




Culturally and Developmentally Responsive Approaches to Pediatric Substance Use

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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




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 **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

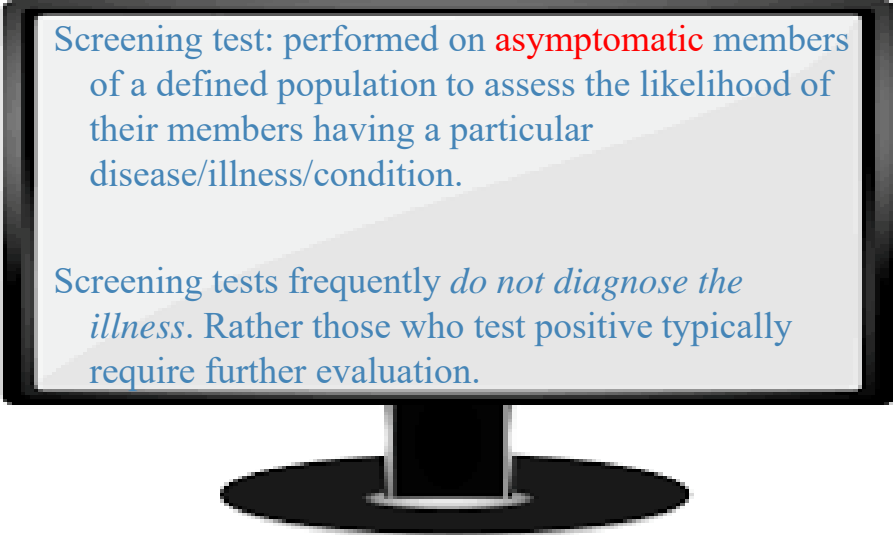


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 **What is Screening?**

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

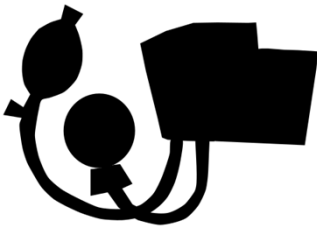
Screening tests frequently *do not diagnose the illness*. Rather those who test positive typically require further evaluation.




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 **What is Screening?**

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




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 **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”.

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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

Bright Futures Pocket Guide (4th ed.). (2017). American Academy of Pediatrics.

Substance Use Screening, Brief Intervention, and Referral to Treatment. *Pediatrics* July 2016; 138 (1): e20161210. 10.1542/peds.2016-1210.

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"Addiction" is a tiny slice of pediatric substance use

Severe SUD*


Mild/
Moderate SUD*

No SUD*


No Use*

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 **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:

<ul style="list-style-type: none">• Tobacco? (Cigarettes, e-cigarettes, vapes, etc.)• Alcohol?• Marijuana? (Smoked, vaped, edibles, etc.)	<input type="radio"/> Never
<p>STOP if all "Never." Otherwise CONTINUE.</p>	<input type="radio"/> Once or twice
<ul style="list-style-type: none">• 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.)	<input type="radio"/> Monthly
	<input type="radio"/> Weekly

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What do I do with screening results?

Screening to Brief Intervention (S2BI)

S2BI	
In the past year, how many times have you used:	
• Nicotine or tobacco?	• Weekly
• Alcohol?	• Monthly
• Marijuana?	• Once or twice
	• Never

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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

Source: Hays P. *Addressing cultural complexities in practice: Assessment, diagnosis, and therapy, third edition.* Washington, DC: American Psychological Association; 2016.

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

Substance Use

A²DDRESSINGS

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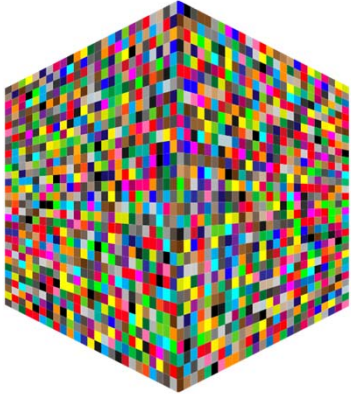
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Identity and Context

Case 1: AA, a 17 year old

- Generation
- Gender
- National Origin
- Ethnicity
- Religion



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Identity and Context

Case 2: TP, a 16 year-old

- Race
- Gender
- Disability
- SES



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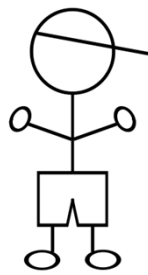
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Identity and Context

Case 3: HH, 15 year-old with diabetes and growth deficiency

- Gender
- Disability
- Appearance




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DSM Limitations

- Threshold Criteria
- Tolerance
- Withdrawal
- Hazardous Use
- Craving



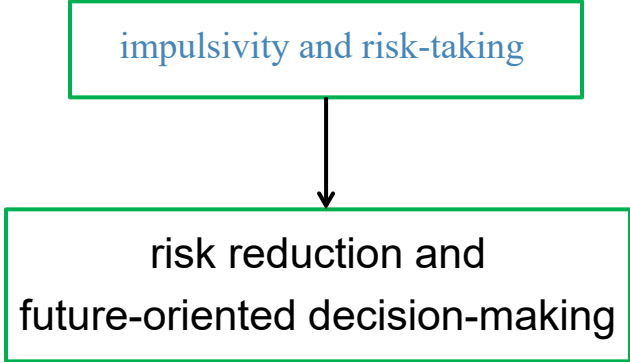
Kaminer and Winters (2015) JAACAP; 54: 350
Ramirez, J., & Miranda, R. (2014). Alcohol Craving in Adolescents: Bridging the Laboratory and Natural Environment. *Psychopharmacology*, 231(8), 1841
De Micheli et al. (2021). *Braz J Psychiatry* 43:349

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Neurodevelopment




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graph TD; A[impulsivity and risk-taking] --> B[risk reduction and future-oriented decision-making]
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Concept Creep and Psychiatrization



Beeker et al. (2021) Psychiatrization of Society: A Conceptual Framework and Call for Transdisciplinary Research. *Front. Psychiatry*, 04 June 2021
 Haslam et al. (2021) Concept Creep and Psychiatrization, *Front. Sociol.* 16

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Minor Consent

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.




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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*




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Psychoeducation: Who, What and When

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



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Summary

Screen	Screen everyone beginning at a specified age
Consider	Consider frequency-based screen such as S2BI
Consider	Consider substance use in context of overall behavioral health
Consider	Consider substance use in context of culture and other aspects of identity
Begin	Begin psychoeducation with caregivers
Provide	Provide psychoeducation for youth based on developmental level

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Selected References

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>

Beeker, T et al. (2020). **“Psychiatrization of, with and by children: Drawing a complex picture.”** Global Studies of Childhood, 10(1), 12–25. <https://doi.org/10.1177/2043610619890074>

Richardson, ET. **Epidemic Illusions: On the Coloniality of Global Public Health.** Cambridge, Mass.: MIT Press, 2020.

De Micheli D et al. **Limitations of DSM-5 diagnostic criteria for substance use disorder in adolescents: what have we learned after using these criteria for several years?** Braz J Psychiatry. 2021 Jul-Aug;43(4):349.

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

