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Screening for adolescent substance use

I want to congratulate Dr. Verma on her article "Opioid use disorder in adolescents: An overview" (Evidence-Based Reviews, CURRENT PSYCHIATRY. February 2020, p. 12-14,16-21) and would like to make some contributions. Her article describes several screening tools that are available to assess adolescent substance use disorder (SUD), including the CRAFFT Interview, National Institute on Drug Abuse–modified ASSIST, Drug Use Screening Inventory (DUSI), Problem-Oriented Screening Instrument for Teenagers (POSIT), and Personal Experience Screening Questionnaire (PESQ). The ideal screening tool should be brief, easy to use, sensitive, specific to substance use and related problems, and able to guide subsequent assessment and intervention when appropriate.

Because evidence suggests there are continued barriers, such as time constraints, in evaluating for adolescent SUD,[1,2] I believe the Screen to Brief Intervention (S2BI) and Brief Screener for Tobacco, Alcohol and Drug (BSTAD) should be included.[3,4] The S2BI and BSTAD are brief screeners that assess substance use, are validated for adolescent patients, can be completed online, and can assist in identifying DSM-5 criteria for SUD.

The S2BI has demonstrated high sensitivity and specificity for identifying SUD.[3] The single screening assessment for "past-year use" is quick and can be administered in a variety of clinical settings. The S2BI begins by asking a patient about his/her frequency of tobacco, alcohol, and/or marijuana use in the past year. If the patient endorses past-year use of any of these substances, the S2BI prompts follow-up questions about the use of prescription medications, illicit drugs, inhalants, and herbal products. A patient's frequency of use is strongly correlated with the likelihood of having a SUD. Adolescents who report using a substance "once or twice" in the past year are very unlikely to have a SUD. Patients who endorse "monthly" use are more likely to meet the criteria for a mild or moderate SUD, and those reporting "weekly or more" use are more likely to have a severe SUD.

The BSTAD is an electronic, validated, high-sensitivity, high-specificity instrument for identifying SUD.[1] It asks a single frequency question about past-year use of tobacco, alcohol, and marijuana, which are the most commonly used substances among adolescents. Patients who report using any of these substances are then asked about additional substance use. Based on the patient's self-report of past year use, the screen places him/her into 1 of 3 risk categories for SUD: no reported use, lower risk, and higher risk. Each risk level maps to suggested clinical actions that are summarized in the results section.

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Disclosure: The author reports no financial relationships with any companies whose products are mentioned in this article, or with manufacturers of competing products.

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The author responds

I thank Dr. Simon for his words of encouragement. I agree that both the S2BI and BSTAD have high sensitivity and specificity and are easy to use for screening for the use of multiple substances. Once substance use is established, both tools recommend administering high-risk assessment with additional scales such as the CRAFFT. During the initial evaluation, many psychiatrists take their patient's history of substance use in detail, including age of onset, frequency, amount used, severity, and the time of his/her last use, without using a screening instrument. My article focused on instruments that

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can determine whether there is need for a further detailed evaluation. I agree that the S2BI and BSTAD would assist psychiatrists or physicians in other specialties (eg, pediatrics, family medicine) who might not take a complete substance use history during their initial evaluations.

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Changes as a result of COVID-19

I thank Dr. Nasrallah for his editorial "During a viral pandemic, anxiety is endemic: The psychiatric aspects of COVID-19" (From the Editor, CURRENT PSYCHIATRY. April 2020, p. e3-e5).

I appreciated the editorial because it got me thinking about how the pandemic has changed me and my family:

1. We are engaging more in social media.

2. I feel uncomfortable when I go to the grocery store.

3. I feel better when I don't access the news about COVID-19.

4. My children need physical socialization with their friends (sports, games, other activities, etc.).

5. My children function better with a schedule, but we find it difficult to keep them on a good schedule. Our teenagers stay up late at night (because all of their friends do), and they sleep in late the next morning.

Here are some positive changes:

1. Creating a weekly family calendar on a dry-erase board, so the family can see what is going on during the week.

2. Creating responsibility for our older children (eg, washing their own clothes, cleaning their bathroom).

3. Eating most meals as a family and organizing meals better, too.

4. Playing games together.

5. Cleaning the house together.

6. Getting outside to walk the dog and appreciate nature more.

7. Exercising.

8. Utilizing positive social media.

9. Getting caught up on life.

Again, I thank Dr. Nasrallah for writing this editorial because it led me to self-reflect on this situation, and helped me feel normal.

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