Presentation Slides: Understanding Youth Substance Use Disorders
Recording of Webinar: DPH Substance Use Disorder Services for TAY
Brought to you by:

- Dr. Jessica Roberts, LA County Department of Public Health
  jroberts@ph.lacounty.gov
- Dr. Alyssa Cohen, LA County Department of Public Health
  acohen2@ph.lacounty.gov
- Duy Tran, LA County Department of Public Health
  dutran@ph.lacounty.gov
- Dr. Elizabeth Norris-Walczak, LA County Department of Public Health
  enorris@ph.lacounty.gov
- Ena Volic, Transition Age Youth Collaborative
  ena@tayatwork.org
- Lauri Collier, L.A. Opportunity Youth Collaborative
  lauri@laoyc.org

Please Complete the evaluation of today’s webinar, and we appreciate your feedback and ideas for future topics.

- Youth Substance Use Training Evaluation

Questions + Answers from the Chat

What about CBD focused items? Is there any data on CBD?
- https://lacountyram.org/reports/ There are many resources on Marijuana and Youth. There may be CBD specific data. Considering that CBD has shown to have minimal THC much of our information is related to Cannabis (THC).

I’d love to hear about effective harm reduction strategies working with youth substance use
● The CORE centers do offer trainings on “Harm Reduction Strategies and Syringe Exchange Programs”. These are aimed at adults who are using substances through IV, but many strategies can be applied to Youth in regards to Overdose prevention, providing education on substance use and developing treatment plans that focus on limiting or reduction of the use of substances.

How do we address teen beliefs that marijuana helps them relax and thus more likely to focus on their schoolwork?
● Providing factual information to youth and offering to do the research together can be helpful. The County of Los Angeles has a Cannabis Education Campaign called Bigger Choices which provides education and videos specifically designed for a youth audience. This can be accessed here: Let's Talk Cannabis - LA County Department of Public Health - Substance Abuse Prevention and Control
● Development of other coping skills (such as meditation, deep breathing, exercise, healthy distraction, etc...)

Because Covid has changed things greatly, how do we get youth to engage and want to work with us as we discuss prevention?
● Engaging youth virtually often requires more frequent touchpoints. This means texting, calling, and checking in often. Using open ended questions, talking about how they are doing during this isolating time, can help them feel supported and more likely to discuss alternate ways to coping with the stressors of Covid.

What do you advise to do when a student starts self medicating?
● The first step is having a conversation with the youth to understand what is happening with them. Before you can have that discussion you must build rapport and use your MI skills.

Thoughts about how much we should share with youth regarding our own experience?
● Before you share anything about your past or personal experience, it is important to think about how what you share will help the youth. Often when youth (and people) ask about you they are asking “can you help me and do you understand?”

Will Dr. Cohen or Dr. Roberts be available to present to parents? If so, could I have the contact information?
● We recommend reaching out to the CORE
  http://publichealth.lacounty.gov/chs/hwwc.htm (SPA 4)
  http://www.publichealth.lacounty.gov/chs/CTCCW.htm (SPA8)
  http://publichealth.lacounty.gov/chs/AVWC/ (SPA1)
  http://publichealth.lacounty.gov/chs/pwc.htm (SPA3)

What about Rastafarians? Does this trample their cultural expression?
● The laws itself are not meant to trample cultural expression. Due to youth not being able to smoke, vape, use cannabis, or drink until the age of 21, we encourage adherence to the laws, while
validating a person’s cultural expression.

When addressing them as "a person experiencing" language, would that leave confusion if they go to twelve step programs that label themselves as addicts or alcoholics?

- How a person identifies themselves is up to them, but we can still use person centered/person first language to validate their experience, and reduce stigma.

How can we encourage our youth to participate in the program if they do not want to attend?

- You can validate their experience and their lack of desire to participate and use MI skills to help them see how participation could be beneficial. Often incentives are helpful, but if not possible or in conjunction with incentives, working with youth to start small with attendance (i.e. attend 3 hours versus 6 hours).

Will programs allow for them to be there half the time?

- As for treatment programs, there are different levels of treatment that are less intensive, but that is something to discuss with the treatment program

What is the county planning on providing substance abuse inpatient services for teens 17 and under? To my knowledge only Tarzana still exists.

- To date, that is the one program offering inpatient services.

Based on those statistics, are there higher rates of alcoholism in countries that normalize drinking at a young age?

- Much like the U.S., it varies based on the country, gender, age, SES and so on. In the United States in 2019 7 million youth ages 12-20 reported drinking more than a few sips of alcohol the past month ([https://www.niaaa.nih.gov/publications/brochures-and-fact-sheets/underage-drinking](https://www.niaaa.nih.gov/publications/brochures-and-fact-sheets/underage-drinking))

- Information abroad- According to a study conducted by the WHO in Europe, there were decreases in regular drinking (weekly) and risky drinking between 2002 and 2014. However, over 1 in 10 young people in Europe were drinking regularly (weekly) by the age of 15 ([https://www.euro.who.int/__data/assets/pdf_file/0007/382840/WH15-alcohol-report-eng.pdf](https://www.euro.who.int/__data/assets/pdf_file/0007/382840/WH15-alcohol-report-eng.pdf)).