Youth Substance Use Diagnosis and Management

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

4/11/2024

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Assistant Professor of Psychiatry and Behavioral Sciences
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

» Monthly Webinar Series recordings (on demand)
  • Can view webinar recordings on your own time and answer questions afterwards. If you get a passing score (>=66%), then you’re eligible for 1 hour CME and 1 hour American Board of Pediatrics MOC Part 2 credit for each webinar you complete in this way.
  • To sign up, please go to: http://tinyurl.com/bdhhzubn
Disclosures

- 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.
  - The Health Resources and Services Administration (HRSA) of the U.S. Department of Health and Human Services (HHS) sponsors part of a federal award totaling $2,670,000 with 17% financed with non-governmental sources. The contents are those of the author(s) and do not necessarily represent the official views of, nor an endorsement, by HRSA, HHS, or the U.S. Government. For more information, please visit HRSA.gov.
  - 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)

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

Bioecological Model
Stages of Change/Transtheoretical Model

https://youtu.be/-6JdOb5eXvU?si=vNbiT-uW0DiVuNvr
What drives vaping in adolescence?

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

- **Universal**
  - Population

- **Selective**
  - Vulnerable to develop substance use problems

- **Indicated**
  - Early signs of substance use problems

<table>
<thead>
<tr>
<th>Level I: Least demanding or resource intensive activities</th>
<th>Level II: Moderately demanding or resource intensive activities</th>
<th>Level III: Most demanding or resource intensive activities</th>
</tr>
</thead>
<tbody>
<tr>
<td>Universal</td>
<td></td>
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<tr>
<td>• Screening for substance misuse and substance use exposure</td>
<td>• Designate an office champion to implement comprehensive screening</td>
<td>• Host on-site evidence based, family-focused education programs</td>
</tr>
<tr>
<td>• Provide anticipatory guidance on substance misuse and substance use exposure</td>
<td>• Familiarize with talking tools and messaging (e.g., marijuana tool kit)</td>
<td>• Link to community resources</td>
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<tr>
<td>• Provide information (i.e., brochures/handouts)</td>
<td>• Screen for liability of substance misuse or abuse before it occurs</td>
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<tr>
<td>• Share with parents and adolescents the helpline and links to the information made available via Parents for Drug Free Kids and NIDA</td>
<td>• Providing an online parenting program and supporting parent engagement</td>
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<tr>
<td>• Referring parents to online parenting programs</td>
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<tr>
<td>Selective</td>
<td></td>
<td></td>
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<tr>
<td>• Monitor for needed prevention</td>
<td>• Refer for selective prevention based on screening</td>
<td>• Have psychologist, behavioral health specialist and/or social worker on staff</td>
</tr>
<tr>
<td>• Make sub-specialty referral</td>
<td>• Refer parent to recovery support programs</td>
<td>• Providing targeted consultation on specific parenting concerns</td>
</tr>
<tr>
<td></td>
<td>• Refer parent to treatment</td>
<td></td>
</tr>
<tr>
<td>Indicated</td>
<td></td>
<td></td>
</tr>
<tr>
<td>• Make sub-specialty referral</td>
<td>• Conduct more formal evaluation/assessment</td>
<td>• Provide treatment (e.g., medication-assisted, cognitive behavior)</td>
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<tr>
<td>• Refer for indicated prevention or treatment based on screening</td>
<td>• Conduct motivational interviewing to promote behavior change</td>
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<td></td>
<td>• Develop a management plan</td>
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<tr>
<td></td>
<td>• Make a subspecialty referral and follow-up on completing the referral</td>
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Cascade of Care Framework

» Adult example for Opioid Use Disorder

» Assumes an (ambitious) 90% success rate

» HEDIS Metrics:
  » Initiation of Tx
  » Engagement in Tx

doi: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%)

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.

<table>
<thead>
<tr>
<th>S2BI Response</th>
<th>Risk Category</th>
</tr>
</thead>
<tbody>
<tr>
<td>Never</td>
<td>No Reported Use</td>
</tr>
<tr>
<td>Once or twice</td>
<td>Lower Risk</td>
</tr>
<tr>
<td>Monthly+</td>
<td>Higher Risk</td>
</tr>
</tbody>
</table>

https://nida.nih.gov/nidamed-medical-health-professionals/screening-tools-resources/chart-screening-tools
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.
   # 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.
   # 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.
   # of days

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

*Such as e-cigs, mods, pod devices like Juul, disposable vapes like Puff Bar, vape pens, or e-hookahs. †Cigarettes, cigars, cigarettes, 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

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?
   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

https://nida.nih.gov/nidamed-medical-health-professionals/screening-tools-resources/chart-screening-tools
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)

CRAFFFT Score Interpretation

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

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

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.

https://masbirt.org/2023/03/06/orange-card/
## Brief Motivational Intervention for Any Use

**Brief Negotiated Interview (Any Use)**

| Build Rapport | **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?** |
| Explore Pros and Cons | **What do you like about using [X]?**  
|               | **What do you like less or regret about using [X]?**  
|               | **Explore problems mentioned in CRAFT-IN:**  
|               | 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 | **Elicit:** What do you already know about the risks of using [X]?  
|               | Would it be okay if I share some information with you?  
|               | **Provide:** Share 1-2 salient substance specific risks.  
|               | **Elicit:** What are your thoughts about that? |
| Use Readiness Ruler | **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 | **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.**

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https://masbirt.org/2023/03/06/orange-card/
Brief Motivational Intervention

https://youtu.be/4_wceN5DX7E?si=wnGc6iiil_KZ2wLZt&t=42
### Considerations for Referral To Treatment

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<tr>
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</thead>
<tbody>
<tr>
<td>Do nothing</td>
<td>Yes</td>
<td>None identified</td>
<td>None</td>
<td>Low</td>
</tr>
<tr>
<td>Brief advice</td>
<td>Yes</td>
<td>None identified</td>
<td>None or minimal</td>
<td>Maybe</td>
</tr>
<tr>
<td>Outpatient</td>
<td>Maybe</td>
<td>Maybe</td>
<td>Yes</td>
<td>Yes</td>
</tr>
<tr>
<td>Intensive</td>
<td>No</td>
<td>Potentially life</td>
<td>Significant</td>
<td>Definitely</td>
</tr>
<tr>
<td>Outpatient</td>
<td></td>
<td>threatening</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Inpatient</td>
<td>No</td>
<td>Life threatening</td>
<td>Significant</td>
<td>Definitely</td>
</tr>
</tbody>
</table>
Brief Substance Use Interventions

- Brief Advice & Reinforcement
- Psychoeducation
- Personalized Normative Feedback
- Motivational Interviewing
- Multi-session Parent-Youth Intervention (e.g., Family Check-Up)
"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?

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

<table>
<thead>
<tr>
<th>Intervention (brief)</th>
<th>Length</th>
<th>Brief Description</th>
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</thead>
<tbody>
<tr>
<td>Motivational Enhancement Therapy plus Cognitive Behavioral Therapy (MET/CBT)*</td>
<td>5-7 sessions</td>
<td>Incorporates combination of individual Motivational Interviewing sessions and group CBT; Primary goal is to <strong>enhance motivation to change cannabis use and develop basic skills needed to gain control over use and achieve abstinence</strong></td>
</tr>
<tr>
<td>Alcohol Treatment Targeting Adolescents in Need (ATTAIN)*</td>
<td>7 sessions</td>
<td>Motivational, cognitive-behavioral intervention that seeks to <strong>reduce alcohol and cannabis use</strong>; Individually tailored to address youth’s specific cultural, etiologic, and risk factors</td>
</tr>
<tr>
<td>Brief Strategic Family Therapy (BSFT)*</td>
<td>8-24 sessions</td>
<td>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 <strong>improving parent-child interactions, parent training, developing conflict resolution, parenting, and communication skills</strong>, and family therapy</td>
</tr>
<tr>
<td>Contingency Management (CM)</td>
<td>3 or more months (often with others)</td>
<td>Uses <strong>reward system to reinforce certain behaviors</strong>, such as <strong>abstaining from drugs</strong> or attending therapy session. Reinforcements are introduced when treatment goals are met and withheld (or, alternatively, given punishment) when you exhibit undesirable behavior</td>
</tr>
</tbody>
</table>
## Promising or Evidence-Based Interventions

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

» Dr. Marina Tolou-Shams for content shared on promising or evidence-based interventions

» Cal-MAP Team

» Past clients, mentors, and supervisors

» My family
Thanks all!

Questions?