

# Addiction 101

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**treatME**

MMA Center for Quality Improvement / Maine Chapter, AAP



**Opioid  
Response  
Network**



A better tomorrow starts **today.**

# Working with communities.

- ✧ The SAMHSA-funded *Opioid Response Network (ORN)* assists states, organizations and individuals by providing the resources and technical assistance they need locally to address the opioid crisis and stimulant use.
- ✧ Technical assistance is available to support the evidence-based prevention, treatment and recovery of opioid use disorders and stimulant use disorders.

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# Working with communities.

- ✧ The *Opioid Response Network (ORN)* provides local, experienced consultants in prevention, treatment and recovery to communities and organizations to help address this opioid crisis and stimulant use.
- ✧ *ORN* accepts requests for education and training.
- ✧ Each state/territory has a designated team, led by a regional Technology Transfer Specialist (TTS), who is an expert in implementing evidence-based practices.



# Contact the Opioid Response Network

✦ To ask questions or submit a request for technical assistance:

- Visit [www.OpioidResponseNetwork.org](http://www.OpioidResponseNetwork.org)
- Email [orn@aaap.org](mailto:orn@aaap.org)
- Call 401-270-5900



# Some Level Setting

- Using substances does NOT equal having a substance use disorder
- This is especially salient for teens
- There are still opportunities for intervention that reduce the short terms risks of substance use disorder



# Language Matters

- “Recovery” language may not resonate
- Figure out the youth’s goals and align language
- Chronic disease model may be limited



# Language Matters

“They don't want their life to continue to be defined by their substance use, including if that means being defined by not using substances...Because having your identity be centered around being in recovery is also not, like your life is still being centered around substance using and that works for some people, that's great. But, I don't think that's what most people want... I think the conversation isn't just about ...people won't die ... It's like people will be present for their lives again.”

*Eitan (non-binary, 23)*



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

1. Discuss the impact of substance use on adolescent development
2. Describe three risk factors for substance use and substance use disorder among adolescents
3. Identify strategies to reduce the harmful effects of substance use on adolescents







# **Discuss the Impact of Substance Use (Disorder) on Adolescent Development**

# Case

16 yo girl presents to clinic for a routine well exam. Her parents had called the week before to share that they were concerned that she may be addicted to cannabis and they are not sure what to do. During the visit while you are speaking to her alone, she shares that she vapes THC. She does not want to stop completely but wants to cut back. She has tried in the last couple of months but has not been able to. She is wondering whether she is addicted.

- How do you make a diagnosis of substance use disorder? What is addiction?



# Why are we Talking About This?

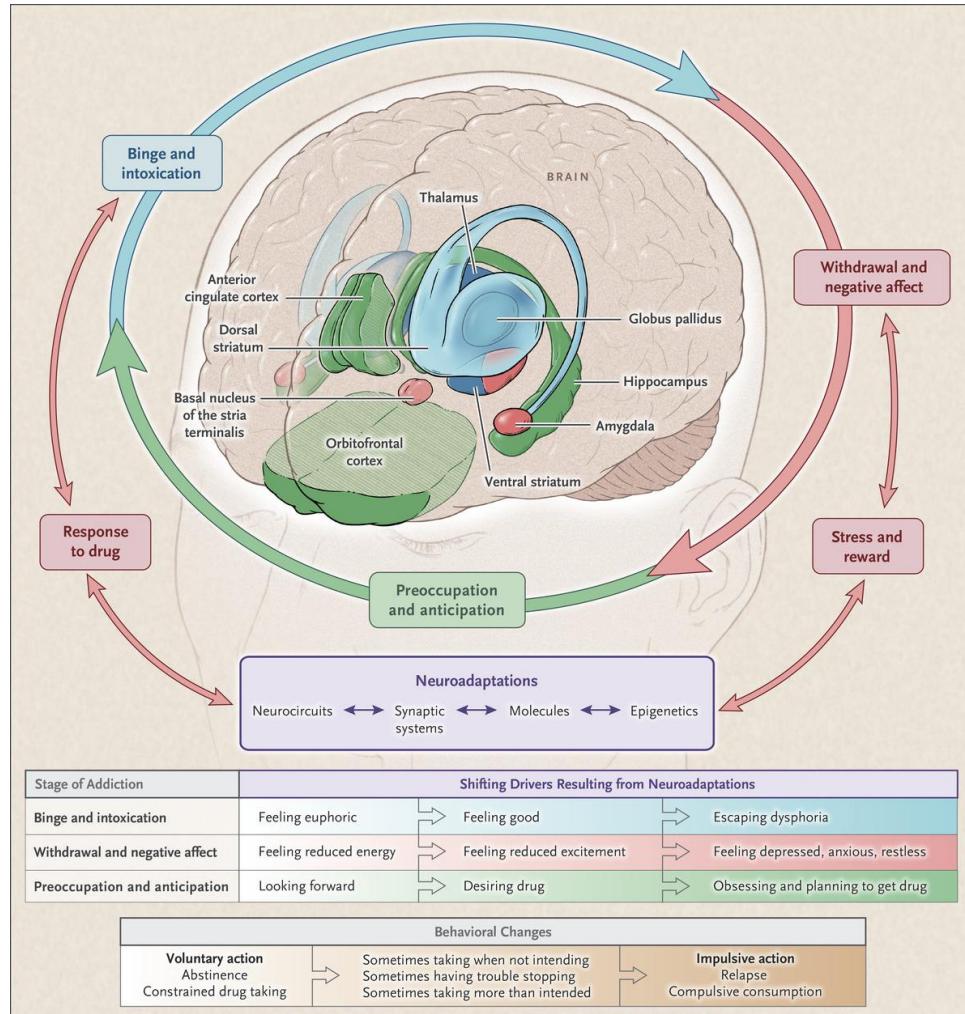
- A major risk factor for developing substance use disorder (addiction) is onset of use during youth
- Pediatricians have the opportunity to intervene early to prevent that progression
- Short-term risks associated with use like decisions around sexual health and driving

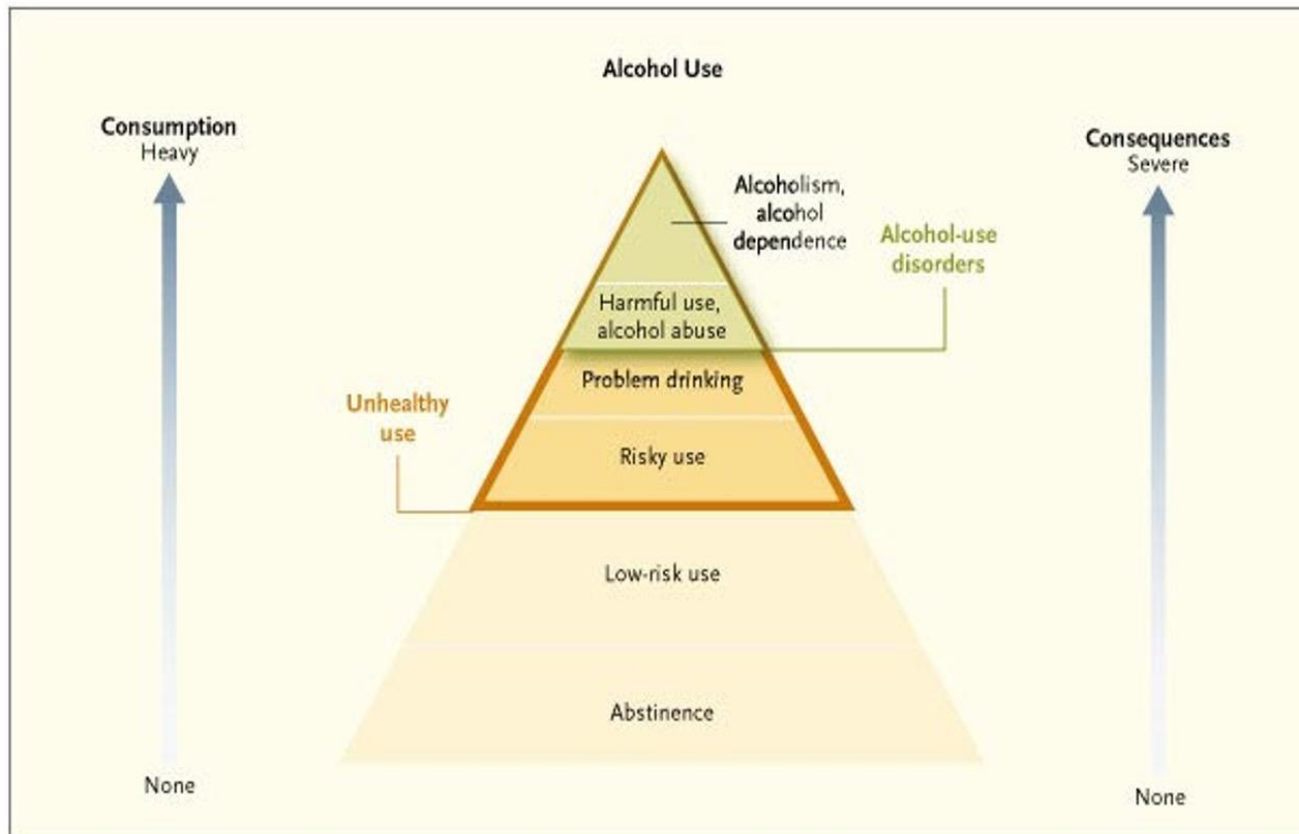


# Brain Development is Ongoing

- This has major implications for youth's ability to engage
- Going to be harder to think about consequences of use







Saitz R. New Engl J Med 2005;352:596.

# Substance Use Disorder as a Learning Disorder?

POLICY AND INDUSTRY

## Addiction as a Learning Disorder: A Conversation with Journalist Maia Szalavitz

The journalist and author discusses our evolving understanding of addiction — and the implications for how we treat and prevent substance use disorder



# Taking a Substance Use History

- Start with a validated screen
- May not be possible to gather *everything* during the visit
- That's ok!!
- Key components: last use, frequency and quantity, route of administration, overdoses/black-outs, reasons for using





# DSM-V Diagnosis of Substance Use Disorder

## A. Impaired control:

1. Taking more or for longer than intended
2. Not being able to cut down or stop (repeated failed attempts)
3. Spending a lot of time obtaining, using, or recovering from use
4. Craving for substance

## B. Social impairment:

5. Role failure (interference with home, work, or school obligations)
6. Kept using despite relationship problems caused or exacerbated by use
7. Important activities given up or reduced because of substance use

## C. Risky use:

8. Recurrent use in hazardous situations
9. Kept using despite physical or psychological problems

## D. Pharmacologic dependence:

10. Tolerance to effects of the substance\*
11. Withdrawal symptoms when not using or using less\*

\* Persons who are prescribed medications such as opioids may exhibit these two criteria, but would not necessarily be considered to have a substance use disorder

Mild = 2-3 criteria, Moderate = 4-5 criteria, Severe = 6 or more criteria



# Screening, Brief Intervention and Referral to Treatment

## Screening to Brief Intervention (S2BI)

This screening tool consists of frequency of use questions to categorize substance use by adolescent patients into different risk categories. The accompanying resources assist clinicians in providing patient feedback and resources for follow-up.

Screening Tool Cutoffs and Scoring Thresholds: ▼

Intended use: This screening tool is meant to be used under a medical provider's supervision and is not intended to guide self-assessment or take the place of a healthcare provider's clinical judgment.

This tool may be administered by either the patient or the clinician. Please indicate the mode of administration:

I AM THE PATIENT

I AM THE CLINICIAN

## Brief Screener for Tobacco, Alcohol, and other Drugs

This tool consists of frequency of use questions to identify risky substance use by adolescent patients. The accompanying resources assist clinicians in providing patient feedback and resources for follow-up.

Screening Tool Cutoffs and Scoring Thresholds ▼

Intended use: This screening tool is meant to be used under a medical provider's supervision and is not intended to guide self-assessment or take the place of a healthcare provider's clinical judgment.

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American Academy of Pediatrics recommends universal screening

These tools are available online and can be completed in less than 2 minutes

They generate scores and advice based on the risk

Available at:  
<https://nida.nih.gov/nidamed-medical-health-professionals/screening-tools-resources/screening-tools-adolescent-substance-use>



# Screening, Brief Intervention and Referral to Treatment

**TABLE 1** Substance Use Spectrum and Goals for Office Intervention

Stage	Description	Office Intervention Goals
Abstinence	The time before an individual has ever used drugs or alcohol (more than a few sips)	Prevent or delay initiation of substance use through positive reinforcement and patient/parent education
Experimentation	The first 1–2 times that a substance is used and the adolescent wants to know how intoxication from using a certain drug(s) feels	Promote patient strengths; encourage abstinence and cessation through <a href="#">brief</a> , clear medical advice and educational counseling
Limited use	Use together with $\geq 1$ friends in relatively low-risk situations and without related problems; typically, use occurs at predictable times such as on weekends	Promote patient strengths; further encourage cessation through brief, clear medical advice and educational counseling
Problematic use	Use in a high-risk situation, such as when driving or babysitting; use associated with a problem such as a fight, arrest, or school suspension; or use for emotional regulation such as to relieve stress or depression	As stated above, plus initiate office visits or referral for brief intervention to enhance motivation to make behavioral changes; provide close patient follow-up; consider breaking confidentiality
Abuse	Drug use associated with recurrent problems or that interferes with functioning, as defined in the <i>DSM-IV-TR</i>	Continue as stated above, plus enhance motivation to make behavioral changes by exploring ambivalence and triggering preparation for action; monitor closely for progression to alcohol and other drug addiction; refer for comprehensive assessment and treatment; consider breaking confidentiality
Addiction (dependence)	Loss of control or compulsive drug use, as defined in the <i>DSM-IV-TR</i> as “dependence”	As stated above, plus enhance motivation to accept referral to subspecialty treatment if necessary; consider breaking confidentiality; encourage parental involvement whenever possible

*DSM-IV-TR* indicates *Diagnostic and Statistical Manual of Mental Disorders, Fourth Edition, Text Revision*.



# Levels of Care

General principle: least restrictive environment will be best

- Outpatient
- Intensive outpatient
- Partial hospitalization
- Residential treatment
- Acute withdrawal management

(from AAP policy about SBIRT)

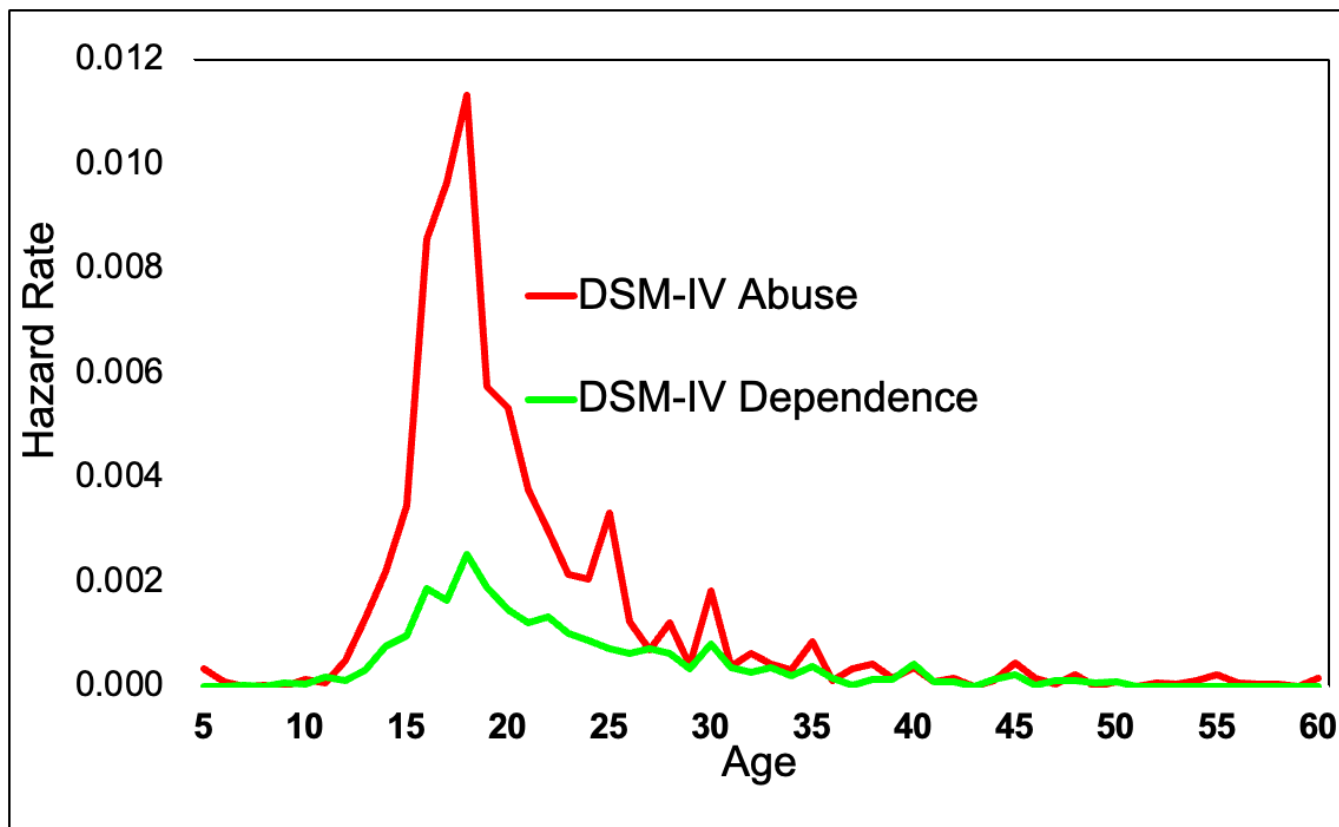


# Lack of Available Treatment Remains an Issue

- In a cross-sectional study of addiction treatment facilities, only **26%** offered adolescent programs
- Programs that offered treatment for adolescents were half as likely to offer medications for opioid use disorder



## Age of Onset of Drug Use Disorders



Compton, et al. *Archives of General Psychiatry* 2007.  
NESARC Study



# Substance Use Disorder Early in Life

Table 3. Multivariate Logistic Regression Results: Adult (Ages 35-50 Years) Prescription Drug Use, Misuse, and Substance Use Disorder Symptoms Adjusting for Covariates<sup>a</sup> (continued)

Variable	AOR (95% CI)		
	Prescription drug use	Past-year PDM	≥2 AUD symptoms
SUD	Prescription drug use	Past-year PDM	≥2 SUD symptoms
Participants, No.	2867	2866	2867
SUD at age 18 y, symptoms			
No symptoms	1 [Reference]	1 [Reference]	1 [Reference]
1	1.10 (0.71-1.70)	1.01 (.671-1.52)	1.24 (0.93-1.67)
2-3	1.24 (0.94-1.65)	1.31 (.959-1.80)	1.89 (1.51-2.38)
4-5	1.56 (1.06-2.32)	2.08 (1.41-3.06)	2.16 (1.63-2.87)
≥6	1.55 (1.11-2.16)	1.97 (1.39-2.80)	2.62 (2.00-3.43)
Age, y			
35	1 [Reference]	1 [Reference]	1 [Reference]
40	1.20 (0.98-1.47)	1.18 (.945-1.48)	0.73 (0.66-0.81)
45	1.52 (1.24-1.85)	1.53 (1.24-1.90)	0.71 (0.63-0.79)
50	1.77 (1.45-2.17)	1.57 (1.23-2.01)	0.59 (0.51-0.67)
SUD at age 18 <sup>a</sup>			
Linear trend (SUD)	1.06 (1.02-1.10)	1.09 (1.05-1.13)	1.12 (1.09-1.16)
Linear trend (age)	1.21 (1.14-1.29)	1.17 (1.09-1.26)	0.85 (0.81-0.89)





**Describe three risk  
factors for substance  
use and substance use  
disorder among  
adolescents**



# Case Continued:

She shares with you that she started to vape nicotine when she was 15. At first, she did it with her friends but then she found that it relaxed her. One day, someone gave her some THC to vape and she found that it was even better. Somehow, she found herself using it alone and before bed. Now it's been a few months since she has had a day without using.

- What are some of the risk factors for initiating substance use and developing a substance use disorder?



# Risk Taking is Normal

Brain still  
developing



Identity  
exploration



Increasing  
autonomy



Primed for new  
experiences



<https://bobzwords.com/2016/12/26/cut-the-strings/>  
<https://www.cigna.com.hk/en/smarthealth/how-risk-taking-leads-to-success>  
<https://medium.com/@rohanpoosala/build-that-prefrontal-lobe-up-c72434186dfd>  
<https://keithferrin.com>

# Why Might Teens Try Drugs?

- To feel good
- To feel better



# Risk Factors: Nothing is Determinative

- Family history of substance use
- Favorable parental attitudes towards the behavior
- Poor parental monitoring
- Parental substance use
- Family rejection of sexual orientation or gender identity
- Association with delinquent or substance using peers
- Lack of school connectedness
- Low academic achievement
- Childhood sexual abuse
- Mental health issues

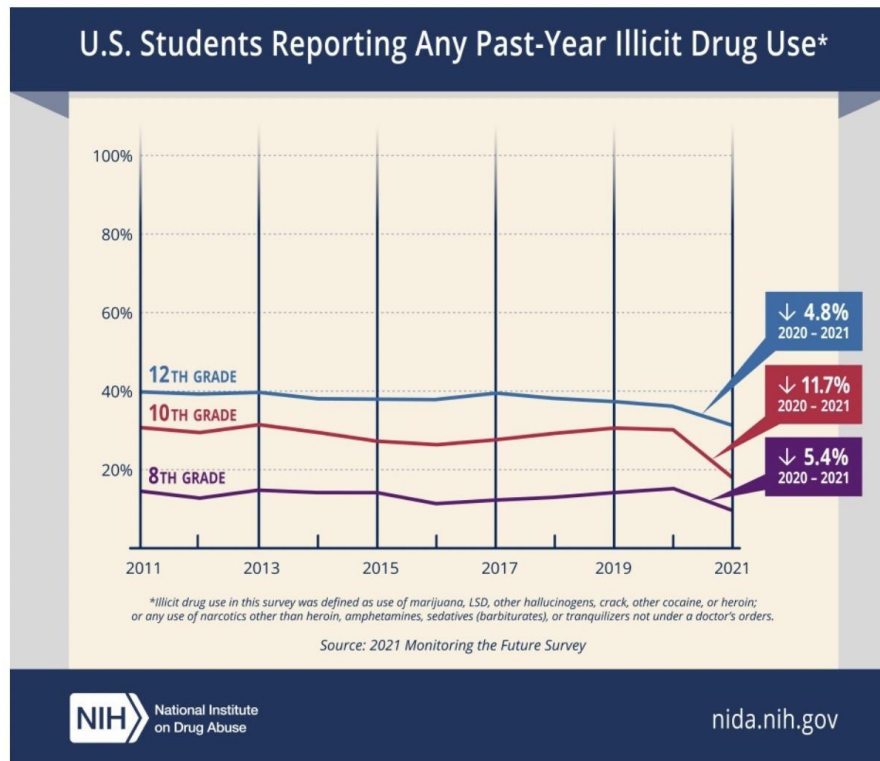


# Risk Factors: Nothing is Determinative

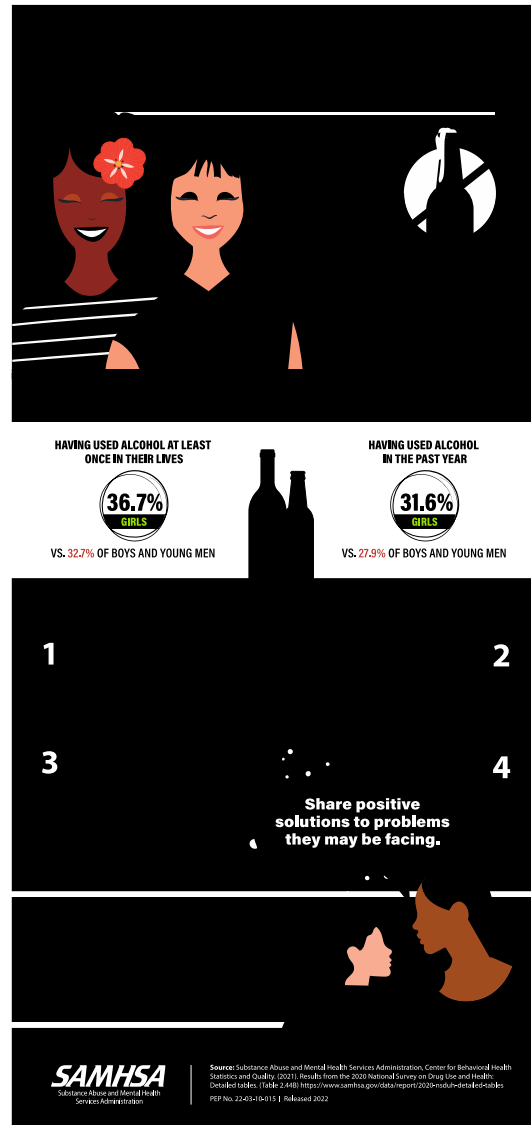
- Parent or family engagement
- Family support
- Parental disapproval of substance use
- Parental monitoring
- School connectedness



# Overall Substance Use Has Been Decreasing Among Youth



# Gap Between Girls and Boys for Alcohol Use Narrowing



<https://store.samhsa.gov/product/helping-girls-and-young-women-stay-healthy-avoiding-alcohol/PEP22-03-10-015>



# Risk Factors for Overdose

Any overdose: opioid/tranquilizer/injection drug use, polysubstance use, psychiatric comorbidity, unstable housing, and witnessing an OD

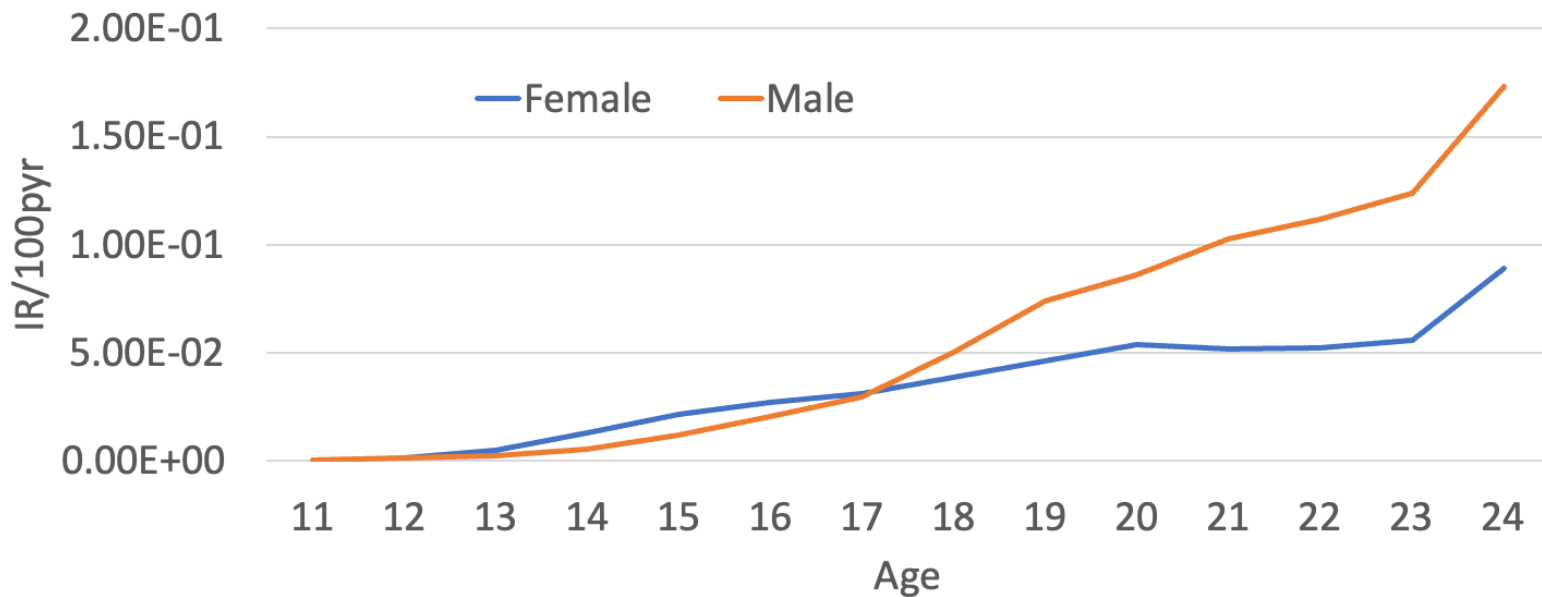
Opioid overdose: mood disorders, other substance use, longer duration of opioid prescription, higher dose, history of mood disorder.





# High Proportion of Girls Than Boys With First NFOD

Figure 2: Incidence Rate of First Nonfatal Opioid Overdose by Age and Gender from 2006 to 2016



Bagley et al. (2020) JAMA Netw Open





# **Identify Strategies to Reduce the Harmful Effects of Substance Use on Adolescents**

# Case Continued:

After taking a thorough history, you decide that your patient has a cannabis use disorder and want to be able to offer treatment. Your patient reports that she is eager to at least cut back although she is not sure that she wants to stop completely.

- What are some helpful ways that you can support your patients and her goals while maximizing safety?



# 1. Engagement is Key

- This might mean not getting all the history in the first visit (but getting the necessary info so you can offer a treatment plan)
- Holding judgments
- Offering any and all opportunities for youth to make decisions and maintain their autonomy
- Without a patient willing to show up, there is little that you can offer



# 2. We Are in the Midst of a Mental Health Crisis

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**FOR IMMEDIATE RELEASE**

**December 7, 2021**

**Contact: HHS Press Office**

**202-690-6343**

**[media@hhs.gov](mailto:media@hhs.gov)**

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**U.S. Surgeon General Issues Advisory on Youth Mental Health Crisis Further Exposed by COVID-19 Pandemic**



# 3. Treatment of Co-Occurring Mental Health Disorders Critical

- High prevalence of COD (Co-Occurring Disorders), for many youths they may be the reason that they started to use drugs
- Treat both, can always reassess as time goes on but anxiety and depression symptoms can be truly distressing and interfere with trying to be sober



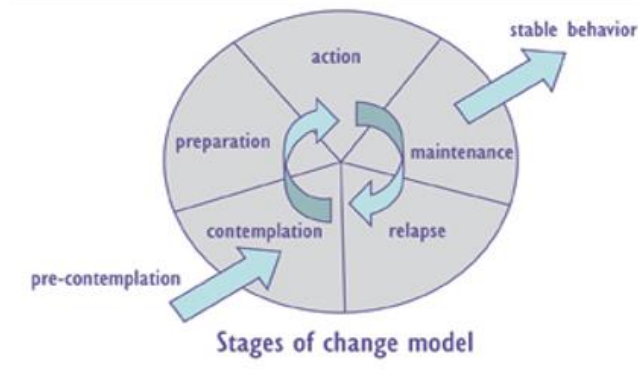
# 4. Pharmacotherapy

- Limited FDA approved options to treat substance use disorder in youth
- Buprenorphine to treat opioid use disorder approved for 16 years and older
- Medications are used off label to treat nicotine use disorder, alcohol use disorder, cannabis use disorder

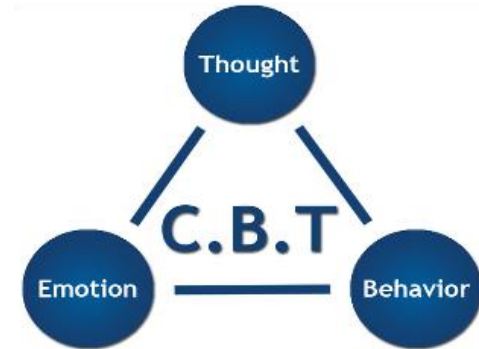


# 5. Behavioral Treatments

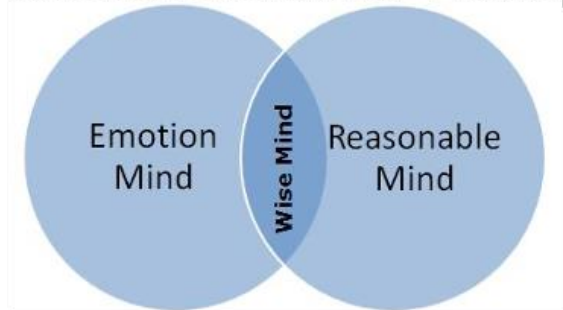
## Motivational Interviewing



## Cognitive Behavioral Therapy



## Dialectical Behavior Therapy



## Contingency Management







**“The opposite of  
addiction is not  
sobriety, it is human  
connection.”**  
*Johann Hari*



**Thank you!**  
**Please fill out our**  
**brief survey**

**<https://tinyurl.com/TREAT-ME>**

