

Facilitator Preparation:

Facilitators should thoroughly review this guide and the other materials provided. They should prepare or photocopy handouts to distribute during the course of the case presentation and the “Materials for Learners” packet.

Open the Discussion: Introduce the case title and the objectives of the session. Explain that this will be an interactive case discussion prompted by a series of multiple choice questions and not a lecture. Distribute Part I of the case and ask one or more of the participants to read it aloud.

The Crafty Pupil

Adolescent Substance Abuse Screening and Management

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Objectives:

- List appropriate questions for assessing the use of alcohol and drugs.
- Discuss the developmental spectrum of substance abuse, from experimentation through dependence.
- Describe how to present treatment options to patients and families.

Part I:**Introduction:**

A 14 year-old boy is brought in by his parents for a urine drug screen after they found marijuana in his room.

Current History:

Mark is a 14-year-old boy whose father became concerned when he overheard a telephone conversation in which Mark was discussing the purchase of “*a forty bag*” with a close friend. Later that evening when Mark was out, his mother and father searched his room. They found a plastic bag with a small amount of marijuana, a “roach clip,” cigarette papers, several small white pills, and about \$100 in cash. These items were tucked in a shoebox in the back corner of Mark’s closet.

When confronted later that evening, Mark responded angrily, “*This is none of your business. You guys like to drink now and then, my friends and I like to smoke weed. And I can’t believe you searched my room. Stay out of my life!*” Mark’s father requests that you see his son and perform “a drug test” to see how bad the problem is. To pacify his parents, Mark reluctantly agrees to see you.

Past Medical History:

Mild asthma successfully controlled with an albuterol inhaler.
No hospitalizations, surgeries, or known drug allergies.

Physical Examination:

Gen: Slightly overweight adolescent boy sitting slumped in chair. He is wearing a “Legalize It” T-shirt.

Skin: Mild-moderate facial acne, otherwise clear.

HEENT: Pupils are normal in size, round and reactive to light. Conjunctivae are slightly injected. Nasal mucosae appear normal.

LUNGS: Scattered wheezes on chest auscultation.

BREASTS: 2-3 cm breast tissue both sides consistent with mild gynecomastia.

Remainder of exam is non-focal.

Following this reading, ask all participants “So what do you think about this case? What would you like to focus on during our discussion today?” List agenda items on a blackboard or flipchart. Then use the questions below to guide the discussion. Remember that the key to successfully leading a small group is facilitation of the discussion rather than lecture. Draw as many participants as possible into the discussion. Allow silences while group members think about questions. Present material from the discussion guide only when needed to complement or redirect the group discussion.

Potential Discussion questions:

What do you think about Mark’s drug use? Should his parents be concerned?

- The use of alcohol and other drugs by adolescents is a major problem.
- Studies indicate that almost 70% of high school seniors have reported lifetime alcohol use, and over 22% of them are binge drinkers.*
- Prescription drug misuse also represents a growing problem. 16 million Americans used prescription drugs for non-medical purposes. 8% of 12th graders have abused combination Hydrocodone/Acetaminophen while 5% have used Oxycodone HCl.
- Opioids are the most commonly abused prescription drugs.
- Automotive crashes are the leading cause of mortality for adolescents. According to the National Highway Traffic Safety Administration, among 15-20 year olds, 35% of teen deaths can be attributed to motor vehicle accidents. Often times drinking in combination with inexperience is a contributing factor.
- Tetrahydrocannabinol (THC) and other exogenous cannabinoids produce long standing changes in the developing adolescent’s brain and structure.
 - THC interferes with the function of the brain’s endocannabinoid system. It is active throughout childhood and adolescence. During the prenatal period this system is responsible for migration of neurons from the neural tube to their final locations in the brain. During adolescence it modulates neuronal activity by balancing the forces of inhibition and excitation, directs proper neuronal growth, supports myelinization and promotes connectivity.
 - THC acts as a strong agonist of anandamide, an important endogenous neurotransmitter within the endocannabinoid system.

- Early use of cannabis is associated with a 2-6x increased risk of addiction, major depressive disorder, anxiety disorder and schizophrenia. Continued use of cannabis into adulthood is associated with cognitive decline.

**** Facilitator may wish to review their own state’s Youth Risk Behavior Survey results prior to the teaching session, or national studies such as the Monitoring the Future Study or National Survey on Drug Use and Health (see Bibliography page).**

Is Mark’s father’s request for a drug test reasonable?

- Drug testing should generally not be done without the knowledge and consent of the conscious adolescent (exception: life threatening circumstances exist like acute drug overdose).
- Testing is a two stage procedure: (1) screening by radioimmunoassay followed by (2) confirmatory testing with gas chromatography/ mass spectrometry (GC/MS) or high-performance liquid chromatography for positive screens.
- The typical urine drug screening immunoassay has both a limited range (5-6 “common” drugs of abuse are included: marijuana, opiates, barbiturates, benzodiazepines, amphetamines, cocaine) and limited specificity. The opiate screen may not detect synthetic opioids such as oxycodone and hydrocodone.
- There are widely varying windows of detection for different drugs of abuse. For example, a positive screen for cocaine would only indicate recent use (past few days) because of its brief half-life, increasing the likelihood of false reassurance from a negative test. In contrast, marijuana’s active ingredient, tetrahydrocannabinol (THC), can be detected from 4 days to 4 weeks post use (depends on whether the pattern of use is occasional or chronic). This increases the likelihood of false accusation of continued use.
- False positives are possible with radioimmunoassay. For example, Zantac can give a false positive for amphetamines while fluoroquinolones have been known to cause false positives for opiates. Poppy seeds, common ingredients in baked goods such as crackers, will give a true “false positive” for morphine and codeine.
- Some adolescents want to have the lab test done to “prove” to their parents that they are not using drugs. However it is far more common for adolescent patients to resent the entire process. If their primary care provider pressures them or takes their parents’ side, trust may be lost.

How do you screen Mark for alcohol and drug use?

- **All** adolescents should be screened for alcohol and drug use as part of routine well care and sometimes during urgent care, especially if they present with problems that may be related to substance use (e.g., school failure, accidents and injuries, sexually transmitted diseases or pregnancy).
- Recommendations for screening have been made in the *Guidelines for Adolescent Preventive Services* (GAPS) of the American Medical Association, *Bright Futures: Guidelines for Health Supervision of Infants, Children, and Adolescents, 3rd Edition* and in *Substance use screening, brief intervention, and referral to treatment for pediatricians* by the American Academy of Pediatrics.

- Transitional strategy works best: Ask least threatening questions first (school, home) then gradually move to the more difficult questions (substance use).
- Confidentiality and its limits should be discussed with both patients and providers:
 - “Anything you tell me will be kept confidential unless I think there is a risk to your safety, or someone else’s safety. Should that happen, I will let you know, and you and I together will figure out how to tell your parents.”
- Use open-ended questions to build alliances:
 - “It seems that your parents are quite upset. What’s been going on at home?”
 - “How are things going for you at school? How are things with your friends?”
 - “Is there very much drinking at your school? What kinds of drugs are being used at your school?”
- CRAFFT test is a validated brief screening device that can help the clinician identify serious alcohol and drug problems.

Distribute Handout #1 and review the contents.

Distribute Part II of the case and have participant(s) read it aloud.

Part II:

Next Steps:

After you explain to him the risks and limitations of urine drug testing, Mark’s father agrees that it need not be done. Specifically, you tell him, “We already know he’s smoking marijuana, and tests for other drugs are very limited unless he’s using every day. I usually can get better information through a confidential interview.” Then you meet with Mark to obtain more history about his substance use.

Psychosocial History:

Mark is in eighth grade at a private academy known for academic excellence. During seventh grade he maintained a “B” average, although this declined slightly during the last term. This year, he states he has a “D” average in everything but Spanish, which he is failing. Although he was a starting player on his middle school’s basketball team last year, he is not planning to play this year because, “*Running fast makes me wheeze.*”

You and Mark have the following conversation with regard to his substance use:

“So tell me a little about your experience with alcohol.”

Mark says that he drinks occasionally at parties, but *“more than three beers makes me throw up.”*

You then ask about marijuana.

“Well, I first started about a year ago. One of my friends turned me on to some mad cool weed. We partied pretty much every weekend through the end of school, and then during the summer we partied like every day,” he replies.

You then ask *“Have you ever tried to cut back on your use?”*

“Well, after the summer, when school started, I thought I’d better cut back to just weekends,” Mark responds.

“How did that work out?” you ask.

“Well, it was OK,” he answers, *“but a couple of months ago I decided it was cool to smoke on weeknights. I sometimes have a blunt with my friends before class, too. It makes me more creative.”*

He denies using any other drugs. When asked about the white pills his parents found, he states, *“I was just holding them for a friend of mine.”*

“Are you sure?” you respond. *“Because I sometimes hear that from my patients, but it isn’t always the whole story. Remember Mark, what you say here is kept confidential, but I need to hear the whole story in order to be helpful to you.”*

Mark then says *“I took some ‘OCs’ (oxycodone) pills from my parents’ medicine cabinet. I was going to share them with a friend.”*

Last year, he was provided oxycodone combination tablets for several months after sustaining a compound ankle fracture. He says *“I got to like how they made me feel.”*

You then ask the CRAFFT questions.

“Have you ever ridden in a car driven by someone (including yourself) who was ‘high’ or had been using alcohol or drugs?”

Mark reports to having a minor car accident after leaving a party where he had been drinking several beers. *“It was no big deal. No one got hurt.”*

“Do you ever use alcohol or drugs to relax, feel better about yourself or fit in?”

“Yeah, sure, it helps me relax,” he replies.

“Do you ever use alcohol or drugs when you’re alone?”

“Sometimes late at night. It helps me get to sleep,” he says.

“Do you ever forget things you did while using alcohol or drugs?”

“Nope.”

“Do family or friends ever tell you that you should cut down on your drinking or drug use?”

“Just my parents,” he says with a scowl.

“Have you ever gotten into trouble while you were using alcohol or drugs?”

“No, not really,” he replies. *“But I did have one close call. We got pulled over by a cop one time when I was driving home from a party. He didn’t find anything, though, so he had to let us go.”*

Pause and begin next set of discussion questions.

Potential discussion questions:

What is your assessment of Mark's substance use? Does he have a problem?

Distribute Handout #2 and discuss the contents.

****Facilitator should ask participants to give their assessment of Mark's substance use, reviewing the stages of use as listed below:**

- Per Diagnostic and Statistical Manual for Primary Care (DSM-PC) Child and Adolescent Version, substance use can be considered a continuum.
- Adolescent substance use can range from *developmental variation* of experimentation, through a *problematic* phase, to the *disorders* of abuse and dependence.
- Abstinence: Stage at which adolescents have not yet begun to use any psychoactive substances.
- Experimental Use: Use of alcohol, and marijuana, usually obtained from and consumed with friends.
 - High risk for acute medical issues (e.g. alcohol poisoning) given inexperience (i.e., not knowing a “safe amount” to drink)
- Non-problematic Use: Continuing, but occasional, use of alcohol or drugs.
 - Includes “binge” drinking (5 or more drinks in a row).
- Problematic Use: The appearance of adverse consequences associated with use.
 - Adolescent may or may not be aware of link between substance use and problem behaviors, accidents and academic decline. Ask about:
 - School problems, detentions, suspensions, problems with parent or peer relationships, motor vehicle accidents, emergency department visits, and physical or sexual assaults when conducting an assessment.
 - Positive responses can be followed up with questions such as:
 - “*Were you using alcohol or drugs around the time this happened?*” and
 - “*Have you ever considered that there could be a link between your alcohol or drug use and (the problem)?*”
 - Some individuals may be able to cut back or eliminate their use with minimal interventions.
- Substance Use Disorder: Per DSM V, a maladaptive pattern of use despite significant substance-related problems. Diagnosis is made if patient experiences two or more of the following eleven criteria:
 - Impaired control over substance use
 - Defined by (1) taking substance in larger amounts or for longer periods than originally intended; (2) persistent desire to regulate substance use; (3) spending a great deal of time obtaining, using, or recovering from use of substance; or (4) craving of substance.

- Clinician response: Abstinence challenge test: patient agrees to abstain from drugs or alcohol for a brief period of time (two weeks to one month). Failure is usually indicative of impaired control
- Social impairment secondary to effects of substance use such as (5) failure to fulfill major role obligations at work, school, or home; (6) persistent social or interpersonal problems; or (7) reducing or giving up important activities and hobbies
- “Risky use” including recurrent use of substances in (8) physically hazardous situations or (9) despite knowledge that continued substance use is causing or exacerbating a physical or psychological problem
- Appearance of (10) tolerance or (11) withdrawal symptoms.
- Substance use disorders may range from mild to severe with severity based number of symptoms endorsed by patient.
- Consultation with a treatment specialist is warranted.
- Of note, DSMV no longer separates diagnosis of abuse and dependence; both are now included among “substance use disorder” category. Although there are patients who may abuse alcohol on a regular basis, not all progress to dependence (experiencing tolerance and withdrawal symptoms).
- “Secondary” Abstinence: Cessation of substance use which is the usual goal of treatment.

Based on your assessment of Mark’s substance use, what do you think would be the appropriate treatment plan?

Distribute Handout #3 and give participants a few minutes to review the contents:

What is the best way to make your recommendation to Mark?

- **FRAMES**, acronym for 6 principles of effective brief interventions:
 - **F- FACTS** of problem/risk behavior stated in patient’s own words
 - Provide feedback using facts of case in the patient’s own words: “You told me that... you’re wheezing more, your grades have declined, you are not getting along with your parents and that you almost got arrested.”
 - **R-** Emphasize that patient is RESPONSIBLE for behavior change using positive language: “You are practically an adult and no one can make you change other than yourself.”
 - **A-** Provide clear, precise ADVICE on next steps needed to achieve change: “My advice is for you to stop using completely.”
 - **M-** Offer patient MENU of choices for behavior change and/or treatment
 - For behavior change:
 - For those not ready to stop completely, try to negotiate a reduction in use.
 - For the rare individual who refuses to make any change, you can say, “Would you at least think about it and then come back to see me again?”

- For treatment change:
 - Be familiar with treatment resources available in community, having specific names of providers and/or places helps.
 - A child and adolescent psychologist, addiction psychiatrist or licensed social worker with experience can do a more thorough assessment for possible trauma and/or other underlying diagnoses. He/she can also help determine the level of care needed.
 - If possible, start with an outpatient level of care with the primary care clinician remaining a member of the team.
- **E-** Project EMPATHY as a counseling style, avoid arguments and “role with resistance.”
- **S-** Emphasize SELF-efficacy and express faith in the patient’s ability to make necessary change(s): “I know that making these changes will be hard, but I really believe that you can do it. I really think you have what it takes to be successful.”

Distribute Part III of the case and have participant(s) read it aloud.

Part III:

Based on your assessment, you feel that Mark’s use likely lies somewhere between problematic use and a substance use disorder although his failed attempt to abstain from cannabis use raises concern over the latter. Mark and his parents would benefit from a referral to a substance use specialist.

“A number of things we discussed on today’s visit are concerning to me. You told me that you are now smoking marijuana on school nights as well as weekends. Your grades have fallen over this past year and you are in danger of failing at least one course. You were involved in a car accident after drinking at a party, and came very close to being arrested another time. You also told me that your parents have lost faith in you, and you are arguing with them a lot more. I believe that your asthma is made worse by your marijuana smoking, and this is why you’re not playing basketball anymore. In fact, I noticed wheezing today on your physical exam.”

“I’m worried about you. You are practically an adult now and the only one who can change your behavior is you. I’d like to continue working with you and your parents but I would like you to see a specialist who can do a more thorough assessment. I would like you to see Dr. X. Here is the phone number. After your see Dr. X, you and I can meet again.

Mark refuses the referral, saying *“I don’t have a problem. My parents are the problem.”*

You still provide Mark (and his parents) with the phone number for Dr. X. Before ending the visit, you say to Mark, *“I have one last question for you. What would signal to you that maybe you did have a serious problem and would benefit from talking to a substance abuse counselor? Would it be getting arrested? What about being suspended?”*

Mark just looks at you and mumbles, “*Yeah I guess those things.*”

Neither Mark nor his parents follow up with the referral.

Pause and begin next set of discussion questions.

Potential discussion questions:

How do you address resistance or lack of follow up?

- Important to “roll with” resistance, acknowledging that the patient is ultimately in charge.
- Ask the patient to think about/contemplate your discussion as that is the first step toward behavioral change.
- Brainstorm with the patient about behaviors that might indicate he/she has a problem. Some providers find it useful to generate a written list with the patient and to save that list for review at future visits.
- Offer follow up appointment and to check in with patient (how is he/she doing?, offer support and encouragement).
- Be available to parents.

Are there teachable moments for Mark’s parents?

- Over half of teens who use prescription drugs for non-medical purposes obtain their supply from a family member or friend for free.
- Easy access to prescription drugs (storing old prescriptions in medicine cabinet) should be minimized. Unneeded leftover medications can be returned to the pharmacy and destroyed.

Distribute Part IV: Ask someone to read the Epilogue aloud.

Part IV:

Epilogue:

Over the next few months, you see Mark once in your office because he needs a new prescription for his albuterol inhaler. When asked about his marijuana use at this visit, he tells you, “*I just don't want to talk about that now. It's really not a problem.*” Mark's father also calls your office twice to express frustration with Mark's poor grades and choice of friends. You tell him that you would be happy to meet with Mark again, but no appointment is made.

Two months later, Mark calls your office and says he is having “*more trouble in school.*” He has, in fact, been suspended because he left the school grounds during the day. When he returned his teacher thought that he might be intoxicated so she sent him to the nurse’s office. After consulting with the vice-principal, the nurse had Mark submit a urine sample for drug screening. Mark was then sent home with his parents. When the screen came back positive for THC, Mark was suspended.

Mark comes back to your office with his parents. You first meet with him alone. He now acknowledges that he might have a problem and that he is willing to see a counselor. You then ask his parents to join the two of you and say, *“Mark has realized that alcohol and drug use do not belong in his life. He plans to begin a new chapter today, and is willing to work hard to turn things around. I will continue to work with him, but also recommend that he begin counseling, and that all of you participate in treatment together. My hope is that you can work on better family communication and re-establishing trust. Are you willing to give this a try?”* They all agree.

One year later Mark has abstained from cannabis use with the exception of two weekend “slips.” He is able to discuss things somewhat more openly with his parents since starting individual counseling and treatment. They are also receiving family therapy. You have been able to freely communicate with other members of his treatment team as his primary care provider. He returned to school and his grades are improving.

Refer back to group’s learning agenda and summarize the key teaching points that were made. This will give the group a sense of accomplishment, and emphasize the important messages. Suggest further sources of reading or other information if there are agenda items that were not covered in the discussion.

Clinical Pearls:

- Adolescent use of alcohol and drugs is common and occurs along a developmental spectrum. It can range from experimental use to a substance use disorder.
- Screening with evidence-based tools such as the CRAFFT test can identify patients at high risk for abuse/dependence requiring intervention (i.e. referral/treatment).
- Be flexible in making treatment recommendations because your patient may not be ready to commit to treatment. Using FRAMES as a model can help clinicians make clear recommendations.
- Familiarize yourself with substance abuse assessment and treatment resources in your community so that you can give one or two specific recommendations to your patient.
- Always follow up with your patient. Ask whether he or she has followed any of your recommendations, offer support and encouragement and make statements that convey your belief in your patient’s ability to change.
- Communication with regard to substance abuse treatment requires special consent compliant with federal confidentiality law, Title 42 eCFR, part 2. Ordinary medical consent forms are not sufficient. If primary care providers do not receive follow up on referred patients, they can contact the treatment provider directly.

Knowledge questions:

Ask learners to complete the knowledge questions in their packet. If time allows, questions and answers can be discussed as a group, or learners can complete and review answers on their own.

1. You are seeing a 16 year-old adolescent boy for his annual physical exam. During the visit he reveals that he has been drinking alcohol on weekends with his friends. His parents are not aware of this behavior. He has a CRAFFT score of 2 for Relax and Forget. Which of the following is the most appropriate next step?

- a. Immediately inform his parents.
- b. Tell him it would be best for his health if he did not drink at all. Provide him with a copy of the “Contract for Life” and suggest that he bring it home and discuss it with his parents.
- c. Immediately refer to a local substance use treatment center.
- d. Offer reassurance and tell him that this sounds like “normal” teenage behavior.

2. Which of the following statements is true?

- a. Most high school seniors have never tried alcohol.
- b. When teenagers use substances it always leads to problem use or abuse.
- c. An abstinence challenge test is one way to distinguish between problem use and a substance use disorder.
- d. Being flexible with treatment options is never appropriate when working with teenagers with problem use.

3. Which of the following statements is consistent with the FRAMES model for effective brief intervention?

- a. Offer an array or menu of choices for behavior change and/or treatment to the patient.
- b. List the facts about the concerning behavior in your own words.
- c. Emphasize the need for the patient to look to others to help with behavior change.
- d. Patients are usually unable to make necessary changes.

4. A mother brings her daughter to your office and asks for a “drug test”. Which of the following is the appropriate next step?

- a. Explain the potential risks and benefits to the patient’s mother and then order the test.
- b. Collect a urine specimen per the National Institute on Drug Abuse (NIDA) protocol.
- c. Ask the patient’s mother about the circumstances that have prompted her request and then interview the patient alone.
- d. Explain to the patient’s mother that hair testing is far more sensitive than urine testing.

Answers to Knowledge Questions

1. You are seeing a 16 yo adolescent boy for his annual physical exam. During the visit he reveals that he has been drinking alcohol on the weekend with his friends. His parents are not aware of this behavior. He has a CRAFFT score of 2 for forgetting and relax. Which of the following is the most appropriate next step?

Preferred response: B. “Tell him it would be best for his health if he did not drink at all. Provide him with a copy of the “Contract for Life” and suggest that he bring it home and discuss it with his parents.”

Although the patient has a CRAFFT score of 2, he does not endorse behaviors that put his life in danger. As such, breaking confidentiality is not indicated. However, having a

discussion with the patient about informing his parents and creating a “Contract for Life” would be recommended. The “Contract for Life” is an agreement between a teenager and his/her parents that allows a teenager to call home at any hour to ask for a ride home with no questions or punishments at that time.

Immediate referral to a treatment center is not indicated, especially if the patient is willing to try abstinence. Failure of a trial of abstinence or worsening of behavior would indicate the need for a higher level of care.

While experimentation with alcohol and drugs does occur during adolescence, regular use should not be considered normal teenage behavior. Abstinence should be the recommendation given to all adolescents from adults (parents, medical providers) with regard to substance use.

2. *Which of the following statements is true?*

Preferred response: C. “An abstinence challenge test is one way to distinguish between problem use and a substance use disorder.”

The hallmark of a substance use disorder is impaired control where the individual’s drug or alcohol use is maladaptive, resulting in problems such as impairment in social or school functioning. Individuals unable or unwilling to cut back or stop their substance use have likely crossed over some “invisible line” into a substance use disorder.

According to recent national surveys, most (79%) high school seniors endorse having tried alcohol. Adolescent substance use should be viewed along a continuum that ranges from developmentally normal experimentation, through problematic use to disorders of abuse and dependency. Teenagers can move back and forth between phases, thus making screening important for possible early intervention.

Sometimes flexibility is needed when presenting treatment options because teenagers can resist recommendations for treatment. In such cases, a harm reduction approach may be appropriate. Additionally just offering a follow- up appointment may be the only option that is acceptable to the patient.

3. *Which of the following statements are consistent with the FRAMES model for effective brief intervention?*

Preferred response: A. “Offer an array or menu of choices for behavior change and/or treatment to the patient.”

The FRAMES model can be used by providers to provide effective brief interventions to their patients. The intervention should always begin with feedback on the behavior using facts stated in the patient’s own words. The patient should be made to feel responsible for, as well as able to, (i.e., self-efficacy) make the needed behavior change. A menu of choices for behavior change and treatment should be offered to the patient. All this should be done with an attitude of empathy and understanding.

4. *A mother brings her daughter to your office and asks for a “drug test.” Which of the following is the appropriate next step?*

Preferred response: C. “Ask the patient’s mother about the circumstances that have prompted her request and then interview the patient alone.”

Drug testing without an adolescent’s knowledge or consent should never be done with the exception of life threatening situations. Mom’s concerns should be explored so that the clinician can understand what information she hopes to gain from a drug screen. Often times the information a parent is seeking can be obtained just from history alone. Speaking with the patient herself can uncover much information that could either allay or confirm concerns. Remember that drug screens are often limited in what they can test for as well as sensitivity. If a patient agrees to screening, it can be obtained, but it is important for limitations to be explained.

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Suggested Readings (Annotated):

Knight JR. Adolescent substance use: screening, assessment, and intervention in medical office practice. *Contemporary Pediatrics* 1997;14(4):45-72. The review article provides a concise guide to

clinical management of adolescent drug and alcohol use in the medical office setting. Screening instruments are discussed, and the developmental model of use and abuse is presented. Also included is an introduction to office intervention, motivational interviewing, and referral to treatment programs.

Schonberg SK, editor. *Substance Abuse: A Guide for Health Professionals*. Elk Grove Village, IL: American Academy of Pediatrics; 1988. This is a soft-cover guide book for pediatric practitioners. It includes a review of epidemiology and risk factors. Screening techniques are discussed, including the pros and cons of urine drug testing. Characteristics of the various drugs of abuse are presented.

Miller WR. Rediscovering fire: Small interventions, large effects. *Psychology of Addictive Behaviors* 2000;14(1):6-18. This very powerful article reviews a number of surprising findings in alcohol treatment research, which indicate that brief interventions or even single encounters can have dramatic effects. The author reviews the importance of the clinician-patient interaction, and explores the possibility that unconditional acceptance, patience, and a hopeful outlook may be the factors most responsible for producing positive change.

Miller WR, Rollnick S. *Motivational Interviewing*. New York: Guilford Press; 1991. This is a complete guide to the principles of brief office treatment for drug and alcohol abuse, and a valuable resource for clinicians who wish to develop skills beyond the level of minimal competency. Topics discussed include stages of change theory, motivational theory, brief interventions, and motivational enhancement therapy. One chapter is devoted to working with youth.

Educational Resources on the World Wide Web:

The Center for Adolescent Substance Abuse Research

<http://www.ceasar.org>

Bright Futures

<http://brightfutures.aap.org/>

National Clearinghouse for Alcohol and Drug Information (NCADI)

<http://www.health.org>

For further information and free copies of reports on the epidemiology of alcohol and drug use, call the NCADI at 1-800-487-4889.

Youth Risk Behavior Survey (YRBS)

<http://www.cdc.gov/nccdphp/dash/yrbs/index.htm>

Monitoring the Future study home page

<http://www.isr.umich.edu/src/mtf/index.html>

National Household Survey on Drug Abuse

<http://www.samhsa.gov/NHSDA.htm>

National Institute on Drug Abuse

<http://www.nida.nih.gov/NIDAHome.html>

National Highway Traffic Safety Administration (teen drivers)

<http://www.nhtsa.gov/Teen-Drivers>

For more information on national trends and statistics of drug abuse, go to:

<http://165.112.78.61/DrugPages/Stats.html>

American Academy of Child and Adolescent Psychiatry—Facts for Families.

This site provides access to the AACAP's award winning "Facts for Families" pamphlet series on various developmental topics. The info sheets on Adolescent Substance Abuse are # 3 and # 41.

<http://www.aacap.org/publications/factsfam/index.htm>

Federal Confidentiality Law, Title 42 eCFR, part 2

This site provides information on the requirements that must met by consents for release of information for substance abuse treatment. www.ecfr.gov

Materials for Learners:

Packet should include the following:

- Handout #1: How to Ask Teenagers About Alcohol and Drugs
- Handout #2: Alcohol and Drug Use: A Developmental View
- Handout #3: The "FRAMES" mnemonic
- Clinical Pearls
- Knowledge questions and answers
- References

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Adolescent Substance Abuse Screening and Management

Part I

Introduction:

A 14 year-old boy is brought in by his parents for a urine drug screen after they found marijuana in his room.

Current History:

Mark is a 14-year-old boy whose father became concerned when he overheard a telephone conversation in which Mark was discussing the purchase of “*a forty bag*” with a close friend. Later that evening when Mark was out, his mother and father searched his room. They found a plastic bag with a small amount of marijuana, a “roach clip,” cigarette papers, several small white pills, and about \$100 in cash. These items were tucked in a shoebox in the back corner of Mark’s closet.

When confronted later that evening, Mark responded angrily, “*This is none of your business. You guys like to drink now and then, my friends and I like to smoke weed. And I can’t believe you searched my room. Stay out of my life!*” Mark’s father requests that you see his son and perform “a drug test” to see how bad the problem is. To pacify his parents, Mark reluctantly agrees to see you.

Past Medical History:

Mild asthma successfully controlled with an albuterol inhaler.
No hospitalizations, surgeries, or known drug allergies.

Physical Examination:

Gen: Slightly overweight adolescent boy sitting slumped in chair. He is wearing a “Legalize It” T-shirt.

Skin: Mild-moderate facial acne, otherwise clear.

HEENT: Pupils are normal in size, round and reactive to light. Conjunctivae are slightly injected. Nasal mucosae appear normal.

LUNGS: Scattered wheezes on chest auscultation.

BREASTS: 2-3 cm breast tissue both sides consistent with mild gynecomastia.

Remainder of exam is non-focal.

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Adolescent Substance Abuse Screening and Management

Part II

Next Steps:

After you explain to him the risks and limitations of urine drug testing, Mark's father agrees that it need not be done. Specifically, you tell him, "We already know he's smoking marijuana, and tests for other drugs are very limited unless he's using every day. I usually can get better information through a confidential interview." Then you meet with Mark to obtain more history about his substance use.

Psychosocial History:

Mark is in eighth grade at a private academy known for academic excellence. During seventh grade he maintained a "B" average, although this declined slightly during the last term. This year, he states he has a "D" average in everything but Spanish, which he is failing. Although he was a starting player on his middle school's basketball team last year, he is not planning to play this year because, "*Running fast makes me wheeze.*"

You and Mark have the following conversation with regard to his substance use:

"So tell me a little about your experience with alcohol."

Mark says that he drinks occasionally at parties, but "*more than three beers makes me throw up.*"

You then ask about marijuana.

"Well, I first started about a year ago. One of my friends turned me on to some mad cool weed. We partied pretty much every weekend through the end of school, and then during the summer we partied like every day," he replies.

You then ask "*Have you ever tried to cut back on your use?*"

"Well, after the summer, when school started, I thought I'd better cut back to just weekends," Mark responds.

"How did that work out?" you ask.

"Well, it was OK," he answers, "*but a couple of months ago I decided it was cool to smoke on weeknights. I sometimes have a blunt with my friends before class, too. It makes me more creative.*"

He denies using any other drugs. When asked about the white pills his parents found, he states, "*I was just holding them for a friend of mine.*"

"Are you sure?" you respond. "*Because I sometimes hear that from my patients, but it isn't always the whole story. Remember Mark, what you say here is kept confidential, but I need to hear the whole story in order to be helpful to you.*"

Mark then says "*I took some "OCs" (oxycodone) pills from my parents' medicine cabinet. I was going to share them with a friend.*"

Last year, he was provided oxycodone combination tablets for several months after sustaining a compound ankle fracture. He says *"I got to like how they made me feel."*

You then ask the CRAFFT questions.

"Have you ever ridden in a car driven by someone (including yourself) who was 'high' or had been using alcohol or drugs?"

Mark reports to having a minor car accident after leaving a party where he had been drinking several beers. *"It was no big deal. No one got hurt."*

"Do you ever use alcohol or drugs to relax, feel better about yourself or fit in?"

"Yeah, sure, it helps me relax," he replies.

"Do you ever use alcohol or drugs when you're alone?"

"Sometimes late at night. It helps me get to sleep," he says.

"Do you ever forget things you did while using alcohol or drugs?"

"Nope."

"Do family or friends ever tell you that you should cut down on your drinking or drug use?"

"Just my parents," he says with a scowl.

"Have you ever gotten into trouble while you were using alcohol or drugs?"

"No, not really," he replies. *"But I did have one close call. We got pulled over by a cop one time when I was driving home from a party. He didn't find anything, though, so he had to let us go."*

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Adolescent Substance Abuse Screening and Management

Part III:

Based on your assessment, you feel that Mark's use likely lies somewhere between problematic use and a substance use disorder, although his failed attempt to abstain from cannabis use raises concern over the latter. Mark and his parents would benefit from a referral to a substance use specialist.

"A number of things we discussed on today's visit are concerning to me. You told me that you are now smoking marijuana on school nights as well as weekends. Your grades have fallen over this past year and you are in danger of failing at least one course. You were involved in a car accident after drinking at a party, and came very close to being arrested another time. You also told me that your parents have lost faith in you, and you are arguing with them a lot more. I believe that your asthma is made worse by your marijuana smoking, and this is why you're not playing basketball anymore. In fact, I noticed wheezing today on your physical exam."

"I'm worried about you. You are practically an adult now and the only one who can change your behavior is you. I'd like to continue working with you and your parents but I would like you to see a specialist who can do a more thorough assessment. I would like you to see Dr. X. Here is the phone number. After you see Dr. X, you and I can meet again."

Mark refuses the referral, saying *"I don't have a problem. My parents are the problem."*

You still provide Mark (and his parents) with the phone number for Dr. X. Before ending the visit, you say to Mark, *"I have one last question for you. What would signal to you that maybe you did have a serious problem and would benefit from talking to a substance abuse counselor? Would it be getting arrested? What about being suspended?"*

Mark just looks at you and mumbles, *"Yeah I guess those things."*

Neither Mark nor his parents follow up with the referral.

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Adolescent Substance Abuse Screening and Management

Part IV:

Epilogue:

Over the next few months, you see Mark once in your office because he needs a new prescription for his albuterol inhaler. When asked about his marijuana use at this visit, he tells you, "*I just don't want to talk about that now. It's really not a problem.*" Mark's father also calls your office twice to express frustration with Mark's poor grades and choice of friends. You tell him that you would be happy to meet with Mark again, but no appointment is made.

Two months later, Mark calls your office and says he is having "*more trouble in school.*" He has, in fact, been suspended because he left the school grounds during the day. When he returned his teacher thought that he might be intoxicated so she sent him to the nurse's office. After consulting with the vice-principal, the nurse had Mark submit a urine sample for drug screening. Mark was then sent home with his parents. When the screen came back positive for THC, Mark was suspended.

Mark comes back to your office with his parents. You first meet with him alone. He now acknowledges that he might have a problem and that he is willing to see a counselor. You then ask his parents to join the two of you and say, "*Mark has realized that alcohol and drug use do not belong in his life. He plans to begin a new chapter today, and is willing to work hard to turn things around. I will continue to work with him, but also recommend that he begin counseling, and that all of you participate in treatment together. My hope is that you can work on better family communication and re-establishing trust. Are you willing to give this a try?*" They all agree.

One year later Mark has abstained from cannabis use with the exception of two weekend "slips." He is able to discuss things somewhat more openly with his parents since starting individual counseling and treatment. They are also receiving family therapy. You have been able to freely communicate with other members of his treatment team as his primary care provider. He returned to school and his grades are improving.

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Adolescent Substance Abuse Screening and Management

Handout #1: How to Ask Teenagers about Alcohol and Drugs

A. Transitional Approach Adapted From *Bright Futures Guidelines*

FAMILY:

How are things going at home?

Who do you live with? How do you get along with the other members of your family?

Are you worried about any family members and how much they drink or use drugs?

What would you like to change about your family if you could?

SCHOOL:

Compared with others in your class (not just your friends), how well do you think you are doing?

Average? Better than average? Below average?

Do you receive any special educational help?

How often do you miss school? Have you ever been suspended from school?

FRIENDS:

Have any of your friends tried cigarettes? Smokeless tobacco? Alcohol? Marijuana? Other drugs? Are you worried about any of your friends' use of alcohol or drugs?

Do any of your friends try to pressure you to do things that you don't want to do? How do you handle that?

TOBACCO, ALCOHOL, AND DRUGS:

What education have you had about tobacco, alcohol, and drugs?

Have you smoked cigarettes, or used tobacco in any other form since our last visit?

Have you drunk alcohol since our last visit? Smoked marijuana? Used other drugs? "Sniffed" or "huffed" anything (i.e., used inhalants)?

Tell me about your experience with alcohol/drugs. What was good about it? Was there anything you didn't like about it?

Has anyone (a friend, teacher, parent, or counselor) ever thought you had a problem with alcohol or drugs?

B. OTHER USEFUL QUESTIONS:

Have you ever passed out or had an overdose? An emergency room visit?

Have you ever been arrested? Placed in protective custody? Any car accidents or traffic tickets?

Have you had sexual intercourse while using alcohol or drugs? Been assaulted? Exchanged sex for alcohol or drugs or a place to stay?

Have you ever thought of hurting yourself or someone else? Were you using alcohol or drugs at the time?

C. CRAFFT Questions (provider and self-administered versions)

Screening Adolescents for Alcohol and Drugs

During the past 12 months, did you:

1. **Drink** any alcohol (more than a few sips)?

2. **Smoke** any marijuana or hashish?

3. **Use** anything else to get high?

“anything else” includes illegal drugs, over the counter and prescription drugs, and things that you sniff or “huff”

	All NO ↓	Any YES ↓
	Ask CAR question only	*CRAFFT Screen (below)
C	Have you ever ridden in a CAR driven by someone (including yourself) who was “high” or had been using alcohol or drugs?	
R	Do you ever use alcohol or drugs to RELAX , feel better about yourself, or fit in?	
A	Do you ever use alcohol or drugs while you are by yourself, ALONE ?	
F	Do you ever FORGET things you did while using alcohol or drugs?	
F	Do your family or FRIENDS ever tell you that you should cut down on your drinking or drug use?	
T	Have you ever gotten into TROUBLE while you were using alcohol or drugs?	

*Two or more yes answers on the CRAFFT suggest a serious problem and a need for further assessment.

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Referral Information:

SAMHSA’s Toll-Free Referral Helpline-1-800-662-4357

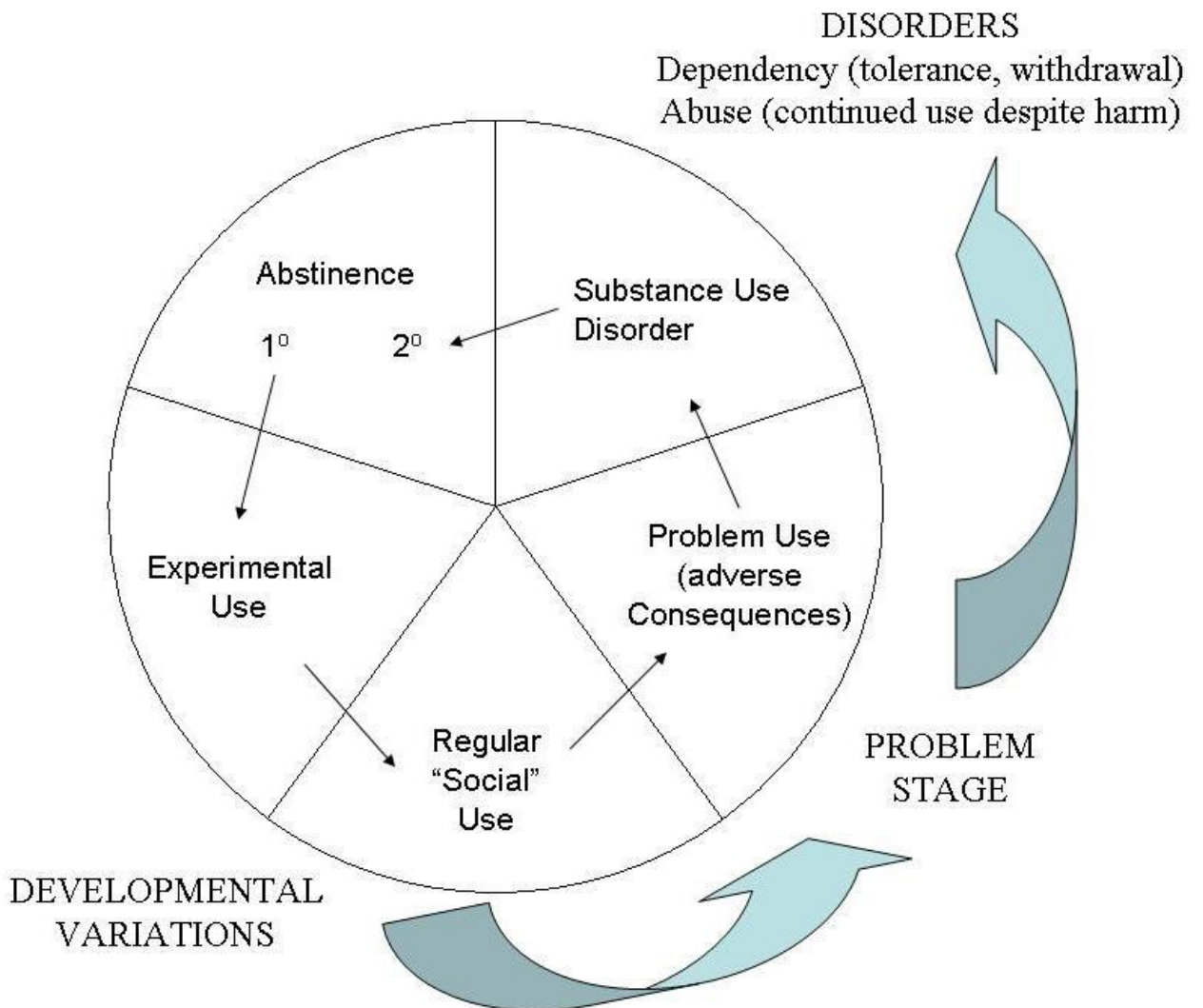
Or <http://findtreatment.samhsa.gov/>

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Handout #2: Alcohol and Drug Use: A Developmental View

**DRUG AND ALCOHOL USE:
A DEVELOPMENTAL VIEW (The DSM-PC Model)**



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Adolescent Substance Abuse Screening and Management

Handout #3: Components of an Effective Brief Intervention

(FRAMES)

F FEEDBACK on personal risk or impairment

R Emphasis on personal **RESPONSIBILITY** for change

A Clear **ADVICE** to change

M A **MENU** of alternative change options

E EMPATHY as a counseling style

S Facilitation of patient **SELF-EFFICACY** or optimism