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The Pinpoint Pupil

TUTOR GUIDE

Case Materials:

- Instructions for Using Case
- Case
- Tutor's Guide
- Handouts
  - How to Ask Teenagers About Alcohol and Drugs
  - Developmental Model of Drug Abuse and Frames Mneumonic
- Slide Set
- References
- EvaluationTools
  - Tutor's evaluation/prior to presentation
  - Tutor's evaluation/post presentation
  - Student evaluations
  - Student knowledge questions (pre and post)***

Objectives:

As a result of this training, clinicians will:

1. Ask appropriate drug and alcohol screening questions (CAGE, RAFFT, etc.)
2. View adolescent drug and alcohol use on a developmental spectrum, from experimentation through dependency.
3. Practice a brief therapeutic office intervention (using the FRAMES mnemonic).

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Introduction: The use of alcohol and other drugs by adolescents is a major problem. Studies indicate that almost 90% of high school seniors have begun to drink alcohol, and over 35% of them are binge drinkers.* This is particularly significant as a significant percentage of young people dying in accidents are intoxicated, and accidents are the leading cause of

mortality for adolescents. For motor vehicle accidents, 45% of the teenagers killed were intoxicated when they died. Aside from alcohol, drug use by adolescents in the U.S. is on the rise. Half the students in high school have used an illicit drug, with marijuana and inhalants being most common. Prescription drug abuse (stimulants, tranquilizers, anabolic steroids) also occurs among teenagers. Thus, all adolescents should be periodically screened for drug and alcohol use. Specific recommendations in this regard have been made by the American Academy of Pediatrics, in the "*Guidelines for Adolescent Preventive Services*" (GAPS) of the American Medical Association, and in "*Bright Futures: Guidelines for Health Supervision of Infants, Children, and Adolescents.*"

Aside from screening, primary care clinicians may often see teenagers who present with problems that are related to the use of alcohol and drugs (e.g., school failure, accidents and injuries, STD's or pregnancy), and need to know how to assess the problem, and initiate treatment or referral. When possible, the clinician should try to gather information from both parent(s) and teenager. They should be interviewed separately and assured that what they tell you will be kept confidential except in life-threatening situations. Parents will sometimes ask " *What did my son/daughter tell you*?" Should this happen, clinicians must explain to parents the importance of trust in the doctor-patient relationship if you are to help their child. You can reassure them that you will of course let them know if there is a significant danger to their son/daughter. Adolescents should be told that "*anything you tell me will be kept confidential unless I think there is a risk to your safety, or some else's safety. Should that happen, I promise to let you know, and you and I together will figure out how to tell your parents. I promise I will never talk to them about things you've told me in confidence behind your back.*"

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*Teaching Note: Facilitators may wish to review their own state Youth Risk Behavior Survey results prior to the teaching session, or national studies such as the Monitoring the Future Study or National Household Survey on Drug Abuse

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GUIDING QUESTIONS FOR DISCUSSION

1. What questions would you like to ask about the use of alcohol and drugs?

2. What will you do about the father's request for a drug test?

3. What is your assessment of Mark's substance use?

4. What will you say to him now?

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GUIDING QUESTIONS AND DISCUSSION

1. What questions would you like to ask about the use of alcohol and drugs?

A transitional strategy works best, i.e., asking first those questions which are least threatening and then gradually moving to the more difficult questions. Begin with a few open ended questions about how things are going at home and at school, and transition into questions about whether or not the teenager's friends are using tobacco, alcohol, or other drugs. When moving on to questions about the patient's own use, begin by asking about tobacco, then about alcohol, then about marijuana, and then about other illicit drugs. **(see Handout 1)** The style of the interview should be one of alliance and mutual discovery (the "Lt. Colombo" method) using open ended questions and concentrating on what the effects have been on the teenager of any alcohol or drug use. This is contrasted to the potentially alienating interrogative style (the "Sgt. Friday" method) which concentrates on amount, frequency, and types of substances used.

There are several tools which can help the clinician identify alcohol and drug problems. One of the most popular and well known series of questions is CAGE, a mnemonic for the following four questions:

- **C** "Have you ever felt a need to CUT DOWN on your use of alcohol/drugs?"
- **A** "Have you ever gotten ANNOYED by someone's criticism of your alcohol/drug use?"
- **G** "Do you ever feel GUILTY (or bad) about your alcohol/drug use?"
- **E** "Do you ever find it necessary to take a morning EYE-OPENER?"

When used with teenagers, this last question should be modified to "*Do you sometimes use alcohol or drugs EARLY in the day* (before or during school)? One study of hospitalized adults found that two or more "yes" answers to CAGE questions was both sensitive and specific for a diagnosis of alcohol abuse or dependency.

Riggs and Alario have suggested another screening tool which is tailored for adolescents, known as the RAFFT questions. The authors hypothesize that two or three "yes" answers should be considered a positive screen.

- **R** "Do you drink/drug to RELAX, feel better about yourself or fit it?"
- **A** "Do you ever drink/drug while you are by yourself ALONE?"
- **F** "Do any of your closest FRIENDS drink/use drugs?"
- **F** "Does a close FAMILY member have a problem with alcohol/drugs?"
- **T** "Have you ever gotten into TROUBLE from drinking/drugging?"

2. What will you do about the father's request for a drug test?

Drug testing should never be done without the knowledge and consent of the adolescent unless life threatening circumstances (i.e., acute drug overdose) exist. The father should be told that coercing a teenager into such testing is often a "no-win" situation. First of all, the typical urine drug screen has both a limited range (5-6 drugs included) and limited sensitivity. Creative teenagers have also found out that they can produce a negative urine test by diluting or adulterating specimens. Many drugs of abuse have a brief half-life and will only be identified when testing is done within 24 hours of the last dose. On the other hand, Marijuana's active ingredient (THC) has a half life that varies from 4 days to 4 weeks, depending on whether the individual's pattern of use is occasional or chronic. This makes a single positive test difficult to interpret.

In the case presented, Mark has already admitted to using marijuana, and performing a drug test would add little information. Performing such a test, however, may destroy any chance of establishing a trusting relationship between Mark and the clinician. Thus, the potential risk outweighs the potential benefit (if any).

3. What is your assessment of Mark's substance use?

According to the new Diagnostic and Statistical Manual for Primary Care (DSM-PC) Child and Adolescent Version, substance use must be viewed on a continuum from the "developmental variation" of experimentation, through a "problem" phase, to the "disorders" of abuse and dependency. While appropriate diagnosis is important at all stages, abuse and dependency are relatively easier to recognize and more difficult to treat. Clinicians should try to identify as early as possible the high prevalence-low severity behaviors of experimentation, regular use, and problem use; and intervene before serious harm results. One way of conceptualizing this is illustrated in **Handout 2**.

Abstinence is the stage at which adolescents have not yet begun to use any psychoactive substances. Experimental Use is characterized by the use of tobacco products, alcohol, and marijuana, usually obtained from and consumed with friends. Associated problems are uncommon, but risks are significant. Being inexperienced, teenagers do not know their own limits or safe "doses". Urged on by their peers, they may rapidly consume toxic quantities without realizing the potential danger. They may put themselves and others at risk by driving a car or engaging in some other hazardous activity.

Regular Use refers to continuing use of alcohol or drugs on an occasional basis. In adults, this may be referred to as "Social Use." This term may be misleading if applied to teenage drinking because the typical "social" pattern is binge drinking (5 or more drinks in a row).

Problem Use is defined by the appearance of adverse consequences associated with use, even though the adolescent may not realize or acknowledge that there is any cause and effect relationship. Therefore, clinicians should ask about school failure, detentions, suspensions, problems with parent or peer relationships, motor vehicle accidents, emergency room visits, and physical or sexual assaults. When answered "yes", the follow up questions should be *"Were you using alcohol or drugs around the time this happened?"* and *"Have you ever considered that there could be a link between your drug use and (the problem)?"* Some problem users are able to cut back or eliminate their use with brief office intervention. Those who are unable or unwilling to cut back or stop have crossed over some "invisible line" into the disorders of abuse and dependency.

According to DSM IV, Substance Abuse is a maladaptive pattern of use that causes problems (i.e., impairment in social or school functioning, recurrent physical risk, or legal problems) and continued use despite harm over a 12 month period. Thus, the defining criteria is a loss of control over use of mood altering chemicals, although the individual may insist that this has not happened. *"I could stop if I wanted to. I just don't want to*." An abstinence challenge test is a good way to determine whether or not an individual has lost control. Any one who makes a promise (to themselves or someone else) to stop using drugs or alcohol, and then breaks that promise, has a serious problem.

Dependency is defined as a maladaptive pattern of use, preoccupation with use, and the appearance of tolerance and/or withdrawal symptoms**.** Individuals at this stage no longer have a return to baseline mood and feeling after using, and using more seems to be the only way to deal with these negative feelings. There is an increase in risk-taking and self-destructive behavior. At this stage, referral to a formal treatment program is required.

"Secondary" Abstinence becomes the goal of treatment. Once lost, control over use is almost impossible to re-establish.

In the case presented, Mark's use probably lies in the area of problem use-abuse. The most important assessment, however, is Mark's own. Does he believe he has a problem? Does he believe he is losing control? A trial of abstinence is a good way to find out.

4. What will you say to him now?

Given Mark's pupil size, he may be under the influence of marijuana during the present visit. As it is difficult to reason with someone who is high, the best strategy may be to set up another appointment. This should be done as soon as possible, and Mark should be asked to abstain from using before that visit. The clinician must weigh the potential benefit against the risk of a subsequent no-show visit. Whether the clinician decides to intervene right away, or wait for another visit, the following strategies should be used.

Miller and Sanchez have described six principles of effective brief interventions, summarized by the acronym FRAMES (see Handout 2). The clinician should begin with feedback concerning problem or risk behavior by listing the **facts**, stated in the patient's own words. Facts are less likely to lead to arguments than interpretations or diagnoses. After listing the facts, emphasize that the patient is the one who is **responsible** if change is to occur.

Physicians, in particular, should be clear about the nature of their recommendations, stating in precise terms that their **advice** is to stop, cut down, or otherwise moderate behavior. Patients should be offered a **menu** of choices for behavior change and/or treatment. At all times, the practitioner must project an attitude of **empathy** and understanding, and faith in the patients ability to make the necessary change (**self-efficacy**). In the case presented, FRAMES could be presented to Mark as illustrated below:

> "A number of things we discussed on today's visit are concerning to me. You told me that you are now smoking marijuana on school nights as well as weekends. Your grades have fallen over this past year and you are in danger of failing at least one course. You were involved in a car accident after drinking at a party, and came very close to being arrested another time. You also told me that your parents have lost faith in you, and you are arguing with them a lot more. I believe that your asthma is made worse by your marijuana smoking, and this is why you're not playing basketball anymore. In fact, I noticed wheezing today on your physical exam."

> "I'm worried about you. I'd like to work with you, but you have to take the responsibility for changing things. My advice is that you try to completely stop using drugs and alcohol at least for a while. This is known as an "Abstinence Challenge" test. If you can do it, we'll both know that you can still control your use. If you can't do it, this probably means the problem has progressed to a point where you need more specialized professional help. In that case, I will recommend a support group or a good individual therapist for you. Or I can refer you to a good outpatient treatment program which won't interfere with your going to school."

> "This is probably not what you expected or wanted to hear from me. These choices may be difficult. I'm presenting them to you because I care about your health and future. I also believe in you, and know you can do this if you try. So what do you say? Will you work with me on this?"

Many teenagers, issued such an "abstinence challenge", will agree to give it a try. Occasionally, they will not. In this situation, the clinician should suggest a Controlled Use Trial (CUT) as an alternative on the "menu" of FRAMES.

> "If you aren't willing to stop completely right now, then I would ask you to cut down to weekend use only. I also ask that you not drive or ride in a car with a someone else who has been using. If you'd like, I can work with your parents on a 'rescue plan'. That means you can call home any hour and ask for a ride home with no questions asked."

In those cases where even the CUT is declined, the clinician's last response should be:

> "Well, you're the one in charge. Will you at least give some thought to what I said and come back to see me next week?"

This sets up a “win-win” situation for the practitioner. Some patients will agree to stop or cut down, and others at least to “contemplate” the problem further. And contemplation is a step forward on the pathway of behavior change.

Some clinicians may prefer to refer their identified problem use patients directly to mental health professionals or specialized drug treatment. And all clinicians should refer patients who have already crossed the line to abuse or dependency. In these cases, the FRAMES approach can be used to make a referral. Instead of the “menu” being an abstinence challenge or CUT test, the choices would be counseling, 12-step programs, outpatient treatment, psychiatry consultation, detoxification, residential program, etc. Every clinician must become familiar with the treatment resources available in his/her community. When referrals are made, they should be to a specific individual or place, much the same as giving a patient with a heart murmur the name and phone number of the local cardiologist. Lastly, and most importantly, **always follow up**. Find out how things are going; offer support and encouragement. Let your teenage patient know that you care and will always be there for them, no matter what…

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The Pinpoint Pupil

Part 1

Mark is a 16 year old boy whose father became concerned when he overheard a telephone conversation in which Mark was discussing the purchase of "*a forty bag*" with a close friend. When Mark was out that evening, his mother and father searched his room. They found a plastic bag with a small amount of marijuana, a roach clip, cigarette papers, several tiny pieces of paper with little rainbows on them, and about $100 in cash. These items were tucked in a shoe box in the back corner of Mark's closet.

When confronted later that evening, Mark responded angrily "This is none of your business. You guys like to drink now and then, my friends and I like to smoke weed. And I can't believe you searched my room. Stay out of my life!" Mark's father requests that you see his son and perform "a drug test" to see how bad the problem is. To pacify his parents, Mark reluctantly agrees to see you.

Past medical history is positive for mild asthma, which has been successfully controlled with an albuterol inhaler. He has had no hospitalizations, no surgeries, and has no known drug allergies.

Mark is in his sophomore year at a private high school known for academic excellence. During his freshman year, he maintained a "C" average, although it declined slightly during the last term. This year, he states he has a "D" average in everything but Spanish, which he is failing. Although he was a starting player on the Junior Varsity basketball team last year, he is not planning to play this year because "Running fast makes me wheeze more."

Physical examination reveals a tall, handsome adolescent with long blonde hair, dressed in faded jeans and a rock band T-shirt. His pupils are "pinpoint", but the conjunctiva are clear. Nasal mucosa are not inflamed. The only positive physical finding is scattered wheezes on chest auscultation

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Part 2

(See handouts, which follow)

You transition the conversation by asking Mark about how things are going with his friends. You then move to questions about his own drug and alcohol use.

"So tell me a little about your own experience with alcohol and drugs."

"Well, I first started about a year ago. One of my friends turned me on to some mad cool weed. We partied pretty much every weekend at school, and then during the summer like we partied every day," he replies. Mark also says he began drinking wine over the summer to enhance the marijuana high. He denies using any other drugs. When asked about the LSD blotters his parents found, he states "I was holding them for a friend of mine."

You then ask, "Have you ever felt you should cut back on your use?"

"Well, after the summer when school started again I thought I'd better cut back to just weekends again," Mark responds.

"How did that work out?" you ask.

"Well, it was OK at first," he answers, "but a couple of months ago I decided it wouldn't hurt to toke up on weeknights; it helps me to relax. I sometimes like to smoke a bone on the way to class, too. It helps me to be more creative."

You continue with the CAGE questions, "Do you ever get annoyed because someone criticizes you drug or alcohol use?"

"Just with my parents," he says with a scowl. Mark answers "no" to the questions about feeling guilty of using early in the day.

You move on to the RAFFT questions. Mark has already told you that he sometimes smokes marijuana to **relax**. You ask, "Do you ever use drugs or alcohol when you're **alone**?"

"Well, sure I do at night. I think it helps me get to sleep."

You already know he has **friends** that use. He denies having a **family me**mber with a drug or alcohol problem. You then ask, "Have you ever gotten into **trouble** when you were drinking or using?"

"No, not really," he replies. "But last summer, this was this one time when we came really close. We were like double dating and got pulled over by the police." Mark smirks, "We were all stoned, and I was holding, but that cop never found my stuff. He had to let us go!"

Mark also admits to having a minor car accident after leaving a party where he had been drinking wine.

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The Pinpoint Pupil — Handout 1

How To Ask Teenagers About Alcohol And Drugs:
A TRANSITIONAL APPROACH ADAPTED FROM BRIGHT FUTURES GUIDELINES

FAMILY:
Who do you live with? How do you get along with your family members?
Are you worried about any family members and how much they drink or use drugs?
What would you like to change about your family if you could?

SCHOOL:
Compared with others in your class (not just your friends), how well do you think you are doing? Average? Better than average? Below Average?
Do you receive any special educational help?
How often do you miss school? Have you ever been suspended from school?

FRIENDS:
Have any of your friends tried cigarettes? Smokeless tobacco? Alcohol? Marijuana? Other drugs? Are you worried about any of your friends use of alcohol or drugs?
Do any of your friends try to pressure you to do things that you don't want to do? How do you handle that?

TOBACCO, ALCOHOL, AND DRUGS:
What education have you had about tobacco, alcohol, and drugs?
Have you smoked cigarettes, or used tobacco in any other form since our last visit?
Have you drunk alcohol since our last visit? Smoked marijuana? Used other drugs? "Sniffed" or "huffed" anything (i.e. used inhalants))?
Has anyone (a friend, teacher, parent, or counselor) ever thought you had a problem with alcohol or drugs?
Have you ridden in a car where the driver (including yourself) was drinking or using drugs?

C	Have you ever felt a need to **CUT DOWN** on your alcohol or drug use?
A	Have you ever been **ANNOYED** because someone criticized your use of alcohol or drugs?
G	Have you ever felt **GUILTY** about your use of alcohol or drugs?
E	Do you ever use alcohol or drugs **EARLY** in the morning?

R	Do you drink/take drugs to **RELAX**, feel better about yourself, or fit in?
A	Do you ever drink/take drugs while you are **ALONE**?
F	Do any of your closest **FRIENDS** drink or use drugs?
F	Does a close **FAMILY** member have a problem with alcohol or drugs?
T	Have you ever gotten into **TROUBLE** while drinking or taking drugs?

OTHER USEFUL QUESTIONS:
Have you ever had trouble remembering what happened when you used alcohol or drugs? Passed out? Had an overdose? An emergency room visit?

Have you ever been arrested? Placed in protective custody? Any car accidents or traffic tickets? Have you had sexual intercourse while using AOD? Been assaulted? Exchanged sex for AOD? Have you ever thought of hurting yourself or someone else? Were you using alcohol or drugs at the time?

The Pinpoint Pupil — Handout 2

DRUG AND ALCOHOL USE: A DEVELOPMENTAL VIEW (The DSM-PC Model)

THE FRAMES MNEMONIC

F	**FEEDBACK** on personal risk or impairment
R	Emphasis on personal **RESPONSIBILITY** for change
A	Clear **ADVICE** to change
M	A **MENU** of alternative change options
E	**EMPATHY** as a counseling style
S	Facilitation of patient **SELF-EFFICACY** or optimism

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Epilogue

Mark does not agree to a trial of abstinence on the initial visit, but does agree to: 1) confine his use to weekends, 2) not drive while using, not ride in a car with a driver who has been using, and 3) return to see you again. At the follow-up visit, he tells you everything is just fine. Six months later, however, he calls your office and says he is having "more trouble in school". He has, in fact, been expelled because of poor academic performance. He agrees to come back for a return office visit with both of his parents.

You first meet with Mark and suggest a trial of abstinence and a referral for individual and family counseling. He agrees. You then ask his parents to join the two of you and say, "Mark has realized that alcohol and drug use do not belong in his life. He plans to begin a new chapter today, and is willing to work hard to turn things around. I will work with him, but also recommend that he see a counselor for individual work, and that all of you see a social worker together. My hope is that you can work on better family communication and re-establishing trust. Are you willing to give this a try?" They also agree.

One year later Mark has not resumed using marijuana. He is able to discuss things more openly with his parents. He is in a new (public) school and his grades have dramatically improved.

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SUGGESTED READINGS (ANNOTATED):

Knight JR. Adolescent substance use: screening, assessment, and intervention in medical office practice. *Contemporary Pediatrics* 14(4):45-72. April 1997.

The review article provides a concise guide to clinical management of adolescent drug and alcohol use in the medical office setting. Screening instruments are discussed, and the developmental model of use and abuse is presented. Also included is an introduction to office intervention, motivational interviewing, and referral to treatment programs.

Schonberg SK (ed): *Substance Abuse: A Guide for Health Professionals*. American Academy of Pediatrics, Elk Grove Village, IL, 1988.

This is a soft-cover guide book for pediatric practitioners. It includes a review of epidemiology and risk factors. Screening techniques are discussed, including the pros and cons of urine drug testing. Characteristics of the various drugs of abuse are presented.

Miller WR, Rollnick S. *Motivational Interviewing*. Guilford Press, New York, 1991.

This is a complete guide to the principles of brief office treatment for drug and alcohol abuse, and a valuable resource for clinicians who wish to develop skills beyond the level of minimal competency. Topics discussed include stages of change theory, motivational theory, brief interventions, and motivational enhancement therapy. One chapter is devoted to working with youth.