



Substance Use Screening, Brief Intervention, and Referral to Treatment

COMMITTEE ON SUBSTANCE USE AND PREVENTION

The enormous public health impact of adolescent substance use and its preventable morbidity and mortality show the need for the health care sector, including pediatricians and the medical home, to increase its capacity related to substance use prevention, detection, assessment, and intervention. The American Academy of Pediatrics published its policy statement “Substance Use Screening, Brief Intervention, and Referral to Treatment for Pediatricians” in 2011 to introduce the concepts and terminology of screening, brief intervention, and referral to treatment (SBIRT) and to offer clinical guidance about available substance use screening tools and intervention procedures. This policy statement is a revision of the 2011 SBIRT statement. An accompanying clinical report updates clinical guidance for adolescent SBIRT.

BACKGROUND

Substance use has an enormous direct and indirect public health impact on children and teenagers, ranging from prenatal exposure and complicated pregnancy outcomes to significant morbidity and mortality among adolescents and, over time, contributing to the development of many other health problems and substance use disorders. Pediatricians play a vital longitudinal role in the lives of adolescents and are uniquely positioned to effect change in adolescent patients’ health knowledge, behaviors, and well-being. Guidance about substance use can be provided in many forms: preventing or delaying the onset of substance use in lower-risk patients, discouraging ongoing use and reducing harm in intermediate-risk patients, and referring patients who have developed substance use disorders for potentially life-saving treatment.

The recommendations in *Bright Futures: Guidelines for Health Supervision of Infants, Children, and Adolescents*¹ highlight the pediatrician’s unique role in addressing health behavior problems throughout adolescence. Because most adolescents (83%) have contact with a physician annually, consider physicians an authoritative source of knowledge about alcohol and drugs, and are receptive to discussing substance use, medical care encounters

abstract

FREE

This document is copyrighted and is property of the American Academy of Pediatrics and its Board of Directors. All authors have filed conflict of interest statements with the American Academy of Pediatrics. Any conflicts have been resolved through a process approved by the Board of Directors. The American Academy of Pediatrics has neither solicited nor accepted any commercial involvement in the development of the content of this publication.

Policy statements from the American Academy of Pediatrics benefit from expertise and resources of liaisons and internal (AAP) and external reviewers. However, policy statements from the American Academy of Pediatrics may not reflect the views of the liaisons or the organizations or government agencies that they represent.

The guidance in this statement does not indicate an exclusive course of treatment or serve as a standard of medical care. Variations, taking into account individual circumstances, may be appropriate.

All policy statements from the American Academy of Pediatrics automatically expire 5 years after publication unless reaffirmed, revised, or retired at or before that time.

DOI: 10.1542/peds.2016-1210

PEDIATRICS (ISSN Numbers: Print, 0031-4005; Online, 1098-4275).

Copyright © 2016 by the American Academy of Pediatrics

FINANCIAL DISCLOSURE: The authors have indicated they do not have a financial relationship relevant to this article to disclose.

FUNDING: No external funding.

POTENTIAL CONFLICT OF INTEREST: Dr Levy has indicated she has a copyright relationship with Boston Children’s Hospital.

To cite: AAP COMMITTEE ON SUBSTANCE USE AND PREVENTION. Substance Use Screening, Brief Intervention, and Referral to Treatment. *Pediatrics*. 2016;138(1):e20161210

are tremendous opportunities for addressing substance use.^{2,3} The Substance Abuse and Mental Health Services Administration recommends universal screening for substance use, brief intervention, and/or referral to treatment (SBIRT) as part of routine health care.² Adolescents are the age group at greatest risk of experiencing substance use–related acute³ and chronic⁴ health consequences and, as such, also are most likely to derive the greatest benefit from universal SBIRT. Specific SBIRT screening tools and intervention strategies have well-documented efficacy for adult alcohol use, but fewer studies of SBIRT efficacy have been conducted in adolescents.^{5–7} On the basis of a review of the limited research literature available in 2014, the US Preventive Services Task Force concluded that the evidence was insufficient to assess the efficacy of brief interventions to reduce adolescent substance use.^{8,9} Despite this early conclusion, the low cost of SBIRT, minimal potential for harm, and emerging study results together support the tremendous potential for a population-level benefit from even small reductions in substance use and provide sufficient basis for the incorporation of SBIRT practices into the medical care standards for adolescents. The accompanying clinical report¹⁰ contains clinical guidance for pediatricians and other clinicians who provide health care for adolescents.

RECOMMENDATIONS

The American Academy of Pediatrics recommends that pediatricians:

- increase their capacity in substance use detection, assessment, and intervention; and
- become familiar with adolescent SBIRT practices and their potential to be incorporated into universal screening and comprehensive care of adolescents in the medical home.

The American Academy of Pediatrics advocates for:

- the strong support of continued research to determine the most effective brief intervention strategies applicable to adolescent health care,
- health insurance providers to:
 - promote and pay for standard screening and brief intervention practices incorporated into medical home health maintenance appointments; and
 - ensure a standard mechanism for payment for confidential follow-up care of adolescents to receive continuity of care for substance use disorders; and
- parity of access and services for adolescent mental health and substance use disorder treatment compared with general adolescent care and adult health care.

LEAD AUTHORS

Sharon J.L. Levy, MD, MPH, FAAP
Janet F. Williams, MD, FAAP

COMMITTEE ON SUBSTANCE USE AND PREVENTION, 2015–2016

Sheryl A. Ryan, MD, FAAP, Chairperson
Pamela K. Gonzalez, MD, MS, FAAP
Stephen W. Patrick, MD, MPH, MS, FAAP
Joanna Quigley, MD, FAAP
Lorena Siqueira, MD, MSPH, FAAP
Leslie R. Walker, MD, FAAP

FORMER COMMITTEE MEMBERS

Sharon J.L. Levy, MD, MPH, FAAP
Janet F. Williams, MD, FAAP

LIAISONS

Vivian B. Faden, PhD – *National Institute of Alcohol Abuse and Alcoholism*
Gregory Tau, MD, PhD – *American Academy of Child and Adolescent Psychiatry*

STAFF

Renee Jarrett, MPH

ABBREVIATION

SBIRT: screening, brief intervention, and referral to treatment

REFERENCES

1. Hagan JF, Shaw JS, Duncan P, eds. *Bright Futures: Guidelines for Health Supervision of Infants, Children, and Adolescents*. 3rd ed. Elk Grove Village, IL: American Academy of Pediatrics; 2008
2. Substance Abuse and Mental Health Services Administration. Screening, brief intervention, and referral to treatment. Available at: www.samhsa.gov/sbirt. Accessed June 3, 2015
3. Centers for Disease Control and Prevention. Injury prevention and control: motor vehicles. Teen drivers: get the facts. Available at: www.cdc.gov/MotorVehicleSafety/Teen_Drivers/teendrivers_factsheet.html. Accessed June 3, 2015
4. Hingson RW, Heeren T, Winter MR. Age at drinking onset and alcohol dependence: age at onset, duration, and severity. *Arch Pediatr Adolesc Med*. 2006;160(7):739–746
5. Jonas DE, Garbutt JC, Halle RA, et al. *Behavioral Counseling After Screening for Alcohol Misuse in Primary Care: A Systematic Review and Meta-Analysis for the U.S. Preventive Services Task Force*. Rockville, MD: US Preventive Services Task Force; 2012. Available at: www.uspreventiveservicestaskforce.org/uspstf12/alcmisuse/alcomisart.htm. Accessed June 3, 2015
6. Babor TF, McRee BG, Kassebaum PA, Grimaldi PL, Ahmed K, Bray J. Screening, brief intervention, and referral to treatment (SBIRT): toward a public health approach to the management of substance abuse. *Subst Abuse*. 2007;28(3):7–30
7. Madras BK, Compton WM, Avula D, Stegbauer T, Stein JB, Clark HW. Screening, brief interventions, referral to treatment (SBIRT) for illicit drug and alcohol use at multiple healthcare sites: comparison at intake and 6 months later. *Drug Alcohol Depend*. 2009;99(1–3):280–295
8. Moyer VA; US Preventive Services Task Force. Primary care behavioral interventions to reduce illicit drug

- and nonmedical pharmaceutical use in children and adolescents: U.S. Preventive Services Task Force recommendation statement. *Ann Intern Med.* 2014;160(9):634–639
9. US Preventive Services Task Force. *Screening and Behavioral*

Counseling Interventions in Primary Care to Reduce Alcohol Misuse: Recommendation Statement. AHRQ Publication No. 12-05171-EF-3. Rockville, MD: US Preventive Services Task Force; 2013. Available at: www.uspreventiveservicestaskforce.org/

- uspstf12/alc misuse/alc misuserfinalrs.htm. Accessed June 3, 2015
10. Levy S, Williams JF; American Academy of Pediatrics, Committee on Substance Abuse. Clinical report: substance use screening, brief intervention, and referral to treatment. *Pediatrics.* 2016