



Video Companion: Frequently Asked Questions

Adolescents and young adults are in a critical window of vulnerability to substance misuse and addiction. Early access to verbal or written screening and counseling is a cost-effective way to help young people avoid the destructive consequences of drug and alcohol problems. Too often, the adults young people trust most are reluctant to begin the conversation about substance use.

[This video](#) features young people and advocates talking about the promise of screening, brief intervention and referral to treatment (SBIRT) for changing lives by promoting honest conversations with adults that help identify problematic alcohol and drug use early and guide follow-up counseling and treatment.

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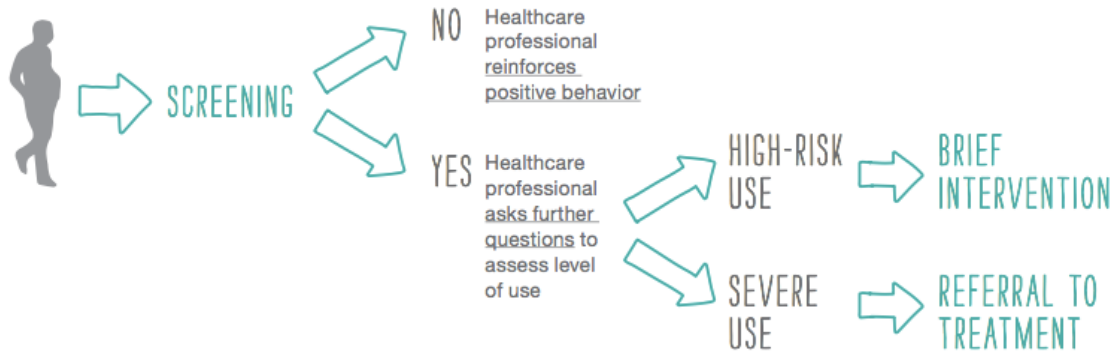
Community Catalyst works to ensure consumer interests are represented wherever important decisions about health and the health system are made: in communities, courtrooms, statehouses and on Capitol Hill.

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Understanding the SBIRT Approach

How exactly does SBIRT work?

SBIRT (screening, brief intervention, and referral to treatment) involves asking young people a few questions about drug and alcohol use and providing guidance or referring them to treatment if a problem exists.



How is the screening conducted?

Young people are asked about drug or alcohol use through a verbal, written or online tool. There are several evidence-based screening tools for young people designed to detect current and future problematic drug or alcohol use. Examples of screening tools suitable for young people include: [CRAFFT](#), [Alcohol Use Disorders Identification Test \(AUDIT\)](#) and [Screening to Brief Intervention \(S2BI\)](#).

C	Have you ever ridden in a CAR driven by someone (including yourself) who was "high" or had been using alcohol or drugs?
R	Do you ever use alcohol or drugs to RELAX , feel better about yourself, or fit in?
A	Do you ever use alcohol or drugs while you are by yourself, ALONE ?
F	Do you ever FORGET things you did while using alcohol or drugs?
F	Do your family or FRIENDS ever tell you that you should cut down on your drinking or drug use?
T	Have you ever gotten into TROUBLE while you were using alcohol or drugs?

Screening to Brief Intervention (S2BI) Tool

The following questions will ask about your use, if any, of alcohol, tobacco, and other drugs. Please answer every question by checking the box next to your choice.

Alcohol?

Never
 Once or twice
 Monthly
 Weekly or more

Marijuana?

Never
 Once or twice
 Monthly
 Weekly or more

IN THE PAST YEAR, HOW MANY TIMES HAVE YOU USED:

Tobacco?

Never
 Once or twice
 Monthly
 Weekly or more

S2BI Tool developed at Boston Children's Hospital with support from the National Institute on Drug Abuse. It is best used in conjunction with "The Adolescent SBIRT Toolkit for Providers" www.mass.gov/maclearinghouse (no charge).

STOP if answers to all previous questions are "never." Otherwise, continue with questions on the back.

OVER

What does the brief intervention involve?

Brief interventions are [structured conversations](#) with licensed health professionals, paraprofessionals (e.g., health educators) or peers who are trained in brief intervention techniques. The intervention is age-appropriate and tailored to the level of drug or alcohol use indicated by the young person. For example:

- No use: Positive reinforcement for abstaining from drug and alcohol use.
- Minimal and infrequent use: Brief advice to advise against future use.
- Risky or severe use: Brief intervention or brief treatment using [motivational interviewing](#) or other approaches that elicit a young person's desire to change using a non-judgmental, empathic approach. The brief intervention may be followed by a [referral and warm hand-off](#) to a behavioral health treatment provider.

Preparing to Implement

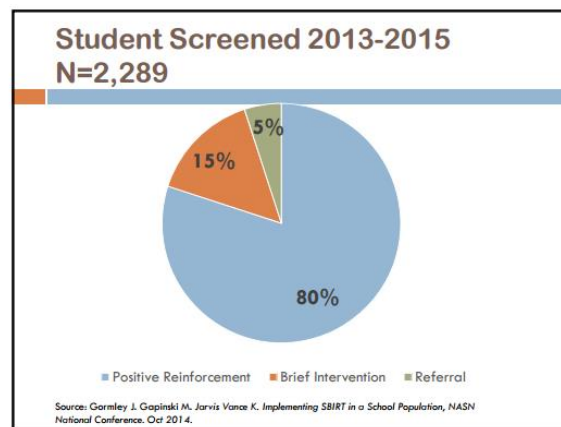
How can providers access SBIRT training?

[This toolkit](#) is a great starting point when considering implementing SBIRT. There are also many [in-person and online training resources](#) available.

If we start screening young people, should we expect a lot of referrals?

Based on national statistics and data from SBIRT pilot projects, it is likely that only a small percentage of young people screened will need a referral to treatment. Data from a school SBIRT pilot showed only 5% of students screened required a referral to treatment. In a study of drug and alcohol screening in multiple adolescent primary care settings,¹ an average of 18% needed brief intervention and 3% needed a referral to treatment.

Massachusetts School SBIRT Pilot²



How do you handle confidentiality when screening young people for substance use?

In most cases, the screening results and conversations will remain confidential unless the risk of harm to the young person or others is a concern. The individual conducting the screening should follow [best practices for protecting the privacy of young people](#) who may disclose drug or alcohol use. If the screening is occurring in a school or health care setting, there are already protections in place governing the confidentiality of medical records.

Support for SBIRT

Who's using SBIRT around the country?

SBIRT is currently used with young people in a wide variety of settings. Here are a few examples:

- Schools: Several states are using SBIRT in public middle and high schools, including [Massachusetts](#) and [Wisconsin](#).
- School-based health centers: [New Mexico and New York](#) have implemented successful SBIRT initiatives in school-based health centers.
- Primary care: [New Hampshire Screen & Intervene](#) launched SBIRT in primary care settings across the state, including community health centers, hospitals and hospital affiliate practices.
- Juvenile justice programs: [Reclaiming Futures SBIRT Initiative](#)

Is there research supporting youth SBIRT?

From childhood into young adulthood, screening and counseling are well-established best practices for helping young people to avoid alcohol and drug use and choose healthy paths. To briefly summarize the research:

- Screening through questionnaire is a key step in preventing young people from misusing drugs and alcohol. Studies show simply asking young people about drugs and alcohol can lead to positive behavior changes.^{3,4}
- In young people, brief interventions reduce alcohol misuse. Young people respond to brief counseling by drinking less often and reducing the number of drinks consumed at one time.⁵ Brief interventions also ease alcohol-related consequences, like skipping school or fighting with friends or family because of alcohol.⁶
- Brief interventions can help curb drug use among young people. Recent studies show brief interventions delivered in a primary care office,⁷ emergency department,⁸ or a school setting⁹ reduce marijuana use among adolescents.

Who has endorsed SBIRT with youth?

Screening and brief intervention for young people is recommended by:

- American Academy of Family Physicians (AAFP)
- American Academy of Pediatrics (AAP)
- American Medical Association (AMA)
- Centers for Disease Control and Prevention (CDC)
- National Institute on Drug Abuse (NIDA)

The [Surgeon General's Report on Alcohol, Drugs, and Health \(2016\)](#) endorses screening and brief intervention for all young people.

[Get Involved in State Advocacy](#)

How did Massachusetts establish a statewide mandate for SBIRT in schools?

Massachusetts is the first state in the nation to require all schools to verbally screen middle and high school students for drug and alcohol problems. The [Massachusetts law](#) requires school nurses to screen all students in two grades using a validated questionnaire and follow-up.

Advocates with the Children’s Mental Health Campaign at the Massachusetts Society for the Prevention of Cruelty to Children (MSPCC) worked with law makers and key stakeholders (school districts, school nurses, parents, youth) to [launch a statewide advocacy campaign](#) to establish this mandate. This project was part of a [nationwide initiative](#) to expand the use of SBIRT with youth.

How can I bring SBIRT to youth in my community?

You can connect with consumer health and recovery advocates across the country who are leading statewide policy campaigns to make sure young people have access to screening and early intervention. Here is a list of key state policy initiatives:

State	SBIRT Project	Contact
California	Youth Empowered Screening Services (YESS!)	Sarah DeGuia California Pan-Ethnic Health Network sdeguia@cpehn.org
Georgia	Somebody Finally Asked Me	Laura Colbert Georgians for a Healthy Future lcolbert@healthyfuturega.org
Massachusetts	Addiction Free Futures	Courtney Chelo Children’s Mental Health Campaign cchelo@mspcc.org
New Hampshire	Screen & Intervene	Michele Merritt New Futures mmerritt@new-futures.org
New Jersey	Positive Pathways	Maura Collinsgru Citizen Action New Jersey maura@njcitizenaction.org
Ohio	Somebody Finally Asked Me	Kathleen Gmeiner UHCAN Ohio kgmeiner@uhcanohio.org
Wisconsin	Healthy Youth Bright Futures	Kevin Kane Citizen Action Wisconsin kevin.kane@citizenactionwi.org

Interested but don’t see your state? Contact Melissa Ough (mough@communitycatalyst.org) at Community Catalyst to join our Youth SBIRT learning community to get support and advice from other state advocates.

Who can I contact for more information?

This video was developed as part of a [national initiative](#) to expand the use of SBIRT with young people. To learn more, please contact Melissa Ough at mough@communitycatalyst.org.

References

¹ Knight, JR. et al. Prevalence of positive substance abuse screen results among adolescent primary care patients. *Arch Pediatr Adolesc Med* 161(11):1035-1041.

² Gormley J, Gapinski M, Jarvis Vance K. Implementing SBIRT in a School Population, NASN National Conference. Oct 2014.

³ Kaner E. et al (2013). Effectiveness of screening and brief alcohol intervention in primary care (SIPS trial): pragmatic cluster randomised controlled trial. *British Medical Journal*. 2013; 346:e8501.

⁴ McCambridge J, Day M. Randomized controlled trial of the effects of completing the Alcohol Use Disorders Identification Test questionnaire on self-reported hazardous drinking. *Addiction*. 2008;103:241-8.

⁵ Winters KC, Leitten W. Brief intervention for drug-abusing adolescents in a school setting. *Psychology of Addictive Behaviors*. 2007 Jun;21(2):249-54.

⁶ Walton MA, Chermack ST, Shope JT, Bingham R, Zimmerman MA, Blow FC, & Cunningham RM. Effects of a brief intervention for reducing violence and alcohol misuse among adolescents: a randomized controlled trial. *Journal of the American Medical Association*. 2010;304(5):527-535.

⁷ D'Amico EJ, Miles JN, Stern SA, Meredith LS. Brief motivational interviewing for teens at risk of substance use consequences: a randomized pilot study in a primary care clinic. *Journal of Substance Abuse Treatment*. 2008;35(1):53-61.

⁸ Bernstein E, Edwards E, Dorfman D, et al. Screening and brief intervention to reduce marijuana use among youth and young adults in a pediatric emergency department. *Academic Emergency Medicine*. 2009; 16:1174-85.

⁹ McCambridge J, Strang J. The efficacy of single-session motivational interviewing in reducing drug consumption and perceptions of drug-related risk and harm among young people: Results from a multi-site cluster randomized trial. *Addiction*. 2004; 99:39-52.