

Youth Substance Use Diagnosis and Management

The California Child and Adolescent Mental Health
Access Portal (Cal-MAP) Webinar

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Announcements

- » **New name, same service:** CAPP is now **Cal-MAP!** ("The California Child and Adolescent Mental Health Access Portal")
- » For more personalized guidance on how to apply today's teaching (and other webinars) to your own patients' care, please call us! **Call (800) 253-2103** or **request a consult online** at cal-map.org
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- » No one involved in the planning or presentation of this activity has any relevant financial relationships with a commercial interest to disclose.
- » UCSF CAPP is supported by federal and state grant funding.
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 - CAPP is also sponsored by the California Department of Health Care Services Prop 56 Behavioral Health Integration Funding, in partnership with Anthem and Blue Cross.

Learning Objectives

- » Identify 2 pros and cons of implementing substance use screening in your setting
- » Understand the Screening, Brief Intervention, and Referral to Treatment (SBIRT) model
- » Identify 1 substance use screener that could be integrated via SBIRT

Gateway Provider Model

- » Kids rarely (if ever) access healthcare on their own
- » Gateway Provider: An adult who support help seeking behavior
- » There are often multiple GPs (e.g., parent, teacher, neighbor, probation officer, PCP)

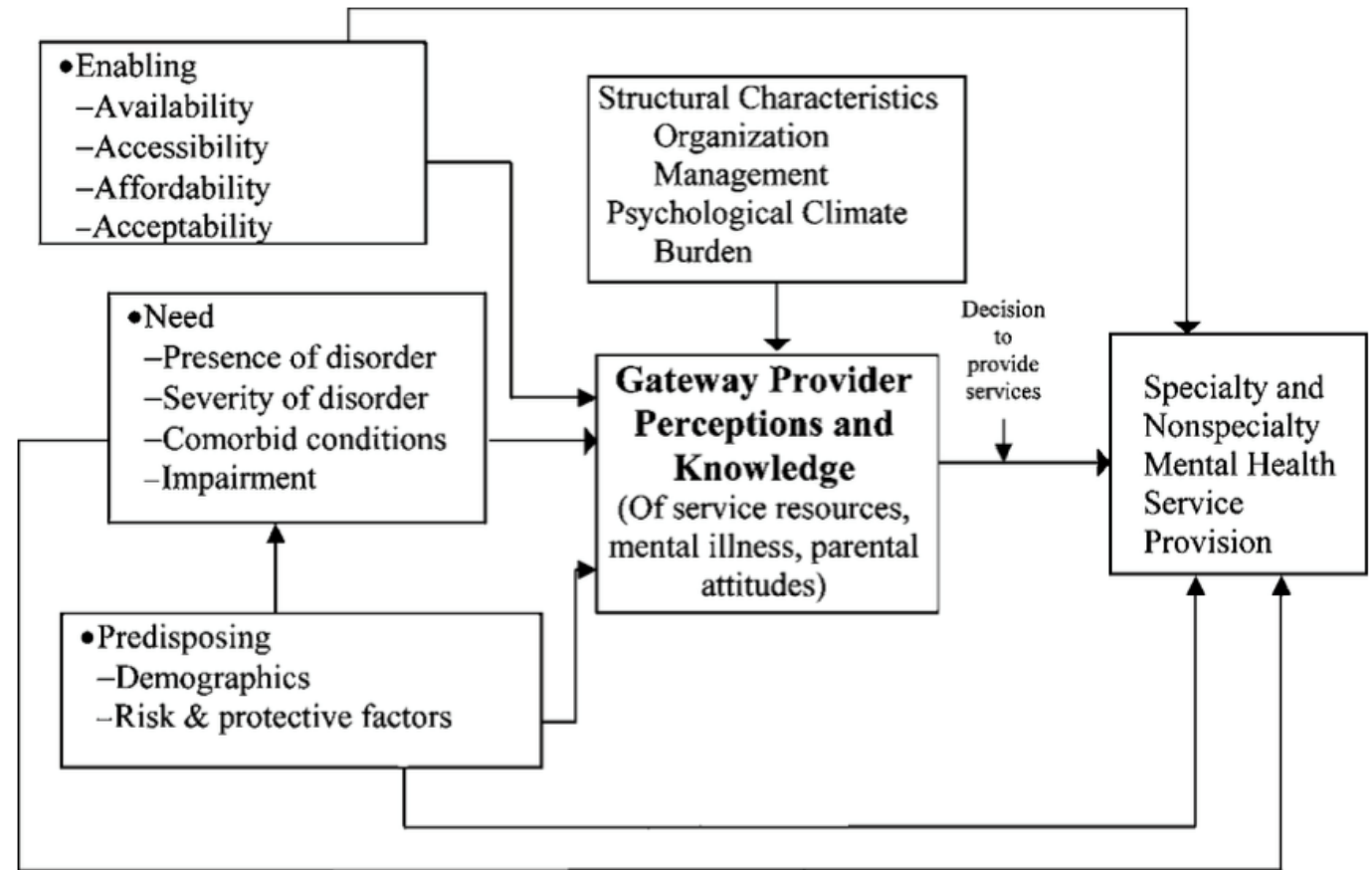
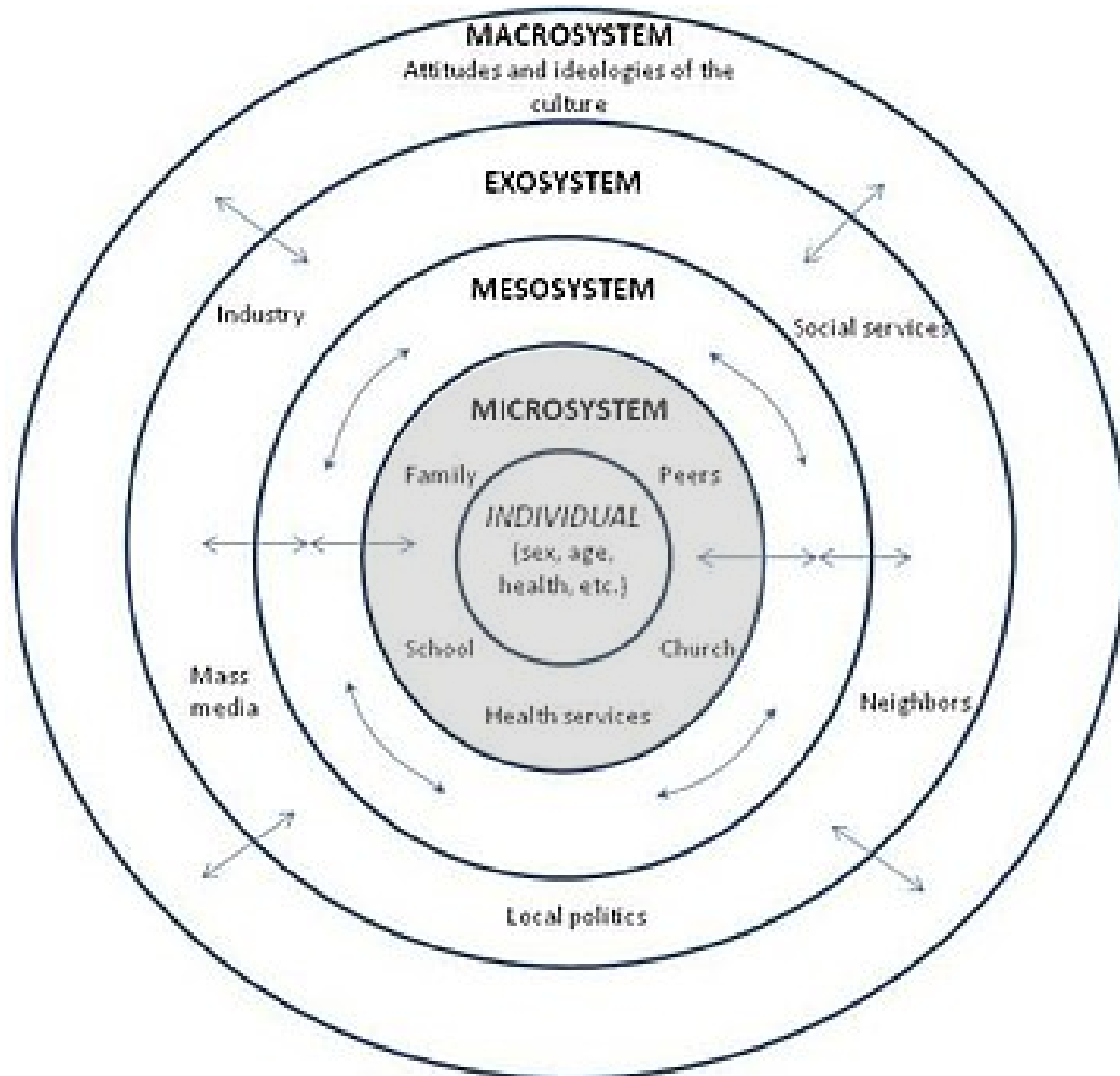


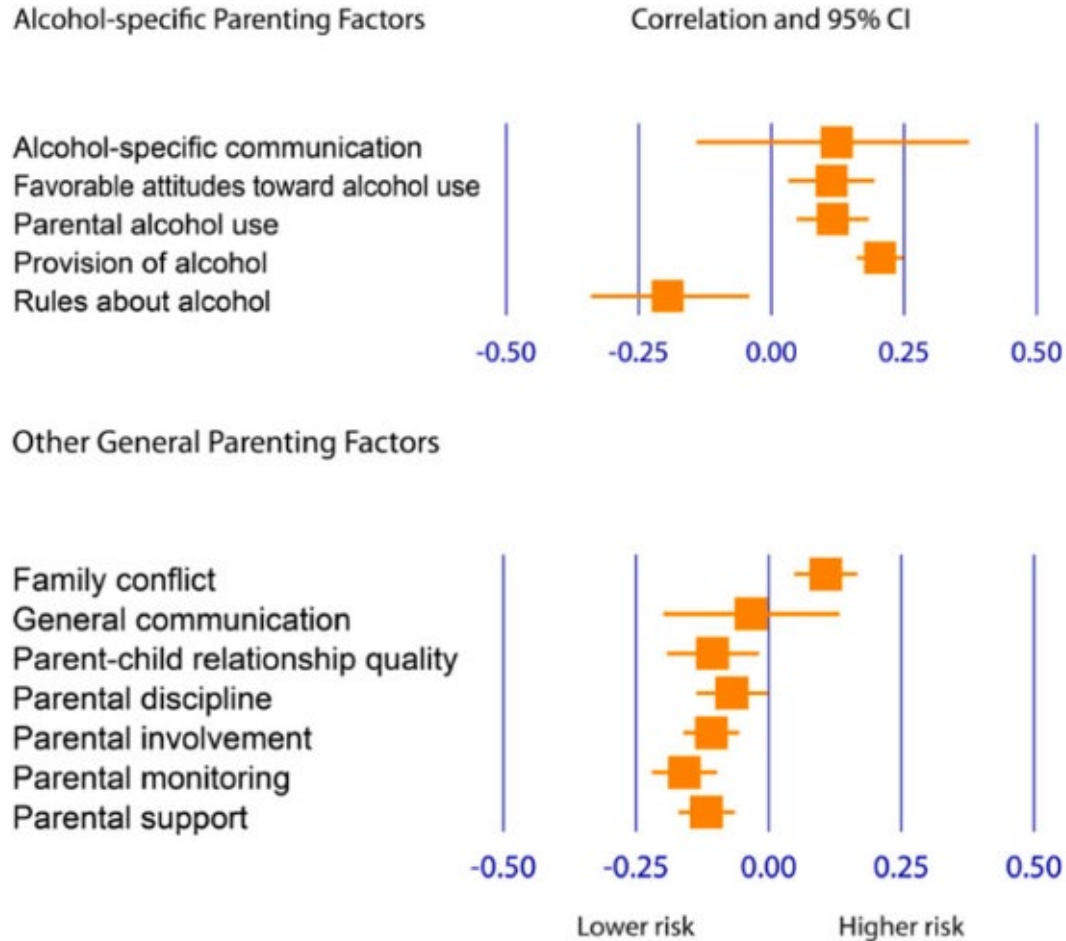
Fig. 1. Gateway provider service framework.

Bioecological Model

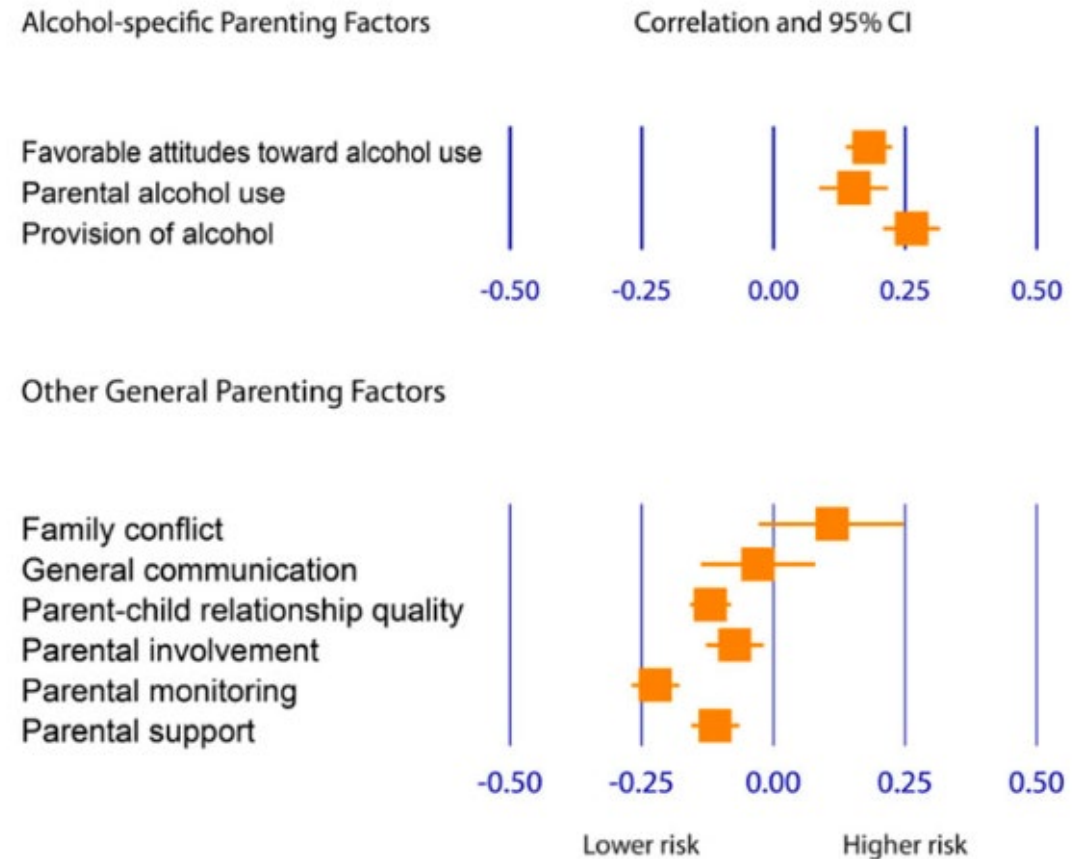


Meta-analysis (k = 48) of “modifiable parenting factors” associated with alcohol use in adolescence

Initiation



Prospective Use



Bioecological Model

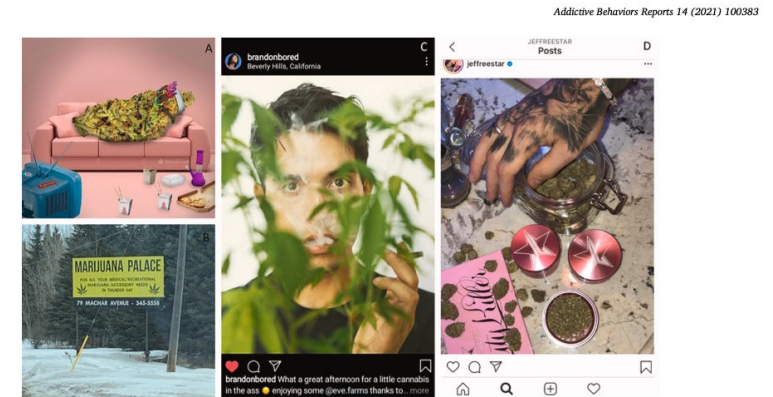
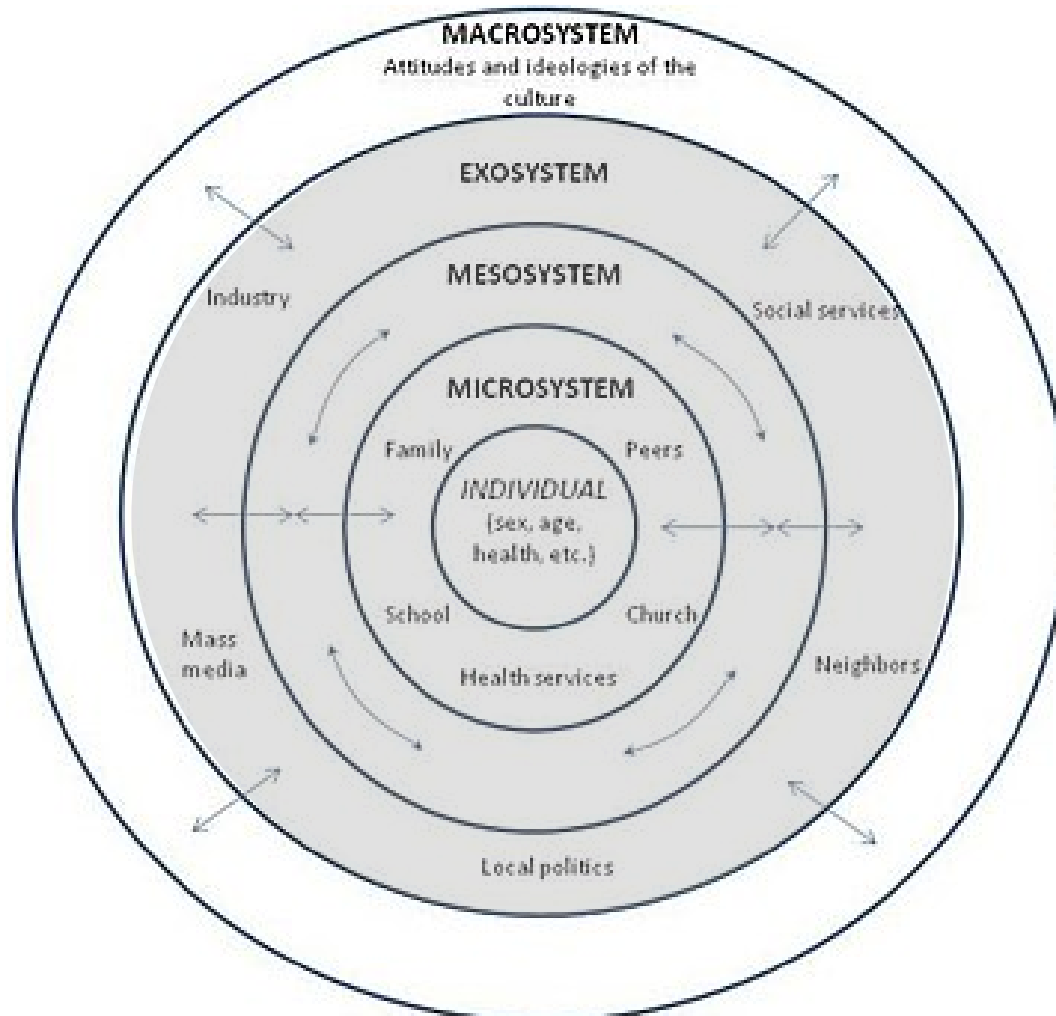
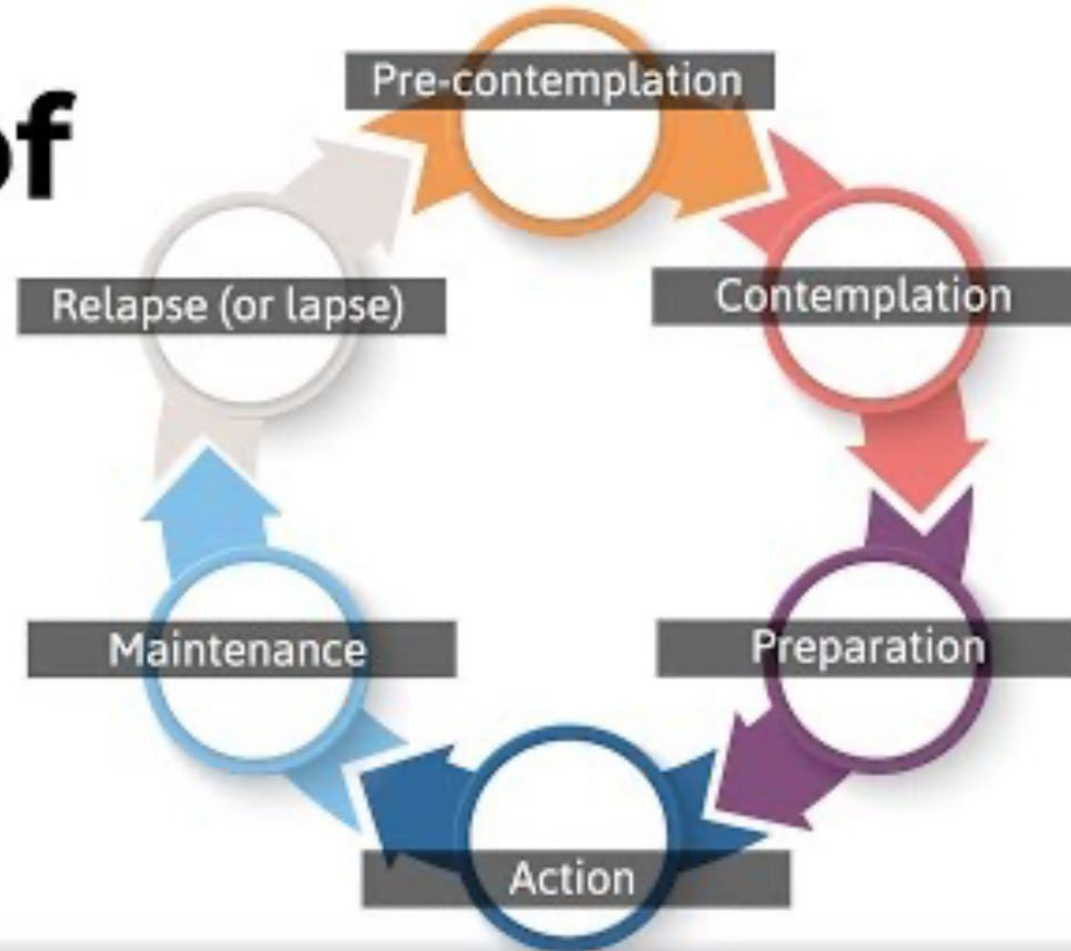


Figure 1. Representative submissions of cannabis marketing exposures. Note: This figure shows a submission of an internet ad (A), a billboard/poster (B), and two submissions by public figures (C and D).

Stages of Change/Transtheoretical Model

Stages of change

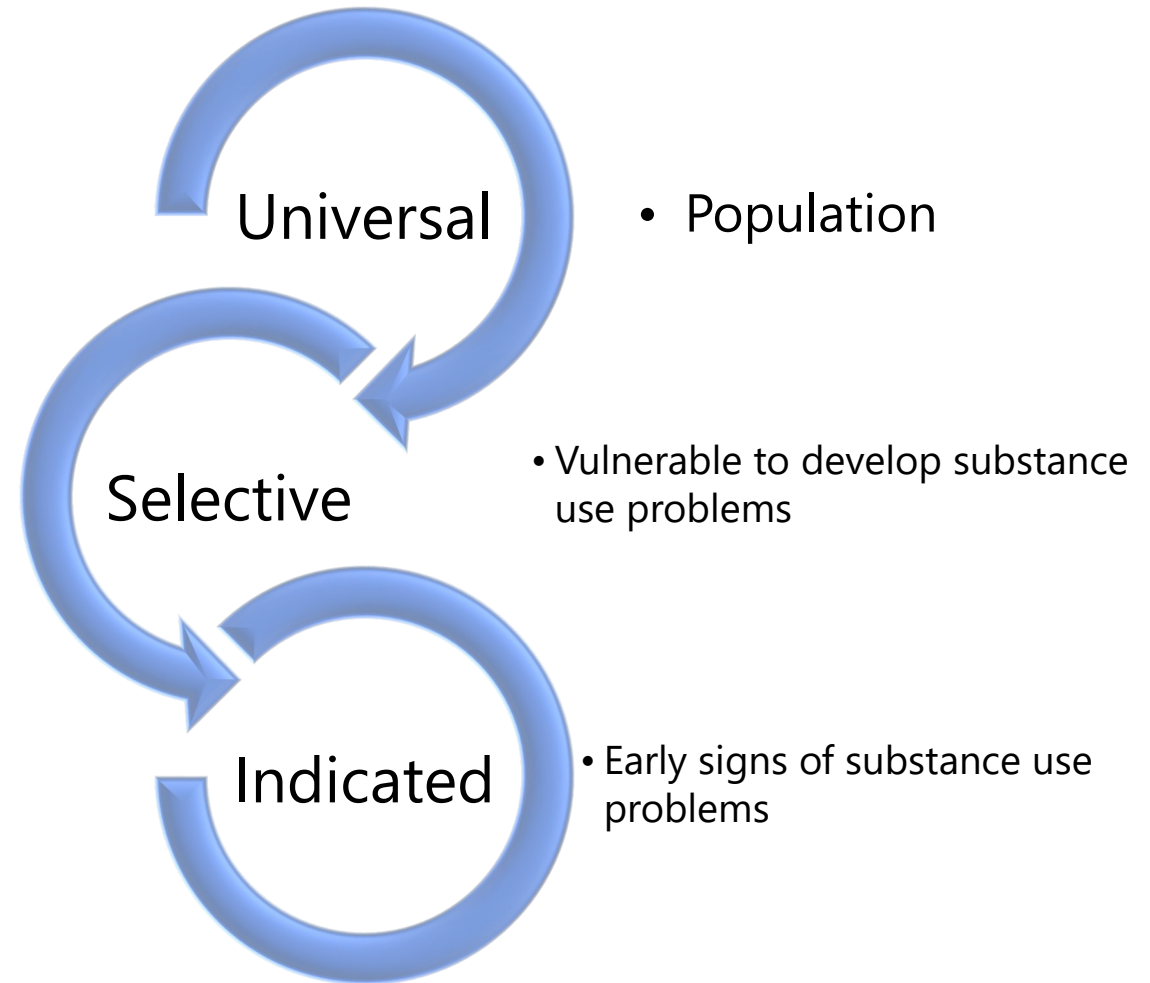


What drives vaping in adolescence?

Influences	Articles	Example
Personal		
Removal of negative affect	[5,7,9,11,18]	Participant reports: "I have issues with anxiety...sometimes if I'm dealing with sensory overload...[vaping] really helps" [5]
Recreation	[2,5,9,11,18]	22.4% reported vaping to have a good time, 21.6% to relax, and 23.5% to reduce boredom [18]
Curiosity	[2,8,9,11-14,17,18]	95% of youth reported curiosity as the reason for initiating vaping [11]
Relational		
Family approval	[2,6,12,13,17,19,20]	6.8 times greater risk of vaping if there is an e-cigarette user at home [6]
Parent use	[1,4,8,10]	Higher rate of youth vaping (14%) associated with maternal e-cigarette use [10]
Sibling use	[2,10,17]	Participant reports: "I got it [e-cigarette] from my older brother; he was with his friends...he told me I should try it" [2]
Peer use	[2,4-6,8,10,12-15,17,19,20]	Friend vaping associated with an increased frequency of use ($r=.30$, $P<.001$) [20]
Enhance social capital	[5,7,13,17,18]	Participant reports: "[Vaping] tasted good and it was mostly a social thing. It looked cool, and I wanted other people to think that I looked cool" [5]
Enhance social acceptance	[1,5,6,8,10,14,15,17,20]	28% of youth who ever vaped and 46% with current use reported vaping to feel more comfortable in social situations [7]
Environmental		
Easy to access or use	[2,4,10,11,13,16,19,20]	91% of youth reported "ease of use" as their reason for continued use of e-cigarettes [11]
Cost	[8,13,19]	2.5%-3.9% reported vaping because they cost less than cigarettes [19]
Product		
Discreet	[8-13,18,19]	1.76 times more likely to try vaping because it can be hidden from adults [13]
Positive sensory experience	[2,5,8-14,17-20]	42% youth reported 'good flavors' as a reason for first use [8]
Less harmful	[2-8,10,11,13,15-17,19]	52-54% youth with past 30-day use reported vaping was not harmful to their health [7]
New or novel product	[2,12-15,17,18,20]	72% reported trying e-cigarettes because they were something new, cool, or fun [12]
Smoking cessation	[4,5,8-13,15,17-19]	8.5% report using e-cigarettes to quit smoking [9]

Struik LL, Dow-Fleisner S, Belliveau M, Thompson D, Janke R. Tactics for Drawing Youth to Vaping: Content Analysis of Electronic Cigarette Advertisements. *J Med Internet Res.* 2020;22(8):e18943. doi:[10.2196/18943](https://doi.org/10.2196/18943)

Prevention Continuum



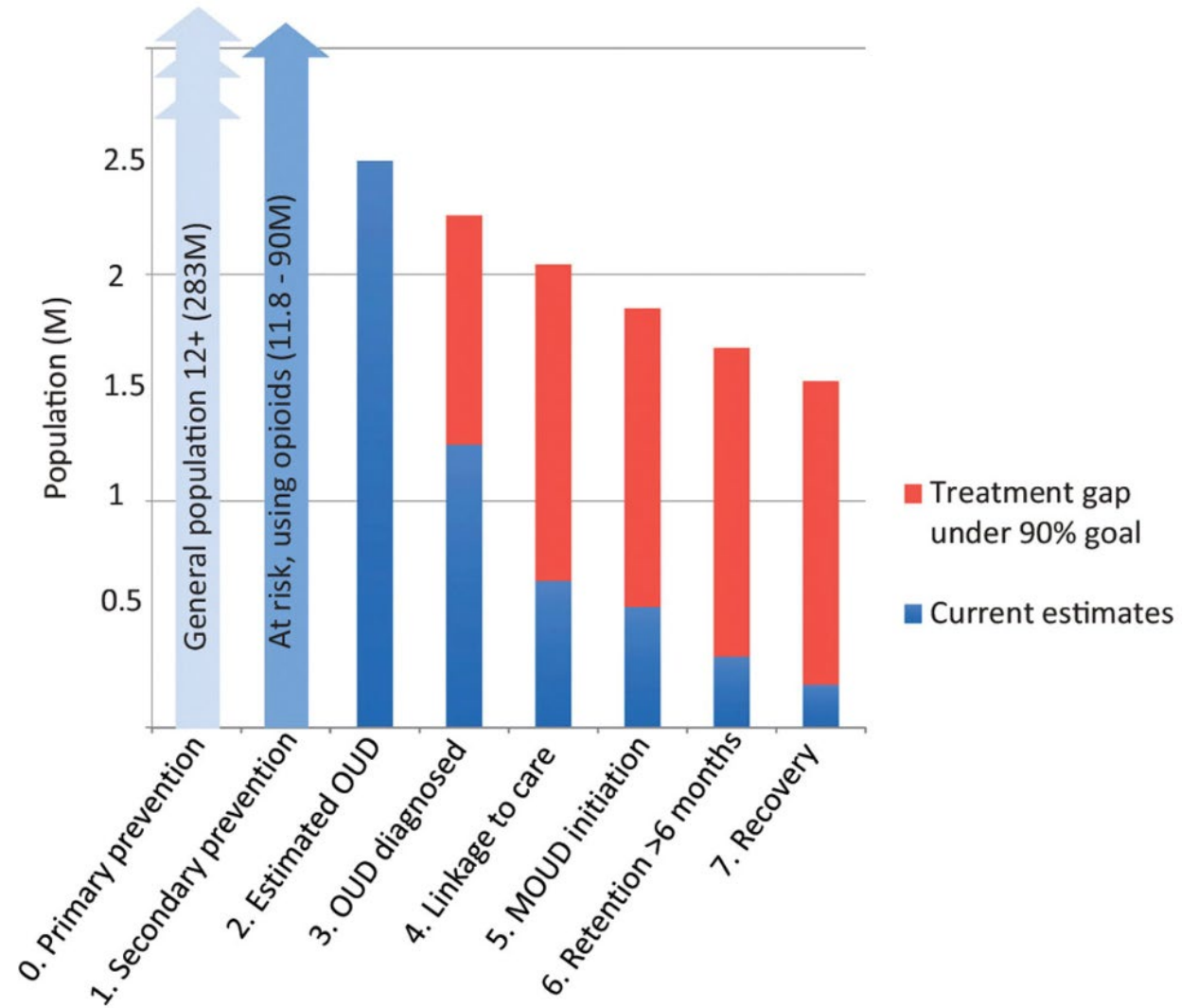
Matson PA, Ridenour T, Ialongo N, et al. State of the Art in Substance Use Prevention and Early Intervention: Applications to Pediatric Primary Care Settings. *Prev Sci.* 2022;23(2):204-211. doi:[10.1007/s11121-021-01299-4](https://doi.org/10.1007/s11121-021-01299-4)

Table 1 Type of prevention and continuum of prevention activities for pediatric primary care settings

	Level I: Least demanding or resource intensive activities	Level II: Moderately demanding or resource intensive activities	Level III: Most demanding or resource intensive activities
Universal	<ul style="list-style-type: none"> • Screening for substance misuse and substance use exposure • Provide anticipatory guidance on substance misuse and substance use exposure • Provide information (i.e., brochures/handouts) • Share with parents and adolescents the helpline and links to the information made available via Parents for Drug Free Kids and NIDA • Referring parents to online parenting programs 	<ul style="list-style-type: none"> • Designate an office champion to implement comprehensive screening • Familiarize with talking tools and messaging (e.g., marijuana tool kit) • Screen for liability of substance misuse or abuse before it occurs • Providing an online parenting program and supporting parent engagement 	<ul style="list-style-type: none"> • Host on-site evidence based, family-focused education programs • Link to community resources
Selective	<ul style="list-style-type: none"> • Monitor for needed prevention • Make sub-specialty referral 	<ul style="list-style-type: none"> • Refer for selective prevention based on screening • Refer parent to recovery support programs • Refer parent to treatment 	<ul style="list-style-type: none"> • Have psychologist, behavioral health specialist and/or social worker on staff • Providing targeted consultation on specific parenting concerns
Indicated	<ul style="list-style-type: none"> • Make sub-specialty referral • Refer for indicated prevention or treatment based on screening 	<ul style="list-style-type: none"> • Conduct more formal evaluation/assessment • Conduct motivational interviewing to promote behavior change • Develop a management plan • Make a subspecialty referral and follow-up on completing the referral 	<ul style="list-style-type: none"> • Provide treatment (e.g., medication-assisted, cognitive behavior)

Cascade of Care Framework

- » Adult example for Opioid Use Disorder
- » Assumes an (ambitious) 90% success rate
- » HEDIS Metrics:
 - » Initiation of Tx
 - » Engagement in Tx



Williams AR, Johnson KA, Thomas CP, et al. Opioid use disorder Cascade of care framework design: A roadmap. *Subst Abus.* 2022;43(1):1207-1214. doi:[10.1080/08897077.2022.2074604](https://doi.org/10.1080/08897077.2022.2074604)

One solution: SBIRT Model

Screening

- Why? Identify all use
- How? Evidence-based, standardized, brief screeners
 - HEADSS
 - SSHADESS

Brief Intervention

- Why? People only change when they decide to
- How? Brief advice or Motivational Interviewing

Referral to Treatment

- Why? When brief intervention isn't enough
- How? Develop a menu; Match services to severity

Barriers to SBIRT Implementation among Pediatric PCPs

- Confidentiality issues (52%)
- Insufficient time during appointments (52%)
- Lack of expertise managing substance use in practice (38%) and surrounding community (32%)
- Limited opportunity to talk without a parent present (34%)

Hammond CJ, Parhami I, Young AS, Matson PA, Alinsky RH, Adger H. Provider and Practice Characteristics and Perceived Barriers Associated With Different Levels of Adolescent SBIRT Implementation Among a National Sample of US Pediatricians. *Clinical Pediatrics*. 2021;60(9-10):418-426.

Substance Use Screener: S2BI

Screening to Brief Intervention (S2BI)

3+ questions

Age: 12-17

Link: [S2BI](#)

Screening Tool Cutoffs and Scoring Thresholds:

S2BI asks a single frequency question for past year's use of the three substances most commonly used by adolescents: tobacco, alcohol, and marijuana. An affirmative response prompts questions about additional types of substances used. For each substance, responses can be categorized into levels of risk. Each risk level maps onto suggested clinical actions summarized on the results screen.

S2BI Response	Risk Category
Never	No Reported Use
Once or twice	Lower Risk
Monthly+	Higher Risk

Substance Use Screener: CRAFFT

Age: 12-18

CRAFFT 2.1N - Clinician administered
CRAFFT 2.1N - Self-administered (BEST)

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. | <input style="width: 60px; height: 20px;" type="text"/>
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. | <input style="width: 60px; height: 20px;" type="text"/>
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. | <input style="width: 60px; height: 20px;" type="text"/>
of days |
| 4. Use a vaping device* containing nicotine and/or flavors, or use any tobacco products†? Put "0" if none.
<small>*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.</small> | <input style="width: 60px; height: 20px;" type="text"/>
of days |

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

READ THESE INSTRUCTIONS BEFORE CONTINUING:

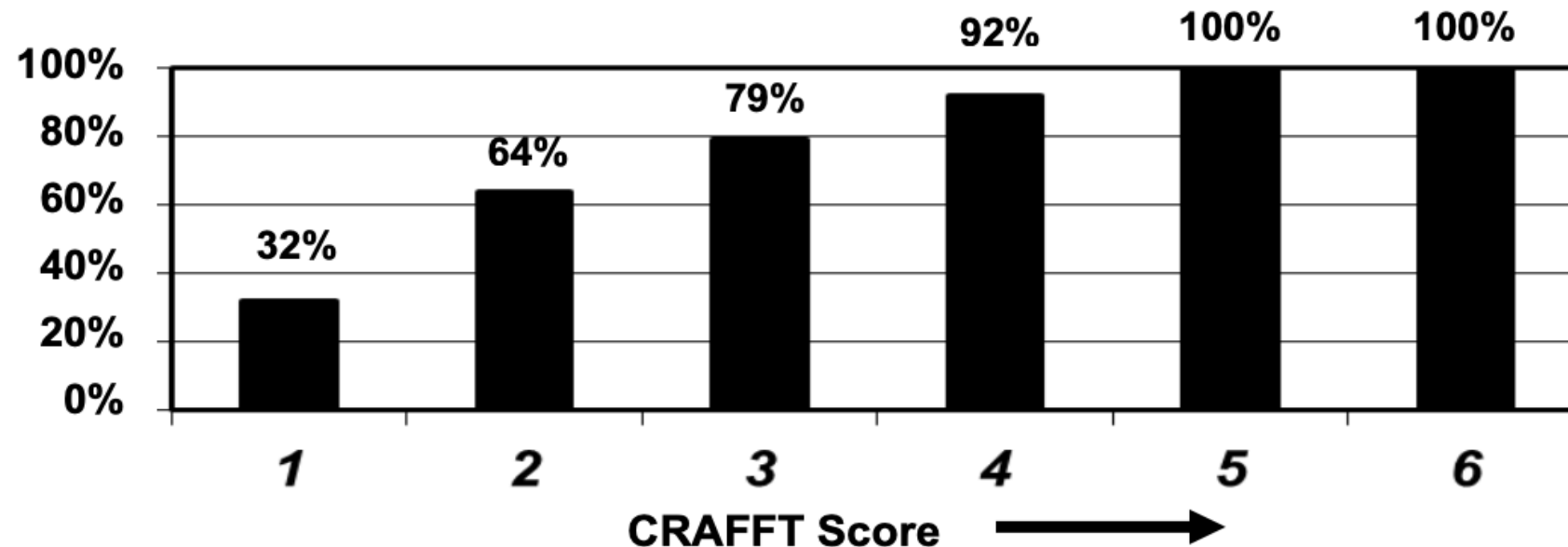
- If you put "0" in ALL of the boxes above, ANSWER QUESTION 5 BELOW, THEN STOP.
- If you put "1" or more for Questions 1, 2, or 3 above, ANSWER QUESTIONS 5-10 BELOW.
- If you put "1" or more for Question 4 above, ANSWER ALL QUESTIONS ON BACK PAGE.

- | | | | |
|--|-------------------|-----|-----|
| 5. Have you ever ridden in a CAR driven by someone (including yourself) who was "high" or had been using alcohol or drugs? | Circle one | 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 | |

Cutoff score of 2 or higher optimal for identifying any problem (sensitivity, 0.76; specificity, 0.94; positive predictive value, 0.83; and negative predictive value, 0.91)

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.

Pediatric Primary Care Substance Use Screening

Sample: Geographically diverse pediatricians who reported providing health supervision to adolescents (**n = 471**)

How did screening work out?

- 60% reported always screening adolescent patients for substance use during health supervision visits;
- 42% used a standardized instrument

When screening did occur:

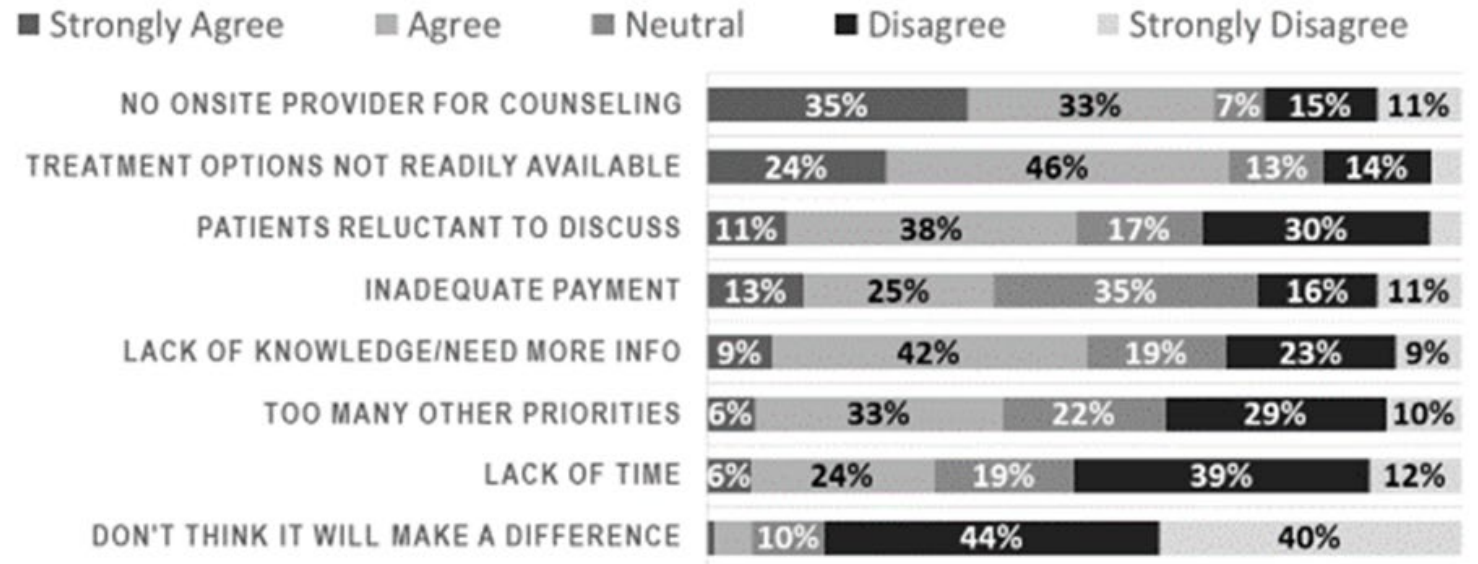
- Western region of US less likely to:
 - Always Screen (OR = .57, [.31, 1.07])
 - Usually screen using a standardized instrument (OR = .52 [0.29-0.93])
- 52% administered paper-based screeners (presumably vs. electronic or verbal)
- 77% screened without a parent present



American Academy of Pediatrics 2021 Survey



PRIMARY CARE PEDIATRICIANS' REPORTED BARRIERS TO ADOLESCENT SUBSTANCE USE SCREENING



Source: AAP Periodic Survey, 2021 (n=471)

Camenga D, Hadland S, Zoucha K, Somburg C, Burr W. Substance Use Screening Practices among Primary Care Pediatricians in the US: Results from the 2021 AAP Periodic Survey. Talk presented at the: Pediatric Academic Societies Annual Meeting; 2023. <https://www.aap.org/en/research/pas-abstracts/substance-use-screening-practices-among-primary-care-pediatricians-in-the-us-results-from-the-2021-aap-periodic-survey/>. Accessed April 10, 2024.

Brief Motivational Intervention for No Use

REACT (No Use)

Reinforce

- Tell me a little about why you've made the healthy decision to not use alcohol, other drugs, nicotine, or tobacco.
- **Use a reflection and/or affirmation to reinforce their reasons for not using.**

Educate

- Elicit: What do you already know about the risks of using these substances? Would it be okay if I share some information with you?
- Provide: **Share 1-2 salient risks.**
- Elicit: What are your thoughts about that?

Anticipate Challenges of Tomorrow

- What situations could make it hard for you to continue to avoid using these substances? How might you handle those situations?
- What might you do or say if offered one of them?
- **Summarize conversation and thank them for sharing.**

Brief Motivational Intervention for Any Use

<https://masbirt.org/2023/03/06/orange-card/>

Brief Negotiated Interview (Any Use)		VERY
Build Rapport	<ul style="list-style-type: none"> • I'd like to learn a little more about you. • What are some important things/hopes/goals in your life? OR What is a typical day like for you? • How does your use of [X] fit in? 	HOW CONFIDENT ARE YOU? 10 9 8 7 6 5 4 3 2 1 HOW IMPORTANT IS IT TO YOU? NOT AT ALL
Explore Pros and Cons	<ul style="list-style-type: none"> • What do you like about using [X]? • What do you like less or regret about using [X]? • Explore problems mentioned in CRAFFT+N: You mentioned... Can you tell me more about that? • So, on the one hand you said [PROS], and on the other hand you said [CONS]. Where does that leave you? 	
Provide Feedback	<ul style="list-style-type: none"> • <u>Elicit</u>: What do you already know about the risks of using [X]? Would it be okay if I share some information with you? • <u>Provide</u>: Share 1-2 salient substance specific risks. • <u>Elicit</u>: What are your thoughts about that? 	
Use Readiness Ruler	<ul style="list-style-type: none"> • On a scale of 1-10, how ready are you to change any aspect of your [X] use? • Why did you choose [X] and not a lower number like 1 or 2? • If "1": What would need to happen for you to consider making a change? • Use a reflection to reinforce their reasons for change. 	
Negotiate Action Plan	<ul style="list-style-type: none"> • Given our discussion, what might you do? • If making suggestions or a referral, use Elicit-Provide-Elicit. • On a scale of 1-10, how confident are you that you could meet this goal? • Why did you choose [X] and not a lower number like 1 or 2? • What might help you to get to a higher number? • What obstacles do you anticipate? What helped you succeed with changes in the past? • Summarize conversation and thank them for sharing. 	

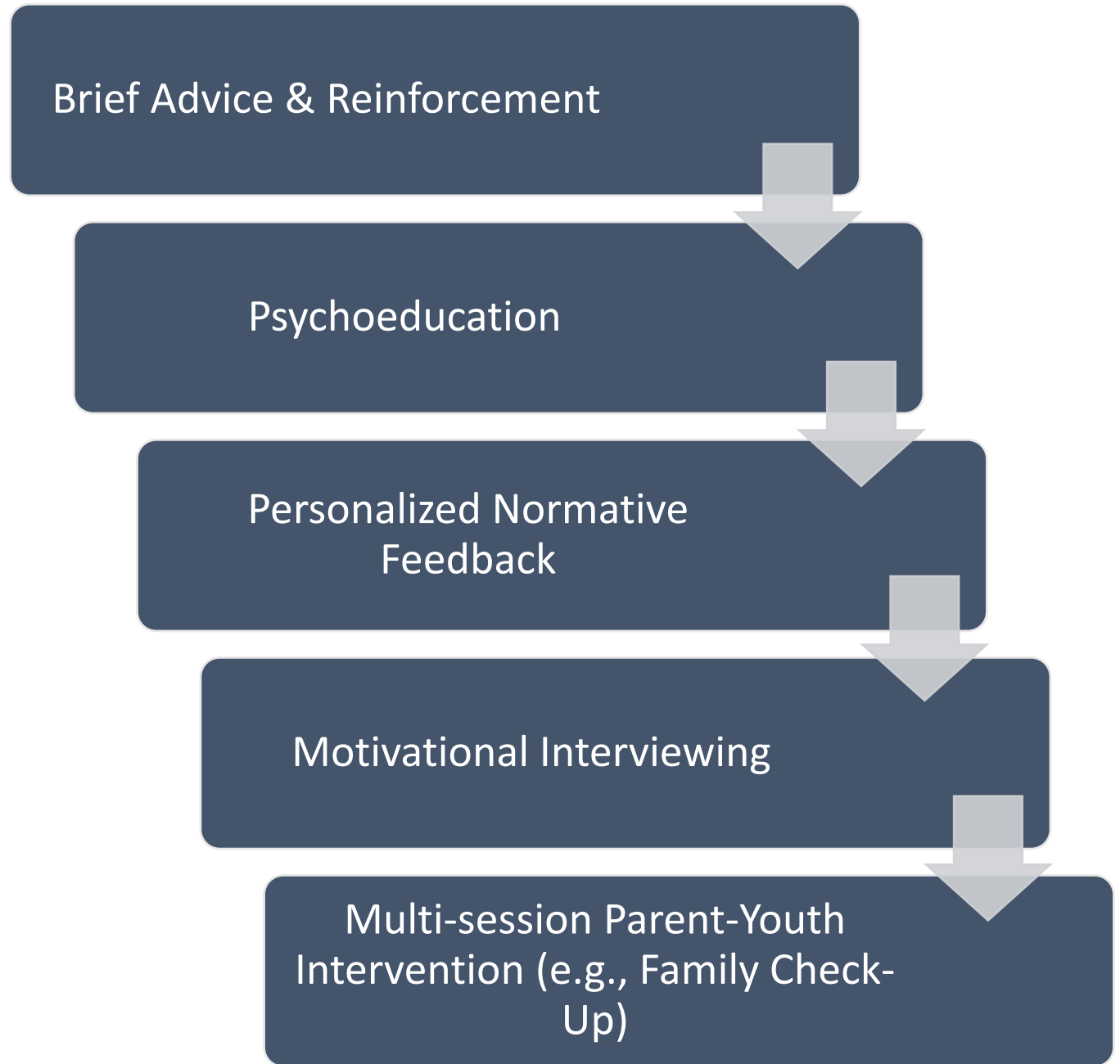
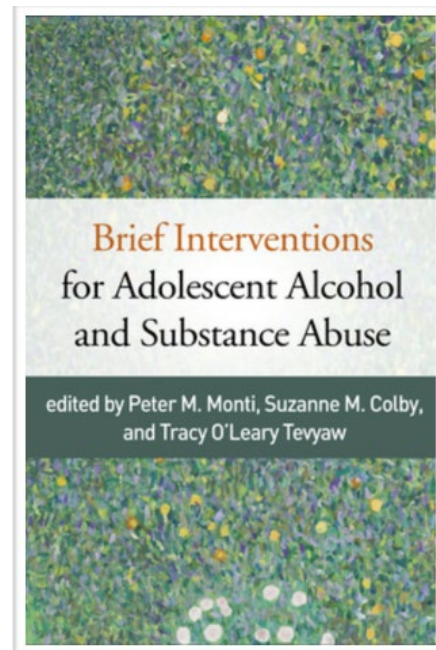
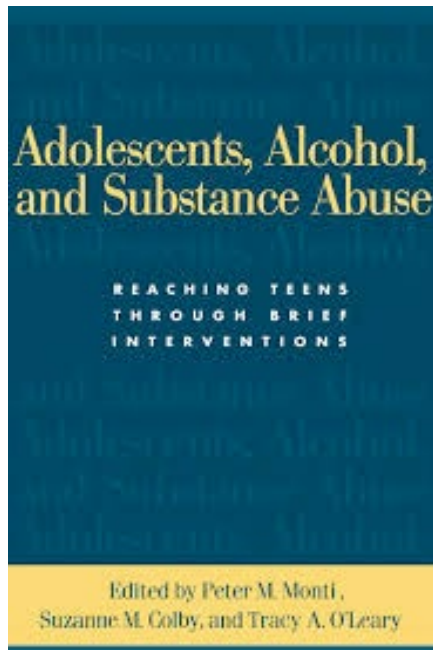
Brief Motivational Intervention



Considerations for Referral To Treatment

Action	Normative?	Risk?	Impairment?	Clinical Priority?
Do nothing	Yes	None identified	None	Low
Brief advice	Yes	None identified	None or minimal	Maybe
Outpatient	Maybe	Maybe	Yes	Yes
Intensive Outpatient	No	Potentially life threatening	Significant	Definitely
Inpatient	No	Life threatening	Significant	Definitely

Brief Substance Use Interventions



“Not So Brief” Interventions

Family member referral to treatment
(e.g., parent, sibling, cousin)

Cognitive Behavior Therapy

Contingency Management

Intensive Wraparound (e.g.,
Functional Family Therapy,
Multisystemic Therapy)

Inpatient Rehabilitation -> Stepdown

What is efficacious?



Well-Established Standalone Interventions	Family Based Therapy, Cognitive Behavioral Therapy, Multicomponent Psychosocial Therapy
Probably Efficacious Standalone Interventions	Motivational Interviewing/Motivational Enhancement Therapy, Third-Wave Cognitive Behavioral Therapies
Possibly Efficacious Standalone Interventions	12-Step Programs
Possible Adjunctive Interventions	Pharmacotherapy, Exercise, Yoga, Mindfulness, Recovery-Specific Educational Settings, Goal Setting, Progress Monitoring
Modifications to Improve Existing Approaches	Digital Strategies, Culturally-Based Programs

Promising or Evidence-Based Interventions

Intervention (*brief)	Length	Brief Description
Motivational Enhancement Therapy plus Cognitive Behavioral Therapy (MET/CBT)*	5-7 sessions	Incorporates combination of individual Motivational Interviewing sessions and group CBT; Primary goal is to enhance motivation to change cannabis use and develop basic skills needed to gain control over use and achieve abstinence
Alcohol Treatment Targeting Adolescents in Need (ATTAIN)*	7 sessions	Motivational, cognitive-behavioral intervention that seeks to reduce alcohol and cannabis use ; Individually tailored to address youth's specific cultural, etiologic, and risk factors
Brief Strategic Family Therapy (BSFT)*	8-24 sessions	Culturally sensitive family intervention aimed at reducing delinquency and drug use and strengthens family unit; Uses a structured, problem-focused, directive, and practical approach; Key components include focus on improving parent-child interactions, parent training, developing conflict resolution, parenting, and communication skills , and family therapy
Contingency Management (CM)	3 or more months (often with others)	Uses reward system to reinforce certain behaviors , such as abstaining from drugs or attending therapy session. Reinforcements are introduced when treatment goals are met and withheld (or, alternatively, given punishment) when you exhibit undesirable behavior

Promising or Evidence-Based Interventions

Intervention	Length	Brief Description
Familias Unidas	3-5 months, 2 hours sessions per week	Family-centered, group-based approach aimed at promoting positive school, family, behavioral, legal, and health outcomes and decreasing substance use, sexual risk, and antisocial behavior. Includes parent-child interaction observations
Multidimensional Family Therapy (MDFT)	3-6 months, 1-3 sessions per week	Individual and family therapy sessions; Comprehensive team works to provide services to youth and family of origin; Foster family implements behavior management techniques ; Clinician teach youth interpersonal skills and work with family of origin in family therapy
Multidimensional Treatment Foster Care (MTFC)	6-9 months in therapeutic foster home	Multifaceted intervention that includes behavioral parent training and support for foster parents, family therapy for biological parents, skills training for youth, supportive therapy for youth, school-based behavioral interventions and academic support, and psychiatric consultation and medication management when needed
Multisystemic Therapy (MST)	As long as necessary (24/7)	Home-based, goal-oriented approach that focuses on home, school, peer groups, and community systems ; Seeks to improve parenting practices, engage youth in pro-social peer groups and away from delinquent peers, and reduce youth's favorable attitudes toward drug use

Implementation Steps

- » **Educate Office Staff:** Ensure that staff members understand the importance of universal substance use screening for youth. Identify a lead “champion” to establish, monitor, and evaluate office screening procedures.
- » **Decide how screening will be conducted:** If a clinical assistant will screen instead of the physician, or if a print or computerized tool is used, work out record-keeping to facilitate followup in the exam room. Commit to screening at every possible visit.
- » **Set reminders:** If available, use electronic medical records to cue for screening and followup.
- » **Prepare for confidential care:** Establish procedures for providing confidential care. Become familiar with your State laws on a minor’s ability to consent to substance use treatment. **In California, it’s age 12+**
- » **Prepare for referrals:** Generate a list of, and build a rapport with, local adolescent substance use treatment resources; keep copies of the list in exam rooms.
- » **Stock materials:** Keep copies of the Pocket Guide (provided) in exam rooms. Provide educational materials for parents (see page 38).

Resources

- [American Academy of Pediatrics Chronic Pain & Substance Use Course](#)
- [NIAAA Adolescent Alcohol Screening Guide](#)
- [MA SBIRT School Based "Orange Card"](#)
- [CA DHCS Adolescent SU Best Practice Guide](#)

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- » Past clients, mentors, and supervisors
- » My family

Thanks all!

Questions?

