



Executive Summary

“It’s a Rite of Passage”:

Mapping the Gaps between Expert, Practitioner, and Public Understandings of Adolescent Substance Use

A FrameWorks Research Report

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The Expert View of Adolescent Substance Use and SBIRT

The following points comprise the content that experts on adolescent substance use and prevention and early intervention wish to communicate to members of the public. Together, these points represent the “untranslated story” of adolescent substance use. Because Screening, Brief Intervention, and Referral to Treatment (SBIRT) is recognized as an important component of a comprehensive approach to addressing adolescent substance use, this story includes a subchapter on SBIRT. This distillation of the expert view was generated through the analysis of 10 one-on-one, one-hour phone interviews with experts; a review of materials from relevant academic literatures; and a feedback session conducted with adolescent substance use experts to verify and refine the elements of the story.

What is adolescent substance use?

Experts defined adolescent substance use as the *use of a substance that alters one’s emotional or cognitive state*; this includes a continuum of behaviors, ranging from experimentation to high-intensity use. Substance misuse refers to patterns of use that are habitual and/or characterized by physical or emotional dependence, or by disruptions to normal activities, relationships, and/or daily functioning. Experts emphasized that the earlier an individual begins using a substance, the greater his or her risk of developing a substance use disorder in the future.

What are the causes of adolescent substance use?

Experts identified a range of risk factors for problematic substance use spanning individual, familial, social, environmental, and cultural domains. Factors include things like genetic makeup and comorbid mental illnesses at the individual level; peer group exposure at the social level; and cultural norms about substance use and environmental factors such as exposure to and availability of substances at the societal level. The precise causal mechanisms by which these factors shape use are unclear, and likely interact in complex and dynamic ways.

What are the effects of adolescent substance use?

Because the adolescent brain is highly susceptible to environments and experiences, repeated exposure to substances can alter the structure and function of systems in the brain, making adolescents more susceptible to addiction and other negative outcomes. Short-term substance use has physiological, social/emotional, and behavioral effects on adolescents. In the long term, the use of addictive substances is associated with negative educational, psychosocial, and employment prospects. While adolescent substance use does have common effects, precise effects vary across individuals.

What should be done to address adolescent substance use?

Experts explained that addressing adolescent substance use will require structural changes to our health care infrastructure, funding priorities, and medical training, including the following:

- Universal screening must be implemented in settings where adolescents are routinely found, such as the educational, health care, foster, and juvenile justice systems.
- Resources must be directed to prevention and early intervention strategies. Preventing use or intervening early produces better outcomes and reduces costs.
- Services must be ongoing and cover the full spectrum of substance use. Supporting adolescents at every stage—from no use through recovery—is vital to achieve good outcomes.
- Medical providers need to be trained in substance use and in prevention and early intervention approaches. Medical curricula for primary care providers should be revised to include more emphasis on substance use.
- Behavioral and mental health care should be integrated into primary care settings for adolescents. This would facilitate the delivery of behavioral health services as well as other medical care.
- Families should be involved in prevention and treatment in most cases.
- Insurance practices should be changed to make sure prevention and early intervention services are reimbursable, and to enhance patient confidentiality.
- Cultural norms must change. At the broadest level, our society must adopt a different orientation toward adolescent use of alcohol and other drugs.

How can SBIRT help?

Experts highlighted SBIRT as an important prevention and early intervention approach that can play a central role in a comprehensive strategy to address adolescent substance use. SBIRT is a framework that health care providers or other professionals can use to talk with adolescents about substance use. SBIRT has several benefits that distinguish it from other approaches:

- **It is a public health approach that focuses on prevention and early intervention.** SBIRT can be applied at the *population level*, so that screening for unhealthy substance use becomes part of ensuring healthy development for all adolescents. Screening for the full spectrum of substance use provides an opportunity to intervene early on in the trajectory of use.
- **It is flexible.** SBIRT can be implemented in a variety of different locations, including primary care settings, school health clinics, and emergency room departments; by a variety of different professionals; and with a variety of different populations. It is designed to reach adolescents in settings where they are already going to receive *other* services—making it possible to reach a wider population.
- **It is empowering.** In contrast to fear-based and authoritarian approaches that have proven ineffective, SBIRT is designed to engage adolescents in thinking about how to make smart and healthy choices and to recognize adolescents’ growing autonomy.

Experts noted that there are challenges to implementing SBIRT on a wide scale, including time and resource constraints, limits in referral networks, stigma around substance use, and confidentiality concerns. In addition, more research base on using SBIRT with adolescents is needed to refine best practices.

The Public View of Adolescent Substance Use

The American public draws on a complex set of cultural models to make sense of adolescent substance use. To identify these models, FrameWorks researchers conducted and analyzed 20 in-depth, two-hour interviews with members of the public, in four locations. Below, we highlight some of the most important understandings and assumptions identified in the analysis:

Experimentation Is Natural but Still Dangerous

The public assumes that experimentation with alcohol and marijuana is a natural, inevitable, and acceptable part of adolescence. Experimentation with alcohol and marijuana is assumed to be an integral and even a compulsory part of adolescent social life. While experimentation is natural, it is also assumed to be dangerous; it can lead directly to risky behavior, and substance *use* can escalate into *abuse*. This understanding is a major challenge for communicators, as it reduces public concern about adolescent substance use generally and undermines support for prevention and early intervention in particular.

Social Pressure and Parental Normalization

When thinking about the causes of adolescent substance use, the public looks in multiple directions, including to peers and parents. The public understands the influence of these sources differently. The adolescent sense of self is assumed to be open to influence by peers, whose opinion has priority in adolescents' self-conception. Parents, by contrast, are assumed to exert influence as models, and modeling is thought to work through expectation formation; what adolescents are around in their home life, in other words, is normalized. So when peers use substances, this exerts pressure on adolescents' open selves, and when parents use, this sets the expectation that use is normal and acceptable. The public thus has easily accessible ways of understanding how contextual influences can lead to substance use.

Escape

The public assumes that substance *misuse* (typically referred to by the public as “abuse”) often arises from the desire to “escape” stress or to “numb” trauma. On this understanding, substance misuse is driven by people's desire to distance themselves from painful emotions or experiences. While this way of understanding underlying psychological distress is thin and process deficient—the public lacks clear ways of understanding *how* internal distress causes substance misuse—it also presents an opportunity for communicators, who can fill in missing understandings about process and, in this way, cultivate deeper understanding of genetic, individual, familial, social, and environmental risk factors and the solutions that address them.

Cognitive Hole: Effects on Brain Development

While the public can readily understand how substance use and abuse affect adolescent behavior, the public wholly lacks awareness of how use affects brain development. This lack of understanding is one of the sources of a general lack of concern among the public about adolescent substance use.

Scared Straight, Therapy... or Nothing Can (or Should) Be Done

When thinking about how to address adolescent substance use, the public tends to focus on fear-based educational approaches or talk therapy, yet the dominant tendency is to assume that little can—or should—be done. Because members of the public assume that moderate substance use is a natural and acceptable part of adolescence, they do not think it is feasible or desirable to prevent or reduce experimentation. And even in cases of misuse, where something should be done, the public concludes that it is often impossible to help adolescents because adolescents do not want to stop using, and it is impossible to help people who do not want to help themselves. This combination of fatalism and complacency about the issue undermines, at a most basic level, public support for addressing the issue.

Health Care Practitioners: A Missing Solution

Doctors and other health care practitioners are almost wholly absent from public thinking about adolescent substance use. The public does not think of substance use as a health issue, and assumes that health care practitioners should only be involved with health issues. As a result, health care practitioners are not thought to have a meaningful role on this issue. This is a major barrier to public support for many of the solutions that experts identify.

The Pediatric Practitioner View of Adolescent Substance Use

To identify the cultural models of pediatric practitioners, FrameWorks researchers conducted and analyzed 10 in-depth, two-hour interviews with practitioners in two locations.

To a striking extent, pediatric health care practitioners understand adolescent substance use in the same ways that the public does. Most importantly, practitioners understand *experimentation* in the same ways that the public does and, like the public, show little awareness of the *effects of substance use on brain development*. This a critical finding, because together, these ways of thinking lead to complacency about experimentation and undermine support for prevention and early intervention—just as with the public.

While pediatric practitioners draw on many of the same understandings as the public, practitioners do have, as expected, some more fully developed ways of thinking about how they and other health care practitioners should handle the issue, including the following:

Screening Plus

Practitioners understand the value of screening adolescents regularly, yet their ideas about how to respond to substance use are less well-formed. Absent well-established methods for handling use, they fall back on commonsense thinking—which means that public understandings (e.g., about fear-based tactics) can slip into practitioner thinking. Practitioners still need to be convinced of the value of using validated screeners, and their thinking about brief interventions and referrals must be deepened and broadened in order to support effective practice.

Medical Priority

While practitioners avow the importance of substance use, they assume that it is a “social”—not a “medical”—issue, and that their job as health care providers is, first and foremost, to deal with medical issues. As a result, they treat adolescent substance use as a secondary concern that is

peripheral to core practice. This way of thinking undermines practitioner engagement on this issue and poses a major challenge for communicators.

Limited Familiarity with SBIRT

The practitioners we interviewed had no or limited familiarity with SBIRT. Those who were somewhat familiar with SBIRT assumed that it involves a slightly more formalized or systematic version of the screening, counseling, and referrals that they are already doing. Broad education is needed to generate a proper understanding of the approach and its use as a tool for prevention and early intervention.

Gaps between Expert and Public Understandings

Analysis revealed a number of major gaps between expert and public understandings of adolescent substance use.

- 1. Adolescent Development: Neurobiological vs. Social.** While experts point to the physiological and neurobiological changes that underlie adolescent behavior and outcomes, the public thinks of purely social aspects of development.
- 2. Alcohol and Marijuana: Dangerous vs. Benign.** While experts group alcohol and marijuana with other addictive substances as sources of harm to adolescent development, the public views alcohol and marijuana use as relatively harmless.
- 3. Effects: Developmental, Social/Emotional, and Behavioral vs. Behavioral.** Experts highlight how substance use harms the developing brain, as one type of effect among a range of developmental, social/emotional, and behavioral effects. The public, lacking understanding of effects on the brain, focuses narrowly on risky behavior.
- 4. Mental Health: Core vs. Missing Concept.** Experts adopt a mental health perspective to explain the role of internal distress in adolescent substance use, while the public has a more limited understanding of psychological distress that hinges on the concepts of emotional disruption and “escape.”
- 5. Experimentation: Worrisome and Changeable vs. Natural and Acceptable.** While the public sees experimentation with alcohol and marijuana as a natural and acceptable part of

adolescence, experts dispute this, viewing experimentation with substances as both harmful and changeable; while experimentation with new activities and risk-taking are natural parts of adolescence, experts emphasize that experimentation *with substances* is not.

6. **Early Use: Central Concern vs. Below the Radar.** Experts explain that use of substances early in adolescence is a contributor to and predictor of later substance problems; the public does not recognize the specific risks that attach to early use.
7. **Education: Informing Decisions vs. Scared Straight.** Experts see the goal of education as equipping adolescents to make good decisions. The public sees the goal of education as scaring adolescents into acting differently, which experts insist does not work.
8. **Motivation to Stop: Susceptible to Influence vs. “It’s Up to Them.”** Experts explain that adolescents’ motivation can be influenced by brief interventions and other means, while the public assumes that unless adolescents already have the will to stop using, little can be done to change their behavior.
9. **Health Care Practitioners: Central vs. Missing Players.** Doctors and other health care providers are central players in the Expert Story of adolescent substance use but are absent from the public story.
10. **Reducing Use: Possibility vs. Impossibility.** Experts see reduction in adolescent substance use as an achievable goal, while the public assumes that reduction in overall use is impossible.

Gaps between Expert and Practitioner Understandings

Analysis also revealed a set of specific, but surprisingly deep, gaps between experts and pediatric practitioners.

1. **Substance Use: Primary Pediatric Concern vs. Secondary “Social” Issue.** While experts view substance use as a priority issue for primary care providers, including pediatricians and adolescent medicine physicians, practitioners view it as a “social” issue rather than a medical issue and treat it as a topic of secondary importance in their own practice.
2. **Brain Development: Central Lens vs. Missing Perspective.** While experts see adolescence as a critical period of brain development and view substance use through this lens, practitioners

pay little mind to effects of substance use on adolescent brain development, remaining focused—like the public—on behavioral effects instead.

3. **Experimentation: Changeable and Worrisome vs. Natural and Acceptable.** Surprisingly, practitioners, like the public, see experimentation with substances in adolescence as natural and acceptable, while experts emphasize that it is neither.
4. **Screening: Validated Screeners vs. Any Questions Will Do.** While experts emphasize the importance of using a validated screener, practitioners do not consider validated screeners to be important and assume that any regular screening will do.
5. **Brief Intervention: Established Methods vs. Loose Approach.** Experts explain the importance of following specific methods to ensure that brief interventions are effective. By contrast, practitioners lack a common and consistent understanding of how brief interventions should be conducted.
6. **Referrals: Extensive Networks vs. On-Site Social Workers.** Experts stress the importance of being able to refer patients to a wide-ranging network of medical and other health care services, while practitioners' thinking about referrals is largely limited to on-site social workers.
7. **SBIRT: Specific Approach vs. Mild Formalization of Current Practice.** Experts understand SBIRT as a specific approach, yet practitioners are either unaware of it or assume that it merely formalizes what they are already doing.

Tasks for Communication

Gaps between expert and public understandings suggest a set of specific tasks for communication—tasks that must be addressed in order to better align public understandings with the expert view. The following tasks comprise a prospective “to-do” list for future research.

1. **Denaturalize adolescent experimentation with alcohol and other drugs.** Displacing the assumption—shared by the public and health care practitioners—that experimentation with substances is a natural part of adolescence is necessary to boost concern about adolescent substance use generally and to increase support for prevention and early intervention in particular.

2. **Cultivate understanding of doctors and other health care providers as central players in addressing substance use issues.** Achieving this task will require expanding public—and practitioner—thinking about health care practitioners’ role, as well as cultivating a perception of adolescent substance use as a health issue.
3. **Increase understanding of the effects of substance use on brain development.** This is a critical task for both the public and practitioners, as understanding of effects on the developing brain is linked to people’s level of concern about early and low-level use and their sense of the proper role of health care practitioners.
4. **Soften the strong distinction in public thinking between alcohol and marijuana and “harder” drugs.** Generating increased recognition of the harm that alcohol and marijuana can cause is important to combat complacency about their use.
5. **Boost the public’s sense of collective efficacy.** Combatting fatalism and increasing the public’s sense of efficacy is necessary in order to increase support for the policies and programs that experts recommend.
6. **Deepen public thinking about underlying causes.** The public’s existing thinking about psychological distress is thin and obscures the many genetic, individual, familial, social, and environmental factors that underlie use. Communicators need strategies to deepen thinking about what causes use.
7. **Shift public thinking about what type of education works.** Helping the public understand the problems with fear-based education and the value of alternative approaches is necessary to generate support for effective educational approaches.
8. **Increase practitioners’ understanding of prevention and early intervention, including SBIRT.** Communicators need strategies for explaining the importance of using validated screeners, the purpose of and methods for brief interventions, and the range of relevant referral options (beyond social workers).