

# Substance Use in Adolescents

## Pediatrics ECHO

2/9/2021

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# Conflict of Interest

I have no financial interests or relationships to disclose

# Learning Objectives

By the end of today's talk the participants will be able to:

- Describe the prevalence and recent trends in adolescent substance use
- Briefly describe the components of SBIRT
- Describe main legal issues surrounding adolescent substance use treatment

# Outline

- Introduction, Epidemiology
- Recent Trends
- Screening
- Treatment overview
- Legal Issues
- Substance use and COVID-19

# About me

- Addiction Medicine Fellow,  
University of Hawaii
- Internal Medicine PCP,  
Kaiser Permanente Hawaii
- Internal Medicine  
Residency, Kaiser  
Permanente Hawaii



# About me

- Universidad Autónoma de Guadalajara



- Embry-Riddle Aeronautical University





<https://www.ainonline.com/aviation-news/aviation-international-news/2007-01-24/erau-students-back-air-after-christmas-day-tornado>

**Question Time!**



A 17 year old girl is drinking 3 alcoholic beverages 6 days per week. She has alienated herself from two of her closest friends, is unable to fulfill her obligations at school, reports drinking and driving and is falling behind on homework. Which of the following is the most appropriate diagnosis in this patient?

- A. Alcohol use disorder
- B. Unhealthy alcohol use
- C. Alcohol abuse
- D. Binge drinking
- E. Alcohol dependence

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- B. Unhealthy alcohol use
- C. Alcohol abuse
- D. Binge drinking
- E. Alcohol dependence

Pattern of alcohol use leading to clinically significant impairment or distress

Failure to fulfill obligations

Recurrent drinking in hazardous situations

Drinking despite social or interpersonal problems

Important activities given up

Unhealthy alcohol use

Risks consequences, not yet a disorder

Which of the following is correct regarding substance use in adolescents?

- A. The co-occurrence of substance use and other psychiatric disorders is rare in adolescents
- B. Less than 20% of 12<sup>th</sup> graders report drinking in the last 30 days
- C. The use of cannabis in adolescents has decreased
- D. Alcohol is the most commonly abused substance in adolescents
- E. The CRAFFT questionnaire is not appropriate for screening in adolescents

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- D. Alcohol is the most commonly abused substance in adolescents**
- E. The CRAFFT questionnaire is not appropriate for screening in adolescents

High level of substance use with anxiety,  
depression, bipolar, personality disorders,  
ADHD, psychotic disorder, conduct disorder

A 15 year old girl who is 10 weeks pregnant presents with vaginal bleeding, abdominal pain, vomiting, and muscle spasms for the last 4 hours. Her temperature is 100.2 F, and her blood pressure is 165/100 mmHg. Physical examination is remarkable for trembling with cold extremities. An abdominal ultrasound confirms a miscarriage with no retained products of conception. Which of the following is the most likely cause of her current symptoms?

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- A. Heroin withdrawal
- B. Fetal alcohol syndrome
- C. Cannabis use
- D. Heroin overdose
- E. Nicotine withdrawal



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- A. Heroin withdrawal**
- B. Fetal alcohol syndrome**
- C. Cannabis use**
- D. Heroin overdose**
- E. Nicotine withdrawal**

# Definitions

“Addict” fallen out of favor

## Substance Use Disorder

A problematic pattern of use leading to clinically significant impairment or distress is manifested by two or more criteria within a 12-month period

## Unhealthy substance use

Use of amounts that risk consequences or

Use that has already resulted in consequences but not yet a diagnosable disorder

## Adolescent 11-21

Early 11-14, mid 15-17, late 18-21

# Diagnostic Criteria for Substance Use Disorder

## Severity

Mild = 2-3

Moderate = 4-5

Severe =  $\geq 6$

1. The substance is often taken in larger amounts or over a longer period than was intended.
2. There is a persistent desire or unsuccessful efforts to cut down or control use of the substance.
3. A great deal of time is spent in activities necessary to obtain the substance, use the substance, or recover from its effects.
4. Craving, or a strong desire or urge to use the substance.
5. Recurrent use of the substance resulting in a failure to fulfill major role obligations at work, school, or home.
6. Continued use of the substance despite having persistent or recurrent social or interpersonal problems caused or exacerbated by the effects of its use.
7. Important social, occupational, or recreational activities are given up or reduced because of use of the substance.

8. Recurrent use of the substance in situations in which it is physically hazardous.
9. Use of the substance is continued despite knowledge of having a persistent or recurrent physical or psychological problem that is likely to have been caused or exacerbated by the substance.
10. Tolerance, as defined by either of the following:
  - a. A need for markedly increased amounts of the substance to achieve intoxication or desired effect.
  - b. A markedly diminished effect with continued use of same amount of the substance.
11. Withdrawal, as manifested by either of the following:
  - a. The characteristic withdrawal syndrome for other (or unknown) substance (refer to Criteria A and B of the criteria sets for other [or unknown] substance withdrawal).
  - b. The substance (or a closely related substance) is taken to relieve or avoid withdrawal symptoms.

## DSM IV → V

Substance abuse

→ mild SUD

Substance dependence

→ moderate to severe SUD

Legal problems no longer criteria



# SUBSTANCE USE SCREENING AND INTERVENTION IMPLEMENTATION GUIDE

NO AMOUNT OF SUBSTANCE USE IS SAFE FOR ADOLESCENTS

# Introduction

- Why is this important?



# Introduction

- Adolescent to adult:
  - ~50% illicit drug
  - > 80% alcohol



# Introduction

- Alcohol →
  - Unintentional injuries / death
  - Suicidal behavior
  - Motor vehicle crashes
  - IPV
  - Academic and social problems
  - Earlier onset alcohol use → more rapid dependence, worse outcomes

Beginning drinking age <15 → 5x as likely for AUD

# Introduction

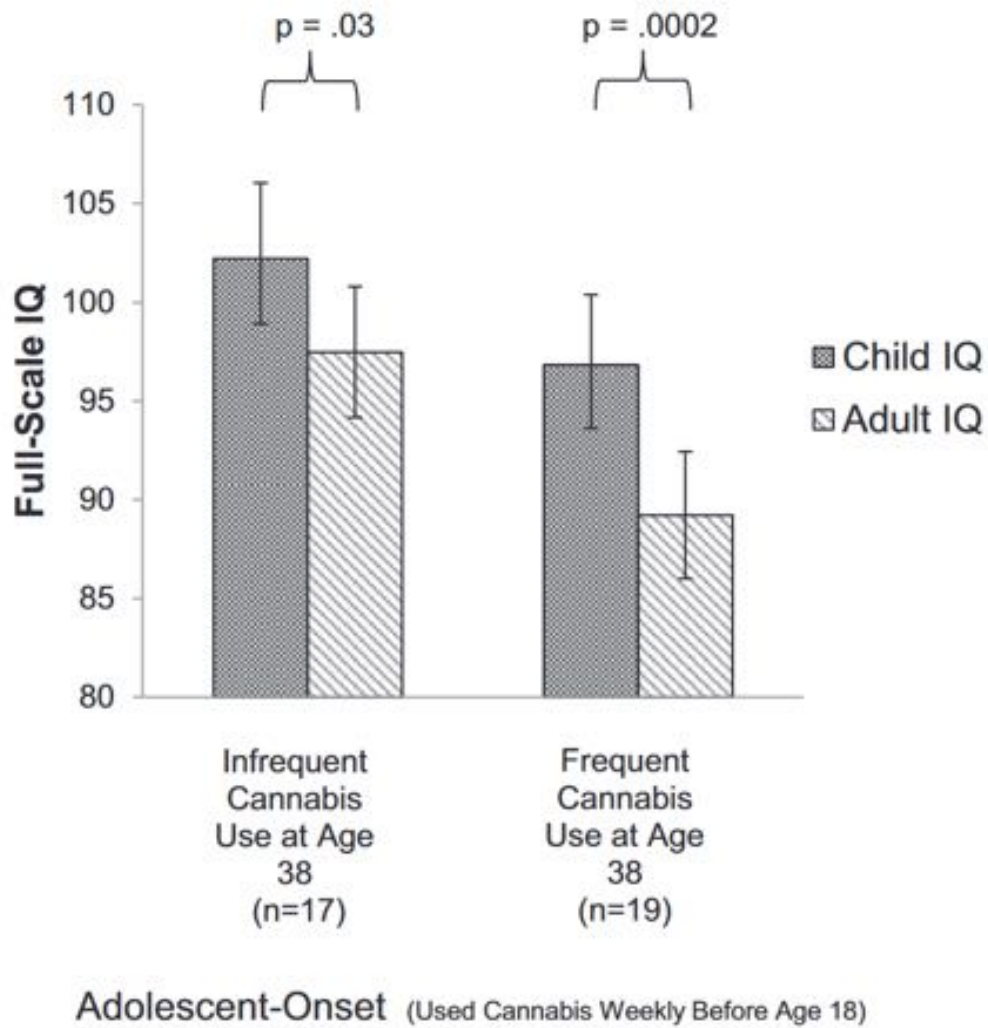
- Cannabis
  - ~50% of illicit drug users started with marijuana
  - Cannabis use under 18 → Increased risk at age 18 – 32
    - Depression (OR 1.27)
    - Suicidal ideation (OR 1.5)
    - Suicide attempts (OR 3.46)
  - 3.9-fold increase risk of psychosis
  - First try marijuana at < 14 → 6x SUD vs 18
  - IQ decrease ~8

Chambers et al., 2003; Grant and Dawson, 1997; Hingson and Zha, 2009

Association of Cannabis Use in Adolescence and Risk of Depression, Anxiety, and Suicidality in Young Adulthood: A Systematic Review and Meta-analysis, Gobbi G, Atkin T, Zytynski T, Wang S, Askari S, Boruff J, Ware M, Marmorstein N, Cipriani A, Dendukuri N, Mayo N, JAMA Psychiatry. 2019;76(4):426.

Meta-analysis of the Association Between the Level of Cannabis Use and Risk of Psychosis. Marconi A, Di Forti M, Lewis CM, Murray RM, Vassos E, Schizophr Bull. 2016;42(5):1262. Epub 2016 Feb 15.





- IQ 100 → 92
- 50<sup>th</sup> → 29<sup>th</sup> percentile

# Introduction

- Substance use in the developing brain →
  - Worse memory
  - Worse learning
  - Poorer executive function
  - Lower IQ (> 5 points in most persistent)
  - Stopping use does not fully restore function
  - Higher risk of psychiatric illness
  - Adolescent substance use → employment problems, other substance use, criminal/violent behavior
  - > 80% of adult smokers began at age < 18

- National Institute on Drug Abuse. Drug Facts: Nationwide Trends, 2014. [www.drugabuse.gov/publications/drugfacts/nationwide-trends](http://www.drugabuse.gov/publications/drugfacts/nationwide-trends)

- Lifetime prevalence of mental disorders in US adolescents: results from the National Comorbidity Study-Adolescent Supplement (NCS-A), Merikangas RS, He J, Bustein M, et al, J Am Acad Child Psychiatry. 2010;49:980

- Ten-year prospective study of public health problems associated with early drinking. Ellickson PL, Tucker JS, Klein DJ, Pediatrics. 2003 May;111(5 Pt 1):949-55.

# Introduction

- Physicians considered authoritative sources
- Willing to discuss substance use
- Opportunity to show sincere concern
- Opportunity to encourage healthy and smart choices

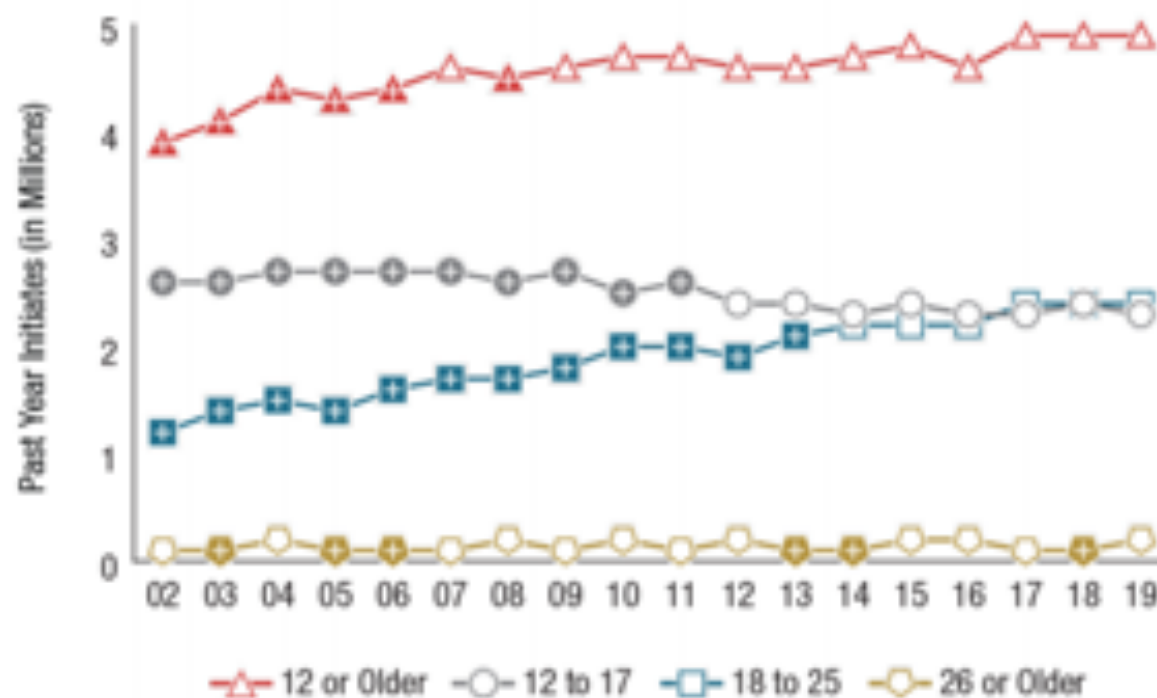
# Results from the 2019 National Survey on Drug Use and Health: Graphics from the Key Findings Report

Center for Behavioral Health Statistics and Quality  
Substance Abuse and Mental Health Services Administration  
U.S. Department of Health and Human Services



**SAMHSA**  
Substance Abuse and Mental Health  
Services Administration

# Past Year Alcohol Initiates among People Aged 12 or Older: 2002-2019



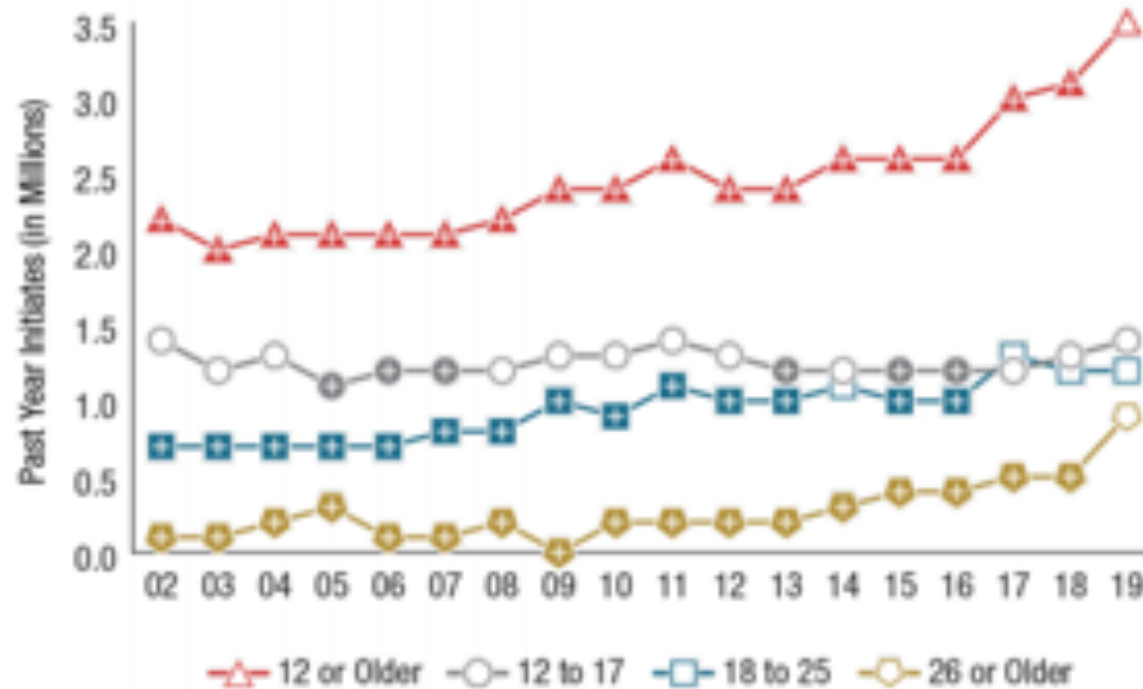
Age	2002	2003	2004	2005	2006	2007	2008	2009	2010	2011	2012	2013	2014	2015	2016	2017	2018	2019
12 or Older	3.9*	4.1*	4.4*	4.3*	4.4*	4.6	4.5*	4.6	4.7	4.7	4.6	4.6	4.7	4.8	4.6	4.9	4.9	4.9
12 to 17	2.6*	2.6*	2.7*	2.7*	2.7*	2.7*	2.6*	2.7*	2.9*	2.6*	2.4	2.4	2.3	2.4	2.3	2.3	2.4	2.3
18 to 25	1.2*	1.4*	1.5*	1.4*	1.6*	1.7*	1.7*	1.8*	2.0*	2.0*	1.9*	2.1*	2.2	2.2	2.2	2.4	2.4	2.4
26 or Older	0.1	0.1*	0.2	0.1*	0.1*	0.1	0.2	0.1	0.2	0.1	0.2	0.1*	0.1*	0.2	0.2	0.1	0.1*	0.2

\* Difference between this estimate and the 2019 estimate is statistically significant at the .05 level.

**SAMHSA**  
Substance Abuse and Mental Health  
Services Administration

**2.3 million adolescents 12-17 tried alcohol for the first time in 2019**

# Past Year Marijuana Initiates among People Aged 12 or Older: 2002-2019



Note: Estimates of less than 0.05 million round to 0.0 million when shown to the nearest tenth of a million.

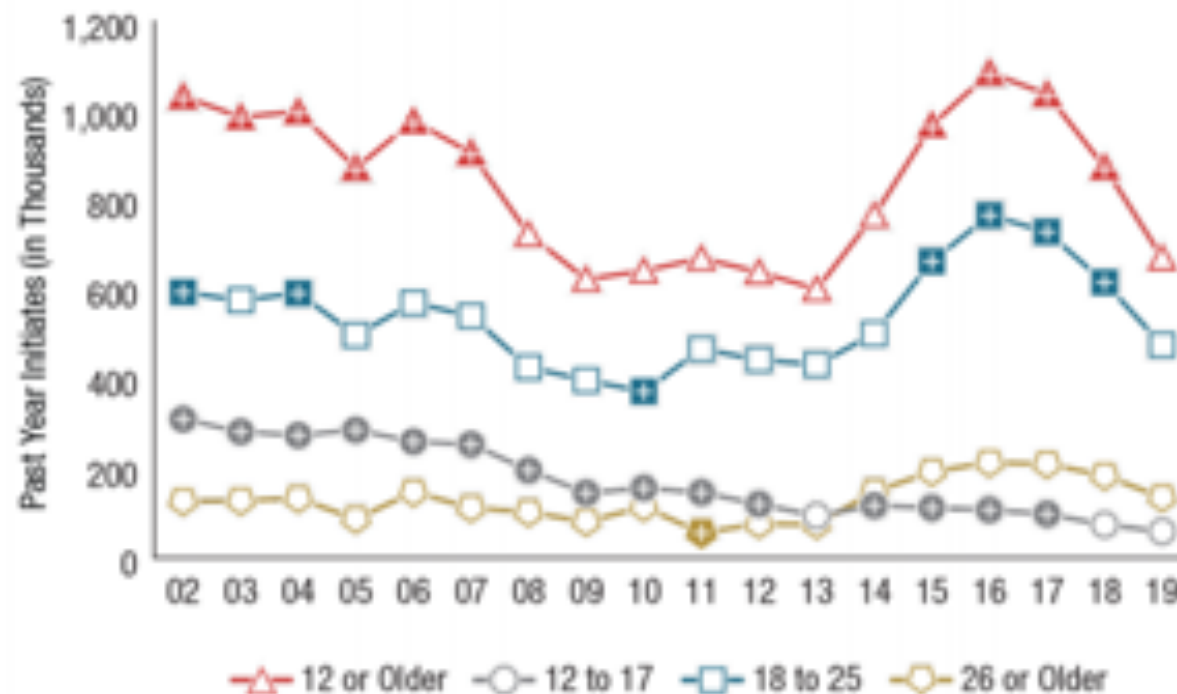
\* Difference between this estimate and the 2019 estimate is statistically significant at the .05 level.

Age	2002	2003	2004	2005	2006	2007	2008	2009	2010	2011	2012	2013	2014	2015	2016	2017	2018	2019
12 or Older	2.2*	2.0*	2.1*	2.1*	2.1*	2.1*	2.2*	2.4*	2.4*	2.6*	2.4*	2.4*	2.6*	2.6*	2.6*	3.0*	3.1*	3.5
12 to 17	1.4	1.2	1.3	1.1*	1.2*	1.2*	1.2	1.3	1.3	1.4	1.3	1.2*	1.2	1.2*	1.2*	1.2	1.3	1.4
18 to 25	0.7*	0.7*	0.7*	0.7*	0.7*	0.8*	0.8*	1.0*	0.9*	1.1*	1.0*	1.0*	1.1	1.0*	1.0*	1.3	1.2	1.2
26 or Older	0.1*	0.1*	0.2*	0.3*	0.1*	0.1*	0.2*	0.0*	0.2*	0.2*	0.2*	0.2*	0.3*	0.4*	0.4*	0.5*	0.5*	0.9



**1.4 million aged 12-17 tried cannabis for the first time in 2019**

# Past Year Cocaine Initiates among People Aged 12 or Older: 2002-2019



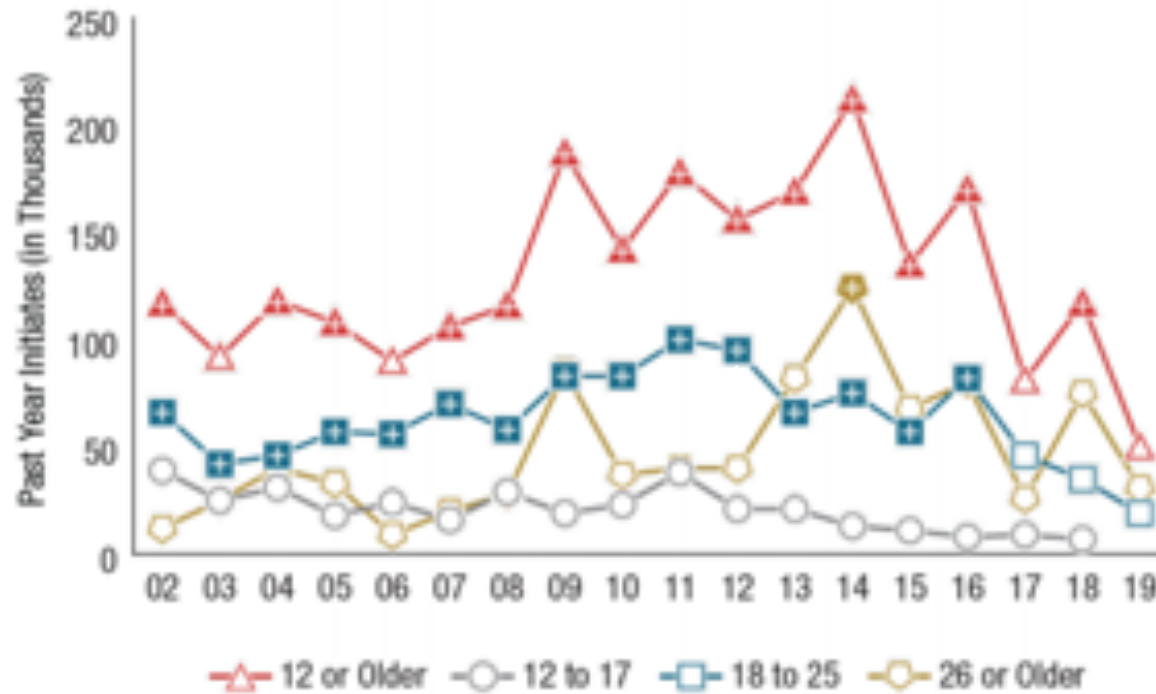
Age	2002	2003	2004	2005	2006	2007	2008	2009	2010	2011	2012	2013	2014	2015	2016	2017	2018	2019
12 or Older	1,032*	980*	998*	872*	877*	900*	724	623	642	670	639	601	768	968*	1,085*	1,037*	874*	671
12 to 17	310*	282*	274*	286*	260*	254*	196*	145*	158*	146*	120*	94	117*	112*	107*	98*	74	59
18 to 25	594*	576	592*	498	570	541	426	397	372*	467	443	432	501	663*	768*	729*	616*	476
26 or Older	127	128	133	87	147	112	102	81	114	56*	76	75	148	193	213	210	184	135

\* Difference between this estimate and the 2019 estimate is statistically significant at the .05 level.



**59,000 tried cocaine for the first time (162 / day)**

# Past Year Heroin Initiates among People Aged 12 or Older: 2002-2019



Age	2002	2003	2004	2005	2006	2007	2008	2009	2010	2011	2012	2013	2014	2015	2016	2017	2018	2019
12 or Older	117*	92	118*	108*	90	106*	116*	187*	142*	178*	156*	169*	212*	135*	170*	81	117*	50
12 to 17	39	25	31	18	24	16	29	19	23	38	21	21	13	11	8	9	7	*
18 to 25	66*	42*	46*	57*	56*	70*	58*	83*	83*	100*	95*	66*	75*	57*	82*	46	35	19
26 or Older	12	25	40	33	9	20	28	85	37	40	40	82	124*	68	80	26	75	31

\* Low precision; no estimate reported.

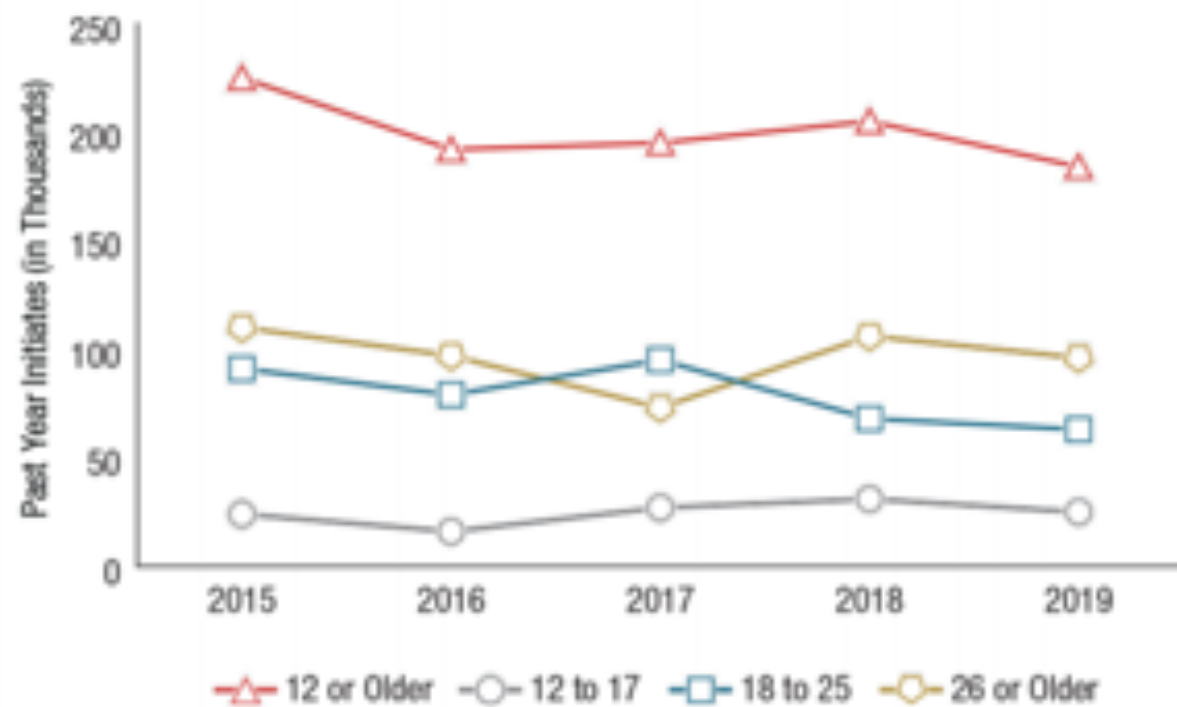
† Difference between this estimate and the 2019 estimate is statistically significant at the .05 level.



**7,000 tried heroin for the first time in 2019**



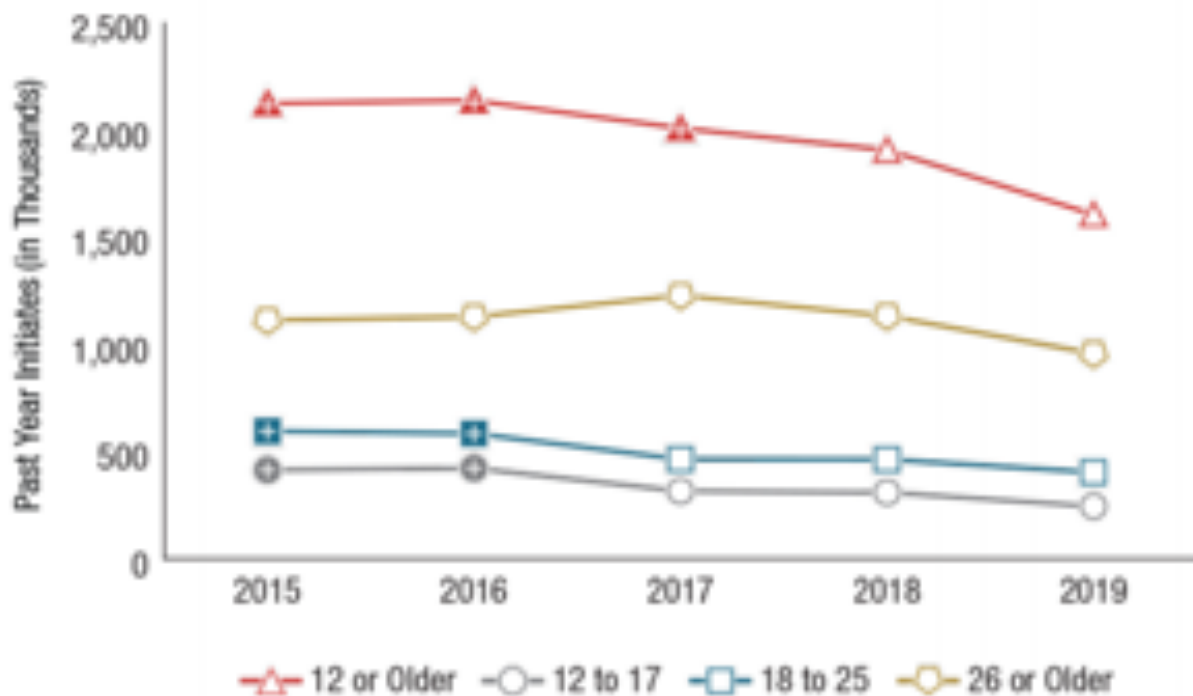
# Past Year Methamphetamine Initiates among People Aged 12 or Older: 2015-2019



Age	2015	2016	2017	2018	2019
12 or Older	225	192	195	205	184
12 to 17	24	16	27	31	25
18 to 25	91	79	95	68	63
26 or Older	110	97	73	106	96

**25,000 initiated methamphetamine  
(68 / day)**

# Past Year Prescription Pain Reliever Misuse Initiates among People Aged 12 or Older: 2015-2019



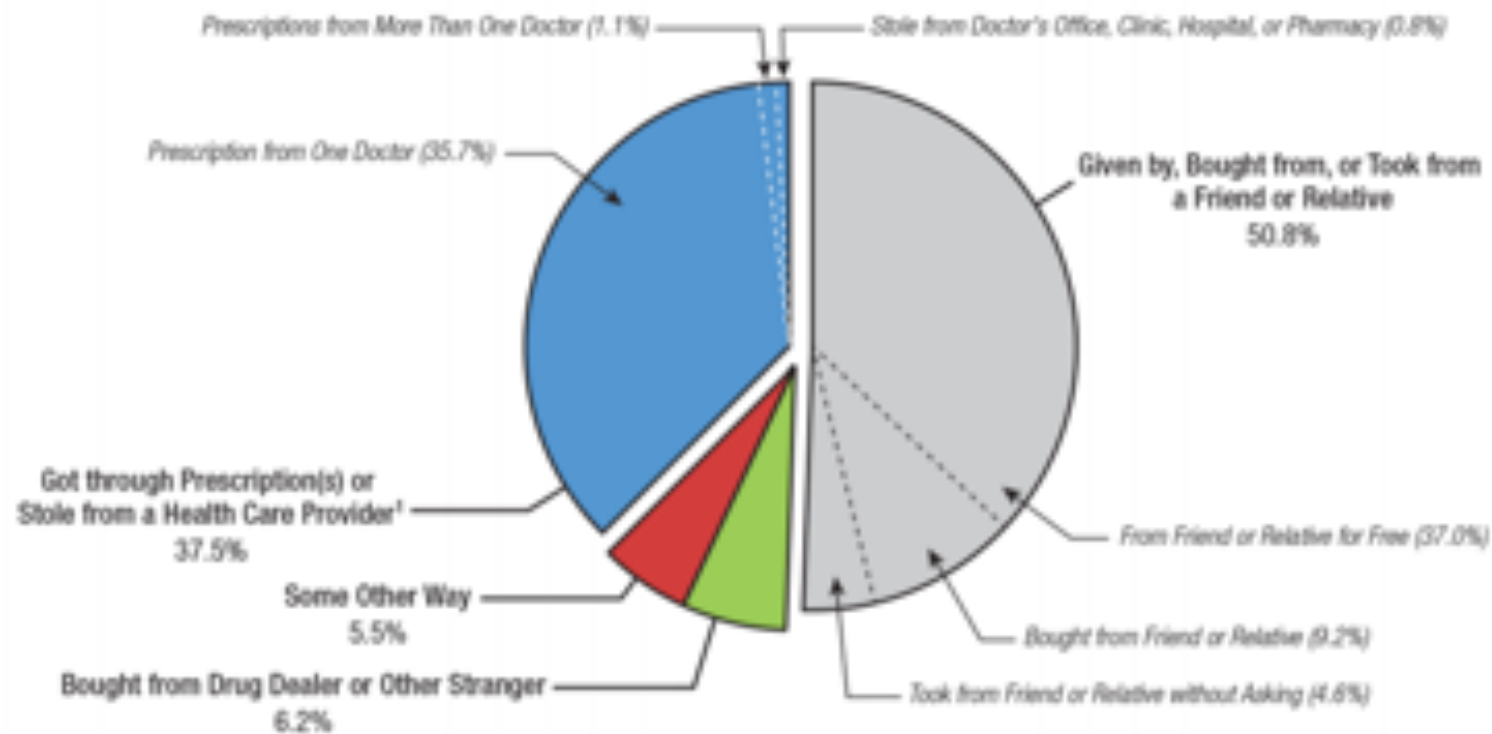
Age	2015	2016	2017	2018	2019
12 or Older	2,120*	2,139*	2,010*	1,908	1,607
12 to 17	415*	423*	316	310	245
18 to 25	590*	585*	465	464	404
26 or Older	1,114	1,130	1,229	1,134	968

\* Difference between this estimate and the 2019 estimate is statistically significant at the .05 level.

**SAMHSA**  
 Substance Abuse and Mental Health  
 Services Administration

**245,000 tried prescription pain relievers for the first time (670 / day)**

# Source Where Pain Relievers Were Obtained for Most Recent Misuse among People Aged 12 or Older Who Misused Pain Relievers in the Past Year: 2019



9.7 Million People Aged 12 or Older Who Misused Pain Relievers in the Past Year

Note: Respondents with unknown data for the Source for Most Recent Misuse or who reported Some Other Way but did not specify a valid way were excluded.

<sup>†</sup> The percentages from the subcategories do not add to the total percentage for the category due to rounding.

**SAMHSA**  
Substance Abuse and Mental Health  
Services Administration

Over half of misused pain relievers obtained from friend or relative

# Recent Trends



The background of the infographic features a light green and blue gradient. At the top, various drug names are listed in a light green, sans-serif font, including: PRESCRIPTIONS, CIGARETTES, COLD MEDICINES, ECSTASY, VAPING, MARIJUANA, STEROIDS, RITALIN, CRACK, "BATH SALTS", INHALANTS, ADDERALL, HEROIN, SEDATIVES, K2/SPICE, SALVIA, VICODIN, TRANQUILIZERS, METHAMPHETAMINES, and OXYCODONE. In the center, a large orange diamond contains the text "TEEN DRUG USE" in bold, dark blue, sans-serif capital letters. Below the diamond, a green ribbon banner contains the text "MONITORING THE FUTURE 2019" in white, sans-serif capital letters. On either side of the diamond and banner, there are silhouettes of teenagers in various poses, rendered in a dark blue color.

# TEEN DRUG USE

MONITORING THE FUTURE 2019

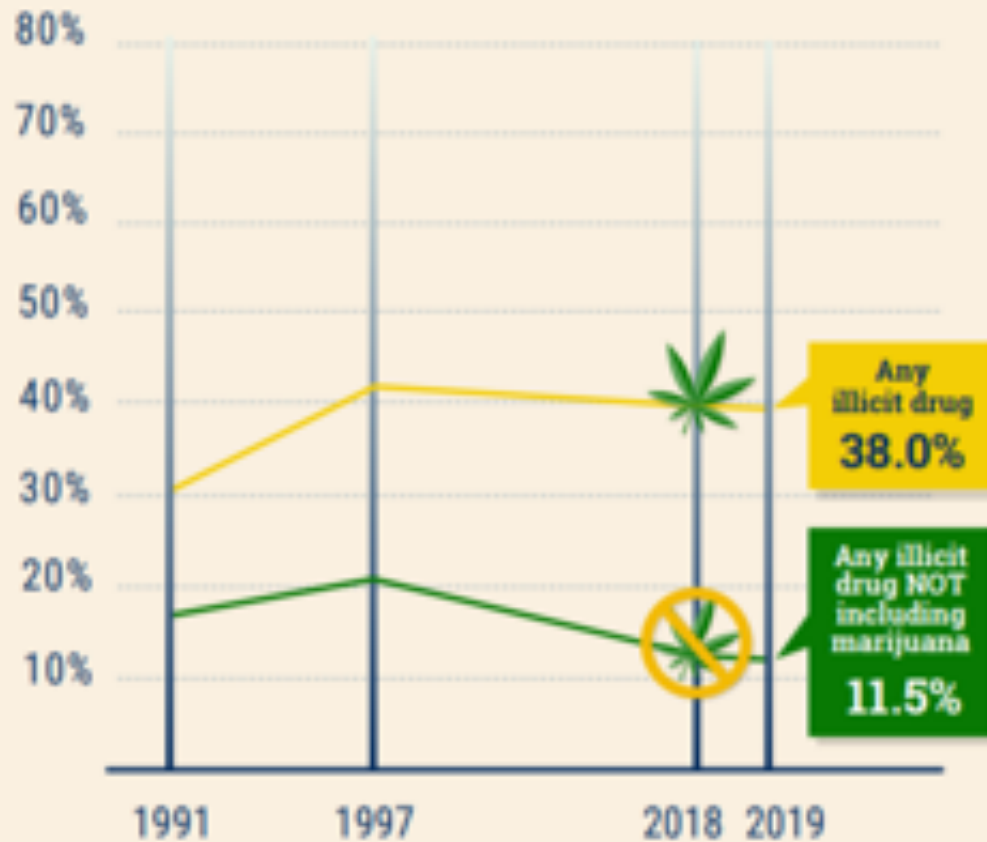
Monitoring the Future is an annual survey of 8th, 10th, and 12th graders conducted by researchers at the Institute for Social Research at the University of Michigan, Ann Arbor, under a grant from the National Institute on Drug Abuse, part of the National Institutes of Health. Since 1975, the survey has measured how teens report their drug, alcohol, and cigarette use and related attitudes in 12th graders nationwide; 8th and 10th graders were added to the survey in 1991.

**42,531 STUDENTS FROM 396 PUBLIC AND  
PRIVATE SCHOOLS PARTICIPATED IN THE 2019 SURVEY.**

# ILLICIT DRUG USE

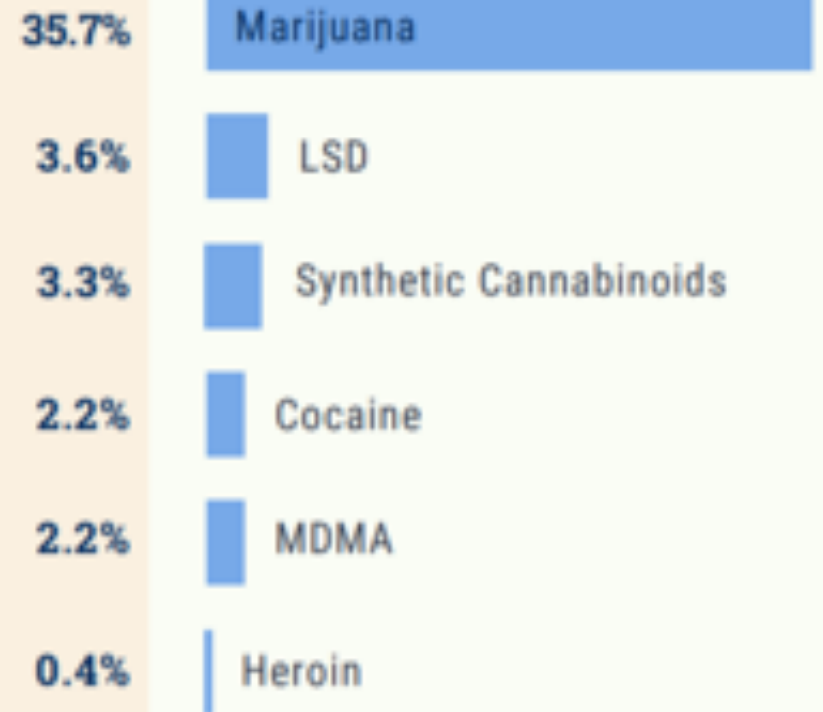
## ILLICIT DRUG USE STEADY

Past year use among 12th graders



## PAST YEAR ILLICIT DRUG USE

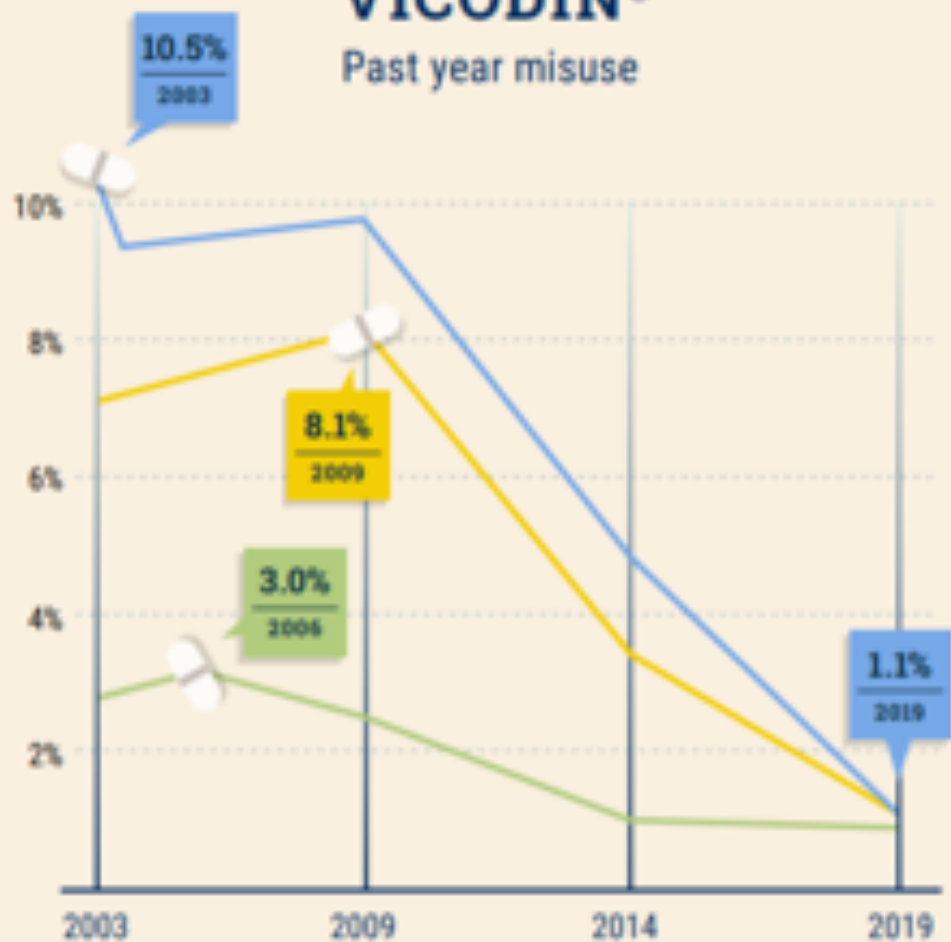
Past year use among 12th graders



# PRESCRIPTION DRUG MISUSE CONTINUES DECLINE FROM PEAK YEARS

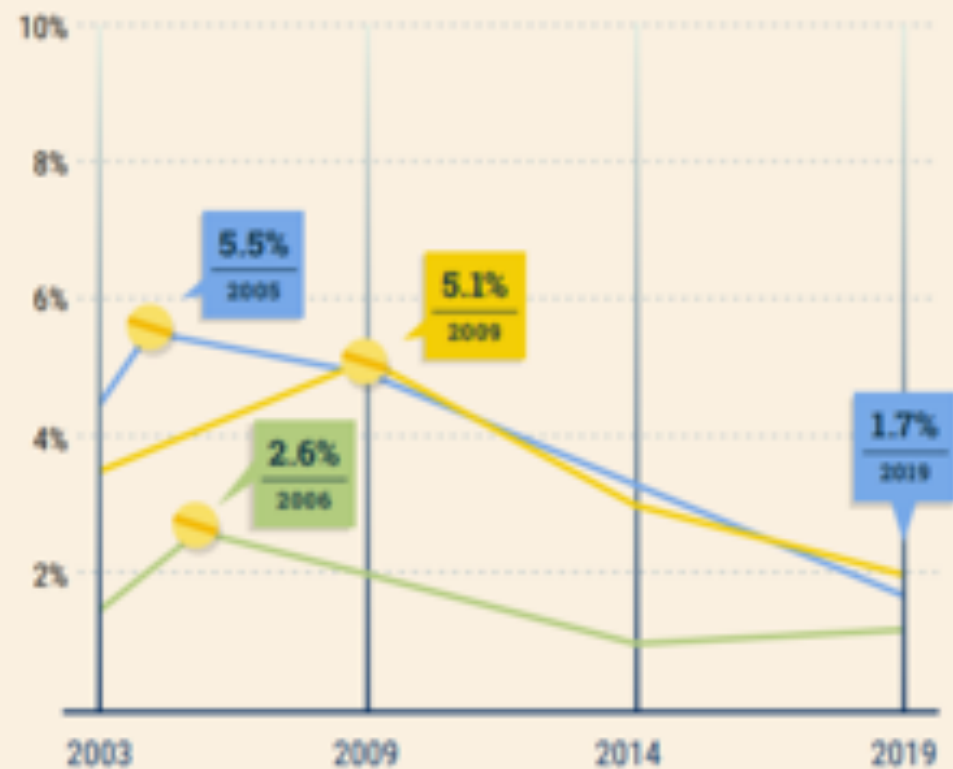
## VICODIN®

Past year misuse



## OXYCONTIN®

Past year misuse



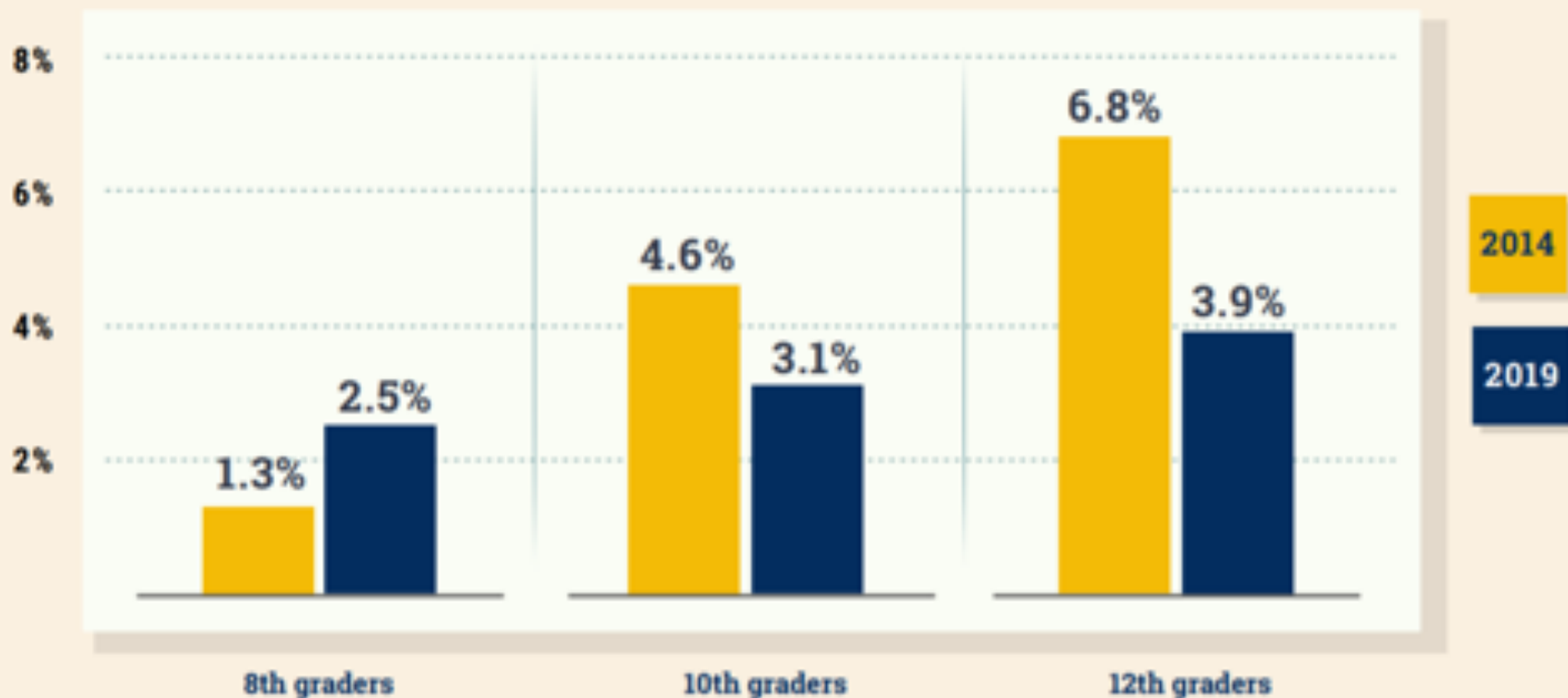
8th  
graders

10th  
graders

12th  
graders

## ADDERALL® MISUSE SEES SIGNIFICANT CHANGES IN PAST 5 YEARS

a decrease in 10th and 12th grades, but an increase in 8th grade

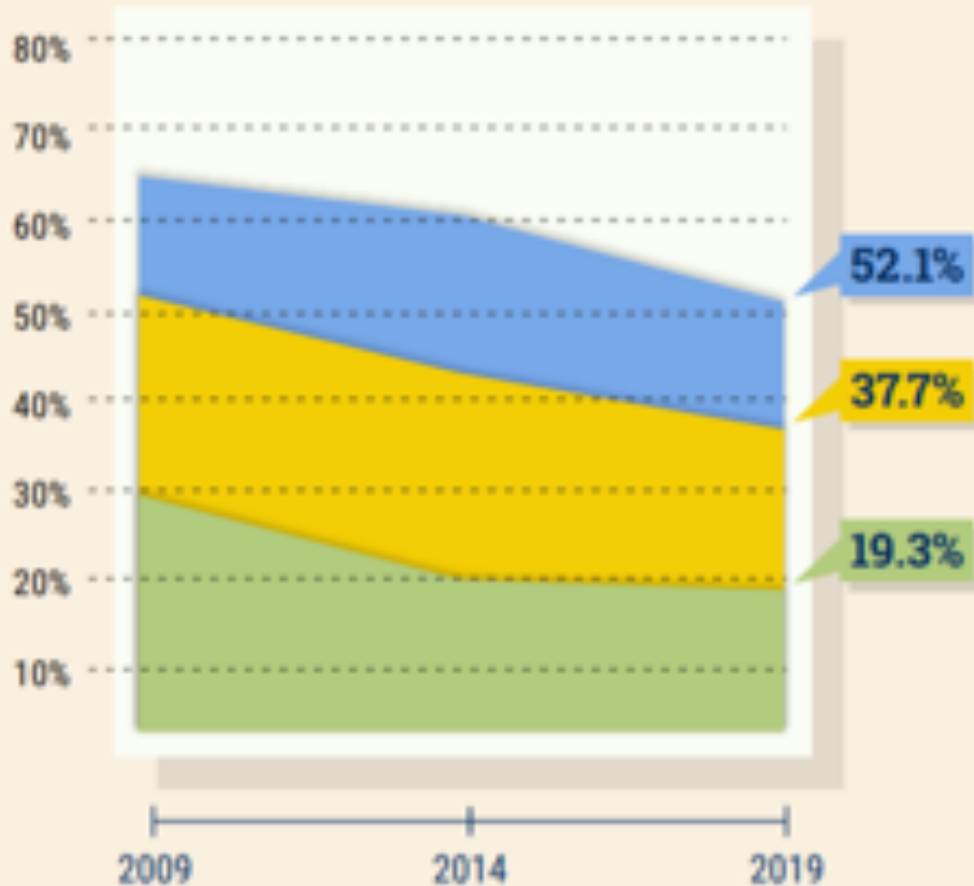




# ALCOHOL USE CONTINUES ITS DECLINE

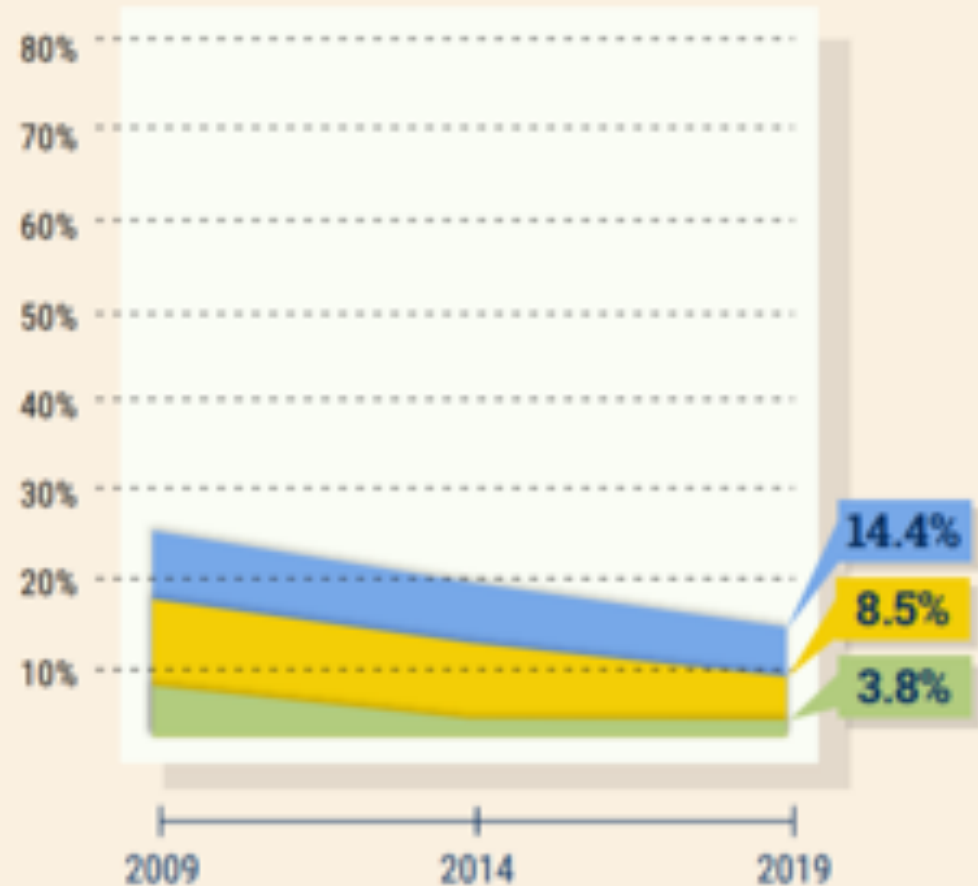
## PAST YEAR ALCOHOL USE

Significant long-term decrease in all grades



## BINGE DRINKING\*

Significant long-term decrease in all grades



8th graders

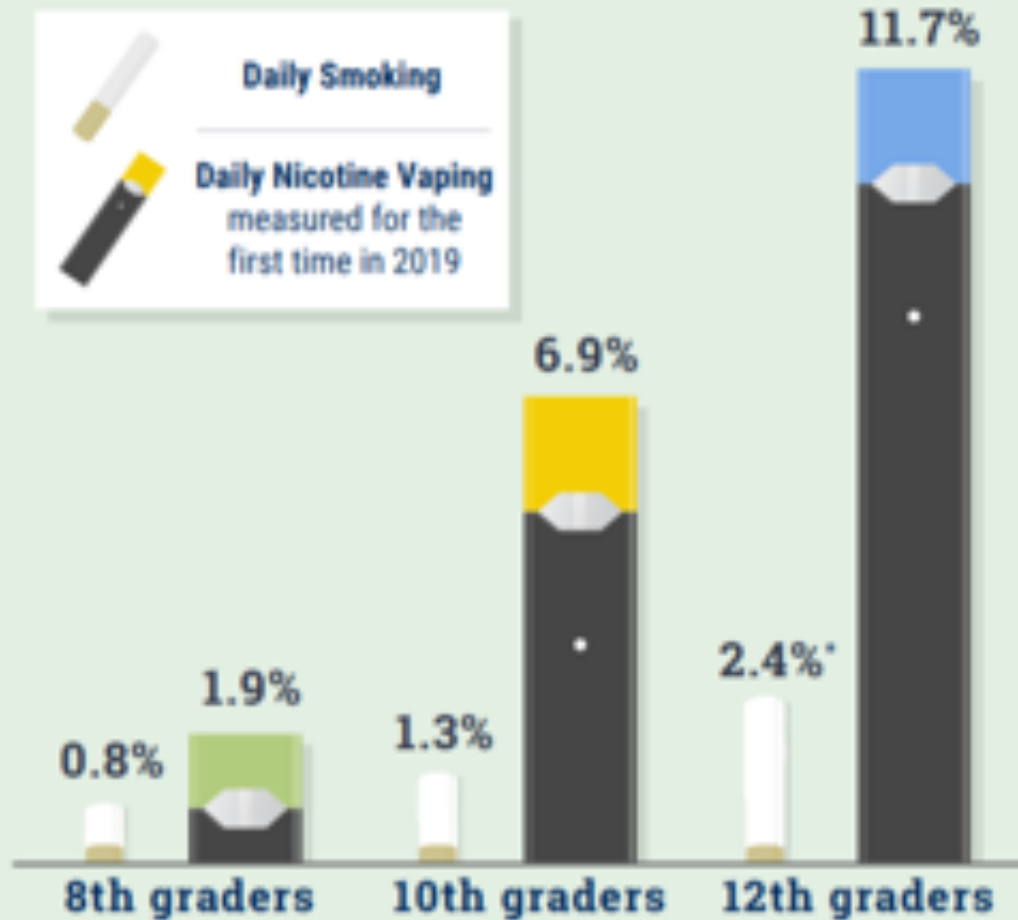
10th graders

12th graders

\*5 or more drinks in a row in the past two weeks

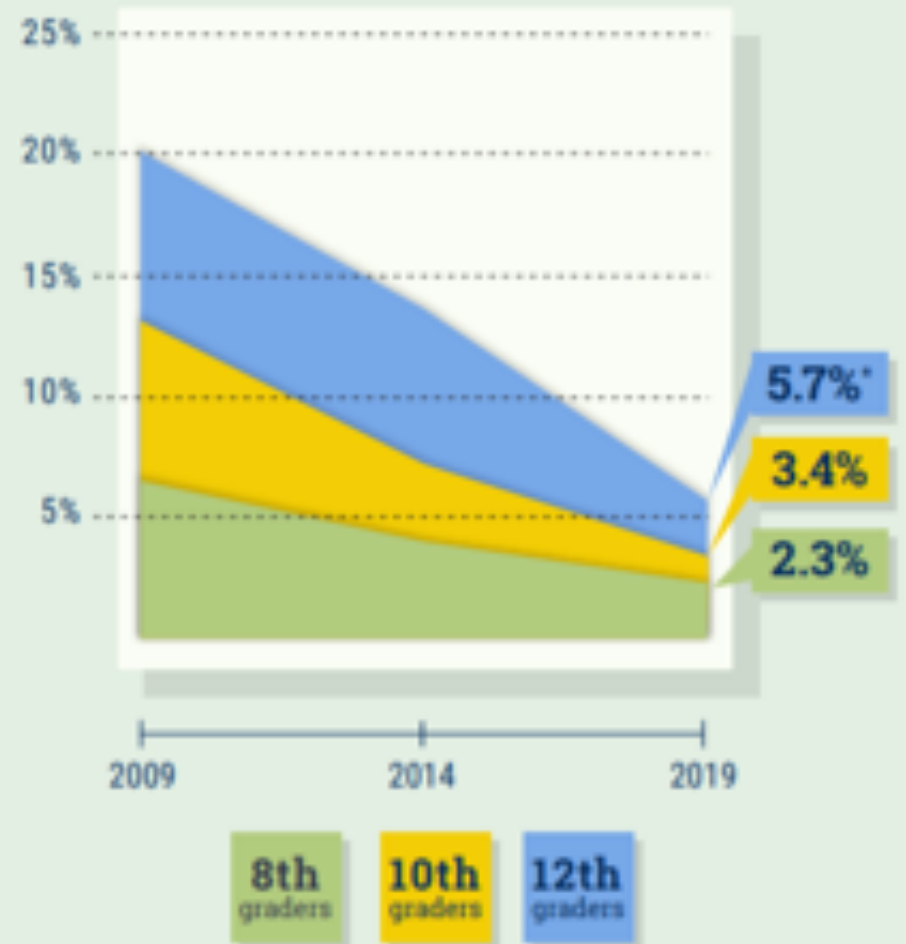
# TOBACCO AND NICOTINE: VAPING THREATENS PROGRESS

## NICOTINE – DAILY USE



\*Significant decline from 2018 (3.6%)

## CIGARETTE SMOKING (PAST MONTH) DECLINES OVER PAST TEN YEARS



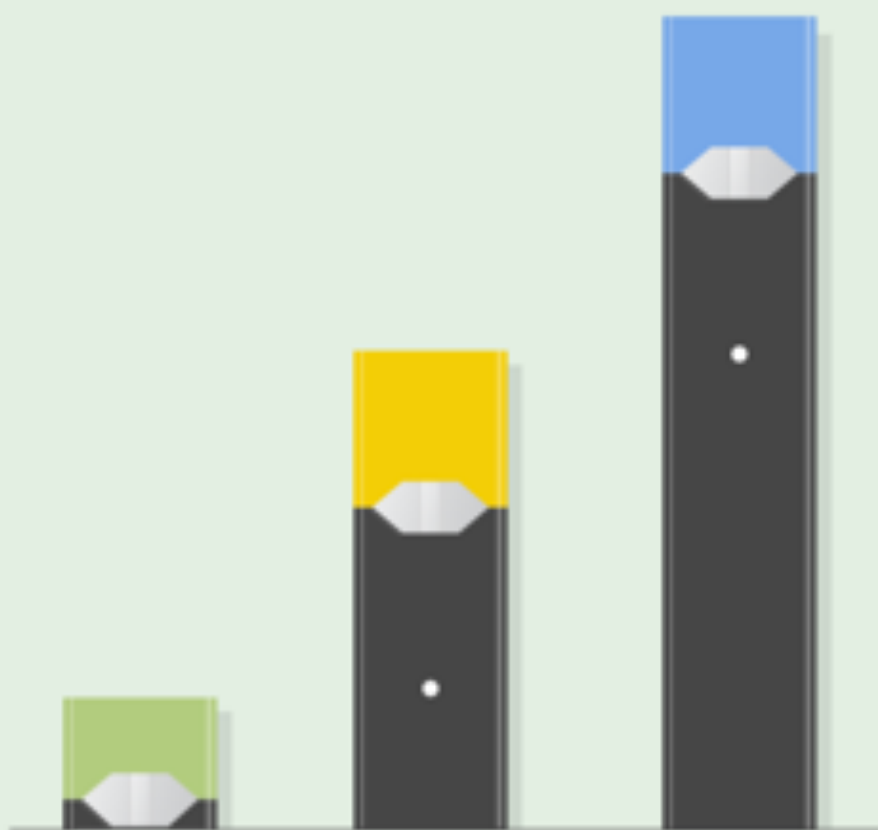
\*Significant decline from 2018 (7.6%)

# TEEN VAPING CLIMBS SIGNIFICANTLY\*

*\*Both Nicotine and Marijuana (THC)*

## DAILY NICOTINE VAPING<sup>1</sup>

Measured for the first time in 2019



8th graders

**1.9%**

10th graders

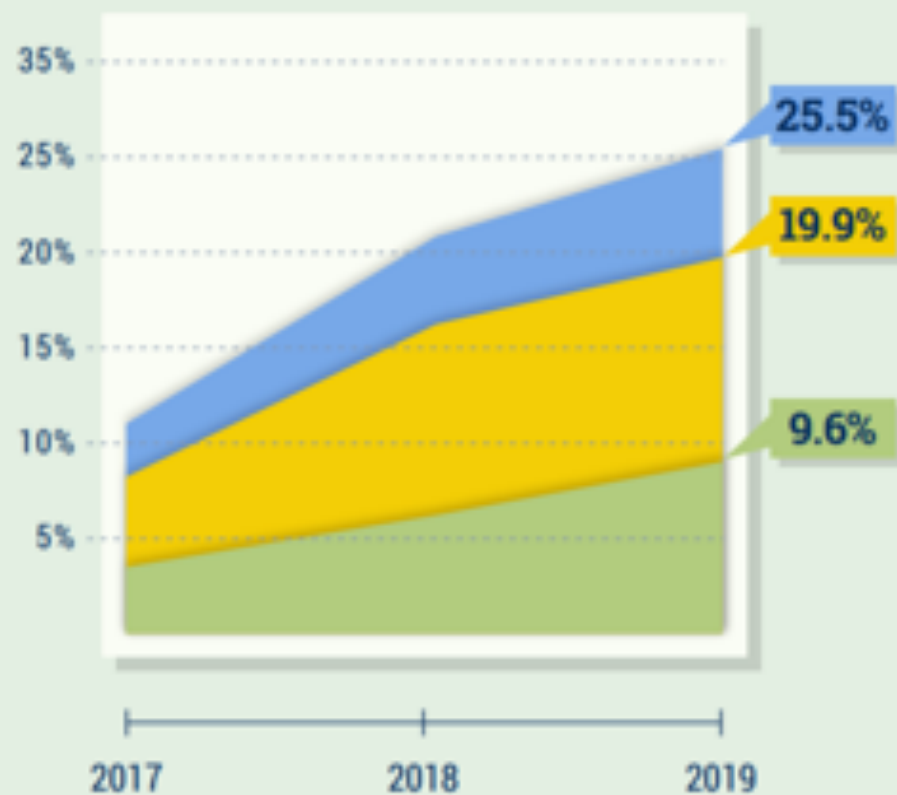
**6.9%**

12th graders

**11.7%**

## NICOTINE VAPING

Past month use



2017

2018

2019

8th graders

10th graders

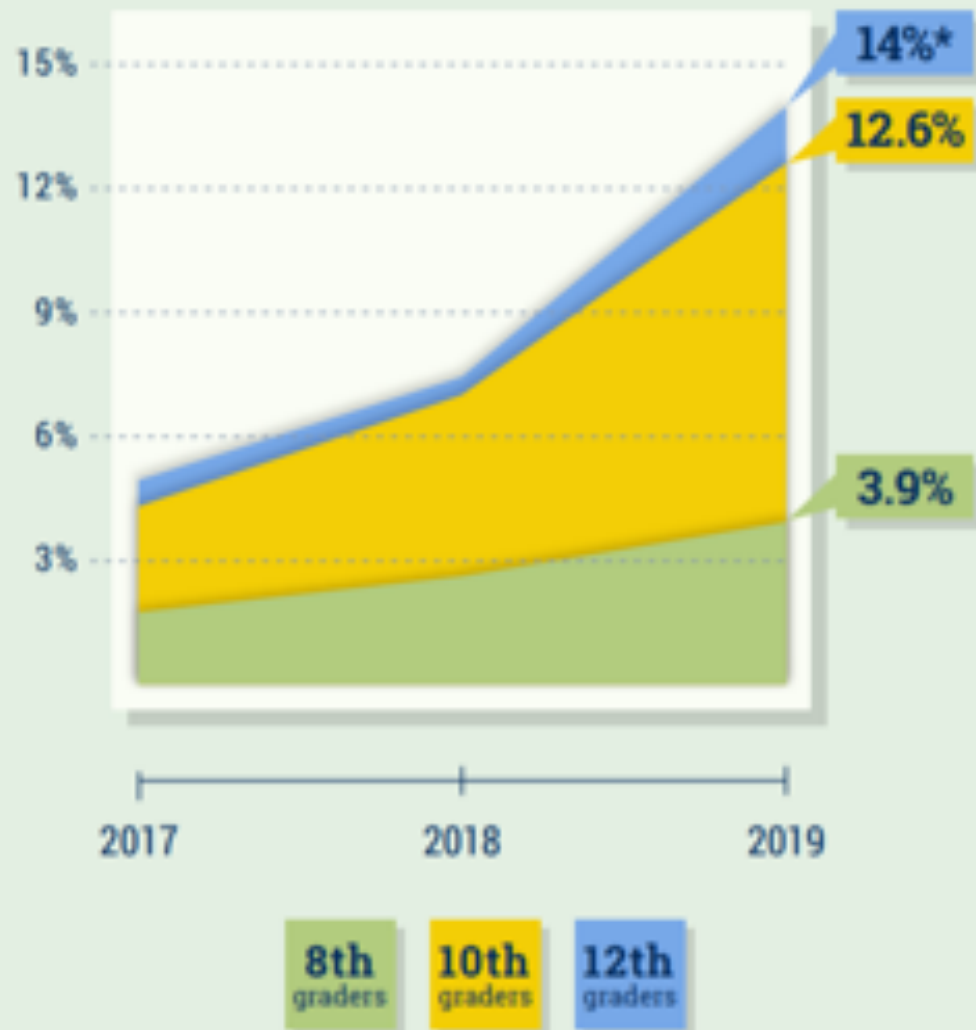
12th graders

2019 Past Month Nicotine Vaping Equates to:

**1 IN 4 – 12TH GRADERS • 1 IN 5 – 10TH GRADERS • 1 IN 10 – 8TH GRADERS**

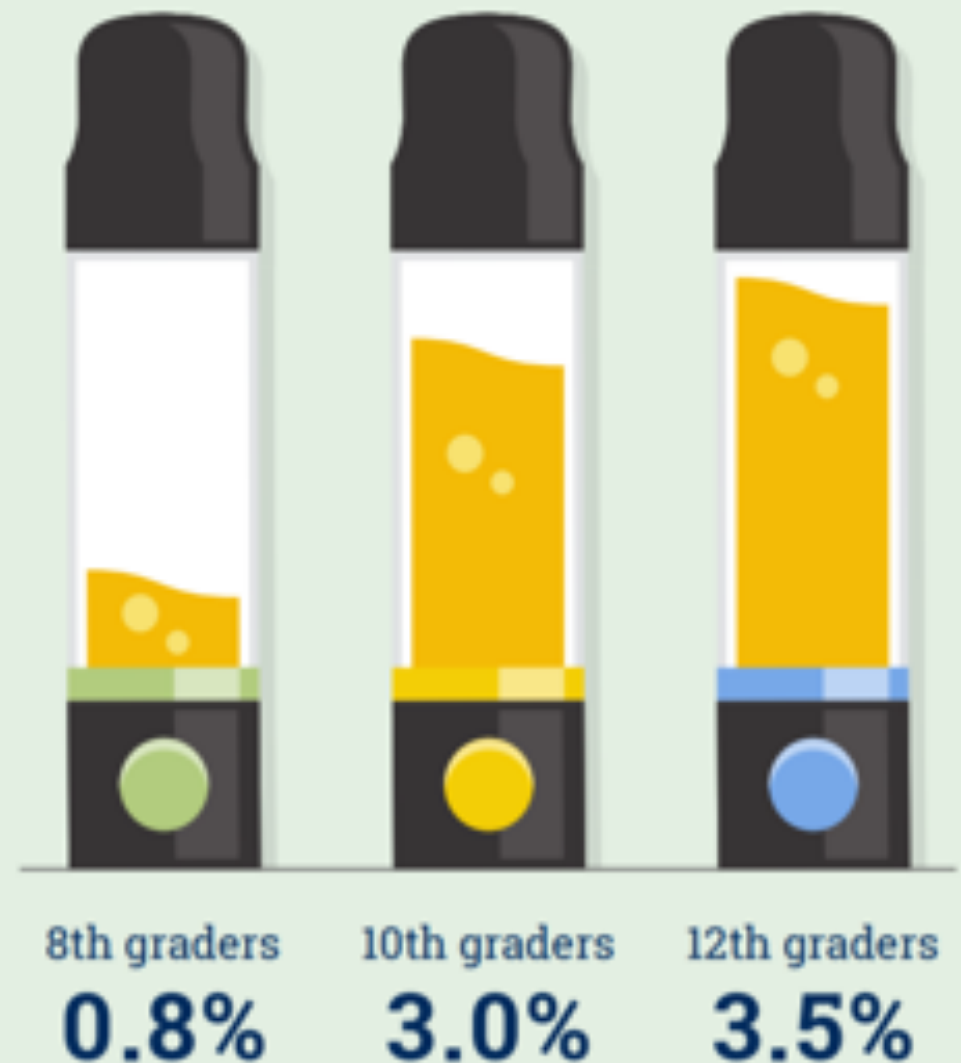
## THC VAPING

Past month use



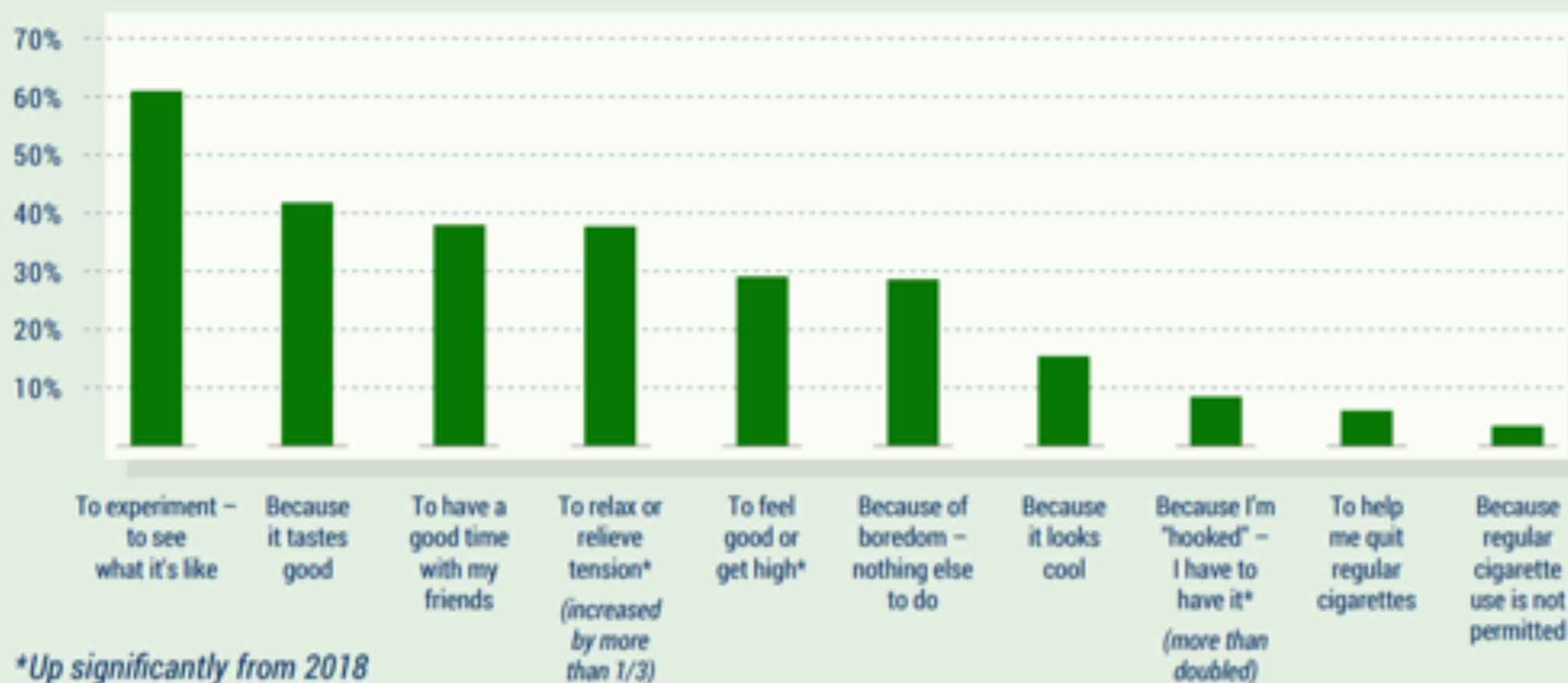
## DAILY THC VAPING

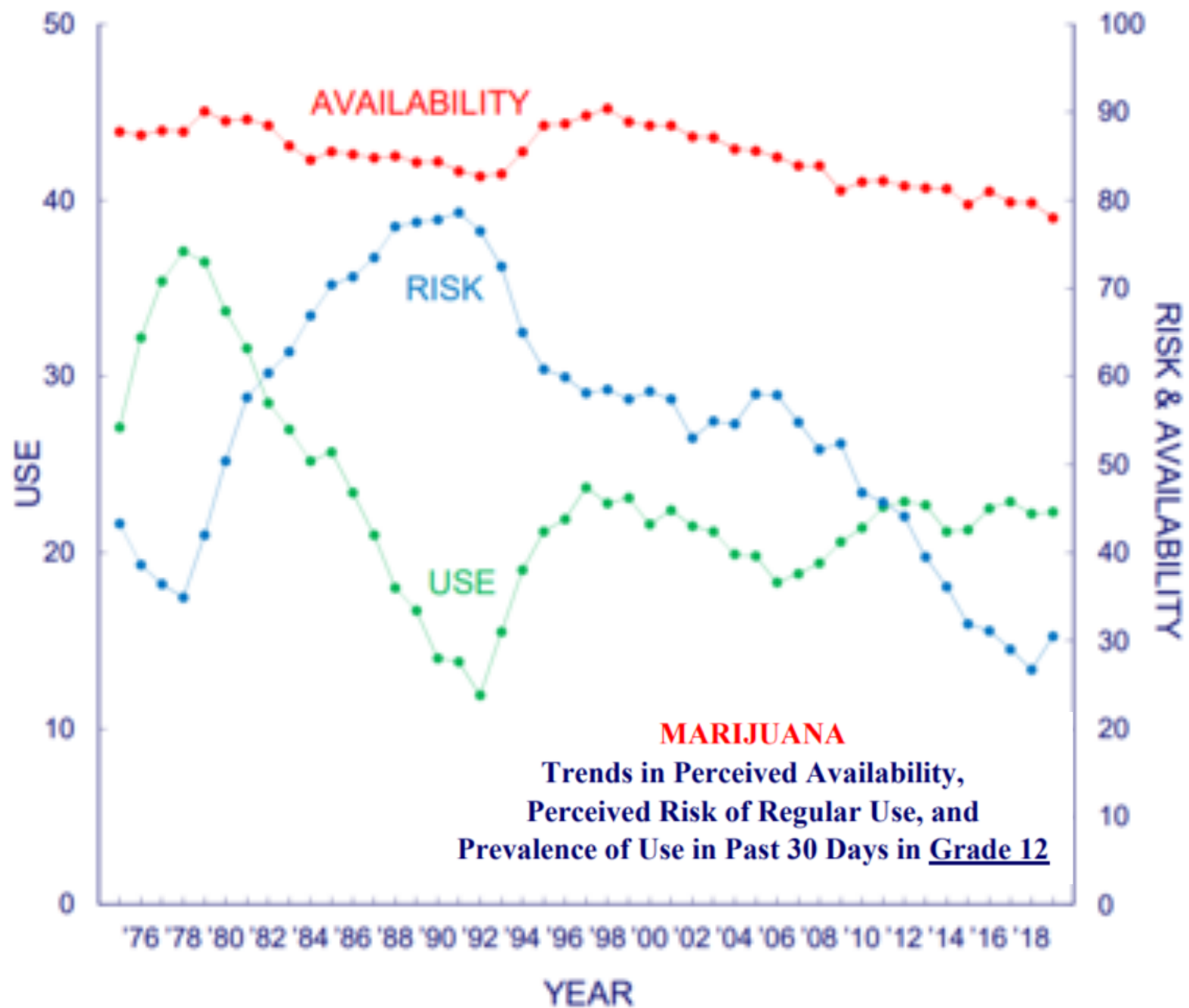
Measured for the first time in 2019



\*2018 – 2019 INCREASE IS THE SECOND LARGEST ONE-YEAR JUMP EVER TRACKED FOR ANY SUBSTANCE IN THE 45-YEAR SURVEY HISTORY (NICOTINE VAPING WAS THE LARGEST FROM 2017 – 2018)

## TEENS REPORT REASONS FOR VAPING





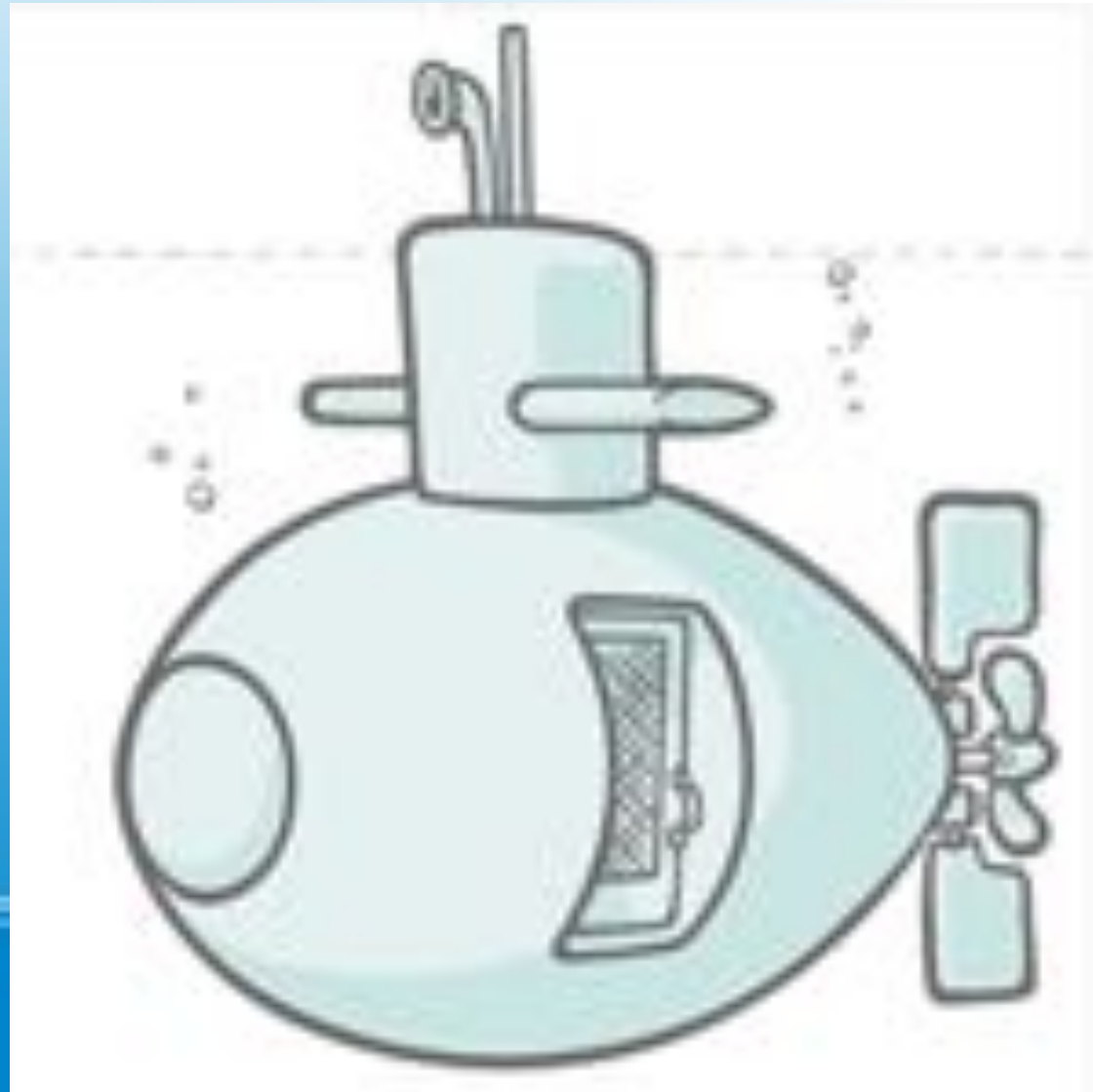
USE: % using once or more in past 30 days (on left-hand scale)

RISK: % saying great risk of harm in regular use (on right-hand scale)

AVAILABILITY: % saying fairly easy or very easy to get (on right-hand scale)

# What can we do?

- Screen!

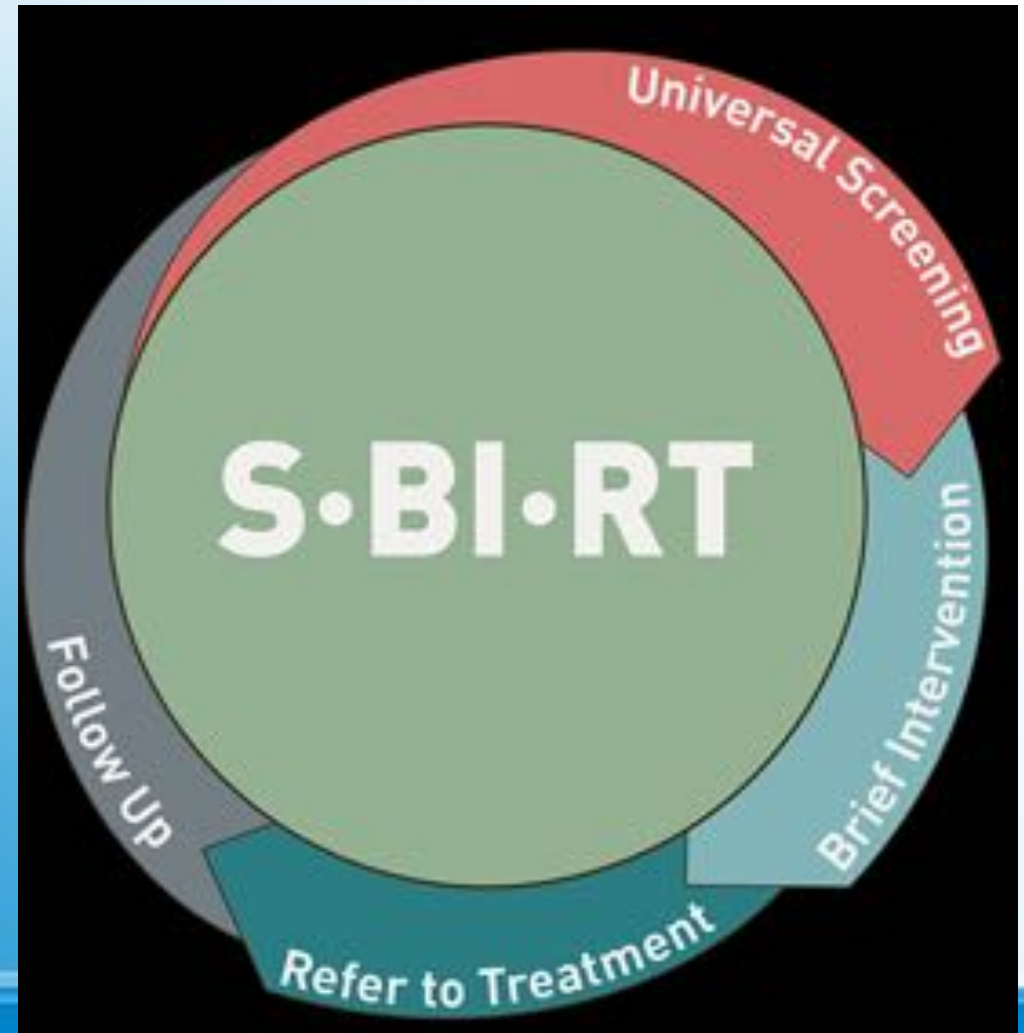


# SBIRT

**S**creening

**B**rief Intervention

**R**eferral for Treatment





# Screening

“To identify accurately youth who will benefit from a full and complete assessment, at which time a determination of a substance use disorder can be made and recommendations for intervention developed”

# Who should screen?

Community organizations

Counselors

Street youth workers

Pediatricians



# Who should be screened?

- Bright Futures/American Academy of Pediatrics →
  - Tobacco, alcohol or drug use assessment starting at age 11
- SAMHSA
  - Substantial behavioral changes
  - EMS for trauma
  - New sudden medical problems (accidents, injuries, GI disturbances)
  - Oppositional behavior, drop in GPA, increased absences

# Screening

## Key Characteristics of Substance Use Screening Tools

Screening tool	Patients	Time to administer	Optimal cut-point associated with problem use	Sensitivity (95% CI)	Specificity (95% CI)
Alcohol Use Disorders Identification Test (AUDIT) <sup>37</sup>	13 to 19 years of age; college students; emergency department patients	2 minutes	2	0.88 (0.83 to 0.93)	0.81 (0.77 to 0.85)
CAGE Questionnaire <sup>37</sup>	Adults (not recommended for use with adolescents)	Not applicable (not recommended for use with adolescents)	1	0.37 (0.29 to 0.44)	0.96 (0.94 to 0.98)
CRAFFT Questionnaire <sup>37</sup>	14 to 18 years of age	74 seconds via paper; 49 seconds via computer	1	0.92 (0.88 to 0.96)	0.64 (0.59 to 0.69)
National Institute on Alcohol Abuse and Alcoholism (NIAAA) Screening Guide <sup>38</sup>	Offers age-specific screening questions (9 to 11, 11 to 14, and 14 to 18 years of age)	Not documented; only two questions in length	Varies by age	0.87 (0.76 to 0.94)	0.84 (0.82 to 0.86)
Problem Oriented Screening Instrument for Teenagers (POSIT) <sup>37</sup>	12 to 19 years of age	20 to 30 minutes	1	0.84 (0.79 to 0.90)	0.89 (0.86 to 0.92)

## The CRAFFT Interview (version 2.1)

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."

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? Say "0" if none.
2. Use any marijuana (cannabis, weed, oil, wax, or hash by smoking, vaping, dabbing, or in edibles) or "synthetic marijuana" (like "K2," "Spice")? Say "0" if none.
3. Use anything else to get high (like other illegal drugs, pills, prescription or over-the-counter medications, and things that you sniff, huff, vape, or inject)? Say "0" if none.

Did the patient answer "0" for all questions above?

Yes  
↓

No  
↓

Ask CAR question only

\*CRAFFT Screen (below)

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

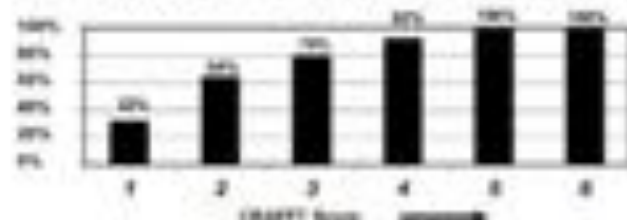
\*Two or more **YES** answers on the CRAFFT suggests a serious problem and a need for further assessment.

SAMHSA's Toll-Free National Helpline 1-800-662-4357  
Or <http://findtreatment.samhsa.gov/>

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## CRAFFT Score Interpretation

Probability of a DSM-5 Substance Use Disorder by CRAFFT score\*



\*Data Source: Medical Clin, July 2011; Grossman, J, Neum, CP, O'Leary, KE, Pitt, AS, & Schwartz, MP. (2014). The CRAFFT substance use screen for alcohol and other drugs: a meta-analysis and re-evaluation. *Substance Abuse, 35*(3), 274-281.

Use the 5 R's talking points for brief counseling:



### 1. REVIEW screening results

For each "yes" response: "Can you tell me a little 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 parent/guardian to create a plan for safe-ride home."



### 4. RESPONSE Elicit Self-motivational statements

Situations: "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."

Give each patient the Contract for Life.

Available at <http://www.crafft.org/contract>

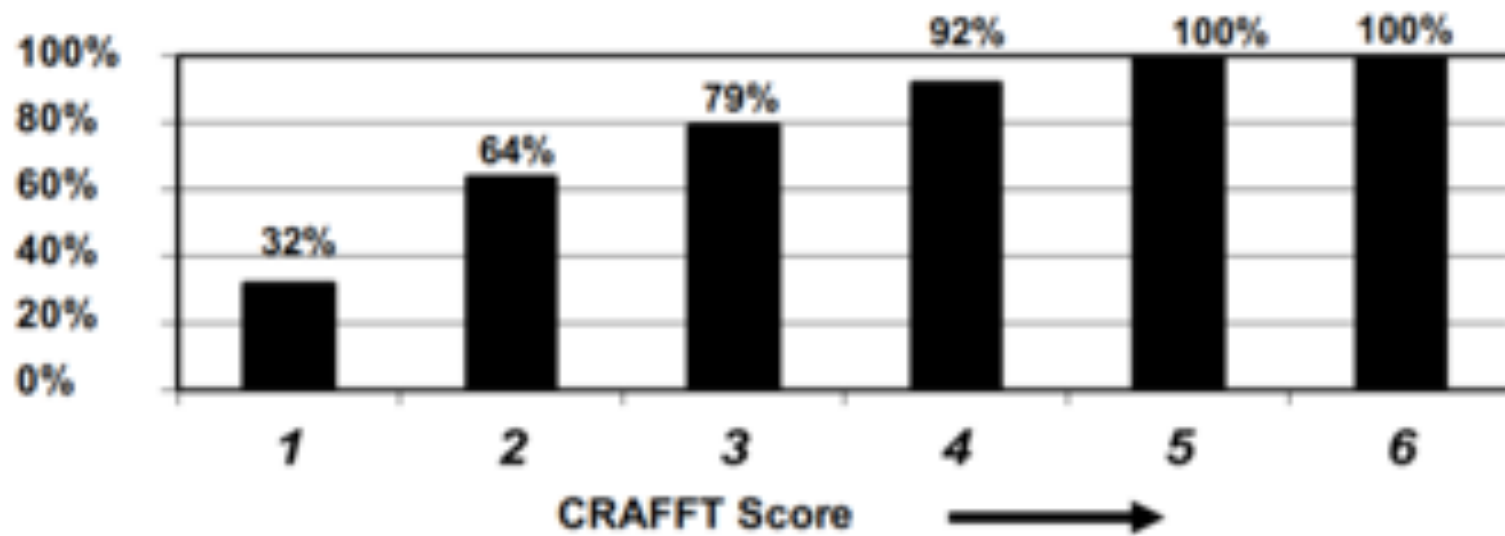
The Center for Adolescent Behavioral Health Research (CABHR) at Boston Children's Hospital

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## CRAFFT Score Interpretation

Probability of a DSM-5 Substance Use Disorder by CRAFFT score\*



Positive  $\geq 2$

# The CRAFFT Interview (version 2.1)

To be verbally 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**? Say "0" if none.

# of days

2. Use any **marijuana** (cannabis, weed, oil, wax, or hash by smoking, vaping, dabbing, or in edibles) or "**synthetic marijuana**" (like "K2," "Spice")? Say "0" if none.

# of days

3. Use **anything else to get high** (like other illegal drugs, pills, prescription or over-the-counter medications, and things that you sniff, huff, vape, or inject)? Say "0" if none.

# of days

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

Yes



Ask 1<sup>st</sup> question only in Part B,  
then STOP

No



Ask all 6 questions in Part B

**Part B**

Circle one

**C** Have you ever ridden in a **CAR** driven by someone (including yourself) who was "high" or had been using alcohol or drugs? **No** **Yes**

**R** Do you ever use alcohol or drugs to **RELAX**, feel better about yourself, or fit in? **No** **Yes**

**A** Do you ever use alcohol or drugs while you are by yourself, or **ALONE**? **No** **Yes**

**F** Do you ever **FORGET** things you did while using alcohol or drugs? **No** **Yes**

**F** Do your **FAMILY** or **FRIENDS** ever tell you that you should cut down on your drinking or drug use? **No** **Yes**

**T** Have you ever gotten into **TROUBLE** while you were using alcohol or drugs? **No** **Yes**

**\*Two or more YES answers in Part B suggests a serious problem that needs further assessment. See back for further instructions →**



## Use the 5 R's 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."*

# Brief Intervention

Short dialogue

Few seconds to minutes

Preventing, reducing, stopping substance use

Primary care visit often only contact

# Brief Intervention

For patients who do not use alcohol or other drugs:

- Positive encouragement
- Praise “active choice”
- Probe

# Brief Intervention

For patients who do use alcohol or other drugs:

- Intermittent use → unlikely SUD
- Clear advice to quit
- Information on harmful effects
- Reinforce strengths and healthy decisions
- Make a plan
- Follow up!

“For most adolescents who are identified as substance users, brief intervention can be carried out in the office setting and can increase quit rates among new or low-frequency users” (Harris et al., 2012)

# Referral to Treatment

Weekly or more frequent use → likely SUD

- Higher level of care ASAP
- Psychiatric / Substance use specialist
- Work with patient and family → accept need for treatment, demonstrate support
- Facilitate referral process

# Treatment

## Outpatient

- Individual Counseling
- Group Therapy
- Family Therapy
- Intensive Outpatient Program
- Partial Hospitalization Program

## Inpatient / Residential

- Detoxification / Behavioral Stabilization
- Acute Residential Therapy
- Residential Treatment
- Therapeutic Boarding School

# Treatment

## Alcoholics Anonymous

### Al-Anon

- “Recovery for the families and friends of alcoholics”

### Alateen

- “Designed for the younger relatives and friends of alcoholics through the teen years”

# Youth substance use treatment and support decision tree

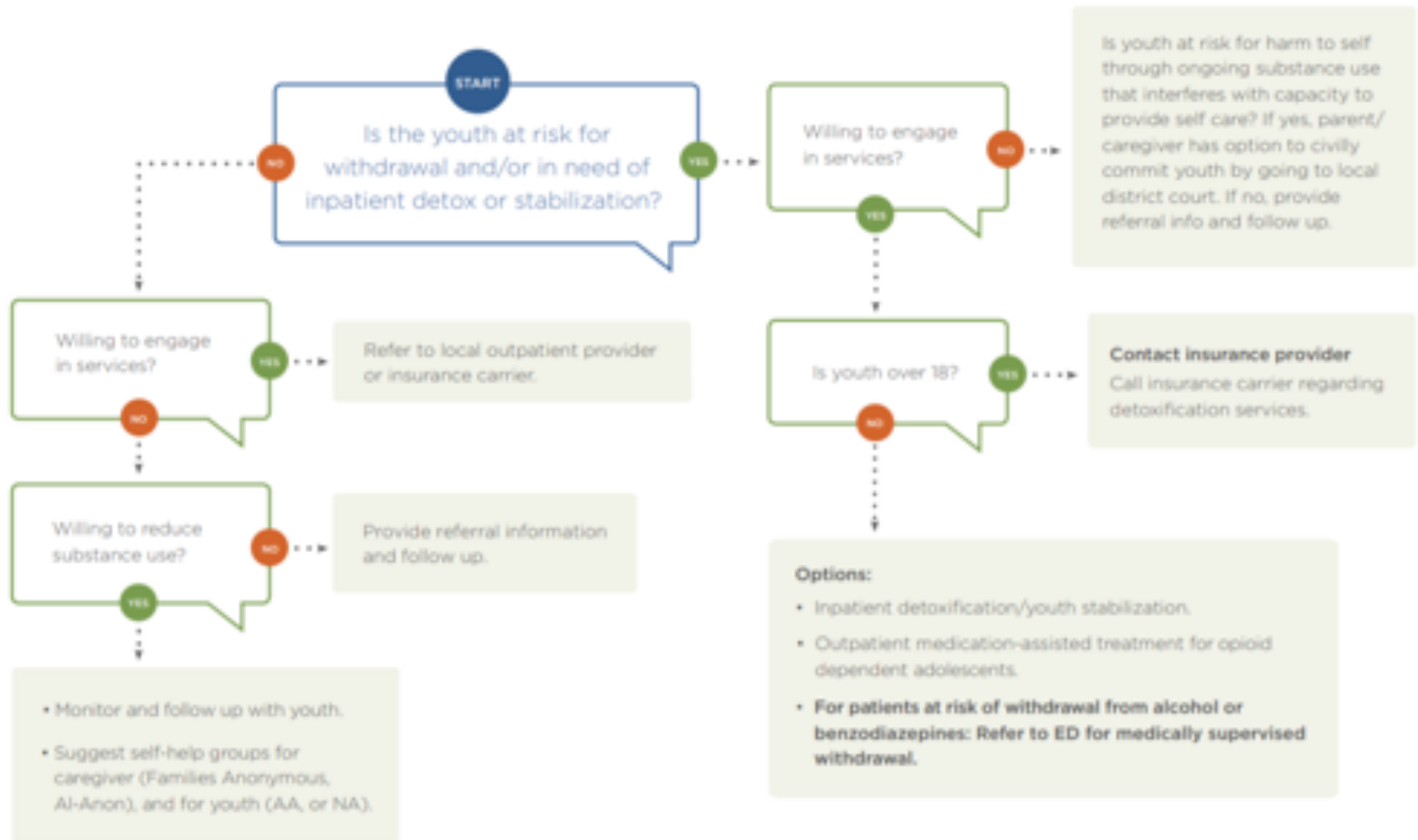
The following flowchart applies to adolescents in need of treatment for a substance use disorder including:

- Patients who report “weekly or more” use of any substance on the S2BI
- Patients who report monthly use of any substance and are judged to be in need of more treatment (such as very young patients, patients with known underlying medical, behavioral, or mental health disorders, or patients with a significant adverse outcome despite limited use)
- Patients who are seeking treatment (such as medication-assisted treatment for an opioid use disorder) or patients whose parents or other adults report concerns related to substance use

Follow up with all youth & caregivers and offer resources



# Youth Substance Use Treatment & Support Decision Tree



# Treatment

## Bobby Benson Center

Intensive Outpatient, Outpatient, Residential

## Care Hawaii

Intensive Outpatient, Outpatient, Continuing Care

## Child and Family Service

Outpatient, continuing care

## School based

## YMCA

# Legal Issues



# Legal Issues

- Hawaii Summary – “Generally allowed to consent for their own healthcare”
  - Emancipated minors
  - 14 or older “without support”
  - Married
  - Pregnant
- “Minors age 14 or older may consent for diagnosis and treatment of drug and alcohol problem”

# Legal Issues

## HAWAII

State Minor Consent Laws: A Summary  
3<sup>rd</sup> Edition

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### Type of Care

#### Drug/Alcohol Care

*Haw. Rev. Stat. § 577-26* provides that a minor may consent for counseling services for alcohol or drug abuse on the same basis as an adult. *See Confidentiality & Disclosure* regarding the discretionary authority to disclose information. *See Financial Responsibility*.

### *The HIPAA Privacy Rule*

The most important legal development in the past decade affecting the confidentiality of adolescents' health care information is embodied in the federal medical privacy regulations, the HIPAA Privacy Rule, issued under the Health Insurance Portability and Accountability Act of 1996. The Rule creates new rights for individuals to have access to their protected health information and to control the disclosure of that information in some circumstances. It contains specific requirements that affect medical records and information pertaining to the care of minors. The HIPAA Privacy Rule

provides that, in general, **when minors legally consent to health care or can receive it without parental consent, or when a parent has assented to an agreement of confidentiality between the minor and the health care provider, the parent does not necessarily have the right to access the minor's health information.** Whether a parent may do so depends upon "state or other applicable law."

### *Special Considerations for Drug and Alcohol Care*

A set of detailed federal confidentiality regulations is applicable to facilities that meet a definition of federal drug or alcohol treatment programs. These rules do not contain provisions that determine whether or not a minor may consent to services in the programs. However, they do provide that **if a minor is allowed to consent to services under state law, specific confidentiality protections contained in the federal rules apply.** Almost every state allows minors to give their own consent for drug or alcohol care. In some states, the minor consent laws also contain confidentiality or disclosure provisions. For example, some state laws authorizing minors to consent for care related to drug or alcohol problems also provide that parents should be given information about the care. Such provisions must be analyzed in light of the federal drug and alcohol confidentiality rules to determine whether they are valid. Special care must be taken to understand the relationship between these laws and the federal drug and alcohol confidentiality rules.

# Confidentiality & Disclosure<sup>5</sup>

## Disclosure to Parents

*Haw. Rev. Stat. § 577A-3* provides that health care facilities and treating physicians may, **at the discretion of the treating physician, inform** the spouse, parent, custodian, or guardian of any minor patient who is age 14 through 17 and has consented for medical care and services of the provision of medical care and services to the minor and disclose any information pertaining to such care and services **after consulting with the minor**. *Haw. Rev. Stat. § 577A-1* provides that “[m]edical care and services” means the “diagnosis, examination, and administration of medication in the treatment of venereal diseases, pregnancy, and family planning services” and does not include surgery or abortion. If the minor is not diagnosed as being pregnant or having a venereal disease, that information as well as the application for the diagnosis may be disclosed at the discretion of the treating physician.

*Haw. Rev. Stat. § 577-26* provides that a **counselor may inform** the spouse, parent, custodian, or guardian of any minor who requests, is referred for, or receives counseling services related to alcohol or drug abuse. In providing counseling services for alcohol or drug abuse, the counselor **shall attempt to open the lines of communication** between the minor and the spouse, parent, custodian, or guardian; if this communication would be beneficial. For discussion of federal confidentiality rules that apply to certain drug and alcohol treatment programs, *see Introduction*.



# Adolescent Substance Use in the Age of COVID-19



# Adolescent Substance Use in the Age of COVID-19

Journal of Adolescent Health 67 (2020) 354–361



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ADOLESCENT  
HEALTH

[www.jahonline.org](http://www.jahonline.org)

Original article

## What Does Adolescent Substance Use Look Like During the COVID-19 Pandemic? Examining Changes in Frequency, Social Contexts, and Pandemic-Related Predictors



Tara M. Dumas, Ph.D.<sup>a,\*</sup>, Wendy Ellis, Ph.D.<sup>b</sup>, and Dana M. Litt, Ph.D.<sup>c</sup>

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<sup>c</sup>Department of Health Behavior and Health Systems, School of Public Health, University of North Texas Health Science Center, Fort Worth, Texas

# Internet Survey

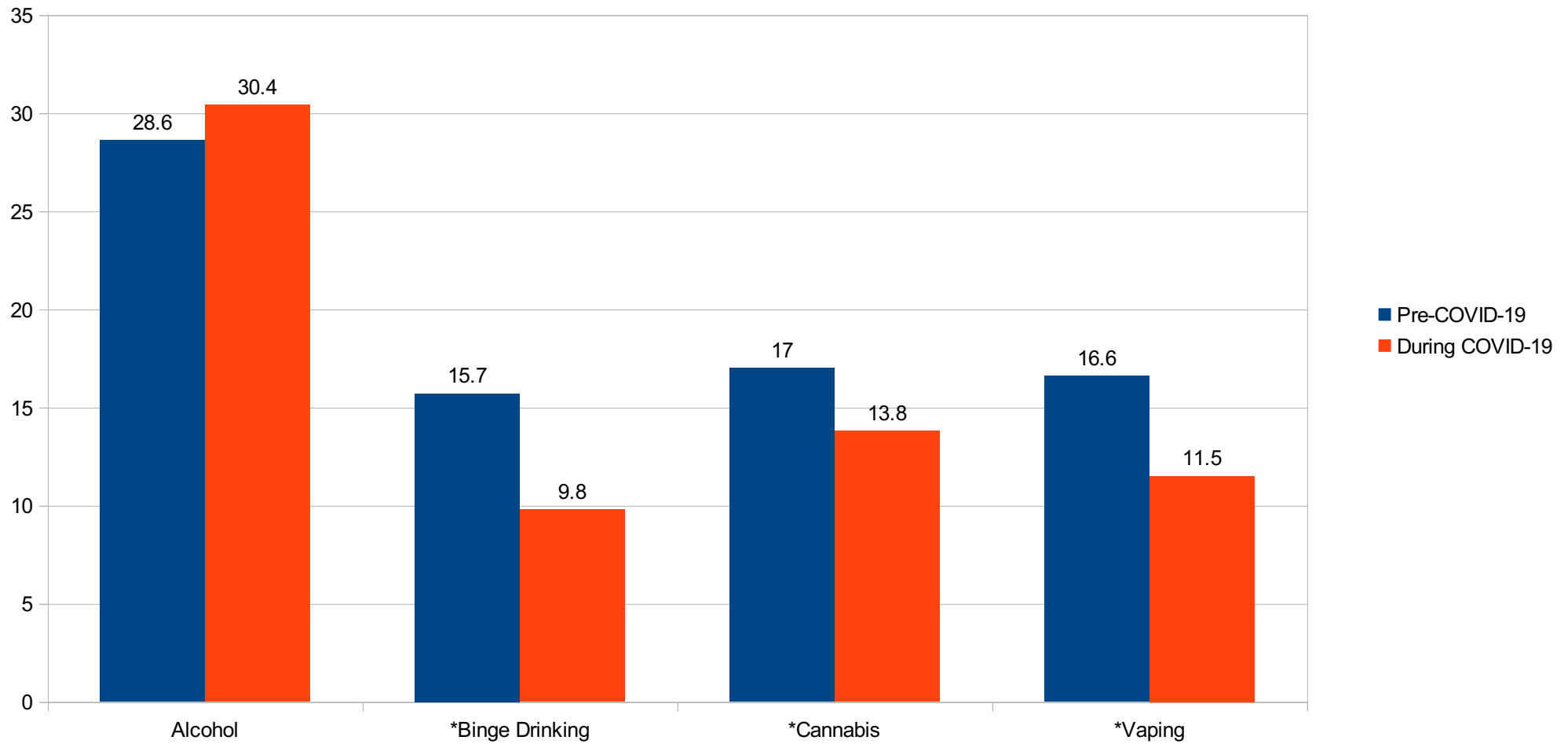
## Canadian adolescents

n = 1,054, age 14-18 (mean 16.68, SD 0.78)

## Frequency

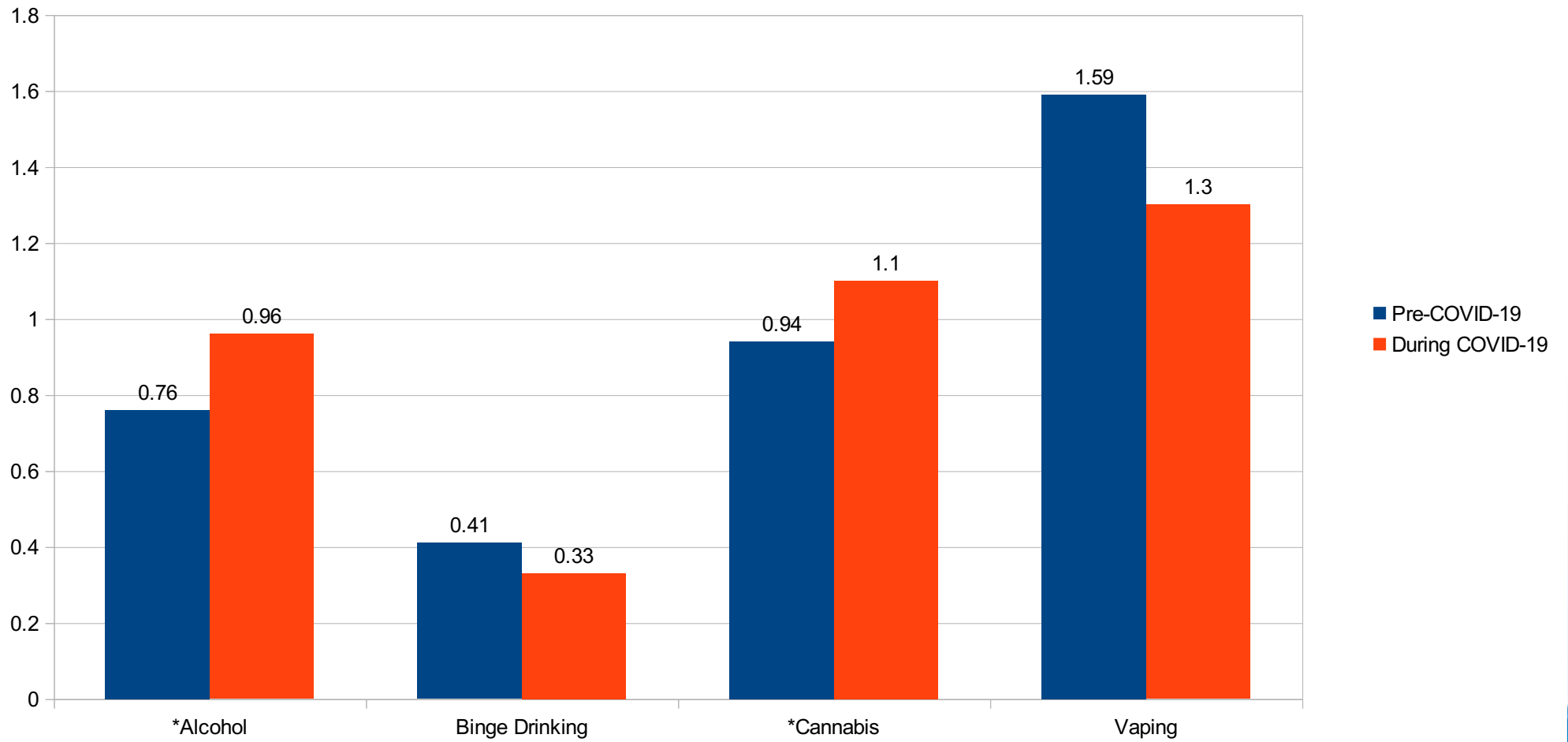
Alcohol use, binge drinking, cannabis use, vaping  
3 weeks before/after social distancing

### Substance Users (%)



\* Significant difference  $p < 0.05$

Number of substance using days, mean



\* Significant difference  $p < 0.05$

## Context

49.3% - solitary, 31.6% with friends via tech, 23.6%  
face to face

42% with parents

Higher self reported popularity → peer substance use

Greater fears of COVID-19, depressive symptoms →  
solitary substance use

# Questions, round 2

A 17 year old girl is drinking 3 alcoholic beverages 6 days per week. She has alienated herself from two of her closest friends, is unable to fulfill her obligations at school, reports drinking and driving and is falling behind on homework. Which of the following is the most appropriate diagnosis in this patient?

- A. Alcohol use disorder
- B. Unhealthy alcohol use
- C. Alcohol abuse
- D. Binge drinking
- E. Alcohol dependence



Which of the following is correct regarding substance use in adolescents?

- A. The co-occurrence of substance use and other psychiatric disorder is rare in adolescents
- B. Less than 20% of 12<sup>th</sup> graders report drinking in the last 30 days
- C. The use of cannabis in adolescents has decreased
- D. Alcohol is the most commonly abused substance in adolescents
- E. The CRAFFT questionnaire is not appropriate for screening in adolescents

A 15 year old girl who is 10 weeks pregnant presents with vaginal bleeding, abdominal pain, vomiting, and muscle spasms for the last 4 hours. Her temperature is 100.2 F, and her blood pressure is 165/100 mmHg. Physical examination is remarkable for trembling with cold extremities. An abdominal ultrasound confirms a miscarriage with no retained products of conception. Which of the following is the most likely cause of her current symptoms?

- A. Heroin withdrawal
- B. Fetal alcohol syndrome
- C. Cannabis use
- D. Heroin overdose
- E. Nicotine withdrawal

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# Thank you!



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