SUBSTANCE USE PROBLEMS AND DISORDERS

KEY FACTS

- Twenty-eight percent of 15- to 20-year-old drivers who were killed in motor vehicle crashes in 1998 had been using alcohol before the crash occurred (National Highway Traffic Safety Administration, 1998).
- In the 2000 national Monitoring the Future study, 30 percent of high school seniors indicated that they had engaged in binge drinking (having at least five drinks in a row) in the 2 weeks preceding the survey (Johnston et al., 2001).
- Nearly 50 percent of U.S. students have used marijuana and 29 percent have used an illicit drug other than marijuana by the end of high school (Johnston et al., 2001).
- In the 2000 national Monitoring the Future study, 22 percent of eighth-grade students indicated that they had used alcohol in the month preceding the survey (Johnston et al., 2001).
- Studies indicate that one-third or more of suicide fatalities involve alcohol (Goodman et al., 1991, as cited in National Institute on Alcohol Abuse and Alcoholism, 1994; Smith et al., 1989).

Substance use is the use of alcohol or illicit drugs. While the majority of children and adolescents who experiment with substances do not develop a substance use disorder, even occasional use can have serious consequences. Substance use increases the risk of fatal injury, especially in motor vehicle crashes. Primary care health professionals should be able to identify and intervene with children and adolescents at risk for harm from substance use (Rogers and Werner, 1995).

DESCRIPTION OF SYMPTOMS

Criteria from DSM-PC and DSM-IV-TR for stages of substance use are presented below.

Substance Use Problem

(Diagnostic code: V71.09)

Adapted from DSM-PC. Selected additional information from DSM-PC is available in the appendix. Refer to DSM-PC for further description.

- Alcohol or drugs have been used more than once, but use has not become a regular behavior and has not significantly impaired functioning
- Negative consequences may have resulted from use (e.g., injury, occasional difficulty in school, some conflict with family or peers)
- Child or adolescent is at risk for serious outcomes (e.g., motor vehicle crash while driving under the influence of alcohol or other drugs)

Substance Abuse

(Diagnostic code: 305.xx)

Adapted from DSM-PC and DSM-IV-TR. Selected additional information from DSM-IV-TR is available in the appendix. Refer to DSM-PC and DSM-IV/DSM-IV-TR for full psychiatric criteria and further description.

- Recurrent substance use despite negative consequences
- Loss of control over use, resulting in any of the following:
  - Failure to meet major obligations at school, work, or home
  - Recurrent use in physically hazardous situations (e.g., while driving, while operating machinery)
  - Legal problems (e.g., driving while intoxicated, stealing to support use)
  - Persistent social and interpersonal problems (e.g., fighting, loss of a romantic relationship)

Substance Dependence

(Diagnostic code: 303.xx; 304.xx)

Adapted from DSM-PC and DSM-IV-TR. Selected additional information from DSM-IV-TR is available in the appendix. Refer to DSM-PC and DSM-IV/DSM-IV-TR for full psychiatric criteria and further description.

In addition to the problems seen above, substance dependence includes

- Preoccupation with substance use, which takes up significant amounts of time and interferes with other activities
- Development of tolerance or withdrawal symptoms
- Increase in risk-taking and dangerous drug-related behaviors (e.g., selling drugs, obtaining a weapon)

COMMONLY ASSOCIATED PROBLEMS AND DISORDERS

While specific rates of co-occurring problems and disorders vary in community samples versus populations referred for clinical care, the following are often seen in children and adolescents with substance use problems and disorders (Bukstein, 1997):

- Conduct disorder (CD): Alcohol or drugs may disinhibit a child or adolescent, leading to further behavior problems.
- Attention deficit hyperactivity disorder (ADHD): Alcohol or drug use may be associated with (and worsen) impulse control problems.
- Mood disorders: Children and adolescents with poor self-image are at increased risk for substance use problems and disorders. Adolescents who are depressed and use substances are at heightened risk for suicide. Children and adolescents with bipolar disorder are at particular risk for substance use problems and disorders.
- Anxiety disorders: Children or adolescents with anxiety disorders may use alcohol or drugs such as marijuana or sedatives to lessen acute anxiety, but such use can ultimately increase the severity of symptoms. Drugs such as cocaine and amphetamines can cause anxiety symptoms.
- Injuries: Alcohol or drugs may impair judgment and promote risk-taking behavior leading to serious injury (e.g., injury related to the operation of motor vehicles and machinery, falls, drowning).
- Sexual abuse/assault: Substance use may result from efforts to self-medicate psychological symptoms related to the trauma of sexual abuse. In addition, alcohol or drug use can impair judgment, making it difficult to protect oneself, which increases the risk of sexual assault.

INTERVENTIONS

Discussion of and clinical screening for substance use should be a routine part of health care. Given the prevalence of substance use and its potential impact on the lives of children and adolescents, discussing it with children and adolescents and clinically screening for substance use disorders is an essential aspect of primary care practice. Children and adolescents who are identified as having a significant substance use problem are usually referred to professionals with expertise in substance abuse treatment for further evaluation and treatment. Working with the child or adolescent and family to accept and follow through with the referral is often a lengthy and challenging process. The primary care health professional continues to play a critical role once a referral is made by providing ongoing health care and coordination of care and by ensuring that the child or adolescent receives appropriate treatment (Kaminer, 1994). The following sections discuss potential interventions with the child or adolescent, family, friends, and school/community that can be undertaken by primary care health professionals. For further information on interventions focused on the continuum of substance use stages, see Tool for Health Professionals: Stages of Use and Suggested Interventions, *Mental Health Tool Kit,* p. 61. (See *Bright Futures Case Studies for Primary Care Clinicians:* Adolescent Substance Abuse: The Craffty Pupil [Knight, 2001] at http://www.pedicases.org.)

Child or Adolescent

(Adapted, with permission, from Knight, 1997.)

1. It is best to discuss substance use issues with children before they reach adolescence. Asking children the following questions may help launch a discussion about drugs and alcohol: "What have you learned about alcohol and drugs from your parents, or at school?" "Have any of your friends talked about or used drugs or alcohol?"
2. Ensure that children, adolescents, and their families are aware of the practice's confidentiality policy. Assurances of confidentiality may make children and adolescents more comfortable discussing substance use issues. Let children and adolescents know that conversations with them will be kept confidential, unless the behaviors disclosed are life-threatening or could cause serious harm. The primary care health professional can reassure the child or adolescent that if he considers a behavior potentially dangerous, he will work with the child or adolescent to inform parents.
3. All adolescents should be screened for substance use as part of the overall psychosocial history. Screening results do not establish a diagnosis but are useful in determining whether a more thorough assessment is needed. Helpful screening tools include the following:
   - **CRAFFT** (Knight et al., 1999). CRAFFT is a mnemonic device for a series of screening questions specifically developed for adolescents.

     C Have you have ridden in a **C**AR driven by someone (including yourself) who was "high" or had been using alcohol or drugs?

     R Do you ever use alcohol or drugs to **R**ELAX, feel better about yourself, or fit in?

     A Do you ever use alcohol or drugs while you are by yourself, **A**LONE?

     F Do you ever **F**ORGET things you did while using alcohol or drugs?

     F Do your family or **F**RIENDS ever tell you that you should cut down on your drinking or drug use?

     T Have you ever gotten into **T**ROUBLE while you were using alcohol or drugs?

     Two or more "yes" answers suggest a positive screen.
   - Drug and Alcohol Problem (DAP) Quick Screen (Schwartz and Wirtz, 1990). The DAP Quick Screen is a 30-item self-administered screening test. The following four questions from the DAP Quick Screen, taken as a group, selected 70 percent of the high scorers (Schwartz and Wirtz, 1990):
     - Do you use tobacco products (cigarettes, snuff, etc.)?
     - Have you ever had an in-school or out-of-school suspension for any reason?
     - Has anyone (friend, parent, teacher, or counselor) ever told you that they believe that you may have a drinking or drug problem?
     - Do you sometimes ride in a car driven by someone (including yourself) who is "high" or who appears to have had too much to drink?
4. Substance use is frequently associated with significant emotional and behavioral symptoms. Until an individual is substance free, it is difficult to distinguish between the effects of the substance

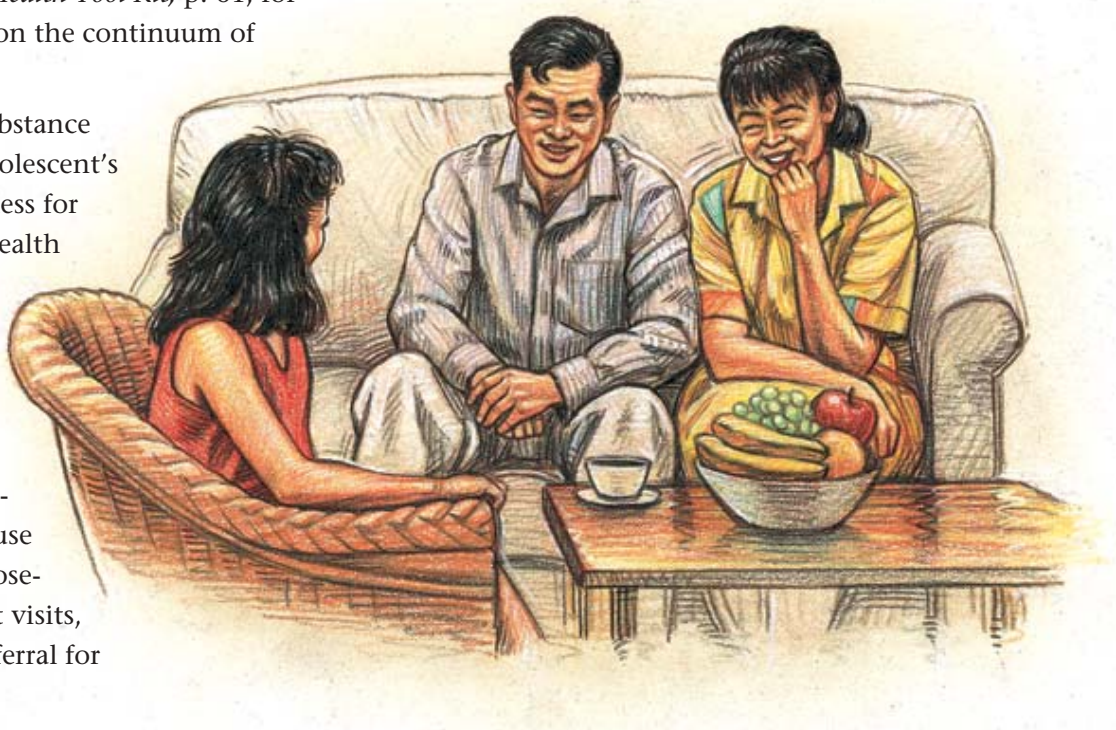
and co-occurring mental disorders. Consider referral to a mental health professional with expertise in substance use problems and disorders for the following:

- Depressive symptoms, suicidal ideation (suicidal thoughts) and/or behaviors
- Anxiety symptoms
- History of attention deficit hyperactivity disorder (ADHD), learning disorders, conduct disorder
- History of physical or sexual abuse; ongoing family discord
- Problem behaviors in a number of areas (e.g., drugs, sexual behavior, school, the law)

5. Becoming familiar with the stages of substance use allows primary care health professionals to select appropriate interventions. (See Tool for Health Professionals: Stages of Use and Suggested Interventions, *Mental Health Tool Kit,* p. 61, for interventions focused on the continuum of substance use stages.)
6. Target discussion of substance use to the child's or adolescent's stage of use and readiness for change (See Tool for Health Professionals: Discussing Substance Use, *Mental Health Tool Kit,* p. 63.)
7. Continue to follow the child or adolescent with a substance use problem or disorder closely, scheduling frequent visits, even after making a referral for further assessment and treatment. Communicate with those treating the child or adolescent to ensure that the child's or adolescent's clinical management is coordinated and mutually reinforces treatment goals.

Family

1. Encourage regular family activities (e.g., eating meals together; going on family outings; playing games together; engaging in physical activities such as biking, swimming, or bowling together).
2. Discuss with parents their own attitudes toward drug and alcohol use, how they plan to talk about drugs and alcohol with their children and adolescents, and which behaviors they would like to model for their children and adolescents. (See Tool for Families: How to Help Your Child or Adolescent Resist Drugs, Mental Health Tool Kit, p. 148.)



The National Institute on Alcohol Abuse and Alcoholism (NIAAA) offers the following helpful publication for parents: National Institute on Alcohol Abuse and Alcoholism. 2000. *Make a Difference: Talk to Your Child About Alcohol.* Rockville, MD: National Institute on Alcohol Abuse and Alcoholism. This document can be ordered from NIAAA, Publication Distribution Center, P.O. Box 10686, Rockville, MD 20849-0686, or a PDF file can be downloaded from http://silk.nih.gov/silk/niaaa1/publication/children.pdf.

3. Screen for family history of substance use disorders and for current use. (See Tool for Health Professionals: Pediatric Intake Form, *Mental Health Tool Kit,* p. 4.)
4. Encourage parents who may be struggling with their own substance use to seek help. Supportively discuss with them the possible effects of their substance use on their child or adolescent.
5. Help family members access community support groups (e.g., Al-Anon, Nar-Anon, Alateen).
6. Consider referral for family therapy or parent support, if indicated, for improving communication, joint-problem solving, and help with developing reasonable expectations for behavior.
7. Help the family access services via social service agencies or legal means (the court), if necessary.
8. Discuss with families limiting their child's or adolescent's access to peers who abuse substances or engage in other high-risk behaviors.

Friends

1. Ask about friends' attitudes toward and use of tobacco, drugs, and alcohol.
2. Discuss ways to resist peer pressure to use substances.
3. Encourage involvement with friends who do not use substances and engagement in activities that are substance free.

Community and School

1. Be aware that school failure, truancy, and tardiness are significantly associated with substance use. Address any ongoing school difficulties (e.g., provide early referrals for additional testing and services if a learning disorder is suspected; identify symptoms that may affect school functioning, such as ADHD symptoms).
2. Ask about what the child or adolescent has learned in school about drugs and alcohol and

about whether many students at school use substances.

3. Consider treatment options within the school setting (e.g., peer problem-solving groups, substance abuse groups).
4. Become familiar with patterns of substance use and with commonly used substances in your community. (See National Institute for Drug Abuse Web sites: http://www.nida.nih.gov; http://www.clubdrugs.org.)
5. Be aware of the substance abuse treatment programs and resources in your community (including formal treatment programs, and 12-step groups such as Alcoholics Anonymous and Narcotics Anonymous). If indicated by assessment, help the child or adolescent access these and other supports or mentors in the community (e.g., coaches, teachers, relatives, faith-based organizations). Place pamphlets and community resource numbers for substance use screening and treatment services in waiting areas.

Resources for Families

Mothers Against Drunk Driving (MADD)
P.O. Box 541688
Dallas, TX 75354-1688
Phone: (800) GET-MADD (438-6233)
Web site: http://www.MADD.org

National Clearinghouse for Alcohol and Drug Information (NCADI)
P.O. Box 2345
Rockville, MD 20847-2345
Phone: (301) 468-2600, (800) 729-6686
Web site: http://www.health.org

National Institute on Alcohol Abuse and Alcoholism (NIAAA)
6000 Executive Boulevard, Willco Building
Bethesda, MD 20892-7003
Phone: (301) 443-3860
Web site: http://www.niaaa.nih.gov

National Institute on Drug Abuse (NIDA)
6001 Executive Boulevard
Bethesda, MD 20892-9561
Phone: (301) 443-1124
Web sites: http://www.nida.nih.gov, http://www.clubdrugs.org

Substance Abuse and Mental Health Services Administration (SAMHSA)
U.S. Department of Health and Human Services
Room 12-105, Parklawn Building
5600 Fishers Lane
Rockville, MD 20857
Phone: (800) 487-4890
Web site: http://www.samhsa.gov

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