

**The Status of Adolescent SBIRT and Implementation in Colorado:  
What We Know and Why We Need to Know More**

January 2021

This white paper was produced by the Adolescent SBIRT Work Group of the SBIRT Advisory Council. The SBIRT Advisory Council is a committee of the Substance Abuse Trend and Response Task Force (SATF). The SATF is a statutorily created task force within the Colorado Office of the Attorney General.

## Background on SBIRT and Adolescent Substance Use

Screening, Brief Intervention, and Referral to Treatment (SBIRT) is an effective early intervention practice for identifying, reducing, and preventing alcohol and other substance use. SBIRT contributes to prevention of disease, injury, and other negative outcomes of substance use. While a majority of adolescents who use substances do not have a substance use disorder (SUD), adolescents still may use substances in a manner that could harm them or those around them. Because of this, universal prevention and intervention efforts, such as SBIRT, often show greater benefits to the population as a whole compared to solely targeting those at high-risk for a SUD.<sup>1</sup> SBIRT can be incorporated into routine care, fits easily into workflows, and doesn't require specialists. SBIRT also helps to provide a fuller clinical picture of a patient by integrating behavioral health into routine care. The Adolescent SBIRT Work Group has compiled this white paper in order to 1) advocate for further evaluation of and increased implementation of SBIRT in adolescent health settings, and 2) outline the future priorities and projects of this work group.

Prevention and early intervention are essential when it comes to youth substance use and remain important during the transitional period from pediatric to adult care settings. Young people, ages 12-21, are at a heightened risk for experiencing long-term problems related to substance use, including altered brain development.<sup>2</sup> The brain is still developing through the mid- to late-20s and the area of the brain responsible for planning and impulse control is one of the last to finish maturing.<sup>3</sup> Alcohol and marijuana are the most commonly used substances among adolescents. Alcohol use can negatively affect academic achievement, extra-curricular and work involvement, and relationships.<sup>4</sup> It is also a risk factor for unintentional injury and suicide, two of the leading causes of death in adolescents.<sup>5</sup> Marijuana use may negatively impact cognitive abilities and contribute to increased risk for school drop-out, depression, and suicide risk in adolescents.<sup>6</sup>

Since the Healthy Kids Colorado Survey began in 2013, the only substance use measure that has decreased over the years has been youth cigarette use. Rates of other youth substance use in Colorado have remained largely unchanged over the past years, demonstrating a need for increased utilization of effective practices for early intervention and prevention. According to the 2019 Healthy Kids Colorado Survey<sup>7</sup>, in the past month:

- 29.6% of high school students reported drinking.
  - Of those who drank, 62.4% reported binge drinking.
- 5.7% of high school students smoked cigarettes, a decrease from previous years.
  - However, 26% of high school students reported vaping a nicotine product.
- 20.6% of high school students reported marijuana use.

In addition to vaping nicotine products, data indicate a change in youth methods of marijuana consumption with youth opting for higher potency products. Marijuana use in adolescence is associated with an increased risk of psychotic disorders in adulthood and that risk increases with frequency of use and potency of marijuana.<sup>8</sup> The risk for psychotic disorders also increases as age of first marijuana use decreases.<sup>8</sup> This is not the only concern with adolescent substance use. The earlier young people engage in substance use, the greater their risk is for

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<sup>1</sup> U.S. Department of Health and Human Services (HHS), Office of the Surgeon General, Facing Addiction in America: The Surgeon General's Report on Alcohol, Drugs, and Health. Washington, DC: HHS, November 2016.

<sup>2</sup> Gray KM, Squeglia LM. Research Review: What have we learned about adolescent substance use?. *J Child Psychol Psychiatry*. 2018;59(6):618-627. doi:10.1111/jcpp.12783

<sup>3</sup> National Institute of Mental Health. (2020). The Teen Brain: 7 Things to Know. Accessed on September 9, 2020 from <https://www.nimh.nih.gov/health/publications/the-teen-brain-7-things-to-know/index.shtml>

<sup>4</sup> CDC. Underage Drinking. (2020). Accessed on January 4 from <https://www.cdc.gov/alcohol/fact-sheets/underage-drinking.htm>

<sup>5</sup> SAMHSA. 2016. SUBSTANCE USE AND SUICIDE: A NEXUS REQUIRING A PUBLIC HEALTH APPROACH. Accessed on November 10, 2020 from: <https://store.samhsa.gov/sites/default/files/d7/priv/sma16-4935.pdf>

<sup>6</sup> Ladegard, K., Thurstone, C., & Rylander, M. Marijuana Legalization and Youth. *Pediatrics*. 2020;145(2):165-174. doi: <https://doi.org/10.1542/peds.2019-2056D>

<sup>7</sup> Colorado Department of Public Health and Environment. Healthy Kids Colorado Survey Data. (2019). Data dashboard: <https://cdphe.colorado.gov/center-for-health-and-environmental-data/survey-research/healthy-kids-colorado-survey-data>

<sup>8</sup> National Academies of Sciences, Engineering, and Medicine. 2017. The Health Effects of Cannabis and Cannabinoids: The Current State of Evidence and Recommendations for Research. Washington, DC: The National Academies Press. <https://doi.org/10.17226/24625>.

developing a SUD later in life.<sup>9</sup> The majority of people with a SUD in adulthood began using substances by the age of 18.<sup>10</sup> Delaying the age of onset of substance use plays an important role in preventing a SUD.

Studies have found that brief alcohol interventions with young people are associated with reduced alcohol consumption and related problems.<sup>11</sup> Yet a nationally representative study of 10th graders found that of those who saw a physician in the past year, only 54% reported having been asked about alcohol use by their health care provider and only 40% reported having been advised about the harms of alcohol.<sup>12</sup> This demonstrates the importance of substance use education and training for healthcare professionals.

### COVID-19 and Adolescent Substance Use

A recent Kaiser Family Foundation survey on COVID-19, mental health, and substance use suggested that the negative mental health effects resulting from the pandemic may be particularly prevalent among households with adolescents.<sup>13</sup> Mental health concerns among young people may be due to social isolation including separation from peers, school closures, and other major life disruptions. In addition to their own stress, youth may be experiencing second-hand stress from parents or other family and/or household members as many adults have self-reported increases in depression and anxiety during this time.<sup>14</sup> Preliminary research also suggests that adult alcohol use has increased since the onset of COVID-19, particularly among adults with children in the home.<sup>15</sup> Exposure to alcohol use in the home, especially parental use, is associated with increased alcohol use among youth and young adults.<sup>16,17</sup> Additionally, many protective factors against substance use and mental health concerns such as the presence of supportive teachers, relationships with trusted adults, and involvement in extracurricular activities may have been interrupted by unexpected school and community closures.<sup>18</sup> The simultaneous increases in risk factors and decreases in protective factors put youth at a greater risk for increasing or initiating substance use. Despite the fact that many students have returned to in-person schooling, effects of school closures and pandemic-related stressors may linger. There may also be new stressors associated with returning to school and experiencing major changes in schedules and routines.

School closures may also make it more difficult for young people to receive behavioral health care.<sup>19,20</sup> In 2018, 14.2% of U.S. adolescents received mental health services in an education setting.<sup>21</sup> This was the second most common setting in which adolescents received mental health care. In addition, there is the potential that youth behavioral health needs are not being identified as they spend less time around school health professionals. Adolescents who do not receive healthcare from a school-based site may also have experienced gaps in their primary health care during this time. Parents may have avoided preventive care due to stay-at-home orders and may continue to avoid primary care for fear of getting sick with COVID-19 even as public health orders are lifted.<sup>22</sup> Regardless, in 2018, only 3.1% of adolescents received mental health services in a general medical

<sup>9</sup> U.S. Department of Health and Human Services (HHS), Substance Abuse and Mental Health Services Administration (SAMHSA). (2018). Report to Congress on the Prevention and Reduction of Underage Drinking.

<sup>10</sup> NIDA. 2020, June 2. Introduction. Retrieved from <https://www.drugabuse.gov/publications/principles-adolescent-substance-use-disorder-treatment-research-based-guide/introduction> on 2020, December 30

<sup>11</sup> Levy SJ, Williams JF; COMMITTEE ON SUBSTANCE USE AND PREVENTION. Substance Use Screening, Brief Intervention, and Referral to Treatment. *Pediatrics*. 2016;138(1):e20161211. doi:10.1542/peds.2016-1211

<sup>12</sup> U.S. Department of Health and Human Services (HHS), Substance Abuse and Mental Health Services Administration (SAMHSA). (2018). Report to Congress on the Prevention and Reduction of Underage Drinking.

<sup>13</sup> Panchal, N., Kamal, R., Orgera, K., Cox, C., Garfield, R., Hamel, L., Muñana, C., & Chidambaram, P., The Implications of COVID-19 for Mental Health and Substance Use, (KFF, 2020). Accessed on September 9, 2020 from <https://www.kff.org/coronavirus-covid-19/issue-brief/the-implications-of-covid-19-for-mental-health-and-substance-use/>

<sup>14</sup> Panchal, N., Kamal, R., Orgera, K., Cox, C., Garfield, R., Hamel, L., Muñana, C., & Chidambaram, P., The Implications of COVID-19 for Mental Health and Substance Use, (KFF, 2020). Accessed on September 9, 2020 from <https://www.kff.org/coronavirus-covid-19/issue-brief/the-implications-of-covid-19-for-mental-health-and-substance-use/>

<sup>15</sup> Barbosa, C., Cowell, A., Dowd, W. How Has Drinking Behavior Changed During the COVID-19 Pandemic? Results from a Nationally Representative Survey. RTI International, July 2020

<sup>16</sup> Thatcher, D. L., & Clark, D. B. (2008). Adolescents at risk for substance use disorders: role of psychological dysregulation, endophenotypes, and environmental influences. *Alcohol research & health : the journal of the National Institute on Alcohol Abuse and Alcoholism*, 31(2), 168–176.

<sup>17</sup> Sudhinaraset, M., Wigglesworth, C., & Takeuchi, D. T. (2016). Social and Cultural Contexts of Alcohol Use: Influences in a Social-Ecological Framework. *Alcohol research : current reviews*, 38(1), 35–45.

<sup>18</sup> Colorado Department of Public Health and Environment. 2019Healthy Kids Colorado Survey Data.

<sup>19</sup> Panchal, N., Kamal, R., Orgera, K., Cox, C., Garfield, R., Hamel, L., Muñana, C., & Chidambaram, P., The Implications of COVID-19 for Mental Health and Substance Use, (KFF, 2020). Accessed on September 9, 2020 from <https://www.kff.org/coronavirus-covid-19/issue-brief/the-implications-of-covid-19-for-mental-health-and-substance-use/>

<sup>20</sup> Golberstein E, Wen H, Miller BF. Coronavirus Disease 2019 (COVID-19) and Mental Health for Children and Adolescents [published online ahead of print, 2020 Apr 14]. *JAMA Pediatr*. 2020;10.1001/jamapediatrics.2020.1456. doi:10.1001/jamapediatrics.2020.1456

<sup>21</sup> Substance Abuse and Mental Health Services Administration. Key Substance Use and Mental Health Indicators in the United States: Results from the 2018 National Survey on Drug Use and Health. (2019). Retrieved from <https://www.samhsa.gov/data/sites/default/files/cbhsq-reports/NSDUHNationalFindingsReport2018/NSDUHNationalFindingsReport2018.pdf>

<sup>22</sup> Centers for Disease Control and Prevention. (2020). COVID-19 Parental Resources Kit – Adolescence. Accessed on October 15, 2020 from [https://www.cdc.gov/coronavirus/2019-ncov/daily-life-coping/parental-resource-kit/adolescence.html#:~:text=Coronavirus%20disease%20\(COVID%2D19\),term%20consequences%20across%20their%20lifespan](https://www.cdc.gov/coronavirus/2019-ncov/daily-life-coping/parental-resource-kit/adolescence.html#:~:text=Coronavirus%20disease%20(COVID%2D19),term%20consequences%20across%20their%20lifespan)

setting.<sup>23</sup> As healthcare priorities shift in response to COVID-19, health care providers may be even more limited in their capacity to attend to other patient concerns such as substance use. However, effective collaboration and communication between primary care providers and behavioral health providers in primary care settings leads to improved outcomes and often reduces duplication of services. Since the process of screening, providing brief intervention and referring patients to treatment can be implemented by a variety of health care staff and conducted via telehealth, SBIRT remains a critical and accessible practice for responding to rising levels of substance use and mental health concerns in the primary care setting.

### **Areas of Focus for Improving and Expanding Adolescent SBIRT Practices**

***Increase Pediatric Capacity to Embrace Youth Substance Use Screening:*** The American Academy of Pediatrics recommends that pediatricians increase their capacity in substance use identification, assessment, and intervention, and familiarize themselves with adolescent SBIRT and its potential for integration as a standard of care.<sup>24</sup> Although a majority of adolescent health care providers report providing some substance use prevention resources, the United States Preventive Task Force (USPSTF) has found that many do not routinely screen for and counsel on substance use.<sup>25</sup> Further, even when these services are implemented, the quality of screening, the tools used, and the interventions provided were not consistent among practices.<sup>25</sup> The National Council for Behavioral Health has found that buy-in from leadership and providers alike is crucial.<sup>26</sup> Educating and motivating providers and leadership on the importance and efficacy of SBIRT is a necessary step towards SBIRT implementation. This is especially true as COVID-19 poses new challenges for SBIRT implementation due to transitions to telehealth and emerging mental health challenges among patients.

***Seek Input and Feedback from Youth:*** It is important that the opinions and experiences of young people are sought in order to strengthen and refine adolescent SBIRT strategies and services. During the pandemic, it is imperative to understand the perspective of youth and the unique challenges they face. Authentic and meaningful youth engagement creates an opportunity to have conversations and learn more about stress at the individual, family, and community level through the lens of a young person. A few key areas of interest are how youth use technology to address healthcare needs, understanding the impact of social isolation due to school and other closures and remote learning, and examining how parental stress plays a role at home. Young people, as subject matter experts, provide an abundance of information that will help providers effectively address the behavioral and physical health needs of adolescent patients.

### **Future work of the Adolescent SBIRT Work Group**

***Implement a Comprehensive Survey of Colorado Providers on Current Practices in Adolescent SBIRT:*** There is insufficient information at the state and local level regarding how many providers are implementing SBIRT, how many behavioral health practices serve youth, and what barriers exist that may inhibit successful SBIRT implementation. While many providers are aware of SBIRT, we want to better understand why it is not being implemented more widely and consistently. The Adolescent SBIRT Work Group plans to implement a written survey of the current Colorado adolescent SBIRT landscape to better understand the needs and concerns of providers to inform future SBIRT initiatives.

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<sup>23</sup> Substance Abuse and Mental Health Services Administration. Key Substance Use and Mental Health Indicators in the United States: Results from the 2018 National Survey on Drug Use and Health. (2019). Retrieved from <https://www.samhsa.gov/data/sites/default/files/cbhsq-reports/NSDUHNationalFindingsReport2018/NSDUHNationalFindingsReport2018.pdf>

<sup>24</sup> American Academy of Pediatrics. Substance Use Screening, Brief Intervention, and Referral to Treatment. (2016). doi:10.1542/peds.2016-1210

<sup>25</sup> JAMA. Screening and Behavioral Counseling Interventions to Reduce Unhealthy Alcohol Use in Adolescents and Adults: US Preventive Services Task Force Recommendation Statement. 2018;320(18):1899-1909. doi:10.1001/jama.2018.16789

<sup>26</sup> National Council for Behavioral Health. Improving Adolescent Health: Facilitating Change for Excellence in SBIRT. (2020). Accessed on December 30, 2020 from [https://www.thenationalcouncil.org/wp-content/uploads/2020/08/032720\\_NCBH\\_SBIRT\\_ChangePackage\\_Final\\_v6.pdf?dof=375ateTbd56](https://www.thenationalcouncil.org/wp-content/uploads/2020/08/032720_NCBH_SBIRT_ChangePackage_Final_v6.pdf?dof=375ateTbd56)