



EMORY
UNIVERSITY
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MEDICINE

Department of Psychiatry
and Behavioral Sciences

Substance Use Disorders in Youth

Part 1: “The Overall Approach”

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SUD in Youth Course

- Four Course Lecture Series
 - Part 1: The Overall Approach
 - Part 2: Behavioral Treatment
 - Part 3: Medication Management
 - Part 4: Co-occurring Disorders



Outline

- **Part 1: The Overall Approach**
 - Why Mental Health Clinics?
 - Case: Alex
 - Confidentiality
 - Screening
 - Involving the Family



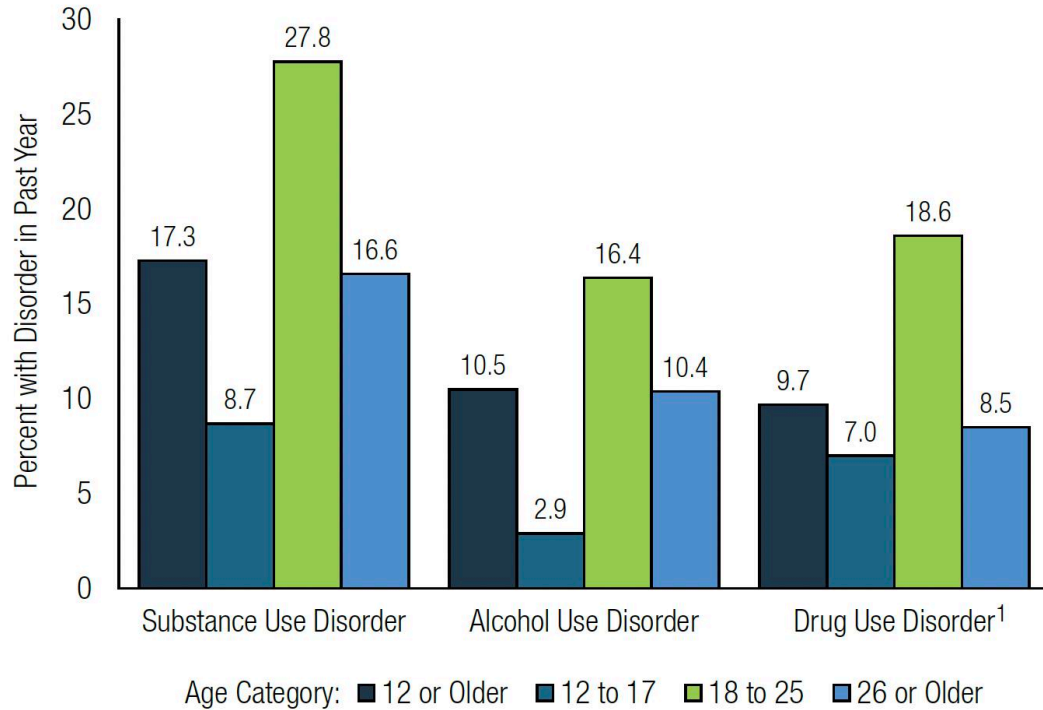
Why Mental Health Clinics?

Why?

- Rates cited as high as 43% of adolescents who received mental health services had SUD
- McDonnell et al. (2011)
 - 28% of adolescents 12-17 presenting to psychiatric ED had SUD
- Substance use increases **negative outcomes** in mental health treatment
- May be inappropriate to refer to specific SUD treatment for lower levels of use

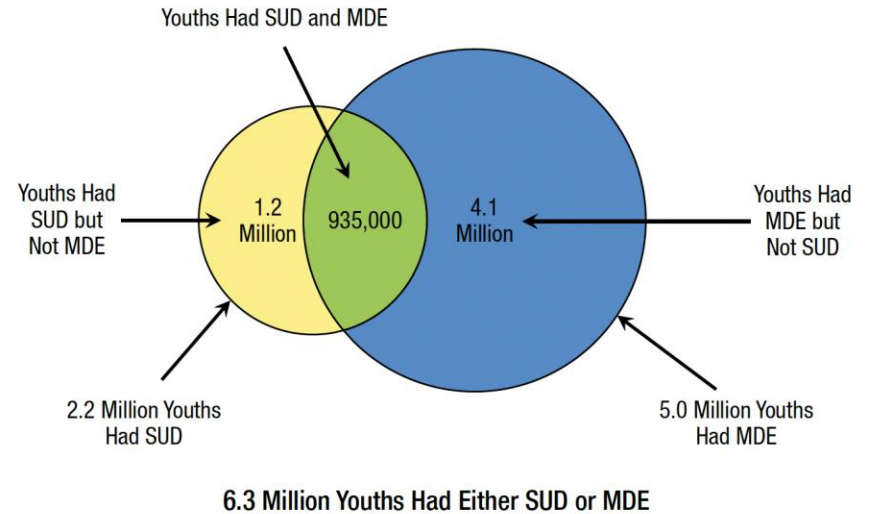
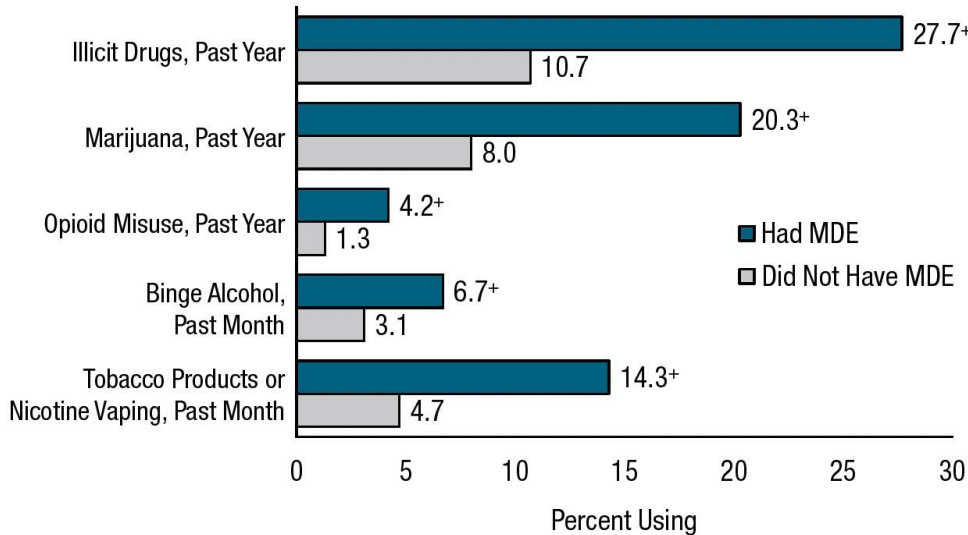
Why?

Substance Use Disorder in 2022



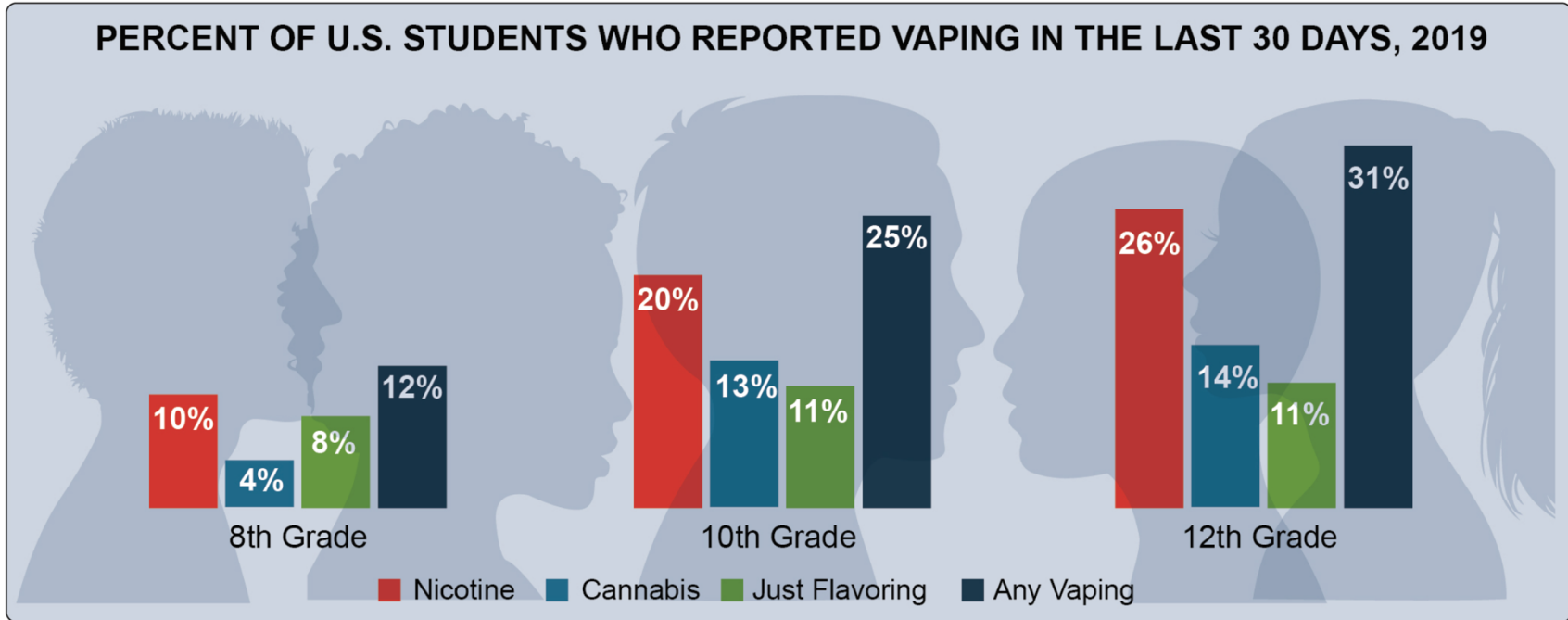
Why?

Substance Use Age 12-17 by Past Year Major Depressive Episode



Why?

PERCENT OF U.S. STUDENTS WHO REPORTED VAPING IN THE LAST 30 DAYS, 2019



Data Source: Miech et al. (2019); Figure Source: SAMHSA (2020).

Case: Alex

- 15 y/o M (he/him) who you have been treating for MDD, severe, recurrent since early childhood.
- In the middle of titrating SSRI.
- Just taken to an ED for intoxication.



**You've never asked him about substance use....
Where do you start???**

Confidentiality



Common Confidentiality Conundrums

- Long-term psychotherapy patient now using substances, but confidentiality wasn't discussed.
- Worsening academic performance in patient with ADHD is looking to increase stimulant. You believe symptoms are from cannabis use, parents are not aware.
- Using cannabis every morning, you know they drive siblings to school.
- Obtaining substances from older individual, does this qualify for mandatory reporting?

Adolescent Confidentiality

- Review of urine drug screens
 - How is that information conveyed?
- Breach of confidentiality for safety- ***Individualized***
 - Transition to injection drug use
 - Use of opioids in opioid naïve patient
 - History of overdose
 - Use in dangerous and potentially lethal situations
 - Driving under the influence
 - Getting in vehicle with someone who is high or impaired
 - Serious self-injury while impaired

Young Adult Confidentiality

- Take advantage of family when available (*waiting room invite*)
- Explain what levels of consent mean
 - No consent
 - Variations of partial consent
 - Full consent
 - **Revoked** consent
- Acknowledge reasons for confidentiality
 - Sense of autonomy
 - Felt by young adult: "They'll make me move back home."
 - Felt by parent: "They're 18, what can I do?"



Screening

Screening: Substance Use

- Begin annual screening **age 11**
 - Tobacco, alcohol and other substance use
- Screens should be age appropriate
 - Low reliability and validity for CAGE in this age group
 - Adolescents often prefer computer or paper screeners compared to clinician interviews
- Review **confidentiality** prior to screening

The CRAFFT 2.1+N Interview

To be verbally administered by the clinician

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."

Part A

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. # of days

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. # of days

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. # of days

4. Use a vaping device* containing nicotine and/or flavors, or use any tobacco products¹? Say "0" if none. # of days
*Such as e-cigs, mods, pod devices like JUUL, disposable vapes like Puff Bar, vape pens, or e-hookahs. ¹Cigarettes, cigars, cigarillos, hookahs, chewing tobacco, snuff, snus, dissolvables, or nicotine pouches.

If the patient answered...

"0" for all questions in Part A



Ask 1st question only in Part B below, then STOP

"1" or more for Q. 1, 2, or 3



Ask all 6 questions in Part B below

"1" or more for Q. 4



Ask all 10 questions in Part C on next page

Part B

Circle one

C Have you ever ridden in a CAR driven by someone (including yourself) who was "high" or had been using alcohol or drugs? **No** **Yes**

R Do you ever use alcohol or drugs to RELAX, feel better about yourself, or fit in? **No** **Yes**

A Do you ever use alcohol or drugs while you are by yourself, or ALONE? **No** **Yes**

F Do you ever FORGET things you did while using alcohol or drugs? **No** **Yes**

F Do your FAMILY or FRIENDS ever tell you that you should cut down on your drinking or drug use? **No** **Yes**

T Have you ever gotten into TROUBLE while you were using alcohol or drugs? **No** **Yes**

Two or more YES answers in Part B suggests a serious problem that needs further assessment. See Page 3 for further instructions. ➡

NOTICE TO CLINIC STAFF AND MEDICAL RECORDS:

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Part C

"The following questions ask about your use of any vaping devices containing nicotine and/or flavors, or use of any tobacco products.*"

Circle one

1. Have you ever tried to QUIT using, but couldn't? **Yes** **No**

2. Do you vape or use tobacco NOW because it is really hard to quit? **Yes** **No**

3. Have you ever felt like you were ADDICTED to vaping or tobacco? **Yes** **No**

4. Do you ever have strong CRAVINGS to vape or use tobacco? **Yes** **No**

5. Have you ever felt like you really NEEDED to vape or use tobacco? **Yes** **No**

6. Is it hard to keep from vaping or using tobacco in PLACES where you are not supposed to, like school? **Yes** **No**

7. When you HAVEN'T vaped or used tobacco in a while (or when you tried to stop using)...

a. did you find it hard to CONCENTRATE because you couldn't vape or use tobacco? **Yes** **No**

b. did you feel more IRRITABLE because you couldn't vape or use tobacco? **Yes** **No**

c. did you feel a strong NEED or urge to vape or use tobacco? **Yes** **No**

d. did you feel NERVOUS, restless, or anxious because you couldn't vape or use tobacco? **Yes** **No**

One or more YES answers in Part C suggests a serious problem with nicotine that needs further assessment. See Page 3 for further instructions. ➡

*References:

Wheeler, K. C., Fletcher, K. E., Wellman, R. J., & DiFranza, J. R. (2004). Screening adolescents for nicotine dependence: the Hooked On Nicotine Checklist. *J Adolesc Health*, 35(3), 225-230;
 McKelvey, K., Baiocchi, M., & Halpern-Felsher, B. (2018). Adolescents' and Young Adults' Use and Perceptions of Pod-Based Electronic Cigarettes. *JAMA Network Open*, 1(6), e183535.

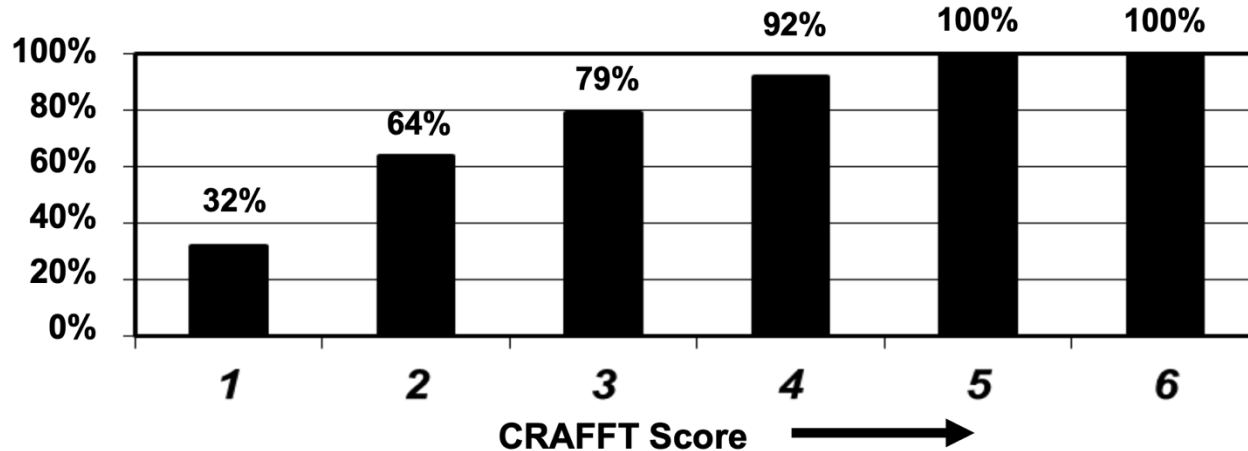
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Screening: CRAFFT

CRAFFT Score Interpretation

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



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

Screening: S2BI

S2BI algorithm

In the past year, how many times have you used:
Tobacco? Alcohol? Marijuana?



Screening: Labs

- Lab workup
 - CBC
 - BMP/CMP
 - HIV
 - Syphilis
 - Hepatitis panel
 - Urine gonorrhea and chlamydia PCR testing
 - Urine pregnancy test



Screening: Sexual History

- More than ½ of US adolescents will be sexually active by 18
 - **~30% currently sexually active**
 - ~ 20% used alcohol or other substances during their last sexual encounter
- Adolescents who use substances are **more likely** to engage in unprotected sex
- Annual chlamydia and gonorrhea screening for **all** sexually active women younger than 25 years (CDC)

Case: Alex

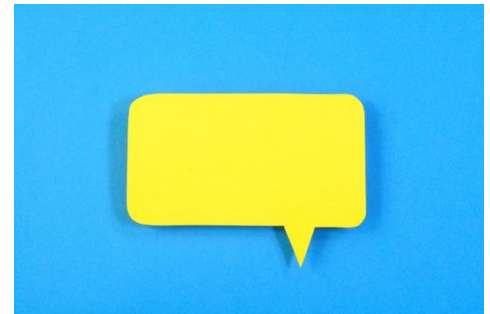
- You reviewed confidentiality with Alex and his parents.
- You ask him **what** he is using, **how often**, and for **how long**
 - Alcohol 3-4 times/week including alone
 - Tolerance, use in dangerous situations, blackouts, +emesis
 - Parents are not aware of amount/frequency
- **Multiple people** in the household **drink** including his father and older sister.



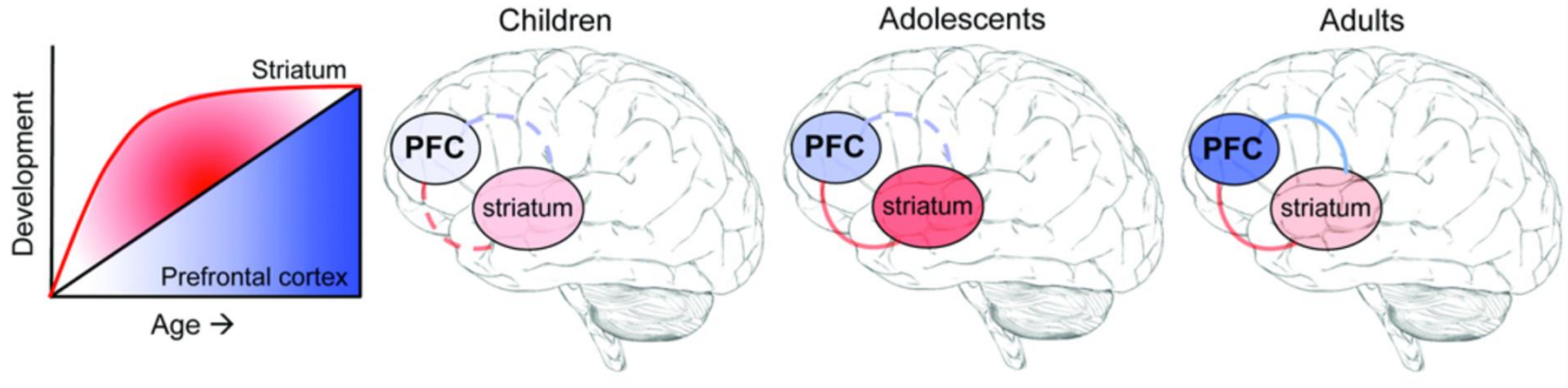
Involving the Family

Talking with Caregivers

- Motivating parent/child for treatment
 - Neurobiology
 - Future risk
- Safety
 - Naloxone
 - Harm reduction
- What can caregivers do?
 - Reduce Access
 - Remove items from the home
 - Support treatment (contingency management!)



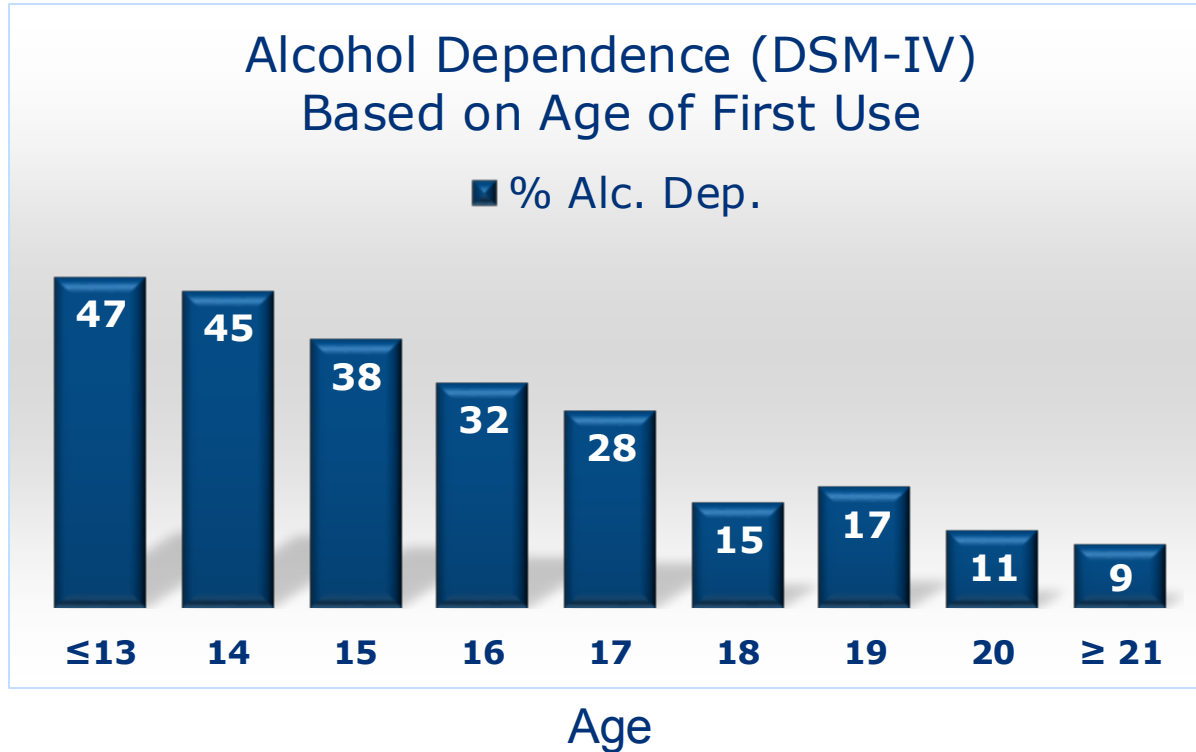
Talking with Caregivers: Neurobiology



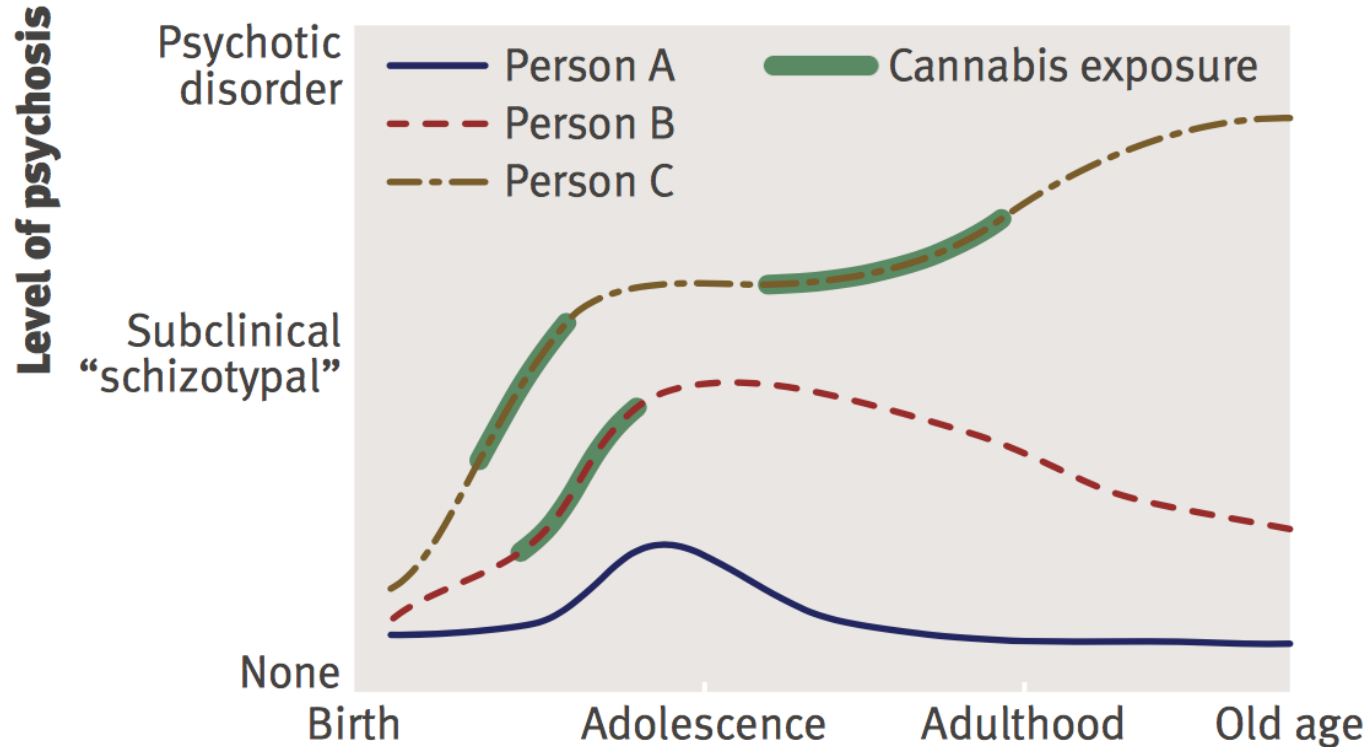
Talking with Caregivers: Neurobiology

- Neurobiology
 - Modification of brain circuitry that may stabilize addictive behavior
 - **Functional and structural changes** to the brain
 - Repeated ethanol exposure produces hippocampal dependent memory deficits and increased dendritic spine size
 - Smaller frontal and hippocampal volumes, altered white matter microstructure and poorer memory in adolescents with alcohol use disorder

Talking with Caregivers: Future Risk

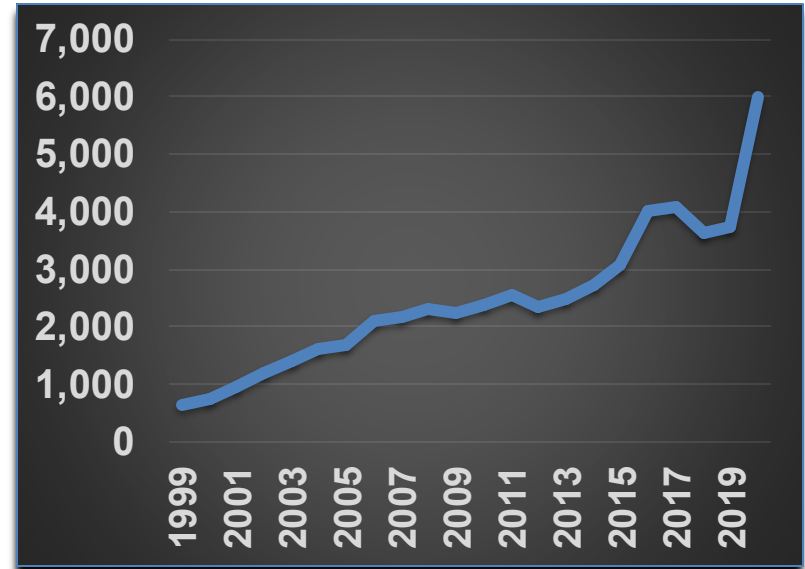


Talking with Caregivers: Future Risk



Talking with Caregivers: Safety

- Naloxone
 - Rapidly reverses effects of opioid overdose
 - FDA approved in all pediatric ages
 - 1/2 life of 30-90 minutes
- **Give to anyone using illicit substances.**



Opioid-Related Overdose Deaths
Age 15-24

Talking with Caregivers: Modifying Risk

- **Family history**
 - Family alcohol and drug behavior attitudes****
 - Parental substance use
 - Neglectful parenting
- **Peer rejection** in elementary grades
- **Unsupervised time** with peers
- **Transitions** to new environments (moving, new school)

Talking with Caregivers: Modifying Risk

- Buy a **locked box** to store all medications (prescribed as well as cold and cough medications)
- Remove all **alcoholic** beverages (liquor, wine, beer)
- All alcohol-based products (hand sanitizer, cough syrup, mouthwash, windshield wiper fluid & antifreeze)
- Food products (canned whipped cream, nutmeg)
- Remove all **inhalants**
 - Household aerosol products (compressed air dusters, spray paints, hair or deodorant sprays, vegetable oil sprays)
 - Industrial or household products (paint thinners, lighter fluid)
 - Nitrites (room odorizer, leather cleaners, liquid aroma)

Preventing Substance Use Starts at Home

Safeguarding Your Children



Case: Alex

- You share with his parents that he meets criteria for alcohol use disorder, UDS is pending
- They want to know when he is using and how he is getting it
- You decline to provide that information and do not have consent to share those details
- Advise family on removing access in the household
- Consider recommending naloxone and offer resources where to get it
- **Further treatment recs in Part 2, 3, and 4!**

Key Points

- Mental health providers should screen all patients (11+) for substance use
- Confidentiality needs to be balanced with family engagement and safety
- Screen for STI's and safe sex practices
- Integrate family into treatment where possible

Stay tuned for Part 2!

