

Substance Use

Substance Use Concern?

Teens dealing with substance use often do not seek care.
Screening and surveillance are required to detect substance use problems.

Diagnosis:

Review limits of confidentiality, a likely area of concern for teens. Talking honestly about it can boost alliance.

Look for distress or impaired functioning related to use of the substance. DSM 5-criteria include reduced control over use of the substance, risky use, social impairment (missing school or recreational activities), tolerance, or withdrawal.

CRAFFT rating scale may augment assessment.

Safety check:

Suicidal? Homicidal? Weapon access (especially guns)?
Driving and substance use? Prescribed controlled substances?
Medication diversion?

Think about comorbidity:

2/3 of teens with a substance use disorder have comorbid psychiatric difficulties.

ADHD (even without stimulant treatment) may increase risk of substance use disorder.

Depression, anxiety, and conduct disorder can be associated with substance use disorders.

Consider whether labs are indicated, including CBC, CMP, HIV, STDs, hepatitis A, B, & C, and toxicology screen.

Significant impairment or safety concerns?

NO

(problem is noticeable, but youth basically functioning okay)

If minimal problem, offer brief advice to quit and psychoeducation about effects of substances.

If mild to moderate problem, use nonjudgmental questioning and listening to reinforce the youth's positive choices and build motivation to change. For example, start with "What are the positive and negative effects of marijuana in your life?" Then, instead of "You need to stop using marijuana," could say "If you were to reduce your marijuana use, how would you go about it?"

Encourage engagement with pro-social peer group. Prescribe healthy habits (regular sleep, exercise, & nutrition).

Appropriately treat comorbid conditions. Recommend individual therapy to build skills toward self-efficacy, problem solving, and relapse prevention.

Empower parents to supervise and monitor.

Follow up frequently.

YES

Refer for behavioral and psychosocial interventions, mutual support group, and substance use program. Offer naloxone and overdose education. Consider medication for opiate use disorder at time of diagnosis. Engage family in treatment plan if possible. On-going support and monitoring through the medical home.

Reference:

Barclay and Hilt. "Integrated Care for Pediatric Substance Abuse."

Child and Adolescent Psychiatric Clinics of North America 2016 October: 769-777.

Robinson and Wilson. "Management of opioid misuse and opioid use disorders among youth." Pediatrics 2020 May 1: S153-S164.

The CRAFFT Interview (version 2.1)

To be orally administered by the clinician

Begin: *"I'm going to ask you a few questions that I ask all my patients. Please be honest. I will keep your answers confidential."*

Part A

During the PAST 12 MONTHS, on how many days did you:

- | | |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------|
| 1. Drink more than a few sips of beer, wine, or any drink containing alcohol ?
Put "0" if none. | <input style="width: 100px; height: 20px;" type="text"/>
of days |
| 2. Use any marijuana (weed, oil, or hash by smoking, vaping, or in food) or "synthetic marijuana" (like "K2," "Spice")? Put "0" if none. | <input style="width: 100px; height: 20px;" type="text"/>
of days |
| 3. Use anything else to get high (like other illegal drugs, prescription or over-the-counter medications, and things that you sniff, huff, or vape)?
Put "0" if none. | <input style="width: 100px; height: 20px;" type="text"/>
of days |

Did the patient answer "0" for all questions in Part A?

YES ☐



Ask CAR question only, then stop

NO ☐



Ask all six CRAFFT* questions below

Part B

NO YES

- | | | |
|------------------------------------------------------------------------------------------------------------------------------|--------------------------|--------------------------|
| C Have you ever ridden in a CAR driven by someone (including yourself) who was "high" or had been using drugs? | <input type="checkbox"/> | <input type="checkbox"/> |
| R Do you ever use alcohol or drugs to RELAX , feel better about yourself, or fit in? | <input type="checkbox"/> | <input type="checkbox"/> |
| A Do you ever use alcohol or drugs while you are by yourself, or ALONE ? | <input type="checkbox"/> | <input type="checkbox"/> |
| F Do you ever FORGET things you did while using alcohol or drugs? | <input type="checkbox"/> | <input type="checkbox"/> |
| F Do your FAMILY or FRIENDS ever tell you that you should cut down on your drinking or drug use? | <input type="checkbox"/> | <input type="checkbox"/> |
| T Have you ever gotten into TROUBLE while you were using alcohol or drugs? | <input type="checkbox"/> | <input type="checkbox"/> |

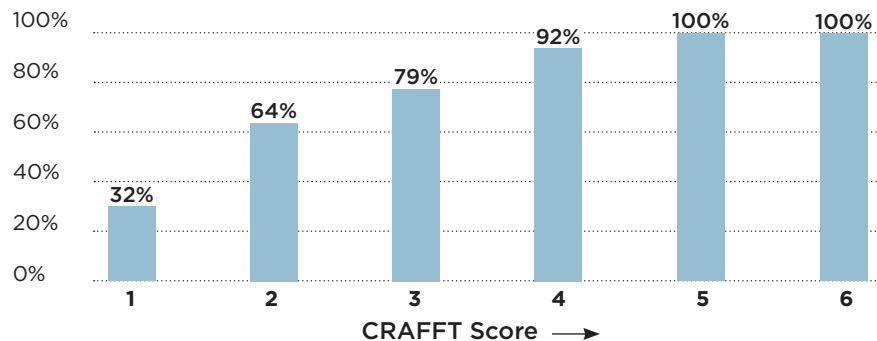
***Two or more YES answers suggest a serious problem and need for further assessment. See back for further instructions →**

Notice to clinic staff and medical records:

The information on this page is protected by special federal confidentiality rules (42 CFR Part 2), which prohibit disclosure of this information unless authorized by specific written consent. A general authorization for release of medical information is NOT sufficient.

1. Show your patient his/her score on this graph and discuss level of risk for a substance use disorder.

Percent with a DSM-5 Substance Use Disorder by CRAFFT score*



*Data source: Mitchell SG, Kelly SM, Gryczynski J, Myers CP, O'Grady KE, Kirk AS, & Schwartz RP. (2014).

The CRAFFT cut-points and DSM-5 criteria for alcohol and other drugs: a reevaluation and reexamination. Substance Abuse, 35(4), 376-80.

2. Use these talking points for brief counseling.



- 1. Review** screening results
For each "yes" response: *"Can you tell me more about that?"*



- 2. Recommend** not to use
"As your doctor (nurse/health care provider), my recommendation is not to use any alcohol, marijuana or other drug because they can:
 - 1) Harm your developing brain;*
 - 2) Interfere with learning and memory, and*
 - 3) Put you in embarrassing or dangerous situations."*



- 3. Riding/Driving** risk counseling
"Motor vehicle crashes are the leading cause of death for young people. I give all my patients the Contract for Life. Please take it home and discuss it with your parents/guardians to create a plan for safe rides home."



- 4. Response** elicit self-motivational statements
Non-users: *"If someone asked you why you don't drink or use drugs, what would you say?"*
Users: *"What would be some of the benefits of not using?"*



- 5. Reinforce** self-efficacy
"I believe you have what it takes to keep alcohol and drugs from getting in the way of achieving your goals."

3. Give patient Contract for Life. Available at www.crafft.org/contract

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For more information and versions in other languages, see www.crafft.org.

Substance Use Medications Overview

All medications for substance use disorder should be combined with behavioral or psychosocial treatments. Involve parents when possible.

Name	Substance	FDA Approved Youth	Editorial Comments
Nicotine replacement products	Nicotine	No	Can be considered off-label for moderate to severe dependence in youth who are motivated to quit. Efficacy in teens more modest than in adults. Long-acting patch form allows gradual wean. Shorter acting form (e.g. gum), can be used for breakthrough symptoms.
Bupropion (antidepressant)	Nicotine	No	Small randomized controlled study evidence of benefit when combined with contingency management. Appears less effective than when used with adults.
Naloxone (opioid antagonist)	Opioid	Yes	People at risk for opioid overdose should carry naloxone and keep it at home.
Buprenorphine (partial opioid agonist)	Opioid	16 years and older	Tablet, sublingual, injectable formulation available. Oral forms may contain naloxone to prevent injection diversion. Risk for precipitation of opioid withdrawal. Review with patient safe storage, safety risks of mis-using or using with alcohol, sedatives or other opioids or using opioids after tolerance is lost.
Naltrexone (opioid antagonist)	Alcohol or Opioid	No	Tablet and injectable formulations available. Risk for precipitation of opioid withdrawal. Discuss safety risk of using opioids while on naltrexone or after tolerance is lost.
Clonidine	Opioid	Yes (for ADHD)	Twice daily tablets can reduce autonomic symptoms (sweating, diarrhea, cramps, nausea, anxiety, and irritability) during acute opiate withdrawal.
N-acetylcysteine (modulates glutamate)	Cannabis	No	Over the counter availability. Small size randomized controlled study evidence of benefit.

Substance Use Resources

Information for Families

Websites families may find helpful:

A Parent's Guide to Preventing Underage Marijuana Use

www.seattlechildrens.org/pdf/parents-guide-preventing-underage-marijuana-use.pdf

Smoke Free Teen

<https://teen.smokefree.gov>

Partnership for Drug-Free Kids

www.drugfree.org

Parent-Teen Driving Agreement

www.healthychildren.org/English/ages-stages/teen/safety/pages/Teen-Driving-Agreement.aspx

Drugs: What You Should Know

<https://kidshealth.org/en/teens/know-about-drugs.html>

Washington Recovery Helpline (866-789-1511)

www.warecoveryhelpline.org

Start Talking Now

www.starttalkingnow.org

National Institute on Drug Abuse for Parents

<https://teens.drugabuse.gov/parents>

Websites youth may find helpful:

National Institute on Drug Abuse for Teens

<https://teens.drugabuse.gov>

Books families may find helpful:

Beyond Addiction: How Science and Kindness Help People Change (2014) by Jeffrey Foote, PhD, Carrie Wilkens, PhD, and Nicole Kosanke, PhD, with Stephanie Higgs

Clean: Overcoming Addiction and Ending America's Greatest Tragedy (2014) and **Beautiful Boy: A Father's Journey Through His Son's Addiction** (2009), both by David Sheff