PROVINCIAL YOUTH CONCURRENT DISORDERS PROGRAM
Miley Cyrus – We Can’t Stop

https://www.youtube.com/watch?v=LrUvu1mlWco

What drug is this song about?

How many drug references did you notice?
ROADMAP

- Brief Overview of Youth Concurrent Disorders
- Program Update
- Discussion and questions
Dr. Carol-Ann Saari- Medical Director for the Provincial Youth Concurrent Disorders Program
Concurrent Disorders Definition

• Describes an individual with mental health concerns and co-occurring substance use concerns.
Concurrent Disorders: Outcome

- treatment delay
- misdiagnosis
- inappropriate treatment
- inefficient use of scarce resources
  ... leading to......
Concurrent Disorders: Outcome

• relapse/ re-hospitalization
• poor school performance
• criminal behavior
• high risk behaviors
• self harm & suicide
Challenges in Identifying Concurrent Disorders

• Substance use can mimic ...
• Substance use can initiate or exacerbate...
• Substance use can mask...

Adapted from the Treatment Improvement Protocol Series 9, SAMHSA
Challenges in Identifying Concurrent Disorders

- Withdrawal can cause or mimic...

- Psychiatric and Substance use disorders can independently co-exist...

- Psychiatric behaviors can mimic Substance Use disorders...

Adapted from the Treatment Improvement Protocol Series 9, SAMHSA
Youth are a High Risk Population

Youth ages 15 - 24 were more likely to report suffering from mental illnesses and/or substance use disorders than any other age.

Statistics Can 2003
Prevalence of Concurrent Disorders in Adolescents

- Co-morbidity of psychiatric disorders in the substance use disorders population is between 60-80%

- Co-morbidity of SUD in mental health population is about 20%
Age Matters.....

- Developing brain
- Emotional maturity/regulation
- Risk taking behaviour is more common
- Substance use patterns differ from adults
The Teen Brain

• The pre-frontal cortex is not fully developed until the mid-20’s
• The pre-frontal cortex is “the director” responsible for...
  • Planning
  • Decision making
  • Impulse control
  • Organization
  • Shifting attention
Decision making

- Adolescent brains attribute greater weight to the positives of their proposed decisions than the potential negatives of their decisions, therefore they are more likely to follow through and disregard the potential harms.
Social engagement
Novelty seeking
Youth Patterns of Substance Use

- regular, heavy use (binge drinking = 4-5+ drinks at a time) most common in 17 -24 age group

- Poly-substance use is common

- most report being already intoxicated before trying another drug (usually in a different class)
McCreary Centre Society Adolescent Health Survey (2013)

- 29,000 youth surveyed in BC
- All still in school
- Not in alternative or independent schools
- Surveyed in English
- http://www.mcs.bc.ca/ahs
McCreary Centre Society Adolescent Health Survey (2013)
<table>
<thead>
<tr>
<th>Substance</th>
<th>2008</th>
<th>2013</th>
<th>Change</th>
</tr>
</thead>
<tbody>
<tr>
<td>Alcohol</td>
<td>54%</td>
<td>45%</td>
<td>▼</td>
</tr>
<tr>
<td>Marijuana</td>
<td>30%</td>
<td>26%</td>
<td>▼</td>
</tr>
<tr>
<td>Cigarettes</td>
<td>26%</td>
<td>21%</td>
<td>▼</td>
</tr>
<tr>
<td>Pills (presc.)</td>
<td>15%</td>
<td>11%</td>
<td>▼</td>
</tr>
<tr>
<td>Hallucinogens</td>
<td>9%</td>
<td>6%</td>
<td>▼</td>
</tr>
<tr>
<td>Mushrooms</td>
<td>8%</td>
<td>5%</td>
<td>▼</td>
</tr>
<tr>
<td>Cocaine</td>
<td>4%</td>
<td>3%</td>
<td>▼</td>
</tr>
<tr>
<td>Inhalants</td>
<td>4%</td>
<td>2%</td>
<td>▼</td>
</tr>
<tr>
<td>Amphetamines</td>
<td>3%</td>
<td>2%</td>
<td>▼</td>
</tr>
<tr>
<td>Steroids</td>
<td>2%</td>
<td>1%</td>
<td>▼</td>
</tr>
<tr>
<td>Heroin/injected</td>
<td>1%</td>
<td>1%</td>
<td>▲</td>
</tr>
</tbody>
</table>
Trends – Type of drug

• Synthetic drug use is concerning but use is not increasing (K2, Spice, bath salts)
• Abuse of prescription and OTC drugs remains a concern (Adderall, Vicodin, dextromethorphan)
• Downward trend in abuse of inhalants, cocaine, crack cocaine
• Cigarette smoking is declining.
Age at first use

<table>
<thead>
<tr>
<th></th>
<th>CADUM 2012</th>
<th>Nat’l survey on drug use and health</th>
<th>McCreary</th>
</tr>
</thead>
<tbody>
<tr>
<td>Marijuana</td>
<td>16.1</td>
<td>15</td>
<td>14</td>
</tr>
<tr>
<td>Alcohol</td>
<td>16.2</td>
<td></td>
<td>14</td>
</tr>
<tr>
<td>Tobacco</td>
<td></td>
<td></td>
<td>14</td>
</tr>
</tbody>
</table>

Most sources suggest 14, across the board
Age Of First Use

• Early drug use > later substance abuse problems

• ^ risk for later developing MH issues

• NIH-funded study links long-term marijuana use, especially when started during adolescence, with decreased IQ and impaired cognitive function (September 10/2012)
What about marijuana?

6.5% of twelfth graders smoke marijuana every day
Why?

Marijuana Perceived Risk vs. Past Year Use by 12th Graders

Source: University of Michigan, 2013 Monitoring the Future Study
Beliefs of youth using MJ

- lack of supportive family networks
- failure of medical system to help
- few people to turn to for help
- Observed others use of MJ to deal with difficult symptoms or circumstances incl parents and other significant adults in their life.
- Given advice from other teens that MJ could help

Bottorff, Johnson, Moffatt and Mulvogue April 2009
Why Do Youth Use Substances?
### McCreary Centre Society Adolescent Health Survey (2013)

#### Reasons for using substances the last time (among youth who ever used alcohol or other drugs)

<table>
<thead>
<tr>
<th>Reason</th>
<th>Males</th>
<th>Females</th>
</tr>
</thead>
<tbody>
<tr>
<td>I wanted to have fun</td>
<td>60%</td>
<td>69%</td>
</tr>
<tr>
<td>My friends were doing it</td>
<td>29%</td>
<td>37%</td>
</tr>
<tr>
<td>I wanted to try it/experiment</td>
<td>27%</td>
<td>29%</td>
</tr>
<tr>
<td>Because of stress</td>
<td>16%</td>
<td>25%</td>
</tr>
<tr>
<td>I felt down or sad</td>
<td>11%</td>
<td>21%</td>
</tr>
<tr>
<td>I felt like there was nothing else to do</td>
<td>9%</td>
<td>10%</td>
</tr>
<tr>
<td>To manage physical pain</td>
<td>5%</td>
<td>7%</td>
</tr>
<tr>
<td>I was pressured into doing it</td>
<td>3%</td>
<td>4%</td>
</tr>
<tr>
<td>I thought it would help me focus</td>
<td>3%</td>
<td>3%</td>
</tr>
<tr>
<td>Because of an addiction</td>
<td>2%</td>
<td>2%</td>
</tr>
<tr>
<td>I didn’t mean to do it</td>
<td>1%</td>
<td>1%</td>
</tr>
<tr>
<td>To change the effects of some other drug(s)</td>
<td>1%</td>
<td>1%</td>
</tr>
<tr>
<td>Other</td>
<td>21%</td>
<td>16%</td>
</tr>
</tbody>
</table>
Why youth use

1. **Social** motives are associated with recreational use; sensation seeking

2. **Coping** motives are associated with the idea of therapeutic use or self medicating.
   - Calming, relieves tension
   - Reduce suffering (physical and psychological pain)
   - Relieves boredom
   - Makes one feel better

Bottorff, Johnson, Moffatt and Mulvogue April 2009- interviewed 20 regular users
Concurrent Substance Use and Mental Disorders in Adolescents: A Review of the Literature on Current Science and Practice

C.E. Adair, MSc. PhD. February 6, 2009
Risk Factors for Concurrent Disorders

- Poverty
- Availability of substances
- Cultural and social norms about substance use
- Association with using peers
- Association with deviant peers
- Rejection by peers
- Low self esteem
- Acute or chronic stress
- Attitudes toward substance use
- Sensation seeking personality
- Learning disability
- Social problems at school
- School failure
- Low commitment to school
- Family Conflict
- Divorce
- Trauma/violence/abuse
- Parental disinterest
Protective Factors for Concurrent Disorders

• Positive peer relationships
• Strong social orientation

• Connectedness to school
• Involvement in school/ extracurricular activities

• Social support from positive adults
• Good supervision

• Verbal communication skills
• Intelligence
• Easy temperament
• Social and problem solving skills
• Positive self esteem
• Anti-substance beliefs
• Belief in pro-social norms and values
• Positive attitude
Continuum of Substance Use

- Non-Use
- Experimental
- Social/Recreational
- Situational
- Intensive/Abuse
- Dependence/”Addiction”

5% of BC students who have used drugs felt they needed help for drug use in the past year (McCreary 2013)

Source: Kaiser Foundation
DSM 5
Within a 12-month period, at least two out of 11:

1. Recurrent use in **Hazardous situations**
2. Evades major role obligations at work, school or home
3. Resultant **Personal/social problems.**
4. **Cravings**
5. **Withdrawal**
6. Use in larger **Amounts** or over a longer period than was intended
7. Important **Social, occupational, or recreational activities** are given up or reduced
8. **Tolerance**
9. A great deal of **Time** is spent procuring, using or recovering from its effects
10. Persistent desire or unsuccessful **Efforts** to cut down or control use
11. Use continues **Despite physical or psychological consequences**
Best Practices
Best Practices for SU and Concurrent Mental Health in Youth

Approach/philosophy
- Accepting, respectful, non-judgmental approach
- Integrated, flexible, open ended
- Familiarity with youth reality and language (harm reduction)
- Client centered treatment with client/treatment matching
- Understanding and acceptance of relapse
- Culturally responsive
- Family involvement, addresses diverse family needs
- Collaboration between care providers

Location/Access
- Direct staff outreach
- Accessibility to youth as they need it (24 hours/d)
- Few barriers to entry
- Least intrusive environment
- Safe, secure, comfortable treatment environment

Health Canada 2002
Practice Parameter for the Treatment of Children and Adolescents with SUD

Psychosocial treatments:

• Family therapy
• Cognitive Behavior Therapy
• Motivational Interviewing
• Self-Help support groups
• 12 step

Buckstein and Arnold, 2005
Journal of AACAP
Best Practices in Medication Use

- Consider for “psychiatrically complicated” individuals not responding to other measures.
- Initiate and maintain for those with “serious and persistent mental illnesses” regardless of continuing substance use.
- Always accompanied by appropriate non-medication treatment strategies.
- Interactions between prescribed and non-prescribed drugs need to be considered.

Best Practices for Concurrent Mental Health and Substance Use Disorders
Health Canada 2002
Provincial Youth Concurrent Disorders Program
Provincial Youth Concurrent Disorders Program

WHO WE ARE:
• A provincial tertiary level outpatient program made up of a multidisciplinary team specializing in youth mental health and substance use

WHO WE SEE:
• Youth age 12 – 24
• Require referral from physician or nurse practitioner
• 604-875-2345 local 5332; http://www.bcmhsus.ca

WHAT WE OFFER:
• Assessments
• Specialized treatment
• Resource Consults to Professionals
<table>
<thead>
<tr>
<th>Name</th>
<th>Position</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Debra Headley</strong></td>
<td>Program Director</td>
</tr>
<tr>
<td><strong>Dr. Carol-Ann Saari</strong></td>
<td>Psychiatrist/ Medical Director</td>
</tr>
<tr>
<td><strong>Dr. Rosalind Catchpole</strong></td>
<td>Psychologist</td>
</tr>
<tr>
<td><strong>Jennifer Toomey</strong></td>
<td>Nurse Clinician</td>
</tr>
<tr>
<td><strong>Boyd Folkard</strong></td>
<td>Clinical Counselor</td>
</tr>
<tr>
<td><strong>Elizabeth Kay</strong></td>
<td>Social Worker</td>
</tr>
<tr>
<td><strong>Marianna Nicholson</strong></td>
<td>Administrative Assistant</td>
</tr>
<tr>
<td><strong>Alex Leslie</strong></td>
<td>Social Worker</td>
</tr>
</tbody>
</table>
PYCD Intake Criteria

- Age between 12 and 24
- Evidence of current mental health symptoms
- Evidence of problematic substance use symptoms within the past 6 months
- Evidence of moderate to severe functional impairment in 1 or more of the following:
  - School
  - Work
  - Family life
  - Peer relationships
  - Legal
  - Housing
  - Self care
- Client is aware of referral and willing to participate in the concurrent disorders consultation
Guided by: establishing Best Practices; research

- Medication Management
- Seeking Safety
- Dialectical Behavior Therapy
- Cognitive Behavior Therapy
Education/Teaching

• Psychiatry – MSI’s, Psychiatry residents, Pediatric residents, Adolescent medicine residents
• Psychology
• Social work
• Nursing
• Clinical Counseling
Knowledge Exchange provincially

- Secondary and tertiary care providers
  - Kelty Pinwheel series, In the Know
  - Youth Service providers Meeting
  - Youth CD Network
  - Conferences, workshops
A Reason to Hope

The Journal of Neuroscience, December 1, 2001, 21(23): 9414-9418
“VIP RESOURCE”
Substance Resources

• Kelty Mental Health Resource Center [www.keltymentalhealth.ca](http://www.keltymentalhealth.ca)

• Here to Help CD **fact sheets** and You and Substance Use **toolkit** [www.here tohelp.bc.ca](http://www.here tohelp.bc.ca)

• Substance Abuse and Mental Health Services Administration **educational website** [www.samhsa.gov](http://www.samhsa.gov)

• National Institute on Drug Abuse **Research Reports** [www.drugabuse.gov](http://www.drugabuse.gov); [www.teens.drugabuse.gov](http://www.teens.drugabuse.gov)

• National Institute on Alcohol Abuse and Alcoholism **educational website** [www.niaaa.nih.gov](http://www.niaaa.nih.gov)

• D+A **referral line**: Lower Mainland: 604-660-9382, BC: 1-800-663-1441, Yukon: 1-866-980-9099
Mental Health Resources

• Kelty Mental Health Resource Center education, support www.keltymentalhealth.ca

• Mindcheck educational youth site www.mindcheck.ca

• Mindshift app for anxiety www.anxietybc.com

• www.mindyourmind.ca Youth created site with resources, tools and info on mental health and substance use

• www.teenmentalhealth.org educational site on youth mental health
Youth and Family Resources

- FORCE – Parent/Youth in Residence – http://www.forcesociety.com
- From Grief to Action Coping Kit http://fgta.ca
- Parents Together and Parents Forever support groups– http://www.bgc-gv.bc.ca
- Recognizing Resilience: a workbook for parents and caregivers of teens using substances (VIHA) (via Kelty website)
- Youth in BC: a youth centered mental health and crisis website www.youthinbc.com
- Alanon - http://al-anon.alateen.org
- Naranon - http://www.nar-anon.org/naranon
“The most significant predictor of treatment success is...

an empathetic, hopeful, continuous treatment relationship.”

K. Minkoff.
Questions ??