

# Community Education Series

The Recovery Village and Advanced Recovery Systems





**Presentation Topic:**  
Too Much Time on My Hands:  
Adolescent Response to COVID-19



**Speaker:**  
Kevin Wandler, MD

# About the Speaker:

Kevin Wandler, MD

Chief Medical Officer of Advanced Recovery Systems



- Kevin Wandler, MD, is the Chief Medical Officer of Advanced Recovery Systems and has been instrumental in the opening all of ARS programs since 2013. He is Board Certified in General Psychiatry and he is triple boarded in Addiction Medicine by The American Board of Psychiatry, the American Board of Addiction Medicine, and the American Board of Preventive Medicine. Dr. Wandler is certified by the International Association of Eating Disorder Professionals and was the President of their Board of Directors of iaedp in 2015 and 2016. Dr. Wandler has been working with patients with substance use disorders for over 30 years and eating disorders for over 20 years. Dr Wandler is a national and international speaker.

# Overview of COVID-19 Pandemic

- Consequences of the Pandemic
- Coping with the Pandemic
- Depression/Anxiety
- Alcohol and Drug Use Providing
- Support in Uncertain Times
- Narcan & Narcan Resources

# PANDEMIC 2020

On August 17, 2020

- 21.8 million cases of Corona-19 confirmed
- Worldwide 170,434 deaths in the USA



# Consequences of COVID 19

## Pandemic for Adults

- Social Distancing/ Stay at Home
  - Parks Closed
  - Pools/ Beaches Closed
  - Malls/ Stores Closed
  - Restaurants Closed
  - Schools Closed
- Parents/ Adolescent loss of Jobs
- Potential loss of housing
- Too much time on everyone's hands.... And “nothing to do”
- Puzzles, games, family dinners and meals, chores completed, pets are entertained, people are taking walks, more screen time

# ARS Survey of How ADULTS Cope with COVID-19

- The survey asked 1,000 American adults (ages 18 and older) about their use of drugs and alcohol in the past month. Some questions asked respondents to select each option that applied, so in a few instances, the total percentage will be greater than one hundred.
- **Many respondents displayed higher rates of drug and alcohol use. Of the respondents:**
  - 55% reported an increase in past-month alcohol consumption, with 18% reporting a significant increase.
  - 36% reported an increase in illicit drug use.
  - In the states hardest hit by the coronavirus (NY, NJ, MA, RI, CT), 67% reported an increase in past-month alcohol consumption, with 25% reporting a significant increase.
- **The survey respondents most commonly used:**
  - Alcohol (88%)
  - Marijuana (37%)
  - Prescription opioids (15%)
  - Benzodiazepines, such as Xanax (11%)
  - Prescription stimulants, such as Adderall (10%)
  - Cocaine (9%)





# **The participants were asked why they were prompted to use substances within the last month.**

- **The participants were asked why they were prompted to use substances within the last month. Of the respondents:**
  - 53% were trying to cope with stress.
  - 39% were trying to relieve boredom.
  - 32% were trying to cope with mental health symptoms, such as anxiety or depression.
  - Others reported using substances for recreational reasons, to treat pain or because it was part of their daily routine, such as having a drink with dinner.



# What the ARS Results Mean

- The survey results indicate that many people could be turning to drugs and alcohol to cope with pressures created by coronavirus.
- Using drugs or alcohol to cope with life circumstances, such as stress or boredom, can become a habit that leads to a substance use disorder.
- Co-occurring mental health disorders are very common in those with a substance use disorder.
- When individuals use drugs or alcohol in an attempt to cope and often self-medicate their “stress-depression- anxiety) they can develop a co-occurring substance use disorder.

# How is COVID Affecting Teens

- **Social Distancing/ Stay at Home:**
  - Parks Closed
  - Pools/ Beaches Closed
  - Malls/ Stores Closed
  - Restaurants Closed
  - Loss of jobs
  - High School Graduates not going to college in Fall.
- **School Closures:**
  - Loss of education
  - Loss of social interaction
  - Loss of sports
  - Loss of extracurricular activities
  - Lack of food
  - Lack of Mental Health services

# ARS Survey on Affect of COVID-19 on Their Children

## The results show:

The survey asked 1,000 American adults (ages 18 and older) about the affect of COVID-19 on their children.

- 94% of parents say COVID-19 interrupted the daily lives of their children.
- 95% say the pandemic disrupted planned summer activities (like camp or vacation) with 64% reporting a significant impact.
- 74% of parents say COVID-19 has impacted their children's mental health, with 27% reporting a significant impact.
- When asked about attitudes on returning to school, the results reflect feelings of concern, confusion and uncertainty about returning to school in the fall.
- 66% were anxious about going back to school.

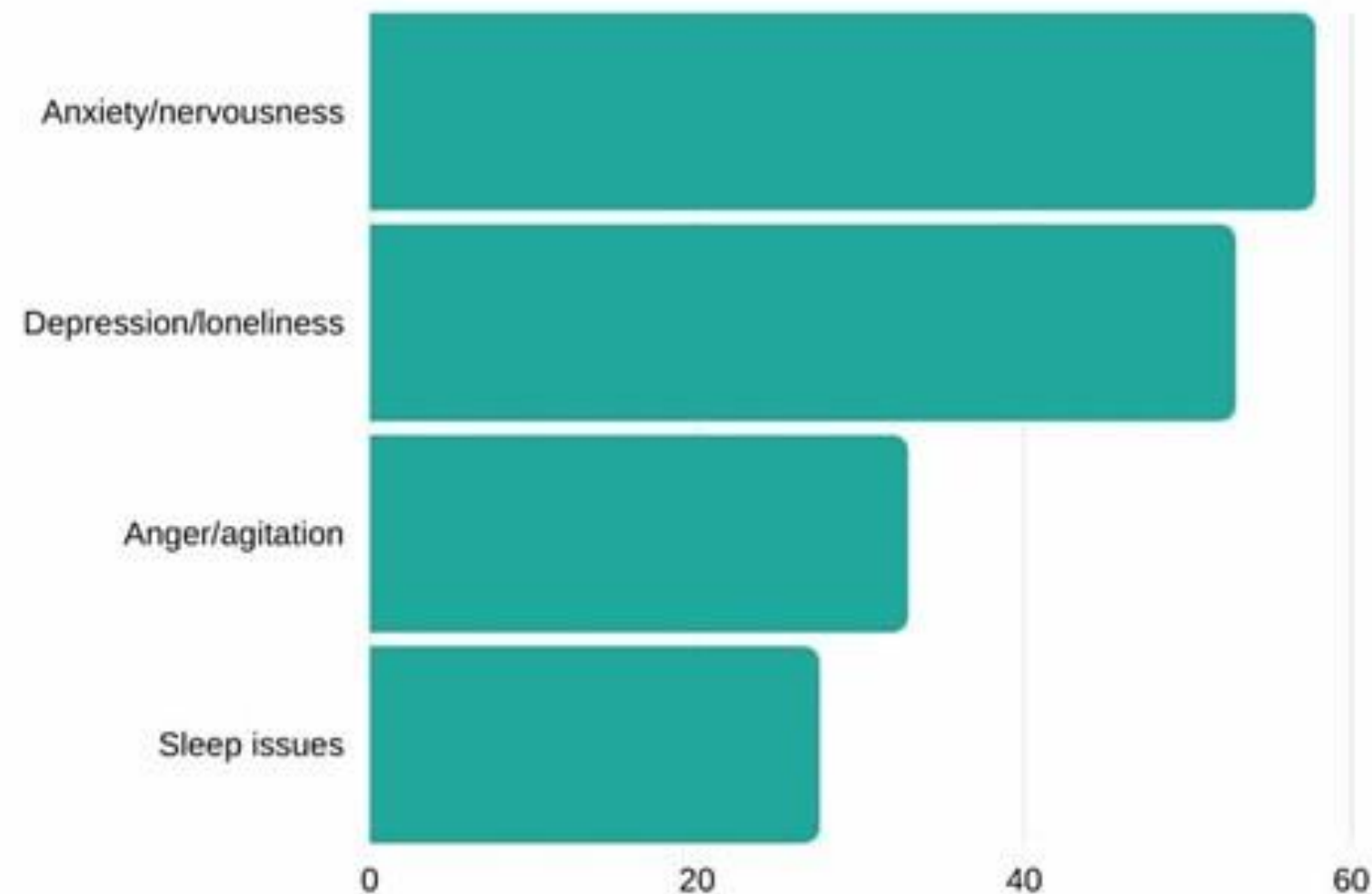
# Mental Health Services in Schools

- A National Survey on Drug Use and Health (NSDUH) in 2014 stated that 13.2 % of adolescents received some sort of mental health services in 2014 at school.
- That is approximately 3 million adolescents.
- 35% receive Mental Health services only from the school.

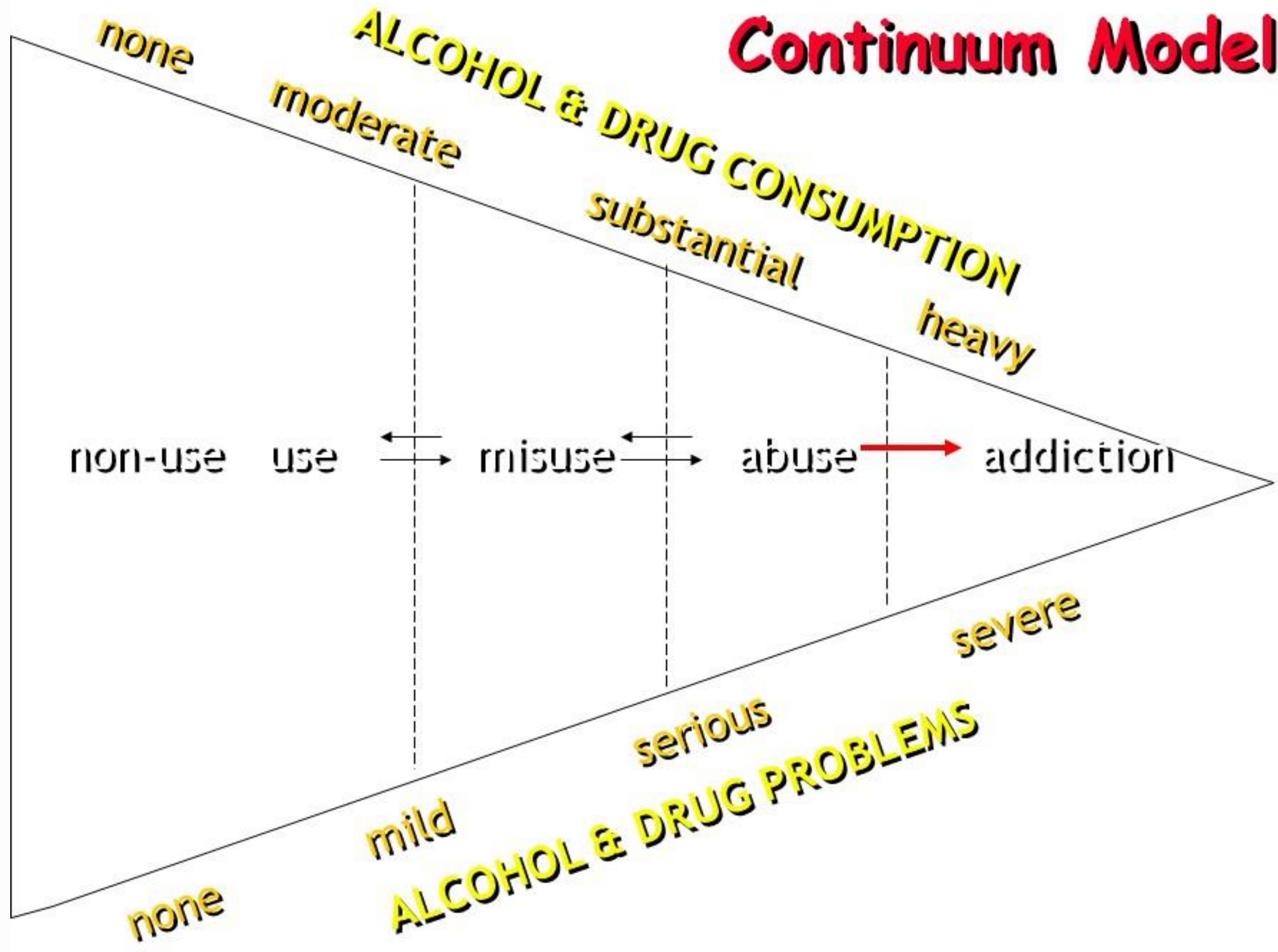
# COVID-19 Impacts Mental Health of Youth

The majority (85%) say these symptoms are new for their child. For children with a history of mental health symptoms, a third say symptoms are worse than previous presentations.

Which symptom(s) have you noticed?



# Continuum Model





# Age of Onset of Alcohol Use Affects Risk of Developing AUD

- ❖ alcohol use begin:
  - ❖ 11-12 -> 13.5% abuse, 15.9% dependence
  - ❖ 19-20 -> 2% abuse, 1% dependence
- ❖ alcohol use before 15 compared to begin after 21, "4" times more likely to be alcoholic.
- ❖ earlier drinking starts, the more rapid the progression of the disease



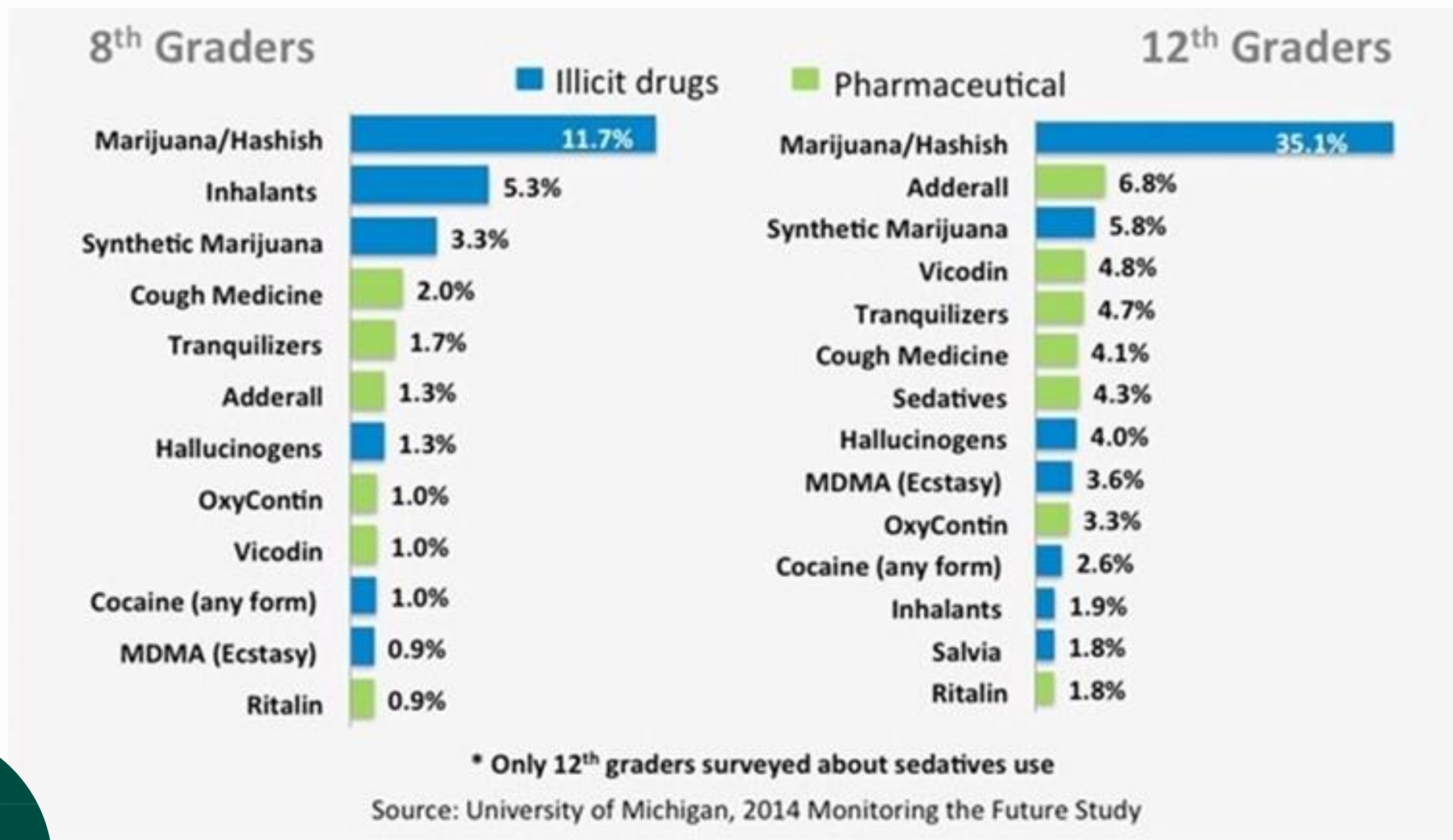


# Are Adolescents More Susceptible to Alcohol than Adults?

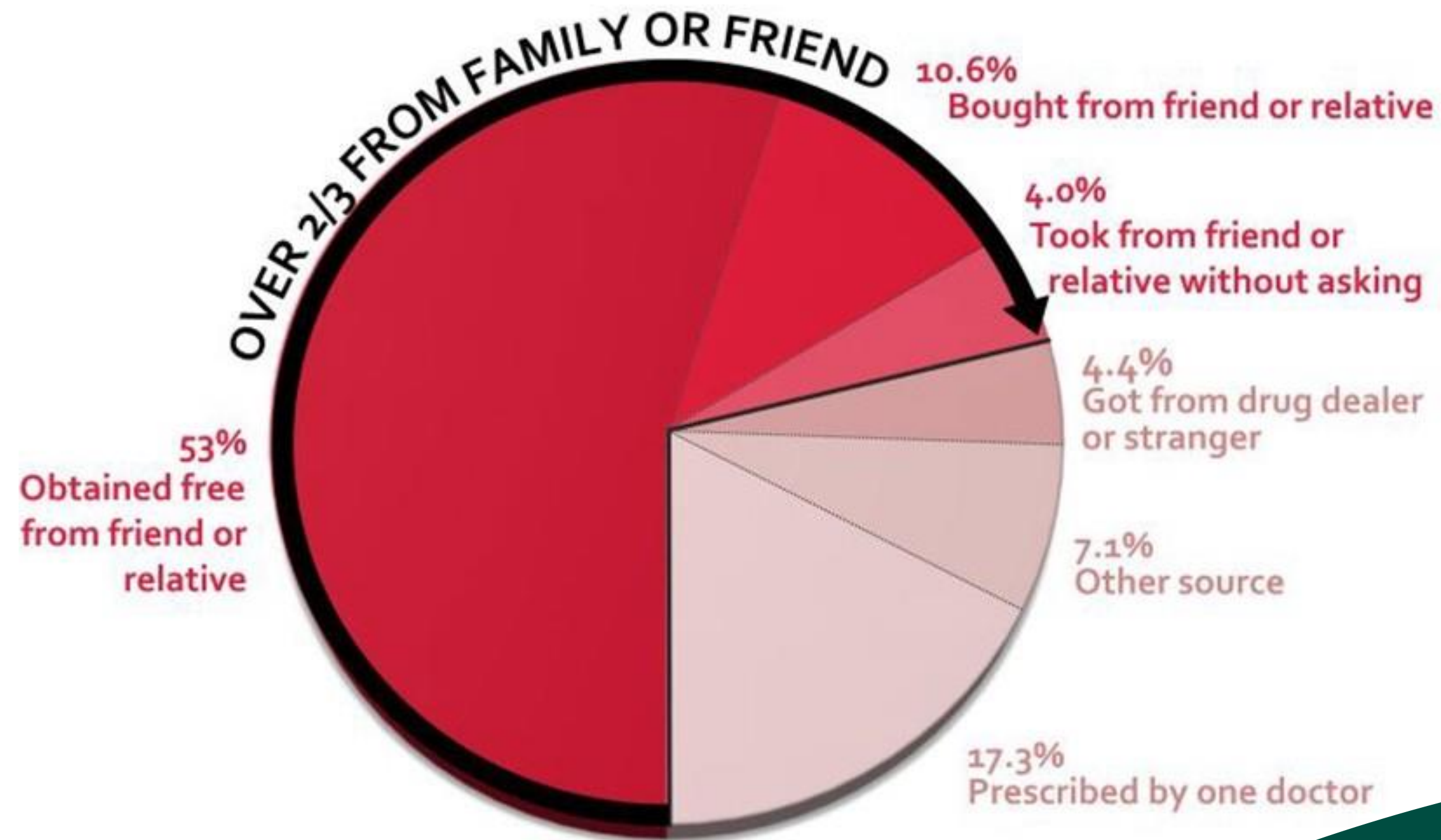
**Most Certainly Yes**

1. Reduced sensitivity to intoxication.
2. Increased sensitivity to social disinhibitions.
3. Greater adverse effects to cognitive functioning.

# Top Drugs Among 8th and 12th Graders, Past Year Use



# Where Prescription Drugs are Obtained for Misuse



2013 National Survey on Drug Use and Health: SAMHSA, Office of Applied Studies; 2014





# E-Cigarettes/ Vaping



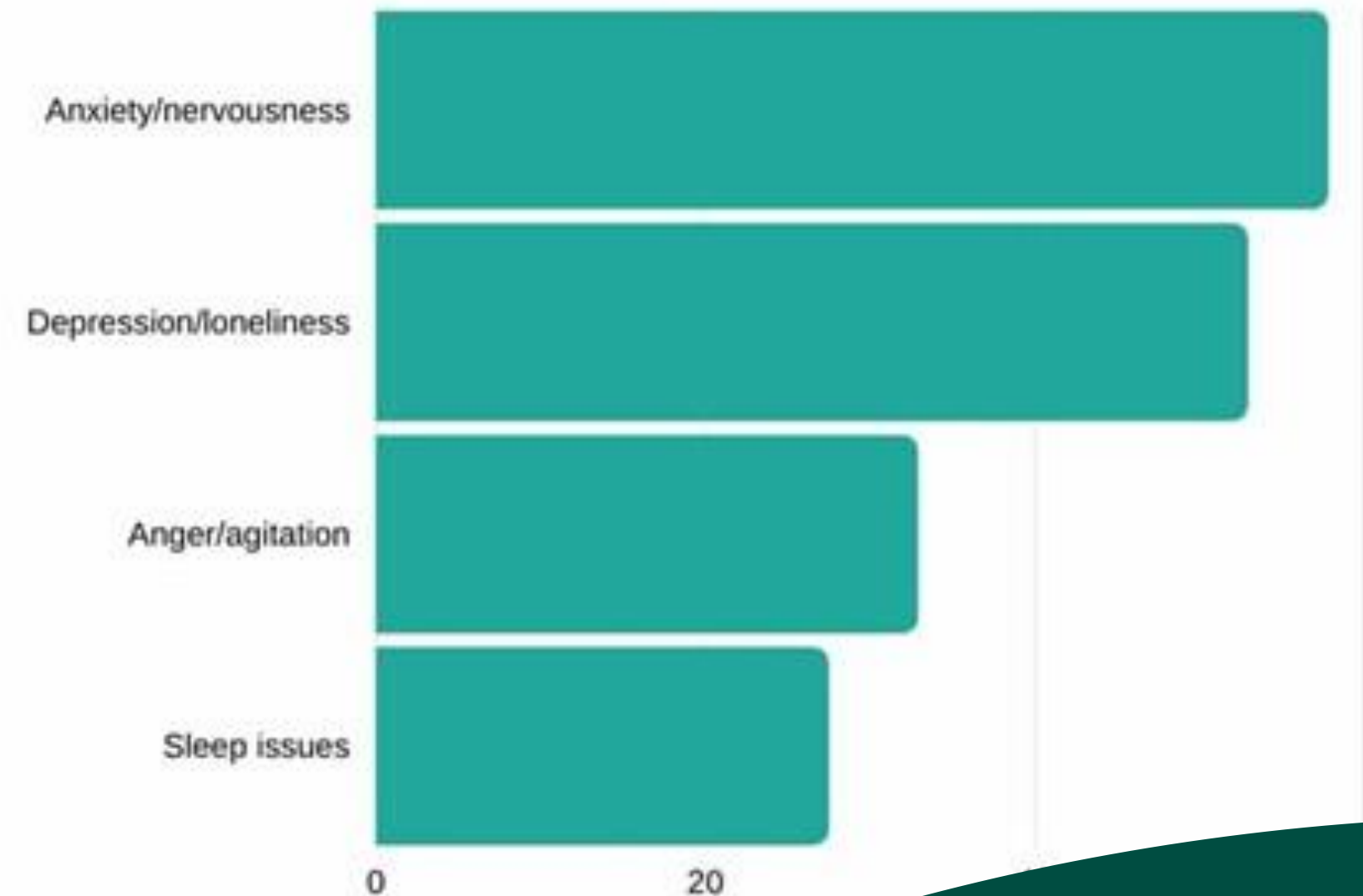
- Regardless of the ongoing investigation, **e- cigarette products should not be used by youth, young adults**, pregnant women, as well as adults who do not currently use tobacco products.
- August 11, 2020 Journal of Adolescent health research from Stanford showed that teens and young adults who vape had a 5X higher risk of COVID-19 and if they had vaped in the past 30 days almost a 6.8X greater risk.
- Those who use e-cigarette products should monitor themselves for symptoms such as cough, shortness of breath, or chest pain, and seek immediate medical attention if they are concerned for their health.
- **Adults who are trying to quit smoking "should use evidence based treatments**, including counseling and FDA-approved medications" and contact their doctor if they need assistance quitting tobacco products including e-cigarettes.

# Addiction: The Great Masquerader

- Affective Disorders
- Anxiety Disorders
- Personality Disorders
- Psychotic Disorders
- Organic and Neurologic Disorders

**IT CAN LOOK LIKE MANY MENTAL HEALTH AND NEUROLOGICAL CONDITIONS...**

Which symptom(s) have you noticed?



Source: [therecoveryvillage.com](http://therecoveryvillage.com)

# Addiction Symptoms

- Relationships
- Emotional
- Social
- Physical
- Financial
- Legal
- School/ Occupational
- Spiritual

# Prevention Factors for SUD

- Supportive family (tuned in, time together, supervision, fair rules/boundaries).
- Non-using peers and role models (Problem with COVID-19).
- Youth are connected (school, activities, sports) (Problem with COVID-19).
- Social Skills (e.g. dancing) (Problem with COVID-19).



# What Can Families Do?

- Get out of the using environment.
  - **(Problem with COVID-19)**
- Find alternative sources of pleasure.
  - **(Potential problem with COVID-19)**
- Work on balancing stress.
  - **(Potential problem with COVID-19)**
- Seek help for mental health issues and other personal stresses
  - **(Potential problem with COVID-19- telehealth options)**

# As Health Professionals, We Should Begin Screening Early...

- ❖ Begin age 9
- ❖ Interview without parents (at some point)
- ❖ Consider dangers of maintaining confidentiality when risk behaviors exist
- ❖ Comprehensive measures/screens are available

# Why screen?



- ❖ 1 in 3 children starts drinking by the end of 8th grade ... and of them, half report having been drunk.
- ❖ 50% high school students have used illicit drugs in their lifetime
- ❖ Drinking is associated with three top causes of death among adolescents, the first being unintentional injury, usually by car crashes, followed by homicide and suicide (CDC, 2008).
- ❖ It's a marker for other unhealthy behavior



# Acute Danger Symptoms



- ❖ Drinking & driving
- ❖ Unless a patient who drinks and drives commits to stopping, an immediate intervention is warranted

# Two Powerful Questions for Parents...

- Do you have any friends who drank beer, wine, or any drink containing alcohol in the past year?
- Do you have friends who smoke/ vape marijuana in the past year?
  - Any drinking or using cannabis by friends is a concern!
- How about you—have you ever had more than a few sips of beer, wine or any drink containing alcohol?
- Have you ever smoked or vaped marijuana in the past year?
  - Number of drinking days per year, more significant than amount, unless all drinking days are binge drinking
  - Any drinking is a high risk at ages 13-18



# CRAFFT – Adolescent Screen

- C** Have you ever driven a **C**ar when high or been in a car driven by a friend who was high?
- R** Do you ever use drugs to **R**elax, feel better about yourself or fit in?
- A** Do you ever use drugs while you are **A**lone?
- F** Do you ever **F**orget things you did while using drugs?
- F** Do your **F**amily or **F**riends ever tell you that you should cut down on your drug use?
- T** Have you ever gotten into **T**rouble while you were using drugs

Paper version is more reliable than interviewer.

Two or more “yes” answers suggest serious problems with substances and require further investigation. Knight et al. 1999


# What Does Not Work

- Confrontation
  - Goal is to have a second session
  - Unless intervention for care is needed
- Substance abuse education alone
- Group therapy in some adolescent populations



# What Does Work...All can be Challenging With COVID-19

- Hospitalization
- Twelve Step Models
- Motivational Enhancement Therapy
- Motivational Incentives
- Family Therapies
- Cognitive Behavioral Therapy

  
**LOVE an  
ADDICT?  
CARRY  
NARCAN**



  
**KEEP  
CALM  
AND  
CARRY  
NALOXONE**

# Signs that an Individual is "High" on Opioids:

- Pupils will contract and appear small
- Muscles are slack and droopy
- They might “nod out”
- Scratch a lot due to itchy skin
- Speech may be slurred
- They might be out of it, but they will respond to outside stimulus like loud noise or a light shake from a concerned friend.
- If you are worried that someone is getting too high, it is important that you don't leave them alone.
- If the person is still conscious, walk them around, keep them awake, and monitor their breathing.

# Symptoms of an opioid-related overdose

- Loss of consciousness
- Unresponsive to outside stimulus
- Awake, but unable to talk
- Breathing is very slow and shallow, erratic, or has stopped
- For lighter-skinned people, the skin tone turns bluish purple, for darker-skinned people, it turns grayish or ashen.
- Choking sounds, or a snore-like gurgling noise (sometimes called the “death rattle”)
- Vomiting
- The body is very limp
- The face is very pale or clammy
- Fingernails and lips turn blue or purplish black
- Pulse (heartbeat) is slow, erratic, or not there at all

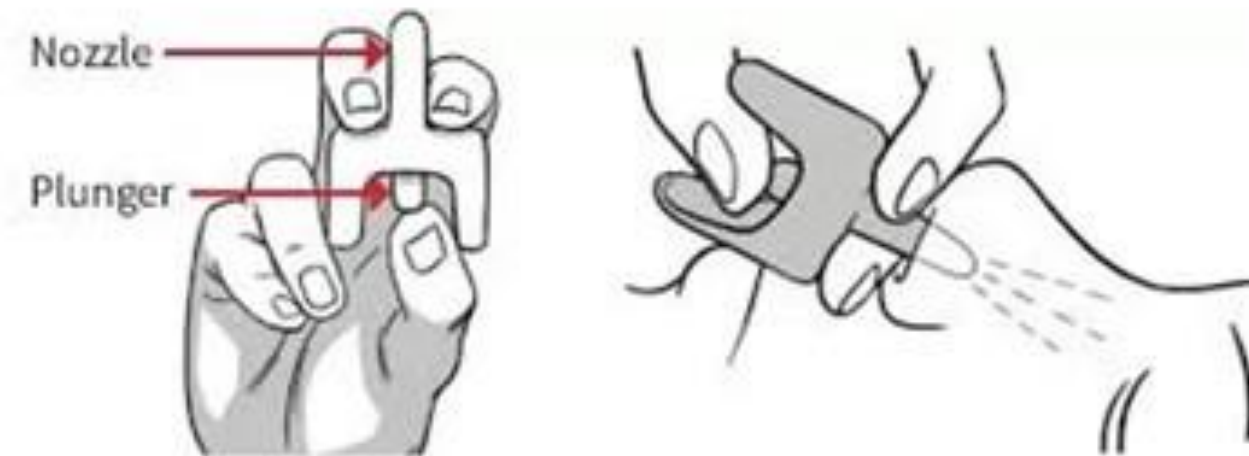


REQUEST FREE NALOXONE NOW >

## How to Administer Narcan:

- 1 Peel back the package to remove the device. Hold the device with your thumb on the bottom of the plunger and 2 fingers on the nozzle.
- 2 Place and hold the tip of the nozzle in either nostril until your fingers touch the bottom of the patient's nose.
- 3 Press the plunger firmly to release the dose into the patient's nose and CALL 911.

*\*Administer in accordance with the Instructions for Use. Please refer to the Quick Start Guide.*





# At the end of the day...the message:

- Non-Use is as Normal as Experimental Use
- Use = Risk
- Risk is not Evenly Distributed
- Addiction is Real
- Quality of Life can be diminished even without developing addiction; i.e., Seduction Vs Addiction
- Motivations for Initial Vs Continuing Use are always different
- DELAY, DELAY,, DELAY nicotine, alcohol and drug use
- Keep CALM and CARRY Naloxone!!

# QUESTIONS



**THANK YOU**

