SAMHSA ADVISORY
Substance Abuse and Mental Health Services Administration

SCREENING AND TREATMENT OF SUBSTANCE USE DISORDERS AMONG ADOLESCENTS

Adolescence is a stage of rapid physical, emotional, and social development. Adolescents develop a stronger sense of self, have a greater need for independence, and form important relationships with peers and people other than their parents (Silvers et al., 2019). During this stage, adolescents increasingly engage in risk-taking behaviors, including substance use. Negative relationships with family and an unsafe home environment, in particular, can increase risk-taking and substance use in adolescents (Otten et al., 2019). Because of these concurrent complexities, treatment for substance use disorder (SUD) in adolescents needs to be responsive to their developmental differences, and distinct from treatment for adults.

Signs of Adolescent Substance Abuse

- Trouble sleeping or oversleeping
- Changes in overall energy levels
- Difficulty in daily functioning
- Loss of interest in hobbies and friends
- Changes in appetite and weight
- Extreme mood changes
- Becoming withdrawn
- Resisting authority
- Becoming disruptive or aggressive at home or in the classroom

This *Advisory* summarizes key messages and considerations for screening and treating adolescents with SUDs. It is based on the Substance Abuse and Mental Health Services Administration's (SAMHSA) Treatment Improvement Protocol (TIP) 31, *Screening and Assessing Adolescents for Substance Use Disorders* and TIP 32, *Treatment of Adolescents with Substance Use Disorders.*

According to the 2019 National Survey on Drug Use and Health, 17.2 percent of adolescents aged 12 to 17 used illicit drugs in the past year, with 4.5 percent having a SUD. The percentage of adolescents who used alcohol in the past month was 9.4 percent, while the percentage who used cigarettes was 2.3 percent. Marijuana use in the past year for this group was 13.2 percent. Rates of substance use and SUD have remained stable since 2015 (SAMHSA, 2020a).

Adolescents with untreated or undertreated SUDs are at risk for experiencing adverse outcomes into adulthood, including criminal involvement (Racz et al., 2016), sexually transmitted infections (Dembo et al., 2009), unintended pregnancy (Chapman & Wu, 2013), and co-occurring mental disorders (National Institute on Drug Abuse, 2020a). Adolescent substance use is associated with violence and unintentional injury—two of the leading causes of death for this population (The National Center on Addiction and Substance Abuse, 2011).

Given the rates of substance use and the negative impact it can have on adolescents, interventions are needed to prevent it, intervene when use or misuse occurs, and facilitate recovery. **This *Advisory* provides an overview of the Screening, Brief Intervention, and Referral to Treatment (SBIRT) approach**, an integrated and comprehensive early intervention implemented in primary care and other settings to identify, reduce, and prevent substance use (Abt Associates, 2020; Del Boca et al., 2017; National Council for Behavioral Health, 2019; see 'The SBIRT Process' below).

Key Messages

- Adolescents are developmentally distinct from adults and require different approaches for SBIRT.
- SBIRT can occur in a variety of settings, including:
  - **Primary Care**
    The American Academy of Pediatrics (AAP) and SAMHSA recommend universal screening within primary care for adolescent substance use. Many adolescents see their primary care physician (PCP) annually. During visits, PCPs routinely screen adolescents for diseases and promote wellness. Therefore, they are uniquely positioned to screen for substance use and provide brief intervention before serious problems occur. Teens also perceive PCPs as knowledgeable and informative and are likely to listen to their guidance. If warranted, PCPs can also engage in a "brief intervention" using motivational interviewing aimed at reducing drug and alcohol use.
  - **Schools and Other Community Organizations** *(e.g., religious organizations, sports teams, social clubs, criminal justice agencies, youth centers)*
    Screening and brief interventions can also occur in settings that are important in an adolescent's life. Staff and volunteers in schools and community settings should receive training that enables them to identify concerns with adolescent substance use. In these settings, staff can provide prevention education and screen and refer youth to additional services, as needed.
- ***Screening*** should be brief, relevant for adolescents, and culturally appropriate.
- Additional ***assessment*** determines whether an adolescent needs treatment and identifies factors contributing or related to SUD.
- ***Brief interventions*** for substance use can include a brief conversation using motivational interviewing to reduce use and risk behavior.
- SUD ***treatment*** for adolescents needs to be tailored to each individual's development and include potential contributors to their behavior (e.g., childhood trauma and family concerns).
- Adults who interact with youth should be aware of substance use and SUD warning signs, as well as appropriate services in the community for referrals and additional support.
- Confidentiality is important. Healthcare providers, teachers, and others should avoid breaking trust with adolescents, while balancing the need to ensure their safety.

Classification of a Substance Use Disorder

In 2013, the diagnostic criteria for classifying a SUD changed. The Diagnostic and Statistical Manual of Mental Disorders, 5th Edition (DSM-5) provides criteria for determining the severity of a SUD. If an individual meets none or one of the criteria, he or she is categorized as having "No Disorder." Meeting two to three criteria classifies a person as having a "Mild Disorder," four to five criteria are categorized as "Moderate Disorder," and if a person meets six or more criteria, they are categorized as having a "Severe Disorder" (SAMHSA, 2016).

The flowchart in Exhibit 1 shows how screening can lead to anticipatory guidance (i.e., the healthcare provider anticipates emerging issues that an adolescent and family may face), brief intervention, or treatment (e.g., therapy, medication-assisted).

Screening & Assessing Adolescents for Substance Use and Substance Use Disorder

Screening in a Medical Office

While most adolescents' medical visits are for acute care, one third of adolescents have a preventive care visit each year (Rand & Goldstein, 2018). The AAP recommends PCPs screen for substance use during preventive care visits. In addition, it recommends emergency department or urgent care screenings if the adolescent has not been seen in the clinic recently, has conditions associated with increased risk for substance use (e.g., depression, anxiety, ADD/ADHD), has health problems that might be related to substance use (e.g., problems with accidents, sexually transmitted infections, or pregnancy), or shows significant behavioral changes.

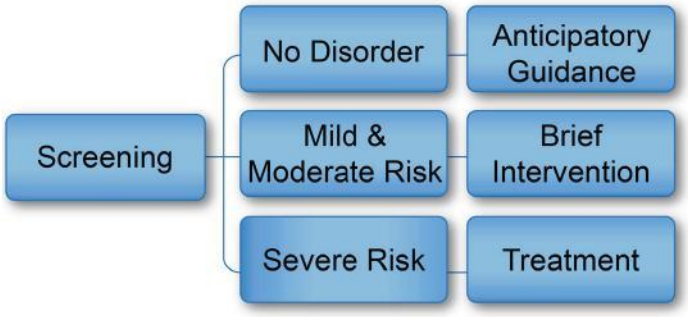
> Although the U.S. Preventive Services Task Force and American Academy of Family Physicians found insufficient evidence to assess the benefits and harms of PCP-based behavioral interventions to prevent or reduce substance use in children and adolescents (Kulak & Griswold, 2019), given the incidence of adolescents engaging in drug and alcohol use, this Advisory encourages PCP screening and interventions with their adolescent patients.

Adolescents see medical providers as respected sources of information about alcohol and drug use (Ford et al., 1997) and are often willing to talk to them if they feel the conversation is confidential.

Screening in the Community

Some schools, especially those with nurses or social workers, provide routine substance use screening. Because trained clinicians must conduct screenings, many community agencies or volunteer groups do not have the capacity to provide full substance use screenings. It is more common for schools or other community agencies to provide substance use prevention education and support.

Exhibit 1: Screening to Treatment



How to Engage in Substance Use Screening with Adolescents

Most screening tools use a brief questionnaire to determine the need for a more in-depth assessment. Several factors should guide the selection of a screening tool, including:

1. Validity and reliability of the tool
2. Appropriateness of the tool for the adolescent population
3. Type of settings for which the instrument was intended
4. Intended purpose of the instrument

Practitioners can complete the most common screening tools in less than two minutes. Screeners vary in which substances they are validated to detect. Exhibit 2 lists scientifically-validated screeners for adolescents.

Tips for conducting the screening:

- Create time and space to be alone with the adolescent client
- Thoroughly explain the confidentiality policy, including when and why you may need to disclose information they share
- Affirm that your role is to be an advocate for the adolescent and their health

No or Low Risk: No Further Action Needed

While there is no necessary action needed after an adolescent reports no substance use, the appropriate response for a screening result of "No Use" is ***Anticipatory Guidance***. The provider delivers information about the benefits of healthy lifestyle choices and practices to prevent injury and disease and encourages parents to discuss them with their children.

Exhibit 2: Screeners for Use with Adolescents

	Clinician-Administered	Self-Administered	For Screening Use of Other Illicit Drugs	For Screening Tobacco Use	For Screening Alcohol Use
Screening to Brief Intervention (S2BI); NIDA	✓	✓	✓	✓	✓
Brief Screener for Alcohol, Tobacco, and Other Drugs (BSTAD); NIDA	✓	✓	✓	✓	✓
Alcohol Screening and Brief Intervention for Youth; NIAAA	✓				✓
CRAFFT; Boston Children's Hospital	✓	✓	✓	✓	✓

The provider should use praise and encouragement to continue the adolescent's positive behaviors. The provider could use comments such as, "You've made a good choice not to use tobacco/ alcohol/marijuana," and highlight the positive health outcomes of that choice. Another probe includes asking why they made that decision. This provides additional chances to affirm the adolescent's choices. The process of screening may lead adolescents to think that substance use is more prevalent than it is, so providers should affirm that they are "like other teens" in not using substances (National Council for Behavioral Health, 2019).

Assessments for Substance Use Disorder
After screening for moderate or severe risk of disorder, other tools can be used to assess the degree of substance use, including interviews, drug monitoring, and talking with parents, teachers, or friends. This step is often necessary before placement into treatment. **Purpose:** Identify if the adolescent needs treatment; evaluate existence or severity of a SUD; examine the nature, correlates, and consequences of substance use (including family impact); identify the client's strengths; and develop a written report to highlight these topics. **Assessment domains:** Strengths and resiliency factors; history of substance use; medical health history/physical exam; developmental issues (including physical or sexual abuse); mental health history; family history (e.g., parents' use of substances, chronic illness, incarceration, etc.); school history; vocational history; peer relationships; juvenile justice involvement and delinquency; social service agency involvement; and leisure activities.

Mild to Moderate Risk for Disorder: Brief Intervention

If the adolescent screens for a mild or moderate risk, the provider should provide a brief intervention and referral to treatment, as necessary. Brief intervention includes one or more short conversations using Motivational Interviewing techniques to prevent progression to more serious levels of use (Abt Associates, 2020). For more information on the use of motivational strategies, please refer to SAMHSA's TIP 35, *Enhancing Motivation for Change in Substance Use Disorder Treatment*.

Motivational Interviewing
Motivational Interviewing (MI) is a "client-centered, directive method for enhancing intrinsic motivation to change by exploring and resolving ambivalence" (Miller & Rollnick, 2012). MI uses strengths-based techniques to clarify ambivalence and reinforce change statements to move clients toward changing behavior.

A brief intervention conversation can include:

- Advising the adolescent to quit
- Providing information about the harmful effects of substance use
- Reinforcing the adolescent's strengths
- Assisting in creating a plan to stop or reduce substance use
- Mitigating other risks related to substance use, such as promoting safe sex practices or recommending testing for sexually transmitted infections, HIV, or hepatitis C

The key goal of brief interventions is to prevent substance use escalation. Other brief intervention approaches may use mobile health options, including text-based or app-based interventions to motivate behavior change (Mason et al., 2015). They may also engage adolescents and young adult peers in prevention, early intervention, and recovery work.

Moderate to Severe Risk: Treatment

If the screening and assessment identifies severe risk, the clinician should refer the adolescent to treatment. As with adults, there are different levels of treatment for adolescents, including inpatient, day treatment/partial hospitalization (i.e., intensive outpatient), and less intensive outpatient. As with screening, treatment should be tailored or designed specifically for adolescents and their unique developmental stage. Treatment should address both the physical and mental health needs of the adolescent, and provide support for both the adolescent and their family.

Types of Treatment

Behavioral Approaches

Adolescent substance use treatment is primarily outpatient treatment, and is often used in combination with behavioral or family therapy (Steele et al., 2020). Behavioral approaches allow adolescents to become active participants in their own recovery to enhance their ability to resist substance use in the future. Therapists may work to modify behaviors and attitudes about substance use, incentivize abstinence, and develop life skills to handle stress or environmental cues that may trigger alcohol or drug cravings. Practitioners often use behavioral approaches in combinations to provide optimum support. The table below describes four common types of behavioral approaches to therapy.

Behavioral Approaches to Therapy	
Therapy Name	*Description*
Cognitive Behavioral Therapy	Teaches participants to anticipate problems and develop effective coping strategies; explore the positive and negative consequences of substance use; learn to monitor thoughts and feelings to recognize distorted thinking that triggers substance use.
Adolescent Community Reinforcement Approach	Replaces influences that led to substance use with influences that reinforce abstinence and healthier family, social, educational, and vocational relationships; assesses needs and addresses problem-solving, coping, and communication skills.
Contingency Management (CM)	Participants receive low-cost incentives (e.g., prizes, cash vouchers) in exchange for participating in treatment, achieving treatment goals, and avoiding substance use. By using positive reinforcement to avoid alcohol and drugs, CM helps retain adolescents in treatment, improve medication compliance, and promote achievement of other treatment goals, such as educational attainment.
Motivational Enhancement Therapy	Reduces ambivalence about engaging in treatment or stopping substance use. Using motivational interviewing, the therapist works with the adolescent to motivate their desire to stop using alcohol and drugs and build a plan for change.

Family Therapy

The risk factors that contribute to adolescent substance use may be related to family concerns, including substance use at home, chronic illness, poverty, and incarceration. Brief interventions and treatment should explore these topics, and may include surrounding the adolescent with support, including trusted adults. “Family” may include biological or kinship ties; it is important to ask about and include who the adolescent views as their family.

Family therapy approaches recognize the importance of treating individuals as subsystems within the family system; each family member can act as a unit of intervention by changing interactional patterns. Family-based treatments work with multiple units (e.g., parent-adolescent combinations), as well as target other systems (e.g., peers, school, neighborhood) that can contribute to negative interactions in families. The table below describes five common types of family therapy.

Types of Family Therapy and Descriptions	
Therapy Name	*Description*
Brief Strategic Family Therapy (Szapocznik & Hervis, 2020)	Originates from the idea that one family member's negative behaviors stem from unhealthy family interactions. The therapist meets with each family member to observe their dynamics and then assists the family in changing its interaction patterns.
Family Behavior Therapy (Donohue & Azrin, 2012)	Combines behavioral contracts with contingency management to address behavioral issues and/or substance use. The adolescent and at least one parent plan treatment and choose evidence-based interventions to establish and maintain behavioral goals, which are reviewed and rewarded at each session.
Functional Family Therapy (Alexander & Parsons, 1982)	Engages the entire family in the treatment process and increases their motivation for change. The therapist works to modify family members' behavior through communication and problem-solving techniques, behavioral contracts, contingency management techniques, and other methods.
Multidimensional Family Therapy (Liddle et al., 2018)	Combines family- and community-based treatment for behavioral issues and/or substance use. The aim is to foster family competency and collaborate with other systems (e.g., school, juvenile justice) to support and integrate the adolescent into the community.
Multisystemic Therapy® (Henggeler & Schaeffer, 2016)	Involves comprehensive family- and community-based treatment that examines substance use in terms of the characteristics of the adolescent, their family, peers, school, and neighborhood. Multisystemic therapy has been shown effective for adolescents with severe substance use and delinquent or violent behavior.

Therapeutic Communities

Adolescent therapeutic community (TC) is an intensive treatment model that promotes a holistic lifestyle and addresses behaviors (e.g., social, psychological, and emotional) that can lead to substance use. TCs have two unique characteristics: 1) the community itself can be used as a therapist and teacher in the treatment process, and 2) it is a highly structured, well-defined, and continuous process of self-reliant program operation. Treatment is provided through carefully planned activities and responsibilities over a set period usually lasting about 12 months (National Institute on Drug Abuse, 2020b).

Medication for Substance Use Disorder

Medications are widely used to treat opioid, alcohol, and tobacco use disorders; however, few medications are approved for adolescent use. The AAP released a policy statement in 2016 calling for the use of medications to support adolescent patients with a SUD (Levy & Williams, 2016). Buprenorphine, one medication for opioid use disorder, was approved for use in adolescents aged 16 and over in 2003 (Hadland et al., 2017) and can be dispensed in physician offices and SAMHSA-certified opioid treatment programs (OTPs). OTPs are both inpatient and outpatient programs that provide medications and behavioral therapy or counseling for opioid use disorder. OTPs for adolescents are becoming more common, including treatment as part of pediatric primary care (Carney et al., 2018; Levy et al., 2018; Welsh & Hadland, 2019). Preliminary studies have identified other medications that also may be effective in treating SUDs in adolescents.

Detoxification

Detoxification generally refers to a 3- to 5-day inpatient program with 24-hour intensive medical monitoring and management of withdrawal symptoms. The number and rates of youth admitted to detoxification units increased between 2009 and 2014 (Acevedo et al., 2020). Although physiological withdrawal symptoms are uncommon among adolescents, this level of care may be needed due to psychosocial circumstances, personal characteristics, or a history of using significant amounts of a substance associated with life-threatening withdrawal symptoms (e.g., benzodiazepines, barbiturates, heavy chronic alcohol use). Detoxification should be monitored by appropriately trained personnel under the direction of a physician or other personnel with specific expertise in management of addiction and abstinence syndromes. It is appropriate for adolescents with multiple problems, including those who need intensive inpatient services or with co-occurring personality and substance use disorders.

Recovery from Substance Use Disorders

SAMHSA's definition of recovery is: "A process of change through which individuals improve their health and wellness, live self-directed lives, and strive to reach their full potential" (SAMHSA, 2020b). To reinforce the developed skills and competencies from treatment and to improve ongoing quality of life, adolescents in recovery may benefit from recovery support services. Recovery support services may include continuing care, mutual help groups (including 12-step groups), recovery high schools, and peer recovery support services or programs. Recovery services provide community settings where people in recovery can share experiences and offer mutual support.

Resources

- **Substance Abuse and Mental Health Services Administration (SAMHSA)**
  - 2019 National Survey on Drug Use and Health
  - Adolescent Substance Use: Screening, Intervention and Treatment (*Addiction Technology Transfer Center Network*)
  - Adolescent Substance Use Disorders: Prevention and Intervention (*Addiction Technology Transfer Center Network*)
  - Behavioral Health Treatment Services Locator
  - Impact of the DSM-IV to DSM-5 Changes on the National Survey on Drug Use and Health
  - The Impact of Substance Use on the Developing Brain (*Addiction Technology Transfer Center Network*)
  - Ready, Set, Go, Review: Screening for Behavioral Health Risk in Schools
  - Substance Use Interventions for Adolescents and Transitional Age Youth (*Addiction Technology Transfer Center Network*)
  - TIP 31, Screening and Assessing Adolescents for Substance Use Disorders: A Treatment Improvement Protocol
  - TIP 32, Treatment of Adolescents with Substance Use Disorders: Treatment Improvement Protocol
  - TIP 35, Enhancing Motivation for Change in Substance Use Disorder Treatment: Treatment Improvement Protocol
- **Abt Associates**
  - Integration of Substance Use Screening, Brief Intervention, and Referral to Treatment into Pediatric Primary Care, Advancing Learning and Knowledge
- **American Academy of Child and Adolescent Psychiatry**
  - Substance Abuse Treatment for Children and Adolescents: Questions to Ask
- **American Academy of Pediatrics**
  - Policy Statement on Substance Use Screening, Brief Intervention, and Referral to Treatment
- **Children's Hospital of Boston**
  - Incorporating Substance Abuse Screening Into Adolescent Office Visits
- **Massachusetts Child Psychiatry Access Program**
  - Adolescent SBIRT - Toolkit for Providers
- **National Center on Addiction and Substance Abuse at Columbia University**
  - Adolescent Substance Use: America's #1 Public Health Problem
- **National Council for Behavioral Health**
  - Improving Adolescent Health: Facilitating Change for Excellence in SBIRT
- **National Institute on Drug Abuse (NIDA)**
  - Common Comorbidities with Substance Use Disorders Research Report. Part 1: The Connection between Substance Use Disorders and Mental Illness
  - Screening Tools for Adolescent Substance Use
  - Therapeutic Communities Research Report: How Do Therapeutic Communities Treat Populations with Special Needs?
  - What about 12-step programs – Do they work?
- **Western Michigan University**
  - SBIRT Flow Chart

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