



Peer Assistance Services

Interim Committee on Opioid and Other Substance Use: *Youth Prevention*

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Substance Use Prevention: A Critical Issue

- Any substance use before age 15 significantly increases the risk for a future alcohol or drug use disorder.
- Prevention addresses shared risk *and* protective factors.
- Substance use is a risk factor for multiple common health concerns including, suicide, unintentional injury, and violence.
- Youth substance use trends are mostly decreasing or holding steady
- The prevention landscape:
 - ✓ Community
 - ✓ Family
 - ✓ **Healthcare**
 - ✓ **Schools**
 - ✓ **Juvenile justice**
 - ✓ Other community organizations

SBIRT

Screening: Ask validated questions to identify any nicotine/tobacco, alcohol, cannabis or other substance use.

Brief **I**ntervention: A supportive conversation to help an adolescent identify their own best reasons and approaches to avoid substance use, change use and negotiate next steps.

Referral to **T**reatment: Further evaluation of mental and physical health, substance use, and social needs; monitoring for escalating substance use; services to address any identified needs.

NOTE: most youth who report alcohol or drug use do *not* need treatment.

SBIRT is recommended by the American Academy of Pediatrics starting by age 12

SBIRT is prevention

Areas of Prevention

- *Primary Prevention*
 - To delay initiation of any alcohol or substance use
- *Secondary Prevention*
 - Early intervention for any substance use
- *Tertiary prevention*
 - Initiate monitoring, ongoing support and treatment to prevent future health and social problems.

SBIRT is Implemented in:

- Healthcare (e.g., primary care, emergency departments, mental health centers)
- Schools and college health centers
- Juvenile justice
- Other community settings

Familiar Skills for Health Professionals:

- Motivational interviewing
- Anticipatory guidance
- Health promotion
- Shared decision-making

Youth SBIRT in Colorado

Youth Substance Use Prevention Project

- Survey and key informant interviews (2022-2023)
- NORC at the University of Chicago and Peer Assistance Services, Inc.
- Assessed SBIRT implementation; training and technical assistance needs
- Survey responses (N=260) and key informant interviews (N=11)
 - Health professionals who work in healthcare settings and schools

Key findings:

58% currently screen youth for substance use

45% have not received training on SBIRT

65% interested in training; **22%** interested in technical assistance

Common concern: Lack of youth substance use disorder treatment resources

SBIRT Policy Recommendations

Modify SBIRT Medicaid reimbursement: Decrease the time requirement

Expand implementation:

- Primary care
 - Emergency departments and hospitals
 - Schools and college health centers
 - Juvenile justice settings
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Incentivize SBIRT

Increase treatment options and access

- More options to enhance protective factors
- Culturally responsive support and treatment services
- Access to online self-management and mutual/community support programs
- Utilize telehealth
- Increase utilization of MOUD for youth (AAP guidelines)