Examining Substance Use Among Youth and Young Adults

Substance use can have both immediate and long-term adverse consequences for youth. Researchers have found adolescents who initiate substance use before the age of 15 are 6.5 times more likely to develop a substance use disorder than those who start using substances at age 21 or later. Immature brain development, the risk-taking behaviors of youth, and the influence of peer groups may all play a role in establishing and reinforcing addiction.

Relatively few research efforts have focused on how substance use varies by age, race, and ethnicity, although this information is critical to designing prevention and treatment programs for youth and young adults. With funding from FORE, researchers from the Urban Institute analyzed data from the National Survey on Drug Use and Health for a series of research studies. The first of two studies described here assesses variation in substance use and age of initiation for two groups — youth ages 12 to 18 and young adults ages 19 to 25 — based on self-reported survey data collected between 2015 and 2019. It is the first study to examine similarities and differences in substance use initiation across detailed racial and ethnic groups. A second study examines the characteristics of youth with unhealthy opioid use and their contacts with service providers, schools, health facilities, and prevention programs. Both studies highlight findings relevant to unhealthy use of opioids, which are defined as the use of heroin and/or opioid pain relievers in a way not directed by a doctor.

FIGURE 1

Roughly 3 million youth and young adults reported unhealthy use of opioids in the last year.

3.5%
of **adolescents ages 12–18** — approximately 1 million youth.

Unhealthy pain reliever use in the last year: 3.4%

Any heroin use in the past year: 0.1%

Note: Rates of alcohol use in the past month (12.7%) and marijuana use in the past year (15.6%) were substantially higher.

7.1%
of **young adults ages 19–25** — approximately 2 million people.

Unhealthy pain reliever use in the last year: 7.0%

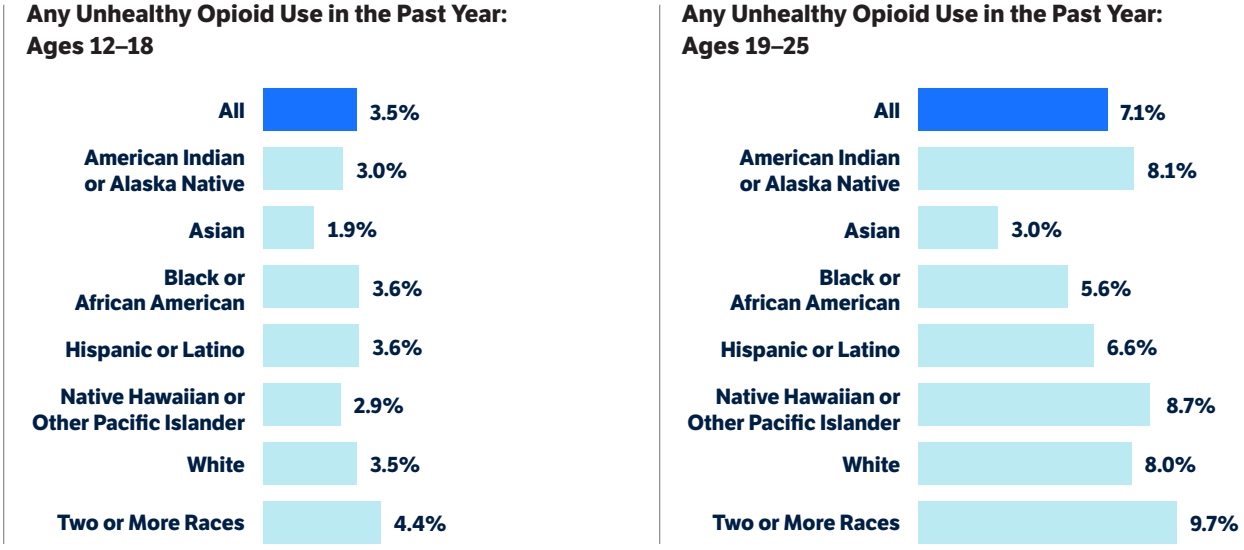
Any heroin use in the past year: 0.6%

Note: Rates of alcohol use in the past month (60.3%) and marijuana use in the past year (34.6%) were substantially higher.

Source: Lisa Clemans-Cope, Victoria Lynch, Emma Winiski, Marni Epstein, and Kimá Joy Taylor, "Substance Use and Age of Substance Use Initiation During Adolescence: Self-Reported Patterns by Race and Ethnicity in the United States, 2015-19," Urban Institute, December 2021.

FIGURE 2

Unhealthy opioid use varies by race and ethnicity but is highest among adolescents and young adults who identify as being two or more races.

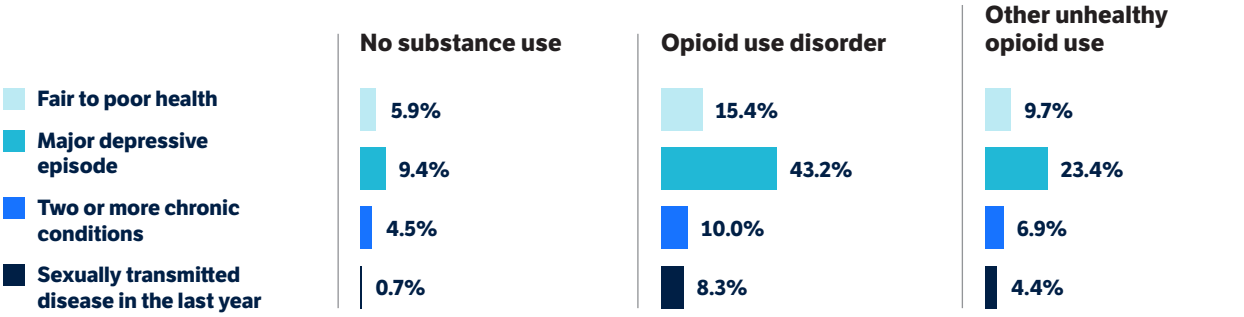


Source: Lisa Clemans-Cope, Victoria Lynch, Emma Winiski, Marni Epstein, and Kimá Joy Taylor, "Substance Use and Age of Substance Use Initiation During Adolescence: Self-Reported Patterns by Race and Ethnicity in the United States, 2015-19," Urban Institute, December 2021.

The Urban Institute researchers next looked at the extent to which Medicaid-enrolled adolescents and young adults who reported unhealthy opioid use — that is, either the use of heroin or the use of opioid pain relievers in a way not directed by a doctor — received substance use screenings and treatment for substance use disorders. The Medicaid program is central to efforts to address substance use among adolescents, including unhealthy opioid use, because the program covers close to 40 percent of American residents under age 19 — an estimated 28.2 million individuals. The study found many opportunities for health care providers and systems to increase identification and treatment of substance use disorders.

FIGURE 3

Medicaid-enrolled adolescents with opioid use disorder or other unhealthy opioid use had more health problems than those who did not report using substances.



Source: Lisa Clemans-Cope, Victoria Lynch, Emma Winiski, Marni Epstein, and Maya Payton, "Characteristics of Medicaid-Enrolled Adolescents with Unhealthy Opioid Use: Substance Use Screening and Treatment, Health Care Visits, and Involvement with School and Other Institutions from 2015 to 2019," Urban Institute, December 2021.

FIGURE 4

Medicaid-enrolled adolescents with opioid use disorder and other unhealthy opioid use have frequent contact with health care providers — offering many opportunities to screen for substance use.

Percent with three or more health care visits in the last year (emergency department, outpatient, or inpatient)

No substance use	Other unhealthy opioid use	Opioid use disorder
43.7%	58.2%	69.6%

Source: Lisa Clemans-Cope, Victoria Lynch, Emma Winiski, Marni Epstein, and Maya Payton, "Characteristics of Medicaid-Enrolled Adolescents with Unhealthy Opioid Use: Substance Use Screening and Treatment, Health Care Visits, and Involvement with School and Other Institutions from 2015 to 2019," Urban Institute, December 2021.

FIGURE 5

Less than half of Medicaid-enrolled adolescent patients with unhealthy opioid use or opioid use disorder were screened for substance use in medical settings.

49.7%

Adolescent patients with opioid use disorder who were asked about substance use other than tobacco or alcohol in the past year.

44.0%

Adolescent patients with other unhealthy opioid use who were asked about substance use other than tobacco or alcohol in the past year.

Percent screened

Ages 12–15	Ages 16–19
48.0%	70.6%
Boys	**Girls**
54.4%	63.2%

While older teens and girls were more likely to be asked about substance use than younger adolescents and boys, screening rates could be increased for all groups.

Source: Lisa Clemans-Cope, Victoria Lynch, Emma Winiski, Marni Epstein, and Maya Payton, "Characteristics of Medicaid-Enrolled Adolescents with Unhealthy Opioid Use: Substance Use Screening and Treatment, Health Care Visits, and Involvement with School and Other Institutions from 2015 to 2019," Urban Institute, December 2021.

FIGURE 6

Only a small portion of adolescents with opioid use disorder and other unhealthy opioid use receive treatment.

Source: Lisa Clemans-Cope, Victoria Lynch, Emma Winiski, Marni Epstein, and Maya Payton, "Characteristics of Medicaid-Enrolled Adolescents with Unhealthy Opioid Use: Substance Use Screening and Treatment, Health Care Visits, and Involvement with School and Other Institutions from 2015 to 2019," Urban Institute, December 2021.

For additional findings from the Urban Institute team, see their recent paper in the *Journal of Child & Adolescent Substance Abuse*. Their policy recommendations can be found on the Urban Institute's website.

Q&A between FORE and Urban Institute researchers about their research and its policy implications

Lisa Clemans-Cope, Ph.D.
Senior research fellow at the Urban Institute

Victoria Lynch, M.S.
Senior research associate at the Urban Institute

FORE: One of your findings was that the median age of substance use initiation was 15, and that for a subset of youth studied, substance use starts at about age 12. What are the implications of this finding for prevention and treatment programs?

Lisa Clemans-Cope: It really highlights the need for high-quality prevention and early intervention programming beginning in elementary school and continuing through middle school and high school years. Unfortunately, substance use in youth is often viewed as a social problem rather than a health issue—and substance use services for youth have been undervalued. The health system tends to ignore the problem, while the education system focuses on punishment. We need to be more systematic in building a continuum of services for youth and families— from prevention and screening to harm reduction, treatment, and recovery support services as well as social supports. This requires improving the capacity and quality of substance use services that are developmentally appropriate and responsive to cultural, linguistical, social, and emotional needs of youth. This also means expanding access to services where young people are, including schools and parks, libraries, and other neighborhood settings.

FORE: Much of your research focused on adolescents enrolled in Medicaid. Why did you focus there?

Lisa Clemans-Cope: There is such a dearth of information on whether and how young people are using the substance use services that are available, and where the gaps lie. Medicaid is central to efforts to address unhealthy opioid use and substance use disorders among youth because Medicaid covers about 40 percent of youth and many states are innovating their Medicaid programs to improve substance use–related services, including services specifically tailored to youth. The data show that many adolescents with unhealthy opioid use are not being screened for substance use problems, much less treated. We also found some demographic groups are more at risk than others: adolescents who identify as mixed race reported higher substance use, for instance. This points to the need for new prevention and treatment approaches that are culturally appropriate. The standard approach to substance use treatment was designed for and tested among white, cis-gender, heterosexual populations and many studies of substance use among young people include only college students, not younger people or those who do not go to college. We need to build the evidence base around models that are successful for different groups and empower communities to lead their own culturally effective interventions by listening to young people themselves.

FORE: What role could Medicaid agencies play in driving this kind of transformation?

Victoria Lynch: Because they cover such a large share of adolescents and young adults, Medicaid agencies and the Children's Health Insurance Program can play a pivotal role in promoting screening and early intervention and ensuring adequate capacity and high-quality substance use services. They can enforce existing screening requirements and provide incentives to ensure pediatric care providers, school-based health centers, primary care providers, and other professionals follow them. Paying for and promoting universal screening—that is screening for all young people— in school and other settings where youth are would promote equity, ensuring all youth receive screenings regardless of their race, ethnicity, and insurance status.

FORE: It sounds like some clinicians are reluctant to screen for substance use if they are not certain they have place to refer people who need help. What gaps do you see in the workforce?

Victoria Lynch: There are shortages of substance use and mental health providers who accept Medicaid, partly because of low reimbursement rates. The state of Virginia doubled the number of substance use providers by increasing reimbursement rates. There are other strategies states can use, including reassessing the scope of practice and credentialing requirements for licensed addiction counselors, nurse practitioners, and physician assistants. Telehealth could also help to create access in areas where there are provider shortages and may be appealing to youth who don't feel comfortable being seen accessing services in a school or community setting. Youth peers show promise in delivering prevention services and engaging adolescents and young adults in treatment, but there continue to be barriers for youth in recovery to become eligible Medicaid providers. Ultimately, we need to create an integrated and team-based system of care with reimbursement sufficient to give providers the time to build trust with adolescent patients, do the screenings, and have meaningful follow-up conversations that increase the odds of following through with effective treatment or other important interventions.