



# AMERICAN MENTAL™ WELLNESS ASSOCIATION

## ACCORDING TO SAMHSA...

- ▶ Prevention of mental and/or substance use disorders and related problems in children, adolescents, and young adults is critical to America's behavioral and physical health.
- ▶ Behaviors and symptoms that signal the development of a behavioral disorder often manifest 2 to 4 years before a disorder is present.
- ▶ People with a mental health issue are more likely to use alcohol or drugs than those not affected by a mental health problem.

## ACCORDING TO THE INSTITUTE OF MEDICINE AND NATIONAL RESEARCH...

- A \$1 investment in early treatment and prevention programs yields \$2 to \$10 worth of savings in health costs, criminal and juvenile justice costs, educational costs, and lost productivity.

OPU=Opiate Use Disorder MDE=Major Depressive Episode NMPO=Non-medical Prescription Opiate

[www.healingmagazine.org](http://www.healingmagazine.org) ... 2016 Vol. 21, No 2



**By: Kara Bagot, M.D. – a Child and Adolescent Psychiatrist and an Assistant Professor in the University of California, San Diego Department Of Psychiatry. She received her psychiatric and Clinical research training at Yale University Child Study Center. Dr. Bagot is a clinician and researcher with expertise in treatment interventions for adolescent substance use disorders, and has authored and presented several manuscripts in this field.**

***“So why are we spending so much money on suicide prevention and the opioid epidemic, which are 4<sup>th</sup> stage\* of illness?  
For true system-level impact to reduce the number of people incarcerated who have mental health problems focusing on prevention and 1st stage of mental illness\* is paramount for success!”*** Sharon Engdahl, Ex. Dir. AMWA

### INTRODUCTION

Adolescence is a vulnerable time with high rates of substance use and emergence of psychopathology, both of which are associated with substantial morbidity. Opiate use in particular is a growing problem, especially among youth with co-morbid psychiatric symptomatology. **Indeed, it has been shown that up to 83% of adolescents entering treatment for an Opiate Use Disorder (OUD) have at least one comorbid psychiatric illness, with greater than 50% having two or more psychiatric diagnoses.**

High rates of ADHD and mania have been found in adolescent nonmedical prescription opiate (NMPO) users (those who use opiates at doses and/or frequencies higher than prescribed or without a prescription) and high rates of major depressive episode (MDE) in heroin users, with both NMPO and heroin users demonstrating high rates of Conduct Disorder (53%), MDE (40%), Generalized Anxiety Disorder (40%), ADHD (33%) and other mental health disorders (15–26%). **Psychiatric symptoms may precede, exacerbate or follow substance use; in particular, it is likely that MDE precedes OUD by about three years.**

Among adolescents, opiates are second in illicit drug abuse to marijuana. Of growing concern, in addition to recent increases in heroin use, is use of nonmedical prescription pain medications (i.e. hydrocodone [Lorco, Vicodin, Norco]; oxycodone [Oxycontin]). Over four million Americans 12 years of age and older report current use of NMPO - approximately 500,000 of whom are between 12 and 17 years of age, and 1 million between 18 to 25 years of age. Alarming, since 2000 there has been a four-to-five-fold increase in mortality and substance treatment admissions related to NMPO use. In the United States, 18- to 25-year-olds demonstrate the highest rates of heroin use. The risk of initiating heroin use is 13 times higher in adolescents and young adults with previous NMPO use, with peak age of heroin initiation being 17-18 years of age. Those who initiate NMPO use between 10-12 years of age are nearly 18 times more likely to transition to heroin use. Those who begin NMPO use at 13-15 or 8-9 years of age have about a 15 times greater risk of transitioning to a four-to-five-fold increase in mortality heroin use. Adolescents and young adults often transition from NMPO to heroin due to the high cost, reformulation, decreasing availability, and increasing restrictions on pain medications. Progression from NMPO to heroin is associated with more rapid development of dependence, which is further associated with lower probability of treatment success. The rates of prescribing opiates for adolescents and young adults have doubled in the past 20 years. In addition to obtaining a prescription, teens may also access these medications through diversion from friends, peers and/or family.

[www.AmericanMentalWellness.org](http://www.AmericanMentalWellness.org) [info@americanmentalwellness.org](mailto:info@americanmentalwellness.org)

717-957-3432 Office

717-343-4945 Cell

*\*For more information on prevention/signs & symptoms of 1<sup>st</sup>, 2<sup>nd</sup>, 3<sup>rd</sup>, & 4<sup>th</sup> stages go to our website and click on Resources*