

SUBSTANCE USE: ALCOHOL AND DRUGS

RATIONALE

The American Academy of Pediatrics (AAP) Bright Future Guidelines state that the use of alcohol and illicit drugs are associated with high rates of teenage morbidity and mortality. According to AAP, more than 30% of all deaths among U.S. teenagers are directly linked to alcohol and substance use. AAP further states that a wide range of serious health and social problems such as respiratory disease, high-risk sexual behaviors, and school failure among teenagers are associated with alcohol and substance use.¹

California's Department of Health Care Services' Substance Use Disorder (SUD) Services Division cites substance abuse as a "disease" that has detrimental effects on individuals, families, and communities. SUD-Services Division also states that child health and well-being, school truancy, criminal justice systems, and increases in health care expenses are immensely impacted by substance abuse. Underage use (12 to 20 years of age) of substances such as alcohol and illicit drugs, while prevalent, is illegal in all 50 of the United States, and is a significant public health burden. Moreover, teens and young adults are more inclined than adults to take risks, including drinking alcohol or using other illicit drugs.²

According to the *2010 Drug Abuse Warning Network (DAWN) Findings on Drug-Related Emergency Department Visits*, approximately 189,000 visits by people under age 21 for injuries and other conditions were linked to alcohol. Alcohol is the most commonly used substance among teens and young adults, while marijuana is the most commonly used illicit drug among this population.³ Research shows that the teenage years are a critical window of vulnerability to substance use disorders.⁴ Since the brain is still developing and malleable; some parts of the brain are less mature than others. Medically, the use of any addictive substances such as alcohol and illicit drugs, while the brain is developing during adolescence, interferes with normal brain development. Invariably, the use of alcohol and other highly addictive substances among teens are underdiagnosed and often unidentified. Early identification and intervention are crucial in detecting health problems or risk factors at an early stage before they have caused serious disease or other problems. Child Health and Disability Prevention (CHDP) health providers should always consider alcohol and illicit drugs as serious risks.

CHDP Providers' Role

Preventing behavioral health problems, and finding the pathway to recovery for those with behavioral health conditions, is the overall message.⁵ AAP's *Bright Futures* and the American Medical Association's *Guidelines for Adolescent Preventive Services* both recommend that youth aged 11 years and older should be screened for alcohol and other drugs (AOD) use at each annual preventive health visit.⁶ CHDP health providers should begin by asking whether the child or adolescent has ever used any substance. If the youth discloses his or her substance use, the health provider should ask the following questions:

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- What is the age of your first use?
- What types of substances are you using?(Variability of use)
- Have you tried other substances?(Progression of use)
- How often are you using these substances? (Frequency of use)

Biological, medical, and genetic factors, as well as psychological, social, familial, cultural, and other environmental features, all influence the development and manifestation of substance abuse. CHDP health providers can address substance abuse problems with interventions at a relatively early stage in disease progression. During well-child exams, CHDP health providers have an opportunity to discuss substance abuse prevention with their patients.

In a recently published report, AAP reaffirmed the important role that health providers can play in prevention, early detection, and referral to treatment for substance use disorders. AAP recommends that pediatricians discuss substance abuse as a part of routine health care, and as part of ongoing anticipatory guidance.^{7,8}

Screening Requirements

Substance use should be evaluated as part of an age-appropriate comprehensive health exam according to AAP Bright Futures [Recommendations for Preventive Pediatric Health Care](#) periodicity schedule. The assessment also includes a screening for co-occurring mental disorders and parent/sibling alcohol use. Evaluation of the adolescent for alcohol or substance use involves the following:

1. Informal methods
2. Use of screening tools

Informal Methods

The AAP Bright Future Program recommends that health providers begin with open-ended questions about substance use at home, school, and by peers before progressing to open-ended questions about personal use. In addition, health providers should discuss the need to disclose sensitive information with parents or treatment specialists with the adolescent.¹ While genetic factors and life stressors influence adolescents' substance abuse, parents, and guardians have an essential role in keeping communication open and monitoring the youths' activities. Reviewing the adolescent's environment can identify risk and protective factors for the development of alcohol or drug use and abuse.

Time alone with the physician during the clinic visit is associated with greater disclosure of sensitive information. It is important that health providers also recognize the importance and complexity of confidentiality issues, and provide a place where the

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adolescent can speak confidentially, in order to gain greater disclosure of risk behavior involvement. At the same time, the breach of confidentiality regarding substance abuse is necessary when the adolescent reports of threat to self, others, or abuse.

Screening Tools

Standardized screening tools are available to help clinicians determine an adolescent's substance use. The CRAFFT (Car, Relax, Alone, Friends, Forget, Trouble) is a behavioral health screening tool and is recommended by the AAP/Bright Futures Program Committee on Substance Abuse for use with adolescents 11 to 17 years of age. It consists of a series of six questions developed to screen adolescents for high-risk alcohol and other drug use disorders simultaneously. It is a short, effective screening tool meant to assess whether a longer conversation about the context of use, frequency and other risks and consequences of alcohol and other drug use is warranted. The CRAFFT screen is a valid, reliable and developmentally appropriate tool for accomplishing the recommended yearly screening.^{8,9,10}

Screening using the CRAFFT begins by asking the adolescent to "Please answer these next questions honestly." telling him/her "Your answers will be kept confidential.", and then asking three opening questions. If the adolescent answers "No" to all three opening questions, the provider only needs to ask the adolescent the first question - the CAR question. If the adolescent answers "Yes" to any one or more of the three opening questions, the provider asks all six CRAFFT questions.^{9,10,11}

In California, the "Screening, Brief Intervention, Referral and Treatment" (SBIRT) is a brief intervention model supported by the Centers for Medicare and Medicaid. SBIRT is a comprehensive health promotion approach for delivering early intervention and treatment services to people with, or at risk of developing, alcohol use disorders, as well as substance use. California offers the SBIRT benefit to Medi-Cal beneficiaries. This benefit became effective January 1, 2014 and aligns with the U.S. Preventive Services Task Force recommendation. SBIRT is offered annually to all Medi-Cal beneficiaries and is recommended for 18 years of age and older in primary care settings.^{12, 13, 14}

Bright Futures*

Bright Futures resources include:

- [Adolescent Alcohol and Substance Use and Abuse](#)
- [Bright Futures and Tool and Resource Kit](#)
- [Recommendations for Preventive Pediatric Health Care](#)
- [Substance Abuse, healthychildren.org](#)
- [CRAFFT Screening Questions](#)
- [2014 Recommendation for Pediatric Preventive Health Care](#)

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Considerations For Referral Treatment And/Or Follow Up

If the adolescent reports substance use, the health provider should complete a brief assessment to determine the appropriate referral, treatment, and follow up.

Resources

Center for Adolescent Substance Abuse Research Resources:

- [CRAFFT Screening Tool](#)
- [Self-Administered CRAFFT download page](#)

SAMHSA-HRSA Center for Integrated Health Solutions and other Resources:

- [SBIRT: Workflow](#)
- [Quick Guide for Clinicians: Based on TIP 31 – Screening and Assessing Adolescents for Substance Use Disorders & TIP 32 – Treatment of Adolescents with Substance Use Disorders](#)
- [Screening and Brief Intervention \(SBIRT\)](#)
- [Alcohol Screening and Brief Intervention for Youth – A Practitioner’s Guide](#)
- [Partnership for Drug-Free Kids: Tools for Screening, Brief Intervention, and Referral to Treatment \(SBIRT\)](#)
- [California Adolescent Health 2009](#)
- [California Substance Use Disorder Services](#)

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