Adolescent Substance Use

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Disclosure

• No conflicts of interests
Adolescent Substance Abuse
Utah (National)

- Alcohol – 18% (33%)
- Tobacco – cigarette 9% (11%)
  - e-cigarette or vaping 18% (24%)
- Marijuana – 12% (40%)
- Inhalant Use – 4.5% (7%)
- Prescription Drugs – 6% (7%)
- Ecstasy, cocaine, meth – 1-3% (up to 5%)
Adolescent Substance Abuse

- Frontal cortex
  - Impulse control
  - Poor foresight
- Experimentation
- Peer influence
Adolescent considerations

- Polysubstance use is the norm
- Brain more is susceptible to CNS effects of drugs
- Comorbid psychiatric diagnosis is the rule
Specific substances

- Vaping
  - Is it safer?
  - Does it lead to cigarette use?
- Huffing
  - Dangerous with one use
- Prescription drug use
  - Opiate epidemic
Alcohol

- Experimentation
- Binge drinking
- Worsens depression and anxiety
Medical Marijuana

- Indications for children and adolescents?
- Effects on developing brain
- Risk of exposure/overdose
- Message to youth about dangers?
- Who is benefiting?
Marijuana effects on teens

- Decreased motivation
- Decreased intelligence
- Pulmonary/cancer risk
- Worsening depression and anxiety
- Risk for psychosis
- Increased risk for other addictions
Is it a problem?

- Taking more than intended
- Unsuccessful at decreasing use
- Time spent obtaining, using, recovering
- Cravings
- Failure in major roles (school)
- Interpersonal or social problems but still use
- Give up important activities for use
- Use in hazardous situations
- Use despite knowing negative effects

- Tolerance
  - Need more for same effect
  - Decreased effect with same amount
- Withdrawal
  - Classic symptoms
  - Take substance to relieve withdrawal

- No longer abuse vs dependence
  - Mild: 2-3 symptoms
  - Moderate: 4-5 symptoms
  - Severe: 6 or more symptoms
Treatment options

- CBT
- Motivational interviewing
- 12 step
- Combined programs
- Outpatient
- Residential
- Court ordered
Characteristics of high quality treatment

- Monitor use – drug screening
- Motivational enhancement (positive reinforcement)
- Dual diagnosis
- Individual > group for teens
- Family/parent involvement
- After care
What can I do?

- Screen
- Build therapeutic alliance
- Motivational interviewing
- Treat comorbid conditions
- Encourage non-using social activities
- Support parents
- Refer
# The CRAFFT Screening Interview

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, did you:  

<table>
<thead>
<tr>
<th>No</th>
<th>Yes</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Drink any alcohol (more than a few sips)? (Do not count sips of alcohol taken during family or religious events.)</td>
<td></td>
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<tr>
<td>2. Smoke any marijuana or hashish?</td>
<td></td>
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<tr>
<td>3. Use anything else to get high? (“anything else” includes illegal drugs, over the counter and prescription drugs, and things that you sniff or “huff”)</td>
<td></td>
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</tbody>
</table>

For clinic use only: Did the patient answer “yes” to any questions in Part A?  

<table>
<thead>
<tr>
<th>No</th>
<th>Yes</th>
</tr>
</thead>
</table>

If no, ask CAR question only, then stop. If yes, ask all 6 CRAFFT questions.

## Part B

<table>
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<th>Yes</th>
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1. Have you ever ridden in a car driven by someone (including yourself) who was “high” or had been using alcohol or drugs?  
2. Do you ever use alcohol or drugs to relax, feel better about yourself, or fit in?  
3. Do you ever use alcohol or drugs while you are by yourself, or alone?  
4. Do you ever forget things you did while using alcohol or drugs?  
5. Do your family or friends ever tell you that you should cut down on your drinking or drug use?  
6. Have you ever gotten into trouble while you were using alcohol or drugs?
SBIRT

- Screen
- Brief Intervention
  - Motivational interviewing
- Referral for Treatment
  - SAMHSA

SBIRT Step by Step

4 Phases of SBIRT

Phase 1 ESTABLISH RAPPORT
ASSURE CONFIDENTIALITY AND ADMINISTER ASSESSMENTS

Phase 2 ELICIT THOUGHTS - PROVIDE FEEDBACK
EXPLORE PROS AND CONS OF CHANGING, PROVIDE EDUCATION

Phase 3 ENHANCE MOTIVATION
ASSESS READINESS TO CHANGE AND ENHANCE MOTIVATION

Phase 4 NEGOTIATE A PLAN
SUMMARIZE SESSION, INVITE THEM BACK
Motivational Interviewing

- The goal is to move the increase patients desire to change by building discrepancy
- Avoid lecturing or providing information
  - Ask for permission
Techniques

• Empathy
• Develop discrepancy
• Roll with resistance
• Support self-efficacy
• Develop autonomy
Transtheoretical Model of Change
Prochaska & DiClemente

- **pre-contemplation**
  - No intention of changing behaviour

- **contemplation**
  - Aware a problem exists
  - No commitment to action

- **preparation**
  - Intent upon taking action

- **action**
  - Active modification of behaviour

- **maintainence**
  - Sustained change - new behaviour replaces old

- **relapse**
  - Fall back into old patterns of behaviour
Thank you!