

Alcohol Screening and Brief Intervention (aSBI) in Clinical Settings

*Improving Outcomes for Youth and Young Adults with FASD
who Have Substance Abuse Issues*

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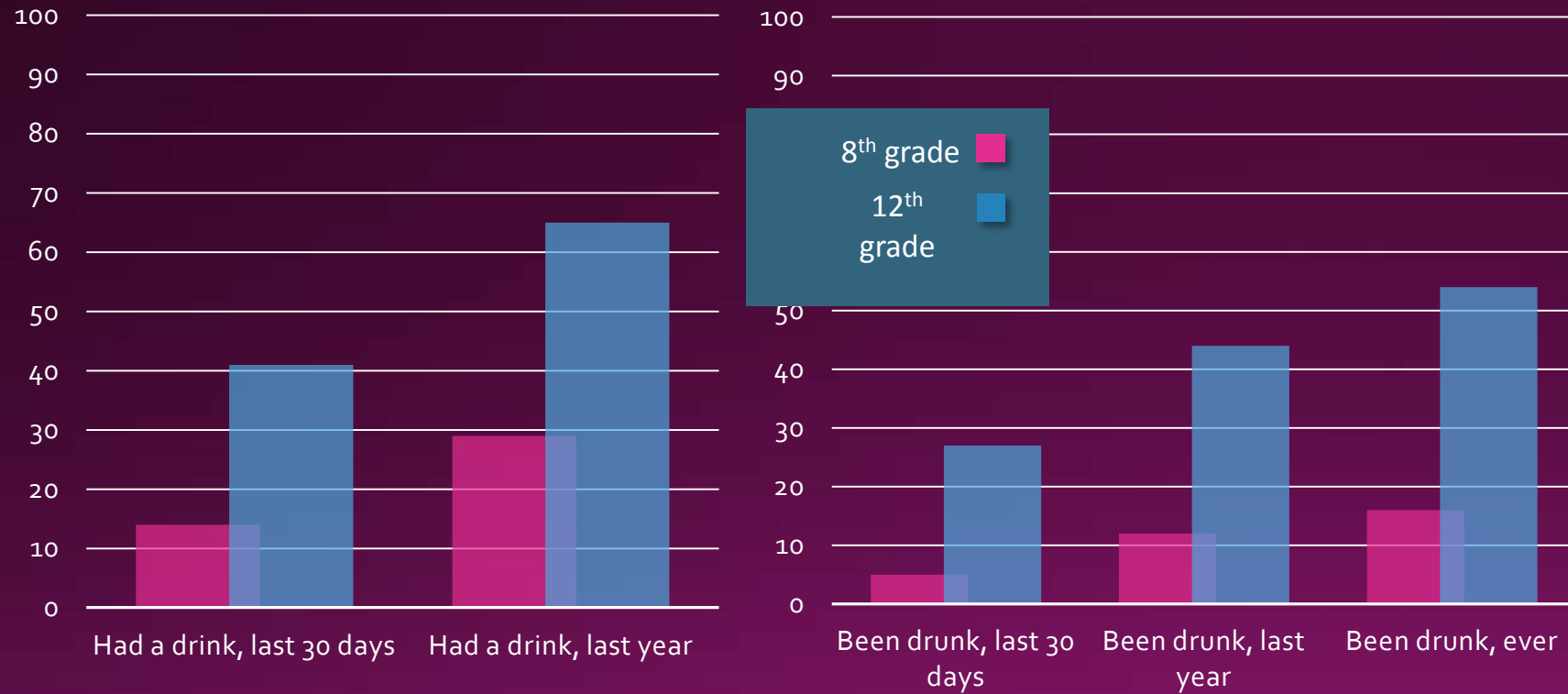
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What are adolescents doing now?

-a lot!
- Alcohol
- Tobacco
 - 41% of high school students have tried tobacco products
 - 22.4% have used it in the past 30 days
- Marijuana
 - 45% of high school students have used it
 - 8% report using it every day; 60% increase since 2008
- Other substances
 - 24.7% of 12th graders have used an illicit drug besides marijuana

Alcohol use among adolescents



Johnston et al, 2013

Alcohol, pregnancy, and adolescents

- Compared to other ages, adolescent girls are:
 - More likely to drink during a known pregnancy
 - More likely to binge drink early in pregnancy
 - More likely to recognize their pregnancy later and continue risky behaviors
- Primary messages regarding alcohol use and pregnancy
 - There is no known safe amount, time, or type of alcohol to consume if a woman is pregnant or could be pregnant
 - Women should not drink alcohol while they are trying to become pregnant or could be pregnant

Effective contraception should be used when consuming alcohol

Why do we care?

- “Adolescents are the age group at greatest risk of experiencing substance use-related acute and chronic health consequences.”
- SAMHSA, AAP guidelines



Risk of addiction

- Adolescence is a time of intensive neurodevelopmental molding and maturation
- This makes individuals who begin using substances at a young age particularly susceptible to addiction
- Youth who start drinking before 15 are five times more likely to develop alcohol dependence or abuse in their lifetimes than those who begin drinking at age 21 years or later.*

Concerns of Adolescent Alcohol Use

- School, social, and legal problems
- Unwanted, unplanned, and unprotected sexual activity
- Disruption of normal growth and sexual development
- Physical and sexual assault
- Higher risk for suicide and homicide
- Alcohol-related car crashes and other unintentional injuries
- Memory problems
- Abuse of other drugs
- Death from alcohol poisoning

Strategies to decrease alcohol use among adolescents

1. Screen everyone!
2. Provide education regarding alcohol use
3. Implement universal, evidence-based alcohol screening with **all** adolescents
4. Intervene if an alcohol use problem is identified
5. Counsel on use of effective contraception

Adolescents

- See a provider annually
- Consider (physicians) an authoritative source for alcohol and other drug information
- Are willing to talk to providers about this

Screening: How are we doing?

- Pediatricians routinely screen 50-86% of patients
- Few use a validated tool
 - Most rely on clinical impression
 - Commonly misses mild, moderate, and sometimes even severe SUDs
 - Only 1/3 of youth engaged in “excessive alcohol use” were identified
- ~ 10% of adolescents in need of treatment receive it, and the **majority of referrals are from the criminal justice system**

Missed opportunities with adolescents

- Study: 2519 10th graders
- 82% saw a doctor in past year
- 54% were asked about drinking
- 25% of frequent drinkers and 27% of marijuana users were advised to reduce or quit



Perceived Barriers to screening

- Time
- Comfort
- Knowledge of treatment options

Background on Screening Brief Interventions and Referral to Treatment (SBIRT)

- Currently, 90% of substance use disorders are left untreated (NSDUH 2007)
- SAMHSA reports that research shows that brief interventions are:
- Low cost and effective
 - Most effective with persons with less severe problems
- “Brief interventions are feasible and highly effective components of an overall public health approach to reducing alcohol misuse.”
- There is also a growing body of literature showing the effectiveness of SBIRT for other risky drug use

Whitlock et al, 2004, for US Preventive Services Task Force

Breaking down SBIRT

Screening

Asking questions that will quickly tell us how much alcohol, illicit drugs, and/or prescription drugs, an individual uses

Brief Intervention

Brief motivational awareness-raising intervention which can be used with those who misuse alcohol, tobacco and other drugs

- Brief Negotiated Intervention (BNI) - SHORT COUNSELING SESSION (about 5-10 minute)
- Uses the skills of feedback, advice and motivational interviewing, a technique that can help a client consider reducing risky alcohol consumption.

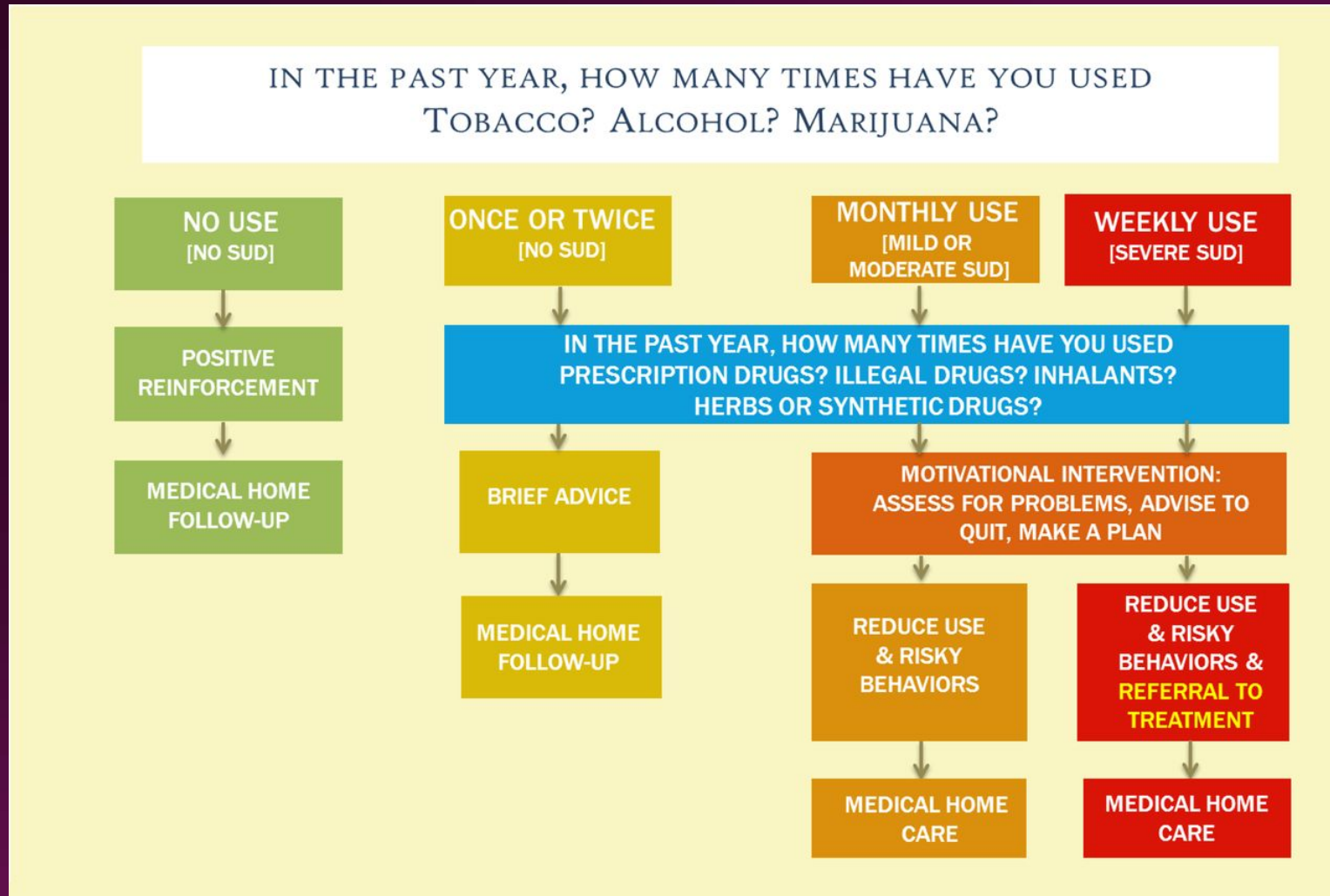
Referral to Treatment

Referrals to specialty care for clients who may have a problem with alcohol, tobacco and other drugs

Screening tools

- Brief screens
 - S2BI (Screening to brief intervention)
 - BSTAD (Brief screener for tobacco, alcohol and other drugs)
 - NIAAA Youth Alcohol Screen
- Brief assessment guides
 - CRAFFT
 - GAIN
 - AUDIT

The S2BI-based approach to clinical SBIRT. S Levy, L Shrier. 2014.



Sharon J.L. Levy et al. Pediatrics 2016;138:e20161211

Core messages

- Effects of alcohol exposure during pregnancy are permanent
- There is *no safe time, no safe type, and no safe amount of alcohol* to consume during pregnancy
- The fetal brain is developing throughout the entire length of pregnancy and alcohol can impact development at any stage
- FASD is preventable



Alcohol SBI training demonstration

The screenshot displays a software interface for training. On the left is a 'Menu' sidebar with a 'Notes' tab. Under the 'Module' dropdown, the following items are listed: 'Welcome' (highlighted), 'Zones of substance use', 'Adolescent low-risk limit for alcohol use', 'Risks of drinking or using drugs while pregnant', 'Interventions in medical settings', and 'Max'. The main area is titled 'Screening and Brief Intervention for Alcohol Use' and contains a video player. A 'Resources' link is visible in the top right corner of the main area. At the bottom of the video player, there are controls for volume, a play/pause button, a progress bar, a refresh button, and a 'NEXT >' button.

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Treating the adolescent in front of you

- Evaluate the adolescent's level of cognitive abilities
 - Especially literal thinking
- Address confidentiality
- Determine intervention based on risk

Modifying SBI for Adolescents with FASD

- Ensure that all discussions are literal in language
- Utilize multiple senses
 - Do not rely solely on verbal approaches
- Check for **true** understanding
- Screening and interventions cannot be as brief as with others
 - Explanations of questions and information needs to be done
 - If questions on the screen are asked as written, the response may not be accurate for true risk
- If screening and intervention are done by different people, there needs to be a warm handoff right away
- Don't lecture
- Ensure you thank the adolescent for taking the time to talk with you

Address confidentiality

- Discuss confidentiality
 - Before it's an issue
 - With tweens/teens and parents
- Discuss limits
- Know laws
 - May vary from state to state and province/territory to province/territory
- If sharing information:
 - Explain why
 - Tell teens first
 - May keep certain things confidential (eg, friends)
 - Teens may want their parents to know!
- Keep mandated reporting in mind but tell the teen if you need to invoke it

Treatment

- Individual counseling
 - Group therapy
 - Family therapy
 - Intensive outpatient program
 - Partial hospital program
 - Detoxification
 - Acute inpatient treatment
 - Residential treatment
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- Treatment approaches often need to be modified for those with FASD

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Questions?

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