Centre intégré universitaire de santé et de services sociaux du Centre-Sud-de-l'Île-de-Montréal
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SCREENING at the CCSMTL's Youth Program for the use and abuse of psychoactive substances, including CANNABIS

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Presentation content

General objective

To present the recommended interventions for our clientele, including those having concurrent problems related to mental health and cannabis use

Topics covered

- Who are the adolescents at the “CJM?”
- 3 levels of intervention.
- Screening (DEP-ADO).
- Case study: Michel.
- The motivation of the youth in response to change.
- Harm reduction.
- Testimony of a service user-partner.

Length: 25 minutes

Youths housed in a YC in Montreal

- Boys and girls between 12 to 17 years old. Sometimes +…
- 3 laws: SSSS, YPA, YCJA.
- Different degrees of protection (from group homes to secure custody).
- Estimation: 50 living units and 500 youths
- … of which there are 6 living units (+or- 40 spots) dedicated for specialized services in mental health.
- Profile including high psychological vulnerability (distress, suffering) for many among these 500 youths.

Medication and PAS consumption

- +or- 65% of our youths take medication (sample of 457 teens in 2017).
- +or- 58% of our youths who consume reveal that they have a substance use problem or that they are at risk for developing one (sample of 192 teens in 2018).
- Cannabis and alcohol = the 2 substances of choice.
- Examining correlations between these 2 statistics in more detail would certainly reveal significant prevalences (such as concurrent mental health and cannabis use problems).

Intervention at the “CJM” regarding the use and abuse of drugs

Three levels of intervention

- SCREEN youths presenting drug and alcohol consumption problems. The DEP-ADO is administered to all youths who have experimented with substance use (identification required).

- ORIENT youths who appear to have problematic substance abuse or dependence, known as the “red lights,” toward specialized treatment services for an evaluation with the help of an IGT (referring to the access mechanism of the CRDM-IU).

- PROVIDE SUPPORT TO youths whose consumption is at risk for becoming problematic “yellow lights” and their parents, as well as youths that are “green lights” but who are exposed to a multitude of risk factors. Two tools: the GRD and the guide on “Drug use and abuse.”

+ SUPPORT also for youths who have problematic substance use (red lights) and who are very little or not at all motivated to receive specialized services for substance use or who require heightened supervision.

Screening at-risk youths: the DEP-ADO

- Evaluate the use of alcohol and drugs
- Objectively detect the problematic consumption or the risk of it becoming problematic
- Establish the required level of intervention, according to the calculation of a score associated with colors from traffic lights.
- Allows for early intervention, opens up discussion and promotes support from the perspective of motivation for change.

CASE STUDY

Michel is 16 years old and he agrees to take the DEP-ADO screening test.

Regarding alcohol, he admits having started drinking at the age of 12, but never during the week… only on weekends. He adds that he gets drunk nearly every weekend by drinking around 8 to 10 beers, except during the two weeks that he was on vacation with his parents.

He says that he has been smoking weed for at least 4 years, and does so more often than he drinks, in other words, he has a joint at lunch and on weeknights and numerous on the weekend.

He specifies that he has not touched coke or heroin…just ecstasy when he goes to raves on Saturdays. He says that he likes to help himself to his mom's medicine cabinet. He takes some Xanax and other types of medications…but only on weekends.

He explains that he has lost consciousness due to alcohol in the past…about two months ago. **He gets into arguments often about pot with his mother**. He admits that he spends a lot of money on drugs, and he has had to sell ecstasy a few times to pay for them. He also mentions some crazy stunts that he has pulled, including driving his dad's car while severely intoxicated…swimming in the river with a *one night stand* while high and having unprotected sex.

The motivation for change process. The steps…

- **Pre-contemplation:** *"Everything's fine – I don't have a problem!"*
- **Contemplation:** *"There may be a problem, but what is it?"*
- **Preparation:** "*What can I do and how?"*
- **Action:** "I am taking the steps; I am changing bit by bit."
- **Maintenance:** "I appreciate the benefits arising from my changes."
- **Termination**: *"I have better control over my consumption, and my life."*
- **Relapses:** *"I am unable to maintain my changes."*

The harm reduction approach, some reference points…

Aim for the youth to develop **METHODS TO REDUCE** negative consequences of his/her consumption;

Aim to inform **"ABOUT"** and not "**AGAINST"** drugs by transmitting information that is fair and reliable;

Listening to the youth regarding what he or she has and is going through, and about the "**PLEASURE"** associated with consuming does not imply that you are "**CONDONING**" his/her consumption;

This approach is particularly useful when the person is not very motivated to end his/her harmful habits since it **FOSTERS DIALOGUE**;

Positions us as **RESPONSIBLE ADULTS** by naming the rules, restrictions, our values, our disagreements, our worries, etc.

In conclusion:

“The relationship of trust created with the clinician lasts through time for us (…). It also happens that we become attached and wish to share our achievements, later when things are going better in our lives. But often, we are not able to share our news (…).”

“We have to avoid working too independently (…). In my situation, I would reply no when my clinician asked if I had consumed. I was lying to him because my doctor told me that I would have to deal with my substance use problem before I could receive services for my BPD. But for me, it was calming to smoke my joint at night, and I would sleep much better (…)”

Daniel, 37 years old (service user-partner).

Thank you

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