American Academy of Pediatrics Ohio Chapter

BUILDING Mental Wellness LEARNING COLLABORATIVE

Identification and Initial Management of Substance Use

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OHIO DEPARTMENT OF HEALTH ODH To protect and improve the health of all Ohioans

MedTAPP Medicaid Technical Assistance and Policy Program

Best Evidence for Advancing Childhealth in Ohio NOW BEACON

Objectives

At the end of the session, participants will be able to:

- Utilize validated tools for identifying substance use
- Identify initial steps in management and referral for substance use

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Recommendations for Preventive Behavioral Health Care 2014

Developmental/Behavioral Assessment	Adolescence 11 years to 21 years
Developmental Surveillance	Recommended annually
Psychosocial/Behavioral Assessment	Recommended annually
Alcohol and Drug Use Assessment	Recommended annually
Depression Screening	Recommended annually

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Background

- Most pediatricians routinely screen for substance use
- About 30% use a validated tool
- Provider impressions have sensitivity of .63 for any use
- Providers do not effectively discern problems from disorders from dependence
  - Pediatrics 2004, 114:536-540

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What Can We Do?

Low Risk	Moderate Risk	Severe Risk
Brief Advice and Positive Reinforcement	Motivational Interviewing	Referral for Treatment
Can delay onset of drinking	Can reduce use	Addiction is a chronic neurological condition requiring long term care and monitoring
Can increase alcohol cessation rates		

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DSM-5 Substance Use Disorders

- Impaired Control Over Substance Use
  - Use in larger amounts or over longer period than intended
  - Unsuccessful attempts top cut down
  - Excessive time spent obtaining, using, and recovering
  - Craving
- Social Impairment
  - Failure to fulfill obligations at work, school, or home
  - Continued use despite social or interpersonal problems
  - Giving up social, occupational, or recreational activities
- Risky Use of the Substance
  - Use in physically hazardous situations
  - Continued use despite ongoing problems
- Pharmacological Criteria
  - Tolerance
  - Withdrawal

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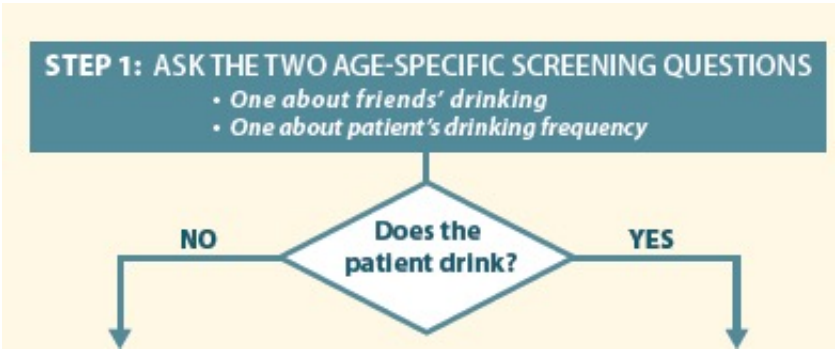

STEP 2: GUIDE PATIENT
*For patients who **DO NOT** drink alcohol*

- Reinforce healthy choices.

If friends drink:
- Explore your patient's views about this.
- Ask about his or her plans to stay alcohol free.
- Rescreen at next visit.

If friends don't drink:
- Praise the choice of nondrinking friends.
- Elicit and affirm reasons for staying alcohol free.
- Rescreen next year.

Screening complete for patients who do not drink

STEP 2: ASSESS RISK
*For patients who **DO** drink alcohol*

- Identify Lower, Moderate, or Highest risk level using the age-specific risk chart on page 10.
- Use what you already know about your patient, and ask more questions as needed.

STEP 3: ADVISE AND ASSIST

LOWER RISK
- Provide brief advice to stop drinking.

MODERATE RISK
- Provide brief advice or, if problems are present, conduct brief motivational interviewing.
- Arrange for followup, ideally within a month.

HIGHEST RISK
- Conduct brief motivational interviewing.
- Consider referral to treatment.
- Arrange for followup within a month.

STEP 4: AT FOLLOWUP, CONTINUE SUPPORT
- Ask about alcohol use and any related consequences or problems.
- Review the patient's goal(s) related to alcohol and his or her plans to accomplish them.
- Offer support and encouragement.
- Complete a full psychosocial interview, if not done at the previous visit.

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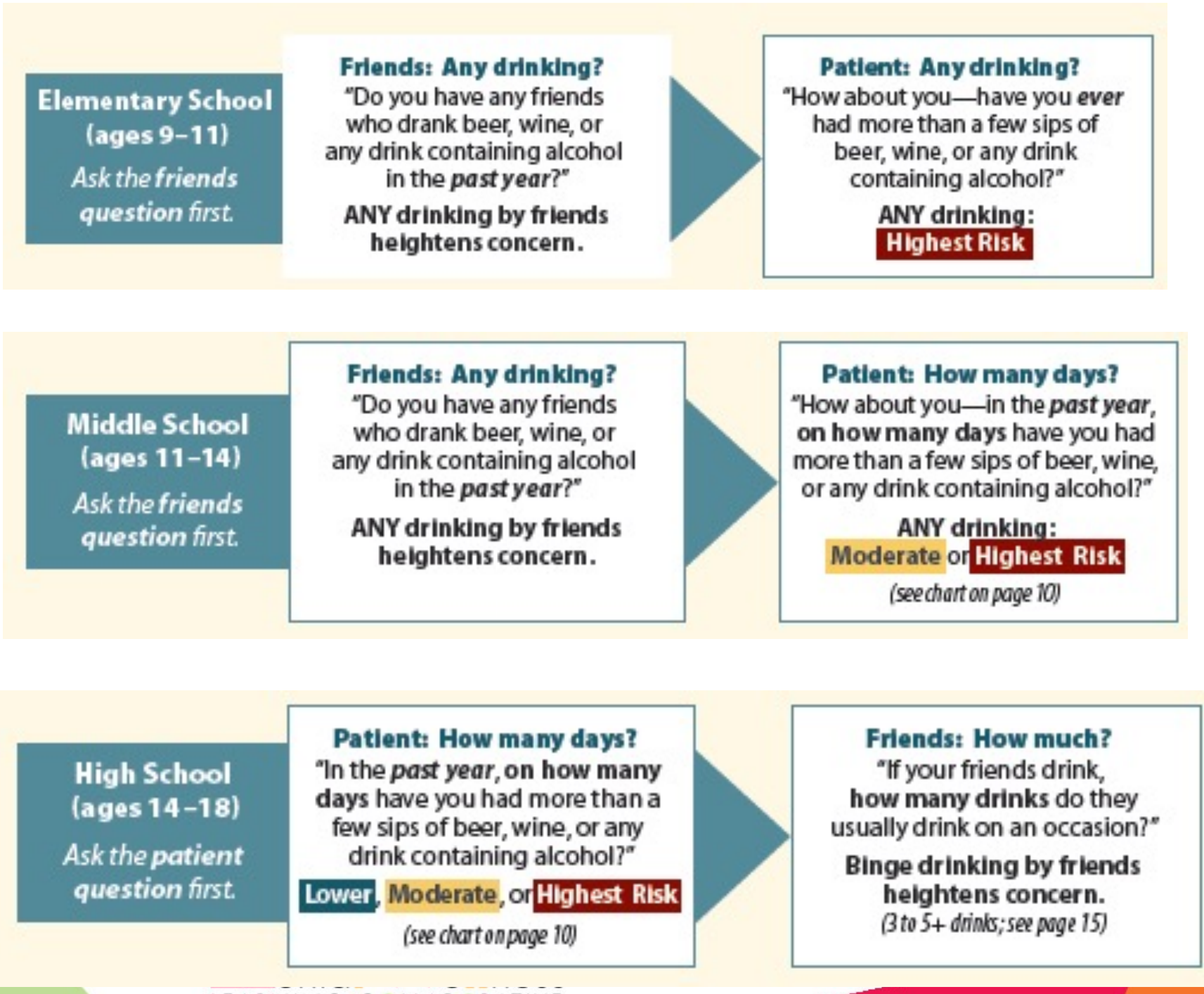
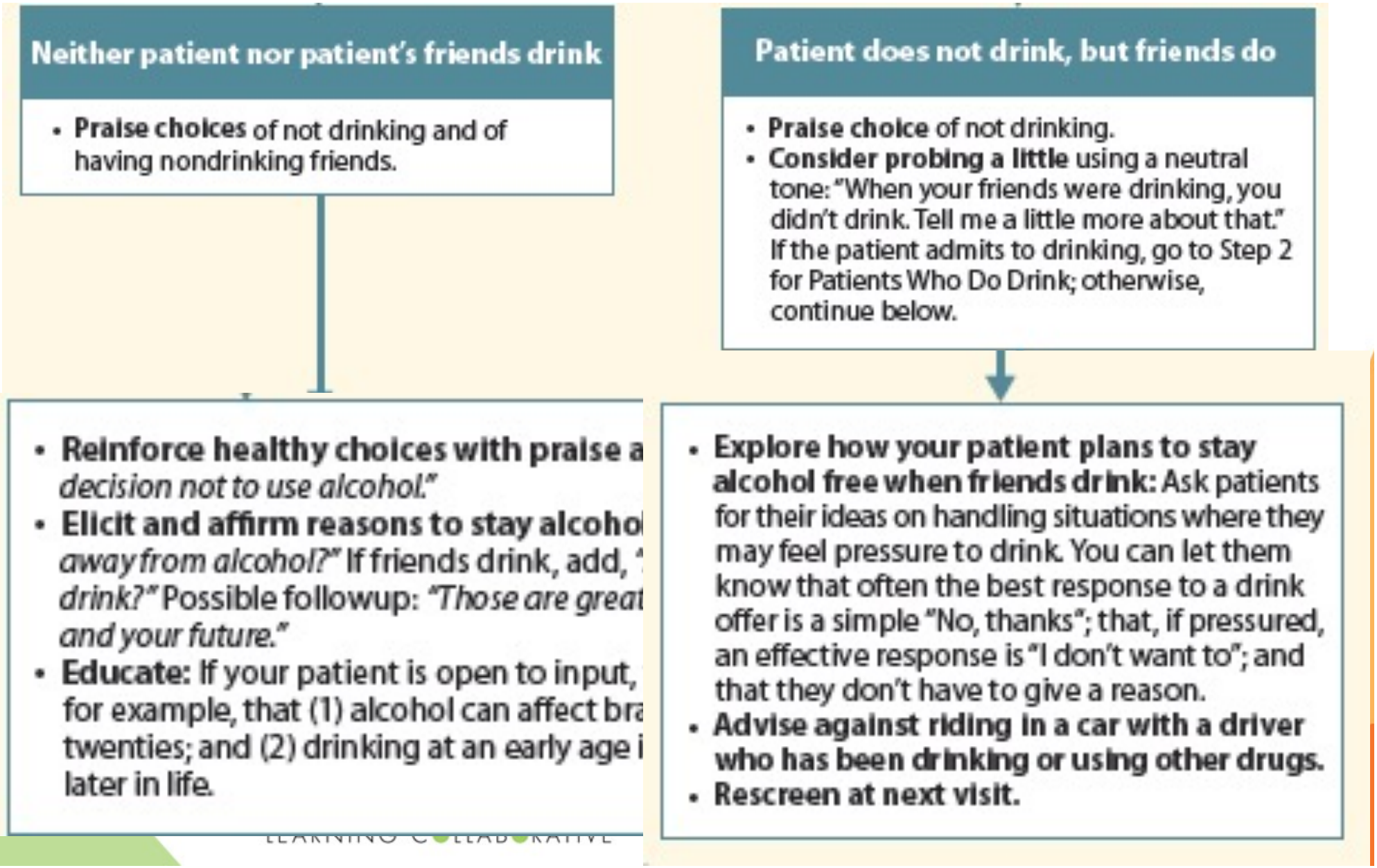

Elementary School
(ages 9–11)
Ask the friends question first.
Friends: Any drinking?
"Do you have any friends who drank beer, wine, or any drink containing alcohol in the past year?"
ANY drinking by friends heightens concern.
Patient: Any drinking?
"How about you—have you ever had more than a few sips of beer, wine, or any drink containing alcohol?"
ANY drinking:
Highest Risk
Middle School
(ages 11–14)
Ask the friends question first.
Friends: Any drinking?
"Do you have any friends who drank beer, wine, or any drink containing alcohol in the past year?"
ANY drinking by friends heightens concern.
Patient: How many days?
"How about you—in the past year, on how many days have you had more than a few sips of beer, wine, or any drink containing alcohol?"
ANY drinking:
Moderate or Highest Risk
(see chart on page 10)
High School
(ages 14–18)
Ask the patient question first.
Patient: How many days?
"In the past year, on how many days have you had more than a few sips of beer, wine, or any drink containing alcohol?"
Lower, Moderate, or Highest Risk
(see chart on page 10)
Friends: How much?
"If your friends drink, how many drinks do they usually drink on an occasion?"
Binge drinking by friends heightens concern.
(3 to 5+ drinks; see page 15)

Patients Who Do Not Drink



Patients Who Do Drink

Lower Risk

- **Provide brief advice:** *"I recommend that you stop drinking, and now is the best time. Your brain is still developing, and alcohol can affect that. Alcohol can also keep you from making good decisions and make you do things you'll regret later. I would hate to see alcohol interfere with your future."*
- **Notice the good:** Reinforce any strengths and healthy decisions.
- **Explore and troubleshoot** the potential influence of friends who drink or binge drink.

Moderate Risk

- **Does the patient have alcohol-related problems?**
  - **If no, provide beefed-up brief advice:** Start with the brief advice for Lower Risk patients (at left) and add your concern about the frequency of drinking.
  - **If yes, conduct brief motivational interviewing** to elicit a decision and commitment to change (see page 29).
- **Ask if parents know:** See suggestions for Highest Risk patients (at right).
- **Arrange for followup**, ideally within a month.

Highest Risk

- **Conduct brief motivational interviewing** to elicit a decision and commitment to change, whether or not you plan to refer (see page 29).
- **Ask if parents know:** If so, ask patient permission to share recommendations with them. If not, take into account the patient's age, the degree of acute risk posed, and other circumstances, and consider breaking confidentiality to engage parent(s) in follow-through.
- **Consider referral for further evaluation or treatment** based on your estimate of severity (see page 23).
- **Arrange for followup** within a month.

Patients Who Do Drink

- Collaborate on a personal goal and action plan.
  - Abstinence
  - Cutting Back
  - Contingency plans
  - Accepting a referral
- Advise not to drink and drive or ride with an impaired driver
- Plan follow up

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Common Factors Interventions:

ADDRESSING Mental Health CONCERNS IN PRIMARY CARE
A CLINICIAN'S TOOLKIT

GENERIC OR COMMON FACTORS INTERVENTIONS: HELP

- Hope
  - Describe your realistic expectations for improvement.
  - Reinforce the strengths and assets of the family.
- Empathy
  - Communicate empathy by listening attentively.
- Language
  - Use the child or family's own language to reflect your understanding of the problem.
- Loyalty
  - Express your support and your commitment to help.
- Permission
  - Ask the family's permission to ask more in depth questions or to make suggestions for further evaluation or management.

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Motivational Interviewing

- Develop discrepancy
- Roll with resistance
- Support self-efficacy
- Assess importance of change

- Assess confidence in ability to change

- Why isn't it lower or higher?

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Personal Goal and Action Plan: Ask Permission to Offer Advice!!

- Abstinence Challenge
  - 4-8 weeks
  - Discuss ways to successfully avoid drinking
  - At follow up, reinforce success or discuss referral
- Cut Back
  - Negotiate and contract for drinking limits
  - No weeknight use
  - Decrease quantity
  - Avoid dangerous situations
  - At follow up, further develop discrepancies and refine goals

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Personal Goal and Action Plan: Ask Permission to Offer Advice!!

- Contingency
  - Recognize this is a process
  - Accept any progress as a partial success, even discussing perspectives
  - Create list of contingencies that indicate a problem, and request follow up if they occur
  - Avoid arguing, roll with resistance, and continued thinking about their use and self-monitoring.
- Referral for Treatment

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S2BI
Screening to Brief intervention

- **In the past year, how many times have you used**
  - Tobacco?
  - Alcohol?
  - Marijuana?

- **STOP if all "Never." Otherwise, CONTINUE**.
- Prescription drugs that were not prescribed for you (such as pain medication or Adderall)?
- Illegal drugs (such as cocaine or Ecstasy)?
- Inhalants (such as nitrous oxide)?
- Herbs or synthetic drugs (such as salvia, "K2", or bath salts)?

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Interpreting SB2I

No use	Couple of times	Monthly	Weekly
Positive Reinforcement	Brief Advice	Motivational Interviewing	Motivational Interviewing
Follow up annually		Advise to quit	Reduce use and risky behavior
		Make a plan	Refer to Treatment
		Reduce use and risky behavior	Plan follow up
		Plan follow up	

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The CRAFFT Screening Questions

Please answer all questions honestly; your answers will be kept confidential.

Part A

During the PAST 12 MONTHS, did you:	No	Yes
1. Drink any alcohol (more than a few sips)?	☐	☐
2. Smoke any marijuana or hashish?	☐	☐
3. Use anything else to get high?	☐	☐

"anything else" includes illegal drugs, over the counter and prescription drugs, and things that you sniff or "huff"

If you answered NO to ALL (A1, A2, A3) answer **only B1** below, then STOP.

If you answered YES to ANY (A1 to A3), answer **B1 to B6** below.

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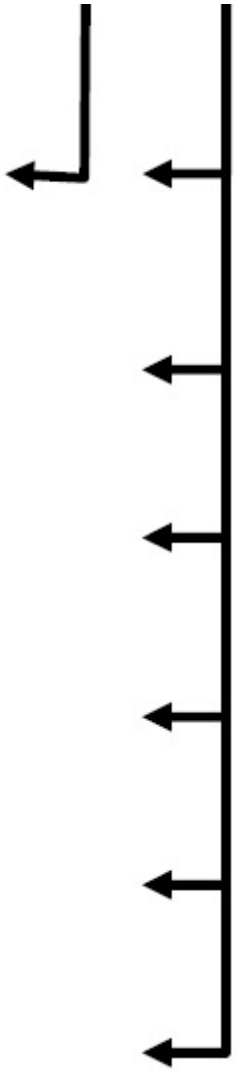
Part B

	No	Yes
1. Have you ever ridden in a CAR driven by someone (including yourself) who was "high" or had been using alcohol or drugs?	☐	☐
2. Do you ever use alcohol or drugs to RELAX, feel better about yourself, or fit in?	☐	☐
3. Do you ever use alcohol or drugs while you are by yourself, or ALONE?	☐	☐
4. Do you ever FORGET things you did while using alcohol or drugs?	☐	☐
5. Do your FAMILY or FRIENDS ever tell you that you should cut down on your drinking or drug use?	☐	☐
6. Have you ever gotten into TROUBLE while you were using alcohol or drugs?	☐	☐



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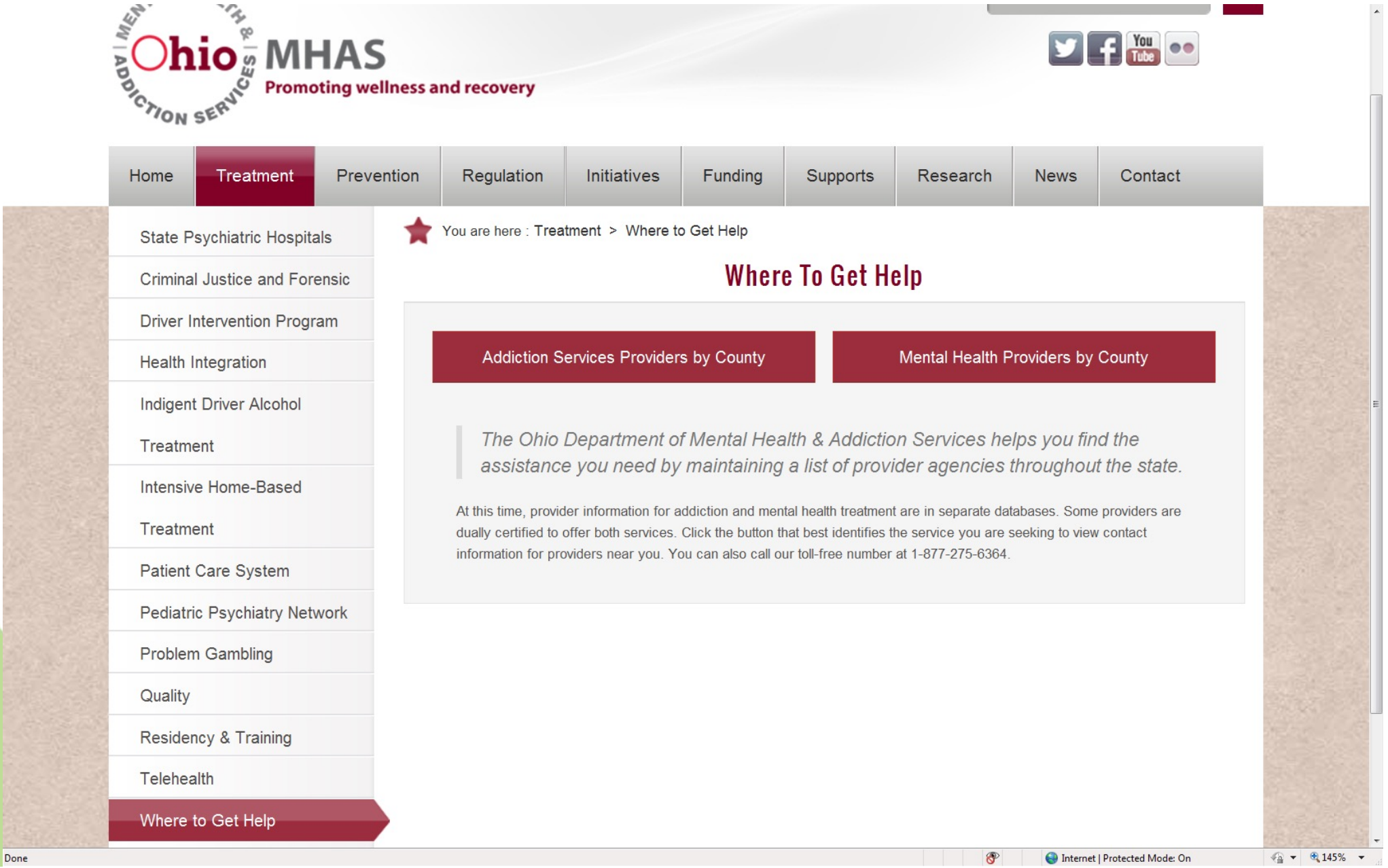
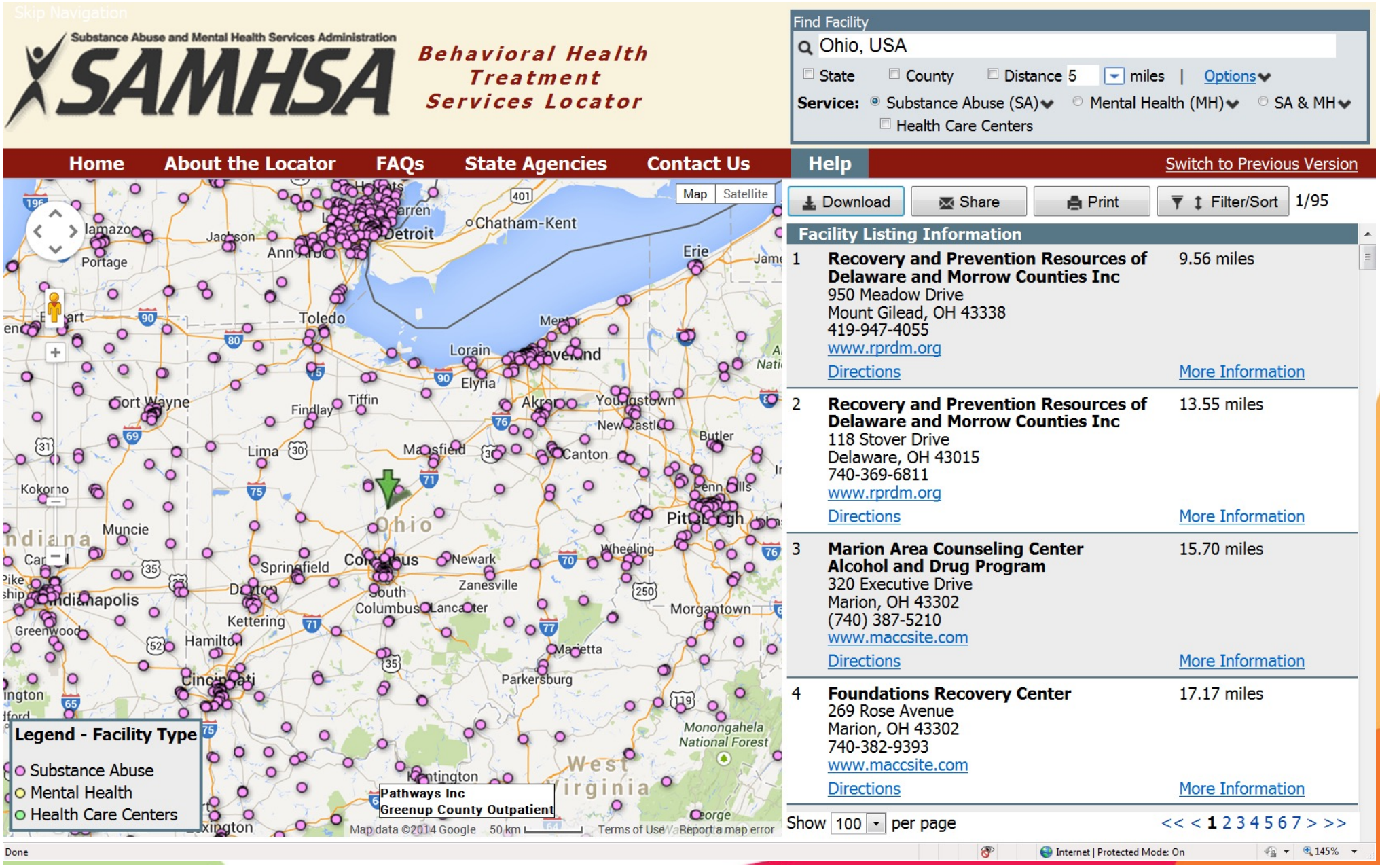
http://mha.ohio.gov/Default.aspx?tabid=347



http://www.findtreatment.samhsa.gov/locator



Remember **SBIRT**

- ***S****creening*
- ***B****rief* ***I****ntervention*
  - *Positive Reinforcement*
  - *Brief Advice*
  - *Motivational interviewing*
  - *Agree on a plan*
  - *Schedule follow up*
- ***R****eferral for* ***T****reatmen*t

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