

# Substance Use in Children and Youth: Information for Professionals



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**Summary:** Substance use is common in children and youth. Primary care physicians can play a key role in promoting healthy behaviours – for example, the longer that a child/youth delays experimentation, the more their risk of substance abuse is reduced. Primary care physicians can also play a key role in early identification of substance use issues, and ensure that youth are referred to appropriate resources.

## **Epidemiology**

• Most adults who have substance abuse problems report that their problems started in youth.

#### Presentation

- Youth with behavior changes
- Problems functioning at school or home

# Screening

Screening for substance use is recommended for all adolescents (JAACAP, 2005)

# History and Interview

Identifying data Age and Gender

HPI Past and recent quantity / frequency of abuse (includes isopropyl alcohol)

Since when did the substance use start? Any problems caused by the substance use?

Stages of change -- does the patient believe there is a problem?

What is patient's stage of change?

## DSM-5 Criteria for Substance Use Disorder

Substance use disorder in DSM-5 combines the DSM-IV categories of substance abuse and substance dependence

into a single disorder measured on a continuum from mild to severe.

#### Criteria:

- 1. Taking the substance in larger amounts or for longer than the you meant to
- 2. Wanting to cut down or stop using the substance but not managing to
- 3. Spending a lot of time getting, using, or recovering from use of the substance
- 4. Cravings and urges to use the substance
- 5. Not managing to do what you should at work, home or school, because of substance use
- 6. Continuing to use, even when it causes problems in relationships
- 7. Giving up important social, occupational or recreational activities because of substance use
- 8. Using substances again and again, even when it puts the you in danger
- 9. Continuing to use, even when the you know you have a physical or psychological problem that could have been caused or made worse by the substance
- 10. Needing more of the substance to get the effect you want (tolerance)
- 11. Development of withdrawal symptoms, which can be relieved by taking more of the substance.

#### More...

#### **DDx**

Common comorbid conditions include:

- Anxiety
- · Depression,
- Disruptive behavior disorders (such as ADHD)

# Physical Exam (Px)

- General
  - Vitals: Autonomic arousal may indicate possible withdrawal syndrome (such as alcohol)
  - Weight loss
  - Hypertension (cocaine, amphetamine)
  - Hypotension (heroin)
  - Hyperthermia (cocaine, amphetamine)
  - Hypothermia (heroin)
  - Tachycardia (marijuana, cocaine, amphetamine)
- Head and Neck
  - Pupils (dilated versus pinpoint)
- Skin
  - Abscesses
  - Vascular dilation
  - Clubbing/edema
  - Depuytren's contractures
  - Palmar erythema
  - Cigarette burns
  - NV needle marks (i.e. "Track marks")
  - Jaundice (indicative of liver failure)
  - Tattoos
- Neurologic
  - Change in sensorium
  - Poor coordination

- Ataxia (amphetamine)
- Hypo- or hyperreflexia (marijuana, cocaine, amphetamine)
- Abdominal
  - o Hepatomegaly
  - Stigmata of liver failure (caput medusae)

## Investigations

- American Academy of Paediatrics (AAP) does not recommend routine testing for drug use in children and adolescents in a primary care office, unless part of a comprehensive treatment plan that involves addictions specialists.
- Testing on its own, implies mistrust of a youth, and does not build a therapeutic relationship with the youth; in treating substance use, forming a relationship between youth and adults is the key to successfully treating substance use

#### More...

## Management

#### • If the patient reports substance experimentation

- Health care professional can educate about the risks of such behaviors.
- Connect first
  - Validate any underlying, healthy goal that you can find
  - Professional: "I know that as a teen, you want to fit in with your peers / feel better / cope with stress / etc."
- Solve second
  - Talk about the negative behaviours and its consequences
  - Professional: "I'm worried about using drugs as a way of fitting in. There are serious problems that drugs can cause. What if we could help you find a way to fit in, or have friends, in a different way, one that doesn't involve using drugs?"
- Medications
  - There are no medications that can treat substance use per se.
  - There are medications however, that may be useful if there are problems with withdrawal syndromes.
    - For alcohol withdrawal
      - Supportive care (hydration, glucose, electrolytes)
      - Thiamine 100 mg/day plus multivitamin while being treated for withdrawal (give thiamine before glucose when practical to prevent Wernicke encephalopathy)
    - For opioid withdrawal
      - Medications such as opioid agonists (methadone), opioid partial agonists (buprenorphine), alpha 2-agonists (clonidine)
      - Naloxone for acute overdose
    - Benzodiazepine withdrawal
      - Gradual taper and carbamazepine as adjunct
      - Flumenazil (bezodiazepine antagonist) 0.4-1 mg reverses effects of overdose, however, typically only used in Emergency Department / ICU settings
  - However, medications may be helpful for specific comorbid conditions, such as:
    - Antidepressants for mood problems
    - Stimulants for untreated Attention Deficit Hyperactivity Disorder (ADHD)

## When to Refer

- When a child/youth has a substance use issue, it is usually necessary to refer to addictions specialists
- Even after a youth is referred, primary care physicians can still be engaged
- For example, at future follow-up visits, the physician can ask how the treatment is going, and how the substance use is
- If the youth has stopped treatment, then the physician can use motivational enhancement interviewing techniques, in the hope of helping restore motivation so that the youth can re-engage in treatment
- In the area of addictions, drop outs are common, and are not a sign of failure

#### Where to Refer

- Addictions treatment services
  - Residential or
  - Outpatient treatment programs
- Support services such as Alcoholics Anonymous
- Mental health professionals can be helpful if there are comorbid mental health concerns such as anxiety, depression

## References

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## About this Document

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