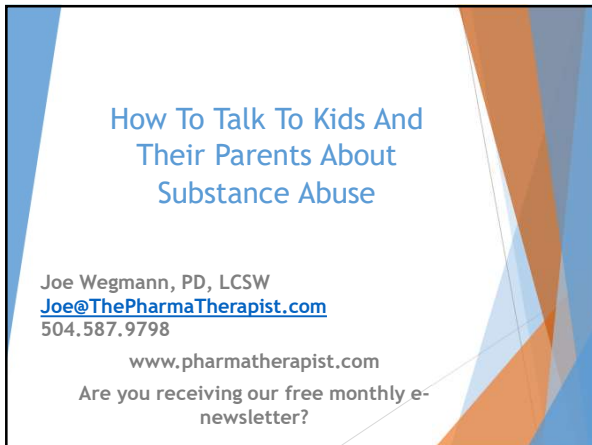
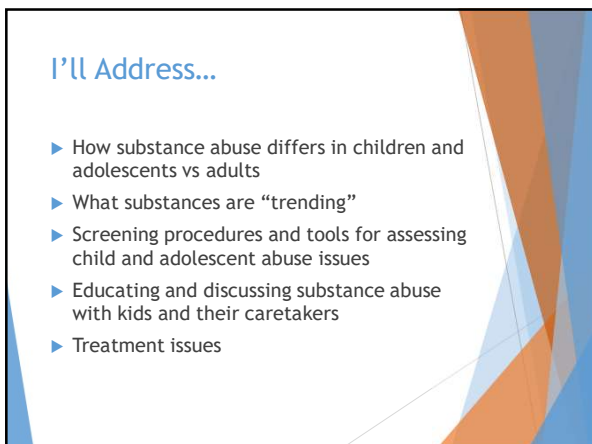


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The "War" On Drugs

- ▶ In June 1971 Richard Nixon declared drug abuse to be "public enemy number one" and increased federal funding for drug-control agencies and drug-treatment efforts.
- ▶ Disruption of the supply chain
- ▶ Scare tactics - remember those? "Just Say No to Drugs" ; "This Your Brain on Drugs"
- ▶ The message: If you're dumb enough to try these bad boys you'll get hooked because reactions to these drugs are the same for everyone
- ▶ These programs failed miserably at informing people that every drug has a different genetic basis for becoming problematic



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Child And Adolescent Substance Abuse VS. Adults

- ▶ Adolescents can be harder to treat to some degree because they're often not motivated to be treated, so they're coerced either mildly or more forcefully
- ▶ Usually they're brought in by parents or wind up being evaluated because of school suspension or the legal system has mandated them to be professionally assessed
- ▶ Abuse issues in youth can be subtle because severity can be written off as "they're just partying" when it's really impairment
- ▶ Youth are generally healthy, so we're not "tipped off" when compared to an adult presenting with pancreatitis or liver disease
- ▶ A kid may present with depression or anxiety to the pediatrician's office, and then we only learn about substance use upon further questioning
- ▶ In adolescents, you may NOT see tolerance, withdrawal or cravings as indicators of a use disorder, as you'd see in adults

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Trends In Child And Adolescent Substance Abuse



- ▶ Marijuana use among high school seniors is currently the highest since 1979-1981
- ▶ OTC and prescription drugs are responsible for a growing number of overdoses among teens and youth
- ▶ OTC products can serve as a launching pad toward more abusable substances
- ▶ Mixing

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Substances With Abuse Potential Used By Children and Adolescents

- ▶ Alcohol
- ▶ Cannabis
- ▶ Stimulants
- ▶ Vaping
- ▶ Opioids
- ▶ Energy Drinks

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What Drives Kids to Try Drugs

- ▶ Peer Influences
- ▶ Pop Culture
- ▶ Curiosity
- ▶ Relief



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Screening: The CRAFFT Tool

- ▶ The CRAFFT screening tool is used to determine substance use disorders in those ages 12-21. Endorsed by American Academy of Pediatrics:

C: Have you ever ridden in a CAR driven by someone (including yourself) who was high or had been using alcohol or drugs?

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

A: Do you ever use alcohol or drugs while you are by yourself, or ALONE?

F: Do you ever FORGET things you did while using alcohol or drugs?


F: Do your FAMILY or FRIENDS ever tell you that you should cut down on your drinking or drug use?

T: Have you ever gotten into TROUBLE while you were using alcohol or drugs?

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CRAFFT

- ▶ Begin: "I'm going to ask you a few questions that I ask all my patients. Please be honest. I will keep your answers confidential."
- ▶ Scoring: Each "yes" response scores 1 point. A total score of 2 or higher is a positive screen, indicating a need for additional assessment
- ▶ Percentage probability of Substance Abuse/Dependence Diagnosis Based on CRAFFT Score:
 - 1 point: 30 percent (approx)
 - 2 points: 55 percent (approx)
 - 3 points: 65 percent (approx)
 - 4 points: 80 percent (approx)
 - 5 points: 90 percent (approx)
 - 6 points: 100 percent




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Screening and Assessment Preliminaries

- ▶ First things first...kids don't talk until they trust people, so be non-threatening, begin a discussion with something neutral
- ▶ Kids have a finely tuned B.S. meter
- ▶ Don't try to be the cool dude (or dudette) when you're not likely to be perceived that way
- ▶ Don't be the parent or detective - avoid the countertransference trap that can lead to emotional entanglements

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Preliminary Screening



- ▶ Be yourself; and by all means, be direct, no end runs
- ▶ Do be curious, not the expert
"I don't think my marijuana use is a problem" Denial? Maybe not
- ▶ Listen more than you talk - listening is truly a skill
- ▶ Listen more than you ask questions and listen for the subtext (reflective listening)
"I don't want to be here and this isn't going to help"
- ▶ OK, why do you think your parents brought you to see me?

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How To Talk to Adolescents About Substance Abuse: Motivational Interviewing

- ▶ I've never met a substance abuser who wants to become an addict; nevertheless many, if not most, are ready to give up the consequences, but not the drug(s) itself
- ▶ At its most basic, it's a conversation using a narrative style of interviewing in which you're trying to help the young person deal with the ambivalence that's keeping them from acting on a problematic behavior
- ▶ It's about helping them sort through things and reach a decision that makes sense within their personal framework
- ▶ MI is empathic, not confrontational or argumentative
- ▶ Instead of telling them what to do, explore what they think they need to change and how they think they can do it...
- ▶ Reinforce "change" talk; be silent on "sustain" talk, they'll often take cues

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Motivational Interviewing

- ▶ Be careful about dispensing advice as it may be interpreted as an unwelcomed directive, trying asking for permission first " I have some thoughts about what you ought to do in this circumstance"
- ▶ Point out what the discrepancies are between what significant others want and how the adolescent's drug use is affecting them
- ▶ MI is a measuring tool of sorts, by seeking to determine how motivated the individual is to pursue change
- ▶ We're the guides helping them discover
- ▶ Start out by exploring positive aspects of their lives - interests, what they most like about school, hobbies, favorite streaming services and shows, girlfriends, boyfriends, peer associations, family

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MI: The Bottom Line

- ▶ Young users DO want to be heard, you can't solve it for them, you may not even be able to improve their condition
- ▶ They want you to hear their story, their side of things
- ▶ They care about what their parents think, they care about losing what's important to them, but they're wired to resist as a way to maintain and protect their autonomy
- ▶ Hear their stories and you'll be providing important value
- ▶ The Sultan



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General Questions Regarding Engagement With Drugs And Beliefs

- ▶ “Your parents seem to be really worried about your substance use, what do you think about that?”
- ▶ “You mentioned that you have researched a lot about cannabis and believe that its risks are overrated, why do you think that?”
- ▶ “Do you think there is any evidence that your cannabis use is having a negative impact on your-day-to-day life?”

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Specific Questions For Child and Adolescent Users

- ▶ “Are you using any nicotine products? “What are you using in your vape?” Adolescents are adjusting the contents of some of these vape products to include cannabidiols and increasing levels of nicotine that escalate over time
- ▶ Prescription medications: “Have you found yourself taking more than prescribed, if you did, how did it make you feel?”
- ▶ “How often are you thinking about using?”
- ▶ “Do you find yourself not getting as high as you used to?”
- ▶ “Are you buying from your friends?” (Xanax candy bars are sometimes laced with Fentanyl)
- ▶ “What role is drug use playing in your life?” Might there be a concurrent anxiety or untreated mood disorder in their lives?

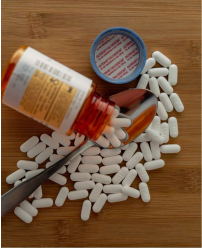
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Talking To Parents

- ▶ **CONSTANT PARENTAL INVOLVEMENT IN VITAL**
- ▶ Before meeting with a child or adolescent regarding substance abuse issues, schedule a meeting with the parents first
- ▶ Psychoeducation is essential - if their child has a substance use issue, and even worse, if there's comorbid anxiety or depression - suicide risk has to be discussed
- ▶ Thus, medications in the home need to be secured in a locked box or even a mini-safe that only responsible parties have access to
- ▶ Parents should exercise their power over the car keys or anything else the child values because of impairment

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Talking To Parents




- ▶ Tell the adolescent directly...
- ▶ "When you drive while on cannabis, you're impaired!"
- ▶ "Taking other people's pills can be a risk for arrest on criminal diversion charges"
- ▶ "We have a state monitoring system that can be checked to see if too many refills have been requested"
- ▶ What I've found is that if there's another family member dealing with an untreated SUD, it becomes an opportunity to get care for that family member which can be powerful in motivating the adolescent to remain sober

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Urine Screening

- ▶ "Oh, I'm just using weed," then a urine screen shows evidence of stimulants and opioids, necessitating a "Talk"
- ▶ Parents can do their own surveillance at home with OTC testing that they can purchase at a pharmacy
- ▶ "We're watching and checking up on you Josh, there are consequences"



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Stepwise Treatment Protocols

- ▶ Prevention: "Dopey is not high, Happy Is!"
"Understanding genetics = vigilance"
- ▶ Severity of use: Mild, moderate, severe? Legal issues?
- ▶ One or two week abstinence challenge
- ▶ If this fails - IOP or partial program
- ▶ For severe situations - 28-day residential and detox
- ▶ Reassess continuously
- ▶ Smart Recovery - focuses on building motivation, coping with urges, managing T,F,B, generally less focus on faith component as opposed to traditional AA
- ▶ Cognitive-behavioral therapy as warranted

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Final Points

- ▶ Expect relapse - 60 percent of adolescents relapse within the first 3 months after treatment completion
- ▶ Plan on a long treatment course with frequent assessments
- ▶ Simply - the earlier in life that someone starts using, the higher the individual's risk of developing an SUD as an adult
- ▶ Stigma - there is a deafening silence by parents of kids with substance abuse problems, they don't want to expose their child's problems - so resources are not being devoted to a very treatable issue
- ▶ George Carlin



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Resources

Adapted from:
Wegmann, J. 2018. Behavior Management Guide for the Classroom. Eau Claire, WI: Premier Publishing & Media

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Thanks for Attending!

Joe Wegmann, PD, LCSW

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