

# Substance Use Disorders in Adolescents

Project ECHO Billings Clinic  
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# Epidemiology

- ETOH Use
  - 47% report lifetime use among US 10th graders
  - Among 12-20yo, 51% were binge drinkers, 14% heavy drinkers
  - Among 12th graders, 30-day prevalence of ETOH use was 35%
  - Binge drinking: 3+ drinks per occasion
- Illicit Drugs
  - >25% of 8th graders and about half of 12th graders report having used
- SUDs
  - 17% prevalence for illicit drugs for 17-18yo
  - 3% among 13-14yo
- ETOH Use Disorder
  - 15% among 17-18yo

# Risk Factors

## Family Risk Factors

- Parental drug or ETOH use
- Intrauterine exposure to drugs or ETOH
- Marital conflict
- Family dysfunction
- Parental attitudes towards ETOH or drugs
- Substance use among siblings
- Negative life events
- Poor parenting: rejection, lack of warmth, conflict, hostility or low attachment, harsh discipline, inconsistent discipline, permissive parenting, no supervision

# Risk Factors

## Individual Risk Factors

- Difficult temperament and inflexibility
- Irritability, low positive mood
- Motor, language, cognitive impairments
- Early aggressive behavior
- Poor social skills: aggression, impulsivity, passivity, being withdrawn
- Poor social problem-solving skills
- Sensation seeking
- Lack of behavioral self-control
- ADHD

# Co-Occurring Disorders

- Among 13-18yo with MH diagnosis, 61-88% have a co-occurring SUDs
- Among 13-18yo 3x as many have current SUDs when having a current MH diagnosis vs. no MH diagnosis
- Most common co-occurring d/o
  - Conduct disorder
  - ADHD
  - MDD
  - Bipolar disorder
  - DMDD
  - PTSD
  - Anxiety disorder
  - Schizophrenia

# Course

- 50% of illicit drug users started with cannabis
- 9% of cannabis users developed cannabis dependence (DSM IV), a rate that increases when starting young (~17%) and among daily users (~25-50%)
- Median age of onset is 15yo
- Earlier age of onset of ETOH use is associated with more rapid development of dependence and worse outcomes

# Screening

- If positive screen, then get a more comprehensive assessment
- AAP recommends annual screening for SUDs, beginning at 11yo
- CRAFFT screen if adolescent endorses drinking ETOH, cannabis, or any other substance to get high in prior 12mos. 2 or more positive answers is a positive screen:
  - C - Have you ever ridden in a CAR driven by someone (or self) who was high, drunk, or had been using drugs?
  - R - Have you ever used drugs or alcohol to RELAX?
  - A - Do you ever use ALONE?
  - F - Do you ever FORGET things that you did while using?
  - F - Do FAMILY or FRIENDS tell you to cut down?
  - T - Have you ever gotten into TROUBLE when using?

# Screening

US National Institute on Alcohol Abuse and Alcoholism (NIAAA) recommends that clinicians ask patients aged 9 to 14yo the following 2 questions:

- “Do you have any friends who drank beer, wine, or any drink containing alcohol in the past year?”
- “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?”



# Screening

NIAAA recommends the following questions for teens aged 14 to 18yo:

- “In the past year, on how many days have you had more than a few sips of beer, wine, or any drink containing alcohol?”
- “If your friends drink, how many drinks do they usually drink on an occasion?”

A more comprehensive screening tool includes the DAST or AUDIT.

# DSM 5 Diagnosis

Problematic pattern of use, leading to clinically significant impairment or distress as manifested by 2 or more of the following in the 12-month period:

1. Often taken in larger amounts or over a longer period than was intended.
2. A persistent desire or unsuccessful efforts to cut down or control use.
3. A great deal of time is spent in activities necessary to obtain, use, or recover from the substance's effects.
4. Craving or a strong desire or urge to use the substance.
5. Recurrent use resulting in a failure to fulfill major role obligations at work, school, or home.

# DSM 5 Diagnosis

[Continued...]

6. Continued use despite having persistent or recurrent social or interpersonal problems caused or exacerbated by its effects.
7. Important social, occupational, or recreational activities are given up or reduced because of use.
8. Recurrent use in situations in which it is physically hazardous.
9. Continued use despite knowledge of having a persistent or recurrent physical or psychological problem that is likely to have been caused or exacerbated by the substance.
10. Tolerance.
11. Withdrawal.

# DSM 5 Diagnosis

Severity

Mild - 2 to 3 criteria

Moderate - 4 or 5 criteria

Severe - 6+ criteria

# DSM 'Equivalents'

Substance abuse = mild subtype of SUD in DSM 5

Substance dependence = moderate to severe subtype of SUD in DSM 5