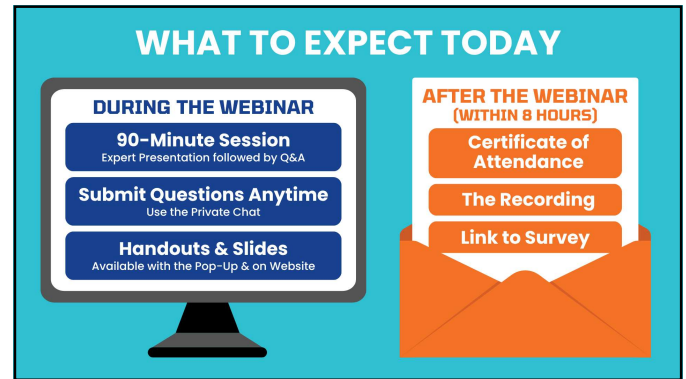
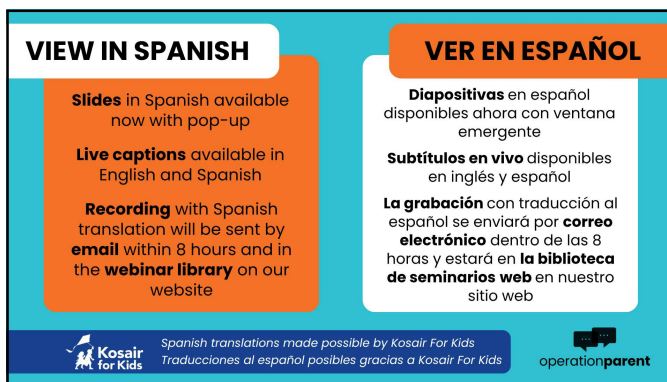




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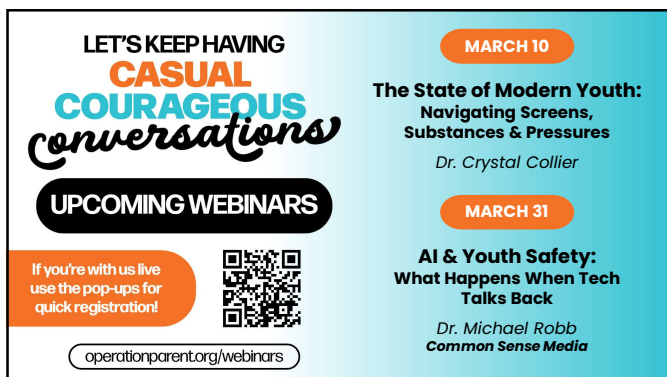
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6

Linda Richter, PhD

Senior Vice President, Prevention Research and Analysis



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- Psychologist with nearly 30 years of experience in youth substance use prevention and care.
- Researcher with a deep interest in healthy youth development, focused on what truly protects young people from the harms of addictive substances.
- Big fan of children and teenagers and of partnering with them in a respectful, curious, and supportive way as they navigate development.
- Mom of 21-year-old twins – a son and daughter – who has been through all the stages, challenges, and delightful milestones.



7



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OUR PRIORITIES

Keep Youth Substance-Free as Long as Possible

Increase Access to Effective Treatment for Young People

Empower Families as Agents of Change

8

Stephanie Marquesano

Founder, the harris project



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- Trained as an attorney, served as a PTA President and School Board member, bringing both systems-level insight and real-world leadership to education, prevention, and care.
- Founded **the harris project** to confront the widespread failure to address mental health challenges and substance use together.
- National leader in co-occurring disorders, sought by schools, healthcare systems, policymakers, and community leaders. Often serves as an advisor on prevention, integrated treatment, and system transformation.
- Mother whose work is rooted in love for her son, Harris, and a commitment to ensuring that other parents and young people receive the guidance, care, and support her family never had.



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Nonprofit focused on improving the lives of teens and young adults with, or at risk of developing, co-occurring disorders:

- Integration from prevention to sustainable recovery
 - government - de-silo agencies, value of co-occurring competency across continuum
- **prevention** - Co-Occurring Disorders Awareness
- providers/agencies – support building infrastructure
- clinicians – quality improvement and core competency, utilizing evidence-based treatment modalities – Encompass/SAMHSA Tree
- support for family and loved ones

10

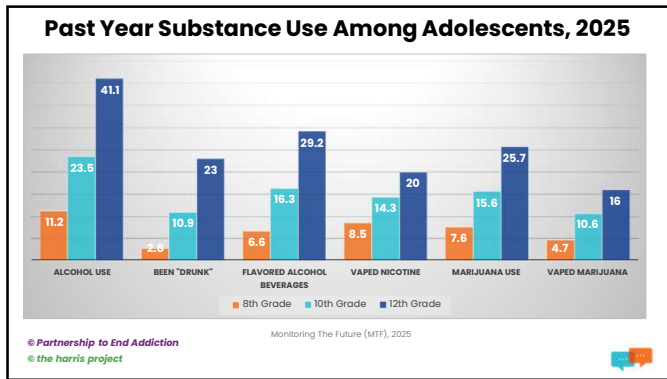
Key Takeaways

- 1 Explain the bi-directional relationship between youth mental health challenges and substance use issues.
- 2 Identify common warning signs and risk and protective factors associated with co-occurring disorder.
- 3 Apply practical strategies such as effective communication, modeling of healthy coping, and early help-seeking.

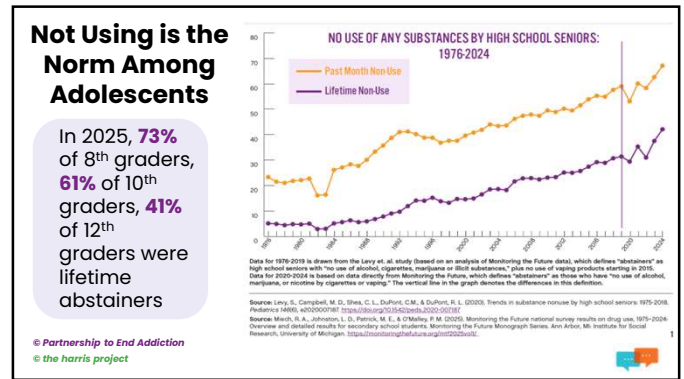
11

Adolescent Substance Use

12



13



14

Those Who Use Face Higher Risk Than Ever Before

Alcohol

- Young people tend to drink more intensely and consume more alcohol at a time relative to adults, most commonly via **binge drinking** with the goal of **getting drunk**.
- More than 1 in 4** adolescents who drink report drinking alone in the past year, which is strongly associated with risky drinking and risk for alcohol use disorder.
- Youth who drink are about **2X as likely** as adults to meet clinical criteria for an **alcohol use disorder**.

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Those Who Use Face Higher Risk Than Ever Before

Nicotine

Although rates of smoking and vaping are down, a significant proportion of students who vaped in the past 30 days did so **frequently** (≥20 days) or **daily** (all 30 days).

School Level	Frequently (≥20 days)	Daily (all 30 days)
MIDDLE SCHOOL	26.8	15.6
HIGH SCHOOL	42.1	29.7

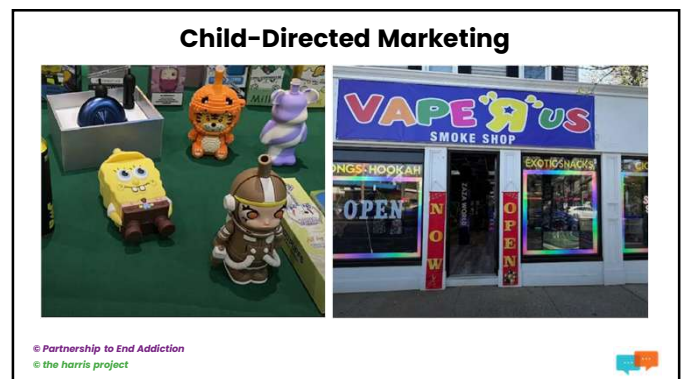
Centers for Disease Control and Prevention (CDC) NYTS, 2024

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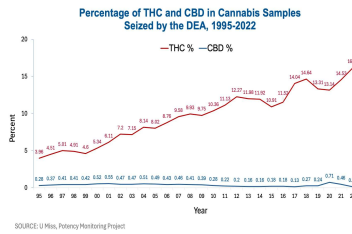


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Those Who Use Face Higher Risk Than Ever Before

Marijuana

- THC potency has increased steadily over the past 25 years, nearly quadrupling.
- Higher THC concentrations associated with higher likelihood of developing psychosis, anxiety, suicidality and cannabis use disorder; ER visits.



operationparent

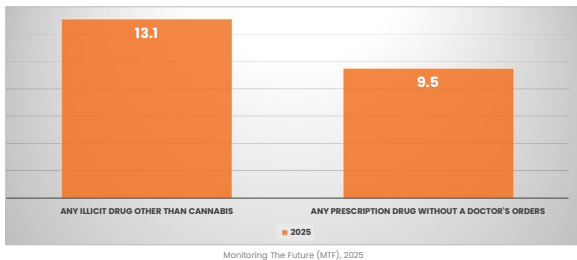
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For a deeper dive check out Operation Parent's webinar with **One Chance to Grow Up**
<https://www.operationparent.org/webinars#library>

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Illicit Drug Use and Prescription Drug Misuse



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Those Who Use Face Higher Risk Than Ever Before

Pills

- When obtained illegally, may contain **fentanyl**
- 5 out of every 10 counterfeit pills seized by the DEA that look like legitimate prescription medications contain fentanyl
- Most young people do not seek out fentanyl; they're introduced to it unknowingly when trying to get a pill without a prescription

Lethal dose of fentanyl is about **2mg**



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Commonly Misused Prescription Drugs

- Prescription pain relievers or opioids
 - e.g., brand names: Vicodin, OxyContin
- Benzodiazepines, tranquilizers or sedatives
 - e.g., brand names: Xanax, Valium, Ambien
- Stimulants, such as those prescribed to treat ADHD
 - e.g., brand names: Adderall, Ritalin



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Substance Use Disorder (SUD)

Impairment caused by the recurrent use of substances despite harmful consequences

- | | |
|---|---|
| 1. Using more for a longer period of time | 6. Giving up interests |
| 2. Difficulty cutting back | 7. Relationship problems |
| 3. Time spent getting, using and recovering | 8. Physically dangerous situations |
| 4. Intense cravings | 9. Worsening physical and mental problems |
| 5. Not handling responsibilities | 10. Tolerance |
| | 11. Withdrawal |

2-3 symptoms = Mild
4-5 symptoms = Moderate
6+ symptoms = Severe

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Substance Use Disorder Among Adolescents



Among youth ages 12–17 in the past year:



7.8% met diagnostic criteria for a substance use disorder



30% of those who needed treatment received it

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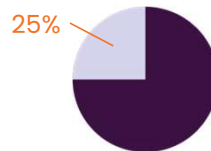


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Age at First Use and Later Substance Use Disorder

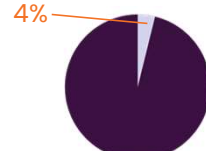
Use before age 18

1 in 4 chance of developing addiction



Use after age 21

1 in 25 chance of developing addiction



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Partnership to End Addiction's analysis of NSDUH data, 2022



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Effects of Substances on the Developing Brain

- Brain imaging studies show structural and functional changes, including in areas associated with mental health (reward, emotion, motivation)
- Teens are less sensitive than adults to the normal signals to stop use**
- High doses and high potency of substances can cause serious mental health symptoms, including anxiety, depression, psychosis



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Mental Health

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Youth Mental Health Challenges



NAMI, 2022

An estimated 49.5% of adolescents, ages 13–18, in the U.S. have a mental health challenge, 22% with severe impairment and/or distress

Merikangas, et al., 2010

50% of mental health problems surface by age 14 and **75%** by age 24

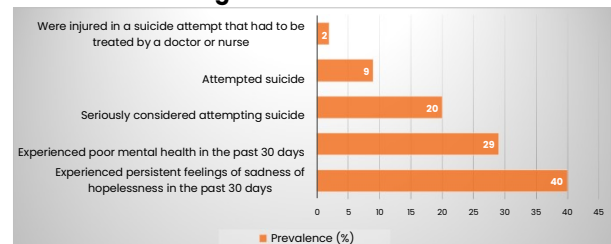
Kessler et al., 2005

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Mental Health Challenges and Suicidality Among High School Students



Centers for Disease Control and Prevention (CDC) Youth Risk Behavior Surveillance (YRBS), 2023

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Chronic Stress and the Brain

• Chronic stress can harm the brain, leading to:

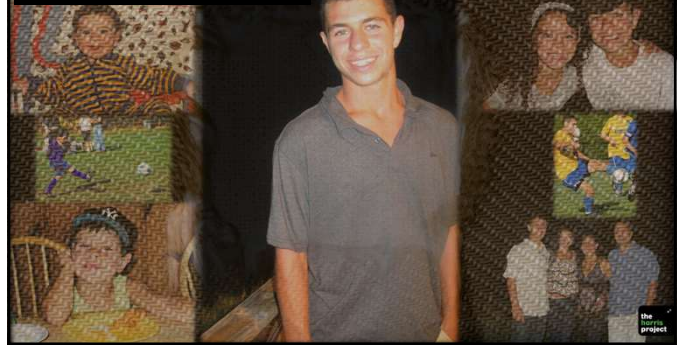
- Trouble solving problems, increased impulsivity, difficulties managing emotions, reduced attention and motivation
- Challenges with learning and memory
- Anxiety, difficulty making safe choices, higher likelihood of taking risks, including substance use



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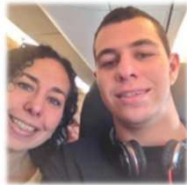
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Everyone knows a Harris...



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Harris's Story



- Diagnosed as a young child with an anxiety disorder and as an early teen with ADHD
- Ongoing treatment with psychiatrists and psychologists – **they never talked about link**
- Began self-medicating with marijuana, and then with prescription pills towards the end of high school – **importance of staying connected to supports**
- Within a year and a half before his death: 1 short term mental health in-patient program, 2 substance use out-patient programs, 4 substance use in-patient programs

Once Harris entered the substance rehabilitation system, no focus on the mental health piece!

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Co-Occurring Disorders (COD)

The presence of one or more mental health disorders (MHD) and a substance use disorder (SUD)

- Clinically both MHD and SUD are those conditions that meet the diagnostic criteria of the *Diagnostic and Statistical Manual of Mental Disorders* (DSM)
- COD affects people across all demographic groups

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THE GAP FAMILIES FALL INTO (what we aren't told early enough)

Mental health challenges can increase vulnerability to effects of substance use

- Professionals need to educate parents/caregivers and the child about risks of use, particularly with existing or emerging mental health challenges
- Opening the door to any substance use may be problematic quickly or evolve over time

Substance use can start through experimentation, boredom, self-medication

- What starts as a "choice" can lead to dependence and addiction
- Mental health symptoms can intensify, treatment can become more complicated, subject to sequential or simultaneous treatment

Co-occurring disorders should be the expectation in substance use treatment, but access to integrated care is not the norm (yet)

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WHAT WAS MISSING FOR HARRIS & US Co-Occurring Disorders (COD) – Awareness & Understanding

It is Not

- a rare or extreme condition
- about what comes first

It is

- How mental health challenges and substance use interact and intersect
- A framework families and professionals need *before* crisis

Instead, as parents we were often blamed and shamed, told to be punitive and to disengage. In fact, the research says just the opposite is true.

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How Common is COD and its Treatment?

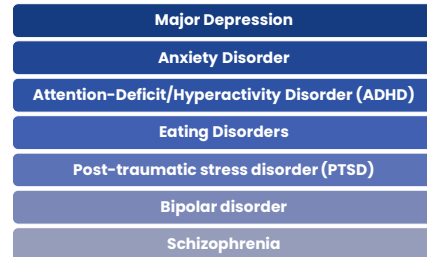
- **21 million adults** in the United States had COD in 2024, including **4.7 million young adults** ages 18–25 (13%)
- **792,000 adolescents** (3.2%) ages 12–17 reported symptoms of a co-occurring major depressive episode and a SUD in 2024
 - 632,000 (2.5%) had a major depressive episode with severe impairment and a SUD
- Among adolescents with COD, **3 in 10 received no treatment** for either condition.
- **Only 18% received treatment for both** SUD and MDE, often not in an integrated, co-occurring competent way

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MHD Commonly Co-Occurring with SUD

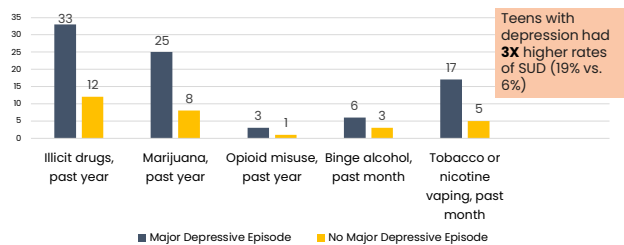


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2–3X the Rate of Substance Use Among Teens with MHD



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SAMHSA's 2024 National Survey on Drug Use and Health



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Compared to people with only MHD or SUD, people with COD have:



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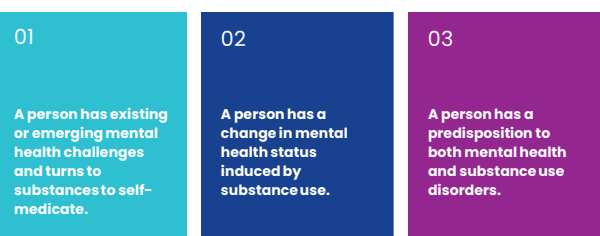
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Risk and Protection



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Common Pathways to Developing COD



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Bi-Directional Relationship

About 1 in 2 people with a substance use issue also face a mental health challenge.



About 1 in 2 people with a mental health challenge also face a substance use issue.

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Risk Factors for COD

Genetics	Differences in brain structure or how one's brain functions	Family history of mental health challenges or substance use disorder	Stressful events, including abuse, trauma, bullying	Strained parent-child relationship
Significant life disruptions/changes	Feeling disconnected from school or friends	Feeling unsafe at home or at school	Low access to resources	Existing or emerging mental health challenges
Lack of or difficulty using coping skills	Injury, illness, or pain that is inadequately treated	Substance use, prescription drug misuse		

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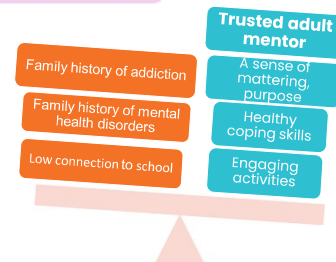
Protective Factors for COD

Having a parent's or guardian's support	Feeling safe at home, in school, and in one's community	Feeling connected to school and friends	Working toward a healthy lifestyle
Engaging in substance-free social activities	Good problem-solving, coping skills	Resilience	Spirituality
Routines	Goals	Sense of mattering/purpose	Bond with at least one trusted adult (e.g., parent, sibling, teacher, coach)

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Risk Factors

Protective Factors



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Why Mental Health Matters When it Comes to Substance Use Prevention...

- The time between the onset of a MHD and subsequent SUD is the **key window of opportunity** to prevent COD.
- Almost **90%** of those with a lifetime COD had at least one MHD prior to the onset of the SUD
- Generally, the MHD occurred in early adolescence (median age 11), followed by SUD 5-10 years later (median age 21)



Treating Adolescents with Co-Occurring Disorders, HHS, 2007

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Make Prevention Intentional

- Naming the mental health–substance use connection early
 - Say it out loud: Co-Occurring Disorders is the combination of mental health challenges and substance use issues
- Giving young people language, not fear
- Preparing parents for real-world scenarios
- Talking before substance use starts — not after it escalates

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When and How to Intervene

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What to Look For if Seeking Treatment

- **Early intervention is key**
- Coordination of mental health and SUD professionals to create an integrated comprehensive treatment plan
- Positive and supportive social interactions
- Healthy recreational activities
- Family involvement whenever possible
- No “wrong door” to enter treatment

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Integrated Care is the Best Treatment



- Treats both mental health and substance use disorders within one program
- Care delivered by single clinician or team well trained in both disorders and their co-occurrence
- A coordinated approach that provides comprehensive, person-centered care

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So, what can parents do?

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What Parents and Other Caregivers Can Do

Notice significant changes

- Mood, emotions, behavior, routine and/or appearance

Communicate

- Have frequent, honest, open conversations, where you listen more than you talk
- Stay calm, curious, and non-judgmental

Support healthy alternatives

- Encourage pro-social, substance-free activities
- Help build routines that support sleep, exercise, social connection

PREVENT / DELAY FIRST-TIME USE

Model

- Show that asking for help is a strength
- Model healthy coping and stress management

Reduce Harm

- Be aware of harm=reduction strategies
- Keep naloxone (Narcan) available
- Know your history and family history

Coordinate Care

- Discuss with all health care providers in child's life

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What Not To Do



Ignore or minimize changes

Avoid dismissing significant or persistent changes as “just a phase” or something they'll outgrow



React with anger or panic

Strong emotional reactions can shut down communication and make it harder for children to seek help



Rely on punishment or ultimatums

Punitive responses often increase secrecy rather than improve behavior



Handle it alone

Managing concerns without support can delay effective help

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So, what can medical / mental health professionals do?

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Medical & Mental Health Professionals

- Co-occurring disorders is common, especially in youth
- Educating about co-occurring disorders when treating a child for any mental health conditions should be standard practice
- Screening, assessment, and treatment should explore both conditions, especially when working with teens and young adults
- Clear guidance to families about risk, use, and early response

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So, what can schools do?

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Schools

- Mental health conditions and substance use risk often emerge developmentally and can intersect
- Schools are critical settings for prevention, early identification, and support
- Coordinated partnerships with families and providers improve outcomes



Check out the harris project's prevention curricula tailored for high school students and adult supports!

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CODA Co-Occurring Disorders Awareness

- A **youth-driven** movement empowering young people and the adults that care about:
 - increasing awareness and understanding of COD, highlighting paths to substance misuse/addiction
 - increasing early intervention for mental health challenges and substance misuse
 - increasing help-seeking behavior in those with or at risk of developing COD
 - creating a generation without stigma
 - empowering a broad range of youth leaders who can make positive impact



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So, what can communities do?

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Communities

- Opportunities to bring the COD Prevention Curriculum and Co-Occurring Disorders Awareness programming
 - Interrupting intergenerational cycles
 - Creating safer social environments for youth, including hosting
- How family-centered approaches, including models like *Invitation to Change*, can support parents as they navigate the challenges of a child with co-occurring disorders

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National Organizations

Child Mind Institute: <https://childmind.org/>

NIDA: <https://nida.nih.gov/>

SAMHSA Guide for COD Treatment: <https://library.samhsa.gov/sites/default/files/pep20-06-02-001.pdf>

Resources

Resources in Spanish: <https://drugfree.org/recursos-en-espanol/>

Co-Occurring Disorders Resource Center: <https://drugfree.org/co-occurring-resource-center/>

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Q&A UPCOMING

USE THE PRIVATE CHAT TO SUBMIT YOUR QUESTIONS

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Website:
<https://drugfree.org/>
Facebook:
 Partnership to End Addiction
Instagram:
 @partnershiptoendaddiction
LinkedIn:
 Partnership to End Addiction

Free English & Spanish Helpline:
 855-378-4373
 Text 'CONNECT' to 55753

Co-Occurring Disorders Resource Center

How to Pay for Addiction Treatment, Whether Insured or Not

Helpline Support

Speak to one of our trained specialists by phone, email or text, and get answers to your questions, share your concerns and develop an action plan.

Connect with a Helpline Counselor

Online Support Groups

Join our support groups led by parent coaches, for parents and caregivers who may have children experiencing with or dependent on substances.

Join our online support group

Personalized Messages

Receive information and resources via text, based upon your situation to help you support your loved one and yourself.

Receive personalized text messages

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Website:
<https://theharrisproject.org>
Facebook:
 the harris project
Instagram:
 @theharrisprojectcod
Stephanie Marquesano
stephanie@theharrisproject.org



The Missing Issue
www.usmagazine.com/the-missingissue



Tips for when seeking professional help.
 When seeking treatment for co-occurring disorders, it's essential to ask questions to ensure that the treatment center or professional can meet the needs of you or your loved one.
 Here are some important questions to consider asking:
 What is your approach to treating co-occurring disorders?
 How do you ensure that you understand their personality and treatment needs?
 Educate yourself about the difference between harm reduction and abstinence-based programs.

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PARENT HANDBOOKS: YOUR GUIDE TO MEANINGFUL CONVERSATIONS!

They offer practical information and tools to help parents and other caregivers communicate early, often, and effectively about the real challenges kids face today. They are a supportive resource to keep on hand and return to as kids grow.

-Linda Richter


MORE ABOUT ANXIETY

Vapear (cigarrillos electrónicos)

Los cigarrillos electrónicos son un tipo de dispositivo que permite fumar sin usar tabaco. Aunque algunos creen que son una alternativa más saludable, en realidad contienen sustancias químicas que pueden ser dañinas para la salud, especialmente para los adolescentes. Además, el uso de cigarrillos electrónicos puede llevar a la adicción a la nicotina.

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INFOGRAPHICS CONVERSATION STARTERS RED FLAGS



MIDDLE | HIGH: \$14.99
ELEMENTARY: \$9.99
 SPANISH & CHRISTIAN EDITIONS AVAILABLE

VAPING SOCIAL MEDIA BULLYING ALCOHOL SCREEN TIME DEPRESSION GAMING OPIOIDS ANXIETY

SEE A PREVIEW →
 OPERATIONPARENT.ORG



FOR INFORMATION ABOUT BULK PRICING:
 INFO@OPERATIONPARENT.ORG

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TNT TRENDS 'N' TRAINING

YOUR TRUSTY SIDEKICK, LOADED WITH CLEAR INSTRUCTIONS, VIBRANT BRANDING, AND PROMOTIONAL TOOLS TO THROW A SUCCESSFUL AND EXCITING PREVENTION EVENT!



Engage students with vital knowledge and tools for prevention

Equip parents with talking tips and the signs and symptoms of substance use

Encourage the community as they come together to help create a healthier place to live



Alcohol

Fentanyl

Tip to say "no"

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LET'S KEEP HAVING **CASUAL COURAGEOUS conversations**



BECOME A PROMO PARTNER



@OPERATIONPARENT



MARCH 10
 The State of Modern Youth

MARCH 10
 AI & Youth Safety

UPCOMING WEBINARS

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QUESTIONS



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