



Institutional Position on Adolescent Substance Use

March 7, 2019

WHEREAS, despite some impressive success in decreasing traditional cigarette use (in past month among 12th graders: peaked 37% in 1997, 8% in 2018) and binge drinking (in past two weeks among 12th graders: peak 32% in 1998, 14% in 2018)¹, substance use continues to be a prevalent issue that impacts the health of adolescents.² By 12th grade, 36% of adolescents have smoked traditional cigarettes, 50% have tried e-cigarettes, 68% have drunk alcohol and 43% have tried marijuana³; and

WHEREAS, 5% of adolescents (ages 12-17) and 16% of young adults (ages 18-25) meet criteria for substance use disorders; yet only 6% of adolescents and 8% of young adults with a substance use disorder received treatment in a specialty facility⁴; and

WHEREAS, substance use disorders in adolescents are often co-morbid with mental health disorders and potentially can lead to other long-term health issues⁵; and

WHEREAS, routine provider screening for substance use is a recommended part of medical screening for adolescents⁶; and

WHEREAS, there is a significant lack of medical provider training in and familiarity with screening, brief intervention and referral to treatment to adequately address substance use by adolescents⁶; and

WHEREAS, genetic predisposition and onset of substance use early in life are significantly associated with increased risk for adolescents developing substance use disorders⁷; and

WHEREAS, addiction is a preventable and treatable chronic illness, and early detection, intervention and ongoing monitoring by medical professionals is beneficial⁶; and

WHEREAS, access to evidence-based and developmentally-appropriate substance use treatment is limited, due to a shortage of trained pediatric professionals, high provider turnover rate, an aging provider workforce, stigma, and inadequate provider compensation⁸.

NOW, LET IT THEREFORE BE RESOLVED:

That Ann & Robert H. Lurie Children's Hospital of Chicago supports efforts to reduce substance use by youth through: (i) continuing effective prevention education programming for youth and parents/caregivers; (ii) training providers on proper substance use screening and brief therapeutic interventions; (iii) improving access to developmentally-appropriate and adequately-reimbursed treatment services; (iv) prohibiting advertisement and other promotion of substances, especially those directed towards children, adolescents, and young adults before use starts; and (v) supporting effective policies and enforcement regulating the availability, and discouraging sale and use of substances by youth



¹National Institute on Drug Abuse; National Institutes of Health; U.S. Department of Health and Human Services. Monitoring The Future 2018 Survey Results. Updated: Dec 2018.

²American Psychiatric Association. Position Statement on Adolescent Substance Use. (2016, December). Accessed January 9, 2019, from <https://www.psychiatry.org/File20Library/About-APA/Organization-Documents-Policies/Policies/Position-2016-Adolescent-Substance-Abuse.pdf>

³Centers for Disease Control and Prevention. Youth Risk Behavior Survey Data. 2017

⁴Substance Abuse and Mental Health Services Administration, Center for Behavioral Health Statistics and Quality. National Survey on Drug Use and Health (NSDUH). 2015

⁵Hadland SE, Walker LR. Medical Comorbidity and Complications. *Child Adolesc Psychiatric Clin N Am*. Jul 2016;25(3), 533-548

⁶Levy SJ, Williams JF, AAP Committee on Substance Use and Prevention. Clinical Report: Substance Use Screening, Brief Intervention and Referral to Treatment. *Pediatrics*. Jul 2016;138(1), e20161211

⁷Meyers JL, Dick DM. Genetic and environmental risk factors for adolescent-onset substance use disorders. *Child Adolesc Psychiatr Clin N Am*. 2010;19(3):465-77.

⁸Hyde, P. S. (2013). *Report to Congress on the nation's substance abuse and mental health workforce issues*. Washington, DC: U.S. Department for Health and Human Services, Substance Abuse and Mental Health Services.