Working With Young People Who Use Drugs

Keep Them Alive While They Figure It Out. And since “Just Say No” never works, we need to lose the hysteria; learn to listen, talk reasonably, and understand.

Keeping it Real: The Realities of Youth Development
Exploration, experimentation, and risk-taking are all part of growing up. They are a necessary part of finding one’s identity. So is rebellion, for many. Getting high, by drug use or hair-raising experiences, is a a part of it. Many activities are risky, but…you wouldn’t prevent a kid from getting a driver license, skiing, riding BMX, playing football or hockey, would you? Yes, there are parents who do prohibit some of those activities, and fair enough. How about sex? Hormones are raging and impulse control is a long way from being a finished product. We know abstinence usually doesn’t work so we teach young people to be safe. Then there are the everyday scary things that youth do: Asking someone out on a date, coming out to parents and friends as gay or transgender, being the “odd one out”, which just means different from other people in any number ways.

How Does our Society Impact Youth Drug Use?
In the US we use some drugs a lot, and demonize others. Demonization, criminalization, and stigma make drug use more dangerous – the social controls that influence safe use of legal drugs are missing for illegal drugs. This leads to fear, secrecy and the harms that go along with prohibition, such as fear of prosecution/arrest that keeps people from calling 911 when friends are overdosing on opioid drugs or alcohol binges and including higher rates of drug misuse.

Drug education in the form of D.A.R.E.’s Just Say No message makes things worse. It is entirely ineffective, not least because it is taught by police officers. The mere fact of their presence communicates “if you want to do it, better hide it.” The information is inaccurate, and young people know it. And many communities have learned that they have nothing to gain and everything to lose from contact with the police.

Stress is a huge contributing factor to the development of drug problems, and stress comes from many sources. Environmental stressors like poverty, food insecurity, institutional and personal racism, and hopelessness about the future in our
Youth and Substance Use, continued

increasingly unstable “gig economy” make escapism into drug use attractive (not to mention a viable source of income). Personal and interpersonal stress—being different—sexual orientation, size, physical ability, emotional fragility or mental health issues—all can lead to being ostracized or bullied, creating a life full of terror. And then there is the trauma of family or community violence that so many children experience.

The failure of the foster care system is shocking: 50% of foster youth nationwide will not graduate high school. Only 20% will enroll in college. Less than half of youth who leave foster care are stably employed two years later, and 50% experience homelessness or housing instability.*

What Happens As Young People Mature?

In relation to substance use, it’s called “maturing out”. Research has consistently shown that most drug use initiated in adolescence and early adulthood steadily decreases by one’s late 20s. It’s rare for a person to develop a new drug problem in their 30s. Alcohol is an exception, however. Drinking often starts earlier and, once a significant problem has developed, tends to be less responsive to age. This is probably because alcohol is legal and is integrated into many regular life activities—it appears to be functional…until, of course, it’s not. Several factors are at play in maturing out:

- Role incompatibility is at the heart of the process that leads to maturing out. According to this research, involvement in adult roles—such as marriage or parenthood—puts the drug user in a situation in which consumption is not compatible with the demands of those responsibilities.
- Social control: Other people in one’s social environment can exert an influence on the drug user’s behavior to reduce or eliminate consumption.
- On the other hand, untreated mental health problems put youth at risk of continuing drug use.

How does Harm Reduction Help?

- Get close: do not exclude or judge. Instead, create a warm and welcoming environment where a young person feels comfortable to open up.
- Normalize: Humans have used drugs/gotten high as long as there have been humans. Intoxication isn’t a problem; overintoxication as a way of coping with stress is.
- Understand: People use drugs for reasons. Understand each young person’s relationship with drugs in the context of their life.
- Validate: Maybe drugs aren’t the problem; maybe they are the solution to a much bigger problem.

What’s A Parent To Do? What Should We as a Society Do?

- Include youth in school, sports, and social activities rather than exclude them as punishment for drug use.
- Encourage youth exploration of career options and other lifestyle choices even when they seem uninterested in pursuing thoughts of the future.
- Take care of their mental health needs. Anxious, depressed, or traumatized youth are less likely to mature out of problematic drug use.
- Be open to the wide variety of drug using experiences. Not all use is misuse. Learn to distinguish between what is and what isn’t, and accept that intoxication is a normal part of human experience.

Sources:

*First Place For Youth’s 2017 Annual Report

Vergés, A. (2013) Redefining the Notion of Maturing Out. Results from the National Epidemiological Survey on Alcohol and Related Conditions. [https://www.ncbi.nlm.nih.gov/pmc/articles/PMC3828971/](https://www.ncbi.nlm.nih.gov/pmc/articles/PMC3828971/)
New programs

Navigating Center
In January Diana began working at San Francisco’s newest Navigation Center, part of a San Francisco system of shelters to invite whole encampments of people, with their possessions and their animals, into transitional shelter while they await more permanent housing arrangements. Sadly, San Francisco is so woefully short of housing, and even more short of affordable housing, that options for next steps are limited.

Street Medicine
Kaiser Permanente Community Benefits Program awarded us a grant to do outreach and “sidewalk therapy” alongside the Street Medicine team. Diana works in this program with a goal of creating a holistic model of care for people living on the streets.

Youth Programs
Maurice and Jason spent the year working with longtime partner Homeless Youth Alliance, doing street outreach, meeting youth at HYA’s syringe access program, and offering therapy at the Huckleberry House Clinic (Huckleberry generously donates office space to us). Jason also spent 9 months working at Covenant House’s YEAH shelter in Berkeley.

In the fall, Jia and Jose joined the youth team, and we began startup work on our new mobile therapy project. We are working alongside First Place for Youth in two Mercy Housing projects; with the Homeless Youth Alliance at the Sunset Hotel where 38 young people live in transitional housing; and at LYRIC, a drop-in center for LGBTQ youth where approximately 80% of clients are experiencing homelessness.

The centerpiece of the program is a therapy office built in a large Ford Transit van. It is nearing completion and will be on the road any day now, meeting youth in the neighborhoods where they live and hang out. We’ll create outdoor drop-in spaces; including a barbeque and kitchen set up so folks can have hot food which is so important to nourish and ground them for the important mental and emotional work they need to do to change their lives.

Health’s Addiction Medicine team and at the 6th Street Needle Exchange/Harm Reduction Center (SF AIDS Foundation), working specifically with people who use opioid drugs, or those who are close to them. Patt provides clinical consultation to the nursing and outreach team.

San Mateo County HIV Clinics
Sara continues our 10-year relationship with the HIV clinic at the San Mateo County Hospital, providing invaluable harm reduction therapy in the context of a medical clinic.

Private Practice
Maurice, Diana, Leticia, Randy, Sara, independent affiliates Erica and Caitlin and, of course, Patt hold down our fee-for-service practice, working with people who have the means to pay for their therapy and who choose harm reduction therapy as their preferred way of working on their relationship with drugs. Medical partners Jen Birch and Barry Zevin offer medication assisted treatment to clients who need it.

Training
Highlight from the 12th National Harm Reduction conference: Leticia, Diana, Maurice, Demaree Miller (At The Crossroads), Jia, and Mary Howe (HYA) presented a blockbuster topic: “Come As You Are, Even If You’re a Racist,” wrangling with the dilemma of being radically accepting of people who are not themselves accepting of everyone.

Writing
Decarcerating America
“Mass incarceration is destroying hundreds of communities and millions of families across America,” says Ernest Drucker, editor of Decarcerating America. Jeannie and Maurice, along with New York colleagues Jenifer Talley, Scott Kellogg, and Sheila Vakharia, contributed a chapter called Dealing with drug Use After Prison: Harm Reduction Therapy. The book covers a wide range of topics: from prevention and alternatives to incarceration, to shortening sentences and focusing on rehabilitation and health, to helping people successfully reenter the community post-incarceration. This is a critical issue—mass incarceration is the civil rights issue of our day.
The Center for Harm Reduction Therapy employs a revolutionary treatment program to deliver individually tailored solutions to substance misuse. Harm Reduction Therapy combines substance use treatment with psychotherapy. This enables clients to address both their substance use and the issues behind it.

Harm reduction therapy is a client-empowering program, in which client and therapist collaborate in prioritizing the issues to be addressed. Together, they develop treatment plans, and jointly implement gradual, realistic steps to achieve their goals.

Unlike traditional “quit now and forever” programs, we do not ask that clients stop all substance use, unless that is their goal, and we help families find alternatives to “tough love.”

Upcoming in 2019 —

Loving Someone Who Loves Drugs and Alcohol
Patt and Jeannie are writing ONE MORE BOOK.

With colleague Barry Lessin, a psychologist and a member of Families for Sensible Drug Policy, they will write a concise book for families, friends, and communities of people who use and misuse alcohol and other drugs. They will lay out the harm reduction way of thinking about WHY people use drugs, then present a range of strategies to help people maintain loving relationships and set limits. As with all things harm reduction, harm reduction for families finds the middle between ALL and NOTHING.

Jia and Maurice in front of our new mobile therapy office for youth experiencing homelessness, which will launch within the next 2 weeks.

Their shirts say it all about how we feel about the folks we work with!

www.harmreductiontherapy.org

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