

**ECHO IDAHO**

**Counseling Techniques for  
Substance Use Disorders**

# **Drug Trends in Youth & Discussing Drugs and Alcohol with Youth**

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None of the planners or presenters for this educational activity have relevant financial relationship(s) to disclose with ineligible companies whose primary business is producing, marketing, selling, re-selling, or distributing healthcare products used by or on patients.



# Learning Objectives

- Current drug trends and demographics in Idaho
- The Why: Teen substance use & conversations
- How to effectively talk to teens about drugs and alcohol

# Review

- Person-first language.
- Addiction vs physical dependence.
- Addiction is a treatable chronic medical disease.
- It involves complex interactions between neurobiology, genetics, environment, and life experience.
- It is defined as a “chronic, relapsing disorder characterized by compulsive drug-seeking and use despite adverse consequences”.
- Prevention and treatment approaches are about as successful as methods for other chronic diseases.

# Words are Important

## Words to Use

Person with a substance use disorder

Person with alcohol use disorder

Substance use disorder

Drug misuse, harmful use

Substance use

Not actively using

Testing positive for substance use

Actively using

Testing positive for substance use

Person in recovery, person in long-term recovery

## Words to Avoid

Addict/drug abuser

Alcoholic

Drug problem, drug habit

Drug abuse

Substance abuse

Clean

A clean drug screen

Dirty

A dirty drug screen

Former/reformed addict/alcoholic



# Demographics in Idaho

- Most reported substances used by teenagers in Idaho
  - Alcohol
    - 23.3% reported drinking in the past 30 days
    - 11.7% reported binge drinking in the past month
  - Marijuana
    - 14.2% stated they used marijuana in the last month
  - Nicotine
    - 18.5% noted using some form of tobacco or nicotine product on one or more of the past 30 days
    - 38.5% reported engaging in vape use in their lifetime
    - Cigarette use is on the decline with (5.6% in 2017, 4.8% in 2019 and now 3.8% as of 2021)

\*2021 Youth Risk Behavior Survey

# Demographic Info in Idaho



- Lifetime use statistics, 9<sup>th</sup>-12<sup>th</sup> grade adolescents
  - 9.6% used inhalants in their lifetime
  - 1.1% used heroin one or more times in their lifetime (fentanyl not specified in survey option)
  - 1.3% used methamphetamine
  - 3.2% used ecstasy or MDMA
  - 3.1% reported taking steroids without prescription
  - 13.9% used prescriptions drugs without prescription
  - 19% reported being offered, sold or given illegal drugs on school property in the last 12 months

Hallucinogens were not specified on survey but are noted to be on the rise as one of the most used substances among adolescents- LSD tabs and psilocybin mushrooms

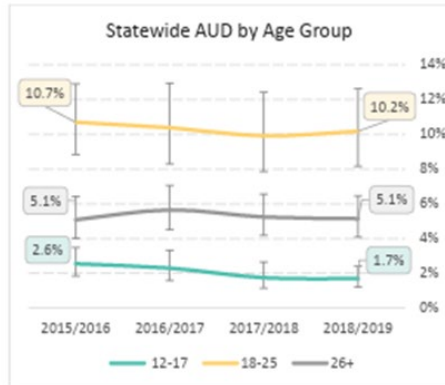
\*noted in 2024-Needs Assessment

\*2021 Youth Risk Behavior Survey

# Trends of Adolescent Substance Use

## Alcohol Use Disorder (AUD) in Past Year

From 2015/2016 to 2018/2019, there is a significant distinction in AUD rates among the three age groups, with 18 to 25-year-olds exhibiting the highest prevalence. More recent data from 2021/2022 show that Idaho's rates of AUD are higher across all age groups than national averages, with the greatest discrepancy being among the young adult (18-25) population.

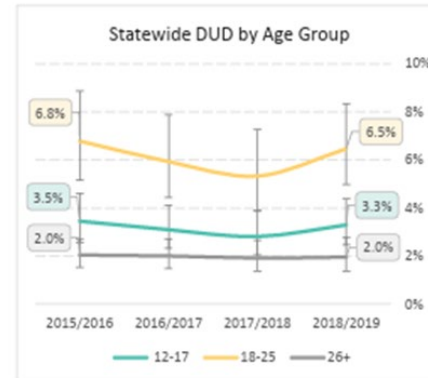


### Idaho vs. U.S. Snapshot

AGE GROUP	Idaho (2021/2022)	U.S. (2022)
12-17	3.4%	2.9%
18-25	18.9%	16.4%
26+	10.7%	10.4%

## Drug Use Disorder (DUD) in Past Year

From 2015/2016 to 2018/2019, young adults aged 18 to 25 showed a statistically significant higher rate of DUD compared to other age groups. More recent 2021/2022 data show that Idaho's adolescent and young adult populations have similar rates of DUD to national averages, with the young adult population continuing to show much higher rates of DUD than the other two age groups.



### Idaho vs. U.S. Snapshot

AGE GROUP	Idaho (2021/2022)	U.S. (2022)
12-17	7.2%	7%
18-25	18.8%	18.6%
26+	7.7%	8.5%

- Both alcohol use and other drug use rates among adolescent (ages 12-17 and 18-25) are higher in Idaho than national average.
- Early exposure increases risk of SUD later in life.
- Evidence of the need for prevention and education to reduce risk among Idaho teens

\*Idaho Substance Misuse Prevention Needs Assessment 2024

# Drug Overdose in Idaho

- 264 deaths related to opioids in 2023
- 51% of Idaho overdoses involved Fentanyl
- Many teens will use counterfeit pills (xanax, adderal, oxycodone, MDMA) that are laced with fentanyl
- Marijuana products can be contaminated with fentanyl due to deliberately lacing it or simply packaging/weighing on same surface, increasing the risk for teens

## NSDUH (Substance Use)

### Opioid Misuse in Past Year

Opioid misuse data is not available in the years prior to 2021 & 2022.<sup>21</sup>

Both young adult (18-25) and adult populations (26+) in Idaho report lower opioid misuse rates than the national average, while adolescents (12-17) report higher rates. This is particularly concerning, given that fentanyl, a synthetic opioid, has become the number one substance associated with overdose deaths across the United States and in Idaho.

#### Idaho vs. U.S. Snapshot

AGE GROUP	Idaho (2021/2022)	U.S. (2022)
12-17	2.1%	1.9%
18-25	2.9%	3.2%
26+	3.1%	3.4%



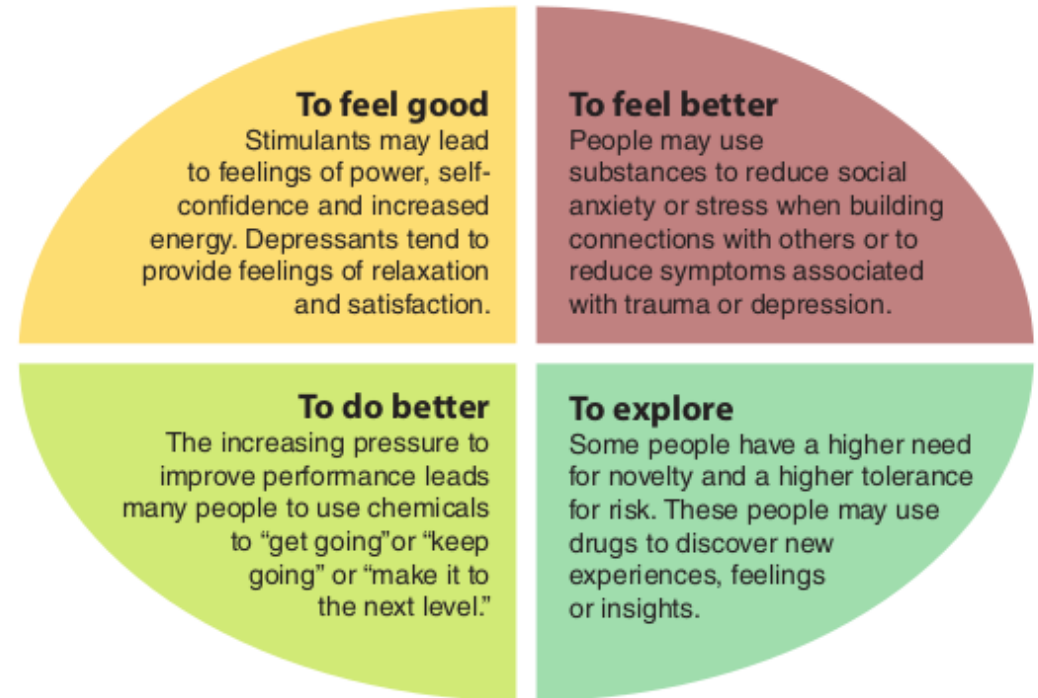
\*Idaho Substance Misuse Prevention Needs Assessment 2024

\*Idaho Health & Welfare



# Adolescents and Substance Use

- Reasons why teens engage in substance use
  - Relieve boredom
  - To feel good
  - Forget about problems and relax
  - Satisfy curiosity
  - Feel grown up/independent
  - Belong to a specific group



# Reasons the Conversation Matters

- Adolescents are growing
  - prefrontal cortex vs. limbic system
- Hormonal changes
  - Sensitivity to reward and new experiences
- Identity formation
  - Self-discovery & identity development
  - Risk taking (a way to explore values, beliefs and personal boundaries)
- Perception of invulnerability
  - Egocentrism – unique experience, not subject to the rules of others
  - Personal fable – feel immune to negative outcomes
- Risk taking is an essential part of development
  - Comes with dangers and can promote growth, learning and resilience
  - Channeled in positive directions (sports, creative pursuits, leadership roles)



# What's Been Done

- Abstinence- extreme approaches are not effective
  - D.A.R.E, “Just say No” and fear-based tactics
  - Some research indicates that those that completed the DARE program were more likely to engage in drug use when compared to other peers
- New approaches are necessary to decrease risks for teens and increase healthier choices
  - Education
  - Prevention



# Prevention & Education

- More effective with teens
- Knowledge and Empowerment
  - decision-making reduces curiosity
  - Helps to demystify drugs & reduce appeal
- Critical thinking & Decision Making
  - In lieu of fear based tactics – education
  - Allows for consideration of real consequences and risks
  - Leads to better decision-making skills – personal relevance to better understand how drugs can affect their immediate lives and goals (sports, health, employment)
- Building resilience & Coping
  - Address root causes – prevention can include coping skills to manage stress, peer pressure & emotional difficulties which are often reasons why teens turn to substance use
  - Teach problem solving & refusal skills to empower teens to handle peer pressure and manage challenging situations



# New Approach

- “Just say Know” programs
  - Focused on education, prevention, reducing severe risk with illicit substance use
- Seven Challenges Program
  - Utilizes holistic approach to educate and empower teenagers regarding substance use, decision making & goal setting
- REACH
  - Activity based prevention, intervention and cessation programs (elementary to high school ages)
  - Includes curriculum on substances to increase knowledge and safety
- PreVenture
  - Prevention program focused on promoting mental health and reducing substance use among youth

# Harm Reduction

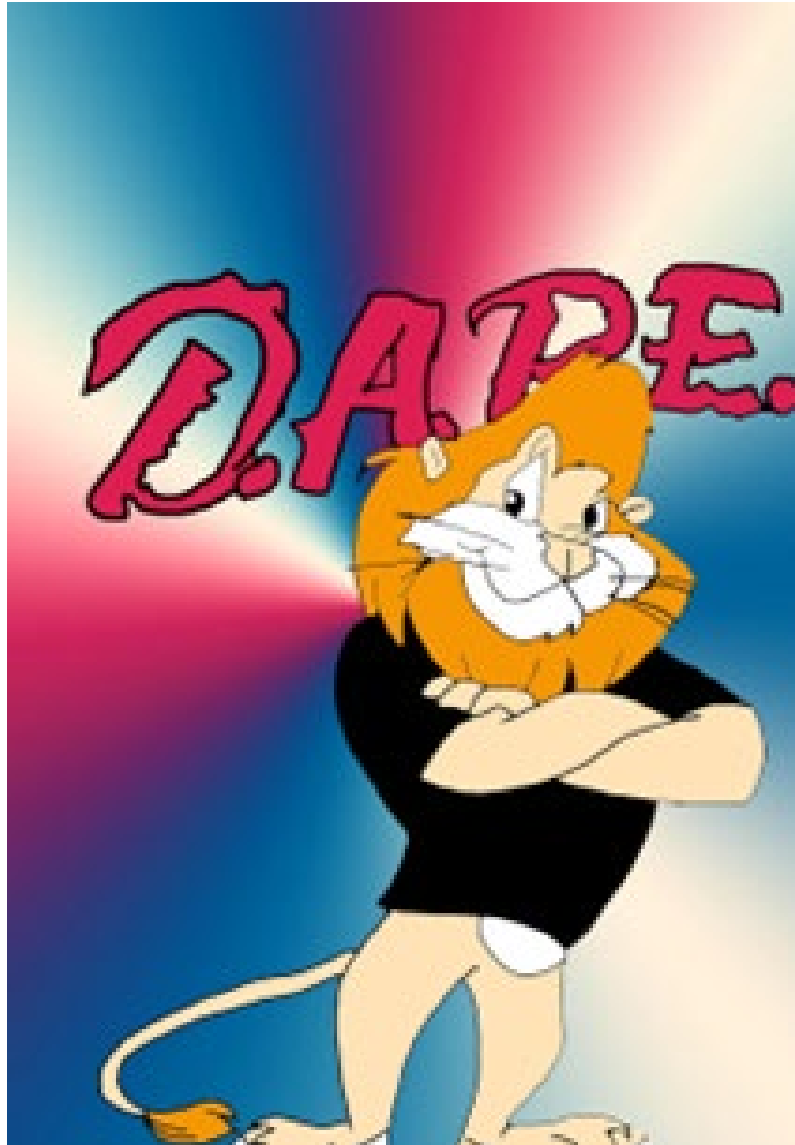
- Due to risk of fentanyl and contamination educating our adolescents is fundamental
- Discuss strategies to reduce risk and overdose
  - Narcan use and education
  - Never using alone (Never use alone Hotline)
  - Avoid mixing substances
- Set limits
  - Knowing when to say no
  - Recognizing signs of overuse
- Avoid Dangerous Situations
  - Designating a safe person (buddy system)
  - Developing plan with parent or safe adult

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# Talking to kids about drugs

- Prevention is the priority, but not always a reality
- Know your audience- understanding teen behavior
- The importance of open communication
- Provide accurate information
- Harm reduction strategies
- Address Peer pressure
- Recognizing signs of substance abuse
- Evaluating personal and family values
- Resources and Support
- Empowering teens to make informed decisions





## The Reality Based Approach vs. Traditional Prevention Strategies

- Programs like *Just Say No* and *Not Even Once* use scare tactics and zero-tolerance which often fails to resonate with youth and have not consistently shown effectiveness in prevention
- Teens who later discover that risks were exaggerated by lose trust in adult guidance
- A reality-based approach acknowledges that some teens will experiment despite efforts
- Instead of saying “don’t do drugs” we should provide honest and factual information about drug use and its effects
- The goal is to equip teens with harm-reduction strategies to keep them safer.



# Harm Reduction versus Abstinence-Only



- Shifting messages from *NEVER DRINK ALCOHOL* to:
  - How to recognize alcohol poisoning and when to seek help
  - The importance of not mixing alcohol with other substances
  - Why drinking in a safe environment with trusted people is crucial



# The teen brain

- The prefrontal cortex is still developing
- Teens are more likely to seek novelty, take risks, and prioritize peer relationships over adults/authority figures
- Saying something is dangerous, isn't always enough—they need guidance on managing risks



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## The Social Context

- Many teens are introduced to substances in social settings—at parties, through friends, or in family environments
- Peer pressure, curiosity and the desire to fit in can play a roll in decision making
- Social media and pop culture normalize and/or glamorize substance use influencing decision making

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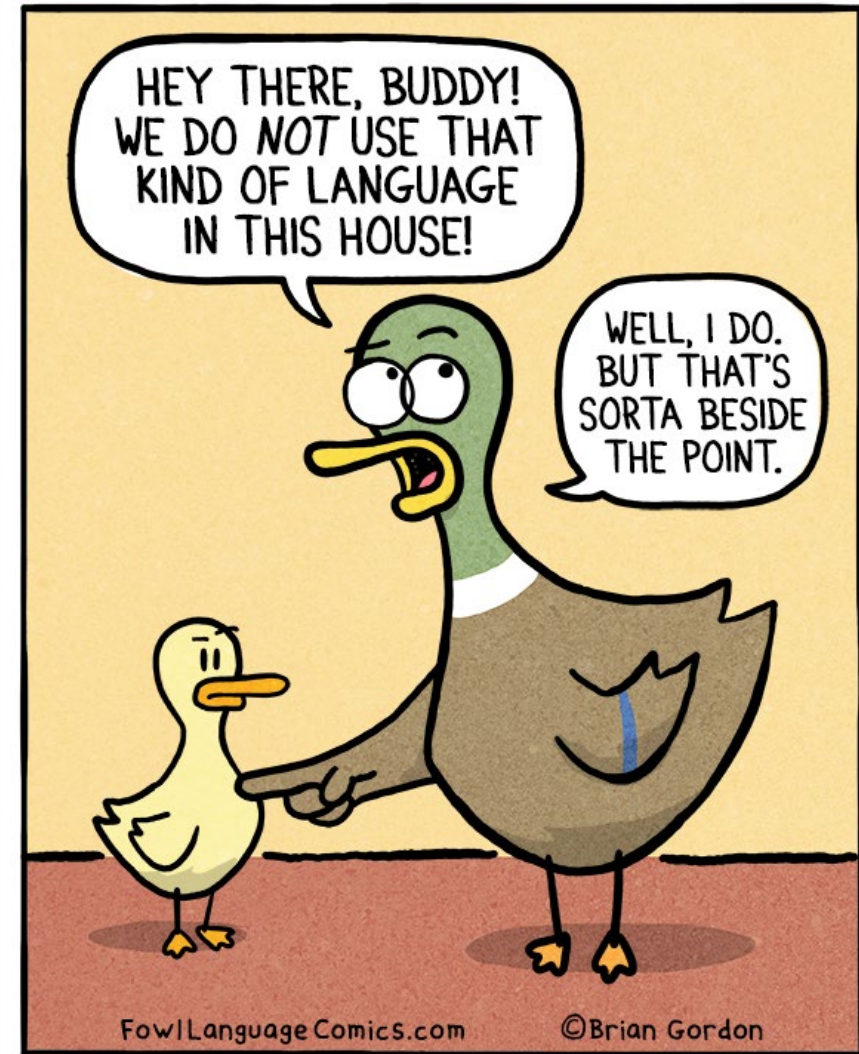
# Equip Teens with Refusal Strategies

- Role play different scenarios can help teens feel prepared for real life situations
- Encourage having a “code word” with parents or a trusted friend—if they need an excuse to leave an uncomfortable situation they can text the word to signal they need help .
- Give teens concrete ways to say *no* while maintaining their social standing:
  - “*Nah, I’m good.*” (Casual and confident)
  - “*I have something important tomorrow.*” (Excuse Based)
  - “*I don’t like how that stuff makes me feel.*” (Personal preference)
  - “*I promised my parents I wouldn’t*” (Blaming authority)



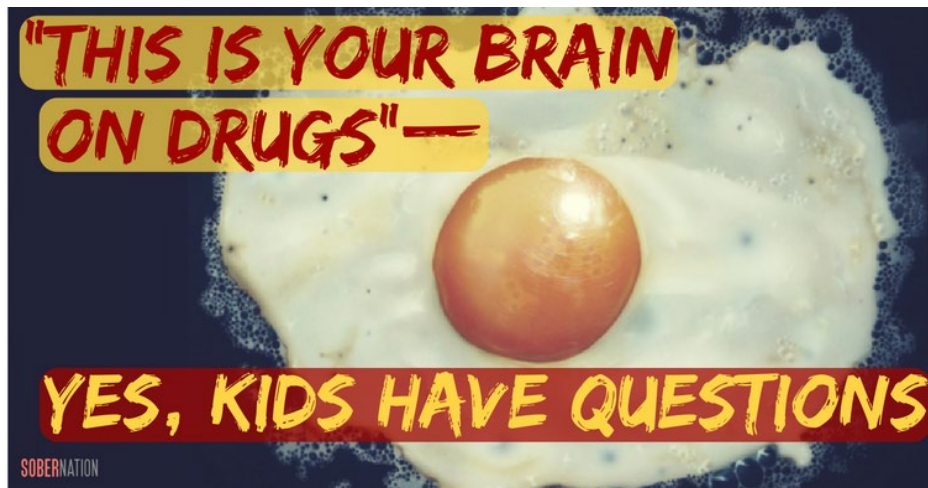
# Aligning Substance Use Conversations with Family Values

- Every family has different values and boundaries around drugs and alcohol. Teens should understand the reasoning behind their family's stance on behaviors.
- Instead of dictating rules, have conversations/discussions around shared values and why rules are in place:
  - Health and well-being (e.g., risks to brain development)
  - Responsibility and self-respect (e.g., not making choices under pressure that they may regret later)
  - Personal goals (e.g., how substance use could impact academics, sports, or future opportunities)



# Experimentation versus Problematic Use

- Not everyone who uses substances will develop addiction
- Some teens use out of curiosity or peer influence
- Understanding *why they use* is key to guiding conversations
  
- Help parents understand the difference between experimentation and signs of problematic use (e.g. frequent use, using alone, or to cope with stress) allows for more appropriate intervention strategies

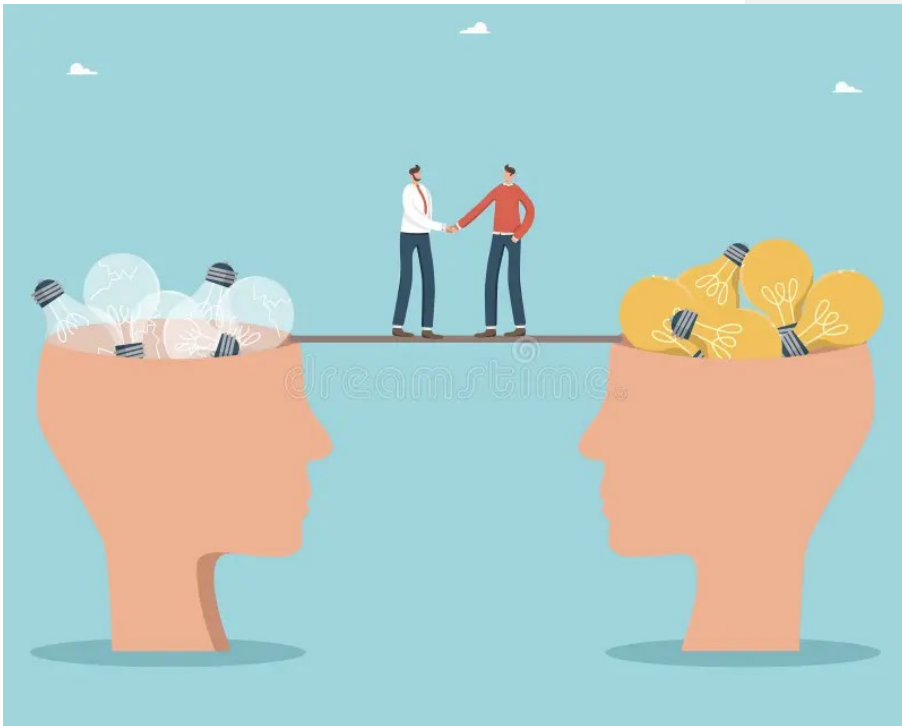


## Why “Just Say No” doesn’t work

1. Teens don’t respond well to ultimatums- they are becoming young adults and want feel respected and trusted
2. Blanket prohibitions ignore the complexities of their experience and push them to seek information elsewhere- not always from reliable sources
3. Instead of demanding abstinence adults should focus on helping teens with critical thinking in assessing risks and making informed choices.

# Open Communication- Creating a Safe and Judgement-Free Space

- Teens are more likely to open up when they feel respected and heard versus judged and punished- Be conversational versus confrontational
- Avoid overreacting or lecturing when they bring up drug or alcohol topics
- Use non-confrontational language- (i.e. instead of “*You’d better not be drinking*”, try “*What have you heard about alcohol use at parties?*”)
- Establish trust by being approachable- allow them to ask questions or admit mistakes





# Open Communication-The Power of Listening and Asking the Right Questions

- Try not to immediately offer advice, let them share their thoughts first.
- Validate their feelings: “I understand you may be curious about this let’s talk about it together”
- Ask open-ended questions to encourage discussion:
  - *What do you think about drug use among your friends*
  - *Have you ever felt pressure to try something*



# Providing Accurate Information- Why Facts Matter More Than Fear

- Teens are more likely to trust and listen when given factual, science-based information instead of scare tactics.
- Misinformation (e.g., “*One hit of marijuana will run your life*”) can backfire if teens learn the truth elsewhere
- Understanding the actual risks and effects of different substances and help teens make informed responsible choices.

## **A Better Approach: Honest, Non-Judgmental Conversations**

Instead of saying “Drugs are bad, don’t do them,” try:

“Here’s what this drug does, here’s why it can be dangerous, and here’s how to make the safest choice possible.”

Reinforce that asking questions is okay—you want them to come to you instead of relying on unreliable sources.

# **When giving the facts:** Key points to cover with teens:

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Types of substances – What they are and how they affect the body.

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Short- and long-term effects – What substances actually do (e.g., alcohol impairs judgment, nicotine is highly addictive).

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Risk factors for addiction – How genetics, mental health, and environment play a role.

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Mixing substances – Why combining drugs or alcohol increases risks.

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Recognizing signs of overdose – When to call for help and how to respond.

# Empower Teens to Make Informed Decisions

1

Reiterate the goal of fostering informed responsible decision-making

2

Encourage ongoing dialogue and continuous education as teens grow and navigate complex situations.

3

Provide Resources and information for both local and national resources for parents and teens.

# Key Points

- Prevention is the priority but not always a reality
- Education around drug use and safety is paramount
- Open communication is key to reducing drug use amongst teens
- Teens respond better to respect and trust, than ultimatums and judgement
- Provide accurate information so that informed decisions can be made.

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Resources for Parents & adolescents (psychoeducation/prevention):

- <https://med.stanford.edu/halpern-felsher-reach-lab/preventions-interventions.html>
- <https://www.sevenchallenges.com/overview/for-adolescents/>
- <https://preventureprogram.com/>