

# Working With Families Impacted by Substance Use

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February 2023



**Opioid  
Response  
Network**

# Working with communities.

## Contact the Opioid Response Network

- ✦ 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.
- ✦ The *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.



Visit [www.OpioidResponseNetwork.org](http://www.OpioidResponseNetwork.org)



To ask questions or submit a request for technical assistance



Email [orn@aaap.org](mailto:orn@aaap.org)



Call 401-270-5900



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.

# Disclosures



# Learning objectives

01

Describe current landscape of youth substance use

02

Discuss the impact that substance use can have on families

03

Identify three ways that families can open communication with their children to talk about substance use



# Families are allies

- ✦ They know the youth best
- ✦ Even when the relationships have deteriorated, important to understand how they may impact the youth
- ✦ Can invite them (with permission) to be part of treatment and planning process



# Words matter

<b>Terminology regarding persons</b>		
Person with a substance use disorder	Substance/drug abuser, addict, junkie, druggie, stoner, alcoholic, drunk (and other colloquial substance-specific terms)	Uses person-first language, as individuals are not defined solely by their substance use. If unsure of whether the individual has a diagnosed disorder, then the description of “a person who uses [insert specific substance]” is most appropriate.
Person who uses [insert specific substance: opioid, cocaine, alcohol, etc]	Drug user, heroin user, drinker, crackhead, pothead, drug-seeking (and other colloquial substance-specific terms)	
Person who injects drugs (PWID)	Injection drug user	
Treatment was not effective Patient in need of more support/ higher level of treatment	Patient who failed treatment Noncompliant, nonadherent	Referring to the treatment not meeting the needs of the patient or the patient needing a higher level of treatment, rather than the patient failing.
Person with multiple recurrences Person with multiple treatment admissions	Frequent flyer Recidivist	Less stigmatizing way to denote someone with recurrence of substance use disorder, rather than referencing it as a criminal offense or a relapse, which is associated with the connotation of more blame.
Infant/baby with neonatal withdrawal syndrome Infant/baby born substance-exposed Infant/baby with physiologic dependence/withdrawal	Addicted baby Born addicted Drug endangered Neonatal abstinence syndrome baby or NAS baby Crack baby	Substance use disorders, characterized by repeated use despite harmful consequences, cannot be diagnosed in an infant; an infant can develop physiologic dependence to a substance such as opioids, for which the medical term is neonatal opioid withdrawal syndrome or neonatal withdrawal.
Concerned loved one	Enabler	Less stigmatizing way to describe a loved one who supports someone with a substance use disorder and at times may protect them from the negative consequences of their substance use



# Words matter

**TABLE 1** Recommended Terminology Regarding Substance Use

Say This:	Not This:	Here's Why:
<b>Terminology regarding substance use</b>		
Substance use disorder; [insert specific substance: opioid, cocaine, alcohol, etc] use disorder Addiction	Drug abuse/dependence Substance abuse/dependence	The diagnostic terms “substance abuse” and “substance dependence” described in the DSM-IV have been combined in the DSM-5 into “substance use disorder.” “Abuse” and “dependence” should only be used in specific reference to DSM-IV or earlier criteria or when using ICD-10 nomenclature, which still use the term “dependence;” “addiction” may also be used in conjunction with a severe substance use disorder.
Substance use Hazardous substance use Unhealthy substance use Problematic substance use	Substance abuse Drug habit Vice	Substance use exists on a continuum, not all of which constitutes a diagnosable substance use disorder; therefore, these terms describe substance use that risks health consequences or is in excess of current safe use guidelines, without necessarily referencing or meeting criteria for a substance use disorder; it is more precise in describing health hazard than simply “misuse.” Of note, any substance use in adolescents is considered unhealthy.
Nonmedical prescription opioid use Nonmedical prescription drug use Nonmedical prescription medication use	Prescription opioid abuse Prescription drug abuse	Refers to using opioids or other prescription drugs in a way other than as prescribed or by a person to whom they were not prescribed.
Intoxicated or in withdrawal	Strung out, tweaking, high, drunk (and other colloquial substance-specific terms)	Uses medically accurate language to describe the state of intoxication or withdrawal from a substance.
Using	Getting high	Less stigmatizing way to describe the act of using a substance to reach intoxication.
Drinking	Getting drunk	

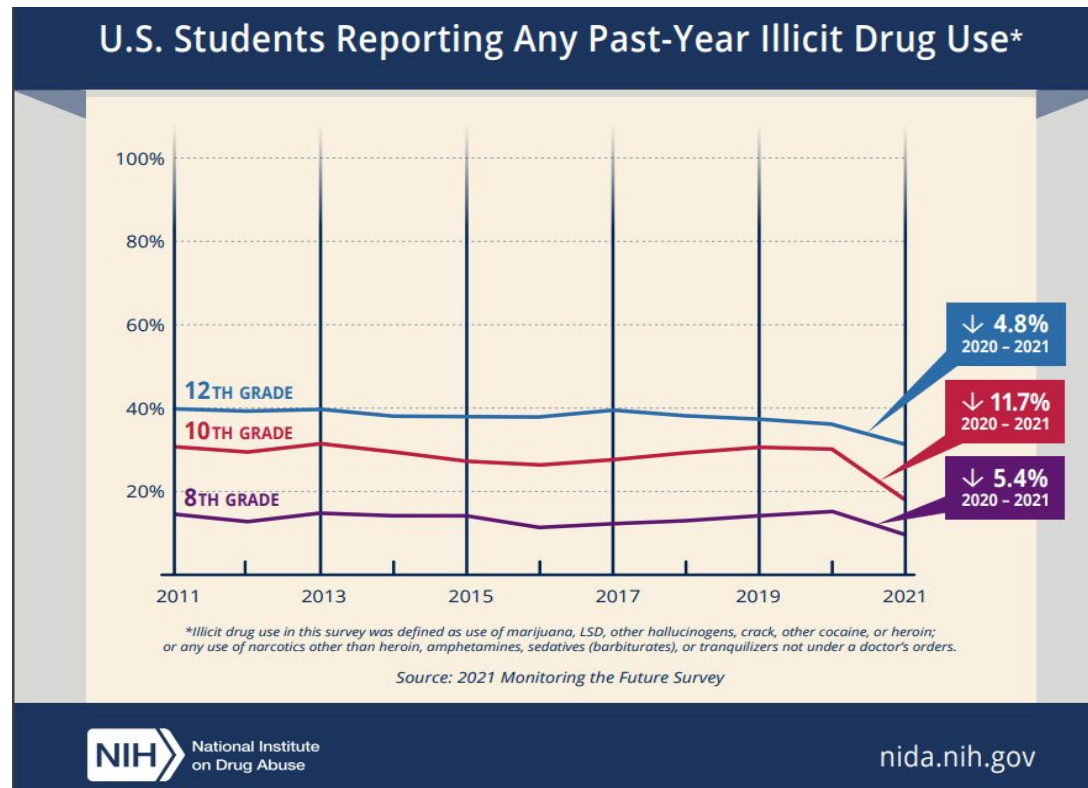




**Describe current  
landscape of youth  
substance use**



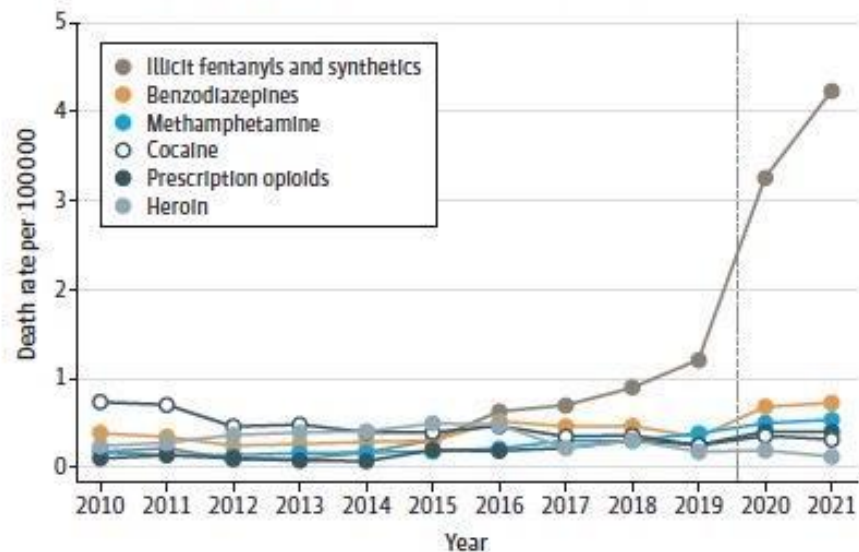
# Prevalence of Drug Use Among Teens



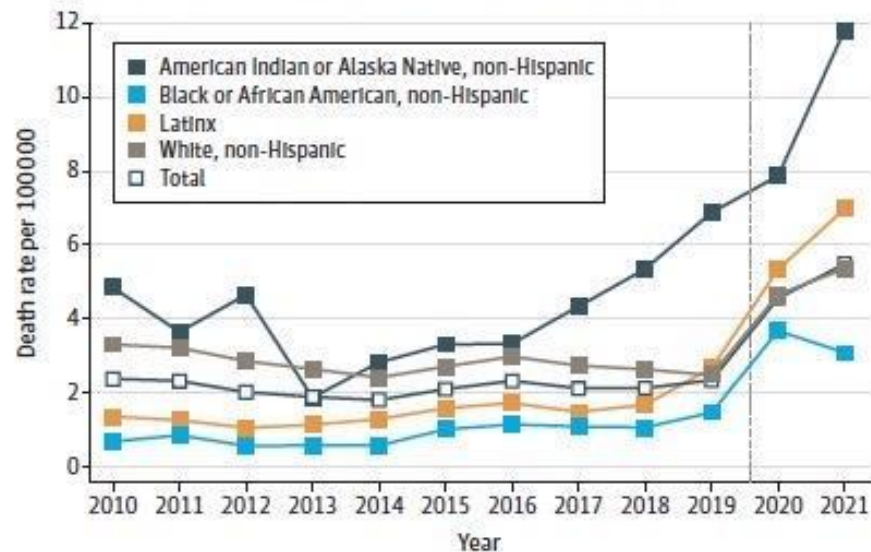
# Overdose deaths significantly increasing among adolescents

Figure. Adolescent Overdose Deaths, 2010-2021

**A** Overdose mortality among adolescents by substance type



**B** Overdose mortality among adolescents by race and ethnicity



# Behaviors make sense

- ✦ Teens use substances for a variety of reasons
- ✦ Pediatricians can normalize ambivalence about use with parents
- ✦ Can work with teens to develop safety plans around safe use, driving and open communication
- ✦ The more parents understand the motivations for use, the better prepared they can be to respond





## **Parental substance use**

# Suggested approaches for pediatricians

**TABLE 4** Suggested Proficiencies for Pediatricians

Level 1: For all health professionals with clinical responsibility for the care of children and adolescents:

- Be aware of the medical, psychiatric, and behavioral syndromes and symptoms with which children and adolescents in families with substance use present and of the potential benefit to both the child and the family of timely and early intervention.
- Be familiar with and able to direct families to community, regional, and state resources available for children and adolescents in families with substance use.
- As part of the general health assessment of children and adolescents, health professionals include appropriate screening for family history and current use of alcohol and other drugs by parents.
- Use motivational interviewing techniques (asking screening questions, developing discrepancy, expressing empathy, avoiding argumentation, rolling with resistance, and supporting patient self-efficacy), assist families in identifying problems substance use can cause and reasons a person may want to quit or cut back.<sup>75</sup>
- Assist parents who screen positive and identify treatment options.
- Offer information, support, and follow-up for parents who screen positive.
- Understand state mandatory child abuse reporting laws and know how to make a report to the responsible investigating agency.

Smith V, COSUP. Pediatrics, 2022.



# Identify three ways that families can open communication with their children to talk about substance use

- ✦ Having conversations before a crisis
- ✦ Using positive rewards or contingencies for desired behaviors
- ✦ Addressing underlying reasons for substance use



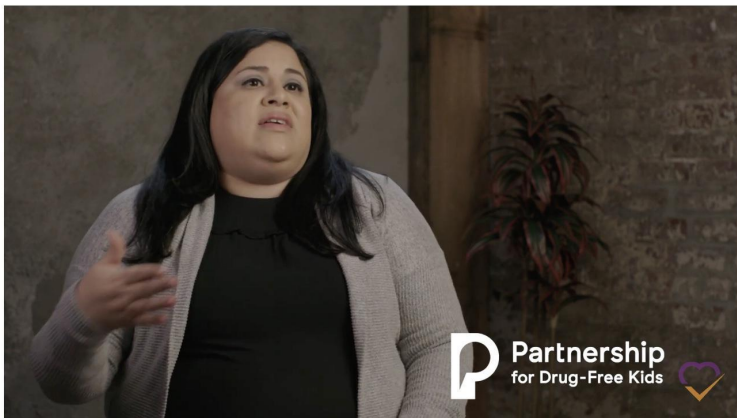
# Specific resources for supporting families

✦ The following is not an exhaustive list but provides information on well-known approaches and resources.

- Community Reinforcement Approach and Family Training (CRAFT)
- Overdose Education and Naloxone Rescue Kits
- Mutual support groups
- SMART Recovery



# Specific resources for supporting families



WATCH NOW

## How worried should I be that my child has an "addictive personality?"

Even though there isn't a true medical diagnosis of an "addictive personality," there are certain risk factors that you as a parent can look for in your child to help understand if they're more susceptible to problematic substance use.

## My Child Tried Drugs, What Should I Do?

Is your child using drugs? Use these tips to prepare for the conversation ahead, and lay the foundation for more positive outcomes.

[Learn more](#)

## If You Discover Your Child is Using Drugs: Start Talking

Take action to address drug and alcohol use early. Learn how talk with your child and have a productive conversation addressing their substance use.

[Learn more](#)

## Addressing Substance Use: Set Limits & Monitor Behavior

Limits show your teen that you care. The tricky part is finding a balance between your need for control and their need for independence.

[Learn more](#)

## Use Positive Reinforcement to Help Change Behavior

Providing some kind of reward to increase the chances that a healthy behavior will be repeated is central to helping change your child's substance use.

<https://drugfree.org>





# Putting it together

- ✧ During adolescence, parents or caregivers may be less involved in visits to the pediatrician
- ✧ Although we want to encourage this transition and assure confidentiality, parents may still have a lot of questions
- ✧ Consider ways to offer anticipatory guidance that does not violate confidentiality



# Question 1

How has the prevalence of alcohol and substance use among teens changed in the last 2 decades?

A: It has decreased.



# Question 2

What racial group has the highest overdose death rate?

A: American Indian and Native Alaskan



# Question 3

Name 2 risk factors for overdose among adolescents and young adults?

A: family prescription for an opioid, mental health diagnosis, prior overdose, injection drug use



# Question 4

What are three ways that families can engage with their teen about alcohol and substance use?

Answer

- a) Require abstinence
- b) Have conversations outside of acute situations about substance use
- c) Addressing underlying reasons for substance use, such as depression or anxiety
- d) **B + C**



# Question 5

What are two ways that pediatricians can engage with families around parental substance use?

A: Draw from the table in the presentation





**Thank You!**

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**Please fill out our brief  
survey!**

[https://tinyurl.com/TREAT-  
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