SUBSTANCE USE DISORDERS IN NATIVE AMERICAN YOUTH

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NATIVE AMERICAN SMARTCARE

- Regional partner for Cal-MAP (https://cal-map.org)
  - Focus on San Diego County and tribal clinics throughout California
- Pediatric mental health care access programs help to bridge the gap in access to care
- Program offers
  - Real time consultation for pediatric PCPs with mental health specialists
  - Free education/CME offerings
  - Resource navigation/care coordination

VISTA HILL

NATIVE AMERICAN SMARTCARE

- Additional services (through NASC):
  - Attending clinic treatment team meetings to provide consultations and educational trainings
  - Scheduling direct patient consultations for complex cases

- Provider Consultation Line: **888-987-0960**
- Patient and Caregivers Line: **888-660-6616**
- **nativeamerican.smartcare@vistahill.org**

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LEARNING OBJECTIVES

- Describe the prevalence and patterns of substance use among Native American/Alaska Native (AI/AN) youth
- Identify methods for assessing co-occurring mental health conditions associated with substance use in youth
- Summarize evidence-based treatment options for substance use disorders in youth

WHY THIS TOPIC MATTERS

- AI/AN youth have among the highest rates of early substance initiation in the US
- AI/AN youth experience higher rates of substance use disorders than many peer groups
- Disparities reflect historical, structural, and social factors, not cultural issues
- Early intervention can dramatically reduce morbidity and mortality

EPIDEMIOLOGY

Drug	NA/NI youth	National average
Alcohol	14%	9%
Nicotine	17%	10%
Marijuana	14%	7%
Prescription drugs	6%	3%

Comparison of Native American youth ages 12-17 compared to the national average

On average, double the rates

4 out of 10 Native American youth have a lifetime prevalence of substance use

ENVIRONMENTAL RISK FACTORS

Individual and Family

- Adverse Childhood Experiences (ACEs)
- Parental substance use
- Social determinants of health including housing and poverty

Community and Systems

- Limited access to behavioral health services
- Geographic isolation
- Historical trauma

ADOLESCENCE

- High risk period for developing a substance use problem

- Normative period risk taking, novelty seeking, and impulsive action
- Increase in emotional range, partially related to puberty and hormonal changes
- Greater peer influence
- Separation from parents
- Difficulty in considering negative outcomes

MARIJUANA USE

- Can have effects on adolescent brain development
  - Negative effects on IQ
  - Negative effects on pre-frontal cortex development
- High potency cannabis products and contamination with more potent drugs
- Can worsen underlying psychiatric symptoms
  - Anxiety/depression
  - Psychosis
- Harm reduction model: advocate to delay daily use until adulthood

ALCOHOL USE

- Overall reduction in teen drinking
- Adolescents more likely to engage in binge drinking
  - Important to ask for any use and amount in one sitting
- Genetic predisposition can play an important role
- Alcohol is often used to self-medicate for depression, anxiety, sleep concerns

VAPING

Increases risk of nicotine use later in life

Increases risk of marijuana use later in life

Increased prevalence

- Teens assume safer than smoking cigarettes or marijuana
- Companies advertise flavors that are appealing to teens
- With recent legislation, starting to see reduction in e-cigarette use

OTHER DRUGS

- Methamphetamine, heroin, cocaine, LSD, etc
- Overall low prevalence
- Important to assess for fentanyl exposure risk with any pill not from a pharmacy
- Alcohol and marijuana can be introduction drugs to other more dangerous drugs

BARRIERS TO CARE

- Limited local treatment programs
- Mistrust of systems
- Limited culturally trained providers
- Over focus of abstinence-only program
- Limited use of harm reduction strategies

SCREENING

Use a non-judgmental stance

Language matters

- "what role does this substance play in your life?"
- Curiosity and Connection > Correction

Screening tools:

- CRAFTT
- BSTAD : Brief Screener for Tobacco, Alcohol and other Drugs

OTHER SCREENING QUESTIONS

- Nicotine: “Any vaping in the last 30 days? How soon after waking?”
- Cannabis: “Edibles or vape? How often? Any school impact?”
- Alcohol: “Any binge episodes (≥4/5 drinks)? Riding with intoxicated driver?”
- Pills: “Any non-prescribed pills or ‘from a friend’? Any pressed pills?”
- Safety: “Using alone? Blackouts? Naloxone in the home?”

ROLE OF SCHOOLS AND PRIMARY CARE

Schools

- Prevention programs
- Early identification
- Connection to services

Primary care

- Longitudinal relationships
- Normalization of screening
- Coordination with behavioral health

RISK STRATIFICATION

Low Risk	• Experimental use, no impairment
Moderate Risk	• Regular use, school or family impact
High Risk	• Loss of control, polysubstance use, withdrawal when not using, legal or safety issues

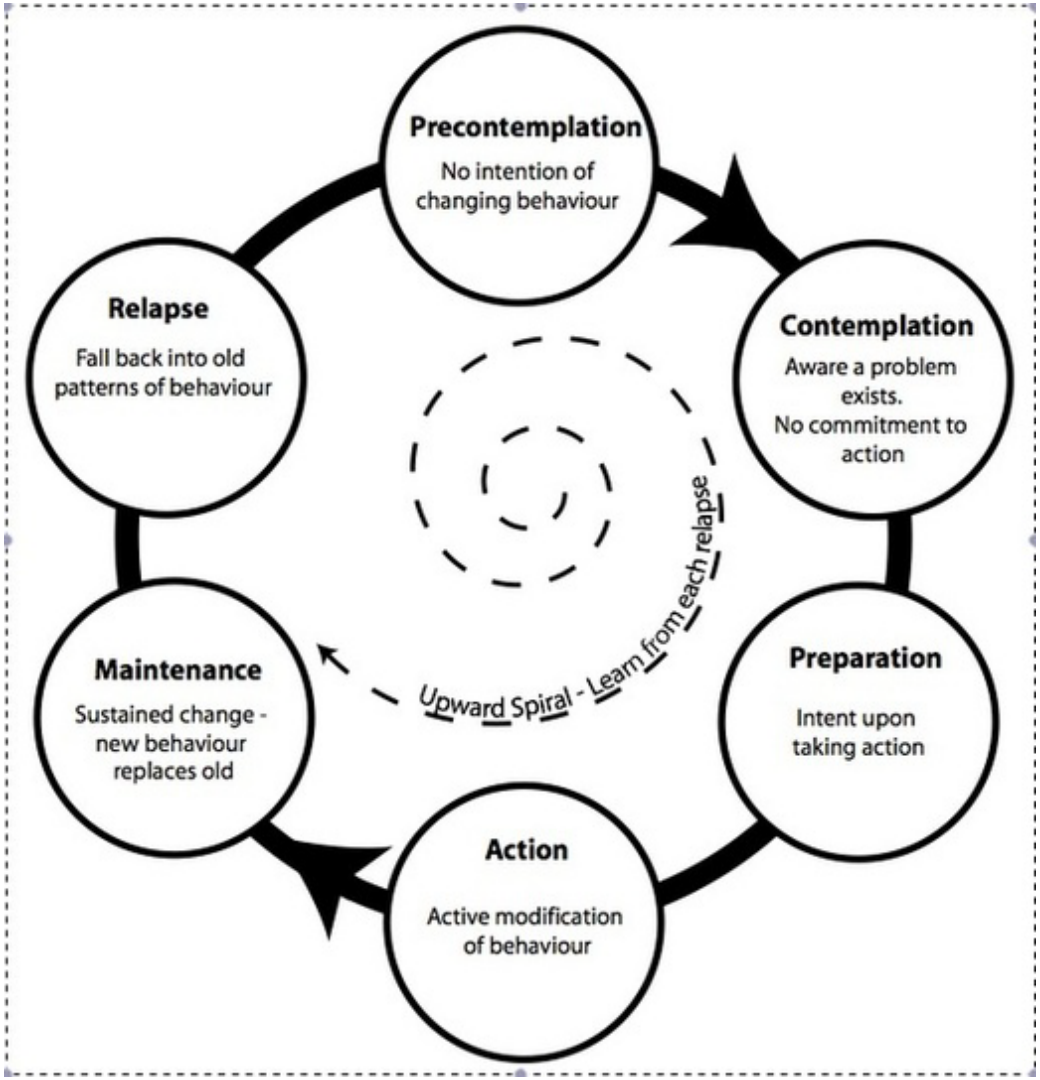
Take into consideration amount and frequency of use as well as level of impairment from use

MOTIVATIONAL INTERVIEWING

- Open discussion that first emphasizes the benefits of using, without judgement, and with curiosity, enthusiasm, and validation
- Once the client has been able to discuss benefits, they often offer downsides on their own, or are more willing to consider downsides (even if the downside is just getting in trouble at school/home)
- Find examples of the client engaging in successful behavior change in the past and highlight those as a reason that the client can change
- Ask on scale of 1-10 how ready client is to quit, and ask why not zero if number is higher than zero
- 5 Rs (All from Patient's Perspective)
- Assess readiness: stages of change

5 R'S FOR SUBSTANCE USE

- Relevance of quitting to the user
- Risks of continued use
- Rewards of quitting
- Roadblocks to quitting
- Repetition of healthy behaviors


Precontemplation
No intention of changing behaviour
Contemplation
Aware a problem exists.
No commitment to action
Preparation
Intent upon taking action
Action
Active modification of behaviour
Maintenance
Sustained change - new behaviour replaces old
Relapse
Fall back into old patterns of behaviour
Upward Spiral - Learn from each relapse

EFFECTIVE TREATMENT

- Integrated behavior health in primary care
- Family based intervention
- School and community prevention programs
- Culturally informed treatments
- Assessing for co-occurring mental health concerns

THERAPEUTIC STRATEGIES

- Harm Reduction vs. Abstinence: Patient-centered care that utilizes praise and rewards for desired behavior change
  - If abstinence is desired, then setting a quit date is imperative
- Simple behavior plans based on MI can be enough in primary care
- Substance Use Groups: Support and strength in numbers
- Alternative Peer Groups: Having fun with peers without substance use, can be faith or culture based vs social gatherings
- Family Involvement: much harder to obtain sobriety when family members are using, engage parents in praise/rewards
- Reduce Idle Time Without Overscheduling: Active involvement in the community and spiritual activities, exercise, focus on identity

INTEGRATING CULTURE INTO TREATMENT

- Collaboration with tribal programs
- Inclusion of elders and cultural mentors (when appropriate)
- Traditional practices
- Strength based identity work
- Culture is not an "add-in" – it is part of the treatment effectiveness

PROTECTIVE FACTORS

- Youth engaged in cultural activities and with their community have lower substance abuse rates
- Strong family and kinship networks
- Participation in traditional practices

CO-OCCURRING MENTAL HEALTH CONCERNS

Depression	Anxiety	PTSD
ADHD	Learning disabilities	School Refusal/Truancy

WHEN TO CONSIDER MAT

- Moderate to severe SUD (per DSM-5-TR criteria)
- Frequent substance use that leads to risky behaviors and/or interferes with schooling
- Substance use that leads to ER visits and/or hospitalization (for physical or mental health)
- Exacerbation of mood/anxiety symptoms due to substances
- Teens who have been unable to stop using on their own
- Adolescents who are motivated to quit and would like extra medical support/guidance
- Teens whose substance use impedes their ability to engage in and benefit from psychosocial therapies.

A FEW MYTHS ABOUT MAT

1. Isn't MAT trading one addiction for another?
2. Doesn't that teach teens that popping a pill is the answer to their problems?
3. Isn't MAT only for people with heavy substance use?
4. Isn't it better just to quit cold turkey?

MAT FOR ADULTS

- Alcohol: naltrexone, acamprosate, disulfiram
  - Non-FDA-approved: gabapentin, topiramate
- Opioids: buprenorphine, methadone, naltrexone
- Opioid overdose prevention: naloxone
- Cannabis: none
  - Non-FDA-approved: N-Acetyl Cysteine, (NAC) gabapentin
- Stimulants (cocaine, methamphetamine): none
  - Non-FDA-approved: bupropion, mirtazapine

FDA APPROVED MAT FOR TEENS

- ONLY buprenorphine (approved for ≥ 16 y/o)
- From 2015-2020, the proportion of teens receiving buprenorphine decreased by 45% nationwide.
  - Yet the rate of death from opioid OD rose nearly fourfold between 2010 – 2021.
  - In 2021, fentanyl was involved in 77% of adolescent OD deaths.
- MAT for OUD: reduces mortality and is associated with greater retention in care among adolescents compared with therapy alone.

MAT FOR TEENS: OFF-LABEL USE

- Several medications for adult SUD can be used for teens.
- Some parents may not feel comfortable without FDA-approval.

- No FDA approval in this age group ≠ medication that is necessarily dangerous for teens.
  - Limited research about the use of MAT for teens compared to its use for adults.

- We frequently use medications off-label for all mental health disorders in child and adolescent psychiatry and are trained to do so as safely as possible.

OTHER MAT OPTIONS FOR TEENS

- Alcohol use disorder (AUD): naltrexone, acamprosate, disulfiram, gabapentin, NAC
- Cannabis use disorder: gabapentin, NAC
- Opioid use disorder (OUD): naltrexone, buprenorphine (Suboxone)
- Opioid overdose prevention: naloxone (Narcan)

NALTREXONE

- Blocks opioid receptors and decreases euphoric effects of alcohol and opiates
- Can reduce cravings and decrease risk of relapse
- Daily pill or as a monthly IM injection (Vivitrol)
- For OUD, must be completely off all opioids for at least 7-10 days to reduce risk of opioid withdrawal symptoms.
- Common side effects: headache, dizziness, nausea
- Note: naltrexone over time may lower a person's tolerance to opioids, thus increasing risk of accidental OD if they take same amount of opioids they used to.

GABAPENTIN

- Has several uses, including seizures, nerve pain, anxiety
- Can be used for mild withdrawal of alcohol and/or cannabis
- Usually dosed up to 3 times/day
- Common side effects: dizziness, drowsiness
- May cause weight gain
- Note: can technically be misused/abused, but with appropriate clinical follow-up and open conversations with the adolescent, it can be quite helpful.

BUPRENORPHINE

- A partial agonist at certain opioid receptors
  - Produces same, albeit weaker, effects as opiates (e.g. euphoria, respiratory depression) that cannot be made stronger even with further increases in dose
  - Prevents other opiates from binding thus no euphoria from heroin, fentanyl, etc.
- Buprenorphine/naloxone (Suboxone)
  - naloxone helps deter misuse as it will precipitate uncomfortable withdrawal symptoms if injected intravenously
- Reduces cravings, decreases risk of relapse, and helps retain the adolescent in treatment

NALOXONE

- Rapidly reverses opioid overdose
- No effect if taken by someone who hasn't used opioids
- Available as nasal spray and injection
- Recently approved over-the-counter
- Many middle and high schools are required to have doses of Narcan available and staff members trained in how to administer it.

N-ACETYL CYSTEINE

- Supplement that has anecdotally been shown to be helpful for impulsivity and to reduce cravings
- Off label use for stimulant, alcohol and cannabis use disorder
- Typically dosed twice per day
- Side effects can include: nausea, sleepiness
- Also used off-label for self-injury and repetitive behaviors

KEY TAKEAWAYS

- Importance of screening early and routinely
- Treat trauma and co-occurring mental health concerns
- Engage family and community in treatment
- Review of Medication Assisted Treatments

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QUESTIONS?