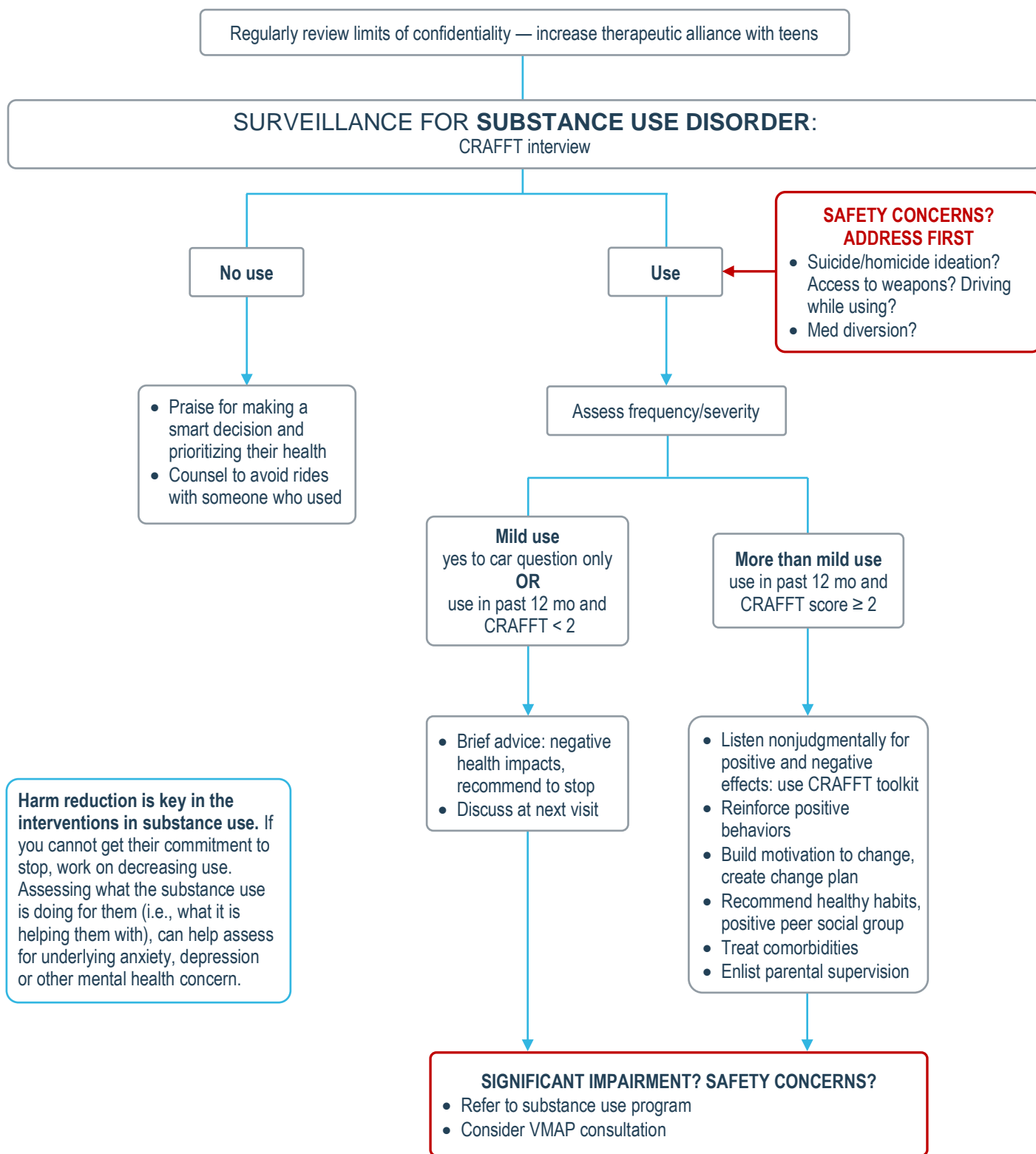


3.9 Substance Use Disorder



Harm reduction is key in the interventions in substance use. If you cannot get their commitment to stop, work on decreasing use. Assessing what the substance use is doing for them (i.e., what it is helping them with), can help assess for underlying anxiety, depression or other mental health concern.

CRAFFT INTERVIEW

(to be asked by clinician)

BEGIN: “I am 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, how many days did you ...”

Drink more than a few sips of beer, wine, or any drink containing alcohol ? Say “0” if none.	# of days: _____
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: _____
Use anything else to get high (like other illegal drugs, prescription or over-the-counter medications, and things that you sniff, huff, or vape)? Say “0” if none.	# of days: _____

NEXT: DID PATIENT REPORT ANY SUBSTANCE USE IN PART A (# of days ≥ 1)?

- **NO USE = 0** → ask **CAR** question only
- **ANY USE ≥ 1** → ask **ALL** questions below

TIP: Clinicians can use the CRAFFT questions to identify potential negatives of substance use.

PART B:

Also ask these follow-up questions if score ≥ 1 in PART A	C	Have you ever ridden in a CAR driven by someone (including yourself) who was “high” or had been using alcohol or drugs?	<input type="checkbox"/> NO	<input type="checkbox"/> YES
	R	Do you ever use alcohol or drugs to RELAX , feel better about yourself, or fit in?	<input type="checkbox"/> NO	<input type="checkbox"/> YES
	A	Do you ever use alcohol or drugs while you are by yourself, or ALONE ?	<input type="checkbox"/> NO	<input type="checkbox"/> YES
	F	Do you ever FORGET things you did while using alcohol or drugs?	<input type="checkbox"/> NO	<input type="checkbox"/> YES
	F	Do your FAMILY or FRIENDS ever tell you that you should cut down on your drinking or drug use?	<input type="checkbox"/> NO	<input type="checkbox"/> YES
	T	Have you ever gotten into TROUBLE while you were using alcohol or drugs?	<input type="checkbox"/> NO	<input type="checkbox"/> YES

Two or more YES answers in Part B suggests a serious problem that needs further assessment.

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

For additional guidance in using this tool, visit:

crafft.org/wp-content/uploads/2021/10/CRAFFT_2.1_Provider-Manual_2021.10.28.pdf

EVIDENCE-BASED THERAPEUTIC INTERVENTIONS

Therapy is the mainstay of treatment in adolescents with substance use disorder.

Outpatient therapy for adolescent SUD

- Cognitive Behavioral Therapy (CBT)
 - Individual
 - Individual + parent + family
- Adolescent Community Reinforcement Approach
 - CBT and emphasis on identification and engagement in prosocial activities
 - Individual + family
- Family Based Therapies
 - Functional Family Therapy (FFT)
 - Multi-Dimensional Family Therapy (MDFT)
 - Multisystemic Therapy (MST)
- Motivational Interviewing or Enhancement + CBT
- Contingency Management + CBT or Family Based Therapies
- 12-step approaches specifically for adolescents (with EBT elements)

Levels of care

- Early brief intervention
 - [Screening, Brief Intervention, and Referral to Treatment \(SBIRT\)](#)
- Outpatient treatment — main level of care
- Intensive Outpatient and Partial Day Hospitalization
- Residential or Inpatient Treatment
- Medically Managed Intensive Inpatient Treatment

Referral resources

- Virginia's **Community Services Boards (CSB)** provide treatment for substance use and addiction (in addition to mental health issues, and intellectual and developmental disabilities). To locate a CSB by locality, [click here](#).
- The federal **Substance Abuse and Mental Health Services Administration (SAMHSA)** treatment locator [website](#) includes provider search by type and zip code.
- **VMAP** (www.vmap.org) can assist providers with identifying resources local to their patients.

MEDICATION GUIDANCE

- The only FDA-approved medication for any substance use disorder in adolescents is buprenorphine, for ages 16 and up, for opioid use disorder.
 - **SAMSHA-approved certification required to prescribe;** see [SAMHSA website](#) for additional information.
- For marijuana use disorder in adolescents and young adults below around age 21, a substance use program may consider use of n-acetylcysteine 1200mg twice daily which has been shown to decrease marijuana use in this population, but this is not FDA approved.

Substance of abuse	Medication	FDA approved?	Works?	Dosing
Opioid use disorder	buprenorphine	Yes, age 16+	Yes	4-8mg, up to 16mg
Marijuana use disorder	n-acetylcysteine	No	Yes — adolescents to early 20s	1200mg twice daily

Fast Facts: Substance Use Among Teens

- **Alcohol, marijuana, and tobacco** are substances most commonly used by adolescents.
- By 12th grade, about two-thirds of students have tried **alcohol**.
- About half of 9th through 12th grade students reported ever having used **marijuana**.
- About 4 in 10 9th through 12th grade students reported having tried **cigarettes**.
- Among 12th graders, close to 2 in 10 reported using **prescription medicine** without a prescription.
- 2019 past month **nicotine vaping** equates to:
 1 in 4 — 12th graders 1 in 5 — 10th graders 1 in 10 — 8th graders



Source: drugabuse.gov

CLINICAL PEARLS & RECOMMENDED RESOURCES

Family tips

- Substance use disorder impacts the individual and the family. Family support (e.g., support groups like Al-Anon or Nar-Anon) can be helpful.
- Families should set expectations for their child's behaviors, including not using substances.

Provider tips

- Motivation changes frequently for adolescents. Follow up frequently. Use motivational interviewing techniques such as exploring life goals (e.g., career) or shorter-term goals (e.g., sports team) can give clinician a starting point and promote continued commitment to change.
- Families should consider seeking psychiatric treatment if concerned about medical complications or concerning responses to intoxication.
- Families should call the police if the individual is engaging in dangerous behaviors. This can be difficult for families to do, but can also be important for safety.
- Parent involvement is often crucial for keeping a child engaged in treatment. It can be helpful to reinforce the child's willingness to have open and honest communication with their parents about substance use.

References and resources

- **SAMHSA National Helpline: 1-800-662-HELP (4357)**
A free, confidential, 24/7, 365-day-a-year treatment referral and information service (in English and [Spanish](#)) for individuals and families facing mental and/or substance use disorders
- **SAMHSA Behavioral Health Treatment Services Locator:** findtreatment.samhsa.gov/
- **SBIRT: Screening, Brief Intervention, and Referral for Treatment for Substance Use** clinician tools: www.sbirt.care/tools.aspx
- **healthychildren.org substance use resources for families:** www.healthychildren.org/English/ages-stages/teen/substance-abuse/
- American Academy of Pediatrics Section on Tobacco Control resources:
 - [E-Cigarettes and Vaping: What Clinicians Need to Know](#)
 - [E-Cigarettes and Vaping: What Parents Need to Know](#)
 - [JUULing: What Pediatricians and Families Need to Know](#)
- Chung, T. & Bachrach, R.L. (2019). *Substance use problems*. In Prinstein, M.J., Youngstrum, E., Marsh E.J., & Barkley (Eds), *Treatment of Disorders in Childhood and Adolescence*. New York, NY: Guilford Press.

PATIENT TOOLS

Prescription for Change

Date: _____

Goal: _____

Steps:

1. _____

2. _____

3. _____

Next appointment: _____

Contact: _____
