

Interim Study: Adolescent Substance Abuse

BRITTNE THOMPSON, LCSW, YOUTH SUBSTANCE ABUSE THERAPIST

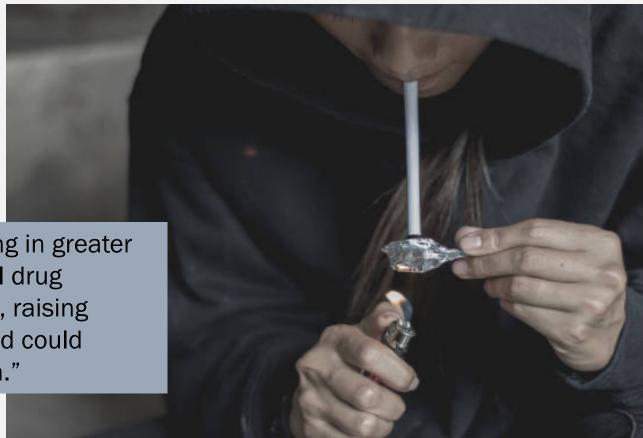
STEPHANIE MORCOM, BS, ARISE® INTERVENTIONIST INTERN "For decades, we've seen overdose rates rising among adults, and teens have been insulated from that, and now, for the first time, the overdose crisis is reaching teens as well."

- JOE FRIEDMAN public health researcher at the University of California, los Angeles

What is the problem?

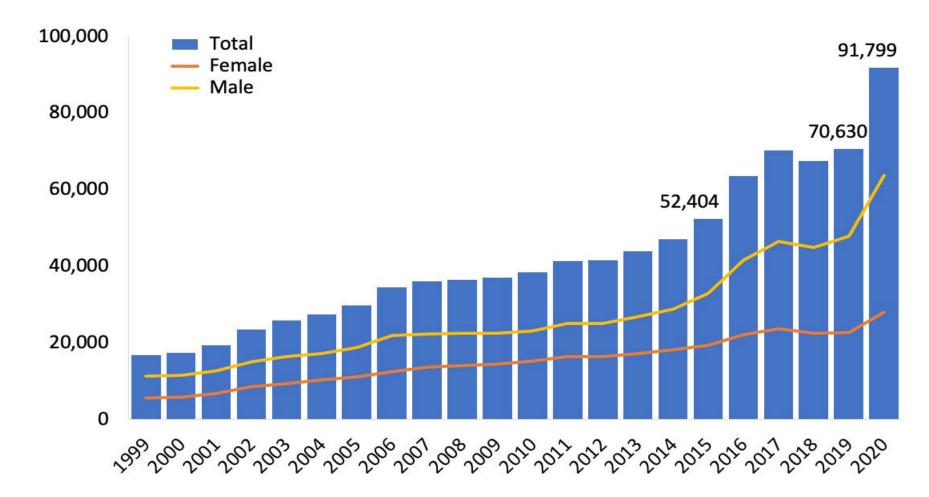


NEWS: Teen drug overdose deaths rose sharply in 2020, driven by fentanyl-laced pills



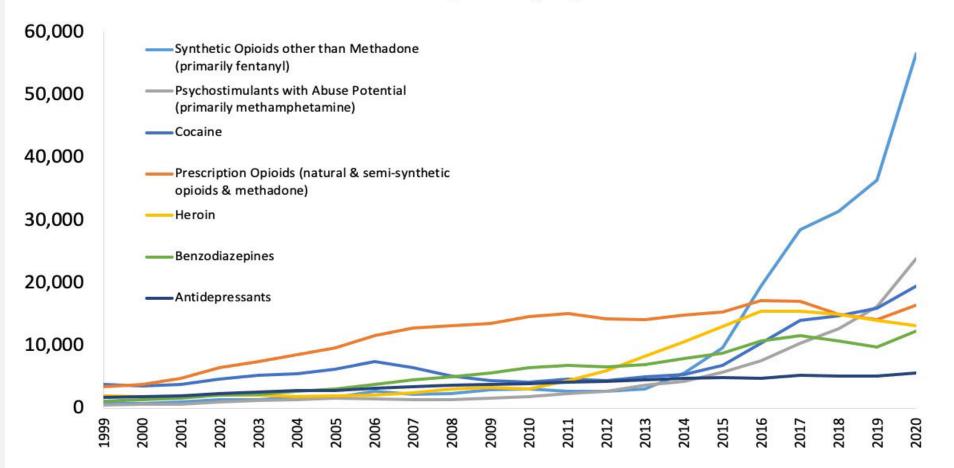
"Teens started dying in greater numbers from fatal drug overdoses in 2020, raising alarm that the trend could continue or worsen."

Figure 1. National Drug-Involved Overdose Deaths* Number Among All Ages, by Gender, 1999-2020



*Includes deaths with underlying causes of unintentional drug poisoning (X40–X44), suicide drug poisoning (X60–X64), homicide drug poisoning (X85), or drug poisoning of undetermined intent (Y10–Y14), as coded in the International Classification of Diseases, 10th Revision. Source: Centers for Disease Control and Prevention, National Center for Health Statistics. Multiple Cause of Death 1999-2020 on CDC WONDER Online Database, released 12/2021.

Figure 2. National Drug-Involved Overdose Deaths*, Number Among All Ages, 1999-2020



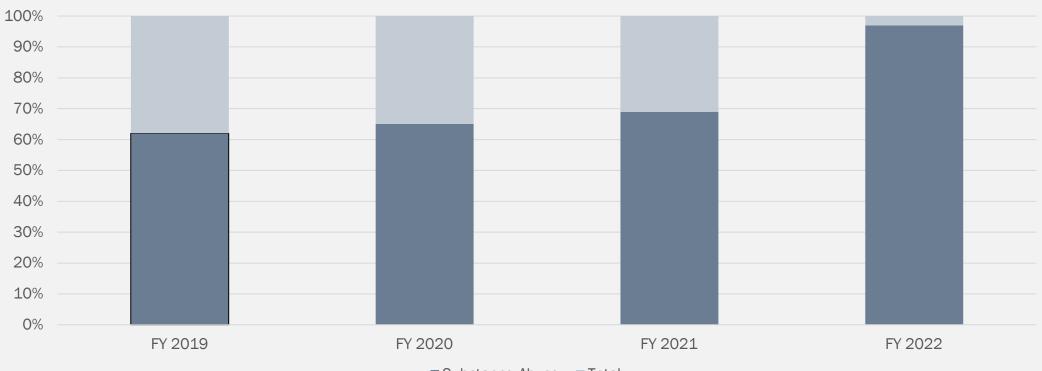
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Adolescent Substance Abuse in OK

- •40% of the youth who need mental health services and **80% of youth who need substance abuse services are not receiving them.**
- •66% of boys and almost 75% of girls in juvenile detention have at least one mental health disorder.
- Most recent data from Oklahoma's Office of Juvenile Affairs shows there has been a significant increase in substance abuse issues among adolescents in placement.



OJA Placements



■ Substance Abuse ■ Total

NEWS: Teen Overdose Deaths Have Soared, Even Though Drug Use Hasn't

According to the study, drugs like the highly potent fentanyl accounted for 77% of teen overdose deaths in 2021, and the mortality rate tied to such substances increased by 169% between 2019 and 2020.

What is Fentanyl?

•About 50-100 times more potent than morphine and 50 times more potent than heroin

- •Sold as powders and nasal sprays, and increasingly pressed into pills made to look like legitimate prescription opioids
- •Mixing fentanyl with other drugs including heroin, methamphetamine, and cocaine



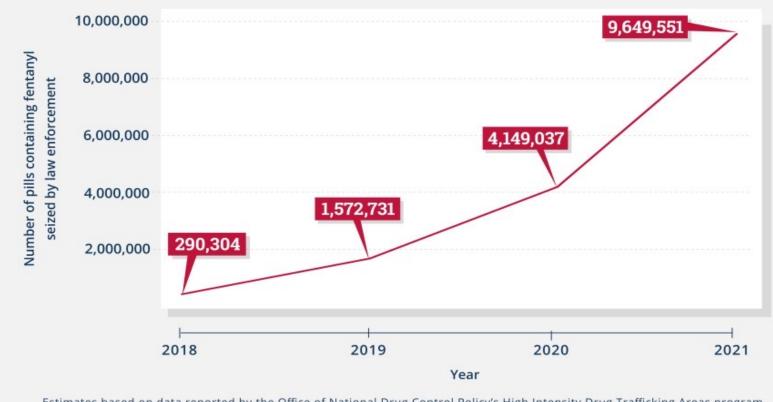


9 out of 10 adults with substance use disorders, started using before the age of 18

Rainbow Fentanyl



Number of Pills Containing Fentanyl Seized by Law Enforcement in the United States, 2018 – 2021



Estimates based on data reported by the Office of National Drug Control Policy's High Intensity Drug Trafficking Areas program

Reference: JJ Palamar, et al. Drug and Alcohol Dependence. DOI: 10.1016/j.drugalcdep.2022.109398 (2022)

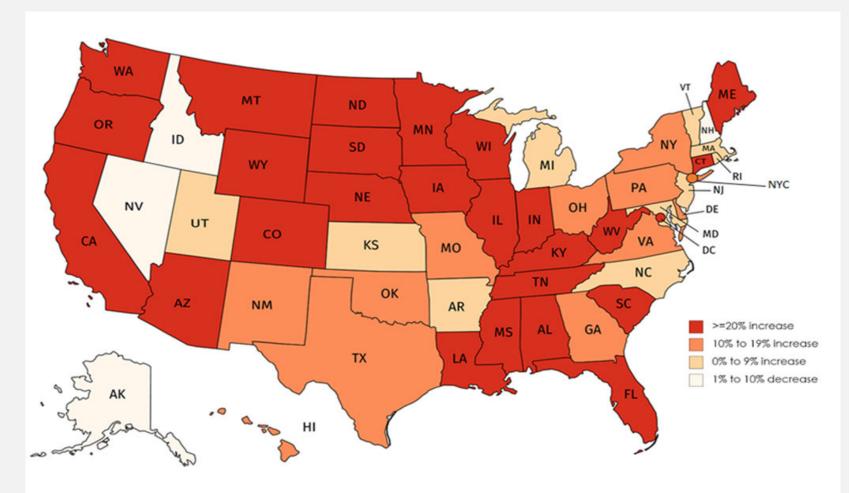


nida.nih.gov

SEE REFERENCE: 6

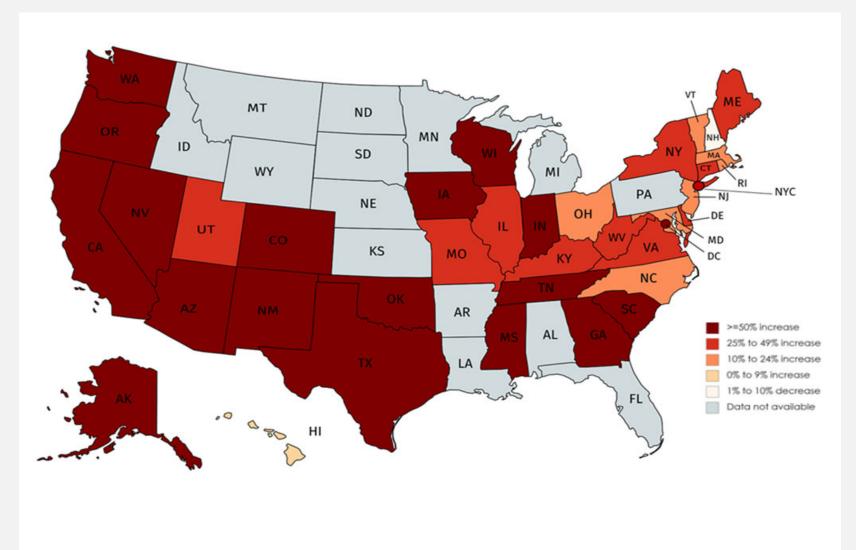
FATAL DRUG OVERDOSES

Percentage change in 12-months ending provisional data on all fatal drug overdoses (June 2019 to May 2020)



FATAL OVERDOSE: SYNTHETIC OPIODS

Percentage change in 12-months ending provisional count on synthetic opioid overdoses (June 2019 to May 2020)



What is being done?

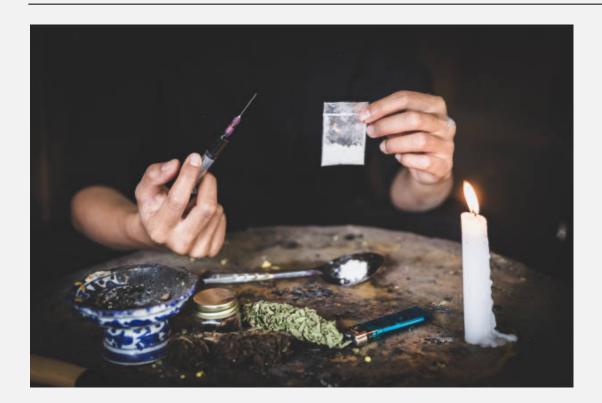


Levels of Care

- Education/Early Intervention
- •Detox 3 to 14 days
- Residential 28 days to six months +
- Partial Hospitalization minimum of 3 hours per day, 5 days per week
- Intensive Outpatient 3 to 5 times a week for 3 to 4 hours each day, and typically runs for 5 to 8 weeks.
- •Outpatient 1 to 2 hours per week
- Sober Living



Treatment Options in Oklahoma



- Education/Early Intervention
- •Outpatient Mental Health and Substance Abuse
- Residential

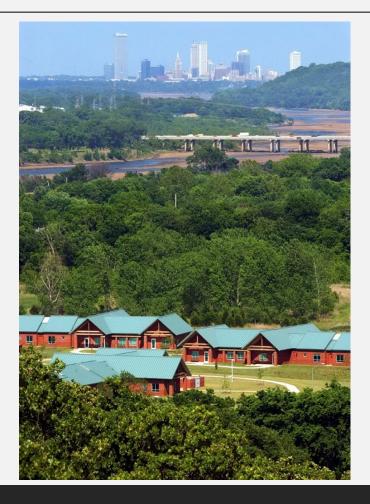
Treatment Options – Tulsa Boys Home (TBH)

•Criteria for Admissions:

- Placed by parents or legal guardians
- Must be willing
- Ages 13-17
- Non Violent / No Self Harm
- In DHS custody or have a substance abuse disorder

Tulsa Boys Home

- Have contract with ODMHSA
- Admit around 50 adolescents each year
- Average of length of stay post Covid is 5 months
- 24 beds



Treatment Options – Children's Recovery Center (CRC)

Criteria for Admissions:

- Placed by parents or legal guardians
- Must be willing
- Ages 13-17
- Substance abuse disorder persistent and escalated use

Children's Recovery Center

- Full Capacity 12 female beds, 9 male beds
 - Current capacity 6 female beds, 6 male beds
- Average stay is 4-6 but it is recommended 8-10 weeks
- ODMHSA ran and funded

What are the barriers?



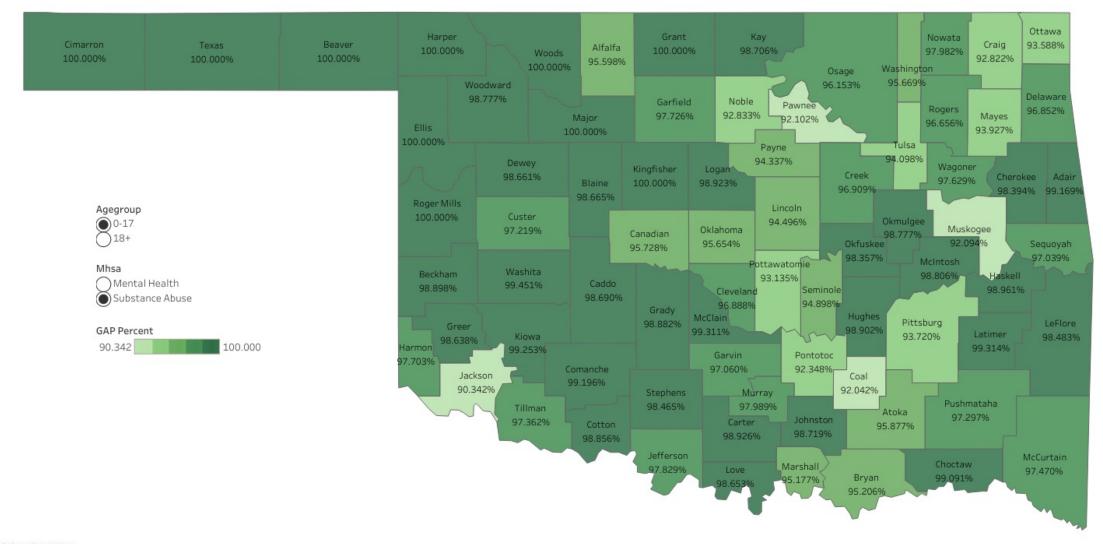
Barriers to Treatment



•Rural parts of Oklahoma are severely lacking services

•There are minimal IOP, PHP or Outpatient providers in parts of Oklahoma

Percent Untreated in Oklahoma



Barriers to Treatment Cont'd



•A minor may complete treatment and come home to little support

•Lack of data – not tracking

•Medicaid reimbursement rate

Barriers to Residential Treatment

•Child must be willing

Staffing

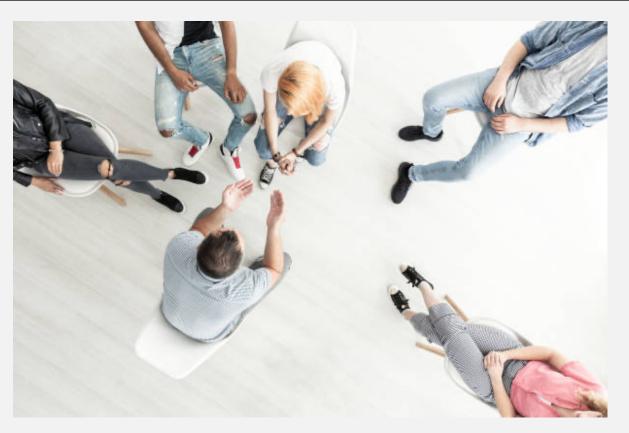
Longevity of treatment

•Gender specific

•Denied based on delinquent history

Waitlist

•No Detox



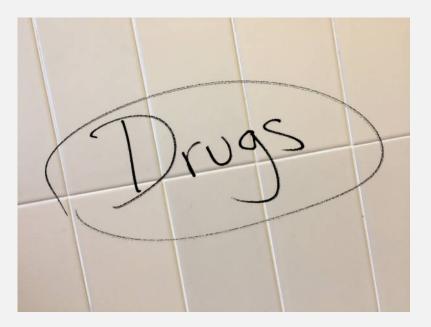
Adolescent Detox

•Known facilities in OK:

- Parkside Psychiatric Hospital and Clinic (Tulsa, OK)
- St. Anthony's Hospital (Oklahoma City, OK)

•Barriers:

• Must meet criteria for crisis stabilization – psychiatric



Implications of Not Treating



- •Likely higher crime rates
- Incarceration in adolescence that may lead to further incarceration in adulthood
- •Expected increase in teen deaths caused by overdose

What more needs to be done?



CDC Recommendations

1. Expand the provision and use of naloxone and overdose prevention education

2. Expand access to and provision of treatment for substance use disorders

3. Intervene early with individuals at the highest risk for overdose

4. Improve detection of overdose outbreaks due to fentanyl, novel psychoactive substances (e.g., fentanyl analogs), or other drugs to facilitate an effective response

Recommendations

• Develop sober living programs for adolescents

Develop and/or expand adolescent detox programs

- Provide a safe detox in places where adolescents with an opioid use disorder are being placed, i.e. CRC, TBH, and detention centers
- •Expand substance abuse inpatient and outpatient programs
 - Rural providers
 - Utilize existing facilities OJA placements
 - Implement evidence based approach to opioid addiction Cor 12 (Medication, Therapy, 12 Step group)

•Use data tracking systems to monitor trends and outcomes

•Consider increasing Medicaid reimbursement rates

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