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**ABOUT ADOLESCENT SBIRT BRIEFS:** As part of its work to support the Conrad N. Hilton Foundation's Substance Use Prevention initiative, the University of California, Los Angeles' Integrated Substance Abuse Programs (UCLA ISAP) will periodically publish Adolescent SBIRT Briefs. Each brief will focus on key issues regarding the design and implementation of screening, brief intervention, and referral to treatment services for adolescents, and will be designed to give readers useful information and perspectives to help improve the quality and consistency of substance use prevention and early intervention services. In this Adolescent SBIRT Brief, we focus on issues related to screening for substance use among adolescents. Future briefs will focus on issues related to brief interventions, referrals to treatment, SBIRT as a universal framework, and strategies to promote SBIRT sustainability.

# WHY SCREEN FOR SUBSTANCE USE?



Nationwide, approximately 9.6 percent of adolescents age 12-17 report having used alcohol in the previous month, and 8.8 percent report past-month drug use.<sup>1</sup> Because of their substance use, these individuals are at increased risk for health, educational, and social challenges related to alcohol and drugs, including substance use disorders.<sup>2-3</sup> Settings that serve adolescents such as primary care offices, schools, and juvenile justice programs are ideal places to identify these youth and provide evidence-based services that educate them about the health risks associated with substance use and motivate them to change their behaviors. In the vast majority of these settings, however, procedures for detecting substance use among adolescents are inconsistent. Consequently, service providers often miss opportunities to address substance use and related risk factors among the adolescents they serve before more serious problems develop.<sup>4</sup>

Brief, structured, and scientifically validated screening protocols can improve service providers' capacity to identify adolescents who are using alcohol or drugs.<sup>5</sup> Screening tools are not intended to diagnose if adolescents have a substance use disorder or determine the severity of a youth's substance use. Rather, screening tools are designed to quickly indicate if adolescents are using alcohol and/or drugs, and alert service providers that they need to have a more detailed conversation with the adolescent to get more information about their substance use.

# WHAT IS THE BEST WAY TO SCREEN?

The most practical way to screen for substance use is through the use of clinical interviews or questionnaires. Though providers are sometimes skeptical that adolescents will be honest, research shows that adolescents are willing to self-disclose when asked about alcohol and drug use.<sup>6</sup> Ideally, screening tools should be brief (under 10 questions), easy to administer, easy to interpret, address both alcohol and drug use, and have demonstrated accuracy at identifying who is using substances and who is not.



Many screening tools can also be self-administered by adolescents, using either pencil and paper, computers, or tablets. Having adolescents complete screening tools themselves instead of conducting face-to-face interviews for screening has several advantages: adolescents prefer self-administered tools to interviews, they are more likely to disclose sensitive information if they complete screening tools themselves, and having adolescents complete screenings themselves can save staff time.<sup>5</sup>

TABLE ONE			
SELECTED ADOLESCENT SUBSTANCE USE SCREENING TOOLS			
TOOL	LENGTH	DESCRIPTION	WEBSITE
Screening to Brief Intervention (S2BI)	3-7 items, depending on responses	Asks if respondent has used tobacco, alcohol, marijuana, and other drugs	https://www.mcpap.com/pdf/S2BI%20Tool kit.pdf
CRAFFT	3-9 items, depending on responses	Asks if respondent has used alcohol, marijuana, and other drugs, and also asks about problems associated with use	http://www.childrenshospital.org/ceasar/cr afft
Alcohol Use Disorders Identification Test (AUDIT)	10 items	Collects information concerning frequency, intensity, and consequences of alcohol use.	https://pubs.niaaa.nih.gov/publications/Pra ctitioner/YouthGuide/AUDIT.pdf
Brief Screener for Tobacco, Alcohol, and Other Drugs (BSTAD)	6-36 items, depending on responses	Identifies tobacco, alcohol, marijuana and other substance use by respondent and their friends; also collects information concerning frequency of respondent's substance use.	https://www.ncbi.nlm.nih.gov/pmc/articles/ PMC4006430/figure/fig1/
Global Appraisal of Individual Needs (GAIN)	Length of assessment varies depending on version used	Comprehensive biopsychosocial assessment that covers many areas, including for substance use and mental health	http://gaincc.org/instruments/
National Institute on Alcohol Abuse and Alcoholism Youth Alcohol Screen	2 items; questions differ depending on respondent's age	Assesses if respondent uses alcohol and also asks questions concerning respondents' friends. For some age groups, also asks about frequency of alcohol use.	https://pubs.niaaa.nih.gov/publications/Pra ctitioner/YouthGuide/YouthGuide.pdf

There are over 70 different tools providers can use to screen adolescents for substance use, many of which are listed on the University of Washington Alcohol and Drug Abuse Institute's Substance Use Screening & Assessment Instruments Database (see resources section below). In its 2016 clinical report on adolescent screening, brief intervention, and referral to treatment, the American Academy of Pediatrics advises the use of Screening to Brief Intervention (S2BI), the CRAFFT, the Alcohol Use Disorders Identification Test (AUDIT), the Brief Screener for Tobacco, Alcohol, and Other Drugs (BSTAD), the Global Appraisal of Individual Needs (GAIN), and the National Institute on Alcohol Abuse and Alcoholism Youth Alcohol Screen.<sup>4</sup> See Table 1 for more information on these tools.

Two tools that are being widely used by grantees participating in the Hilton Foundation's substance use prevention and early intervention initiative are the CRAFFT and the S2BI. These screeners are highly recommended because they:

- Collect information about both alcohol and drug use;
- Are available for free;
- Have strong research support;
- Can be completed quickly;
- Are easy to use;
- Can be conducted by an interviewer, or self-administered by adolescents using either pencil and paper, computers, or tablets;
- Have publicly available websites that providers can refer to for guidance and practical tips on how to
  use them to initiate productive conversations about substance use with adolescents (see resources
  section below)

## **IMPLEMENTATION CONSIDERATIONS**

Before implementing screening protocols for substance use, there are several key questions organizations need to consider:



- Who is going to be screened? Ideally, all adolescents would receive regular screenings for substance use, and the American Academy of Pediatrics recommends that all adolescents should receive screening at every medical visit.<sup>7</sup> Due to limitations in program resources and logistical concerns, however, it may not be feasible to screen all adolescents with regularity. In these situations, programs need to consider if there are special subpopulations who should be the focus of screening, and how often screenings should be conducted.
- Who should screen? Depending on organizational workflow and capacity, it may make sense for different providers (physicians, medical assistants, social workers, intake workers) to conduct screenings and interpret results. Furthermore, organizations need to consider the potential costs and benefits of having adolescents self-administer screening tools, either on paper or digitally.
- What happens to positive screens? Organizations need to have procedures and protocols to determine
  what happens in response to positive screens. Developing strategies to ensure that service providers
  see screening results and know how to utilize information gathered from screenings to inform brief
  interventions and/or other follow-up conversations about substance use with adolescents is essential
  when implementing screening procedures.
- What happens with negative screens? It is also important that providers are prepared to deliver positive affirmations that encourage youth who are not using substances, as encouragement can help reinforce positive choices that youth make regarding substance use and their health.

### CONCLUSION

By systematically screening for substance use with validated screening tools, providers in diverse settings that serve adolescents can improve their capacity to identify adolescents who are using alcohol and drugs, and collect information that can be used to guide brief interventions and other steps to address substance use. Numerous resources are available to guide service providers as they make decisions about screening, and the UCLA ISAP team is available to provide training, technical assistance, and implementation support for Hilton grantees as they go through the process of designing and implementing substance use screening protocols. For further information or support on these issues, you can contact the Project Director of the UCLA ISAP team, Dr. Howard Padwa, at hpadwa@mednet.ucla.edu

#### **KEY RESOURCES:**

- Boston University Center for Adolescent Substance Abuse Research, for tools and support for using the CRAFFT Screening Tool: <u>http://www.childrenshospital.org/ceasar/crafft</u>
- Massachusetts Child Psychiatry Access Project, Adolescent SBIRT Toolkit for Providers, for guidance on using the S2BI: <u>https://www.mcpap.com/pdf/S2BI%20Toolkit.pdf</u>
- National Institute on Drug Abuse, Adolescent Substance Use Screening Tools page, with detailed information on the BSTAD and S2BI: <u>https://www.drugabuse.gov/adolescent-substance-use-screening-tools</u>
- University of Washington Alcohol and Drug Abuse Institute's Substance Use Screening & Assessment
   Instruments Database: <u>http://lib.adai.uw.edu/dbtw-wpd/exec/dbtwpub.dll</u>

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