

APA Official Actions

Position Statement on Adolescent Substance Use

Approved by the Board of Trustees, December 2016

Approved by the Assembly, November 2016

“Policy documents are approved by the APA Assembly and Board of Trustees. . . These are . . . position statements that define APA official policy on specific subjects. . .” – *APA Operations Manual*

Issue: Adolescent substance use is a significant problem for children, their families and our communities. As a vulnerable time for the initiation of lifelong substance use disorders, prevention and treatment in this population is essential. Furthermore, substance use can often worsen and complicate other mental disorders. Psychiatrists have an important role in the prevention, clinical care, research, teaching, and public advocacy of issues related to adolescent substance use.

POSITION:

1. Substance use by adolescents is opposed; early initiation and regular substance use by adolescents is harmful.
2. Clinicians are recommended to routinely inquire about substance use as a routine part of psychiatric and other medical assessments for all adolescents, either with a standardized rapid assessment tool or by asking about quantity, frequency, dangerous use and attitudes. Providers need to be aware that traditional diagnosis categories may not always clearly fit adolescents. Providers should screen for all drugs including substances that adolescents may not consider as problematic such as stimulants, club drugs, e cigarettes/vaporizers, and marijuana. Standardized screening and treatment, when possible, should include toxicology results. Screening and diagnosis should prompt appropriate treatment, referral, and coordination of care.
3. Clinicians should be aware of state confidentiality laws and be transparent with adolescents and parents, trying to maximize adolescent-provider confidentiality when safely possible. When appropriate, it is helpful to involve family in prevention and treatment.
4. It is recommended that attitudes and beliefs regarding substance use of both the individual as well as the attitudes/beliefs of peers, family, and others be addressed to better assess an adolescent's perceptions and risk of substance use and to provide appropriate psychoeducation.
5. Early identification and implementing other substance use preventive measures should receive high priority. Programs to target both primary and secondary evidence-based prevention should be developed and strengthened in all aspects of community life including schools and should include educational materials for youth as well as parents, caregivers, teachers, counselors and others working with young people. Treatment facilities should be drug and tobacco free.
6. Research is indispensable in understanding all aspects of substance use, including the development, prevention, assessment, and treatment of substance use and substance use disorders. Therefore, continuing support should be given to basic, clinical, epidemiological, prevention, and treatment research in adolescent substance use.
7. Media portrayal of substance use is an important influence for many adolescents. Media should reduce positive depictions of alcohol, tobacco marijuana and other substance use. In addition,

advertisements and other media formats should continue to inform the public of the risks and consequences of alcohol, tobacco, marijuana and other substance use.

8. Government, industry, media, and other organizations have important influence on public policy and youth. The APA, its branches, and individual psychiatrists, along with other professionals, should continue to advocate for policies that discourage substance use among youth and promote the treatment of substance use disorders. They should advocate that health insurance coverage of substance use and other mental health disorders be in parity with that of other medical conditions.
9. Local and national professional groups such as the APA and its district branches should conduct appropriate training and continuing education programs regarding adolescent substance use.
10. Medical schools and residency training programs should include comprehensive didactic and clinical education about adolescent substance use in order to prepare physicians to recognize and address this problem in their patients and communities.

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