Culturally and Developmentally Responsive Approaches to Pediatric Substance Use

Lucien Gonzalez MD MS FAAP
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Disclosures

- I have no conflicts of interest to disclose
- I will not be discussing off-label or investigational uses of medications or other treatments
Goals

1. Develop substance use screening approach relevant to practice setting
2. Identify which patients may need further substance use assessment
3. Choose psychoeducation and anticipatory guidance appropriate for developmental level
4. Incorporate culture and other aspects of identity into assessment and response to substance use

What is Screening?

Screening test: performed on asymptomatic members of a defined population to assess the likelihood of their members having a particular disease/illness/condition.

Screening tests frequently do not diagnose the illness. Rather those who test positive typically require further evaluation.
What is Screening?

If substance use is in my differential, then this is not a screening test.

Screening Recommendations

American Academy of Child and Adolescent Psychiatry

- (Practice Parameter; JAACAP 44(6): 609-21; 2005)
  - Supports screening, including frequency-based
  - Recommends toxicology, with “a specific plan of action should the specimen be positive for the presence of substance(s)”.

- AACAP/CWLA Statement on Use of Alcohol/Drugs, Screening/Assessment of Children in Foster Care (2003)
  - “V. Culturally Sensitive and Administered in a Culturally Competent Manner
  - “…consists of—but is not limited to race, religion, gender, socioeconomic status, language, sexual orientation, geographic origin and location, and their immigration status”.

Screening Recommendations

American Academy of Pediatrics

- Screen at least yearly beginning by age 11
- Validated screening tool that has a frequency component
- There is a response to every screening result, even no use


“Addiction” is a tiny slice of pediatric substance use
Possible Screening Tools

- Screening To Brief Intervention (S2BI)
- CRAFFT (CRAFFT 2.1+N)
- Brief Screener for Alcohol and other Drugs (BSTAD)
- NIAAA (limited to alcohol only)

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S2BI: Screening to Brief Intervention

In the past year, how many times have you used:

- Tobacco? (Cigarettes, e-cigarettes, vapes, etc.)
- Alcohol?
- Marijuana? (Smoked, vaped, edibles, etc.)

**STOP** if all “Never.” Otherwise **CONTINUE.**

- Prescription drugs that were not prescribed for you (Pain medication, Adderall, etc.)
- Illegal drugs? (Cocaine, Ecstasy, etc.)
- Inhalants? (Nitrous oxide, etc.)
- Herbs/synthetic drugs? (Salvia, K2, bath salts, etc.)

- Never
- Once or twice
- Monthly
- Weekly
### What do I do with screening results?

**Screening to Brief Intervention (S2BI)**

<table>
<thead>
<tr>
<th>S2BI</th>
<th>In the past year, how many times have you used:</th>
</tr>
</thead>
<tbody>
<tr>
<td>• Nicotine or tobacco?</td>
<td>• Weekly</td>
</tr>
<tr>
<td>• Alcohol?</td>
<td>• Monthly</td>
</tr>
<tr>
<td>• Marijuana?</td>
<td>• Once or twice</td>
</tr>
<tr>
<td></td>
<td>• Never</td>
</tr>
</tbody>
</table>

### Identity Matters

- Age/Generation
- Disability Status (developmental)
- Disability Status (acquired)
- Religion and Spiritual Orientation
- Ethnicity and Race
- Socioeconomic Status
- Sexual Orientation
- Indigenous Heritage
- National Origin
- Gender

Appearance (e.g., body shape and size)  Substance Use

Identity and Context

Case 1: AA, a 17 year old
- Generation
- Gender
- National Origin
- Ethnicity
- Religion
Identity and Context

Case 2: TP, a 16 year-old
- Race
- Gender
- Disability
- SES

Identity and Context

Case 3: HH, 15 year-old with diabetes and growth deficiency
- Gender
- Disability
- Appearance
Caution: SUD Criteria
Applied to Youth

Threshold Criteria
Tolerance
Withdrawal
Hazardous Use
Craving

Kaminer and Winters (2015) JAACAP; 54: 350
Ramirez, J., & Miranda, R. (2014). Alcohol Craving in Adolescents: Bridging the Laboratory and Natural Environment, Psychopharmacology, 231(8), 1841
De Micheli et al. (2021). Braz J Psychiatry 43:349

DSM Limitations

Neurodevelopment

impulsivity and risk-taking

risk reduction and future-oriented decision-making
Concept Creep and Psychiatrization

Haslam et al. (2021) Concept Creep and Psychiatrization, Front. Sociol. 16
In North Carolina, G.S. 90-21.5 authorizes a physician to “accept the consent of a minor for medical health services for the prevention, diagnosis, or treatment of … [abuse of controlled substances or alcohol], or emotional disturbance”.

The statute does not authorize a minor to consent to admission to a 24-hour mental health or substance use treatment facility.

Psychoeducation:
Who, What and When

Well before age 11. Ideally conversation occurs with caregivers before the child has an opportunity to consider use

- *What is role of substance use in caregivers’ lives*
- *Loaded liquor cabinet, loaded medicine cabinet*
- *Discuss what caregiver expectations are for child, what they want to role model*
- *Promoting protective factors*
- *Substance-specific Q&A*
Psychoeducation: Who, What and When

- Middle school
- High school
- Prior to heading to college

Summary

<table>
<thead>
<tr>
<th>Screen</th>
<th>Screen everyone beginning at a specified age</th>
</tr>
</thead>
<tbody>
<tr>
<td>Consider</td>
<td>Consider frequency-based screen such as S2BI</td>
</tr>
<tr>
<td>Consider</td>
<td>Consider substance use in context of overall behavioral health</td>
</tr>
<tr>
<td>Consider</td>
<td>Consider substance use in context of culture and other aspects of identity</td>
</tr>
<tr>
<td>Begin</td>
<td>Begin psychoeducation with caregivers</td>
</tr>
<tr>
<td>Provide</td>
<td>Provide psychoeducation for youth based on developmental level</td>
</tr>
</tbody>
</table>
Hart, C. Viewing addiction as a brain disease promotes social injustice. Nat Hum Behav 1, 0055 (2017). https://doi.org/10.1038/s41562-017-0055


AACAP Substance Use Resource Center: https://www.aacap.org/aacap/Families_and_Youth/Resource_Centers/Substance_Use_Resource_Center/Home.aspx