

Challenges in Adolescent Substance Use Disorder Treatment in States with Legalized Marijuana

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Agenda

- ▶ Background
- ▶ Paradigm Shift
- ▶ 2 Challenges in providing substance use treatment
- ▶ 2 Strategies to address the challenges
- ▶ Considerations for the future

MARIJUANA:

Marijuana refers to the dried leaves, flowers, stems, and seeds from the hemp plant *Cannabis sativa*.

Marijuana contains a compound called tetrahydrocannabinol acid (THCA) which when “activated” with heat to convert (THCA) into a psychoactive chemical Tetrahydrocannabinol (THC.)

Used for medicinal, recreational/personal or industrial purposes



Getting High

- ▶ Joints
- ▶ Bongs & Pipes
- ▶ Blunts & Spliffs
- ▶ Vaporizers/ vape pens
- ▶ Edibles- Foods and drinks
- ▶ Dab rigs/E-nails
- ▶ Cannabis concentrates- Wax, Crumble, Budder Shatter



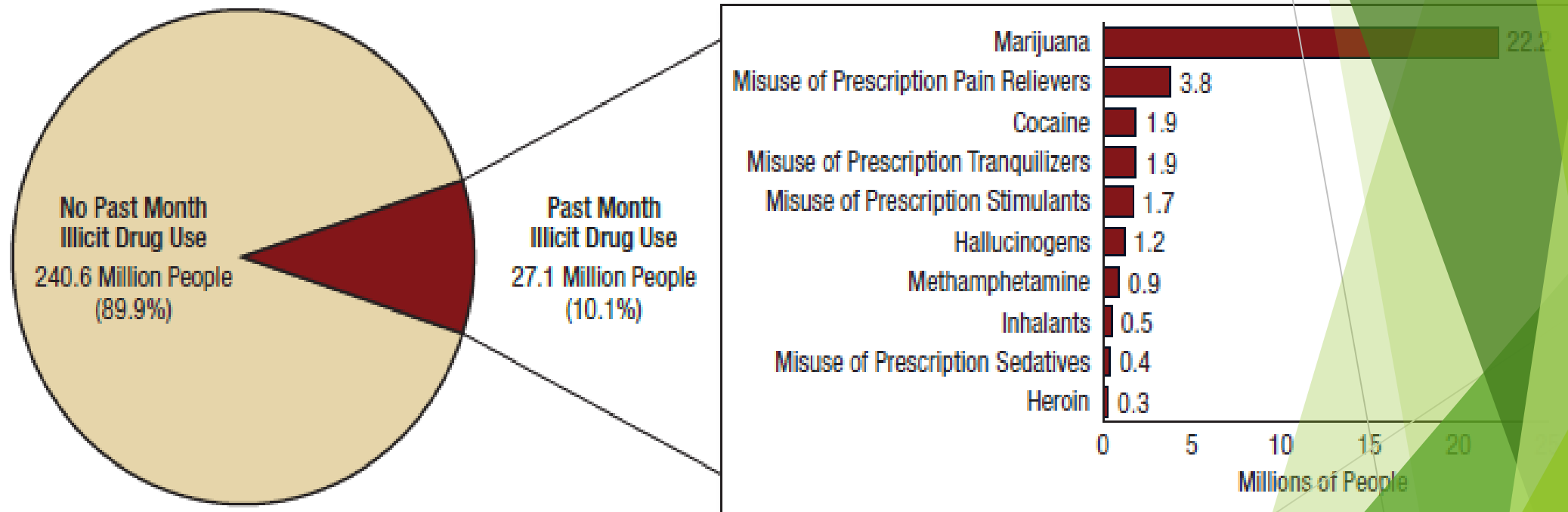
Personal/ Recreational Use

- ▶ To get “High”
- ▶ Enhance state of being i.e. creativity, focus, perspective
- ▶ To relax or decrease stress or anxiety
- ▶ Peer pressure
- ▶ Social acceptance
- ▶ To escape
- ▶ Perceived as safer than other drugs or alcohol
- ▶ Self- medication
- ▶ Pain relief
- ▶ Other individually perceived benefits



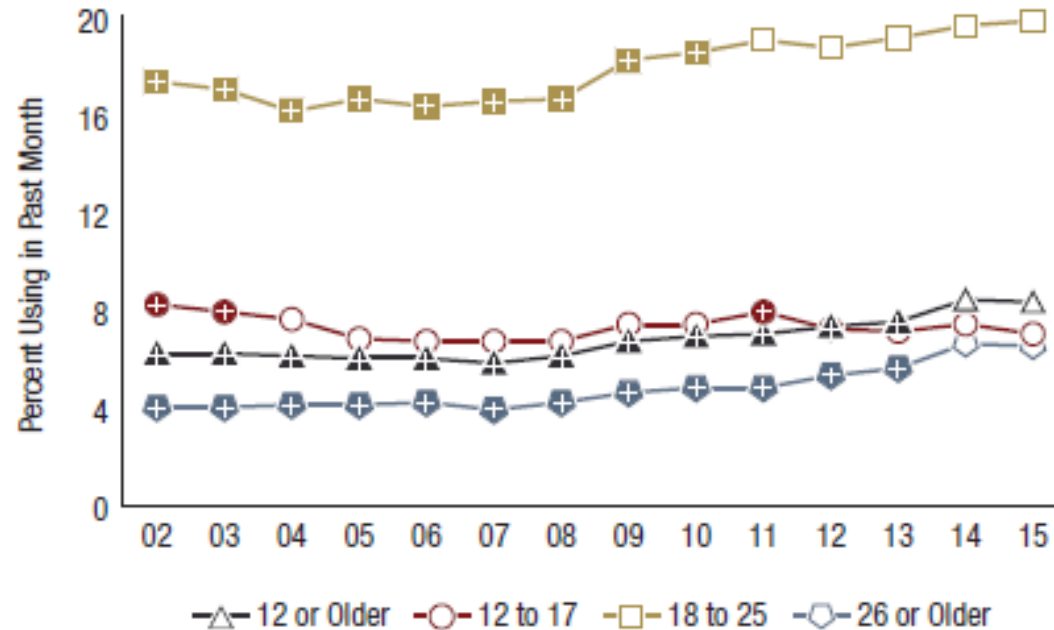
2015- Est. 22.2 million Americans aged 12 and older were current users of Marijuana National Survey on Drug Use and Health (NSDUH)

Figure 1. Numbers of Past Month Illicit Drug Users among People Aged 12 or Older: 2015



Center for Behavioral Health Statistics and Quality. (2016). Key substance use and mental health indicators in the United States: Results from the 2015 National Survey on Drug Use and Health

Figure 3. Past Month Marijuana Use among People Aged 12 or Older, by Age Group: Percentages, 2002-2015



+ Difference between this estimate and the 2015 estimate is statistically significant at the .05 level.

Figure 3 Table. Past Month Marijuana Use among People Aged 12 or Older, by Age Group: Percentages, 2002-2015

Age	02	03	04	05	06	07	08	09	10	11	12	13	14	15
≥12	6.2+	6.2+	6.1+	6.0+	6.0+	5.8+	6.1+	6.7+	6.9+	7.0+	7.3+	7.5+	8.4	8.3
12-17	8.2+	7.9+	7.6	6.8	6.7	6.7	6.7	7.4	7.4	7.9+	7.2	7.1	7.4	7.0
18-25	17.3+	17.0+	16.1+	16.6+	16.3+	16.5+	16.6+	18.2+	18.5+	19.0	18.7	19.1	19.6	19.8
≥26	4.0+	4.0+	4.1+	4.1+	4.2+	3.9+	4.2+	4.6+	4.8+	4.8+	5.3+	5.6+	6.6	6.5

+ Difference between this estimate and the 2015 estimate is statistically significant at the .05 level.

2015 Current Users (NSDUH)

7.0 % (approx. 1.8 million) of adolescents aged 12-17. Similar to the percentages in most years 2004 -2014 Higher than 2002 -2013.

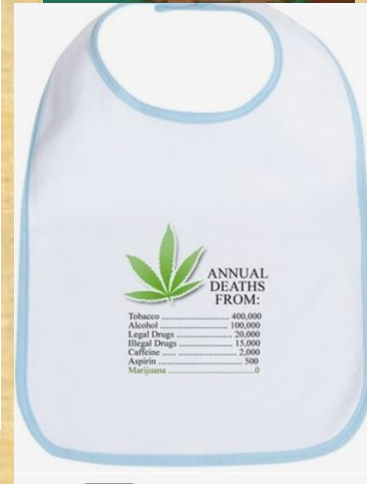
19.8 % (approx. 6.9 million) of young adults aged 18 to 25. Stable with years between 2011 & 2014 but higher than 2002 - 2010.

6.5% (approx.13.6 million) of adults aged 26 and older. Similar to 2014 but higher than 2002-2013.

Paradigm Shift



- ▶ It is “Legal”
- ▶ More socially acceptable to use
- ▶ Decrease in perceived harmfulness
- ▶ Decriminalization
- ▶ Acceptance of Medical Marijuana
- ▶ Prevalent in music, movies, television, communities, social media
- ▶ Source of individual income
- ▶ Taxes for community
- ▶ Acceptance & promotion in American culture
- ▶ Peer, family, & role model influence
- ▶ Availability/opportunity to try
- ▶ Pop culture endorses



ANNUAL DEATHS FROM:	
Tobacco	400,000
Alcohol	100,000
Legal Drugs	20,000
Illegal Drugs	15,000
Coffee	2,000
Aspirin	500
Marijuana	0



Federal Stance on Marijuana



Marijuana is classified as a Schedule I Drug

- ▶ Shares this class with heroin and LSD.
- ▶ Highly addictive
- ▶ No recognized medical value

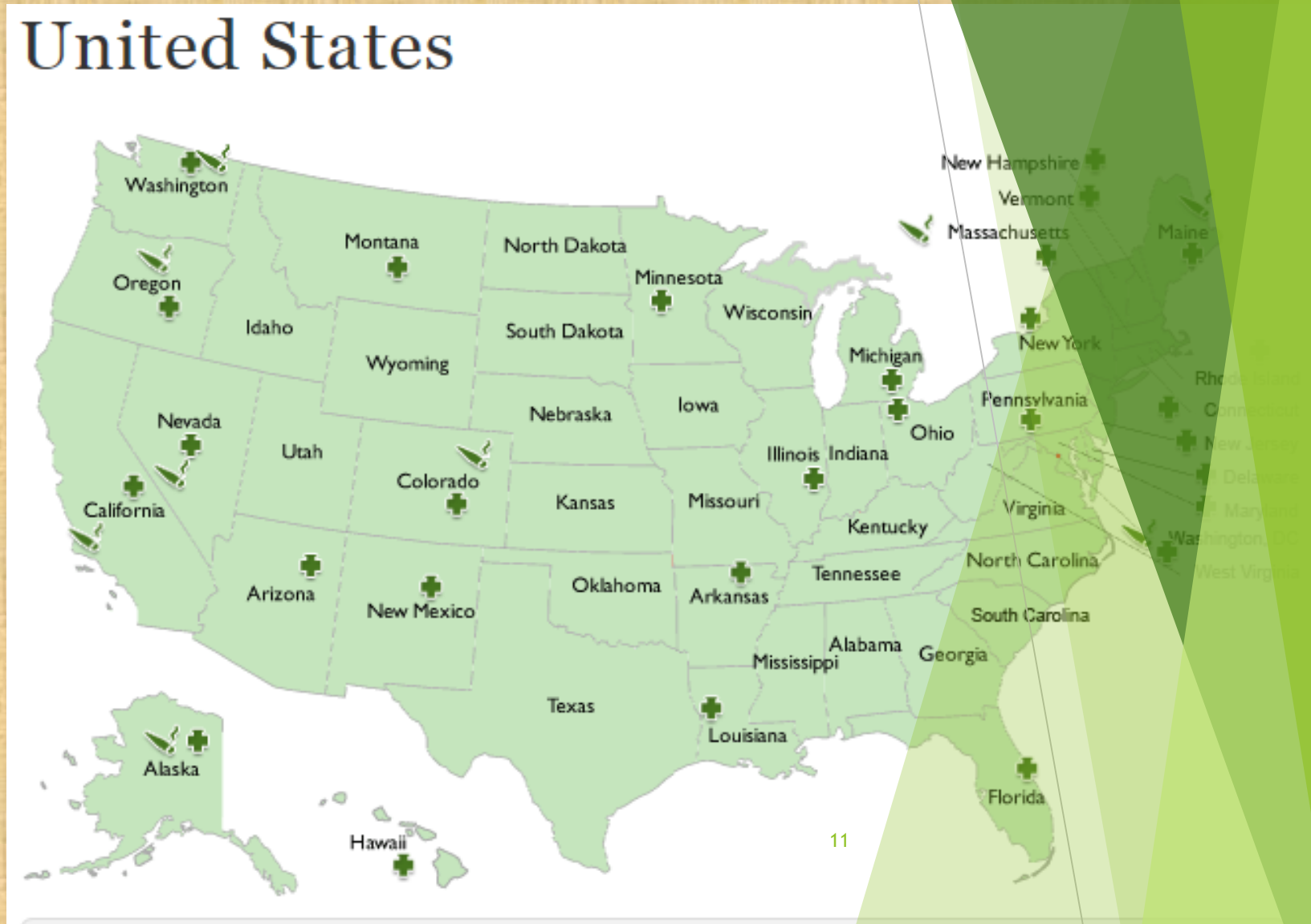
Cole Memo-2013

H.R.1227 - Ending Federal Marijuana Prohibition Act of 2017

- ▶ Aims to exclude marijuana from the Controlled Substances Act-leaving states the authority to regulate the plant .
- ▶ Current Administration stance remains-unclear

State Legalization of Marijuana

- ❖ Medical vs. Recreational
- ❖ 28 states and the District of Columbia have varying medical marijuana legislation. California being the first in 1996.
- ❖ 9 states have legalized personal or recreational use of marijuana
- ❖ State and Federal laws in conflict



Tribal Governments



- ▶ 2014 Wilkinson Memo regarding enforcement of federal drug laws as it applies to marijuana in Indian Country
- ▶ Ambiguous
- ▶ Menominee Tribe in Wisconsin - 2015 voted to legalize
- ▶ Pomo Tribe in California - Yes
- ▶ Cherokee in Oklahoma - No
- ▶ Oglala Sioux Tribe in South Dakota - No
- ▶ Lipay Nation of Santa Ysabel in S. California - Yes

Addressing Adolescent Marijuana Use in Treatment: A Need for Intervention

- ▶ Risks and harm for adolescent use
- ▶ Illegal till age 21
- ▶ Effects on adolescent brain development
- ▶ Cognitive functioning
- ▶ Social
- ▶ Mental Health
- ▶ Increased risk for accidents and injury
- ▶ School performance
- ▶ Develop dependence
- ▶ Increase in risky behavior

2 Challenges in Treating Adolescent Marijuana Use

- ▶ Parent/Caregiver perception of Marijuana
- ▶ Adolescent perception of Marijuana



Parents/Caregiver Perception of Marijuana

- ▶ Parents/caregivers play a primary role in forming their child's attitudes towards drugs and alcohol
- ▶ Parenting skills -inconsistency, unclear expectations, lack of monitoring and communication
- ▶ Lack of information or misinformation regarding about risks and harm of adolescent marijuana use
- ▶ Parents/caregivers affected by their own substance-related issues
- ▶ Parents/caregivers who hold openly or implicitly permissive attitudes toward drugs

Shifts in Adult Perception

- ▶ Gallup Poll - August 8th 2016

U.S. Adults currently using Marijuana increased from 7% in 2013 to 13% in 2016

- ▶ Pew Research Center Survey- Aug. 23-Sept. 2, 2016

57% of U.S. adults say the use of marijuana should be made legal, while 37% say it should be illegal

- ▶ Quinnipiac Poll- February 2017

93% support legalized marijuana for medical purposes if prescribed by a doctor. 59 % support that Marijuana should be made legal in the U.S.

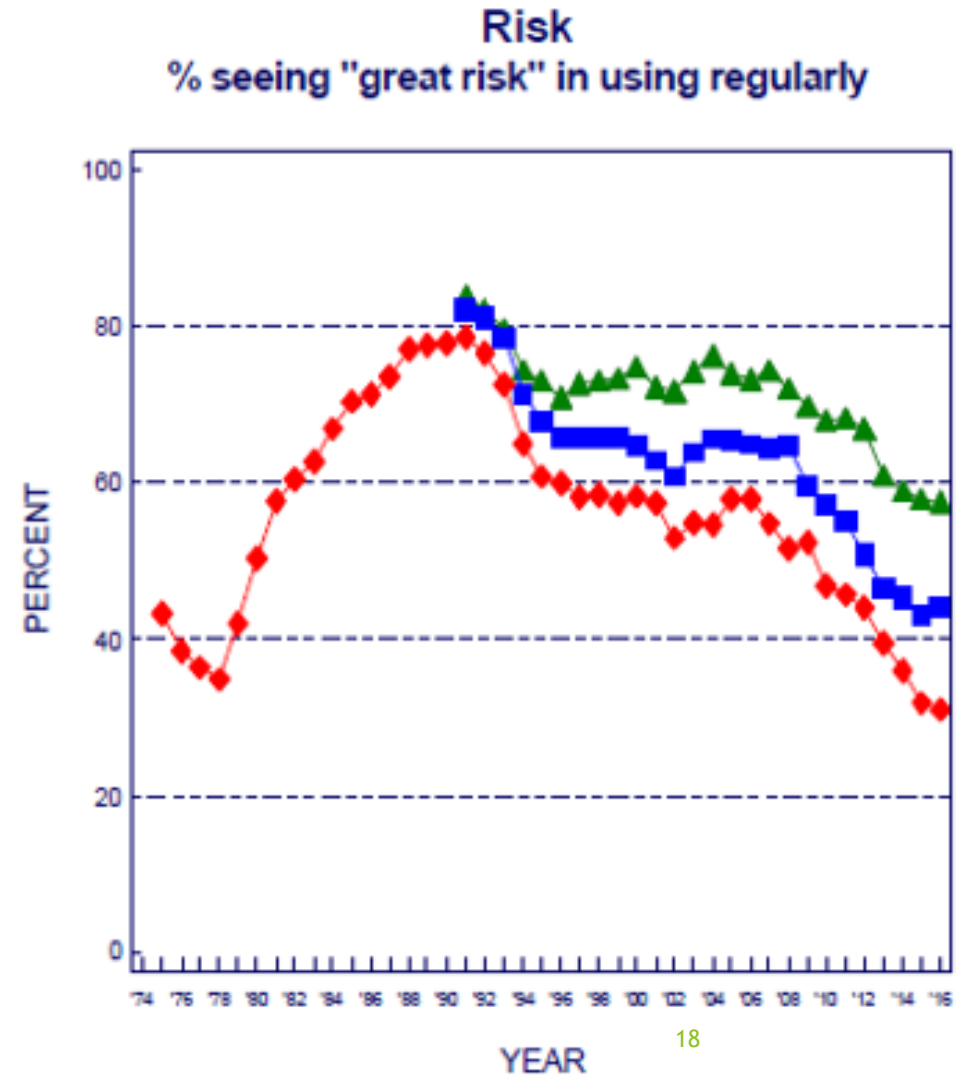


Adolescent Perception of Marijuana

- ▶ Paradigm shift among adolescents 12-17 ?
- ▶ Increase in social acceptance of marijuana use among adolescents
- ▶ Increase in misinformation or lack thereof regarding youth marijuana impacts
- ▶ Decrease in perception of harm
- ▶ Outdated prevention/ abstinence programs can't keep pace with sociocultural changes

2016 Monitoring the Future

Findings show that perceived risk has continued to decline since the mid-2000s in grades 8, 10, and 12.



2 Strategies for Addressing these Challenges

- ▶ Harm Reduction Approach
- ▶ Psycho-Education



Harm Reduction Approach

- ▶ Alternative approach to the abstinence-based approaches or the disease model
- ▶ A spectrum of strategies: safer use, managed use, abstinence, to meet the client where they are.
- ▶ Assumes that the client is the primary change agent and they can be empowered to make positive changes to minimize unhealthy practices
- ▶ It doesn't condone nor condemn behavior
- ▶ Recognizes the realities of ecology and social inequality (poverty, racism, past trauma, etc.) that play a role in one's vulnerability to and capacity for effectively dealing with drug-related harm

Parent/Caregiver Role in Harm Reduction

- ▶ Inform them of their crucial role in post-treatment sustainability
- ▶ Explain the concept of harm reduction interventions
- ▶ Parent/caregiver participation & buy-in
- ▶ May find value in personal application
- ▶ Practical parenting skills to support their child

Harm Reduction Skills for Parent/Caregiver Skills

- ▶ Develop an open dialogue
- ▶ Focus on the child's experience- meet them where they are
- ▶ Listen
- ▶ Refrain from lectures
- ▶ Acknowledge success
- ▶ Be flexible and compassionate
- ▶ Provide clear expectations
- ▶ Be consistent
- ▶ Education to educate
- ▶ Identify social supports

Adolescent Harm Reduction in Treatment

- ▶ Open non-judgmental
- ▶ Client centered approach
- ▶ Discuss their habits & patterns of use
- ▶ Identify drivers to marijuana use
- ▶ Refrain from lectures and demonization
- ▶ Incorporate psycho-education
- ▶ Discuss their home ecology
- ▶ Identify social supports
- ▶ Identify how their marijuana use affects their present & future selves
- ▶ Teach mindfulness/stress management practices

Psycho- Education for Adolescents

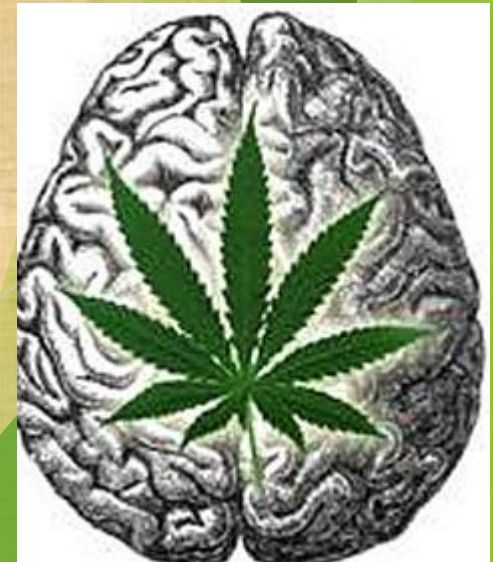
A well informed youth is an
empowered youth....



Psycho- Education for Adolescents



- ▶ Facilitate accurate and informed dialogue with clients to build rapport and credibility
- ▶ Implement a comprehensive curriculum that is research-based and marijuana specific
- ▶ Identify the effects marijuana has on their brain, body, and behavior



Psycho- Education for Adolescents cont.

- ▶ Discuss risks and potential consequences of adolescent marijuana use i.e. marijuana-related infractions
- ▶ Distinguish the use of medical use of marijuana- (requiring a prescription and to be used under supervision.)

Psycho-Education for Parents/Caregiver: Engaging Parents in Treatment

- ▶ Counteract misinformation with factual information
- ▶ Clarifying parent/caregiver expectations around their child's substance use and incorporating in family therapy.
- ▶ Working with parents to identify their roles in addressing their child's substance use. Actions speak louder than words.
- ▶ Educate and discuss with parents about substance use, related behaviors, and consequences of underage use of Marijuana
- ▶ Empower parents/caregivers to encourage and open dialogue with their child and to support their child in making informed decisions
- ▶ Encourage parents to seek and utilize resources and support

Considerations for the Future

- ▶ Shifting further away from the antiquated “just say no” substance abuse prevention and abstinence based disease model to an approach with more progressive research-based information; one that highlights autonomy, empowerment.
- ▶ Widespread legalization and acceptance of marijuana demands a need for an increase in efforts in the areas of medicine, science, education, and public health to gain a reality-based understanding of the complexities of adolescent marijuana use. From there, we can continue to cultivate comprehensive and relevant interventions to address, prevent, and reduce the negative consequences of adolescent marijuana use.
- ▶ The inclusion of an educational component and efforts for harm reduction to empower and support clients to make informed decision in their own best interest.

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