



MESSAGING GUIDE FOR PRIMARY CARE ASSOCIATIONS

Youth Screening, Brief Intervention and Referral to Treatment (Youth SBIRT)

The purpose of this document is to provide messaging guidance for Primary Care Associations (PCAs) to engage health centers in the implementation of Youth SBIRT. This guide provides information and messages around the urgent need for national implementation of Youth SBIRT. This document can be shared with health centers for engagement and support of Youth SBIRT or for distribution to health center staff.

WHY?

- This model provides **consistent structure to activities** you are likely already doing with your adolescent patient. Screening their health, providing education and feedback and then discussing and helping your patient to make choices from their options are all a part of the SBIRT approach.
- Youth SBIRT can also **incorporate other behavioral health concerns** (depression, anxiety, suicidal ideation)¹.
- It benefits from a **team-based approach** to improving modifiable health risks connected to substance use. Nurses, front desk staff, providers and medical assistants can all play a role in making a positive difference in a patient's life.
- **Health implications** from adolescent substance use:
 - » Slows and impedes development of the prefrontal cortex (which controls emotions, decision making and ability to assess and weigh risks accordingly).
 - » Increases risk for cancer, liver and kidney damage, accidents and injuries, HIV, hepatitis, STIs and unintended pregnancy.
 - » Increases susceptibility to anxiety, depression and trauma.
- Youth SBIRT implementation can have an upstream effect toward preventing opioid misuse by **reducing the use of substances** such as alcohol and marijuana.¹
- Care providers have a **responsibility to manage adolescent substance use** just as they would address other health concerns.

¹ Harris & Rich, 2021

SCREENING

- Substance use is a **key vital sign** to screen. The core components of SBIRT are things you already do for other health issues. For example, in adults, blood pressure screening, mammogram and colonoscopy are routine services for prevention and early intervention to reduce the risk of heart disease and cancers.
- **Routine screening** allows for the tracking of substance use in a systematic way, creating a baseline measurement and following changes over time.
 - » **Low risk:** *It's great that you're choosing not to use. It's one of the best ways you can protect your health.*
 - » **Medium risk:** *I recommend not using as it can impact (grades, sports, health condition). What would it look like to quit or cut back?*
 - » **High risk:** *As your provider I recommend not using, and I'm concerned. Have you ever tried cutting back or quitting? I'd like to introduce you to someone on my team who works with patients considering changes. What are your thoughts?*
- Screening **normalizes conversations** about use, provides a more complete picture of a person's health and reduces personal judgement.
- The goal of Youth SBIRT is to **identify unhealthy patterns** of substance use along a continuum of low to high risk. Rescreening is valuable as a person's pattern of use can change.

BRIEF INTERVENTION

- Brief intervention in the SBIRT model is a short and targeted conversation to discuss readiness and opportunities for change. Even **incremental reductions** in substance use can have a positive impact on health and wellness.
- **Early intervention** can prevent the development of a substance use disorder. Individuals who first use an addictive substance before age 15 are six and a half times as likely (28%) to have a substance use disorder as those who did not use until age 21 or older (4%).²
- Brief interventions provided with intention can be both **concise and impactful**.³
- Change is not linear. **Engage and support patients** regardless of whether they are actively seeking recovery and acknowledge the positive effects of reducing use and/or risks.

REFERRAL TO TREATMENT

- Often, parents are already aware of their child's substance use, though they may **underestimate the seriousness of the disorder**.
- Even if a patient accepts a referral, they may not attend treatment or treatment may be short-term, creating a **need for chronic management in primary care**.

² National Center on Addiction and Substance Abuse (CASA) at Columbia University, 2011

³ Harris & Rich, 2021