

NFSTAC PRESENTS

RETHINKING SUBSTANCE USE

An Earlier and Broader Approach and What Parents Need to Know Early On

Greg Dicharry

Youth Empowerment Director
Magellan Healthcare

Producer / Director
SmileStyle Entertainment

gddicharry@magellanhealth.com

Linda Richter, Ph.D.

**Vice President, Prevention
Research and Analysis**
Partnership to End Addiction

lrichter@toendaddiction.org

Wednesday, February 16, 2022

2:00-3:30 ET

DISCLAIMER

The National Family Support Technical Assistance Center of Excellence (COE) Grant #1H79F6000160-Fam-CoE is supported by SAMHSA of the U.S. Department of Health and Human Services (HHS) as part of a financial assistance award with 100% funding by SAMHSA/HHS.

The contents herein are those of the author(s) and do not necessarily represent the official views, nor are an endorsement of, SAMHSA/HHS or the U.S. government. The National Federation of Families and the National Family Support Technical Assistance Center do not endorse any product presented.



THE CURRENT STATE OF YOUTH SUBSTANCE USE

Rates of past-year substance use among 8th, 10th, & 12th graders:

Monitoring the Future Study, 2021

- Alcohol: 30.2%
- Nicotine Vaping: 19.2%
- Marijuana: 17.9%
- Other Illicit Drugs: 5.6%



WHY WE FOCUS ON ADOLESCENTS

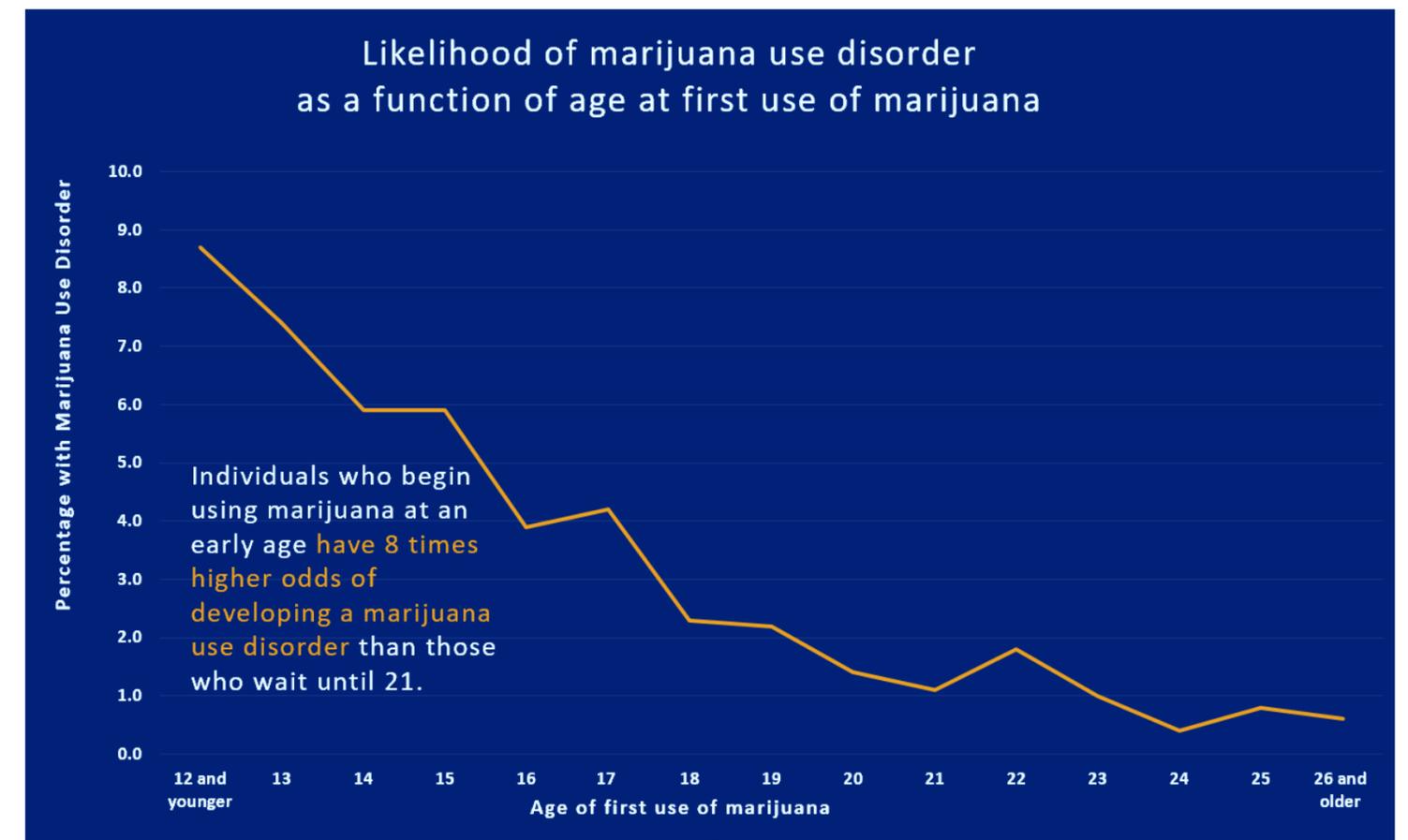
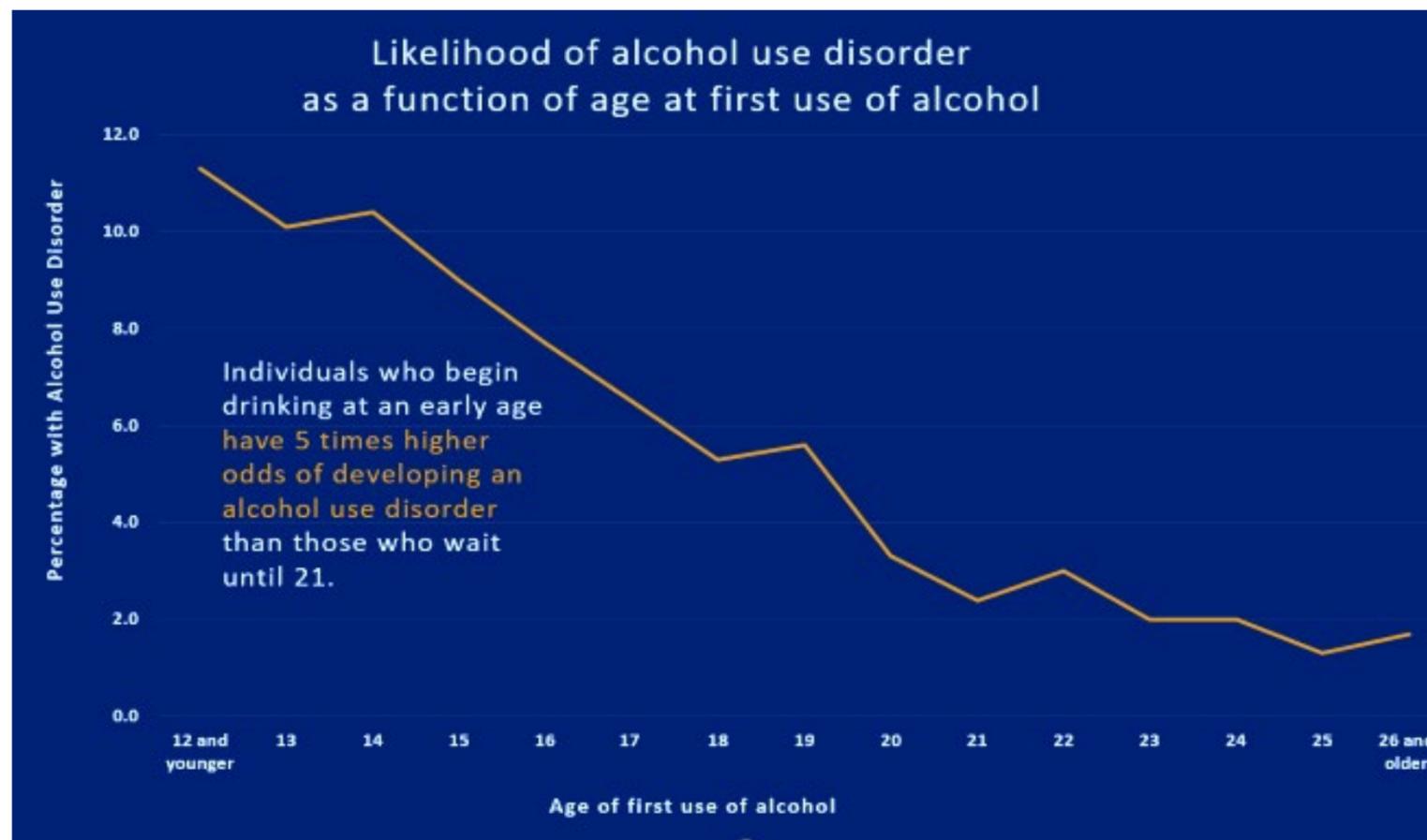
- A period of intense and transformative brain development
- Changes in the brain allow youth to take risks so that they can encounter new experiences, learn from them, and be better prepared for adulthood
- But the risk-taking developing brain is not yet equipped with the cognitive controls needed to rein in potentially harmful behaviors
- **Adolescence is the developmental stage most vulnerable to initiating and experimenting with substance use and experiencing the consequences**
- Substance use during adolescence can induce changes in the structure and functioning of the brain that persist into adulthood and underlie addiction



THE CONSEQUENCES OF YOUTH SUBSTANCE USE



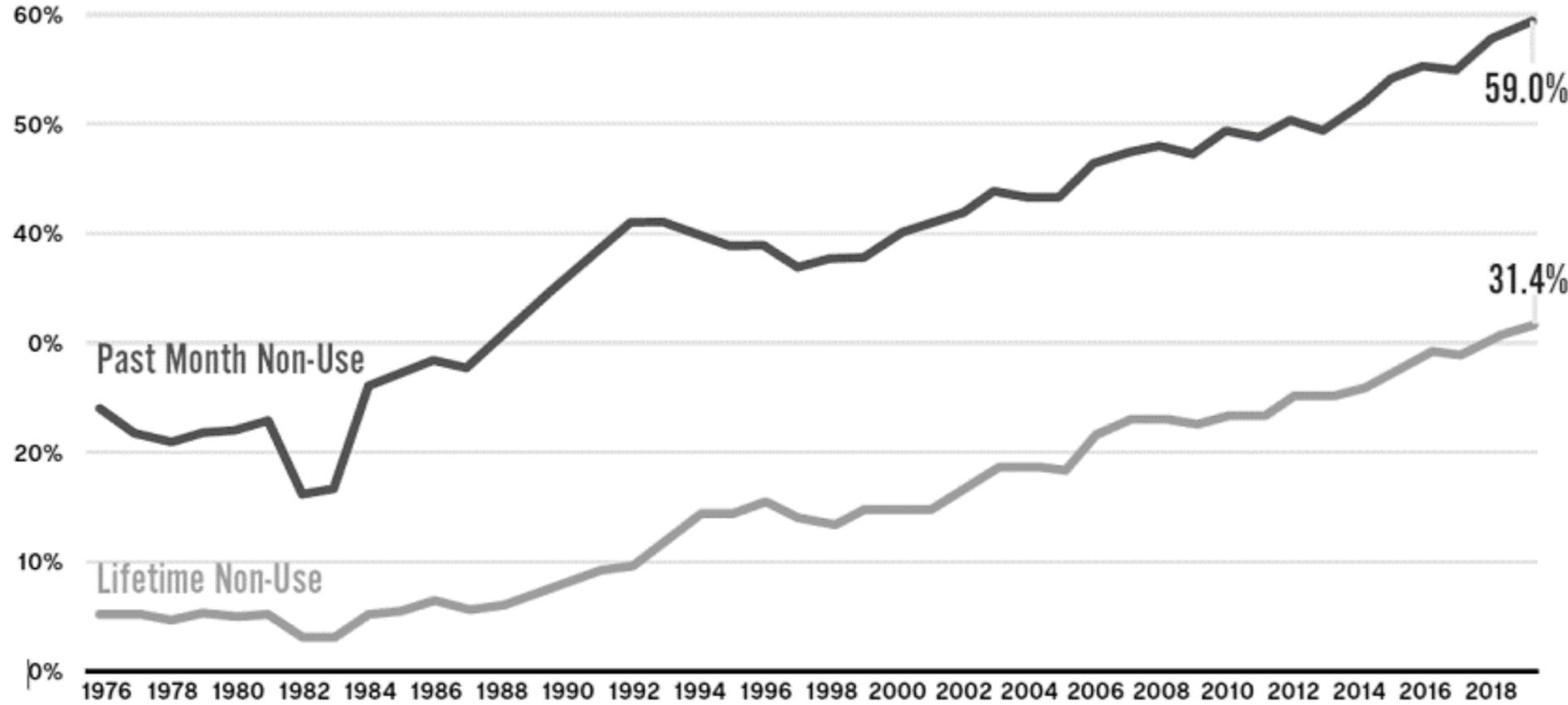
- The consequences are more severe if use begins at a young age; most notably, the likelihood of developing a substance use disorder.



ENCOURAGING TRENDS



TRENDS IN NO USE OF ANY ALCOHOL, CIGARETTES, MARIJUANA OR OTHER ILLICIT DRUGS
by 12th Grade Students in the US, 1976–2018



Source: Monitoring the Future, 2019; Levy, S., Campbell, M. C., Shea, C. L., DuPont, C. M., & DuPont, R. L. (2020). Trends in substance nonuse by high school seniors: 1975–2018. *Pediatrics*, 146(6), e2020007187.

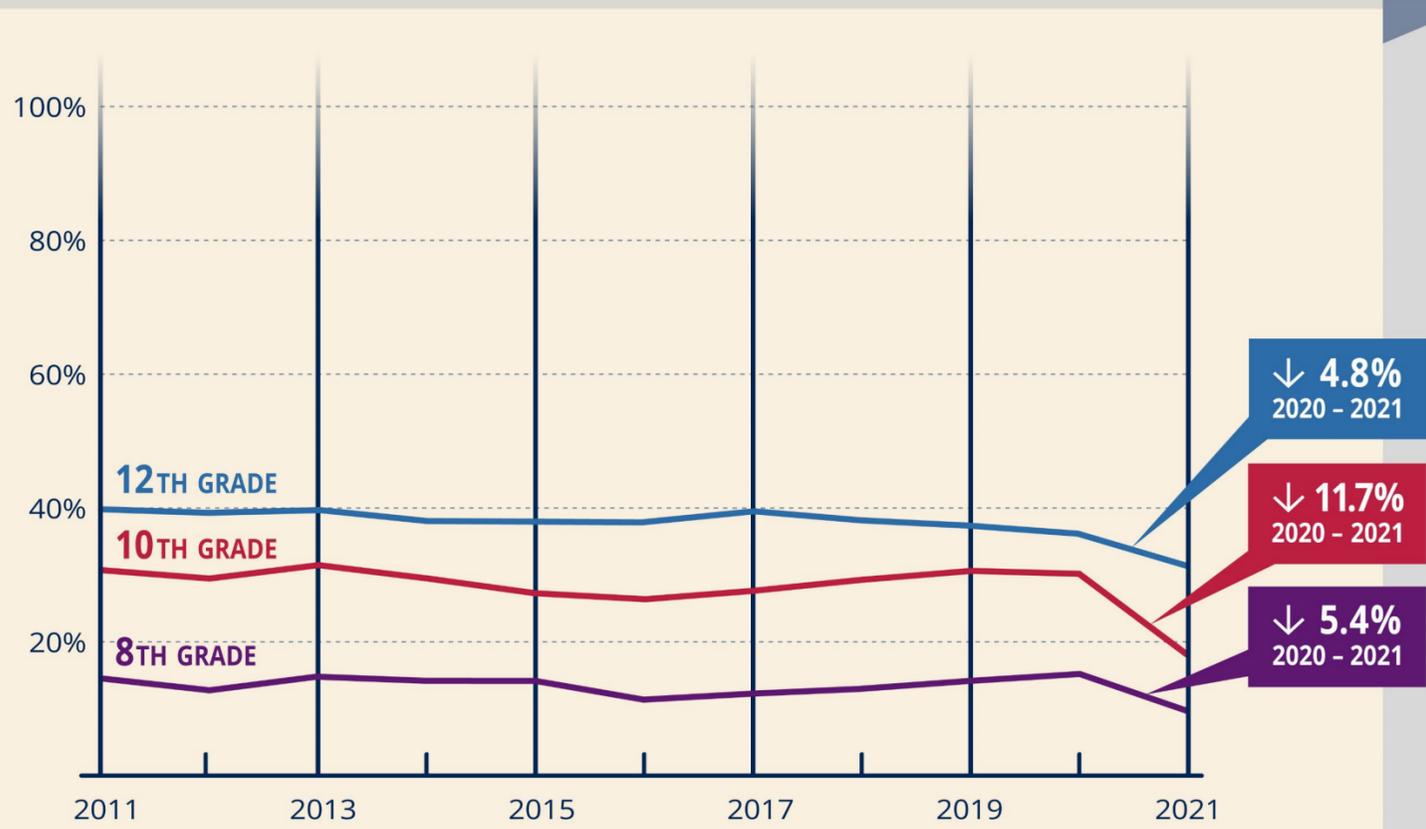
Increasing numbers of young people in the United States are not using nicotine, alcohol, or other drugs.



ENCOURAGING TRENDS



U.S. Students Reporting Any Past-Year Illicit Drug Use*



*Illicit drug use in this survey was defined as use of marijuana, LSD, other hallucinogens, crack, other cocaine, or heroin; or any use of narcotics other than heroin, amphetamines, sedatives (barbiturates), or tranquilizers not under a doctor's orders.

Source: 2021 Monitoring the Future Survey

The number of adolescents who do use generally has been declining in recent years. This chart is about drugs, but all substances show a similar pattern.



nida.nih.gov



TRENDS PARALLELING DECLINES IN YOUTH SUBSTANCE USE

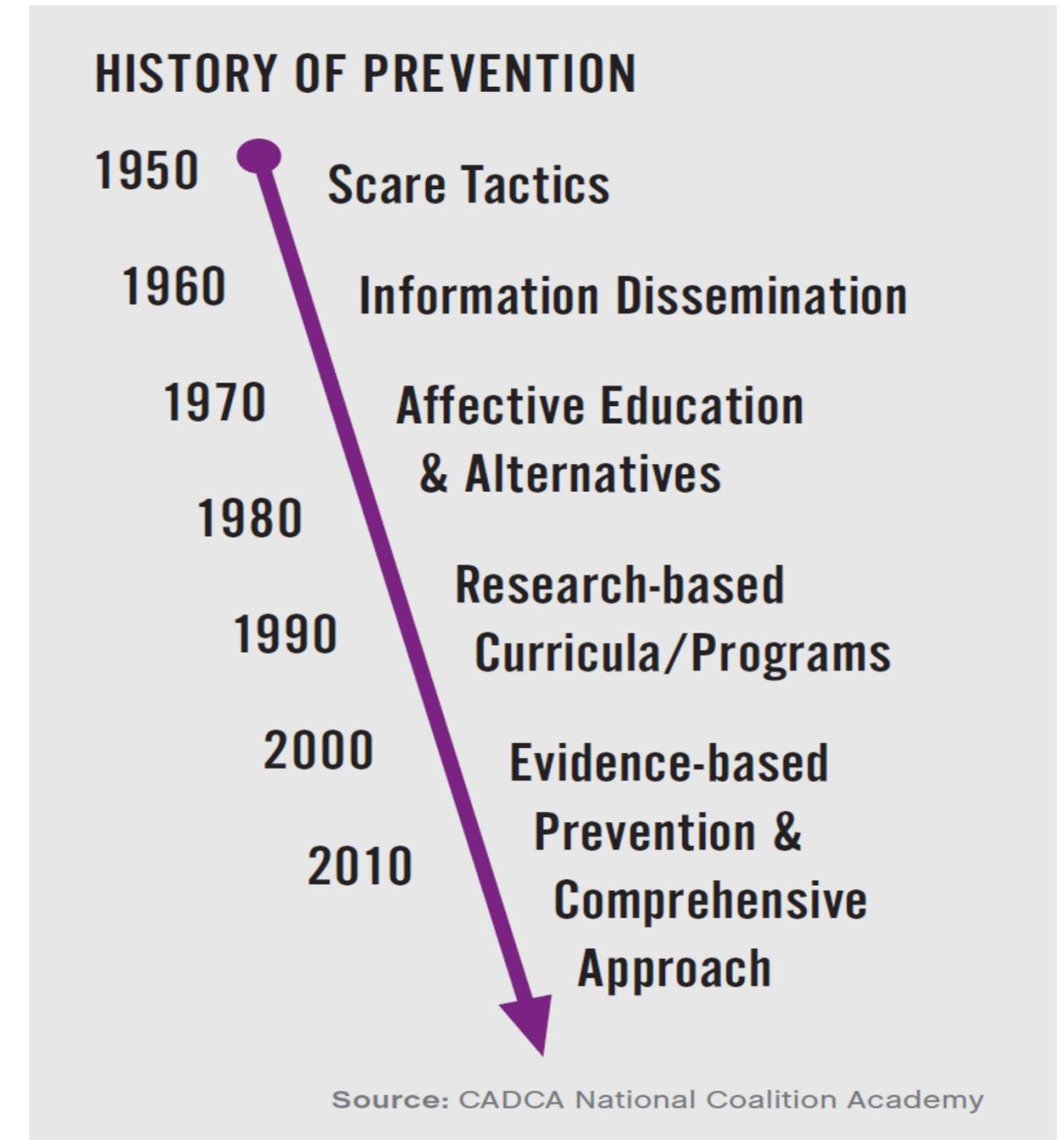
INCREASING TRENDS	DECREASING TRENDS
Age at first substance use	Maternal postpartum depressive symptoms
Positive attitudes toward school	Corporal punishment (i.e., harsh discipline)
Parental monitoring	Conduct problems
Strong parental disapproval of substance use	Youth engagement in sex
Strong youth disapproval of peer substance use	Time spent without parental supervision
Parental affirmation	
Youth participation in extracurricular activities	
Youth wearing a car seatbelt	
Social-Emotional Learning (SEL) programs	



HISTORICAL SHIFTS IN APPROACHES TO SUBSTANCE USE

Shifting models for understanding addiction:

- Moral model
- Biomedical model
- Psychosocial model



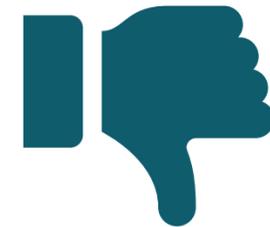
SO WHAT'S STILL MISSING?

The Good News



- Rates of non-use increasing
- Rates of use declining
- More nuanced, health-based view of addiction
- More nuanced and multi-faceted approach to prevention

The Bad News



- Rates are still too high
- Youth who use tend to do so excessively
- Youth mental health crisis
- Parents feel overwhelmed and helpless in the face of pro-use influences



LIMITATIONS TO CURRENT APPROACHES

The aim is to mitigate risk factors and strengthen protective factors within the individual, family, and community. Yet, traditional approaches largely:

- Focus on risk, not on **promoting health and resilience**
- Target the child, not **parents, schools, and communities**
- Begin in adolescence, not **early childhood** when the seeds of risk and resilience are planted
- Address only a small portion of relevant factors, not the broader **social determinants** of risk and protection



THE FOCUS IS TOO NARROW

- A focus on **risk** obscures the importance of positive, protective development
- A focus on **individual risk** obscures the broader social and structural context
- A focus on **parents and schools** having primary responsibility for prevention underemphasizes the broader influences on risk and protection
- A focus on **“evidence-based” programs** target short-term measurable changes in the child, underemphasizing less easily measured, longer-term effects or changes in the family, community, and broader society



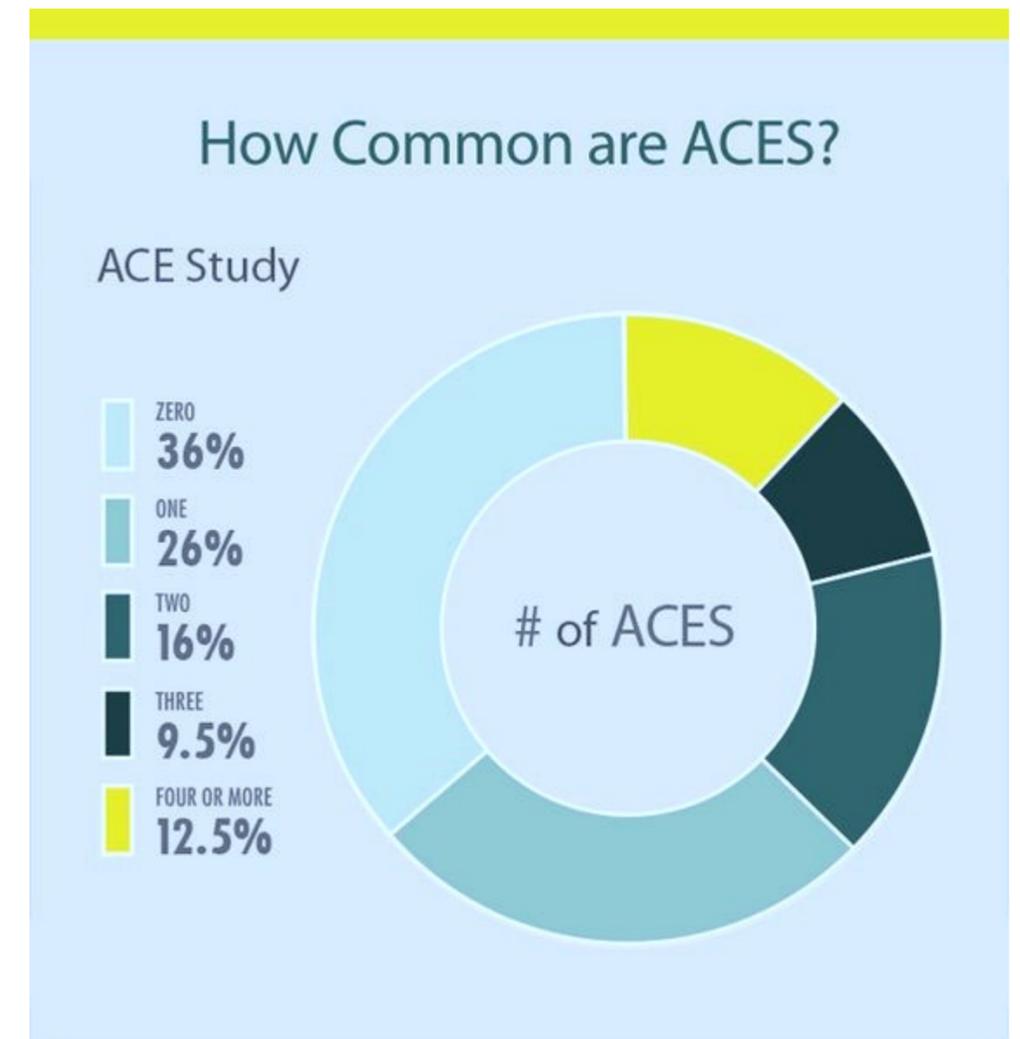
WE NEED TO START EARLIER

- Substance use prevention strategies must absorb **knowledge and lessons** from the field of child development which addresses parallel risk and protective factors
- Targeting **early development**, we can minimize foundational risk factors before they are entrenched and compounded while bolstering protection
- Interventions that minimize risk in earlier childhood confer **substantial protection** against future substance use in adolescence
- Early interventions **relieve the burden** of prevention in adolescence



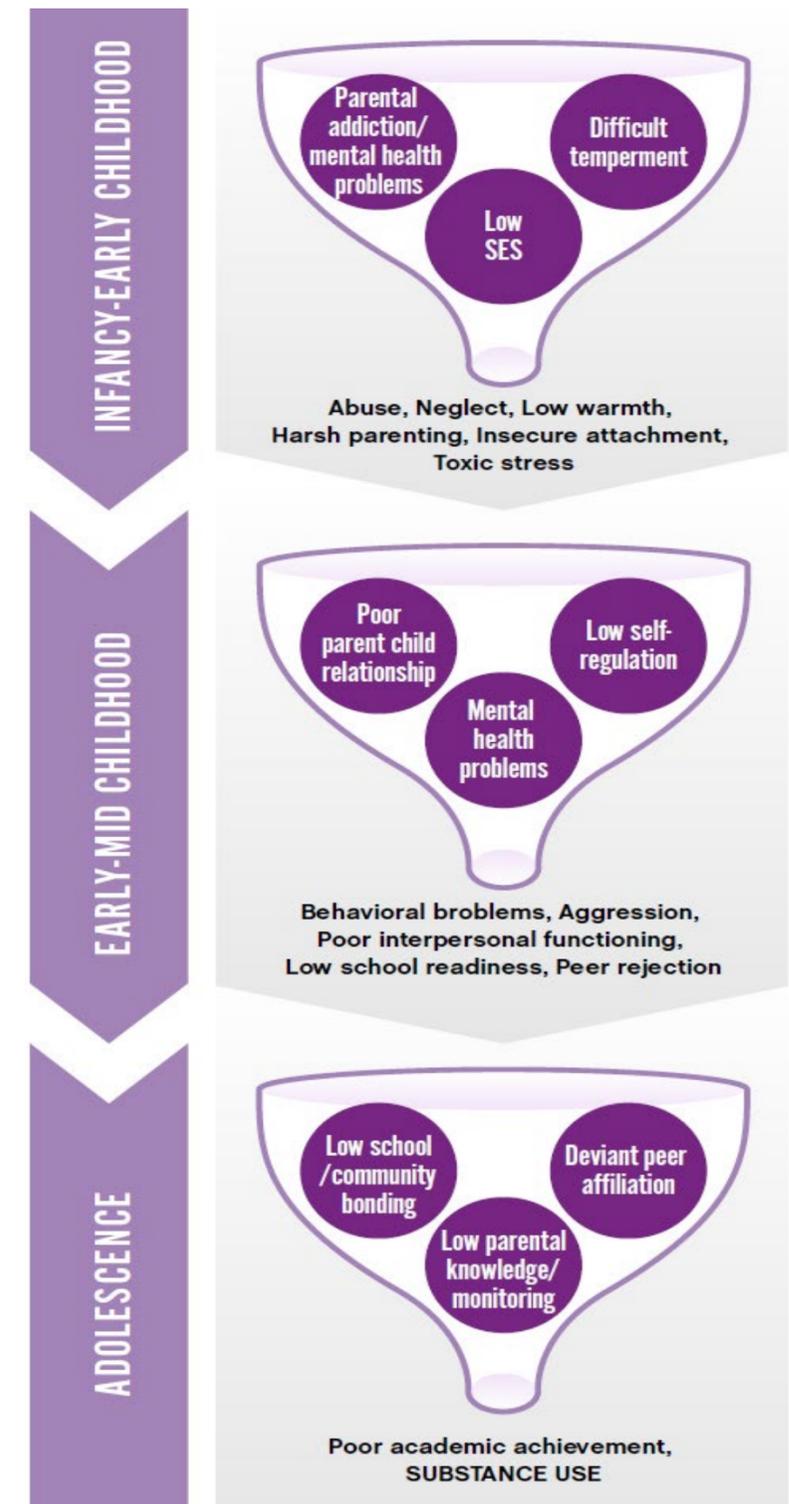
WHY THE EARLY YEARS MATTER

- **Adverse Childhood Experiences (ACEs)** and other early incidents of stress can lead to atypical brain development. **ACEs include:**
 - Physical, emotional, sexual abuse or neglect;
 - Family mental illness, addiction;
 - An incarcerated relative;
 - A mother who was treated violently;
 - Parental divorce or separation
- When the adverse experience is prolonged and relentless, it can produce a **toxic stress** response, interfering with healthy brain development
- Effects are often **intergenerational**



A CASCADE OF RISKS AND PROTECTIONS

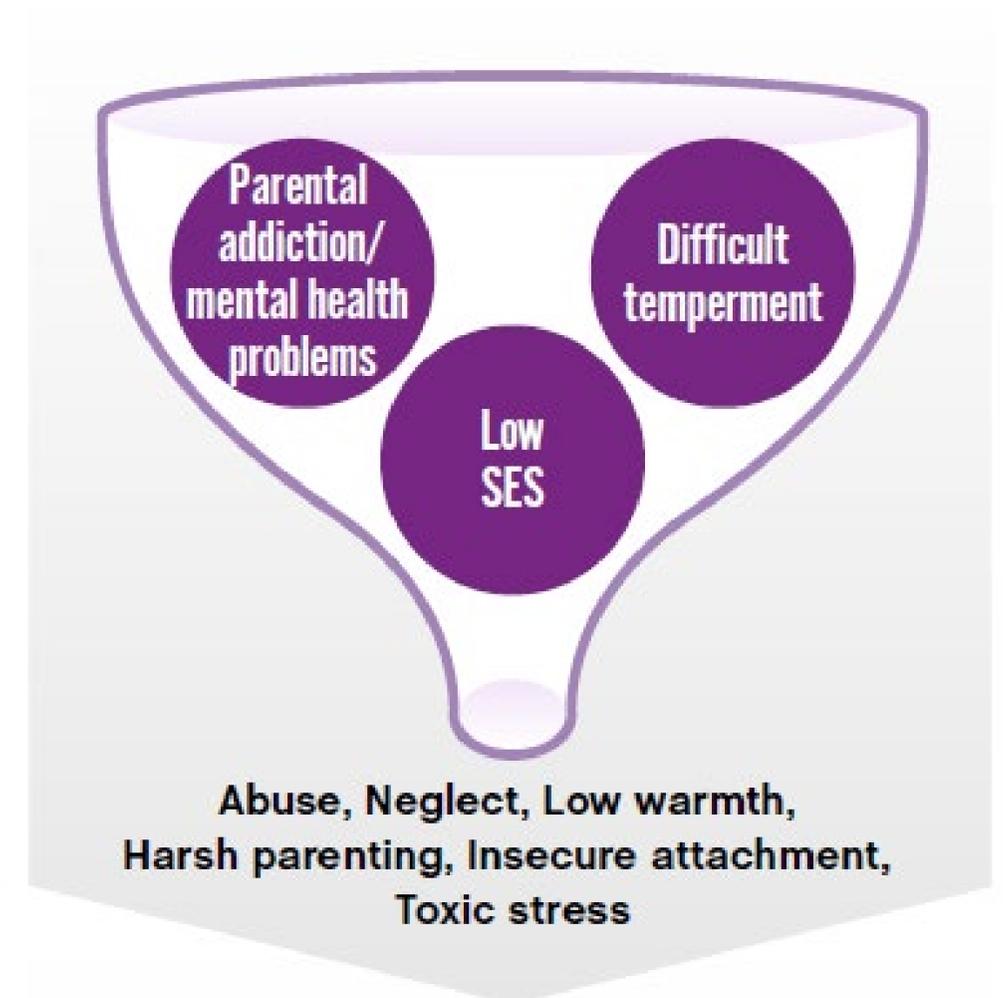
- Risk factors in infancy may lead to risk factors in toddlerhood, which interact to lead to risk factors in childhood, adolescence, and so on
- Addressing parental mental health, addiction, and parenting practices can stop the intergenerational transmission of harmful behavior, including substance use
- Healthy development of self-regulation and resilience early in childhood provides a strong basis for substance use prevention



ADDRESSING RISKS IN INFANCY/EARLY CHILDHOOD

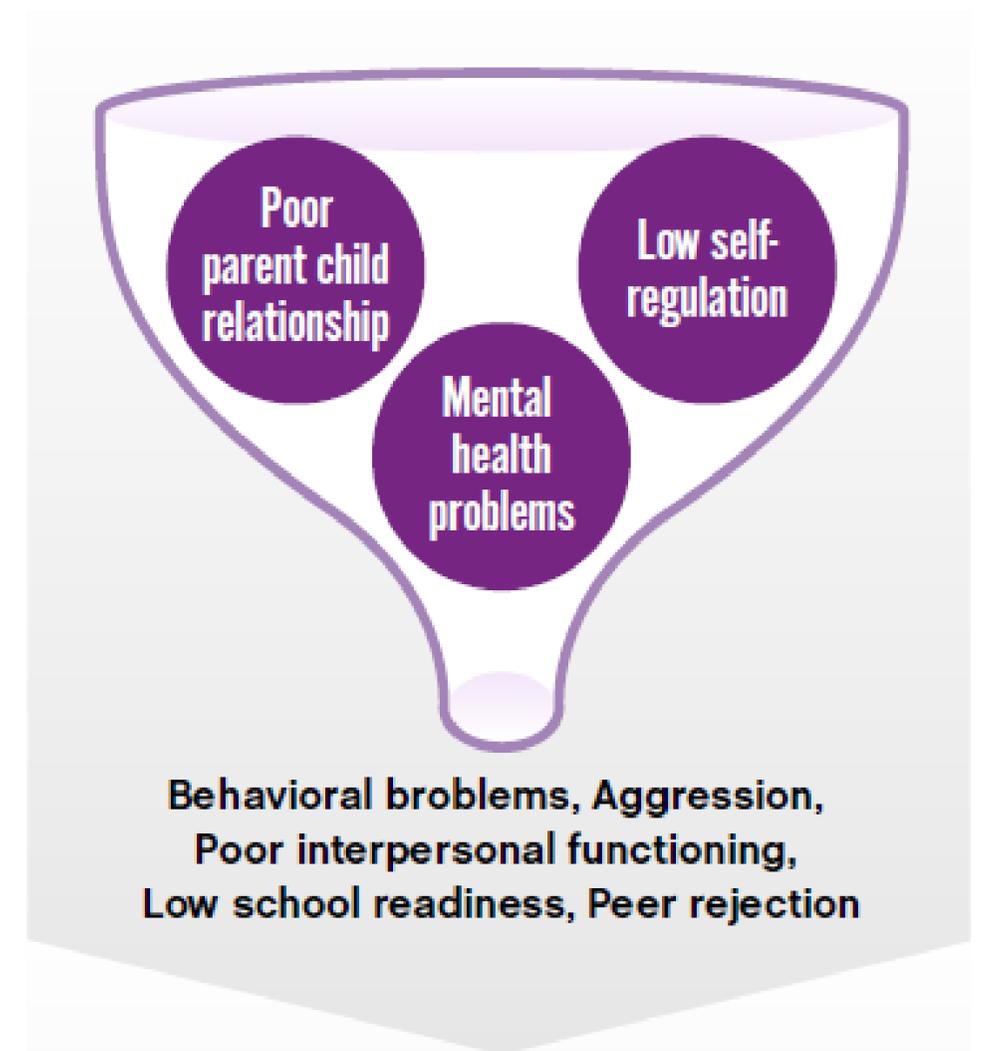
- The building blocks of child health and resilience are laid before birth, as parents' prenatal health affects fetal development
- Ensuring healthy prenatal nutrition, screening for and addressing parental ACEs (adverse childhood experiences), treating parental addiction and mental health disorders, and supporting positive parenting practices in infancy create a secure parent-child attachment and mitigate risk in early childhood

INFANCY-EARLY CHILDHOOD



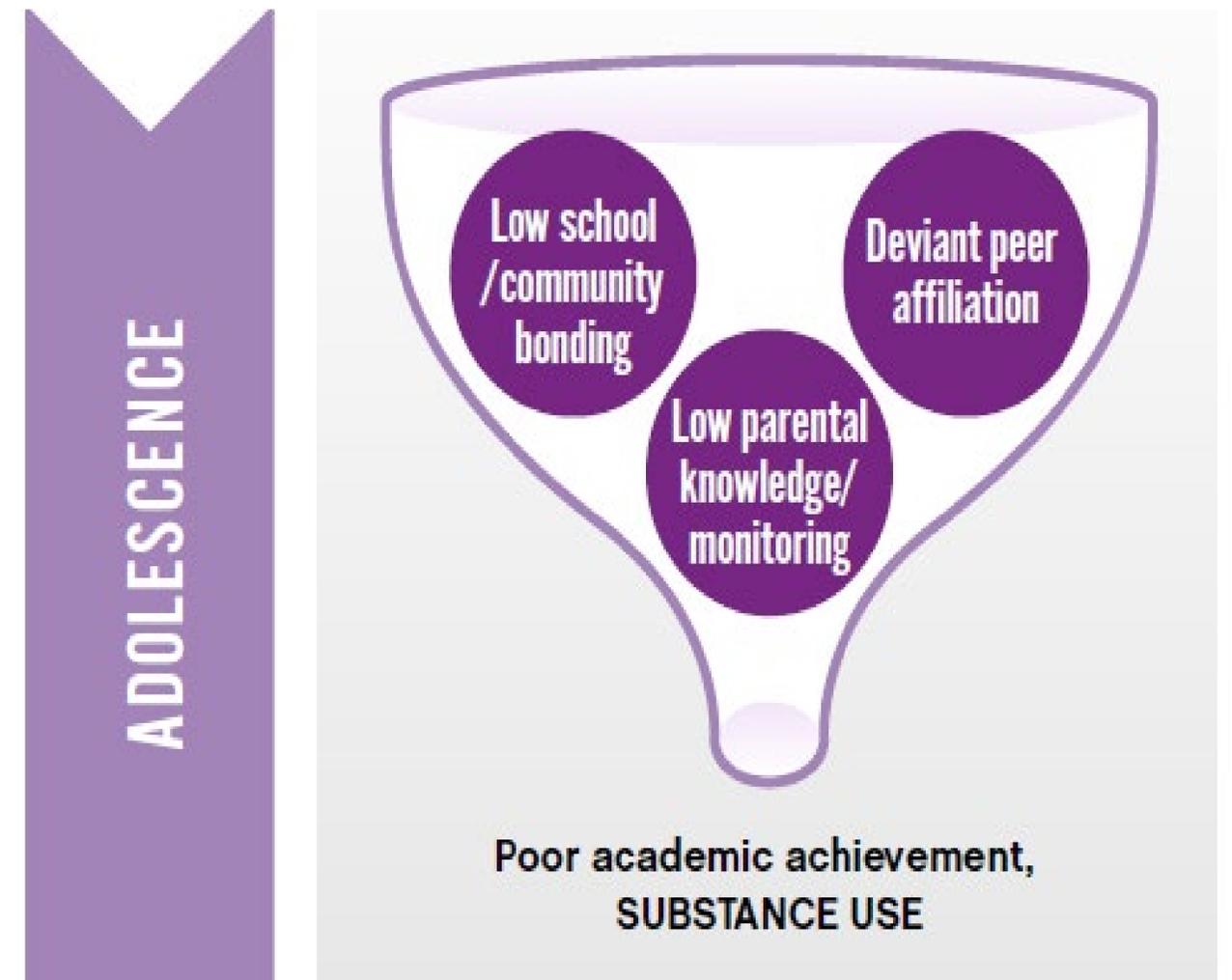
ADDRESSING RISKS IN EARLY-MID CHILDHOOD

- A secure parent-child attachment is associated with the development of positive self-regulation in early childhood
- Warm and sensitive caregiving serves as a scaffold to regulate distress and behavior in early and mid-childhood
- Healthy discipline and limit-setting provide safety and security and help children self-regulate, form healthy relationships, and be ready for school



ADDRESSING RISKS IN ADOLESCENCE

- As children acquire developmental maturity, they rely on caregivers for guidance in interacting with increasingly complex environments
- Identifying deficits in self-regulation and providing interventions to increase resilience and social-emotional competence protect developing youth
- Boosting parent knowledge and skills supports the development of a healthy parent-child relationship, bolsters child resilience, and prevents future substance use



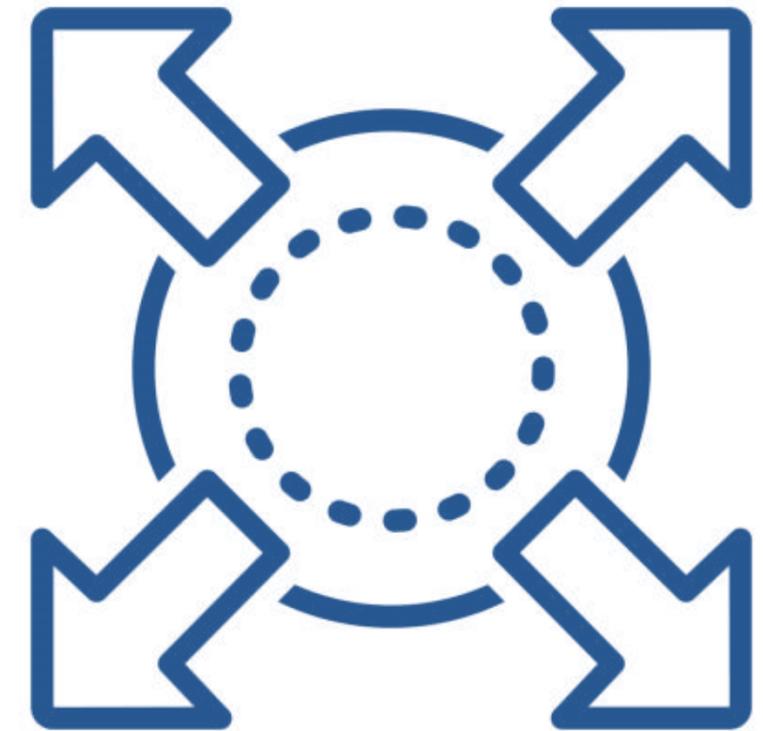
CASE EXAMPLE: POVERTY AND MATERNAL STRESS

Research at the **National Institute on Drug Abuse (NIDA)**, by Deanna Barch, Kimberly Noble, and others show the sensitivity of early childhood brain development to ACEs:

- Prenatal maternal stress → altered neurodevelopment and social-emotional and cognitive development in offspring → impaired mental and physical health
- Childhood poverty/neighborhood adversity → chronic parent/child stress → impairments to the developing brain → substance use and mental health problems
 - Baby's First Years study: cash payments to low-income families → faster brain activity within babies' first year of life → improved development
- Neighborhood deprivation → atypical brain structure → ongoing compromised cognitive functioning

WE NEED TO BROADEN THE FOCUS

- While it might seem counterintuitive, interventions within substance use prevention tend to be too narrowly focused on substance use
- Current efforts are necessary but not sufficient
- Broaden the scope beyond targeting individual characteristics to include structural influences on risk and protection
- Target a broader set of stakeholders and sources of influence to provide a more comprehensive approach and take some of the burden off parents and other caregivers



BREAK DOWN SILOS AND ENHANCE COLLABORATION



- Prevention focused on broader, more collaborative efforts is vital to protecting youth from substance use and addiction
- Learn from and collaborate with other experts/fields to mitigate policy and systemic problems that increase children's vulnerability to ACEs and ultimately contribute to substance use
- We are in a historical moment of government attention to the importance of investing in early social determinants of health
- We have an unprecedented opportunity to improve child outcomes through initiatives traditionally considered beyond the scope of substance use and addiction



POLICIES TO FACILITATE HEALTHY CHILD DEVELOPMENT



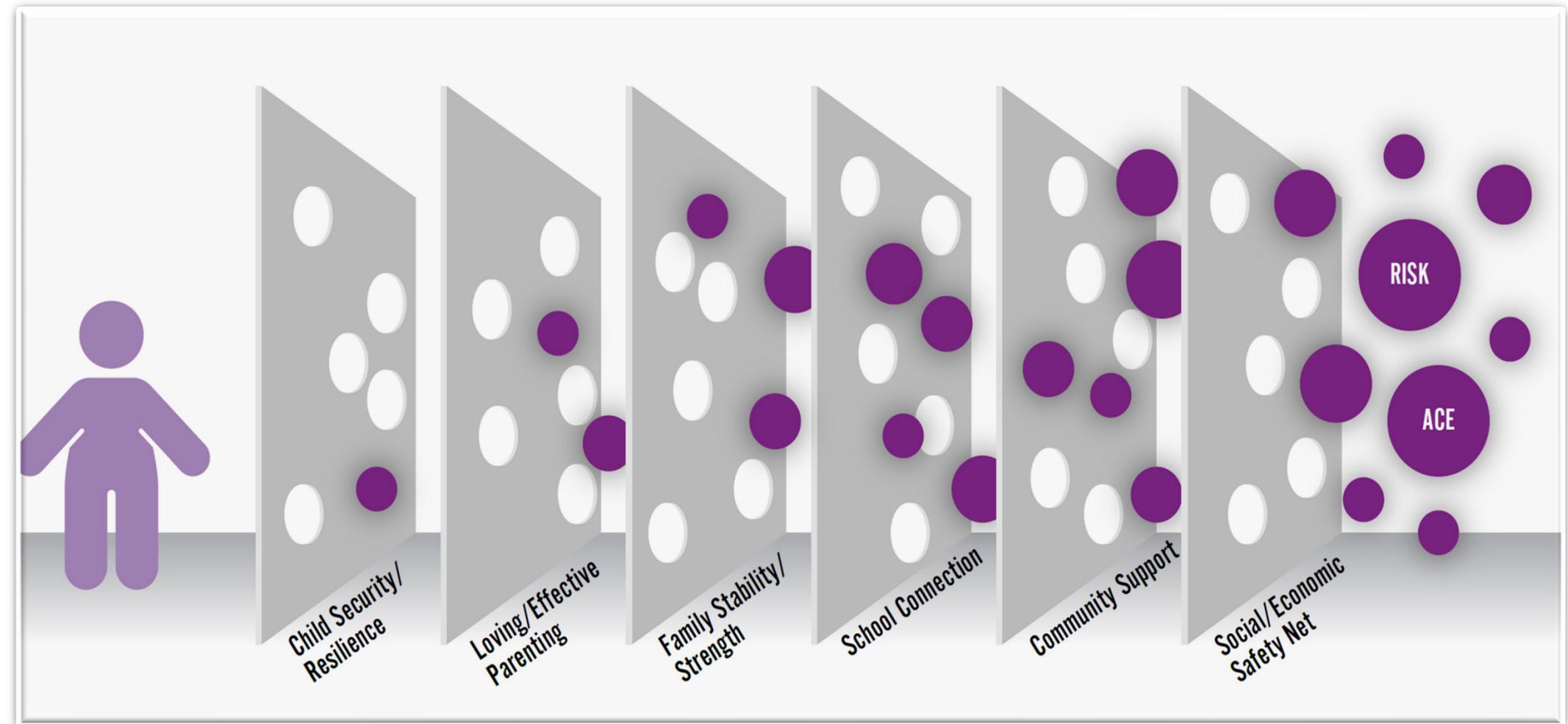
Support healthy and stable families by:

- Ensuring income, food, housing, healthcare stability and security
- Offering quality childcare, paid family leave to reduce family stress
- Increasing access to affordable, quality treatment so that children grow up in a household unscarred by addiction and mental illness
- Supporting parents to improve parenting skills through education, skill building, home visiting, tech-based support services
- Nurturing childhood health, education, self-regulation, social-emotional competence, resilience
- Promoting adult mentorship, supportive extracurricular activities
- Providing early and effective interventions

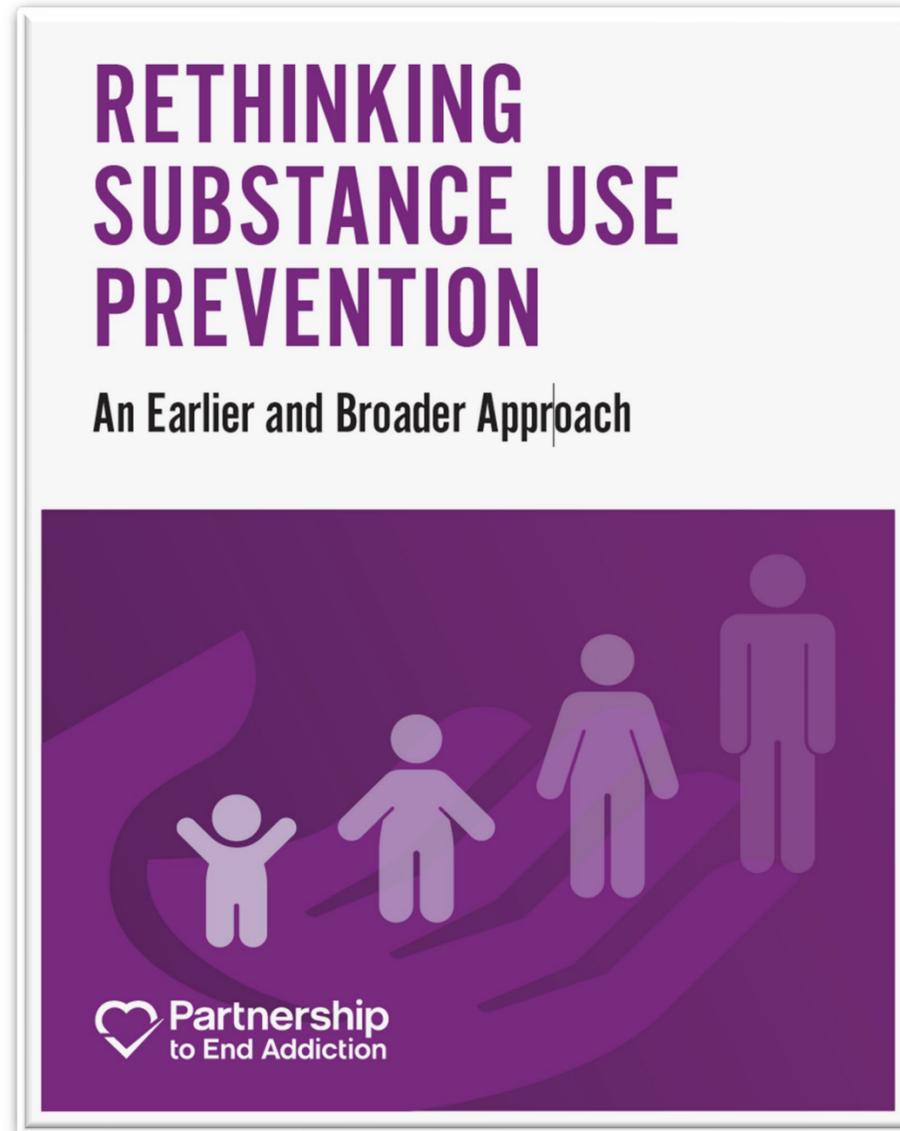


APPLY THE “SWISS CHEESE” MODEL

Think of prevention as targeting each level of risk – sociocultural, community, school, family, individual – creating cumulative and comprehensive layers of protection against ACEs and other risks.



ACCESS INFORMATION AND SUPPORT



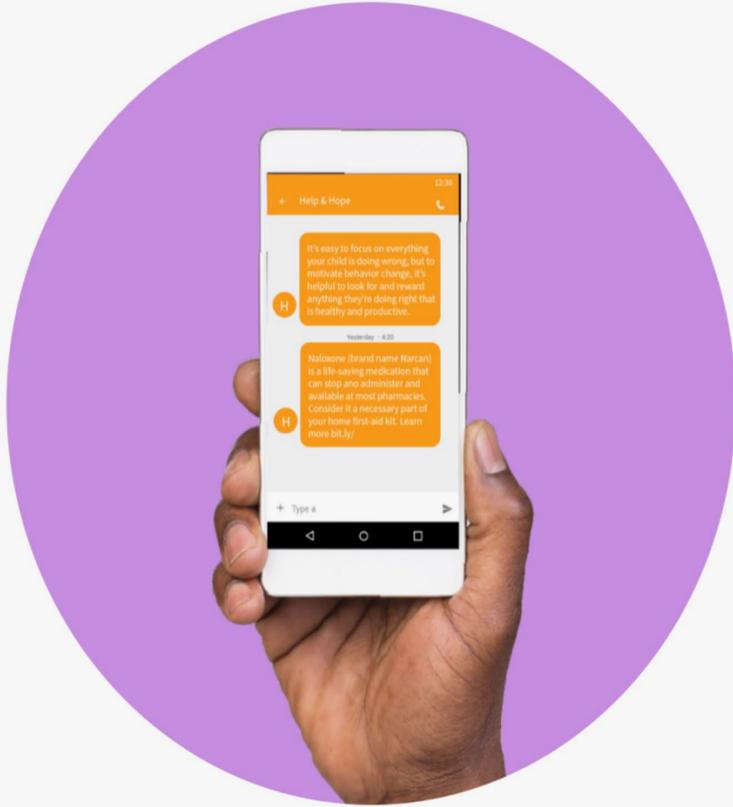
Report



Guide for Parents



ACCESS INFORMATION AND SUPPORT





Connect & learn

We offer tools for connection and learning more, for wherever you are along the journey. Help & Hope by Text delivers customized messages and resources straight to your phone. Through our online learning courses, you can develop skills to help manage parenting challenges associated with substance use.

- ▶ Help & Hope by Text
- ▶ Online learning

[Get Support](#)



IS YOUR CHILD AT RISK? A SUBSTANCE USE RISK ASSESSMENT

Survey: 5-6 minutes to complete

This risk assessment is designed to help you better understand the risks your child may face related to mental health, well-being, personality, family history, and their environment.

You can take actions to reduce the chances your child will use substances or experience problems with them based on your results.

[Conduct a Risk Assessment](#)

FINAL THOUGHT

By **intervening earlier and more broadly**, we can promote child health, prevent youth substance use and addiction, avoid future drug epidemics, and reduce the damaging consequences of addictive substances on future generations.



RIDING FOR RECOVERY



Greg Dicharry

Youth Empowerment Director
Magellan Healthcare

SmileStyle Entertainment
Producer / Director



SUPPORT HEALTHY AND STABLE FAMILIES



WE NEED TO START INTERVENING...



EARLIER AND MORE BROADLY.

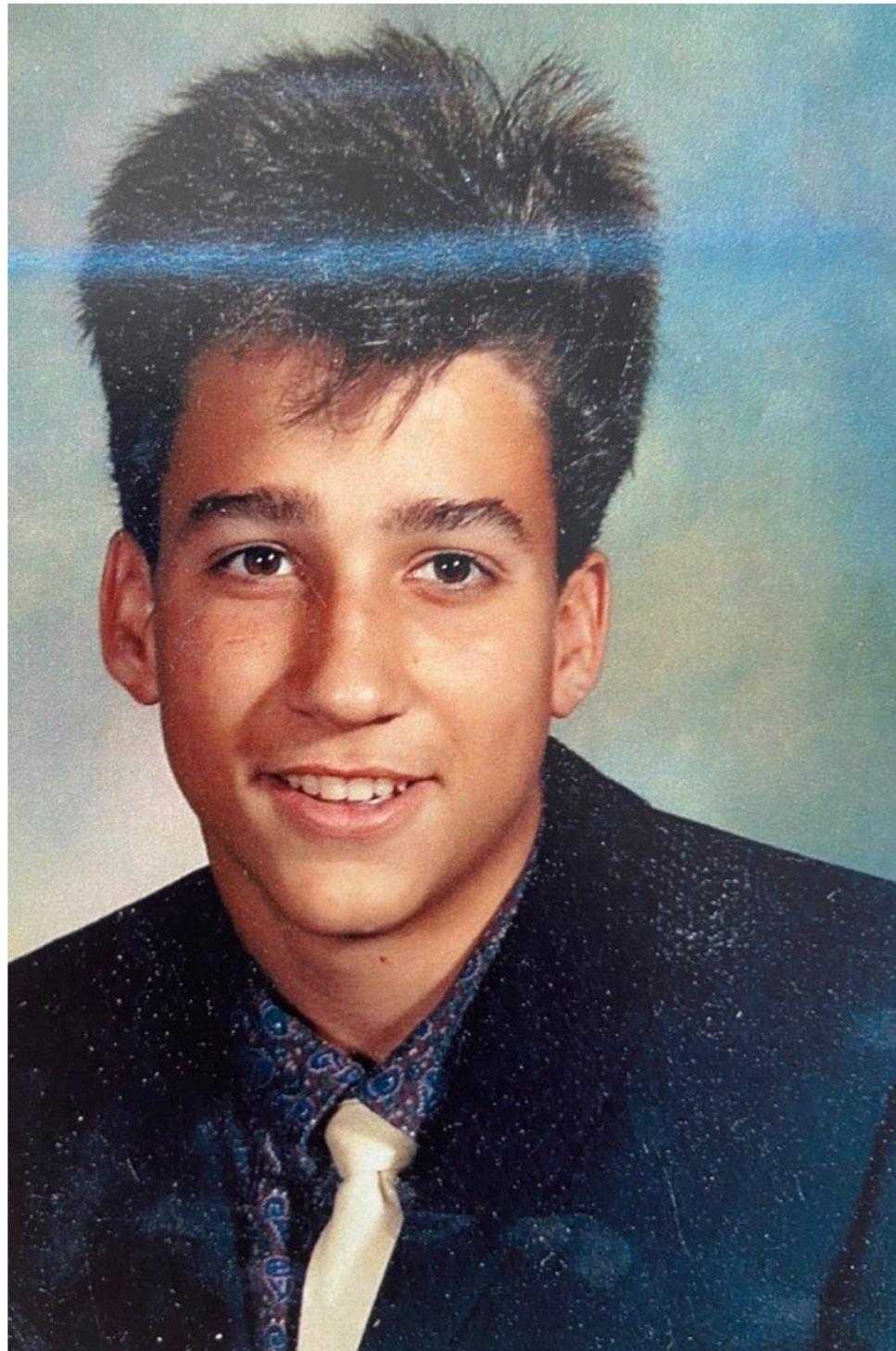
Early interventions relieve the burden of prevention in adolescence.





Adverse Childhood Experiences (ACEs) and other early incidents of stress can lead to atypical brain development.





Adolescence is the developmental stage most vulnerable to initiating and experimenting with substance use and experiencing the consequences.



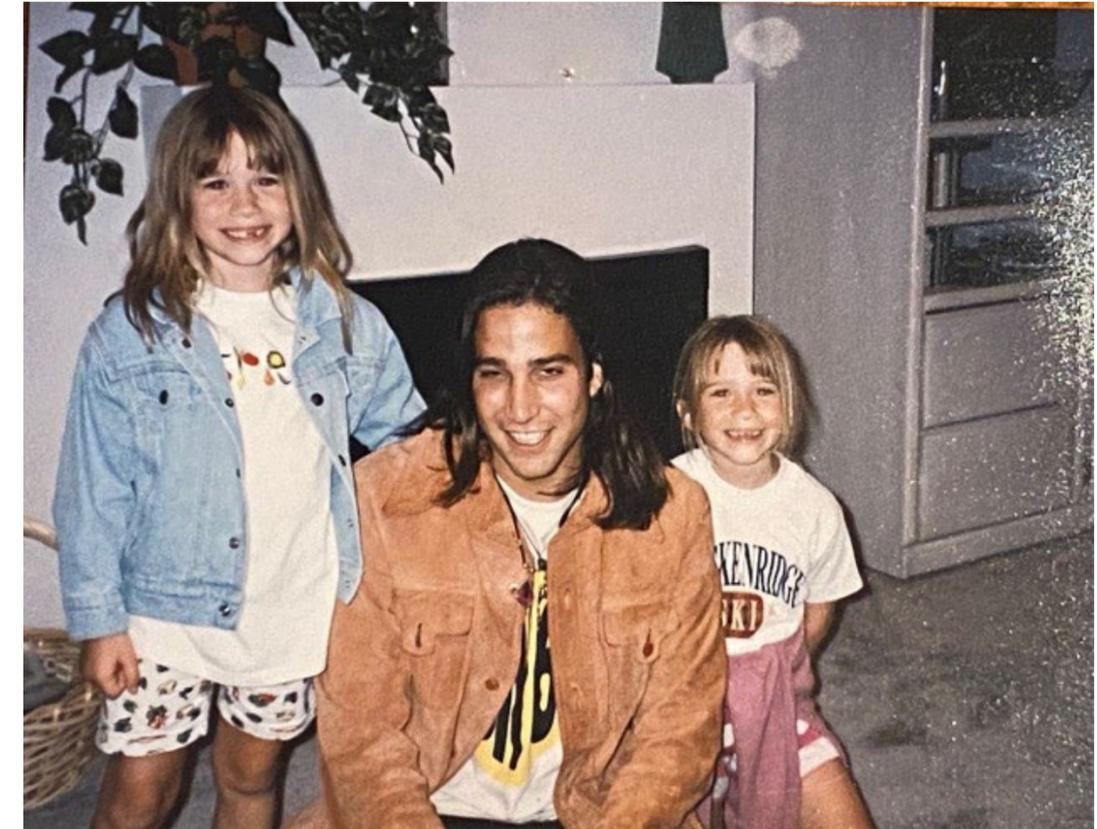
“HIGHER EDUCATION”



“The consequences are more severe if use begins at a young age; most notably, the likelihood of developing a substance use disorder.”



THE HOLLYWOOD YEARS



Substance use during adolescence can induce changes in the structure and functioning of the brain that persist into adulthood and underlie addiction.



MENTAL ILLNESS, ADDICTION, AND CONVICTION



Young people who experience behavioral health challenges are much more likely to drop out of school, be arrested, become homeless, and experience other negative consequences than other youth who do not face these challenges.

RECOVERY IS POSSIBLE...IF YOU WORK FOR IT



The Twelve Steps

1. We admitted we were powerless over alcohol—that our lives had become unmanageable.
2. Came to believe that a Power greater than ourselves could restore us to sanity.
3. Made a decision to turn our will and our lives over to the care of God as we understood Him.
4. Made a searching and fearless moral inventory of ourselves.
5. Admitted to God, to ourselves, and to another human being the exact nature of our wrongs.
6. Were entirely ready to have God remove all these defects of character.
7. Humbly asked Him to remove our shortcomings.
8. Made a list of all persons we had harmed, and became willing to make amends to them all.
9. Made direct amends to such people wherever possible, except when to do so would injure them or others.
10. Continued to take personal inventory, and when we were wrong, promptly admitted it.
11. Sought through prayer and meditation to improve our conscious contact with God as we understood Him, praying only for knowledge of His will for us and the power to carry that out.
12. Having had a spiritual awakening as the result of these steps, we tried to carry this message to alcoholics, and to practice these principles in all our affairs.

- 12 Step Recovery
- Peer Support
- Professional Help
- Being of Service



MY LIFE CHANGED MY LIFE



MY LIFE is a free youth group open to any youth between the ages of 13 and 23 who has experience with mental health, substance abuse, juvenile justice, foster care and/or other challenges. MY LIFE actively empowers youth to use their voices to inspire and create positive change for themselves and others.



- Began in Arizona in 2008
- 22 MY LIFE groups have been established in six states
- More than 1000 regular MY LIFE youth group meetings have been held
- over 5,000 different youth participating
- In response to the COVID-19 [“Stay Home for MY LIFE”](#) virtual Youth fest was created
- 29 virtual events were held in 2020 and 2021 with over 4000 attendees

YOUTH INVOLVEMENT MATTERS

The value of youth involvement in mental health systems has been acknowledged and promoted by the Substance Abuse and Mental Health Services Administration (SAMHSA).

In 2002, SAMHSA began requiring the systems of care grant communities to hire youth coordinators and develop opportunities for youth involvement throughout their systems (Gyamfi, Keens-Douglas, & Medin, 2007).



Involving youth in the systems that serve them can improve outcomes, helping them:

- Develop relationships
- Acquire new skills
- Build self-confidence
- Instill positive social supports
- Cultivate leadership skills



MY FEST

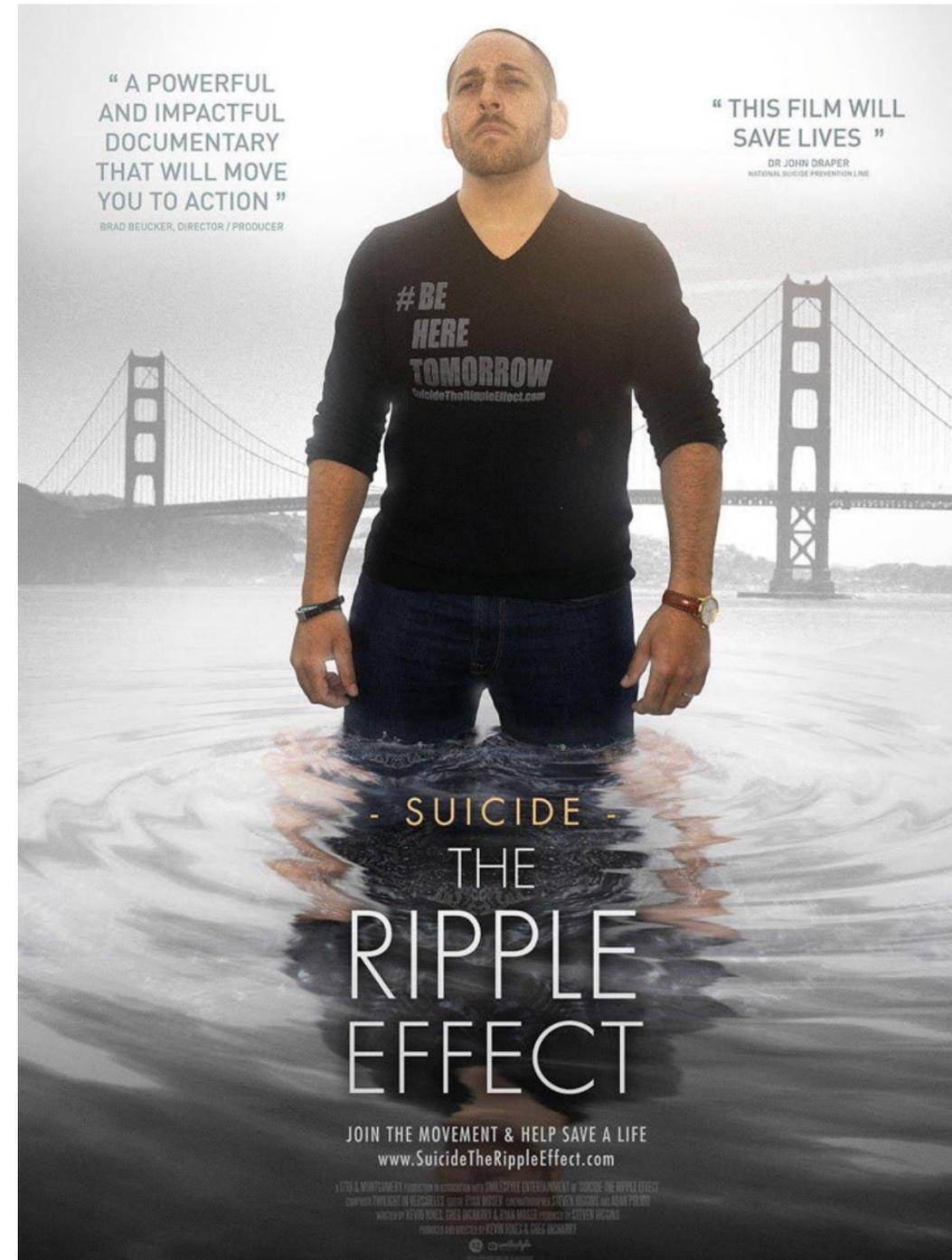


MY LIFE youth and community partners have planned and produced 27 MY Fest events that have entertained and educated over 60,000 attendees.

MY Fest is a FREE community event planned and held to raise awareness about mental health, substance abuse and foster care-related issues facing youth and young adults.



RECOVERING DREAMS



GIFTS OF RECOVERY



A FUTURE FILLED WITH HOPE



TV SHOW AND MOVEMENT OF HOPE

School of Hope is an unscripted TV series that takes place in a fun and funky school setting, featuring a diverse group of five and six-year-old kids (**Hope Kids**), and real-life "**Teachers of Hope**".

Watch the **Hope Kids** share their poignant and **often-hilarious perspectives on life** and the subjects at hand as they participate in a variety of interactive activities that utilize the power of creative arts and wellness techniques to entertain, inspire and educate students (and viewers) on a variety of topics, with a special focus on **enhancing resiliency and mental wellness**.

School of Hope faculty includes a colorful and eclectic group of teachers that guide the Hope Kids through every activity and episode and inspirational **Guest Speakers of Hope** that include an array of inspirational speakers, artists and wellness experts.

“ WHEN WE CAN TALK ABOUT OUR FEELINGS, THEY BECOME LESS OVERWHELMING, LESS UPSETTING, AND LESS SCARY. ”

Mr. Fred Rogers

 **smilestyle**
entertainment
GREG DICHARRY
GREG@SMILESTYLE.US
602-570-1204



SCHOOL OF HOPE SUBJECTS INCLUDE

LOVE
KINDNESS
HONESTY
HUMILITY
COMPASSION
GENEROSITY
GRATITUDE
MENTAL HEALTH
SUBSTANCE USE
CHILD ABUSE
BULLYING
RACE
DISCRIMINATION
VIOLENCE
POVERTY
POLITICS
RELIGION
SOCIAL MEDIA
NEWS AND ENTERTAINMENT...
TO NAME A FEW.



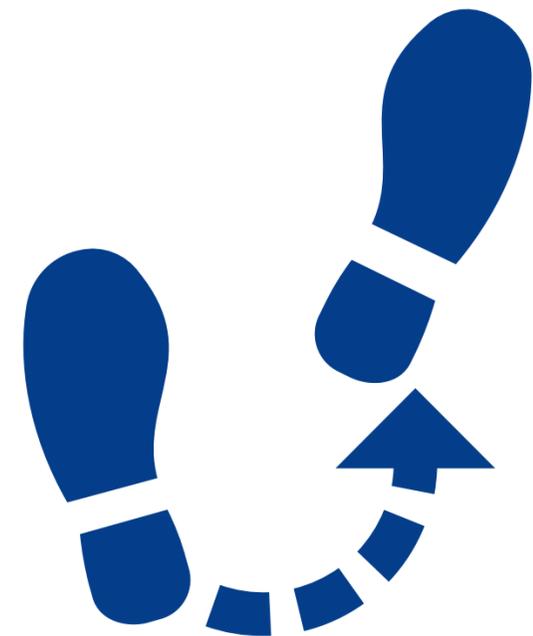
By **intervening earlier and more broadly**, we can promote child health, prevent youth substance use and addiction, avoid future drug epidemics, and reduce the damaging consequences of addictive substances on future generations

FOLLOW UP AND NEXT STEPS

In our follow up email, within 3-5 business days, look for:

- A link to the recording of today's presentation
- Today's presentation slides
- Invitations to upcoming events
- Additional resources
- Ways to stay connected with us

www.nfstac.org



JOIN US ON MARCH 16TH AT THIS SAME TIME FOR:

Addressing Overdose, Death, Injury and Disease: Why it's important to support harm reduction

This has been the deadliest year on record for overdose deaths and yet we have many tools that can save loved ones. This webinar is designed to help you understand what harm reduction is, why it can save lives, and the steps communities and families can take to prevent the often-deadly outcomes of the opioid epidemic.



FEEDBACK SURVEY



Thank you for joining us!

Please complete the SAMHSA-required Feedback Survey you will be re-directed when the webinar ends. After completion you will receive your certificate of attendance.



CONTACT INFORMATION

Lynda Gargan, Principal Investigator, NFSTAC

lgargan@ffcmh.org | www.nfstac.org

Gail Cormier, Project Director, NFSTAC

info@nfstac.org | www.nfstac.org

Lachelle Wade-Freeman, Project Manager, NFSTAC

lwfreeman@ffcmh.org | www.nfstac.org

Thank you for joining us!

