Selecting and Implementing Evidence-based Practices to Address Substance Misuse Among Young Adults

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Objectives

- Describe Evidence-Based Guidebook process and goals
- Outline most recent data related to young adults and substance use
- Describe guidebook contents and how we got there
- Discuss evidence based practices that will make a difference for young adults

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Evidence-Based Guidebook Overview and Process

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Guidebook Project:

Response to the 21st Century Cures Act to disseminate evidence-based practices and service delivery models to prevent substance misuse and to help individuals with substance use disorders (SUD), serious mental illnesses (SMI), and serious emotional disturbances (SED) get the treatment and support that they need.

- *Evidence is available* on the types of services, treatment and supports that prevent and reduce substance use, lessen mental health symptoms and improve individuals' quality of life.

- *Make the evidence accessible* to service providers and systems of care.

- *Provide practical guidance* from experts to help communities adopt evidence-based practices and programs.

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Other Guides in the Series

1. Substance Misuse Prevention for Young Adults

2. Preventing the Use of Marijuana Among Pregnant Women

3. First-Episode Psychosis and Co-Occurring Substance Use Disorders

4. Use of Medication Assisted Treatment in Criminal Justice Settings

5. Use of Medication for Opioid Use Disorders in Emergency Departments

6. Substance Use Disorders with a Focus on Employment/Education

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https://www.samhsa.gov/ebp-resource-center

- Data, data, data

- SAMHSA priority

- Gaps

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1. Combating the Opioid Crisis through the Expansion of Prevention, Treatment, and Recovery Support Services.

2. Addressing Serious Mental Illness and Serious Emotional Disturbances.

3. Advancing Prevention, Treatment, and Recovery Support Services for Substance Use.

4. Improving Data Collection, Analysis, Dissemination, and Program and Policy Evaluation.

5. Strengthening Health Practitioner Training and Education.

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What Do the Data Tell Us About Young Adults?

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National Survey on Drug Use and Health (NSDUH) Overview

- Covers the civilian, noninstitutionalized population, aged 12 or older:
  - Includes: Households, college dorms, homeless in shelters, civilians on military bases
  - Excludes: Active military, long-term hospital residents, prison populations, homeless not in shelters
- Sample includes all 50 states and DC
- Approximately 67,500 persons are interviewed annually
- Data collected from January to December
- Designed to obtain accurate responses for substance use and mental health
  - Ensures survey responses are not linked to personally identifying information
  - Data collection techniques encourage accurate reporting of sensitive information

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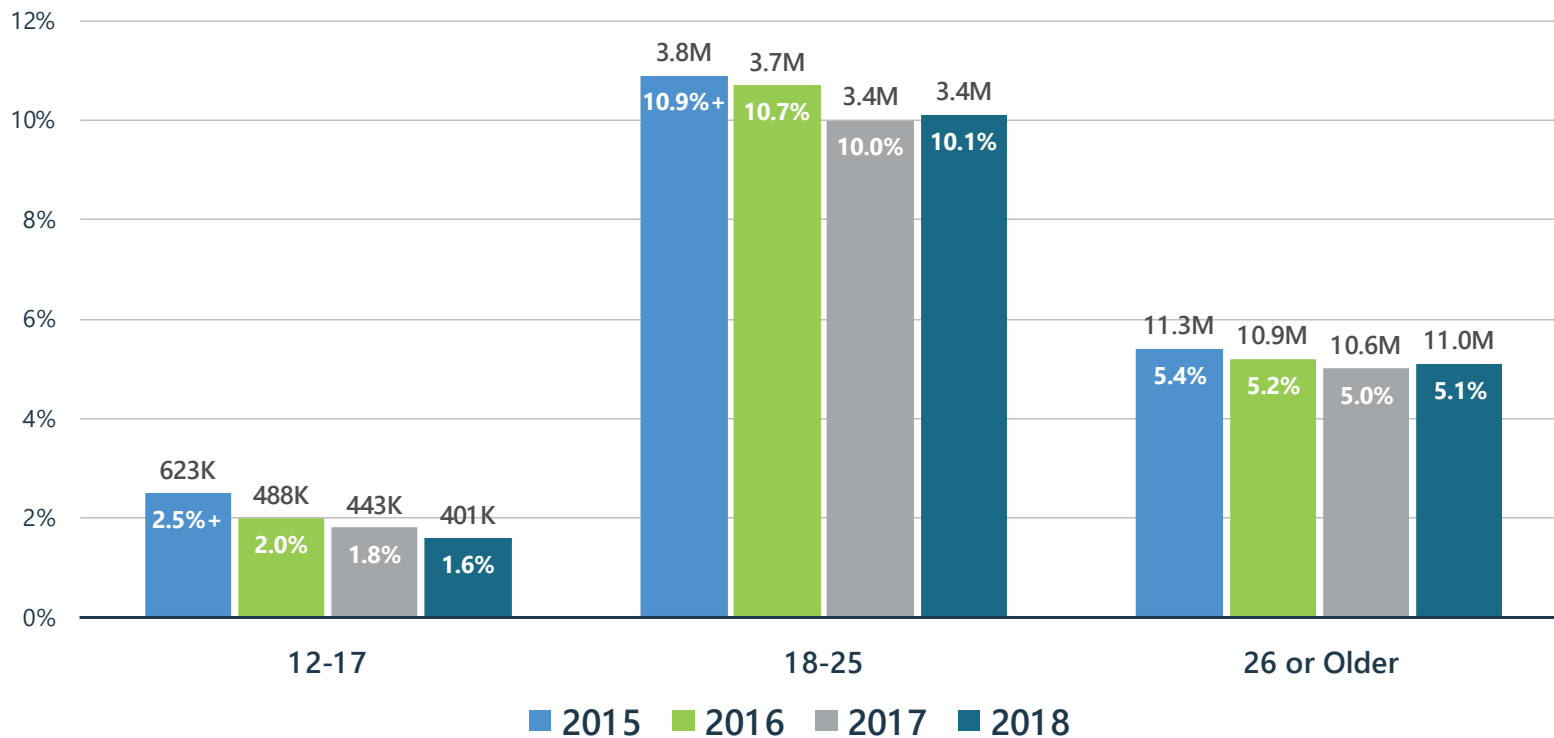Services Administration

Alcohol Use

PAST MONTH, 2015-2018 NSDUH, 12+
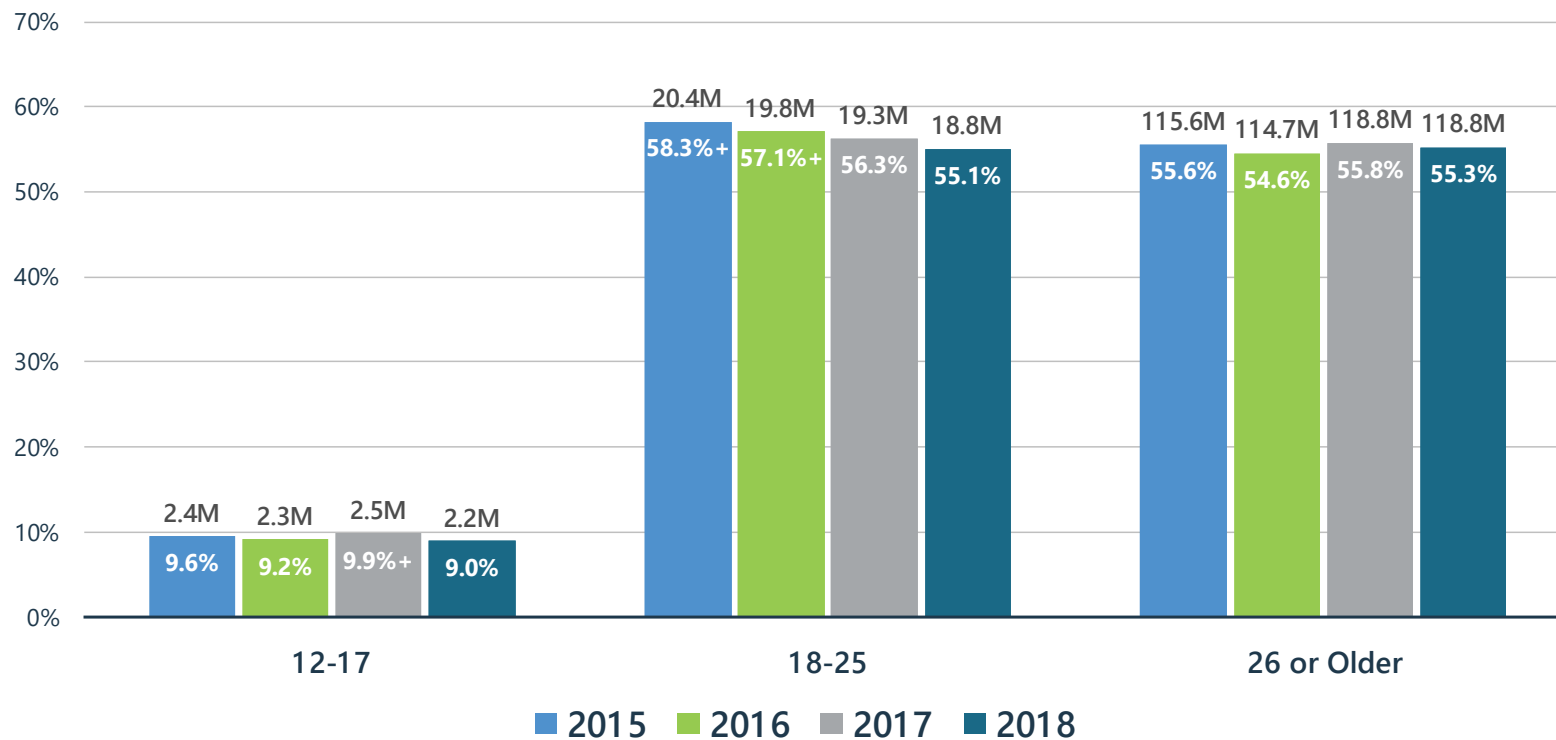
+ Difference between this estimate and the 2018 estimate is statistically significant at the .05 level.

Alcohol Use Disorder

+ Difference between this estimate and the 2018 estimate is statistically significant at the .05 level.
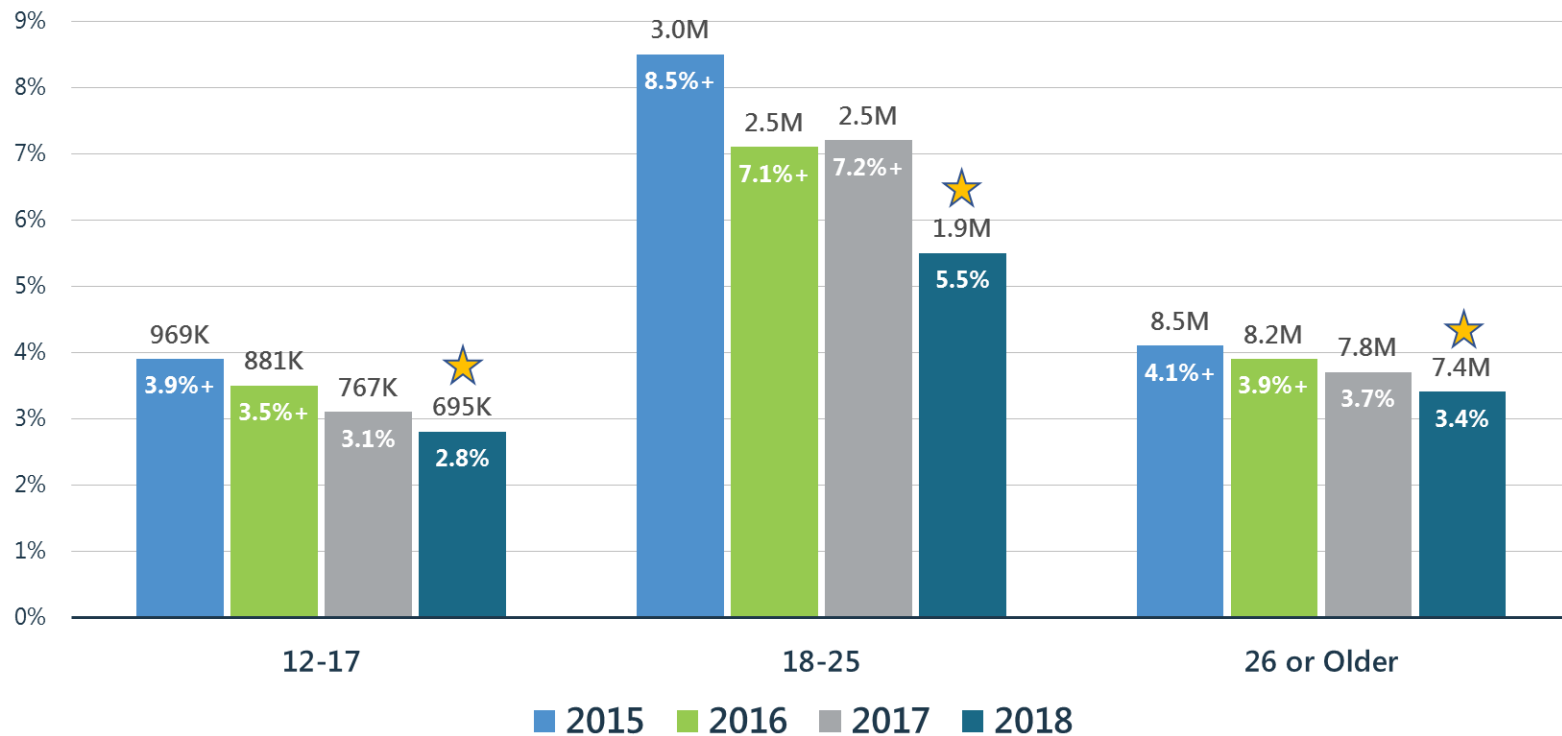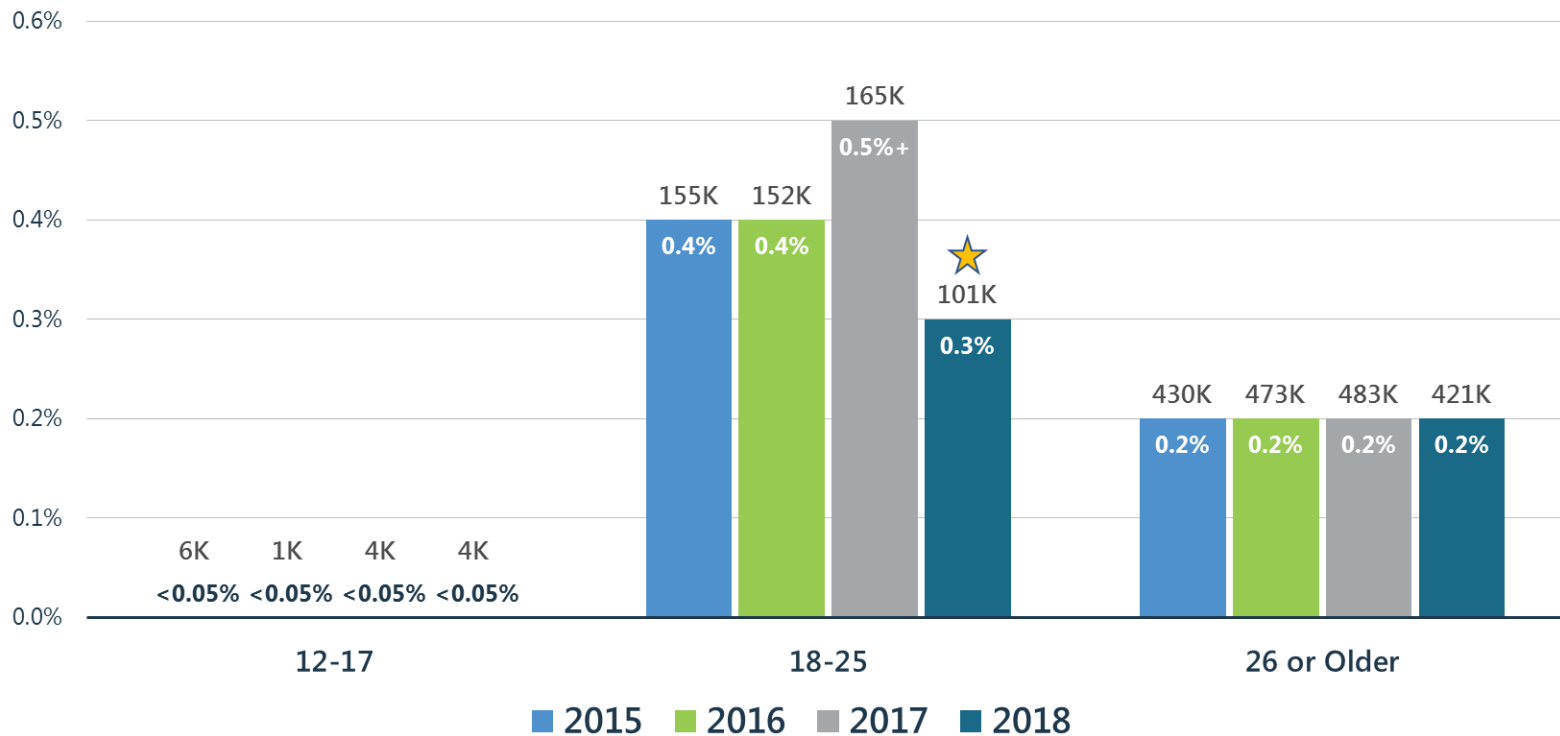
Summary: Alcohol Use in 2018

- No change in alcohol initiation rate among youths since 2015
- Lower rates of Alcohol Use Disorder among youth and young adults compared to 2015

SAMHSA's prevention efforts on reductions in alcohol use in children and young adults:

- CSAP DFC program prioritizes alcohol use and has reported a 27% reduction in use in middle-school and a 23% reduction in use by high school students
- SAMHSA Prevention Technology Transfer Centers produce resources and materials related to alcohol misuse prevention
- CSAP 'Talk They Hear You' focuses on underage drinking
- CSAP requires Partnerships for Success grantees to emphasize underage drinking prevention

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Prescription Pain Reliever Misuse

12-17
- 969K — 3.9%+ (2015)
- 881K — 3.5%+ (2016)
- 767K — 3.1% (2017)
- 695K — 2.8% (2018) ★

18-25
- 3.0M — 8.5%+ (2015)
- 2.5M — 7.1%+ (2016)
- 2.5M — 7.2%+ (2017)
- 1.9M — 5.5% (2018) ★

26 or Older
- 8.5M — 4.1%+ (2015)
- 8.2M — 3.9%+ (2016)
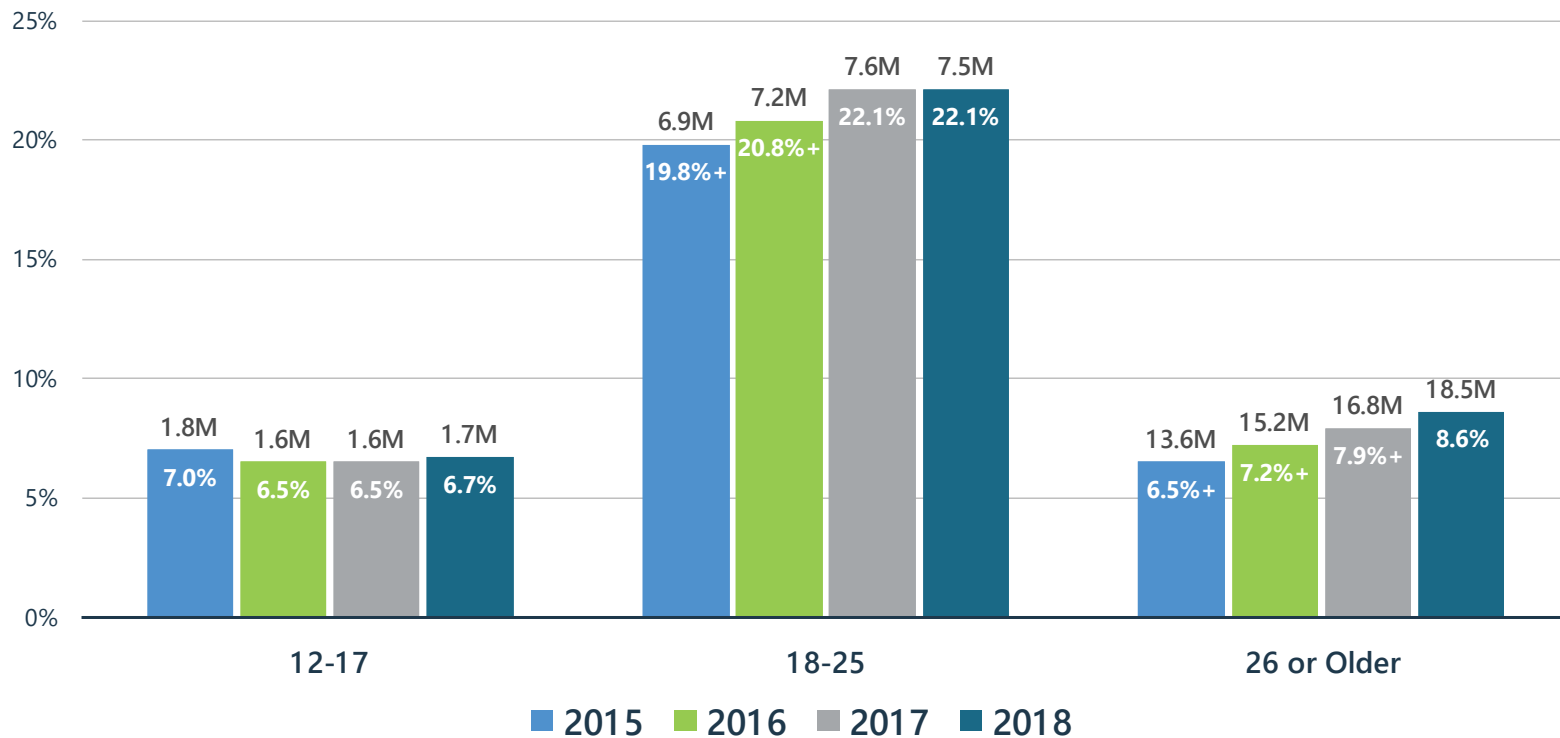- 7.8M — 3.7% (2017)
- 7.4M — 3.4% (2018) ★

Legend: ■ 2015 ■ 2016 ■ 2017 ■ 2018

+ Difference between this estimate and the 2018 estimate is statistically significant at the .05 level.

Heroin Use: Declining in 18-25 y.o.

Bar chart of heroin use percentages by age group and year.

12-17
- 2015: 0.1% (21K)
- 2016: 0.1% (13K)
- 2017: 0.1% (14K)
- 2018: <0.05% (10K)

18-25
- 2015: 0.6% (217K)
- 2016: 0.7% (227K)
- 2017: 0.6% (214K)
- 2018: 0.5% (157K)

26 or Older
- 2015: 0.3% (591K)
- 2016: 0.3% (708K)
- 2017: 0.3% (658K)
- 2018: 0.3% (641K)

Legend: 2015, 2016, 2017, 2018
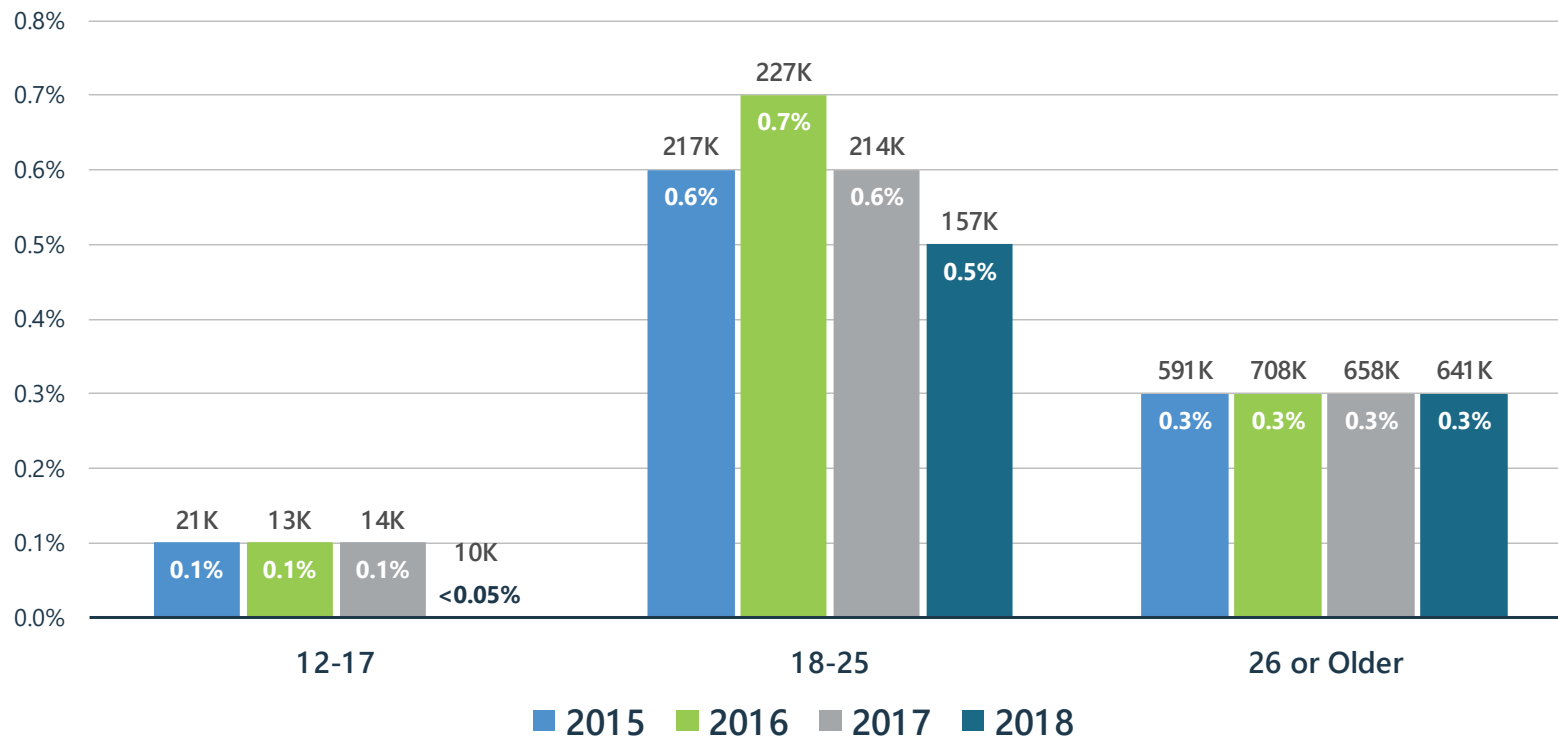
No differences between prior year estimates and the 2018 estimates are statistically significant at the .05 level.

Heroin-Related Opioid Use Disorder

12-17
- 6K <0.05% (2015)
- 1K <0.05% (2016)
- 4K <0.05% (2017)
- 4K <0.05% (2018)

18-25
- 155K 0.4% (2015)
- 152K 0.4% (2016)
- 165K 0.5%+ (2017)
- 101K 0.3% ★ (2018)

26 or Older
- 430K 0.2% (2015)
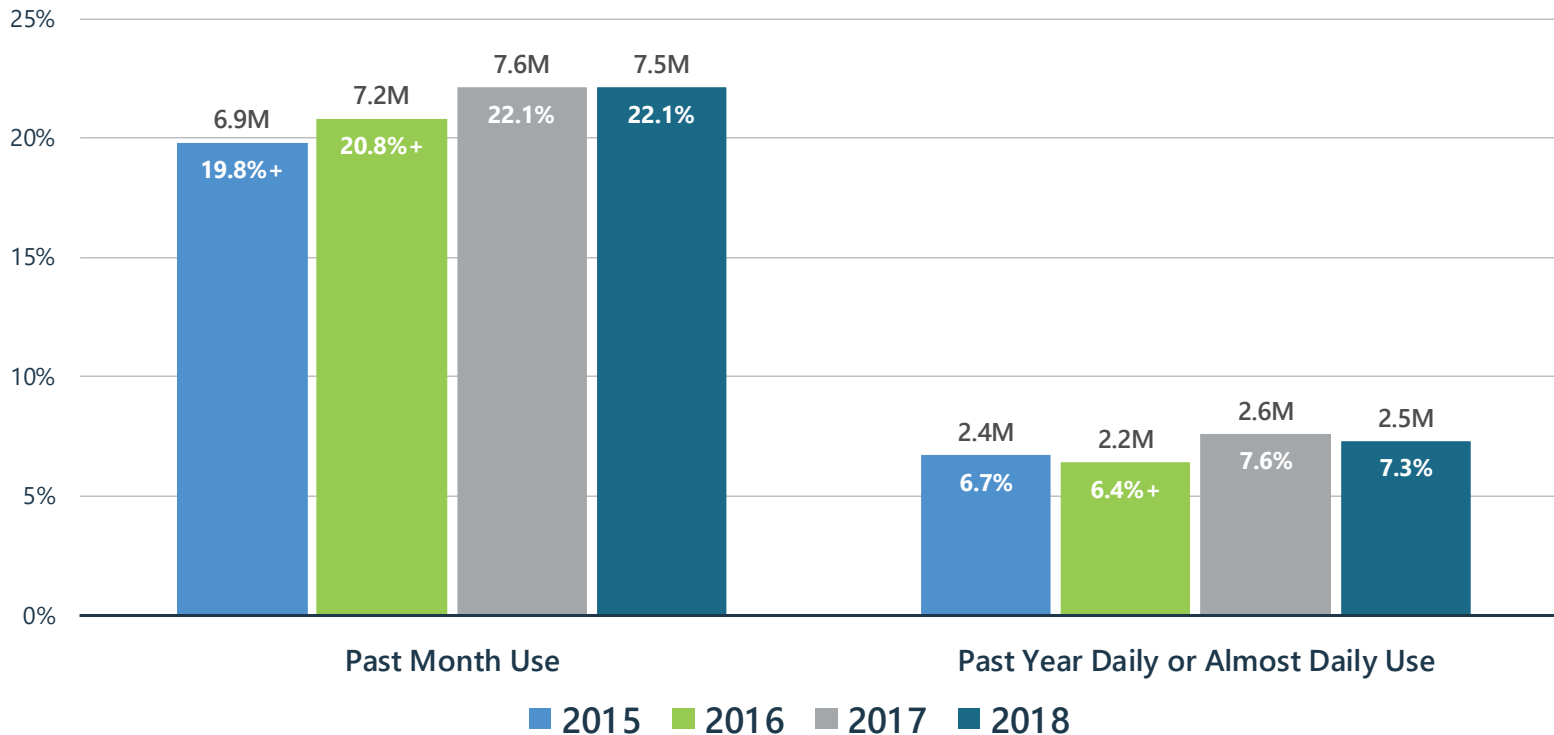- 473K 0.2% (2016)
- 483K 0.2% (2017)
- 421K 0.2% (2018)

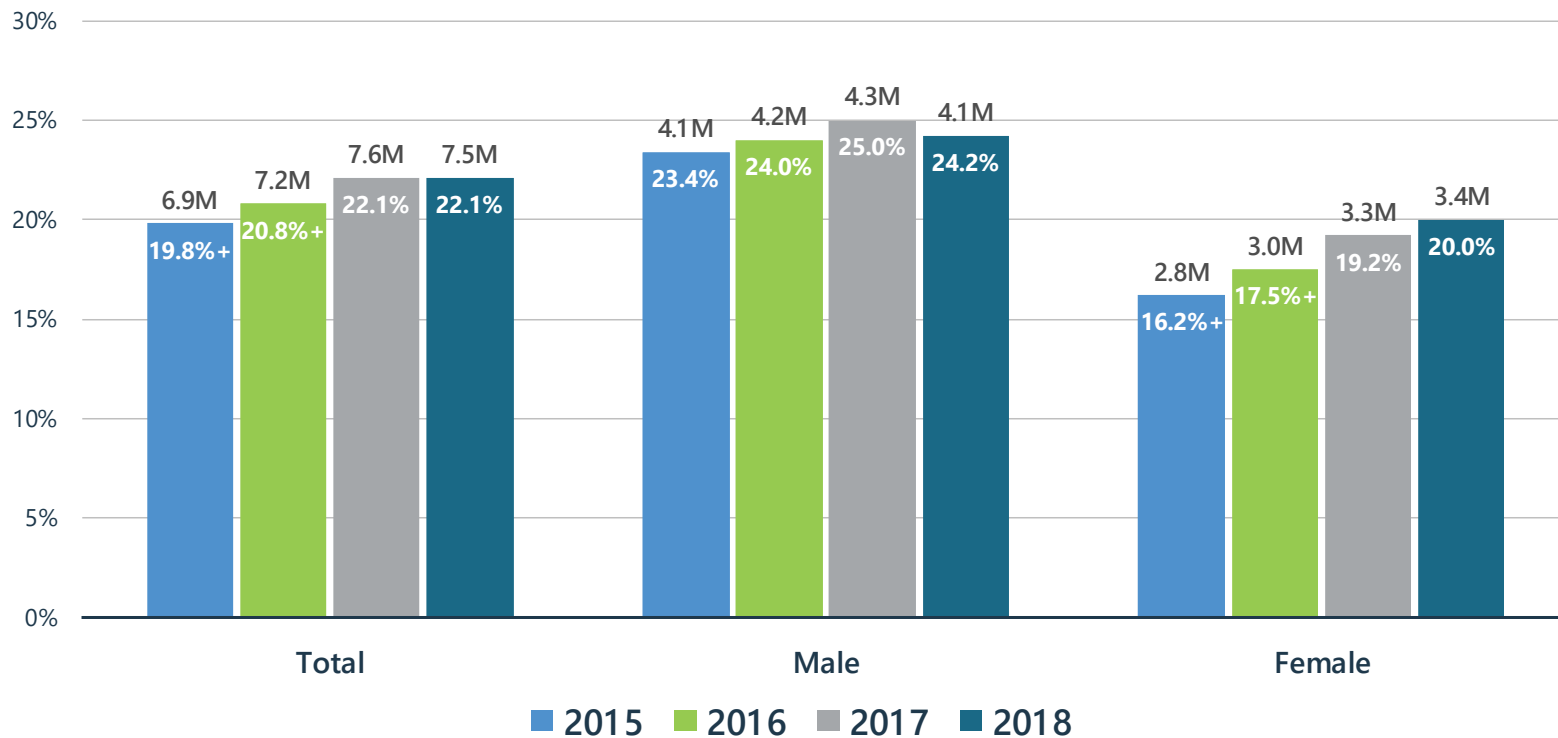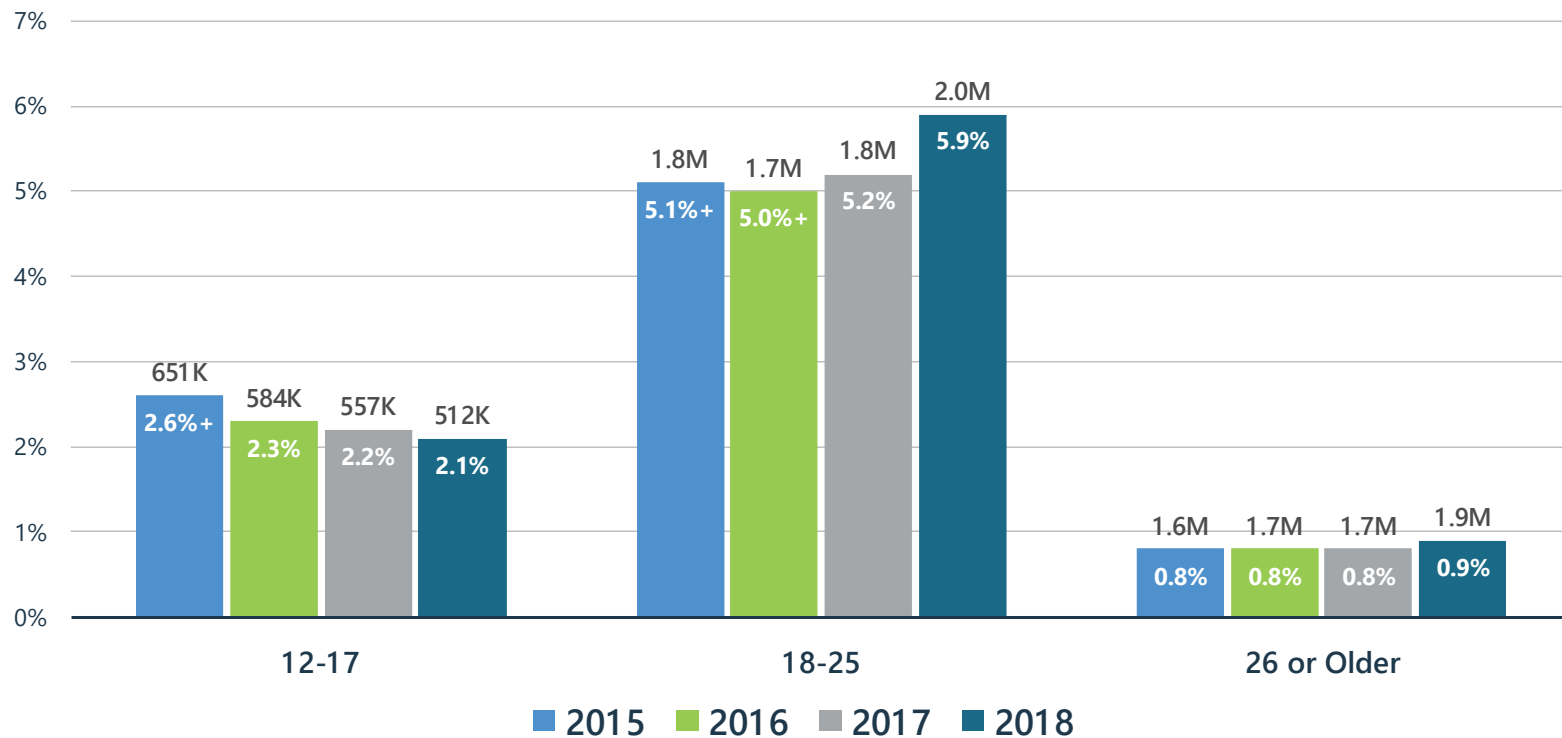■ 2015 ■ 2016 ■ 2017 ■ 2018

+ Difference between this estimate and the 2018 estimate is statistically significant at the .05 level.

Summary: Opioid Use in 2018

- Significant decrease in prescription opioid misuse across all age groups

- Decline in young adult (18-25y.o.) heroin use is responsible for the overall downward trend

- Young adult heroin use disorder decreased significantly compared to 2017 and was steady in adults 26 and older

Marijuana Use

PAST MONTH, 2015-2018 NSDUH, 12+

12-17
- 1.8M — 7.0% (2015)
- 1.6M — 6.5% (2016)
- 1.6M — 6.5% (2017)
- 1.7M — 6.7% (2018)

18-25
- 6.9M — 19.8%+ (2015)
- 7.2M — 20.8%+ (2016)
- 7.6M — 22.1% (2017)
- 7.5M — 22.1% (2018)

26 or Older
- 13.6M — 6.5%+ (2015)
- 15.2M — 7.2%+ (2016)
- 16.8M — 7.9%+ (2017)
- 18.5M — 8.6% (2018)

■ 2015 ■ 2016 ■ 2017 ■ 2018

+ Difference between this estimate and the 2018 estimate is statistically significant at the .05 level.

Marijuana Use among Young Adults (18-25 y.o.)

Past Month Use

Past Year Daily or Almost Daily Use

■ 2015　■ 2016　■ 2017　■ 2018

+ Difference between this estimate and the 2018 estimate is statistically significant at the .05 level.
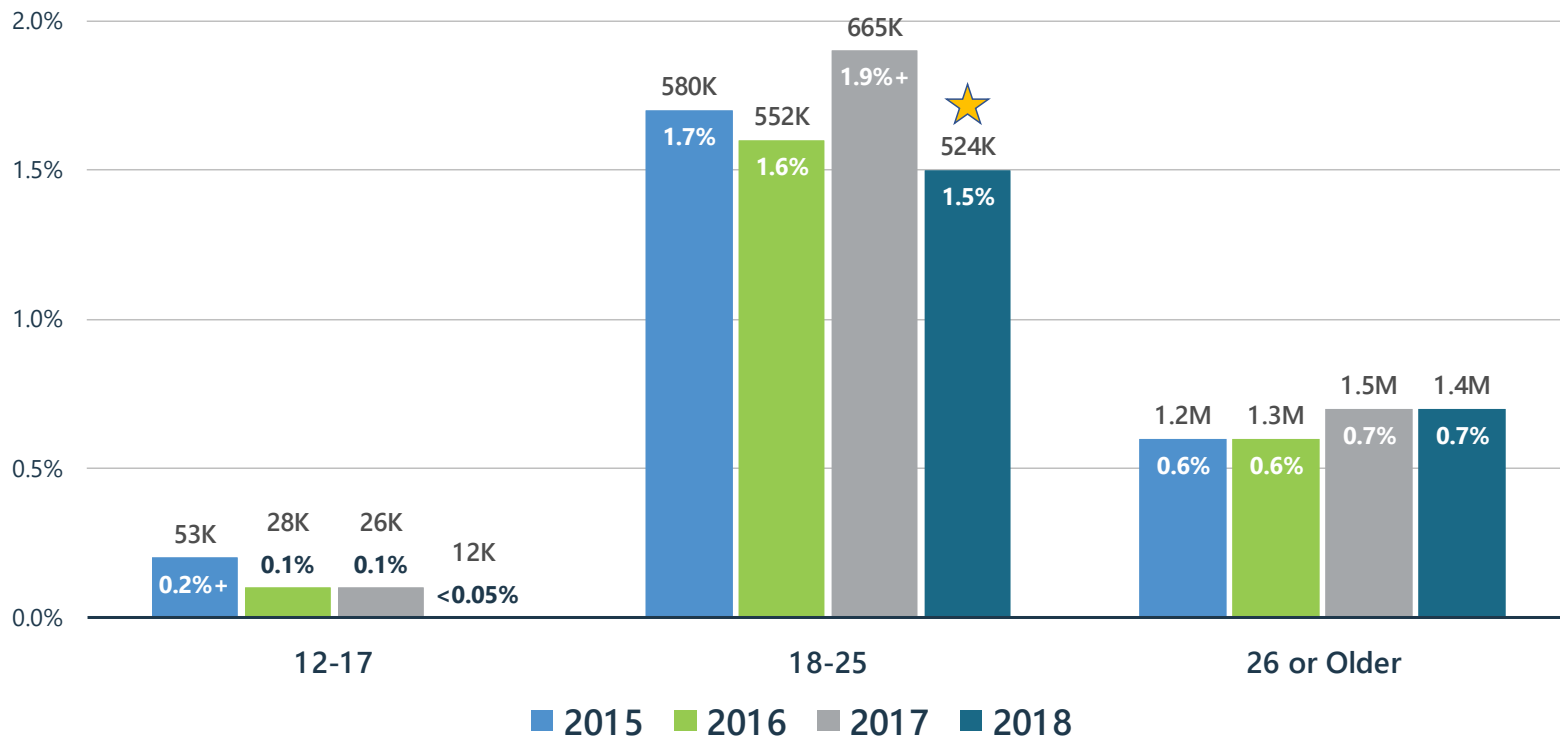
Marijuana Use among Young Adult Men and Women (18-25 y.o.)

Legend: 2015, 2016, 2017, 2018

Total:
- 2015: 19.8%+ (6.9M)
- 2016: 20.8%+ (7.2M)
- 2017: 22.1% (7.6M)
- 2018: 22.1% (7.5M)

Male:
- 2015: 23.4% (4.1M)
- 2016: 24.0% (4.2M)
- 2017: 25.0% (4.3M)
- 2018: 24.2% (4.1M)

Female:
- 2015: 16.2%+ (2.8M)
- 2016: 17.5%+ (3.0M)
- 2017: 19.2% (3.3M)
- 2018: 20.0% (3.4M)

+ Difference between this estimate and the 2018 estimate is statistically significant at the .05 level.

Marijuana Use Disorder

+ Difference between this estimate and the 2018 estimate is statistically significant at the .05 level.

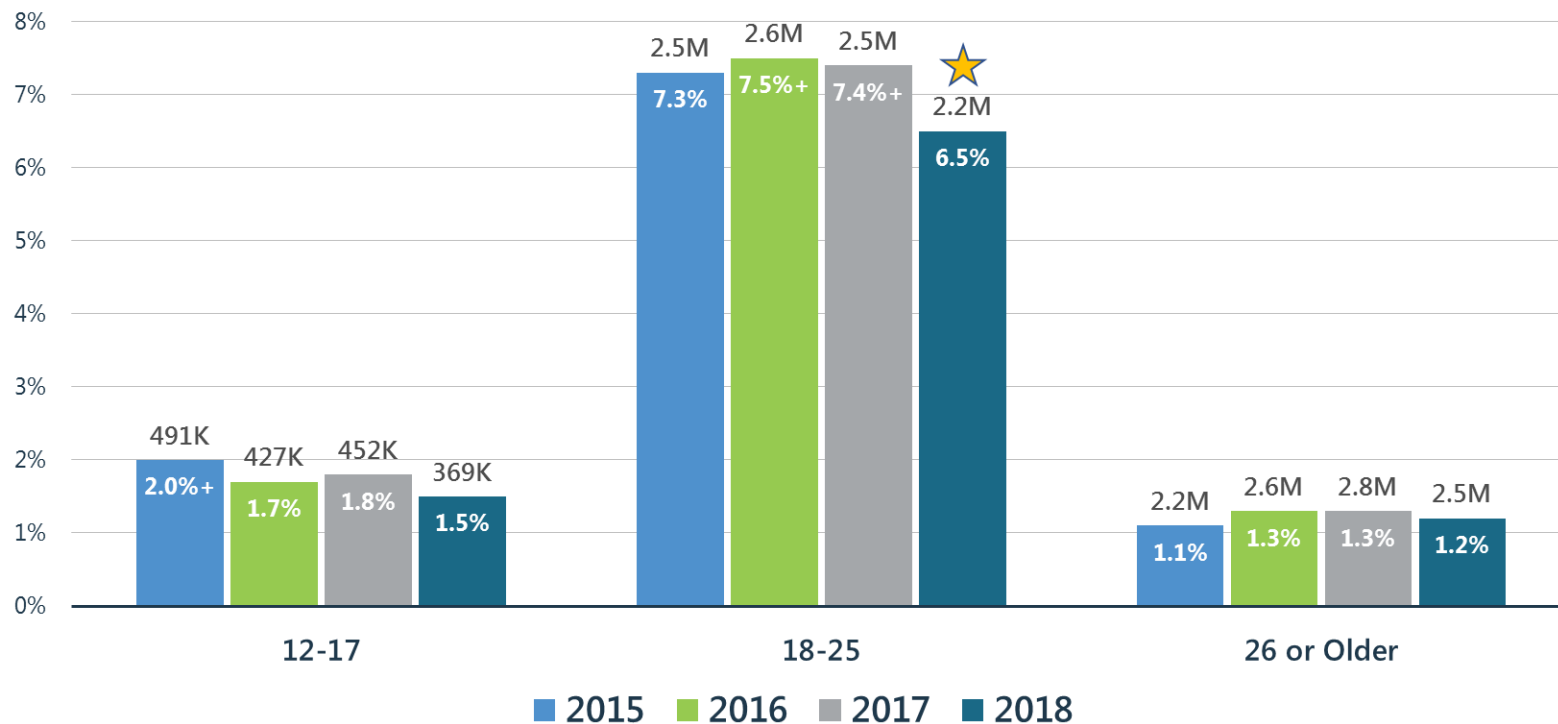Methamphetamine Use: Significant Increase in Adults ≥ 26 y.o.

PAST YEAR, 2015-2018 NSDUH, 12+
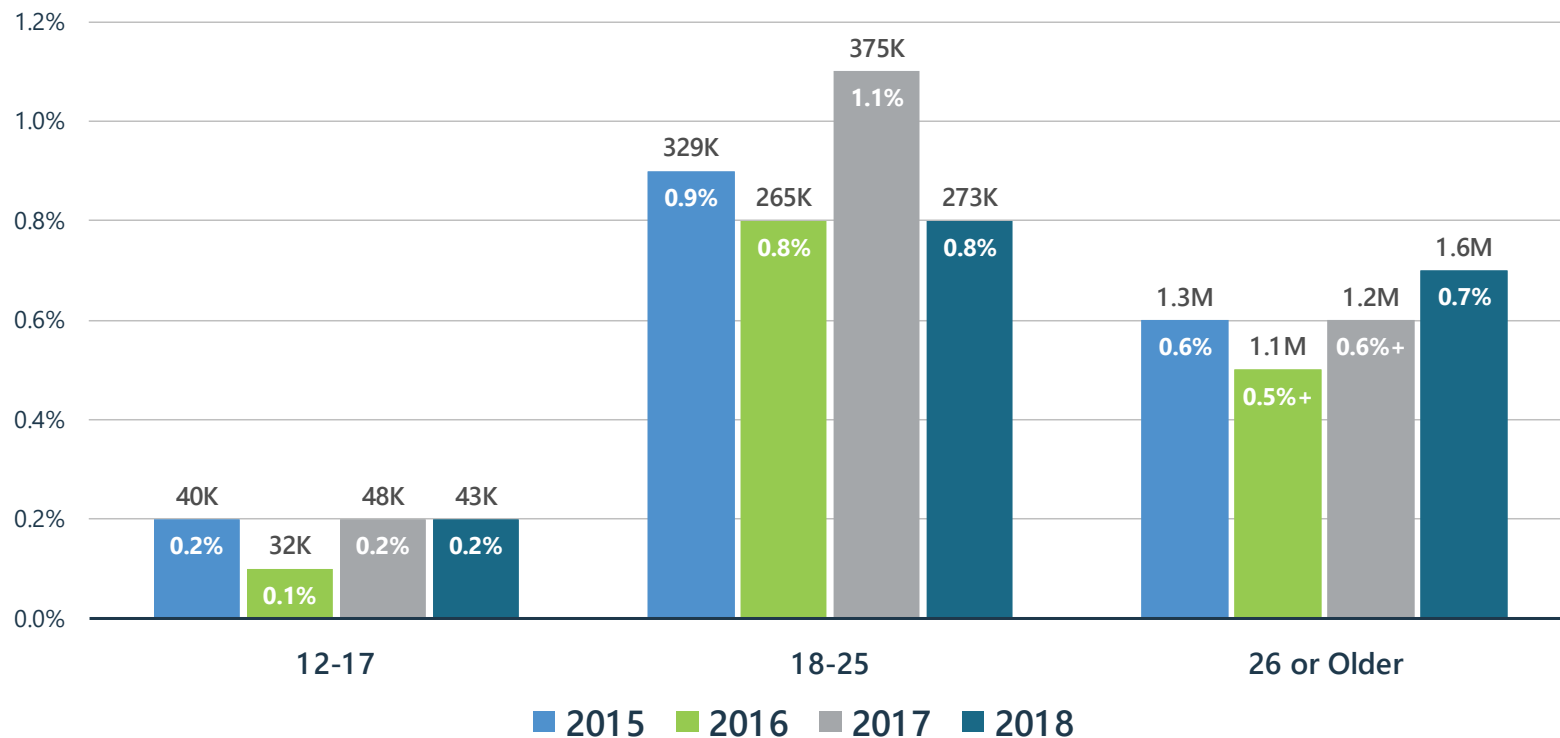
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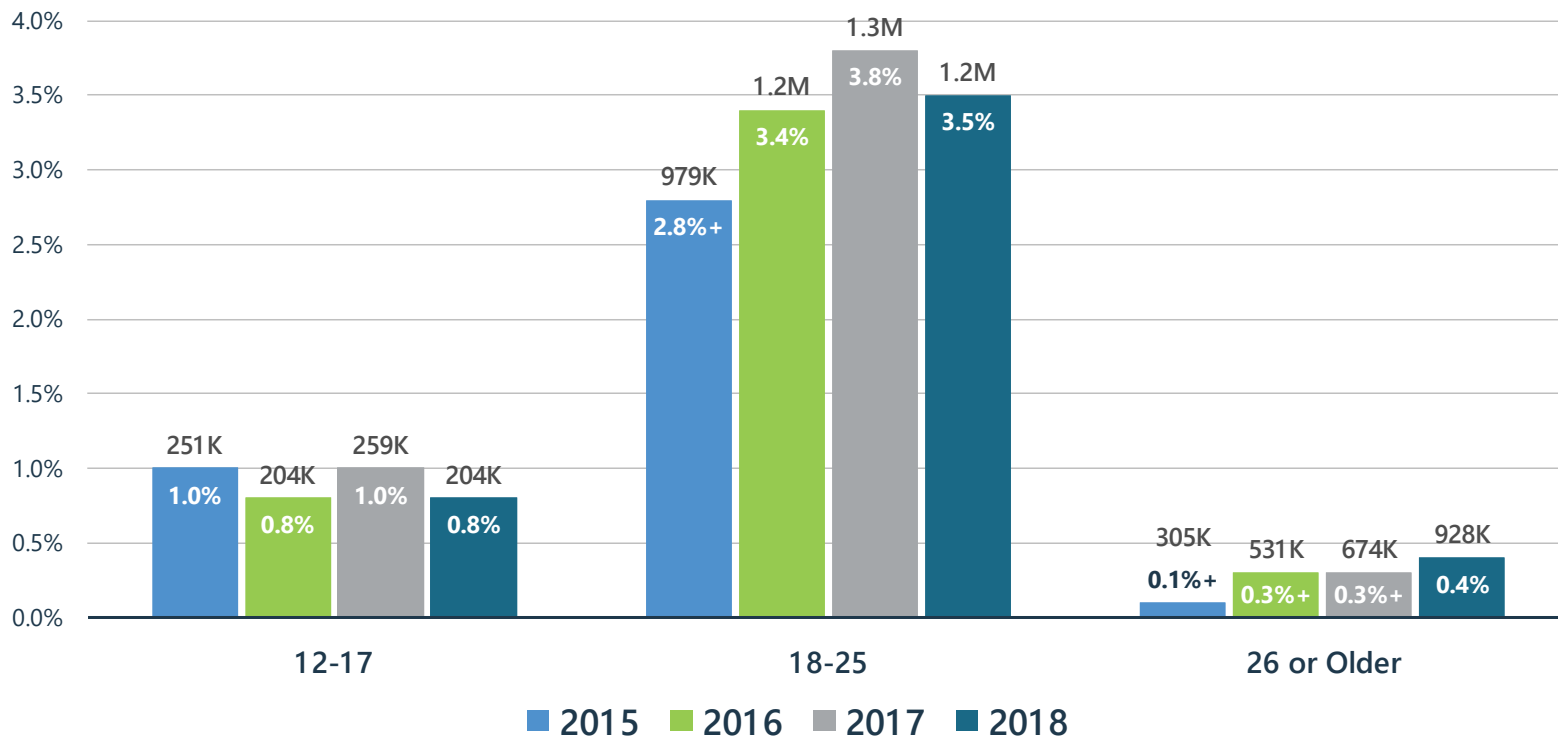
Misuse of Prescription Stimulants

Bar chart showing misuse of prescription stimulants by age group and year (2015, 2016, 2017, 2018):

12-17
- 2015: 2.0%+ (491K)
- 2016: 1.7% (427K)
- 2017: 1.8% (452K)
- 2018: 1.5% (369K)

18-25
- 2015: 7.3% (2.5M)
- 2016: 7.5%+ (2.6M)
- 2017: 7.4%+ (2.5M)
- 2018: 6.5% (2.2M) ★

26 or Older
- 2015: 1.1% (2.2M)
- 2016: 1.3% (2.6M)
- 2017: 1.3% (2.8M)
- 2018: 1.2% (2.5M)

Legend: ■ 2015 ■ 2016 ■ 2017 ■ 2018

SOURCE: See forthcoming 2018 Detailed Table 7.5, 7.11, and 7.14 for more information.

+ Difference between this estimate and the 2018 estimate is statistically significant at the .05 level.

Hallucinogen Use: LSD

Estimates represent past year use of LSD (lysergic acid diethylamide), a type of hallucinogen.

+ Difference between this estimate and the 2018 estimate is statistically significant at the .05 level.

- Significant increase observed in marijuana use disorder in 18-25 y.o.

- Declines in cocaine use in adolescents and young adults

- Decline in methamphetamine use in young adults 18-25 y.o.

- Significant decline in prescription stimulant abuse in 18-25 y.o.

- Decline in hallucinogen use in adolescents and young adults

Data Geeks: Take Note!

NSDUH homepage:

https://www.samhsa.gov/data/data-we-collect/nsduh-national-survey-drug-use-and-health

- National, state and substate reports and data tables

SAMHDA homepage: https://datafiles.samhsa.gov/

- Online analysis tool and downloadable public use datasets
- State Data Visualization page

SAMHSA's Evidence Based Resource Guide:

Substance Misuse Prevention

for Young Adults

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Five Chapter Format

	Chapters	Notes
	Introduction	Approx. 3-5 pages
1	Substance Misuse among Young Adults	Approx. 5-10 pages
2	Effectiveness of Prevention	Approx. 5-15 pages
3	Evidence-based Programs/Practices	Approx. 6-12 pages
4	Guidance for Selecting and Implementing Evidence-based Programs/Practices	Approx. 10-12 pages
5	Resources for Evaluation and Quality Improvement	Approx. 10 pages

Social Ecological Model of Development: Multiple influences place young adults at risk for and protect against substance misuse.

Recommendation: Highlight Risk Factors for Substance Misuse

Socio-Ecological Level	Developmental Period		
	C	A	YA
Individual			
Adolescent substance use		X	
Constitutional factors	X		
Early and persistent antisocial behavior	X	X	X
Early initiation of substance use	X		
Internalizing behaviors (e.g., depression, anxiety, social withdrawal)	X	X	
Relationships			
Family management problems	X	X	
Family history of substance use	X	X	
Family conflict	X	X	X
Favorable parental involvement in substance use	X	X	
Friends who engage in substance use		X	X

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Recommendation: Risk Factors, continued

Socio-Ecological Level	Developmental Period		
	C	A	YA
Community/School			
College attendance/environment			X
College fraternity/sorority membership			X
Academic failure	X	X	X
Lack of commitment to school		X	
Societal/Community			
Availability of substances			X
Laws/norms favoring substance use, firearms, and crime			X
Income and parental education	X		X

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Recommendation: Acknowledge Help Seeking as Protective

Barriers	Facilitators
Fear of being stigmatized	Positive experience with help seeking
Limited confidentiality and trust	Social support or encouragement from others
Difficulty identifying symptoms	Perceiving problem as serious
Concern about provider characteristics	Confidentiality and trust in provider
Self-reliance	Ease of expressing emotion and openness
Limited knowledge about mental health services	Education and awareness
Stress about help-seeking	Positive attitudes toward help-seeking

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Recommendation: Highlight Vulnerable Population Groups

- Sexual minority young adults

- Young adults who are homeless

- Juvenile-justice involved young adults

- Young adults in the military

- Young adults in college fraternities

- Young adults with ADHD
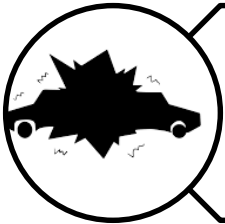
Also, young adults with co-occurring mental illness

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Effects on the brain

Chronic disease

MV collisions

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Recommendation: Revise EB Criteria to Align with SG Report

Sources and Process

- A review of published research (PubMed, PsycINFO)
- Annotated bibliographies
- Government reports,
- Books and book chapters
- SAMHSA's NREPP
- CDC Community Guide

Evaluation Criteria

- Experimental or quasi-experimental design
- Sample specification
- Outcomes assessed at pretest, posttest, and follow-up
- Measurable difference in substance use or substance use-related outcomes between intervention and comparison groups based on statistical significance testing
- Quality research methods

Source: U.S. Department of Health and Human Services (HHS), Office of the Surgeon General, *Facing Addiction in America: The Surgeon General's Report on Alcohol, Drugs, and Health*. Washington, DC: HHS, November 2016.

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A total of **73 programs** were identified as evidence-based for preventing substance misuse among young adults.

In this chart, one program is counted in two categories since the approach is different depending on the age group targeted.

Legend:
- Indicated
- Selective
- Universal

Indicated: 14
Selective: 14
Universal: 46

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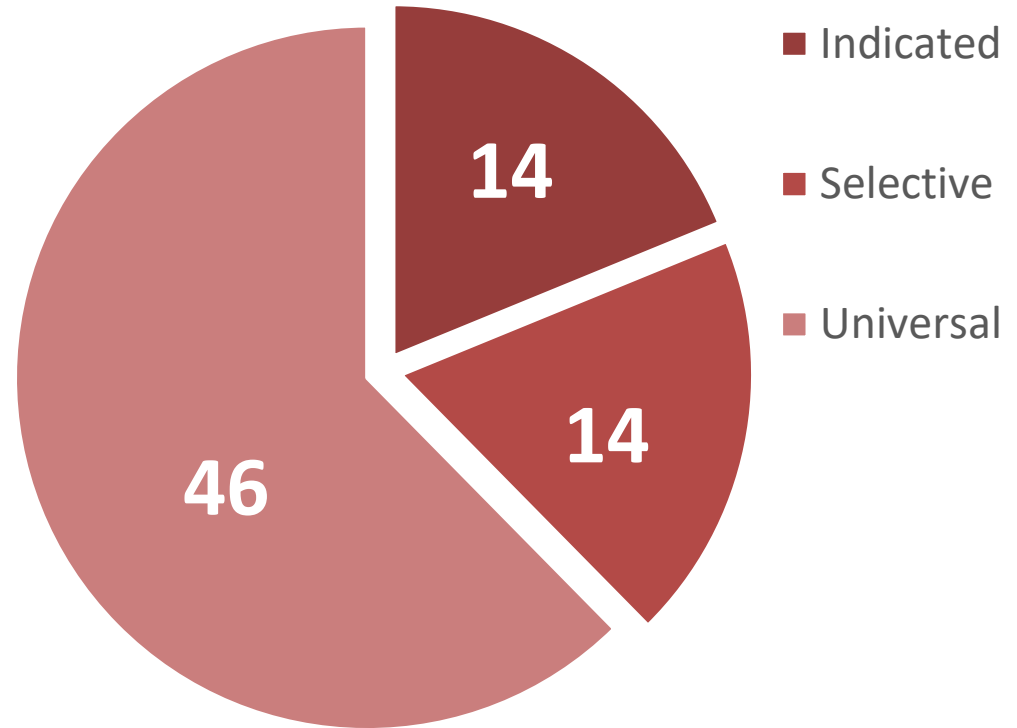
Recommendation: Distill Prevention Practices from Programs

Focus on Children and Adolescents

- Behavior Modification and Management
- Classroom Management
- Full Service Schools
- Home Visiting Services
- Parenting Skills Education
- Social and Emotional Skills Education

Focus on Young Adults

- Cognitive Restructuring
- Community Mobilization
- Environmental Changes
- Policy and Enforcement
- Social Norms Campaign and Education
- Screening and Brief Intervention
- Wraparound Services

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Recommendation: Feature 7 Evidence-Based Programs

Program	Practice	Target Population	Setting	Substance
Adults in the Making	Social and emotional education	Selective	High-poverty rural communities	Alcohol and other substances
Alcohol Taxes	Policy	Universal	State	Alcohol
BASICS	Screening and brief intervention	Selective and Indicated	Colleges and universities	Alcohol
CMCA	Environmental change	Universal (for underage youth)	Upper Midwestern communities	Alcohol
Family Check-up	Parenting skills	Selective	Public middle schools	Alcohol, tobacco, and marijuana
Safer CA Universities	Policy enforcement	Universal	Colleges and universities in CA	Alcohol
Team Awareness	Social norms education	Selective	Workplaces	Alcohol

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Recommendation: Provide Key Program Information

- Substance targeted
- Target population
- Risk and protective factors addressed
- Settings where implemented
- Duration of implementation
- Implementation resources

- Description
- Mechanisms of change
- Implementation requirements
- Outcomes

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1. *Assessment:* What are the needs of your target audience? How does this inform program selection?

2. *Capacity:* What is your ability to implement a given program? How can you enhance capacity?

3. *Planning:* How do you select an effective program that addresses local community needs and fits organizational capacity?

4. *Implementation:* What do you need to put in place to make sure the program's core elements are implemented?

5. *Evaluation:* How will you monitor program implementation?

Recommendation: Address Assessment Challenges

Assessment Challenges

- My organization is not ready to implement or is resistant to innovation.
- No one sees substance misuse as a problem among young adults.
- We do not know where to obtain data on young adult populations, especially those not in college.
- We cannot access "real-time" data on new substances such as marijuana and opioids.
- We do not know what others are doing to address substance misuse among young adults and worry that we might duplicate efforts.

Assessment Solutions

- My organization assessed staff perceptions of our collective efficacy and provided feedback.
- We shared existing reports to show why substance misuse is a problem among young adults and involved stakeholders in planning.
- We identified available sources of data on young adult substance misuse in our community.
- We conducted focus groups and/or interviews with key stakeholders to obtain "real-time" information.
- We conducted an environmental scan to determine what other agencies are doing.

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Recommendation: Address Capacity Challenges

Capacity Challenges

- Our staff have limited cultural humility.
- We do not know if we have the capacity to reach the population in greatest need.
- Our staff do not have the appropriate skills or credentials required to implement the program.
- Our organization does not function effectively.
- Our organization experiences erratic funding and high staff turnover.
- Organizational leadership is not on board with efforts to implement evidence-based programming.

Capacity Solutions

- Our organization provided cultural competency training to current staff and hired additional staff who represent the populations we serve.
- We engaged young adults in planning.
- Organizational leadership supported professional development for staff.
- A program champion leads our efforts, and she has identified staff who will facilitate implementation.
- Our program champion arranged for training of leadership/administration.

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Recommendation: Address Planning Challenges

Planning Challenges

- We could not find any programs that address the problems or risk and protective factors that we identified.

- We could not find any programs that address the populations we serve and for the settings where we work.

- We know there are some new programs out there that are designed to address the priorities we have identified, but no one has evaluated them.

Planning Solutions

- We collaborated with researchers at the local university to develop and rigorously evaluate a new program.

- We created a new program based on a productive adaptation of an existing evidence-based one.

- We implemented an evidence-based program that did not assess the types of substance misuse most prevalent in our community, but that did address risk and protective factors shown to be associated with this type of misuse.

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Recommendation: Address Implementation Challenges

Implementation Challenges

- Over time, staff are drifting away from the core components of the program.
- Our current organizational structures do not support the program.
- Staff have shown waning enthusiasm for the program given the lack of immediate visible results.
- We are experiencing an influx of new staff who will be responsible for implementing program components.

Implementation Solutions

- We provide booster training sessions to support fidelity to the original program.
- We have made systematic changes, developing assisting processes and awareness building to support implementation.
- We provide ongoing feedback to staff on implementation success and provide individual rewards, recognition, and incentives to staff.
- In addition to ongoing training, we have set up learning communities for agency staff.

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Recommendation: Address Evaluation Challenges

Evaluation Challenges

- Our staff lack the capacity to conduct evaluation and performance monitoring.
- We are not sure how to identify and measure meaningful outcomes.
- Why should we assess outcomes when we are implementing an evidence-based program?
- Staff are wary of evaluation; they worry about failing and being punished for bad results.
- We are unsure about sharing results and providing accountability to stakeholders.
- We have learned that the program we selected and are implementing is not a good fit.

Evaluation Solutions

- We are working with local researchers to train staff on continuous quality improvement.
- We are using standard measures that others have used to assess similar outcomes.
- We have decided to focus on implementation evaluation and continuous quality improvement rather than outcome evaluation.
- We are using appreciative inquiry to focus on what is working well (and doing more of that) rather than what is not working.
- We are re-examining our program logic model to see where we might have gone wrong.

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- Most programs implemented in college or school setting.

- Most programs (n = 64) target alcohol use.

- Programs employing social media and mobile health technology not adequately evaluated.

- Limited number of programs for young adults in workplace.

- Unknown effects of many programs on vulnerable populations.

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www.samhsa.gov

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