

The “Crafty” Pupil

Adolescent Substance Abuse Screening and Management

Pedicasas

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.

Part I: Introduction

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.

Part I: Introduction

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.

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.

Part II: Next Steps

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.”*

Part II: Next Steps

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.

Part II: Next Steps

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.”*

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.”*

Part II: Next Steps

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.”*

Part II: Next Steps

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

Part II: Next Steps

“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.”*

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.

Part III

“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.”

Part III

“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.”

Part III

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.

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.

Part IV: Epilogue

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.

Part IV: Epilogue

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.

Part IV: Epilogue

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.