

YOUTH SHOW

[INTRO MUSIC]

**[IT = Ivette TORRES; FH = FRANCES HARDING; MB = MONIQUE BOURGEOIS;
GW = GREG WILLIAMS; MG = DR. MARK GODLEY; MS = MALE SPEAKER;
FS = FEMALE SPEAKER]**

MS: The Substance Abuse and Mental Health Services Administration's Center for Substance Abuse Treatment presents the Road to Recovery. This program celebrates those in recovery from substance use disorders and recognizes the work of treatment providers across the country. Today's topic is:

Recovery at Any Age: Young People Can and Do Recover.

IT: Hello, I'm Ivette Torres and welcome to another edition of *The Road to Recovery*. Today we'll be talking about treating addiction among our Nation's youth. Joining us in our panel today are Frances Harding, Director, Center for Substance Abuse Prevention, Substance Abuse and Mental Health Services Administration, U.S. Department of Health and Human Services, Rockville, Maryland; Monique Bourgeois, Executive Director, Association of Recovery Schools, Fort Washington, Pennsylvania; Greg Williams, Co-Director, Connecticut Turning to Youth and Families, Danbury, Connecticut; Dr. Mark Godley, Director, Research and Development, Chestnut Health Systems, Bloomington, Illinois.

Fran, what is the extent of the problem with youth in America?

FH: Our most recent survey from SAMHSA is that around 10 million, a little over 10 million of our young people, are using alcohol and substances. So it's a concern of ours that our young people are really starting to accelerate drinking and drugging than they have in the past.

YOUTH SHOW

IT: And Mark, it's really...as Fran has mentioned, alcohol is really the main problem. What other substances are youth taking today?

MG: While most youth who use, do use alcohol, marijuana runs a pretty close second with high use in marijuana. But probably the most rapidly growing segment of new use is in the prescription drug area with high increasing numbers of new users coming into the system who've used prescription drugs and normally getting it from a relative or from friends.

IT: And inhalants may be a problem as well?

MG: Inhalants is a problem at younger ages more so than at the older ages. We see a higher use of inhalants with the 13- to 17-year-olds than with the 18- to 24-year-old.

IT: And the challenge with inhalants is that they're more readily available. They're in the homes, so.

MG: They're easily acquired and that may be why you see it more with the younger people as a gateway-type drug to using other things, eventually.

IT: Monique, what are some of the factors that really place a youth at risk?

MB: Well I think factors that place the youth at risk for using substances include underlying mental health issues. I think that environmental factors play an important role if they're in a community that is highly supportive of use. Maybe at home there's using going on. I think that those are some really big contributing factors.

IT: And Greg, why should we be concerned in America with all of these issues with youth?

GW: Well I think the biggest thing is people don't generally realize all the different areas that are impacted by young people using drugs and alcohol, you know. If you look at, you know, in my life, you know, you talk about the hospitalizations, the criminal stuff, all the different areas in my life that were impacted as a result of my alcohol and drug use. So it wasn't just that I was putting myself at risk but I was putting other people at risk and I was causing, you know, impacts in different areas of society.

YOUTH SHOW

IT: For our audience, give them an idea of how you ran into trouble with substances.

GW: You know, when I was about 13 or 14, you know, I experienced with alcohol, you know, and when I first drank, it helped me to, you know, feel accepted. It helped me to feel a part of, you know, and I had a lot of fear and anxiety and acceptance issues growing up, and, you know, alcohol did change that for me. And then quickly it became, you know, marijuana because it was easier to obtain than alcohol. I mean it was parents' cabinets, things like that, you know, early on and I progressed pretty quickly, you know. I liked drinking and drugging and I liked the feeling and, you know, so I embraced it. I ultimately received help through family support. My family got very concerned when I was 16 and 17 and I started to do a lot more risky behaviors with using heavier pharmaceutical drugs and opiates and they started to see a lot of consequences through car accidents and school issues and, you know, so it was really my family who pushed me to the direction of, putting me first into an outpatient program and then subsequently into an inpatient treatment setting after a car accident.

IT: And Fran, isn't this typical is that the parents sometimes don't even have a clue? Can you talk a little bit about what parents need to be looking out for?

FH: One thing that parents should know better watching today is that you are a huge influence on young people's behavior, not only while they were pushing you to get into treatment but to prevent a younger person from getting into trouble to begin with. And we teach parents to look out for signs, some of what you've already mentioned. Parents should see, signs if they have a group of friends that they've been hanging around with since they were 10 years old and then all of a sudden, 15, 16, they have a whole new group of friends.

We teach parents to go into the bedrooms and to look around and see the signs of what's changed in the room and what becomes more important, and mostly listen to what they're

YOUTH SHOW

talking about, who they're talking with, how secretive they become with their computers, all of these things contribute to triggers that a possible problem...may not be alcohol, may not be drugs but there is a problem brewing here that will ultimately turn into something that's dangerous.

IT: Greg?

GW: I think the biggest thing is sometimes as a society we don't acknowledge that drugs or alcohol happening in our house or we don't acknowledge it's happening in our school. And I think that statistics say otherwise, that your adolescent is going to be experiencing drugs and alcohol and they're going to be exposed to it at some way, shape or form and so, you know, there's a lot of families who don't accept that, you know, statement, and it's families that can accept that and say, okay, what are we going to do about it now; my child's going to be exposed to this.

Do we want to have an open environment at home where we're talking openly about it or do we want to have this punitive push it under the rug, let's not talk about it? But as soon as something bad happens, we're going to punish them so, you know, there's a lot of people who talk about, you know, having a safety phone call, you know, for an adolescent where if a young person is out at a party or something, they have a non-punitive way to call their family and come get a ride if they're in trouble, you know. And they know that they're not going to get in trouble and it's usually that fear. For me, it was the same thing.

It was, you know, I didn't want to tell my family what I was doing because of the fear of being grounded or for them to worry about me. But it's like changing that paradigm about, you know, that if we talk openly about this, it becomes a much more environment where people can seek help easier.

YOUTH SHOW

IT: And when we come back, I want to pick up, Fran, on the risk and protective factors that we need our audience to know. We'll be right back.

MS: For more information on National Alcohol and Drug Addiction Recovery Month events in your town and how you can get involved, visit the recovery month Web site at recoverymonth.gov.

MS: Marc Fishman, Medical Director at Mountain Manor Treatment Center in Baltimore, Maryland, talks about his program and the services they provide.

MS: Mountain Manor is a treatment center where we take care of adolescents and young adults who have both addiction problems, substance use problems and co-occurring mental health psychiatric disorders. Mountain Manor provides a whole range of services for youth and that's really important, that it takes more than one kind of approach to try to get to adolescent drug problems. So we do substance abuse counseling, we do mental health therapy, we do educational programming, we do psychiatric treatment, we do medical treatment with pediatricians, we involve parents, we work with kids on an out-patient level and an in-patient level and everything in between because one size doesn't fit all. And we try to squeeze all sorts of different approaches to tailor make treatment to kids.

MS: Stephanie Book, a client at Mountain Manor Treatment Center, discusses how the program has helped her in her journey toward recovery.

FS: Before coming here, I was a very self-centered person. I've learned to look at myself and pick out the things that I feel are wrong about myself and work on them to better myself.

YOUTH SHOW

I've learned new coping mechanisms when I get angry, upset, sad, I have ways to deal with that and people who are here for me, who support me, and who I can talk to.

Things do get better. Just coming in here for the first week that I was here, you know, I felt a lot better. I actually started laughing and smiling and just feeling good about myself, wanting to work out and I can only imagine that on the outside it's just going to get better and better and people can change.

IT: Fran, let's talk about some of those protective factors that parents can utilize in order to speak to their children and counsel them.

FH: Well, some of them have already been mentioned about having the parent participate in the child's life. And parents kind of shrug that off but if you see parents of elementary students and the concerts they go to, the science fairs and then you go and you flip the years forward in high school and you go to their concerts and you go to their sports events, there's very few parents there because they feel they're older now and they don't need that kind of support, so we look to that. We look to teachers to really see a young person as an individual so that we can have the teachers work with them to get the best grades possible.

And the last is in the community, to have the community and their places of worship and everywhere where a young person goes that we watch out for our children. And if it's not my child, it's your child that I watch out for them. I don't let them go home alone day after day, even if I am working. I'm sure that a neighbor or a community center or an after school program that the young person goes to because between the hours of three and seven is when most of our young people are getting into trouble because they're left home alone way too much.

IT: And Greg, how did you get help? What type of treatment program were you exposed to?

YOUTH SHOW

GW: You know, after I was involved in a crisis, a car accident, you know, hospitalization, my family enrolled me into a chemical dependency residential program in Pennsylvania. You know, I spent 3 or 4 weeks there with a group of peers. So that was really an important part of my treatment was connecting with the 20 or 30 other young people that were just like me who used and drank just like me because if I met other people in recovery or you know, came across other counselors and stuff, I could deny that I had an issue. But as soon as I heard from other young people my story and the same similar experiences, I was able to break down some of that denial for myself, you know, because I really didn't go to treatment seeking recovery.

I went to treatment to get my family off my back, you know, and to be really honest. And it was in treatment where that evolution happened for me, you know. And then I spent another 90 days in a recovery house and that was really important to connect real life with my recovery and bridge myself back to the community.

IT: And that's an excellent point. And after that, Monique, comes the offering of the recovery school.

MB: Yeah. Recovery schools are really college and high school programs that provide academic and recovery support for students who are in need of that type of support. It's like Greg mentioned that connection with peers who are like you and are struggling like you to find this journey of recovery. I think that recovery schools can provide the academic support that are so needed for students who are early in recovery and are making that transition into hopefully long-term sustainable recovery. They provide embedded recovery supports within the programs that address...

IT: Such as.

MB: Things like the academic support, help with schooling. A lot of times when students have been using, they miss out key things in their academics. They also provide,

YOUTH SHOW

recovery schools also provide mental health supports, support related to their addiction recovery, relapse prevention, all those things that are essential to helping increase days abstinence and reduce days using.

IT: Are there any stipulations in terms of engaging the families?

MB: It is highly encouraged that families be a part of the recovery process, especially with adolescents and young adults. We know that the chances of a young adult or an adolescent succeeding are going to be greater if they have family support.

IT: Mark?

MG: What Fran said earlier about how over time the parents sort of back off a little bit, it's really true. You see it, so much involvement in the elementary school years and then it sort of dissipates over time and so sometimes it's our biggest struggle to get parental involvement and engagement in the support programs.

GW: And I think the biggest thing now for families to understand is that there's a lot of shame and guilt associated once you uncover that your child is using drug or alcohol. And so like, you know, my family, you know, once they were educated about addiction and they were educated about that they didn't cause my addiction and that they needed, you know, some help, it wasn't their fault that I became addicted, you know, they were able to do sort of their own recovery and family recovery is really important. And there's quite a bit of social supports for families specifically to do their own sort of healing because, you know, alcoholics and people who are addicted don't injure themselves alone. They're in a family unit a lot of times and they take people with them.

IT: And when we come back, we're going to talk a little bit more about family engagement and additional programs to treat adolescents who have an addiction problem. We'll be right back.

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YOUTH SHOW

IT: Mark, what are the key components of an adolescent treatment?

MG: A good treatment program for youth is going to have, first and foremost, a comprehensive assessment. They have to have a good understanding of where that young person is at in terms of not just their substance use but all the life health areas that are meaningful to them and that would be their relationship with family, their emotional health, their school and vocational orientation and what kind of legal issues or problems they might be involved with as kind of a function of their substance use. So a broad spectrum assessment is critical so that you can work up a good comprehensive treatment plan. So that's the first thing.

Then you have to have treatments available to deal with those things and that's really kind of the second thing. So if there are some issues such as depression going on and we see with, particularly with females, girls in treatment that oftentimes there are these internalizing disorders that are more common such as depression or generalized anxiety disorder, that type of thing. So that's important that you then have gender-specific treatment available as well.

IT: And with some programs they can either be cognitive therapy, group therapy, individual...

MG: Cognitive behavioral therapy is really a common therapy that you see that cuts across most of the evidence-based treatments. And so it's really a core therapy that helps people sort of reappraise how they think about things and how they evaluate things in their mind and then that can lead to behavioral change.

ET: Okay, well thank you.

MG: Thank you.

ET: Greg, let's go to you. I try to get placed in a treatment program and I cannot- my parents can't find anything. Is there anything that parents and families can do?

YOUTH SHOW

GW: Yeah. I mean, it's a challenging time for a lot of families. The system that we've set up, you know, publicly and privately, is not the easiest thing to access, you know, behavioral health services. And, you know, there are a lot of stipulations and qualifications that young people need to meet in order to be accepted into a treatment program and have the resources to fund the treatment program. So we do find a lot of young people in that area and a lot of families in that area of not knowing to access services. And one of the biggest supports that our organization does, Connecticut Turning to Youth and Families, we do peer-to-peer support, you know, and we do from a lived experience perspective.

So my family can support another family on how we accessed the system and how we kind of talked to our insurance company. And then a family in a public sector can do the same of how to access State benefits and a young person in recovery knows how to fill out the form down at the social service office to get you on services to access, you know, a bed, and there's also that in between. A lot of those things take weeks sometimes. And, you know, what do you do in between? If there's a critical time and there's a lot community-based peer support out there, you know, mutual support groups or, you know, online stuff where people can connect with people and lived recovery experience so that way they at least have some social support, you know, if they're in need of treatment.

And then there's also a lot of young people who may not need, you know, residential treatment and they might be better suited to stay at home or to be in the community and just, you know, work on the recovery from that place.

IT: Monique, how do I get into if I'm in need of a recovery school? How do I approach the various schools? Are they available to everyone all over the United States or is it only in certain pockets?

YOUTH SHOW

MB: Unfortunately, there are recovery high schools in only eight States and collegiate recovery communities in nine States. So I think that speaks right there to how underserved adolescents and young adults are in the area of addiction. However, we are in eight States and how do you access a recovery high school or collegiate program? Well, first you could go to our Web site and you can see where the different high schools and colleges are located and it would be as simple as contacting them directly and asking what their enrollment criteria that's going to vary between high schools and college programs.

But basically we're looking for students and families that are committed to their education and their recovery, are committed to abstinence from drugs and alcohol, other than prescriptions that, you know, are prescribed by a medical doctor and who want an environment that is academic, first and foremost, with embedded recovery support.

IT: Fran, you spoke about community and we have heard that in order to keep a young person that's in recovery free of alcohol and drugs, again, there has to be a whole support system. How can families and communities help?

FH: We have over a thousand what we call community coalitions. And a coalition is a group of interested people in a community coming together for a common goal. And what the coalition's job is, is to connect people to services, connect people with helping to restrict availability of drugs and alcohol in a community, to strengthen laws, policies, and get them enforced to working with your law enforcement officers and associate with the schools. I would say that within every State we have a good handful of coalitions. We need many more.

YOUTH SHOW

But every State office of behavioral health, alcohol and drugs or mental health should have a listing of those coalitions and I would say parents if they were really looking and were lost, I would call the State office first and get a connection and then go from there.

IT: Well, when we come back, we're going to be talking about what we can do as individuals in order to help youth not even get into alcohol or drugs. We'll be right back.

FS: When you have a drug or alcohol problem, your whole world stops making sense. You can get help for yourself or a loved one and make sense of life again. Good morning. For information, call 1-800-662-HELP. Brought to you by the U.S. Department of Health and Human Services.

IT: Fran, talk to us a little bit about what SAMHSA is doing to prevent youth from getting into trouble?

FH: With our new administration, SAMHSA has made prevention of substance abuse and mental illness a priority, which has really put a lot of energy across the country into doing prevention programs for our young people. The biggest, which we've been doing a lot of talking about, approach, is to get to the parents. So we are working with our parents in programming, we're working with increasing our community program. We are mixing together both evidence-based programs, which Mark talked a little bit about in the treatment area, we have the same type of programs and prevention that are based in evidence with what Monique talked about a little bit about environmental programs, changing the conditions and the norms of a community, one community at a time, and adding to this a huge focus on collaborating with all of our Federal, State, and local partners. We have found that's really the key, that we need to work with our FDA. We need to work with the Center for Disease Control.

We need to work with criminal justice and departments of education along with parents and help people see that substance abuse and mental illness is just another illness that we

YOUTH SHOW

are dealing with in our country just like we are cancer, heart disease, diabetes, and the rest.

IT: Monique, talk to us a little bit about what the regular school systems, both on the private side as well as the public school systems need to be aware of in order to provide the best possible opportunities for youth who may get in trouble with some interventions that may allow them to have a normal and productive school experience.

MB: Sure. Well, I mean, some students that are chemically dependent are always going to need a recovery school of some sort or that type of support. However, the public schools and the private schools can do a lot to help prevent, as Fran was talking about, using some of these collaborative efforts at the State and local levels. And also the schools can provide education prevention intervention services. Maybe that would be through a student assistance program, maybe through having something like a chemical health specialist in their buildings to help facilitate and support those students.

Or if their local community doesn't have a recovery high school or collegiate program, maybe being able to support those students when they're returning from treatment so that they can have access to an adult who is trained in dealing with addiction and recovery. Mark had mentioned earlier that, you know, an adolescent coming out of treatment and working on recovery is going to have issues and they're going to need support and the families need support and education on what that's going to look like. And the schools can also be a part of helping facilitate and educate those families and support those families and students when they return.

GW: And just to add one thing, there's also this emerging peer-support models in public schools that we're seeing in Connecticut and we're seeing successful uses of support models within a school system where they're addressing, you know, alcohol and drug use, maybe not always to dependent, fully dependent kids, but maybe at risk youth so

YOUTH SHOW

they would bridge sort of that prevention and recovery sector and have kids acknowledge and talk about their use and sort of connect their use to their consequences, you know, in a school setting because kids are there, 6 hours a day, so it's a great place.

IT: Mark, do you use student assistance programs? Do you tap other resources, community resources?

MG: Student assistance programs are a vital part of a continuum of care and it accesses young people at an early age and one of the things we know is that if we can access young people when they're initially starting to develop the problem that we can short circuit the length of time that they'll have problems so that the average amount of time they'll have problems is far less. So student assistance programs are vitally important. Unfortunately, student assistance programs are not in abundance. And as States have experienced revenue shortfalls, that's one of the first areas they cut.

IT: Under that particular outlook, Fran, if in fact the treatment system is going to be affected by budgetary constraints, what can we tell our audience to do under those circumstances?

FH: First and foremost, look to see if you have one of those community coalitions near you, because the Federal Government, we're putting a lot of money and we're working in great partnership with the Office of National Drug Control Policy, the U.S. Department of Education, the U.S. Department of Justice and of course, SAMHSA, to bring dollars to the local level so people can come together. If there isn't a coalition, parents could consider bringing people together themselves and going online to the SAMHSA Web site and be able to learn how to bring a coalition together, who should be there at the table, how do I get expertise, and it's very accessible.

We have a Facebook page now. Everything is becoming far easier to approach and to get our messages out. Have the power of a coalition of every single person in a community

YOUTH SHOW

that touches a child come together and talk about what needs to be done and then learn the tools of bringing in, to do an assessment as we do in treatment, we do in the community, we can then begin the process and start. Our new health reform legislation is going to help us because we are bringing in the attention and the dollars to support the funding for prevention, for treatment, and for recovery services. So our future is very bright but a parent needs to see that they are in the driver's seat and that no one program is going to do it.

So bringing multiple kinds of approaches together throughout the continuum is the best advice I think we can give parents.

IT: Thank you for being here. We've had a great show. I want to remind our audience that September is National Alcohol and Drug Addiction Recovery Month and we celebrate it every September. We want you to get involved, get engaged, and support those in recovery and those who serve them. Thank you for being here.

MS: The Road to Recovery is a series of webcasts and radio shows that helps individuals, organizations, and communities as they plan and host events in celebration of Recovery Month each September. This series aims to raise awareness about the benefits of addiction treatment and recovery, and highlight the positive and affirming message that addiction is treatable and recovery is possible.

To view the webcasts from this season and others in the Road to Recovery series visit recoverymonth.gov and click Multimedia.