Littie is known about psychosocial effects of marijuana (MJ) use among youths in substance abuse disorder (SUD) treatment. Eighty- five were recruited to participate in a pilot aftercare program from SUD treatment programs in Southern California. This presentation examines differences in psychosocial and behavioral treatment outcomes between youths in SUD treatment for MJ compared to youths in treatment for another primary substance other than MJ (i.e., stimulants, opioids, alcohol). Youths in SUD treatment for MJ reported being less likely to quit, continued MJ use at treatment completion, had less substance use severity, less psychosocial distress, and fewer criminal behavior compared to youths who received treatment for substances other than MJ. There were differences in HIV-risk outcomes in the past year; however, both groups reported sexual risk behavior in the past month at treatment discharge.

BACKGROUND

• Marijuana (MJ) risks as one of the most commonly used substances among youth populations in the United States.

• Close to 30% of adolescent-aged youth (12-17 years old) and 20% of young adult-aged youth (18-24 years old) reported marijuana use in the past year (Center for Behavioral Health Statistics and Quality, 2015).

• Research shows that individuals who develop a MJ use disorder are more likely to be young adult-aged youth (18-24). MJ use prevalence is increasing among young adult-aged youth (18-24) (Substance Abuse and Mental Health Services Administration, 2013), which is concerning, especially within the cultural context of adolescence and emerging adulthood.

• Rising prevalence of use in recent years has mirrored an overall increase in social and legal permissiveness for recreational and medicinal use as well as ‘medicinal’ use (Cohen, 2010; National Conference of State Legislatures, 2015).

• MJ is viewed as the least risky of the illicit drugs among youth, with more than 60% of youth viewing MJ overall as less risky compared to alcohol and other substances (Johnston et al., 2014).

• MJ beliefs and behaviors have an inverse correlation, such that decreased perceptions of MJ risk correspond to increased use (Johnston et al., 2014; Wilinson et al., 2015). MJ is viewed as the least risky of the illicit drugs among youth, with more than 60% of youth viewing MJ overall as less risky compared to alcohol and other substances (Johnston et al., 2014).

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METHODS

The participants were youth (Mage = 20.4 ± 3.5 years old) who had completed SUD treatment and volunteered to participate in a pilot aftercare study. 80% of the participants were male, and the median age of treatment admission was 18.6 years (range 12-31). MJ use prevalence was 65.5% from residential programs and 20% from outpatient programs in Southern California. All treatment programs included components of cognitive-behavioral therapy, motivational enhancement strategies, relapse prevention, family involvement, and psychosocial education. Eligibility criteria included:

1. Being a youth (ages 12-17) or young adult (18-25).
2. Completing SUD treatment (consisting of relapse prevention/cognitive behavioral therapy) from 12-16 weeks, including both outpatient and residential treatment, and
3. Owning a mobile cell phone with texting capabilities.

Youth were excluded if they exhibited medical or psychological impairment that warranted further primary treatment.

Procedures

All study procedures were approved by the Institutional Review Board (IRB) of Azusa Pacific University. Participants were recruited via fliers posted in lobbies and group rooms, as well as in-person announcements made by Study Research Team members who contacted the RA about study participation and who met eligibility criteria were taken through the informed consent process, with additional parental consent if under 18.

Measures

The present study examines psychosocial and behavioral outcomes using the following measures administered into the pilot study and at discharge of aftercare program:

1. Teen Addiction Severity Index (T-ASI; Kaminer, Bukstein, & Tarter, 1991)
2. Global Appraisal of Individual Needs – Short Screener (GAIN-SS; Dennis, Chan, & Brown, 2013)
3. Brief Addiction Monitor (BAM; Cacciola, et al., 2013)

RESULTS

There were no differences between the groups with the exception of age: youth in treatment for MJ were younger than youth in treatment for other substances (t(78) = -4.061, p = .0001). Comprehensive HIV prevention/management programming was not included in the Southern California SUD treatment programs.

Sociodemographic differences between MJ and other substance groups

As measured by the GAIN-55, youth in treatment for MJ experienced fewer problems across depression (F(6, 518) = p = .03), anxiety (F(10, 304) = p = .02), distress (F(4, 431) = p = .04) across the past month, past year, and lifetime compared to youths in treatment for other substances (not MJ).

Psycosocial outcomes between MJ and other substance groups

Youth in treatment for MJ had significantly fewer problems and dysfunction than youth in treatment for other substances in the past month, past year, and lifetime (t(78) = -3.789, p = .001). MJ users had significantly fewer episodes than youth in treatment for other substances, however tended to have higher rates of lifetime treatment settings compared to youth for other substances. However, youth in treatment for MJ were not 100% ready to change compared to youth in treatment for other substances.

Group Differences in SUD Total Disorder Issues

Subgroup Differences in SUD Total Disorder Issues

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CONCLUSION

Overall, study findings have several implications to consider, including the need to:

• Integrate specific content in treatment programs that target other substances with the intent of either modifying or changing the intensity of drug use.

• Improve access to treatment programs that target drug use.

• Implement specific content in treatment programs that target other substances with the intent of either modifying or changing the intensity of drug use.

• Implement and facilitate aftercare models in the SUD system for youth in aftercare programs.

• Integrate and facilitate aftercare models in the SUD system for community of youth.

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