

Leveraging SBIRT to Enhance Youth Tobacco Use Prevention Part I

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National Behavioral Health Network
For Tobacco & Cancer Control

Monday, June 29, 2020, 2:00 PM EDT



Welcome!



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National Behavioral Health Network

For Tobacco & Cancer Control

- Jointly funded by CDC's *Office on Smoking & Health & Division of Cancer Prevention & Control*
- Provides resources and tools to help organizations reduce tobacco use and cancer among people with mental illness and addictions
- 1 of 8 CDC National Networks to eliminate cancer and tobacco disparities in priority populations

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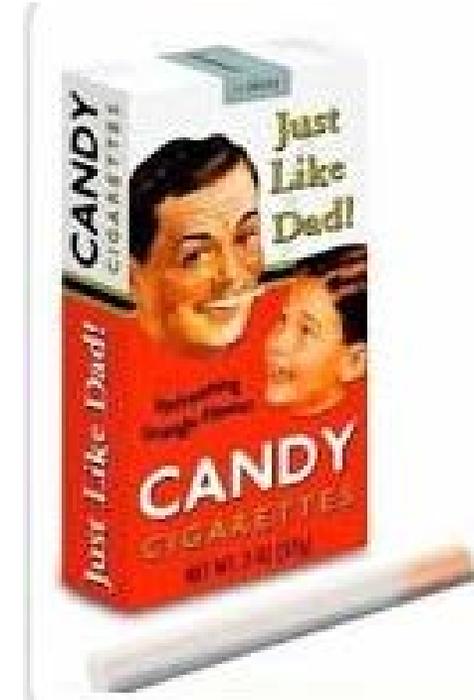
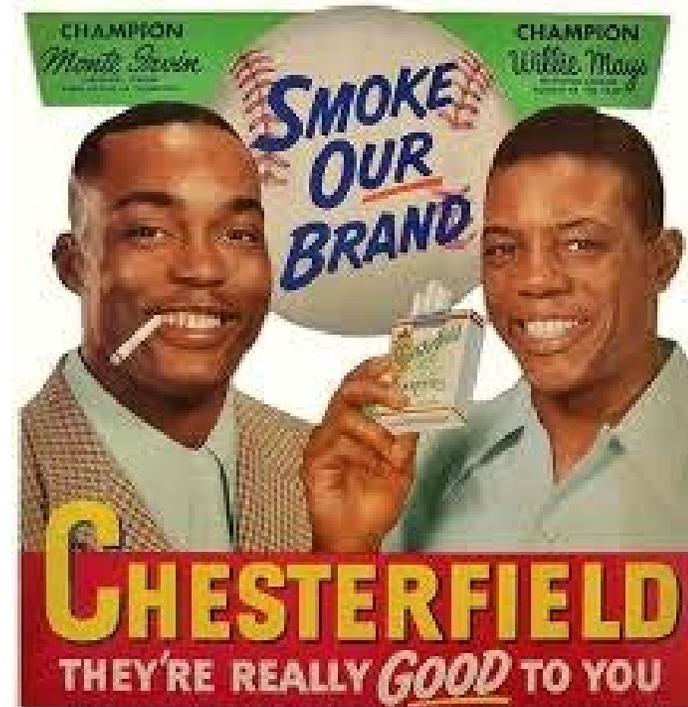


Part 1: June 29

- Connections between youth vaping, trauma, mental health, social factors and cultural contexts
- SBIRT screening
- Clinical and systems level engagement strategies

Part 2: July 8

- Levels of SBIRT intervention
- Trauma-informed Motivational Interviewing
- Clinical and systems level coordination and support for long term cessation



In a JAMA study from 1991, high school students were more likely than adults to report prior exposure to Joe Camel advertising, and better able to identify the product and brand name.

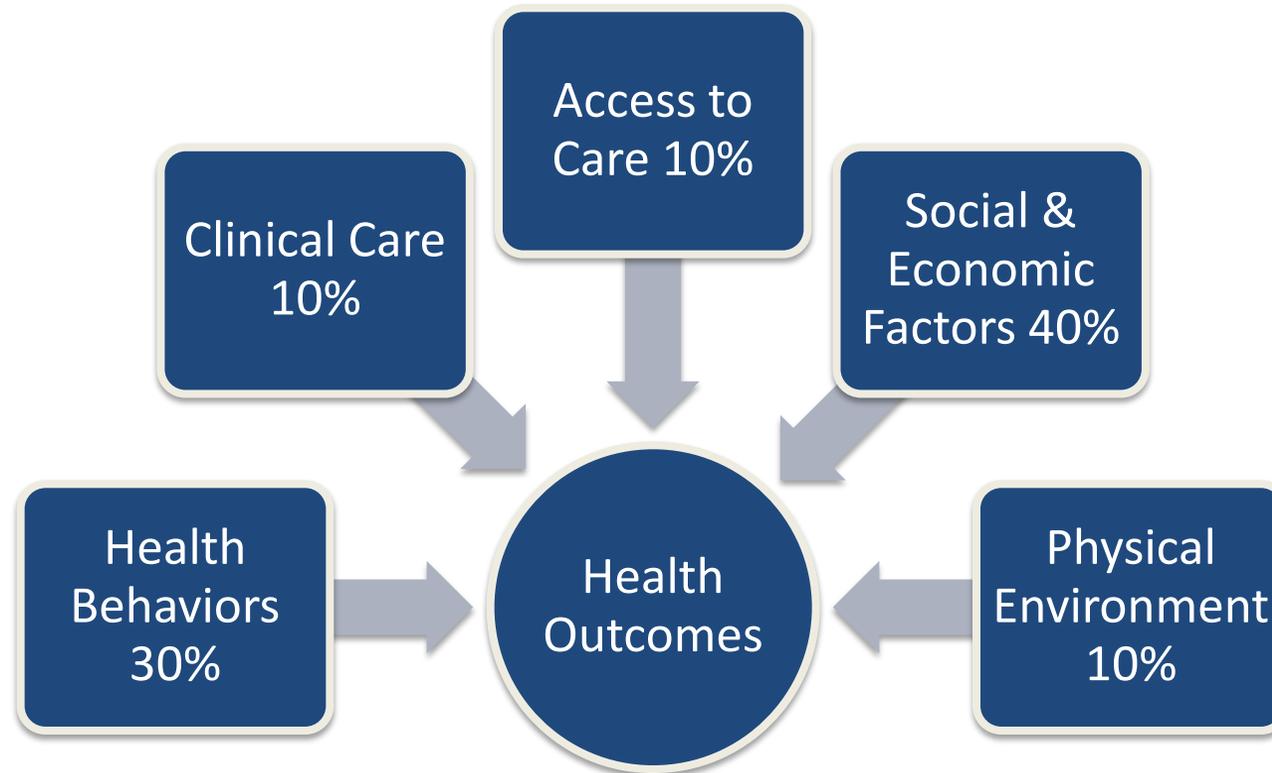


Societal Perspectives of Substance Use

- A moral problem?
- An individual problem?
- A family problem?
- A social problem?
- A criminal justice problem?
- A combination of one or more?
- Something else?

Addiction Technology Transfer Center, 2015

Determinants of Health



People with Serious Mental Illness are Dying of Preventable Causes

Higher Rates of Modifiable Risk Factors:

- Tobacco use
- Alcohol consumption
- Poor nutrition / obesity
- Lack of exercise
- Unsafe sexual behavior
- IV drug use



Vulnerability due to higher rates of:

- Homelessness
- Victimization / trauma
- Unemployment
- Poverty
- Incarceration
- Social isolation



Trauma and Addictions

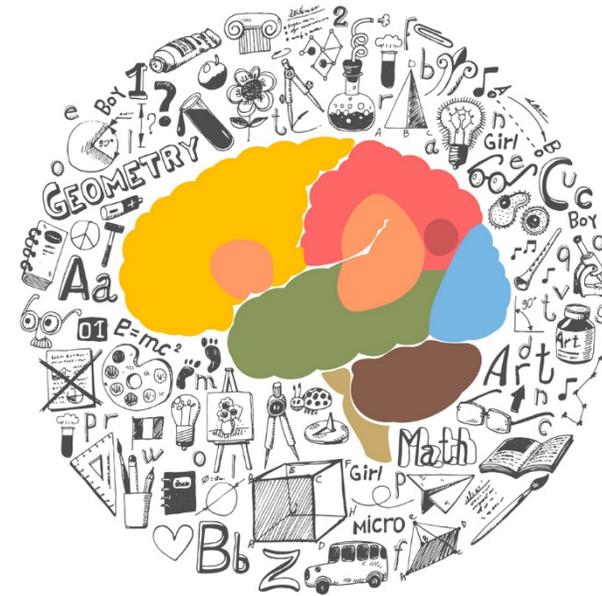
- Teens most at risk for lasting substance use problems are those whose stress response systems have suffered an early and lasting blow.
- Brain scan reveal abnormalities in areas that also show changes during addiction. This may make them more vulnerable to getting hooked.
- Stimulants can fuel the fight or flight response.
- Brain changes related to hyperarousal may make some trauma victims more prone to stimulant addiction.

Bruce Perry's "The Boy Who Was Raised as a Dog"

The Transitional Age Brain (Age 13-25)

Chung, W. & Hudziak, J. Child Adolesc Psychiatric Clin N Am 26 (2017)

- A time of increased risk for morbidity & mortality, substance use / misuse and onset of persistent psychiatric & nonpsychiatric medical conditions
- Vulnerable time for brain development & higher order functioning (judgement, risk, critical thinking, cognitive control)
- Nicotine studies in rats show greatest gene alterations occur during mid to late adolescents



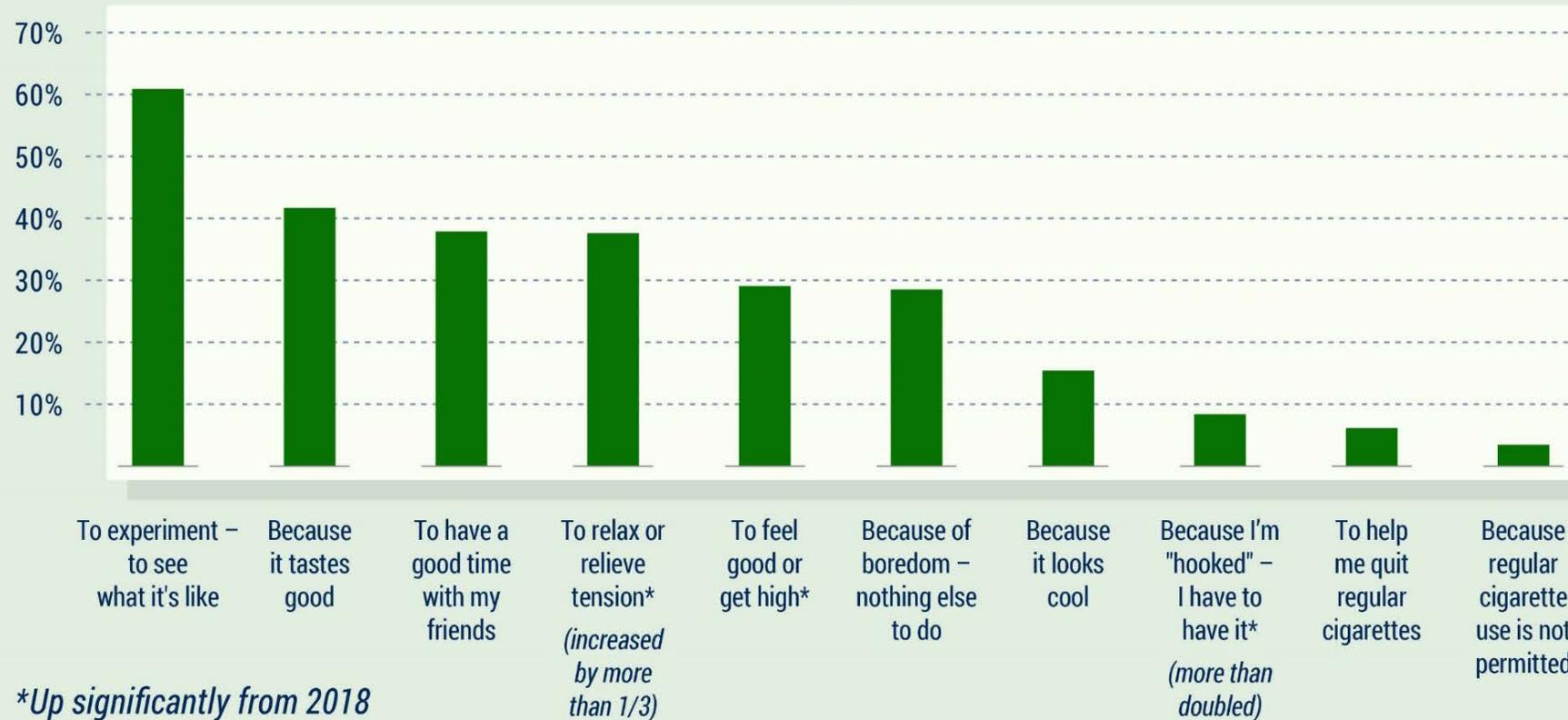


E-cigarette use in adolescents has been found to increase the frequency and amount of cigarette smoking in the future. (Ntl Academy of Medicine 2018)



Non-smokers ages 18-30 who started using e-cigarettes were 4x more likely to begin smoking cigarettes within 18 months of starting e-cigarette use. (American Journal of Medicine, 2017)

TEENS REPORT REASONS FOR VAPING



To view information on other drugs from the 2019 Survey visit:

www.drugabuse.gov/related-topics/trends-statistics/infographics/monitoring-future-2019-survey-results-overall-findings

A Time of Opportunity

- Socially enriched environments can benefit brain plasticity
- Adolescent brain preference for novelty, activity and positive risk-taking



Traditional Approaches



Drug Education



Acceptance of Experimentation as "Normal" Rite of Passage



Arrest, Detention, Courts



Treatment for Serious Use

New Pathways and Strategies



Screening and Early Intervention



Change Social Norms about Youth Substance Use



Apply Public Health Approaches through Community Interventions



Engage Youth Providers to Address Use Early and Strengthen the Care Continuum

Infographic from the Conrad N. Hilton Foundation's
Youth Substance Use Prevention and Early Intervention Strategic Initiative
<https://www.hiltonfoundation.org/priorities/substance-use-prevention/our-approach>

- **Cultural** considerations and **social** determinants are important contexts for understanding trends in substance use.
- Ethnic and racial differences in substance use include **individual beliefs, family, and cultural** factors.
- Discrimination against and **denial of civil and human rights** of LGBT persons has been associated with higher rates of SU compared to the general population.
- Caution against making **assumptions** about the influence of culture, gender, upbringing or other personal factors in a patient's life.





Chat box discussion:

What are the social factors and cultural contexts of the adolescents in your community?

SBIRT: An evidence-based approach to the delivery of early intervention and treatment services



Screening: quickly assesses the severity of substance use and identifies the appropriate next steps

Brief Intervention: focuses on motivation toward changing behavior and increasing insight and awareness regarding substance use

Referral to Treatment: facilitates access to and coordinated care for patients that identified as needing more extensive treatment



Why Screening?

- Comprehensive biopsychosocial screening, including substance use screening, is a recommended component of routine adolescent health care
- Screening in the pre-teen years is important since relying on provider impressions is unreliable and may underestimate prevalence
- Substance use screening in the context of preventive health & other healthy lifestyle screening helps normalize talk about substance use
- Given the rapidly changing nature of adolescent substance use risk, it's **recommended that every adolescent is screened at every clinical encounter to reduce & remove bias**



So we can provide the best care possible, this is a set of questions we ask everyone.



Building Trust with Teens (and their Parents/Caregivers)



- Introducing yourself & your role
- Rapport
- Who is in the room?
- Confidentiality
- Questions: Why

Self-administered screening is
the **GOLD STANDARD** with adolescents

Screening Tool: S2BI

S2BI: Screening to Brief Intervention

In the past year, how many times have you used:

- **Tobacco?** (Cigarettes, e-cigarettes, vapes, etc.)
- **Alcohol?**
- **Marijuana?** (Smoked, vaped, edibles, etc.)

STOP if all “**Never.**” Otherwise **CONTINUE.**

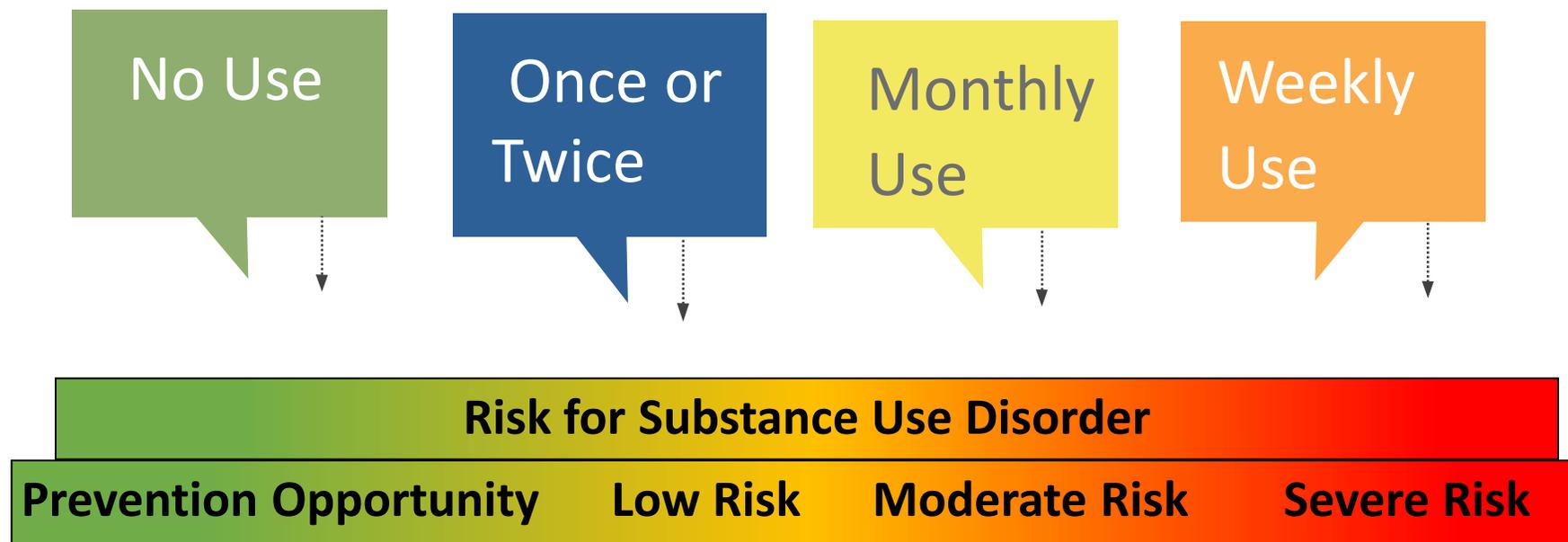
- **Prescription drugs that were not prescribed for you** (Pain medication, Adderall, etc.)
- **Illegal drugs?** (Cocaine, Ecstasy, etc.)
- **Inhalants?** (Nitrous oxide, etc.)
- **Herbs/synthetic drugs?** (Salvia, K2, bath salts, etc.)

- Never**
- Once or twice**
- Monthly**
- Weekly**

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S2BI Scoring



Polysubstance Use



- The consumption of **more than one** drug over a defined period, **simultaneously**, or **at different times** for either therapeutic or recreational purposes
- Initiation, even on a limited basis during adolescents can mean an **increase risk of expanded use** in early adulthood.

Establish a clear picture of frequency, quantity, and pattern for each substance used during the screening period



Screening Tool: CRAFFT

1. Have you ever ridden in a **car** driven by someone (including yourself) who was “high” or had been using alcohol or drugs?
2. Do you ever use alcohol or drugs to **relax**, feel better about yourself, or fit in?
3. Do you ever use alcohol or drugs while you are by yourself, or **alone**?
4. Do you ever **forget** things you did while using alcohol or drugs?
5. Do your **family or friends** ever tell you that you should cut down on your drinking or drug use?
6. Have you ever gotten into **trouble** while you were using alcohol or drugs?



CRAFFT Scoring

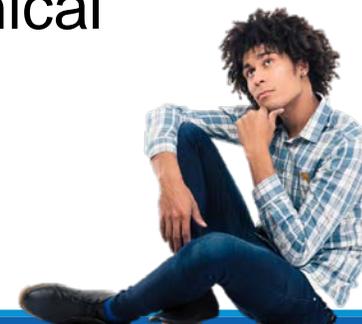
Low Risk	Moderate Risk	High Risk
Abstinence	CRAFFT Score 1	CRAFFT Score 2+

Source: American Academy of Pediatrics, 2011



Other Considerations

- ❑ Screening is best done as self-administered – either online before arrival to the clinic, or upon arrival with pen/paper or electronic tablet formats
- ❑ S2BI is comprehensive, but also can be paired with the CRAFFT for further assessment
- ❑ Adolescents may disclose substance use at a later time, so have a process for rescreening during other clinical encounters





Confidentiality

- **Fear** that private information will be shared can lead an adolescent to not answer screening questions **accurately**.
- **Parents may be understandably conflicted:**
 - ✓ Recognize the benefits of confidential care
 - ✓ Believe they should be informed, even if their child doesn't want them to know
- Develop a standard process for when to start semi-private and private visits that is promoted to parents **well before** the teen years





Example Messages

Starting at age (x), all patients are seen for at least a portion of their visit without parents so they start having opportunities to take ownership of their health.

Our goal is to have a **trusted relationship** with you and your child where accurate information is shared so we can provide the best care possible.

To parent: I will bring you in on any serious health problems or issues of safety.

To client: If I'm concerned about any serious health problems or issues of safety, I will let you know if I'm feeling the need to bring your parent in to the conversation.

What does the public say about adolescent substance use?

“Kids will be kids”

“I was doing worse things when I was her age, and I turned out fine.”

“Of course they are going to experiment. What do you expect?”



“It’s part of life”

“There’s nothing you can do to stop them.”

“Teens have poor decision-making skills, so they can’t help themselves.”



How Do We Gain Public Buy-In?

- Shift the viewpoint that adolescent substance use is family/parental issue to one of a collective obligation
- Pairing moral responsibility + effects of adolescent use increased policy & program support

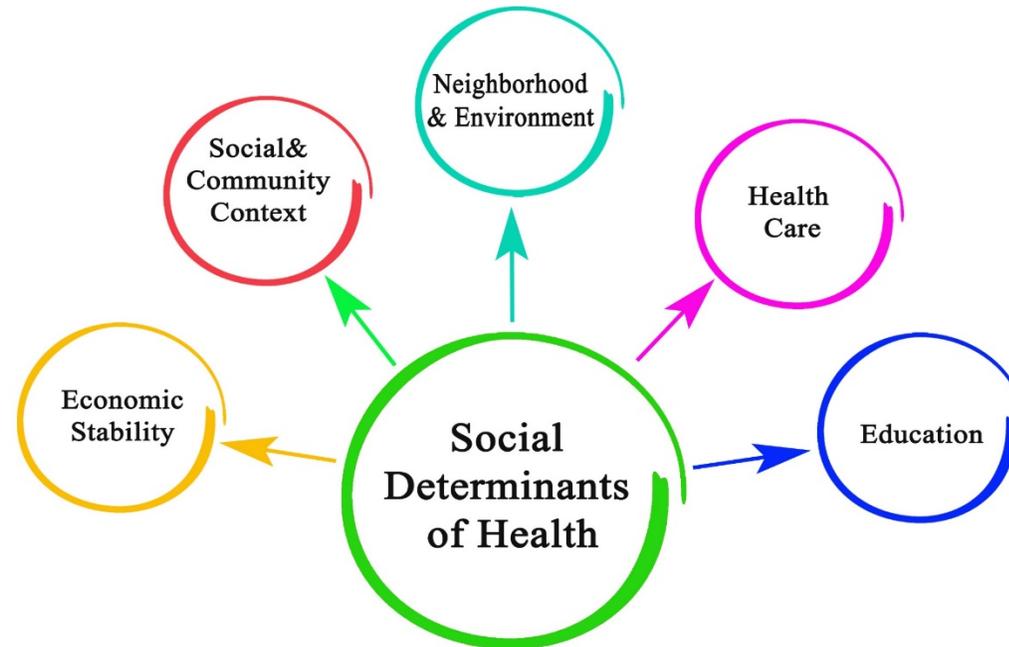
Frameworks Institute

<http://www.frameworksinstitute.org/adolescent-substance-use.html>



The “Boiling Over” Metaphor

Frameworks Institute



Reframing use as **preventable** and **remediable** rather than **inevitable** and **irreversible**

Social Math

- Compares the sizes of two things to help people see the scope of a problem
- Creates a relationship between familiar and unfamiliar concepts to make data meaningful



“The tobacco industry spends more money promoting smoking in a week than the entire federal government spends on preventing smoking in a year.”



Paradigm Shift



We change the question from:

“What is wrong with you?”

to

“What happened to you?”

“What do you need?”

Create Spaces That Intentionally Focus On:

- Fostering mutuality
- Honoring family and youth voices
- Language and signage
- How the environment affects senses



Chat box discussion:

How could we increase clinical or systems level engagement for screening and engaging with youth based on...

- **Strengths** (What makes us proud?)
- **Aspirations** (What do we care deeply about?)



Improving Adolescent Health: Facilitating Change for Excellence in SBIRT <https://www.ysbirt.org/>

Adverse Childhood Experiences (ACE's) & Adolescent Health <https://www.cdc.gov/violenceprevention/acestudy/>

Frameworks Institute: Adolescent Substance Use <http://www.frameworksinstitute.org/adolescent-substance-use.html>



Comments and Questions?



Thank you for joining us!

*Please be sure to complete the brief post-webinar
evaluation.*



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