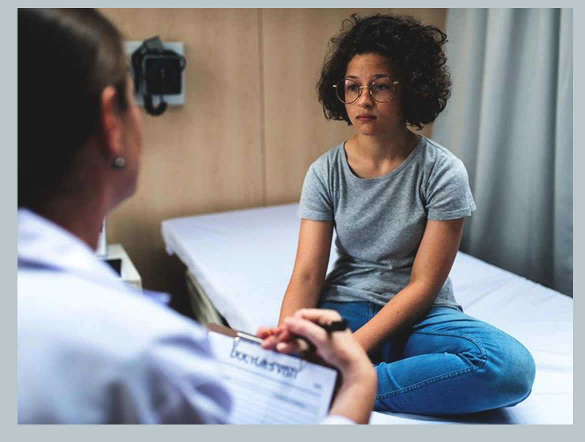
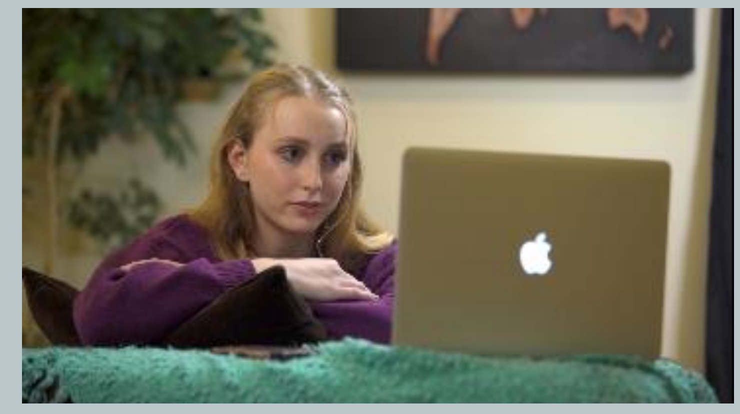
SBIRT

with Adolescent Patients





Jim Winkle, MPH

Resource: sbirtoregon.org

- Demonstration videos
- Screening forms
- Pocket cards and tools
- Training curriculum
- Screening app

Workflows | Screening forms | Clinic tools | Online curriculum | Video demonstrations | Billing & documentation | Screening app | ANTECEDENT

SBIRT (Screening, Brief Intervention, Referral to Treatment) represents an innovative, evidence-based approach to addressing unhealthy alcohol use with medical patients. Its core components include:

- Regular and universal screening in the medical setting, regardless of medical complaint.
- Universal and routine use of validated screening tools.
- Consideration of substance use as a continuum rather than a dichotomous "addicted versus not addicted" judgment.
- Use of patient-centered change talk versus directive, prescriptive talk.
- Facilitating smooth, bidirectional transitions between primary care and specialty addiction treatment.

While SBI towards adult alcohol use ranks among the highest-performing preventive services based on cost effectiveness and health impact, it also remains among the least implemented. Common perceived barriers include limited time during the patient visit, lack of knowledge and training, fearing negative patient reactions, and feeling uncomfortable discussing substance use.

This website presents information and tools designed to counter these barriers, and emphasizes a team-based approach to implementing SBIRT. Our materials cover drug use as well, despite evidence that brief interventions may not impact self-reported drug use among adult patients.

This website was created in the Department of Family Medicine at Oregon Health and Science University and acts as a resource for primary care clinics and emergency departments throughout Oregon and the United States.

SBIRT

Screening

Brief Intervention

Referral to Treatment

"A public health approach to the delivery of early intervention and treatment services for people with substance use disorders and those at risk of developing these disorders."

SAMHSA

SBIRT

Adults
- Brief screen
- AUDIT
- DAST

Adolescents
- CRAFFT

Pregnancy
- 5Ps

I. Why SBIRT?

SBIRT vs. business as usual

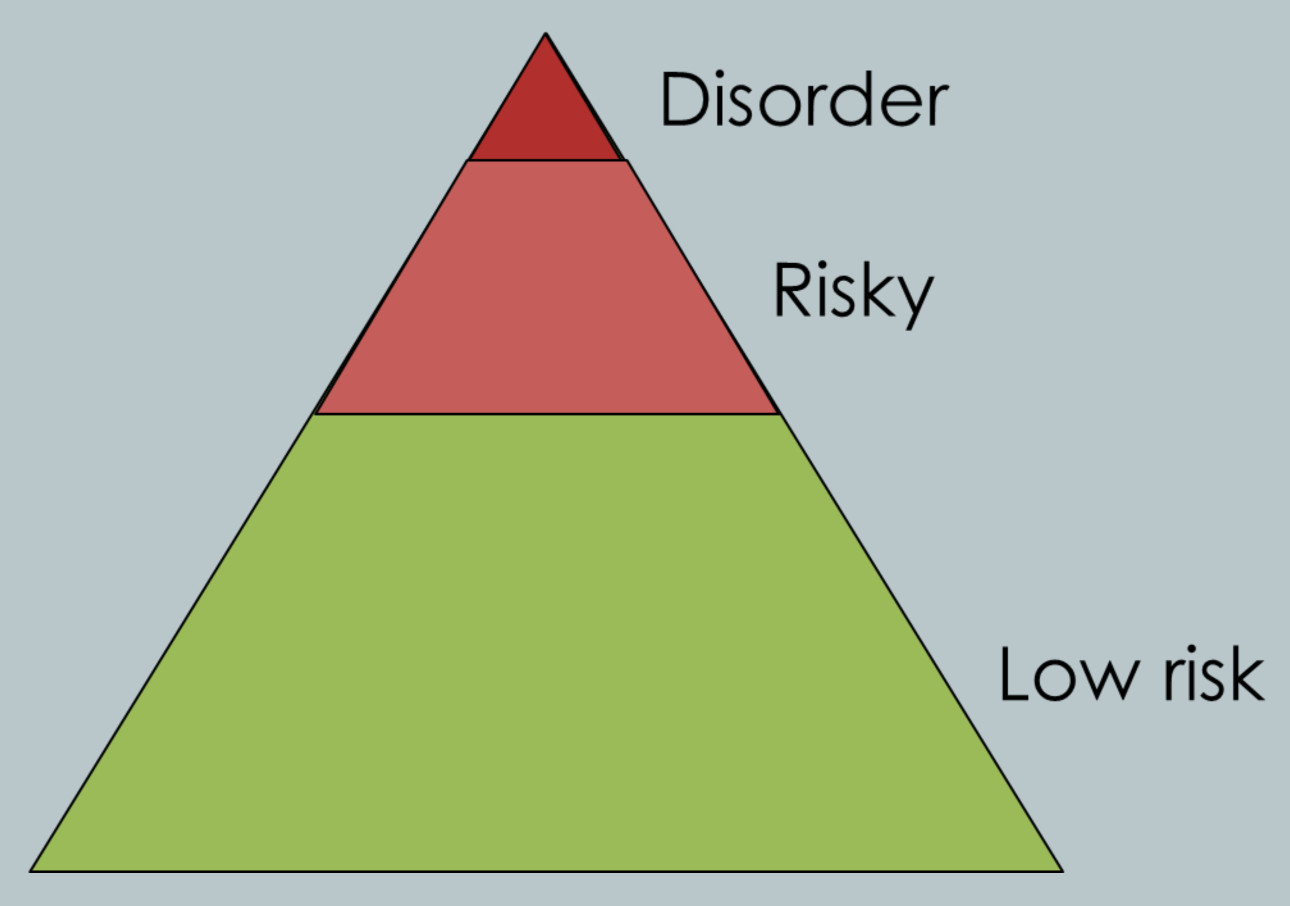
SBIRT implemented	No SBIRT
Routine and universal screening, regardless of medical complaint	Inconsistent, selective screening
Validated screening tools	Non-systemized narrative questions
Substance use defined as a continuum	Substance use defined as dichotomous
Interventions: evidence-based, patient-driven discussion	Ineffective, directive, or no discussion
Recognizes patient is more than their substance use	Patient is defined by their use

Relevance to adolescents

- Significant prevalence of unhealthy substance
- Substantial associated morbidity and mortality
- Valid screening instruments
- Interventions are effective, inexpensive, and feasible

Zones of use for adolescents

- Low risk: No use
- Risky: Use without current consequences
- Disorder: Ongoing use despite consequences



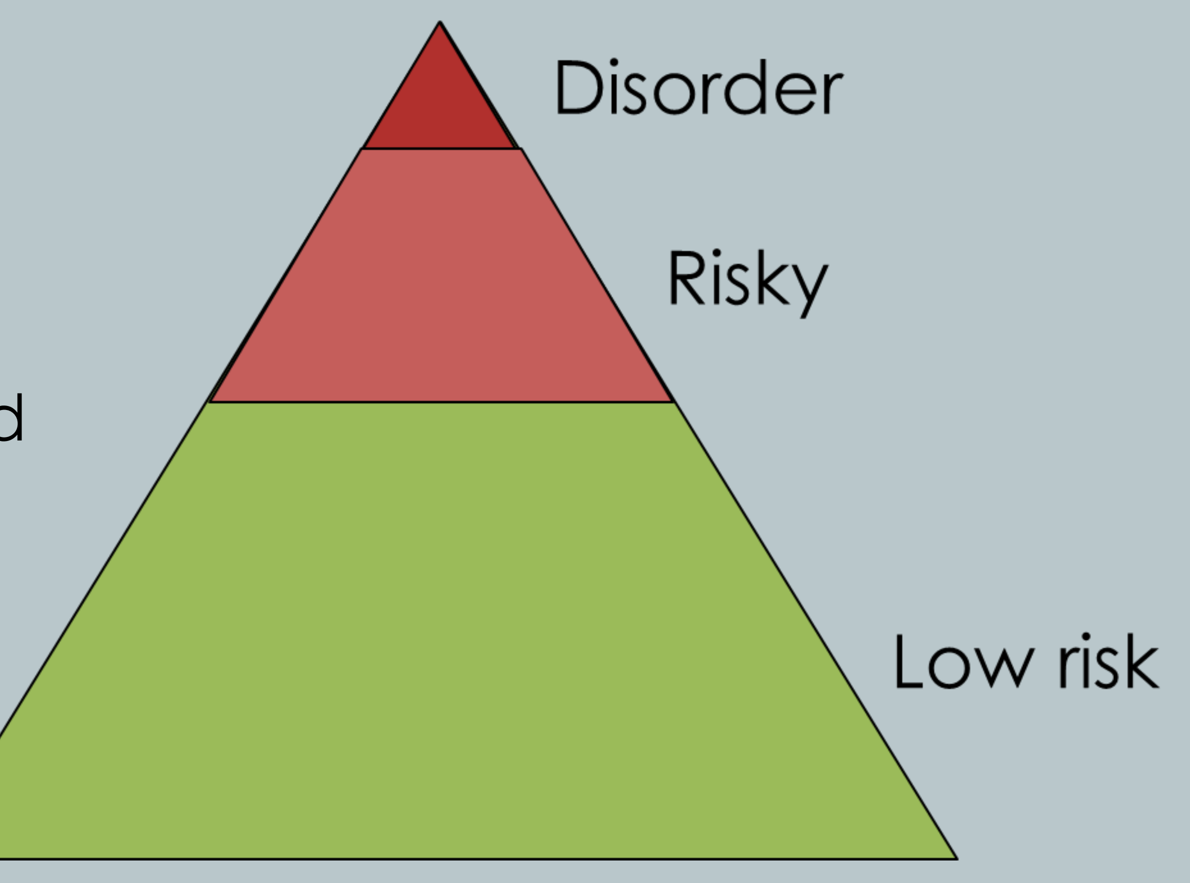
Low-risk alcohol limit for adolescents: 0

- Even first use can result in tragic consequences.
- Adolescence is a period of neurodevelopmental vulnerability
- Earlier use increases chance of later addiction.

AAP, 2016

Disorder

- “Abuse”, “dependence” or “alcoholism” are terms no longer used
- Official term: Substance Use Disorder
- Criteria: 11 consequences experienced in last 12 months
  - 2 - 3 symptoms: mild
  - 4 - 5 symptoms: moderate
  - 6+ symptoms: severe



American Psychiatric Association, 2013

11 criteria that define SUDs

1. Taking the substance in larger amounts or for longer than you're meant to.
2. Wanting to cut down or stop using the substance but not managing to.
3. Spending a lot of time getting, using, or recovering from use of the substance.
4. Cravings and urges to use the substance.
5. Not managing to do what you should at work, home, or school because of substance use.
6. Continuing to use, even when it causes problems in relationships.
7. Giving up important social, occupational, or recreational activities because of substance use.
8. Using substances again and again, even when it puts you in danger.
9. Continuing to use, even when you know you have a physical or psychological problem that could have been caused or made worse by the substance.
10. Needing more of the substance to get the effect you want (tolerance).
11. Development of withdrawal symptoms, which can be relieved by taking more of the substance.

American Psychiatric Association, 2013

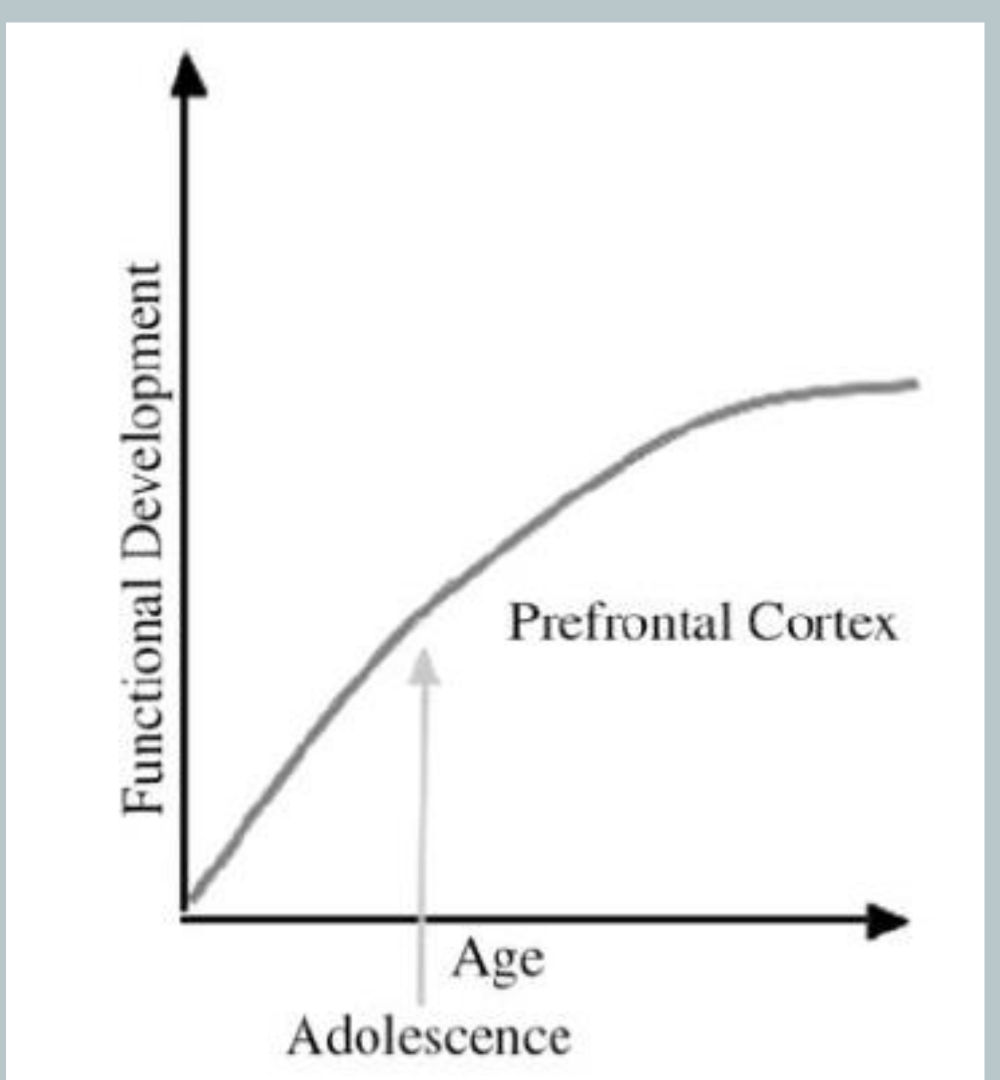
Reasons teens use alcohol and drugs

- Desire for new experiences
- An escape from problems
- Desire to perform better in school
- Peer pressure
- To feel good

NIDA, 2014

The adolescent brain

- Limbic system: responsive to rewards, and the first to mature during childhood.
- Prefrontal cortex: assesses situations, makes sound decisions, controls emotions and impulses
- Risk taking behaviors help develop independence from family



Casey, et al, 2008

Negative outcomes associated with adolescent substance use

- Inhibits brain development
- Depressed cognitive functioning
- STDs, unplanned pregnancy
- Physical and sexual assaults
- Arrests & incarceration
- Psychiatric disorders
- Premature death
- Alcohol poisoning
- Addiction

Ryan and Kokotailo, 2019. Gray and Squeglia, 2018

Correlations of heavy cannabis use during adolescence

- Reduced memory, attention and learning abilities
- Poorer school performance
- Greater risk of addiction (1out of 6)
- Increased risk of psychosis or schizophrenia
- Increased risk of criminal behavior
- Increased risk of car accidents

U. of Washington, 2020

Leading causes of adolescent death

Ages 10–24

Stroke 0.6
Influenza and pneumonia 0.7
CLRD 0.7
Diabetes 0.8
Congenital malformations 1.5
Heart disease 2.9
Cancer 5.1
Homicide 14.4
Suicide 19.2
Unintentional injuries 40.6
Other 13.4

- Alcohol major contributor to **74%** of premature death among adolescents

National Vital Statistics Reports, 2017

Past year alcohol, tobacco, and marijuana use among U.S. adolescents, 2017

SAMHSA

Past year illicit drug use among U.S. adolescents, 2017

%

10
9
8
7
6
5
4
3
2
1
0

Age 12 – 13
Age 14 – 15
Age 16 – 17

Cocaine/crack
Hallucinogens
Pain relievers
Stimulants
Meth
Inhalants
Heroin

SAMHSA

Adolescent substance use during COVID-19 pandemic

- Survey of U.S. 12th graders
- Two surveys: spring and summer 2020
- Students perceived sharp decrease in availability of marijuana and alcohol
- Rates of use remained steady
- When the substances became less available, students may intensify efforts to obtain them

Miech, et al. 2021

Risk factors for problem substance use among adolescents

- Presence of mental health disorders:
  - Depression, anxiety, bipolar, schizophrenia
- Living in the U.S. as a person of color
- Genetic predisposition
- Personality traits
- Influence of family and peers

Harvard Health Pub. 2011

Adolescence is a critical time for preventing addiction

50
40
30
20
10
0

≤11 12-14 15-17 18-24 25≥

Age started using

SAMHSA 2011

Percent experiencing dependence in lifetime, based on age of first use, U.S.

100
90
80
70
60
50
40
30
20
10
0

Alcohol
Marijuana

≤13 14 15 16 17 18 19 20 21+

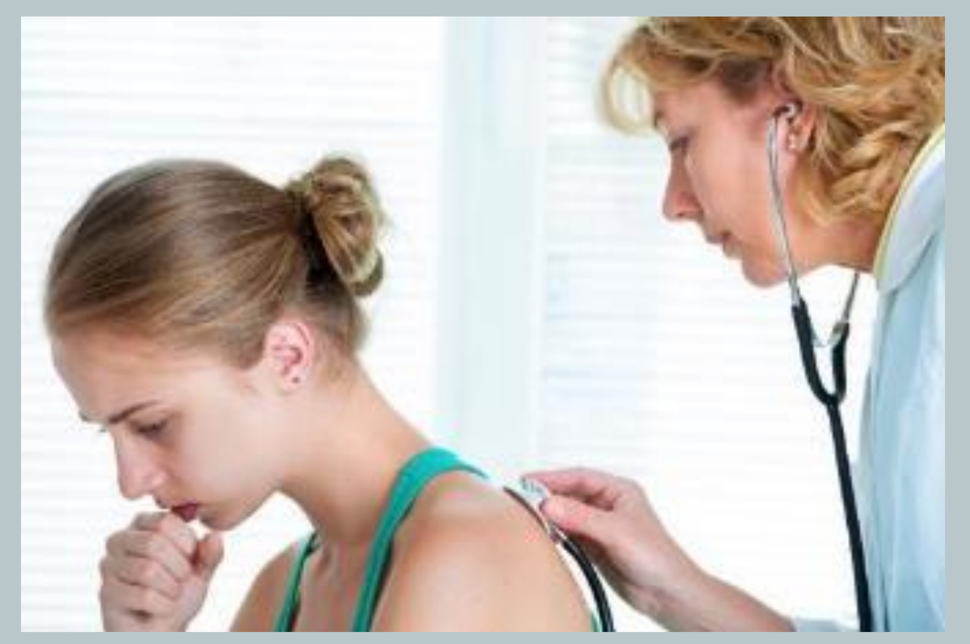
Age started using

Hingson et al 2006, SAMHSA 2010

Missed opportunities with adolescent pts

Survey of 363 U.S. pediatricians:

- 88% screen annually for substance use
- 26% use validated screening tools
- 40% perform BIs using motivational interviewing



Hammond et al 2021

Barriers to performing SBIRT with adolescents

Survey of 75 PCPs:

- Limited time
- Sensitivities of addressing substance use
- Lack of training
- Concerns about effectiveness of brief interventions
- Perceived barriers to patient accepting treatment.

Palmer et al 2019

II. Screening

Common workflow in primary care

Exam room

Screening

Medical Assistant

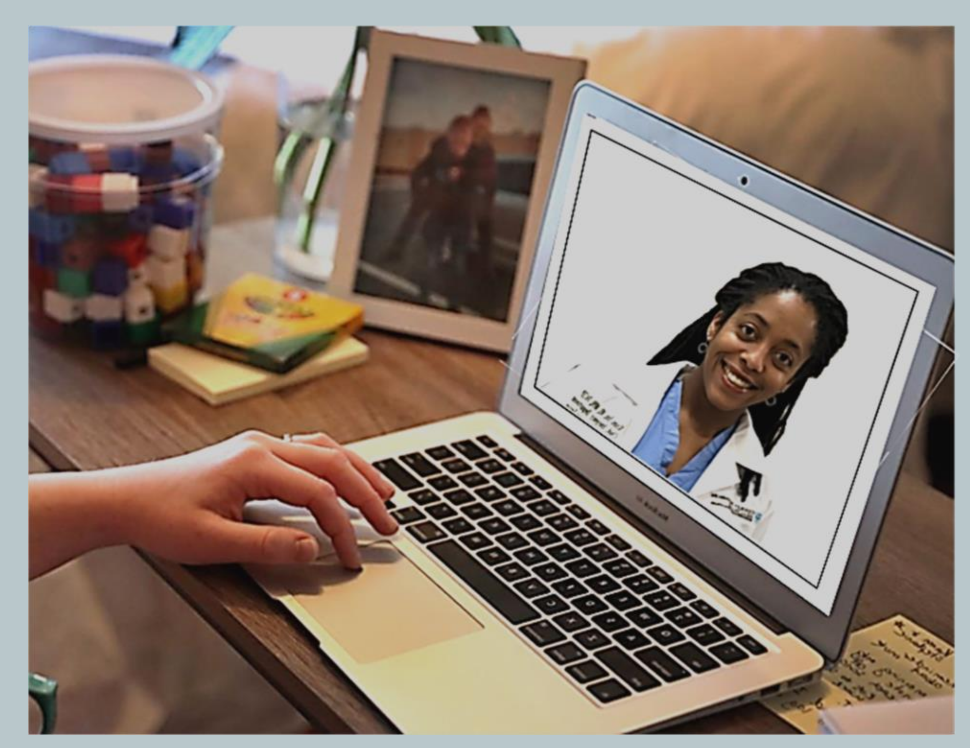
Exam room

Response

Clinician

Tips on screening through online interview

- Try to confirm that pt is in private space and can't be overheard
- Screening can be done as part of any visit
- During any portion of the visit
- Explain reason behind screening
- Raise the subject and ask permission
- Read validated questions as written



Adolescent preferences for preventative screening

How **comfortable** I feel answering questions about health behaviors, via:				
	Agree %	Neutral %	Disagree %	p value
Paper	57.0	35.1	7.9	<.001
Provider interview	76.5	17.4	6.1	.034
Electronic	90.0	12.2	0.9	-----
How **honest** I feel answering questions about health behaviors, via:				
Paper	60.9	33.9	5.2	<.001
Provider interview	73.9	20.0	6.1	.006
Electronic	88.7	10.4	0.9	-----

Study: 115 teens, 12-18 years old, racially diverse, university-based primary care clinics

Bradner et al, 2016

When parents ask to review their minor's records

Consider:

- Reviewing your confidentiality policy with parents
- Discussing the benefits of maintaining confidentiality
- Assuring parents that their teen has been screened

How does your clinic handle disclosure of records?

CRAFFT

- Validated for ages 12-21, across diverse populations
- Can be self-administered or through verbal interview.
- Version 2.1+N contains an additional question about tobacco and nicotine use.
- SBIRT Oregon website version features PHQ-2 and PHQ-9 Modified for Teens on back

Teen health screen **(CRAFFT 2.1+N)**
We ask all our teen patients about alcohol, drugs, and mood because these factors can affect your health. Please ask your doctor if you have any questions. Your answers on this form will remain confidential.

During the **PAST 12 months**, on how many days did you:	Number of days
1. Drink more than a few sips of beer, wine, or any drink containing **alcohol**? Put "0" if none.	
2. Use any **marijuana** (weed, oil, or hash by smoking, vaping, or in food) or **"synthetic marijuana"** (like "K2," "Spice")? Put "0" if none.	
3. Use **anything else to get high** (like other illegal drugs, prescription or over-the-counter medications, and things that you sniff, huff, or vape)? Put "0" if none.	
4. Use any **tobacco or nicotine** products (for example, cigarettes, e-cigarettes, hookahs or smokeless tobacco)? Say "0" if none.	

If you put **"0" in ALL** of the boxes above, ANSWER QUESTION 5, THEN STOP.
If you put **"1" or higher in ANY** of the boxes above, ANSWER QUESTIONS 5-10.

	No	Yes
5. Have you ever ridden in a car driven by someone (including yourself) who was "high" or had been using alcohol or drugs?	☐	☐
6. Do you ever use alcohol or drugs to relax, feel better about yourself, or fit in?	☐	☐
7. Do you ever use alcohol or drugs while you are by yourself, or alone?	☐	☐
8. Do you ever forget things you did while using alcohol or drugs?	☐	☐
9. Do your family or friends ever tell you that you should cut down on your drinking or drug use?	☐	☐
10. Have you ever gotten into trouble while you were using alcohol or drugs?	☐	☐

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CRAFFT questions #1 - 4

During the **PAST 12 months**, on how many days did you:	Number of days
1. Drink more than a few sips of beer, wine, or any drink containing **alcohol**? Put "0" if none.	
2. Use any **marijuana** (weed, oil, or hash by smoking, vaping, or in food) or **"synthetic marijuana"** (like "K2," "Spice")? Put "0" if none.	
3. Use **anything else to get high** (like other illegal drugs, prescription or over-the-counter medications, and things that you sniff, huff, or vape)? Put "0" if none.	
4. Use any **tobacco or nicotine** products (for example, cigarettes, e-cigarettes, hookahs or smokeless tobacco)? Say "0" if none.	

If you put **"0" in ALL** of the boxes above, ANSWER QUESTION 5, THEN STOP.

If you put **"1" or higher in ANY** of the boxes above, ANSWER QUESTIONS 5-10.

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CRAFFT questions #5 - 10

	No	Yes
5. Have you ever ridden in a car driven by someone (including yourself) who was "high" or had been using alcohol or drugs?	☐	☐
6. Do you ever use alcohol or drugs to relax, feel better about yourself, or fit in?	☐	☐
7. Do you ever use alcohol or drugs while you are by yourself, or alone?	☐	☐
8. Do you ever forget things you did while using alcohol or drugs?	☐	☐
9. Do your family or friends ever tell you that you should cut down on your drinking or drug use?	☐	☐
10. Have you ever gotten into trouble while you were using alcohol or drugs?	☐	☐

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CRAFFT answers and actions

Answers	Risk	Action
"No" to questions 1-4	No use	Positive reinforcement
"Yes" to Car question	Riding risk	Discuss alternatives (Contract for Life)
CRAFFT score = 0	Occasional use	Brief education
CRAFFT score = 1	Problematic use	Brief intervention
CRAFFT score ≥ 2	Likely SUD	Brief intervention (offer options that include treatment)

www.crafft.org

Percent with a DSM-5 SUD by CRAFFT Score

%

100
80
60
40
20
0

1 2 3 4 5 6

CRAFFT score

Mitchell et al, 2014

CAR question

- Motor vehicle fatality is the leading cause of accident death among teens
- Study: 17% of students have ridden in a vehicle in the last 30 days driven by someone who had been drinking alcohol
- Discuss safer alternatives
- Option: Ask teen to take home the "Contract For Life" to discuss with parent(s) or adult. Offer to facilitate conversation.

CONTRACT FOR LIFE

Between Teenagers and Parents

Teenager:

I will not drive if I have been drinking or using drugs. I agree to call you for advice and/or transportation at any hour from any place if I am ever faced with a situation where a driver has been drinking or using illicit drugs. I have discussed with you and fully understand your attitude towards any involvement with underage drinking or using illicit drugs.

Teenager's signature Date

Parent (or trusted adult):

I agree to come and get you at any hour, any place, no questions asked and no argument at that time, or I will pay for a taxi to bring you home safely. I expect we would discuss this at a later time.

I agree to seek safe, sober transportation home if I am ever in a situation where I have had too much to drink or a friend who is driving me has had too much to drink.

Parent or trusted adult's signature Date

CDC, 2018

IV. Brief intervention

Characteristics of a guiding style of communication

- Respect for autonomy, goals, values
- Readiness to change
- Ambivalence
- Patient is the expert
- Empathy, non-judgment, respect

Characteristics of a directive style of communication

- Explaining why the pt should change
- Telling how the pt should change
- Emphasizing how important it is to change
- Trying to persuade the pt to change

Rollnick and Miller, 2008

Common patient reactions to the directive style

Angry	Afraid
Agitated	Helpless, overwhelmed
Oppositional	Ashamed
Discounting	Trapped
Defensive	Disengaged
Justifying	Not come back – avoid
Not understood	Uncomfortable
Procrastinate	Not heard

Rollnick and Miller, 2008

Brief intervention

- 3-5 minute conversation that employs motivational interviewing
- Well suited for adolescents (desire for autonomy, resistance to authority)
- Evidence accumulating on effectiveness

Mitchell, et al, 2013. AAP, 2010. Jensen et al., 2011; Tripodi et al., 2010; Walton et al., 2010. Wachtel and Staniford, 2010

Brief Interventions in medical settings

- Should employ motivational interviewing (evidence-based)
- Even three minutes can have effect
- Can be performed by any trained clinic employee
- 2 hours of training can make difference

Humeniuk et al, 2010. Cunningham et al, 2014. Whitlock et al, 2004.

Steps of the brief intervention

Raise subject

Share information

Enhance motivation

Identify plan

Steps of the brief intervention

Raise subject

- Ask permission to discuss patient's substance use
- Be transparent about your role
- Ask the patient to describe their use

Transparency example

Thank you for giving me permission to discuss your substance use with you. Just so you know, I will not ask or advise you to stop or change your use in any way you do not want to. Instead, my focus is to understand what **your** goals or visions for your future are. I can share information with you so you can improve your quality of life on your own terms and on your own timeline. How does that sound to you?

Steps of the brief intervention

Share information

- Explain any association between substance use and health complaint
- Share information about of risks of use. Ok to express concern
- Ask the pt what they think of the information

Pitfalls of giving advice or recommendations

- Implies judgement, risks furthering stigma
- Clinician-driven rather than patient-driven
- Patients with SUDs may already feel trapped
- Advice is different than offering options

Steps of the brief intervention

Enhance motivation

- Ask patient what they like about their use, and what they don't like, then summarize
- Ask what change the pt would like to see

Examples that elicit patient goals

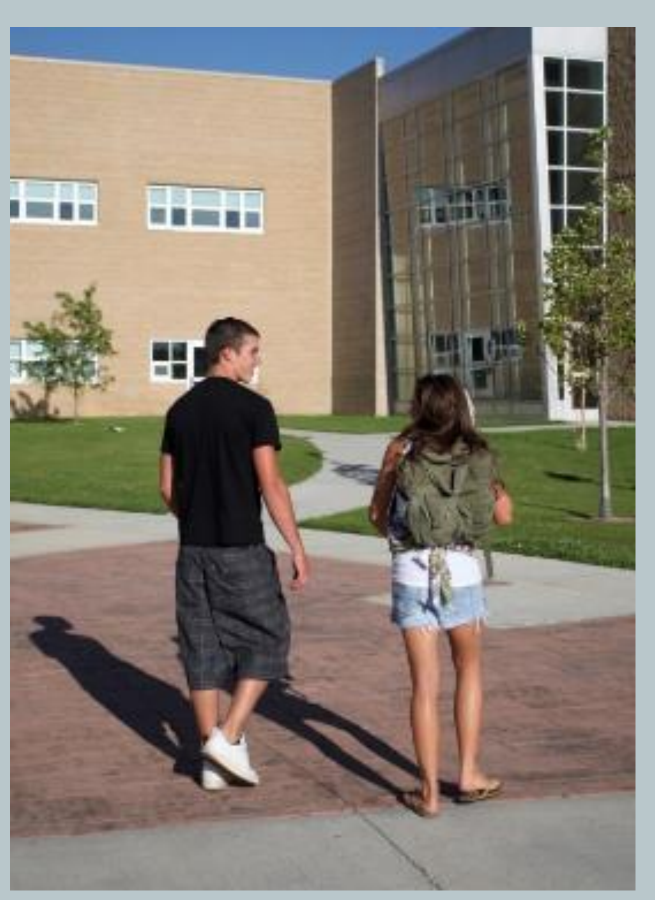
- “Over the next few (weeks, months) what would you like to see happen for yourself?”
- “What would you like to do about your use?”
- “Is there anything you’d like to change about your drinking/drug use?”
- “Where would you like to go with your drinking/drug use?”

Goals are more achievable when they are:

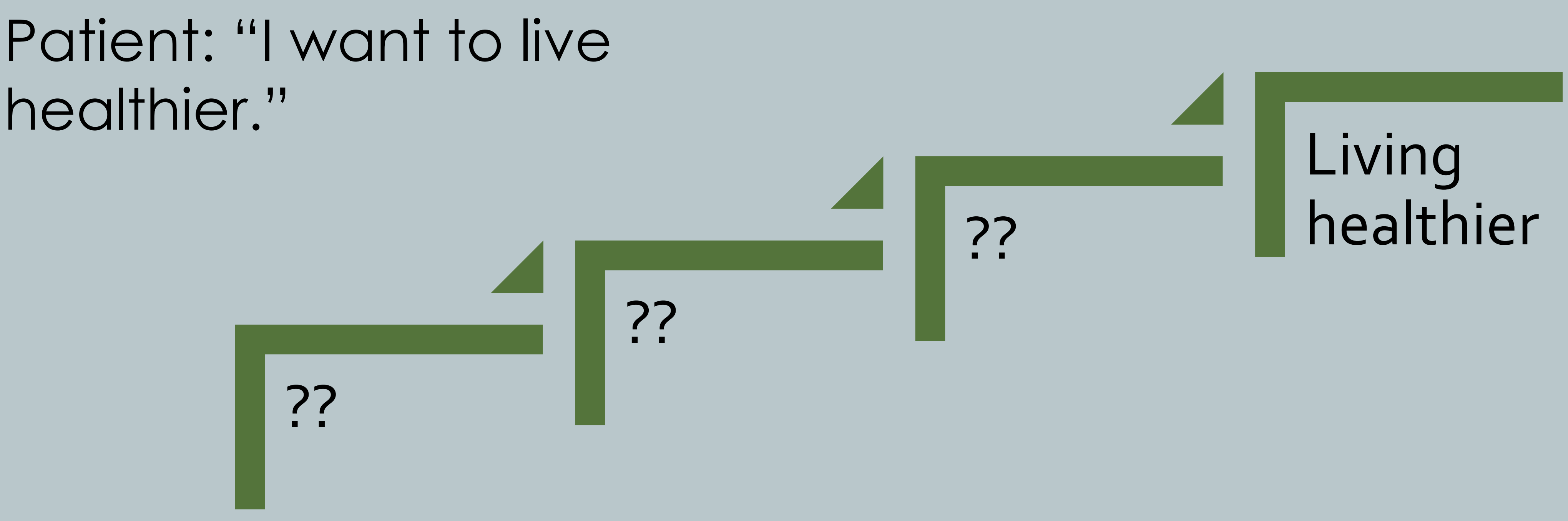
- Well defined
- Focused on reducing harm or improving quality of life
- Doable in a timeframe
- Patient-driven

Examples of adolescent goals

- Considers cutting down to 1 drink when out with friends.
- Will not get in a car with any driver who is intoxicated.
- Agrees not to have sex when he/she is intoxicated
- Agrees to return for follow-up.



Helping pts with abstract, or large goals



Clinician: "That's a great goal. It's also a big goal. So, let's put that up here on the top step. What could be the first step towards living healthier?"

Slide: HaRRT Center

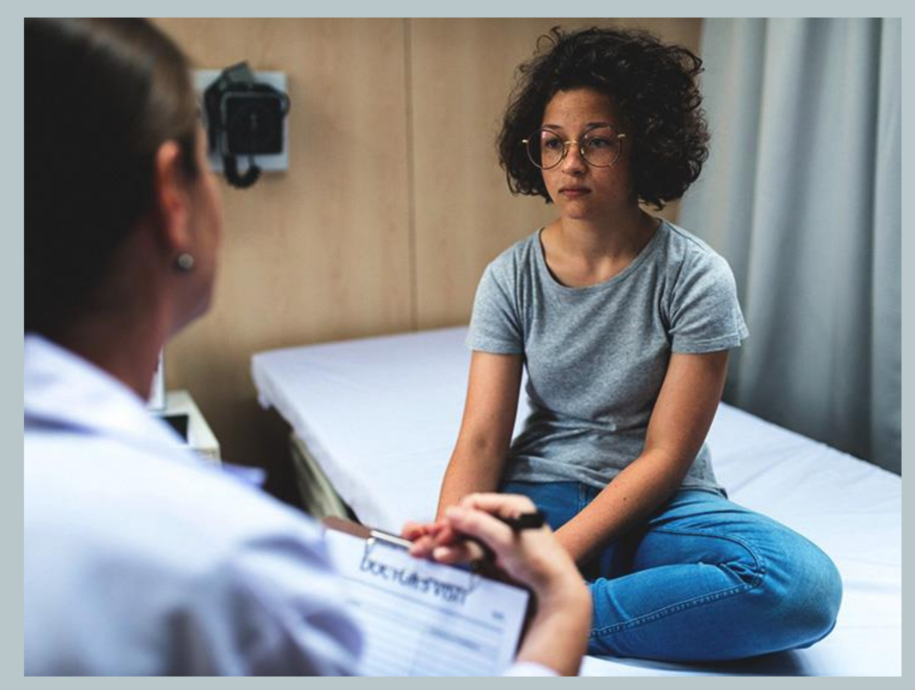
Steps of the brief intervention

Enhance motivation

- Ask patient what they like about their use, and what they don't like, then summarize
- Ask what change the pt would like to see
- Gauge readiness/confidence to reach goal

Readiness Ruler

- Gauge readiness by asking, “On a scale of 0 to 10 . . .”
- “Why not a lower number?”
- Answering this question enhances motivation



Steps of the brief intervention

Identify plan

- If patient sounds ready, ask: "What would a plan of change look like for you?"
- Affirm pt's readiness to change
- Ask to schedule follow-up

Follow up

A continuing cycle of:

- Collaborative tracking of patient-selected goals
- Sharing information about risks
- Eliciting pt-driven harm reduction goals
- Discussing safer-use strategies

Raise the subject

- ''Thanks for filling out this form – is it okay if we briefly talk about your substance use?"
- "My role is to help you assess the risks so you can make your own decisions. I want to help you improve your quality of life on your own timeline."
- "What can you tell me about your substance use?"

Share information

- Explain any association between the patient's use and their health complaint, then ask, "Do you think your use has anything to do with your [anxiety, insomnia,, etc,]?"
- Share information about the risks of using alcohol, drugs, and misusing prescription drugs. Ask the patient: "What do you think of this information?"

Enhance motivation

- Ask pt about perceived pros and cons of their use, then summarize what you heard.
- "Where do you want to go from here in terms of your use? What's your goal or vision?
- Gauge patient's readiness/confidence to reach their goal. If using Readiness Ruler: "Why do did you pick ___ on a scale of 0-10 instead of ____ [lower number]?"

Identify plan

- If patient is ready, ask: "What steps do you think you can take to reach your goal?"
- Affirm the patient's readiness/confidence to meet their goal and affirm their plan.
- "Can we schedule an appointment to check in and see how your plan is going?"

Remember:

Defer to the teen's wisdom

The more responsibility, autonomy and respect adolescents feel they have, the more they will step up and forge their own pathway.

Some risks of adolescent alcohol and marijuana use:

- 22% of teenage drivers in fatal car crashes were **drinking**. Car crashes are the leading cause of teen deaths.
- **Marijuana** affects a number of skills needed for safe driving, like reacting to sounds and signals on the road.
- Teens who use **marijuana** tend to get lower grades and are more likely to drop out of high school.

- High school students who use **alcohol** are five times more likely to drop out.
- **Marijuana's** effects on attention and memory make it difficult to learn something new or do complex tasks.

- Heavy use of **marijuana** as a teenager can lower IQ later in life as an adult.
- Teens who binge **drink** every month damage their brains in a way that makes it harder to pay attention and understand new information.
- **Alcohol** poisoning and suicide are major causes of alcohol-related teen deaths.

- Teen **drinking** and **marijuana** use raise the risk of unprotected sex, sexual assault, STDs, and unplanned pregnancy.
- **Drinking** increases the risk of injuries - the third leading cause of death among teens.

A standard drink of alcohol equals:

Readiness ruler:

Not ready 0 1 2 3 4 5 6 7 8 9 10 Very ready

Reference sheet

Front acts as a visual aid for the teen during a brief intervention

Steps of the brief intervention

Raise the subject	• "Thanks for filling out this form – is it okay if we briefly talk about your substance use?" • "Just so you know, my role is to help you assess the risks so you can make your own decisions. I want to help you improve your quality of life on your own timeline." • "What can you tell me about your substance use?"
Share information	• Explain any association between the patient's use and their health complaint, then ask, "Do you think your use has anything to do with your [anxiety, insomnia, STD, etc,]?" • Share information about general risks of use and/or low-risk limits of alcohol use. • Ask the patient: "What do you think of this information?"
Enhance motivation	• Ask pt about perceived pros and cons of their use, then summarize what you heard. • "Where do you want to go from here in terms of your use? What's your goal, or vision?" • Gauge patient's readiness/confidence to reach their goal. If using Readiness Ruler: "Why do did you pick that number on a scale of 0-10 instead of ____ [lower number]?"
Identify plan	• If patient is ready, ask: "What steps do you think you can take to reach your goal?" • Affirm the patient's readiness/confidence to meet their goal and affirm their plan. • "Can we schedule an appointment to check in and see how your plan is going?"

Oregon hotline that quickly identifies resources for patients ready to accept treatment: **1-800-923-4357**

Interpreting the CRAFFT screening tool

Answers	Risk	Action
"No" to questions 1-4	No risk	Positive reinforcement
"Yes" to Car question	Riding risk	Discuss alternatives to riding with impaired drivers (Offer Contract for Life)
CRAFFT score = 0	Low risk	Brief advice
CRAFFT score = 1	Medium risk	Brief intervention
CRAFFT score ≥ 2	High risk	Brief intervention (offer options that include treatment)

Billing codes

Screening only	
Medicaid:	CPT 96160
Screening plus brief intervention	
Medicaid:	≥15 min: CPT 99408 ≥30 min: CPT 99409
Medicare:	5-14 min: G2011 ≥15 min: G0396 ≥30 min: G0396

SBIRT sbirtoregon.org

Reference sheet

Back provides guidance to the professional.

Patient handouts

- Download at sbirtoregon.org
- English and Spanish
- Separate handouts based on substance and population
- Should not replace brief interventions

Case study: “Natasha”

- 16-year old presenting for a physical
- Vapes cannabis 2-3x month
- No medical complaints

Video demonstration: “Natasha”

http://www.sbirtoregon.org/video-demonstrations/

Discussion

What worked well?

What could have gone better?

Case study: “Erin”

- 16-year old following up after STD test
- Occasionally binge drinks at parties
- No medical complaints
- Telehealth visit

Video demonstration: “Erin”

http://www.sbirtoregon.org/video-demonstrations/

Discussion

What worked well?

What could have gone better?

Stages of change

OARS skills

- Open-ended questions
- Affirmations
- Reflective listening
- Summaries

Examples of open-ended questions

Closed	Open
Are you in pain?	How do you feel?
How often do you use drugs?	What role do drugs play in your life?
Don't you want to stop using and be sober?	What advantages do you see in changing your drug use?

Open-ended questions

- Invites the patient to “tell their story” without leading them in a specific direction
- Should be used often, but not exclusively
- Important to listen to the person’s response

Examples of affirmations

You really care a lot about your health
This is hard work you're doing
You were successful in changing in the past
That's a good idea
You are clearly very resourceful
I appreciate that you are willing to talk honestly with me about this

Affirmations

- Statements that recognize patient strengths
- Acknowledging positive behaviors, no matter how big or small
- Help build confidence and self-efficacy
- Must be genuine

Examples of reflective listening

Patient:	Clinician:
I don't think I'm really addicted to pot.	Being told you may have a substance use disorder doesn't seem right to you.
I've never not used drugs – I think it's just who I am.	Using drugs feels normal to you.
I don't like being kicked off the basketball team	Being able to play basketball is important to you.
I know I probably shouldn't smoke pot every day, but I haven't cut down yet.	You know all the reasons to not use .cannabis, but it's been hard to find the motivation change.

Reflective listening

- Understanding what your patient is thinking and feeling, and then saying it back to the patient
- Engages your patient, conveys empathy, builds trust, and fosters motivation to change
- Allows you to see the world through your patient's eyes

Summarizing example

Patient

I don't want to go to treatment

I'm worried about withdrawal

My parents would feel better

I'd have to find a ride

I'd feel safer if I got help

Summarizing example

"If I hear you right, it sounds like you're not interested in treatment right now. There's a challenge in that you'd have to find transportation and you're worried about going through withdrawal. But you also think it would be safer in the long run and your relationship with your parents might improve."

Clinician

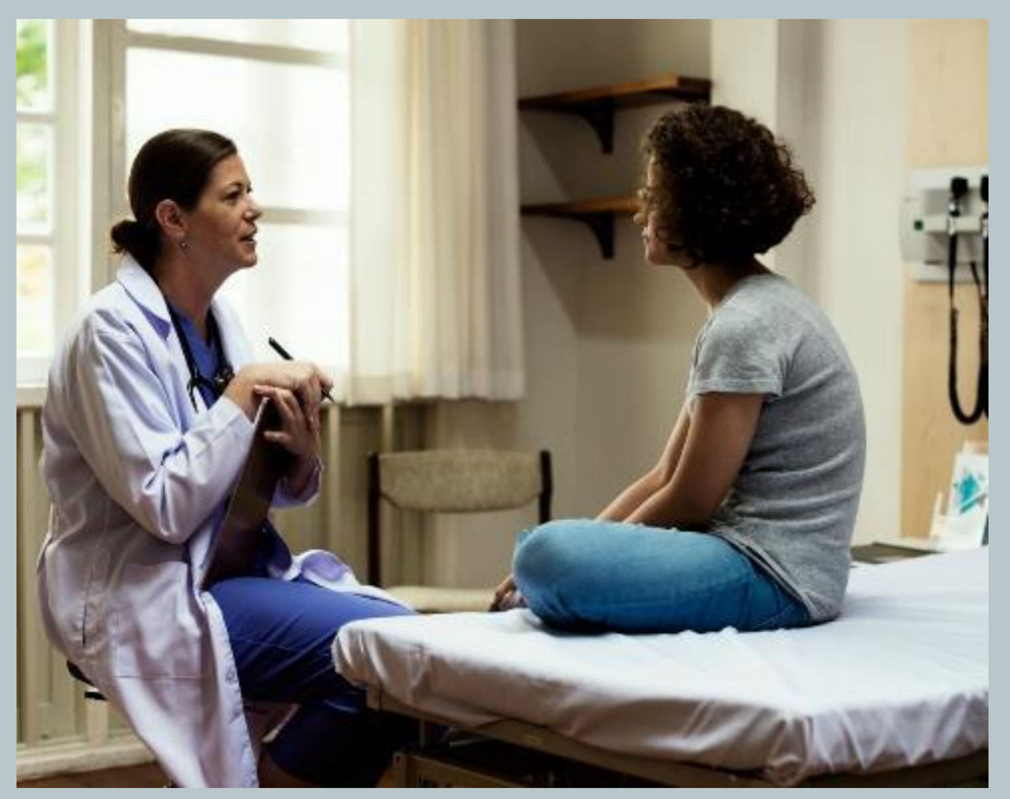
Summarizing

- Special applications of reflective listening
- Particularly helpful at transition points, or when you're not sure what to say next
- Good way to help patient analyze pros and cons

IV. Referral to Treatment

Traditional referral to treatment

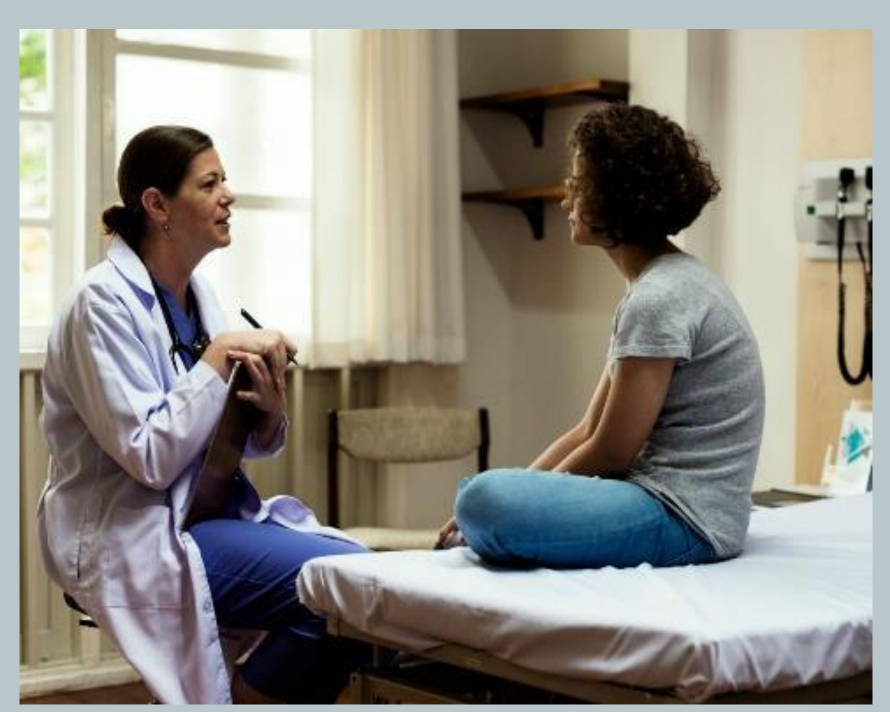
- Delivered through the brief intervention – good!
- But, the referral comes from the clinician rather than the pt
- Patient-centered is not the same as patient-driven
- Traditional RT remains clinician-driven



Consider replacing the RT with continued follow up, management, etc.

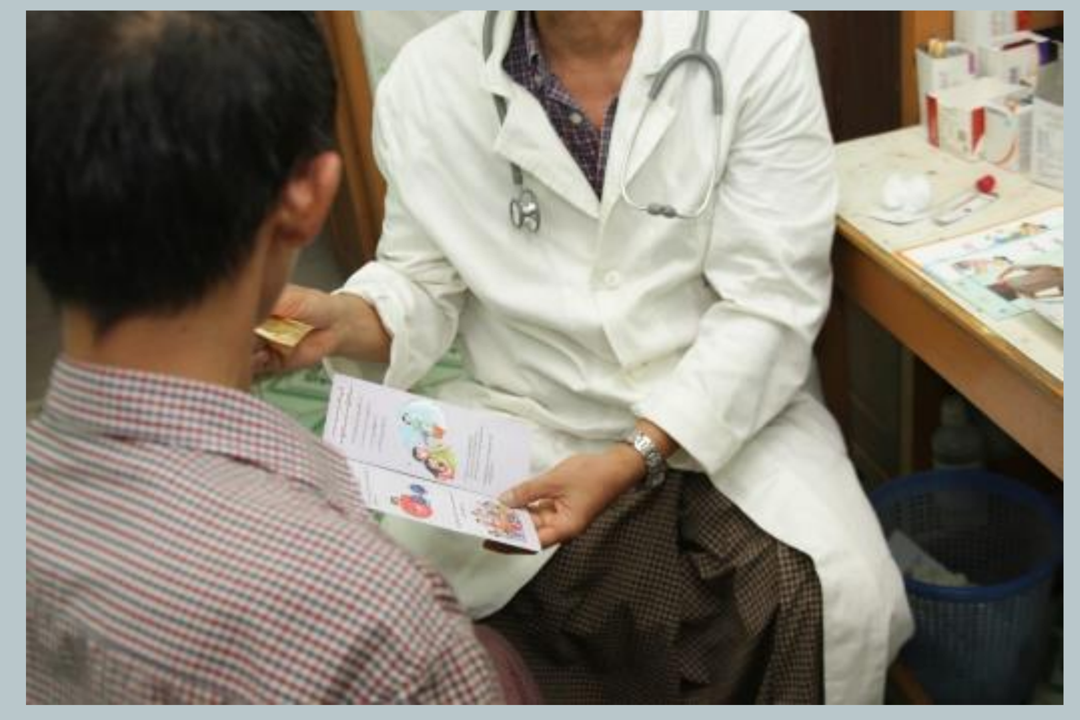
A continuing cycle of:

- Collaborative tracking of patient-selected metrics
- Eliciting pt-driven harm reduction goals
- Discussing safer-use strategies



Harm Reduction and substance use

- Abstinence is neither prioritized nor assumed to be the goal of the patient
- Result: HR broadens the spectrum of patients we can engage with and help
- <u>"Meeting the patient where they're at"</u>



Hawk et al, 2017. OHA HOPE project

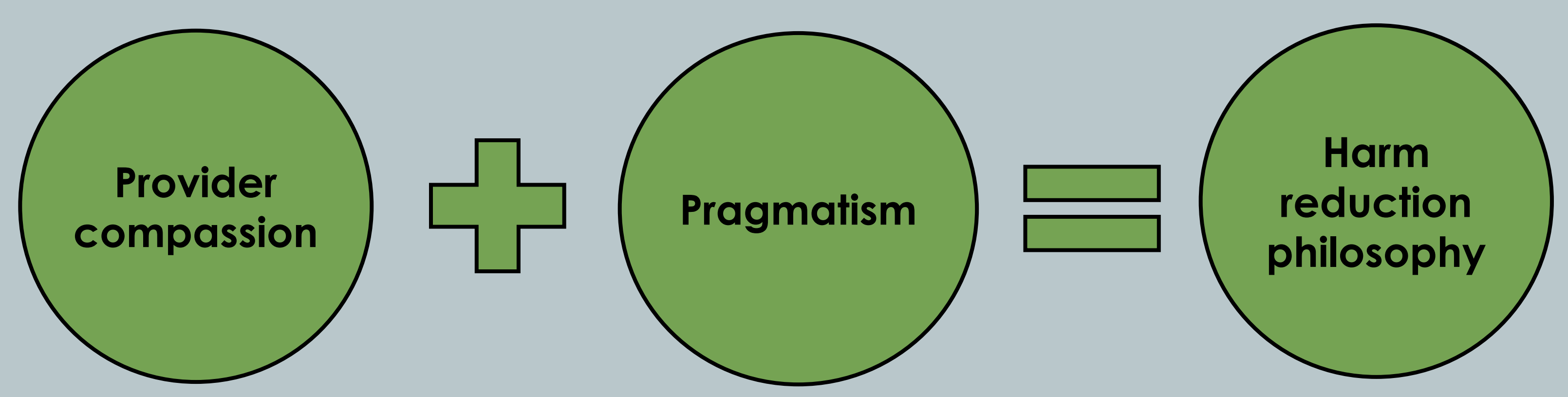
Some harm reduction beliefs

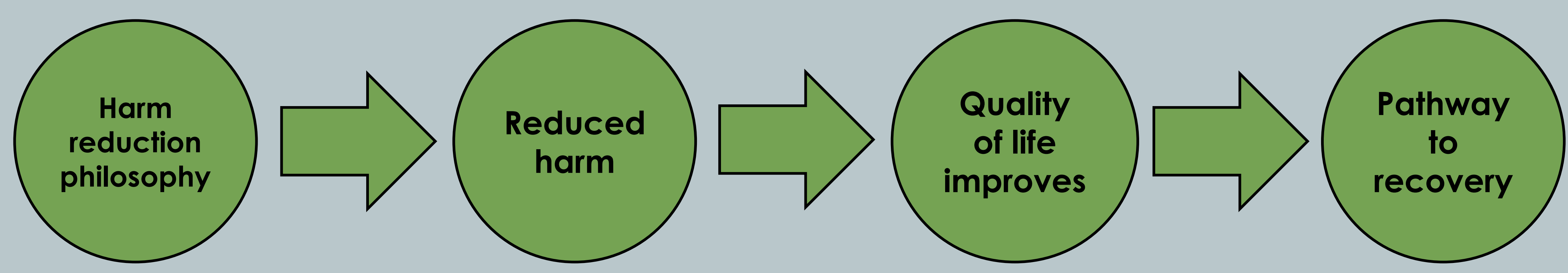
Substance use:

- Has pros and cons
- Is here to stay
- Is complex
- Exists in social context
- Is not the client

Slide: HaRRT Center

Harm Reduction theory and practice





Slide: HaRRT Center

Socioeconomic characteristics:

- Source of income
- Household income

Sociodemographic characteristics:

- Age
- Sex
- Household size
- Number of children in household

Life events:

- Lifetime victimhood of violence
- Lifetime history of aggressive behaviour
- Victim of violence in prior 12 months
- Aggressive behaviour in prior 12 months

Substance dependence

Life and health perceptions:

- Quality of life
- Social support
- Stigmatization
- Perception of one's physical health

Neighbourhood characteristics:

- Physical states
- Criminality

Clinical variables:

- Major depression
- Mania
- Panic disorder
- Social phobia
- Agoraphobia
- Posttraumatic stress disorder
- Number of mental health disorders
- Psychological distress
- Impulsiveness

Health service use:

- Frequency of visits to professionals in prior 12 months
- Frequency of service use in prior 12 months
- Number of professionals visited in prior 12 months

Conclusion: "Stigmatization was the strongest predictor of substance dependence"

Figure from:

Fleury, M; Grenier, G; Bamvita JM, Perreault, M; Caron, J. Predictors of Alcohol and Drug Dependence. CanJPsychiatry 2014

Where does stigma come from?

Two main factors:

- When people perceive an individual is responsible for **causing** his/her problem
- And when he or she is able to **control** the problem
- Another contributory factor: the type of language we use

Kelly et al, 2015.

Overdose, Morbidity, Incarceration, Healthcare costs, Disrupted family structures, Homelessness, Unemployment, Crime

Consequences

Substance Use Disorder

Main Problem

Physical, emotional, sexual abuse; stress; early exposure to substances; low self esteem; mental health disorders; marginalized population; family history of addiction; trauma; poverty; absence of social support

Risk factors

NIDA, 2018.

Language

Outdated language	Person-first, affirming language
Injection Drug Users (IDU)	People who inject drugs (PWID)
Drug abuse, dependence, drug habit	Substance use disorder
Drug abuser, addict, alcoholic	Person with a substance use disorder
Clean and sober	Person in recovery
Dirty or clean needles	Used or new needles
Dirty or clean urine	Positive or negative urine drug screen
Medication-Assisted Treatment (MAT)	Medication Treatment
High risk	Individuals at risk of acquiring HIV, Hep C, etc.

Office of National Drug Control Policy, 2017.

Evidence-based outpatient treatment for adolescent SUD

Strongest evidence associated with:

- Cognitive behavior therapy
- Motivational enhancement
- Family-based treatment
- Contingency management

Hogue et al, 2018.

Medications for SUDs

- Not substitutions of one drug for another
- Instead, they relieve withdrawal symptoms and psychological cravings
- Effective if used alone, or with behavioral therapy
- Can help pts initiate and sustain recovery from SUDs

Medications for AUDs

Medication (Brand name)	Route	Effect	Adverse effects	Notes
Acamprosate (Campral)	Oral	Can decrease the craving for alcohol.	Anxiety Diarrhea Vomiting	Non habit-forming. Safe to take with alcohol and opiates. In event of relapse, will not cause an adverse reaction or exacerbate withdrawal symptoms.
Naltrexone (Vivitrol)	Oral, injection	Can discourage alcohol use by producing adverse reactions when alcohol is consumed.	Dizziness Nausea Vomiting	Non habit-forming. May reduce the feeling of intoxication and the desire to drink more, but it will not cause a severe physical response to drinking.
Disulfiram (Antabuse)	Oral	Can decrease the craving for alcohol.	Drowsiness	Non habit-forming. Should not be administered until patient has abstained from alcohol for at least 12 hours.
Topiramate (Topamax)	Oral	Can decrease the craving for alcohol.	Loss of appetite Drowsiness Hair loss	Non habit-forming. An anti-seizure medication used off-label for the treatment of alcohol use disorders (not FDA approved for this purpose).

Medications for Opoid Use Disorders

Medication (Brand name)	Route	Effect	Adverse effects	Notes
Methadone	Oral	An opioid agonist that eliminates withdrawal symptoms and relieves drug cravings.	Constipation, hyperhidrosis, respiratory depression, sedation	Only federally certified, accredited opioid treatment programs can dispense methadone.
Buprenorphine (Suboxone)	Tablet, Injection, implant	A partial opioid agonist that reduces cravings and withdrawal symptoms without producing euphoria.	Constipation, nausea, withdrawal, excessive sweating, insomnia	Usually tolerated well by patients. Only physicians, nurse practitioners, and physician assistants can prescribe buprenorphine for OUD and must get a federal waiver to do so.
Naltrexone (Vivitrol)	Oral, injection	Blocks the euphoric and sedative effects, prevents feelings of euphoria	Nausea, anxiety, insomnia, depression, dizziness	Any prescriber can offer naltrexone

Referral to treatment

- Should be delivered through the brief intervention
- Offered as an option
- Followed through if the pt agress to accept treatment
- Patient-centered is not the same as patient-driven

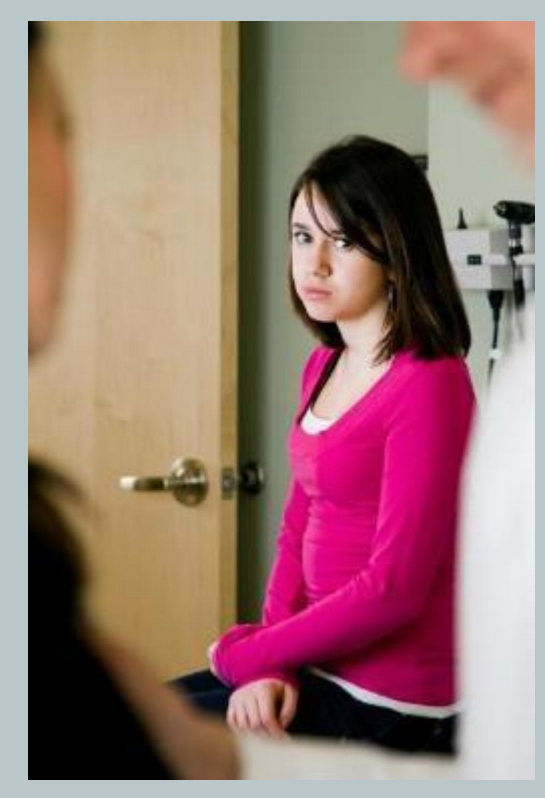
Confidentiality and the referral

Consider:

- May be difficult for teen to manage treatment requirements without parent knowledge.
- Teens respond better to treatment when parents are involved.
- Insurance carrier may notify parent if insurance is under their name.

Involving parents or trusted adults

- An adolescent who discloses heavy drug use may be looking for help.
- Ask patient if parents or trusted adults are aware of drug use. If so, inviting parents into conversation may be easy.
- Special considerations when parents themselves use substances



Involving parents in a referral

Side with the teen when presenting information:

- "Terra has been very honest with me and told me about her marijuana use. She has agreed to see a specialist to talk about this further. I will give you the referral information so that you can help coordinate".

Thank you

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