



**Canadian Mental
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La santé mentale pour tous



Addiction, Substance Misuse and Youth

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Addiction: Physical and/or psychological dependence on a substance or activity, despite the potential harms.

Substance Misuse: When a person experiences negative consequences from substance use.

Substance Use Disorder: Term used by the Diagnostic and Statistical Manual 5. A diagnosis of a substance use disorder is based on 11 criteria that include evidence of impaired control, social impairment, risky use, withdrawal and increased tolerance.



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The Four C's

- **Craving**
- **Loss of Control** of amount or frequency of use
 - **Compulsion** to use
 - Continued use despite the **Consequences**

Youth and substance use

- Alcohol and cannabis are substances most frequently used by youth.
- Prescription opioids used non-medically have replaced tobacco as the third most commonly used drug by Ontario teens.
- Young people aged 15 to 24 are more likely to experience a concurrent disorder than any other age group
- A national survey of grade 7-9 students found that about two thirds had consumed alcohol.
- Over 40% of 15-19 year olds have binged on alcohol over the past year
- 16% of university students report frequent heavy drinking and 31% met the criteria for “hazardous” drinking
- Approximately half of 18-19 year olds have used cannabis in the past year, with approximately 3-5% using daily.



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Substances in the DSM 5

- Alcohol
- Tobacco
- Caffeine
- Cannabis (Hash, Marijuana)
- Stimulants (Cocaine, Amphetamines)
- Hallucinogens (LSD, MDMA)
- Inhalants (nitrous oxide, solvents)
- Opiates (Heroin, Morphine, OxyNeo, Fentanyl, Percocet)
- Sedatives/Hypnotics (Benzodiazepines, Barbiturates)
- Other or New Psychoactive Substances.



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New Psychoactive Substances (NPS)

- Mimics the effects of other commonly used substances, but has a different chemical compound.
- “Legal Highs” or “Designer drugs”
- Youth are a significant portion of the NPS market worldwide.

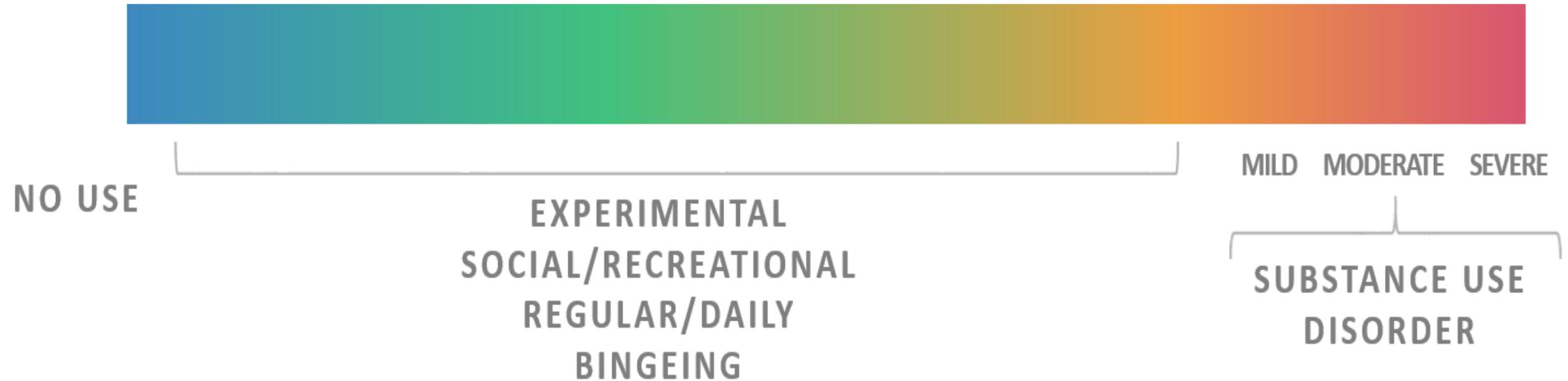


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Continuum of Substance Use



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Biopsychosocial model

- Biological
 - Having a parent or sibling who has an addiction related concern may make someone at higher risk
- Psychological
 - When there is a rewarding experience that encourages a person to repeat the experience.
 - Substance use as a coping mechanism
- Social
 - Social determinants (employment, housing, equity)
 - Addiction is shaped by our relationships with others (peer factors)
 - Availability and cultural factors



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Risk Factors

- Environmental and social factors
- Conflict in family structures
- Parents who use substances
- Pre-existing mental health concerns
- Age
- Grief and loss
- Lack of coping skills
- Discrimination
- Impulsivity
- Thrill seeking behaviours
- Loneliness and isolation
- Bullying
- Trauma or stressful life events



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Trauma Informed Care

A program, organization, or system that is trauma-informed:

- *Realizes* the widespread impact of trauma;
- *Recognizes* the signs and symptoms of trauma in clients, families, staff, and others involved with the system;
- *Responds* by fully integrating knowledge about trauma into policies, procedures, and practices; and
- Seeks to actively resist *re-traumatization*.



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Models

Harm Reduction

- Personal choice: “Meets people where they are at”
- Non-judgmental, empowering, flexible & reduces stigma for substance users
- Best practices for youth
- Safety as a continuum (encourages safer behaviours; does not demand abstinence)
- Needle exchange programs, drug replacement therapy, education about drugs, reduce use, safer use etc.,

Medical Model

- Addiction is a disease
- Treatment requires abstaining from substances
- Have to be ready to quit
- Alcoholic Anonymous, Narcotics Anonymous, Cocaine Anonymous, & Inpatient Treatment Centers

****Both models are legitimate. It's a matter of fit for client***



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What Do People Need? Why do People Use Substances?

- To escape from pain
- To relax
- To reduce and manage stress, anxiety, and depression
- Boredom
- To feel joy and happiness
- To numb
- To feel loved
- To fit in and belong
- Confidence
- To manage physical pain
- To feel accepted
- Loneliness



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Concurrent Disorders

- Mental health and substance use issue co-exists
- People with mental health issues are twice as likely to have substance use issues compared to the general population (CAMH)
- Substance use can exacerbate a pre-existing mental health issue, but no evidence that it causes mental health disorder
- Substance use can mask a mental health disorder
- Substance misuse is directly related to self-medication
- Often substance users self-medicate with drugs instead of anti-depressants because it's less stigmatizing



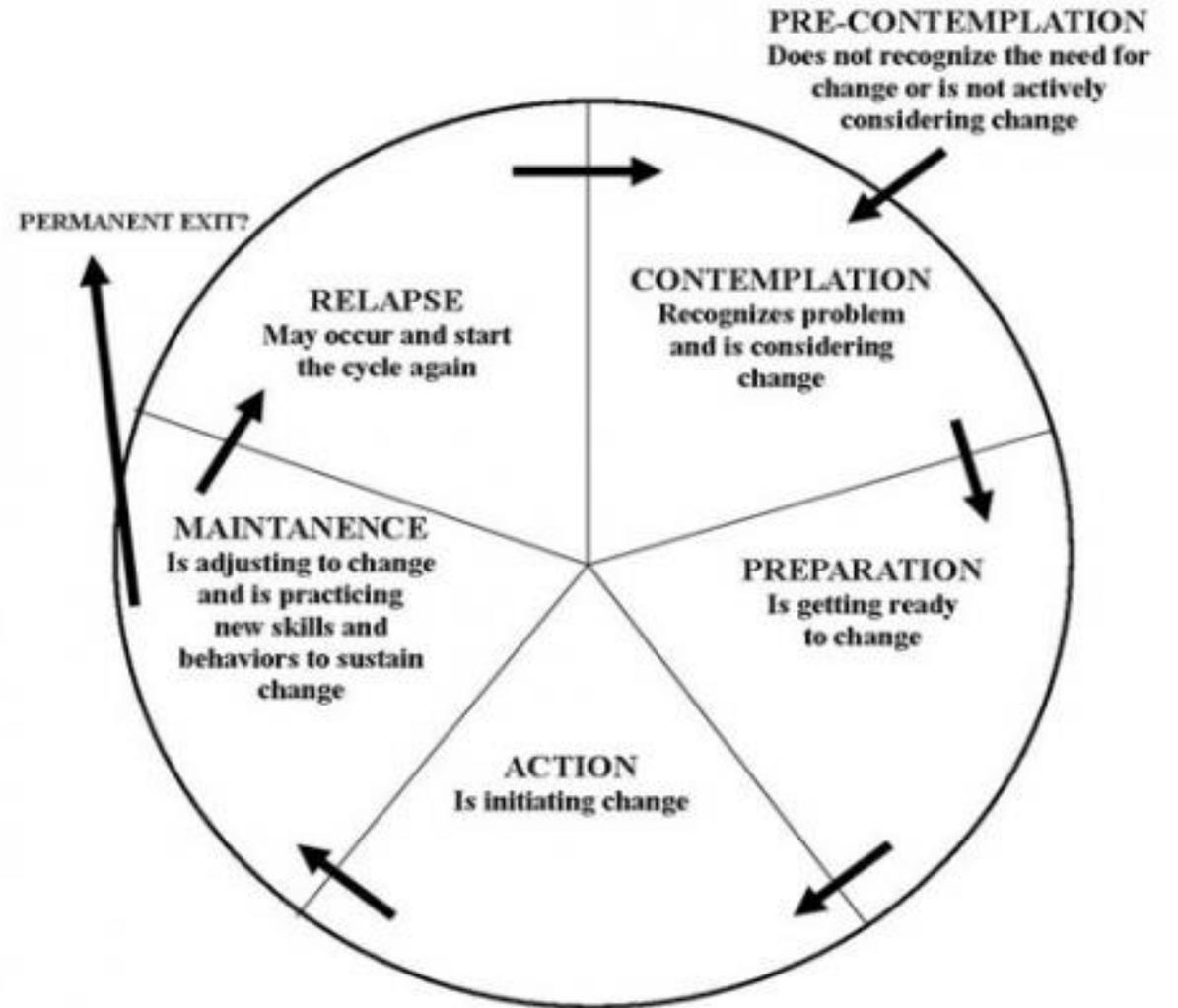
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Stages of Change

- Developed by Prochaska & DiClemente (1982)
- Important tool to assess where clients are in the change process
- Each stage of change is associated with a distinct set of cognitive, emotional and behavioural characteristics
- Change is a process



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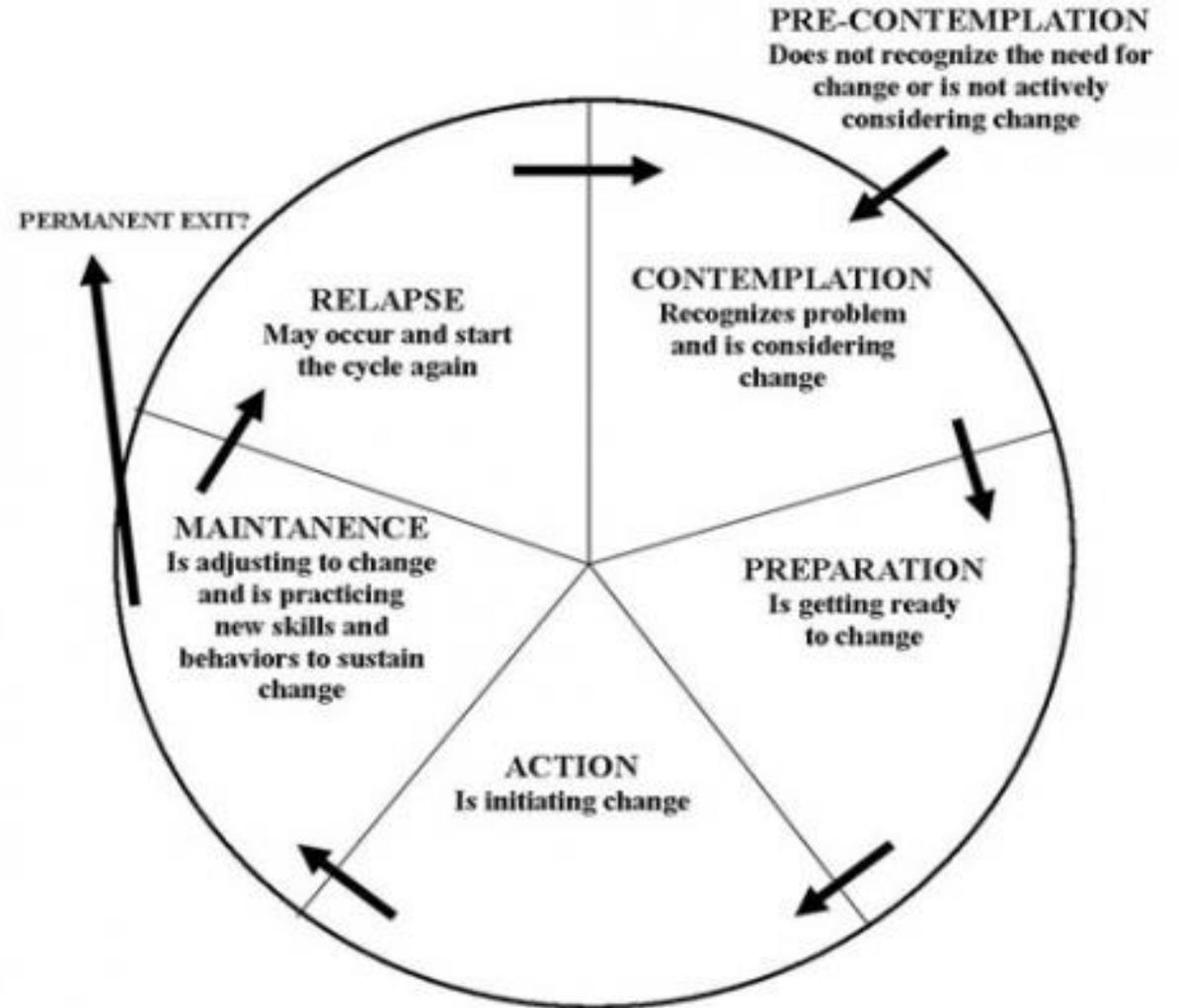
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Stages of Change

Pre-contemplation

- Not thinking about the change
- Does not recognize need for change
- Unaware of adverse consequences of behavior
- Youth are usually defensive and resistant to engage in change process
- Therapeutic Intervention: Build relationship and trust, increase awareness, be curious



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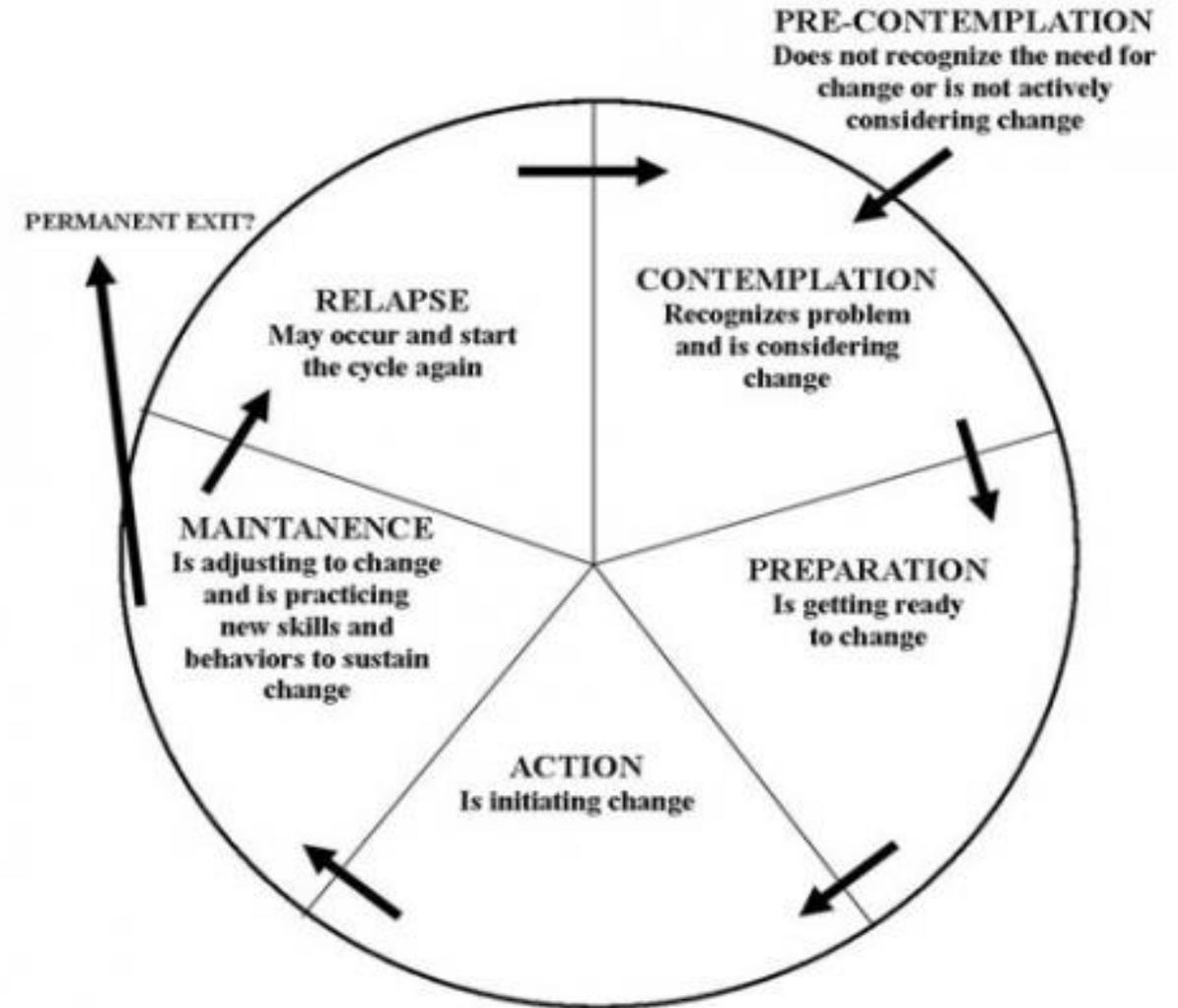
Stages of Change

Contemplation

- Recognize problem exists and is considering change
- Youth are typically ambivalent about change
- Therapeutic Intervention: Decisional balance, increase awareness, discuss where they are at verses where they want to be & provide empathy and compassion

Preparation

- Getting ready to change
- Therapeutic Intervention: Replacement and planning



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Stages of Change

Action

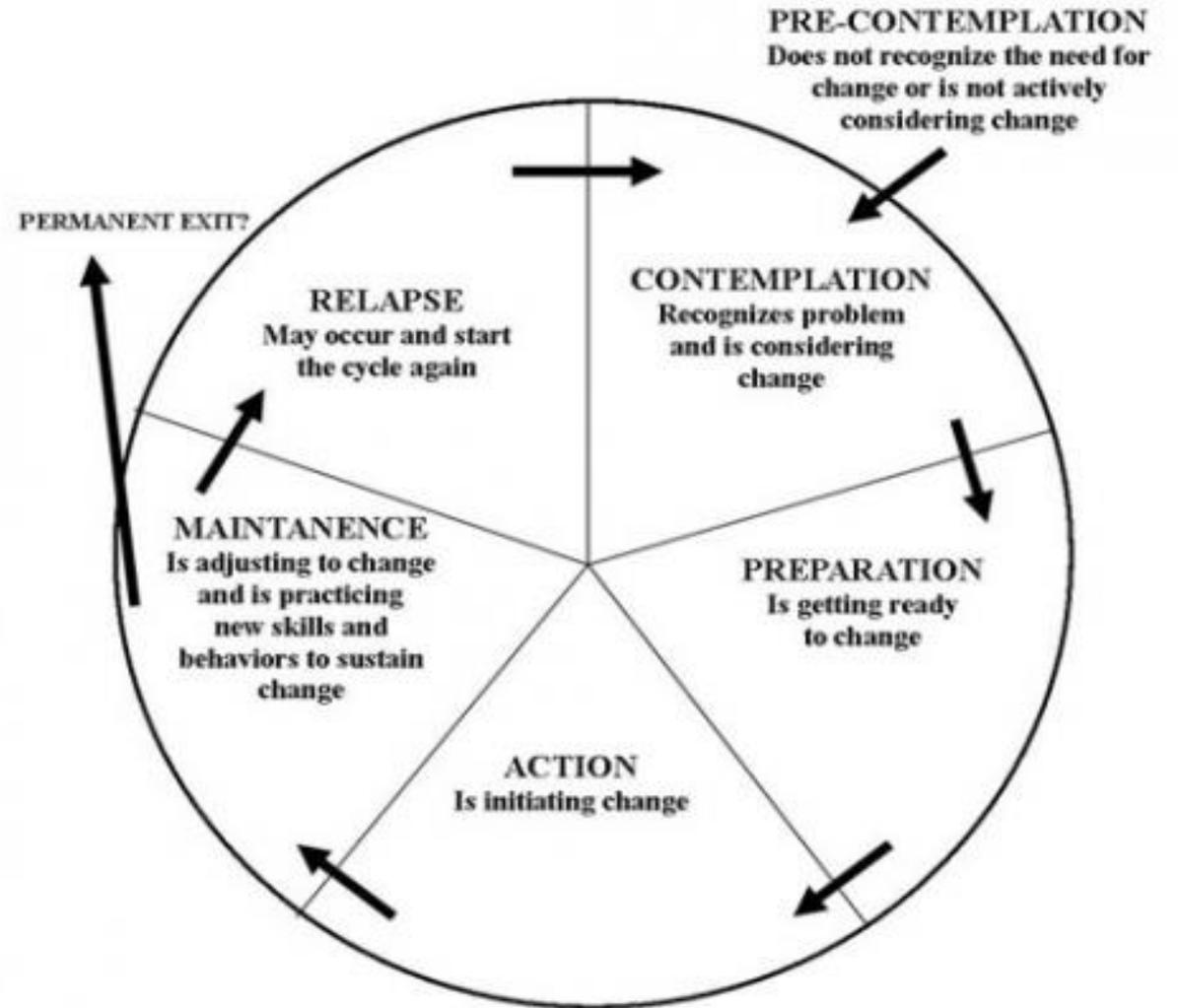
- Actively working on goals

Maintenance

- Adjusting to change
- Practicing new skills and behaviours to sustain change

Relapse

- Revert back to problematic behaviour



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Engagement

Curiosity

Listen

Empathy

Acceptance

Respect



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Resources and Further Reading

Resources for Addictions:

- Breakaway Addiction Services: Intake: 416-234-1942
- CMHA Ontario: <http://ontario.cmha.ca/>
- Toronto Withdrawal Management Services System – 1-866-366-9513
- CAMH Addiction Consultation Services: 1-888-720-ACCS (2227)
- Connex Ontario Drug and Alcohol Helpline: 1-800-230-2305

Further Reading:

- Trauma informed practices (Jean Tweed Centre): <http://jeantweed.com/wp-content/themes/JTC/pdfs/Trauma%20Matters%20online%20version%20August%202013.pdf>
- Dr. Gabor Mate: What is addiction? - <https://www.youtube.com/watch?v=T5sOh4gKPIg>
- Daniel J. Siegel – Brainstorm: The Power and Purpose of the Teenage Brain
- Gordon Neufeld & Dr. Gabor Mate – Hold on to your Kids
- Marc Lewis – Memoirs of an Addicted Brain



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