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INTEGRATION OF YOUTH AND ADULT ADDICTIONS SERVICES

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Andrea LaMarre, University of Guelph, Research Shop Intern

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This rapid response research seeks to respond to the following question posed by the Wellington-Guelph Drug Strategy: should youth and adult addiction services be integrated or separated? The resulting scan of the literature explores both academic and grey (non-scholarly) literature to help identify best practices in treating/serving youth with addictions.



INSTITUTE for COMMUNITY ENGAGED SCHOLARSHIP

College of Social and Applied Human Sciences
University of Guelph Guelph, Ontario Canada N1G 2W1
phone: 519 / 824.4120 Ext. 53829 | email: ices@uoguelph.ca
www.theresearchshop.ca



INTRODUCTION

There is a gap in the literature about addictions services with respect to the effectiveness of types of treatment for youth with addictions. Though treatment outcomes for adults has been thoroughly investigated, whether or not these results translate to adolescents remains largely up for debate. The majority of articles identified in the scan, using the above search terms, focused on integrating addictions services for youth with other services geared specifically toward youth, for example mental health care in general or child welfare programs. Many articles focused on ways to minimize barriers to care for youth, identifying this population as a special group within those requiring or desiring addictions treatment. Largely based in the United States, New Zealand, and Canada, the articles retrieved reflected, for the most part, an effort to determine which aspects of adult addictions services translate most easily and effectively to treating youth with substance use disorders. Finding articles that focused specifically on whether and how to separate youth addictions services from adult services proved difficult. Nonetheless, several policy documents and studies suggested best practices in serving this group. The key findings of the scan are outlined below. More information about particular articles is available in the attached annotated bibliography (Appendix 1).

METHODOLOGY

This literature scan is based on Scholar's Portal, Google Scholar, and Google searches. As a rapid response research initiative, the focus of the scan was to quickly find relevant research about youth addictions services, rather than to exhaust the academic literature on the topic. As a result, the scan is not a comprehensive, systematic literature review but instead a synthesis of several articles touching on whether youth and adult addictions services should be separate or integrated.

SEARCH TERMS

- Youth, adolescent, adult, addiction services, integration, separation, best practices, programs, outcomes, effectiveness, treatment, youth substance misuse, youth addiction



IMPROVING YOUTH ACCESS TO MENTAL HEALTH AND ADDICTIONS TREATMENT

Chief among priorities identified in scholarly and policy documents was a concern that youth are not being served by existing forms of addictions and mental health care, whether these services are geared toward children, adolescents, or adults. The following barriers to treatment seeking were identified:

- Concerns about confidentiality
- Fear of stigma
- Lack of knowledge about available services
- Accessibility of services
- Perceived lack of ability among health-care providers
- Financial issues
- Resources not designed with youth in mind or lack of specifically youth-oriented programming within treatment services
- Lack of 24 hour services
- Restrictive requirements on entry to treatment
- Lack of associated services that may lead to better treatment outcomes (ex. Housing)
- Lack of integration between addictions and mental health services

(Anderson & Lowen 2010; Collaborative Community Health Research Centre 2002; Currie 2001)

Factors that were described as improving youth access to services included:

- Increasing youth participation in service design and delivery (including through peer models)
- Accentuating/improving already existing strategies aimed at serving youth with addictions
- Forming partnerships with existing youth-serving organizations
- Working within the social context/environment of the youth or “meeting the youth where they are”
- Increasing points of access for youth, for example through outreach and/or innovative programming

(Anderson & Lowen 2010; Anonymous 2004/5; Brochu 2007; Collaborative Community Health Research Centre 2002)



SPECIAL CHARACTERISTICS OF YOUTH WITH ADDICTIONS

Several articles identified a need to treat adolescents as a special group within the realm of addictions services. Only one article retrieved in this scan (Marshall & Marshall 1993) suggested using the same model to treat youth and adults, in order to save costs. Many others advocated for the recognition that “adolescents are not miniature adults” (Birleson, Luk & Mileshekin 2001) and thus should be served differently. Among the characteristics separating youth substance users from adult substance users, articles revealed the following:

- Youth are more likely to have co-occurring/comorbid mental health disorders, which may pre-exist or follow the substance misuse, and may not remit with addictions treatment
- Substance use symptoms in youth may be differently expressed or defined; for instance youth may be “drinking more or longer than intended” due to inexperience, poor judgment or peer pressure
- Youth may have different motivations for seeking treatment: a majority of youth are mandated into treatment by either parents, community or legal services
- Youth may have different perspectives on life and needs than adults, for example they may have stronger needs for family involvement
- Youth substance use disorders may change or evolve as the youth matures
- Youth addictions may develop more quickly and/or use symptoms may progress from casual to dependent more quickly
- Youth may progress through stages of change in a different way

(Anonymous 2004/5; Brochu 2007; Currie 2001; Deas, Langenbucher, Goldman & Brown 2000; Lichtenstein, Spirito & Zimmerman 2010; McGorry 2007; Muck, Zempolich, Titus, Fishman, Godley & Schwebel 2001; Wagner 2009; Wagner, Brown, Monti, Myers & Waldron 1999; Winters 1999)

EXISTING FORMS OF TREATMENT FOR YOUTH WITH ADDICTIONS

Many of the articles retrieved in this scan stated that though there has been increased interest in determining the effectiveness of treatment for youth, there remains little certainty about which forms of treatment are superior. All of the following were cited as yielding better results than no treatment, though it would be premature to determine which type of treatment is most suited to treating



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substance use issues in youth. It is also important to note that these forms of treatment may not be used independently but in conjunction with one of several of the other approaches.

- Family-based therapy
- Multi-systemic therapy
- Motivational enhancement therapy
- Behavioural therapy
- Cognitive behavioural therapy
- Pharmacotherapy
- Systems of Care

(Collaborative Community Health Research Centre 2002; Deas & Clark 2009; Nissen, Hunt, Bullman, Marmo & Smith 2004; Marshall & Marshall 1993; Wagner 2009; Wagner, Brown, Monti, Myers & Waldron 1999; Williams, Chang & Addiction Centre Adolescent Research Group 2000)

IMPROVING SERVICES FOR YOUTH WITH ADDICTIONS

Due to the above-noted differences between youth and adults with addictions, several of the articles endeavored to make suggestions to improve youth addictions services. Though not always formalized “best practices,” the following suggestions are drawn from articles aiming to more effectively serve youth.

- Interventions should be comprehensive and made up of multiple components, addressing the multiple and unique needs of youth
- Programs/services should be youth-oriented and, where possible, designed in consultation with youth themselves
- Approaches should be holistic and relatively less intrusive than adult treatment models, taking into account and working within the individual, social and familial context of the youth
- Staff in addictions services should receive specialized training in dealing with and relating to youth
- If housed within either child or adult treatment services, adolescent treatment services should have specific protocol designed with youth in mind that takes into account their developmental stage
- Partnerships between addictions services for youth and other services for youth are encouraged, particularly with general mental health services in order to address co-occurring disorders among youth with addictions



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- Addiction service environments for youth should feel safe and secure, to minimize fears/stigma that may be associated with an overly-institutional setting
- Comorbid disorders, common among youth substance users, should be addressed and treated in a uniform and systematic way
- Triage and assessment should be enhanced in order to more accurately diagnose and treat substance use issues in youth
- Effective case management for youth should help to the youth to navigate the child-adolescent-adult addictions service realms without sharp discontinuities of service
- Higher staff-to-patient ratios are suggested
- Peer-support workers may help youth to feel more connected to treatment
- Collaborations with other youth-serving agencies is encouraged, particularly to manage aftercare following treatment
- Approaches in youth addictions services should focus on experiential learning, strengths, assets, skills and self-esteem building
- Legal aspects of dealing with youth should be taken into account, for example by providing ways to manage minority/majority status change, custody and safety considerations, and “aging out” of the system
- Family and/or peer supports (defined by youth) should be included in addictions services for youth, where possible
- A harm reduction orientation is favoured, where possible, in order to determine realistic outcomes for youth
- Developmental levels of adolescents within treatment contexts should be considered, with age and/or grade level acting as proxy for developmental stage
- Programs should take into account and address the potential barriers to motivation among youth

(Anderson & Lowen 2010; Anonymous 2004/5; Barnett & Lapsley 2006; Birlson, Luk & Mileskin 2001; Brochu 2007; Collaborative Community Health Research Centre 2002; Currie 2001; Deas, Riggs, Langenbucher, Goldman & Brown 2000; Kutcher & Davidson 2007; Lichtenstein, Spirito & Zimmerman 2010; McGorry 2007; Nova Scotia Health Promotion 2005; Prince Edward Island Department of Health 2007; Pollio, McClendon & Reid 2004; Ontario Youth Strategy Project 2008; Richard & Vostanis 2004; Wagner 2009; Wagner, Brown, Monti, Myers & Waldron 1999; Williams, Chang & Addiction Centre Adolescent Research Group 2000; Winters 1999)



CONCLUSION

This literature scan revealed that the majority of studies and policy documents favour an approach to addictions services that recognize youth as separate from adults. The above guidelines for improving addictions services for youth reflect a desire on the part of the articles' authors to more actively and effectively engage youth in addictions services. However, these findings should be taken with acknowledgement of the limitations of this scan. Due to time limitations, this scan only scratches the surface of studies into the effectiveness of youth addictions services, and was unable to concretely answer the question of whether these services should be provided within the broader context of adult addictions services. Further investigation is warranted in order to determine whether empirical studies exist that clearly identify the positive and negative aspects of treating youth with substance use issues with adults or with other youth only.

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APPENDIX 1: LITERATURE SCAN (ANNOTATED BIBLIOGRAPHY)

Anderson, Jennifer Ellen and Lowen, Corrine Ann. (2010). Connecting youth with health services: systematic review. *Canadian Family Physician*. 56: 778- 784.

The focus of Anderson & Lowen's article is on improving youth access to health and mental health services in a Canadian context. The authors point to several key predictors in help-seeking behavior among youth, including the severity of the case, the youth's history of seeking help, and gender. Among barriers to help-seeking are concerns about confidentiality, fear of stigma, lack of knowledge about service availability, accessibility of services, perceptions of the attitudes and lack of training of health-care providers, financial issues, and lack of resources specifically geared toward youth. Making an argument for evidence-based, comprehensive, youth-oriented health and mental health services, the authors discuss ways in which to improve access, including increasing youth participation in service models and delivery. Though this article does not speak specifically to the issue of whether or



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not to integrate youth and adult addiction services, it does discuss the ways in which youth may feel alienated from services that are not geared toward their life stage and needs.

Anonymous. (2004/5). Interventions for alcohol use and alcohol use disorders in youth. *Alcohol Research and Health* 28(3): 163.

This article explores the difficulties associated with deriving diagnostic categories for youth alcohol misuse disorders from adult diagnostic categories, given that there are developmental differences between adults and adolescents. Among these developmental differences, the author notes the increased likelihood that youth alcohol users have comorbid mental health disorders. Making the case for complex, multicomponent therapies and/or brief interventions for youth addictions, the article advocates for a perspective that takes into account the developmental stage of the individual being treated. The author notes that the symptoms and issues associated with alcoholism may take a different form in adolescents, and may be differently defined. For instance, a youth may be “drinking more or longer than intended” due to inexperience, poor judgment, or social pressures. Because of these differences, an unmet need for health services geared toward prevention and/or treatment of alcoholism in youth is identified. Suggestions for youth alcohol addiction services include increasing access, accentuation of “normal” strategies aimed at stopping problem drinking among youth and programming within the social context of the youth. The author describes youth as generally unsatisfied with adult-oriented services such as Alcoholics Anonymous, and suggests interventions that address concerns of youth, which may be different from those of adults. Of particular importance is the recognition that youth may be motivated to seek treatment by external forces, rather than self-referring to services for addictions treatment.

Barnett, Heather and Lapsley, Hilary. (2006). Journeys of despair, journeys of hope: young adults talk about severe mental distress, mental health services and recovery. *Mental Health Commission Research Report*.

This New Zealand-based report highlights the issues faced by 18-29 year old mental health service users, one of the country’s largest group of mental health service users. The result of interviews with 40 youth about their experiences with mental distress, mental health services and recovery, the article explores the ways in which general mental health services may fail to respond to the needs of young adults. The authors problematize the application of uniform treatment services for the broad age category of 18-64 year olds as “adults.” They suggest specifically tailoring services to 18-29 year olds, a group with a distinctive, if heterogeneous, profile. Among the problems identified in treating this age group alongside older adults is the way in which youth may feel uncomfortable or frightened in adult



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inpatient facilities, may feel humiliated sharing their experiences with a group they do not identify as peers, and may be motivated to seek treatment for different reasons. Overall, the authors identify a holistic, hopeful and youth-oriented approach as key to the treatment of youth addictions.

Birleson, Peter, Luk, Ernest S.L. and Mileshkin, Cristea. (2001). Better mental health services for young people: responsibility, partnerships and projects. *Australian and New Zealand Journal of Psychiatry* 35: 36-44.

Another recurring theme in the literature about youth mental health services was whether or not youth treatment should be sub-divided into younger and older age groups. This article describes the lack of focus on adolescent-specific psychiatry, and focuses on youth 18-25 as a group that may require specifically tailored treatment programming. Addressing critics' arguments that further age-group segregation in treatment services creates discontinuities of care, the authors suggest keeping adolescent psychiatry within the realm of "child and adolescent psychiatry" but revising the treatment protocol for 18-25 year olds. With the knowledge that "children and adolescents are not miniature adults," this article suggests that developmental status, particular social and cultural environments, risk and maintenance factors and patterns specific to disorders be taken into account when designing interventions for youth. Though the authors point to early interventions and comprehensive approaches as directions for service improvement, they do not identify the specific skills required for treating the youth age group, despite describing these skills as important.

Brochu, Serge. (2007). Our responses to youth substance abuse. *Substance Abuse: Youth in Focus*. 22-29.

Like many of the articles retrieved in this search, Brochu's article focuses on integrating services within already youth-specific treatment modules. One of the challenges the author identifies in the treatment of youth with addictions is the difference in motivation between agencies who refer youth to treatment and those who treat youth. The article discusses the Mécanisme d'accès jeunesse en toxicomanie (MAJT) approach in some depth, describing the way this group has formed a partnership between schools, health and social service centres, youth centres, legal settings and addiction treatment centres in order to more effectively reach and treat youth with substance misuse disorders.

Collaborative Community Health Research Centre, University of Victoria. (2002). Research review of best practices for provision of youth services. Prepared for Youth Services, Child & Youth Mental Health and Youth Justice Division, Ministry of Children and Family Development.

This document identifies best practices in the delivery of services to high-risk youth in general, as well as highlighting particular barriers to care for marginalized youth. "High-risk" is defined as youth



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who have run away from home, are homeless, street-involved or suicidal, who engage in substance misuse, are LGBTQ, sexually exploited and/or have dropped out of school. Key barriers to serving this population are the lack of 24-services that are easily accessible, restrictive requirements on entry to treatment, and the lack of services that accompany favorable outcomes (for example, housing). The lack of integration and/or coordination between mental health and substance misuse treatment systems is identified as hindering the process of serving high-risk youth. Further, specific populations, such as youth intravenous drug users and/or youth living with HIV/AIDS, Hepatitis B or C and/or Aboriginal youth and/or youth in the criminal justice system are identified as falling through the cracks of existing services for a number of reasons. Advocating for specialized services that respond to these particular needs, the authors explore the effectiveness of various programs including 12-step programs, CBT, family therapy and therapeutic communities. Chief among the recommendations put forth in this report are viewing youth as partners in the development of effective programming, enhancing the training of staff working directly with youth, increasing points of access to services through outreach and/or innovative programming, and creating secure environments with youth in mind.

Currie, Janet C. (2001). Best practices: treatment and rehabilitation for youth substance use problems. Prepared for Canada's Drug Strategy Division, Health Canada.

Another document outlining best practices in the treatment and rehabilitation of youth substance users, this report approaches its recommendations from the standpoint that youth treatment should be separate from adult treatment in order to more adequately meet the needs of youth in particular. Youth are defined as 12-21 year olds for the purposes of this report. The author identifies a lack of programming that specifically addresses youth treatment needs as a barrier to treatment seeking among this group. Engaging in adult-oriented approaches to treatment is discouraged in this report, and emphasis is placed on building treatment models that focus on developmental issues that may not be important to adults. Among the reasons the author identifies for separating youth and adult addictions services are differences in motivation for seeking treatment between youth and adults, differences in perspectives on life and needs between youth and adults, and the risk of exploitation of youth in adult treatment settings.

Deas, Deborah and Clark, Andrew. (2009). Current state of treatment for alcohol and other drug use disorders in adolescents. *Alcohol Research & Health* 32(1): 76- 82.

Similar to other articles examined in this scan, Deas and Clark's article identifies a gap in the literature about which type of treatment is most appropriate to meet the needs of youth substance misusers. Several types of treatment modalities are explored, including family-based interventions,



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multisystemic therapy, motivational enhancement therapy, behavioural therapy, cognitive behavioural therapy and pharmacotherapy. While the authors note that all of these types of therapy have been associated with positive outcomes in youth, they note that few empirical studies have focused on developmental stages of youth and that it is difficult to make comparisons about the effectiveness of different types of treatment. The authors suggest that future studies make use of instruments designed to measure treatment outcomes for youth in particular, and further explore the issue of what effect a youth's particular developmental stage has on treatment outcomes.

Deas, D., Riggs, P., Langenbucher, J., Goldman, M. and Brown, S. (2000). Adolescents are not adults: developmental considerations in alcohol users. *Alcoholism: Clinical and Experimental Research* 24(2): 232-237.

Explored in this article are the differences in developmental stage between youth and adults, and the effect that these differences may have on assessment, expectancies, treatment adherence, response, and outcomes. Youth are described as more commonly having comorbid mental health disorders, a finding replicated across several of the articles. Additionally, it is noted that youth substance misuse symptoms may take a different form than in adults. These findings suggest that an approach oriented toward the treatment of youth in particular may be more appropriate in meeting the needs of youth in addictions treatment.

Kutcher, Stan and Davidson, Simon. 2007. Mentally ill youth: meeting service needs. Guest Editorial. *Canadian Medical Association Journal* 176(4): 417.

Though an editorial column and thus reflective of a particular opinion, this article highlights the importance of treating youth mental health disorders, including addictions, early and in an appropriate manner. The authors stipulate that focusing on youth-oriented services for youth with mental illness is necessary as youth may be left out of mental health services for children and for adults.

Lichtenstein, David P., Spirito, Anthony and Zimmerman, Rupa P. (2010). Assessing and treating co-occurring disorders in adolescents: examining typical practice of community-based mental health and substance use treatment providers. *Community Mental Health Journal* 46: 252-257.

The higher level of comorbid mental health disorders among adolescents with substance use issues is a common thread throughout the literature. This article explores treatment for the up to 75% of youth substance users who suffer from co-occurring mental illness. Concerns about treatment for comorbid substance use and other mental health disorders include inadequate assessment and treatment of both (or of several) disorders. Additionally, the article calls for more uniform use of specific



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treatment protocols for adolescents with comorbidities, though the authors do not identify which treatment protocols would be particularly effective in treating these disorders.

Nissen, Laura Burney, Hunt, Sharon R, Bullman, Stephanie, Marmo, Joseph, and Smith, David. (2004). Systems of care for treatment of adolescent substance use disorders: background, principles, and opportunities. *Journal of Psychoactive Drugs* 36(4): 429- 438.

The “systems of care” model for substance use disorders in youth is the focus of this article. Defined as a spectrum of care for mental health and other associated services that allows the services to meet the evolving and specific needs of both youth and their families, systems of care are seen as a way to improve youth outcomes from addictions treatment. This method is seen as a way to deliver services to youth in their own environments, improving their functioning through less invasive, less costly, and less stigmatizing means.

Marshall, Michael J. and Marshall, Shelly. (1993). Homogeneous versus heterogeneous age group treatment of adolescent substance abusers. *American Journal of Drug and Alcohol Abuse* 19(2): 199-207.

A comparative study of adolescents treated with adults and with other adolescents only, this article comes to slightly different conclusions than the majority of the others. Both positive and negative aspects of peer-grouping are reported. Positive aspects include reduced feelings of isolation, increased motivation to abstain due to peer support, and increased ability of staff to meet the unique needs of adolescents. Negative aspects, conversely, include the creation of an us-against-them mentality, reinforcement of bad habits and authority-resistance. Further, negative aspects may include a lack of mature role models, and the potential for staff to provoke a self-fulfilling prophecy if they hold negative expectations of the youth. Testing for length of sobriety, length of abstinence and fewer relapses following treatment, the authors find few significant differences between adolescents treated in age-homogenous and heterogeneous settings. However, they advocate for treating adolescents with adults as this is generally a more cost-effective approach, and they found that more of the recovered substance users in their study were treated in heterogeneous settings. Due to the limitations of this study, however, including significant age differences in youth treated with adults and with other adolescents, these suggestions warrant further investigation.



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McGorry, Patrick D. (2007). The specialist youth mental health model: strengthening the weakest link in the public mental health system. *MJA* 187(7): S53- S56.

This article addresses the unmet need for, poor access to, and fragmentation of services for adolescents with mental illness. Problems associated with serving this age group include the fact that the 12-24 age group spans two services (child and adult). The environment or culture of adult treatment services may be inappropriate for youth, potentially due to low morale and pessimism among fellow patients and staff. However, the skillful and safe management, and access to pharmacological recourse, in adult treatment centres can be helpful in treating youth with serious mental illness. The author calls for a “youth mental health” approach that builds on existing child, adolescent and adult approaches. This approach would be oriented toward a focus on developmental stages and attuned to youth culture. Further, it would acknowledge the differences between youth mental illness, including the evolving nature of illness and comorbidities, and recognize the unique life-stage issues faced by youth. Specific suggestions include enhancing triage/assessment services, extending hours and/or creating multidisciplinary teams, improving case management to create more consistency in service delivery, engaging specialists for particular disorders, creating clinics for comorbid disorders, and making services more comprehensive and tailored to youth. Specialized youth inpatient units may feature home-style environments, increased staff-to-patient ratios, integrated mental health and substance services, and peer support workers. Rather than moving adolescent mental health care into adult services, this article advocates for an increased age limit (25) in children and adolescent mental health services.

Muck, Randolph, Zempolich, Kristin A., Titus, Janet C., Fishman, Marc, Godley, Mark D. and Schwebel, Robert. (2001). An overview of the effectiveness of adolescent substance abuse treatment models. *Youth and Society* 33(2): 143-168.

This article identifies several ways in which adolescent substance abusers differ from adult substance abusers. Among these are the increased susceptibility of youth to developing symptoms of dependence, quicker progression from casual to dependent use, and higher degrees of co-occurring disorders, which may exist prior to substance use and may not remit with abstinence. Other differences, for instance in motivation for treatment and stages of change, are also identified as key considerations when developing treatment suggestions for youth. The authors suggest that more intense, accessible, accommodating, aftercare-inclusive, comprehensive, family-oriented, and parent- and peer-engaging treatment may be required for youth with addictions in order to improve outcomes. As noted in other articles, the ability to compare treatment-type effectiveness based on existing studies of treatment methods for youth with addictions has been limited.



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Nova Scotia Health Promotion. (2005). *Addiction services: standards and best practices*.

This document is a summary of guidelines for addiction services in Nova Scotia, including adolescent services. Programs and services designed for adolescents, the document states, should be specifically oriented toward meeting their unique psychological, physical and social needs. The guiding principles for these services identified include the recognition that adolescents' needs differ from those of adults, that services should be less intrusive, should involve families and/or other supportive peers and/or adults, and should be harm reduction and strengths oriented. Collaborations with other youth-targeted services are also encouraged, especially as youth are less likely to plan or initiate care following treatment.

Prince Edward Island Department of Health. (2007). *A P.E.I. youth substance use and addiction strategy: framework document draft*.

This PEI guideline document focuses on ways to provide youth increased access to prevention and treatment services for addictions that are appropriate and integrated. These services, the document stipulates, should be individualized and harm-reduction oriented, should use various approaches and methods, and should incorporate families and communities into treatment. The treatment should respect youth and provide a safe environment, while providing the least intrusive treatment possible, allowing for youth to learn through experience and build strengths, assets, skills, and self-esteem. Particularly with respect to detox services, the PEI department of health discourages co-treatment of youth and adults, though the reasons for discouraging this practice are not made clear in the document.

Pollio, David E, McClendon, Jennifer and Reid, Donna L. (2004). Certification and program regulations for inpatient services to youth with addiction: a state-level analysis. *Journal of Psychoactive Drugs*. 36(4): 499-509.

The focus of this US-based study is on the management and separation/integration of youth addiction services. The authors found that it was difficult to establish which services were integrated into adult treatment services, and which were separate. Often, there are no specific governmental regulations that protect or separate youth services from adult services, and existing regulations may be difficult to interpret. Recommendations to improve the quality of treatment for youth were to create "gold standards" or best practices for treating youth, more closely regulating standards of practice, increasing numbers of trained and experienced staff working with youth, dealing with legal issues including minority/majority status, custody, safety and "aging out," building relationships with other



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youth- and health- oriented care systems, and clearly separating youth and adults if housed in the same treatment centre.

Ontario Youth Strategy Project. (2008). Best practices in treating youth with substance use problems: a workbook for organizations that serve youth.

Though not only about youth/adult addiction services separation, this workbook includes best practices for the treatment of youth with addictions. Among these best practices is client orientation, including a focus on integration of family or peer supports for the youth. Further, the building of a framework that is holistic in nature and uses a harm reduction, strengths-based, experiential, and skill-building approach is suggested. The provision of a safe, respectful space and involving youth in the development and evaluation of services is also recommended as a way to make sure that the unique needs of youth are met. This workbook includes a section wherein organizations/programs can identify their current practices and areas for improvement along the lines of the best practices.

Richard, Maxine and Vostanis, Panos. (2004). Interprofessional perspectives on transitional mental health services for young people aged 16-19 years. *Journal of Interprofessional Care* 18(2): 115-128.

In the United Kingdom context, a deficiency in the range, quality and distribution of services for older adolescents is identified. This article describes adult mental health services as unable to fully meet the needs of youth. In particular, the multiple and evolving needs of older adolescents are explored, including their concern for confidentiality and a holistic approach. One of the problems with treating adolescents with adults identified in this study is the lack of peer group for youth, a problem that is made worse in inpatient settings. Youth are also often placed into treatment by parents or the legal system, resulting in different motivations for treatment seeking between youth and adults. Instead of treating youth in adult services, the authors advocate for services provided in less institutional means, and by staff with training that equips them to deal with youth. In order to increase service accessibility and engagement for youth, the authors state that the adolescent age group should be afforded a special identity within addiction services.



The **Research** Shop

INTEGRATION OF YOUTH AND ADULT ADDICTION SERVICES

Wagner, Eric F. (2009). Improving treatment through research: directing attention to the role of development in adolescent treatment success. *Alcohol Research & Health* 32(1): 67-75.

This article explores ways in which to improve the longevity of successful outcomes for youth treated for addictions. Research has revealed positive outcomes for youth substance abuse treatment across methods of treatment, but that these successes may be short-lived. The author suggests that this may be due to a lack of focus on the stage of development at which the adolescent finds him or herself. Though the personal and environmental factors that sustain addiction may not differ greatly between youth and adults, changes in development in adolescents may affect both the way their symptoms manifest and the ability of the youth to make lasting change. To improve outcomes, Wagner suggests taking the now recognized differences between adults and adolescents with substance use disorders into account in order to minimize relapses and maximize treatment success. This includes acknowledging the biological (ex. Brain maturation), psychological, social, and transitional differences associated with different stages of development. Age and/or grade level are suggested as proxies for measuring developmental level, with grade level often acting as a more reliable measure of developmental measure. The author also suggests changes to the types of outcomes measured, and potentially interfering with factors that lead to future substance use among youth, such as peer group composition.

Wagner, Eric F., Brown, Sandra A., Monti, Peter M., Myers, Mark G., and Waldron, Holly B. (1999). Innovations in adolescent substance abuse intervention. *Alcoholism: Clinical and Experimental Research* 23(2): 236-249.

This article outlines five “rules” to follow when developing youth-oriented substance abuse programs. Firstly, interventions should be based on techniques that have been empirically evaluated, even if these are borrowed from the literature on adult substance abuse treatment. However, these interventions should take into account the stage of development of the youth, rather than simply following the adult protocol to the letter. To do this, service providers should identify the main ways in which youth make positive behavioural change. The resulting programs should be multi-modal, and work to meet the needs of youth in particular. This may include adding family therapy or social skills training to treatment approaches, for instance, depending on the particular problem area for the youth being treated. The article details five different approaches to treating youth addictions, with common threads between the approaches being the importance of motivation and personal commitment to treatment, and the effectiveness of nontraditional approaches.



The **Research** Shop

INTEGRATION OF YOUTH AND ADULT ADDICTION SERVICES

Williams, Robert J., Chang, Samuel Y., and Addiction Centre Adolescent Research Group, Foothills Medical Centre, Calgary, Alberta, Canada. (2000). A comprehensive and comparative review of adolescent substance abuse treatment outcome. *American Psychological Association*, D12.

Similarly to other articles examined in this scan, this article identifies the relative sparseness of literature specifically looking at outcomes in adolescent addictions treatment. This study looked at several programs, from the most common “Minnesota Model” to more lengthy, therapeutic community approaches. One of the difficulties identified in this review in examining the effectiveness of these programs is that not all of the studies looked at reductions in substance use, rather than only abstinence, as a treatment variable. Given the increased focus on harm reduction approaches, the authors identify reduction in substance use as a more realistic outcome measure for youth treatment. The authors also identify similar findings to others in that it is difficult to determine which type of treatment is most effective in treating youth.

Winters, Ken C. (1999). Treating adolescents with substance use disorders: overview of practice issues and treatment outcomes. *Substance Abuse* 20(4): 203-225.

Summarizing the broad issues involved in treating youth with addictions, this article identifies several suggestions in improving youth treatment service delivery. The ideal treatment response is described as formal, comprehensive, and multi-component. Treatment should be tailored, the author posits, to the youth’s stage of change and development. Premature diagnosis and labeling is to be avoided, and recognition of the likelihood of delays in cognitive and socio-emotional development as well as comorbidity is suggested. Further, treatment programs should take into account potential barriers to motivation, for instance if the youth is placed in treatment. Finally, treatment should be sensitive to age and gender differences among youth, and should include the family. However, as noted in many other articles, it is difficult to make clear, empirical observations about the most effective treatment method for youth with addictions.