

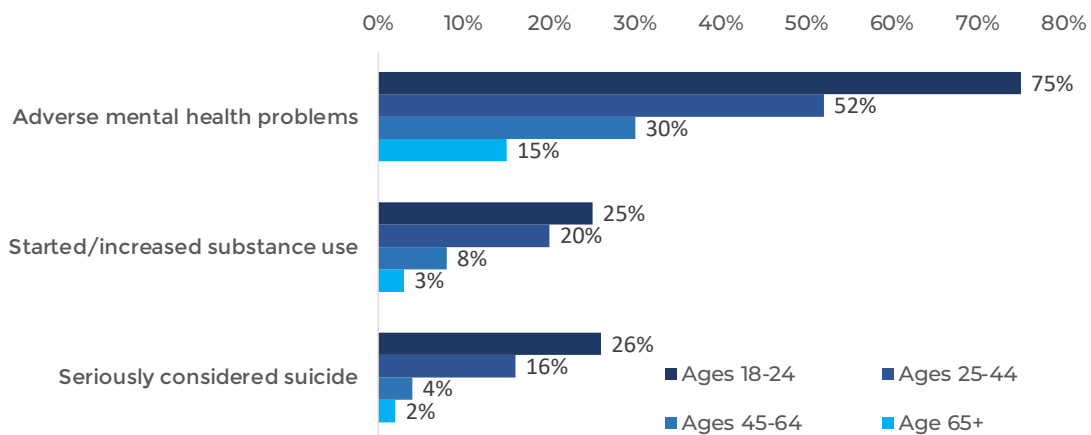


Improving Access to Treatment and Recovery Supports for Younger Generations

Introduction

Research has shown most [adults](#) with a substance use disorder (SUD), including opioid use disorder (OUD), began using substances as adolescents or young adults and that the younger the [age of initiation](#), the greater the risk of experiencing an ongoing use disorder as an adult. Additionally, opioid use at younger ages is associated with physical and psychiatric problems, including anxiety disorder. As the pandemic rages on, there are troubling signs that substance use and mental health problems have risen dramatically among youth and young adults — at far higher rates than among all other age groups. The U.S. Centers for Disease Control and Prevention (CDC) reported that in late June, 25 percent of adults ages 18 to 24 had started or increased substance use to cope with pandemic-related stress and other emotions. And 25 percent of young adults said they had seriously considered suicide in the past 30 days, compared with 10 percent of all adults. While alarming, these data highlight an opportunity to intervene and change the trajectory of young people's lives.

**Adverse Mental Health, Substance Use, and Suicidal Ideation During Pandemic
Variation Among Age Groups**



Source: M.É. Czeisler et al., "Mental Health, Substance Use, and Suicidal Ideation During the COVID-19 Pandemic — United States," Morbidity and Mortality Weekly Report 69, June 24–30, 2020:1049–57. Selected measures: one or more adverse mental health symptom; seriously considered suicide in previous 30 days; started/increased substance use to cope with pandemic-related emotions.

TAKEAWAYS

To meet growing demand, more OUD treatment and recovery programs for adolescents and young adults are needed, including ones tailored to different ages, genders, and races and ethnicities.

During the pandemic, FORE grantees have seen increased demand for programs that help adolescents and young adults in recovery maintain their connections with counselors and peers.

Peer-developed and peer-run supports are an important component of services for this population.

In 2020, our first year of grantmaking, FORE recognized the need to help adolescents and young adults with OUD access treatment and support services to maintain their recovery. The pandemic has disrupted many young people's lives, from upended schooling and unemployment to the loss of opportunities to be with peers — many of the activities that provide stability to those rebuilding their lives while in recovery.

Strengthening OUD Services for Young People Covered by Medicaid

The Urban Institute

Our first round of grants, all focused on increasing access to OUD treatment, included one to researchers at the Urban Institute who are working on the first comprehensive assessment of OUD, opioid misuse, and other forms of substance use disorder among adolescents and young adults covered by Medicaid. Their quantitative analysis relies on data from all 50 states plus D.C., drawn from the National Survey on Drug Use and Health, as well as claims data from three to five states that have expanded their Medicaid programs; the latter data are newly available through the Transformed Medicaid Statistical Information System. The analysis will help us understand how substance use varies by age and other demographic factors and identify gaps in the continuum of care for opioid and other substance use.

Preliminary findings demonstrate the need for prevention, screening, and early intervention as unhealthy substance use starts as early as age 11 for about 10 percent of youth. They have also found more than half of Medicaid-enrolled youth with unhealthy opioid use or OUD report not being screened for substance use in the past year despite a high level of contact with their health care providers. The data also indicate that substance use is somewhat elevated for white youth, American Indian youth, and youth who identify as being two or more races; substance use is generally lower among Black and Hispanic/Latinx youth and lower for Asian youth compared with white youth. While more demographic data should be collected, these differences point to the need for a range of developmentally, culturally, and linguistically tailored treatment and recovery services.

The Urban Institute will also be publishing case studies of programs that take a holistic, age-appropriate approach to prevention, harm reduction, treatment, and recovery supports for young people. For example, the team is examining how programs avoid penalizing young people for seeking help (e.g., avoiding the criminal justice system); elicit and respond to young people's input on program design and treatment preferences; and focus on positive outcomes such as quality of life and safety as opposed to abstinence and incarceration rates.

Findings of Urban's research will inform recommendations to state Medicaid programs and health plans on ways to expand access to effective outreach, services, and supports for youth and young adults. To share their findings, Urban Institute's team will be producing webinars, fact sheets, and issue briefs for Medicaid directors, Medicaid managed care plans, school leaders, and health care providers. We are anticipating the first published reports in early 2021.

Sustaining Recovery Supports During the Pandemic

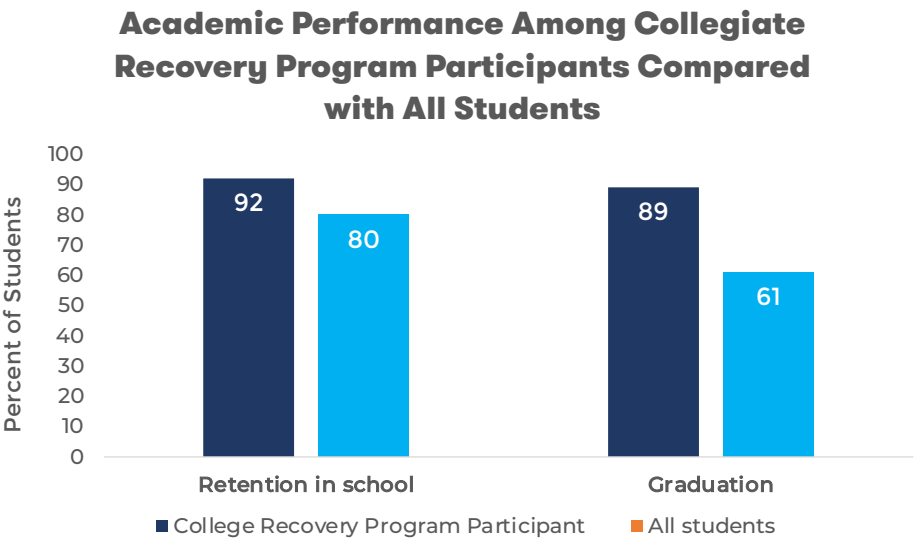
Our next wave of grants was designed to support organizations serving at-risk populations as they leveraged virtual platforms to ensure access to treatment and recovery supports during the pandemic.

Two of our grantees, the Association of Recovery in Higher Education (ARHE) and Young People in Recovery (YPR), are demonstrating the difference that having the right types of support can make. Both

organizations were founded by people in recovery and others who recognized the need to build community among peers and the importance of helping young people not just sustain their sobriety but rebuild their lives.

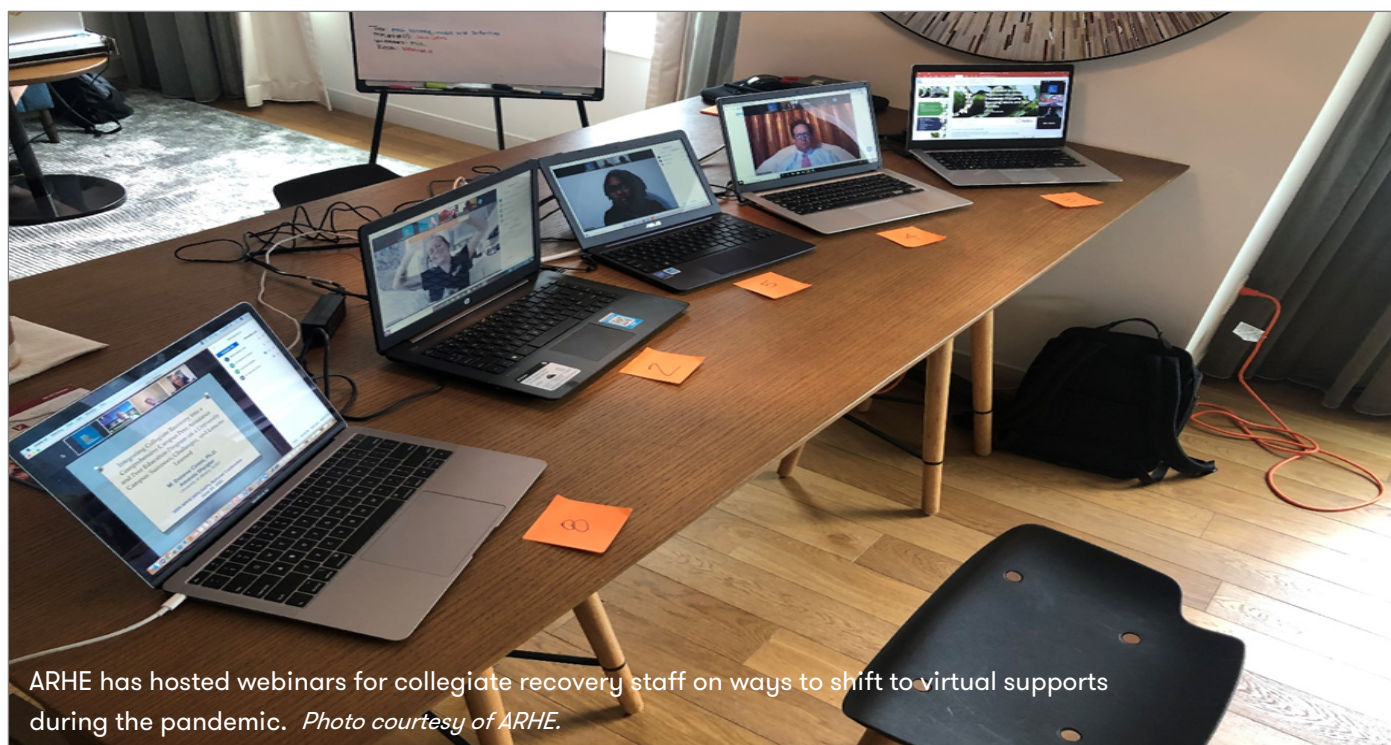
Association of Recovery in Higher Education

ARHE supports staff at 155 U.S. colleges and universities who create and run collegiate recovery programs, which offer recovery meetings and workshops and create opportunities for students in recovery to live, study, and socialize together. “These programs can make the difference between a student either dropping out, transferring, or struggling — or, God forbid, overdosing — and finding a community, graduating, and giving back as an alum,” says Tim Rabolt, ARHE’s executive director. Indeed, a study involving nearly 500 students across 29 collegiate recovery programs found these students had higher grade point averages and graduation rates than the general population of students at their institutions. One-third of the students surveyed said they would not be in college were it not for their school’s recovery program.



A. B. Laudet, “What Have We Learned from the First National Study of Collegiate Recovery Programs,” Presentation at the 6th National Collegiate Recovery Conference; Reno, Nev.; May 27-29, 2015.

Funding from FORE has enabled ARHE to provide additional support to leaders of collegiate recovery programs — from webinars on how to launch and maintain interest in virtual recovery support meetings for far-flung students to chats and group-texting platforms that enable them to connect with colleagues across the country and share best practices. The organization has also created paid internship programs for students in recovery; interns have created art activities and hosted events including virtual recovery meetings, Netflix watch parties, and even a virtual graduation for students in recovery across the U.S.



ARHE has hosted webinars for collegiate recovery staff on ways to shift to virtual supports during the pandemic. Photo courtesy of ARHE.

ARHE is sponsoring an Equity and Justice seminar series for program staff, students and their families, alumni, and others interested in ensuring equitable access to health care and education. “We want to make equity part of everything we are doing — all events, all decisions, our board, our interns, our day-to-day life so collegiate recovery is a place where everyone feels safe,” Rabolt says.

Young People in Recovery

YPR, which has [59 chapters in 16 states](#), provides peer-recovery support services and life-skills training to help young people in recovery from addiction to alcohol, stimulants, opioids, and other substances. Most chapter members are between the ages of 18 and 26 and find support to help them achieve goals such as graduating from college, getting a good job, and finding housing.

YPR has developed two 10-week programs. The first, [My Recovery is EPIC \(Engaged, Peer Developed, Individualized, and Community-Centered\)](#), is used by treatment facilities, educational institutions, nonprofits, and others to offer “training in basic skills like how to build a resume that a lot of people suffering from substance use disorders for a long time simply don’t have,” says Franklin Erickson, YPR’s vice president of programs. The other program, [Phoenix](#), is offered through criminal justice organizations, drug courts, and other social service agencies to help people in those venues.

Funding from FORE has enabled each chapter to offer virtual recovery support meetings, social activities, and workshops. Grant funding also enabled YPR to revamp its website to make it easy for young people to find virtual support meetings and online social events, from standup comedy to museum tours and trivia nights. Building community in these ways demonstrates to young people that it is possible to have a fulfilling social life without drugs and alcohol. “If you find recovery at a young age, the idea of being abstinent forever, from 18, can seem incredibly daunting, especially in Western society that places such a high emphasis on using alcohol and other substances,” Franklin says. YPR has expanded its virtual offerings to 100 meetings per week, reaching an average of about 750 participants.

YPR also seeks to demonstrate that recovery is possible through a variety of means, not just 12-step meetings. “We’ve tried to remove the stigmatizing language of how people talk about themselves and their recovery. Our goal is to support one another regardless of how recovery looks,” Erickson says. YPR chapter leaders and members are also encouraged to advocate in their communities for harm reduction programs, safe housing, naloxone, and other supports.

Strengthening OUD Services for Young People

Helping adolescents and young adults struggling with opioid addiction and recovery can change the trajectory of people’s lives. “Our grantees are demonstrating the importance of tailoring services to the unique needs of youth, adolescents, and young adults, as well as the benefits of doing so,” says Karen Scott, M.D., M.P.H., president of FORE. “We will continue to learn from these projects in the coming year, sharing results and lessons learned so that this work may serve as a model for others as well as inform policies that reflect an understanding of the particular needs of adolescents and young adults, and extend treatment and recovery services to all who need help.”



FORE is a national, private, grantmaking foundation focused on inspiring and accelerating action to end the opioid crisis.

We are committed to convening and supporting partners advancing patient-centered, innovative, evidence-based solutions to make the greatest impact on the crisis.