

Creating a Continuum of Care for Adolescent Substance Use

Timmen L. Cermak, MD

Past President, California Society of Addiction Medicine

Chair: Blue Ribbon Commission on Marijuana Policy Youth
Work Group

Bureau of Cannabis Control Advisory Committee

Disclosure

Bureau of Cannabis Control Advisory Committee

Historical Perspective

Alcohol Prohibition

- “The Noble Experiment”
 - 18th Amendment – 1920
- Resistance
 - Maryland
 - Wisconsin – 1929
 - Michigan – 1933
 - 21st Amendment (Repeal) - 1933



Factors in Prohibition's Failure

- Organized Crime
- Corruption
- Disrespect for the law
- Unsafe liquor
- Loss of Tax Revenue during the Depression



The BIG Failure of Prohibition Repeal

Alcohol tax revenue absorbed into the General Fund



The Ending of Marijuana Prohibition

- 1996 - Compassionate Use Act – Medical MJ
- 2010 – Prop 19 fails 53.5% to 46.4%
- 2011 - CSAM's Youth First Report and CMA call for marijuana regulation
- 2012 – Colorado and Washington legalization
- 2014 – Oregon and Alaska legalization
- 2016 - Prop 64 in California (57% to 43%), also Maine, Massachusetts and Nevada

Opportunity Returns!!!



Unlike with alcohol, can we capture the tax revenue from repeal of marijuana prohibition to mitigate the harms caused by the drug?

Prop 64 – AUMA

The Adult Use of Marijuana Act



Intent

To bring the production and sale of marijuana under a regulatory structure that prevents access by individuals under 21 and protects public safety, public health, and the environment.

AND

Generate hundreds of millions of dollars in new state revenue annually for

- **Youth Prevention and Treatment**
- Environmental Restoration
- Law Enforcement
- Community Reinvestment

AFTER REGULATORY COSTS



Flow of Funds for Youth Substance Abuse Services

- License Fees and 15% Excise Tax go to the CA Marijuana Tax Fund
- Regulatory costs and special carve outs are deducted
- **60% to the Youth Education, Prevention, Early Intervention and Treatment Account**
- Distributed via interagency agreement to
 - Department of Health Care Services
 - Department of Public Health
 - Department of Education



\$500 Million

- Per Year
- To begin with...



Youth Prevention and Treatment

Section 7: 34019(f)(1)

“Shall fund” programs for youth designed to prevent substance use that emphasize

Accurate education

Effective prevention

Early intervention

School retention

Timely treatment services for youth, their

families and caregivers

Programs “may include, not limited to”

Section 34019(f)(1)

(A) Prevention and early intervention services to recognize and reduce risks related to substance use, and the early signs of problematic use and of substance use disorders.

“May Include”, Cont.

(B) **Student Assistance Programs** to prevent and reduce substance use, and **improve school retention** and performance

“May Include”, Cont.

(C) Outreach to homeless and school dropouts

(D) Access and linkage to care provided by county behavioral health



“May Include”, Cont.

(E) Youth-focused substance use disorder treatment programs that are culturally and gender competent, trauma-informed, evidence-based and provide a continuum of care that includes screening and assessment (substance use disorder as well as mental health), early intervention, active treatment, family involvement, case management, overdose prevention, prevention of communicable diseases related to substance use, relapse management for substance use and other co-occurring behavioral health disorders, vocational services, literacy services, parenting classes, family therapy and counseling services, medication-assisted treatments, psychiatric medication and psychotherapy.



Programs That May Be Funded, Cont.

(H) **Workforce training** to increase core competencies

(I) **Construction of community-based youth treatment facilities.**

(J) **The departments may contract with each county behavioral health program for the provision of services.**



County Role

(K) Funds shall be allocated to counties based on demonstrated need, including the number of youth in the county, the prevalence of substance use disorders among adults, and confirmed through statistical data, validated assessments or submitted reports prepared by the applicable county to demonstrate and validate need

Trouble from too much of a good thing?



DANGER

DANGER

CSAM Blueprint for a Continuum of Services



1. CSAM Blueprint for Adolescent Drug and Alcohol Treatment (2009)
2. Youth First Report (2011)
3. Blue Ribbon Commission on on Marijuana Policy
4. CSAM Standard of Care for Adolescent Substance Use
5. CSAM Minimum Insurance Benefits for Adolescents with Cannabis Use Disorders

CSAM's Youth First Report

- Facts on the Ground
 - Youth are at greatest risk of harm from marijuana
 - Availability depends on adult use
 - Youth have virtually unlimited access to marijuana
 - Youth have very limited access to treatment
- Basic Principle
 - Business should not be permitted to make a profit while passing the expense of repairing its collateral damage on to the public

Recommendations

- Prohibition of marijuana under 21 y.o.
- Regulation of marijuana production and distribution
- Taxation of marijuana products
- **Sequestration of tax revenue for youth education, prevention and treatment**

Goals

- Limit access to, and use of, marijuana for those under 21
- Keep youth engaged in school
- Provide school-based Student Assistance Programs with resources to identify and help students using marijuana
- Construct community-based professional treatment for youth with SUD

Continuum of Care

Basic Principles

1. Parity – Addiction is a brain disease
2. Public Health Perspective
3. Adolescents are at highest risk of addiction
4. Prevention and Early Intervention are the key to treating any chronic medical illness
5. Treatment is more complex for youth
6. Family involvement is crucial
7. Minors require safety

Continuum of Care Elements



1. Student Assistance Programs
2. Core Adolescent Outpatient Centers
3. Regional Residential Centers
4. State Resource Centers

SAPs

The Continuum of Care's Foundation

“Universal availability of school-based services throughout California, combined with an evidence-based approach to drug education, could become a reality under a Tax and Regulate public health approach to marijuana policy.”



Blue Ribbon Commission F

<https://www.safeandsmarcontent/uploads/2015/07/BRCPathwaysReport.pdf>

1. SAP Functions

Bringing the base of the continuum to adolescents' "workplace"

- Coordinate Drug Education
- Recovery Sensitive School Environment
- Conduct Prevention Programs
- Support At-Risk Students
- Early Intervention / Referral
- Liaison with Staff and Core OP Centers

1. Drug Education

- ***Universal Prevention*** - the first tier of IOM's 3-tier prevention model
- Teacher and administration training
- Parent and Community education

2. School Environment

- Destigmatize addiction
- Foster peer support for seeking help
- Promote recovery positive school environment

3. Prevention

Prevention = all services provided *before* SUD is diagnosed and treatment is needed

- **Universal** prevention – For all students/parents/community
- ***Selected*** prevention targets subgroups known to be at elevated risk
- ***Indicated*** prevention focuses on individuals known to have initiated risky behavior

4. Student Support

- Confidentiality
- Motivational interviewing
- Peer support groups
- +/- Family Engagement

5. Early Intervention / Referral

- Screening for SA and/or MH problems
- Brief intervention
- Referral to Core Out Patient Center for comprehensive evaluation

6. Liaison

- Teachers
- Family
- Core Adolescent Outpatient Centers and Satellite groups
- Residential treatment centers
- Primary care physicians and outside therapists

Core Outpatient Centers Principles

MUST BE PHYSICALLY SEPARATE FROM ADULTS

- Safety for minors
- Adolescent treatment fundamentally differs from adult treatment
 - Developmental/Maturation Focus
 - Age Appropriate Goals

Core Outpatient Centers Structure

- One or more OP Centers in each County, depending on youth population base
- Intake Services
 - Comprehensive evaluation, including learning disabilities
 - ASAM Criteria level of care determination
- Treatment Services
 - Intensive outpatient (4-12 weekw)
 - Long-term ongoing care
 - Satellite support groups county-wide to increase accessibility to ongoing care
 - Hours to accommodate school (e.g., Noon-9 PM)

Treatment Elements and Staff Competencies

- Comprehensive Psychiatric and Cognitive Evaluation
- Medical Detoxification and medication management provided or supervised by licensed physician with addiction certification
- Individual Therapy
- Group Therapy (peer, multifamily, relapse reduction, life skills)
- Family Engagement and treatment
- Treatment of co-morbid psychiatric disorders, including trauma therapy

Treatment Elements and Staff Competencies, Cont.

- Cultural and Gender sensitivity
- Transportation support
- Telehealth capacity when transportation is problematic
- Liaison with SAPs, Satellite Groups, residential centers, etc.
- Individual case management
- Assertive Outreach to dropouts from care, school dropouts and homeless.
- Oral Drug Testing (confidential, privacy-protected, and on-site)
- Statewide unified Electronic Medical Records (EMR) and Management Information Systems (MIS) facilitating outcome studies

Staffing

- Program or Clinical Director - Masters, PhD, PsyD or MD level
- Therapists - PhD, PsyD, MFT, LCS) trained in
 - Substance Use Disorders
 - Adolescent Psychological Development
 - Motivational Enhancement and Cognitive Therapy
 - Dual Diagnosis Management
 - Family Therapy
- Counselors – CAADAC-certified, Supervised by licensed therapists
- Physician - Addiction Medicine Certified
- Education Specialist
- Outreach Specialist
- Administrative Support for Liaison with SAPs, Primary Care Physicians Satellite groups and Regional Residential Centers

Regional Residential Treatment Centers

- ~Six (6) Regional Residential Centers
- Capacity for 6+ week treatment
- Family involvement on weekends
- Liaison with Core Outpatient Centers and SAPs to maintain educational requirements
- Inpatient psychiatric care to remain within pre-existing hospital based system.

State Resource Centers

- SAP Resource Center
- Workforce Licensing, Standards and Training
- Statewide Universal Prevention Campaigns
- Outcomes Research Coordination
- EMR and MIS development and Management Support

Affordability Factors

- Capture of Marijuana Tax Revenue required to build a new Continuum of Care for Adolescent Substance Use
- Administrative cost controls
- Marijuana Industry Growth
 - Colorado marijuana tax revenue increased 2.6 times from 2014-2016, without increased teen use or perception of harm
 - Double Edged Sword



- Licensing delays
- Startup cost repayment
- Program selection
- Fund disbursement

The Challenge

- Developing a **unified vision** of a Continuum of Care
- **Being the Voice** for those too young to speak for themselves
- **Jealously guarding resources** to build a **new system** of care for youth
- **Endurance over time**

Looking Back from the Future

- Will we repeat the mistakes of alcohol prohibition repeal?
- Or we learn from the past?
- Lessons from NACoA (1984) and personal history – Passionate Commitment is needed
- The Prop 64 money will be sequestered for youth, in theory
- It is up to us to fight for this money to be used as intended