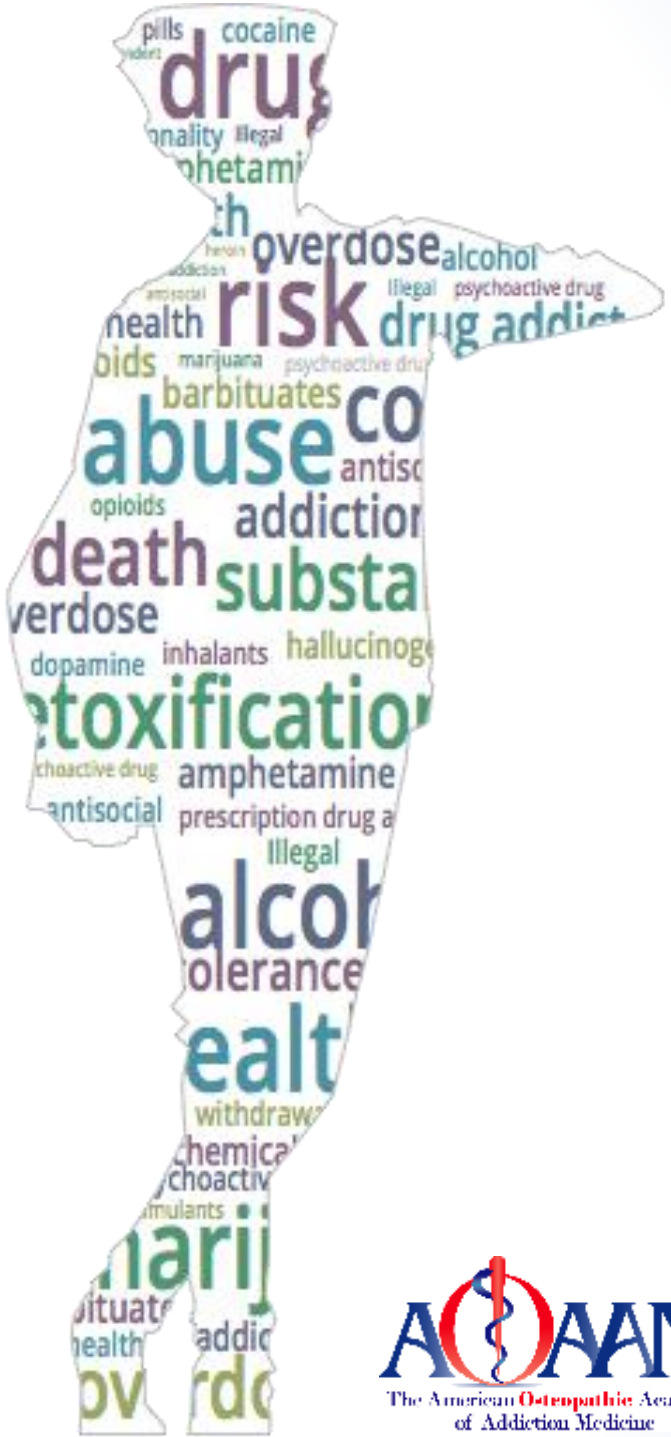
ADDRESSING ADOLESCENT SUBSTANCE USE:

How to Recognize, Screen, and Communicate



With CO*RE, Collaborative for Relevant Education

The American Osteopathic Academy of Addiction Medicine

Faculty Information

Marla D. Kushner, DO, FACOFP

Private Practice

Medical Director, New Hope Recovery Center, Chicago, IL

Clinical Assistant Professor, Midwestern University, Downer's Grove, IL

Faculty, Caribbean Medical Staff

ASAM, ACOFP certified

Distinguished fellow ASAM

Fellow SAHM

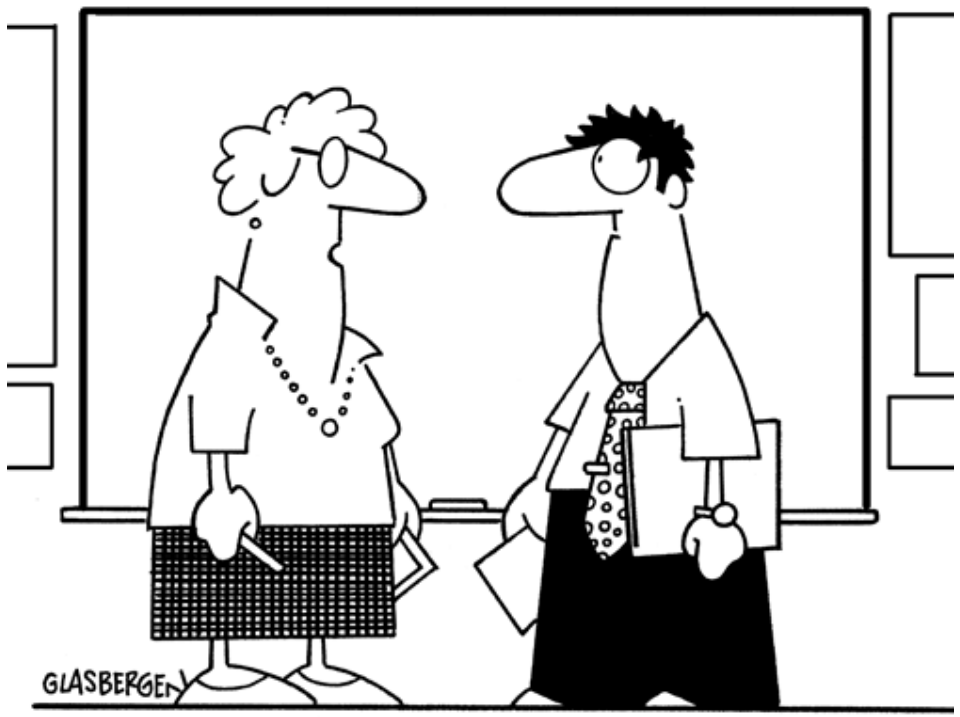
DISCLOSURE:
Speakers' bureau - Alkermes

The American Osteopathic Academy of Addiction Medicine

At the end of this session you will be able to:

- Use screening tools and assessment procedures
- Establish trust and build rapport when talking with adolescents and parents
- Evaluate referral practices
- Devise follow-up strategies
- Address adolescent substance use in your practice

AOAAM
The American Osteopathic Academy of Addiction Medicine



"If we passed a law to make education illegal for anyone under 21, we'd have the smartest teenagers in the world!"

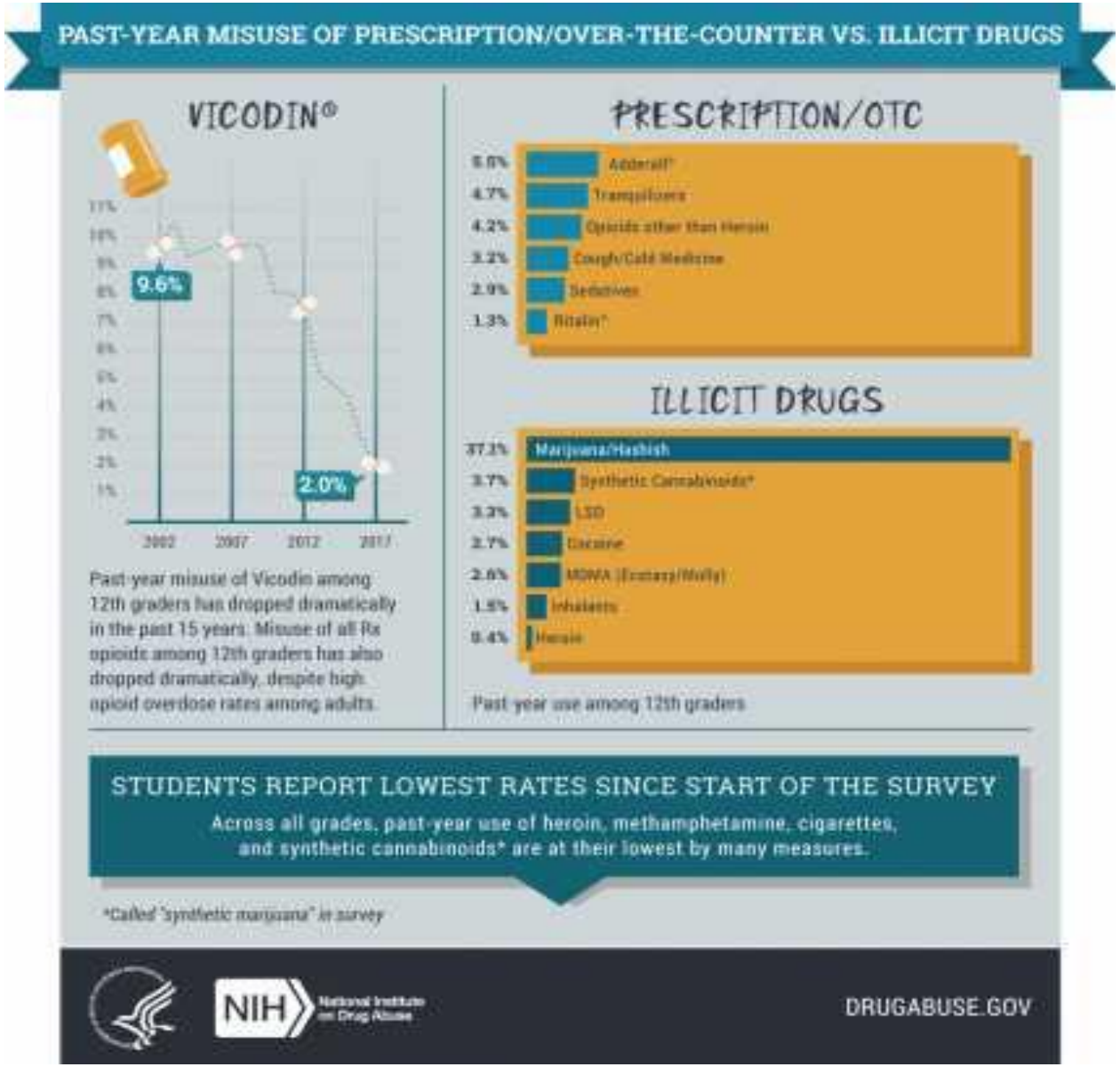
The American Osteopathic Academy of Addiction Medicine

Scope

The American Osteopathic Academy of Addiction Medicine

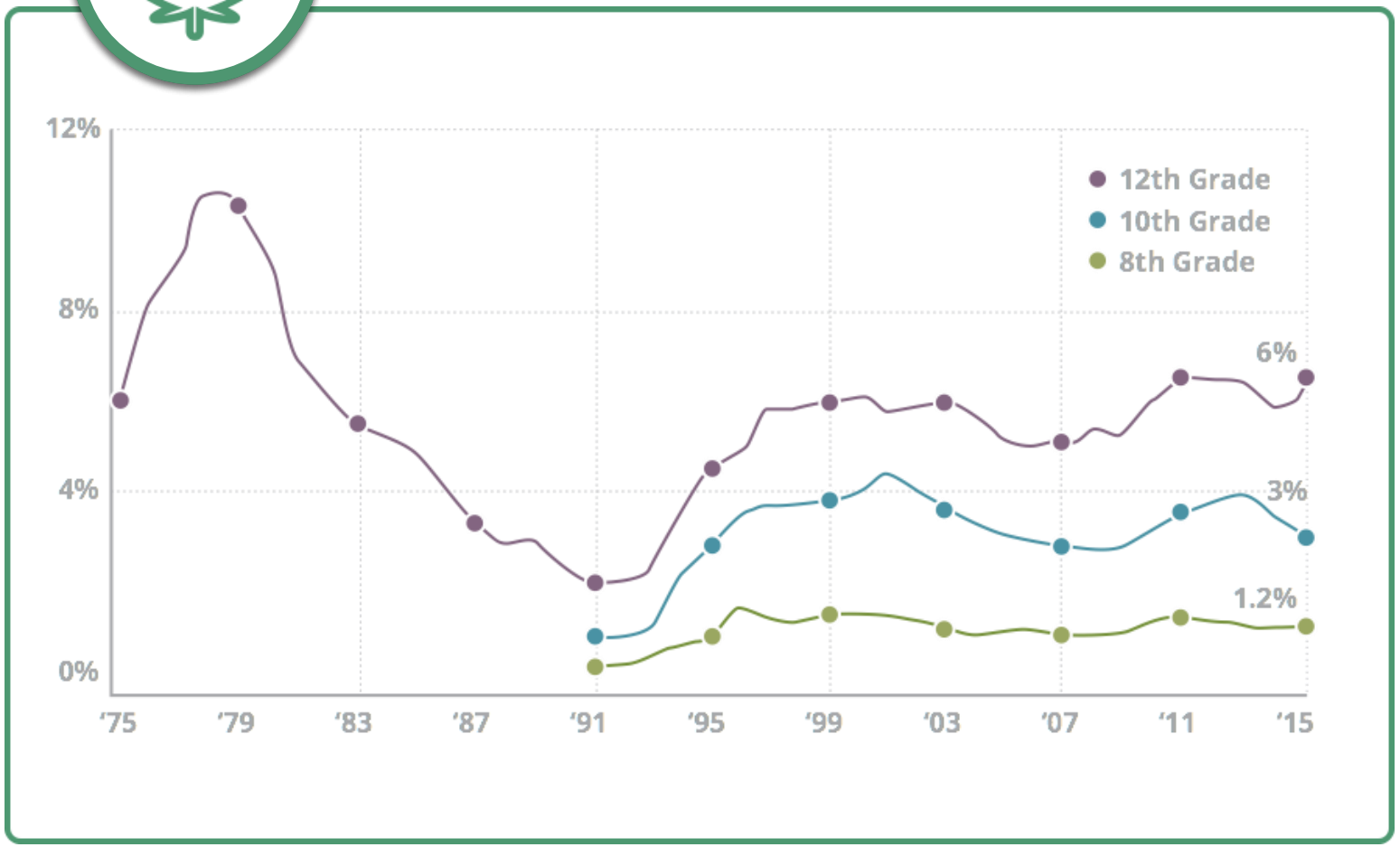
Monitoring The Future Study

- 47,703 Students
- Public and Private Schools
- 8th, 10th, 12th graders
- University of Michigan with a grant from the National Institute on Drug Abuse



AOAAM
The American Osteopathic Academy of Addiction Medicine

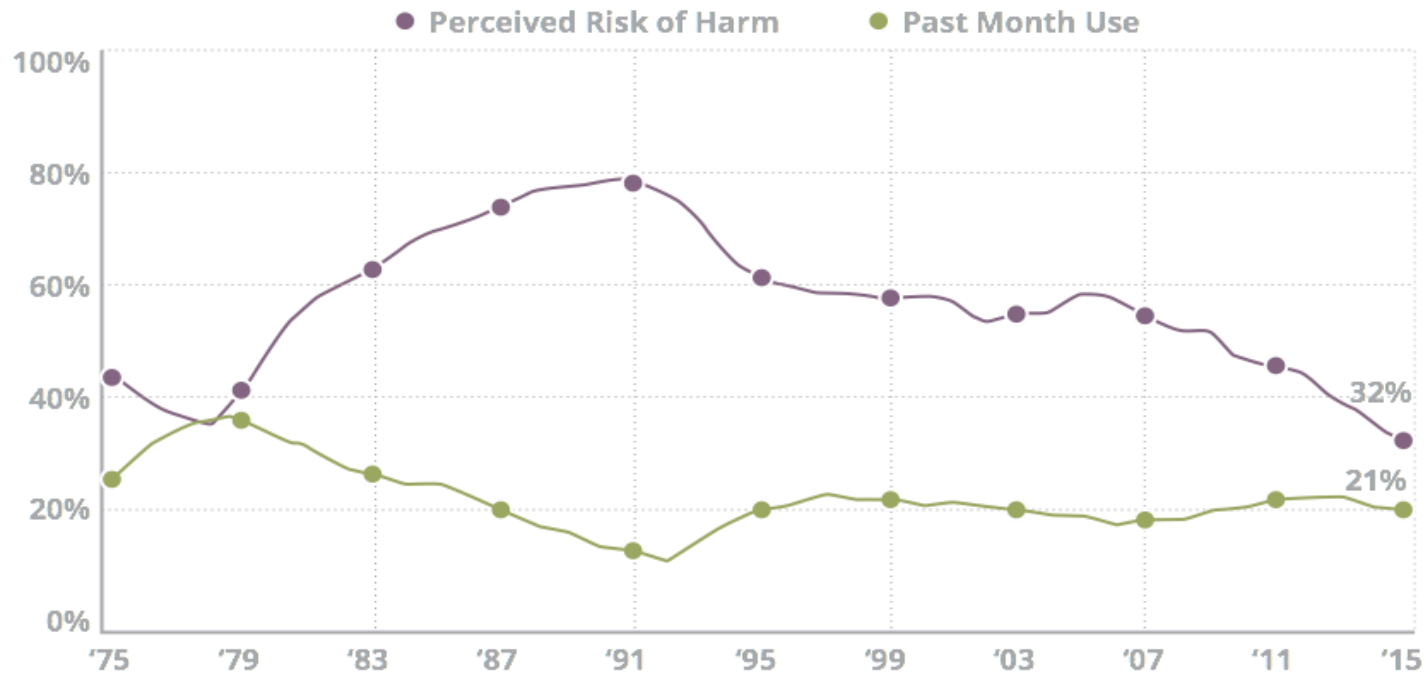
% WHO USE DAILY



Monitoring the Future Survey 2015

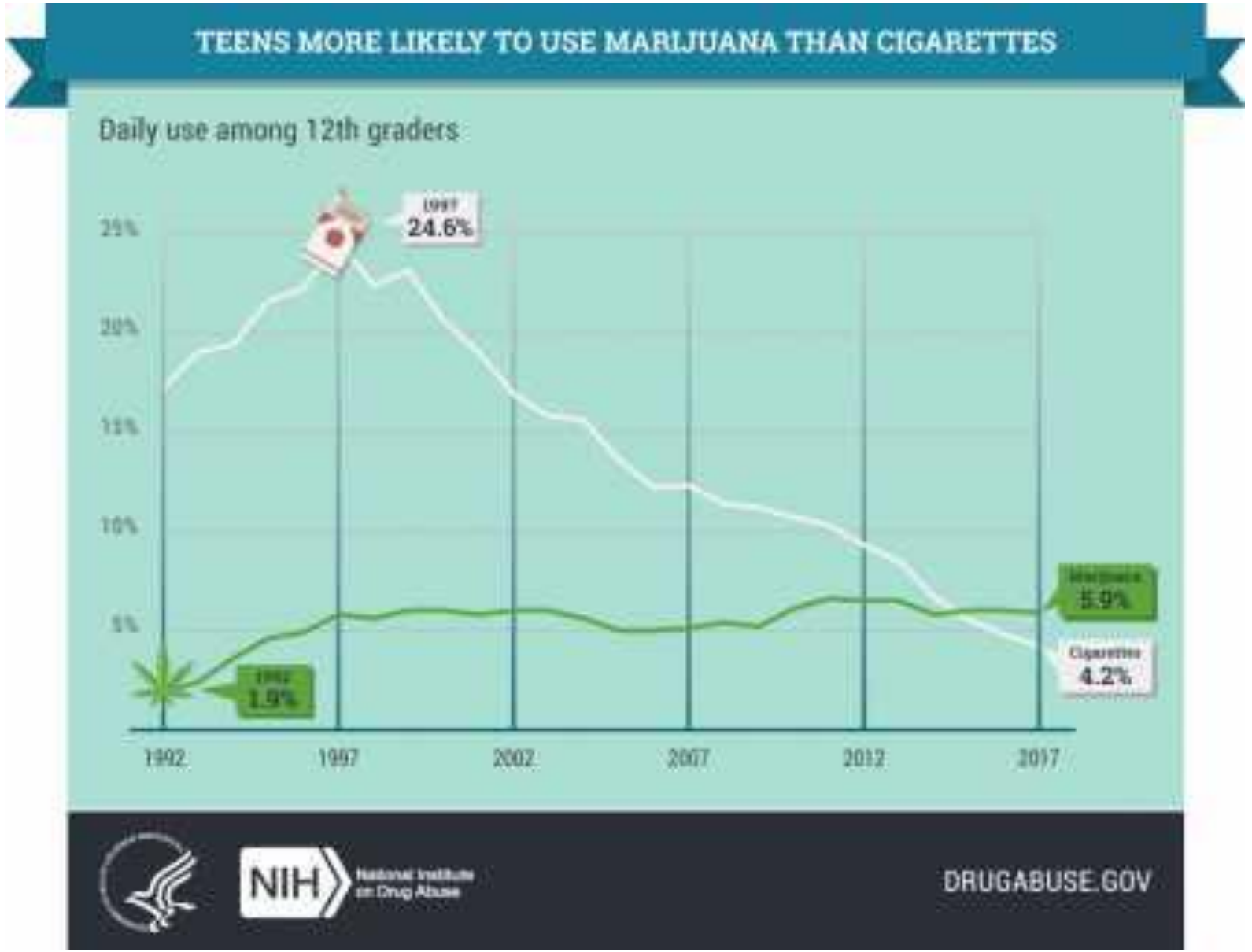
The American Osteopathic Academy of Addiction Medicine

Perceived Risk of Harm and Marijuana Use - US 12th Graders: 1975 - 2015

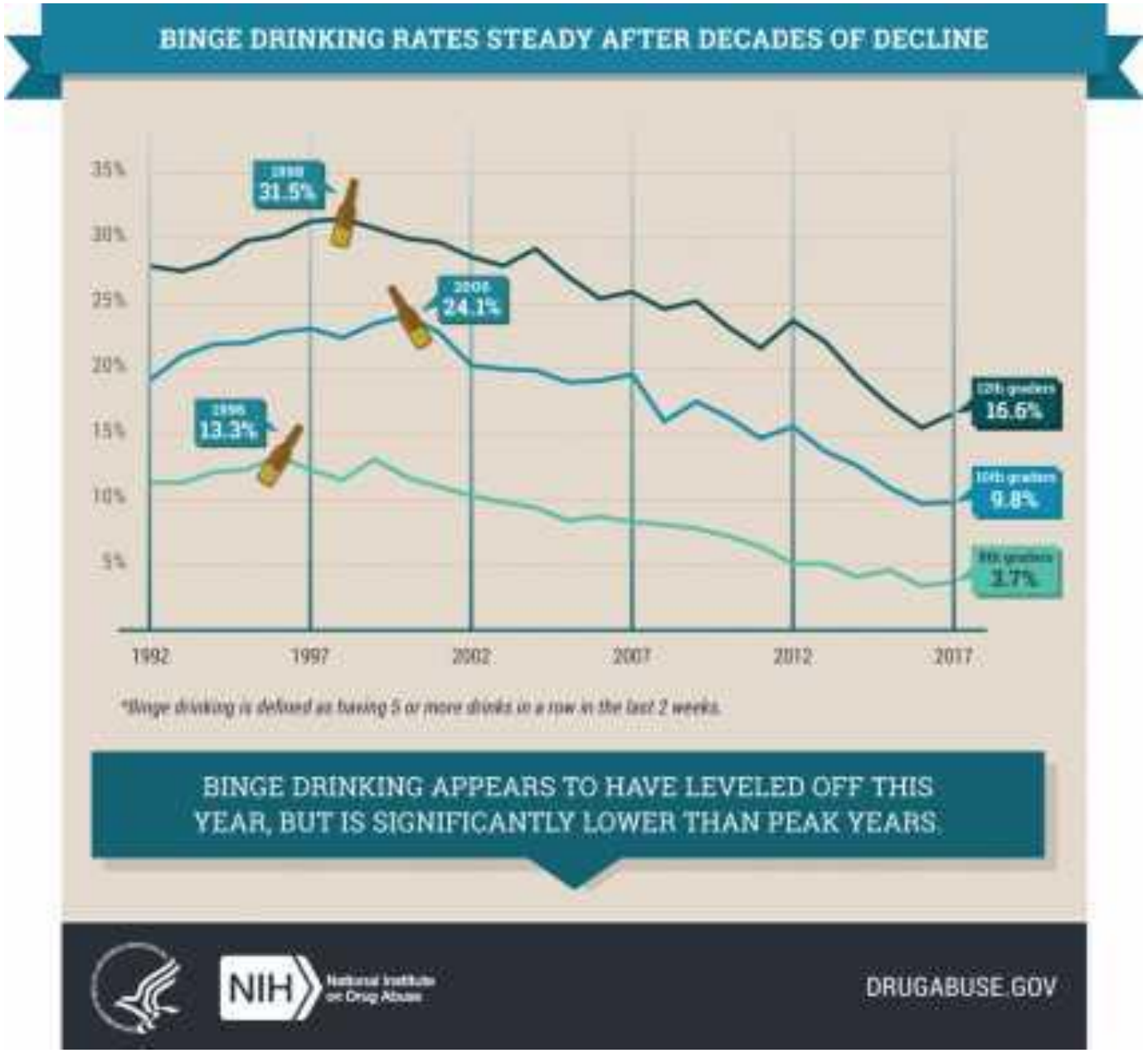


Monitoring the Future Survey 2015

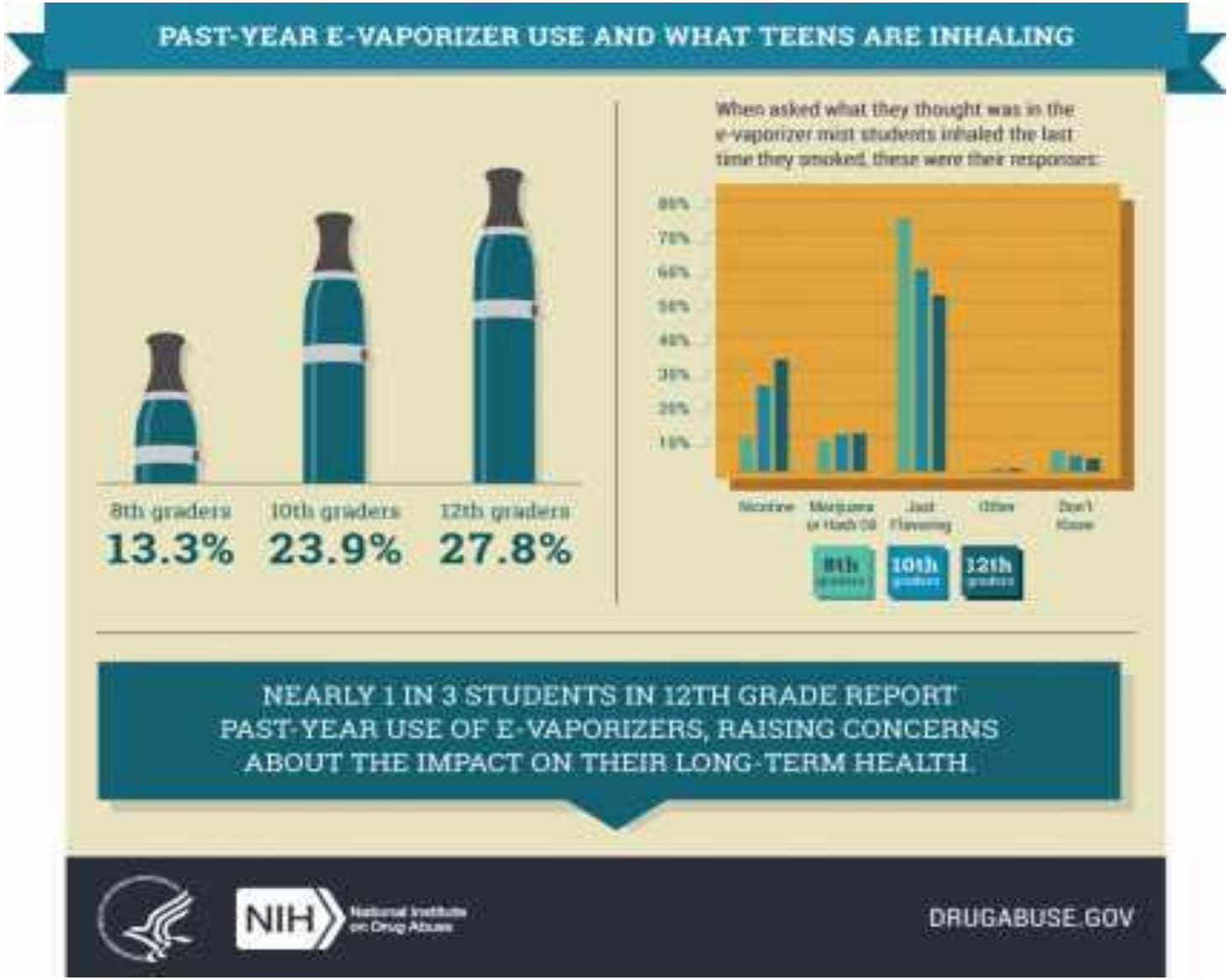
The American Osteopathic Academy of Addiction Medicine



AOAAM
The American Osteopathic Academy of Addiction Medicine



AOAAM
The American Osteopathic Academy of Addiction Medicine



AOAAM
The American Osteopathic Academy of Addiction Medicine

The survey also asked students what they thought was in the e-vaporizer mist the last time they smoked. These were their responses:

- **Nicotine:**
  8th grade: 25.1%
  10th grade: 32.8%
  12th grade: 11.1%
- **Marijuana or hash oil:**
  8th grade: 8.9%
  10th grade: 10.7%
  12th grade: 11.1%

AOAAM
The American Osteopathic Academy of Addiction Medicine

- **Just flavoring:**
  8th grade: 74.8%
  10th grade: 59.2
  12th grade: 51.8%
- **Other:**
  8th grade: 0.2%
  10th grade: 0.5%
  12th grade: 0.7%
- **Don’t know:**
  8th grade: 6.1%
  10th grade: 4.6 %
  12th grade: 3.7%

AOAAM
The American Osteopathic Academy of Addiction Medicine

Adolescents Are Vulnerable

- Early substance use = high risk addiction
- Adolescent immaturity during critical development period = vulnerability
  - Impulsiveness and excitement seeking
  - Difficulty delaying gratification
  - Poor executive function and inhibitory control

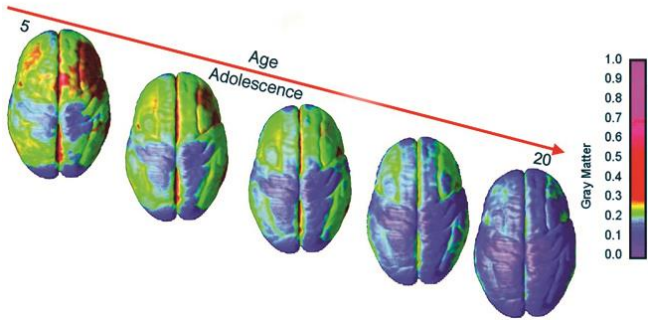


Image Source: PNAS 101:8174–8179, ©2004 National Academy of Sciences, U.S.A.

The American Osteopathic Academy of Addiction Medicine

All Accelerator, No Brakes

Image Source: Larry Carley, AA1car.com

The American Osteopathic Academy of Addiction Medicine

Risk is Real Despite Cultural Minimization

- Progression from experimentation to impairment and use disorder
- Exposure to progressively deviant peer group

  "Everyone's doing it" (skewed sample)
- Levels seen by teens as "normal" are associated with:
  - Academic decline
  - Falling off the "growth curve" of psychosocial functioning
  - Psychiatric morbidity:
    - Worsened depression and anxiety over time
    - Although rare, psychosis rates doubled with marijuana use
    - 1 in 5 people between 13-18 years have had seriously debilitating mental disorder*

*Mental and Substance Use Disorders Among Hospitalized Teenagers, 2012. K. Heslin, Agency for Healthcare Research and Quality

The American Osteopathic Academy of Addiction Medicine

Screening And Assessment

The American Osteopathic Academy of Addiction Medicine

Before You Begin

- Decide how screening results will be used (procedure for + and -)
- Apply existing office practice to screening practice
- Meet with the adolescent alone
- To parents: reassure, this is standard procedure
- To youth: this is your private treatment
- To both: trust me to use my judgement about who knows what (I've done this before)
- Establish tone free of judgment or confrontation
- Eliminate barriers to confidentiality

AOAAM
The American Osteopathic Academy of Addiction Medicine

Screener Options

1. BSTAD
2. S2BI
3. CRAFFT

The American Osteopathic Academy of Addiction Medicine

1

BSTAD - Brief Screener Tobacco Alcohol Drugs

- In the past year, on how many days did you…

  … have more than a few sips of any drink containing alcohol

  … smoke marijuana

  … use cigarettes or other tobacco products

Substance	Cut Point (# use days per year)	Rate of use disorder in primary care clinic
Alcohol	2	4%
Marijuana	2	11%
Tobacco	6	5%

Kelly et al.. *Pediatrics (133)5:819-826, 2014.*

The American Osteopathic Academy of Addiction Medicine

2

S2BI - Screen to Brief Intervention

- In the past year how many times (frequency) have you used… alcohol, marijuana, tobacco, etc
- A pattern tool
- High sensitivity and specificity for severity (provides a range)

Frequency	Severity of DSM-5 SUD
None	No use
Once or twice	Use without disorder
Monthly	Mild (2-3 criteria) or moderate (4-5 criteria)
Weekly (or more)	Severe (>6 criteria)

Levy S et al. *JAMA Pediatrics 168(9):798-799, 2014*

AOAAM
The American Osteopathic Academy of Addiction Medicine

3 CRAFFT

- Qualitative approach
- It asks:
  - Have you ever ridden in a CAR driven by someone (including yourself) who was "high" or had been using alcohol or drugs
  - Do you ever use to RELAX, feel better about yourself or fit in
  - Do you ever use while you are by yourself, ALONE?
  - Do you ever FORGET things you did while using?
  - Do your FAMILY or FRIENDS ever tell you that you should cut down?
  - Have you ever gotten into TROUBLE while you were using?

Score of ≥2 indicates high risk

http://www.ceasar-boston.org/CRAFFT/pdf/CRAFFT_English.pdf

AOAAM
The American Osteopathic Academy of Addiction Medicine

The Wrap on Screeners

- Pick what works for you
- Each has empirical support
- None are perfect
- Note how low the cut points are - surprising

AOAAM
The American Osteopathic Academy of Addiction Medicine

Clinical Indicators

- Change in “personality”
- Academic decline
- Loss of interest in usual/ former activities
- Emotional or behavioral instability
- Secretiveness or lying
- Deviant or “unsavory” friends
- Where there is smoke, look for fire

AOAAM
The American Osteopathic Academy of Addiction Medicine

Ascertaining Severity

- How bad is it?
- Any of these indicators suggests referral
  - Regular use
  - Antisocial behaviors
  - Major health effects
  - Major consequences
  - Social role impairment
  - Progressive use of substances such as opioids

Balancing Priorities

- One more thing in an already tight window
- You should get paid for this!
- SBIRT codes
- Ancillary staff strategy
- Separate visit strategy
- Not enough is better than none at all

AOAAM
The American Osteopathic Academy of Addiction Medicine

Communication with Adolescent Patient

The American Osteopathic Academy of Addiction Medicine

The Conversation: Debrief the Screen

For zero or low level:

- Praise behavior
- Ask about peers who may have progression or trouble

For high risk:

- Proceed to further assessment

The American Osteopathic Academy of Addiction Medicine

A Brief Intervention

- Pros and cons of use
- Non-judgmental open-ended questions
- Adolescent's view of impact and risk
- Connect to personal concerns and goals
- Discrepancy between behaviors and personal goals

The American Osteopathic Academy of Addiction Medicine

How to Explore Further…

- “How much do you think is too much?”
- “What do you know about health risks?”
- “If it were to become a problem in the future, how would you know?”
- “How much do your parents think is too much? Why would they think that?”
- “We can agree to disagree, but value meaningful and truthful discourse.”

Action  Steps

- Consider going without substance or cut down?
- Suggest Urine Drug Test (UDT)
- Consider specialist referral
- Get patient to agree to return (follow-up appointment)

AOAAM
The American Osteopathic Academy of Addiction Medicine

Action  Steps

- “Will you agree to come back and continue the conversation?”
- “Even if you believe it’s no problem, would it be hard to stop or cut down, if you wanted to?”
- “Will you agree to see what it’s like to go for a while with no use or less use?”
- “Will you go and see a specialist? Get another opinion?”

AOAAM
The American Osteopathic Academy of Addiction Medicine

Urine Drug Test (UDT)

- Normalize as part of routine testing
- Recognize it is an inflection point
- Medicalizes the conversation
- Practice your narrative around it

Communication and Disclosure

- “This is your private treatment, stays between us unless I’m concerned about your health and safety. I can’t help if I don’t know the whole story”
- “Let’s bring in your parents – do it together, I’ll run interference, they’ll find out anyway, better coming from you.”

- Medical decision making about risk and urgency (imminent harm vs postponement for further discussion)
- Getting to yes

AOAAM
The American Osteopathic Academy of Addiction Medicine

Communication with Parents

The American Osteopathic Academy of Addiction Medicine

Before You Begin

- Recognize this is tricky territory
- Confidentiality variables (state laws, family culture)
- Families come in all shapes and sizes
- Family history can be instructive
- Education-only school programs are largely ineffective, it's parental attitude and influence that matters
- Some parents will minimize impairment = over-permissive
- Some parents will be alarmist = punitive, over-intrusive

AOAAM
The American Osteopathic Academy of Addiction Medicine

Model How to Talk With Your Kids

- Have the conversation(s)
- When parents speak to kids before they leave for college, it works
- Don’t be surprised that “they don’t get it…”
- Pick your battles

http://www.ncbi.nlm.nih.gov/pmc/articles/PMC2701098/

AOAAM
The American Osteopathic Academy of Addiction Medicine

Not In My House

- Address the supply:
  - Monitor and <u>secure</u> medications
  - Dispose of medications no longer in use
  - Coordinate with peers, friends' parents, grandparents
- Parental Use? (tricky territory)
  - "Not that this applies to you, but some families may use substances socially…"
  - Remind them that kids are mimics

The American Osteopathic Academy of Addiction Medicine

Refer and Monitor

The American Osteopathic Academy of Addiction Medicine

Referral

- Know your “cut point” – marker of severity
- “Find an HCP” on ASAM, AACAP, AAAP sites
- Learn your local resources, develop your network
- Assess quality
- If you can’t find great, go for good, or even OK
- Promote reciprocal communication with referral
- Reassure – easy for them to jump to worst case scenario, simple evaluation is first step

AOAAM
The American Osteopathic Academy of Addiction Medicine

Sample Referrals

- Outpatient and inpatient services
- Young People in Recovery
- Alcoholics Anonymous, other 12-Step Programs
- Public Health Department
- Community Mental Health Center
- Employee Assistance Programs (EAPs)

The American Osteopathic Academy of Addiction Medicine

Talking Through the Referral

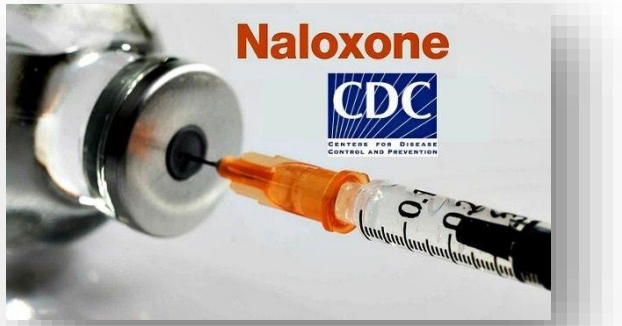
- Use the motivational moment
- Explore potential barriers
- Normalize anxiety and ambivalence
- Address patient's resistance to seeking help

- Convey urgency to families for high severity
- Administer a "warm hand-off"
- If patient refuses: "Will you at least come back to talk with me?"

The American Osteopathic Academy of Addiction Medicine

Treatments

- There are medications
  - Naloxone
  - Buprenorphine
  - Combination drugs
- Be aware of labeling
- Just know the drugs, you don't have to be an expert



The American Osteopathic Academy of Addiction Medicine

Naloxone

- Given to all patients with opioid use disorder or prescribed opioids.
- Instruct family members on use

AOAAM
The American Osteopathic Academy of Addiction Medicine

Buprenorphine Products

- Indicated for age 16 and up
- Requires a certification to receive an X DEA number to prescribe
- Initially 30 patients, then 100, 275 , max
- Induction is recommended
- Patients with become physically dependent
- Requires slow tapering

AOAAM
The American Osteopathic Academy of Addiction Medicine

Naltrexone: Short and Long acting injectable

- Approved for age 18 and up
- No certification needed
- Must be 7-10 days opioid free

AOAAM
The American Osteopathic Academy of Addiction Medicine

Follow Up Monitoring Toolbox

- Prepare your questions
- Praise positive behaviors
- Problem solve about concerns and barriers, don't argue with patient
- Normalize UDT
- Remind patient that it is health-related, not a judgment on their character
- You will make recommendations multiple times

Follow Up Monitoring

- Reflect on improvement or progression

  "How's it been going since last visit? Any thoughts about what we talked about?"
- "How many times have you _____ since then?"
- "Did you try to stop or cut down?"

The American Osteopathic Academy of Addiction Medicine

Follow Up Monitoring

- “How can we get help from your parents/guardians?”
- Reflect on previous patient-set thresholds. “I remember you said that if you ever used more than ____ that might be a problem…”
- “Let’s talk about urine drug testing.”

The American Osteopathic Academy of Addiction Medicine

Comorbidities

- **Medical**
  - Sexual risk behaviors and STI's, pregnancy prevention
  - Smoking (tobacco or marijuana): reactive airway disease
  - Injury
- **Mental Health**
  - Depression and anxiety
  - Safe adherence to stimulant Rx for ADHD

AOAAM
The American Osteopathic Academy of Addiction Medicine

Consider This

- HCPs (esp primary care) have *enormous* impact on patients and families
- Set a clear standard:

  "Any intoxicant use is unhealthy for adolescents."

- On the other hand… marathon not a sprint
- Encourage waiting - every delay is impactful
- Longitudinal follow-up holds up a mirror of dynamic change, positive and negative

AOAAM
The American Osteopathic Academy of Addiction Medicine

Questions and Answers

The American Osteopathic Academy of Addiction Medicine