



## Complete Summary

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### GUIDELINE TITLE

Tobacco, alcohol, and other drugs: the role of the pediatrician in prevention, identification, and management of substance abuse.

### BIBLIOGRAPHIC SOURCE(S)

Kulig JW. Tobacco, alcohol, and other drugs: the role of the pediatrician in prevention, identification, and management of substance abuse. Pediatrics 2005 Mar;115(3):816-21. [33 references] [PubMed](#)

### GUIDELINE STATUS

This is the current release of the guideline.

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## COMPLETE SUMMARY CONTENT

SCOPE  
METHODOLOGY - including Rating Scheme and Cost Analysis  
RECOMMENDATIONS  
EVIDENCE SUPPORTING THE RECOMMENDATIONS  
BENEFITS/HARMS OF IMPLEMENTING THE GUIDELINE RECOMMENDATIONS  
QUALIFYING STATEMENTS  
IMPLEMENTATION OF THE GUIDELINE  
INSTITUTE OF MEDICINE (IOM) NATIONAL HEALTHCARE QUALITY REPORT  
CATEGORIES  
IDENTIFYING INFORMATION AND AVAILABILITY  
DISCLAIMER

## SCOPE

### DISEASE/CONDITION(S)

Substance abuse (tobacco, alcohol, and other drugs)

### GUIDELINE CATEGORY

Evaluation  
Management

Prevention  
Risk Assessment  
Screening  
Treatment

## **CLINICAL SPECIALTY**

Family Practice  
Internal Medicine  
Pediatrics

## **INTENDED USERS**

Physicians  
Substance Use Disorders Treatment Providers

## **GUIDELINE OBJECTIVE(S)**

To assist pediatricians with the prevention, detection, and treatment of substance abuse

## **TARGET POPULATION**

Children and adolescents at risk or suspected of substance abuse (tobacco, alcohol, and other drugs)

## **INTERVENTIONS AND PRACTICES CONSIDERED**

### **Evaluation**

1. Obtaining a comprehensive substance-abuse history
  - Use of open-ended questions
  - Use of an empathetic nonjudgmental style of interviewing
  - Use of structured interviews and questionnaires
2. Obtaining an age-appropriate psychosocial history to determine risk and/or protective factors for current or future substance abuse
  - Family and peer relationships
  - Academic progress
  - Nonacademic activities
  - Acceptance of authority
  - Degree of self-esteem
  - Intrafamilial or extrafamilial conflict
3. Obtaining family history
4. Inquiry regarding other risk behaviors
  - Sexual activity
  - Membership in gangs
  - Violence and use of weapons
  - Use of drugs while riding in or driving a motor vehicle
  - Engaging in other illegal activities

5. Identify specific drug use, including tobacco and alcohol, along with the extent of such use; setting in which the use occurs; and the degree of social, educational, and vocational disruption attributable to drug use
6. Drug testing (urine)
  - Obtain patient consent

## **Management**

1. Referral to a mental health professional when necessary
2. Be aware of community services for evaluation and treatment
3. Discussing reasons and motivations to quit using tobacco, alcohol, and other drugs
4. Implementing brief, office-based interventions incorporating motivational interviewing and cognitive-behavioral therapy including 1 or more of the following approaches:
  - Counseling (family or individual)
  - Behavioral therapy
  - Inpatient or outpatient drug therapy
  - Psychologic evaluation and/or testing
  - Psychiatric assessment
  - Drug detoxification
5. Environmental changes (living in a different community. i.e., with a relative)
6. Providing adolescents and their families with accurate information on the health and safety hazards of using tobacco, alcohol, and other drugs
7. Availability to provide aftercare for adolescent patients completing substance-abuse treatment programs

## **MAJOR OUTCOMES CONSIDERED**

Not stated

## **METHODOLOGY**

### **METHODS USED TO COLLECT/SELECT EVIDENCE**

Searches of Electronic Databases

### **DESCRIPTION OF METHODS USED TO COLLECT/SELECT THE EVIDENCE**

Not stated

### **NUMBER OF SOURCE DOCUMENTS**

50

### **METHODS USED TO ASSESS THE QUALITY AND STRENGTH OF THE EVIDENCE**

Expert Consensus (Committee)

## **RATING SCHEME FOR THE STRENGTH OF THE EVIDENCE**

Not applicable

## **METHODS USED TO ANALYZE THE EVIDENCE**

Review

## **DESCRIPTION OF THE METHODS USED TO ANALYZE THE EVIDENCE**

Not stated

## **METHODS USED TO FORMULATE THE RECOMMENDATIONS**

Expert Consensus

## **DESCRIPTION OF METHODS USED TO FORMULATE THE RECOMMENDATIONS**

Not stated

## **RATING SCHEME FOR THE STRENGTH OF THE RECOMMENDATIONS**

Not applicable

## **COST ANALYSIS**

A formal cost analysis was not performed and published cost analyses were not reviewed.

## **METHOD OF GUIDELINE VALIDATION**

Internal Peer Review

## **DESCRIPTION OF METHOD OF GUIDELINE VALIDATION**

Not stated

# **RECOMMENDATIONS**

## **MAJOR RECOMMENDATIONS**

### **Advice for Pediatricians**

The American Academy of Pediatrics (AAP) advises the following actions to promote the pediatrician's role in the prevention and management of tobacco, alcohol, and other drug abuse.

1. Pediatricians are encouraged to:

- Be knowledgeable about the prevalence, patterns, cultural differences, and health consequences of substance abuse in their community; incorporate substance-abuse prevention into anticipatory guidance at routine and episodic office visits; be aware of the manifesting signs and symptoms of substance abuse, the association with other risk behaviors, and the possibility of dual diagnoses with other mental health disorders; be able to screen for and evaluate the nature and extent of substance use among patients and their families; be aware of confidentiality issues related to substance abuse, including obtaining patient consent before drug testing; be aware of community services for evaluation, referral, and treatment of substance-abuse disorders; and be available to provide aftercare for adolescent patients completing substance-abuse treatment programs and to assist in their reintegration into the community.
  - Serve as a community resource for smoking prevention and cessation and as a community resource for evidence-based substance-abuse prevention initiatives.
  - Advocate for community-based prevention and treatment services.
2. Patients and their families should be advised that even casual use of alcohol, tobacco, and other drugs by children and adolescents, regardless of amount or frequency, is illegal and has potential adverse health consequences.

### **CLINICAL ALGORITHM(S)**

None provided

## **EVIDENCE SUPPORTING THE RECOMMENDATIONS**

### **TYPE OF EVIDENCE SUPPORTING THE RECOMMENDATIONS**

The recommendations are based on comprehensive review of published reports and consensus of committee members.

The type of evidence supporting the recommendations is not specifically stated.

## **BENEFITS/HARMS OF IMPLEMENTING THE GUIDELINE RECOMMENDATIONS**

### **POTENTIAL BENEFITS**

Pediatricians hold valued, respected positions with their patients and their patients' families and within the community. Armed with the knowledge of normal adolescent development, the pediatrician has the unique ability to provide appropriate anticipatory guidance and counseling in substance-abuse prevention and to place tobacco, alcohol, and other drug use in the context of risk behavior in general, which may lead to the identification of other risk behaviors and provide the opportunity to intervene by encouraging protective behaviors.

### **POTENTIAL HARMS**

Not stated

## QUALIFYING STATEMENTS

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The guidance in this report does not indicate an exclusive course of treatment or serve as a standard of medical care. Variations, taking into account individual circumstances, may be appropriate.

## IMPLEMENTATION OF THE GUIDELINE

### DESCRIPTION OF IMPLEMENTATION STRATEGY

An implementation strategy was not provided.

### IMPLEMENTATION TOOLS

Patient Resources  
Pocket Guide/Reference Cards

For information about [availability](#), see the "Availability of Companion Documents" and "Patient Resources" fields below.

## INSTITUTE OF MEDICINE (IOM) NATIONAL HEALTHCARE QUALITY REPORT CATEGORIES

### IOM CARE NEED

Getting Better  
Living with Illness  
Staying Healthy

### IOM DOMAIN

Effectiveness  
Patient-centeredness

## IDENTIFYING INFORMATION AND AVAILABILITY

### BIBLIOGRAPHIC SOURCE(S)

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### ADAPTATION

Not applicable: The guideline was not adapted from another source.

### DATE RELEASED

2005 Mar

**GUIDELINE DEVELOPER(S)**

American Academy of Pediatrics - Medical Specialty Society

**SOURCE(S) OF FUNDING**

American Academy of Pediatrics

**GUIDELINE COMMITTEE**

Committee on Substance Abuse

**COMPOSITION OF GROUP THAT AUTHORED THE GUIDELINE**

*Primary Author:* John W. Kulig, MD, MPH

*Committee on Substance Abuse, 2003-2004:* Alain Joffe, MD, MPH, *Chairperson*; Marylou Behnke, MD; John R. Knight, MD; Patricia K. Kokotailo, MD, MPH; John W. Kulig, MD, MPH; Janet F. Williams, MD

*Past Committee Members:* Edward A. Jacobs, MD, Immediate Past Chairperson; Peter D. Rogers, MD, MPH

*Liaison:* Deborah Simkin, MD, American Academy of Child and Adolescent Psychiatry

*Staff:* Karen Smith

**FINANCIAL DISCLOSURES/CONFLICTS OF INTEREST**

Not stated

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**GUIDELINE AVAILABILITY**

Electronic copies: Available from the [American Academy of Pediatrics \(AAP\) Policy Web site](#).

Print copies: Available from American Academy of Pediatrics, 141 Northwest Point Blvd., P.O. Box 927, Elk Grove Village, IL 60009-0927.

## AVAILABILITY OF COMPANION DOCUMENTS

- For related documents from the Committee on Substance Abuse, see the [American Academy of Pediatrics \(AAP\) Policy Web site](#).
- Laminated pocket cards with the CRAFFT screening questions are available from the Center for Adolescent Substance Abuse Research (CeASAR), Children's Hospital Boston, 300 Longwood Avenue, Boston, MA 02115.

## PATIENT RESOURCES

A variety of patient education brochures, including *Substance abuse prevention: what every parent needs to know*, *The risks of tobacco use: a message to parents and teens*, and *Testing your teen for illicit drugs: information for parents* are available from the [American Academy of Pediatrics online book store](#).

Please note: This patient information is intended to provide health professionals with information to share with their patients to help them better understand their health and their diagnosed disorders. By providing access to this patient information, it is not the intention of NGC to provide specific medical advice for particular patients. Rather we urge patients and their representatives to review this material and then to consult with a licensed health professional for evaluation of treatment options suitable for them as well as for diagnosis and answers to their personal medical questions. This patient information has been derived and prepared from a guideline for health care professionals included on NGC by the authors or publishers of that original guideline. The patient information is not reviewed by NGC to establish whether or not it accurately reflects the original guideline's content.

## NGC STATUS

This NGC summary was completed by ECRI on March 23, 2005. The information was verified by the guideline developer on May 2, 2005.

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