

Screening, Brief Intervention, and Referral to Treatment

An Evidence-Based Approach

ADOLESCENTS



The following information has been adapted from the SAMHSA Core Curriculum: *Screening Patients for Substance Use in Your Practice* Setting, and slides by the National Screening, Brief Intervention & Referral to Treatment (SBIRT) Addiction Technology Transfer Center (ATTC) Network.

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SBIRT

- Screening
- Brief Intervention
- Referral
- Treatment

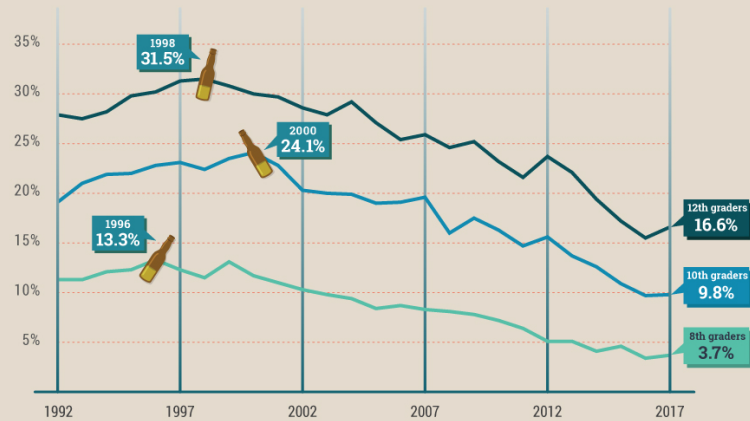


Monitoring the Future

- Long-term study of substance use and related factors in US
 - Adolescents, college students & adult high school grads
 - Conducted annually, funded by NIDA
- 2017 Results
 - Adolescent marijuana use increased in 2017
 - First significant increase in 7 years
 - Young people less concerned about dangers of prescription drugs
 - 6/10 students (62%) consumed alcohol (more than just a few sips) by the end of high school
 - Nearly a quarter (23%) have done so by 8th grade
 - Almost half of 12th graders reported being drunk at least once



BINGE DRINKING RATES STEADY AFTER DECADES OF DECLINE

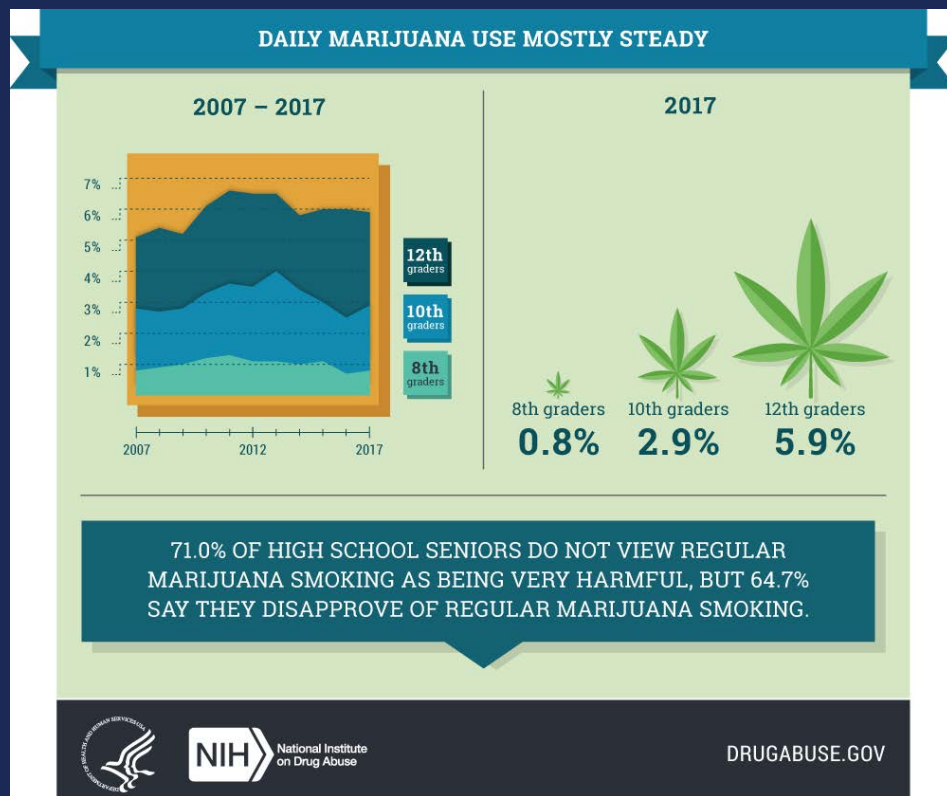


*Binge drinking is defined as having 5 or more drinks in a row in the last 2 weeks.

BINGE DRINKING APPEARS TO HAVE LEVELED OFF THIS YEAR, BUT IS SIGNIFICANTLY LOWER THAN PEAK YEARS.

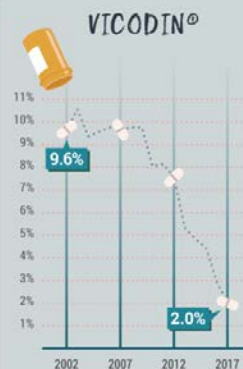


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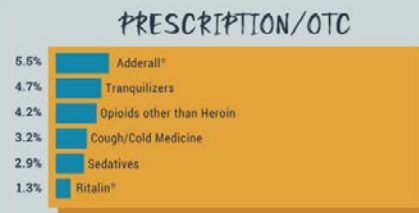


(NIDA, 2017)

PAST-YEAR MISUSE OF PRESCRIPTION/OVER-THE-COUNTER VS. ILLICIT DRUGS



Past-year misuse of Vicodin among 12th graders has dropped dramatically in the past 15 years. Misuse of all Rx opioids among 12th graders has also dropped dramatically, despite high opioid overdose rates among adults.



Past-year use among 12th graders

STUDENTS REPORT LOWEST RATES SINCE START OF THE SURVEY

Across all grades, past-year use of heroin, methamphetamine, cigarettes, and synthetic cannabinoids* are at their lowest by many measures.

*Called "synthetic marijuana" in survey



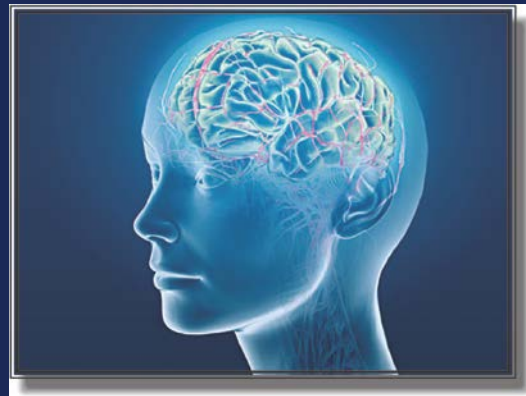
NIH National Institute on Drug Abuse

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The Adolescent Brain

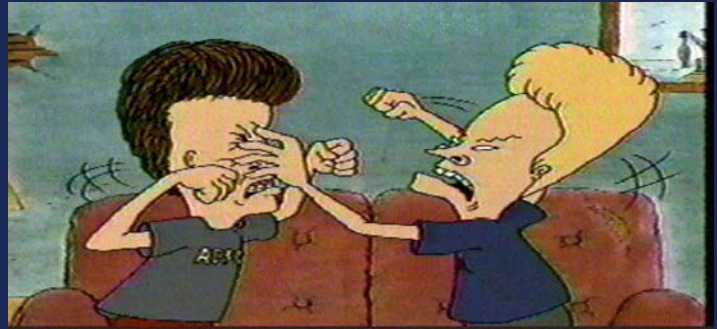
- The greatest changes to the parts of the brain that are responsible for impulse-control, judgment, decision-making, planning, organization and involved in other functions like emotion, occur in adolescence.
- This area of the brain (prefrontal cortex) does not reach full maturity until around age 25.
- Video <http://teenagebrain.blogspot.com/>

(Crews & Boettiger, 2009)

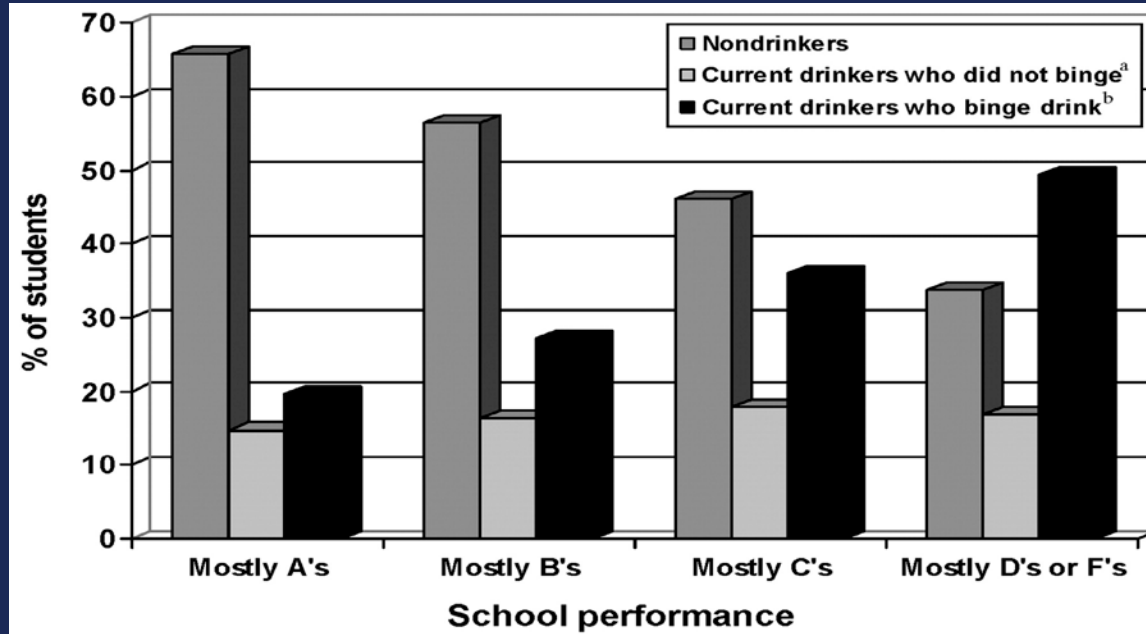


Teen Brain

- <http://teenbrain.drugfree.org/science/>



School performance during the past 12 months among US high school students during 2003.



(Miller et al., 2007)

Negative Impact of Binge Drinking

Increased frequency of binge drinking results in increased prevalence of other health risk behaviors.

- riding with a driver who had been drinking
- being sexually active (and increased risk of alcohol-exposed pregnancy and FASD)
- smoking cigarettes or cigars
- being a victim of dating violence
- attempting suicide
- using illicit drugs

Harmful Effects to Adolescent Brain

- Regions related to decision making, judgment, impulse control, emotion and memory are not yet fully developed; teens more prone than adults to taking risks, including experimenting with tobacco, alcohol and other drugs (Crews & Boettiger, 2009).
- Addictive substances physically alter its structure and function faster and more intensely than in adults, interfering with brain development, further impairing judgment and heightening the risk of addiction (Benowitz, 2010).
- Emerging evidence of the heightened vulnerability of the developing adolescent brain to the harmful effects of AOD use (Windle et al., 2008).

Brain Development May Influence the Behavior of a Teenager

- Sensory and Physical Activities May be Favored Over Complex, Cognitive-demanding Activities
- Activities with High Excitement and Low Effort May be Preferred
- Poor Modulation or Control of Emotions (e.g. the Teenager Emotionally Over-reacts to a Minor Incident)
- Propensity Toward Risky, Impulsive Behaviors
- Poor Planning and Judgment

Effectiveness of SBIRT for Adolescents

Preliminary research shows promising effects of SBIRT on adolescent AOD use:

- Project CHAT (D'Amico et al., 2008)
 - Less likely to report intentions to use marijuana
 - Lower perceived prevalence of marijuana use and fewer friends who use marijuana
 - Increased readiness to change, increased self-efficacy, decreased marijuana use
- SBIRT in 2 continuation high schools (Grenard et al., 2007)
 - Youth willing to discuss personal drug use
 - Reported satisfaction with SBIRT
 - Greater readiness to change drug use at follow-up

Effectiveness of SBIRT for Adolescents

- Knight et al. (2005) pilot study
 - Reduction in substance use and risk of drinking after driving at three month follow-up
- Harris et al. (2012) computerized Screening and Brief Advice (SBA)
 - Lower past 90 day alcohol and drug use than control group
 - cSBA prevented or delayed initiation of alcohol use
 - 44% fewer cSBA adolescents started drinking during the twelve month study period than adolescents in the control group



Summary of the Teen SBIRT Research:

1) Small but growing literature

2) Teen outcomes:



AOD use



AOD consequences



Self-efficacy

2) Abstinence not typical

3) Effects are rapid and durable

4) High satisfaction ratings by teens

5) May promote additional help-seeking

Why Brief Interventions Make Sense For Youth

- Their problems are not as deep-rooted.
- Person-centered approach is appealing to young people.
- Commitment to lengthy and intensive interventions can be difficult at this age.
- Many youth are seen in opportunistic settings

Delivering SBIRT to Adolescents

Why SBIRT with adolescents?

- A large population of “subclinical” AOD users exists
- Only 1 in 20 with clinical AOD involvement get services
- Behavioral health and primary care offer “opportunistic” settings
- Expands service options
- Low threshold for service engagement
- Congruent with aspects of adolescent development

SBIRT Core Clinical Components

- Screening: universal screening for quickly assessing use and severity of alcohol, illicit drugs, and prescription drug abuse
- Brief Intervention: a brief motivational and awareness-raising intervention given to risky or problematic substance users; 1 session
- Brief Treatment: “Extended Brief Intervention” (EBI) is similar to BI in emphasizing motivation to change and client empowerment given to moderate to high risk users up to 5 sessions (total is 6/year)
- Referral to Treatment: referrals to specialty care for patients with substance use disorders

Adolescent Risk Levels

At ages 12 to 15 years:

- any drinking is considered at least “moderate” risk, and
- half of drinkers in this age group drink frequently enough to be in the “highest risk” category.

At ages 16 to 18:

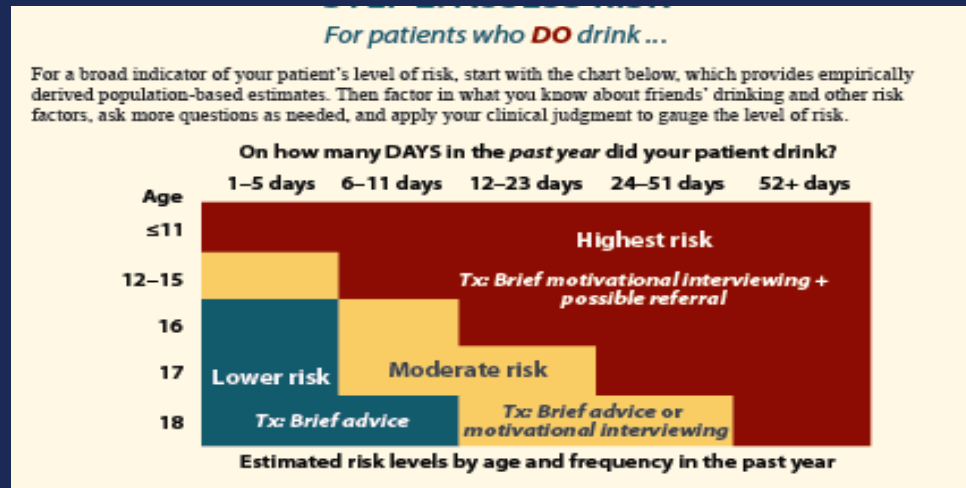
- about one-third of drinkers are at “lower risk,”
- one-fifth at “moderate risk,” and
- just under half are at “highest” risk (NIAAA, 2011).

Approximate distribution of young drinkers at
lower, **moderate**, and **highest** risk levels

Ages 12-15 

Ages 16-18 








For Students who drink – Assess Risk, and Provide Feedback



(NIAAA, 2011)

Definitions: Standard Drink

NIAAA

12 oz. of beer or cooler	8-9 oz. of malt liquor 8.5 oz. shown in a 12-oz. glass that, if full, would hold about 1.5 standard drinks of malt liquor	5 oz. of table wine	3-4 oz. of fortified wine (such as sherry or port) 3.5 oz. shown	2-3 oz. of cordial, liqueur, or aperitif 2.5 oz. shown	1.5 oz. of brandy (a single jigger)	1.5 oz. of spirits (a single jigger of 80- proof gin, vodka, whiskey, etc.) Shown straight and in a highball glass with ice to show level before adding mixer
						
12 oz.	8.5 oz	5 oz.	3.5 oz.	2.5 oz.	1.5 oz.	1.5 oz.

Note: People buy many of these drinks in containers that hold multiple standard drinks. For example, malt liquor is often sold in 16-, 22-, or 40 oz. containers that hold between two and five standard drinks, and table wine is typically sold in 25 oz (750 ml.) bottles that hold five standard drinks.

SBIRT for Youth in Healthcare Settings

- The American Academy of Pediatrics recommends that pediatricians provide alcohol screening and counseling to all adolescents (Levy & Williams, 2016).
- The Massachusetts Department of Public Health states that “Every adolescent should be asked yearly about use of alcohol and drugs” (Massachusetts Department of Public Health Bureau of Substance Abuse Services, 2009).

Relatively Few PCPs Screen According to Guidelines

- An American Academy of Pediatrics' survey found that only 45 % of fellows routinely screened young patients for alcohol use, and only 16 % reported using standardized instruments (1998).
- In another study, they found that, while 14 % of the sample scored ≥ 2 on the CRAFFT, providers' only identified only 4.8 % of the patients with problem use (Hassan et al., 2009)
- Moreover, almost 20 % of those perceived by the providers to have an AOD problem still did not receive a recommendation for an intervention (Hassan, et al., 2009)

CRAFFT Screening Tool

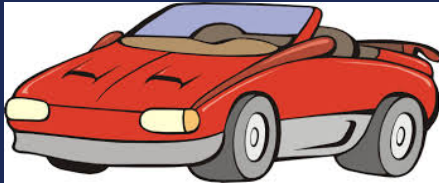
- The CRAFFT is a validated screening tool for use with adolescent patients
- Because it screens for both alcohol and other drug problems simultaneously, it is especially handy for providers
- CRAFFT consists of
 - ✓ Part A: 3 prescreening questions and
 - ✓ Part B: 6 items
 - ✓ Scoring Algorithm
- A positive CRAFFT means the student should be assessed for alcohol/drug use severity (mild, moderate or severe)

CRAFFT - Part A Review

Ask: During the Past 12 months, did you:

1. Drink any alcohol (more than a few sips)?
2. Smoke any marijuana or hashish?
3. Use anything else to get high? ("Anything else" includes illegal drugs, over the counter and prescription drugs, and things that you sniff or "huff".)

If answers **NO** to all, Ask the **CAR** question in Part B, then STOP.



If answers **YES** to **ANY**, ask all of Part B
(Children's Hospital Boston, 2009)

The CRAFT

IF: No to All Part A and No to Car question:

Praise and Encouragement: "You made some good choices not to use drugs or alcohol."

IF: No to All Part A and Yes to Car question:



"Please don't ever ride with a driver who has had a single drink, because people can feel that it's safe to drive even when it's not."

The CRAFFT

Part B:

1. Have you ever ridden in a CAR driven by someone (including yourself) who was “high” or had been using alcohol or drugs?
2. Do you ever use alcohol or drugs to RELAX, feel better about yourself, or fit in?
3. Do you ever use alcohol or drugs while you are by yourself, or ALONE?



The CRAFFT

4. Do you ever FORGET things you did while using alcohol or drugs?
5. Do your FAMILY or FRIENDS ever tell you that you should cut down on your drinking or drug use?
6. Have you ever gotten into TROUBLE while you were using alcohol or drugs?



The CRAFFT

A score of 2 or greater is a “positive” screen and indicates that the adolescent is at high-risk for having a substance use disorder.



CRAFT Part B

IF: CRAFT = 1

Brief Advice:

- *"I recommend that you stop (behavior) and now is the best time. Alcohol and drugs have a detrimental affect on your growing brain and you may do some things that you could come to regret."*
- Affirm their strengths and supports.

CRAFFT Part B

CRAFFT ≥ 2 *Brief Assessment*



(Children's Hospital Boston, 2009)

CRAFFT Part B

CRAFFT ≥ 2 *Brief Assessment*



CRAFFT ≥ 2 :

No Acute Danger or Red Flag

BI: To stop or cut down

- Give Brief Advice and summary
- Give praise and encouragement if willing to quit.
- Plan follow-up

Red Flags - Addictions

CRAFFT ≥ 5 ; < 14 years; daily or near daily use; alcohol related blackouts (memory lapses)

Use BNI

- Summarize
- Refer to treatment (5 or 6)
- Invite Parents
- Plan follow-up

CRAFT ≥2:

Signs of Acute Danger: Drug-related hospital visit; use of IV drugs; combining alcohol use with benzodiazepines' barbiturates or opiates; consuming potentially lethal volume of alcohol (14 or more drinks); driving after substance use

Use BNI

- Make an immediate intervention
- Contract for safety
- Discuss confidentiality and possibly contacting parents
- Plan follow-up

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