

Adolescent substance use 3: treatment

By Philip James

Introduction

This is the final article in a series of three which have examined the issue of adolescent substance use. The first article gave an overview of the different substances that are frequently used by adolescents while the second article provided an overview of prevention approaches. This article focuses on the issue of treatment for those who are using substances. It gives an insight into what substance use treatment is, when someone ought to be referred for it, how it can be accessed, as well as an overview of different treatment approaches.

What is treatment?

Typically treatment refers to interventions provided by health professionals to address an illness or disease (James et al., 2014). In general, this is true for adolescent substance use but there are a wide range of treatments used and in many cases the people delivering them may not be health professionals in the traditional sense. Guidance counsellors, Juvenile Liaison Officers, youth workers, social care workers and probation officers may all provide interventions to young people using substances that could be regarded as interventions or treatments and this is wholly appropriate.

However, this article will primarily focus on treatment that is provided by specialist services whose primary role is the treatment of substance use, sometimes referred to as addiction counselling, or drug treatment. Within this sphere treatment could be divided into the following categories:

1. Psychological interventions or counselling for young people
2. Assessment of substance use and related health issues
3. Family support for parents and other loved ones
4. Medical treatment of substance use and related health issues
5. Harm reduction interventions

Each of the five categories above are important aspects of adolescent substance use treatment. The first one, psychological intervention, sometimes called drug counselling, is the mainstay of treatment for adolescent substance use. This involves the young person meeting for one-to-one sessions with a trained professional. I tend to use the term psychological interventions because in many cases this person is not a counsellor but could be another professional such as a psychologist, mental health nurse, or a youth or social care worker. The two most common approaches that tend to be used in Ireland now are motivational interviewing and the Adolescent Community Reinforcement Approach (ACRA). Both approaches are evidence based on cost effective to train people in and focus on building motivation to change and rewarding healthier behaviours. There has been some research indicating that providing group treatment to adolescents who misuse substances may result in them getting worse not better (Poulin et al., 2001) and so caution is used when treating substance using adolescents together.

The other four treatment categories are also important. Substance use can lead to many complications including medical, health and emotional difficulties. Consequently services may also assess young people for evidence of other health problems through viral screening (HIV or hepatitis C), cardiac problems, sexual health, whether they are a healthy weight and mental health assessments. Based on the outcomes of these further assessment, treatment or referrals may be warranted. Viral screening is particularly important in the rare cases of injecting drug use and in many cases advice and referral around contraception may also be appropriate. Many services will also provide support to parents of young people, often in appointments with their young person or separately, or a combination of both. Finally, services typically give advice regarding harm reduction.

Treatment can be divided into two broad approaches: abstinence based and harm reduction. Abstinence based programmes have a strong philosophical belief that giving up all drugs, including alcohol, are the only acceptable treatment goals. This approach to treatment is often seen in movies and is synonymous with 12-step programmes such as Alcoholics Anonymous. On the surface, when thinking about teenagers an abstinence approach is arguably appropriate but young people are not very good at identifying when they need help. For example only 10.9% of adolescents who were dependent on opiates in a US study thought they needed treatment (Wu et al., 2011) and only 1.4% of adolescents with a drug or alcohol use disorder who did not get treatment felt they needed treatment (SAMHSA, 2022). So, if most teenagers, including those with significant problems, do not perceive themselves as having a need for treatment they are unlikely to engage with a service whose sole aim is to get them to give up the substance. This is the gap that harm reduction seeks to exploit. While an adolescent may not be interested in stopping a particular substance, they may recognise issues they want help with, such as trouble with Gardaí or school or mood problems. Harm reduction takes the view that while it might be ideal for you to stop using a drug, I accept you may not want to and so if I can reduce the harm to you and society from your use. That is a good thing. A good example of this is drug services at music festivals advising young people to “start low and go slow” if using drugs and to seek medical help immediately if they are concerned about themselves or a friend. A benefit of having people in contact with services is that they can be given some advice about how to reduce their risks and are in contact with services so can raise issues with them sooner. Harm reduction advice may involve giving advice on how to reduce the risk of overdose or how to consume cannabis in a way that is less damaging to lung health.

Who needs treatment? / when to refer?

The answer to the question of when to refer an adolescent to substance use treatment depends on the view you take of the purpose of treatment. If you view treatment in a strictly medical sense, well then you only treat people who have a disorder and so a substance using teen should only be referred once they have developed a substance use disorder. I have several issues with this. Firstly, the diagnostic criteria are not developmentally focused and so the same criteria are used to assess a 14-year-old as are used for a 44-year-old – this is clearly nonsense. Secondly, such an approach requires those around the adolescent to be very astute at identifying when an individual crosses the line between not having a substance use disorder and having one. Research suggests that even trained health professionals are not good at this. For example, in one study, 533 adolescents were assessed by medical staff who were asked to rate their impression of their level of substance use. An objective assessment was also completed using a “gold standard” assessment tool by a separate researcher. The sample contained 36 adolescents who were substance dependent and none

of these were detected by the professionals while only 11% of those with a substance use disorder were detected (Wilson et al., 2004). If trained medical professionals are this poor at assessing adolescent substance use accurately it would not seem fair to expect non-medically trained professionals such as teachers or youth workers to be more accurate.

Based on research I am working on now we can see that over three-quarters of those entering drug use treatment for the first time in Ireland began drug use as a child and 66% starting to use the substance they are seeking treatment for by age 18. This means that most problematic substance use starts in childhood and if we could address it before it becomes a full-blown disorder, we might save many people a lot of trouble. To do this we could use a couple of ideas from the research:

- A US study asked adolescents “How many days in the past year have you used cannabis/alcohol?” They found that using more than 2 days for either substance in the past year was a good indication of potential substance use problems (Kelly et al., 2014).
- A subsequent study used a similar approach among adolescents attending Probation Services and found that smoking more than 24 days (once a fortnight or so) in the last year indicates likely moderate to severe problems while more than 57 days (just over once a week) is indicative of severe cannabis use disorder (Delaney et al., 2020).
- Taken together, these studies suggest that cannabis use on more than 2 days is concerning, and above 23 days is very concerning. It is exceptionally rare for a young person to use another substance, say cocaine, and not also take either cannabis or alcohol. Therefore, asking additional questions is probably unnecessary.
- For alcohol, it might be worth reminding ourselves of the findings discussed in the first article:
 - 65% of 16-year-olds have drunk alcohol in the past year.
 - 9% drank 20 or more times in the year
 - 19% have drunk 10 or more times end (The ESPAD Group, 2020)
 - About 4% of teens in senior cycle are alcohol dependent (Dooley et al., 2019)
- So, teenagers who are drinking more than 10 times a year are a little concerning and those drinking more than 20 times are in the top 9% of drinkers their age. Naturally we ought to be more worried about younger teens presenting with substance use.
- Finally, it is worth considering if there is any evidence of harm occurring. Obvious deteriorations in relationships, disengagement with school or other activities, declining mood etc. ought to increase the concern for an individual student.

It is worth remembering that treatment services do not expect young people to be “diagnosed” with a substance use disorder before being referred. However, they would expect that it is known that the young person is using substances which can be complicated as young people often will not admit their use. In practice I frequently had parents or other agencies contacting me wanting me to test a young person to see if they are using substances and this is certainly not the role of treatment services. Evidence of the young person using substances includes parents or others seeing them do it, but also finding drugs or messages about drugs on some messaging app.

A more complicated picture arises when a parent or other adult is aware of indications that things are not going well. For example, they might notice that school grades and interest in school is on the decline. The young person seems more distant and doesn’t seem themselves. Equally, they may have lost interest in old hobbies or seem to be moving to a new group of friends, often who are more concerning to the parents. Substance use is a possible explanation for these changes, but it is

not the only one. They may have a mood or other mental health problem, or a relationship breakup, or had a row with friends etc. Generally accusing a young person of drug use without specific evidence is unlikely to go down well. In these cases, we encourage people to talk the young person, tell them the changes you see and the worry that you do not know what is going on. But a referral to substance use treatment, without specific evidence of substance use involvement is probably premature.

The next section describes how treatment services can be accessed. When crises happen parents often contact services looking for an emergency appointment. While substance use presentations can be complicated, they are rarely emergency referrals. Common crises include worry about overdose, drug debts and mental health complications. While these may be emergencies in themselves, they are not strictly the remit of the substance use treatment services and other services may need to be involved. Overdose is a medical emergency and when there is worry about an overdose the person should be brought to their local emergency department or GP. When there is concerns about drug debts or mental health problem, then the Gardaí or CAMHS ought to be involved. It is possible to refer someone to a substance use service as well as another service.

How to access treatment

In this section I am going to focus on specific substance use treatment. Many people may access support in relation to their substance use in generic or non-specialist counselling services and this is perfectly appropriate. Not everyone who has problems in relation to substance use needs specialist services. Another option that people think about is Alcoholics Anonymous (AA) meeting. AA is a support service for people with alcohol problems (there are spin offs for drugs and cocaine called Narcotics and Cocaine Anonymous respectively, but these are rare in Ireland) that follows strongly on an abstinence based 12-Step model. While under 18s can and do attend these meetings I am not sure they are appropriate first line treatments for young people for several reasons:

- They are peer led and so do not provide an assessment of risk that would be appropriate for high-risk young people.
- The service is based on a model for adults and so is arguably not developmentally appropriate.
- As discussed earlier, young people rarely present with a desire to stop using the substance and so are unlikely to respond well to a service offering an abstinence-based model.
- Finally, young people attend a meeting, usually with adults, and this raises concerns about child protection where potentially vulnerably young people are in a service alongside adults.

All this does not mean that adolescents should not attend AA but that it is not recommended as the primary treatment. It is also worth noting that in Ireland, substance use problems are not seen as mental illnesses and so treatment for them cannot be accessed through CAMHS services.

Traditionally in Ireland there has been a challenge accessing substance use treatment for under 18s. Substance use treatment services were developed with adults in mind and so in many areas of the country young people were simply added into the adult services or simply not offered any service. I am glad to say that considerable progress has been made over the last few years and to the best of my knowledge services for under 18s are not available throughout the country. So, if you have concerns about a young person what options are there:

- A GP referral is not required for substance use services but been seen by a GP is often a good idea, particularly if there are concerns about concurrent mental health issues such as low mood or self-harm.
- A full list of treatment services and other information are available on www.drugs.ie – click into the services tab and select advanced search. Here services can be filtered based on who they help including under 18s.
- Based on the area of the country the local service may be provided by the HSE directly or else by some agency, such as Bernardos, ISPCC or Foróige, who receive funding from the HSE.
- If you are unsure about the need for a referral you could ring the service and have a chat about your concerns without providing the name or other identifying details about the young person.

In most cases the treatment services offer a quick response, and most people are offered an appointment within a few weeks of referral but naturally this can vary depending on the time of year, local staffing issues etc. Services also have different approaches to where they see young people, with some seeing them in local health centres, some having dedicated offices and some even coming to schools or Youthreach (or a combination of these).

There is residential or inpatient substance use treatment available for young people in a dedicated centre in Kilkenny that works with 15- to 20-year-olds. Generally residential treatment is not the first line of treatment and is reserved for more severe or complicated cases. It is also not directly publicly funded and so without health insurance will not be an option for many unless the HSE funds the placement. In general, this only happens after an assessment determines it is the appropriate service. Therefore, my advice to anyone worried about an adolescent is to get them in contact with the local service first as that service is probably best suited to determining if residential treatment is required.

Types of treatment

After a young person has been referred to treatment and is offered an appointment, what can they expect? Again, this varies slightly depending on services but typically the first appointment is an assessment one, often lasting 60-90 minutes. The young person comes with a guardian and initially they meet to explain the process and to reassure the young person around confidentiality. The guardian may give a brief overview of their concerns before being asked to step out and most of the session is spent with the young person. The reason for this is that engagement is the primary goal of session one and the worker will seek to make a connection with the young person to increase the chance they will come back. At the end of the first session, if the young person has agreed to come back and meet again, that is a pretty good start. Often the young person might be unwilling to address drug use but might want to get on better with family, or stop getting in trouble in school, or with the Gardaí. All these are good goals and working on these is likely to lead to working on the substance use. Treatment can include a variety of approaches which may require the involvement of other services such as GPs, CAMHS etc. A good substance use assessment will assess the young person's substance use but also their mental and physical health as well as their overall social functioning.

Psychological

The main approach to substance use treatment is talking or counselling therapies. Motivational interviewing is a counselling approach which seeks to increase a person's motivation to change by conducting the conversation in a way that increases talk about change which tends to lead to movement towards change (James & Reilly, 2024). In addition to this, other approaches will probably be used including cognitive behavioural techniques and psychoeducation.

Biological

Physical health assessments may be completed either by the service directly or in conjunction with their GP. If necessary, health advice may be provided and, in some services medications, can be prescribed if needed. There is rarely a role for medications in treating adolescent substance use but there can be a role for medications in dealing with some of the complications of the substance use. Medications may be required for identified mental health issues or sexual transmitted diseases or where medical tests identify any other complications. These are usually done in conjunction with other services.

Social

Services recognise that substance use problems are a complicated presentation. Social issues are both effected by and influence someone's substance use. Most services provide some support to parents who are often considerably affected by their young person's substance use with feelings of helplessness, frustration and shame common (O'Brien & Hudson-Breen, 2023; Usher et al., 2007). Family interventions are often provided to try and improve family cohesion and can involve sessions with the parents on their own or with their child, or a combination of both.

In addition, work will focus on other aspects of the young person's functioning such as increasing their engagement in school and healthy hobbies and activities. Services will encourage the young person and their family to do anything that supports the young person to engage in healthy activities, such as sport, youth clubs, drama, working etc. Schools should be aware that many parents are very worried about the potential response from schools if they discovered a pupil is using substances and worry they will be excluded from school or have to provide a negative drug test to stay in school. Neither of these are recommended but the fear of these can make collaborations between the treatment service and school tricky.

Conclusion

Adolescent substance use is common, but probably not as common as many people think it is, and as we discussed in the first article, it is probably declining overall. However, a significant portion of adolescents in Ireland are negatively impacted by their substance use. In an ideal world teenagers would not use substances, but it is likely that some always will. In addition to discouraging and preventing substance use we need to identify those who use substances as soon as possible and help them access support. The longer they continue to use the poorer the outcomes. Unfortunately most teenagers will not present asking for help so teachers, guidance counsellors and other adults in their lives need to be vigilant to identify them and intervene appropriately. We certainly need to avoid normalising adolescent substance use as this will likely lead to increases.

Further reading

The Handbook of Adolescent Substance Use is a book that provides a more in-depth overview of the topic and is available to by :

James, P., Kearns, C., Campbell, A., & Smyth, B. P. (2014). *Adolescents and Substance Use: The handbook for professionals working with young people*. (1st ed.). Radcliffe Publishing.
<https://www.routledge.com/Adolescents-and-Substance-Use/James-Kearns-Campbell-Smyth/p/book/9781846199790>

For more information about drugs and drug services the HSE funds the drugs helpline which can be contacted at 1800 459 459 or online at www.drugs.ie

Further information on various health and social issues for young people can be found at www.spunout.ie

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