

Supporting Youth and Young Adults Impacted by Substance Use in Massachusetts: Toolkit for Professionals

Volume 1

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Introduction

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.

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

This toolkit, volume 1, highlights some of these concepts, particularly screening, prevention, intervention, and assessment. In addition, it offers resources to enhance knowledge of these subject areas. This toolkit is intended to further support your work and training. Your compassion and dedication to youth and young adults and their families is acknowledged and appreciated.

Key Concepts of Youth and Young Adult Substance Use

Understanding Substance Use

To gather a better understanding of the material presented in this toolkit, it is important to formally define the language that will be used throughout. In many programs and services, and specifically BSAS funded services, the word youth is defined as people who are within the age range of 13-17 while young adults include people ages 16-25. Both age ranges may be different depending on the type of service. For the purpose of this toolkit, **young people** or **young person** is often used as an inclusive term that represents the range of people between the ages of 13-25.

The purpose of this toolkit is to further enhance knowledge of the impact of substance use and how to support youth and young adults while maintaining a lens of Diversity, Equity, Inclusion and Justice (DEIJ). When implementing this work, it is important to incorporate a trauma-informed, person-centered approach, grounded in cultural humility. Understanding a young person's unique experience while being aware of the individual, systematic structures, cultural and community impact is crucial when supporting young people at risk for substance use.

Why do young people use substances?

The youth and young adult years are an intense time of transition, physical and psychological changes, identity development, peer pressure, risk taking, and moving toward independence. These are all natural experiences for young people, especially with taking risks. Risk taking may sometimes be perceived as negative, but can also include incorporating healthy habits, trying a new skill, personal growth, or making new friends (Winer et al., 2022). There is often a tremendous amount of stress and emotional distress during this period, when young people are feeling things more intensely and are still learning how to manage their emotions.

Why do young people use substances? Substance use serves a purpose. The purpose, or reasons, vary and may include in a social nature (like to gain or maintain friendships), to cope with emotions (like sadness, stress, or trauma), to experience emotions they typically have difficulty experiencing, and/or for ceremonial or religious purposes (Abrams, 2024). It is important to note that when young people use substances to cope with emotions or to experience a different emotion, this is a temporary experience of relief, often called instant gratification.

Brief Glossary of Terms:

Substance use / substances: Drugs, Alcohol, Nicotine and or 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.

Additional reasons for substance use may include:

- To alleviate boredom
- Escape from reality
- Curiosity
- To improve mood
- To sleep
- Become more socially comfortable
- To feel more creative/artistic
- Major life changes like moving, losing friends, etc.
- Manage emotions like anxiety or pain

The experiences listed above are natural, and it is how young people cope that may be a concern. Overall, the reason why each young person uses varies. Understanding why they use a substance should be individualized by seeking to learn about and understand their use. When we can understand the reasons why they use substances – and what their needs are from a place of empathy - we can help them identify ways to meet these needs with healthier, safer options.

Individual Risk and Protective Factors for Young People

Risk factors are characteristics or conditions that increase the likelihood of using substances. Risk factors for young people can include individual, family, peer, and community. Individual factors like mental health issues, poor coping skills, and early-onset behavioral challenges can increase vulnerability to use substances. Family factors, such as family history of substance use, generational trauma, parental attitudes, and poor supervision, also play a significant role. Peer influence, particularly young people associating with peers who use substances may also increase risk. Peer influence can be related to an increase in access to use or witnessing the effects of use. This also relates to community factors such as easy access to substances and exposure to violence, which can elevate the risk of substance use. It is important to note that a young person can experience multiple risk factors which increases the likelihood of substance use; however, protective factors can combat these risk factors.

Protective factors are characteristics or conditions that reduce the likelihood of young people using substances, even when risk factors are present. Protective factors support multiple areas in young people's lives and increasing these factors is crucial when considering prevention and intervention approaches. These factors can be individual, familial, or environmental, and they help build resilience and healthy coping mechanisms. Examples include strong family bonds, engaging in cultural practices and rituals, positive peer relationships, high self-esteem, academic success, and involvement in school and community activities.

Keep in mind that not all risk factors lead to addiction, and one strong protective factor can shield against multiple risk factors.

Below are additional risk and protective factors often experienced by young people:

Risk Factors for young people substance use can include:

- Friends and peers who engage in substance use
- Genetic predisposition to Substance Use Disorder
- Family conflict
- Caregiver attitudes that are favorable to substance use
- Poor grades in school
- Media portrayal of substance use
- Systems and people that reinforce stigma/microaggressions
- Low socioeconomic status
- Low neighborhood attachment
- Presence of neighborhood crime
- Mental or physical illness

Protective Factors for youth substance use can include:

- Positive attitudes, values, or beliefs
- Conflict resolution skills
- Strong mental, physical, spiritual, and emotional health
- Positive self-esteem
- Success at school
- Positive influence from caregivers
- Caregiver supervision
- Engaging in practices and rituals from the young person's culture
- Strong social supports
- Community engagement
- Problem-solving skills
- Supportive adult role models, coaches, mentors
- Stable housing
- Access to resources and services that support the young person's wellbeing (social, recreational, cultural, etc.)

This list is not exhaustive and when working with young people, there can be additional risks and protective factors to consider. Asking young people to identify factors in their lives helps provide better insight into what may be a risk or protective factor. Learning about risk and protective factors is only one part of understanding the impact of substances.

The Spectrum of Substance Use

Substance use can be best understood through the lens of a spectrum, recognizing the potential progression of use that can occur over time. Substance use is different for all young people. By exploring substance use as a spectrum with varying stages of benefits and harms, it helps professionals understand more about the effect that substance use has on young people's lives. The following *Substance Use Spectrum* was developed by Health Canada in 2022. The *Substance Use Spectrum* describes the *range* of substance use patterns that can exist at any given time. A person may move back and forth between the stages of substance use over time.

The spectrum of use stages are:

- **Non-use (abstinence):** avoiding the use of substances.
For example, not using drugs and/or alcohol.
- **Beneficial use:** use that can have positive health, social or spiritual effects.
For example, taking medication as prescribed to help manage anxiety.
- **Lower-risk use:** minimal impact on a person, their family, friends, and others.
For example, going to a party with peers and having a plan ahead of time to get home safely.
- **Higher risk use:** harmful and negative impact on a person, their family, friends, and others.
For example, binge drinking, impaired driving, use of illegal drugs, increasing quantity used, increasing frequency of use, combining multiple substances.
- **Addiction/substance use disorder:** a chronic disease where people compulsively seek and use drugs despite harmful consequences. (Substance Abuse and Mental Health Services Administration, 2023)
For example, when someone cannot stop using drugs, tobacco, or alcohol even if they want to and it negatively impacts themselves, family, friends, and others.

Understanding Co-occurring disorders

Most young people diagnosed with substance use disorder also struggle with mental health challenges. Co-occurring disorders refer to the presence of both a mental health disorder and a substance use disorder in the same individual. There is an overlap of young people with substance use disorder who also suffer from a co-occurring Mental health disorder. These conditions often develop simultaneously, with one influencing or exacerbating the other.

How do co-occurring disorders develop in youth and young adults? Young people may suffer emotionally, either from mental health challenges, trauma, or both. If they experiment with drugs or alcohol, they may experience immediate relief from their emotional distress as the substance mimics the brain's chemical signaling system. Over time, young people may start turning to substances as a form of self-medication. If their substance use progresses, the brain develops tolerance and can potentially develop into a substance use disorder. In the throes of substance use disorder, there are increased chances for experiencing trauma as a result of impairment, unsafe choices, and decrease in self-care. This can lead to deterioration of mental health, and may lead to increasingly using substances to self-medicate, which ultimately reinforces the cycle of addiction.

Self-Medication:

Using unprescribed drugs and/or alcohol to help cope with emotional, physical, or social stress.

Common Co-Occurring Disorders:-

- Depression
- Anxiety disorders
- ADHD
- Post Traumatic
- Stress Disorder (PTSD)
- Bipolar disorder
- Schizophrenia
- Borderline personality disorder
- Eating disorders
- Conduct disorder
- Oppositional defiant disorder

It's important to note the impact of intersectionality of marginalized identities on the rate of co-occurring disorders among young people. Stigma, discrimination, bullying, oppression, and trauma experienced by young people, based on their identity (for example, gender, sexual orientation, race, ethnicity, immigration status, socioeconomic status, etc.), can negatively affect young people. These experiences can lead to greater risk factors of mental health and substance use challenges.

Recognizing and managing mental health disorders can reduce the chances of increased substance use. And in turn, acknowledging substance use disorders can reduce mental health concerns. All areas of concern need attention, treatment, and ongoing recovery support. While clinical providers diagnose and treat mental health conditions, they are not the only professionals who can recognize these signs and concerns. This can include direct care workers, caretakers, school personnel, community leaders, and peers.

An integrated approach is the most effective way to treat co-occurring disorders. Integrated treatment means treating young people holistically, considering young people's identities, mental health and substance use disorders at the same time with the same team of providers at the same organization. Integrated treatment recognizes the associations between trauma reminders, mental health challenges, and substance use, and focuses on healing the whole person.

Stigma and Language Matter

When supporting young people impacted by substance use, it is important to consider that stigma is often experienced and/or associated with people who use substances. Stigma is defined as negative attitudes, assumptions, and/or stereotypes. Stigma can be experienced because of the people in a young person's life that includes family, peers, and community. In addition, there is an internalized stigma where a person may have a negative attitude or assumption about themselves because of other people's values and assumptions. Additionally, attention should be paid to experiences of stigma by young people who are part of marginalized communities. Specifically, stigma that is experienced by young people that are related to their own race, class, sexual orientation, and gender, in addition to historical context that these young people may experience. Stigma can be compounded with the ability to overshadow judgement and prevent people from understanding and/or learning about the unique experiences of others. Consider how the impact of stigma experienced by young people may impact their ability to seek help and support.

Stigma is a major barrier for people seeking, accessing, and receiving treatment and recovery support for substance use. This is due to the shame, fear, and/or judgement a person may receive when asking for help. Despite decades of scientific research proving that substance use disorder is a chronic disease, many people still believe that substance use disorders are the result of a personal choice, moral failing, or criminal issue. Stigma can prevent those struggling with substance use from reaching out for help, perpetuating feelings of hopelessness and despair. Families impacted by young people's substance use can become isolated due to fear of being judged by others.

Reducing Stigma

Education and advocacy can improve knowledge and access to services and treatment. And enhancing language about recovery can help to increase empathy and reduce stigma.

Ways to combat stigma include:

- *Awareness and Educate*: Being aware of your own bias and educate yourself
- *Understand Experiences are Unique*: Centering the experience of the person you are working with and understanding each experience is unique
- *This is through the lens of cultural humility and a Diversity, Equity, Inclusion, and Justice (DEIJ) framework*
 - *Actively Listen*: Listening without judgment and instead with curiosity to learn more about the person
 - *Empowerment and Collaboration*: Empowering young people to make decisions and supporting them through providing tools
 - *Person First Language*: This centers the person over the substance, action, and/or behavior

This toolkit will incorporate these topics throughout as a way to combat stigma and guide providers in applying respectful, empowering practices in their everyday work with young people. In addition, specific language is initially used throughout the toolkit to center young people's experiences and prevent stigmatizing experiences. As you read this toolkit, consider incorporating this language as you work with young people. Below is a brief graph of stigmatizing language and recommended language.

Stigmatizing Language	Recommended Language
Addict, Abuser, User, Alcoholic	Young people who use ____ (drugs, substances, alcohol, etc.)
Addict, Abuser, User, Alcoholic	Person with _____ disorder
Clean (often associated with dirty/clean)	Substance Free
Sober, stayed clean	Recovery
Relapse or Lapse	Return to use, experienced a reoccurrence of substance use or symptoms

Signs and Symptoms of Substance Use

Knowing the signs and symptoms of young people who use substances can help them to better understand, identify, and intervene. Some behaviors are normal for a young person, but there are signs and symptoms of unhealthy patterns that can develop which are early warning signs of high-risk substance use. If a young person displays any behavioral, physical, or environmental changes, it is much easier to intervene when signs first surface rather than when behaviors increase, and situations escalate.

While some behaviors may be typical during adolescence, the following signs may indicate problematic substance use:

Behavioral Changes:

- Sleeping more than usual
- Less interest in school, friends, or activities
- Making excuses
- Not being truthful
- Withdrawn or isolating
- Decline in quality of schoolwork, or skipping school
- Lack of motivation
- Not following rules at home

Physical and environmental changes:

- A change in mood or attitude
- Rapid weight gain or loss
- Change in physical appearance or poor hygiene
- Glazed or bloodshot eyes
- Paranoia, irritability, anxiety, fidgeting
- Difficulty staying on task/staying focused
- Money or objects have disappeared from the house
- Drug paraphernalia found in room

(Hazelden Betty Ford Foundation, 2019)

Progression of use:

Understanding the *progression of use* focuses on the potential steps or stages a young person might go through *if* their substance use increases, potentially leading to dependence and addiction/substance use disorder. It is important to note that each stage does not guarantee the next stage; however, with continued use, it increases the likelihood of moving to the next stage. *Progression of use* emphasizes the process or path of developing a substance use disorder, highlighting changes in behavior and consequences over time.



Screening and Assessment for Youth and Young Adult Substance Use:

Screening and assessing young people for substance use is important to help understand how they are impacted by substances. Screening tools may be used to assess if a young person could benefit more from prevention, intervention, and/or treatment support, thus screening tools are utilized in various settings. Screening tools can provide information on severity of tobacco/nicotine, vaping, alcohol, illicit drugs, and prescription drugs use. The questions ask about what they use, how often they use, if they mix substances, and impacts in areas of their life. Information gathered during screenings helps lead to intervening early and counseling. There are many screening tools available, but the most widely used and effective tools that will be discussed are Screening To Brief Intervention (S2BI) and CRAFFT. Following these tools, the Diagnostic and Statistical Manual of Mental Disorders (DSM) will be addressed. The DSM is a reference book on mental health and brain-related conditions and disorders.

Screening Tools:

Screening to Brief Intervention (S2BI):

S2BI Manual

The Screening to Brief Intervention instrument (S2BI), developed by Boston Children's Hospital with support from the National Institute for Drug Abuse (NIDA), is a tool used to assess the frequency of alcohol and substance use (e.g., tobacco, marijuana, prescription drugs, illegal drugs, inhalants, herbs or synthetic drugs) among adolescents from 12-17 years of age. (Adolescent SBIRT, 2015)

CRAFFT:

CRAFFT 2.1 + N | CRAFFT Online

The CRAFFT (Car, Relax, Alone, Family or Friends, Forget, Trouble) is an efficient and effective health screening tool designed to identify substance use, substance-related riding/driving risk, and substance use disorder among young people ages 12-21 and available in any language. The tool starts by asking how many days, within the past 12 months, substances were used. These questions are then followed by several questions (see below) that help assess for risk related to use and provide information on how to interpret responses and when further assessment is needed. (CRAFFT, 1999)

C	Have you ever ridden in a CAR driven by someone (including yourself) who was "high" or had been using drugs or alcohol?
R	Do you ever use drugs or alcohol to RELAX , feel better about yourself, or to fit in?
A	Do you ever use alcohol or drugs while you are by yourself, ALONE ?
F	Do your FAMILY or FRIENDS ever tell you that you should cut down on your drinking or drug use?

F	Do you ever FORGET thing that you did while you were using alcohol or drugs?
T	Have you ever gotten into TROUBLE while using, or because of using alcohol or drugs?

CRAFFT, 1999

Delivery of Screenings:

Screenings can be a quick and effective method to identify substance use. Time and private space are key to engage young people in meaningful conversations and maintaining confidentiality. Screening settings include mental health clinics, primary health care, and schools. Screening interviews can be self-administered independently on paper/tablet or conducted by a staff member at a care setting. It is important to prioritize time to complete screening, providing private space, and conducting without caregivers present which allows for honest responses. Communicate to a young person that responses are kept confidential unless safety is at risk. Rapport can be built with them when providing information on the purpose of screenings, maintaining confidentiality, and offering relevant information.

Diagnostic and Statistical Manual:

The DSM-5 Criteria for Substance Use Disorder includes 11 categories listed below to guide assessment and diagnose substance use disorder and its severity. The categories assess impact on function in major life areas, inability to control use, physical symptoms of tolerance and withdrawal, and high-risk substance use. The severity, which ranges from mild, moderate, and severe, is determined by the number of symptoms that young people endorse.

(American Psychiatric Association, 2013)

DSM-5 Criteria for Substance Use Disorder categories:

- Using larger amounts over a longer period of time than intended
- Unsuccessful efforts cut down, control, or stop use
- Spending excess time to obtain, use, or recover from use
- Craving or strong desire or urge
- Failing to meet major obligations in life areas (work, school, or home)
- Continued use despite negative social or interpersonal impacts
- Reduced social, occupational, or recreational activities due to use
- Recurrent use in physically hazardous situations
- Continued use despite knowledge of physical and psychological problems
- Developing tolerance
- Experiencing withdrawal symptoms

Emerging Trends in Massachusetts for Youth and Young Adult Substance Use

Substance use among young people in Massachusetts remains a significant concern. The most recent data in Massachusetts regarding young people who use substances comes from the Massachusetts Youth Health Survey (MYHS 2023). The survey highlights the ongoing impacts of tobacco, alcohol, and marijuana use. Key findings below include important indicators of health behaviors in middle and high school students worthy of noting.

Key Findings for Tobacco Use:

The MYHS 2023 found that vaping rates continue to remain consistent between the years of 2021-2023. The average amount of middle school students who vape has decreased; however, it is still present. The survey found that female identifying students are more likely to report vape use than male identifying students. LGBTQ students reported higher rates of vaping and smoking cigarettes over cisgender/heterosexual students. The survey also outlined findings regarding race; specifically, it noted Black and Hispanic/Latine students were more likely to use vaping and tobacco products over White students.

Massachusetts Youth Health Survey (MYHS). Mass.gov. (2024, May 23).

Key findings for Alcohol Use:

The MYHS indicated that in 2023, alcohol use continued to remain stable after significantly decreasing between 2019-2021. The survey found that LGBTQ high school students reported higher rates of alcohol use than the straight/cisgender person. The survey revealed findings related to race and showed White students were more likely to drink alcohol. A high percentage of high school students reported that alcohol is easily accessible, and most students engage in drinking. More than half of the studied high school population reported they typically got alcohol from their friends while attending parties. Elevated risk behaviors, such as riding in a car with another person who had been drinking were reported more amongst female middle schoolers.

Massachusetts Youth Health Survey (MYHS). Mass.gov. (2024, May 23).

Key Findings for Marijuana Use:

The MYHS 2023 found rates of middle school marijuana use declined during 2019-2021 and in 2023 bounced back. While for high schoolers, marijuana use decreased noteworthily in 2019-2021 and remained steady in 2023. The survey showed findings related to racial/ethnic groups that indicated Asian students were less likely to report marijuana use, while Black and Hispanic/Latine middle school students were more probable to use marijuana. The survey revealed that LGBTQ high schoolers are more likely to smoke marijuana than the heterosexual/cisgender student. Easy access to marijuana for high schoolers continued to be displayed in the findings, while half of these students viewed the perception of harm as moderate or great. The survey found that, among the middle school population, Black and Hispanic/Latine students were more probable than White students to report access to marijuana being easy.

Massachusetts Youth Health Survey (MYHS). Mass.gov. (2024, May 23).

Additional trends that impact young people:

Poly-Substance Use, using more than one substance, is a dangerous trend that can increase the risk of overdose and can often be associated with mental health concerns, such as depression and anxiety. This underscores the need to focus on both substance use and mental health issues.

Reasons people combine drugs may be to enhance the desired effects of one drug, or to relieve the negative effects of another drug, such as taking a depressant like Xanax to come down from a stimulant feeling of being high. Although reasons can differ from person to person, polysubstance use may include trying to reduce dependency on one drug by taking another or simply not having the cognitive ability to process the consequences of taking another drug.

(Polydrug use. Polydrug use - Alcohol and Drug Foundation.)

Social media and industry influencers can play a significant role in influencing a young person's substance use. They often do this by normalizing youth substance use and creating a distorted perception [of the benefits and/or risks of substance use], leading young people to believe substance use is safe.

Social media outlets can also bring negative awareness to the social trends of risky viral challenges like the “#leanchallenge” or showing TikTok videos on a young person's recreational use. Advertising by tobacco and alcohol companies is also a concern, as they strategically create marketing campaigns to focus on young people in an attempt to make them lifelong consumers by targeting them at a young age.

It's important to note that while social media can contribute to positive drug culture, it can also be a valuable tool for substance use prevention, education, and advocacy. Being media literate can help a young person understand the complexities of media influences and support informed choices about their health, environment, and other areas of their lives. Organizations like The National Association for Media Literacy Education (NAMLE) offer a wealth of materials for different age groups and learning contexts.

Meaningful Conversations to Support Youth and Young Adults Around Substance Use:

Building Rapport with Young People

Young people are more likely to engage in services they believe will help and support them. Empowering a young person's voice in services is the core foundation of this work, specifically needed in prevention, intervention, diversion, and treatment. This can be achieved by

understanding and meeting a young person where they are at. Empowering a young person's voice is achieved by actively listening, with a non-judgmental approach, to further understand what areas in their life they want to change. Young people are more likely to engage in services when they have autonomy in decision making processes, deciding what services will work for them, collaborating with them to explore what has worked and what they are willing to try, and cultivating a safe space. These are all key principles of trauma informed care that are necessary in engaging with young people who are impacted by substance use.

Centering a young person's voice ensures their perspectives on substance use are reflected when delivering prevention, intervention, diversion, and treatment services.

Stages of Change

The Stages of Change model helps professionals working with young people to better understand a young person's perspective on how substance use is impacting their lives. This is necessary to consider as you will work with some young people who do not believe they have a problem with substances, while others may be motivated to change their use. A graph of the stages of changes is below. While reviewing, note that a person can move left or right in the stages of change and that a person can also be between stages. This does not always work as a linear process.

Precontemplative	Contemplative	Preparation	Action	Maintenance
•No intention on changing behavior •May not be able to identify problems related to substance use	•Aware of problem or of some problems related to substance use •No commitment to change	•Able to identify impact of substance use •Planning to make changes •Intent to take action towards change	•Actively working on changing substance use and behaviors related to use	•Sustaining changes

Communicating with young people about substance use

Building a positive relationship with a young person can be achieved through understanding where they may be within the Stages of Change, specifically while using *Motivational Interviewing* (MI). MI is an evidence-based practice that centers a young person's voice by focusing on the reasons a young person may want to change through asking open-ended questions. Engaging in an MI training could be beneficial in supporting your understanding of the importance and overall application. Please see IHRs Youth and Young Adult Training Team services overview for further information if you are interested.

The following are examples of a few open-ended questions that can help you start these conversations:

Pre-contemplative Stage of Change:

Often times, young people who are in the pre-contemplative stage of change may not want to change substance use, patterns of behavior related to use, relationships with those around them, or they may downplay use. Collaboratively focusing on other areas in life they want to change may lead to increased insight into how substance use may be a barrier to change.

You reported that you do not have a problem with substances. Can you tell me why your caregiver/teacher/worker thinks you need help?

Describe ways that you would want your relationship to change with substances. What are some areas in your life that you want to improve that are impacted by your substance use?

Contemplative Stage of Change:

A young person in the contemplative stage of change may be ambivalent about areas in their life they want to change. It can be helpful to further explore concerns, impact, and benefit of use.

You reported that substance use impacts some areas of your life but is not enough to change. Can you describe what are the pros and cons of using substances for you?

Focusing on the pros, can you describe other things in your life that support you in the same way?

Focusing on the cons, what are some things you would like to change? Are there areas in your substance use that you want to change?

Preparation stage of change:

Young people in the preparation stage of change understand the need for changes and are ready to start having discussions about how to implement changes in their lives. This can be small or large areas of change.

Would it be ok if we explore what your use looks like? Who do you use with, when do you use, or how do you use substances, and how often?

Action stage of change:

Young people in the action stage of change are taking necessary steps to incorporate new skills and behaviors they have learned.

Lets make a plan for this week. What important area(s) of your life do you want to set for a goal first?

Maintenance Stage of Change:

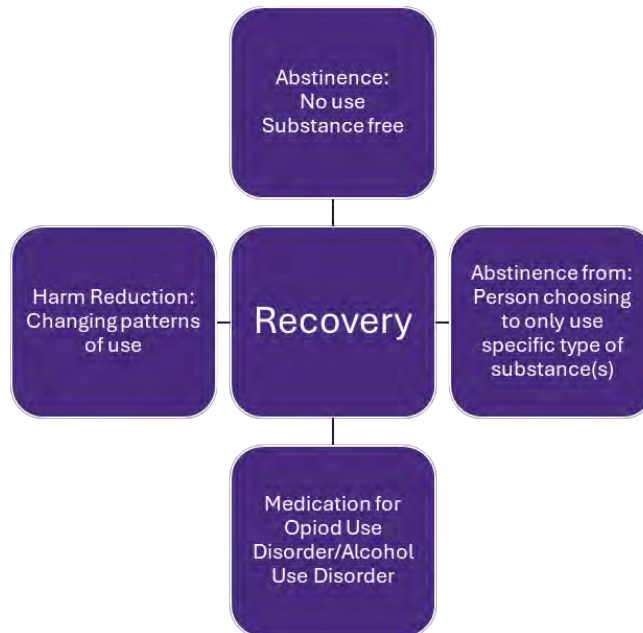
Young people in the maintenance stage of change notice the positive rewards in areas of their life after implementing action steps, which motivate them to continue working towards their goals and assess for new skills needed to maintain progress.

What has been working for you recently? What are some new things you want to incorporate into your routines and supports?

Discussions about Recovery:

Acknowledging your own personal bias is important when working with a young person, as your beliefs about recovery may differ from those of young people. Consider the young person's own knowledge about recovery, cultural beliefs around recovery, and community discussions about recovery, returning to the belief of autonomy over their decisions. It is important to explore with a young person the multiple pathways to recovery and what recovery may look like to them. Discuss with young people areas in their life they are willing (and able) to change.

Below is a graph of the multiple pathways to recovery:



All the approaches above emphasize improving physical, mental, and social well-being, and it is important to note that recovery is not only a substance-free approach. Harm Reduction is also a pathway to recovery. **Harm Reduction** is defined as prevention, reducing risk, and promoting healthier and safer choices in young people's lives. This continues to support the belief in centering a young person's experience, voice, and choice. Harm reduction approaches allow young people to change patterns of use that may be impacting their lives with the aim of making safer choices. Consider the question of who, what, where, when and how to change substance use. Examples of this include the following:

Note: The above graph is in no particular order.

Tip: It is helpful to have the youth identify pros and cons of each section. You can ask additional questions to help develop the list.

- Who:
 - Changing who they use with if they notice unsafe events/behaviors occur with a particular person/group of people
 - Using substances with a safe person (instead of alone), who can access medical attention, if needed.
- What:
 - Using one substance at a time, as mixing can increase the chances of an overdose
- Where:
 - Not using at parties
- When:
 - Using only on the weekend or not on the days when they will have school, work, or important life events.
- How/ Type of use:
 - Moving from IV use to inhalation use to minimize risk of infection/transmission of infection.

Medication for Opioid Use disorders (MOUD) and medications for Alcohol Use Disorder (MAUD) are increasingly recognized as vital treatments for young people with opioid use disorder (OUD). These medications can relieve symptoms of withdrawal and cravings for substances, allowing young people to engage in other recovery focused treatments. Most common MOUD are Buprenorphine, Methadone, and Naltrexone. Most common MAUD are Acamprosate, disulfiram, and naltrexone. These medications block the euphoric effects of alcohol and opioids, relieve cravings, help normalize brain chemistry, and restore normal body functions. Parental consent is generally required for MOUD treatment in young people, and involving caregivers in the treatment process can lead to better outcomes. While MOUD has been shown to be effective, access to these medications, particularly for young people, remains a challenge.

A medication that can reverse the effects of an opioid overdose is Naloxone, commonly known as Narcan. Naloxone is safe to use and helps a person who is experiencing an overdose start

breathing. Supporting young people in having Narcan on their person can help prevent future overdoses in case they are around someone that is having an overdose.

Young people may not be familiar with all approaches to recovery. This may be a result of their communities, stigma, or overall lack of awareness. It is important to explore with young people what approaches may work best for them and have them identify what may be the pros and cons of an approach. Recovery does not equal substance free for everyone; it might mean decreasing or changing the ways that substances are impacting a person's life. Recovery discussions with young people should continue to focus on how to make safer choices in use and improve areas that have been impacted.

Resources to support young people regarding areas in this section can be found on the resource page.

Increasing Community Supports and Prosocial activities

Supporting young people impacted by substance use includes helping them identify areas in their life that can be enhanced. Two areas in particular are community support and prosocial activities. Young people are more likely to engage in any form of recovery when they have a community around them that supports them holistically. Individuals may positively intervene in this area by helping a young person increase their exposure to healthy community support and discussing the benefits with them. It is beneficial to engage in discussions with you and help increase exposure to health community support. Examples of this include local, hobby-specific groups, affinity groups or identity specific groups, connection to supportive adult figures, and peers that support young people.

Identifying healthy alternatives to using substances will support young people in changing patterns of behavior. Increasing healthy activities that are substance free can help decrease substance use in the long term.

Empowering the voices of Youth and Young Adults:

Empowering young people's voices should remain consistent, even beyond the ways previously discussed. The best way to support young people is by continuing to invest in their autonomy and find out what has worked for them, what their interests are, and helping them grow positive communities. We can continue to support young people in making healthier choices by offering additional ways to encourage empowering their voice:

- Ask what has worked for them
- Introduce new activities that may align with the interests and values they already have. Example: music, art, peer groups that share similar interest or hobbies
- Develop leadership roles:
 - Peer leadership
 - Young people advisory boards

- Participating in events developed for young people by young people

Closing Remarks:

This toolkit provides a foundational understanding of substance use behaviors in young people, signs and symptoms, ways to identify, screen, and assess for substance use, emerging trends in Massachusetts, and how to have meaningful conversations to support young people around substance use. These topics have touched upon core competencies, identified by OYYAS, that include screening and identification, assessment, intervention, and prevention. This toolkit is the first volume, and many of the OYYAS competencies will be expanded upon in future iterations of this toolkit.

It is hoped that the context shared in this toolkit will be valuable as you continue your work supporting young people in making healthier decisions. Below you will find additional resources offered by OYYAS, IHR, and other providers that can support you.

Thank you for your time, dedication, and hard work in providing substance use services to youth.

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:

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

Trainings can be requested on the IHR website:

Healthrecovery.org

Trainings:

- Youth Substance Use 101
- Introduction to Trauma-Informed Treatment
- Spirit of Motivational Interviewing and Meaningful conversations to support Youth
- Suicide Prevention in Youth Substance Use Treatment
- Youth Substance Use and Co-occurring Disorders
- Exploring Harm Reduction Approaches
- Supporting Youth and Families in Recovery
- Best Practices in Youth and Young Adult Substance Use Treatment

Additional Resources:

Careers of Substance Use website:

<https://careersofsubstance.org/trainings-and-events/list> Toolkit for Pediatric & Primary Care Providers - Boston. (2019, June). <https://files.hria.org/files/SA5829.pdf>

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

Massachusetts Substance Use Helpline. MA Helpline. (2025, April 8).

<https://helplinema.org/> Opioid Response Network. (2025). <https://opioidresponsenetwork.org/>

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

Chestnut Health System. Adolescent Community Reinforcement Approach (ACRA).

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

Screening, brief intervention and referral to treatment (SBIRT). Mass.gov. (n.d.).

<https://www.mass.gov/info-details/screening-brief-intervention-and-referral-to-treatment-sbirt>

References

- Abrams, Z. (2024, March 1). *More teens than ever are overdosing. Psychologists are leading new approaches to combat youth substance misuse*. American Psychological Association. <https://www.apa.org/monitor/2024/03/new-approaches-youth-substance-misuse>
- Adolescent SBIRT. (2015c, May). <https://www.mcpap.com/pdf/S2BI%20Toolkit.pdf>
- American Psychiatric Association. (2013). *Diagnostic and statistical manual of mental disorders* (5th ed.). Washington, DC
- Canada, H. (2022, June 3). *Government of Canada*. Canada.ca. <https://www.canada.ca/en/health-canada/services/publications/healthy-living/substance-use-spectrum-infographic.html>
- Centers for Disease Control and Prevention. (2024, November 22). *Youth high-risk drug use*. Centers for Disease Control and Prevention. <https://www.cdc.gov/youth-behavior/risk-behaviors/youth-high-risk-drug-use.html>
- Cornell Law School. (2000, December 21). *20 U.S. Code § 9402 - definitions*. Legal Information Institute. <https://www.law.cornell.edu/uscode/text/20/9402#1>
- CRAFT. (1999) <https://craftt.org/>
- Early warning signs of teen substance use*. Hazelden Betty Ford Foundation. (2019, November 11) <https://www.hazeldenbettyford.org/articles/warning-signs-teen-substance-use>
- Mcpap. (2015c, May). https://www.mcpap.com/pdf/S2BI_postcard.pdf
- Massachusetts Youth Health Survey (MYHS)*. Mass.gov. (2024, May 23). <https://www.mass.gov/lists/massachusetts-youth-health-survey-myhs>
- Polydrug use*. Polydrug use - Alcohol and Drug Foundation. (n.d.). <https://adf.org.au/reducing-risk/polydrug-use/>
- Recovery Research Institute. (2019b, June 11). *Definitions and terminology*. <https://www.recoveryanswers.org/addiction-101/definitions-terminology/>
- Recovery Research Institute. (2024, September 12). *Recovery 101*. <https://www.recoveryanswers.org/recovery-101/>
- The Recovery Village. (2021, April 8). *Illicit drug use: Dangers, statistics, & addiction treatment*. The Recovery Village Drug and Alcohol Rehab. <https://www.therecoveryvillage.com/illicit-drugs/>
- U.S. National Library of Medicine. (2023, July 8). *Teenagers and drugs: Medlineplus Medical Encyclopedia*. MedlinePlus. <https://medlineplus.gov/ency/article/001975.htm>
- U.S. Department of Health and Human Services. (2024, October 24). *Understanding polysubstance use and how to make health-enhancing choices*. National Institutes of

Health. <https://nida.nih.gov/research-topics/parents-educators/lesson-plans/understanding-polysubstance-use-and-how-to-make-health-enhancing-choices>

Winer, J. M., Yule, A. M., Hadland, S. E., & Bagley, S. M. (2022). Addressing adolescent substance use with a public health prevention framework: the case for harm reduction. *Annals of Medicine*, 54(1), 2123–2136. <https://doi.org/10.1080/07853890.2022.2104922>

SAMHSA. (2023, June 6). <https://www.samhsa.gov/substance-use/what-is-sud>