



# Central California Pediatrics

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Specialty information for physicians who treat children and expectant mothers.



## Identifying Substance Abuse in Children and Teenagers

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The use of illicit substances in adolescents is a significant and often unrecognized problem that can be a great burden on not only the individual, but also their loved ones and the greater community. According to the 2020 National Survey of Drug Use and Health (NSDUH), 20.9% of teenagers aged 12 to 17 admitted to using illicit drugs (marijuana, cocaine, heroin, PCP, LSD, ecstasy, inhalants, methamphetamines, and/or prescription pain relievers) in their lifetime, with more than 17% reporting use in the past year. Nearly 23% of adolescents reported alcohol use at some point in their life, with 18.5% having used within the past year.

Although the types of illicit substances that adolescents use have shifted over the past several years, the consumption of alcohol has decreased and the use of electronic cigarettes, marijuana, ecstasy and opioids (e.g. fentanyl, heroin) has increased. Regardless of these changes, the result is still the same: substance use remains a significant issue.

### How do I approach my patients about substance abuse?

As pediatric healthcare providers, the most important thing you can do is start by having open and honest conversations. It is crucial to start these conversations early, in grade school (as early as 11 years old), because most children that age have not begun to use any illicit substances. Begin by asking open-ended questions such as asking about what they heard or what they know about

drugs. Remember to ask in a non-judgmental way. This way, you are likely to get an honest response. Talk about healthy choices, risky behaviors and the negative effects of drug and alcohol use.

### Most parents know if their child is using drugs or alcohol, right?

According to the Mott Poll Report, parents are often unaware of their child's drug or alcohol use. According to the poll, only 10% of parents of teens 13 to 17 years old believed their child had consumed alcohol in the past year, while 5% believed their teens had used marijuana in the last year. The same teenagers self-reported that 52% of them drank alcohol and 28% had used marijuana. Given this information, it is crucial for us as their pediatricians to advocate for our patients by being proactive and asking them about substance use early because early intervention likely leads to better outcomes.

While some teens may use drugs and alcohol to get high, others may be using drugs and alcohol to manage or cope with academic, social, emotional or physical stress. According to the most recent AAP guidelines, it is recommended that all adolescents starting ages 12-21 are screened with a HEEADSSS exam (Home environment, Education/Employment, Eating, peer-related activities, Drugs, Sexuality, Suicide/depression and Safety from injury and violence and includes media use).

Because drug use can be associated with increased risk of poor grades, violence, homicides, suicides and habitual drug use in adulthood, it is important to recognize the signs and intervene early.

#### **Giving advice to parents and patients on how to say "No":**

Have a discussion with the patient and parents about how to say no to drugs. Inform them that one of the best ways to say no to drugs is to make up excuses or be honest and confident. These are only some of the examples you can provide to the patient.

- "My parents are picking me up in a few minutes, and they would kill me if they ever found out."
- "I've smelled that before, and I bet it tastes nasty!" (e.g. when referring to alcohol or marijuana)
- "I'm actually not into that kind of stuff."
- "Thanks, but I don't drink/use drugs. I've got an important test/competition/meet/performance coming up and I need to do my best/be at the top of my game."

Remember that as their pediatrician, you are one of the patient's greatest allies. You may be the first person they share any of this information with, so it is extremely important to create an environment that is non-judgmental, encouraging, and open-minded.

Read the extended version of this article, with suggested resources, under "Information for Providers" at [valleychildrens.org/behavioral-health](http://valleychildrens.org/behavioral-health).

## **Medical Staff News**

The following pediatric specialists recently joined Valley Children's:

#### **Anesthesiology**

Michelle Cederburg, MD

#### **Pediatric Neurosurgery**

Medical Director  
Anthony Avellino, MD

#### **Pediatric Surgery**

Stephanie Jones, MD

## **Upcoming CME Opportunities**

### **Medical Education Grand Rounds: Quality Improvement for the Mentor**

Presented by Dr. William Linam

Tuesday, February 8

12:15 p.m. – 1 p.m.

### **Physician Leadership Academy: Every Physician is a Leader**

Presented by

Brian James, Physician Engagement

Thursday, February 10

12:15 p.m. – 1 p.m.

### **Pediatric Clinical Symposium: Pediatric Concussions**

Presented by Dr. Paul Lebby

Wednesday, February 23

12:15 p.m. - 1:15 p.m.

Register for Valley Children's CME events through our CME Tracker, [cmetracker.net/VCH](http://cmetracker.net/VCH)



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Valley Children's Voice, the podcast for pediatricians by pediatricians, releases monthly episodes addressing topics impacting pediatricians and children in the Central Valley. This month, our Valley Children's team discusses Adverse Childhood Experiences, how to identify them and the impacts. Tune in to our podcasts at [valleychildrens.org/podcast](http://valleychildrens.org/podcast).