



**Adolescent Substance Abuse Treatment: The State of the State of Michigan
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This session examined the significant changes in culture in recent years and how those changes have impacted the challenges faced by practitioners that treat adolescents with substance abuse issues. Lessons learned from states that have laws that are less restrictive than Michigan, such as legalized marijuana for recreational use, include concerns of increased use and health problems amongst adolescents, more juvenile criminal activity, and how marijuana is packaged and marketed with juveniles and young people as the target audience. In addition, the presentation examined prevention as a significant goal, and different stages of treatment engagement and different levels of treatment success and methodology.

The advent of synthetic drugs has changed the drug-using culture. From over-the-counter drugs, to fentanyl, “medical” marijuana, methamphetamine, and prescription drugs such as Xanax, one of the most prescribed controlled substances in the nation, people are using more dangerous drugs, using more often, and using in greater amounts. Lessons learned in Colorado, where use of recreational marijuana is legal, show that the culture has not only changed, but is not coming back—this is the new normal. The expectation is that substance abuse amongst adolescents will get worse.

Statistics show that adolescents are increasing substance use at younger ages, are more involved in the abuse of opiates, and are being groomed for continued use by an emerging marijuana industry that markets and packages its products to catch the eye of young consumers. For the industry, it’s about making money.

Prevention is the single most important activity that might slow the swelling tide of adolescent drug use. But when it is too late to prevent, there are still options to help a teen that is abusing drugs. Use might be prevalent, but treatment can be effective. Although achieving total abstinence is not the norm for adolescent substance abusers, treatment can result in a significant reduction in use for more than one-third of young patients, although it generally takes 5-6 episodes of treatment. Treatment is most effective when it includes 12 months of a continuum of care. Recommended treatment modalities include motivational interviewing, assertive community reinforcement approach, and trauma-focused cognitive-behavioral therapy. Measurable successes can include:

- Strategies are developed to move out of pre-contemplative stages (buy-in to trying treatment)
- Learning how to stop even if just temporarily
- Experiencing a significant break in use
- Developing insight into the personal consequences of use
- Experiencing an opportunity to “try it their way” and fail in a therapeutic process, opening the door to possibilities of trying “our” ways



Success is also measured if the teen can be honest with the therapist about using, can figure out what caused a lapse/relapse, verbalize long-term concerns, delay or stop the *progression* of use, and obtain more sobriety than before. Especially true for adolescent treatment providers, “...Try to create a drop-out prevention, discovery plan.”