts General Hospital (MGH) in collaboration with the Office of Youth and Young Adult Services at the Massachusetts Department of Public Health (DPH) and the Institute for Health Recovery (IHR). iDECIDE is an intervention program for youth who have begun to show early signs of substance use behavior.

iDECIDE consists of 4 core modules, each approximately 45-75 minutes in length; it can be delivered flexibly in one, two, or four sessions. Module content covers the neurobiology of addiction and brain development, industry tactics, drug effects, risk and protective factors, motivations and triggers for use, realistic and healthy alternatives to alcohol and other drug use, communication strategies, mindfulness and meditation, core values, and goal setting. The curriculum is facilitated in either a one-to-one setting or in a group format, and can be used in either a school or community-based setting. Clinical training is not required to become a trained iDECIDE facilitator.

[Project Amp](#) is a brief mentorship intervention developed by C4 Innovations. Project Amp uses the power of young adult peer mentors to implement a youth-focused, strengths-based, and non-punitive prevention and early intervention resource. This intervention pairs youth with young adults with lived experience of recovery and resiliency specific to substance use, mental health, trauma or related challenges. Mentors meet with youth over four to six sessions and together, they work toward exploring youth participant's strengths and interests, navigating pressures and well-being, understanding alcohol and drug risks, developing self-efficacy, clarifying values, achieving goals, and finding positive social connections in the school and community.

Brief interventions as a Screening Tool:

In addition to discussion and programs for young people, a brief intervention can also include screening questions and tools that can help assess for additional services that may be needed for the young person. S2BI is part of **SBIRT (Screening, Brief Intervention, and Referral to Treatment)**, an evidence-based model recommended by SAMHSA (Substance Abuse and Mental Health Services Administration) to help support youth and young adults. Please review the screening and assessing section from volume 1 to learn more.

For this toolkit, below you can find questions that are often found in screening that can help assess if additional treatment services is needed.

If no alcohol or drug use is reported, give Positive Reinforcement :	If infrequent use (1-2 times/year) is reported, give Brief Advice :	If mild or moderate use is reported, use Motivational Interviewing (MI) :	If frequent or daily use is reported, provide an Intervention :
• Offer praise for making healthy choices. • Elicit self-motivating statements. Ask "If someone asked you why you do not drink or use drugs, what would you say?"	• Provide information on reducing or abstaining from use. • Share research about how drugs can harm brain development, physical/mental health, and memory/learning. • Elicit self-motivation for change. Ask "What do you think are benefits to not using substances?"	• Focus on the spirit of MI: Partnership, Acceptance, Compassion, and Empowerment. • Use MI methods (open-ended questions, reflective listening, affirmations, summary statements) to help elicit their own reasons for change.	• Discuss referrals with young person and their family. Listen to past experiences with referrals and services. • Address challenges that may prevent them from supporting a referral.

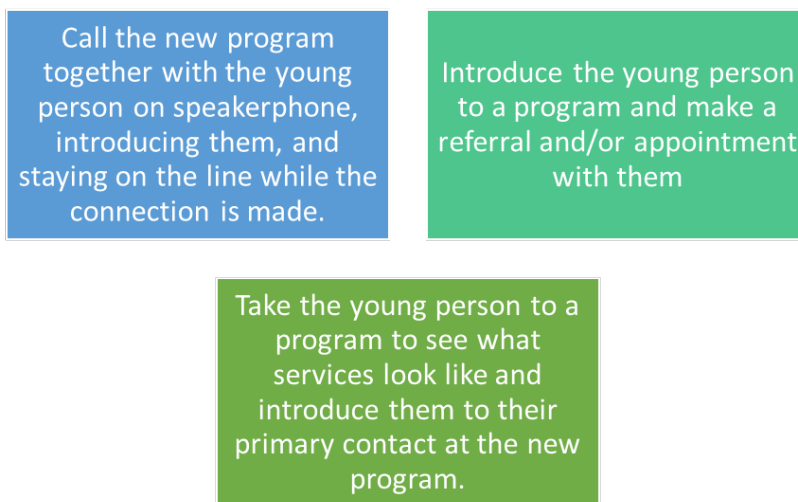
• Reinforce self-efficacy to achieve their goals.				• Help resolve other barriers to referrals and services.
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Referrals to Services and Recovery Supports for Youth and Young Adults

Warm Referrals to Substance Use and Co-Occurring Services and Supports

Depending on the young person's needs, brief intervention may be provided as a service following a screening, or the professional may make a referral for additional supports. When ongoing or specialized services or supports are needed, the next step is to make a warm referral. Staff actively engage the young person and caregivers throughout the process - beginning with explaining the need for referral, to identifying appropriate providers, to making a referral, and then following up (both before and after the appointment). Effective referrals take into consideration the location, level of care needed, treatment availability, insurance coverage, and preferences of the young person and their family (if involved). Youth and young adults are more likely to attend an appointment the closer it is to the date of referral and with a warm referral.

A warm referral involves helping people connect directly with providers - by phone, in person, or virtually. This approach ensures that the individual and/or family feel supported throughout the process. For example, a provider making a warm referral could:



Warm referrals that include face-to-face interaction and connection prior to an appointment can be especially beneficial, but when that's not possible, meeting virtually offers a helpful alternative. These strategies help young people feel more comfortable with the referral process, giving them a chance to ask questions and make meaningful connections with providers in the new program. However, understanding the barriers that can affect young people's engagement in services is essential to making effective referrals and ensuring access to care as well.

Understanding and Addressing Challenges and Barriers to Youth and Young Adult Substance Use Support and Services

Young people demonstrate significant resilience, adaptability, and capacity for change. However, structural and systemic barriers often limit access to services that reflect their lived experiences and developmental needs. Addressing these barriers requires understanding the intersection of personal, systemic, and environmental factors that shape young people's experiences with substance use services (SAMHSA, 2025; Hadland et al., 2021).

Developmental Factors

During youth and young adulthood, the brain is still developing, particularly in areas related to decision-making, impulse control, and risk assessment. When combined with early substance use, this ongoing development can complicate engagement in treatment programs. This is especially true for programs that rely heavily on insight-based approaches or abstinence-only models (Perry & Winfrey, 2021). Co-occurring conditions are also common among this population. Many young people experience trauma, depression, or anxiety alongside substance use challenges, increasing the complexity of care (Hinckley et al., 2024). Addressing developmental barriers requires flexible, age appropriate, and strengths-based approaches. These include engagement strategies that emphasize relationship-building, concrete supports, and harm reduction rather than cognitive insight or rigid treatment expectations.

Social and Environmental Factors

The home and community environments in which youth and young adults live, learn, and socialize can prevent, decrease, and/or influence both their risk for substance use and their likelihood of engaging in treatment. Young people who experience unstable housing, poverty, or exposure to community violence face additional obstacles that may increase chances of substance use. A lack of access to positive activities, mentorship, and supportive relationships can also leave young people vulnerable to substance use as a coping mechanism for stress or trauma. Stigma, both societal and internalized, remains a powerful barrier to seeking and sustaining services. (Office of Disease Prevention and Health Promotion, n.d.; Bowe et al., 2025) Strategies to address social and environmental barriers may include strengthening connections to positive peers, mentors, and community supports; offering local services in settings that are accessible and familiar to young people; and actively addressing stigma through trauma-informed, nonjudgmental engagement.

Accessibility and Financial Factors

Cost remains one of the most significant barriers to care. Even with strong state coverage like MassHealth, the burden of co-payments, limited reimbursement rates, and non-covered services (like transportation or recovery coaching) can prevent youth and young adults' ability to access substance use services (Acevedo et al., 2020). Geographic inequities further complicate access, particularly in rural and suburban areas where youth-focused programs may be limited. This can result in long travel distances or lengthy waitlists. Transportation challenges, particularly for young

people without reliable family or community support, can contribute to delays or disengagement before treatment even begins. In Massachusetts, some substance use and co-occurring services and supports can address financial barriers through grant funding (including funding through BSAS) allowing providers to offer services at reduced or no cost without billing insurance. Reducing accessibility and financial barriers may involve offering flexible scheduling, supporting transportation needs, minimizing out-of-pocket costs when possible, and connecting youth and families to low-threshold or grant-funded services designed to reduce financial burden.

Systemic and Structural Factors

Care for young people experiencing substance use challenges is often spread across multiple systems, such as behavioral health, primary care, education, child welfare, and the juvenile justice system. Without strong coordination across these systems, young people may be screened in one setting but not effectively linked to appropriate services. For example, a student identified through a school-based screening may not receive follow-up care if referral pathways to community providers are unclear or unknown. Similarly, a youth involved in the child welfare system may experience delays or gaps in services during placement changes due to challenges related to custody, consent, or care coordination. These gaps highlight how misaligned systems contribute to delayed diagnosis, poor follow-up, and treatment that does not reflect developmental needs (Hadland et al., 2021). Workforce limitations further contribute to these challenges. Providers may feel unprepared to address substance use alongside trauma and co-occurring mental health concerns, and staff turnover can disrupt continuity of care (SAMHSA, 2023). Addressing systemic and structural barriers requires clear referral pathways, shared responsibility for follow-up across systems, and cross-system collaboration so that youth are not expected to navigate these services independently. Workforce training and support can also strengthen providers' ability to deliver developmentally appropriate, trauma-informed care.

Cultural and Equity Factors

Racial, ethnic, and cultural disparities also impact access to substance use services and supports. Young people of color and those from migrant families often face additional barriers, including language differences; racial bias and discrimination; fears of child welfare involvement, Immigration and Customs Enforcement (ICE), and/or a lack of culturally responsive or affirming care. These inequities can reinforce mistrust of systems and reduce willingness to engage in services. Over time, this contributes to lower retention in care and worsening substance use and mental health outcomes among historically marginalized young people. (Acevedo et al., 2020; SAMHSA, 2014; National Academies of Sciences, Engineering, & Medicine, 2019).

Addressing cultural and equity barriers requires intentional, embedded strategies throughout service delivery rather than stand-alone efforts. These strategies may include hiring people whose identities reflect the communities being served and come from a variety of backgrounds, providing services and resources in multiple languages, training staff in culturally responsive care and offering assistance to reduce practical barriers such as transportation and cost. Culturally

responsive programs consider how a young person’s culture, identity, and life circumstances affect their experience with services and adapt effective approaches to better meet the needs of the communities they serve. (SAMHSA, 2022).

It’s important to note that gender-affirming care is considered an essential component of culturally affirming care best practice, since gender identity is a core aspect of a young person’s lived experience. Gender-affirming care supports a young person’s gender identity through social, psychological, and, when indicated, medical interventions to promote overall mental health and well-being. Gender-affirming care can significantly reduce stress related to stigma and discrimination for LGBTQIA+ young people. This includes such practices as using correct names and pronouns, creating an LGBTQIA+ inclusive environment, and training staff in gender-affirming care for LGBTQIA+ young people.

Supporting youth, young adults, and their families to identify and navigate these barriers is a critical component of effective substance use services. When providers understand how developmental, environmental, systemic, and cultural factors shape engagement, they are better positioned to respond with flexibility, empathy, and appropriate support. Addressing barriers at both the individual and system level can reduce disengagement, strengthen trust, and improve access to care that reflects young people’s lived experiences and developmental needs.

Helplines and Supportive Services for Youth and Young Adults

Massachusetts has several important resources that can help young people, families, and providers access needed services and supports. These include:

Massachusetts Substance Use Helpline	• Free, confidential resource helps people of all ages and providers find substance use and co-occurring services in MA. • Offers caring, nonjudgmental support while assessing needs, explaining options, providing referrals, and helping access services. • Provides nonjudgmental support, aids in assessing needs, provides options for substance use and/or behavioral health services, provides referrals, and aids in helping access services. Available 24/7, 365 days a year	Website: www.helplinema.org Call: 800-327-5050 Text: “HOPE” to 800327
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Massachusetts Behavioral Health Help Line	• Free, confidential resource connects people of all ages and providers with behavioral health and co-occurring services in MA. • Offers caring, nonjudgmental support while making referrals to behavioral health assessments, crisis support, services, and local resources. • Available 24/7, 365 days a year	Website: www.mahelpline.com Call/ Text: 833-773-2445
Community Behavioral Health Centers (CBHCs)	• Statewide network of supportive services in local communities across MA. • Offer flexible, person-centered, high-quality mental health and substance use services on a timely (both urgent and ongoing) basis. • Types of services include: ➤ Same-day access to intake and brief assessment ➤ Urgent and crisis treatment ➤ Medications ➤ Drop-in treatment and support (e.g., group sessions, peer supports) ➤ 24/7 mobile and community crisis response ➤ Flexible service delivery, care coordination, and more	To find local CBHCs: www.mass.gov/find-a-cbhc

Substance Use Continuum of Care for Youth and Young Adults:

Massachusetts has a continuum of care for youth and young adults who struggle with substance use and/or co-occurring mental health challenges. These services support young people across the spectrum of prevention, intervention, and treatment. Services and supports include residential treatment, recovery high schools, outpatient counseling, school-based and community-based interventions, medications for recovery, peer recovery supports, and family recovery supports.

Below is a list of the types of programs, as defined by BSASsOffice of Youth and Young Adult Services (OYYAS). Services available depend on location and additional other factors. For the most

up-to-date information about services available for youth and young adults who are at risk or who use substances, contact the [Massachusetts Substance Use Helpline](#).

Service	Description
Youth Detoxification and Stabilization	Inpatient treatment for young people needing medical detoxification and stabilization
Early Intervention	Targeted intervention programs serve young people experiencing challenges in their school, family, or community by providing support such as mentorship, case management, and/or psychoeducation that promotes healthy relationships, encourages positive activities, and reduces risk-taking behaviors.
School-Based Early Intervention and Assessment	Intensive day program in a school using a tiered model of 10-day intervention and 45-day assessment
Outpatient Treatment	Individual, group, or family therapy for substance use disorder in an outpatient setting. Treatment is offered in clinics, homes, community, or remotely/virtual.
Young Adult Residential Treatment	Nurturing, structured, and safe residential environment for young people ages 18-25 who seek treatment for substance use disorder. Services include assessment, individual and group treatment, education and vocational support, and aftercare planning.
Medications for Opioid Use Disorder	Medications accompanied by counseling to treat substance use disorder (e.g. Suboxone, Methadone, Naltrexone, etc.)
Peer Recovery Supports	Peer-led support offers meetings, mentorship, social activities, and recovery coaching.

Community Collaboration to Support Treatment and Recovery

Addressing challenges and barriers requires understanding the full range of available support and treatment options, including the BSAS continuum of care, a network of services funded by the Department of Public Health to support youth and young adults impacted by substance use. A young person's engagement in services, and the benefits they receive, often depend on how effectively community systems and providers coordinate across the different areas of their life. Young people who use substances are more likely to be involved with multiple systems, such as child welfare, mental health, health care, and juvenile justice, compared to those who do not use

substances. When these systems operate in isolation rather than in partnership, young people are at greater risk of experiencing fragmented care, missed referrals, or unmet needs. Strong collaboration among providers helps ensure that services are aligned, communication is clear, and that young people and families can access the full range of available supports to promote treatment and recovery.

Integrated treatment is defined by care that addresses both substance use and co-occurring mental health needs at the same time in the same program with providers that are working closely together. This allows for wraparound services that coordinate supports across all areas of a young person's life, this includes family, school, community, healthcare and social services. Coordinating across systems, cross-systems collaboration, helps young people to engage in substance use services and sustain their recovery, while continuing to build positive identity, connection, and resilience. This kind of holistic, coordinated approach improves the likelihood that young people will engage in services and maintain their recovery over time. (Aarons, et al., 2024)

Supporting Families Impacted by Youth and Young Adult Substance Use

While cross-system collaboration is essential to supporting youth and young adults in treatment and recovery, it is equally important to recognize the impact of substance use on their families. The ripple effects of substance use extend far beyond the person using drugs or alcohol, often impacting caregivers, siblings, and the entire family system. This section highlights the challenges faced by families of young people who use substances and explores strategies and resources to support families in recovery.

How are Families Impacted by a Loved One's Substance Use?

Supporting families impacted by youth and young adult substance use requires a holistic, compassionate, and family-centered approach. Families of young people who struggle with substance use may experience emotional distress, anxiety, guilt, and fear for their loved one's safety. This can contribute to trauma and mental health challenges (anxiety, depression, PTSD, etc.) in addition to somatic symptoms (such as headaches, stomachaches, insomnia, and other physical illnesses).

Youth and young adult substance use can also have an impact on siblings, as caregivers may be more focused on the care and safety of the young person using substances rather than on the siblings. This can lead to siblings feeling unnoticed and unsupported, resentful, and neglected. In addition, family communication patterns can become strained or conflictual. Caregivers may struggle with stigma, isolation, and co-dependency, neglecting their own self-care in the process. Recognizing and validating experiences is a critical first step in engaging families. When providers validate families' experiences and see them as part of the recovery process, families are more likely to engage and support their loved one in managing their substance use while also caring for themselves. (Hogue, et al., 2021)

How Can Providers Help Families in Recovery?

Reframing the ways in which we think about youth and young adult substance use to include family support helps to empower family members to play an active role in supporting their loved one's recovery while also addressing their own well-being. Research shows that involving family consistently produces better outcomes for young people, versus individual treatment alone. (U.S. Department of Health and Human Services, 2016)

Providers can help families impacted by a young person's substance use by focusing on:

- **Compassion** - offer emotional support, address fears and reduce stigma
- **Psychoeducation** - help families learn about substance use disorder and various approaches to recovery
- **Harm reduction** – help families reduce the risk of injury, disease, and overdose death
- **Skill building** - help families learn how to improve family relationships
- **Peer support** - connect families with others going through something similar
- **Partnership** – include families in assessment, treatment, etc. when possible
- **Referrals** - connect families with other services and resources as needed
- **Intergenerational substance use** – support the whole family in recovery

Let's take a deeper look into each of these ways that providers can support families in recovery.

Compassion: Provide Emotional Support for Families

At the heart of our work is empathy – this is essential when working with families impacted by a loved one's substance use. Offering compassion to families who have a young person with substance use concerns plays a critical role in supporting family recovery. By acknowledging and normalizing what families are experiencing, providers can help reduce shame and blame and create emotional safety while building a therapeutic alliance. A compassionate approach offers hope and affirms families as partners in recovery, strengthening their capacity to support healing for the whole family.

Psychoeducation: Help Families Learn About Substance Use and Recovery

One of the most important ways providers can help families is by offering information and education about the signs and symptoms of substance use, how drugs and alcohol affect the developing brain, the neurobiology of addiction, and what treatment and recovery look like – all delivered in a compassionate, nonjudgmental way by the provider. Families may have strong feelings, including fear, frustration, anger, confusion, or concern for their loved one's safety. This

kind of psychoeducation reduces fear and stigma while helping families to have more insight and understanding, to feel less overwhelmed and more confident about what steps to take to help their loved one. Providing families with information about best practices for engagement and recovery, as well as co-occurring mental health and trauma complexities, can increase empathy and help loved ones access treatment and recovery supports. It is also important to provide psychoeducation with families around harm reduction and what this means when supporting youth and young adults with substance use concerns.

Harm Reduction: Help Families Learn and Implement Strategies

This may include helping families Even when families do not want their loved one to use substances, they can learn and implement strategies to reduce the risks of disease, injury, and death due to substance use. Professionals can help families learn ways to communicate with their loved ones about harm reduction – for example, about the dangers of mixing substances, how to stay safe by being around people they trust, and ways to safely seek help from others. These conversations can help young people make more informed choices and increase ability to make safer and healthier choices while maintaining open communication and safety within the family. Providers can support caregivers in having these discussions in a way that is respectful, nonjudgmental, and aligned with both the young person’s developmental needs and the family’s values.

Building on psychoeducation, the next step is to help families put the knowledge they have gained into practice. By learning and applying harm reduction strategies, families can help keep their loved ones safer, reduce risks, and actively support recovery in ways that meet youth and young adults where they are. It’s essential to help families learn harm reduction strategies to support their loved ones; it could mean the difference between life and death. Harm reduction aims to help people live healthier, safer lives, and to reduce the risk of death, disease and injuries that can result from risky behaviors/substance use. (Heward et al., 2024; Renehan, et al., 2024)

Providers can save lives by working with families to implement these harm reduction strategies:

Overdose Prevention	• Help families get trained on what to do in an overdose emergency • Help families access naloxone (Narcan) to save lives
Safety Planning	• Help family develop a safety plan to address a substance use and/or mental health crisis • Review safety plan with families on a regular basis
Create a Recovery-Supportive Home	• Lock up alcohol, marijuana, vape products, and prescription medications that could be misused (opioids, benzodiazepines, etc.) • Do not use substances near young people in recovery
Keep Learning about Harm Reduction	• Continue to help families learn about harm reduction • Identify ongoing strategies to reduce the risk of injury, disease, and death from substance use in the family

Skill Building: Help Families Learn Skills to Support Family Recovery

CRAFT vs. CRAFFT: What's the Difference?

CRAFT = a therapeutic approach for families

CRAFFT = a screening tool for substance use risk

The CRAFT model (Community Reinforcement and Family Training) teaches families skills to help a loved one access substance use treatment and reduce their own suffering.

The CRAFFT screening tool identifies substance use risk among young people.

Providers play a critical role in helping families build skills to support family recovery.

Improving emotional regulation skills, for example, can help family members manage fear, anger, guilt, and exhaustion so they can respond more effectively during stressful moments. Enhancing both communication skills and conflict resolution skills can help families move away from cycles of blame, escalation, or avoidance and toward conversations with their loved one that increase understanding, safety, and trust, and

ultimately support their recovery. Providers can also guide families in setting healthy boundaries that protect their own well-being while maintaining connection with their loved one. Helping families to strengthen such skills can reduce conflict and improve relationships to engage loved ones in substance use services while also supporting long-term recovery and healing for the whole family.

Many of these skills are highlighted in an evidence-based model called CRAFT (Community Reinforcement and Family Training). CRAFT teaches families effective communication skills, boundary-setting skills, and positive reinforcement strategies. It also helps families to reduce their own pain and suffering while getting their loved ones in substance use treatment and recovery.

There are several key principles of the CRAFT model:

Behaviors make sense	By understanding why young people are using substances and how this impacts their behavior, families can have more empathy and better support their loved one in recovery.
Active listening	Active listening skills help families respond to their loved ones in such a way that encourages change.
Positive reinforcement	By focusing on what's going well (vs. what's not) with their loved one, families can support motivation for change. Examples include offering hugs, compliments, and favorite meals, and planning fun activities together.
Natural consequences	Establishing healthy boundaries with their loved one - and allowing others (e.g. teachers, employers) to provide boundaries around their loved one's substance use as well – helps families encourage motivation for recovery.
Self-care	Families can help their loved one in recovery, and improve their own well-being, by learning to role model healthy coping skills and self-compassion.

To learn the CRAFT model, refer families to resources that offer CRAFT training. Helping Families Help (www.helpingfamilieshelp.com), for example, is a website that offers a listing of CRAFT-based resources nationally.[NULL](#)

Peer Support: Help Families Connect to Family Peer Recovery Supports

Family recovery peer support groups are a powerful source of healing and connection for families in recovery. It's important to connect families with peer recovery supports designed specifically for those impacted by a loved one's substance use. These groups offer families tools to effectively support their loved ones, learn coping strategies, and improve their own health and well-being. (Heiden-Rootes, et al., 2024) There are a variety of peer recovery support groups for families in recovery, including such resources as Learn to Cope, Smart Recovery Family and Friends, Al-Anon and Alateen, Nar-Anon, and Families Anonymous.

Here is some additional information about these peer support resources for families in recovery:

Learn to Cope	• Massachusetts-based organization offering peer support groups statewide (in person and online). • Runs family recovery centers, hosts family recovery special events and retreats, offers support for grieving families and grandparents raising grandchildren, and hosts online community to support families. • Providers can make warm referrals to Learn to Cope chapters in local communities for families by connecting them directly with Learn to Cope regional staff members.	Website: www.learn2cope.org Staff contact info: www.learn2cope.org/about/our-story/
SMART Recovery Family and Friends	• Science-based, secular support program grounded in evidence-based practices, including CRAFT. • In-person and online peer support meetings, run by trained facilitators, and other resources to help family and friends learn how to encourage their loved ones to make healthier choices.	Website: www.smartrecovery.org
Al-Anon Family Groups of Massachusetts (including Alateen)	• Alanon offers statewide 12-step peer support groups for families and friends impacted by a loved one's problem drinking or alcohol use disorder. • Alateen offers statewide 12-step peer support groups for young people (typically ages 12-18) who are impacted by someone else's drinking.	Website: www.alanonma.org/en

Nar-Anon Family Groups (including Narateen)	• 12-step peer support groups for people whose lives have been affected by the drug addiction of a relative or friend. • Narateen offers peer support groups for young people (typically ages 13–19) impacted by another person's addiction.	Website: www.naranonctma.org
Families Anonymous	• 12-step peer support groups for families and friends concerned about the behavior of someone in their lives, whether caused by drugs, alcohol, or related behavioral problems.	Website: www.familiesanonymous.org

Partnership: Involve Families in Assessment, Planning, and Services for Young People

Effective support for young people with substance use concerns is strengthened by strong, intentional partnerships between professionals, young people, and their families. Professionals can build active partnerships with families by involving them in the assessment and planning processes, as well as in substance use services and supports for their loved one. Families often have critical insights into their loved one's strengths, challenges, history, and daily living environment, which can improve the accuracy of assessment and the relevance of service planning. When professionals partner with families in meaningful ways to support young people in recovery, family members are better able to reinforce goals, support skill development, and create consistent, supportive conditions at home. Family involvement also strengthens communication and trust between professionals and families, ultimately leading to more successful long-term recovery outcomes for young people. (Hogue et al, 2021)

Referrals: Refer Families to Additional Services and Supports as Needed

Family members may also benefit from referrals to additional services and supports, both specific to supporting their loved one in recovery from substance use as well as for a wide variety of other challenges and needs. Families impacted by substance use may need help with referrals to treatment providers that offer outpatient, community-based, and/or school-based therapy that specialize in integrating the family. Family members may also benefit from referrals for services to support the family's basic needs (e.g. housing assistance, food security, transportation, financial or legal advocacy).

Supports for families can range from support groups to treatment approaches that include a focus on a family component. Family Therapeutic Approaches include evidence-based models that recognize family as the primary context for development, healing, and sustained recovery. (Esteban et al., 2023; Binumon, et al., 2024). Examples include Functional Family Therapy, Multisystemic Family Therapy, Multidimensional Family Therapy, and Brief Strategic Therapy. Each of these evidence-based models address family dynamics, communication skills, and recovery goals for young people and families in unique ways that have been found to be effective through extensive research, significantly improving recovery outcomes for youth, young adults, and their families.

Intergenerational Substance Use, Healing and Resiliency

Young people growing up in families where substance use has been present across generations may have experiences that influence their development in biological, emotional, relational, and social ways. These influences are shaped by a complex interaction of factors, which can include genetic vulnerability, exposure to substance use as a way of coping with stress, experiences of trauma or adverse childhood experiences, disruptions in caregiving relationships (such as being involved in the child welfare system due to parental substance use concerns, or living with other relatives due to incarceration related to parental addiction), and broader social conditions such as poverty, racism, or limited access to supportive resources (Meulewaeter et al., 2019). It is important to approach this topic without blame or assumption. Substance use within families often emerges in the context of significant stress, pain, or systemic inequities, and many caregivers are doing their best within challenging circumstances. Understanding intergenerational patterns can help providers recognize both potential risk factors and opportunities for prevention, early intervention, and healing.

Intergenerational patterns within families include not only the transmission of substance use and trauma, but also the passing down of strength, survival strategies, cultural knowledge, and resilience. While substance use may develop in response to trauma as a way to manage emotional pain, it is important to recognize that many coping strategies often begin as attempts to endure overwhelming circumstances. At the same time, families and communities pass forward protective factors such as storytelling, spiritual traditions, music, humor, advocacy, and deep commitments to caring for one another. It's important for professionals to explore both the challenges and the strengths across generations in families. By helping young people and their families identify the values, relationships, and cultural practices that have supported survival and growth, professionals can foster resilience, restore connection, and build on existing sources of healing. This approach acknowledges the impact of trauma and substance use while also honoring the resourcefulness and resilience that families bring to recovery.

Understanding the impact and resiliency from intergenerational substance use addresses not only the young person's needs but also those of other family members who may be struggling with substance use as well. This allows for addressing multi-generational patterns of substance use and acknowledging effective healing approaches through a trauma-informed, compassionate, coordinated care that addresses both the young person's and the caregiver's needs, we can

holistically support young people and their families to heal and recover together, across the generations.

Closing Remarks

This toolkit focused on understanding youth and young adult substance use and how best to support young people through a trauma-informed lens. The toolkit highlighted the impact of drugs and alcohol on the developing brain, strategies to provide trauma-informed care for youth and young adults impacted by substance use, and best practices for brief intervention and warm referrals to substance use services and supports. It focused on understanding and addressing challenges and barriers to youth and young adult engagement in services, the important role of community support and collaboration, and best practices for supporting families of youth and young adults impacted by substance use.

We hope this toolkit continues to guide, enhance, and support providers helping young people and families. Below you will find additional resources offered by OYYAS, IHR, and other organizations to offer further support.

Thank you for your hard work supporting youth and young adults, and their families, in recovery!

IHR's Youth & Young Adult Training Team Services Overview

Our Mission

IHR's Youth & Young Adult Training Team aims to promote and support the quality of treatment and continuum of care for youth and young adults with substance use disorders in Massachusetts. We work in partnership with the Bureau of Substance Addiction Services (BSAS) to help providers working with youth and young adults to increase their ability to identify and address substance use issues. We also aim to promote inter-agency collaboration to identify barriers and develop more effective prevention and treatment services for youth and young adults.

Our team is part of the Institute for Health and Recovery (IHR), a nationally-renowned, award-winning, CARF-accredited agency specializing in innovative services, training and evaluation focused on the unique needs of underserved families, women & youth. IHR's mission is to develop a comprehensive continuum of care for individuals, youth and families affected by substance use, mental health issues, violence, and trauma.

What We Offer: Trainings and Technical Assistance

— Trainings

We offer trainings and workshops for providers at all levels of care on a variety of topics related to youth and young adult substance use and family recovery (virtual, in-person, and self-paced, online tutorials). These trainings are provided free for programs licensed and/or funded by BSAS's Office of Youth & Young Adult Services. We are also available to train other providers supporting youth and young adults struggling with substance use and co-occurring challenges.

— Technical Assistance (TA)

Our team is available to support programs when situations arise that benefit from our expertise. We offer crisis response, grief support for staff, critical incident support (debrief, protocols, etc.), challenging client support (debrief, case consultation, etc.), staff observation / engagement, group curriculum support, identifying resources and information for referrals and aftercare planning, program development support, community access and collaboration, and other forms of TA upon request. TA provided by phone, email, or on site.

IHR Youth & Young Trainings:

Overview

IHR's trainings address key issues concerning youth and young adult substance use. IHR provides training and technical assistance to professionals who support youth and young adults impacted by substance use. The trainings below are available live, via zoom or in person, while some of the trainings are prerecorded that can be found on the IHR website.

How to Participate: Where Do I Access Trainings?

Scheduled live trainings can be found on the Careers of Substance Use website: www.careersofsubstance.org/trainings-and-events/list

Trainings can be requested on the IHR website: www.healthrecovery.org

For more information or to discuss your specific training needs, please contact training@healthrecovery.org

Trainings (sample list):

- Youth and Young Adult Substance Use 101
- Introduction to Trauma-Informed Treatment for Youth and Young Adults
- Spirit of Motivational Interviewing: Engaging in Meaningful Conversations to Support Recovery
- Suicide Prevention in Youth and Young Adult Substance Use Treatment
- Youth and Young Adult Substance Use and Co-Occurring Disorders
- Exploring Harm Reduction Approaches with Youth and Young Adults
- Supporting the Families of Youth and Young Adults with Substance Use Disorders
- Best Practices in Youth and Young Adult Substance Use Treatment
- Enhancing Language to Reduce Stigma for Young People in Recovery
- Facilitating Effective Groups with Youth and Young Adults in Substance Use Treatment
- Professional Boundaries While Working with Youth and Young Adults

Additional Resources

Trainings Websites:

Careers of Substance Use:

<https://careersofsubstance.org/trainings-and-events/list>

Educational Resources:

Chestnut Health System. Adolescent Community Reinforcement Approach (A-CRA):

<https://chestnut.org/li/centers/evidence-based-practice-center/treatments/profile/the-adolescent-community-reinforcement-approach>

Grayken Center for Addiction Boston Medical Center: <https://www.bmc.org/addiction>

Massachusetts Clearinghouse (to order publications, brochures, etc.):

<https://massclearinghouse.ehs.state.ma.us/PROG-BSAS-YTH/SA5829.html>

Opioid Response Network: <https://opioidresponsenetwork.org/>

Toolkit for Pediatric & Primary Care Providers: <https://files.hria.org/files/SA5829.pdf>

Helplines:

Massachusetts Behavioral Health Help Line: www.masshelpline.com

Massachusetts Substance Use Helpline: <https://helplinema.org/>

Support:

Partnership to End Addiction: www.drugfree.org

Learn to Cope: www.learn2cope.org (statewide network of peer recovery support meetings for families in Massachusetts, as well as a wide variety of other resources and supports).

References

- Aarons, G. A., et al. (2024). *Specifying cross-system collaboration strategies for implementation: A multi-site qualitative study with child welfare and behavioral health organizations*. *Implementation Science*, 19, Article 13. <https://doi.org/10.1186/s13012-024-01335-1>
- Acevedo, A., Panas, L., Garnick, D. W., Dunigan, R., & Campbell, K. (2020). *Engagement and retention in substance use treatment: Barriers and facilitators*. *Journal of Substance Abuse Treatment*, 118, 108116. <https://doi.org/10.1016/j.jsat.2020.108116>
- Adams, Z. W., Hahn, A. M., McCart, M. R., Chapman, J. E., Sheidow, A. J., Walker, J., de Arellano, M., & Danielson, C. K. (2021). *Predictors of substance use in a clinical sample of youth seeking treatment for trauma-related mental health problems*. *Addictive Behaviors*, 114, 106742. <https://doi.org/10.1016/j.addbeh.2020.106742>
- Adolescent SBIRT. (2015, May). *S2BI Toolkit*. <https://www.mcpap.com/pdf/S2BI%20Toolkit.pdf>
- Albaugh, M. D., Ottino-Gonzalez, J., Sidwell, A., Lepage, C., Juliano, A., Owens, M. M., Chaarani, B., Spechler, P., Fontaine, N., & Rioux, P. (2021). Association of Cannabis Use During Adolescence With Neurodevelopment. *JAMA Psychiatry*, 78(9), 1031–1040. <https://doi.org/10.1001/jamapsychiatry.2021.1258>
- American Addiction Centers. (2024, December 17). *How do drugs and alcohol affect the brain and central nervous system?* <https://americanaddictioncenters.org/health-complications-addiction/central-nervous-system>
- American Psychological Association. (2023, November 15). *Intergenerational trauma*. In *APA Dictionary of Psychology*. <https://dictionary.apa.org/intergenerational-trauma>
- Bachman, H. F., Cunningham, P. D., & Boone, B. J. (2024). *Collaborating with families for innovative school mental health*. *Education Sciences*, 14(3), 336. <https://doi.org/10.3390/educsci14030336>
- Baker, A. E., Galván, A., & Fuligni, A. J. (2025). The connecting brain in context: How adolescent plasticity supports learning and development. *Developmental Cognitive Neuroscience*, 71, 101486. <https://doi.org/10.1016/j.dcn.2024.101486>
- Bhangu, G. K., Singh, A., Shah, A., & Malhi, N. (2025). *Cannabis Use in Adolescents*. *Delaware Journal of Public Health*, 11(3), 6–13. <https://doi.org/10.32481/djph.2025.09.03>
- Binumon, K. V., Ezhumalai, S., Janardhana, N., & Chand, P. K. (2024). *Family intervention models for young adults with substance abuse: A systematic review*. *Indian Journal of Psychological Medicine*, 47(4), 326–336. <https://doi.org/10.1177/02537176241246042>
- Bowe, C., Thomas, C., & Mackey, P. (2025). *Perspective to practice: Theoretical frameworks explaining intergenerational trauma, violence, and maltreatment and implications for the therapeutic response*. *International Journal of Environmental Research and Public Health*, 22(3), 321. <https://doi.org/10.3390/ijerph22030321>

Centers for Disease Control and Prevention (U.S.). Office of Public Health Preparedness and Response. (2018). *6 guiding principles to a trauma-informed approach*.

Chuang, E., Bunger, A., Smith, R., et al. (2024). *Collaboration strategies affecting implementation of a cross-systems intervention for child welfare and substance use treatment: A mixed methods analysis*. *Implementation Science Communications*, 5, 127. <https://doi.org/10.1186/s43058-024-00666-w>

Esteban, J., Suárez-Relinque, C., & Jiménez, T. I. (2023). *Effects of family therapy for substance abuse: A systematic review of recent research*. *Family Process*, 62(1), 49–73. <https://doi.org/10.1111/famp.12841>

Galbraith, K. (2025). *Breaking the cycle: Connecting youth under community supervision to effective behavioral health services*. *Health & Justice*, 13, Article 42. <https://doi.org/10.1186/s40352-025-00342-8>

Gogtay, N., Giedd, J. N., Lusk, L., Hayashi, K. M., Greenstein, D., Vaituzis, A. C., Nugent, T. F., Herman, D. H., Clasen, L. S., Toga, A. W., Rapoport, J. L., & Thompson, P. M. (2004). *Dynamic mapping of human cortical development during childhood through early adulthood*. *Proceedings of the National Academy of Sciences of the United States of America*, 101(21), 8174–8179. <https://doi.org/10.1073/pnas.0402680101>

Hadland, S. E., Wharam, J. F., & Bagley, S. M. (2021). *Improving the health of youth and young adults with substance use disorders: Separating myth from reality*. *Health Affairs*, 40(11), 1746–1753. <https://doi.org/10.1377/hlthaff.2021.00516>

Heiden-Rootes, K., Meyer, D., Mancini, M., Ferber, M., Eikenberry, J., Wang, W., Rottnek, F., Jung, E., & Karir, S. V. (2024). *Helping families heal in substance use treatment: A qualitative study about the role of peer support specialists with client families*. *Journal of Substance Use & Addictive Treatment*, 160, 209245. <https://doi.org/10.1016/j.josat.2023.209245>

Henderson, J., et al. (2025). *Integrated collaborative care for youths with mental health and substance use challenges: A randomized clinical trial*. *JAMA Network Open*. <https://doi.org/10.1001/jamanetworkopen.2025.9565>

Heward, B. J., Yule, A. M., & Jackson, P. R. (2024). *How should harm reduction strategies differ for adolescents and adults? AMA Journal of Ethics*, 26(7), E534–E545. <https://doi.org/10.1001/amajethics.2024.534>

Hinckley, J. D., Adams, Z. W., Dellucci, T. V., & Berkowitz, S. (2024). *Co-occurring trauma- and stressor-related and substance-related disorders in youth: A narrative review*. *Medical Research Archives*, 12(8). <https://doi.org/10.18103/mra.v12i8.5688>

Hogue, A., Becker, S. J., & Wenzel, K. (2021). *Family involvement in treatment and recovery for substance use disorders: A narrative review and conceptual framework*. *Journal of Substance Abuse Treatment*, 129, 108402. <https://doi.org/10.1016/j.jsat.2021.108402>

Info NMN. (2020, March 23). *Patterns of stress & resilience: Neurosequential network stress & trauma series* [Video]. YouTube. <https://www.youtube.com/watch?v=orwln02h6V4>

Meulewaeter, F., De Pauw, S. S. W., & Vanderplasschen, W. (2019). *Mothering, substance use disorders, and intergenerational trauma transmission: An attachment-based perspective*. *Frontiers in Psychiatry*, 10, 728. <https://doi.org/10.3389/fpsy.2019.00728>

National Academies of Sciences, Engineering, and Medicine. (2019). *Achieving behavioral health equity for children, families, and communities: Proceedings of a workshop*. The National Academies Press. <https://doi.org/10.17226/25347>

NIDA. (2019, November 1). *Mind matters: Drugs and the brain*. <https://nida.nih.gov/research-topics/parents-educators/mind-matter-series/drugs-brain>

NIDA. (2020, July 6). *Drugs and the brain*. <https://nida.nih.gov/publications/drugs-brains-behavior-science-addiction/drugs-brain>

Noyes, K., Glick, J. L., Repchuk, D., Sharma, A. J., Bain, K. C., Haddad, M., & Zaller, N. (2022). *Harm reduction preferences and barriers among young adults experiencing homelessness*. *Harm Reduction Journal*, 19(1), 1–10. <https://doi.org/10.1186/s12954-022-00602-9>

Office of Disease Prevention and Health Promotion. (n.d.). *Social determinants of health. Healthy People 2030*. U.S. Department of Health and Human Services. <https://health.gov/healthypeople/objectives-and-data/social-determinants-health>

Pace, C., Gergen-Barnett, K., Veidis, A., D’Afflitti, J., Worcester, J., Fernandez, P., & Lasser, K. (2018). *Warm handoffs and attendance at initial integrated behavioral health appointments*. *Annals of Family Medicine*, 16(4), 346–348. <https://doi.org/10.1370/afm.2263>

Perry, B. D., & Winfrey, O. (2021). *What happened to you? Conversations on trauma, resilience, and healing*. Flatiron Books.

Petrilli, K., Ofori, S., Hines, L., Taylor, G., Adams, S., & Freeman, T. P. (2022). *Association of cannabis potency with mental ill health and addiction: A systematic review*. *The Lancet Psychiatry*, 9(9), 736–750. [https://doi.org/10.1016/S2215-0366\(22\)00161-4](https://doi.org/10.1016/S2215-0366(22)00161-4)

Renahan, C. M., et al. (2024). *A scoping review of youth overdose prevention*. *Journal of Addiction Medicine*. Advance online publication. <https://doi.org/10.1097/ADM.0000000000001094>

Shors, T. J., Anderson, M. L., Curlik, D. M., 2nd, & Nokia, M. S. (2012). *Use it or lose it: how neurogenesis keeps the brain fit for learning*. *Behavioural brain research*, 227(2), 450–458. <https://doi.org/10.1016/j.bbr.2011.04.023>

Substance Abuse and Mental Health Services Administration. (2014, October). *SAMHSA’s concept of trauma and guidance for a trauma-informed approach* (HHS Publication No. SMA 14-4884). <https://library.samhsa.gov/sites/default/files/sma14-4884.pdf>

Substance Abuse and Mental Health Services Administration. (2023). *Practical guide for implementing a trauma-informed approach* (PEP23-06-05-005).
<https://library.samhsa.gov/sites/default/files/pep23-06-05-005.pdf>

Substance Abuse and Mental Health Services Administration. (2025, July). *Key substance use and mental health indicators in the United States: Results from the 2024 National Survey on Drug Use and Health* (HHS Publication No. PEP25-07-007, NSDUH Series H-60). Center for Behavioral Health Statistics and Quality. <https://www.samhsa.gov/data/sites/default/files/reports/rpt56287/2024-nsduh-annual-national-report.pdf>

Substance Abuse and Mental Health Services Administration. (2022). *Adapting Evidence-Based Practices for Under-Resourced Populations*. SAMHSA Publication No. PEP22-06-02-004. National Mental Health and Substance Use Policy Laboratory.

U.S. Department of Health and Human Services, Office of the Surgeon General. (2016, November). *Facing addiction in America: The Surgeon General's report on alcohol, drugs, and health*.

Washington, DC: Author. <https://addiction.surgeongeneral.gov/sites/default/files/surgeon-generals-report.pdf>

Zhao, Q., Sullivan, E. V., Honnorat, N., Adeli, E., Podhajsky, S., Baker, F. C., Colrain, I. M., Prouty, D., Tapert, S. F., Brown, S. A., Meloy, M. J., Brumback, T., Müller-Oehring, R. G., Pohl, K. M., & Pfefferbaum, A. (2021). Association of heavy drinking with deviant fiber tract development in frontal brain systems in adolescents. *JAMA Psychiatry*, 78(4), 407–415. doi.org