

COVID-19 and Youth Substance Use: We Need More than Good Intentions

Chuck Ingoglia, MSW

An “epidemic hidden in a pandemic”.^{1(np)} That is what Andrea Raby, D.O. of Bayless Integrated Healthcare, calls the threat to our youth who are now at increased risk of substance use disorder and overdose in the wake of the COVID-19 pandemic.

“This is always a vulnerable time during this period in their growth, in their development, in their growth of their identity, and often times what helps our adolescent population is structure and predictability and of course with COVID, this renders everything the opposite”.^{1(np)} Transitioning to remote or hybrid classes, social lives put on pause, canceled athletics, and extracurricular activities leave some teens looking for ways to numb the pain.

Dr. Raby is not alone in her concerns. Many experts believe the pandemic could lead to a nationwide spike in substance use disorders as people struggle with the anxieties and uncertainties borne of the pandemic. As much as we would like to believe that our young people are somehow protected from these temptations, in truth, no group is more vulnerable.

Left unchecked, addiction and substance use among young people can accelerate poor health outcomes and lead to even worse behaviors as adults. Youth who are desperately in need of care may not get the services they need if no one identifies the problem early.

We know little about the emerging threats of COVID-19 on our youth. As I write this in late September 2020, we are experiencing the phenomenon of “COVID fatigue” and with it, some people are demonstrating a more cavalier approach to wearing masks and social distancing. A new school year is being defined by remote learning and hybrid classes, businesses are feeling the financial pains of prolonged restrictions, and we are facing the advent of the annual “flu season”.

Much of the insight we do have about this issue is based on observations of previous disasters. A Dutch study tells us that, in the long run, the negative behavioral and emotional problems for adolescents decrease with time, but the effects regarding alcohol use remain.² In the aftermath of Hurricane Katrina, “survivors were smoking cigarettes, consuming alcohol, and experiencing alcohol consumption-related problems at a substantially higher rate”.^{3(p.1)}

A Canadian study on adolescent substance use pre- and post-COVID-19 found that, “For most substances, the percentage of users decreased; however, the frequency of both alcohol and cannabis use increased. Although the greatest percentage of adolescents was engaging in solitary substance use (49.3%), many were still using substances with peers via technology (31.6%) and, shockingly, even face to face (23.6%)”.^{4(p.1)} To be sure, this is just one study that focused on a relatively small

Address correspondence to Chuck Ingoglia, MSW, National Council for Behavioral Health, 1400 K Street NW Suite 400, Washington, DC 20005, USA. Email: nealc@thenationalcouncil.org.

Journal of Behavioral Health Services & Research, 2020. 1–3. © 2020 National Council for Behavioral Health. DOI 10.1007/s11414-020-09739-9

universe of 1,316 Canadian high school students over a limited time of just three weeks, but the implications are profound.

The impact of COVID-19 can be overwhelming, and it would be easy to become paralyzed at the thought of this emerging threat to our youth, but complacency is not an option when the stakes are so high.

To address this growing threat, we must be armed with more than good intentions. We must empower and build the capacity of community mental health and addiction recovery organizations to respond to and prevent future youth substance use during the current pandemic and in future disaster scenarios.

Recognizing the National Council's leadership role in community health, the Centers for Disease Control and Prevention (CDC) entrusted us with a \$2 million grant to assess the current situation and develop and disseminate youth substance use prevention, training, and capacity building resources: *Youth Substance Use and Message Development During COVID-19*.

It is not our goal to create a campaign of glossy images and empty catch phrases with no grounding in reality. There is already an abundance of such well-intentioned, but ineffective material available. We aim to create an evidence-based campaign of effective messaging and materials that will affect lasting change and build the capacity of organizations, states, and local partners working to prevent youth substance use, particularly during COVID-19, future disasters, shelter in place orders, or infrastructure disruption challenges that may impact prevention, practices, and policies. This will be a plan, not just for today, but for the future.

Because of the urgency of our current crisis, this ambitious undertaking will be completed in an accelerated timeframe of just 10 months. It is a tremendous responsibility and a formidable task, but I know our efforts can lead to real change, enduring change... one step at a time.

As I reviewed the articles in this issue of *JBHS&R*, the work we are about to embark upon with the CDC was never far from my mind and I find myself, once again, in awe of our community of organizations; providers dedicated to the entire scope of mental health and recovery from addictions. I am reminded that our project is just one small part of a rich and diverse community dedicated to healing the mind and spirit.

Our project is just one point on the continuum of the journey to mental health that begins with prenatal and infant care (the Weiss-Laxer et al. paper in this issue) and continues as we find new ways to identify and address childhood and adolescent trauma (the Donisch et al. paper in this issue); while supporting the transition-to-adulthood process to help youth between 18 and 25 who are at risk of "aging out" of the system (the Klodnick et al. paper in this issue) and examining the impact of caretaker attitudes toward prevention of pediatric behavioral health problems (the Zimmermann et al. paper in this issue).⁵⁻⁸

We are living in an unprecedented time of uncertainty. The ramifications of the COVID-19 pandemic are emerging and will continue to emerge for the foreseeable future. Many clinics that treat our most vulnerable people are fighting to keep their doors open. The political landscape is in flux and we will continue our work with both sides of the aisle to ensure that quality health care, with the hope of recovery, is available to all people.

However, I only need to look as far as the members of the National Council, organizations like the CDC that are making meaningful investments in our future, the futures of those we care for, and those who are reading the pages of this journal to know that we have the determination and the capacity to protect the health of our youth and the next generation. It is our collective responsibility to reverse this growing trend that is endangering our future and, together, we will.

References

1. Demarest K. *Adolescents at Risk in Drug Overdose Rise During COVID-19 Pandemic*. KTAR News. Available online at <https://ktar.com/story/3404009/adolescents-at-risk-in-drug-overdose-rise-during-covid-19-pandemic/>. Accessed on July 17, 2020.
2. Reijneveld SA, Crone MR, Schuller AA, et al. The changing impact of a severe disaster on the mental health and substance misuse of adolescents: Follow-up of a controlled study. *Psychological Medicine*. 2005;35:367–376.
3. Flory K, Hankin BL, Kloos B, et al. Alcohol and cigarette use and misuse among Hurricane Katrina survivors: Psychosocial risk and protective factors. *Substance Use & Misuse*. 2009;44(12):1711-24.
4. Dumas TM, Ellis W, Litt DM. What does adolescent substance use look like during the COVID-19 pandemic? Examining changes in frequency, social contexts, and pandemic-related predictors. *Journal of Adolescent Health*. 2020;67(3):354–361.
5. Weiss-Laxer NS, Johnson SB, Riley AW. Variation of behavioral health care by behavioral health symptom profile among a diverse group of pregnant and parenting mothers. *Journal of Behavioral Health Services & Research*. 2021;48(1). <https://doi.org/10.1007/s11414-020-09701-9>.
6. Donisch K, Zhang Y, Bray C, et al. Development and preliminary validation of the University of Minnesota's Traumatic Stress Screen for Children and Adolescents (TSSCA). *Journal of Behavioral Health Services & Research*. 2021;48(1). <https://doi.org/10.1007/s11414-020-09725-1>.
7. Klodnick VV, Malina C, Fagan MA, et al. Meeting the developmental needs of young adults diagnosed with serious mental health challenges: The Emerge Model. *Journal of Behavioral Health Services & Research*. 2021;48(1). <https://doi.org/10.1007/s11414-020-09699-0>.
8. Zimmermann M, O'Donohue W, Zepeda M, et al. Examining caretaker attitudes towards primary prevention of pediatric behavioral health problems in integrated care. *Journal of Behavioral Health Services & Research*. 2021;48(1). <https://doi.org/10.1007/s11414-020-09720-6>.

Publisher's Note Springer Nature remains neutral with regard to jurisdictional claims in published maps and institutional affiliations.