

Stages of Substance Use and Suggested Interventions

Stages of Use	Interventions
<p>Abstinence</p> <p>Child or adolescent does not use any drugs or alcohol.</p>	<ul style="list-style-type: none"> ■ Be aware of children and adolescents at risk for substance abuse: <ul style="list-style-type: none"> Family history of alcohol or drug abuse Early onset of conduct disorder or aggressive behavior History of attention deficit hyperactivity disorder, school difficulties, mood and anxiety disorders History of poor supervision, trauma, or abuse ■ Encourage and support continued abstinence. ■ Encourage activities that build on a child's or adolescent's strengths and self-esteem (e.g., sports, community activities, art and music classes, participation in faith-based organizations). ■ Discuss with the child or adolescent what she would do if she were pressured to use drugs or alcohol.
<p>Experimental Use</p> <p>Child or adolescent infrequently uses tobacco, alcohol, or drugs.</p> <p>Substances are usually obtained from, and used with, friends.</p> <p>Although associated drug-related problems are uncommon, risks can be serious.</p>	<ul style="list-style-type: none"> ■ Educate the child or adolescent about potential consequences and health-related risks of tobacco, drug, or alcohol use, stressing the more immediate consequences (e.g., "If you continue to smoke, I believe it will affect your soccer performance"). ■ Stress the importance of not drinking or using drugs and driving, and of not riding with a driver who has been drinking or using drugs. ■ Develop a "rescue plan" with the child or adolescent and parents. A rescue plan should specify that the child or adolescent will receive a ride home if he finds himself in an unsafe situation, including being intoxicated or high, and the commitment that discussion about the behavior will take place at a time when it can be rational.
<p>Regular Use</p> <p>Child or adolescent uses alcohol or drugs on an occasional but regular basis.</p> <p>"Social drinking" in adolescents often involves significant binge drinking.</p>	<ul style="list-style-type: none"> ■ See above interventions.
<p>Problem Use</p> <p>Child or adolescent has experienced adverse consequences associated with use.</p> <p>Child or adolescent may have had problems with grades, detentions, or suspensions; parents or peers; motor vehicle crashes; injuries; or physical or sexual assaults.</p>	<ul style="list-style-type: none"> ■ Ask the child or adolescent to consider the link between problems she is having and alcohol or drug use. Remember that helping a child or adolescent become motivated to address her alcohol or drug use is an ongoing process, which begins with highlighting concerns about current behavior. ■ Discuss concerns and options for change. (See Tool for Health Professionals: Discussing Substance Use, p. 63.) ■ Consider an "Abstinence Challenge": "If you can agree to give up drugs/alcohol for a while, this will give us important information about your control over your use. If you can't do it, it probably means that your use has gotten to the point where you may need more professional help."

Stages of Substance Use and Suggested Interventions (continued)

Stages of Use	Interventions
<p>Problem Use, <i>continued</i></p>	<ul style="list-style-type: none"> ■ If the child or adolescent refuses an abstinence challenge, continue to follow up. For example, say, “You have heard what my concerns are. Will you at least give some thought to what I said and come back again to talk more?” ■ Develop a “rescue plan” with the child or adolescent and parents. A rescue plan should specify that the child or adolescent will receive a ride home if he finds himself in an unsafe situation, including being intoxicated or high, and the commitment that discussion about the behavior will take place at a time when it can be rational.
<p>Substance Abuse</p> <p>Child or adolescent engages in ongoing use of drugs or alcohol, despite harm.</p> <p>Loss of control over use.</p>	<ul style="list-style-type: none"> ■ Continue to work with the child or adolescent and family until the child or adolescent is ready to engage in substance abuse treatment. See interventions above. Refer for the appropriate level of services, when ready to engage in treatment: <ul style="list-style-type: none"> <i>Outpatient Treatment.</i> Includes community and school resources, 12-step groups, peer-support groups, and individual counseling. May be used for children and adolescents who are motivated to change behaviors and are not physiologically addicted to substances. May also be used as a transition from more intensive treatment settings. (Sixty percent of teens who attended weekly community support groups after discharge from inpatient or residential substance abuse treatment programs remained drug-free for the first year.) <i>Partial or Day Hospital.</i> May be considered for children and adolescents who need more intensive structure and support in order to break the cycle of substance use but are motivated for treatment and are not physiologically dependent. Also used as a transition from more intensive treatments. <i>Residential Treatment.</i> Should be considered for children and adolescents who are unlikely to be able to stop drug or alcohol use if they remain in their home environment, including children or adolescents who may be at risk for withdrawal or those with a history of treatment failures in less restrictive settings. <i>Inpatient Treatment.</i> For children or adolescents who are at significant risk for withdrawal symptoms, who have serious psychiatric disorders or symptoms (suicidal, homicidal, psychotic, or acutely dangerous behaviors), or who have failed in other treatment settings.
<p>Substance Dependency</p> <p>Child or adolescent is preoccupied with use.</p> <p>Development of tolerance or withdrawal symptoms.</p> <p>Increase in risk-taking and dangerous drug-related behaviors.</p>	<ul style="list-style-type: none"> ■ Refer to formal treatment program (residential or inpatient).
<p>Secondary Abstinence</p> <p>The goal of substance use treatment is abstinence, as control over use is almost impossible to reestablish once lost.</p>	<ul style="list-style-type: none"> ■ Continue to follow the child or adolescent closely, and ensure that supports and treatment programs are maintained. ■ Relapse is part of the early process of recovery. Avoid stigmatizing or abandoning the child or adolescent if it occurs. ■ Relapse can be viewed as a learning opportunity; the level of supports and treatments can be reviewed and increased as indicated.

Source: Adapted, with permission, from Knight JR. 1997. Adolescent substance use: Screening, assessment, and intervention. *Contemporary Pediatrics* 14(4):45–72.