

## TREATING SUBSTANCE USE

### Key Features of Adolescent Substance Use

- **Alcohol and tobacco** are the substances most commonly used by adolescents and account for the highest rates of morbidity and mortality
- **Illicit drug use** is increasing – e.g. marijuana; amphetamines; ecstasy
- There is a strong association between substance use and **incidence of other health problems** in adolescents, especially:
  - motor vehicle accidents and other injuries
  - mental health problems
  - sexual risk-taking
  - violence
- **Polysubstance use** is common among adolescents

### Assessment

- The **HEADSS** psychosocial screen provides a broad assessment of the incidence of alcohol or drug use
- Many young people do not consider alcohol or tobacco to be drugs, so you need to specifically ask about these
- Spend some time building rapport and discussing less sensitive issues – this will help the young person to feel more comfortable discussing their substance use:
  - reassure them of confidentiality
  - adopt a non-judgemental approach

### Taking a drug history

- If substance use is detected, a more in-depth drug history may need to be taken
- Explain to the young person the reasons for gathering this information – request permission to ask sensitive questions

#### A drug history should include:

- **What** – what substances are being used?
  - enquire about drug use over the previous months including:
    - *licit drugs* – alcohol; tobacco; over the counter and prescribed medications
    - *household products* – glues; aerosols; petrol
    - *illicit drugs* – cannabis; ecstasy; amphetamines; LSD; cocaine
- **How often** – what is the frequency of their use?
- **How much** – the dose used (e.g. *how many drinks on a given occasion; how many times they smoke marijuana in a day/week*)
- **Method of use** – smoking; injection; snorting; etc
- **Patterns of use** – does binge use ever occur? Common patterns of drug use:
  - *experimental*
  - *recreational*
  - *abuse*
  - *dependence*
  - *recovery/relapse*
- **Context of use** – alone; with friends; parties; when depressed, stressed, angry etc
- **Effects of use** – physical; mood; behavioural; social; etc
- **How they obtain and pay for the substance**
- **Previous attempts to stop** – outcomes of these
- **What they want to do about their drug use**

### **Management Strategies**

- Formulate a management plan in collaboration with the young person
- Allocate sufficient time – management of substance abuse requires more time than the usual 10 -15 minute general practice consultation
- Attend to co-morbidities – substance use can mask underlying social or psychological difficulties. Where necessary, provide counselling for:
  - depression and anxiety
  - stress reduction
  - anger management
  - sexual risk-taking
- Engage and work with the family where possible – *this should first be negotiated with the adolescent themselves*
- Collaborate with other professionals to ensure a multidisciplinary approach – e.g. Psychologist; drug and alcohol counsellor

### **Brief interventions**

- **Provide information** – even if the young person chooses not to change their drug use, you can still assist them by providing information and education, e.g.
  - the effects of substance use
  - safer using strategies
  - services available
- **Monitor drug use** – monitoring drug use helps the user to recognise the amounts consumed, patterns of use and high risk situations – monitoring can involve keeping a diary or log book
- **Goal-setting** – set realistic, achievable goals for change, for example:
  - cutting down on alcohol/drug use
  - drug free days
  - not combining drugs

### **Comprehensive intervention**

Adolescents who have developed substance dependence or an entrenched pattern of abuse require comprehensive management, e.g.:

- referral to specialist services
- supervised detoxification
- in-patient treatment
- substitution – e.g. nicotine chewing gum/patches; methadone replacement therapy (for over 18 year olds)