



# It Takes A Village: Best Practices in Treating Teens with Substance Use Disorders

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## Objectives



1. Identify current substance use and behavioral health trends in teens.
2. Discuss the complexity of treating co-occurring addiction and mental health disorders commonly found in teens.
3. Review the continuum of substance use for teens, how to accurately assess substance use along the continuum and how to make recommendations for appropriate level of care.
4. Challenge assumptions about treating teens.
5. Discuss core components and best practices of outpatient treatment by evaluating research about effective teen outpatient therapy.
6. Understand the importance of family integration and develop specific ways to integrate family.
7. Develop a plan for long term success and healthy relationships.

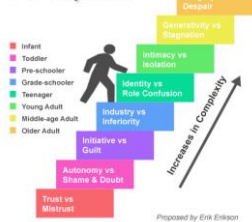
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## What is a teenager?



### Stages of Psychosocial Development



- Age group spans from 13 – 19 years old
- Time of transition: dependent child to independent young adult
- Often when behavioral problems arise
- Many new responsibilities are learned:
  - Complete tasks efficiently and correctly at home, school, and work.
  - Caring for personal hygiene & possessions.
  - Showing compassion for other people & themselves.
  - Being socially responsible in daily lives & online.
  - Controlling emotions & interacting with others.
  - Understanding sexual activity & possible consequences.
  - How to handle peer pressure: drinking, smoking, doing drugs.
  - Adult privileges: driving a car or having a bank account.
  - Hold a job and work well with others in a team.

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## Current Substance Use Trends



- What do you believe is happening in the teen world of substance use?

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## Current Trends



Monitoring the Futures survey: High School and Youth Trends

Substance	8 <sup>th</sup> Graders				10 <sup>th</sup> Graders				12 <sup>th</sup> Graders			
	2014	2015	2016	2017	2014	2015	2016	2017	2014	2015	2016	2017
Alcohol	26.8	26.1	22.80	<b>23.1</b>	49.3	47.1	43.4	<b>42.2</b>	66.0	64.0	61.2	<b>61.5</b>
Cigarettes	13.5	13.3	9.8	<b>9.4</b>	22.6	19.9	17.5	<b>15.9</b>	34.4	31.1	28.3	<b>26.6</b>
E-cigarettes	8.7	9.5	6.2	-	16.2	14.0	11.0	-	17.1	16.2	12.5	-
Any Vaping	-	21.7	17.5	<b>18.5</b>	-	32.8	29.0	<b>30.9</b>	-	35.5	33.8	<b>35.8</b>
Chewing Tobacco	8.0	8.6	6.9	<b>6.2</b>	13.6	12.3	10.2	<b>9.1</b>	15.1	13.2	14.2	<b>11.0</b>
Illicit Drugs	20.3	2.5	17.2	<b>18.2</b>	37.4	34.7	33.7	<b>34.3</b>	49.1	48.9	48.3	<b>48.9</b>
Bath Salts	.5	.4	.9	<b>.5</b>	.9	.7	.8	<b>.4</b>	.9	1.0	.8	<b>.6</b>
Cocaine	1.8	1.6	1.4	<b>1.3</b>	2.6	2.7	2.1	<b>2.1</b>	4.6	4.0	3.7	<b>4.2</b>

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Drug	8 <sup>th</sup> Graders				10 <sup>th</sup> Graders				12 <sup>th</sup> Graders			
	2014	2015	2016	2017	2014	2015	2016	2017	2014	2015	2016	2017
Crack Cocaine	1.2	1.0	.6	<b>.8</b>	1.00	1.10	.80	<b>.80</b>	1.80	1.70	1.40	<b>1.80</b>
Hallucinogens	2.0	2.0	1.9	<b>1.90</b>	5.0	4.60	4.40	<b>4.20</b>	6.3	6.40	6.70	<b>6.70</b>
Heroin	.90	.50	.90	<b>.70</b>	.90	.70	.60	<b>.40</b>	1.0	.80	.70	<b>.70</b>
Inhalants	10.80	9.40	7.70	<b>8.90</b>	8.70	7.20	6.60	<b>6.10</b>	6.50	5.70	5.0	<b>4.90</b>
K2/Spice	3.3	3.10	2.70	<b>2.00</b>	5.40	4.30	3.30	<b>2.70</b>	5.80	5.20	3.50	<b>3.70</b>
LSD	1.10	1.30	1.20	<b>1.30</b>	2.60	3.0	3.20	<b>3.00</b>	3.70	4.30	4.90	<b>5.00</b>
Marijuana	15.60	15.50	12.80	<b>13.50</b>	33.70	31.10	29.70	<b>30.70</b>	44.40	44.70	44.50	<b>45.00</b>
Meth	1.0	.80	.60	<b>.70</b>	1.40	1.30	.70	<b>.90</b>	1.90	1.00	1.20	<b>1.10</b>
Adderall	1.30	1.00	1.50	<b>1.30</b>	4.60	5.20	4.20	<b>4.00</b>	6.80	7.50	6.20	<b>5.50</b>
Cough Medicine	2.00	1.60	2.60	<b>2.10</b>	3.70	3.30	3.00	<b>3.60</b>	4.10	4.60	4.00	<b>3.20</b>
Steroids	1.0	1.0	.90	<b>1.10</b>	1.40	1.20	1.30	<b>1.10</b>	1.90	2.30	1.60	<b>.60</b>
MDMA	1.40	2.30	1.70	<b>1.50</b>	3.70	3.80	2.80	<b>2.80</b>	5.60	5.90	4.90	<b>4.90</b>

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## Teen Drug Use in the US



- 200,000 annual ER Visits
- By 12<sup>th</sup> Grade:
  - 31.5% of students use marijuana
  - 25% use at least one other illicit drug
- When it comes to access:
  - 81% of 12<sup>th</sup> graders = easy to get marijuana
  - 68% of 12<sup>th</sup> graders have tried alcohol
  - 43% of high school students know a classmate who sells drugs

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## Social Determinants of Drug Use



- Parental Influence:
  - 56% of teens say it is easy to get prescription drugs from a parent's cabinet
  - 29% of parents believe ADHD meds improve academic performance...even if they do not have ADHD
  - 14% of teens say their parents have talked to them about prescription drug use

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## Social Determinants of Drug Use

- Geographic Location
  - Teens living in rural communities are 35% more likely to use prescriptions meds than those in urban areas
  - Patients in rural treatment facilities were 20% more likely to use substances at an earlier age than urban patients
- Socioeconomic Status
  - Residents in high income neighborhoods were prescribed painkillers 25% more than those in low-income neighborhoods
  - 37% cited inability to pay or no insurance as barriers to treatment

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## Social Determinants of Drug Use

- Academic Achievement
  - Compared to teens with low levels of stress, highly stressed teens with grades of mostly B's or lower are:
    - 7X likelier to have used marijuana
    - 2X likelier to have used alcohol and/or tobacco
- Social Settings
  - 75% of 12 – 17-year-olds report seeing pictures of teens partying with drugs on social networking sites encouraged them to party similarly

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## Why do teens use drugs?

(The Partnership, 2/13/2017)

- Other People
- Popular Media/Social Media
- “Escape” and/or self-medication
- Boredom
- Rebellion
- Instant gratification
- Lack of confidence/fitting in
- Misinformation, lack of information

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## What is Behavioral Health?

- Promoting well-being through prevention and intervention on mental health disorders, substance use, and behavioral addiction.
- Current stats:
  - 30% of high school students experience hopelessness and sadness
  - 18% of high school students reports “seriously considering” suicide
  - 9 % of high school students report attempting suicide

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## What is Behavioral Health?

(Surgeon General's Report 2016)

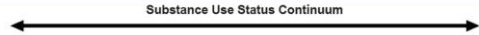
- Teens seeking substance use treatment often need additional services:
  - Mental health
  - Physical health
  - School problems
  - Family issues
- Substance abuse treatment programs are most effective when they address these complex needs.
- Effective programs also consider the psychological, emotional, and physical development of teens.

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Surgeon General's Report on Drugs and Alcohol 2016

Positive Physical, Social, and Mental Health	Substance Misuse	Substance Use Disorder
A state of physical, mental, and social well-being, free from substance misuse, in which an individual is able to realize his or her abilities, cope with the normal stresses of life, work productively and fruitfully, and make a contribution to his or her community.	The use of any substance in a manner, situation, amount, or frequency that can cause harm to the user and/or to those around them.	Clinically and functionally significant impairment caused by substance use, including health problems, disability, and failure to meet major responsibilities at work, school, or home; substance use disorders are measured on a continuum from mild, moderate, to severe based on a person's number of symptoms.



Substance Use Care Continuum				
Enhancing Health	Primary Prevention	Early Intervention	Treatment	Recovery Support
Promoting optimum physical and mental health and well-being, free from substance misuse, through health communications and access to health care services, income and economic security, and workplace certainty.	Addressing individual and environmental risk factors for substance use through evidence-based programs, policies, and strategies.	Screening and detecting substance use problems at an early stage and providing brief intervention, as needed.	Intervening through medication, counseling, and other supportive services to eliminate symptoms and achieve and maintain sobriety, physical, spiritual, and mental health and maximum functional ability. Levels of care include: <ul style="list-style-type: none"> <li>• Outpatient Services;</li> <li>• Intensive Outpatient/ Partial Hospitalization Services;</li> <li>• Residential/ Inpatient Services; and</li> <li>• Medically Managed Intensive Inpatient Services.</li> </ul>	Removing barriers and providing supports to aid the long-term recovery process. Includes a range of social, legal, and other services that facilitate recovery, wellness, and improved quality of life.

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## DSM-V Criteria for SUD

### Impaired Control:

1. Substance is often taken in larger amounts or over a longer period of time than was intended.
2. Persistent desire or unsuccessful efforts to cut down or manage use.
3. Significant time is spent in activities necessary to obtain the substance, use the substance, or recovery from its effects.
4. Craving or a strong desire or urge to use the substance.

### Social Impairment:

5. Recurrent use of the substance resulting in a failure to fulfill major role obligations at work, school, or home.
6. Continued use despite having persistent or recurrent social or interpersonal problems caused/exacerbated by effects of the substance.
7. Important social, occupational, or recreational activities are given up or reduced because of substance use.

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## DSM-V Criteria for SUD

### Risky Use:

8. Recurrent use in situations in which it is physically hazardous.
9. Use of the substance despite knowledge of having a persistent or recurrent physical or psychological problem that is likely to have been caused or exacerbated by use of the substance.

### Pharmacological Criteria:

10. Tolerance:
  - > a need for increased amount of the substance to achieve intoxication or desired effect.
  - > a diminished effect with continued use of the same amount.
11. Withdrawal:
  - > mental, emotional, and/or physical symptoms.
  - > use of a substance to relieve/avoid withdrawal symptoms.

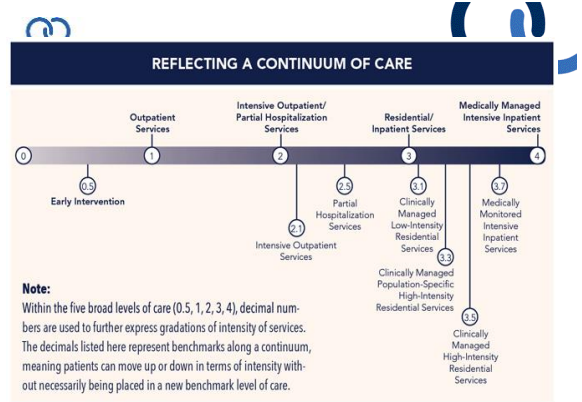
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## DSM-V Criteria: Severity Levels

- Mild: 2-3 criteria
- Moderate: 4-5 criteria
- Severe: 6 or more criteria

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## Case Study #1

Patient is a 16-year-old female from Nebraska, presenting to tx for SUD and MH concerns per family report. There are minimal resources in her community, and her insurance will cover one month at inpatient residential in PA. She meets DSM criteria for multiple substances, ranging in mild to severe severity levels. She reported that she used substances due to the subculture attached to the drug use. She had a history of trauma inflicted by her nuclear family, which was debilitating for her in terms of growth and ability to rely on others for support. Her family had minimal involvement in her treatment stay. Family had minimal resources to support pt's tx needs, and pt was able to earn scholar-shiping to allow her to continue in tx, and transferred to a residential level of care for behavioral health in her home state that would be covered by insurance following discharge. Pt spent 123 days in tx.

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## Case Study #2

Patient is a 19-year-old female, who presented to treatment for cannabis use and other substances. Upon arriving to treatment, she endorsed a number of substance abuse disorders; however, during the course of tx, she began to deny that the use occurred and suggested that she was exaggerating. Pt struggled with honesty throughout her treatment stay, often exaggerating the truth or telling overt lies. Pt's mother was actively engaged in her tx, providing very different information on pt's substance use. Pt's mother reported needing to "walk on eggshells" in order to hold boundaries. Mother struggling with continuing care due to lack of resources, and pt transferred to a residential level of care to include partial programming, which was covered by insurance. Pt spent 26 days in tx.

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### Case Study #3

Patient is a 17-year-old female, presenting for her first inpatient tx for cannabis use. She has a family hx of SUD as her older brother uses cannabis, and her oldest brother died of an opiate overdose three years ago. She has been working with Student Assistance Programming within her school for the past five years in relation to her brother's use, and finally her own use. She made the decision to enter tx, as she felt her use was problematic. Her mother engaged in her tx; however, struggled to see her cannabis use as problematic in comparison to her other children's use. Mother could not afford inpatient tx, and was able to afford a county directed bed for her daughter. Resources were also limited for continuing care, and pt was able to attend the IOP associated with her tx provided and utilize insurance. She also returned to working with her SAP specialties within her school setting. Pt spent 23 days in tx due to outside hospitalization.



### ASAM Criteria: American Society of Addiction Medicine

- Dimension 1: Acute Intoxication and/or Withdrawal Potential, Anti Craving Meds/Medication Assisted Treatment
- Dimension 2: Biomedical Conditions and Complications
- Dimension 3: Emotional, Behavioral, or Cognitive Conditions
- Dimension 4: Readiness & Motivation to Change
- Dimension 5: Relapse, Continued Use, or Continued Problem Potential
- Dimension 6: Recovery/Living Environment



### ASAM Criteria: American Society of Addiction Medicine

#### Dimension 1: Acute Intoxication and/or Withdrawal Potential, Anti Craving Meds/Medication Assisted Treatment

	Patient #1	Patient #2	Patient #3
Acute intoxication			
Withdrawal potential			X
Current withdrawal			X
Anti-Craving/ MAT			



### ASAM Criteria: American Society of Addiction Medicine

#### Dimension 2: Biomedical Conditions and Complications

	Patient #1	Patient #2	Patient #3
Current physical illnesses (not w/d)		x	
Chronic conditions/ Chronic pain			
Medical services			x



**ASAM Criteria:**  
American Society of Addiction Medicine



**Dimension 3: Emotional, Behavioral, or Cognitive Conditions**

	Patient #1	Patient #2	Patient #3
MH that complicates tx?	X	X	X
MH connected to SUD & need specific MH tx?			
Suicidality & lethality?		X	X
Manage ADLs?	X	X	X
Cope w/ emotional, behavioral, or cognitive			X
Medication & compliance	X	X	X

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**ASAM Criteria:**  
American Society of Addiction Medicine



**Dimension 4: Readiness & Motivation to Change**

	Patient #1	Patient #2	Patient #3
Resisting tx?		X	
Stage of change – sobriety & tx	Contemplative	Pre-Cont.	Contemplative
Motivation to/for change	Internal	External	Internal
Disagreement with other's perception of SUD or MH		X	
Compliance to avoid negative consequence?		X	

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**ASAM Criteria:**  
American Society of Addiction Medicine



**Dimension 5: Relapse, Continued Use, or Continued Problem Potential**

	Patient #1	Patient #2	Patient #3
Immediate danger of MH or SUD	X	X	
Awareness of relapse prevention	X		X
Use of coping skills and effectiveness	X		X
Hx of ability to be sober, psychiatrically stable			
Current craving?		X	
Medication compliance	X	X	X
Hx of compliance of Other chronic dx			

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**ASAM Criteria:**  
American Society of Addiction Medicine



**Dimension 6: Recovery/Living Environment**

	Patient #1	Patient #2	Patient #3
Threat to safety/sobriety & engagement in tx?	X		
Positive supports to increase successful tx?			X
Legal, vocational, criminal justice – enhance motivation for tx?			
Transportation, housing, employment that needs clarification?	X	X	X

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## Brief Screening Tools



### CRAFFT:

**C:** Have you ridden in a **CAR** driven by someone who was high or had used drugs?

**R:** Do you ever use alcohol or drugs to **RELAX**, feel better about yourself, or fit in?

**A:** Do you ever use substance **ALONE**?

**F:** Do you **FORGET** things you did while using?

**F:** Do your family and **FRIENDS** to you to cut down?

**T:** Have you ever gotten in **TROUBLE** while using?

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## Brief Screening Tools



### (S2BI): Screening to Brief Intervention

- In the past year, how many times have you used:
  - Tobacco?            Never   One or Twice   Monthly   Weekly or more
  - Alcohol?            Never   One or Twice   Monthly   Weekly or more
  - Marijuana?        Never   One or Twice   Monthly   Weekly or more
- STOP if answers to all previous questions are “never”. Otherwise, continue with questions.
  - Illegal Drugs?      Never   One or Twice   Monthly   Weekly or more
  - Inhalants?          Never   One or Twice   Monthly   Weekly or more
  - Synthetic drugs?   Never   One or Twice   Monthly   Weekly or more
  - Prescription Meds? Never   One or Twice   Monthly   Weekly or more

(Not prescribed to you)

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## S2BI Screening



- Kids who report “once or twice” in the past year are very unlikely to have a SUD
- Kids who report “monthly” use will generally meet criteria for a mild or moderate SUD
- Kids who report “weekly” use will most likely meet criteria for a severe SUD

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## What are your assumptions about treating teens?



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## Possible Assumptions



- All teens who use drugs are addicts
- Teens will “outgrow” their drug use
- Abstinence is not possible for teens
- Teens do not benefit from 12-step programs
- Teens are resistant
- A teen cannot get well without family and school support

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## Counter-Transference



What are some countertransference examples you have experienced in working with teens?

- My kids are the same ages of the kids I’m working with
- I started working with kids when I was younger and now I’m getting older. Am I still effective?
- I wanted to work with kids to make a real difference...it seems like no one is getting better.
- I know I’m a mandated reporting but it will ruin my therapeutic relationship to file a report

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## Ethical Dilemma #1



You work as a counselor for an organization that offers counseling services to the general public. The free service is aimed at community members who cannot afford counseling services otherwise. You start counseling a young man who made an appointment with the service when he saw the advertisement in the local community newspaper. In your initial session you learn that he is 16 years old and sought counseling on his own without the knowledge of his parents. He tells you confidentiality is very important to him and he doesn’t want his parents to know he is in counselling. He tells you that he is afraid his parents might ridicule him for this if they find out since they have ridiculed him about other things in the past. He says he struggles with motivation, getting out of bed in the morning and has low self-esteem. He also says he doesn’t even feel like seeing his friends anymore. He wants to address these issues with you in counselling.

**What do you do in this case? What are the ethical issues you need to consider?**

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## Ethical Dilemma #2



You work in a private practice and you are working with a 17-year-old female treating her marijuana use disorder, mild and anxiety. She under the care of her a physician who is prescribing a benzo to manage her anxiety. At your fourth session she discloses her father has been supplying her with extra Xanax so her prescription does not run out and has “smoked a little” marijuana with her in the distant past.

**What do you do in this case? What are the ethical issues you need to consider?**

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“If we are committed to developing young people, we must be equally committed to developing ourselves”

- What has your experience with supervision been like?
- <https://www.youtube.com/watch?v=QV6DpJKW6a0>
  - This clip illustrates how quickly roles can change
- When working with teens and their families it is critical to have adequate supervision. Why?
  - Those working with kids have an enormous task of building rapport with teens whose experience of relationships with adults have been adverse, unsafe environments and have been harmed by people who were supposed to keep them safe

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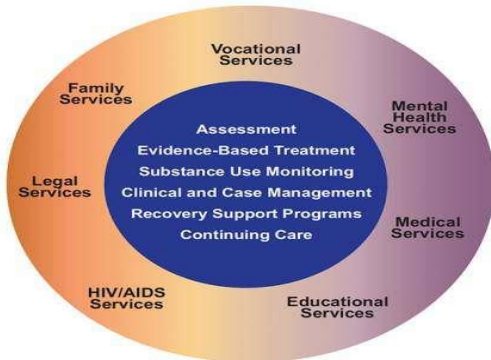


## Effective Teen Treatment

- Therapy
  - Continuum of care & use of community
- Dialectical Behavioral Therapy
- 12 Step Meetings

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## DBT for Teens

- Skill based approach developed by Marsha Linehan (1993) to empower those with emotional vulnerabilities to better manage reactions, interpersonal relationships, and tolerate emotional discomfort
- **BioSocial Theory**: problem behaviors often seen in individuals stemming from a combination of biological and environmental factors
  - **Bio**: predisposition, vulnerable to high sensitivity and reactivity, intense emotion and difficulty regulating
  - **Social**: learned in the environment, home, school, and from peers

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## Why DBT for teens struggling with co-occurring disorders?

- Evidence based intervention
- Provides specific coping skills for:
  - Triggers to use
  - Shortening relapse if it occurs
- Overlaps with 12 step approaches when treating co-existing addictions

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## Long Term Success & Family Relationships

A Bio-Psycho-Social-Spiritual-Familial Approach:

- Early identification and treatment
- Medication-assisted treatment
- Treatment of co-occurring MH and medical issues
- Legal interventions
- Sober support (12 step meetings)
- Addressing “why me?”, purpose, meaning, identity, loss
- Gender specific/Age specific
- Family treatment and involvement
- Individualized treatment plans

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## Engaging the family

- For treatment to be most effective with teens and young adults, it is important to engage the family:
  - Families need to understand DBT language
  - Families need to find their own “middle path”

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## DBT – Family and Patient

Responding to your teen’s behavior	
Minimizing problematic behaviors and responding to them effectively	Being overly reactive and concerned about typical behavior
Leniency and strictness	
Making too few demands and having too few expectations or limits, being overly lenient	Exercising too much control, being too strict, having too many limits or being overly punitive
Encouraging dependency and too much independence	
Not allowing the teen to have freedom from parents	Allowing independence beyond the teen’s maturity level

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## Relapse Prevention



- Think Ahead, “Play the tape through”
- Choose friends wisely
- Don’t be a “supplier”
- Find way to deal with stress & how to have fun
- Get involved, meetings & therapy

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## Resources



1. DrugAbuse.com. Detour: Teens in Rural Areas More Likely to Abuse Painkillers. Retrieved from: <http://drugabuse.com/detour-teens-in-rural-areas-more-likely-to-abuse-painkillers/>
2. DualDiagnosis.org. (2016). “Economic Status and Abuse”. Retrieved from: [dualdiagnosis.org/drug-addiction/economic-status](http://dualdiagnosis.org/drug-addiction/economic-status)
3. Goldberg, C. (2013). National study: Teen misuse and abuse of prescription drugs up 33 percent since 2008, stimulants contributing to sustained Rx epidemic. Partnership for Drug-Free Kids, Willmer, R. (2013). Infographic: When parents talk about prescription drug abuse, kids listen (Even if they pretend not to). Retrieved from: <http://www.promoteprevent.org/blog/infographic-when-parents-talk-about-prescription-drug-abuse-kids-listen-even-if-they-pretend>
4. JAMA Pediatrics. (2016). National trends in hospitalizations for opioid poisonings among children and adolescents, 1997 to 2012.
5. Jaslow, R. (2012). Survey: “Digital peer pressure” fueling drug, alcohol use in high school students. CBS News.
6. Joyn, M., & Train, M. (2013). Socioeconomic status plays major role in opioid pain control. University of Rochester Department of Medicine.
7. National Assessment of Educational Progress. (2016). The Nation’s Report Card.

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## Resources



8. National Center on Addiction and Substance Abuse. (2010). National Survey on American Attitudes on Substance Abuse XVII: Teens.
9. NIDA. (2013). Sixty percent of 12th graders do not view regular marijuana use as harmful. Retrieved from: [drugabuse.gov/news-events/news-releases/2013/12/sixty-percent-12th-graders-do-not-view-regular-marijuana-use-harmful](http://drugabuse.gov/news-events/news-releases/2013/12/sixty-percent-12th-graders-do-not-view-regular-marijuana-use-harmful)
10. Reinberg, S. (2010). 20% of U.S. High Schoolers Abuse Prescription Drugs. U.S. News & World Report.
11. Substance Abuse and Mental Health Services Administration (SAMHSA). (2012). The TEDS Report: A Comparison of Rural and Urban Substance Abuse Treatment Admissions.
12. Teen Rehab Center. (2016). Drug Use in High School.

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