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Engaging Parents and Caregivers in Substance Use Disorder Prevention and Recovery

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*University of Massachusetts Medical School*

*Et al.*

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Engaging Parents and Caregivers in Substance Use Disorder Prevention and Recovery

Presenter - Fred Muench, PhD
President of The Partnership for Drug-Free Kids and Center on Addiction

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Susan Halpin, M.Ed.
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NNLM NER, Education & Outreach Coordinator
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Who is Joining Us Today?

Introduce Yourself Using the Chat Box ( “chat” to “all participants”)

Name?

Where are you located?

What do you hope to learn today?
About National Library of Medicine (NLM)

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Physical library is Bethesda, MD part of the NIH campus.

Largest biomedical library in the world

One of the federal government’s largest providers of digital content

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Advance the progress of medicine and improve public health by making biomedical information accessible to everyone.
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  Free Training & Professional Development
  Grant funding opportunities for your community

Center on Addiction
Partnership for Drug-Free Kids
NLM Online Resources for Substance Use Disorder

Opioid Abuse and Addiction Treatment

Summary

What are opioids?
Opioids, sometimes called narcotics, are a type of drug. They include strong prescription pain relievers, such as oxycodone, hydrocodone, fentanyl, and tramadol. The illegal drug heroin is also an opioid.

A health care provider may give you a prescription opioid to reduce pain after you have had a major injury or surgery. You may get them if you have severe pain from health conditions like cancer. Some health care providers prescribe them for chronic pain.

Prescription opioids used for pain relief are generally safe when taken for a short time and as prescribed by your health care provider. However, opioid abuse and addiction are still potential risks.

What are opioid abuse and addiction?
Opioid abuse means you are not taking the medicines according to your provider’s instructions. You are using them to get high, or you are taking someone else’s opioids. Addiction is a chronic brain disease. It causes you to compulsively seek out drugs even though they cause you harm.

What are the treatments for opioid abuse and addiction?
Treatments for opioid abuse and addiction include:

- Medicines
- Counseling and behavioral therapies
- Medication-assisted therapy (MAT), which includes medicines, counseling, and behavioral therapies. This offers a “whole patient” approach to treatment, which can increase your chance of a successful recovery.


https://medlineplus.gov/opioidabuseandaddictiontreatment.html
Looking for Programming Tools Related to Health and Wellness?

Consider borrowing one of our Graphic Medicine Book Club Kits featuring *Sobriety: A Graphic Novel*!

From the publisher…
“Through rich illustration and narrative, *Sobriety: A Graphic Novel* offers an inside look into recovery from the perspectives of five Twelve Step group members, each with a unique set of addictions, philosophies, struggles, and successes while working the Steps.”

To Request a Kit: [www.nnlm.gov/ner/kits](http://www.nnlm.gov/ner/kits)

For Questions or Information
Sarah Levin-Lederer at
[Sarah.LevinLederer@umassmed.edu](mailto:Sarah.LevinLederer@umassmed.edu)
Fred Muench, PhD
President of the Partnership for Drug-Free Kids and Center on Addiction
Engaging Parents and Caregivers in Substance Use Disorder Prevention and Recovery

Frederick Muench, Ph.D.
President
Center on Addiction
Partnership for Drug-Free Kids
Agenda

• Why Families
• How We Serve
• Theoretical Underpinnings
• Programs
• Who is Seeking Help
• Preliminary Outcomes
• Resources
• Vaping
• What you can do
Collaborators and Contributors

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Jeff Foote & Ken Carpenter (CMC)

Sarah Bagley & Alicia Ventura (BMC)
Center on Addiction / Partnership for Drug-Free Kids

Center on Addiction is the merger of the Partnership for Drug-Free Kids and the National Center on Addiction and Substance Abuse. We are a national nonprofit dedicated to:

• Supporting Families to Prevent and Overcome Addiction Through a Suite of Digital and Human Support Tools

• Shaping Public Policy by Partnering with Families to Share Their Stories and Change the Conversation

• Improving Quality of Care By Involving Families In Treatment for Young People and Enhancing Treatment for All

• Changing Culture and Stigma Through Media and by Empowering Families to Prevent and Treat Addiction in their Communities
Substance Use

• Substance use among adolescents and young adults.
• By the time they are seniors in high school in their lifetime:
  • 50-70% of teens have tried alcohol at least once (about 13% past month)
  • 45-50% of teens have taken an illicit substance (about 15% past month)
  • 40% of teens have smoked a cigarette / vaped (4% and 27% past month)
  • 20% of teens have used a prescription drug for a nonmedical reason (3-5% past month)
• Young adults (ages 18-25) have the highest rates of past year use of alcohol, cigarettes, smokeless tobacco, cocaine, heroin, hallucinogens, LSD, MDMA, marijuana, tranquilizers and non-therapeutic use of pain medication, sedatives and stimulants.

MTF, 2017; MTF 2018; Swendsen et al., 2012; Center for Behavioral Health Statistics and Quality, 2016
How Many Young People Vape?

Report vaping in past 30 days in 2019

• 27.5% of high school students (4.1 million) \(^{(\text{CDC})}\)
  • 32% increase from 2018

• 10.5% of middle school students (1.2 million) \(^{(\text{CDC})}\)
  • 114% increase from 2018

• 7.6% of young adults aged 18-24 \(^{(\text{CDC})}\)
  • 46% increase from 2017

• 3% of adults (the intended audience) in 2018
  \(^{(\text{NHIS, ages 18 and older})}\)
  • 14% increase from 2017
Prevalence among U.S. middle- and high-school students

Estimated percentage of students who currently use e-cigarettes and other tobacco products, based on CDC, FDA and National Cancer Institute analysis of data from 2011-2018 National Youth Tobacco Surveys.

High School Students
- E-cigarettes: 1.5% in '11, 20.8% in '18
- Cigarettes: 15.8% in '11, 8.1% in '18
- Cigars: 7.9% in '11, 7.6% in '18
- Smokeless tobacco: 7.9% in '11, 5.9% in '18

Middle School Students
- E-cigarettes: 0.6% in '11, 4.9% in '18
- Cigarettes: 4.3% in '11, 2.7% in '18
- Cigars: 3.5% in '11, 1.6% in '18
- Smokeless tobacco: 2.7% in '11, 1.8% in '18

Note: Smokeless tobacco is defined as chewing tobacco, snuff, dip, snus and/or dissolvable tobacco products.

Total e-cigarette sales in the U.S.

CDC analysis does not distinguish the age of the purchasers. Estimates may include products obtained by youth.

Unit sales from the following tobacco companies (product in parentheses):
- JUUL Laboratories (JUUL)
- Japan Tobacco (Logic, The Cuban)
- British American Tobacco (Vuse)
- Altria (MarkTen, Green Smoke)
- Imperial Tobacco (Blu)
- Other

Unit Sales
- 3.2M in '18
- 2.7M in '17
- 2.2M in '16
- 1.2M in '15
- 0.9M in '14
- 0.8M in '13
- 0.3M in '12

Center on Addiction
Partnership for Drug-Free Kids
A Critical Time for Intervention

- Adolescent and young adult brains are particularly vulnerable to substance exposure as they are not fully developed until the age of 25
- 90% of Americans who meet the medical criteria for addiction started smoking, drinking or using other substances before age 18
- 1 in 4 adult Americans who began using any substance before age 18 current meet criteria for an SUD, compared to 1 in 25 who started using at age 21 or older
## Program Specifics

### Program Type
- **Multisystemic Therapy** (MST): Model Plus
- **New Beginnings (For Children of Divorce)**: Model
- **Group Teen Triple P - Level 4**: Promising
- **Incredible Years® - Parent**: Promising
- **Prosper**: Promising
- **Strengthening Families 10-14**: Promising

### Risk and Protective Factors

**Protective factors** are conditions that buffer a person from exposure to risk by either reducing the impact of the risks or changing the way that one responds to risks.

**Risk factors** are conditions that increase the likelihood of a person becoming involved in problem behavior or developing a disease or injury (e.g., smoking increases the chance of developing lung cancer).

### Risk Factors
- Age of mother at first live birth
What doesn’t work in prevention and early intervention?

- Stand-alone events
- Strictly knowledge-based programs
- Lack of tailoring of a program to the specific group
- Delivery primarily through lecture
- Strictly one-off media-based approaches without accompanying support
- Fear tactics
Risk Factors for Problem Use

- Early Signs/Experimentation
- Temperament/personality (e.g. novelty seeking, inhibition)
- Inability to Control Impulses
- Low Confidence/Assertiveness
- Attention Problems
- Self-regulation problems
- Parental Problems/Use
- Prenatal Events
- Parental Attitudes
- Transitions
- Stressful/Negative Events
- School/Community
- Trauma/CA
- Peer Group
- Limited interpersonal/intrapersonal coping skills
- Interpersonal Dysfunction
- Inability to Control Impulses
- Limited interpersonal/intrapersonal coping skills
- Parental Problems/Use
- Family History
- Cognitive Style
- Lack of boundaries and limits
- Poor Communication
- AVAILABILITY (e.g. medications)
Parents/Caregivers Matter

• A parent or family member is going to be invested in the successful outcome of the young person in a way different from a school or treatment team.
• Parents or other family members have known the young person the longest and have a longitudinal perspective to inform decisions based on what has worked (or not worked in the past).
• Family members have the unique perspective on identifying risk factors and warning signs for use and relapse in a young person’s natural environment and can intervene early with proper training and support.
Family-Focused Prevention Programs

**Guiding Good Choices**
This program uses a multimedia approach to support parents in communicating with their children lovingly and supportively, and therefore decrease their chances of using substances.

**Operation Prevention**
DEA and Discovery Education created this program to educate students about opioids, and it includes classroom and parent resources.

**Strengthening Families Program**
SFP provides family skills training to strengthen the relationships within the family through a curriculum for both parents and children.
Family and Caregiver Treatments for ASU

Family therapy is the most effective form of care for adolescent substance misuse.

- Functional family therapy
- Multidimensional family therapy
- Brief strategic family therapy
- Behavioral/Motivational Family Interventions
- Community Reinforcement and Family Training (CRAFT)*
Family Motivational Intervention with Co-Occurring Disorders
(FMI; Smeerdijk et al., 2012; Psychological Medicine)

- Child’s Substance Use

- Complete abstinence from cannabis over 3-months

![Bar chart showing average days of use for cannabis, alcohol, and other drugs, with trend statistics and percentage of complete abstinence from cannabis over 3-months.]
CRAFT-T: A component for the treatment of Opiate Use Disorders
(Bringham et al 2014)
Caregivers Often Don’t Engage in Help

• **Stigma**
  - The *stigma* against substance use causes many family members resist seeking help for their loved one out of fear of the discrimination and the judgment from others, against themselves as parents and against their children.

• **Unaware of the resources / Cost**
  - Not knowing about the resources available to them, effectiveness of resources, or the financial barriers to care

• **Belief that it will get better (both young person and parent)**
  - While parents might be aware of problems or potential problems, we often hope it will get better.

• **Too Much Effort in Busy Lives**
  - Too much effort and burden given overwhelming lives
Limited Options When They are Ready

• Family therapy and training/supporting parents, caregivers and influential others is not used by most programs due to lack of financial incentives for family training despite outcomes.

• Families are rarely engaged in care as systems not have the infrastructure despite the value add to improving outcomes and cost reduction.

• Barriers to attending care restrict implementation even with the best of intentions.

• Remote digital family services and community and provider training can close these gaps by empowering the supporters of those in need.
How We Help

• We run a free, national Parent and Caregiver Helpline (via phone, SMS, Facebook Messenger, chat or email) to help parents and caregivers prevent and overcome addiction for their children and loved.

• We have a National Parent Coaching program with over 300 volunteers.

• We have an automated Parent Assessment Triage and Messaging system to hold caregivers hands on their journey

• We have a family targeted website for addiction with over 5 million visitors a year.

• We have a robust technical assistance program to train providers on family and caregiver interventions.
Measurement Training and Feedback System

Pragmatic web-based therapist training system that features therapist self-report, video modeling, observational coding, and measurement feedback on fidelity

Engaging Families in SUD Services: A TIP 39 Training

A Train the Trainer Curriculum for SUD providers including video modeling and experiential exercises, along with an ongoing Learning Collaborative and emergent quality assurance procedures
CRAFT Technical Assistance

• Funded today through multiple contracts with NYS OASAS (Office of Addiction Services and Supports) to train providers on empirically support care for families (Neighbors, Lisio, Daugherty, and colleagues). Select Programs Include:
  • Medication Assisted Treatment Training (General)
  • CRAFT (Community Reinforcement and Family Training) dissemination and implementation training certifying clinicians in assisting concerned significant others to engage treatment-refusing individuals struggling with substance use to enter treatment. Online training coming soon.
Provider Prescribing Education and Tools

SEARCH AND RESCUE
EMPOWERING PRESCRIBERS TO IDENTIFY OPIOID DRUG ABUSE

HOME
THE ADDICTION EPIDEMIC
ACCESS PRESCRIPTION MONITORING PROGRAM
RESOURCES & TOOLS

SEARCH AND RESCUE
THE RESOURCES TO HELP PREVENT PRESCRIPTION OPIOID ABUSE—AT YOUR FINGERTIPS

LEARN ABOUT THE OPIOID ADDICTION EPIDEMIC

Prescriber Resources for Preventing Prescription Opioid Abuse
Family Services

Helpline
- 1-855-DRUGFREE
- Text
- Facebook Messenger
- Email

Parent Coaching
- Peer-to-peer support
- Guidance from someone who’s “been there”

Help & Hope
- Evidence-based skills via text
- Personalized guidance and support
- Adaptive to changing circumstances

Community Education
- Workshops and presentations
- Documentary screenings

Online Support Groups
- Specialist and peer support
- Education and skill development

Drugfree.org & Social Media
- In-depth resources / support
- Articles, ebooks
- vParent blog
- Parent skills videos
- eLearning Modules
Our Service Mission Statement

• To provide whatever support a CSO (Concerned Significant Other) needs to help themselves or their loved ones prevent or overcome addiction while enhancing their quality of life and life goals.
• Meet the help-seeker where they are on their journey when based on their needs, goals and readiness and adapt to those needs over time
• Allow a help-seeker to begin/sustain a conversation with us via their preferred medium of communication (eg. SMS, email, phone, chat, FB messenger)
• Allow a help-seeker to begin and sustain the conversation with us via their preferred method of communicating (eg. web/download, automated proactive, automated reactive, automated interactive, asynchronous, synchronous)
• Allow a help-seeker to adapt their program and join other programs in real time via user-based multi-medium assessments
• Deliver communications/interventions in the most effortless and salient - but impactful – manner.
• Tailor communications/interventions to the help-seeker’s cognitive, behavioral and emotional capacity.
Theoretical Foundation

- Motivational Interviewing
- Transtheoretical Model of Change
- CRAFT: Community Reinforcement and Family Training
- Harm Reduction
- Acceptance and Commitment Therapy
- Invitation to Change
- Social-Cognitive Learning Theory
- User Experience Design and Implementation Frameworks

MAKE IT EASY AND SALIENT
Curating the Journey

Multi-channel Engagement

Engage (re-engage) via phone, email, chat, message

Assessment

Adapt through ongoing assessment that changes the program with the changing needs of parents and loved ones.

Personalization Engine

Personalize to each parent and child’s unique needs and goals

Automated Digital, Specialist & Peer Support
Helpline: Digital and Phone Support

- Dedicated to responding to direct requests for information and support through phone, text, email, Facebook Messenger and live-chat (Beta).
- Will serve 10,000 families with one-on-one connections in 2019, many over multiple days/months.
- Staffed by 13 Helpline Specialists who are trained in substance use, family dynamics, mental health, and intervention.
- We are not a crisis line.
- 7 bilingual (Spanish/English) Specialists working in both English and Spanish
- Open M-F from 9:00am ET – 12:00am ET and Weekends from 12:00pm ET – 5:00pm
Open Engagement

Caregivers

Website 800 # SMS Facebook Messenger Live Chat Email Community Forums Phone Online Learning

IVR Asynchronous Live Support Automated Curated Messaging Managed Many-to-Many Coaching One-on-One Coaching One-to-Many Coaching

The Platform

Helpline Specialists Parent Specialist Parent Coaches

Platform Analytics

Center on Addiction Partnership for Drug-Free Kids
Why Omni-Channel Matters

115,000 messages sent in the last 6 months

Families Served Oct-Nov 2017: 638

- Calls, 445
- Facebook, 22
- Live Chat, 76
- Email, 95

Families Served Oct-Nov 2018: 2283 (+422)

- Calls, 444
- Facebook, 1059
- Messaging, 626
- Help and Hope, 422
- Email, 154

Help and Hope: 422 families served in Oct-Nov 2018
Assessment/Evaluation & Personalization

Baseline, Real-time Interaction, Follow-up, Analytics

1. What is the primary drug that your child is using?*
   
   A. Heroin
   
   B. Prescription pain pills (such as Oxycontin, Percocet or Vicodin)
   
   C. Other

2. How motivated is your child to change/get help?
   
   A. Not at all/Very little
   
   B. Somewhat/Moderately
   
   C. Very/Extremely

3. Does your child have any of these higher risk factors that you know of? (select all that apply)
   
   A. My child has overdosed before.
   
   B. My child is administering drugs intravenously (IV).
   
   C. The majority of my child's peer group is also using substances.

---

Center on Addiction
Partnership for Drug-Free Kids
Personalized Feedback

- Provide immediate personalized feedback to take immediate action.
- Give resources and options for further reading.
- Begin the process of change while waiting for a specialist.
6 Steps to Find Addiction Treatment For Your Son or Daughter If You Don’t Have Insurance

OCTOBER 31, 2017 BY MARY ANN BADENOCH, MASTER ADDICTIONS COUNSELOR

Your entire family is thrown into a crisis when your son or daughter needs treatment for drug or alcohol addiction. And that crisis is magnified if you don’t have the money or insurance to get help.

Although it may take work and patience finding affordable treatment for your son or daughter, it is possible. Here are six steps you can take to help you find low cost or free treatment options.

1. Research Your Options

Heroin, Fentanyl & Other Opioids Understanding to Action

Heroin and other opioids are ravaging communities across America. Deaths from heroin increased 328% between 2010 and 2015, and drug deaths from fentanyl and other synthetic opioids are now seeing a sharp rise as well. More Americans die from drug overdoses than in car crashes, and this increasing trend is driven by Rx painkillers.

The time to take action against this epidemic is now.
Most Common Intervention Targets

- Spotting Signs of Substance Use/Misuse/Relapse
- Understanding Substance Use and Risk
- Communication Skills & Motivational Strategies
- Setting Limits & Monitoring Behavior
- Natural Consequences
- Positive Behaviors
- Social Engineering
- Positive Reinforcement
- Self-Care
- Empowerment & Hope
- Risk/Harm Reduction
- Navigating Treatment
- Treatment Options
- Paying for Treatment
- Continuing Care/Sustained Growth
- Local Support/Peer Support
- MUCH MORE
Parent Coaching
Parent Coach Support

The Partnership and our clinical training partners the CMC Foundation for Change has trained over 300 parents who have either lost a child due to addiction (30%) or have a child in recovery (70%).

- Training is a 3-day intensive workshop on evidence-based concepts such as community reinforcement and family training (CRAFT), acceptance and commitment training (ACT), and motivational interviewing (MI).
- Training includes ongoing support and supervision.
- Coaching takes place on the phone – over the course of about five calls – during approximately a six-week period providing:
  - Support and empathy, Parenting skills, Resources
Coaching Outcomes

• Over 600 parents have been coached since 2015
• Carpenter and colleagues conducted a survey a sample of coached parents following specialist support
• Demographics:
  • 121 completed surveys before and following coaching
  • Over 90% of callers are female, nearly 90% were moms
  • 80% were calling about their sons
  • 23% called about teens (13-17) while 77% called about a young adults (18-30)
  • The majority (64%) had their loved one living at home
  • 50% marijuana, 30% opioids, 10% alcohol, 10% other
  • Following specialist support, callers asked to complete a pre- and post-survey on knowledge, confidence and hope.
Survey Process

• Callers asked to complete a pre- and post-survey regarding their experiences with their children (eg communication) and their own cognitions and behaviors (eg hope).

• Response categories included “none”, “a little”, “somewhat”, and “a lot”. For purposes of presenting results, responses were collapsed into two buckets: none/a little or somewhat / a lot

• **Note:** The pretest was AFTER helpline specialist contact so the baseline levels are high as individuals had already engaged in some change processes
Parent Coaching

Pre-Post Coaching

Understanding Why
Positive Reinforcement
Natural Consequences
Manage Negative Reactions

Pre-Coaching
Post-Coaching

Carpenter et al., 2019
Parent Coaching

### Pre-Post Coaching

- **Gotten in Arguments**
  - Pre-Coaching: 60
  - Post-Coaching: 20

- **Worried**
  - Pre-Coaching: 90
  - Post-Coaching: 80

- **Difficulty Making Decisions**
  - Pre-Coaching: 70
  - Post-Coaching: 60

*Pre-Coaching* vs. *Post-Coaching*
Parent Coaching

Pre-Post Coaching

<table>
<thead>
<tr>
<th>Category</th>
<th>Pre-Coaching</th>
<th>Post-Coaching</th>
</tr>
</thead>
<tbody>
<tr>
<td>Self-Care</td>
<td>50</td>
<td>70</td>
</tr>
<tr>
<td>Confidence in Ability</td>
<td>10</td>
<td>70</td>
</tr>
<tr>
<td>Belief in Change/Hope</td>
<td>20</td>
<td>60</td>
</tr>
</tbody>
</table>

Pre-Coaching - 50
Post-Coaching - 70

Pre-Coaching - 10
Post-Coaching - 70

Pre-Coaching - 20
Post-Coaching - 60
Who is Coming to the Helpline?
Helpline Calls: Need State

Need State (May- August 2019)

- LO Struggling: My LO is struggling with substance use - 60.0%
- LO Early Use: My LO has recently started using... - 19.6%
- Other: Caller is calling for some other reason not... - 8.3%
- Self: I am calling about my own substance use - 3.2%
- Nonviable: Prank/Hang-up/Wrong Number - 2.4%
- LO Relapse Prevention: My LO has used in the past... - 2.1%
- LO Prevention: My LO has not used substances but I... - 1.0%
- Provider: I am calling to get information on behalf of a... - 0.9%
- LO Deceased: My LO has passed away from substance... - 0.1%
- Not Discussed - 2.2%

Center on Addiction Partnership for Drug-Free Kids
Helpline Calls: Type of Call

Type of Call (May-August 2019)

- Standard: 70.5%
- Informational: 8.9%
- Crisis: 2.2%
- Not Discussed: 4.6%
Helpline Call: Living Arrangement

Living Arrangement (May-August 2019)

- Living with a parent: 50.5%
- Living elsewhere (family, friends,...): 12.0%
- Living with a partner: 3.7%
- Homeless: 3.7%
- Living at college: 2.8%
- Other: 2.4%
- Incarcerated: 1.8%
- Not sure: 1.3%
- Living in supervised treatment setting: 1.2%
- Not Discussed: 3.4%
Helpline Calls: Gender

May-August 2019

Caller Gender
- Female: 72.1%
- Male: 27.9%

Loved One Gender
- Female: 64.8%
- Male: 21.1%
Helpline Calls: Caller’s Relationship to Loved One

Caller's Relationship to LO (May-August 2019)

- Parent/Step-parent: 69.9
- Grandparent: 3.5
- Other family member: 2.4
- Sibling: 2.2
- Friend: 1.8
- Partner: 1.0
- Other: 0.7
- Not discussed: 1.5

Center on Addiction
Partnership for Drug-Free Kids
Helpline Digital: Primary Substance

Primary Substance (May-August 2019)

- Marijuana: 42.8%
- Heroin/Prescription Pain Pills (Opioid): 27.4%
- I’m Not Sure: 10%
- Alcohol: 8.1%
- Other: 4.9%
- Methamphetamine: 4.2%
- Cocaine/Crack: 2.4%
Helpline Digital: Loved One’s Age

- 18-30 years old: 41.8
- 13-17 years old: 38.8
- 30+ years old: 18.5

Age
Help and Hope: Tailored Messaging

You can love your child and dislike his behavior at the same time.

Invite your child to be a participant in creating a plan to feel better and stop using.

Click here to schedule a chat session with a coach about navigating.

Text "JOIN" to 55753
Who is Coming to the Help and Hope Opioid and What Do They Want?
### Help and Hope Opioid Program (N=722)

<table>
<thead>
<tr>
<th>Concerned Carer</th>
<th>Concerned About</th>
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<tbody>
<tr>
<td>Male</td>
<td>Male/Son</td>
</tr>
<tr>
<td>23%</td>
<td>64%</td>
</tr>
<tr>
<td>Female</td>
<td>Female/Daughter</td>
</tr>
<tr>
<td>77%</td>
<td>36%</td>
</tr>
</tbody>
</table>

<table>
<thead>
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<td>Heroin</td>
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<td></td>
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<td>Prescription pills -</td>
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<tr>
<td>opioids</td>
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<tr>
<td>26%</td>
<td></td>
</tr>
<tr>
<td>Other</td>
<td></td>
</tr>
<tr>
<td>25%</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Concerned About</th>
<th>Concerned About</th>
</tr>
</thead>
<tbody>
<tr>
<td>Living with me</td>
<td></td>
</tr>
<tr>
<td>47%</td>
<td></td>
</tr>
<tr>
<td>Living elsewhere</td>
<td></td>
</tr>
<tr>
<td>(with family, friends,</td>
<td></td>
</tr>
<tr>
<td>roommate(s), along,</td>
<td></td>
</tr>
<tr>
<td>etc.)</td>
<td></td>
</tr>
<tr>
<td>30%</td>
<td></td>
</tr>
<tr>
<td>Living elsewhere in</td>
<td></td>
</tr>
<tr>
<td>a supervised setting</td>
<td></td>
</tr>
<tr>
<td>(tx center, recovery</td>
<td></td>
</tr>
<tr>
<td>housing, jail/prison,</td>
<td></td>
</tr>
<tr>
<td>etc.)</td>
<td></td>
</tr>
<tr>
<td>13%</td>
<td></td>
</tr>
</tbody>
</table>
## Help and Hope Opioid Program: Needs

<table>
<thead>
<tr>
<th>Need</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>Help motivating my child/loved one</td>
<td>91%</td>
</tr>
<tr>
<td>Speak with parents who have similar experience</td>
<td>87%</td>
</tr>
<tr>
<td>Understanding substance use disorders better</td>
<td>70%</td>
</tr>
<tr>
<td>Help with communication</td>
<td>86%</td>
</tr>
<tr>
<td>Help with stress and burn out</td>
<td>90%</td>
</tr>
<tr>
<td>Help with overdose risk</td>
<td>48%</td>
</tr>
<tr>
<td>Help communicating with partner</td>
<td>37%</td>
</tr>
</tbody>
</table>
## Help and Hope Opioid Program: Risks

<table>
<thead>
<tr>
<th>Risk Description</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>Peer group is also using substances.</td>
<td>60%</td>
</tr>
<tr>
<td>Trauma or loss.</td>
<td>40%</td>
</tr>
<tr>
<td>Recent relapse.</td>
<td>37%</td>
</tr>
<tr>
<td>Overdosed before.</td>
<td>36%</td>
</tr>
<tr>
<td>IV use.</td>
<td>33%</td>
</tr>
<tr>
<td>Recently detoxed from drug use without tx.</td>
<td>26%</td>
</tr>
<tr>
<td>Recently incarcerated/released with no tx.</td>
<td>24%</td>
</tr>
</tbody>
</table>
# Help and Hope Opioid Program: Barriers

<table>
<thead>
<tr>
<th>Barriers</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>Do not have money or insurance</td>
<td>43%</td>
</tr>
<tr>
<td>Do not know right type of treatment</td>
<td>43%</td>
</tr>
<tr>
<td>Waitlists/no beds.</td>
<td>33%</td>
</tr>
<tr>
<td>Stigma going to treatment</td>
<td>16%</td>
</tr>
<tr>
<td>Other</td>
<td>10%</td>
</tr>
</tbody>
</table>
Quick Overview: What is Vaping?

• The act of inhaling and exhaling the aerosol produced when using an electronic vapor product
• Not combustible and does not produce tobacco smoke, tar, or many of the other toxic ingredients associated with smoking
• BUT, the term ‘vaping’ is misleading – vaping doesn’t produce harmless water vapor
• Vaping produces an aerosol, which consists of many toxic chemicals and dangerous particles
Why Be Concerned?

• Nicotine itself is harmful
• The chemicals in the aerosol are harmful
• 4 times increased risk of cigarette smoking
• Dual use – both vaping and smoking – is common
• Highly addictive, hard to quit
• Link to other substance use and addiction
• Link to mental health disorders
• Recent spate of illnesses and deaths
How Do Youth Get Them?

- U.S. law prohibits e-cigarette sales to anyone under 18
- Some cities & states set a minimum legal sale age of 21

- Retail outlets – Age limits not well enforced by stores
  - 74% of teens who use JUUL get them from stores
- Family or friends – Older kids give or sell to younger kids
- Online – Age limits are easily bypassed
  - 94% of purchase attempts by 14-17 year olds were successful
- Students find them easy to access
  - 46% of 8th graders, 67% of 10th graders, 81% of 12th graders say they are “fairly or very easy to get”
  - One in four teens in a recent Center on Addiction survey said they can get them within one day or less, if they chose to do so
Motives for Use Reported by Adolescents

- Friend or family member vapes (39%)
- Flavors (31%)
- Less harmful than other forms of tobacco use (17%)
- To try to quit other tobacco use (8%)
- Discreet, can be used anywhere (7%)
- Easier to get than other tobacco products (5%)
- Cost less than other tobacco products (3%)
- Famous people use them (2%)

(CDC, 2016)
Helpful Messages for Teens

• Don’t fall for it
  • Don’t let big businesses take advantage of you, ruin your health, make you dependent
  • It’s not cool to be addicted to and dependent on a drug
• Don’t be fooled by celebrity and social media promotions
  • There’s money behind them, not your best interests
• Don’t contribute to environmental damage
• Make smart and healthy choices
  • Vaping really is dangerous
  • You only have one brain and body and they’re in pretty great condition right now – why mess up your health?
Vaping Drugs

• 40% of students who used e-cigarettes in past 30 days vaped marijuana (CDC, 2016)
• Marijuana vaping products look like JUUL, come in youth-friendly flavors, are odorless and difficult to detect
• Enters bloodstream quickly
• Vaping one THC cartridge = 3-4 marijuana joints
• Highly potent levels of THC; high risk of overuse, addiction, psychiatric effects
• Earlier and more frequent use of high-THC marijuana puts adolescents at risk of poor school performance, substance use disorders, mental health issues
• Other substances that are vaped: Alcohol, Synthetic Marijuana, Bath Salts, Opioids, Psychedelics
Helpful Vaping Resources

- Centers for Disease Control and Prevention (CDC): https://www.cdc.gov/tobacco/basic_information/e-cigarettes/index.htm
- Stanford’s Tobacco Prevention Toolkit: https://med.stanford.edu/tobaccopreventiontoolkit/E-Cigs.html
- Truth Initiative’s quitting resources: https://truthinitiative.org/thisisquitting
- Center on Addiction’s Expert Views on E-Cigarettes: https://www.centeronaddiction.org/e-cigarettes
Concluding Thoughts

• **Make it easy** for parents/families to engage in prevention and intervention programs.

• Focus on non-specific user experience factors like effortless salience of messages in ones life (emails, text messages, social media posts).

• After effortless salience, the most important intervention target for families regardless of prevention or intervention is honing communication skills.

• Focus on individual differences to personalize interventions.

• Use external resources (e.g. Partnership Vaping Guide/20 Minute Guide by CMC) but localize it to your community needs (e.g. drug use patterns, culture, etc.)

• **Make it easy**
Co-Branding & White Labeling to Localize

Pilot project with Delaware to provide family services to their constituents
Some Family Prevention References

Some Family Intervention References

Some Family Intervention References

Thank You

Questions
Fred_muench@drugfree.org
Thank you Fred!

For MLA continuing education credit, you must complete a webinar evaluation.

We value your feedback, please help us continue to improve by completing the evaluation.

enrollment code: Dis1920
Future NNLM NER Webinars

December 12, 2019 3-4PM
Substance Use Disorder and Heredity – It’s a Family Disease

January 30, 2020 Louie Diaz
from the Documentary film “Beyond the Wall”
Struggles and Strategies for Survival Beyond the Walls of Jail
https://nnlm.gov/classes/substance-use-disorder-celebrity-webinar-series