

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:

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

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

No



Ask CAR question only, then stop

Yes



Ask all 6 CRAFFT questions

Part B

	No	Yes
1. Have you ever ridden in a <u>CAR</u> driven by someone (including yourself) who was “high” or had been using alcohol or drugs?	<input type="checkbox"/>	<input type="checkbox"/>
2. Do you ever use alcohol or drugs to <u>RELAX</u> , feel better about yourself, or fit in?	<input type="checkbox"/>	<input type="checkbox"/>
3. Do you ever use alcohol or drugs while you are by yourself, or <u>ALONE</u> ?	<input type="checkbox"/>	<input type="checkbox"/>
4. Do you ever <u>FORGET</u> things you did while using alcohol or drugs?	<input type="checkbox"/>	<input type="checkbox"/>
5. Do your <u>FAMILY</u> or <u>FRIENDS</u> ever tell you that you should cut down on your drinking or drug use?	<input type="checkbox"/>	<input type="checkbox"/>
6. Have you ever gotten into <u>TROUBLE</u> while you were using alcohol or drugs?	<input type="checkbox"/>	<input type="checkbox"/>

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

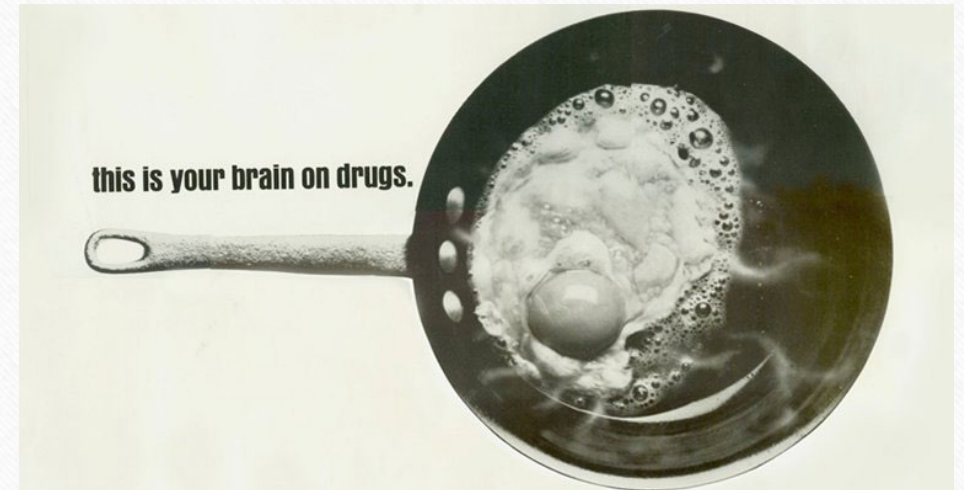
Phase 2 ELICIT THOUGHTS - PROVIDE
FEEDBACK
EXPLORE PROS AND CONS OF CHANGING,
PROVIDE EDUCATION

Phase 3 ENHANCE MOTIVATION
ASSESS READINESS TO CHANGE AND
ENHANCE MOTIVATION

Phase 4 NEGOTIATE A PLAN
SUMMARIZE SESSION, INVITE THEM BACK

Motivational Interviewing

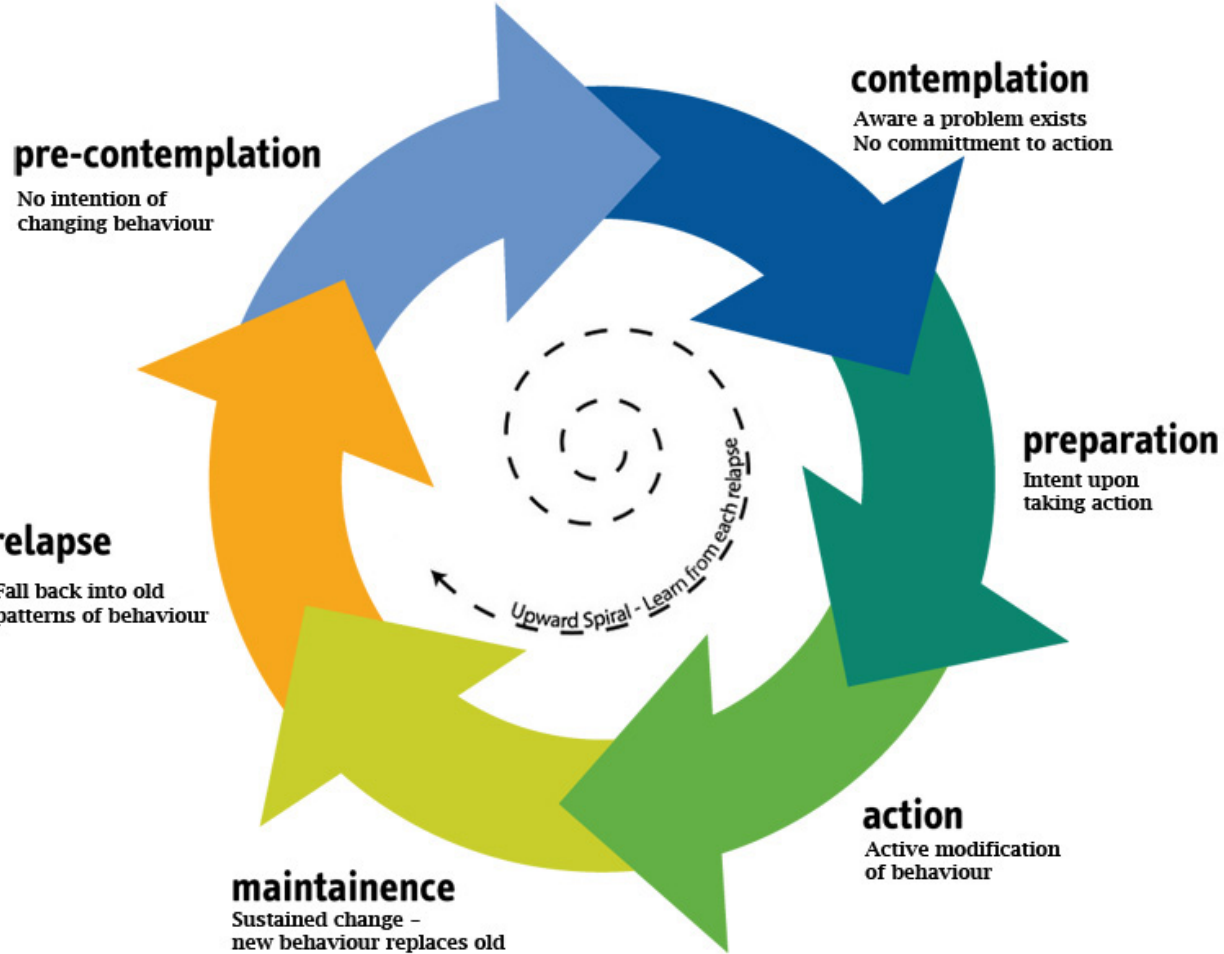
- The goal is to move the increase patients desire to change by building discrepancy
- Avoid lecturing or providing information
 - Ask for permission



Techniques

- Empathy
- Develop discrepancy
- Roll with resistance
- Support self-efficacy
- Develop autonomy





Transtheoretical Model of Change
Prochaska & DiClemente

Thank you!