

Adolescent Substance Use Screening & Intervening

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Adult Medicine

Substance Use & Prevention
Program



Objectives

By the end of this session, participants will be able to:

1. Utilize appropriate methods to screen adolescents for substance use
2. Articulate the value and limitations of urine drug testing in clinical practice
3. Discuss various treatment options available to adolescents who use substances

Case-based Question

- Lacy is a 15-year-old female who presents to your clinic for a mental health assessment. What is the best way to screen for substance use?
 - A. You don't need to screen since she doesn't look like the type of person who uses drugs.
 - B. Ask her open-ended questions about her drug use.
 - C. Ask for a urine sample and secretly test it for drugs.
 - D. Use a validated screening tool to ask about past substance use.

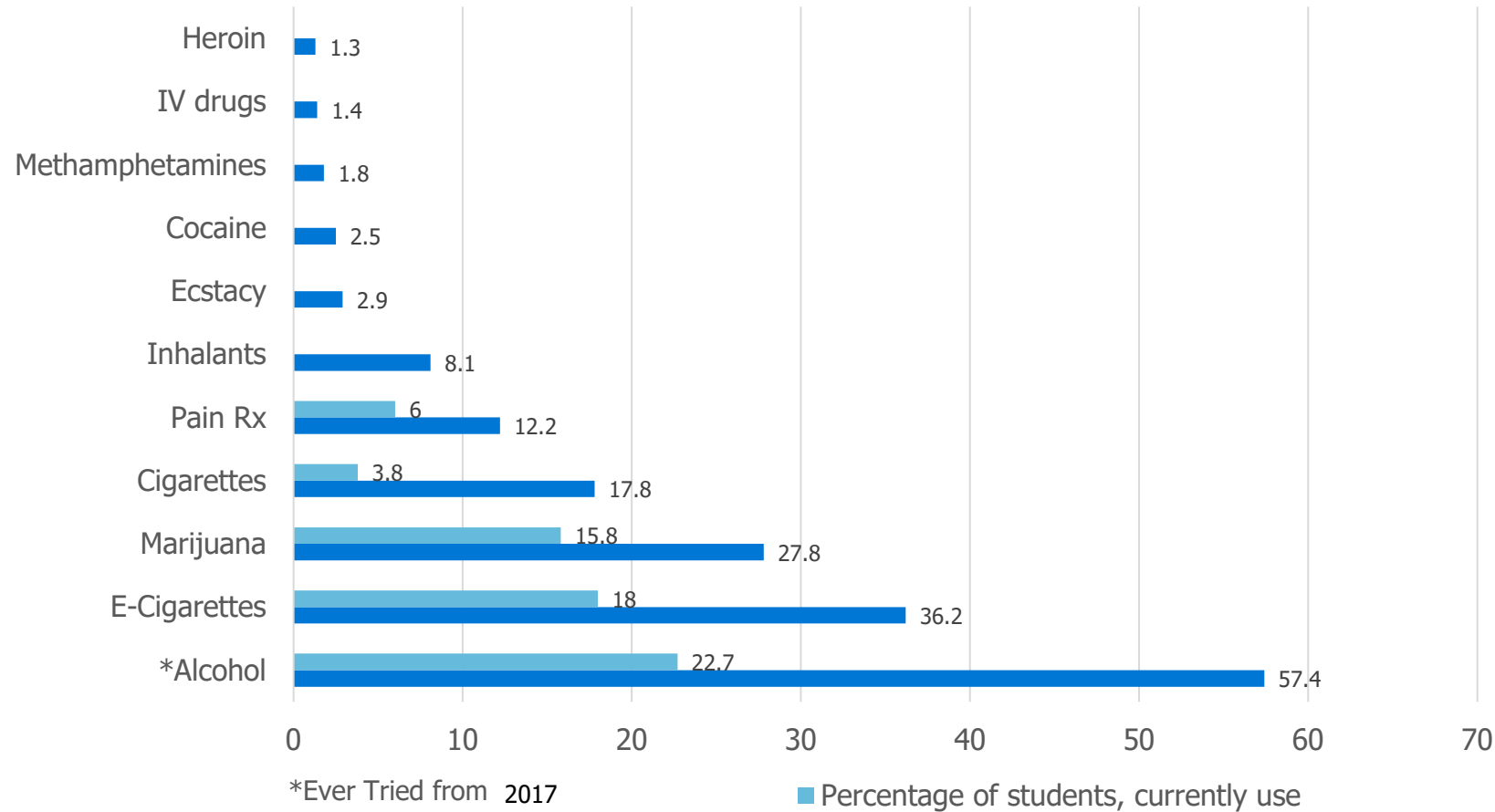
Respectful Language

Avoid:		Use this instead:
Substance Abuser Addict/Alcoholic Junkie		
"dirty" "clean"	Positive Drug Test Negative Drug Test	
Substance Abuse		
Medication-Assisted Treatment Opioid Substitution Therapy		
Relapse	Lapse/slip	
Crack Baby		
Enabling		

Respectful Language

Avoid:		Use this instead:
Substance Abuser Addict/Alcoholic Junkie		Person with a substance use disorder Person who uses drugs
"dirty" "clean"	Positive Drug Test Negative Drug Test	Urine drug screen with drugs present Urine drug screen without drugs present Substance-free
Substance Abuse		Substance Use
Medication-Assisted Treatment Opioid Substitution Therapy		Medication for Addiction Recovery
Relapse	Lapse/slip	Recurrence
Crack Baby		Prenatal Exposure
Enabling		Concerned loved one

Substances Tried by High Schoolers



Trends in High School Students

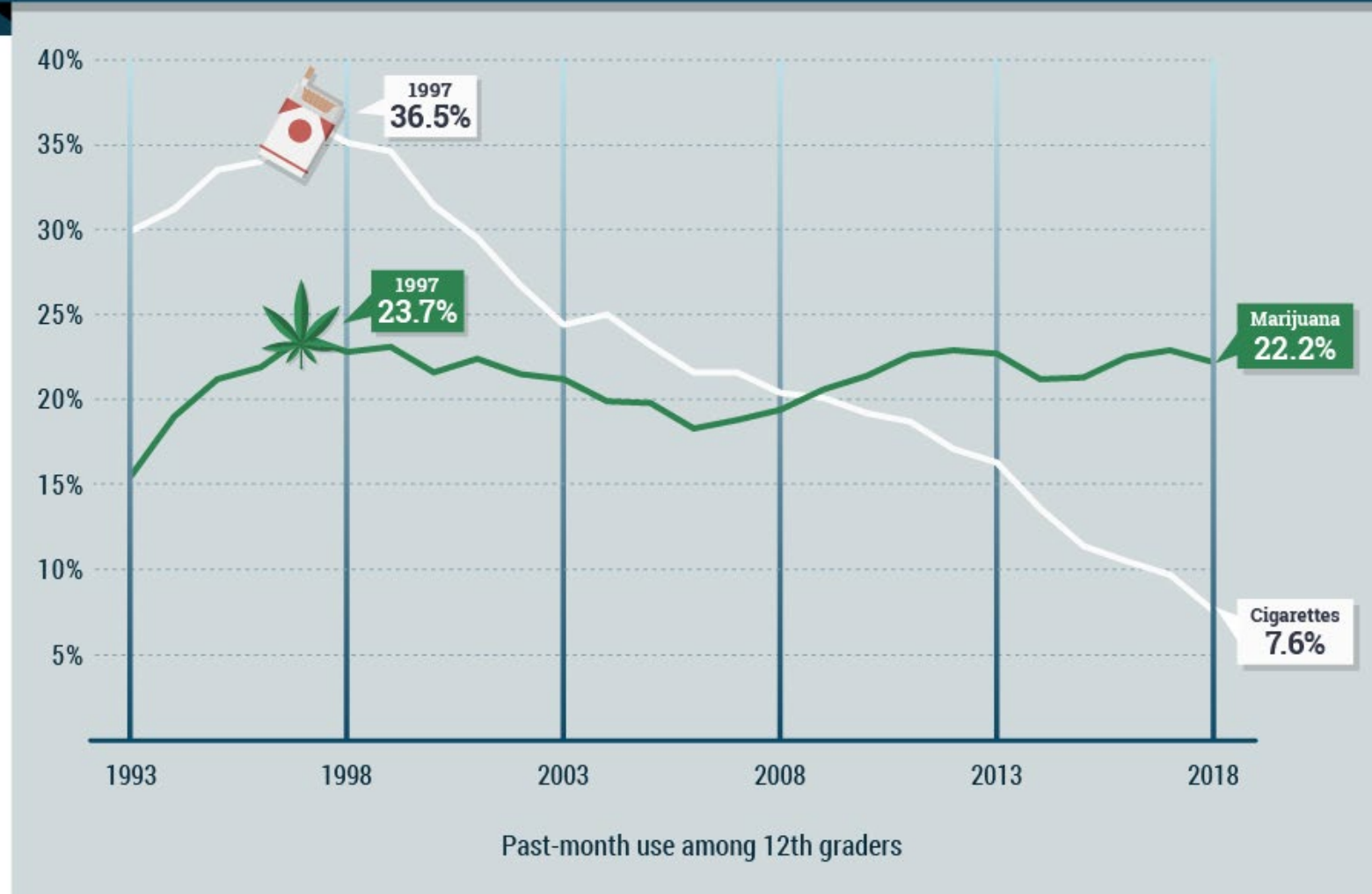
By 12th grade:

- 68% drank alcohol* (32.2% currently)
- 45.6% tried e-cigarettes (24% currently)
- 46% tried marijuana (26% currently)
- 22.7% smoked (5.2% currently)
- 11.6% pain medication misuse (5.3% currently)
- 1.4% tried heroin
- 2% injected drugs

- *Missing youth no longer in school*
- **from 2017 data*



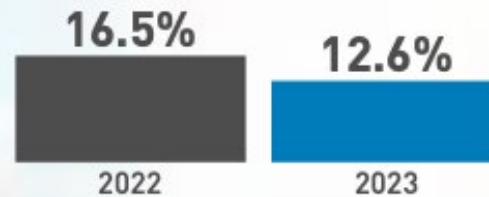
TEENS MORE LIKELY TO USE MARIJUANA THAN CIGARETTES



NYTS 2023

Findings from the 2023 National Youth Tobacco Survey

Current tobacco use **decreased**
among high school students



Driven by a drop
in high school
e-cigarette use

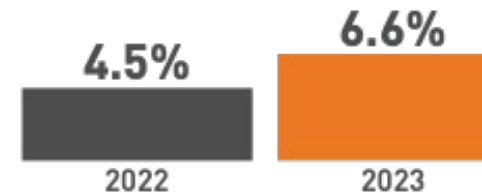


But there's more work to be done to build on this progress...

E-Cigarettes were the
most popular tobacco
product for the
10th year in a row

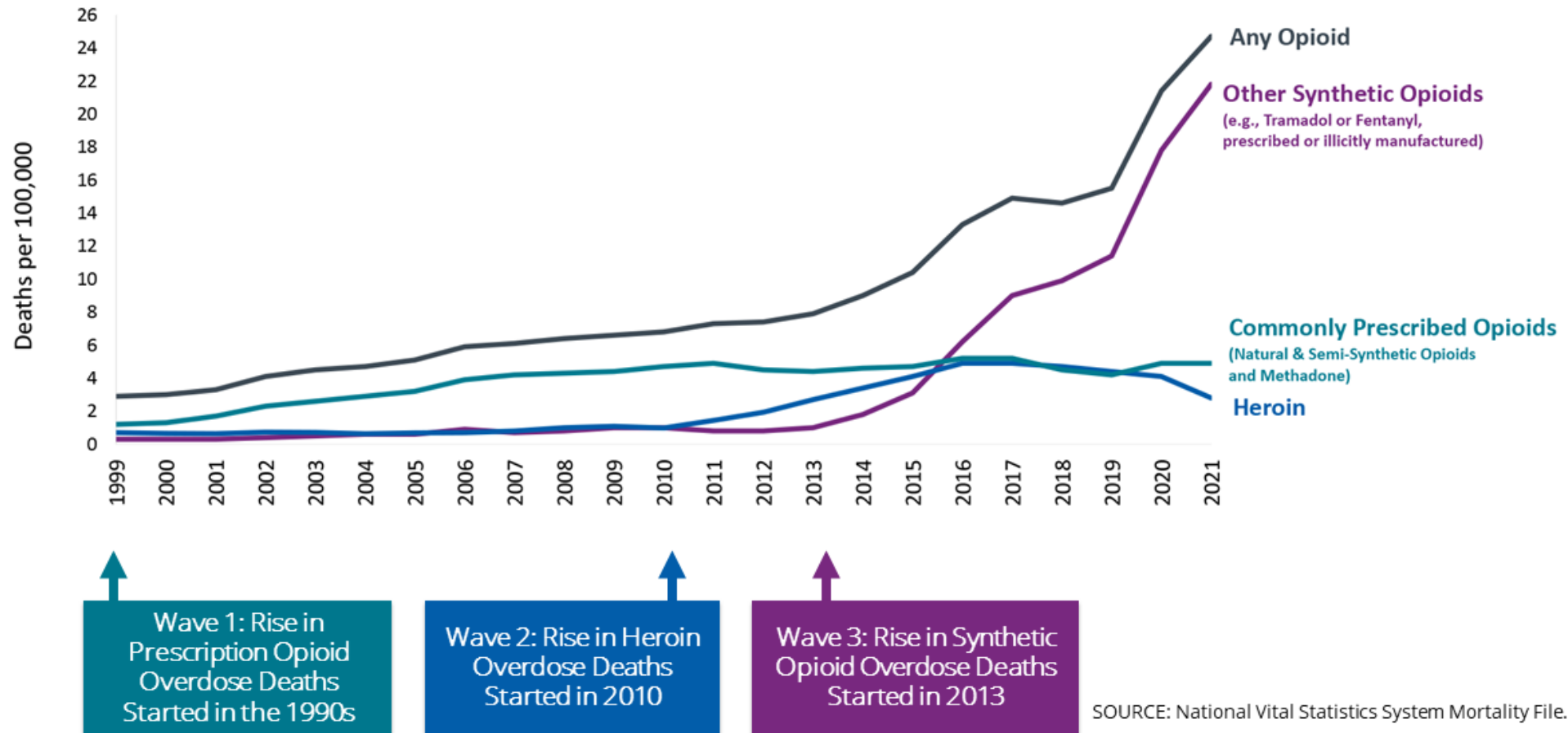


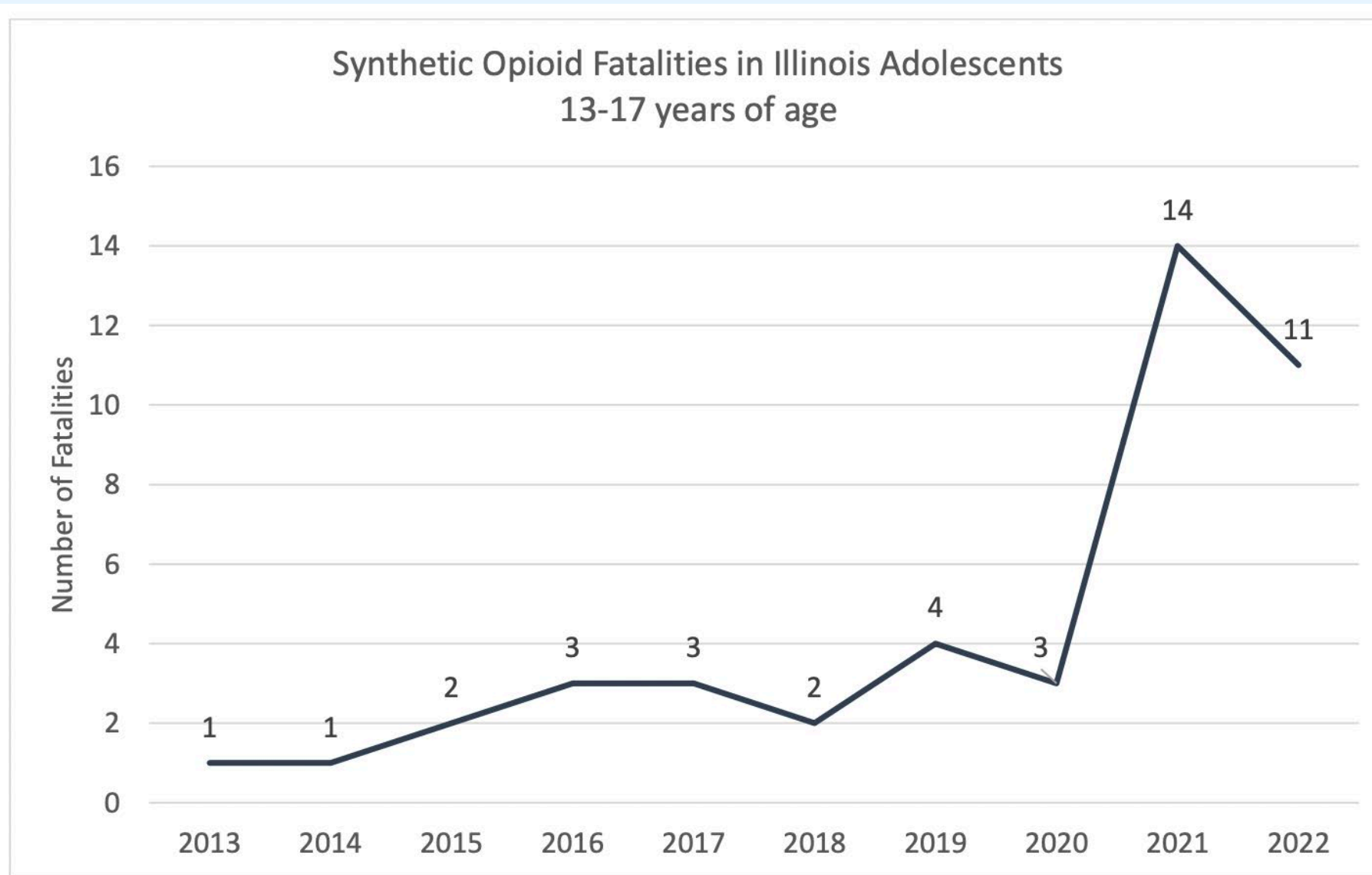
Current tobacco use **increased**
among middle school students



More than **2.1 million youth** currently used e-cigarettes

Three Waves of Opioid Overdose Deaths





Lacy, 15 year-old female

- Presents for an assessment
- Mother is parking the car
- You start the visit with Lacy

*Are you going to tell
my parents?*



Confidential Care

- More likely to
 - Access care
 - Answer honestly
 - Follow-up
- Recommended by medical associations
- Minors can consent to substance use treatment under IL law
 - Family involvement is beneficial

Maintaining Confidentiality

- Send out confidentiality policy
- Discuss confidentiality policy with parents/teens at visit
- Mention limits to confidentiality
 - Safety concerns
 - Billing if applicable
- Ask parents to step out and promise to invite back in
 - Have private time at each visit
- Periodically remind teen of confidentiality

Breaking Confidentiality

- Clinical judgment
 - Prevent imminent harm to patient or others
 - Protect patient's health and safety
 - Recent activity → immediate need
- Discuss with patient
 - Why necessary
 - What details
 - Who will disclose
 - How disclosure will help
 - Emphasize patient's positive attributes
 - Honesty
 - Willingness to change
 - Acceptance of further evaluation/treatment

Breaking Confidentiality

- Example behaviors
 - Injection drug use
 - Withdrawal symptoms
 - Continued use with history of drug-related ED visit or admission
 - Mixing sedatives
 - Frequent or excessive binge-drinking
 - Driving while intoxicated
- Example discussion
 - *"I am glad you spoke honestly.*
 - *From what you told me I am worried about your drug use, since mixing even a couple pills can cause serious problems.*
 - *Because I am so concerned, some of this information must be shared with your parents.*
 - *And an appointment will be made with one of my colleagues to discuss your drug use.*
 - *Can you promise not to use any drugs before this next appointment?*
 - *What do you think would be the best way to share this information with your parents?"*

*Can you do a secret
drug test?*



Urine Drug Testing

Pros

- Inexpensive
- Instant results
- Many panel options

Cons

- Invasive
- Tampering
- Cross-reactions (false positives)
- False negatives
- ~~Appropriate use vs Misuse~~

When to drug test

- Emergencies
- Substance use treatment programs
- Probation system, drug courts
- ?Behavioral or Mental health concerns?
 - May help with honest conversation

❖ NEED adolescent consent, except in emergencies

Urine Specimen Collection

- Direct observation
 - Most reliable
 - Most invasive
- Other methods
 - Prohibit coats and bags
 - Shut off water
 - Remove soap & chemicals
 - Add coloring to toilet water
 - Document specimen appearance & temperature within 4 minutes
- Explain process to the patient
- Most offices use none of these procedures
 - Interpret results with caution

Drug Testing Bottom-line

- One part of a comprehensive evaluation
- Not a stand-alone measure
 - Limitations
 - Risk for misinterpretation

Screening

- Not increase substance use
- Catch what clinical impression may miss
- Bill!
 - **96127**
 - Brief emotional/behavioral assessment (e.g., depression inventory, attention-deficit/hyperactivity disorder scale), with scoring and documentation, per standardized instrument
 - **96160**
 - Administration of patient-focused health risk assessment instrument (eg, health hazard appraisal) with scoring and documentation, per standardized instrument

SBIRT

- Screening
- Brief Intervention
- Referral to Treatment

SBIRT- FREE Screening Tools

Tool	Admin Method & Link	Vehicle		Screens for			Time (min)	# Items	Validated Age Range
		Paper	Electronic	Alcohol	Tobacco	Drugs			
S2BI (Screening to Brief Intervention)	• Self or provider nida.nih.gov/s2bi/		X	X	X	X	5	3-7	12-17
BSTAD (Brief Screener for Tobacco, Alcohol, and Other Drugs)	• Self or provider nida.nih.gov/bstad/		X	X	X	X	5-10	3-11	12-17
NIAAA Youth Alcohol Screen (Youth Guide)	• Self or provider pubs.niaaa.nih.gov/publications/Practitioner/YouthGuide/YouthGuide.pdf	*	*	X			<5	2	9-18
CRAFT (Car, Relax, Alone, Friends/Family, Forget, Trouble)	• Self or provider craftt.org/get-the-craftt/	X	*	X	X (+e-cig 2.1+N)	X	5	5-21	12-21
*Provider can create									

Andy, 16-year-old male

- Presents with dysuria & abdominal pain
- Udip with low SpecGrav
- MA notes sample nearly clear and cold
- Patient caught vaping this weekend & was worried about a drug test
- Give CRAFFT 2.1+N while changing into gown
 - crafft.org/get-the-crafft/

The CRAFFT+N Questionnaire

To be completed by patient

Please answer all questions **honestly**; your answers will be kept **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**? Put "0" if none.

2

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")? Put "0" if none.

0

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)? Put "0" if none.

0

of days

4. Use a **vaping device*** containing **nicotine and/or flavors**, or use any **tobacco products†**? Put "0" if none.

5

of days

**Such as e-cigs, mods, pod devices like JUUL, disposable vapes like Puff Bar, vape pens, or e-hookahs. †Cigarettes, cigars, cigarillos, hookahs, chewing tobacco, snuff, snus, dissolvables, or nicotine pouches.*

READ THESE INSTRUCTIONS BEFORE CONTINUING:

- If you put "0" in ALL of the boxes above, ANSWER QUESTION 5 BELOW, THEN STOP.
- If you put "1" or more for Questions 1, 2, or 3 above, ANSWER QUESTIONS 5-10 BELOW.
- If you put "1" or more for Question 4 above, ANSWER ALL QUESTIONS ON BACK PAGE.

Circle one

5. Have you ever ridden in a CAR driven by someone (including yourself) who was "high" or had been using alcohol or drugs? ☒ No ☐ Yes
6. Do you ever use alcohol or drugs to RELAX, feel better about yourself, or fit in? ☒ No ☐ Yes
7. Do you ever use alcohol or drugs while you are by yourself, or ALONE? ☒ No ☐ Yes
8. Do you ever FORGET things you did while using alcohol or drugs? ☒ No ☐ Yes
9. Do your FAMILY or FRIENDS ever tell you that you should cut down on your drinking or drug use? ☒ No ☐ Yes
10. Have you ever gotten into TROUBLE while you were using alcohol or drugs? No ☒ Yes

The following questions ask about your use of any **vaping devices containing nicotine and/or flavors**, or use of any **tobacco products***. Circle your answer for each question.

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

Determining Risk Level

Risk Level	CRAFFT Score	Clinical Action
LOW	No use in past 12 months and CRAFFT score of 0	Provide information about risks of substance use and substance use-related riding/driving; offer praise and encouragement
MEDIUM	No use in past 12 months and "Yes" to CAR question only OR Use in past 12 months and CRAFFT score < 2	Provide information about risks of substance use and substance use-related riding/driving; brief advice; possible follow-up visit
HIGH	Use in past 12 months and CRAFFT score ≥ 2	Provide information about risks of substance use and substance use-related riding/driving; brief advice; follow-up visit; possible referral to counseling/treatment

The “5R’s”: Brief Counseling Talking Points



1. **REVIEW:** Screening Results



2. **RECOMMEND:** Not to use



3. **RIDING/DRIVING:** Risk Counseling



4. **RESPONSE:** Elicit self-motivational statements



5. **REINFORCE:** Self-efficacy

How to Ask Beyond Cigarettes

- NOT ~~*Do you smoke?*~~
- *Do you use any kind of tobacco like cigarettes, dip or nicotine pouches?*
- *What about electronic smoking devices like e-cigarettes or vape pens?*

*I started vaping
because I liked the
flavors. And I only
drink at parties.*



Quit Support Resources

Sponsor	Program	Description
Truth Initiative	EX Program (join.exprogram.com/)	Frist-of-its-kind free e-cigarette quit program
National Cancer Institute	1-800-QUIT-NOW	National number that links the caller to his or her local or state telephonic quitline.
National Cancer Institute	SmokefreeTXT (text "QUIT" to 47848)	A mobile text messaging program that provides tips, advice, and encouragement for stopping smoking.
National Cancer Institute	teen.smokefree.gov	An Internet site designed for teenagers that hosts the National Cancer Institute's tobacco prevention and cessation resources for teenagers.

Quitting E-Cigarettes. Jan 2019. truthinitiative.org/quitecigarettes

Farber HJ, Walley SC, Groner JA, Nelson KE, Section on Tobacco Control. Policy Statement: Clinical Practice Policy to Protect Children From Tobacco, Nicotine, and Tobacco Smoke. Pediatrics. Nov 2015; 136(5):1008-17

Medications for Nicotine Use

- Nicotine “replacement”
 - Gum
 - Lozenge
 - Patch
 - Nasal spray
 - Inhaler
- Varenicline
- Bupropion

Nicotine Medication

Nicotine Transdermal Patch

(OTC for 18+
Rx for <18)

Cost:
Over-the-counter retail
cost ranges from \$25-\$70
for 28 patches.

Out-of-pocket
prescription costs will
vary by insurance plan.

Dosage:

- 21mg, 14mg, 7mg

Use Instructions:

- Apply patch to clean skin, change patch every 24 hours
- 8-10 week treatment regimen:
 - Use first dose for 6 weeks, then “step down” to lower dose
 - Use lower dose for 2 weeks, then “step down” to lowest dose for 2 more weeks
- See package for full details

Side Effects:

- Skin Irritation, sleep disturbance

Advantages:

- Sustained blood levels of nicotine, compliance is relatively easy

Nicotine Medication

Nicotine Gum

(OTC for 18+
Rx for <18)

Cost:

Over-the-counter retail cost ranges from \$17-\$50 for 100 pieces of gum.

Out-of-pocket prescription costs will vary by insurance plan.

Dosage:

- 4mg, 2mg

Use Instructions:

- “Chew and park” method:
 - Place the gum in your mouth and chew until you feel a tingling sensation
 - Stop chewing and “park” the gum between cheek and gums
 - After about a minute, start chewing again, until you feel a tingling sensation
 - Stop chewing and “park” the gum again
 - Repeating for about 30 minutes
- 12-week treatment regimen:
 - Chew 1 piece every 1-2 hours for first 6 weeks
 - Chew 1 piece every 2-4 hours for 3 additional weeks
 - Chew 1 piece every 4-8 hours for 3 additional weeks
- See package for full details

Side Effects:

- Jaw soreness, mouth irritation, indigestion, nausea, hiccups

Advantages:

- Flexible dosing, rapid delivery of nicotine into blood stream

Nicotine Medication

Nicotine Lozenge

(OTC for 18+
Rx for <18)

Cost:

Over-the-counter retail cost ranges from \$15-\$50 for 100 lozenges.

Out-of-pocket prescription costs will vary by insurance plan.

Dosage:

- 4mg, 2mg

Use Instructions:

- Dissolving method:
 - Place lozenge in your mouth, occasionally moving from side-to-side
 - Allow lozenge to slowly dissolve, do not chew or swallow the lozenge
 - Do not use more than 1 lozenge at a time
- 12-week treatment regimen:
 - Use 1 lozenge every 1-2 hours for first 6 weeks
 - Use 1 lozenge every 2-4 hours for 3 additional weeks
 - Use 1 lozenge every 4-8 hours for 3 additional weeks
- See package for full details

Side Effects:

- Oral irritation, nausea, hiccups

Advantages:

- Flexible dosing, rapid delivery of nicotine into blood stream, no chewing (discrete)

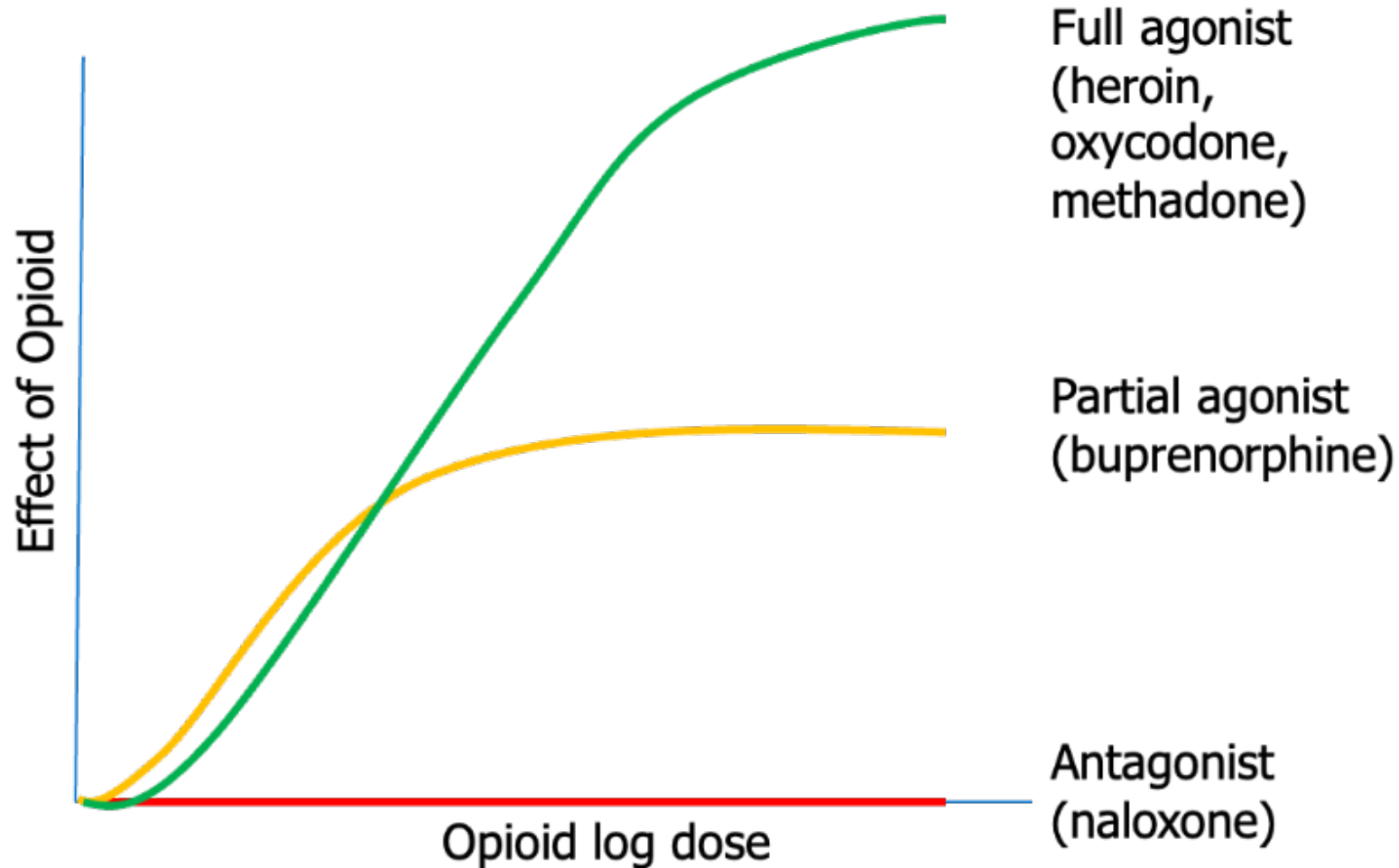
Andy, 17-year-old male

- Mother is concerned about missing medications at home
- Andy has been falling behind at school
- Privately, he reports to using prescription opioids on/off a few times per week
- Last use was 1 month ago

*It started with some
pills but now I feel out
of control*



Buprenorphine- Partial Agonist



Buprenorphine Formulations

- Sublingual tabs/films or buccal films
 - Buprenorphine
 - Subutex
 - Buprenorphine-naloxone
 - Suboxone, Zubsolv, Cassipa
 - Ineffective if injected
- Extended-release injection
 - Sublocade
 - Brixadi

Buprenorphine Prescribing

- Buprenorphine is FDA approved ≥ 16 yo
- No longer need X waiver but need training for DEA license
- www.aap.org/mat

Injectable Naltrexone (Vivitrol)

- Opioid Antagonist
- Monthly injection
- Not controlled substance
- Need 7-14d opioid-free before starting
- Risk of overdose if late for injection

Opioid Overdose Reversal

- Naloxone formulations
 - Injectable
 - Nasal spray
 - Narcan (4mg two pack)
 - Kloxxado (8mg two pack)
- Lay
 - Lay person on their back
 - Tilt chin up
- Spray
 - Insert device into nostril
 - Push plunger firmly
- Stay
 - Call 911 & wait for help
 - Perform rescue breaths and/or CPR, as appropriate
 - If not responsive, wait 2-3 minutes between each spray
 - Place in rescue position

Substance Use Treatment

- Minors can consent to substance use treatment under Illinois law
- Family involvement is beneficial
- Treatment of substance use often separate from other mental health
 - Concomitant treatment of co-occurring conditions improves outcomes
- Co-occurring mental health conditions common in adolescents using substances
 - Substance use during teen years associated with increased risk of mental health disorder as an adult
 - Suicidality higher with dual diagnoses

Levels of Care

- Levels on the continuum of care
 - **Early Intervention**
 - **Outpatient**
 - Intensive Outpatient
 - Partial Hospitalization
 - Residential
 - Inpatient
 - ...
 - **Aftercare**

- Mental/Behavioral Health wait times
- Few adolescent-specific treatment programs
- PCPs can provide Early Intervention, Outpatient and Aftercare services
- SUDs are chronic diseases
 - Relapses common
 - Requires long-term follow-up

Treatment Approach

- Start with least restrictive environment that supports recovery
- Teens who enter treatment voluntarily tend to be more engaged
- Abstinence is ideal for developing brain & health
 - Delaying or stopping
- Required abstinence can be a barrier to entering treatment
- Harm reduction approaches can engage patients who continue to use & decrease some risks

Referring & Providing Treatment

- IL Helpline for Opioids and Other Substances
 - helplineil.org/
 - Quick assessment & connection to resources based on insurance & zip
- Refer to Substance Use & Prevention Program
 - EPIC referral to Adolescent Medicine
 - Note substance use concerns
 - Interest in therapy and/or medication
 - Providers or families call:
 - **1-800-KIDSDOC** (1-800-543-7362)
 - More information:
 - www.luriechildrens.org/en/specialties-conditions/adolescent-medicine/
- Prescribe medications, including naloxone

SUPP Program Overview

- Referral from provider or family to Kids Doc
- Phone Intake by medical SW
- Appointment with behavioral health and/or medical provider
- Assessment, Early Intervention, & Level 1 outpatient services
 - Evaluation
 - Individual therapy (intermittent groups)
 - Access to medications for addiction & mental health
 - Access to other medical services
- New patients up to 21 years, followed until 25
- Medicaid, private insurance, self-pay accepted



What is your experience with harm reduction?

- A. I am a harm reduction expert.
- B. I am familiar with harm reduction but within the context of substance use.
- C. I am vaguely familiar with harm reduction.
- D. I have never heard of harm reduction.
- E. I don't believe in harm reduction.
- F. None of the above.

Principles of Harm Reduction

- Respecting the rights of people who use substances
- Does not attempt to minimize or ignore the harms associated with substance use
- A commitment to **evidence-based interventions** to reduce negative consequences of substance use
- Reducing morbidity and mortality
- Reaching vulnerable populations to actively challenge stigma, increase trust, foster engagement, and improve public health

Harm Reduction and Substance Use

- Avoid using alone
- Avoid mixing substances
- Not using before school/work
- Using a decreased amount or less often
- Having naloxone available
- Using fentanyl test strips
- Avoid injecting
- Focusing on mental health

Reaching Every Adolescent in Chicago through Harm reduction

REACH



Are you between the ages of 16-25 and impacted by or using drugs/substances?



It's okay to ask for help. You are not alone.

REACH offers connection to care and resources via our MobileHealth unit for people ages 16-25 using substances (aka drugs / alcohol)

Eligible to receive up to \$130/year by participating and completing surveys!

Get connected to harm reduction education and resources (including Narcan, Fentanyl test strips, and new supplies

For more information, contact 312-227-4194 or reachproject@luriechildrens.org

Ann & Robert H. Lurie
Children's Hospital of Chicago®
The Pediatric Home Division of
Adolescent and Young Adult Medicine



Ann & Robert H. Lurie
Children's Hospital of Chicago®

Do you ever worry about your use of drugs/alcohol?

This is a judgement-free space to help your self-improvement journey.

Come meet with us!

Group meetings open for teens and young adults (ages 25 and under).

What SMART Recovery is

A FREE program where we:

- Set personal goals and reflect on how our behaviors are impacting us.
- Stay motivated to stop using and/or make healthier choices.
- Learn how to cope with urges.
- Manage feelings and actions.
- Live a balanced life through positive choices.

What SMART Recovery is NOT:

- Alcoholics Anonymous
- 12-Step Program
- "Rehab"
- Religion based



Join us virtually!

Tuesdays
5:30 p.m. to 6:30 p.m.

Find us on <https://meetings.smartrecovery.org>
Meeting ID: 231

Questions? Call or Text: 312.227.1270 | email: prevention@luriechildrens.org

Resources for Parents & Teens

- HealthyChildren.org Teen Substance Use
 - www.healthychildren.org/English/ages-stages/teen/substance-abuse/

Resources for Clinicians

- AAP Tobacco Control & Prevention
 - www.aap.org/en/patient-care/tobacco-control-and-prevention/aap-julius-b.-richmond-center-of-excellence
- AAP Treating Opioid Use Disorders in Adolescents
 - www.aap.org/mat
- AAP Committee on Substance Use and Prevention
 - www.aap.org/en/community/aap-committees/committee-on-substance-use-and-prevention-cosup/
- Substance Use Coding Fact Sheet
 - www.aap.org/en/practice-management/practice-financing/coding-and-valuation/coding-fact-sheets/
 - publications.aap.org/codingnews/pages/Coding-Hotline
- Motivational Interviewing
 - “Engaging Adolescent Patients About Marijuana Use” FREE, CEUs
 - www.drugabuse.gov/blending-initiative/cme-ce-simulation

Questions?

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