

SUBSTANCE USE DISORDERS IN ADOLESCENTS:

Prevalence, Physical Assessment, Screening, Brief Intervention and Referral



SUD IN ADOLESCENCE

- Objectives
 - Review the general assessment of the adolescent and the importance of substance use screening.
 - Review specific assessment for an adolescent with a SUD.
 - Review the protective and risk factors for substance use disorders in adolescents, as well as the reason for greater susceptibility during adolescence.
 - Identify screening tools used to identify SUD in Adolescents.
 - Provide a suggested algorithm for SUD screening in the CAHC.
 - Review case studies of implementing SBIRT in the CAHC.
 - Understand the importance of the referral procedure and how to refer for SUD in the adolescent.

WHAT'S THE BIG DEAL ?

- 1 in 7 citizens in the US is expected to develop a SUD at some point in their lives.
- 78 people dies from opioid addiction every day in our country! (Quadrupled since 1999).
- Asking about family addiction patterns at the point of care at the pediatrician's office is likely to be more effective in prevention of SUD.
 - Surgeon General's Report "Facing Addiction in America"



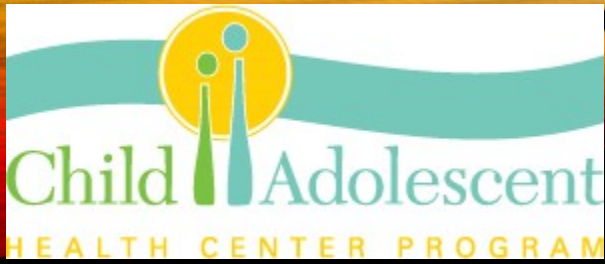
GENERAL ASSESSMENT OF THE ADOLESCENT

HEEADSSS

- Home Environment
- Education/Employment
- Eating/Exercise
- Activities/Peer Relationships
- Drugs/Cigarettes/Alcohol
- Sexuality/Sexual Activity
- Suicidality/Depression/Mood
- Safety
- Spirituality

SSHADESS

- Strengths
- School
- Home
- Activities
- Drugs/Substance Use
- Emotions/Eating/Depression
- Sexuality
- Safety



SUD IN ADOLESCENTS

- Adults have rated drug abuse as the number one health concern in adolescents (2011)
- Healthy People 2020 calls for reducing teen substance use
- The opioid epidemic and resultant fatal outcomes from overdose have caused increasing concern among parents and adolescents
- Adolescence is a time of neurodevelopmental vulnerability, and when risk taking behaviors are more prevalent
- The neurodevelopmental changes that occur during adolescence confer particular vulnerability to addictions



SUD IN ADOLESCENTS

- Adolescence is a time of intensive neurodevelopmental molding and maturation that extends from age 12 to the mid 20's, a vulnerable period
- This is the same age that is common for experimentation with psychoactive substances, putting adolescents at risk.
 - 3 brain areas are primarily responsible for the onset, development and maintenance of SUD, which are also rapidly changing during adolescence. Use of substances :
 - Basal Ganglia- encourages substance associated cues to trigger substance seeking (Sensory triggers), and habit forming behaviors
 - Amygdala- reduces sensitivity to pleasure and reward and heightens brain stress response systems
 - Prefrontal Cortex (PFC)- reduces the ability to make decisions, regulate emotions, impulses and actions.



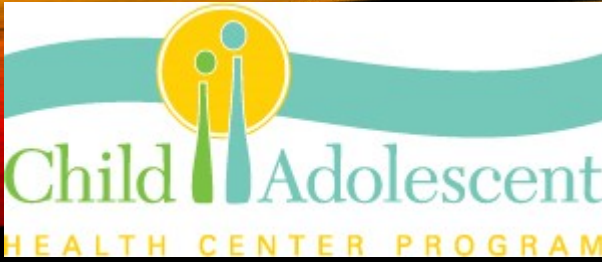
SUD IN ADOLESCENTS

- Even the first use of a psychoactive substance may result in tragic consequences
- Most alcohol and drug use adverse consequences are attributable not to addiction, but to the fact that all substance use confers some amount of risk
- Adolescent substance use correlates with sexual risk taking, impaired driving, and encounters with the criminal justice system
- The age of first substance use is inversely correlated with the lifetime incidence of developing a SUD



SUD IN ADOLESCENCE

- Risk factors for adolescent SUD
 - Parental SUD exposure in adolescence
 - Family history of substance use or addiction (genetic predisposition)
 - Adverse childhood events (abuse, neglect, other forms of trauma)
 - Mental health disorders including ADHD and depression
 - Certain temperament traits and low self esteem
 - Victims of bullying and peer victimization
 - Poor academic performance
 - Divorced or single parent families
 - Youth engaged in other risky behaviors
 - Cognitive, behavioral, and emotional difficulties in childhood



SUD IN ADOLESCENCE

- Protective factors in adolescent SUD
 - Social, emotional, behavioral, and moral competence.
 - Self-efficacy- Belief they have control their behavior
 - Spirituality
 - Resiliency- capacity to adapt to change/stress
 - Opportunities for positive social involvement
 - Recognition for positive behavior
 - Attachment to family, schools and community
 - Healthy beliefs and standards for behavior within the family, schools and community.
 - Surgeon General's Report "Facing Addiction in America"



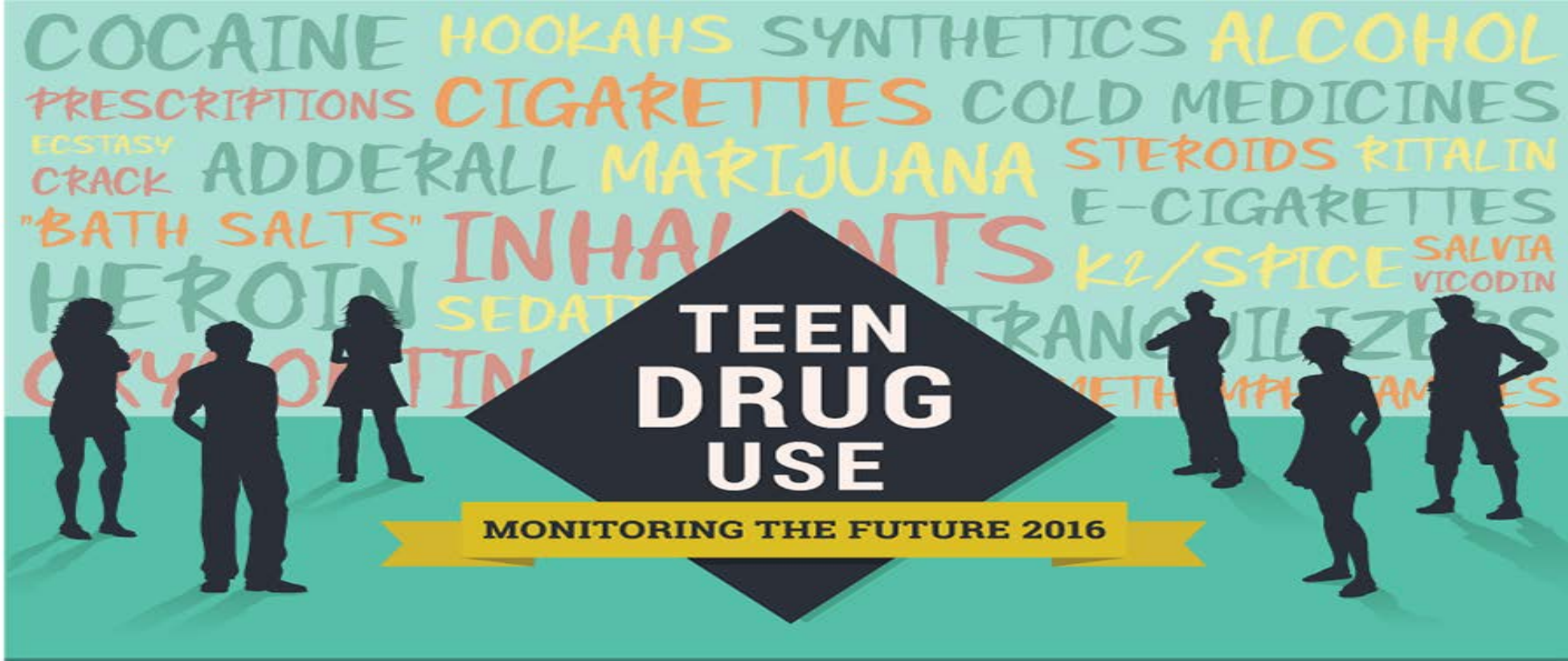
SUD IN ADOLESCENTS

- Marijuana
- Alcohol
- E-cigarettes
- Tobacco
- Prescription medication:
 - Amphetamines, stimulants, ADHD Medication
 - Tranquilizers
 - Opioids
 - Cough medication (codeine, dextromethorphan)
 - Sedatives



SUD IN ADOLESCENTS

- Illicit Drugs
 - Marijuana/Hash
 - Hallucinogens
 - Synthetic marijuana
 - MDMA/Ecstasy
 - Cocaine
 - Salvia divinorum (hallucinogenic plant from Mexico)
 - Inhalants



Monitoring the Future is an annual survey of 8th, 10th, and 12th graders conducted by researchers 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 drug, alcohol, and cigarette use and related attitudes in 12th graders nationwide; 8th and 10th graders were added to the survey in 1991.

45,473 STUDENTS FROM 372 PUBLIC AND PRIVATE SCHOOLS PARTICIPATED IN THE 2016 SURVEY.



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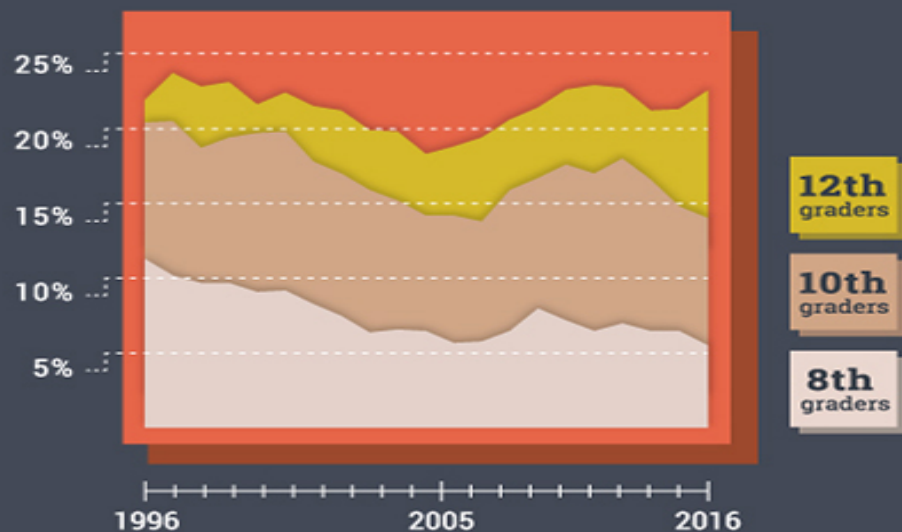


MONITORING THE FUTURE

- Annual Survey of 8th, 10, and 12th graders for drug, alcohol, and cigarette use
- Conducted since 1975 by researchers at the University of Michigan under an NIH grant on 12th graders, 8th and 10th grades added in 1991
- 45,473 students from 372 public and private schools participated in the 2016 Survey

PAST-MONTH MARIJUANA USE MOSTLY STEADY

1996 – 2016



2016



12th graders
22.5%



10th graders
14.0%



8th graders
5.4%

68.9% OF HIGH SCHOOL SENIORS DO NOT VIEW REGULAR MARIJUANA SMOKING AS HARMFUL, BUT 68.5% SAY THEY DISAPPROVE OF REGULAR MARIJUANA SMOKING



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PAST-MONTH ALCOHOL USE CONTINUES STEADY DECLINE

2016



12th graders
33.2%

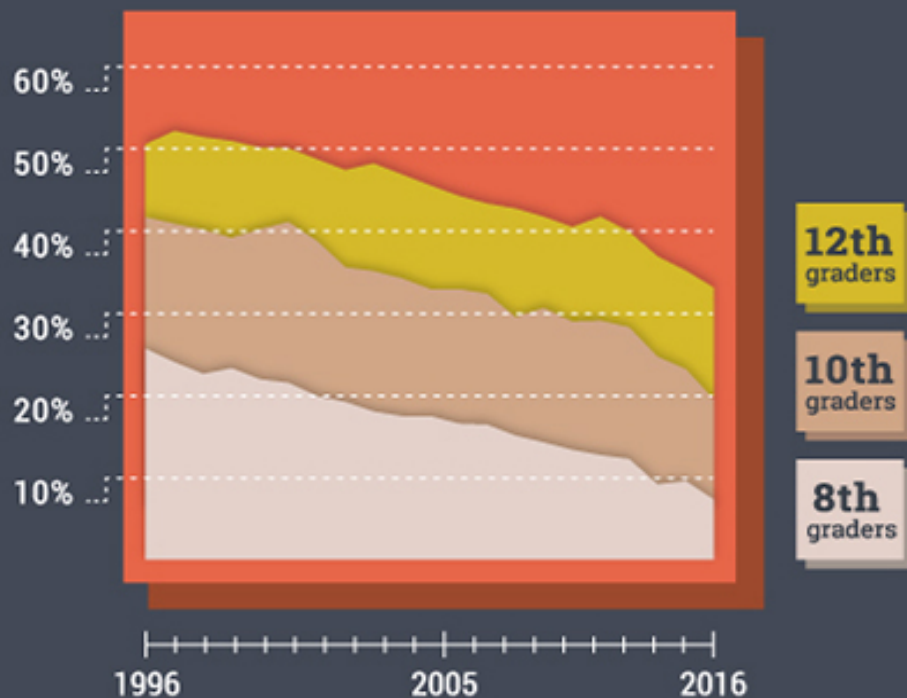


10th graders
19.9%



8th graders
7.3%

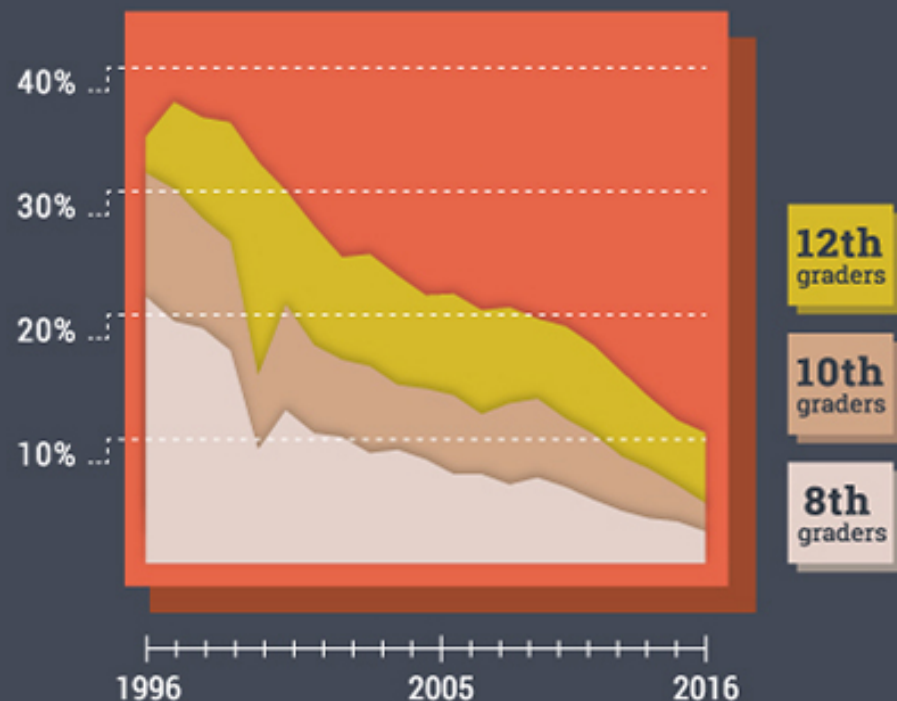
1996 – 2016



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PAST-MONTH CIGARETTE USE CONTINUES STEADY DECLINE

1996 – 2016



2016



12th graders
10.5%



10th graders
4.9%



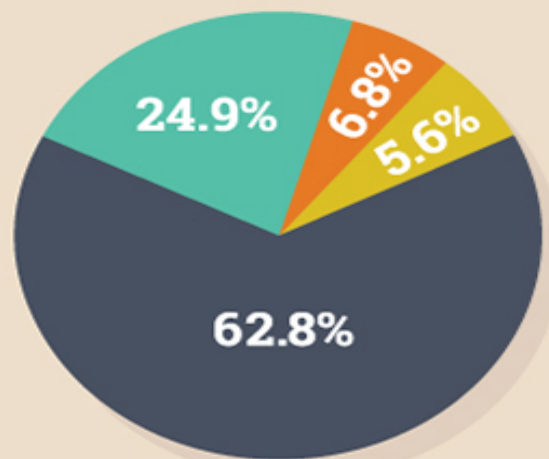
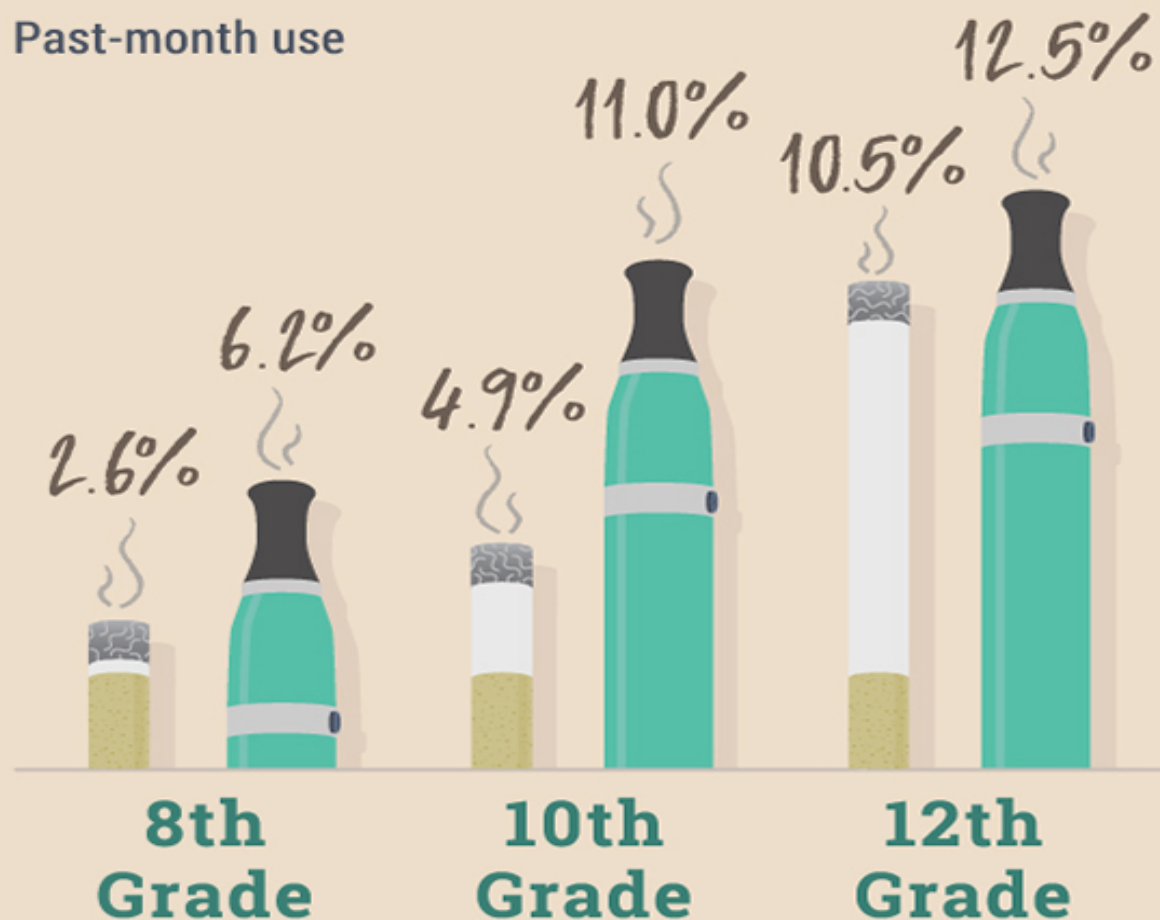
8th graders
2.6%



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TEENS MORE LIKELY TO USE E-CIGARETTES THAN CIGARETTES

Past-month use



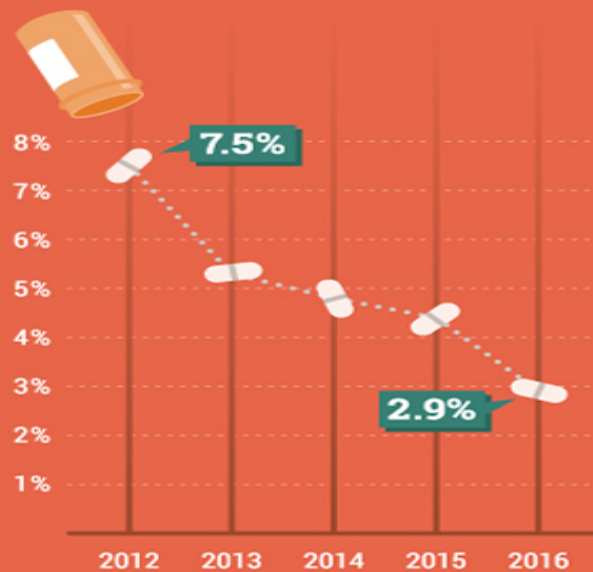
What did 12th graders think was in the mist they inhaled from an e-cigarette? Despite the belief that the liquid used in e-cigs contains only flavoring, it also might contain nicotine.

- Flavoring
- Nicotine
- Marijuana or hash oil
- Don't know



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VICODIN®

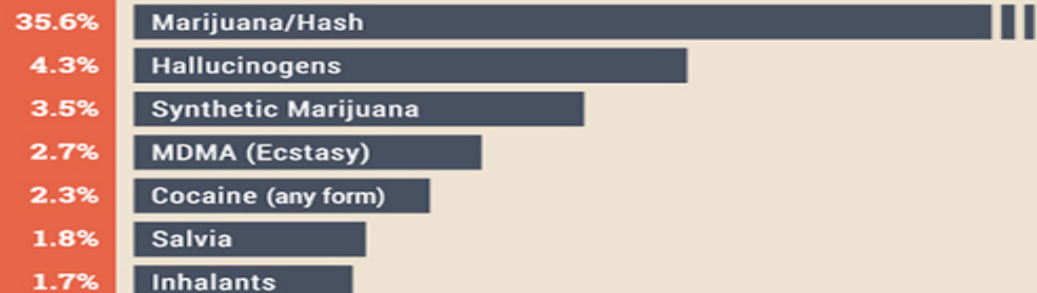


Past-year misuse of Vicodin® among 12th graders has dropped dramatically in the past 5 years. So has misuse of all Rx opioids among 12th graders despite high opioid overdose rates among adults.

PRESCRIPTION/OTC



ILLICIT DRUGS



Past-year use among 12th graders

STUDENTS REPORT LOWEST RATES SINCE START OF THE SURVEY

Across all grades, past-year use of inhalants, heroin, methamphetamine, alcohol, cigarettes, and synthetic cannabinoids are at their lowest by many measures.



Trends in the Prevalence of Marijuana, Cocaine, and Other Illegal Drug Use National YRBS: 1991—2015

The national Youth Risk Behavior Survey (YRBS) monitors priority health risk behaviors that contribute to the leading causes of death, disability, and social problems among youth and adults in the United States. The national YRBS is conducted every two years during the spring semester and provides data representative of 9th through 12th grade students in public and private schools throughout the United States.

Percentages													Change from 1991–2015 ¹	Change from 2013–2015 ²
1991	1993	1995	1997	1999	2001	2003	2005	2007	2009	2011	2013	2015		
Ever used marijuana (one or more times during their life)														
31.3	32.8	42.4	47.1	47.2	42.4	40.2	38.4	38.1	36.8	39.9	40.7	38.6	Increased 1991–1997 Decreased 1997–2015	No change
Tried marijuana before age 13 years (for the first time)														
7.4	6.9	7.6	9.7	11.3	10.2	9.9	8.7	8.3	7.5	8.1	8.6	7.5	Decreased 1991–2015 Increased 1991–1999 Decreased 1999–2015	No change
Currently used marijuana (one or more times during the 30 days before the survey)														
14.7	17.7	25.3	26.2	26.7	23.9	22.4	20.2	19.7	20.8	23.1	23.4	21.7	Increased 1991–1995 Decreased 1995–2015	No change
Ever used cocaine (any form of cocaine, such as powder, crack, or freebase, one or more times during their life)														
5.9	4.9	7.0	8.2	9.5	9.4	8.7	7.6	7.2	6.4	6.8	5.5	5.2	Decreased 1991–2015 Increased 1991–1999 Decreased 1999–2015	No change
Ever used hallucinogenic drugs (such as LSD, acid, PCP, angel dust, mescaline, or mushrooms, one or more times during their life)														
— ³	—	—	—	—	13.3	10.6	8.5	7.8	8.0	8.7	7.1	6.4	Decreased 2001–2015 Decreased 2001–2005 Decreased 2005–2015	No change

Where can I get more information? Visit www.cdc.gov/yrbss or call 800–CDC–INFO (800–232–4636).

National Center for HIV/AIDS, Viral Hepatitis, STD, and TB Prevention
Division of Adolescent and School Health





SUD IN ADOLESCENTS

- Assessment
 - History taking, risk assessment tool (RAAPS, SBRIT, others)
 - Clinical suspicion (falling grades, loss of interest in activities, parental concern)
 - Physical Findings (elevated resting heart rate and blood pressure)
 - Dysphoric mood



SUD IN ADOLESCENTS

- Laboratory testing to consider:
 - Alcohol abuse: Liver functions including ALT (SGPT), AST (SGOT), and GGT (gamma-glutamyl transferase). In acute alcohol poisoning, amylase and lipase
 - Club drugs (Ecstasy, others): electrolytes and renal function tests (creatinine, BUN, creatinine clearance)
 - Inhalants: CBC with diff
 - Tests to rule out medical comorbidities resulting from other risk taking behaviors:
 - STI testing (including HIV, syphilis)
 - Hepatitis C (HCV infection has increased 300% in patients 18-29yo due to increase in heroin and IV drug use)
 - MRSA (IV drug use)



DRUG TESTING FOR SUD IN ADOLESCENTS

- There is a lack of consensus among physicians regarding the indications for drug testing
- There is a lack of guidance on how to use drug testing effectively for any indication
- The complexity and invasiveness of drug testing, and limitations to the information derived, affect its utility



DRUG TESTING FOR SUD IN ADOLESCENTS

- Drug testing specimen types:
 - Urine (invasive and highly susceptible to tampering, but well standardized and most commonly used in outpatient)
 - Blood (best used within 2-12 hours, rarely used in primary care)
 - Breath (used by law enforcement for alcohol, also CO for tobacco)
 - Saliva (for recent use, 24-48 hours, less standardized than urine or blood testing)
 - Sweat (patch worn 3-7days, or swipe for use within 24 hours, controversial)
 - Hair (detects drug use over a extended time, not for acute or intermittent drug use, not useful clinically, false positives with MJ)

Cotinine is the best biomarker for tobacco use, can be measured in blood, saliva, hair, and urine.



DRUG TESTING FOR SUD IN ADOLESCENTS

- Urine Drug Testing: qualitative (used for screening, POC testing), and quantitative (used for confirmation, not available in POC, some labs do both).
- Indications for Drug Testing:
 - Emergencies: Patients with altered mental status, suicide attempt, unexplained seizures, syncope, or arrhythmias
 - Unnecessary if patient is forthcoming regarding his or her drug use
 - Voluntary drug testing when there is suspicion of ongoing drug use based on observed symptoms, or complaints of fatigue, moodiness, and school failure
 - SUD therapy and monitoring
 - Juvenile court monitoring for those in the probation system



DRUG TESTING FOR SUD IN ADOLESCENTS

- Drug Testing, other uses
 - Screening: Not recommended as a useful screening procedure for general clinical populations (poor sensitivity, false positives and negatives, adulteration of specimens)
 - Home drug testing: Efficacy in reducing SUD in adolescents is lacking, if parents suspect SUD, professional consultation is recommended
 - School clearance: used when a student is suspended for drug use or possession, “clearance” should be provided by a medical professional after an evaluation, not by school drug testing. The Supreme Court has ruled twice that a school can drug test students who participate in sports or other extracurricular activities



DRUG TESTING FOR SUD IN ADOLESCENTS

- Adolescent Drug Testing Policies in Schools
 - Controversial approach to preventing substance use by students
 - Two Supreme Court decisions have affirmed the legality of drug testing for sports and other extracurricular activities
 - One study has shown significantly lower rates of marijuana use and other illicit drug use over the past 30 days compared to schools without drug testing
 - No change in substance abuse for substances not tested for
 - School drug testing does not include the substance most commonly used by adolescents: alcohol
 - The number of positive drug tests was lower than expected, based on student self report of drug use, suggesting that students who reduced their use had low levels of use in the first place
 - Study participation was voluntary, it is likely that students with heavier use declined to participate



DRUG TESTING FOR SUD IN ADOLESCENTS

- Adolescent Drug Testing Policies in Schools
 - It is questionable whether school-based drug testing is a good use of limited school resources
 - Less than 10% of adolescents with a SUD receive any treatment
 - A better use of school resources is a school-based counselor who could provide advice and guidance to low-risk students while providing counseling and treatment to those with more significant SUD
 - There are significant privacy concerns (prescribed medication shows up on a UDS, unexplained suspension or being cut from sports participation)
 - Increased use of drugs that will not show up on current drug screens



DRUG TESTING FOR SUD IN ADOLESCENTS

- Adolescent Drug Testing Policies in Schools
 - The AAP recommends that pediatricians advocate for substance abuse prevention programs in schools, and support schools in developing intervention programs and referral systems for adolescents with SUD
 - The AAP supports effective substance abuse services in schools, but opposes widespread implementation of drug testing as a means of achieving substance abuse intervention goals, due to the lack of evidence for its effectiveness
 - The AAP recommends that schools and school districts that choose to do school-based drug testing carefully consider and monitor the program for potential adverse effects, including decreased participation in sports, breach of confidentiality, increases in the use of substances not tested for, and increases in the number of students facing disciplinary action



MEDICATION ASSISTED TREATMENT OF ADOLESCENTS WITH OPIOID USE DISORDERS

- Opioid addiction is a chronic, relapsing neurological disorder
- Spontaneous recovery rates are low, but outcomes can be improved with medication-assisted treatment
- The AAP advocates for resources to improve access to medication-assisted treatment of opioid addicted adolescents, and developmentally appropriate SUD counseling
- Medications: Methadone (long acting opioid agonist), Naltrexone (not yet FDA approved for adolescents), and buprenorphine (for age 16yo and older)
- Buprenorphine also reduces alcohol cravings, requires 8 hours of training to obtain a "waiver" to prescribe (AAP has an approved course)
- The AAP recommends that pediatricians consider offering medication-assisted treatment to adolescents with severe opioid use disorders, or discuss referrals to other providers for this service



SCREENING OF SUD IN THE ADOLESCENT

- “The principal purpose of gathering assessment information is to provide a basis for selection of the most appropriate treatment for the individual being assessed.”
 - Institute of Medicine 1990



SCREENING IN THE CAHC

- Indicators for Screening:
 - Psychosocial “Red Flags”
 - Physical or sexual abuse history
 - Parental substance use disorder (DUI/DWI)
 - Sudden downturns in school performance or attendance
 - Peer involvement in a serious crime
 - Marked change in physical health
 - Involvement in serious crimes or delinquency
 - High Risk sexual behaviors for HIV transmission
 - Indicators of serious psychologic problem (suicidal ideation/intent, severe depression)



SCREENING IN THE CAHC

- Indicators for SCREENING
 - Substance Use “Red Flags”
 - Substance use during childhood or early teen years
 - Substance use before or during school
 - Peer involvement in substance use
 - Daily use of one or more substances



SCREENING IN THE CAHC

- Primary information gathered should define:
 - Level of Use
 - Pattern of Use
 - History of Use
 - Signs and Symptoms of Use
 - Consequences of Use



SCREENING IN THE CAHC

- Secondary information gathered should define:
 - Medical conditions related to abuse/complicated by abuse
 - Psychiatric conditions related to abuse/complicated by abuse
 - Family conditions related to abuse/complicated by abuse
 - Education issues related to abuse/complicated by abuse
 - Employment issues related to abuse/complicated by abuse
 - Legal issues related to abuse/complicated by abuse
 - Financial issues related to abuse/complicated by abuse



SCREENING IN THE CAHC

- “When a screening tool was not used, only one-third of youth who were engaged in “excessive alcohol use” were identified.

- Levy, S. Brief Interventions for substance use in adolescents: still promising, still unproven. *CMAJ* 2014; 186(8):565-566

- AAP recommends all adolescents be screened for substance use disorders.



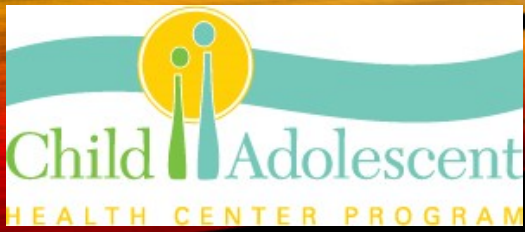
SCREENING OF SUD IN THE ADOLESCENT

- WHY SCREEN?
- "Addiction involves a 3 stage cycle: binge/intoxication/withdrawal/negative effect, and preoccupation/anticipation.
- The cycle becomes more severe with continued substance use, with dramatic changes in brain function that reduce a person's ability to control their use.
- Therefore, screening, brief intervention and referral to treatment are important in the prevention of addiction.



SCREENING IN THE CAHC

- Substance Use Screening Tools
 - RAAPS- First step in evaluating risk behaviors of youth in our centers.
 - S2BI Screening Tool
 - CRAFFT (Alcohol or Drug Use)
 - BSTAD (Brief Screener for Tobacco, Alcohol and Other Drugs)
 - APA NIDA Modified ASSIST Tools (Alcohol or Drug Use)
 - DAST-10 (Drug Use Questionnaire)
 - CUDIT- R (Marijuana Use)



SCREENING IN THE CAHC

- RAAPS

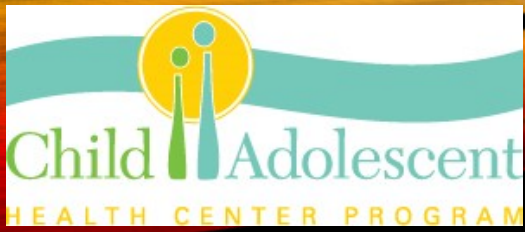
- *This is the primary screening tool for all youth that present to a Child and Adolescent Health Center.*
 - *Question #10: In the **past 12 months**, have you driven a car while texting, drunk or high, or ridden in a car with a driver who was?*
 - *Question #11: In the **past 3 months**, have you drunk more than a few sips of alcohol (beer, wine coolers, liquor, other)?*
 - *Question #12: In the **past 3 months**, have you used marijuana, other street drugs, steroids, or sniffed/huffed household products?*
 - *Question #13: In the **past 3 months**, have you used **someone else's** prescription (from a doctor or other health provider) or any nonprescription (from a store) drugs to sleep, stay awake, concentrate, calm down, or get high?*
- *But also consider.....*



SCREENING IN THE CAHC

- RAAPS

- *This is the primary screening tool for all youth that present to a Child and Adolescent Health Center.*
 - *Question #7: Has anyone **ever abused** you physically (hit, slapped, kicked), emotionally (threatened or made you feel afraid) or **forced you** to have sex or be involved in sexual activities when you didn't want to?*
 - *Question #16: If you have had sex, do you **always** use a condom and/or another method of birth control to prevent sexually transmitted infections and pregnancy? I have never had sex.*
 - *Question #17: During the past month did you often feel sad or down as though you had nothing to look forward to?*
 - *Question #18: Do you have any serious problems or worries at home or at school?*
 - *Question #19: In the past 12 months, have you seriously thought about killing yourself, tried to kill yourself, or have you purposely cut, burned or otherwise hurt yourself?*
- *A positive answer to any one of the above questions should result in further screening.*



SCREENING IN THE CAHC

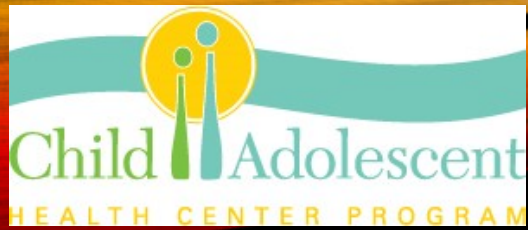
- S2BI Screening Tool (Alcohol and Drug Use)

Advantages

- Screens for both alcohol AND drug use
- Uses assessment of frequency of substance use that is highly correlated with increasing severity of a substance use disorder in adolescents, as well as the DSM V criteria.
- Quick assessment of the severity of the SUD and for the level of intervention required.

Limitations

- Cannot be used to diagnose a substance use disorder in an adolescent.



SCREENING IN THE CAHC

• S2BI Screening Tool (Alcohol and Drug Use)

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

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.

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" www.mass.gov/maclearinghouse (no charge).

OVER

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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SCREENING IN THE CAHC

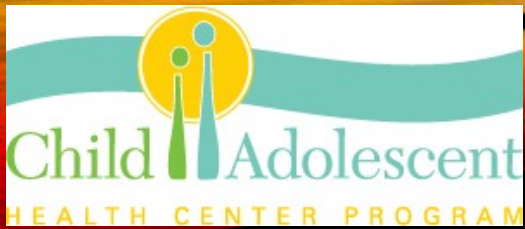
- CRAFT (Alcohol or Drug Use)

Advantages

- Screens for both alcohol AND drug use
- Score is correlated with increasing severity of diagnostic classification
- Can be given orally to the adolescent patient during the medical visit, after parents have left the room
- Has been proven valid in other cultures, including American-Indian and Alaska-Native adolescents (Cummins et al. 2003)

Limitations

- Should only be administered to adolescent patients (those under 21 years of age)



SCREENING IN THE CAHC

- CRAFT (Alcohol or Drug Use)
 - Yes or No Questions:
 - 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 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?
 - Scoring 2 or more positive items indicate the need for further assessment.

ALGORITHM FOR SCREENING IN THE CAHC

RAAPS



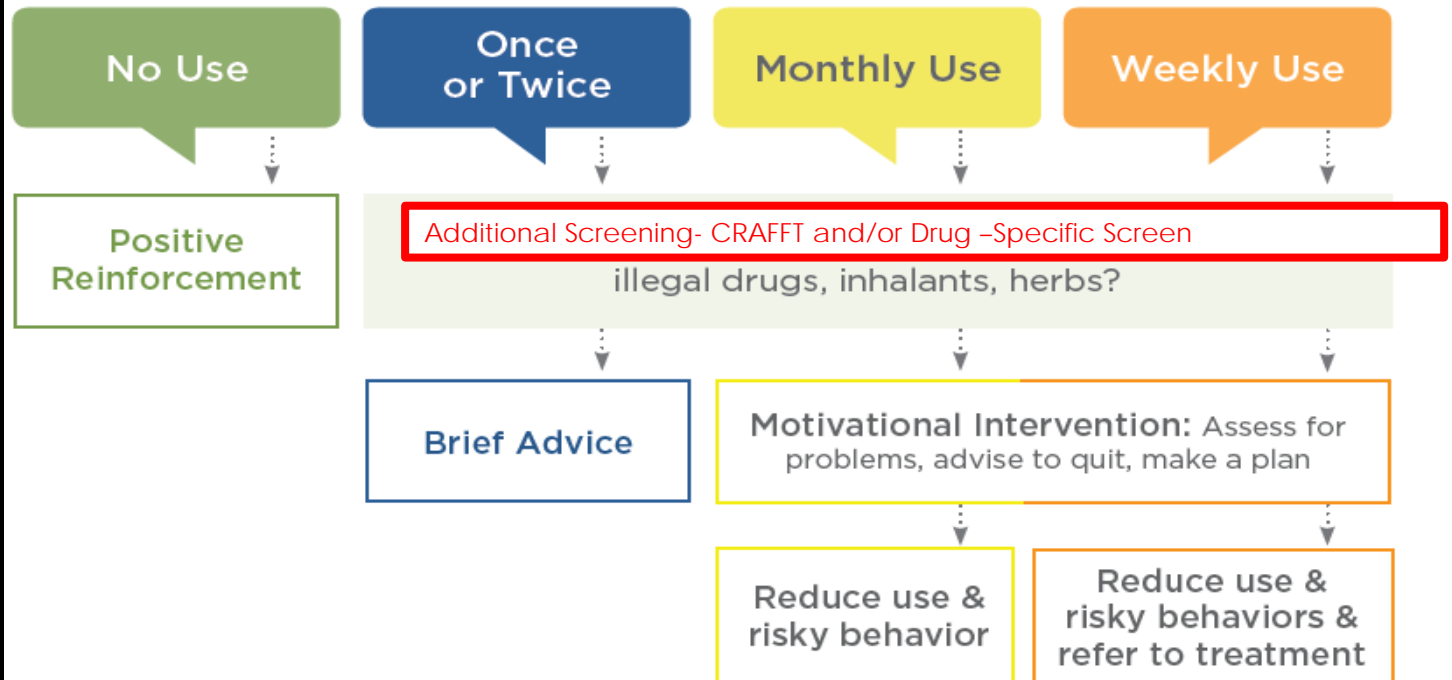
HEEADSSS or
SSHADESS*



*Include S2BI screen

S2BI algorithm*

In the past year, how many times have you used:
Tobacco? Alcohol? Marijuana? (Ask separately.)



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SCREENING IN THE CAHC

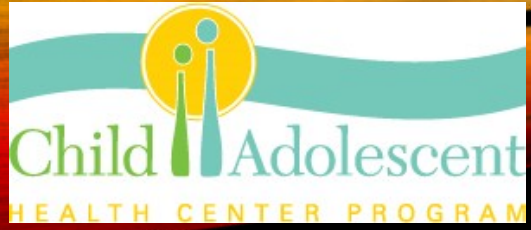
- BSTAD (Brief Screener for Tobacco, Alcohol and other Drugs)

Advantages:

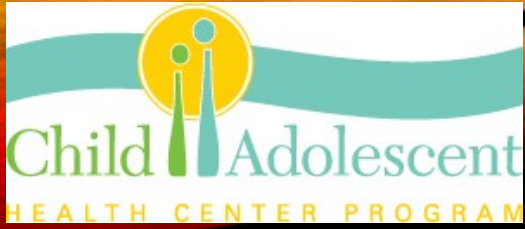
- 3 question screener
- Have you had more than a few sips of beer, wine, or any drink containing alcohol?
- Have you smoked cigarettes or used other tobacco products?
- Did you use marijuana?"
- Highly sensitive and specific cutoffs to identify various SUDs.
 - Tobacco: ≥ 6 days of past-year use
 - Alcohol: >1 day of past year use
 - Marijuana: > 1 day use of past year use

Limitations:

- Use indicated in adolescents aged 12 to 17.
- Does not provide severity of the SUD; further screening may be needed.



ADDITIONAL SCREENERS



SCREENING IN THE CAHC

- NIDA-Modified ASSIST Tools

Advantages:

- May be self-administered in ages 11-17.
- Offers Parent with Child administered version for substance use assessment for ages 6-17.
- Raw score is individually tallied and examined, and can be used to assess clinical change over time.
- Can be used to assess other behaviors/risk factors.

Limitations:

- In order to use with fidelity, must use Level 1 Screener prior to the use of these Level 2 screeners.



SCREENING IN THE CAHC

NIDA- Modified ASSIST Tool- Parent

LEVEL 2—Substance Use—Parent/Guardian of Child Age 6–17*
*Adapted from the NIDA-Modified ASSIST

Child's Name: _____ Age: _____ Sex: ☐ Male ☐ Female Date: _____

What is your relationship with the child receiving care: _____

Instructions to parent/guardian: On the DSM-5 Level 1 cross-cutting questionnaire that you just completed, you indicated that *during the past 2 weeks* your child receiving care has been bothered by "having an alcoholic beverage"; "smoking a cigarette, a cigar, or pipe or used snuff or chewing tobacco"; "using drugs like marijuana, cocaine or crack, club drugs, hallucinogens, heroin, inhalants or solvents, or methamphetamine"; and/or "using any medicine without a doctor's prescription." The questions below ask about these feelings in more detail and especially how often your child receiving care has been bothered by a list of symptoms **during the past two (2) weeks**. Please respond to each item by marking (✓ or x) one box per row.

Please respond to each item by choosing one option per question.	Not at All	Less Than a Day or Two	Several Days	More Than Half the Days	Nearly Every Day	Don't Know	Clinician Use Item Score
During the past TWO (2) WEEKS, about how often did your child ...							
a. Have an alcoholic beverage (beer, wine, liquor, etc.)?	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/>	
b. Have 4 or more drinks in a single day?	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/>	
c. Smoke a cigarette, a cigar, or pipe or used snuff or chewing tobacco?	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/>	
During the past TWO (2) WEEKS, about how often did your child use any of the following medicines without a doctor's prescription or in greater amounts or longer than prescribed?							
d. Painkillers (like Vicodin)	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/>	
e. Stimulants (like Ritalin, Adderall)	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/>	
f. Sedatives or tranquilizers (like sleeping pills or Valium)	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/>	
Or drugs like:							
g. Steroids	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/>	
h. Other medicines	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/>	
i. Marijuana	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/>	
j. Cocaine or crack	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/>	
k. Club drugs (like ecstasy)	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/>	
l. Hallucinogens (like LSD)	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/>	
m. Heroin	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/>	
n. Inhalants or solvents (like glue)	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/>	
o. Methamphetamine (like speed)	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/>	

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NIDA- Modified ASSIST Tool- Child/Adolescent (11-17)

LEVEL 2—Substance Use—Child Age 11–17*
*Adapted from the NIDA-Modified ASSIST

Name: _____ Age: _____ Sex: ☐ Male ☐ Female Date: _____

Instructions to the child: On the DSM-5 Level 1 cross-cutting questionnaire that you just completed, you indicated that *during the past 2 weeks* you have been bothered by "having an alcoholic beverage"; "smoking a cigarette, a cigar, or pipe or used snuff or chewing tobacco"; "using drugs like marijuana, cocaine or crack, club drugs (like ecstasy), hallucinogens (like LSD), heroin, inhalants or solvents (like glue), or methamphetamine (like speed)"; and/or "using any medicine ON YOUR OWN, that is, without a doctor's prescription, to get high or change the way you feel." The questions below ask about these feelings in more detail and especially how often you have been bothered by a list of symptoms **during the past two (2) weeks**. Please respond to each item by marking (✓ or x) one box per row.

	Not at All	Less Than a Day or Two	Several Days	More Than Half the Days	Nearly Every Day	Clinician Use Item Score
During the past TWO (2) weeks, about how often did you ...						
a. Have an alcoholic beverage (beer, wine, liquor, etc.)?	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	
b. Have 4 or more drinks in a single day?	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	
c. Smoke a cigarette, a cigar, or pipe or use snuff or chewing tobacco?	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	
During the past TWO (2) weeks, about how often did you use any of the following medicines ON YOUR OWN, that is, without a doctor's prescription or in greater amounts or longer than prescribed?						
d. Painkillers (like Vicodin)	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	
e. Stimulants (like Ritalin, Adderall)	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	
f. Sedatives or tranquilizers (like sleeping pills or Valium)	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	
Or drugs like:						
g. Steroids	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	
h. Other medicines	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	
i. Marijuana	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	
j. Cocaine or crack	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	
k. Club drugs (like ecstasy)	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	
l. Hallucinogens (like LSD)	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	
m. Heroin	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	
n. Inhalants or solvents (like glue)	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	
o. Methamphetamine (like speed)	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	

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SCREENING IN THE CAHC

Level 1 Screeners:

- Can help identify Cross-Cutting Symptom Measures for further investigation
 - Somatic symptoms
 - Sleep Disturbance
 - Depression
 - Anger
 - Irritability
 - Mania
 - Anxiety
 - Repetitive Thoughts and Behaviors
 - Substance Use Disorders

Table 1: DSM-5 Self-Rated Level 1 Cross-Cutting Symptom Measure—Child Age 11–17: domains, thresholds for further inquiry, and associated Level 2 measures

Domain	Domain Name	Threshold to guide further inquiry	DSM-5 Level 2 Cross-Cutting Symptom Measure available online
I.	Somatic Symptoms	Mild or greater	LEVEL 2—Somatic Symptom—Child Age 11–17 (Patient Health Questionnaire Somatic Symptom Severity [PHQ-15])
II.	Sleep Problems	Mild or greater	LEVEL 2—Sleep Disturbance—Child Age 11–17 (PROMIS—Sleep Disturbance—Short Form) ¹
III.	Inattention	Slight or greater	None
IV.	Depression	Mild or greater	LEVEL 2—Depression—Child Age 11–17 (PROMIS Emotional Distress—Depression—Pediatric Item Bank)
V.	Anger	Mild or greater	LEVEL 2—Anger—Child Age 11–17 (PROMIS Emotional Distress—Calibrated Anger Measure—Pediatric)
VI.	Irritability	Mild or greater	LEVEL 2—Irritability—Child Age 11–17 (Affective Reactivity Index [ARI])
VII.	Mania	Mild or greater	LEVEL 2—Mania—Child Age 11–17 (Altman Self-Rating Mania Scale [ASRM])
VIII.	Anxiety	Mild or greater	LEVEL 2—Anxiety—Child Age 11–17 (PROMIS Emotional Distress—Anxiety—Pediatric Item Bank)
IX.	Psychosis	Slight or greater	None
X.	Repetitive Thoughts & Behaviors	Mild or greater	LEVEL 2—Repetitive Thoughts and Behaviors—Child 11–17 (adapted from the Children’s Florida Obsessive-Compulsive Inventory [C-FOCI] Severity Scale)
XI.	Substance Use	Yes/ Don’t Know	LEVEL 2—Substance Use—Child Age 11–17 (adapted from the NIDA-modified ASSIST)
XII.	Suicidal Ideation/ Suicide Attempts	Yes/ Don’t Know	None

¹Not validated for children by the PROMIS group but found to have acceptable test-retest reliability with child informants in the DSM-5 Field Trial.



SCREENING IN THE CAHC

DAST-10(Drug Use Questionnaire)

Advantages:

10 question survey

Easy to score

Corresponds with severity of use; diagnostic criteria for SUD.

Limitations:

Drug screen only; Excludes alcohol use

Drug Abuse Screening Test, DAST-10

The following questions concern information about your possible involvement with drugs *not including alcoholic beverages* during the past 12 months.

"Drug abuse" refers to (1) the use of prescribed or over-the-counter drugs in excess of the directions, and (2) any nonmedical use of drugs.

The various classes of drugs may include cannabis (marijuana, hashish), solvents (e.g., paint thinner), tranquilizers (e.g., Valium), barbiturates, cocaine, stimulants (e.g., speed), hallucinogens (e.g., LSD) or narcotics (e.g., heroin). Remember that the questions *do not* include alcoholic beverages.

Please answer every question. If you have difficulty with a statement, then choose the response that is mostly right.

In the past 12 months...		Circle	
1.	Have you used drugs other than those required for medical reasons?	Yes	No
2.	Do you abuse more than one drug at a time?	Yes	No
3.	Are you unable to stop abusing drugs when you want to?	Yes	No
4.	Have you ever had blackouts or flashbacks as a result of drug use?	Yes	No
5.	Do you ever feel bad or guilty about your drug use?	Yes	No
6.	Does your spouse (or parents) ever complain about your involvement with drugs?	Yes	No
7.	Have you neglected your family because of your use of drugs?	Yes	No
8.	Have you engaged in illegal activities in order to obtain drugs?	Yes	No
9.	Have you ever experienced withdrawal symptoms (felt sick) when you stopped taking drugs?	Yes	No
10.	Have you had medical problems as a result of your drug use (e.g. memory loss, hepatitis, convulsions, bleeding)?	Yes	No
Scoring: Score 1 point for each question answered "Yes," except for question 3 for which a "No" receives 1 point.			Score:

Interpretation of Score		
Score	Degree of Problems Related to Drug Abuse	Suggested Action
0	No problems reported	None at this time
1-2	Low level	Monitor, re-assess at a later date
3-5	Moderate level	Further investigation
6-8	Substantial level	Intensive assessment
9-10	Severe level	Intensive assessment

Drug Abuse Screening Test (DAST-10). (Copyright 1982 by the Addiction Research Foundation.)

SCREENING IN THE CAHC

- CUDIT- R (Marijuana Use)

Advantages:

- Easy to administer and score
- Correlates with DSM V criteria and severity level of use disorder.

Limitations:

- Marijuana use disorders only

The Cannabis Use Disorder Identification Test - Revised (CUDIT-R)

Have you used any cannabis over the past six months? YES / NO

If YES, please answer the following questions about your cannabis use. Circle the response that is most correct for you in relation to your cannabis use *over the past six months*

1.	How often do you use cannabis?	Never 0	Monthly or less 1	2-4 times a month 2	2-3 times a week 3	4 or more times a week 4
2.	How many hours were you "stoned" on a typical day when you had been using cannabis?	Less than 1 0	1 or 2 1	3 or 4 2	5 or 6 3	7 or more 4
3.	How often during the past 6 months did you find that you were not able to stop using cannabis once you had started?	Never 0	Less than monthly 1	Monthly 2	Weekly 3	Daily or almost daily 4
4.	How often during the past 6 months did you fail to do what was normally expected from you because of using cannabis?	Never 0	Less than monthly 1	Monthly 2	Weekly 3	Daily or almost daily 4
5.	How often in the past 6 months have you devoted a great deal of your time to getting, using, or recovering from cannabis?	Never 0	Less than monthly 1	Monthly 2	Weekly 3	Daily or almost daily 4
6.	How often in the past 6 months have you had a problem with your memory or concentration after using cannabis?	Never 0	Less than monthly 1	Monthly 2	Weekly 3	Daily or almost daily 4
7.	How often do you use cannabis in situations that could be physically hazardous, such as driving, operating machinery, or caring for children:	Never 0	Less than monthly 1	Monthly 2	Weekly 3	Daily or almost daily 4
8.	Have you ever thought about cutting down, or stopping, your use of cannabis?	Never 0	Yes, but not in the past 6 months 2			Yes, during the past 6 months 4

This scale is in the public domain and is free to use with appropriate citation:

Adamson SJ, Kay-Lambkin FJ, Baker AL, Lewin TJ, Thornton L, Kelly BJ, and Sellman JD. (2010). An Improved Brief Measure of Cannabis Misuse: The Cannabis Use Disorders Identification Test – Revised (CUDIT-R). *Drug and Alcohol Dependence* 110:137-143.

DIAGNOSIS OF A SUD

- DSM V Criteria

- "The essential feature of a substance use disorder is a cluster of cognitive, behavioral, and physiologic symptoms indicating the individual continues using the substance despite significant substance-related problems."

- Alcohol
- Cannabis
- Hallucinogens
- Opioids
- Tobacco

Inhalants

Opioids

Sedatives, anxiolytics, hypnotics

Stimulants

Other, Unknown



DIAGNOSIS OF A SUD

- DSM V Criteria

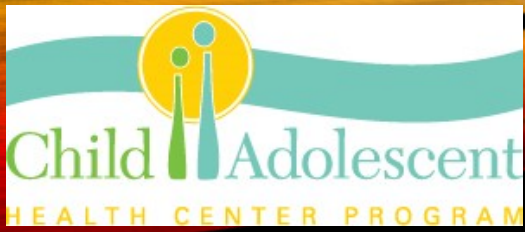
- Tolerance*
- Withdrawal*
- More use than intended
- Craving of the substance (added and removed legal problems)
- Unsuccessful efforts to cut down
- Spends excessive amount of time in acquisition of the substance
- Activities given up because of substance use
- Uses despite negative effects
- Failure to fulfill major role obligations
- Recurrent use in hazardous situations (work, driving, etc)
- Continued use despite consistent social or interpersonal problems with use

* Tolerance or Withdrawal are not considered if the use of the substance is by a prescription by a physician.
(Considered normal to have withdrawal or tolerance to ie Opiate for Chronic pain, or SSRI for depression.)



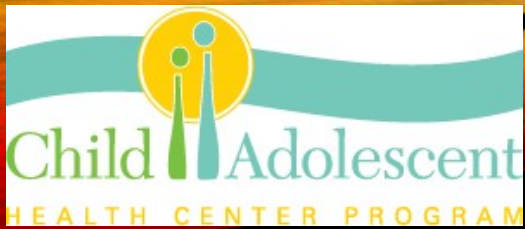
DIAGNOSIS OF A SUD

- DSM V Criteria and AAP Guidelines
 - General Severity
 - Abstinence- Time prior to engaging in substance use or more than a few sips of alcohol.
 - Substance Use without Disorder- Limited use generally in social situations, without related problems. Typically occurs during predictable times (weekends).



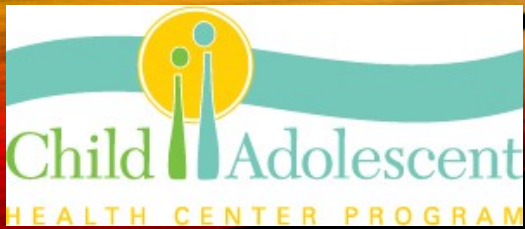
DIAGNOSIS OF A SUD

- DSM V Criteria and AAP Guidelines
 - General Severity
 - Mild SUD: 2-3 symptoms
 - Moderate SUD: 4-5 symptoms
 - Mild to Moderate SUD are characterized by use in high risk situations (driving, strangers). Use associated with a problem (fight, arrest, school suspension). Use for emotional regulation (Depression, Stress).
 - Severe SUD : 6 or more symptoms
 - Loss of control or compulsive drug use associated with neurologic changes in the reward system of the brain.



DIAGNOSIS OF A SUD

- DSM V Criteria and AAP Guidelines
 - General Severity
 - Acute: Injection drug use, symptoms of drug withdrawal, active use with past hospitalization or ED visit, or history of supervised withdrawal; Suicidality; Drug mixing; Frequent or excessive binge drinking, or operation of a motor vehicle under the influence of alcohol or drugs.



BRIEF INTERVENTION IN THE CAHC

- Determine the appropriate level of intervention based on where each patient falls on the spectrum:
- Abstinence- Reinforcement of current behavior with a strong recommendation to remain abstinent through education.
- Substance Use without a Disorder- Advise stopping use. Provide counseling regarding medical harms. Promote patient strengths.
- Substance Use Disorders:
 - **MILD/MODERATE**- Assessment of youth perceptions of problems. Clear, brief advice to quit using and provide education/counseling on risks using MI. consider referral to SUD treatment; Consider breaking confidentiality.
 - **SEVERE** - In addition to above: Comprehensive physical, psychosocial, family and cultural assessment with referral to specialized intensive treatment program appropriate for the youth; Parental involvement.
 - **ACUTE**- In addition to above; Implementation of a safety plan.



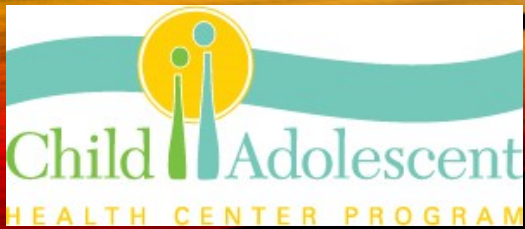
BRIEF INTERVENTION IN THE CAHC

- Brief Intervention
 - “time-limited, patient-centered counseling strategies that focus on changing behavior and increasing treatment compliance.” Fleming 2000
 - Goals of behavioral intervention vary based on patient population, Stage of Change, and patient motivation to change.
 - 5 step process



BRIEF INTERVENTION IN THE CAHC

- Brief Intervention- 5 Step Process
 - Assessment and Direct Feedback
 - Linking the behavior to a noted concern in physical, mental/emotional, financial or social problem.
 - Based on the patient's Stage of Change
 - Negotiation and Goal Setting
 - Assist in developing mutually acceptable goal.
 - Behavioral Modification Techniques
 - Identify high-risk or vulnerable times when behavior is likely to occur, and assist in developing coping strategies to reduce risk.
 - Self-Help Directed Bibliography
 - Provide educational literature with permission.
 - Follow-Up and Reinforcement
 - Regular follow-up to assist with long-term behavior change.



BRIEF INTERVENTION IN THE CAHC

Stages of Change Theory

- Pre-contemplation
 - The user is aware of a few negative consequences of use, but is not considering change, and not likely to take action.
- Contemplation
 - The user is aware of pros and cons of use, but is ambivalent about change.
- Preparation
 - The user decides to change behavior, and is planning steps toward action/recovery.
- Action
 - The user is in early recovery and treatment works at this stage, however, behaviors are not yet stable.
- Maintenance
 - The user establishes new behaviors on a long-term basis.



BRIEF INTERVENTION IN THE CAHC

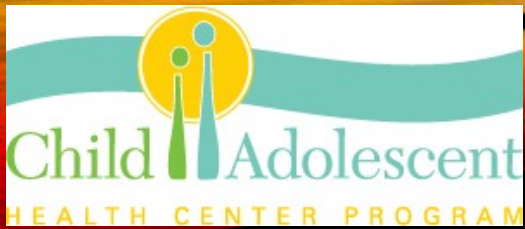
Motivational Interviewing

- The purpose is to:
 - Encourage clients to recognize a problem behavior
 - Regard positive change to be in their best interest
 - Feel competent to change their behavior
 - Develop a plan for change
 - Take Action
 - Practice relapse prevention strategies



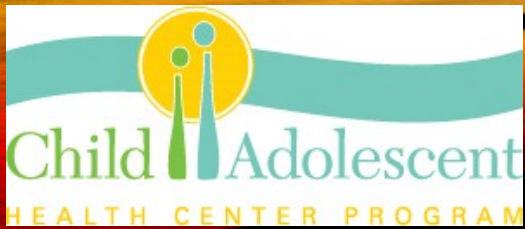
BRIEF INTERVENTION IN THE CAHC- USE OF SBIRT TOOLS

- FRAMES
 - Feedback
 - Regarding personal risk is provided to the client based on assessment of use patterns and problems with use.
 - Responsibility
 - for change is placed on the teen.
 - Advice
 - On stopping or reducing substance use is provided in a non-judgmental manner.
 - Menus
 - Of treatment options and/or behavior change options are provided to the teen according to their stage of change.
 - Empathic
 - Counseling is provided with warmth, compassion and understanding.
 - Self-Efficacy
 - Optimistic empowerment is the basis for encouraging change.



BRIEF INTERVENTION IN THE CAHC- USE OF SBIRT TOOLS

- OARS
 - Open-Ended Questions are asked
 - Affirming
 - Reflective listening
 - Summarizing
 - Plus- giving advice and education with permission



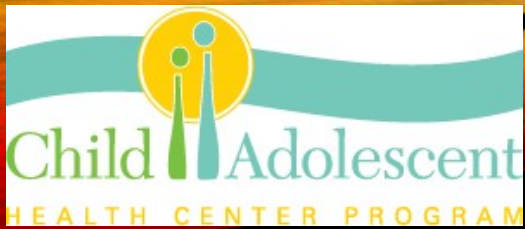
BRIEF INTERVENTION IN THE CAHC

- Case Study- Abstinence
- Goal- Positive Reinforcement
 - Jose is a 12 year old here for a CPE. His RAAPS and S2BI are negative. He denies any use of substances himself or within his friend group. He does report alcoholism in his father.
 - "Jose you are making a great decision for your health to avoid drinking and using drugs. By doing this, you are allowing your brain to mature without causing harm by using substances, and reducing your risk from addiction by avoiding substance use at a young age. It's important to you to have friends that support your health and share your view of not using drugs or alcohol. What have you noticed about your father's use of alcohol that might prevent you from trying it?"
- Follow-up: continue to monitor substance use with each CPE due to risk factor of having parent with SUD.



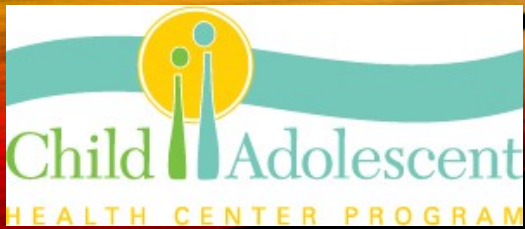
BRIEF INTERVENTION IN THE CAHC

- Case Study- Substance Use Without a Disorder
 - Lakeisha is a 13 year-old here for a "sport's physical." Her RAAPS is + for Question #12- "marijuana." Her S2BI is positive for marijuana use Once or Twice." Her CRAFFT screen is negative. She reports recently attending a party with her friends where she tried marijuana. She is doing well in school, and has not used substances while driving or for emotional regulation. She is not worried about continued use of marijuana when she is at parties with her friends. She is not concerned that this will turn into a regular habit.



BRIEF INTERVENTION IN THE CAHC

- BI with MI: "Lakeisha you are doing very well in school, and participating in sports. I'm concerned that your use of marijuana may impact your grades and ability to perform in sports. Do you mind if I share some effects that marijuana has on the brain? Marijuana has been shown to effect memory, concentration, and motivation and is linked to getting lower grades in school. The earlier you use marijuana, the more likely you are to continue to use it. You also mentioned that the school has a no tolerance policy for drug use in athletes. How would you feel if you couldn't play on the team? Would you mind if I give you this handout on marijuana? I'd like to see you back in a month or so to see if you have any questions about the information."
- Follow-up: Consider follow-up in 1-2 months to check in on any further substance use behaviors.



BRIEF INTERVENTION IN THE CAHC

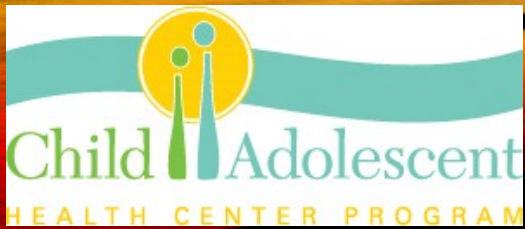
- Case Study- Mild to Moderate SUD

Anna is a 15 year-old here for SOB. This is her third visit to you in the past month for SOB, though her lung sounds are clear to auscultation. You administer a RAAPS, which is positive for Question #10 (driven in a car) and #12(marijuana). Due to her anxiety and +RAAPS, and history of suspected anxiety, you also perform the S2BI and the CRAFFT. The S2BI is positive for "Monthly" use of marijuana. The CRAFFT is positive for "Relax, Friends and Forget." She reports using her mother's marijuana once a month to help her relax. She has recently reported arguing with her boyfriend over her use of marijuana. She has also been dragged out of a party by a friend after she was so high that she passed out and was about to be taken to a room by a male whom she was not familiar. She admits being terrified by this occurrence, but also feels it is very helpful for dealing with her anxiety. She and her friends use a DD when partying together.



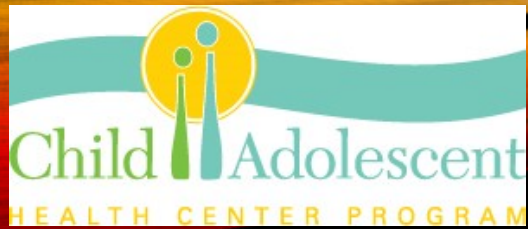
BRIEF INTERVENTION IN THE CAHC

- Case Study- Mild to Moderate SUD
- BI with MI: "Anna I'm glad you and your friends use a DD when partying together. You describe being in a very risky situation while using marijuana. This means that you smoked enough marijuana to not be aware of what was happening around you. How do you think you can better protect yourself in the future? You mentioned this was very frightening for you. Your use of marijuana increased your anxiety in this situation, and you report using marijuana to help your anxiety. Would you be interested in speaking with Tim? Tim is someone in our clinic who can help you find better ways of dealing with your anxiety that do not put you at risk. I'd be happy to introduce you to him so that you can make your decision."



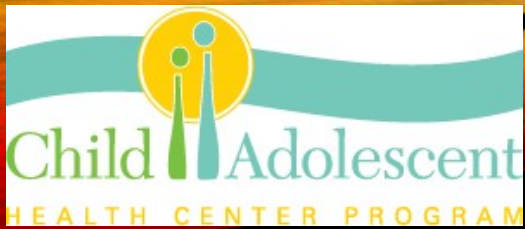
BRIEF INTERVENTION IN THE CAHC

- Case Study- Mild to Moderate SUD
- A warm hand off is conducted with the CAHC Social Worker, Tim.
- You and Tim have a “huddle” to discuss Anna’s need for assessment and coping strategies for anxiety.
- She is scheduled for a follow up in 2 weeks to see if she was successful in her goal to not use marijuana around strangers or alone, as well as perform the CUDIT-R and the SCARED. You will consider parent involvement if her use increases or becomes more hazardous, and/or she is unwilling or unable to cut down as promised, or medication is needed for anxiety.



BRIEF INTERVENTION IN THE CAHC

- Case Study – Severe SUD with Acute Harm
- John is a 16 year-old male referred to you by the School Principal for behavioral issues (fighting and acting out). He is enrolled in the EI program at the school for ODD and ADHD. His RAAPS is positive for Questions #10(car), #11(drunk), #12 (marijuana), #13(Rx drug use)#16(sex), #(sad), #20 (adult), and #21(trouble with anger); His S2BI is positive for weekly alcohol, and marijuana use, and "once or twice" for both prescription drugs and synthetic drugs. CRAFFT is positive for Car, Relax, Alone, Family, Forget and Trouble.



BRIEF INTERVENTION IN THE CAHC

- Case Study – Severe SUD with Acute Harm
- John reports that his father is incarcerated, and he lives with his MGF, who is his legal guardian since the death of his mother when he was 5 yrs old. His main support is his friend group that are part of the Latin Kings. He reports they are his family and look out for him. He has recently been couch surfing and staying with a friend, because his MGF kicked him out of the house. He admits to blacking out with alcohol use, and trying pain pills his GF uses on a few occasions in the last month to help with headaches with drinking. He reports that he needs marijuana because it is the only thing that “calms his mind, and makes me feel better after drinking.” He notices when he doesn’t use it, he feels more angry and gets irritated more easily. He doesn’t see a problem with his use as it is the same as his friends, and has no reason to quit or cut down as all of his friends drink 6 beers and a couple of shots on most weekend days. He played sports in MS, but finds that he no longer has time to participate and prefers to hang out with his friends or “chill.” He admits to being in fights at school, and being suspended in the past for this. He denies suicidality.



BRIEF INTERVENTION IN THE CAHC

- Case Study – Severe SUD
- “ John thank you for speaking so honestly with me today. From what you’ve told me, I’m very worried about your drug use. Mixing substances and driving while under the influence is putting your health and safety at immediate risk. Because I am so concerned, I want you to know that I will need to share some of this information with your GF. What do you think the best way to share this information with him? It is also important that we make an appointment for you to talk to one of my colleagues about your substance use. In the meantime, can you promise me that you will not drive while drinking or taking drugs? Could you try to use ibuprofen for your headaches instead of your GF pain pills while drinking?”



OTHER ISSUES

- Confidentiality
 - Set the stage for allowing confidential time during the visit **EARLY!** Preparing the parent and teen for the eventual need for this time during routine visits should begin around age 10, in order to successfully transition the child to adult independence of decision-making throughout adolescence.
 - Ensure that a discussion regarding the limits of confidentiality are routinely reviewed with the adolescent frequently, so that when confidentiality must be broken to ensure the safety of the adolescent, there are no surprises.
 - Always make an effort to inform the adolescent that confidentiality must be broken prior to doing so. Involve the adolescent in how information should be shared with parents, as well as what information will not be shared (source of the substance, friends that use, etc.)



REFERRAL FOR TREATMENT IN MI

Substance Abuse Division



CAHC UPDATES

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THANK YOU FOR YOUR PARTICIPATION!!

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