



When You Suspect Substance Abuse in Teens

Abstract

When faced in a clinical setting with an adolescent suspected of or known to have a substance abuse problem, it is important to have an efficient assessment process that can identify substance use and related problems, psychiatric comorbidity and psychosocial maladjustment.^{1,2}

Substance use among adolescents ranges from sporadic use to severe substance use disorders. The consequences range from minimal to minor to life threatening, depending on the substance, the circumstances and the frequency of use. However, even occasional use can put adolescents at increased risk of significant harm, including overdose, motor vehicle crashes, violent behaviours and consequences of sexual contact (eg, pregnancy, sexually transmitted infection).³

Additional risk factors include poor self-control, lack of parental monitoring and various mental disorders (eg, attention-deficit/hyperactivity disorder and depression). Parental attitudes and the examples that parents set regarding their own use of alcohol, tobacco, prescription drugs and other substances are a powerful influence.³

Reports on performance of paediatricians who customarily see youths for periodic checkups and address their medical needs have not

been encouraging when it comes to suspected substance abuse. Less than half of the US paediatricians surveyed reported screening adolescents for use of tobacco, alcohol, and other drugs, and less than one fourth acknowledged feeling comfortable conducting a comprehensive assessment or offering or making referral for treatment.⁴⁻⁶

The reasons for these troubling figures have been summarised as follows: insufficient time, lack of training to manage positive screens, need to triage competing medical problems, lack of treatment resources, unfamiliarity with screening tools and tenacious parents (who may not readily leave the room).⁷

Prevalence of illicit substance use

The US Youth Risk Behavior Surveillance nationwide survey⁸ of high school students done annually by the Centers for Disease Control reported that in 2017 the following percentages of high school students reported using illicit substances one or more times in their life:

- Prescription drugs (without a prescription): 14.0%
- Inhalants (eg, glue, aerosols): 6.2%
- Hallucinogens (eg, LSD, PCP, mescaline, mushrooms): 6.6%
- Cocaine: 4.8%
- Anabolic steroids (oral or injectable): 2.9%
- Methamphetamines (nonprescription): 2.5%
- Heroin: 1.7%

Prescription drugs particularly misused include opioid analgesics (eg, oxycodone), stimulants (eg, ADHD drugs such as methylphenidate or dextroamphetamine) and sedatives (eg, benzodiazepines).

Nationwide, 1.5% of students had used a needle to inject any illegal drug into their body one or more times during their life. Adolescents use substances for a variety of reasons:



- To share a social experience or feel part of a social group
- To relieve stress
- To seek new experiences and take risks
- To relieve symptoms of mental health disorders (eg, depression, anxiety)⁸

Simple interview tool for assessing alcohol and drug use

The CRAFFT⁹ is a specialised six-item screen in the public domain designed to be administered verbally during a routine paediatric interview to address both alcohol and drug use.

Based on a study in a large hospital-based adolescent clinic, including paediatric settings, scores from the CRAFFT were found to be highly predictive of the presence of a substance abuse or dependence diagnosis (as defined by an existing and valid measure of DSM-IV-defined SUD, the Adolescent Diagnostic Interview).¹⁰ When evaluated in a general paediatric setting, a cutoff score of ≥ 2 correctly classified in 86% of cases whether the youth did or did not have a current substance abuse or dependence disorder.^{9,11}

References are available on request.