

## Children and Youth – Adolescent SBIRT

Screening, Brief Intervention, and Referral to Treatment, SBIRT, is a prevention and early intervention practice proven to identify, reduce, and prevent the use of alcohol, nicotine, marijuana, and other substances.<sup>1</sup> The American Academy of Pediatrics recommends screening all adolescents for substance use starting at age 12.<sup>2</sup> The National Institute of Alcoholism and Alcohol Abuse recommends screening starting at age 9.<sup>3</sup>

### Early Intervention is Key:

- The 3 leading causes of death in adolescents are accidents, suicide, and homicide. Substance use, *especially alcohol*, is a significant risk factor for each<sup>4</sup>.
- In 2019, 30% of adolescents in Colorado reported having one or more drinks in the last 30 days and 14% reported binge drinking during the same period<sup>5</sup>.
- Colorado's teen suicide rate reached its highest level on record in 2019; a rate of 21 suicides per 100,000 teens aged 15 to 19, representing 80 young Coloradans who tragically lost their lives<sup>6</sup>.

### Why Universal Screening & Brief Intervention:

- When implemented as a routine practice, SBIRT has the potential to delay initiation of substance use through positive reinforcement in teens who report no use, and can identify escalating and high-risk substance use earlier when interventions to prevent serious consequences are more likely to be effective. The United States Preventive Services Task Force has found that although a majority of pediatricians and family practice clinicians report providing some alcohol prevention services to adolescent patients, they do not consistently screen and counsel for alcohol use.<sup>7</sup>
- Routine screening normalizes conversations about alcohol and other drug use and its intersection with mental health, leading to decreased stigma and increased likelihood of seeking help.
- SBIRT training is tailored to multiple health and behavioral health disciplines and can be delivered virtually or in-person. Training is approximately 2-4 hours in length. SBIRT is a reimbursable service with Colorado Medicaid and private insurance.
- Improved health outcomes: During a 3-year follow-up period after adolescent SBIRT implementation in an integrated primary care setting, researchers reported fewer psychiatry visits, fewer chronic health and mental health diagnoses, fewer outpatient visits, and more substance use treatment visits in the SBIRT group compared to the usual care group. This highlights the potential for SBIRT to prevent negative health outcomes and facilitate treatment initiation among the small number of adolescents with a substance use disorder<sup>8</sup>.

### Recommendations:

1. Design and disseminate a comprehensive survey of pediatricians and other youth-serving professionals on current practices in adolescent SBIRT to identify implementation barriers and facilitators.
2. Obtain feedback from focus groups that include youth, parents and caregivers, and pediatricians and other youth-serving professionals to strengthen and refine adolescent SBIRT strategies and services.
3. Increase capacity of pediatric providers and other youth serving agencies to embrace SBIRT by participating in SBIRT Training and technical assistance.
4. Build upon the efforts that are underway in Colorado to integrate SBIRT and Suicide Prevention training. The trainings jointly address substance use and suicide risk, complementing skills learned from each training.
5. Evaluate the impact of the training on key learning outcomes including knowledge, attitudes, self-efficacy (confidence, readiness), behavioral intentions, competence, and skills needed to address patient substance use and suicide risk. This would be inclusive of data collected to indicate outcomes.

<sup>1</sup> Substance Abuse and Mental Health Services Administration (SAMHSA) <https://www.integration.samhsa.gov/clinical-practice/sbirt>

<sup>2</sup> Substance Use Screening, Brief Intervention, and Referral to Treatment <https://pediatrics.aappublications.org/content/138/1/e20161211#sec-3>

<sup>3</sup> Alcohol Screening and Brief Intervention for Youth: A Practitioner's Guide <https://www.niaaa.nih.gov/sites/default/files/publications/YouthGuide.pdf>

<sup>4</sup> Centers for Disease Control and Prevention, National Center for Health Statistics. Underlying Cause of Death 1999-2019 on CDC WONDER Online Database released in 2020. Data are from the Multiple Cause of Death Files, 1999-2019, as compiled from data provided by the 57 vital statistics jurisdictions through the Vital Statistics Cooperative Program. Accessed at <http://wonder.cdc.gov/ucd-icd10.html> on Nov 6, 2021 1:48:46 PM

<sup>5</sup> Healthy Kids Colorado Survey (HKCS), Colorado Department of Public Health and Environment (CDPHE). 2019. <https://cdphe.colorado.gov/hkcs>

<sup>6</sup> Ibid

<sup>7</sup> JAMA. Screening and Behavioral Counseling Interventions to Reduce Unhealthy Alcohol Use in Adolescents and Adults: US Preventive Services Task Force Recommendation Statement. 2018;320(18):1899-1909. doi:10.1001/jama.2018.16789

<sup>8</sup> Sterling S, Kline-Simon AH, Jones A, Hartman L, Saba K, Weisner C, Parthasarathy S. Health Care Use Over 3 Years After Adolescent SBIRT. *Pediatrics*. 2019 May;143(5):e20182803. doi: 10.1542/peds.2018-2803. PMID: 31018988; PMCID: PMC6564060.