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SCREENING & ASSESSING FOR SUBSTANCE USE IN ADOLESCENTS

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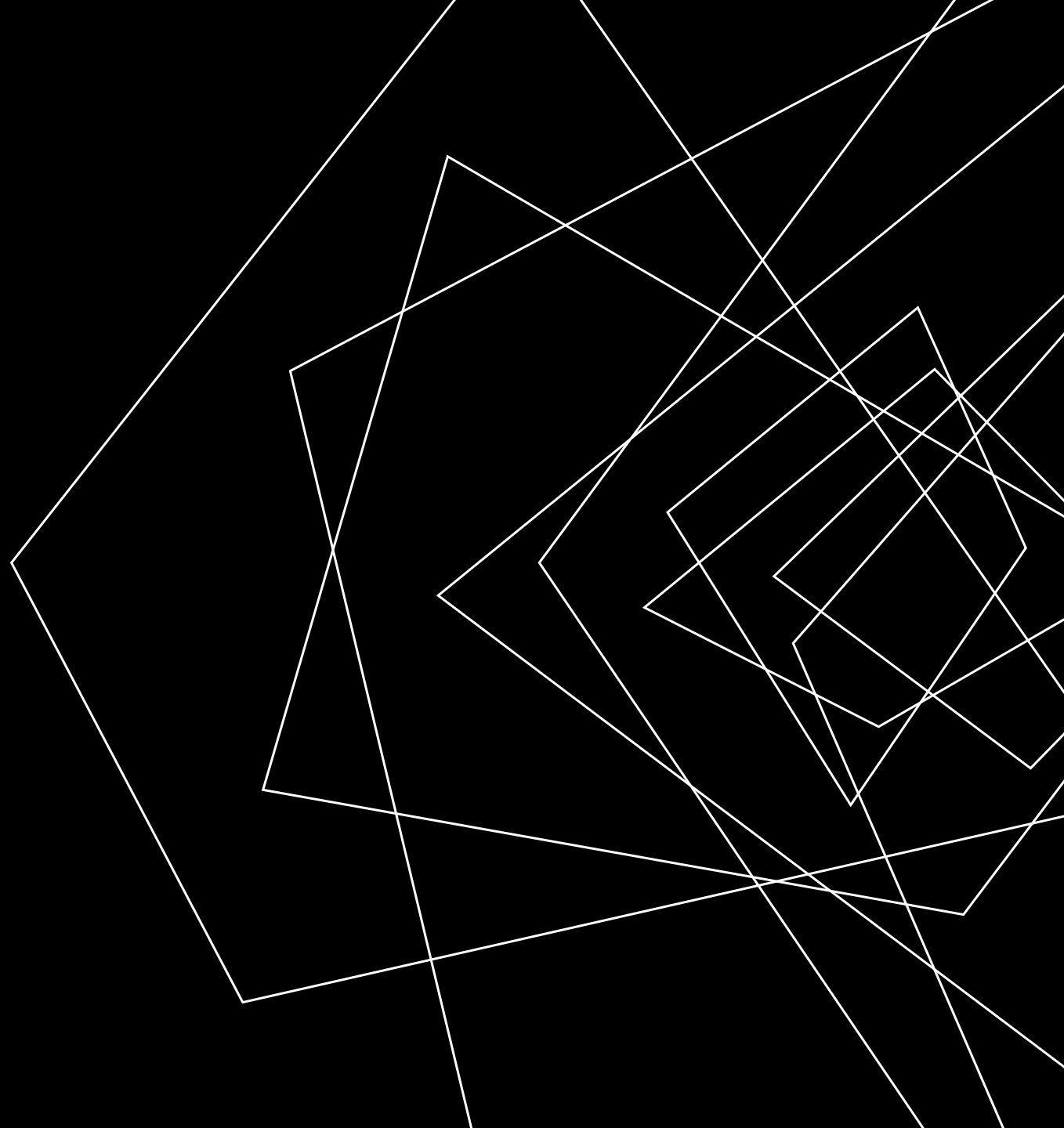
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OBJECTIVES

Identify common screening tools to assess for substance use

Understand criteria for a SUD & be able to identify symptoms of SUD through informal clinical interview

Understand considerations in talking with adolescents about substance use



WHY SHOULD WE SCREEN?

SU can impact health & mental/behavioral health
Interfere with healthy psychosocial development

BRIEF SCREENING TOOLS

Screeners	Items	Description	Source
Screening to Brief Intervention (S2BI)	3-7 items depending on response	Past year use of tobacco, alcohol, marijuana, other drugs	https://www.mcpan.com/pdf/S2BI%20Toolkit.pdf
CRAFFT	2-9 items	Past year use of substances + problems associated w/ use	http://www.childrenshospital.org/ceasar/crafft
AUDIT	10 items	Alcohol use + problems	https://pubs.niaaa.nih.gov/publications/Practitioner/YouthGuide/AUDIT.pdf
BSTAD	6-36 items depending on responses	Past year & recent tobacco, alcohol, other drug use by friends & respondent	https://www.ncbi.nlm.nih.gov/pmc/articles/PMC4006430/figure/fig1/

CRAFTT

The CRAFTT Interview (version 2.1)

Begin: "I'm going to ask you a few questions that I ask all my patients. Please be honest. I will keep your answers confidential."

During the past 12 months, on how many days did you:

1. Drink more than a few sips of beer, wine, or any drink containing **alcohol**? Say "0" if none.
2. Use any **marijuana** (cannabis, weed, oil, wax, or hash by smoking, vaping, dabbing, or in edibles) or "**synthetic marijuana**" (like "K2," "Spice")? Say "0" if none.
3. **Use anything else to get high** (like other illegal drugs, pills, prescription or over-the-counter medications, and things that you sniff, huff, vape, or inject)? Say "0" if none.

Did the patient answer "0" for all questions above?

Yes



Ask CAR question only

- 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?

No



***CRAFTT Screen (below)**

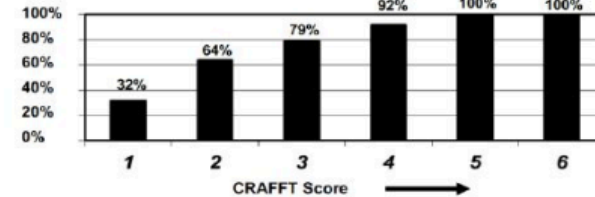
*Two or more **YES** answers on the CRAFTT suggests a serious problem and a need for further assessment.

SAMHSA's Toll-Free Referral Helpline-1-800-662-4357
Or <http://findtreatment.samhsa.gov/>

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CRAFTT Score Interpretation

Probability of a DSM-5 Substance Use Disorder by CRAFTT score*



*Data Source: Mitchell SG, Kelly SM, Gryczynski J, Myers CP, O'Grady KE, Kirk AS, & Schwartz RP. (2014). The CRAFTT cut-points and DSM-5 criteria for alcohol and other drugs: a reevaluation and reexamination. *Substance Abuse*, 35(4), 376–80.

Use the 5 R's talking points for brief counseling:



1. REVIEW screening results

For each "yes" response: "Can you tell me a little more about that?"



2. RECOMMEND not to use

"As your doctor (nurse/health care provider), my recommendation is not to use any alcohol, marijuana, or other drug because they can: 1) Harm your developing brain; 2) Interfere with learning and memory, and 3) Put you in embarrassing or dangerous situations."



3. RIDING/DRIVING risk counseling

"Motor vehicle crashes are the leading cause of death for young people. I give all my patients the Contract for Life. Please take it home and discuss it with your parents/guardians to create a plan for safe rides home."



4. RESPONSE Elicit Self-motivational statements

Non-users: "If someone asked you why you don't drink or use drugs, what would you say?"

Users: "What would be some of the benefits of not using?"



5. REINFORCE self-efficacy

"I believe you have what it takes to keep alcohol and drugs from getting in the way of achieving your goals."

Give each patient the Contract for Life.

Available at <http://www.craftt.org/contract>

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ASKING ABOUT SU

Screeners get a foot in the door & allow for further discussion of potential problems

Consider the role of stigma when discussing substance use – conversation should be non-judgmental and normalize discussions

Kids/teens more likely to open-up without caregivers in the room

SUBSTANCE USE DISORDER DSM 5 CRITERIA

Mild = 2-3 symptoms

Moderate = 4-5 symptoms

Severe = 6+ symptoms

Criteria are assessed for each
category of substance

Excessive use,
control over use

Use interfering
w/ life

Physiological
symptoms

1. Taking in larger amounts or longer than intended
2. Wanting to cut down or quit but not able to
3. Spending a lot of time obtaining substance
4. Craving or strong desire to use
5. Repeatedly unable to carry out major obligations due to use
6. Continued use despite recurring social/interpersonal problems
7. Reducing important social, occupational, or recreational activities
8. Recurrent use in physically hazardous situations
9. Consistent use despite acknowledgement of physical/psychological problems
10. Tolerance
11. Withdrawal/use to avoid withdrawal

THINGS TO NOTE

Criteria for SUDs is entirely based on functional impairment

Different from other disorders with more 'objective' criteria

More frequent SU does NOT necessarily mean more severe substance use, especially in adults

Symptoms that may 'count' in adolescence may not translate to adulthood and vice versa



SUBSTANCE IS OFTEN TAKEN IN LARGER AMOUNTS AND/OR OVER A LONGER PERIOD THAN INTENDED

“One time at a party I blacked out but it’s not like I planned to do that.”

Do you ever run out of your
supply faster than you thought
you would?

Do you ever get way more high
than you planned?

CRAVING OR STRONG DESIRE OR URGE TO USE THE SUBSTANCE

“Weed helps me relax – of course I think about it
when I’m stressed out.”

When you think about using, is it
easy to think about something
else?



IMPORTANT SOCIAL, OCCUPATIONAL OR RECREATIONAL ACTIVITIES GIVEN UP OR REDUCED BECAUSE OF SU

“I used to play football – but I really don’t think that weed has anything to do with that.”

REPEATEDLY UNABLE TO CARRY OUT MAJOR OBLIGATIONS DUE TO USE

Have you cut back on study time
because of use? Have your
grades been suffering?

TOLERANCE & WITHDRAWAL

Have you had to buy more [insert substance here] faster than you thought you would? When you first started using, how much did it take to get you high? How much does it take you to get high now?

Have you noticed any changes in your mood or your body when you've stopped using?

CAREGIVERS & CONFIDENTIALITY

Concern over confidentiality (with respect to parents) is a major reason adolescents report for NOT seeking medical treatment

Indiana age of consent is 14 years old, same rules apply for 42 CFR Part 2

Note: many organizations/clinics have teens sign ROI for treatment in order to be able to communicate with caregiver

Best practice: involve caregivers in the conversation unless it will be a major hindrance to treatment

Use clinical judgment regarding severity of use and disclosing to caregivers



FOR MORE RESOURCES ON SCREENING & ASSESSMENT...

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