

Bridging Prevention and Harm Reduction Strategies for Adolescent and Young Adult Substance Use

Harm reduction approaches save lives. In the changing landscape of alcohol and other drugs, bridging prevention and harm reduction strategies is essential to keeping young people safe.

- For adolescents, prevention is primary: abstinence from substance use presents the lowest risk for youth whose brains are developing, followed by delaying the onset of use until later in life.
- Substance use harm reduction strategies, much like wearing seatbelts or bike helmets, can reduce harm for young people who do use substances.

Prevention

Prioritizing prevention efforts can contribute to young people’s mental and physical well-being and improve academic performance.¹⁻⁴

Exposure to risk factors, like early initiation of substance use, is strongly predictive of future substance use.⁵ *It is important to use effective prevention strategies to reduce risk and delay the onset of substance use among youth (see HCA ‘Prevention Tools: What Works and What Doesn’t’).*^{1,6,7}

Harm Reduction

Harm reduction recognizes that complete abstinence may not be a realistic goal for all individuals, particularly young people who are experimenting with substances.⁸⁻¹⁰ What works for adolescents may not necessarily work for young adults. *Harm reduction strategies must be tailored to be developmentally appropriate.*¹¹

Why it Matters

Adolescents (ages 12-17) and young adults (ages 18-25) face a range of developmental challenges, including substance use. While we have seen a long-term trend in declining substance use among adolescents in the general population,^{12,13} *for those who do use, the risks of harm are high* because:

- Cannabis potency has increased, with THC (tetrahydrocannabinol; the chemical that causes the sensation of feeling “high”) levels ranging between 60-90% in concentrated products.¹⁴
- Powerful synthetic opioids like *fentanyl* and *xylazine* are increasingly available (whether intentionally used or added in other substances), and changes in methods of use from injecting to smoking or snorting make them more accessible to youth. Fentanyl is the most reported drug involved in overdoses among young people aged 10-19.¹⁵ In 2020, overdose became the 3rd leading cause of death among youth under 20.¹⁶
- Alcohol by volume (%ABV) has increased across all beverage types¹⁷ and many appeal to youth, such as seltzers and pre-mixed sweet cocktails.
- Vapor products (i.e., “vapes” or electronic cigarettes) have increased access to nicotine and cannabis – a factor for risky use.¹⁸
- Mixing substances (“polysubstance use”) can increase adverse health and social outcomes.¹⁹⁻²¹
- Disparities in socially based stressors are disproportionately affecting racially/ethnically minoritized youth. Marginalization increases vulnerability to substance use.^{22,23}

Effects of Substance Use on Young People

High potency and early initiation of drugs are associated with the onset of mental health issues, greater potential for developing substance use disorders, increased risk of psychosis, and risks to the maturing brain.²⁴⁻²⁸ Alcohol and other drugs (AOD) are linked to adverse student outcomes, including higher dropout rates and lower graduation rates.²⁹⁻³¹ Adolescents and young adults are experiencing overdoses from opioids and fentanyl at a higher rate than the past 5 years, which puts them at higher risk of death.^{15,16}

What Can Be Done



Combine Prevention and Harm Reduction for Greater Impact

Science-based risk and protective-factor focused prevention approaches have delivered powerful impacts in communities, schools, families, and for individuals by delaying youth’s onset of substance use or preventing substance use altogether. For example, effective individual-level prevention strategies with adolescents include developing healthy peer relationships, practicing drug refusal skills, building self-efficacy, and strengthening personal commitment to avoiding alcohol and other drugs (AOD) use.⁶ Implementing prevention approaches can improve youth and young adult and behavioral health, increase their education outcomes, and promote a healthy adulthood.^{1-5,7,40,43, 51-52}

While preventing and delaying the onset of drugs and alcohol use is the primary goal for youth and young adults, additional measures are essential to reduce the risks associated with substance use in this population. For example, if and when a young person starts to initiate and engage with substances, **harm reduction strategies become vital in minimizing harm.** Simple practices, like carrying naloxone and refusing drinks from unknown sources, can be lifesaving.^{11, 53-54}

Washington State has an impressive history in leading innovative prevention and harm reduction strategies.^{32,33} We can add to the impact of prevention approaches by integrating appropriate **harm reduction strategies** into existing behavioral health services – for example, by providing professional training, support and practice to behavioral health providers in the following approaches.



Motivational Interviewing

In conversations about change, it matters what the helper does and how they do it. Motivational Interviewing

(MI) is one approach that empowers individuals in making informed decisions about their behavior by eliciting personally relevant reasons to change.³⁴ It starts with acknowledging the young person’s perspective through understanding their goals,

values, and culture, before jumping into a change plan. Practitioners work with young people to build motivation for change whether it be focused on maintaining sobriety, practicing harm reduction strategies, or anything in between.



Screening, Brief Intervention, and Referral to Treatment (SBIRT)

Another approach closely related to MI is SBIRT. It is an evidence-based practice of screening and brief counseling of adolescents for risky substance use that has been recommended by many organizations, such as the White House Office of National Drug Control Policy.³⁵ SBIRT provides a structure for talking with youth about a range of behaviors, including affirming decisions to avoid substances, building awareness of substance use risks, educating about strategies to reduce harm, motivating youth to change their use, and referring to behavioral health treatment or other resources as needed.^{36,37} SBIRT has been implemented across clinical and school-based settings,^{36,38} and additional guidance and training to primary care and school-based health providers is needed to effectively, and consistently, screen and provide appropriate follow-up to young people.



Identifying Goals & Emphasizing Options

Person-centered care entails helping people make informed decisions to improve their quality of life.⁸ This means acknowledging multiple pathways to recovery and well-being and supporting a young person’s autonomy to make choices through open and non-judgmental conversations to identify and reinforce quality of life goals that align with *their* values, needs, and preferences across all areas of life.³⁹⁻⁴¹



Goal Monitoring

Collaborative and consistent monitoring of substance use (e.g., frequency and quantity), substance-related harms, and other metrics (e.g., biometrics, quality of life measures) that are meaningful and relevant for the young person *can increase the chances that young people achieve the goals that they set, which helps build self-efficacy.*³⁹ Trained providers can monitor goals with young people at

regular intervals using standardized measures to track progress over time, provide encouragement, and identify and address barriers.⁴²



Lower Risk Strategies

A critical component of harm reduction involves personalized lower risk strategies for people who use substances. This includes discussing the risks and benefits of their current substance use and exploring ways to reduce harm while aligning with personal goals. Strategies may involve adjusting consumption levels, frequency, or methods to maintain a healthier and safer relationship with the substance to reduce health risks and other harms.⁸



Expanding Research and Services

There are effective, evidence-based prevention and harm reduction treatments designed for people who use substances.⁸ However, expanded research is needed to translate these existing strategies to develop a framework for effective and equitable use with adolescents,¹¹ improve the capacity and quality of youth substance use services and prevention programming, and expand access to care in schools and communities.

Prevention and Harm Reduction Strategies for Adolescents and Young Adults	
Ways to Prevent and Delay Onset of Use	
<ul style="list-style-type: none"> • Promote engagement in prosocial activities with peers that do not involve substance use.⁶ • Initiate non-judgmental conversations with youth to educate them on substances. • Provide normative education to correct inaccurate perceptions regarding the high prevalence of substance use.⁴³ • Teach refusal skills that can help young people respond to pressure they may face to try drugs from peers.⁶ • Avoid using fear arousal and scare tactics approaches with young people.⁶ • For youth in recovery, prevent relapse through alternative peer groups and sober high schools.^{45,46} 	
Ways to Change Amount Consumed/Frequency of Use	
<ul style="list-style-type: none"> • Substitute alcoholic drinks with water/non-alcoholic/ “mocktail” alternatives. • Alternate days of use and only use at certain times of the day (e.g., after school, on weekends, etc.). • Introduce one or more nondrinking or nonsubstance days of the week. • Avoid using for long periods of time and take days off from use every week. 	
Ways to Reduce Health Risks or Other Harms	
<ul style="list-style-type: none"> • Drink water while you are drinking alcohol. • Eat before you start using substances and while you use substances. • Know how drugs and alcohol interact before using combinations of substances together. • Do test substances before trying them (e.g., with fentanyl testing strips and MDMA testing kits).^{47,48} • Carry Naloxone and know how to use it.^{44,49} • Recognize signs of overdose (e.g., slowed or no breathing) and know what to do if you see one.^{44,49} • Don’t accept a drink or substance from another person when you don’t know what’s in it. • Place a cover over your cup and do not leave it unattended. • Do take turns using substances in a safe environment. • Disseminate information about Good Samaritan laws in schools and community settings. • Avoid using substances alone, have a friend call or text every 3-5 min, or use the Never Use Alone line at 1-877-696-1996^{44, 50} • Don’t get in a car with someone who has been drinking or using drugs. • Know the signs of when a drink has been spiked (e.g., changing color, cloudy, tastes funny, more fizzy than usual). • Seek help by dialing the suicide and crisis lifeline at 988. 	

Additional information

More information can be found in these [research briefs](#). Questions: prevention@hca.wa.gov

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Washington State
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