



**Identifying and Responding  
to Substance Use among  
Adolescents and Young  
Adults: A Compendium of  
Resources for Medical  
Practice**

THE ADDICTION MEDICINE  
FOUNDATION  
NATIONAL CENTER FOR PHYSICIAN  
TRAINING IN ADDICTION MEDICINE



# Identifying and Responding to Substance Use among Adolescents and Young Adults: A Compendium of Resources for Medical Practice



Prepared by:

The National Center for Physician Training in  
Addiction Medicine



Funded by:



The Addiction Medicine Foundation



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The Addiction Medicine Foundation

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## About The National Center for Physician Training in Addiction Medicine

The Addiction Medicine Foundation's National Center for Physician Training in Addiction Medicine was created to expand workforce capacity within the medical system to meet the needs of the American public for prevention, intervention, treatment and management of the disease of addiction. This requires building and sustaining a credentialed workforce of addiction medicine physicians capable of providing specialty care for addiction prevention and treatment, consultation with other health care practitioners, and training of primary and affiliated health care providers. Primary activities of the Center include:

- Expanding and supporting existing fellowship training programs and helping them achieve ACGME accreditation;
- Creating academic units of addiction medicine in accredited U.S. medical schools;
- Developing and maintaining a functioning pipeline of physicians for training in addiction medicine;
- Creating sustainable mechanisms for ongoing professional support and development for fellowship directors, faculty and diplomates;
- Developing core clinical competencies in addiction for health professionals, and working with other organizations to integrate them as required components into curricula, training, licensing, certification and continuing education;
- Working with The Addiction Medicine Foundation to achieve recognition of the field of addiction medicine by the American Board of Medical Specialties (ABMS).

Key components of the Center's work are a focus on prevention of both risky substance use and addiction as well as treatment and disease management, and a comprehensive approach including attention to all addictive substances (nicotine, alcohol, controlled prescription and other drugs). Physician training and core clinical competencies reflect these priorities. Because of the high rates of risky substance use in the adolescent and young adult populations and the fact that addiction can be viewed as a developmental disease, effective prevention requires a specific focus in the medical profession on patient education, screening and early intervention, particularly for adolescents and young adults, as well as effective treatment and disease management for all with the disease.

The National Center has offices in Bethesda, MD and the State University of New York (SUNY) at Buffalo Department of Family Medicine. For further information, contact: Andy Danzo at [AddictionMedicine@buffalo.edu](mailto:AddictionMedicine@buffalo.edu).

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## Foreword

On behalf of The National Center for Physician Training in Addiction Medicine, I am pleased to bring you this Compendium of resources for identifying and responding to substance use in healthcare and medical practice, with particular attention to the adolescent and young adult population.

This Compendium has been prepared for addiction medicine faculty and primary care providers. It provides links to screening tools, brief intervention guides and education and training materials that have been developed by a wide variety of institutions, organizations and medical practitioners for use with patients of varying ages. An attempt has been made to highlight materials appropriate for use with adolescents and young adults in all areas of medical practice.

A note of caution: Many of the tools and curricula that have been developed and validated have limitations:

- They may not screen for risky use of all addictive substances—nicotine, alcohol, controlled prescription and other drugs.
- Positive screens using many of these instruments may be calibrated more closely to the disease end of the spectrum and thus fail to pick up early signs of risky use, missing important opportunities for prevention.
- Screening for adolescents may use measures of use relevant to adults rather than measures based on the understanding that any use of these substances by adolescents is risky behavior.
- Brief interventions are often developed with the adult population; modified versions are being developed and should be used with adolescents.
- Distinctions are not always clearly made between patients who engage in risky use of addictive substances but do not meet medical criteria for the disease and the types of interventions that are appropriate for them, and those who do meet medical criteria for addiction who require a careful diagnosis, comprehensive assessment and plan for tailored treatment and disease management.

We encourage faculty and treatment providers to keep these limitations in mind in selecting education, screening and brief intervention materials for use. We further strongly encourage the development of new screening and intervention approaches that address these limitations and are grounded in science.

We plan to continually update these materials in order to disseminate best practices, and we ask that you provide us with any improvements that you develop and validate to help fill these gaps.

This document is based on research by Joan Kernan at the National Center for Physician Training in Addiction Medicine (National Center). I would like to thank all those who contributed to this work, including from The National Center Richard Blondell, MD, Medical Director, Andy Danzo, Center Coordinator, Shannon Carlin-Menter, PhD, Director of Evaluation, Urmo Jaanimagi, MA, MS, Associate Evaluator, Rachel Rizzo, Fellowship Training Data Specialist, and Erin O'Byrne, Project Assistant; and from The American Board of Addiction Medicine Lia Bennett, MPH, Maintenance of Certification Director, Michelle Lyons, MS, MOC Manager, Deborah Bryant, MS, MOC Assistant, and Catherine Saunders, Certification Program. Finally, we extend our appreciation to the researchers and practitioners who have brought us the many useful products included in this Compendium.

Sincerely,

Susan E. Foster  
Executive Director, The National Center for Physician Training in Addiction Medicine



## Introduction

### Scope of the Problem

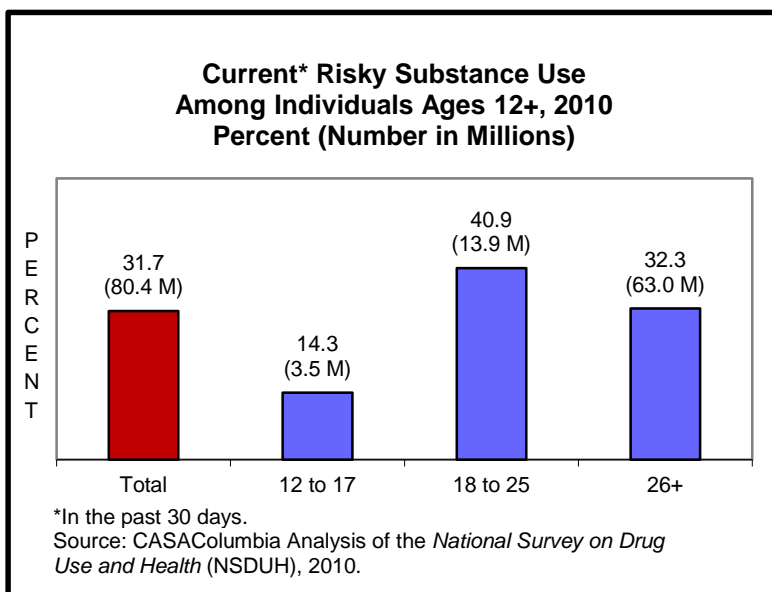
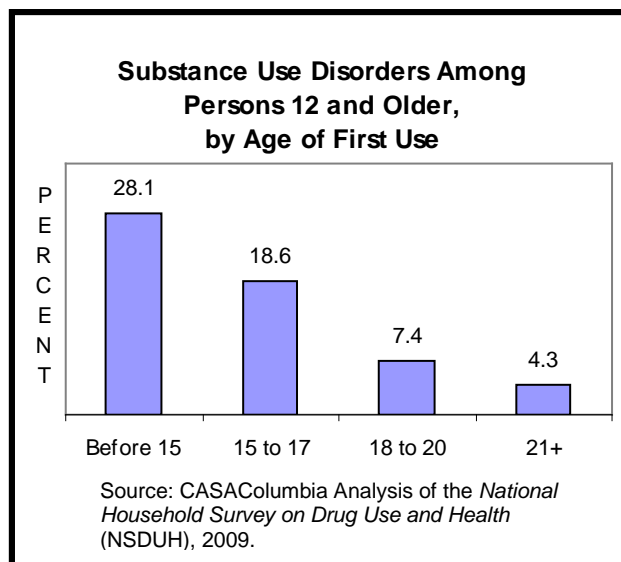
One in six people in the United States age 12 and older meet medical criteria for addiction. Another third of the population engages in use of addictive substances in ways that can threaten their health and safety or that of others. Risky substance use and addiction constitute the largest preventable and the most costly health problems in the country.<sup>1</sup>

Despite these facts, people are not routinely screened for risky use and most screening that occurs is not comprehensive, primarily focusing on alcohol or tobacco. For those who are screened and show signs of risky use, few receive any services designed to reduce such use — such as brief interventions. If signs of addiction are present, few receive a diagnosis and comprehensive assessment to determine the presence, stage and severity of disease and appropriate treatment options.<sup>1</sup>

### Addiction is a Pediatric Disease

In more than nine out of 10 cases, addiction is a pediatric disease originating with or triggered by substance use before the age of 21, while the brain is still developing.<sup>2</sup> Because of the dangers of risky use and the increased risk for addiction, any use by adolescents of nicotine, alcohol or other drugs, including misuse of controlled prescription drugs, is risky.

The risk of becoming addicted is inversely proportional to the age of first use of psychoactive substances. Those who use addictive substances prior to age 15 are six-and-a-half times as likely to develop addiction as those who delay use until age 21 or older (28.1 percent vs. 4.3 percent).<sup>3</sup>

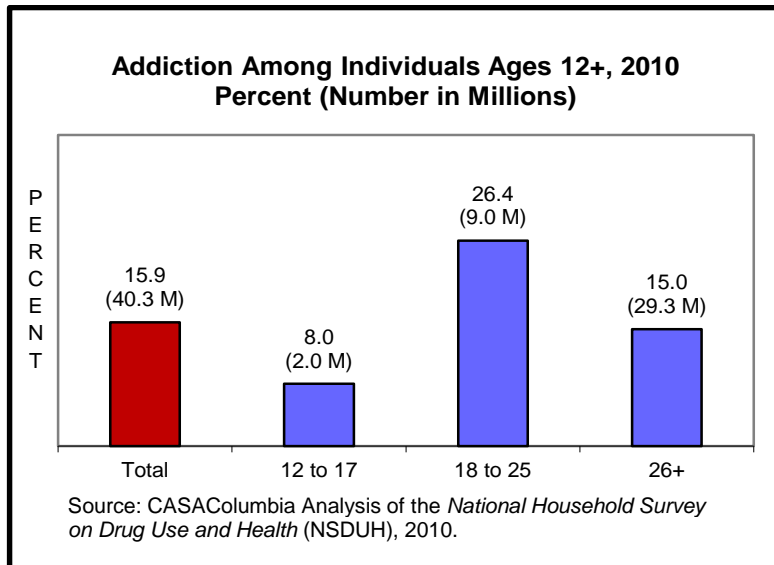


### Prevalence of Risky Substance Use and Addiction Among Adolescents and Young Adults

When surveyed in 2009, almost half of high school students (46.1 percent, 6.1 million) reported using addictive substances such as cigarettes, alcohol, marijuana or cocaine in the previous 30 days.<sup>4</sup>

Among U.S. high school seniors in 2013, almost 70 percent had tried alcohol, 50 percent had taken an illegal drug, and more than 20 percent had used a prescription drug for a nonmedical purpose.<sup>5</sup> In 2012, seven percent of middle school and 23 percent of high school students reported they were currently using tobacco products.<sup>6</sup>

In total, in 2010 14.3 percent of all 12 – 17 year olds and 40.9 percent of 18 – 25 year olds engaged in risky use of addictive substances but did not meet medical criteria for addiction. Another 8.0 percent of 12 – 17 year olds and 26.4 percent of 18 – 25 year olds met medical criteria for addiction.



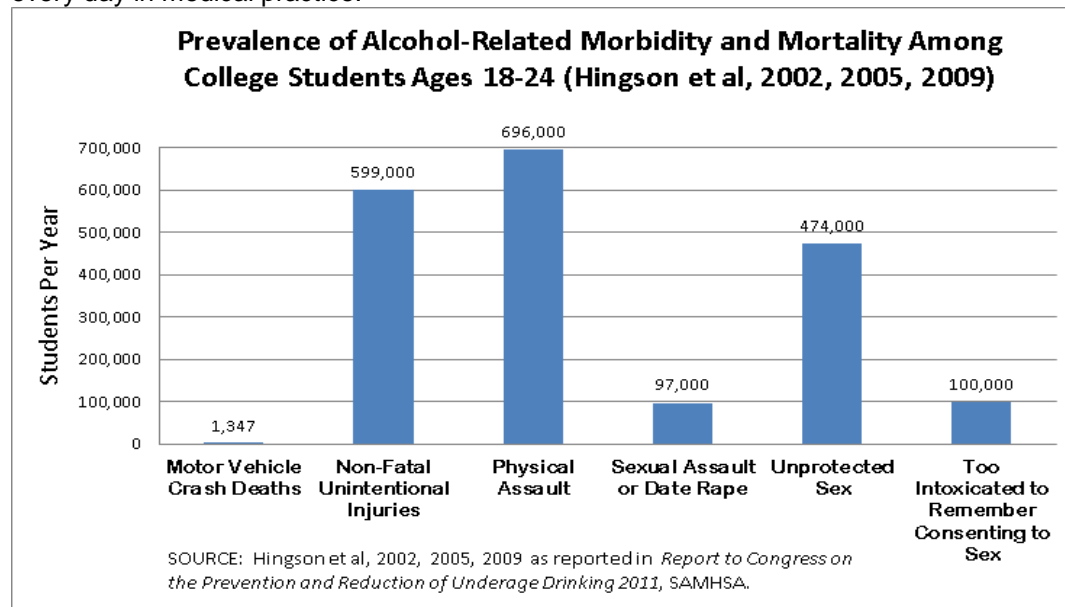
Addiction is a complex disease of brain circuitry related to reward, motivation and memory.<sup>7</sup> Different substances can affect this circuitry, and many teens and adults who are risky users of addictive substances engage in use of more than one substance. Moreover, cessation of use of one substance can result in use of another. For teens and adults, alcohol is the drug most frequently implicated in risky substance use, followed by nicotine and marijuana, but it is important to remember that use of one drug often is accompanied by use of others.

For example, nearly half of risky drinkers (46.4 percent) are also risky users of other drugs.<sup>1</sup> While most risky users do not develop addiction, they still are at risk for a wide range of negative health and social consequences. Therefore, comprehensive screening is a critical component of effective prevention.

A combined 15.1 percent of 12 – 25 year olds met medical criteria for addiction involving drugs other than nicotine; however, of these, only 1.1 percent received treatment. The percent receiving treatment for addiction involving nicotine is unknown.<sup>1</sup>

### Consequences of Use

Risky substance use and addiction are the leading causes of preventable death in the U.S., resulting in more than 20 percent of all deaths. These conditions also cause or contribute to more than 70 other conditions requiring medical attention, including cancer, cardiovascular and respiratory diseases, HIV/AIDS, trauma, cirrhosis, ulcers, pregnancy complications and other conditions, that physicians treat every day in medical practice.<sup>1</sup>





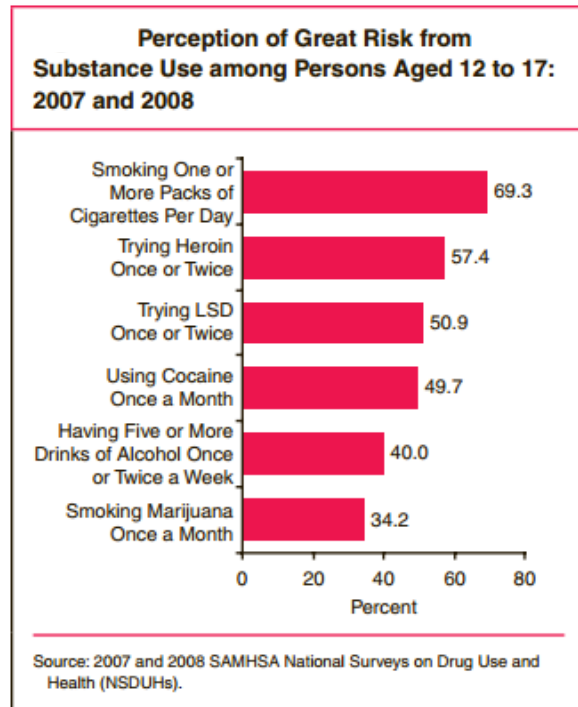
Alcohol and other drug use are associated with the top four causes of mortality for people aged 10 – 24 in the U.S.: motor vehicle crashes (30%), other unintentional injuries (16%), homicides (16%) and suicide (12%).<sup>10</sup> These tragic consequences often occur in the absence of addiction: a single episode of use can be life-altering or life-ending to the teen and others.

Negative consequences other than addiction, otherwise impaired health and death are numerous and wide-ranging, including non-fatal injuries and accidents, child neglect and abuse, suicide, domestic violence, sexual assault and other crimes, unplanned pregnancies and lost productivity.<sup>1</sup> Risky alcohol use alone among college students drives hundreds of thousands of preventable injuries.<sup>11</sup>

### Perceptions of Risk

Adolescence is the critical period of risk for substance use and the resulting consequences. Because the brain is still developing through the mid-20s, young people are more likely to underestimate risk and to engage in risky behavior including substance use, and the developing brain is more vulnerable to the effects of addictive substances.<sup>8</sup> Although national surveys conducted in 2007 and 2008 found that the dangers of smoking are relatively well known, fewer respondents perceive a “great risk” from using other drugs, including trying heroin or LSD once or twice, using cocaine or marijuana monthly, or even binge drinking once or twice a week.<sup>9</sup>

Primary care physicians are in a position to influence adolescent patients’ and their caregivers’ understanding about what constitutes risky behavior, and just how much is at stake.



### The Role of the Physician

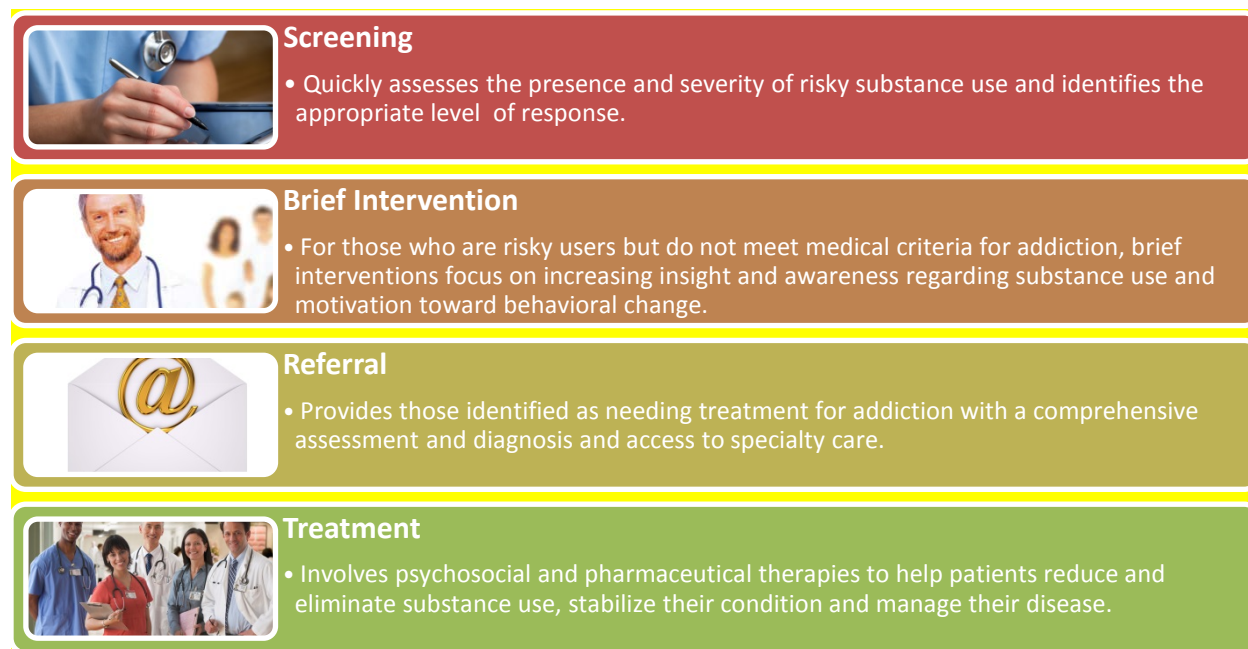
Because of the high prevalence of the disease of addiction and the wide ranging health and social consequences that can result from it and from risky use of addictive substances that does not meet the threshold of addiction, physicians should:

- Be sure their patients and their families are educated about the risk factors for problematic substance use and addiction,
- Routinely screen patients for risky substance use of all substances to identify signs of trouble early, using instruments tailored to age and to identify age, and gender specific risk factors,
- Provide interventions to reduce risky use that are tailored to the age, gender and other personal characteristics and circumstances of patients,
- If a patient shows signs of addiction, conduct a comprehensive assessment and diagnosis of the stage and severity of disease and co-occurring conditions, and either provide treatment or refer for specialty care, and
- Provide disease management services for all patients with addiction.

Health care providers should pay particular attention to education, screening and early intervention for adolescents and young adults in order to prevent addiction and other health and social consequences.

## CURRENT MODELS OF IDENTIFYING AND RESPONDING TO SUBSTANCE USE

The most widely used approach to early detection and response is the Screening, Brief Intervention and Referral to Treatment (SBIRT) model. It consists of the following steps:



SBIRT protocols require physicians to do some things they may not have been doing before:

- Routinely screen all patients in order to prevent addiction and other costly health and social problems,
- Where possible, use validated screening questions or checklists to replace unstructured conversations,
- Engage patients using motivational interviewing techniques rather than a didactic approach, and
- Provide or connect patients with addiction to effective assessment, diagnosis and care.

These protocols are a starting place for developing effective measures of prevention, early intervention and effective treatment for those in need. While this approach was first designed for and has shown much promise in dealing with adults who are risky drinkers, it has been expanded to include multiple substances and in some cases adolescents. When using these protocols, they need to be tailored to:

- Include screening for all addictive substances,
- Calibrate the risk thresholds to enable early identification of problem use and tailor those thresholds to age and gender differences,
- Develop more effective methods of intervention particularly with adolescents and young adults, and
- Assure that a diagnosis of presence, stage and severity of disease and comprehensive assessment of co-occurring conditions is provided for those who show signs of addiction, and that effective treatment is provided as needed tailored to the patient's needs.

The tools, curricula and other resources in this Compendium provide resources for you to adapt to your practice and to the needs of your patients. We encourage you to share the results of your work – both what works and what doesn't – with us and with other health care providers.

Notes:

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11. Substance Abuse and Mental Health Services Administration. Report to Congress on the Prevention and Reduction of Underage Drinking, 2011.

## I. Recommended Actions for Medical Providers

Given the size of the problem of risky substance use and addiction in the population, its costly health and social consequences and the fact that it is, in most cases, a developmental condition originating in adolescence and young adulthood, there is an urgent need to intervene in a comprehensive and effective manner that is consistent across medicine. To address this need, The Addiction Medicine Foundation, working with representatives of addiction medicine, pediatrics and adolescent medicine, developed the following recommendations for medical providers:

### **1. *What education messages should primary care providers (and their staff care teams) deliver to adolescents/young adults/their parents or guardians, and how often?***

- We recommend that doctors make it a priority to talk with their adolescent and young adult patients and their parents about substance use and addiction and do so at least annually.
- **Message to be delivered:**
  - Smoking any substance, heavy drinking and using other drugs result in bad health outcomes for people of all ages.
  - For adolescents and young adults, it is best for your health if you don't use nicotine, alcohol, controlled prescription or other drugs because the brain of an adolescent is not the same as the brain of an adult – it is still developing. Nicotine, alcohol, marijuana and other drugs can interfere with brain development, which is not complete until the mid-twenties.
  - Even occasional use of alcohol, marijuana or other substances can lead to bad consequences like accidents, lower educational performance, STIs, teen pregnancy other health problems including addiction and death. These bad outcomes are even more common in adolescents who use substances than adults.

### **2. *How frequently should primary care providers (and their staff care teams) screen for substance use among children/adolescents/young adults (ages 12-25)?***

- At least annually.
- We recommend that screening be built into the clinical work flow in primary care, urgent and emergency care, and subspecialty medical settings to insure routine screening.
- We recommend that substance use screening be self-administered, and completed prior to being seen by the primary clinician.
- As with other screens, the role of the clinician is to review and respond to results.

### **3. *What screening instruments are recommended?***

- The S2BI, a frequency based screen.
- Incorporate into electronic health records (EHR).

#### 4. *How should primary care and other providers respond to screen results?*

- **Provide clear messages to the patient and parent based on the screening results:**
  - **No use** – reinforce behavior; ‘Good choice!’
  - **Sporadic use** – use once or twice in past year – repeat basic messaging; provide strong cessation message coupled with medical advice (Example to be tailored to substance(s) used: “It’s best for your health if you don’t use (marijuana) at all. (Marijuana) can interfere with brain development. As a group, kids who use (marijuana) do worse in school and have more mental health problems like depression and anxiety”); and follow up.
  - **Regular use** – use more frequent than sporadic; monthly, weekly or daily – have a conversation with the patient and parent about the importance of behavior change and come up with a path to a full assessment, diagnosis, and treatment if needed. Make a follow-up appointment.

#### 5. *If a patient is referred for specialty care, what is the role of the primary care provider?*

- Build path to assessment, diagnosis, treatment and management if needed.
- Negotiate the confidentiality issue with patient; knowledge of state rules required.
- Enter data into medical record/EHR.
- Have knowledge of available resources; refer to appropriate specialists. If necessary, keep in touch with the patient and family while awaiting placement.
- Come back message and appointment for patient and parent/guardian.
- Continue to be involved in the child’s care; monitor and reinforce messaging. Ensure that services are adequate and the child is making progress. Advise on “aftercare” plans.

For a full description of the recommendations and supporting materials, see: **Recommended Action in Medical Practice for Prevention and Early Intervention of Substance Use Among Adolescents and Young Adults**

## II. Screening and Assessment Tools

A variety of screening tools and standardized risk assessments are available for use with adolescents and young adults. These can be implemented in a variety of ways, such as:

- Asking patients to fill out a paper survey when they first arrive at the doctor’s office;
- Filling out a paper survey once they are in a private exam room, presumably with no parents or guardians close by;
- Filling out an online questionnaire in either location;
- A nurse, physician assistant or medical assistant asking questions after taking blood pressure;
- A doctor asking standardized questions in the course of the exam.

A sample of screening and assessment tools is listed below.

## For Youth

1. **Screening to Brief Intervention Tool (S2BI)**, a frequency-based screening instrument; and **Quick Guide**, designed to complement the Screening to Brief Intervention Tool (recommended by TAMF).
2. **Brief Screener for Tobacco, Alcohol, and Other Drugs (BSTAD)** – The modified National Institute on Alcohol Abuse and Alcoholism (NIAAA) alcohol screening tool includes adolescent tobacco, alcohol, and other drug use.
3. **CRAFFT** – This instrument was specifically designed to assess the level of alcohol and other drug problems in adolescents, and it refers to contexts relevant to adolescents. It was developed by John R. Knight, MD, director of the Center for Adolescent Substance Abuse Research (CeASAR) at Boston Children's Hospital. The name "CRAFFT" is a mnemonic to help physicians memorize keywords of the questions themselves: **Car, Relax, Alone, Forget, Friends, Trouble.**

## For Older Youth and Adults

### 1. Michigan Alcoholism Screening Test (MAST)

Perhaps the oldest alcohol screening test used in the U.S., the 25-question MAST was developed in 1971 by Dr. Melvin L. Selzer, who intended it for both adolescents and adults. Many variations are now available, including **online self-administered MAST** and shorter versions.

### 2. Drug Abuse Screen Test (DAST-10)

The Drug Abuse Screen Test (DAST-10) was designed to provide a brief, self-report instrument for population screening, clinical case finding and treatment evaluation research. It can be used with older youth and adults.

## For Adults

### 1. National Institute on Drug Abuse's Quick Screen

Assesses people 18 and older for past year's drug use.

### 2. National Institute on Alcohol Abuse and Alcoholism's single question screen

Single question about alcohol use for adults, used alone or in conjunction with other screening and assessment tools.

### 3. The Alcohol, Smoking and Substance Involvement Screening Test (ASSIST)

ASSIST was developed for the World Health Organization (WHO) by an international group of substance abuse researchers to detect and manage substance use and related problems among adults in primary and general medical care settings. Questions pertain to tobacco products, alcohol, cannabis, cocaine, amphetamine-type stimulants (ATS), sedatives and sleeping pills (benzodiazepines), hallucinogens, inhalants, opioids and 'other' drugs.

### 4. The Alcohol Use Disorders Identification Test (AUDIT)

This ten-question test was developed by the World Health Organization for adults and pertains to alcohol only. Populations appropriate for a screening program using the AUDIT include primary care, emergency room, surgery, and psychiatric patients; justice-involved individuals; enlisted personnel in the Armed Forces; workers encountered in employee assistance programs and industrial settings; and college students.



## **Additional Screening and Assessment Tools and Resources:**

### **The Substance Use Screening and Assessment Database**

This annotated database was created by the **Alcohol and Drug Abuse Institute Library** at the University of Washington. Instruments whose validity and reliability have been well-studied are marked with a star. At the time of this printing, 233 adolescent-specific screening and assessment tools were listed.

### **Computer-Based Tools for Diagnosis and Treatment of Alcohol Problems**

The National Institute on Alcohol Abuse and Alcoholism has compiled information on computer-based tools for both screening and assessment. Some commonly used screening instruments, including the CRAFFT, are available as modules in some electronic record systems.

## **III. Training Materials for Delivering Screening and Brief Interventions (Online SBIRT Training)**

### **For Youth**

#### **1. Adolescent SBIRT Toolkit for Providers**

**Provider:** State of MA and Boston Children's Hospital

**Description:** This toolkit includes curricular and other informational materials which can be used across specialties. The Toolkit's goal is to provide up-to-date guidance on research-informed practices to address substance use, including providing anticipatory guidance, accurate brief medical advice, brief motivational interventions, and successful referrals.

#### **2. Introduction to SBIRT for Adolescents**

**Provider:** Institute for Research, Education & Training in Addictions

**Description:** The purpose of this course is to enhance knowledge of SBIRT that is necessary so practitioners have the skills to identify and address the needs of young individuals who are using alcohol or other drugs (AOD) in a risky manner. At the completion, you will have learned how to use the evidence based practice of Screening, Brief Intervention, and Referral to Treatment (SBIRT) for adolescents as part of interprofessional collaborative practice. Developed in collaboration with the Adolescent Substance Abuse Program at Boston Children's Hospital, this is a self-paced online course consisting of three sections plus an introductory module. Included are eight content videos that range from 12-17 minutes in length, totaling approximately two-and-a-half hours of video. Each video is followed by a short quiz with a total of 15 questions. The course does NOT need to be completed in one sitting.

**Length:** 3 – 4 hours

#### **3. Adolescent Medicine 101**

**Provider:** Yale University School of Medicine

**Description:** A Power Point presentation containing basic information on Adolescent Health. (Note: The Addiction Medicine Foundation recommends using the S2BI for substance use screening purposes in lieu of screener in document.)

#### 4. Substance Use Disorders in Adolescents: Screening and Engagement in Primary Care Settings

**Provider:** Clinical Tools, Inc.

**Description:** Created through the collaborative efforts of the National Institute on Drug Abuse (NIDA), Drexel University College of Medicine, and the University of Pennsylvania School of Medicine as part of NIDA's Centers of Excellence for Physician Information.

**Length:** Not listed; multiple separate videos and case histories of 2 to 5 minutes each.

#### 5. NORC SBIRT Materials: Learner's Guide to Adolescent SBIRT

**Provider:** NORC at the University of Chicago

**Description:** The Learner's Guide will focus on SBIRT for youth that is intentionally used to draw attention to the appropriate use of screening tools, sample dialogue and interactions, role play exercises and other materials most applicable for different segments of the youth population.

#### 6. Alcohol Screening and Brief Intervention for Youth: A Practitioner's Guide

**Provider:** Medscape Education Pediatrics

**Description:** This activity is intended for pediatricians, family practitioners, and other health and mental health care providers who care for youth aged 9-18 in the United States. The goal of this activity is to outline steps for youth alcohol screening, brief intervention, and referral to treatment. Just 2 questions can help you assess young patients' risk for problems with alcohol and plan a short, effective intervention.

**Length:** 2 ½ hours and designated as valid for a maximum of 2.50 AMA PRA Category 1 Credit(s)<sup>TM</sup>

#### 7. 2011 AAP Policy Statement: Screening, Brief Intervention and Referral to Treatment for Pediatricians

**Provider:** American Academy of Pediatrics

**Description:** Policy statement of the American Academy of Pediatrics with recommended guidance regarding substance use during routine clinical care.

##### For Adolescents and Adults

#### 1. Substance Use in Adults and Adolescents: Screening, Brief Intervention and Referral to Treatment (SBIRT)

**Provider:** Medscape Education Public Health and Prevention

**Description:** This activity is intended for primary care physicians, pediatricians, psychiatrists, emergency physicians, dentists, chiropractors, social workers, nurses, nurse practitioners, and physician assistants. The goal of this activity is to address the basic principles of SBIRT as well as coding and reimbursement for the implementation of SBIRT in practice.

**Length:** 1 ¾ hours and designated as valid for maximum of 1.75 AMA PRA Category 1 Credit(s)<sup>TM</sup> through September 16, 2015.

##### For General Population or Not Specified

#### 1. Screening, Brief Intervention and Referral to Treatment

**Provider:** Yale School of Medicine

**Description:** Slide sets are available for a variety of areas of practice. Additionally, 5 training videos focus specifically on **Emergency Room presentations of unhealthy drinking**.

**Length:** Not applicable to slide sets; ER videos range from 2 to 15 minutes each.

## **2. Guide to Screening, Brief Intervention, and Referral to Treatment (SBIRT): An Introduction to Screening**

**Provider:** Institute for Research, Education & Training in Addictions

**Description:** This training teaches health professionals how to use valid brief screening tools and help them determine the appropriate type of intervention based on the level of risk.

**Length:** 3 hours

## **3. SBIRT Oregon Primary Care Residency Initiative**

**Provider:** Oregon Health & Science University

**Description:** Two modules introduce SBIRT concepts and then delve into a variety of case studies.

**Length:** 1½ hours

## **4. SBIRT Core Training Program - Whole Program: Screening, Brief Interventions, and Referral to Treatment**

**Provider:** Clinical Tools, Inc.

**Cost:** \$50 per provider; group discounts available.

**Description:** Designed for primary care providers and counselors. Those who complete the training will be able to appropriately screen for and identify substance abuse, plan and implement a tailored brief intervention, and will apply the SBI approach to substance abuse problems by individualizing these clinical skills to different patients. The learner will be able to improve care management and referral skills for patients with relatively more severe substance use problems and improve follow-up and brief treatment skills for patients with substance use problems. The learner will apply all SBIRT clinical skills learned in several simulated cases with a variety of substance use problems.

**Length:** 4 hours and designated as valid for 4 AMA PRA Category 1 Credit(s)<sup>™</sup>

## **5. Alcohol Screening and Brief Intervention Curriculum for Generalist Clinician Educators**

**Provider:** Boston University School of Medicine and School of Public Health

**Description:** This curriculum is a product of the Alcohol Clinical Training Project, which was last updated in 2007.

**Length:** 4 case history videos of 2 – 5 minutes each.

## **6. Talking to Patients about Health Risk Behaviors**

**Provider:** Medscape Education Public Health and Prevention

**Description:** This activity is intended for primary care physicians, physician assistants, nurse practitioners, emergency department staff, psychiatrists, and social workers. The goal of this activity is to introduce concepts of motivational interviewing that can be used in patient interactions.

**Length:** 1 ½ hours and designated as valid for maximum of 1.50 AMA PRA Category 1 Credit(s)<sup>™</sup>

## 7. ADEPT - Alcohol and Drug Education for Prevention and Treatment

**Provider:** University of Missouri School of Medicine

**Description:** MU-ADEPT is a program for training healthcare providers to address substance misuse using **SBIRT**, a nationally recognized, evidence based approach designed for efficient use in medical settings..

**Length:** Training is available to faculty and community providers for free CME and CEU credits

## IV. Treatment and Referrals

### For Youth

#### 1. Adolescent SBIRT Toolkit for Providers

**Provider:** State of MA and Boston Children's Hospital

**Cost:** Free

**Description:** Provides recommendations for deciding the appropriate level of treatment for youth. Reference page 28 of the document.

#### 2. More Information on Treatment of Adolescents with Addiction

**Provider:** Quantum Units Education

**Cost:** \$45.00

**Description:** Reflects recent research findings on the effectiveness of various treatment components and modalities for adolescents who use substances, the complexity of working with this population and the legal issues concerning confidentiality.

**Length:** 15 hours. Unclear if eligible for CME credits. Does carry 15 CEUs.

### For General Population or Not Specified

#### 1. Patient Guide to Finding Quality Addiction Treatment

CASAColumbia has created a step-by-step guide to help people find quality addiction treatment.

#### 2. How to Locate a Trained Addiction Physician Specialist

- Search for an addiction medicine physician on:  
[www.abam.net/find-a-doctor](http://www.abam.net/find-a-doctor)
- Search for an addiction psychiatrist on:  
<https://application.abpn.com/verifycert/verifyCert.asp?a=4>

#### 3. SAMHSA's Resources to Assist in Smooth, Effective Referrals

SAMSHA has provided links to ideas for warm hand-offs and effective MOUs between a community health organization and a behavioral health organization to deliver SBIRT services.

#### 4. Behavioral Health Treatment Services Locator

Search for substance use treatment centers, mental health treatment centers and health care centers across the U.S. by entering an address, city or zip code. Results are mapped and sorted by proximity. Note: Care must be taken in locating quality treatment for addiction. Inclusion of programs does not indicate quality and programs listed do not necessarily provide medical services for addiction treatment or evidence based care.

### V. Comprehensive SBIRT Websites

#### 1. Massachusetts Department of Health and Human Services

In addition to the Toolkit for adolescent screening referenced in Section III (above), this website includes resources for screening and early intervention, referral to treatment, and a brief treatment manual.

##### Materials Specific to Particular Areas of Practice:

- **Ob/Gyn**
  - **Protecting Women and Babies from Alcohol and Drug Affected Births: Tools and Resources**
  
- **General Medicine**
  - **How Much is Too Much? (English)**
  - **How Much is Too Much? (Spanish)**
  - **SBIRT: A Step by Step Guide for Screening and Intervening for Unhealthy Alcohol and Other Drug Use**
  - **Introduction**
  - **Module 1: Enhancing Motivation for Change**
  - **Module 2: Decision Making**
  - **Module 3: Functional Analysis and Treatment Planning**
  - **Module 4: Urges**
  - **Module 5: Social Pressure**
  - **Module 6: Social Support**
  - **Module 7: Social/Recreational Counseling**
  - **Module 8: Risky Thinking and Decision Making**
  - **Module 9: Mood Management**
  - **Module 10: Sobriety Sampling**
  - **Module 11: Return to Substance Use**
  - **Module 12: Referral for Medication**
  - **Module 13: Case Management**
  - **Module 14: Termination**
  - **Brief Treatment Modules (Spanish Version)**

#### 2. Teen Substance Abuse Screening (Boston Children's Hospital - Adolescent Substance Abuse Program)

This website is designed to introduce clinicians to adolescent SBIRT and provide them with tools and knowledge to efficiently and effectively address adolescent substance use in the primary-care setting. Curricula are available for download after registering with the site.

### Adolescent-Focused Materials:

- **Pediatric Residency Curriculum**, which was developed by clinicians from Boston Children's Hospital and Boston Medical Center with funding from SAMHSA. Modules offered include:
  - SBIRT Overview for Pediatric Residents, which addresses the S2BI (Screening to Brief Intervention) tool and the use of brief intervention for teens.
  - Motivational Interviewing Overview for Pediatric Residents, which demonstrates a "Brief Motivational Interview" for the general clinical setting, as well as other techniques.
  - Pain and Addiction for Pediatric Residents, which addresses safe prescribing.
  - Parental Guidance for Pediatric Residents, which offers prevention methods.

### 3. Yale School of Medicine

Yale School of Medicine SBIRT training in Yale's Residency Programs website provides didactic information, skills and materials for performing screening, brief intervention and referral for patients who present with the entire spectrum of unhealthy substance use.

The **Yale SBIRT Training Manual** includes techniques for medical practitioners to perform screening, BNI, and facilitated referral to treatment for alcohol and other drugs in a number of areas of practice, ranging from primary care to emergency medicine.

### Adolescent Case Studies:

- **19-year-old college student drinking in dorm**
- **21-year-old male presents to the ED after risky sexual behavior**

### 4. University of Maryland SBIRT Modules and Training Videos for Medical Residents and Faculty

The University of Maryland's MD3 (Maryland M.D.s Making a Difference) program has created a medical residency SBIRT curriculum for substances including illegal drugs, prescription medications, alcohol and nicotine. Designed for medical residents, attending physicians, medical professionals and individuals interested in prevention, the site offers didactic information, SBIRT resources, training videos, surveys related to our program, and patient and clinic tools. The MD3 program is funded by the Substance Abuse and Mental Health Services Administration (SAMHSA).

### Adolescent-Focused Materials:

- **Module 1: Intro to SBIRT in Pediatrics (16:58 min)**
- **Module 2: Screening in Pediatrics (19:25 min)**
- **Module 3: BI Skills in Pediatrics (17:02 min)**
- **Module 4: BI in Practice (34:14 min)**
- **Module 5: Referral to Treatment in Pediatrics (16:15 min)**
- **SBIRT in Pediatrics: Teen Alcohol Use (Bad physician example)**
- **SBIRT in Pediatrics: Teen Alcohol Use – PART I: Screening (Good physician example)**
- **SBIRT in Pediatrics: Teen Alcohol Use – PART II: Brief Intervention (Good physician example)**



## 5. SAMHSA-HRSA Center for Integrated Health Solutions (CIHS)

The SAMHSA-HRSA Center for Integrated Health Solutions (CIHS) website is designed to integrate primary and behavioral health services resources for providers of services to individuals with mental health and substance use conditions.

### Adolescent-Focused Materials:

- [Alcohol Screening and Brief Intervention for Youth: A Practitioner's Guide](#)
- [Pocket Guide to Alcohol Screening and Brief Intervention for Youth](#)

### Materials Specific to Particular Areas of Practice:

- **Primary Care**
  - [Screening and Behavioral Counseling Interventions in Primary Care to Reduce Alcohol Misuse: U.S. Preventive Services Task Force Recommendation Statement](#)
- **Emergency Departments**
  - [Reducing Patient At Risk Drinking](#)
  - [SBIRT Screening, Brief Intervention and Referral to Treatment](#)
- **Trauma Center**
  - [Screening and Brief Interventions for Unhealthy Alcohol Use: A Step-by-Step Implementation Guide for Trauma Centers](#)
- **General Medicine**
  - [Helping Patients Who Drink Too Much: A Clinician's Guide](#)
  - [SAMHSA's Technical Assistance Publication \(TAP\) 33: Systems-Level Implementation of Screening, Brief Intervention, and Referral to Treatment](#)

**Adolescent Case Studies:** None noted.

## 6. NIDA & Drexel University College of Medicine & University of Pennsylvania School of Medicine

The National Institute on Drug Abuse (NIDA) has as its mission to bring the power of science to bear on drug abuse and addiction and has two critical components: the strategic support and conduct of research, and to ensure the rapid and effective dissemination and use of the results of that research.

### Adolescent-Focused Materials:

- [Substance Use Disorders in Adolescents: Screening and Engagement in Primary Care Settings.](#)
- [Principles of Adolescent Substance Use Disorder Treatment: A Research-Based Guide](#)

### **Adolescent Case Studies:**

- 18yo STI Visit
- 13yo Car Accident
- 12yo Sports Physical
- 17yo Dropping Grades

### **Materials Specific to Particular Areas of Practice:**

- **Primary Care**
  - **Substance Use Disorders in Adolescents: Screening and Engagement in Primary Care Settings.**

## **7. SBIRT Oregon**

Oregon SBIRT is an initiative funded by SAMHSA to train Primary Care residents in SBIRT. The website curriculum includes content to implement SBIRT in an office.

### **Adolescent-Focused Materials:**

- **SBIRT and Adolescents**

### **Materials Specific to Particular Areas of Practice:**

- **Primary Care**
  - **Primary Care SBIRT Residency Initiative**

**Adolescent Case Studies:** None noted.

## **8. CASAColumbia**

CASAColumbia provides comprehensive resources and materials on risky substance use and addiction.

### **Adolescent-Focused Materials:**

- **Adolescent Substance Use: America's #1 Public Health Problem**

### **Materials Specific to Particular Areas of Practice:**

- **Primary Care**
  - **Overview of Addiction Medicine for Primary Care Providers**
  - **Supplement to item above (slide-by-slide background information, case studies and references)**
  - **Overview of Medications to Treat Addiction in Primary Care**
  - **Quick reference (2-page): FDA-approved medications**
- **General Medicine**
  - **Addiction Medicine: Closing the Gap between Science and Practice**
  - **Handout (1-page): clinical management algorithm**

**Adolescent Case Studies:** None noted.

## 9. IRETA

IRETA (Institute for Research, Education and Training in Addictions) is the **National SBIRT-ATTC**, a federally funded Addiction Technology Transfer Center (ATTC) for SBIRT. IRETA helps health care providers utilize the public health model of screening for substance use and providing advice or counseling to their patients who use alcohol or other drugs in risky or harmful ways.

IRETA holds free webinars nearly monthly for addictions professionals on topics such as: Multi-Dimensional Family Therapy, Promoting Awareness of Motivational Incentives, Ethics in Addiction, Adolescent Co-occurring Disorders, LGBTQ Issues in Addiction, and others. **Previously held webinars** may be viewed as well.

### Adolescent-Focused Materials:

- **Introduction to SBIRT for Adolescents**

### Materials Specific to Particular Areas of Practice:

- **Primary Care**
  - **SBIRT Toolkit**
  - **Overview of Motivational Interviewing as Used in Brief Interventions**

**Adolescent Case Studies:** None accessible outside of the materials cited above.

## 10. New Hampshire Youth SBIRT Initiative

The global aim of the New Hampshire Youth SBIRT Initiative is universal screening of adolescents and young adults across NH pediatric primary care practices as a proven strategy for reinforcing healthy behaviors; identifying problematic alcohol and other drug use early; reducing substance misuse; and referring to treatment those who need it. This three-year initiative's goal is the adoption of Screening, Brief Intervention and Referral to Treatment (SBIRT) as a sustainable practice in NH by expanding youth SBIRT in primary medical care settings – including hospitals and community health centers – addressing policy and financing barriers, and screening no less than 10,000 youth and young adults (ages 12-22) by 2017.

### Adolescent-Focused Materials:

- **NH Youth SBIRT Initiative Toolkit**
- **NH Youth SBIRT Initiative Playbook**
- **NH Youth SBIRT Initiative Factsheet**
- **NH Youth SBIRT Initiative Screening Tools**

## 11. American College of Physicians Free Practice Module: Addressing Substance Use

Alcohol and other substance use affect health outcomes. This module provides tools and strategies to help your practice screen patients for substance use, counsel them appropriately, and provide referrals to care when necessary, so you can provide patients with the best possible care. (Note: non-ACP members must register to access the module).

## VI. SBIRT Reimbursement and Billing Codes

Reimbursement for SBIRT is available through commercial insurance Current Procedural Technology (CPT) codes, Medicare G codes, and Medicaid's Healthcare Common Procedure Coding System (HCPCS). It is important to note that reimbursement and fee schedules vary from state to state, and more importantly, from one health plan to another and even from time to time. Further, the rates of reimbursement may vary by region, facility or setting (emergency department vs primary care clinic), as well as by the type of provider (physician vs psychologist) administering SBIRT. For questions about a specific plan's payment mechanism or prior authorization requirements related to SBIRT, participating providers should contact the health plan.

### 1. SBIRT Reimbursement Map

This interactive online map allows physicians from all U.S. states to determine whether billing codes are listed on a state's fee schedule, and whether or not a billing amount has been assigned to the relevant codes. It's provided by the Institute for Research, Education and Training in Addictions (IRETA) under a federal ATTC grant.

### 2. Coding for Screening and Brief Intervention Reimbursement

SAMHSA's website provides a summary of commercial, Medicare and Medicaid codes. An additional [Reimbursement for SBIRT table](#) offers more detailed information on the most commonly used codes.

### 3. Medicare Physician Fee Schedule Search

This website is designed to provide information on services covered by the Medicare Physician Fee Schedule (MPFS). It provides more than 10,000 physician services, the associated relative value units, a fee schedule status indicator and various payment policy indicators needed for payment adjustment (i.e., payment of assistant at surgery, team surgery, bilateral surgery, etc.). The Medicare physician fee schedule pricing amounts are adjusted to reflect the variation in practice costs from area to area.

### 4. SAMHSA - Paying for Primary Care and Behavioral Health Services Provided in Integrated Care Settings

State billing worksheets to help clinic managers, integrated care project directors, and billing/coding staff at community mental health centers and community health centers identify the available current procedural terminology (CPT) codes they can use in their state to bill for services related to integrated primary and behavioral health care.

You can use these worksheets to review these codes against all activities currently billed to ensure your organization is aware of all potential billing opportunities to maximize revenue and sustain integrated care.

## VII. Materials to Recommend or Provide to Teen Patients

The items below are designed to extend your reach as a physician by continuing the conversation you began with your patients inside your office. They seek to engage and inform teenagers on their own terms, without preaching or judgment.

Multimedia websites provide quick access to searchable information in an anonymous and often fun way. Nonfiction books provide reliable, pragmatic and science-based information. Novels have the potential to draw the reader in to learn in a different way by personally relating to the characters. Those who have just begun to engage in risky behaviors can learn – second-hand – about some of the devastating consequences. Teens already in serious trouble with alcohol and other drugs can relate to characters to feel less alone, and to gain hope by following characters who find and sustain recovery.

## 1. WEBSITES

### The Cool Spot

**Target Ages:** 11 – 13

**Sponsor:** The National Institute on Alcohol Abuse and Alcoholism (NIAAA).

**Video & Interactive components:** quiz, activities

**Content:** Focuses on peer pressure and tactics to resist it, facts about actual usage rates, and why using substances to cope with stress leads to trouble.

**URL:** <http://thecoolspot.gov/> or Google “The Cool Spot”

### NIDA for Teens

**Target Ages:** 11 – 15

**Sponsor:** The National Institute on Drug Abuse (NIDA).

**Video & Interactive components:** videos, animated illustrations, quizzes, and games

**Content:** Science-based facts about how drugs affect the brain and body; includes a teen blog.

**URL:** <http://teens.drugabuse.gov/> or Google “NIDA for Teens”

### Project Know / Alcohol and Other Drug Information for Teens

**Target Ages:** 14 – 20; part of a larger website for adults

**Sponsor:** National Children's Coalition

**Video & Interactive components:** Q&A service via email

**Content:** Largely focused on helping users find treatment through an alcohol and other drug resource center; substance- and topic-specific information as well.

**URL:** <http://www.child.net/drugalc.htm> or Google “Project Know Teens”

### Drugs and Your Body: It Isn't Pretty

**Target Ages:** 12 – 18; part of a larger website for adults

**Sponsor:** Scholastic and the National Institute on Drug Abuse (NIDA)

**Video & Interactive components:** Interactive presentation of information with sound and video; quizzes.

**Content:** Reinforces key facts of several educational resources devoted to the harmful health effects of drugs on the body. Part of the Heads Up: Real News about Drugs and Your Body series.

**URL:** <http://www.scholastic.com/drugs-and-your-body/> or Google “Drugs and Your Body”

## 2. BOOKS

### Fiction for Teens, Grades 9 – 12+ (Ages 14 - 20)

**Out of Play** by Jolene Perry, Nyrae Dawn (2013)

**Substances discussed:** prescription pills

**Themes:** Nature of addiction and consequences of substance use, including teenage pregnancy, identity formation

**Publisher's Description:** Rock star drummer Bishop Riley doesn't have a drug problem. Celebrities—especially ones suffering from anxiety—just need a little help taking the edge off sometimes. After

downing a few too many pills, Bishop wakes up in the hospital facing an intervention. If he wants to stay in the band, he'll have to detox while under house arrest in Seldon, Alaska.

Hockey player Penny Jones can't imagine a life outside of Seldon. Though she has tons of scholarship offers to all the best schools, the last thing she wants is to leave. Who'll take care of her absentminded Gramps? Not her mother, who can't even be bothered to come home from work, let alone deal with their new tenants next door. Penny's not interested in dealing with Bishop's crappy attitude, and Bishop's too busy sneaking pills to care. Until he starts hanging out with Gramps and begins to see what he's been missing. If Bishop wants a chance with the fiery girl next door, he'll have to admit he has a problem and kick it. Too bad addiction is hard to kick...and Bishop's about to run out of time.

**Crank** by Ellen Hopkins (2008)

**Substances discussed:** methamphetamine, alcohol, prescription pills

**Themes:** nature of addiction, consequences of substance use including, teenage pregnancy, identity formation

**Publisher's Description:** Seventeen-year-old Kristina Snow is introduced to crank on a

trip to visit her wayward father. Caught up in a fast-paced, frightening, and unfamiliar world, she morphs into "Bree" after she "shakes hands with the monster." Her fearless, risk-taking alter ego grows stronger, "convincing me to be someone I never dreamed I'd want to be." When Kristina goes home, things don't return to normal. Although she tries to reconnect with her mother and her former life as a good student, drug use soon takes over, leaving her "starving for speed" and for boys who will soon leave her scarred and pregnant. Hopkins writes in free-verse poems that paint painfully sharp images of Kristina/Bree and those around her, detailing how powerful the "monster" can be. The poems are masterpieces of word, shape, and pacing, compelling readers on to the next chapter in Kristina's spiraling world. This is a topical page-turner and a stunning portrayal of a teen's loss of direction and realistically uncertain future.—*Sharon Korbeck, Waupaca Area Public Library, WI*. Copyright © Reed Business Information, a division of Reed Elsevier Inc. All rights reserved.

**Dope Sick** by Walter Dean Myers (2009)

**Substances discussed:** opioids, prescription pills

**Themes:** nature of addiction, criminal justice system, recovery/treatment

**Publisher's Description:** The itch starts when things get too heavy for Lil J. Skin popping or stealing pain pills from his mom help him relax. But Lil J's focus is wandering because money is short, and his man Rico knows a way to make some quick cash. It's supposed to be an easy deal, but it isn't so simple when the buyer is an undercover cop. With a gunshot wound to the arm, Rico in jail, and a police officer clinging to life, Lil J is starting to get dope sick. He'd do anything to change the last twenty-four hours, and when he stumbles into an abandoned crack house, it actually might be possible. . . .Walter Dean Myers weaves elements of magical realism into a harrowing story about drug use, violence, alternate perceptions of reality, and second chances.

**Bottled Up** by Jaye Murray (2004)

**Substances discussed:** alcohol, prescription pills

**Themes:** nature of addiction, parental alcoholism/addiction, second chances, recovery/treatment

**Publisher's Description:** Pip's desperate to escape his life—he's been skipping classes, drinking, getting high. Anything and everything to avoid his smug teachers, his sweet but needy little brother, his difficult home life. Now he's been busted by Principal Giraldi and given an ultimatum: either he shows up for all his classes and sees a counselor after school, or he's expelled. Pip's freaked out; not because he might get kicked out of school, but by the thought that Giraldi might call his father. Because Pip will do anything to avoid his father.



### **Stoner and Spaz** by Ron Koertge (2011)

**Substances discussed:** marijuana, cocaine, alcohol

**Themes:** Nature of addiction, consequences of substance use, self-acceptance

**Publisher's Description:** For sixteen-year-old Ben Bancroft — a kid with cerebral palsy, no parents, and an overprotective grandmother — the closest thing to happiness is hunkering alone in the back of the Rialto Theatre and watching *Bride of Frankenstein* for the umpteenth time. The last person he wants to run into is drugged-up Colleen Minou, resplendent in ripped tights, neon miniskirt, and an impressive array of tattoos. But when Colleen climbs into the seat beside him and rests a woozy head on his shoulder, Ben has that unmistakable feeling that his life is about to change. With unsparing humor and a keen flair for dialogue, Ron Koertge captures the rare repartee between two lonely teenagers on opposite sides of the social divide. His smart, self-deprecating protagonist learns that kindred spirits may be found for the looking — and that the resolve to follow your passion can be strengthened by something as simple as a human touch.

### **Junk** by Melvin Burgess (2014)

**Substances discussed:** Heroin

**Themes:** Nature of addiction, consequences of substance use

**Publisher's Description:** The love story of two runaway teenagers, Gemma and Tar, and their struggles with heroin addiction. Melvin Burgess' most ambitious and complex novel is a multi-faceted and vivid depiction of a group of young people in the grip of addiction. It is told in many different voices, from the addicts themselves to the friends watching from the outside who try to prevent tragedy. Winner of the Carnegie Medal and the Guardian Children's Fiction Prize.

## **Nonfiction for Teens with an Addicted Family Member**

### **If You Loved Me, You'd Stop!** What You Really Need to Know When Your Loved One Drinks Too Much

by Lisa Frederiksen (2009).

### **For Teenagers Living With a Parent Who Abuses Alcohol/Drugs**

by Edith Lynn Hornik-Beer (2001).

### **When Someone You Love Abuses Alcohol or Drugs - A Guide for Kids**

by James J. Crist (2003). Written for children with an alcoholic or drug-abusing parent(s), this book includes valuable information for family members about dealing with their own anger, shame and guilt stemming from this difficult situation.

## **Fiction for Teens with an Addicted Family Member**

### **A Door Near Here** by Heather Quarles (2000)

**Substances discussed:** Alcohol

**Themes:** Role reversals, shame, coping

**Publisher's Description:** As her alcoholic mother lies in bed, 15-year-old Katherine Donovan tries to care for her three siblings and keep the family from falling apart. But when Alisa, her 8-year-old sister, runs away to find a magical kingdom, Katherine finds that being the parent is a lot harder than it seems.

### **Cages** by Peg Kehret (2001)

**Substances discussed:** Alcohol

**Themes:** Nature of addiction and compulsive behavior, recovery

**Publisher's Description:** Kit Hathaway, 14, is dealing with a lot of stuff in her life, including a stepfather who drinks too much, and her own urge to shoplift. Caught stealing, she is sentenced to community service at an animal shelter, and then she learns that she must give an oral report on the very crime she committed! Will she be able to get control of her life and make her dreams come true?

**Raising the Shades** by Doug Wilhelm (2001)

**Substances discussed:** Alcohol

**Themes:** Role reversals, getting Help

**Publisher's Description:** Thirteen-year-old Casey has been caring for his alcoholic father ever since his mom and sister left the family. Unable to count on his dad's behavior, and trying to form a new friendship with a girl whose mother drank herself to death, Casey begins to understand that he can't do it all by himself and that his dad needs real help for his problem.

### 3. EDUCATIONAL PAMPHLETS

#### In English

- **Drugs, Brains, and Behavior: The Science of Addiction** from NIDA
- **Drugs: Shatter the Myths** from NIDA
- **Underage Drinking** from NIAAA
- **College Drinking** from NIAAA
- **Alcohol Overdose: The Dangers of Drinking Too Much** from NIAAA
- **Tips for Cutting Back or Quitting Drinking Alcohol** from NIAAA
- **Rethinking Drinking** from NIAAA
- **Quitting Smoking** from CDC

#### In Spanish

- **NIDA en español**  
(Resources for alcohol and other drugs)
- **Womenshealth.gov/espanol**  
(Alcohol and other drug resources specific to women)
- **Pienselo antes de beber: alcohol y su salud**  
(Rethinking Drinking, from NIAAA)
- **Alcohol: Un tema de salud de la mujer**  
(Alcohol: A Women's Health Issue, from NIAAA)
- **Antecedentes de alcoholismo en la familia - ¿Está usted a riesgo?**  
(A Family History of Alcoholism: Are You at Risk? from NIAAA)
- **Reacciones peligrosas: Mezclando bebidas alcohólicas con medicamentos**  
(Harmful Interactions: Mixing Alcohol with Medications, from NIAAA)

## VIII. Resources for Families, Friends, and Educators

### 1. Massachusetts Health Promotion Clearinghouse

This website provides selected resources for parents, youth, and health professionals related to substance use prevention and early intervention.

#### Adolescent-Focused Materials:

- [7 Ways to Protect your Teen from Alcohol and Other Drugs](#)
- [Strengthening Families Program](#)
- [Their Future Depends on You – Working Together To Reduce Underage Drinking](#)
- [Preventing Substance Abuse Starts at Home: Safeguarding Your Children](#)
- [Choose to Keep Your Freedom](#)
- [Even if You Know about Drinking or Drugs. Simple Questions. Straight Answers.](#)
- [Alcohol And Other Drugs: Is Your Teen Using?](#)
- [Know The Signs of Overdose – Save a Life](#)
- [Protecting Others and Protecting Treatment](#)
- [Adolsecent SBIRT Toolkit for Providers](#)

### 2. National Institute on Drug Abuse (NIDA)

Find the latest science-based information about the health effects and consequences of risky substance use and addiction and resources for talking with kids about the impact of addictive substances on health.

- [NIDA for Teens – Parents' Section](#)
- [Family Checkup: Positive Parenting Prevents Drug Abuse](#)
- [NIDA Research Spotlight: "Sex, Drugs and Facebook"](#)

### 3. National Institute on Drug Abuse (NIDA)

National Institute on Drug Abuse (NIDA) [online guide](#) about interventions in early childhood that can help prevent drug use and other unhealthy behaviors. The guide offers research-based principles that affect a child's self-control and overall mental health, starting during pregnancy through the eighth year of life. It recognizes that while substance use generally begins during the teen years, it has known biological, psychological, social, and environmental roots that begin even before birth.

### 4. Partnership for Drug-Free Kids

Information about teen substance use and addiction for families, providing [parents with direct support](#) to prevent and cope with teen alcohol and other drug use.

- [Free e-books, fact sheets, guides, brochures, handouts](#)

## IX. Related Educational Course Offerings

*All courses are free unless stipulated otherwise.*

### 1. ACP Practice Advisor: Addressing Substance Use

**Provider:** American College of Physicians (ACP)

**Description:** Alcohol and other substance use affect health outcomes. This module provides tools and strategies to help your practice screen patients for substance use, counsel them appropriately, and provide referrals to care when necessary, so you can provide patients with the best possible care. This module was funded by the National Institute on Drug Abuse (NIDA).

**Credits:** 20 points towards Self-Evaluation of Practice Performance for ABIM's MOC Program

### 2. Alcohol Screening and Brief Intervention for Youth

**Provider:** Medscape

**Description:** By Sharon Levy, MD, MPH; Vivian B. Faden, PhD; and Maureen B. Gardner. This activity is intended for pediatricians, family practitioners, and other health and mental health care providers who care for youth aged 9-18 in the United States. The goal of this activity is to outline steps for youth alcohol screening, brief intervention, and referral to treatment. Upon completion of this activity, participants will be able to: Plan screening strategies for alcohol use in children and adolescents using evidence-based tools and age-appropriate communication; Use the NIAAA brief, 2-question screener for child and adolescent alcohol use: Identify lower, moderate, and highest risk alcohol use among children and adolescents and propose steps and recommended language for an appropriate intervention for each; and Describe the prevalence, risk factors, and acute- and long-term risks for alcohol use in children and adolescents.

**Credits:** Medscape, LLC designates this enduring material for a maximum of 2.50 AMA PRA Category 1 Credit(s)<sup>™</sup>. Valid for credit through 08/12/2016

### 3. Talking to Patients About Health Risk Behaviors

**Provider:** Medscape

**Description:** This activity is intended for primary care physicians, physician assistants, nurse practitioners, emergency department staff, psychiatrists, and social workers. The goal of this activity is to introduce concepts of motivational interviewing that can be used in patient interactions. Upon completion of this activity, participants will be able to:

- Identify the major elements of motivational interviewing
- Identify opportunities to use principles of motivational interviewing in patient encounters
- Plan appropriate responses based on patients' descriptions of challenges and opportunities for change.

**Credits:** A maximum of 1.50 AMA PRA Category 1 Credit(s)<sup>™</sup>

## 4. Engaging Adolescent Patients about Marijuana Use

**Provider:** Simmersion Training Center

**Description:** This stand-alone Patient Simulation CME/CE Activity is designed to offer a hands-on approach to learning valuable and effective Motivational Interviewing skills for use with adolescent patients. With the help of a virtual coach and written response feedback, users can employ a series of interactions focused on engagement, evoking change talk, and collaborating on a plan for change.

**Credits:** Earn a maximum of 1.50 AMA PRA Category 1 Credit(s)<sup>™</sup>