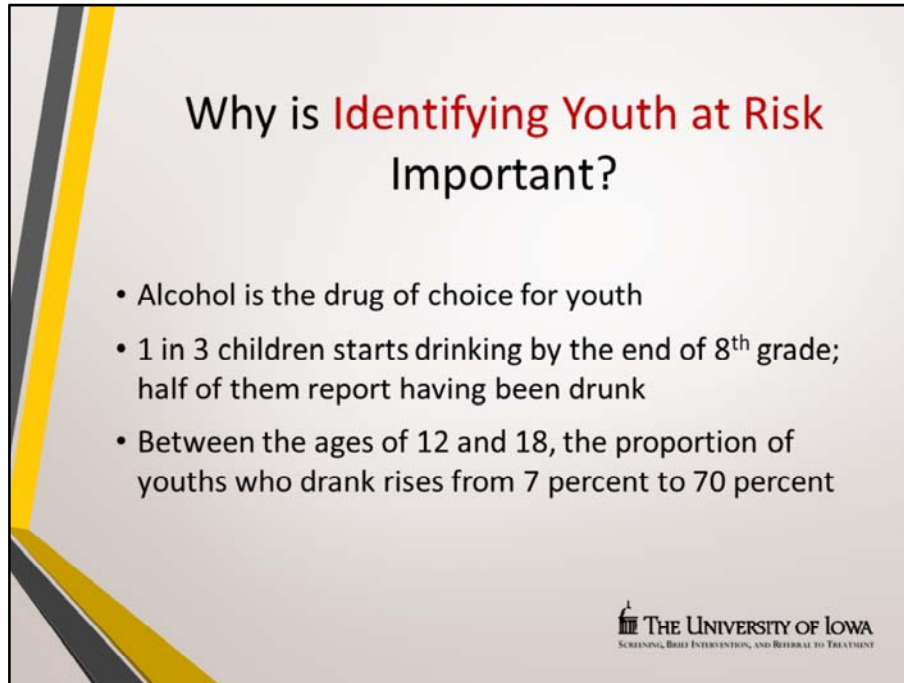


Welcome to our part of the SBIRT program focused on youth.



Why is **Identifying Youth at Risk** Important?

- Alcohol is the drug of choice for youth
- 1 in 3 children starts drinking by the end of 8th grade; half of them report having been drunk
- Between the ages of 12 and 18, the proportion of youths who drank rises from 7 percent to 70 percent

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It's important to identify youth at risk because substance use can start early. In 2003, the average age of one's first use of alcohol was about 14 years. If a teen drinks alcohol before the age of 15, they are 4 times more likely to report alcohol dependence later on. In addition, studies have shown that substance use increases as adolescents get older.

Reference: NIAAA Surveillance Report No. 74: Trends in Underage Drinking in the United States, 1991–2003.

<https://pubs.niaaa.nih.gov/publications/surveillance74/Underage03.htm>

Why is **Identifying Youth at Risk** Important?

- Dangerous binge drinking is common and also increases with age
 - ✓ Binge drinking is having 5 or more drinks in a row
 - ✓ About 1 in 14 eighth graders, 1 in 6 tenth graders, and 1 in 4 twelfth graders report binge drinking in the past 2 weeks

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One of the issues common to youth is binge drinking, which is quite dangerous. As with substance use in general, binge drinking increases with age.

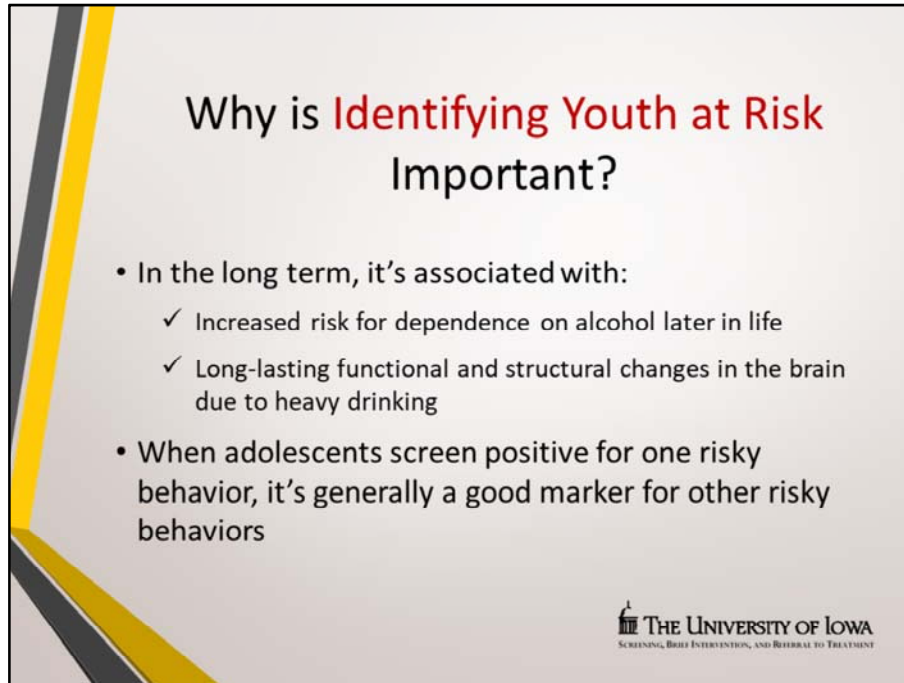


Why is **Identifying Youth at Risk** Important?

- In the short term, adolescent drinking often results in:
 - ✓ Unintentional injuries and death
 - ✓ Suicidality
 - ✓ Aggression and victimization
 - ✓ Infections and pregnancy from unplanned, unprotected sex
 - ✓ Academic and social problems


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There are numerous short-term effects that can occur when adolescents drink, and a few are presented here. While they are noted as “short term,” they can have long-lasting impacts on the individual and those around them.



Why is Identifying Youth at Risk Important?

- In the long term, it's associated with:
 - ✓ Increased risk for dependence on alcohol later in life
 - ✓ Long-lasting functional and structural changes in the brain due to heavy drinking
- When adolescents screen positive for one risky behavior, it's generally a good marker for other risky behaviors

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There are also long-term effects, those we can't see until later on in an individual's life. Early substance use can have multiple negative impacts as a person ages.

The slide features a title 'Unique to Adolescents' in a bold, black font. Below the title is a bulleted list of trends. The first bullet point is 'The clinician should consider the following trends when working with adolescents:', followed by two checkmarks: 'Teen suicide rate increased 24% from 1999-2014:' and 'In adolescents, depression has increased from 8.7% in 2005 to 11.3% in 2014'. The second bullet point is 'More teens are opening up about gender, sexual attraction, and LGBTQ questioning'. The third bullet point is 'In 2016, 3.6% of adolescents aged 12-17 reported misusing opioids over the past year'. In the bottom right corner, there is a logo for 'THE UNIVERSITY OF IOWA' with the text 'SCREENING, BRIEF INTERVENTION, AND REFERRAL TO TREATMENT' underneath it. The slide has a decorative border on the left side with yellow and grey diagonal stripes.

Unique to Adolescents

- The clinician should consider the following trends when working with adolescents:
 - ✓ Teen suicide rate increased 24% from 1999-2014:
 - ✓ In adolescents, depression has increased from 8.7% in 2005 to 11.3% in 2014
- More teens are opening up about gender, sexual attraction, and LGBTQ questioning
- In 2016, 3.6% of adolescents aged 12-17 reported misusing opioids over the past year

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When working with adolescents, two important trends that the clinician should consider are the teen suicide rate and the prevalence of major depressive episodes. Both have increased in the past several years.

An adolescent issue to be aware of is that more teens are opening up – and questioning – their gender and sexuality. Another issue is the increase in misuse of opioids by adolescents.

Reference: National Trends in the Prevalence and Treatment of Depression in Adolescents and Young Adults.

<http://pediatrics.aappublications.org/content/early/2016/11/10/peds.2016-1878>

Reference: Gender and Sexuality in Pediatrics.


<https://www.healio.com/pediatrics/journals/pedann/2016-5-45-5/%7B959b6ada-2f4a-4e70-9a75-5e52a5775639%7D/gender-and-sexuality-in-pediatrics.pdf>

Reference: Key Substance Use and Mental Health Indicators in the United States: Results from the 2016 National Survey on Drug Use and Health. Retrieved from <https://www.samhsa.gov/data/sites/default/files/NSDUH-FFR1-2016/NSDUH-FFR1-2016.pdf>

Prevalence of Substance Use

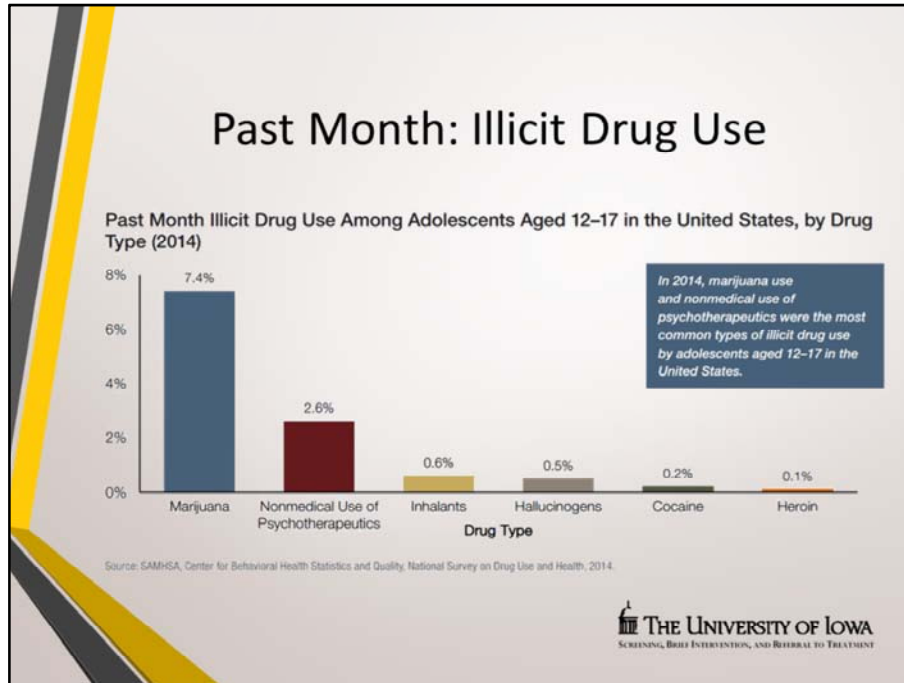
Alcohol and drug use is prevalent

- Of those aged 12 to 17 years, 1 out of 10 report using illicit drugs in past 30 days
- Past month alcohol use:
 - ✓ 14% among 8th graders
 - ✓ 21% among 10th graders
 - ✓ 49% among 12th graders
- 1.8 million (7.2%) were believed to need substance use disorder treatment, but only 150,000 received it

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As noted before, risks of substance use increase with age, so having discussions at earlier ages may help reduce problems later on.

It's also important to know that while many youth need treatment, only a small fraction actually receive it.




These are the 2014 study results on the different types of drugs used among adolescents between the ages of 12 and 17. Marijuana is the most commonly used drug, followed by the nonmedical use of psychotherapeutics.

Other Substances



- Performance-enhancing drugs
 - ✓ Used to improve any form of activity performance in humans
 - ✓ Examples: anabolic steroids, androstenedione, human growth hormone, erythropoietin, diuretics, creatine
- Stimulants
 - ✓ Medication prescribed to treat health conditions
 - ✓ Health conditions: ADHD, narcolepsy, depression
- Energy drinks
 - ✓ Include high levels of caffeine
 - ✓ Examples: Red Bull, Monster Energy, 5-hour Energy


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In addition to alcohol and drugs, other substances that youths are drawn to include performance-enhancing drugs, stimulants, and energy drinks.

Other Substances

- Nicotine products
 - ✓ Cigarettes, cigars, and pipe tobacco
 - ✓ Chewing tobacco
 - ✓ E-cigarettes (vaping)
- Inhalants
 - ✓ Volatile solvents (e.g., paint thinner, nail polish remover)
 - ✓ Aerosols (e.g., spray paint, vegetable oil spray)
 - ✓ Gases (e.g., butane lighters, propane tanks)
 - ✓ Nitrites (e.g., room odorizer, leather cleaner)

Just because they're legal doesn't mean they're safe!



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Nicotine products and inhalants are two other categories of substances that youths find attractive. Some of these substances are easy to obtain, making them easy to abuse.


Hazards

Increased risks for:

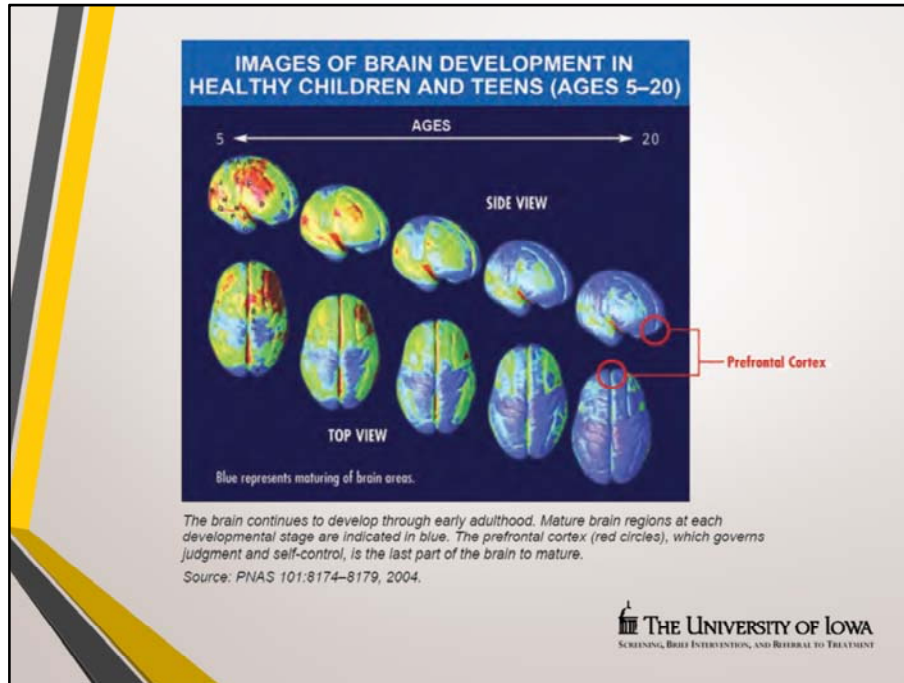
- Overdose death
- Motor vehicle crashes
- Teen pregnancy
- Infectious diseases like HIV, HepC
- School failure
- Family and relationship problems
- Violence and criminal behavior

Increased risk for substance use disorder as an adult!



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The risks associated with the use of these substances are varied and can be detrimental to an adolescent's life. One major risk is that substance use during the adolescent years can lead to an increased risk for substance use as an adult!



Misuse of substances during youth impacts critical stages of brain development. Between the ages of 5 and 20, the brain is particularly vulnerable to substance use disorder. The prefrontal cortex is developing and is making connections to other brain regions that help the individual assess situations, make sound judgments, and control emotions and impulses.

The adolescent brain is likened to a car with a fully functioning gas pedal (which is the reward system), but weak brakes (the prefrontal cortex).

Settings

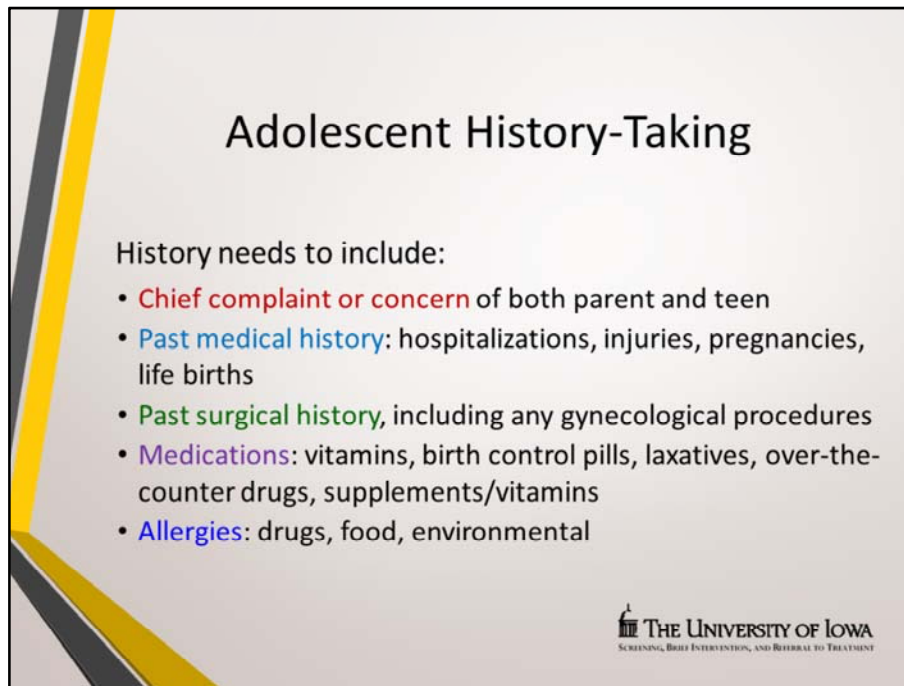
Strong evidence for SBIRT use in:

- School settings
- Emergency departments
- Primary Care settings
 - ✓ “Well-Care” PCP visit
 - ✓ Routine health services

The American Academy of Pediatrics and the American Medical Association recommend that ALL health care providers routinely ask adolescents about drinking and drugs.

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There are various settings where teens can be asked about their drinking and drug use, including schools, emergency departments, and in the office of their primary care provider. This provides multiple opportunities for screening and early intervention.

A presentation slide titled "Adolescent History-Taking" with a list of history needs and a university logo.

Adolescent History-Taking

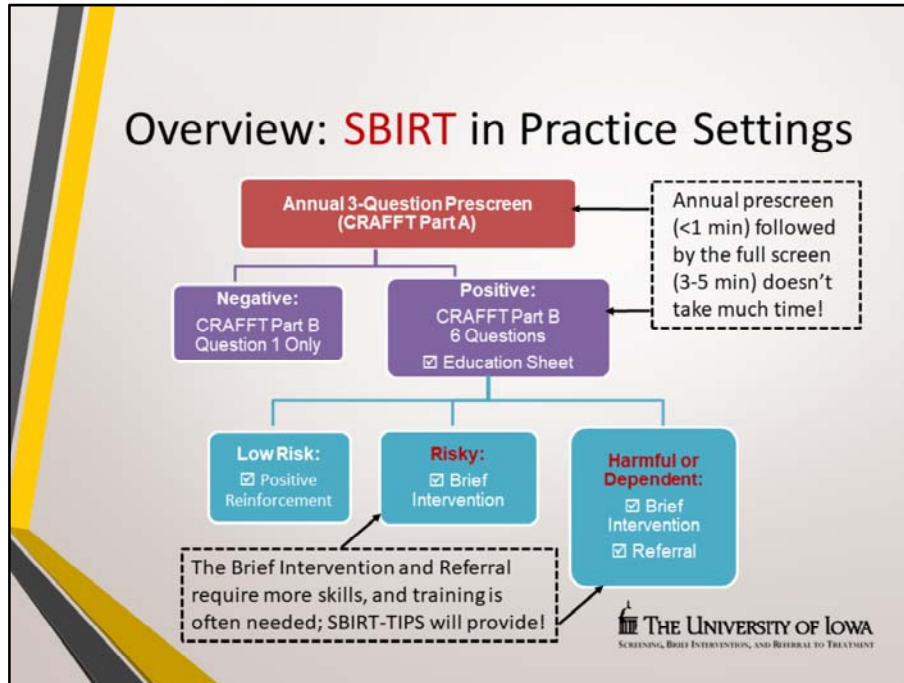
History needs to include:

- **Chief complaint or concern** of both parent and teen
- **Past medical history:** hospitalizations, injuries, pregnancies, life births
- **Past surgical history,** including any gynecological procedures
- **Medications:** vitamins, birth control pills, laxatives, over-the-counter drugs, supplements/vitamins
- **Allergies:** drugs, food, environmental

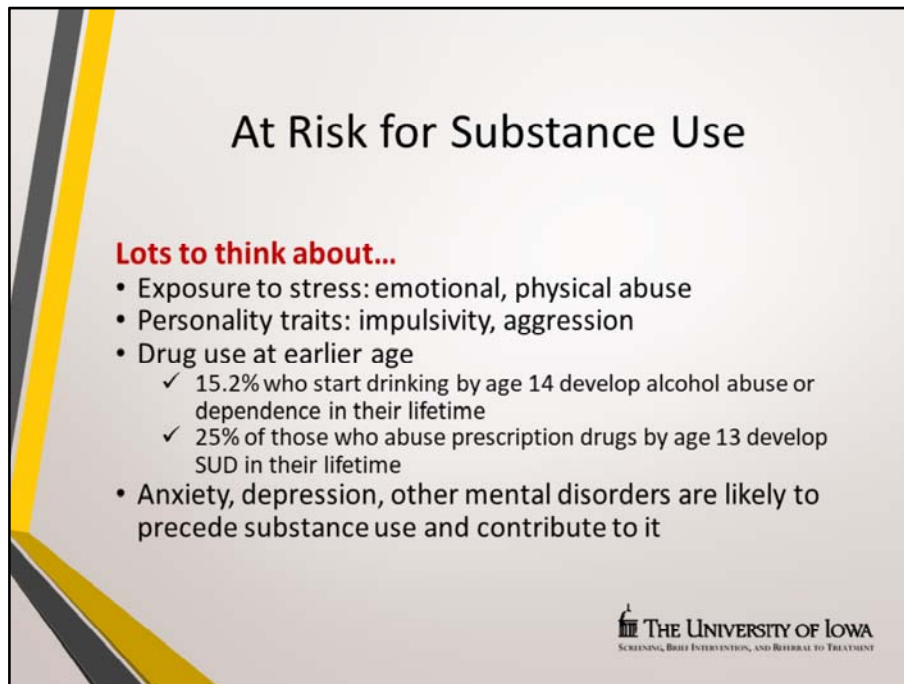
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In order to effectively evaluate an adolescent for substance use, you must obtain a complete history. The history should include the chief complaint or concern of both the parent and the teen, the teen’s past medical and surgical history, all medications the teen is taking, and any allergies.

Reference: Adolescent Interview. Course Presentation by Susan Van Cleve and Brenda Cassidy. September 2017




The prescreening and full screening of substance use for adolescents doesn't take much time at all – generally, no more than 5 minutes. If brief intervention or referral to treatment is necessary, you will need to rely on additional skills that you'll learn through the SBIRT-TIPS program.



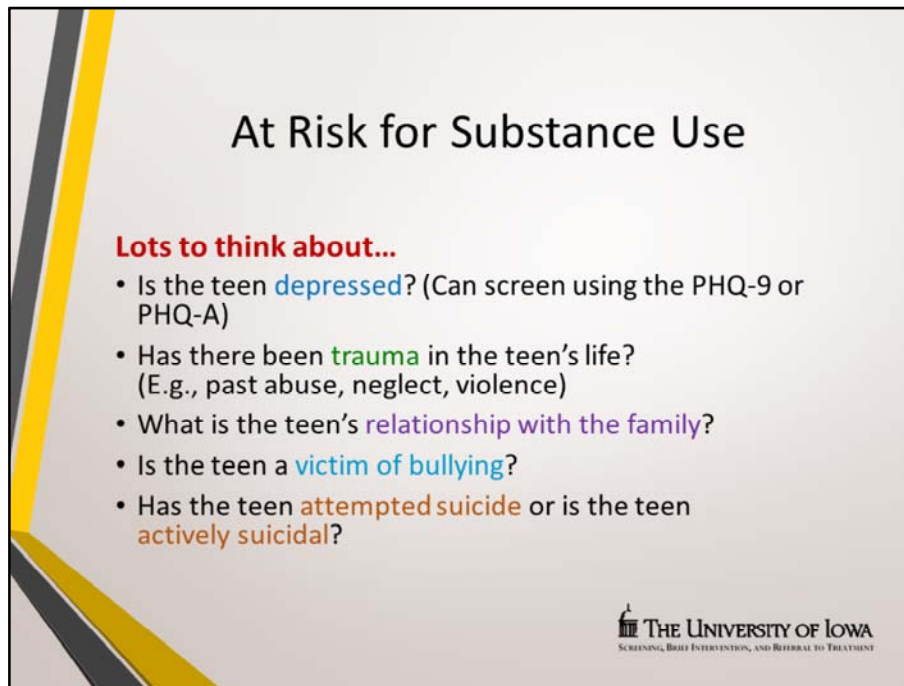
At Risk for Substance Use

Lots to think about...

- Exposure to stress: emotional, physical abuse
- Personality traits: impulsivity, aggression
- Drug use at earlier age
 - ✓ 15.2% who start drinking by age 14 develop alcohol abuse or dependence in their lifetime
 - ✓ 25% of those who abuse prescription drugs by age 13 develop SUD in their lifetime
- Anxiety, depression, other mental disorders are likely to precede substance use and contribute to it

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Another aspect to think about is why youths are at risk for substance use. Since each individual is unique and has different experiences, the reasons that they use substances can be quite varied.



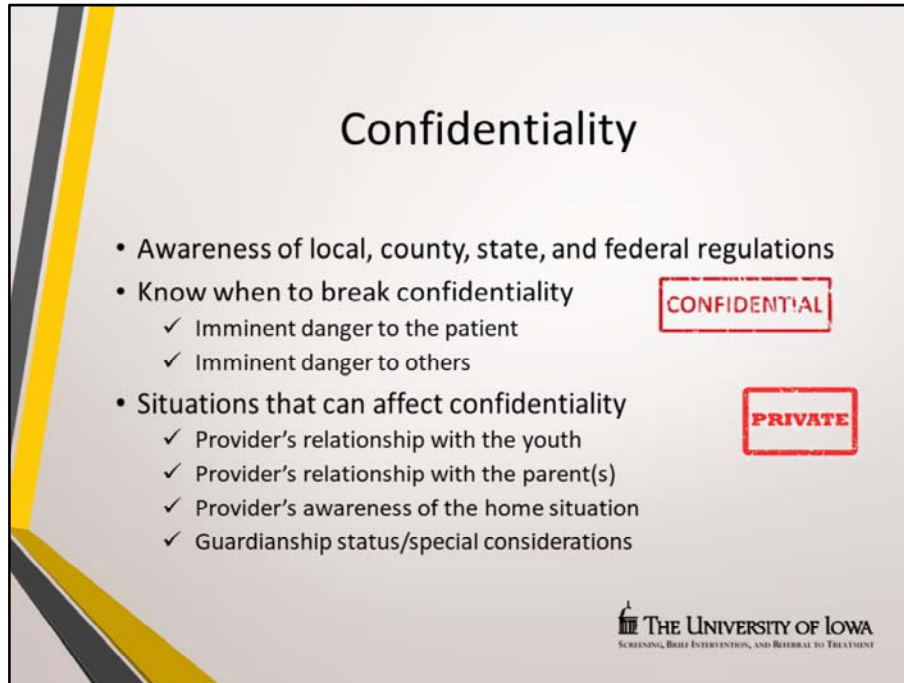
At Risk for Substance Use

Lots to think about...

- Is the teen **depressed**? (Can screen using the PHQ-9 or PHQ-A)
- Has there been **trauma** in the teen's life? (E.g., past abuse, neglect, violence)
- What is the teen's **relationship with the family**?
- Is the teen a **victim of bullying**?
- Has the teen **attempted suicide** or is the teen **actively suicidal**?

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Other factors that need to be considered include whether or not the teen is depressed, if there's been any trauma in their life, and what the teen's relationship is with their family. In addition, is the teen a victim of bullying? Have they attempted suicide or are they actively suicidal? It's critical to think about all of these issues.




Confidentiality

- Awareness of local, county, state, and federal regulations
- Know when to break confidentiality
 - ✓ Imminent danger to the patient
 - ✓ Imminent danger to others
- Situations that can affect confidentiality
 - ✓ Provider's relationship with the youth
 - ✓ Provider's relationship with the parent(s)
 - ✓ Provider's awareness of the home situation
 - ✓ Guardianship status/special considerations

CONFIDENTIAL

PRIVATE

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When talking with adolescents, confidentiality can be a sensitive area. Make sure you're aware of the regulations that apply to your practice location; confidentiality laws vary from state to state. Also, understand that you may need to break confidentiality if the situation calls for it.

Prescreen – CRAFFT Part A

“CRAFFT” is the mnemonic acronym of first letters of key words in the six screening questions.

Instruct the youth to answer these next questions honestly (and remind them of confidentiality policies).

During the last 12 months, did you:

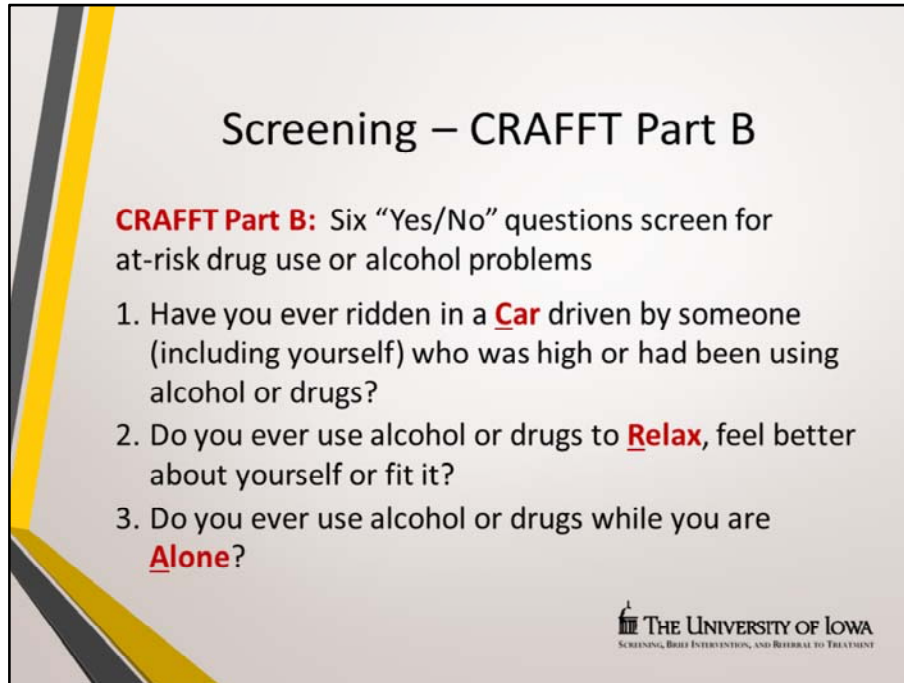
1. Drink any alcohol (more than a few sips)?
2. Smoke any marijuana or hashish?
3. Use anything else to get high?

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One of the most useful tools to screen adolescents for substance use is the CRAFFT. “CRAFFT” is the mnemonic acronym of first letters of key words in the six screening questions, specifically “car,” “relax,” “alone,” “forget,” “family,” and “trouble.”

Prior to those six questions, you will ask the youth three prescreening questions. When asking about “anything else” in question 3, this includes illegal drugs, over-the-counter and prescription drugs, and things that they “sniff” or “huff.”


If the youth answers “no” to all three questions, ask only the “Car” question. This is question 1 in Part B of the CRAFFT.



Screening – CRAFFT Part B

CRAFFT Part B: Six “Yes/No” questions screen for at-risk drug use or alcohol problems

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 **Alone**?

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Part B of the CRAFFT has the screening questions. Here are the first three.



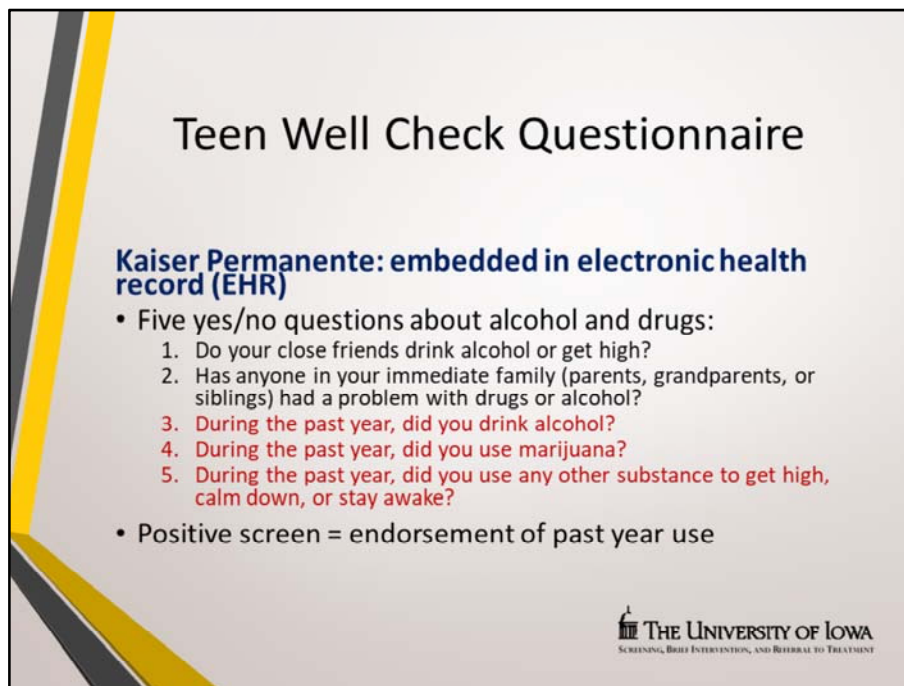
Screening – CRAFFT Part B

CRAFFT Part B *continued...*

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 drinking or drug use?
6. Have you ever gotten into **Trouble** while you were using alcohol or drugs?

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These are the last three questions of the CRAFFT. Each “yes” response in Part B scores 1 point. A total score of 2 or higher is a positive screen, which indicates a need for brief intervention.

The slide features a light gray background with a decorative graphic on the left side consisting of several overlapping diagonal stripes in shades of gray and yellow. The title 'Teen Well Check Questionnaire' is centered at the top in a large, black, sans-serif font. Below the title, the text 'Kaiser Permanente: embedded in electronic health record (EHR)' is displayed in a smaller, bold, blue font. This is followed by a bulleted list of five screening questions, with the first two in black and the last three in red. A final bullet point in black explains that a positive screen indicates endorsement of past year use. In the bottom right corner, the logo for 'THE UNIVERSITY OF IOWA' is shown, with the text 'SCREENING, BRIEF INTERVENTION, AND REFERRAL TO TREATMENT' underneath it.

Teen Well Check Questionnaire

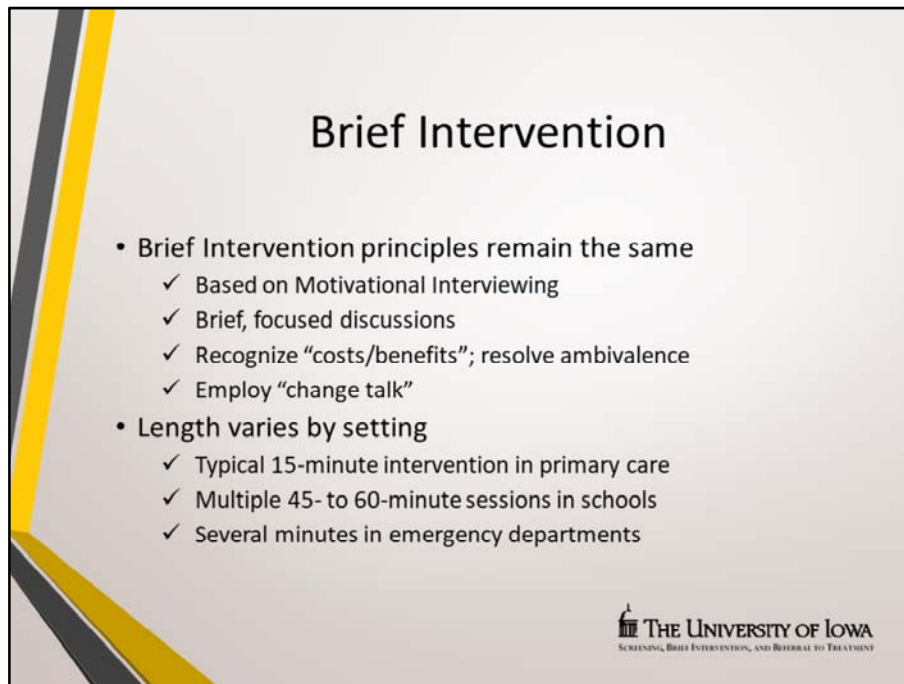
Kaiser Permanente: embedded in electronic health record (EHR)

- Five yes/no questions about alcohol and drugs:
 1. Do your close friends drink alcohol or get high?
 2. Has anyone in your immediate family (parents, grandparents, or siblings) had a problem with drugs or alcohol?
 3. During the past year, did you drink alcohol?
 4. During the past year, did you use marijuana?
 5. During the past year, did you use any other substance to get high, calm down, or stay awake?
- Positive screen = endorsement of past year use

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This is an example of a screening tool similar to the CRAFFT that Kaiser Permanente includes in their electronic health record.

Remember: there are different ways to screen youth for substance use. The point is to routinely ask.

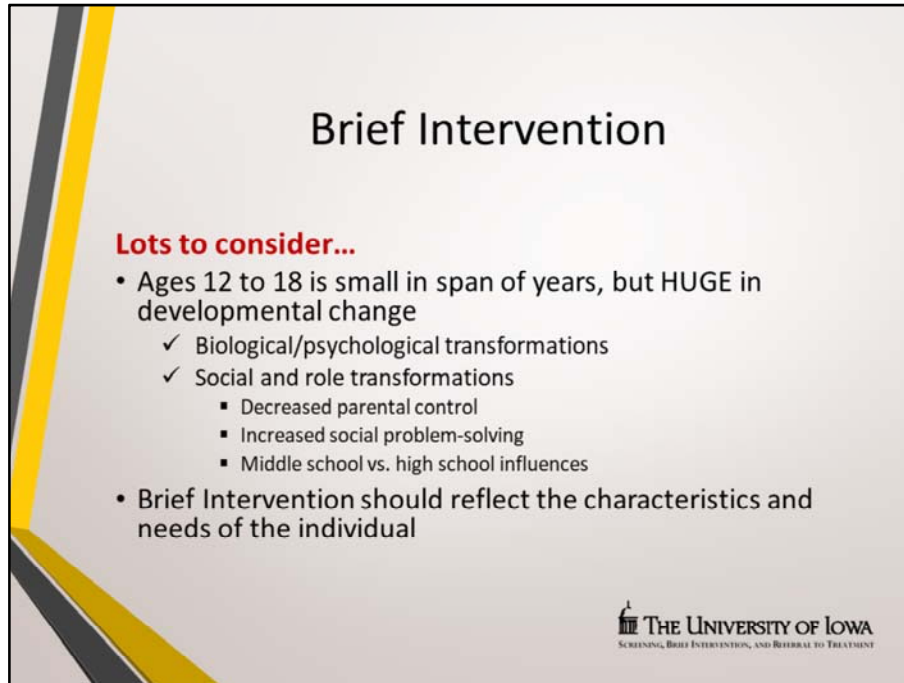


Brief Intervention

- Brief Intervention principles remain the same
 - ✓ Based on Motivational Interviewing
 - ✓ Brief, focused discussions
 - ✓ Recognize “costs/benefits”; resolve ambivalence
 - ✓ Employ “change talk”
- Length varies by setting
 - ✓ Typical 15-minute intervention in primary care
 - ✓ Multiple 45- to 60-minute sessions in schools
 - ✓ Several minutes in emergency departments

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If the results of the screening indicate that a brief intervention is needed, you’ll find that the principles used for adolescents are the same as those used for adults. Since adolescents may complete a screening in a variety of settings, the amount of time available to conduct a brief intervention will be different.



Brief Intervention

Lots to consider...

- Ages 12 to 18 is small in span of years, but HUGE in developmental change
 - ✓ Biological/psychological transformations
 - ✓ Social and role transformations
 - Decreased parental control
 - Increased social problem-solving
 - Middle school vs. high school influences
- Brief Intervention should reflect the characteristics and needs of the individual

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There are many things to consider when providing brief intervention to adolescents. In the short span of six years, they experience a multitude of changes and needs.

Brief Intervention


- Greater emphasis on advice
 - ✓ “As your healthcare provider, I’m concerned about your health...”
 - ✓ “Alcohol and drugs are bad for your brain, which is still developing at your age...”
 - ✓ “Please don’t make things harder for yourself. You deserve to do well...”
- Clear discussion of associated risks, now and in the future
 - ✓ Brain development: risks of psychosis, depression, addiction
 - ✓ Health hazards: liver, lungs, overdose
 - ✓ Accidents: sexual assault, car crashes

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In brief interventions for youths, there is greater emphasis on giving advice. Another useful measure is discussing the risks and providing a clear connection between those risks and their impact on the youth and those around them.

Brief Intervention


- **Lower Risk**
 - ✓ Provide brief advice:
 - "I recommend that you stop drinking, and now is the best time."
 - "Your brain is still developing, and alcohol can affect that."
 - "Alcohol can also keep you from making good decisions and make you do things you'll regret later. I would hate to see alcohol interfere with your future."
 - ✓ **Notice the good:** Reinforce any strengths and healthy decisions
 - ✓ **Explore and troubleshoot** the potential influence of friends who drink or binge drink

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If the youth is at a lower risk for substance use disorder, you can provide brief advice, focus on the good things that they're doing, and look at the possible influence that friends who drink or binge drink can have on them.

Brief Intervention

- **Moderate Risk**
 - ✓ **Does the patient have alcohol-related problems?**
 - If no, provide beefed-up brief advice
 - If yes, conduct brief motivational interviewing to elicit a decision and commitment to change
 - ✓ **Ask if parents know**
 - ✓ **Arrange for follow-up**, ideally within a month

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If they're at a moderate risk, you can start with the brief advice for Lower Risk patients and add your concern about the frequency of drinking. If their parents are aware of their substance use, use suggestions given for Highest Risk patients. We'll discuss these during the next slide.

Brief Intervention

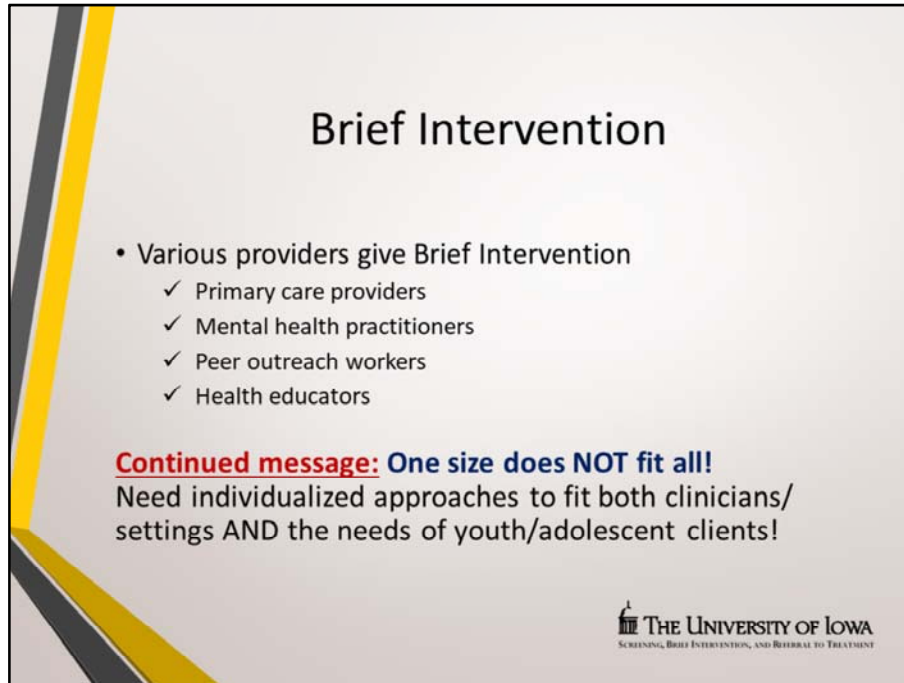
- **Highest risk**
 - ✓ **Conduct brief motivational interviewing**
 - If no, provide beefed-up brief advice
 - If yes, conduct brief motivational interviewing to elicit a decision and commitment to change
 - ✓ **Ask if parents know**
 - ✓ **Consider referral for further evaluation or treatment** based on your estimate of severity
 - ✓ **Arrange for follow-up**, ideally within a month

From *Alcohol Screening and Brief Intervention for Youth: A Practitioner's Guide* (www.niaaa.nih.gov/YouthGuide)

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If the youth resists talking with you, at least provide some advice.


If the parents know about the substance use, ask the youth for permission to share recommendations with them. If they don't know, take into account the patient's age, the degree of acute risk posed, and other circumstances. Next, consider breaking confidentiality to engage the parents in follow-through.



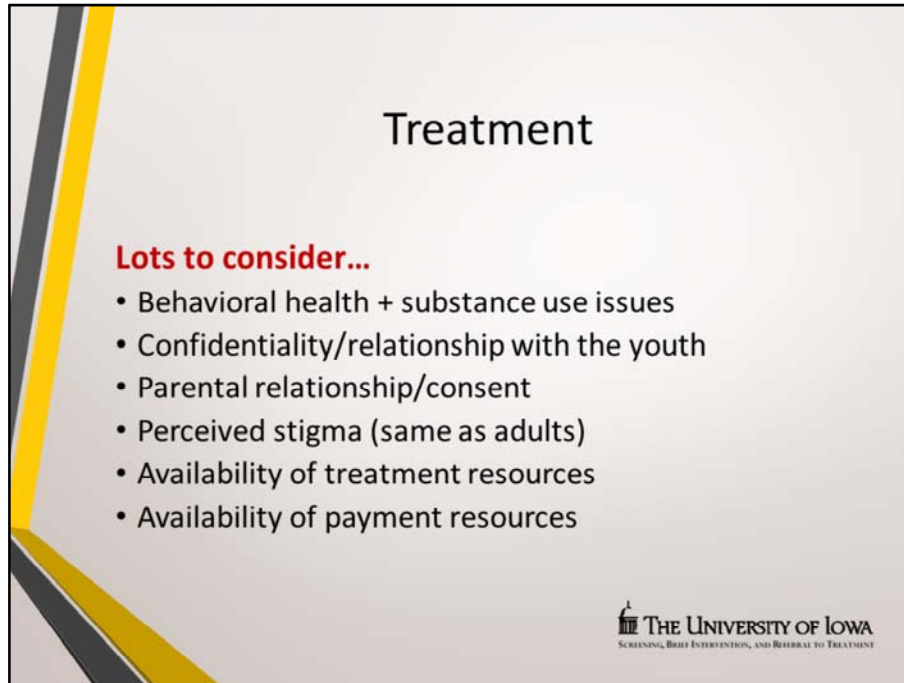
Brief Intervention

- Various providers give Brief Intervention
 - ✓ Primary care providers
 - ✓ Mental health practitioners
 - ✓ Peer outreach workers
 - ✓ Health educators

Continued message: One size does NOT fit all!
Need individualized approaches to fit both clinicians/
settings AND the needs of youth/adolescent clients!

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One of the most important things to remember is that the approach with the adolescent needs to be individualized. It has to fit the health care provider, the setting, and the needs of the youth.



Treatment

Lots to consider...

- Behavioral health + substance use issues
- Confidentiality/relationship with the youth
- Parental relationship/consent
- Perceived stigma (same as adults)
- Availability of treatment resources
- Availability of payment resources

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If you find that the youth requires treatment for their substance use, there are many things to consider. We'll take a look at a few of these in the following slides.

Treatment Selection

Treatment selection based on 6 areas:

1. Level of intoxication and potential for withdrawal
2. Presence of other medical conditions
3. Presence of other emotional, behavioral, or cognitive conditions
4. Readiness or motivation to change
5. Risk of relapse or continued drug use
6. Recovery environment (e.g., family, peers, school, legal system)

Source: American Society of Addiction Medicine


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You should consider these six areas when determining the type of treatment you select for your patient.

Treatment Options

Common options parallel adult treatment

- **Outpatient/Intensive Outpatient:**
 - ✓ Most common for adolescent treatment
 - ✓ For those with less severe disorders, fewer additional problems
- **Partial hospitalization/day treatment:**
 - ✓ For those with more severe disorders, but who can still be safe at home
- **Residential/inpatient treatment:**
 - ✓ For those with severe levels whose medical/mental health needs and addictive behaviors require 24-hour structured care

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The treatment options for adolescents run parallel to those offered for adults. Be aware of what's available near your location.

A slide titled "Referral Resources" with a yellow and grey decorative border on the left. The text reads: "SAMHSA's National Treatment Facility Locator" followed by the URL "http://findtreatment.samhsa.gov". Below this, it says "Enter an address or just a ZIP Code to identify services in the area." To the right is a green map of the United States with several red location pins. At the bottom right is the logo for "THE UNIVERSITY OF IOWA" with the subtitle "SCREENING, BRIEF INTERVENTION, AND REFERRAL TO TREATMENT".

Referral Resources

SAMHSA's National Treatment Facility Locator
<http://findtreatment.samhsa.gov>

Enter an address or just a ZIP Code to identify services in the area.

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SAMHSA's National Treatment Facility Locator can help you find a treatment facility. It's very simple to use. Just enter an address or ZIP code, and a list of nearby facilities will appear.

Finally, links to detailed information about adolescent substance use are provided in a document located on the University of Iowa SBIRT website clearinghouse.

Thank you for your attention.

