Youthline
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Best Practice Interventions in Youth Substance Misuse and Abuse 2013

Abstract

Substance misuse and abuse can be a cause and a symptom of issues for which young people may need support. Young people as a group are most at risk of experiencing harm associated with substance use, misuse and abuse[1]. Maori and Pacific are overrepresented in substance abuse statistics in this group, as are young people from low socio-economic backgrounds.

This paper sets out effective substance misuse and abuse interventions, and provides an overview of strategies for working with young people. A wide variety of interventions have been found to be effective in reducing harm and strengthening protective factors, but tailoring these to the young person's individual needs is important. Offering a choice of interventions and harnessing internal motivation for change are central factors that influence intervention effectiveness.

Overview of Best Practice

Assessing a young person's health and personal circumstances is essential in getting the right support for their individual needs. When assessing a young person's needs, genetics and environment are both important factors in substance abuse. Family history of substance abuse and associated problems increase the probability that young people will engage in similar behaviour[1]. Exposure to substance use, access to substances and social factors (e.g. role modelling, peer pressure) influence substance use and misuse. Therefore, a thorough assessment (e.g. HEeADSSS, Strengths and Difficulties Questionnaire [SDQ], Substances and Choices Scale [SACS]) should be used to ascertain causal factors in a young person's use of substances and to identify risk, strengths and motivation to change. Further, abuse and addiction rates in adulthood are increased by the rate of substance abuse and age at first use as a young person[1]. Early intervention is important in ensuring young people develop healthy attitudes and strategies to overcome barriers associated with addressing substance misuse.

Some interventions, therapies and approaches have been shown to be more effective than others for promoting appropriate drinking behaviours and reducing harm, substance misuse and abuse. For individuals with severe dependence, abstinence may be the best option, although this approach is not appropriate for all.

Acute cases do not always require extreme measures, and often mild strategies have a positive effect on reducing harm. For some young people and adults, simple interventions such as lifestyle modification and self-help may be sufficient[2]. Importantly, a range of interventions should be offered and employed, to cater to the needs of the individual, where *engagement* in a particular intervention is as important as the programme itself. For example, O'Leary et al. (2002) found that multiple school-based interventions were useful in engaging students, with most choosing group intervention, however 20% chose individual or online interventions[4]. Offering only a single intervention, or forced or compulsory attendance, may be detrimental to motivation, engagement, attendance and pro-social behaviour. Motivational interviewing may be useful in mitigating these affects, whereby young people are supported in finding and using intrinsic motivation to seek and use substance abuse interventions. Also, intervention suitability can depend on the developmental stage of the young person, such as where the involvement of parents in substance misuse programmes improves engagement and outcomes of younger adolescents, but may not have the same effect with older adolescents[5].

Population

According to the Youth '07 survey[6], 72% of students in 2007 reported having ever tried drinking alcohol, while 61% of students in 2007 reported that they currently drink. Importantly, over a third of young people reported binge drinking in the past four weeks, while approximately 5% of students use marijuana weekly or more often.

Although the rate of hazardous drinking has dropped in New Zealand since 2007, including the 15-17 year age group, young people, especially young men, still have high instances of alcohol-related harm[21].

Cigarette smoking in the youth age group has fallen significantly over the past thirty years, however, the 2011/12 New Zealand Health Survey found that the rates of smoking more than doubled from the 15-17 to the 18-24 year age group[7].

Many factors influence substance use and misuse across the population and should be considered in intervention planning. Education plays a key role in young people's awareness of the effects of social factors on substance misuse and abuse, such as regional and national policy, access to substances, and socioeconomic status. Experimentation with substances is seen as a rite of passage by many young people, and prevention education should include recognition of causal factors and resilience strategies to minimize harmful misuse. Sophisticated marketing and advertising of substances (such as alcohol) targets identity-forming culture, and youth culture and subcultures are particularly susceptible to this marketing. An awareness of the powerful effect of this on consumer choice is important in reducing risk[8,9]. Maori and Pacific young people from low socioeconomic areas are more likely to experience negative effects of substance use than other groups[6,10,11], but these are correlates (or associates) of casual factors, and not casual factors themselves. Rates of harm caused by substance misuse and abuse are higher for this group, but interventions must identify and address the underlying causes for the individual, rather than assuming these are factors common to the subpopulation.

Social factors also play an important role in shaping young people's behaviour, and it is essential that adults model appropriate use of alcohol so as to impact positively on young people's perceptions and behaviours. Support and advice may also be offered to families of young people experiencing drug and alcohol related problems, including interpersonal and/or family therapy. Isolated interventions may be less effective than multiple support avenues as young people are likely to need different services at different stages of cognitive and behavioural change, while some need multiple interventions simultaneously.

Clinical Interventions

In terms of psychotherapy, evidence of effectiveness is particularly strong for cognitive behaviour therapy (CBT) assisting individuals wanting to reduce their intake of drugs, alcohol or cigarettes[12]. Intervention outcomes are related to the competent delivery of therapeutic techniques and to the development of a therapeutic alliance[13]. The therapeutic relationship is essential to the wellbeing of the client and to their progress, so a careful match must be made between the client and therapist/counsellor. Furthermore, the client should have the right to request a change in specialist at any point.

Motivational Interviewing

Motivational Interviewing is a well-known, tested method of counselling clients, and is viewed as a useful intervention strategy in the treatment of lifestyle problems. Eliciting concerns from the client can raise awareness of costs of the behaviour and enhance motivation to change, and can be an effective approach especially for at-risk young people. A systematic review and meta-analysis of international randomised controlled trials shows that motivational interviewing outperforms traditional advice-giving in the treatment of a broad range of behavioural problems including substance misuse, albeit with typically small effect sizes[14].

Cognitive Behavioural therapy (CBT)

CBT is an individualised process that is typically quite structured, and can include a focus on clients' thinking, actions, feelings and situation, developing and using new skills, and 'homework' tasks to facilitate therapy and ensure skills can be used in everyday environments[15,16]. This is a particularly effective approach for smoking cessation, as well as in cases where other conditions, such as depression and/or anxiety, coincide with drug and alcohol use[12], although different approaches may be needed for men and women, and effect sizes are small. CBT will typically include components such as:

1. Psychoeducation - information regarding the short term and long term effects of drugs and alcohol.
2. Affect (mood) recognition, stress and distress management.
3. Cognitive training - learning to recognise and replace unhelpful ways of thinking.
4. Behavioural interventions
5. Other components tailored to the client including activity scheduling, problem solving interventions, specific skills training such as social skills, parent training, and long-term relapse prevention.

Brief interventions have been shown to reduce alcohol consumption among heavy drinkers and are appropriate for those with mild to heavy substance abuse problems and those identified through appropriate screening to be drinking or using other drugs hazardously[17]. However, benefits are only clear for men, and not for women. Young people who engage in individual or parent-included Brief Interventions show reduction in substance use for six months after intervention, although relapse rates may rise over time[5].

Psychoeducation and self-help as part of a therapeutic intervention or on its own may be useful in reducing harmful substance use and associated behaviour[18]. Self-directed learning and participation in these strategies online provide help at times suitable to those either not ready to access a counselor or when immediate information is desired.

Lifestyle modification has been shown to be helpful for some people with substance misuse. Lifestyle interventions include regular exercise, a healthy diet, and sleep hygiene (management of getting to sleep and staying asleep) as well as structured daily routines are helpful steps in managing and reducing drug and alcohol use[18].

Relaxation training, including stress management, mindfulness, meditation, yoga, and relaxation exercises may be beneficial when practiced regularly, particularly as part of a comprehensive approach, but are also effective on their own[18]. This is also often a component of CBT therapy where alcohol or drug abuse may be viewed as a learned dysfunctional way to deal with stress.

Family Strategies

An Australian study[20] identified eleven key strategies in reducing adolescent alcohol use. These are:

- What parents should know about adolescent alcohol use (rates, effects, consequences)
- Delaying adolescent's introduction to alcohol
- Modelling responsible drinking and attitudes towards alcohol
- Talking to adolescents about alcohol openly
- Establishing family rules regarding alcohol
- Monitoring adolescent's whereabouts and activities when unsupervised
- Preparing adolescents for peer pressure
- Preparing young people for unsupervised drinking with appropriate strategies
- Addressing adolescent drinking without parental permission
- Safely hosting adolescent parties
- Establishing and maintaining a good parent-child relationship.

Parental strategies in conjunction with clinical interventions have been shown to be effective, and Brief Interventions that include family members can have a greater effect on positive behaviour changes in young people with substance use[5]. Family support with the above goals in mind can assist in interventions with young people whose family has not been able to provide support and/or guidance with substance use.

Summary

Both individual studies and meta-analyses recognise the subjective and varied nature of both the young people who need support, and the interventions that are employed. With this in mind, clinically robust data as to the effectiveness of interventions to reduce substance misuse and abuse are rare, but studies have shown some trends which are summarised here.

Strategies that work

Individual

- ✓ The completion of an in depth holistic assessment prior to intervention/treatment to determine best approach with the individual
- ✓ Offering multiple and differing types of intervention both before and during engagement.
- ✓ Tailoring interventions to the needs of the individual.
- ✓ In younger adolescents, involving parents in interventions may assist in engagement and outcomes.
- ✓ Development of personal and trusting therapeutic relationship between young person and practitioner/trusted adult.
- ✓ Cultural competence and acknowledgement, value and sensitivity of cultural context.
- ✓ Building support networks that may include family and/or friends in some interventions

Group

- ✓ Group interventions that encourage positive pro-social peer engagement.

Population

- ✓ Long-term policy changes that target culture change through collective action from multiple groups.

Strategies that don't work

Individual

- × Forced or compulsory attendance where the young person has little or no internal motivation to engage in interventions.
- × Blaming misuse or abuse solely on the young person, or making them feel at fault.
- × Focusing on the problem of misuse or abuse, without regarding holistic and background factors.
- × Disregarding holistic nature of health and wellbeing, and focusing just on the physical symptoms of substance use.
- × Offering only one type of intervention.
- × Focussing on population similarities as causal factors (e.g. being of a particular cultural group, or being young).

Group

- × Assuming that all group activities improve protective factors associated with substance misuse and abuse.

Population

- × Policy changes that address one aspect of substance use (e.g. changing the drinking age in isolation).
- × Harsher punishments for criminal activity associated with substances.

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