Substance Use
Substance Use Concern?
Teens dealing with substance abuse often do not seek care. Screening and surveillance are required to detect substance use problems.

Diagnosis:
Review limits of confidentiality, a likely area of concern for teens. Talking honestly about it can boost alliance. Look for distress or impaired functioning related to use of the substance. DSM 5-criteria include reduced control over use of the substance, risky use, social impairment (missing school or recreational activities), tolerance, or withdrawal. CRAFFT rating scale may augment assessment.

Safety check:

Think about comorbidity:
2/3 of teens with a substance use disorder have comorbid psychiatric difficulties. ADHD (even without stimulant treatment) may increase risk of substance use disorder. Depression, anxiety, and conduct disorder can be associated with substance use disorders.

Can problem be managed in primary care?

YES
(problem is noticeable, but youth basically functioning okay)
If minimal, offer brief advice to quit and psychoeducation about effects of substances.

If mild to moderate, use nonjudgmental questioning and listening to reinforce the youth's positive choices and build motivation to change. For example, start with “What are the positive and negative effects of marijuana in your life?” Then, instead of “You need to stop using marijuana,” could say “If you were to reduce your marijuana use, how would you go about it?”
Encourage engagement with pro-social peer group. Prescribe healthy habits (regular sleep, exercise, & nutrition).
Appropriately treat comorbid conditions. Recommend individual therapy to build skills toward self-efficacy, problem solving, and relapse prevention.
Empower parents to supervise and monitor.
Follow up frequently.

NO
(significant impairment or safety concerns)
Refer to a substance use program while offering on-going support and monitoring through the medical home.

Reference:
Barclay and Hilt. “Integrated Care for Pediatric Substance Abuse.”
The CRAFFT Interview (version 2.1)

To be orally administered by the clinician

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.”

**Part A**

During the PAST 12 MONTHS, on how many days did you:

1. Drink more than a few sips of beer, wine, or any drink containing alcohol? Put “0” if none.
   
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2. Use any marijuana (weed, oil, or hash by smoking, vaping, or in food) or “synthetic marijuana” (like “K2,” “Spice”)? Put “0” if none.

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3. Use anything else to get high (like other illegal drugs, prescription or over-the-counter medications, and things that you sniff, huff, or vape)? Put “0” if none.

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**Did the patient answer “0” for all questions in Part A?**

- **YES ☐**
- **NO ☐**

**Part B**

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

*Two or more YES answers suggest a serious problem and need for further assessment.*

See back for further instructions
1. **Show your patient his/her score on this graph and discuss level of risk for a substance use disorder.**

![Graph showing Percent with a DSM-5 Substance Use Disorder by CRAFFT score.](image)


2. **Use these talking points for brief counseling.**

   1. **REVIEW** screening results
      
      For each “yes” response: “Can you tell me more about that?”

   2. **RECOMMEND** not to use
      
      “As your doctor (nurse/health care provider), my recommendation is not to use any alcohol, marijuana or other drug because they can:

      1) Harm your developing brain;
      2) Interfere with learning and memory, and
      3) Put you in embarrassing or dangerous situations.”

   3. **RIDING/DRIVING** risk counseling
      
      “Motor vehicle crashes are the leading cause of death for young people. I give all my patients the Contract for Life. Please take it home and discuss it with your parents/guardians to create a plan for safe rides home.”

   4. **RESPONSE** elicit self-motivational statements
      
      Non-users: “If someone asked you why you don’t drink or use drugs, what would you say?”
      Users: “What would be some of the benefits of not using?”

   5. **REINFORCE** self-efficacy
      
      “I believe you have what it takes to keep alcohol and drugs from getting in the way of achieving your goals.”

3. **Give patient Contract for Life.** Available at [www.crafft.org/contract](http://www.crafft.org/contract)

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(617) 355-5433

For more information and versions in other languages, see www.crafft.org.
Substance Abuse Resources

Information for Families

Websites families may find helpful:
A Parent’s Guide to Preventing Underage Marijuana Use
Partnership for Drug-Free Kids
https://drugfree.org
Parent-Teen Driving Agreement
www.healthychildren.org/English/ages-stages/teen/safety/pages/Teen-Driving-Agreement.aspx
Drugs: What You Should Know
Washington Recovery Helpline (866-789-1511)
www.warecoveryhelpline.org
Start Talking Now
www.starttalkingnow.org
National Institute on Drug Abuse for Parents
https://teens.drugabuse.gov/parents

Websites youth may find helpful:
National Institute on Drug Abuse in Teens
https://teens.drugabuse.gov

Books families may find helpful:
Beyond Addiction: How Science and Kindness Help People Change (2014) by Jeffrey Foote, PhD, Carrie Wilkens, PhD, and Nicole Kosanke, PhD, with Stephanie Higgs
Clean: Overcoming Addiction and Ending America’s Greatest Tragedy (2014) and
Beautiful Boy: A Father’s Journey Through His Son’s Addiction (2009), both by David Sheff