

treat ME

MMA Center for Quality Improvement / Maine Chapter, AAP

Block 3: How Do We Identify Youth with Substance Disorders and Use Available Laboratory Tools to Manage Substance Misuse in Teens?



TreatMe Learning Collaborative Partners



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Important Webinar Notes

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Funding Provided By:

The TREAT ME Learning Collaborative. Made possible by the generous support of the Maine Health Access Foundation's *Systems Improvement and Innovation Responsive Grants* (SIIRG) program, and the Office of Child and Family Services.



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Disclosure

Today's speakers have no relevant financial relationships with the manufacturer(s) of any commercial product(s) and/or provider of commercial services discussed in this CME activity



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Presenters



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Harvard Medical School, Boston Children's Hospital

Dr. Omar Shah is an addiction medicine fellow at Harvard Medical School/Boston Children's Hospital. He is a Ruth Fox Scholar of ASAM (American Society of Addiction Medicine) and a recipient of the AAAP (American Academy of Addiction Psychiatry) John Renner Award. He currently serves as the Vice Chair of the APA (American Psychiatric Association) Leadership Fellowship. He is also the current awardee of the (AADPRT) American Association of Directors of Psychiatric Residency Training's Nyapati Rao and Francis Lu Fellowship. He completed his adult psychiatry training at the Delaware Psychiatry Residency Program and his child and adolescent psychiatry training at the Geisel School of Medicine at Dartmouth College. Dr. Shah is interested in working with patients with complex psychosocial burdens, and families with substance use.



Substance Use Presenting as/or Exacerbating Physical or Mental Illness in Teenagers

Omar Shah, MD

Clinical Fellow, Boston Children's Hospital

Harvard Medical School

February 16, 2023



Opioid
Response
Network



Working with communities.

- ✦ The SAMHSA-funded *Opioid Response Network (ORN)* assists states, organizations and individuals by providing the resources and technical assistance they need locally to address the opioid crisis and stimulant use.
- ✦ Technical assistance is available to support the evidence-based prevention, treatment and recovery of opioid use disorders and stimulant use disorders.

Funding for this initiative was made possible (in part) by grant no. 1H79TI083343 from SAMHSA. The views expressed in written conference materials or publications and by speakers and moderators do not necessarily reflect the official policies of the Department of Health and Human Services; nor does mention of trade names, commercial practices, or organizations imply endorsement by the U.S. Government.



Working with communities.

- ✦ The *Opioid Response Network (ORN)* provides local, experienced consultants in prevention, treatment and recovery to communities and organizations to help address this opioid crisis and stimulant use.
- ✦ *ORN* accepts requests for education and training.
- ✦ Each state/territory has a designated team, led by a regional Technology Transfer Specialist (TTS), who is an expert in implementing evidence-based practices.



Contact the Opioid Response Network

- ✦ To ask questions or submit a request for technical assistance:
 - Visit www.OpioidResponseNetwork.org
 - Email orn@aaap.org
 - Call 401-270-5900



Objectives

1. What is Addiction
2. Risk Factors for Addiction/Substance Use
3. Commonly Used Substances in Teenagers
4. Physical Signs and Symptoms of Addiction
5. Effects of Substance Use on Mental Health
6. Diagnosis of Substance Use Disorder.
7. Prevention of Addiction



ASAM Definition of Addiction

“a *treatable*, chronic medical disease involving complex interactions among brain circuits, genetics, the environment, and an individual’s *life experiences*. People with addiction use substances or engage in behaviors that become compulsive and often continue despite harmful consequences”

- ASAM, Quality Care: Definition of Addiction.

<https://www.asam.org/quality-care/definition-of-addiction>



Setting Some “Ground Rules”

INSTEAD OF...

TRY PERSON-FIRST LANGUAGE

Drug Abuse

Substance use disorder, addiction

Abuser, addict, junkie, alcoholic

Person with a substance use disorder

Clean

Abstinent, not using
Negative test

Dirty

Actively using
Positive test

Addicted baby

Baby with Neonatal Abstinence (or Opioid Withdrawal)
Syndrome

Medication-Assisted Treatment

Medication or treatment for (substance) use disorder



Being Safe: Harm Reduction

Harm reduction is an approach that emphasizes engaging directly with people who use drugs to prevent overdose and infectious disease transmission, improve the physical, mental, and social wellbeing of those served, and offer low-threshold options for accessing substance use disorder treatment and other health care services.

Harm reduction organizations incorporate a spectrum of strategies that meet people “where they are” on their own terms, and may serve as a pathway to additional prevention, treatment, and recovery services.

Resources:

- CDC (<https://harmreductionhelp.cdc.gov/s/>)
- SAHMSA (<https://www.samhsa.gov/find-help/harm-reduction>)
- National Harm Reduction Coalition (<https://harmreduction.org/>)

SAHMSA, “Harm Reduction”; <https://www.samhsa.gov/find-help/harm-reduction>



Risk Factors for Substance Use



Recognize Risk Factors

- Parent or family substance use
- Favorable parent substance-related attitudes
- Limited parental monitoring
- Trauma
- Peer substance use
- Mental health disorders
- Poor school connectedness

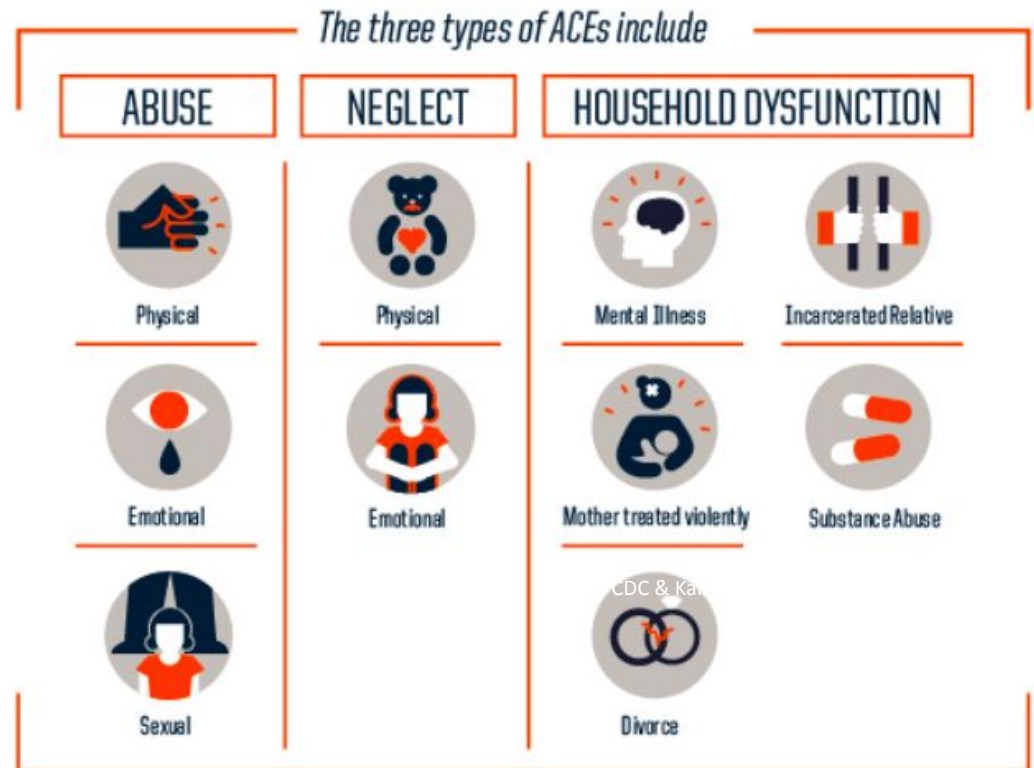
Whitesell M et al., *J Addict* 2013. Stone AL et al., *Addictive Behaviors* 2012.



Recognize Risk Factors

9% of kids in the US live with someone with a substance use problem.¹

1.4M kids in the US live with a parent with opioid use disorder.²

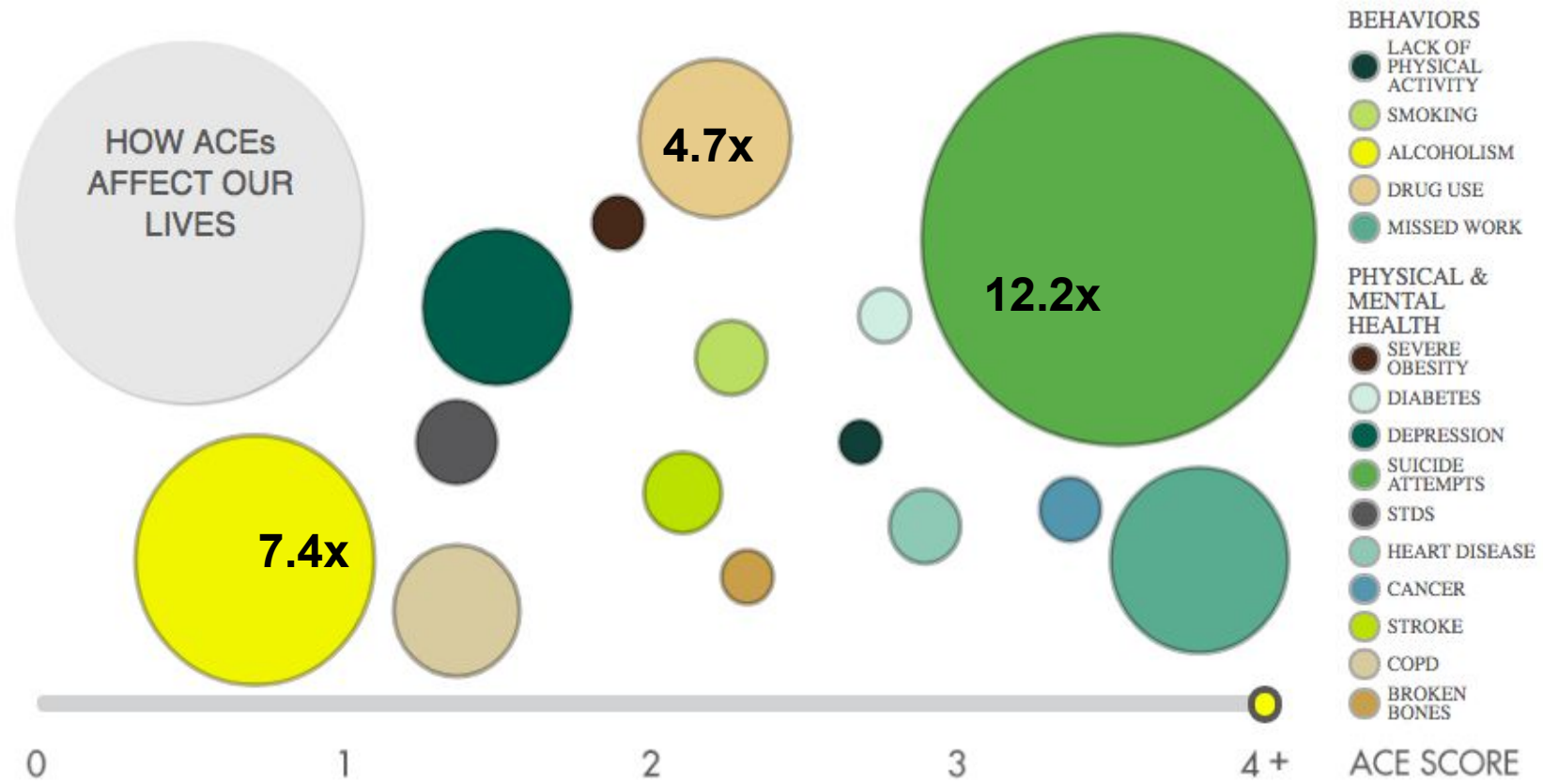


<https://www.cdc.gov/violenceprevention/aces/>



1. Sacks & Murphey, Child Trends, 2018.
2. United Hospital Fund, "The Ripple Effect", 2018.

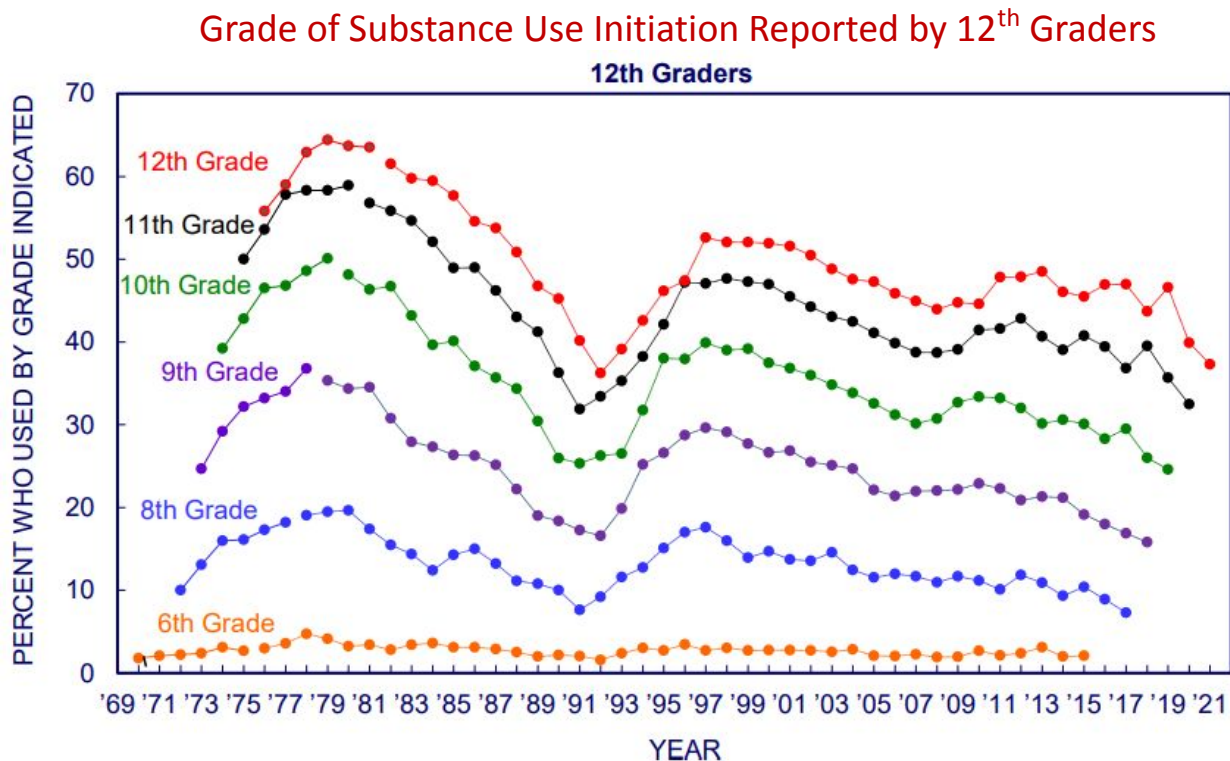
ACEs Number & Risks of Adverse Health Outcomes



Source: vetoviolence.cdc.gov



Most Drug Use Starts in Adolescence

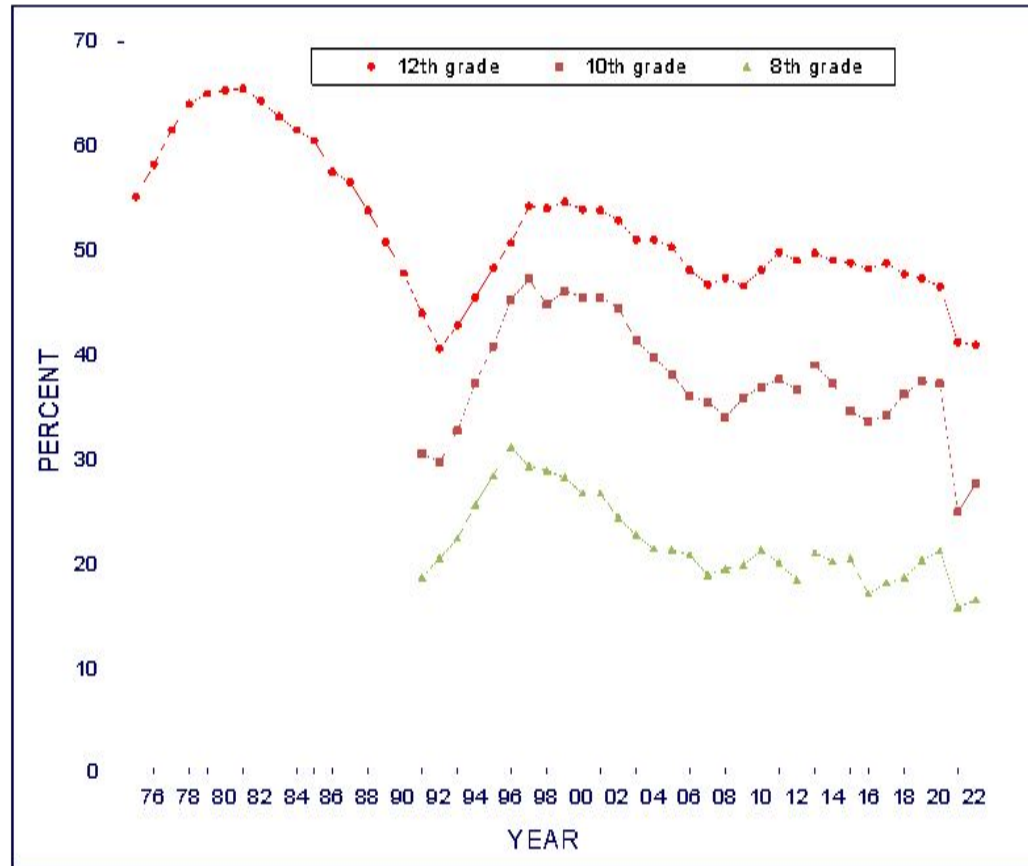


Source. The Monitoring the Future study, the University of Michigan.



Monitoring the Future Study

Any Illicit Drug Use Trends in Lifetime Prevalence by Grade

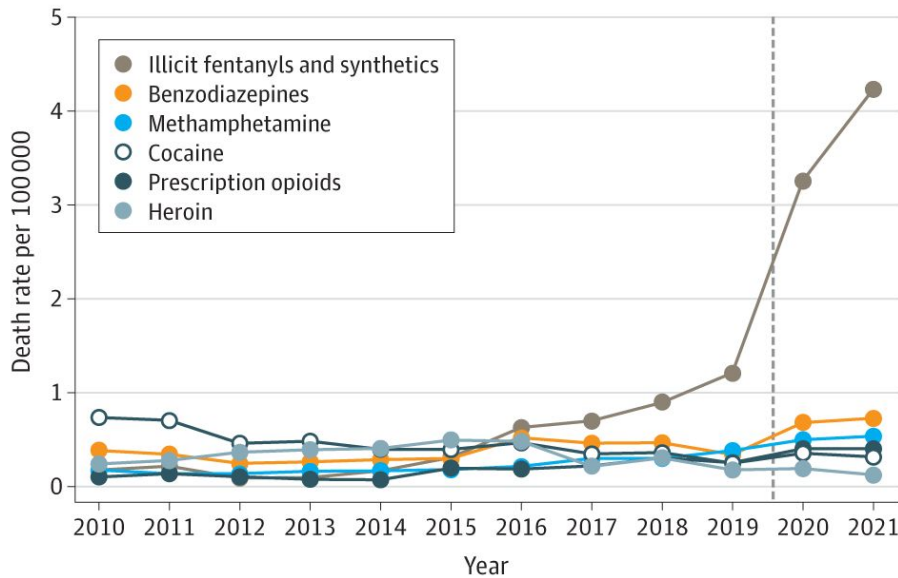


Source. The Monitoring the Future study, the University of Michigan.

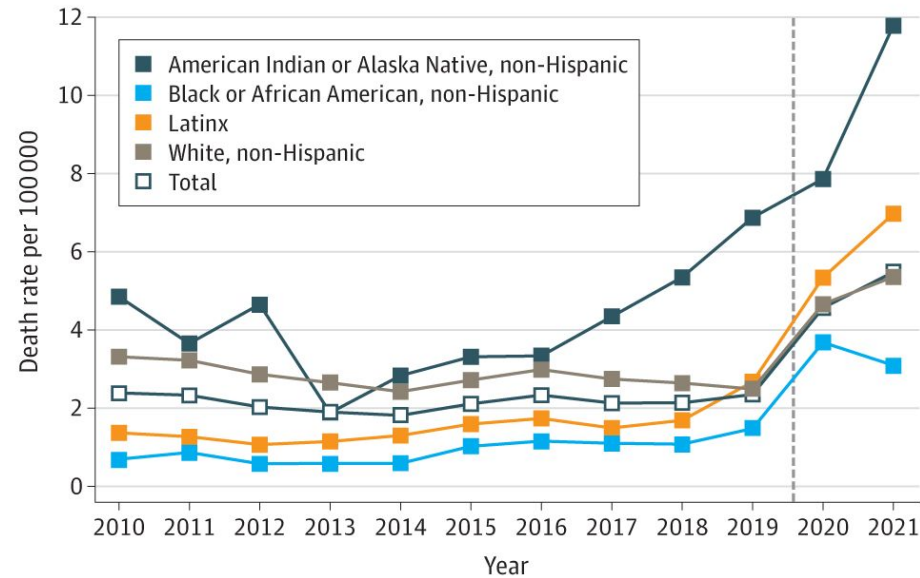


Adolescent Overdose Mortality

A Overdose mortality among adolescents by substance type



B Overdose mortality among adolescents by race and ethnicity



Drug overdose rates per 100,000 adolescents are shown by (A) substance involved and (B) race and ethnicity. The year 2021 refers to January to June 2021, and rates have been annualized. The vertical dashed lines delineate the pre-pandemic and pandemic periods of observed data.



Diseases Associated with Addiction

- Cardiovascular disease
- Stroke
- Cancer
- HIV/AIDS
- Hepatitis B and C
- Lung disease
- Mental health disorders

NIDA. 2022, March 22. Addiction and Health. Retrieved from <https://nida.nih.gov/publications/drugs-brains-behavior-science-addiction/addiction-health> on 2022, December 18



Neonatal Abstinence Syndrome (NAS)



Physical Signs of Addiction

- ✧ Eyes
- ✧ Skin
- ✧ Weight
- ✧ Paraphernalia
- ✧ Small Behavioral Changes
- ✧ Hygiene

["Mental Health and Substance Use Co-Occurring Disorders | MentalHealth.gov". www.mentalhealth.gov.](https://www.mentalhealth.gov/mental-health-and-substance-use-co-occurring-disorders)



Behavioral Signs

- ✧ Mood Swings
- ✧ Defensiveness
- ✧ Erratic Behavior
- ✧ Changes in Sleep Habits
- ✧ Struggling with Limits
- ✧ Isolative Behavior
- ✧ Anhedonia

["Mental Health and Substance Use Co-Occurring Disorders | MentalHealth.gov". www.mentalhealth.gov.](http://www.mentalhealth.gov)



Effects of Addiction on Mental Health

- ✦ irritability, confusion, anxiety, paranoia and violent behavior
- ✦ depression, anxiety
- ✦ altered perceptions and emotions



Co-occurring Mental Illness

- ✧ Generalized anxiety disorder, Panic disorder
- ✧ Post-traumatic stress disorder
- ✧ Bipolar disorder
- ✧ Major Depressive Disorder
- ✧ ADHD
- ✧ Borderline PD and Antisocial PD
- ✧ Schizophrenia

. 2022, September 27. Part 1: The Connection Between Substance Use Disorders and Mental Illness. Retrieved from <https://nida.nih.gov/publications/research-reports/common-comorbidities-substance-use-disorders/part-1-connection-between-substance-use-disorders-mental-illness> on 2022, December 31



WHO IS AFFECTED?

**7.7
MILLION**

Adults have co-occurring mental and substance use disorders. This doesn't mean that one caused the other and it can be difficult to determine which came first.

Of the 20.3 million adults with **substance use disorders**,

37.9%

also had **mental illnesses**.



Among the 42.1 million adults with **mental illness**,

18.2%

also had **substance use disorders**.



Source: Han, et al. Prevalence, Treatment, and Unmet Treatment Needs of US Adults with Mental Health and Substance Use Disorders. 2017.

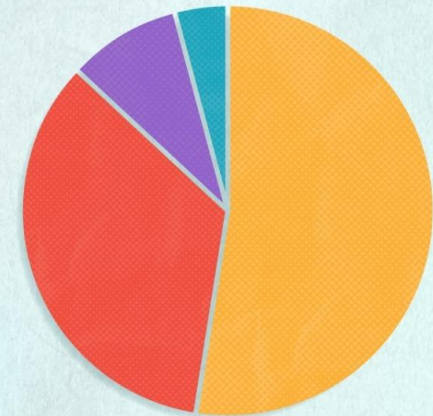


For more information about finding treatment for yourself or a loved one, visit drugabuse.gov/related-topics/treatment.

WHO GETS TREATMENT?

There are many effective treatments for both mental and substance use disorders. A comprehensive treatment approach will address both disorders at the same time.

Not everyone with co-occurring conditions gets the treatment they need.



52.5%
received neither mental health care nor substance use treatment

34.5%
received mental health care only

9.1%
received both mental health care and substance use treatment

3.9%
received substance use treatment only

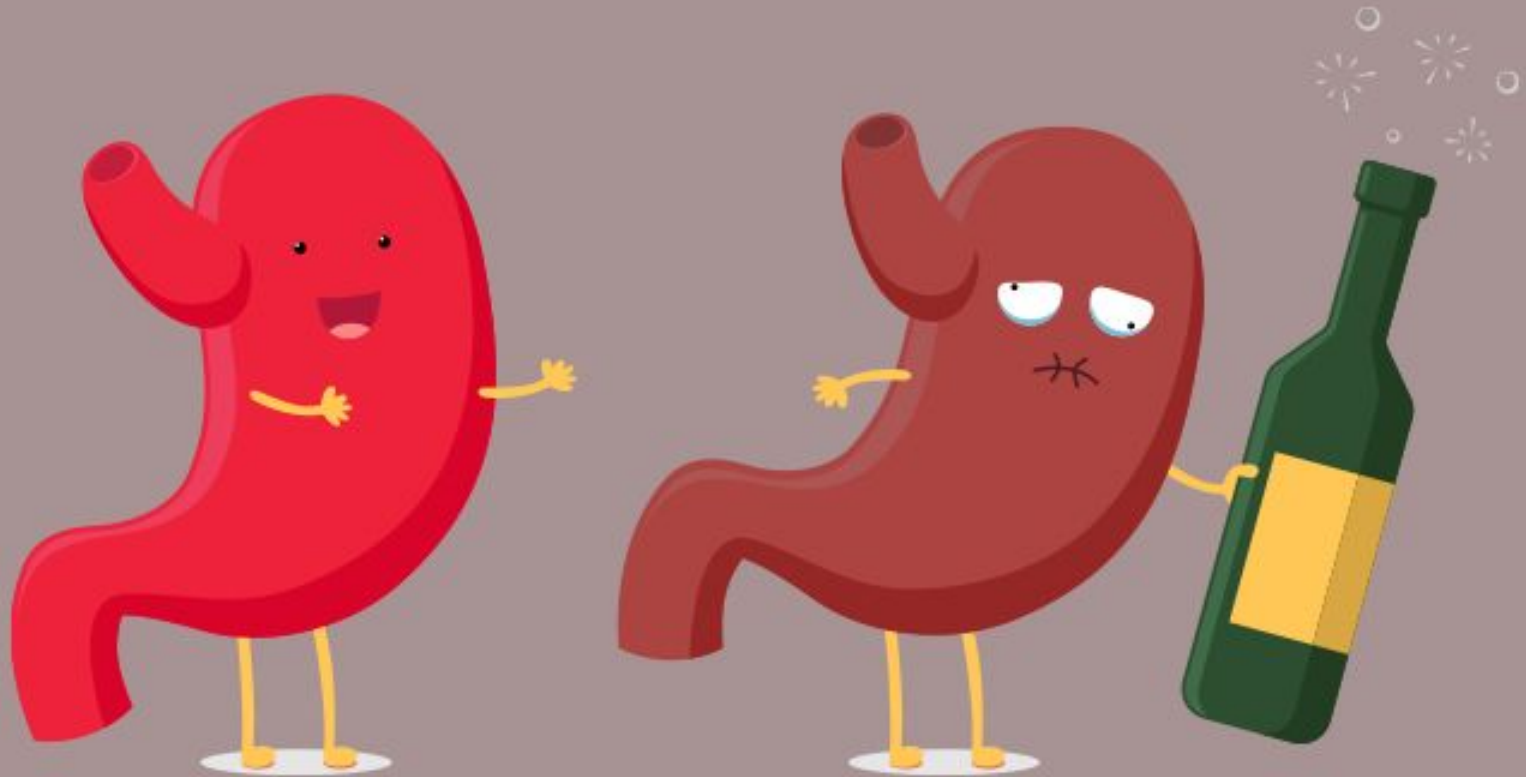
Source: Han, et al. Prevalence, Treatment, and Unmet Treatment Needs of US Adults with Mental Health and Substance Use Disorders. 2017.



For more information about finding treatment for yourself or a loved one, visit drugabuse.gov/related-topics/treatment.



Substance Use Effects on the Gastrointestinal Tract



Substance Use Effects on the Heart



Image by pch.vector on Freepik



Substance Use Effects on the Kidney

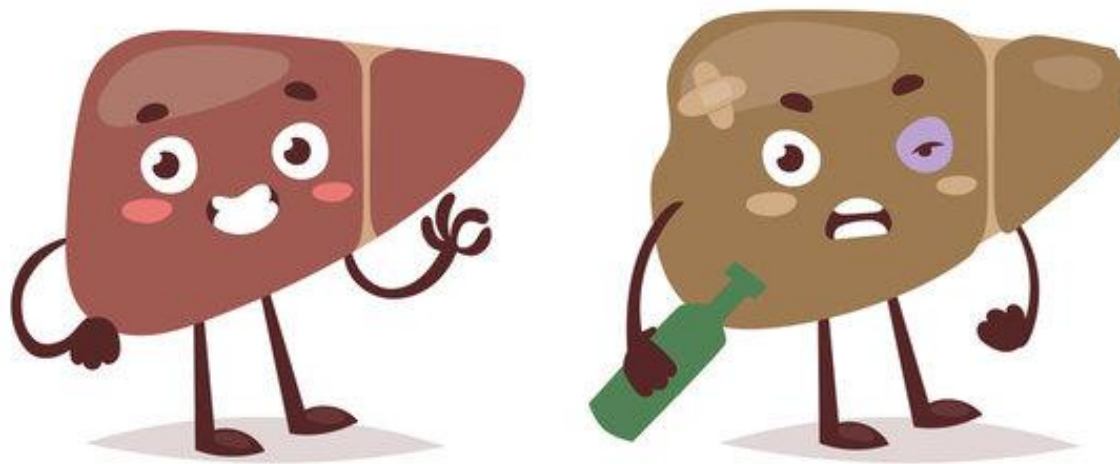
”I don’t feel so good.”

”It’s those drugs I tell ya!”



Substance Use Effects on the Liver

“I feel so sick! I will never drink again!”



“You always say that!”



Substance Use Effects on the Immune System

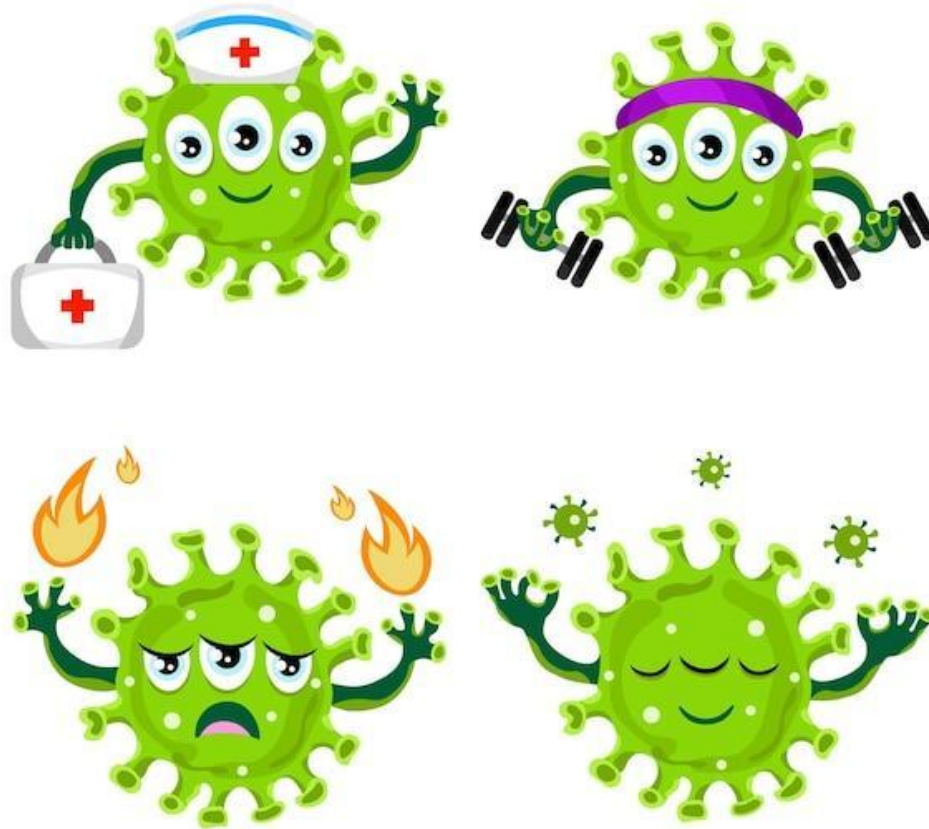


Image by pch.vector on Freepik



Signs of Marijuana Use



Signs of Cocaine/Stimulant Use



Signs of Alcohol Use



Signs of Nicotine Use



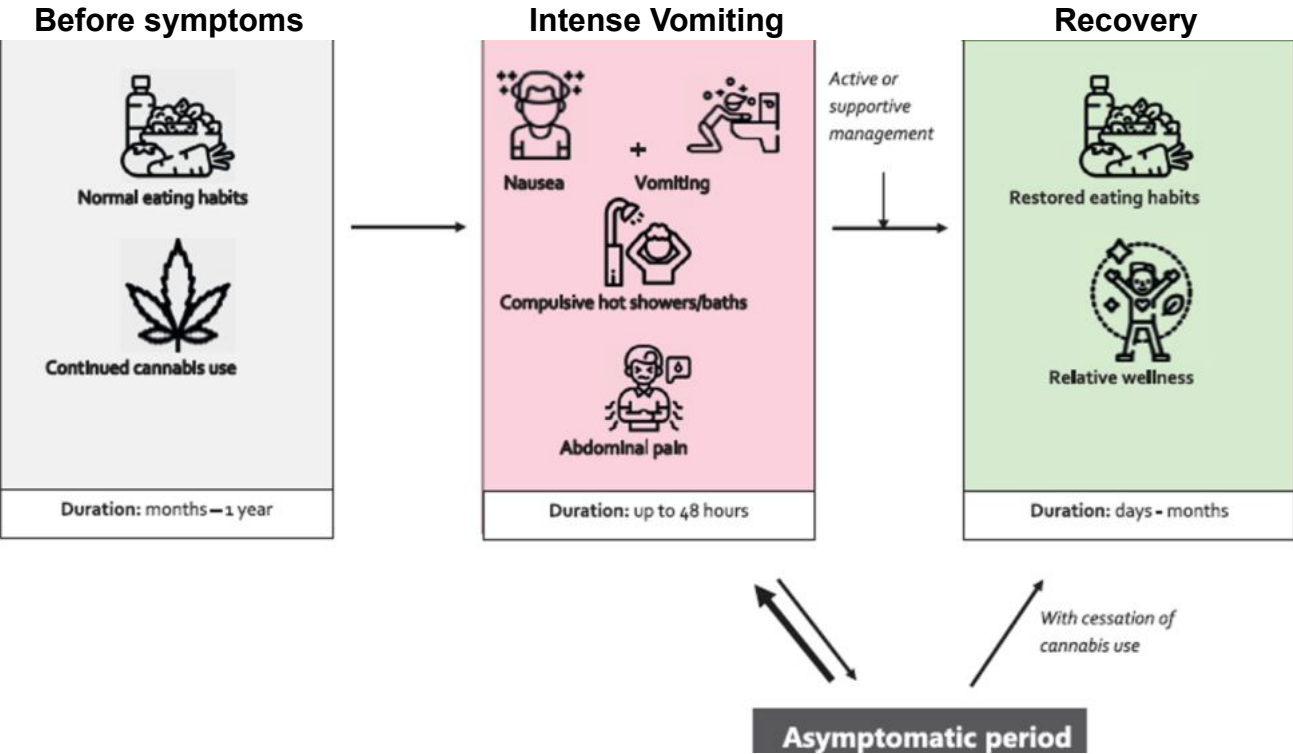
Signs of Opioid Use



Cannabis



Cannabinoid Hyperemesis Syndrome



Zhu et al., Diagnosis and acute management of adolescent cannabinoid hyperemesis syndrome: a systematic review. *J of Adol Health*, 2021.



Cannabidiol (CBD)



Cannabidiol (CBD)



IS CBD SAFE?



CBD Interactions with Medications and Supplements

SEDATION AND DROWSINESS WITH:

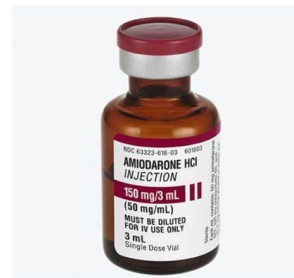
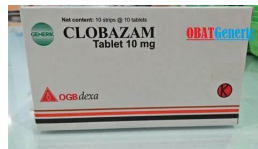
- MEDICATIONS
- HERBAL SUPPLEMENTS



Kocis, P. T., & Vrana, K. E. (2020). Delta-9-Tetrahydrocannabinol and Cannabidiol Drug-Drug Interactions. *Medical Cannabis and Cannabinoids*, 3(1), 61–73. <https://doi.org/10.1159/000507998>



CBD Causes Alterations in Blood Concentration Of Drugs:



Kocis, P. T., & Vrana, K. E. (2020). Delta-9-Tetrahydrocannabinol and Cannabidiol Drug-Drug Interactions. *Medical Cannabis and Cannabinoids*, 3(1), 61–73. <https://doi.org/10.1159/000507998>



Cannabis Edibles Such as Delta-8





- Anxiety
- Dizziness
- Confusion
- Loss of consciousness
- Hallucinations
- Vomiting
- Tremor

[5 Things to Know about Delta-8 Tetrahydrocannabinol – Delta-8 THC | FDA](#)



FDA WARNINGS

- ✦ **1. Delta-8 THC products have not been evaluated or approved by the FDA for safe use and may be marketed in ways that put the public health at risk.**
- ✦ **2. The FDA has received adverse event reports involving delta-8 THC-containing products.**
- ✦ **3. Delta-8 THC has psychoactive and intoxicating effects.**
- ✦ **4. Delta-8 THC products often involve use of potentially harmful chemicals to create the concentrations of delta-8 THC claimed in the marketplace.**
- ✦ **5. Delta-8 THC products should be kept out of the reach of children and pets.**



How to Report Complaints and Cases of Accidental Exposure or Adverse Events:

- ✦ If you think you are having a serious side effect that is an immediate danger to your health, call 9-1-1 or go to your local emergency room. Health care professionals and patients are encouraged to report complaints and cases of accidental exposure and adverse events to the FDA's MedWatch Safety Information and Adverse Event Reporting Program:
 - Call an FDA [Consumer Complaint Coordinator](#) if you wish to speak directly to a person about your problem.
 - Complete an [electronic Voluntary MedWatch form](#) online or call 1-800-332-1088 to request a reporting form, then complete and return to the address on the form, or submit by fax to 1-800-FDA-0178.
 - Complete a [paper Voluntary MedWatch form](#) and mail it to the FDA.
 - To report adverse events in animals to the FDA's Center for Veterinary Medicine, please download and submit Form FDA 1932a found at: www.fda.gov/ReportAnimalAE.



Vaping



An Example of an Advertisement:

<https://www.altria.com/moving-beyond-smoking/reduce-the-harm-of-tobacco-products>



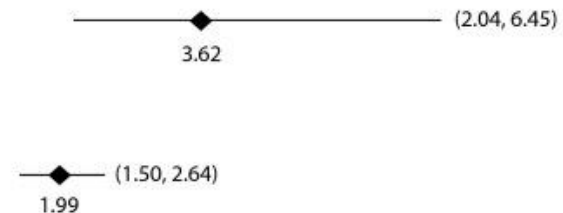
Transition to Cigarettes

Adjusted Odds Ratios of E-Cigarette Use Prediction Intention to Smoke: National Youth Tobacco Survey, United States, 2012

Predicting intention to smoke cigarettes:

Youths who never smoked cigarettes but used e-cigarettes before (vs youths who never smoked cigarettes and never used e-cigarettes before)

Youths who experimented smoking cigarettes and used e-cigarettes before (vs youths who experimented smoking cigarettes but never used e-cigarettes before)



Youth who have vaped are 2-4 times more likely to start smoking cigarettes.

Cardenas et al., *Int J Public Health*, 2016. Park et al., *Am J Public Health*, 2016.



Transition to Cigarettes

“It is important to know as much as possible about teenage smoking patterns and attitudes. Today’s teenager is tomorrow’s potential regular customer and the overwhelming majority of smokers first begin to smoke while in their teens. . . . The smoking patterns of teen-agers are particularly important to Philip Morris.”

- March 31, 1981 market research report on young smokers written by Philip Morris

**Philip Morris manufactures Marlboro Cigarettes and is owned by Altria, the same company that owns Juul



Vapers More Likely to Become Smokers



Teens That Vape Use More Alcohol, MJ and Other Drugs



5.8X



6.5X

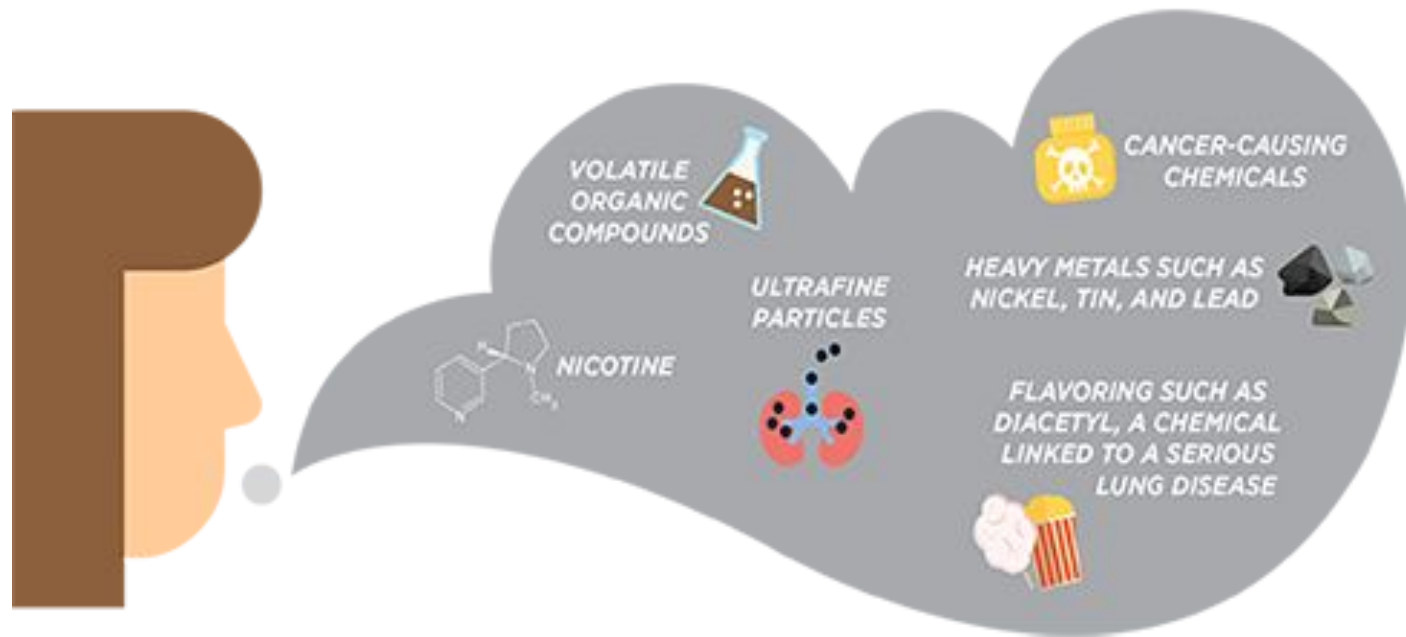


3.0X

Source: Curran KA, Burk T, Pitt PD, Middleman AB. Trends and Substance Use Associations With E-Cigarette Use in US Adolescents. 2015. *Clinical Pediatrics*.



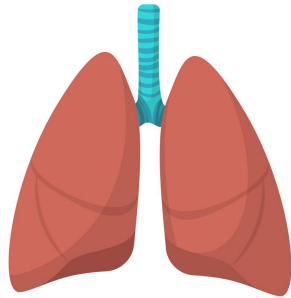
Reality: There are Risks of Vaping



CDC; https://www.cdc.gov/tobacco/basic_information/e-cigarettes/about-e-cigarettes.html



E-Cigarette/Vaping Associated Lung Injury (EVALI)



97% respiratory symptoms:

- Shortness of breath
- Chest pain
- Cough
- Coughing up blood



100% generalized symptoms:

- Subjective fever
- Chills
- Weight loss
- Fatigue



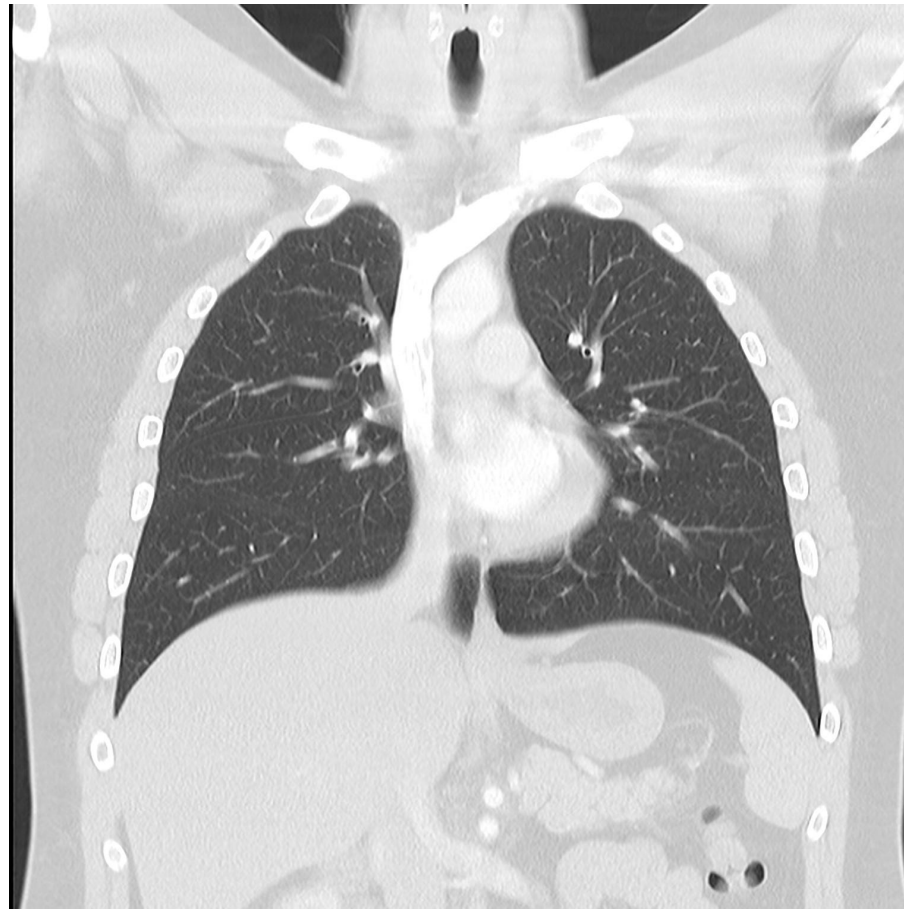
77% GI symptoms:

- Nausea
- Vomiting
- Diarrhea
- Abdominal Pain

Layden et al., Pulmonary illness related to e-cigarette use in Illinois and Wisconsin – Final report. *N Engl J Med.* 2020.



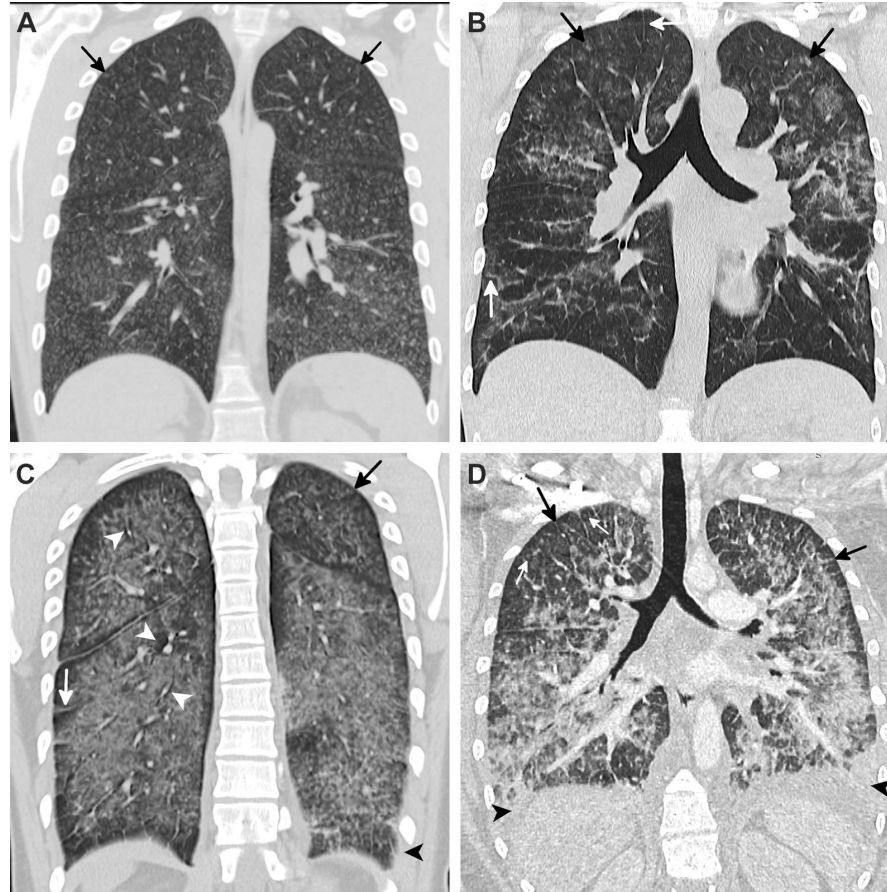
For Context: Healthy Lungs



Radiopaedia.com



E-Cigarette/Vaping Associated Lung Injury



Kligerman et al.,
CHEST 2021

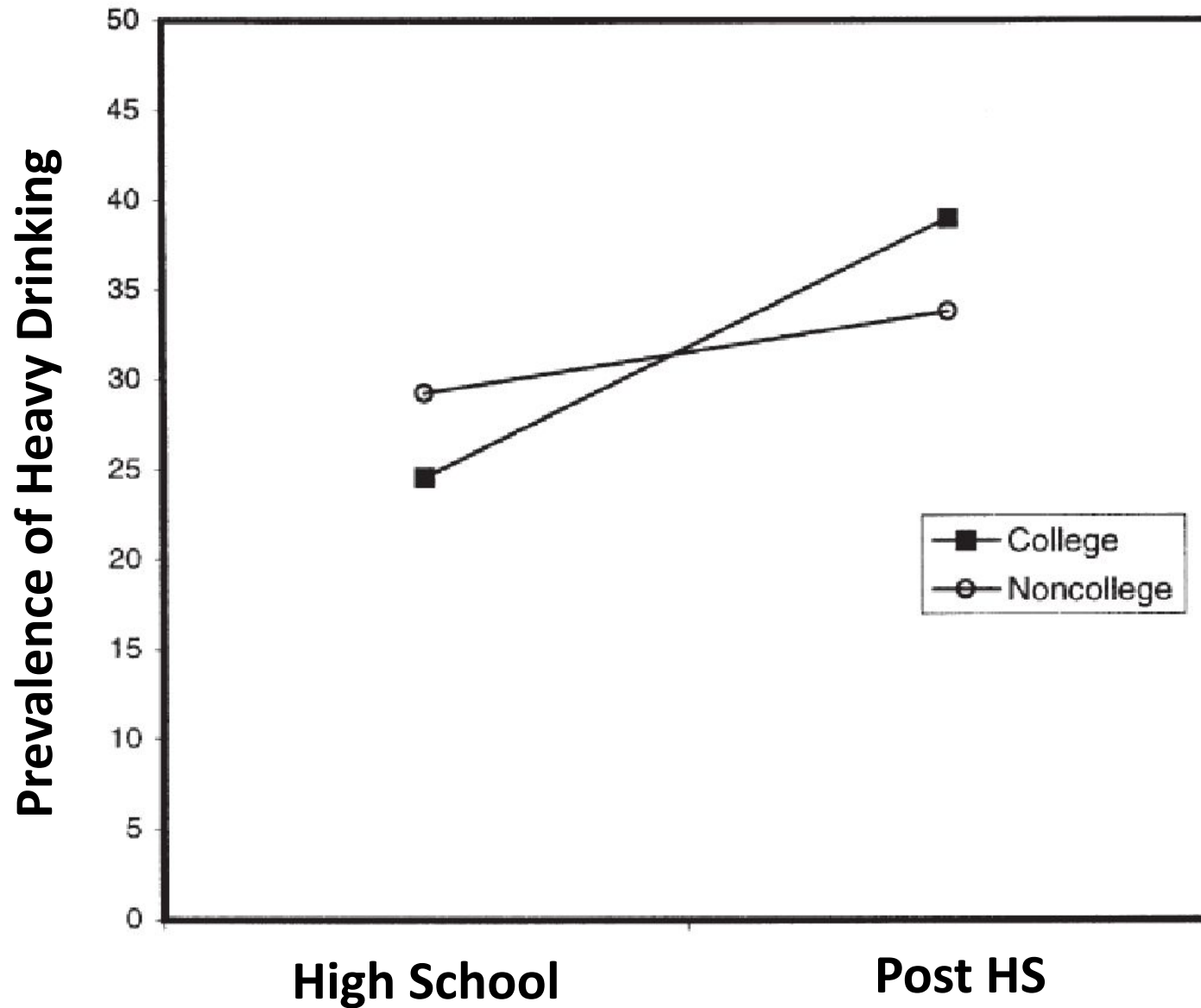


Alcohol



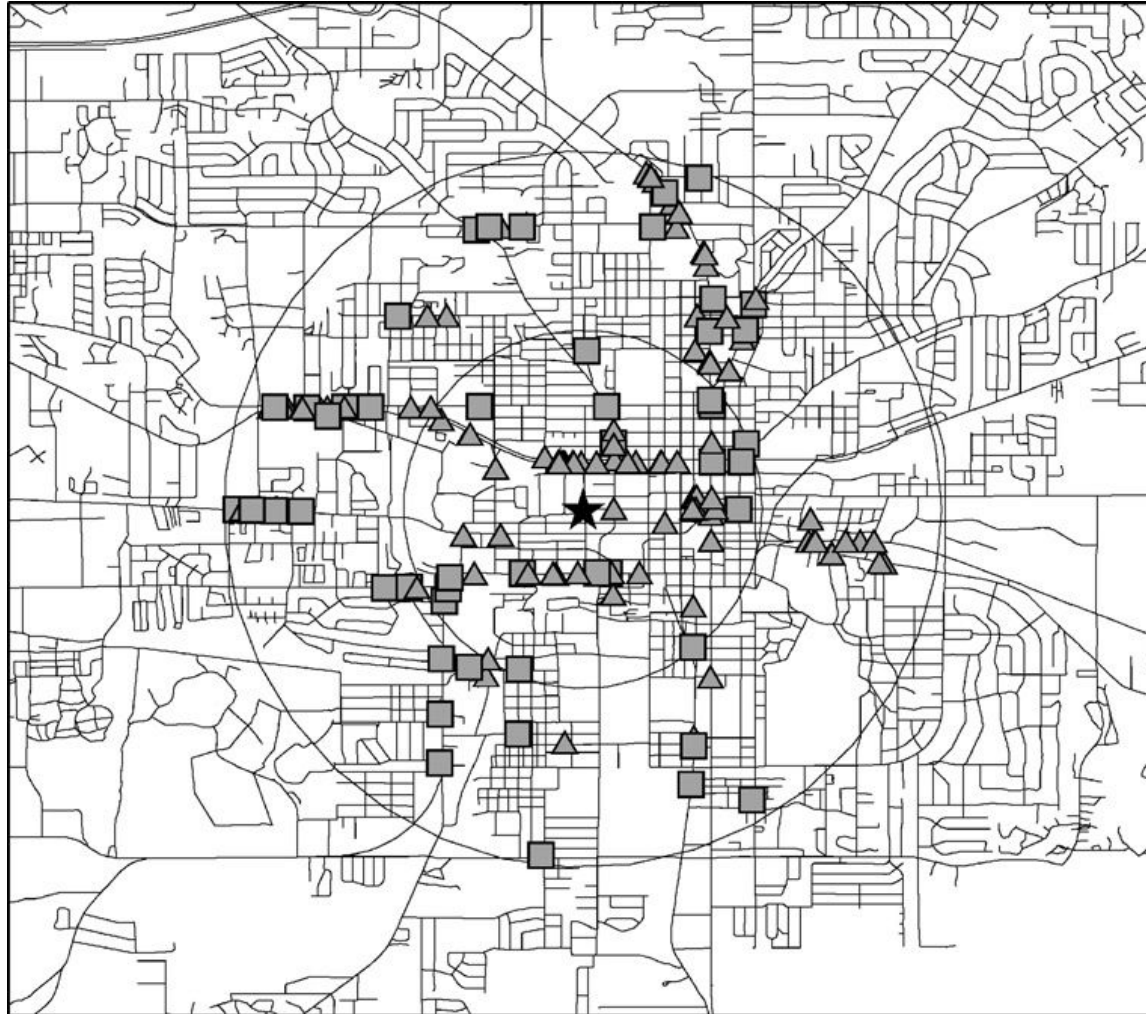
Image by vectorpocket on Freepik





Source: O'Malley PM, Johnston LD (2002). Epidemiology of alcohol and other drug use among American college students. *J Stud Alcohol Suppl* (14):23-39.

Alcohol Outlet Density in a 2-Mile Radius of a University Campus



Source: Weitzman ER, Folkman A, Folkman KL, & Wechsler H (2003). *Health Place* 9(1):1-6.



Almost **75%** of campus bars offered specials on **weekends...** The availability of large volumes of alcohol, low sale price, and frequent promotions were associated with higher binge drinking rates and positively associated with consumption.

Source: Kuo M, Wechsler H, Greenberg P, & Lee H (2003). The marketing of alcohol to college students: the role of low prices and special promotions. *Am J Prev Med* 25(3):204–11.



Screening and Assessment Tools



Screening Tools

- ✦ **Screening to Brief Intervention (S2BI)**
- ✦ **Brief Screener for Alcohol, Tobacco, and other Drugs (BSTAD)**

<https://nida.nih.gov/nidamed-medical-health-professionals/screening-tools-resources/chart-screening-tools>



Assessment Tools

- ✦ **CRAFFT**
- ✦ **Drug Abuse Screening Test (DAST-20)**
- ✦ **Alcohol Screening and Brief Intervention for Youth: A Practitioner's Guide (NIAAA)**

<https://nida.nih.gov/nidamed-medical-health-professionals/screening-tools-resources/chart-screening-tools>



Screening to Brief Intervention (S2BI)

Screening to Brief Intervention (S2BI) Tool

The following questions will ask about your use, if any, of alcohol, tobacco, and other drugs. Please answer every question by checking the box next to your choice.

IN THE PAST YEAR, HOW MANY TIMES HAVE YOU USED:

Tobacco?

- Never
- Once or twice
- Monthly
- Weekly or more

S2BI Tool developed at Boston Children's Hospital with support from the National Institute on Drug Abuse.

It is best used in conjunction with "The Adolescent SBIRT Toolkit for Providers" mass.gov/maclearinghouse (no charge).

Alcohol?

- Never
 - Once or twice
 - Monthly
 - Weekly or more
-

Marijuana?

- Never
 - Once or twice
 - Monthly
 - Weekly or more
-

STOP if answers to all previous questions are "never." Otherwise, continue with questions on the back.

OVER



Screening to Brief Intervention (S2BI)

Prescription drugs that were not prescribed for you (such as pain medication or Adderall)?

- Never
 - Once or twice
 - Monthly
 - Weekly or more
-

Illegal drugs (such as cocaine or Ecstasy)?

- Never
 - Once or twice
 - Monthly
 - Weekly or more
-

Inhalants (such as nitrous oxide)?

- Never
 - Once or twice
 - Monthly
 - Weekly or more
-

Herbs or synthetic drugs (such as salvia, “K2”, or bath salts)?

- Never
 - Once or twice
 - Monthly
 - Weekly or more
-

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SA3542
MAY 2015



S2BI

In the past year,
how many times
have you used?

Never

Once or twice

Monthly

Weekly

No substance use

No substance use
disorder (SUD)

Mild/Moderate
SUD

Severe
SUD



Alcohol Screening and Brief Intervention for Youth: A Practitioner's Guide (NIAAA)

Opportunities & Indications for Screening Youth for Alcohol Use

- As part of an **annual examination**
- As part of an **acute care visit**
- In the **emergency department** or urgent care center
- **When seeing patients who:**
 - you **have not seen in a while**
 - are likely to drink, such as youth who **smoke cigarettes**
 - have **conditions associated with increased risk** for substance abuse, such as:
 - depression
 - anxiety
 - attention-deficit/hyperactivity disorder
 - conduct problems
 - have **health problems that might be alcohol related**, such as:
 - accidents or injury
 - sexually transmitted infections or unintended pregnancy
 - changes in eating or sleeping patterns
 - gastrointestinal disturbances
 - chronic pain
 - show **substantial behavioral changes**, such as:
 - increased oppositional behavior
 - significant mood changes
 - loss of interest in activities
 - change of friends
 - a drop in grade point average
 - large number of unexcused absences in school

1 in 3 children start drinking by the end of 8th grade. Of them, half report having been drunk.

You are in a prime position to help your patients avoid alcohol-related harm.

What Counts as a Drink? A Binge?

In the United States, a "standard drink" is any drink that contains about 0.6 fluid ounce or 14 grams of pure alcohol. Although the drinks below are different sizes, each contains approximately the same amount of alcohol and counts as a single standard drink.

Each beverage port used above represents one standard drink (or one alcoholic drink equivalent). Defined in the United States as one beverage containing 0.6 fl oz or 14 grams of pure alcohol. The percentage of pure alcohol expressed here as alcohol by volume (ABV), varies with and across beverage types. Although the standard drink amounts are helpful for following health guidelines, they may not reflect customary serving sizes.

Below is the approximate number of standard drinks in different-sized containers of:

regular beer	malt liquor	table wine	80-proof distilled spirits
12 fl oz = 1	12 fl oz = 1.5	5 fl oz glass = 1	a shot (1.5 oz) = 1
16 fl oz = 1.3	16 fl oz = 2	25 fl oz = 5	750 ml (a liter) = 17
40 fl oz = 3.3	40 fl oz = 4.5	in regular 750-ml bottle	1.75 L (a "bottle") = 39

What kinds of alcohol are kids drinking these days?

All kinds, with variations by region and fad. In many areas, distilled spirits appear to be gaining on or overtaking beer and "flavored alcohol beverages" in popularity among youth, whereas wine appears less preferred. Young people are also mixing alcohol with caffeine, either in premixed drinks or by adding liquor to energy drinks. With this dangerous combination, patients who drink may feel somewhat less drunk than if they'd had alcohol alone, but they are just as impaired and more likely to take risks.

What's a "child-sized" or "teen-sized" binge?

Boys		Girls	
Ages 9–13	3 drinks	Ages 9–17	3 drinks
Ages 14–15	4 drinks		
Ages 16+	5 drinks		

See the full Guide, page 15, for details about these estimates.

Brief Intervention & Referral Resources

Four Basic Principles of Motivational Interviewing:

- **Express Empathy** with a warm, nonjudgmental stance, active listening, and reflecting back what is said.
- **Develop Discrepancy** between the patient's choice to drink and his or her goals, values, or beliefs.
- **Roll with Resistance** by acknowledging the patient's viewpoint, avoiding a debate, and affirming autonomy.
- **Support Self-efficacy** by expressing confidence and pointing to strengths and past successes.

For more information, see the full Guide, page 29, or visit www.motivationalinterview.net.

To Find Local Specialty Treatment Options:

- Ask behavioral health practitioners affiliated with your practice for recommendations.
- Seek local directories of behavioral health services.
- Contact local hospitals and mental health service organizations.
- Contact the Behavioral Health Treatment Services Locator (seek centers specializing in adolescents) at 1-800-662-HELP or visit findtreatment.samhsa.gov.
- For more suggestions, see the full Guide, page 34.

List your local resources below.

Questions About Providing Confidential Health Care to Youth?

All of the major medical organizations and numerous current laws support the ability of clinicians to provide confidential health care, within established guidelines, for adolescents who use alcohol. See the full Guide, page 25, for more information.

For details specific to your specialty and state:

- See confidentiality policy statements from professional organization(s):
 - American Academy of Pediatrics
 - American Academy of Family Physicians
 - Society for Adolescent Health and Medicine
 - American Medical Association
- Contact your state medical society for information on your state's laws.
- Visit the Center for Adolescent Health and the Law for monographs on minor consent laws professional association policies: www.cahl.org.

This Pocket Guide was produced by the National Institute on Alcohol Abuse and Alcoholism.



Order copies of this Pocket Guide, along with the full 40-page Guide, from www.niaaa.nih.gov/YouthGuide or call 1-888-MY-NIAAA (888-696-4222)

A POCKET GUIDE FOR

ALCOHOL SCREENING AND BRIEF INTERVENTION

FOR YOUTH



2011 Edition

This pocket guide is condensed from the NIAAA Guide, *Alcohol Screening and Brief Intervention for Youth: A Practitioner's Guide*.

To order more copies of this Pocket Guide, or sets with the full 40-page Guide and the Pocket Guide, and for related professional support resources, visit www.niaaa.nih.gov/YouthGuide or contact the NIAAA Publications Distribution Center P.O. Box 10686, Rockville, MD 20849-0686 301-443-3860



National Institute on Alcohol Abuse and Alcoholism

NIH Publication No. 21-AA-7805
Revised December 2021
Reprinted April 2022



Alcohol Screening and Brief Intervention for Youth: A Practitioner's Guide (NIAAA)

For **ALL** Patients...

For Patients Who **DO NOT** Drink...

For Patients Who **DO** Drink...

STEP 1: Ask the Two Screening Questions

For elementary and middle school patients, start with the friend question. Choose the questions that align with the patient's school level, as opposed to age, for patients ages 11 or 14. Exclude alcohol use for religious purposes.

Elementary School (ages 9–11)

Friends: Any drinking?
"Do you have any friends who drink beer, wine, or any drink containing alcohol in the **past year**?"
ANY drinking by friends heightens concern.

Patient: Any drinking?
"How about you...have you ever had more than a few sips of any drink containing alcohol?"
ANY drinking: Highest Risk

Middle School (ages 11–14)

Friends: Any drinking?
"Do you have any friends who drink beer, wine, or any drink containing alcohol in the **past year**?"
ANY drinking by friends heightens concern.

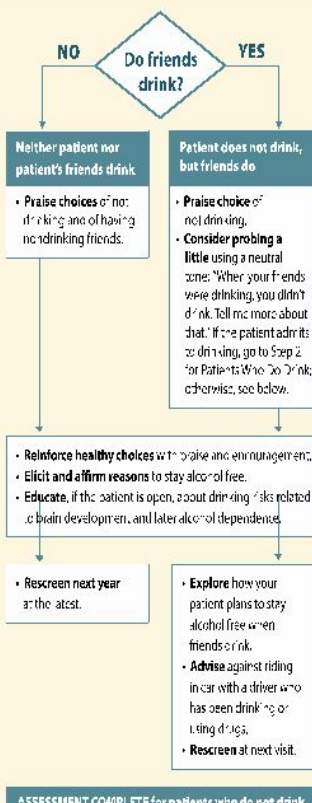
Patient: How many days?
"How about you...in the **past year**, on how many days have you had more than a few sips of any drink containing alcohol?"
ANY drinking: Moderate or Highest Risk
(depending on age and frequency)

High School (ages 14–18)

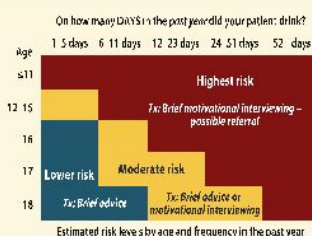
Patient: How many days?
"In the **past year**, on how many days have you had more than a few sips of beer, wine, or any drink containing alcohol?"
Lower, Moderate, or Highest Risk
(depending on age and frequency)

Friends: How much?
"If your friends drink, how many drinks do they usually drink on an occasion?"
Binge drinking by friends heightens concern.
(See "What Counts as a Drink?" Steps on page 2)

STEP 2: Guide Patient



STEP 2: Assess Risk



Factor in friends:

- For elementary and middle school students: Having friends who drink heightens concern.
- For high school students: Having friends who binge drink heightens concern. Recent research estimates that binge drinking levels for youth start at 3 to 5 drinks, (depending on age and gender (see "What Counts as a Drink? A Binge?" on reverse).

Include what you already know about the patient's physical and psychosocial development in your risk evaluation, along with other relevant factors such as the level of family support, drinking and smoking habits of parents and siblings, school functioning, or trouble with authority figures.

For moderate and highest risk patients:

- Ask about the drinking pattern: "How much do you usually have? About the size you've had or any one time?" If a patient reports bingeing, ask: "How often do you drink that much?"
- Ask about problems experienced or risks taken: Examples include getting lower grades or missing class; drinking and driving, or riding in a car driven by someone who has been drinking; having unplanned, unsafe sex; getting into fights; getting injured; having memory blackouts; and passing out.
- Ask whether the patient has used anything else to get high in the past year, and consider using other formal tools to help gauge risk.

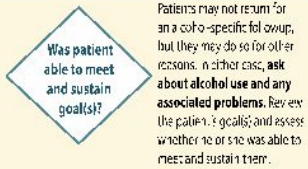
STEP 3: Advise and Assist

- Lower Risk:**
- Provide brief advice to stop drinking.
 - Notice the good: Reinforce strengths and healthy choices.
 - Explore and troubleshoot influence of friends who drink.
- Moderate Risk:**
- Does patient have alcohol-related problems?
 - If no, provide brief advice or brief advice.
 - If yes, conduct brief motivational interviewing.
 - Ask if parents know (see Highest Risk, below, for suggestions).
 - Arrange for follow-up, ideally with a parent.

- Highest Risk:**
- Conduct brief motivational interviewing.
 - Ask if parents know...
 - If no, consider breaking confidentiality to engage parent.
 - If yes, ask patient permission to speak with parent.
 - Consider referral for further evaluation or treatment.
 - If you observe signs of acute danger (e.g., drinking and driving, binge drinking, or using alcohol with other drugs), take immediate steps to ensure safety.
 - Arrange for follow-up within a month.

- FOR ALL PATIENTS WHO DRINK**
- Collaborate on a personal goal and action plan for your patient. Refer to page 37 in the full Guide for sample abstinence, cutting back, and contingency plans. For some patients, the goal will be accessing a referral to specialized treatment.
 - Advise your patient not to drink and drive or ride in a car with an impaired driver.
 - Plan a full psychosocial interview for the next visit if needed.

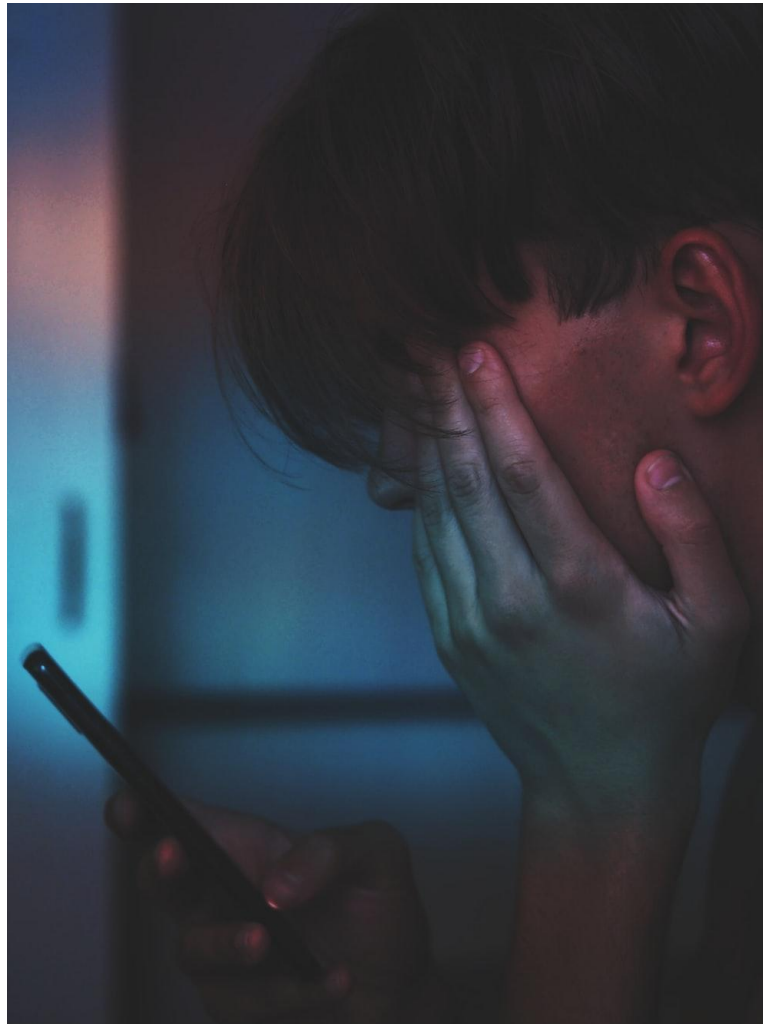
STEP 4: At Followup, Continue Support



- Yes, patient was able to meet/sustain goal(s):**
- Reinforce and support continued adherence to recommendations.
 - Notice the good: Praise progress and reinforce strengths and healthy decisions.
 - Elicit future goals to build on prior ones.
 - Conduct, complete, or update the comprehensive psychosocial interview.
 - Rescreen at least annually.
- No, patient was not able to meet/sustain goal(s):**
- Reassess the risk level (see Step 2 for patients who drink).
 - Acknowledge that change is difficult, that it is normal not to be successful on the first try, and that reaching a goal is a learning process.
 - Notice the good by:
 - Praising honesty and efforts.
 - Reinforcing strengths.
 - Supporting any positive change.
 - Relate drinking to associated consequences or problems to enhance motivation.
 - Identify and address challenges and opportunities in reaching the goal.
 - If the following measures are not already under way, consider:
 - Engaging parents.
 - Referring for further evaluation.
 - Reinforce the importance of the goal(s) and plan, and renegotiate specific steps, as needed.
 - Conduct, complete, or update the comprehensive psychosocial interview.



How Do I Know I Have a Substance Use Disorder?



Diagnosis of Substance Use Disorder

Biological Response

Withdrawal
Tolerance
Cravings

Loss of control

Using more or for longer periods of time
Lot of time spent obtaining, using,
recovering from substances
Repeated failed attempts to decrease use

Social Impairment

Failure to fulfill school, home, work
obligations
Recurrent interpersonal problems
Give up important activities

Risky Use

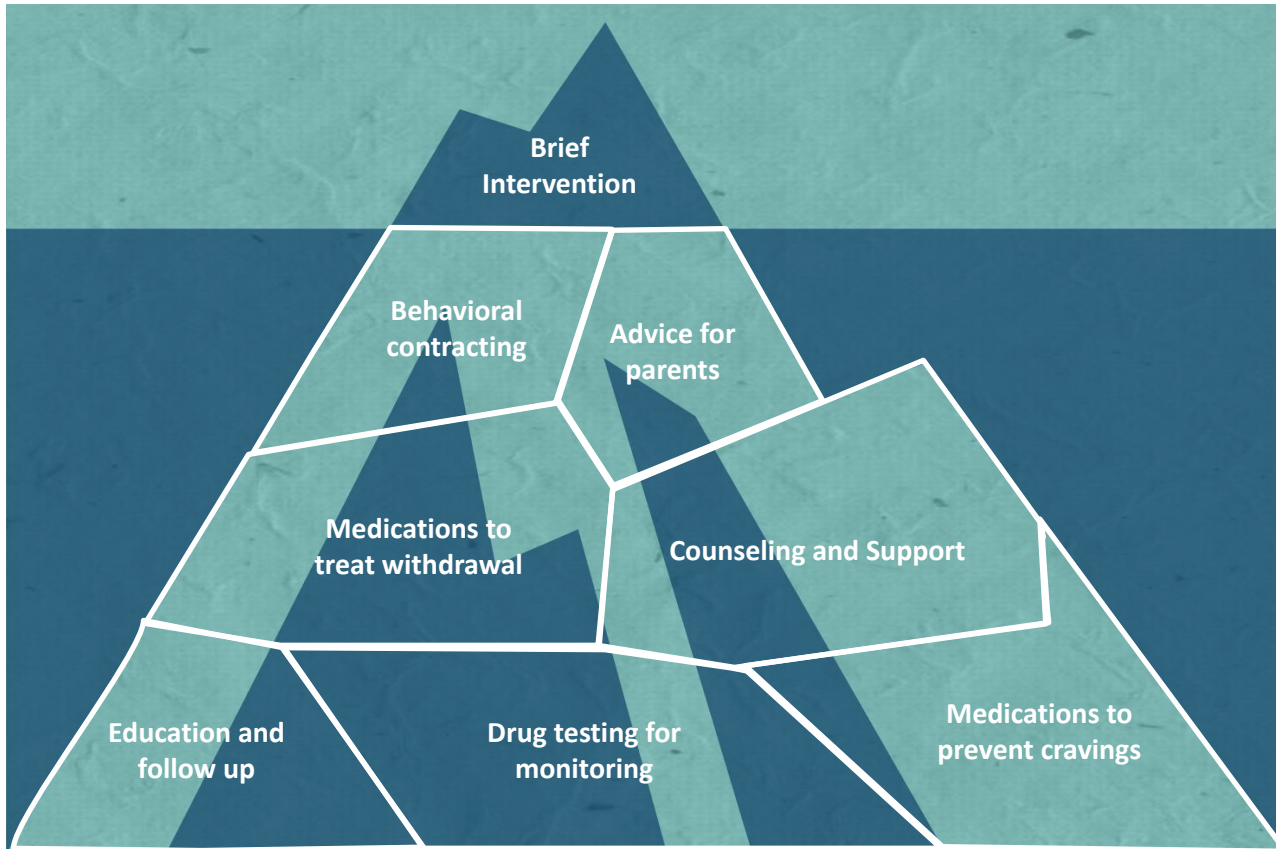
Use in physically dangerous situations
Continue use despite knowledge of
physical/psychological problem





What If I Have a Problem?

Treating Adolescent Substance Use



Slide courtesy of Sharon Levy,
MD



Substance Use Treatment

Medications	Behavioral Interventions
<p>Marijuana use: n-acetylcysteine (off-label)</p> <p>Nicotine use: nicotine replacement, varenicline (17+), bupropion</p>	<p>Cognitive Behavioral Therapy</p> <p>Motivational Enhancement Therapy</p> <p>Dialectical Behavioral Therapy</p> <p>Contingency Management</p>



Substance Use Treatment

Family Support

Advice & support for parents

Working with family to establish goals & expectations

Family-based therapies:

- Community Reinforcement & Family Training
- Multidimensional Family Therapy
- Functional Family Therapy
- Brief Strategic Family Therapy
- Multisystemic Therapy

Community Support

Groups: NA, AA, SMART Recovery, Young People in Recovery

Peer mentors

Addiction medicine specialists



Pragmatic and Specific Ways to Monitor Youth



RULES





How Can We Prevent Substance Use & Related Problems?

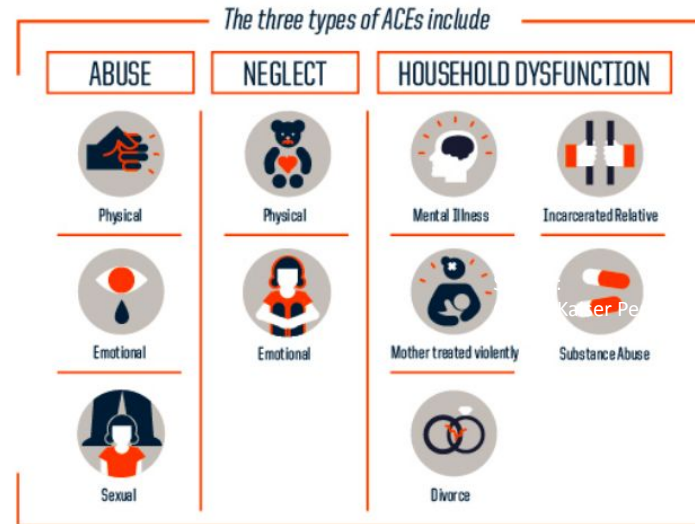
Recognize Risk Factors

1. Parent substance use
2. Adverse childhood experiences (ACEs)
3. Trauma
4. Peer substance use
5. Mood disorders
6. Favorable substance-related attitudes & expectancies

1. Sacks & Murphy, Child Trends 2018.
2. United Hospital Fund, "The Ripple Effect", 2018.
Whitesell M et al., *J Addict* 2013. Stone AL et al., *Addictive Behaviors* 2012.

9% of kids in the US live with someone with problematic substance use.¹

1.4M kids in the US live with a parent with opioid use disorder.²



<https://www.cdc.gov/violenceprevention/aces/>



Promote Protective Factors

1. Engagement in school, hobbies, extracurriculars
2. Academic achievement
3. Family bonding
4. Parental monitoring



<https://youth.gov/youth-topics/substance-abuse>



Address Substance Use Early



What If I'm Worried About a Friend?

1. TRUST YOUR INSTINCTS.



If you think your friend has a problem, you're probably right, says Jamison Monroe, founder of California's Newport Academy teen treatment centers.

2. DON'T IGNORE THE SIGNS.

Changes in behavior and mood could signal that someone has a problem. A pal may start acting distant, secretive, or angry. You may also notice health and hygiene issues, including a messy appearance, extreme tiredness, frequent illness, weight loss or gain, and nosebleeds.

3. ENCOURAGE THEM TO GET HELP.

They can visit the Partnership for Drug-Free Kids at www.drugfree.org/heroin for a guide to resources and treatment centers in your state.

4. TALK TO A TRUSTED ADULT.

Whether you go to a parent, counselor, or a coach, a grown-up may be able to better intervene. "Yes, your friend is going to be angry with you in the short term, but ultimately they're going to thank you," says Monroe.

5. KNOW WHEN TO WALK AWAY.

You're not responsible for anyone else's recovery. If a friend's drug use negatively affects your life, it may be time to end the relationship.

<https://choices.scholastic.com/issues/2017-18/040118/a-prescription-for-addiction.html>



Resources in Massachusetts



<https://www.mcpap.com/>



Resources

- NIDA for Teens: <https://teens.drugabuse.gov/>
- Partnership to End Addiction: drugfree.org
- Frontiers for Young Minds: “What is Vaping?”
- <http://www.staytruetoyou.org/>
- <https://truthinitiative.org/>
- <https://teen.smokefree.gov/>
- Young People in Recovery: youngpeopleinrecovery.org
- SMART Recovery Young Adults:
<https://www.smartrecovery.org/young-adults/>





Questions?



Where the world comes for answers

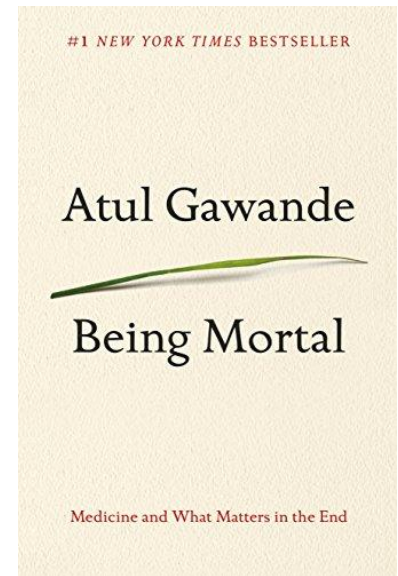
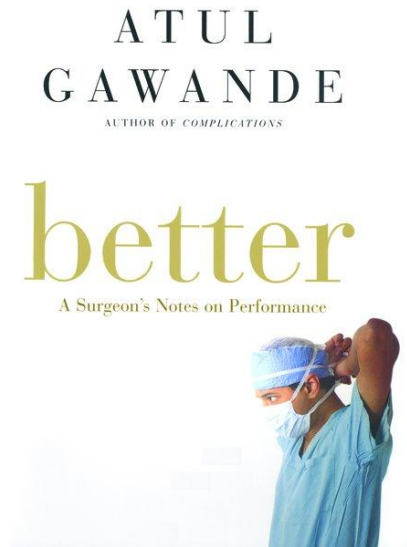


HARVARD MEDICAL SCHOOL
TEACHING HOSPITAL

Prize Winner!!!!

Choice of one of the following books by
Atul Gawande, MD

Macarthur Fellow, Surgeon at Brigham and Women's Hospital



To be eligible you must complete the asynchronous session evaluation for the block and be present for the live webinar.



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MMA Center for Quality Improvement / Maine Chapter, AAP

Next Steps

1. Reminder you will receive a survey for your CME/MOC and Certificate of Attendance following this webinar via email.
2. We are also asking that you complete a survey for the ORN to give them feedback.
3. Go to treatme.info
4. Click on Block 4 Now Live in the top right-hand corner to access the asynchronous materials and videos.

admin@treatme.info



treatME

MMA Center for Quality Improvement / Maine Chapter, AAP

Save the Date!

Half-Day In-Person Session

June 22nd, 2023

8:00am-1pm

Topics

Adolescent SUD and the
ER Part 2

Getting Started with the
Patient

Acute Toxidromes

Speakers

Jesse Hinckley, MD, PhD

Elizabeth Samuels, MD, MPH,
MHS

Jason Reynolds, MD, PhD

Amy Mayhew, MD, MPH

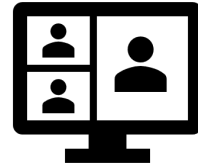
Dylan McKenney, MD



Next Live Webinar

Date

March 16th, 2023
12pm-1pm



Topic

Co-Occurring Mental Illness

Speaker

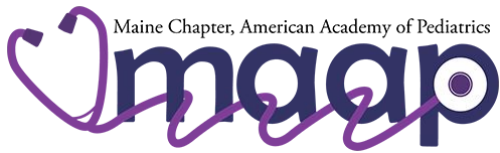
Kevin Simon, MD



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MMA Center for Quality Improvement / Maine Chapter, AAP

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A better tomorrow starts **today.**

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Director
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Thank You!
Please fill out our
brief survey:

<https://tinyurl.com/Feb-Shah>

