

Adolescent ADHD & Substance Use Disorder

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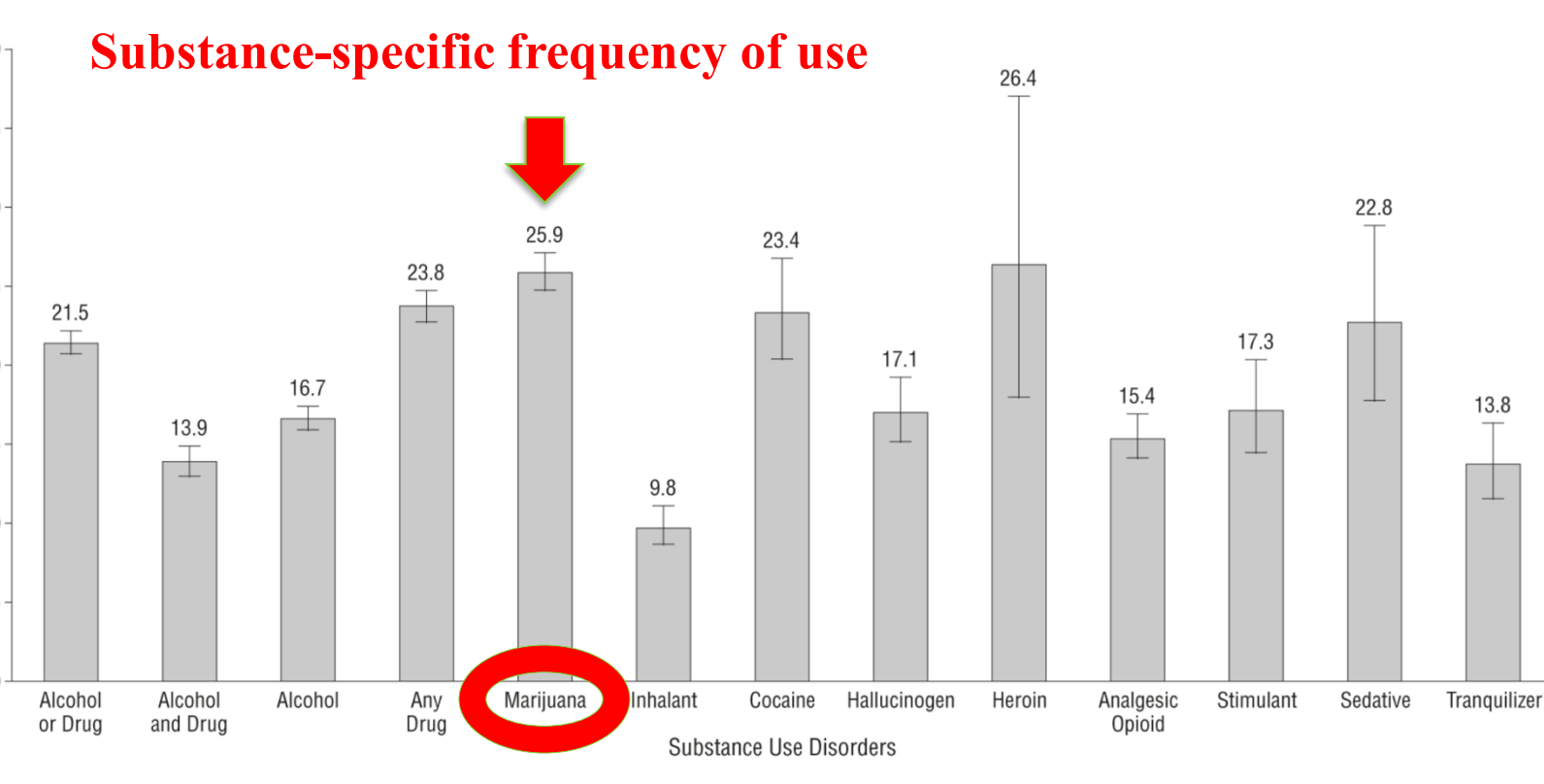
Project Goals

- Observe and learn current ADHD treatment protocol in Family Health Center of Worcester's ADHD Clinic
- Establish a protocol for identifying and treating adolescent ADHD patients with substance use disorder using independent research and input from ADHD team
- Present protocol to providers and staff at Family Health emphasizing techniques to discuss substance use with adolescents

Substance Use Disorder

DSM-V Definition: Clinically and functionally significant impairment caused by repeated use of alcohol and/or drugs

- **37% of adolescents** (12-17) in the US reported using alcohol or drugs **in the past year**
- **Almost 8% of teens** met the criteria for **substance-related disorders**



Prevalence of substance use disorders among adolescent substance users (12-17 years old)

****One in four** marijuana users displays characteristics of a **marijuana use disorder** (higher than any other substance-related disorders)

ADHD

Neurobehavioral disorder affecting **~11% of children**

- Diagnosis: using standardized data gathering forms: **Vanderbilt forms**

D4 NICHQ Vanderbilt Assessment Scale—TEACHER Informant

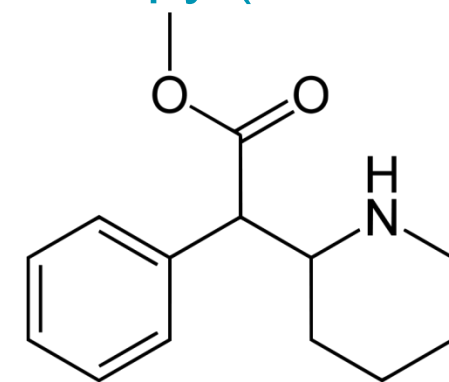
Teacher's Name: _____ Class Time: _____ Class Name/Period: _____
Today's Date: _____ Child's Name: _____ Grade Level: _____

Directions: Each rating should be considered in the context of what is appropriate for the age of the child you are rating and should reflect that child's behavior since the beginning of the school year. Please indicate the number of weeks or months you have been able to evaluate the behaviors: _____.

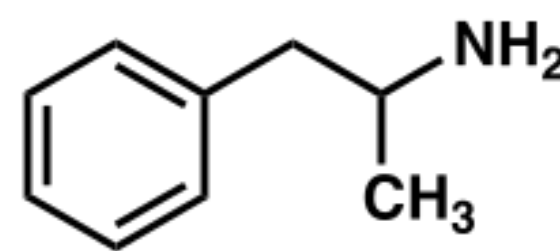
Is this evaluation based on a time when the child ☐ was on medication ☐ was not on medication ☐ not sure?

Symptoms	Never	Occasionally	Often	Very Often
1. Fails to give attention to details or makes careless mistakes in schoolwork	0	1	2	3
2. Has difficulty sustaining attention to tasks or activities	0	1	2	3
3. Does not seem to listen when spoken to directly	0	1	2	3
4. Does not follow through on instructions and fails to finish schoolwork (not due to oppositional behavior or failure to understand)	0	1	2	3
5. Has difficulty organizing tasks and activities	0	1	2	3
6. Avoids, dislikes, or is reluctant to engage in tasks that require sustained mental effort	0	1	2	3
7. Loses things necessary for tasks or activities (school assignments, pencils, or books)	0	1	2	3
8. Is easily distracted by extraneous stimuli	0	1	2	3
9. Is forgetful in daily activities	0	1	2	3
10. Fidgets with hands or feet or squirms in seat	0	1	2	3

- Treatment: Chronic condition with stimulant meds as 1st line therapy (controlled substances)



Methylphenidate (Ritalin)



Dextroamphetamine Salt (Adderall)

ADHD and Substance Abuse

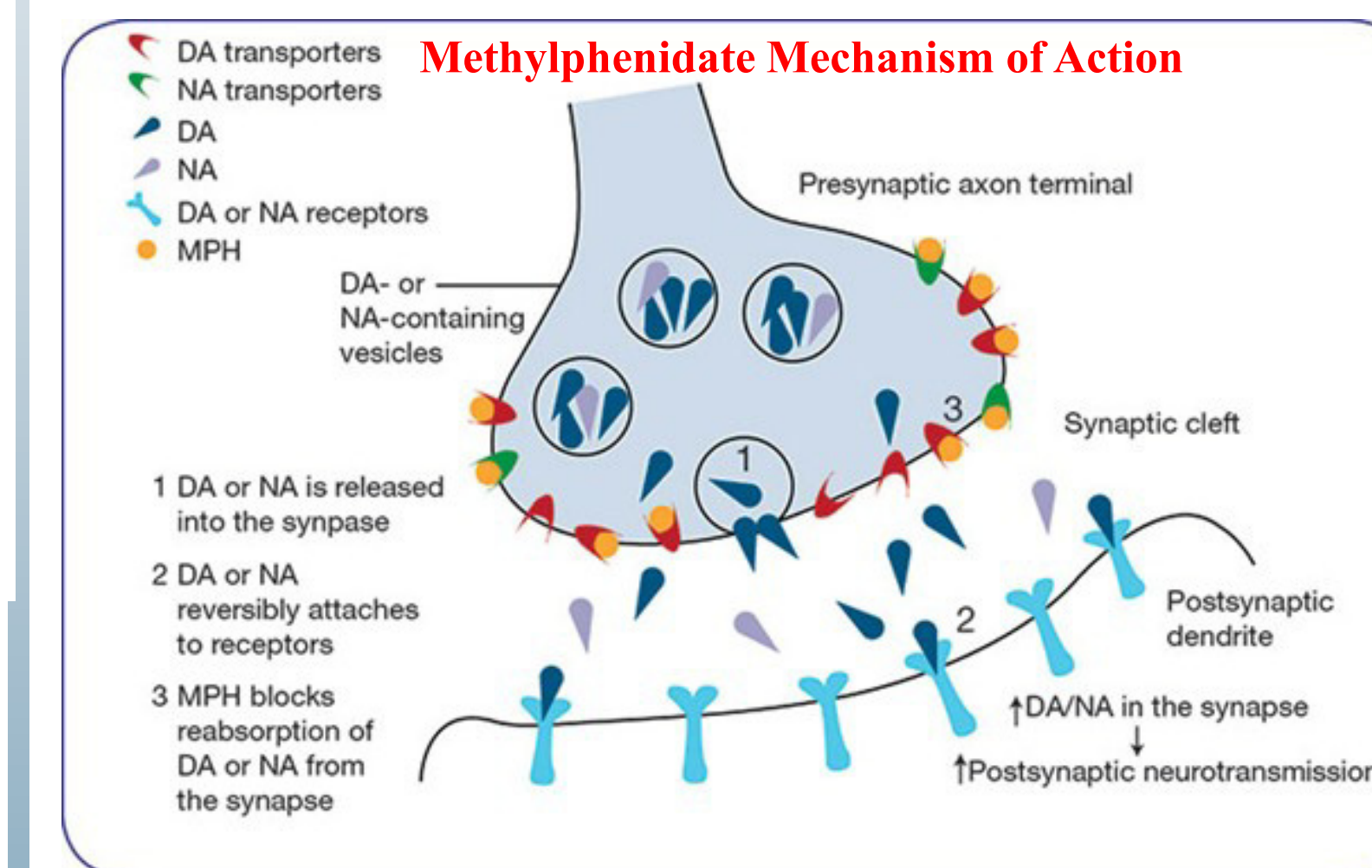
- **ADHD patients more likely to develop SUD**→ stimulant treatment may lower risk of SUD
- Stimulant medications **misused, abused, and/or diverted**



- **Substance abuse must be considered** in ADHD diagnosis & management

Protocol: Screening ADHD Patients for Substance Abuse

1. Speak to patient alone
2. Explain actions/ importance of taking stimulant medication
 - consequences of misuse/ diversion
 - counteractive effects of alcohol/ marijuana



3. Give written CRAFT Screen

- C** Have you ever ridden in a *car* driven by someone (including yourself) who was “high” or had been using alcohol or drugs?
- R** Do you ever use alcohol or drugs to *relax*, feel better about yourself, or fit in?
- A** Do you ever use alcohol or drugs while you are by yourself, *alone*?
- F** Do you ever *forget* things you did while using alcohol or drugs?
- F** Do your family or *friends* ever tell you that you should cut down on your drinking or drug use?
- T** Have you ever gotten into *trouble* while you were using alcohol or drugs?

4. If screen negative, but abuse suspected ask for urine tox screen (with adolescent and parental permission)

Talking to Teens about Substance Use

- **When the screen comes back positive....**
 - Treat substance abuse before treating ADHD
 - Have an open discussion on teen’s substance use
 - Use MI techniques
 - Help patient identify negative consequences of substance abuse
 - Ensure patient does not feel judged or scolded
 - Facilitate the patient in setting attainable goals
 - Warn patient of barriers to achieving said goals
- **Should the parent/guardian be involved?**
 - Involving the parent/guardian is often beneficial to the teen
 - Offer to act as **a mediator** between patients and parents/guardians

Sources

<http://pediatrics.aappublications.org/content/115/6/1734>
Arch Gen Psychiatry. 2011;68(11):1176-1185.
doi:10.1001/archgenpsychiatry.
<http://www.cdc.gov/healthyyouth/data/yrbs/results.htm>
<http://pediatrics.aappublications.org/content/134/1/e293.full>
<http://pediatrics.aappublications.org/content/early/2011/10/14/peds.2011-2654.full.pdf+html>
“ADHD Grand Rounds” by Angela Beeler, MD
“Alcohol & Drugs” presentation by Libby Polott, MPH
<http://www.samhsa.gov/disorders/substance-use>

Thank you!

Family Health Center of Worcester Team One & The ADHD team:

Margret Chang, Shanise Perez, Hemily Nunez