

# Adolescent Substance Use: Scope, Screening, and Brief Interventions

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HARVARD MEDICAL SCHOOL  
TEACHING HOSPITAL

# Presentation Overview

- Brief overview of latest epidemiology
- Substance use screening
  - Best practices (including telehealth)
  - Validated tools
- Brief intervention
  - Best practices
  - Information on free resources

# Why care about substance use?



JAMA Health Forum



More ▾

In the News | COVID-19



## Drug Overdose Deaths Head Toward Record Number in 2020, CDC Warns

[Joan Stephenson, PhD<sup>1</sup>](#)

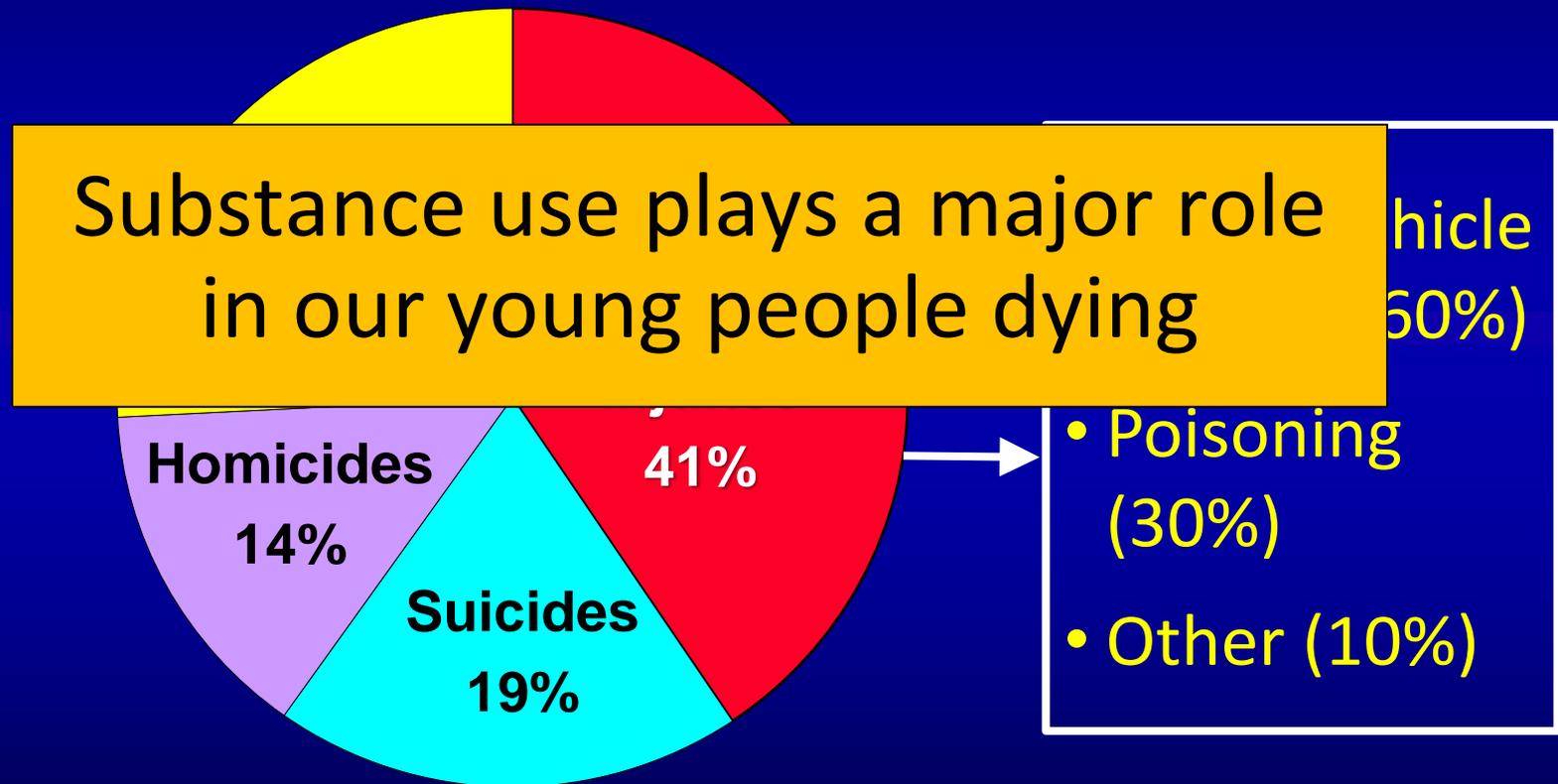
<https://jamanetwork.com/channels/health-forum/fullarticle/2772241>

# U.S. Deaths Related to Substance Use

- **Drug overdoses** caused **>81,000 deaths** from May 2019 to May 2020 **>20% more than 2018**
- **Alcohol** contributes to **~88,000 deaths** annually
- **Tobacco** contributes to **~480,000 deaths** annually (including from secondhand smoke)

Sources: <https://www.cdc.gov/media/releases/2020/p1218-overdose-deaths-covid-19.html>; CDC, Alcohol-related Death Impact, 2017; [https://www.cdc.gov/tobacco/data\\_statistics/fact\\_sheets/health\\_effects/tobacco\\_related\\_mortality/index.htm](https://www.cdc.gov/tobacco/data_statistics/fact_sheets/health_effects/tobacco_related_mortality/index.htm)

# Leading Causes of Death for U.S. Youth Ages 10-24, 2017

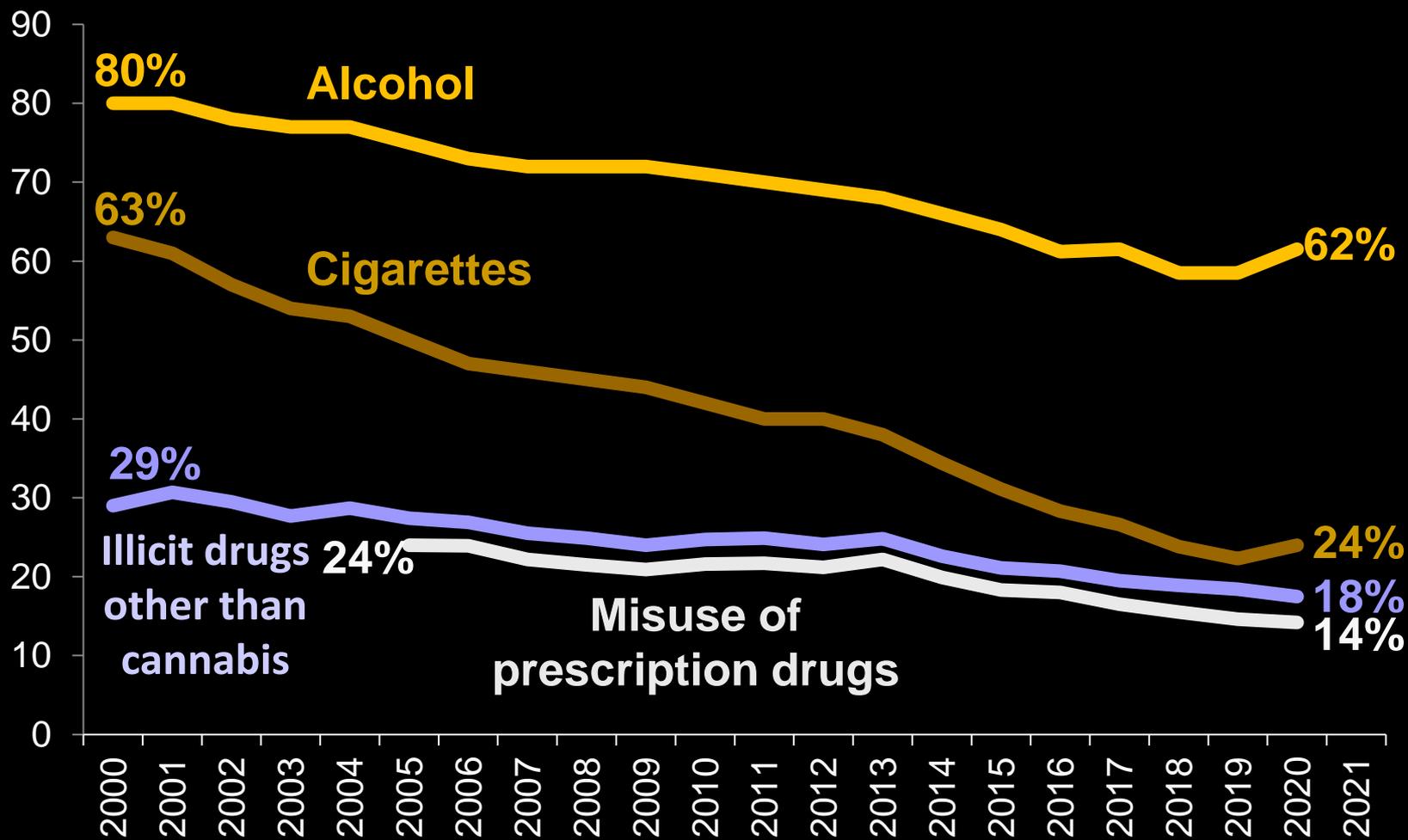


Source: Heron M. Deaths: Leading causes for 2017. National Vital Statistics Reports; vol 68 no 6. Hyattsville, MD: National Center for Health Statistics. 2019.

# Overview of Adolescent Substance Use Epidemiology:

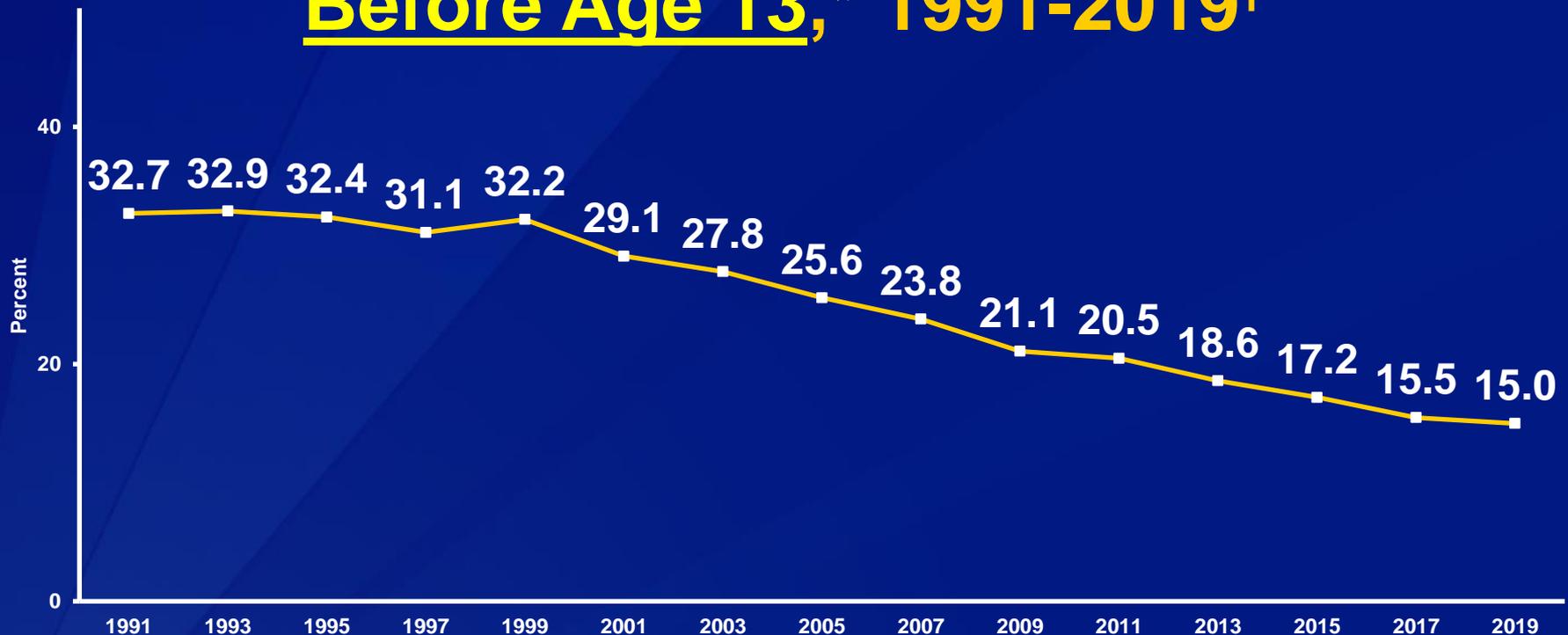
We have made some progress

# Percent of U.S. 12<sup>th</sup> Graders Reporting Using Substance in Lifetime, 2000-2020



Source: National Monitoring the Future Survey, 2020

# Percentage of High School Students Who Had Their First Drink of Alcohol Before Age 13,\* 1991-2019†

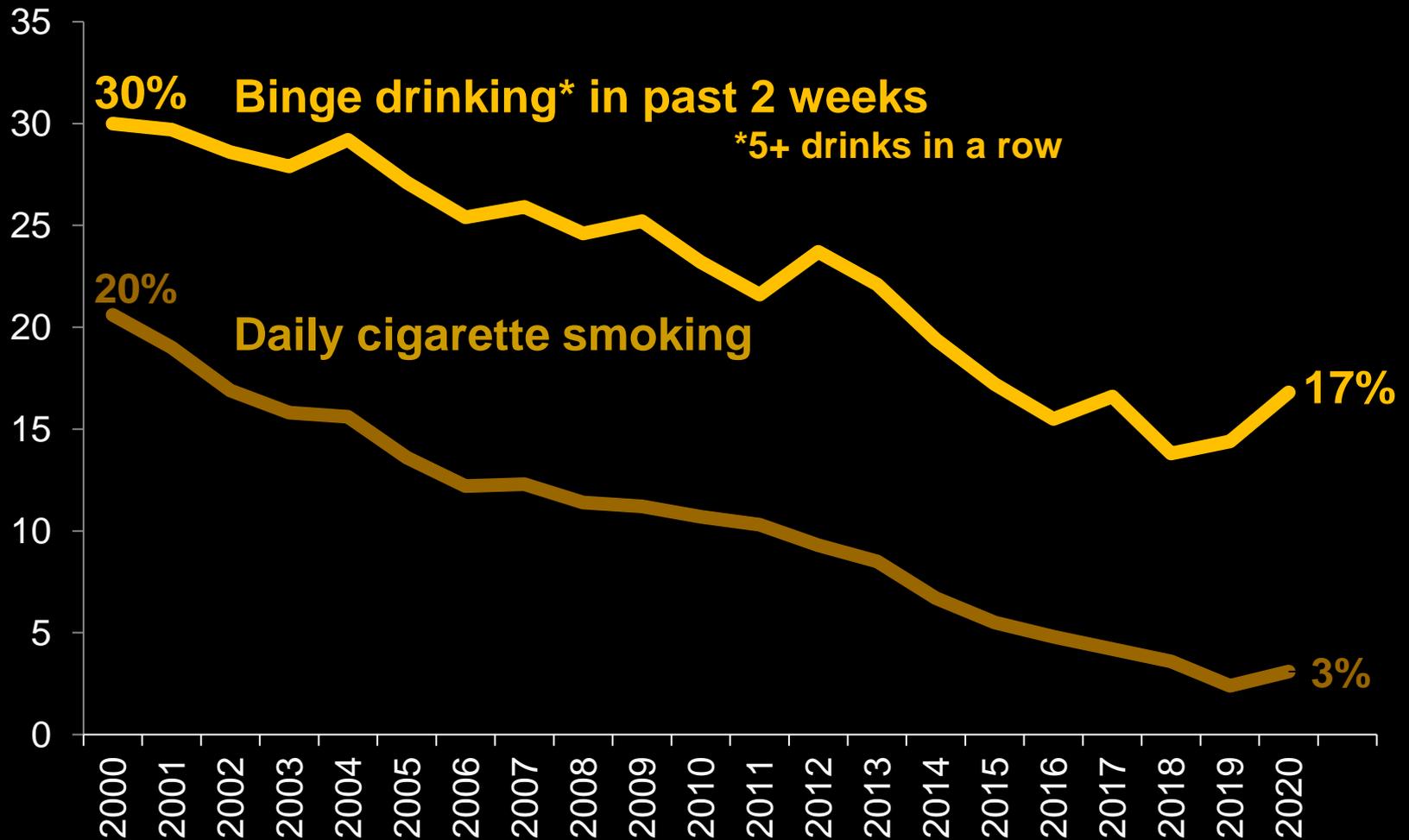


\*Other than a few sips

†Decreased 1991-2017, no change 1991-1999, decreased 1999-2017 [Based on linear and quadratic trend analyses using logistic regression models controlling for sex, race/ethnicity, and grade ( $p < 0.05$ ). Significant linear trends (if present) across all available years are described first followed by linear changes in each segment of significant quadratic trends (if present).]

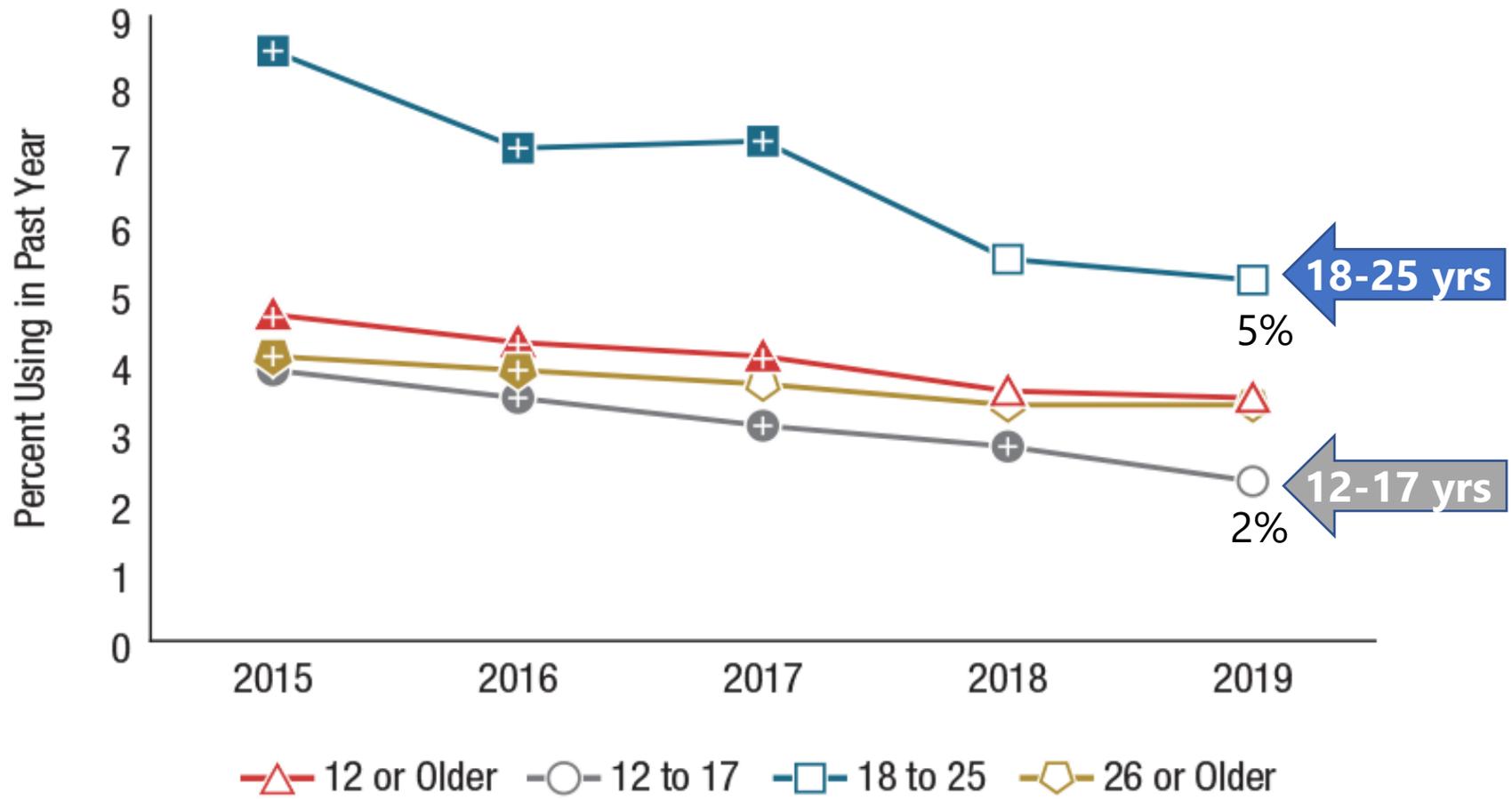
Note: This graph contains weighted results.

# Percent of U.S. 12<sup>th</sup> Graders Reporting Behavior in Past Month, 2000-2020



Source: National Monitoring the Future Survey, 2020

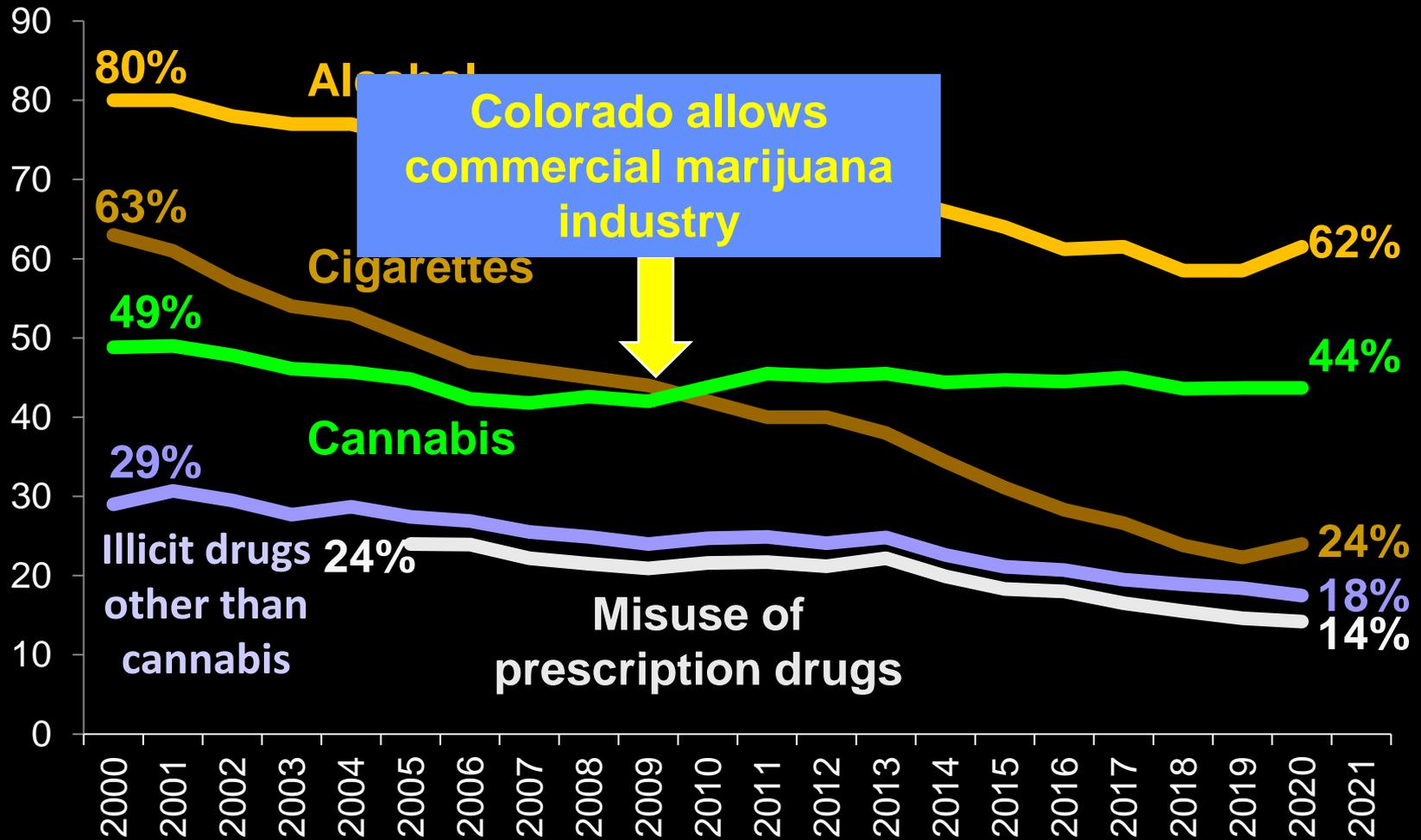
# Past Year Prescription Pain Reliever Misuse among People Aged $\geq 12$ , 2015-2019



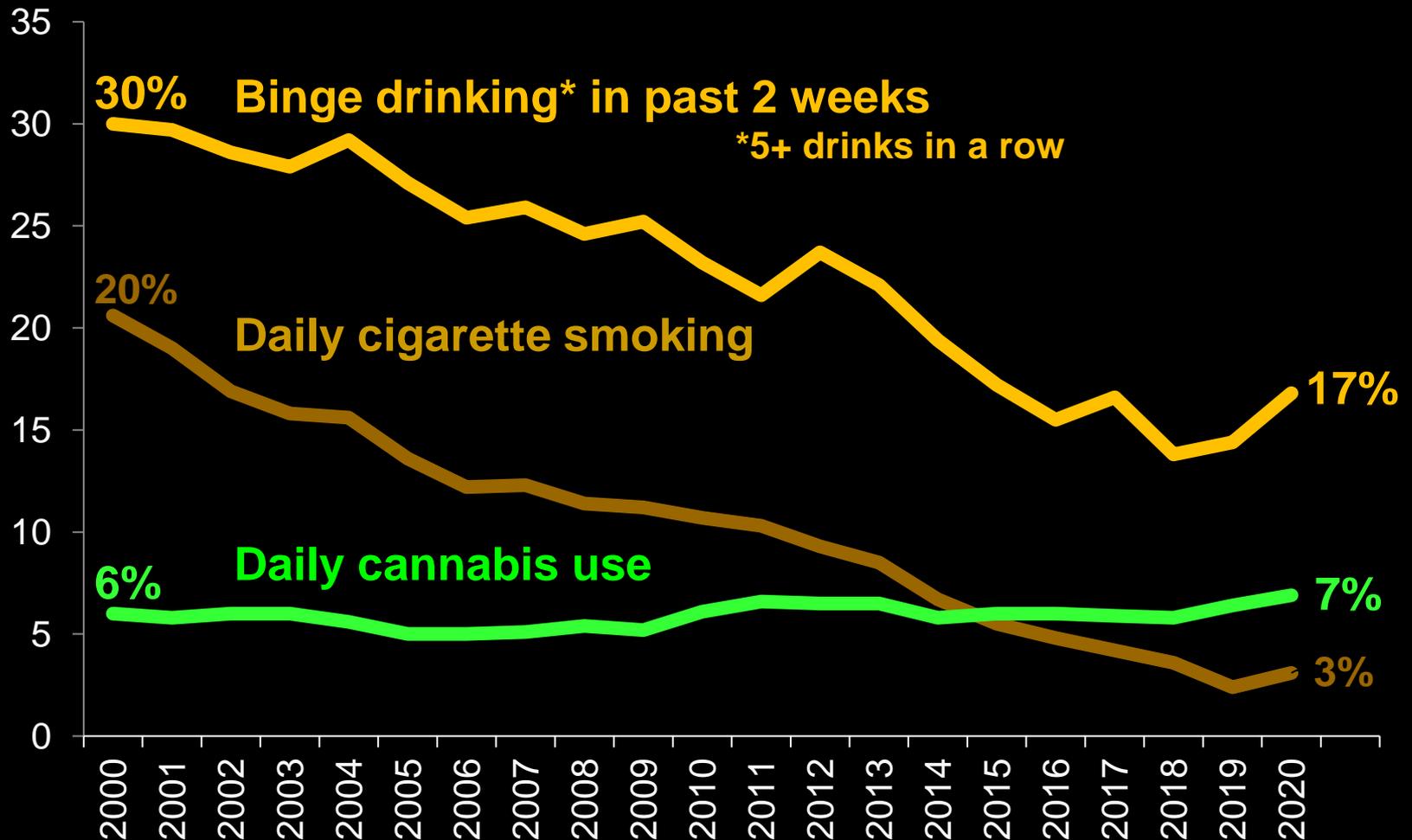
Source: National Survey on Drug Use and Health (annual population-based household survey)

However...

# Percent of U.S. 12<sup>th</sup> Graders Reporting Using Substance in Lifetime, 2000-2020

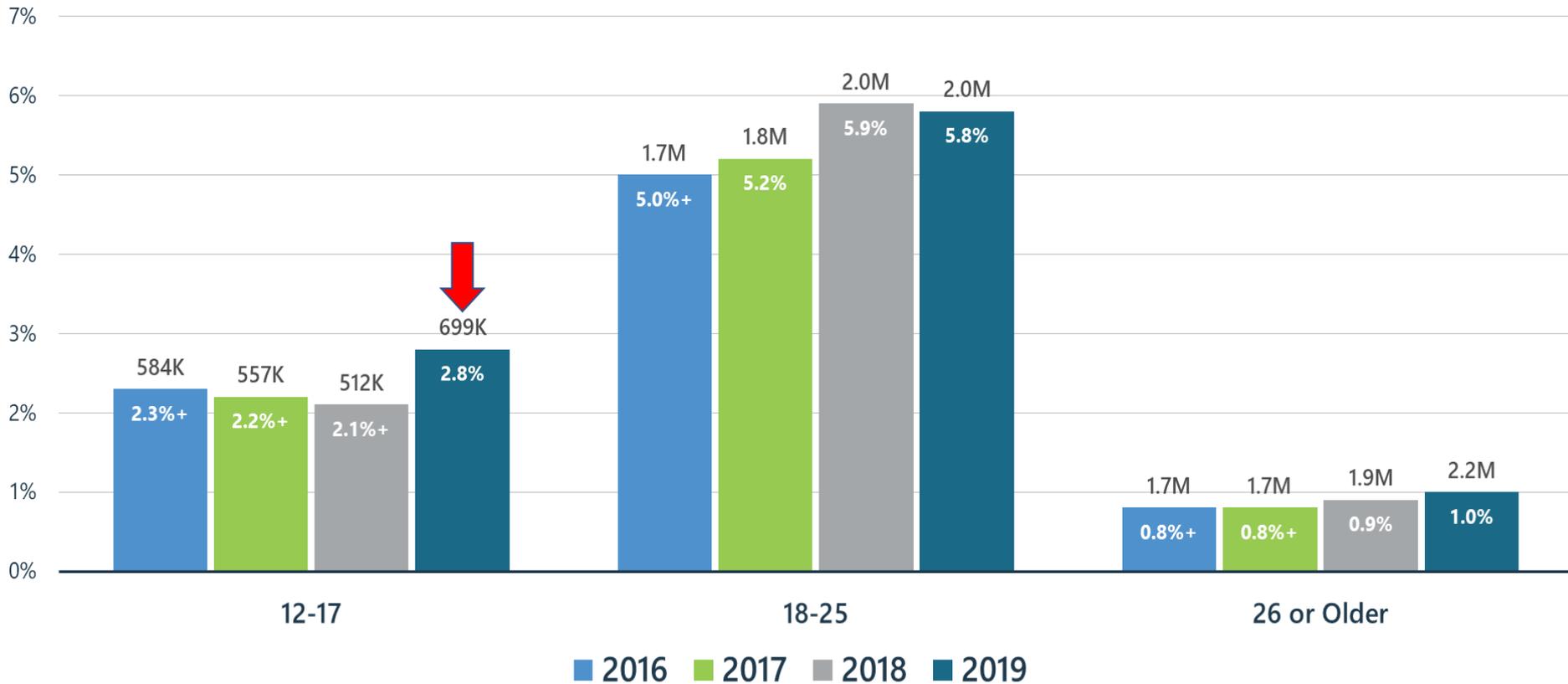


# Percent of U.S. 12<sup>th</sup> Graders Reporting Behavior in Past Month, 2000-2020



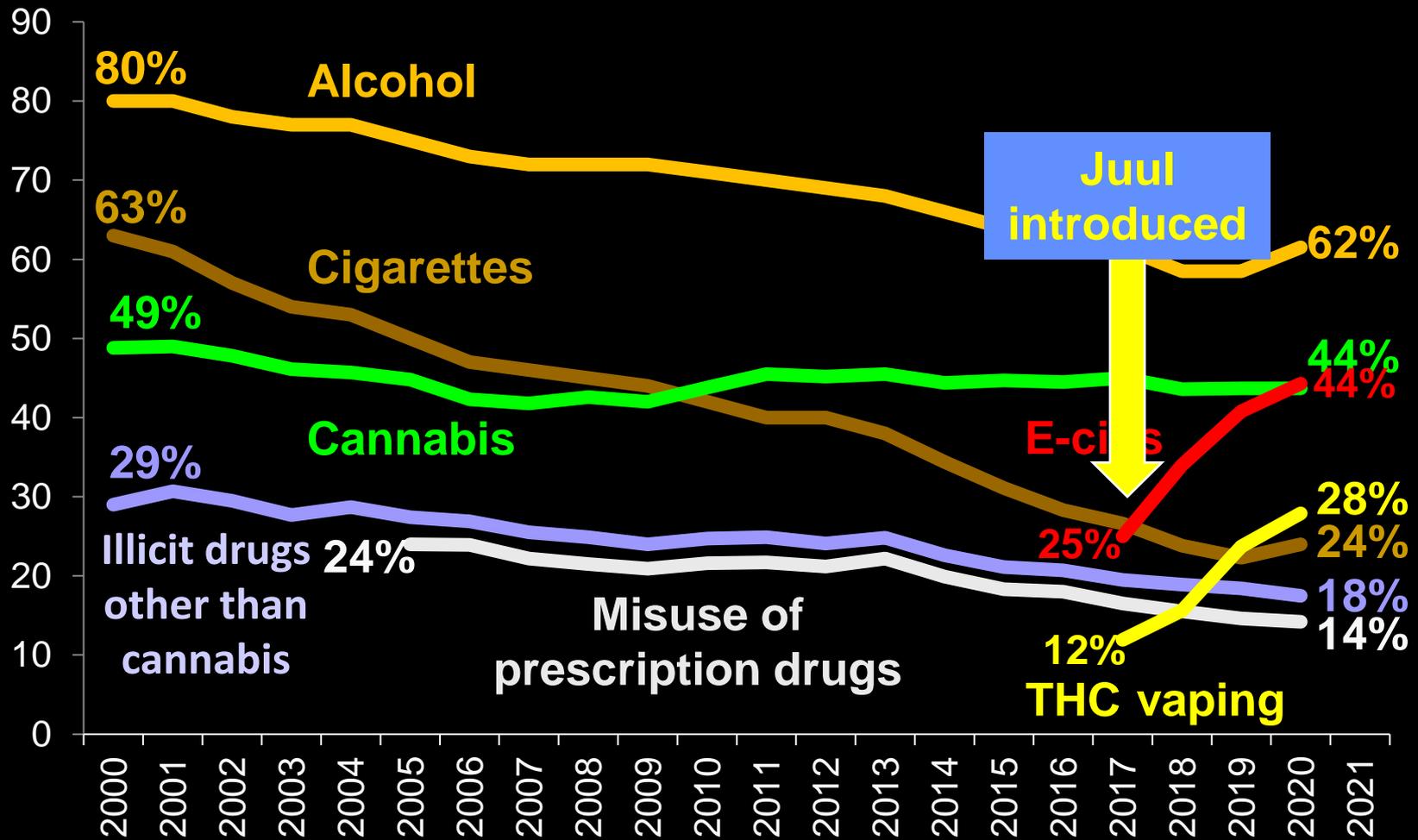
# Marijuana Use Disorder: Significant Increase for 12-17 y.o.

PAST YEAR, 2016-2019 NSDUH



+ Difference between this estimate and the 2019 estimate is statistically significant at the .05 level.

# Percent of U.S. 12<sup>th</sup> Graders Reporting Using Substance in Lifetime, 2000-2020



# The Juul

The New York Times

*Cool-Looking and Sweet, Juul  
Is a Vice Teens Can't Resist*



A "pod mod"

Pods come in sweet flavors...





# Disposable Vapes – Puff Bars



# Vaping now an epidemic among US high schoolers

By Roni Selig, Davide Cannaviccio and Charlotte Hawks, CNN

🕒 Updated 6:47 PM ET, Fri April 6, 2018



Source: CNN

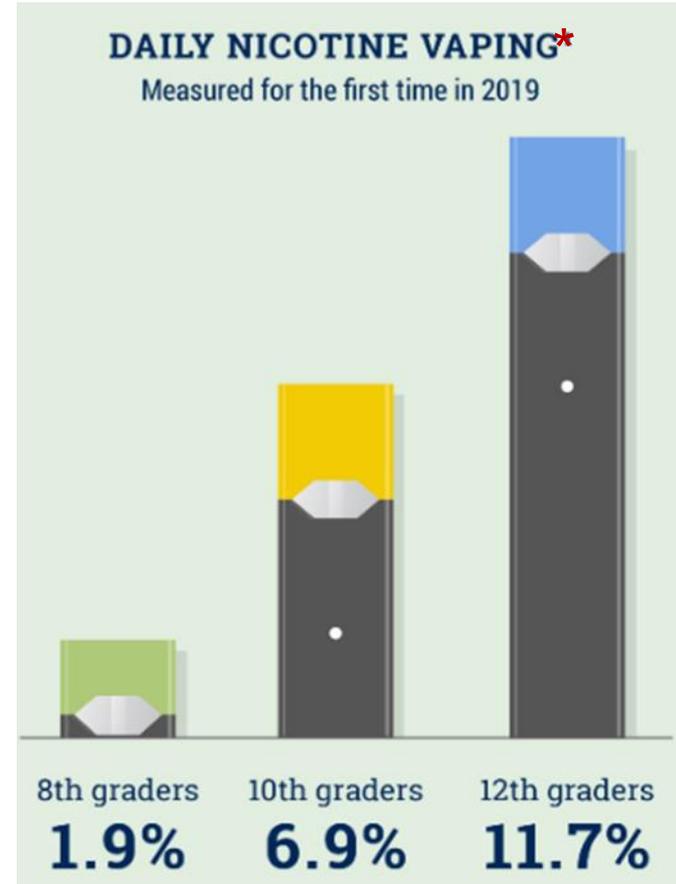
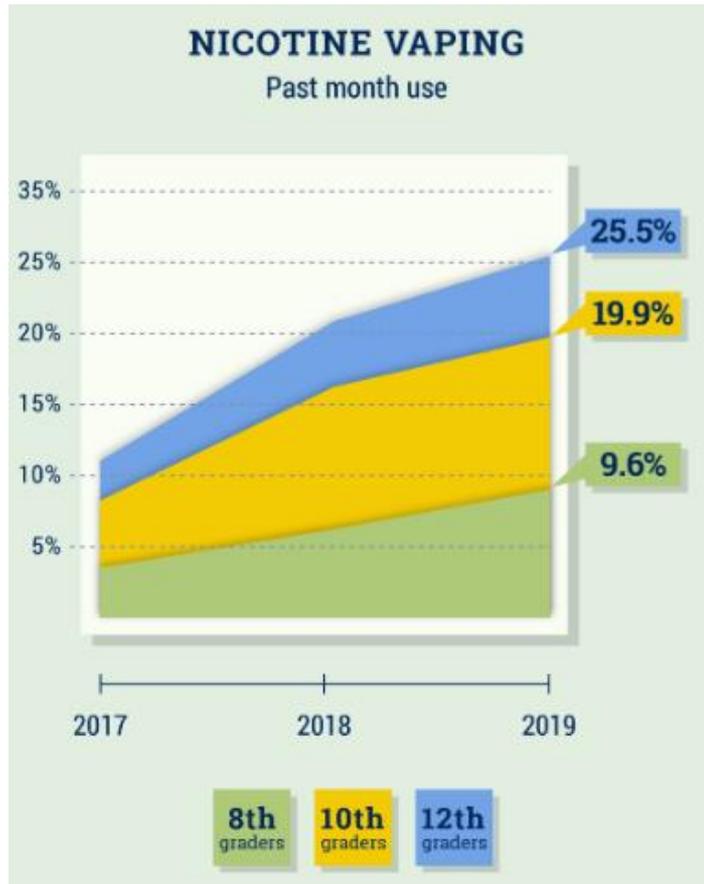
<https://www.cnn.com/2018/04/06/health/high-schools-vaping-epidemic/index.html>

**Slide courtesy of Dr. Nicholas Chadi**

# E-cig use surge across all adolescent ages

National Monitoring the Future Survey, 2017-2019

\* >20 days in past 30 days

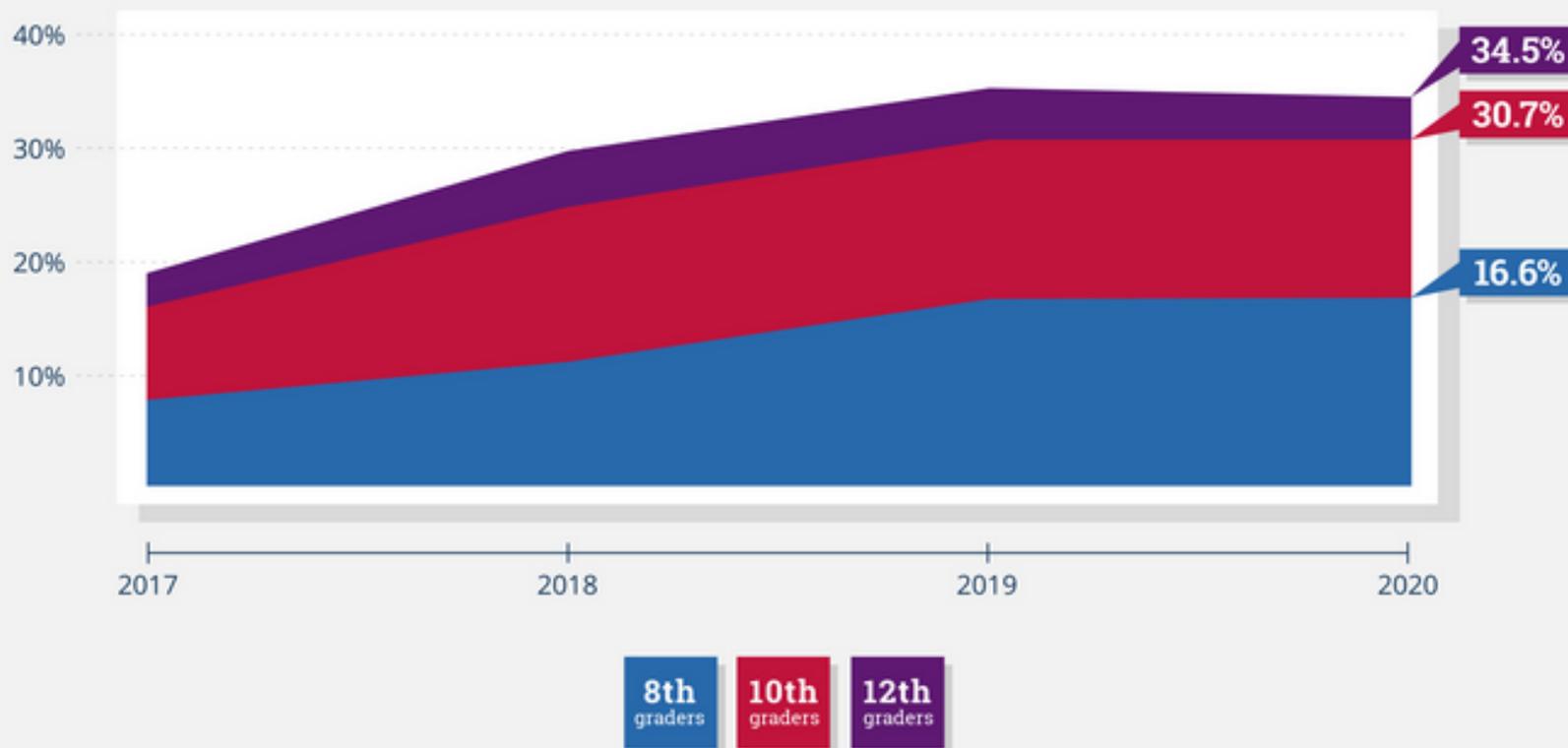


Source: <https://www.drugabuse.gov/related-topics/trends-statistics/infographics/monitoring-future-2019-survey-results-vaping>

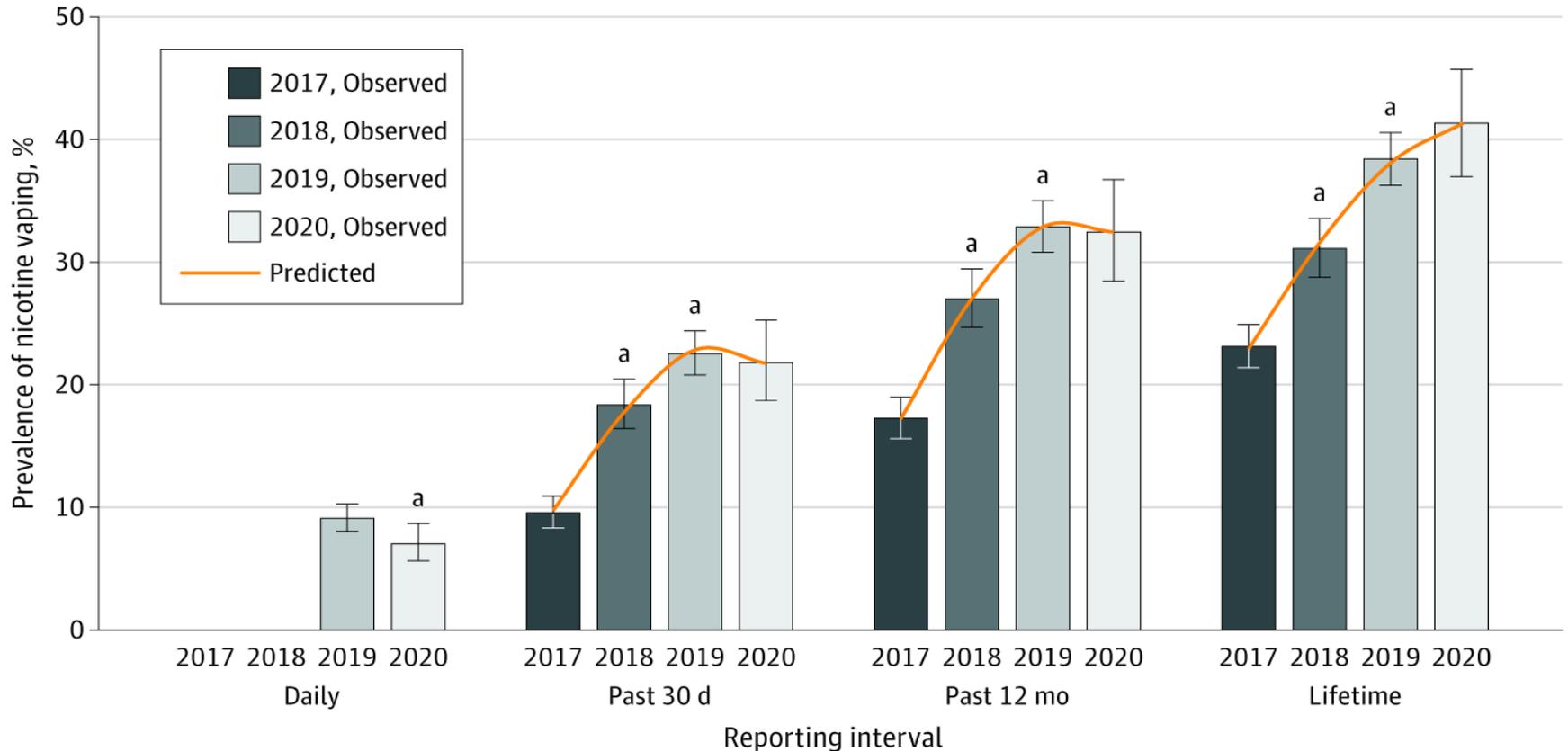
# 2020 MTF Data on Nicotine Vaping

## Surge of Nicotine Vaping Levels Off, but Remains High

### Past-Year Nicotine Vaping Held Steady



# Nicotine Vaping Trends among 10<sup>th</sup> & 12<sup>th</sup> graders, 2017-2020



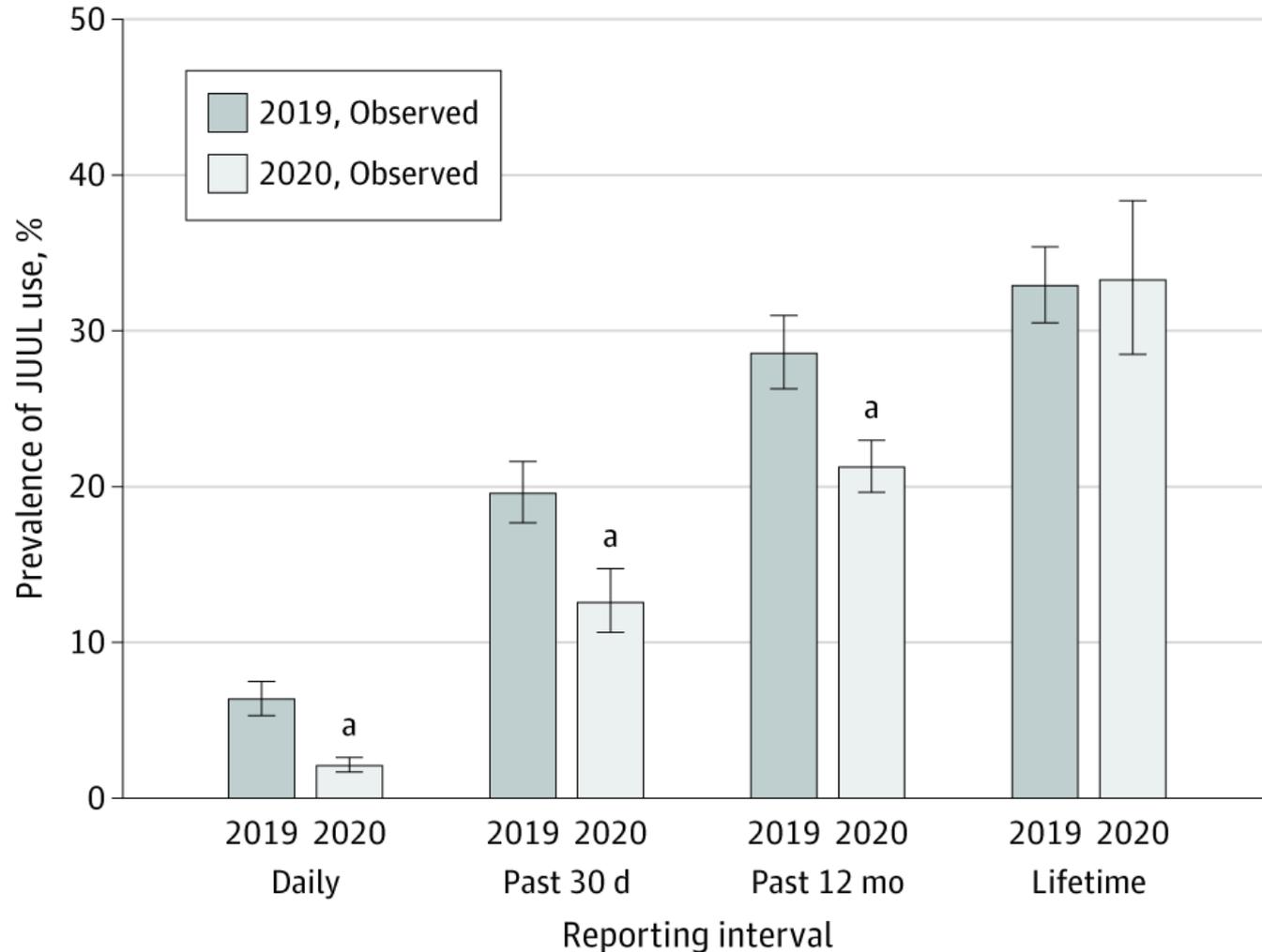
Source: National Monitoring the Future Survey, 2020. Miech R, et al. JAMA Pediatr. 2020 Dec 15:e205667.

# FDA ban on flavored pods, Feb. 2020



**JUUL FLAVORED POD  
BAN SENDS RIPPLES THROUGH  
THE VAPING INDUSTRY**

# Juul Use among 10<sup>th</sup> & 12<sup>th</sup> graders, 2019-2020



Source: National Monitoring the Future Survey, 2020. Miech R, et al. JAMA Pediatr. 2020 Dec 15:e205667.

More than half (54%) of current e-cigarette users say they also vape marijuana...



“Premium wax vaporizer”



“Liquid shatter” pen

Source: Dai H. *JAMA*. 2020;323(5):473–474. doi:10.1001/jama.2019.19571

# Teen marijuana (THC) vaping also surging



Among 12<sup>th</sup> graders that vape THC, 1 in 4 vape THC daily

THC vaping concentrates can have very high levels of THC!

Source: Monitoring the Future Survey, 2019. <https://www.drugabuse.gov/related-topics/trends-statistics/infographics/monitoring-future-2019-survey-results-vaping>

# Forms of THC Concentrates

– can contain up to 90% THC!

“Shatter”



“Dabs”



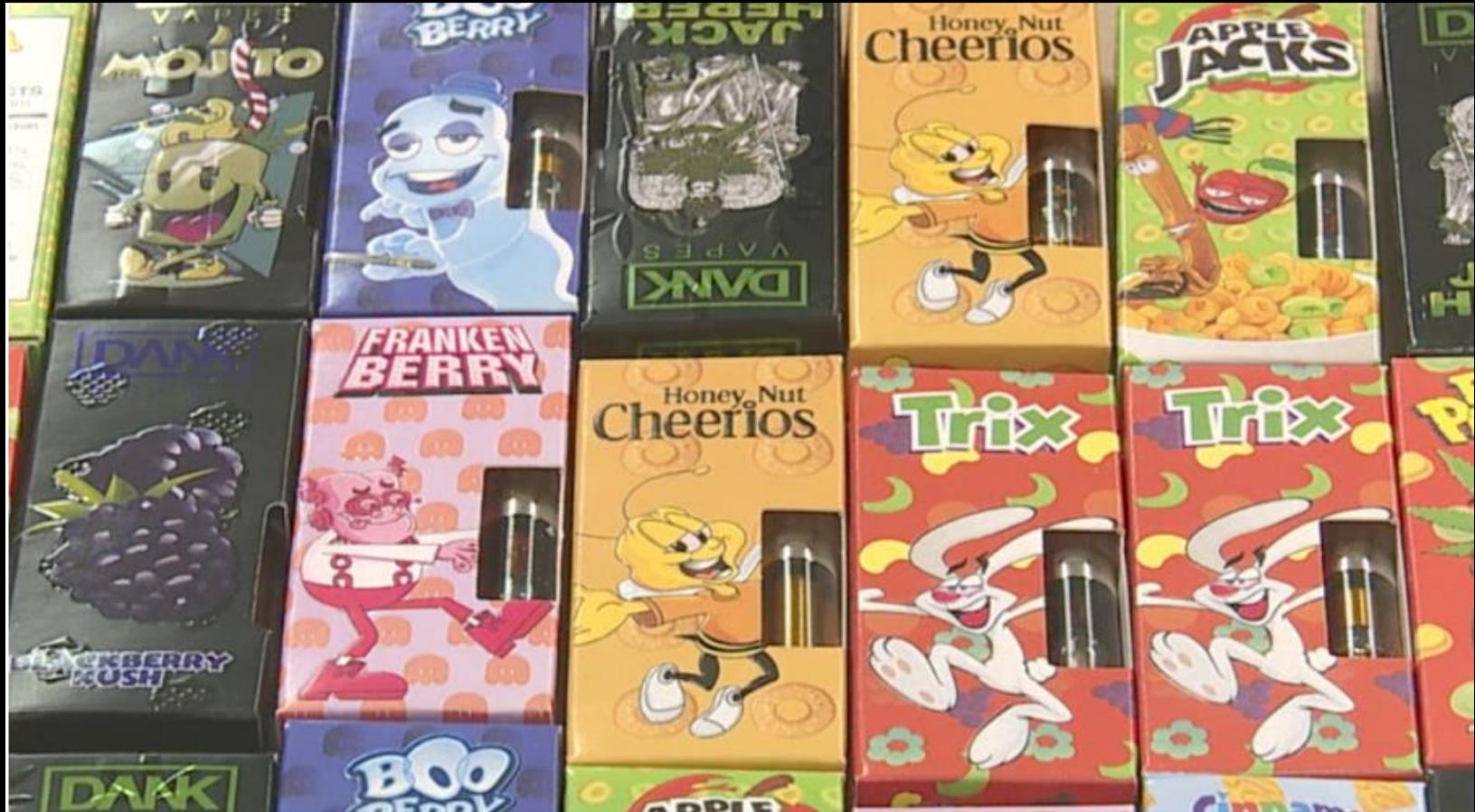
“Budder”

“Earwax”



“THC oil”

# THC Oil for Vaping – not targeting kids?



# CEREAL CARTS

## NUTRITION FACTS

Serving Size: 1 gram

Keep out of reach of Children

<b>THC:</b>	85%-90%
<b>Terps:</b>	10%
<b>Cut:</b>	0%

## MORE INFORMATION

Cereal Carts are made with distilled and

# VAPES MOJITO



SEIZED "CEREAL CARTS" CONTAIN THC

experience.

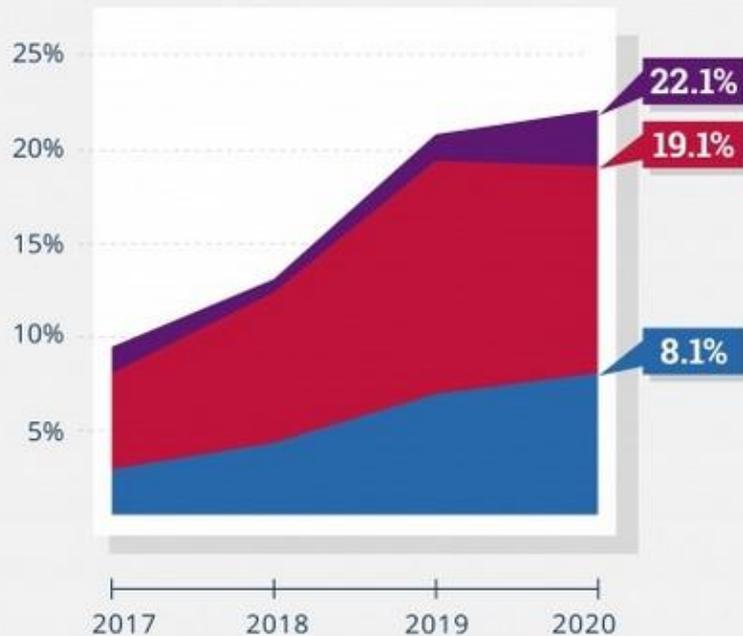
# As THC increases, we see more negative effects from use

- Paranoia
- Anxiety and panic
- Hallucinations
- Erratic mood swings
- Aggressive behavior
- Persistent nausea/vomiting
- Heart attacks/stroke

# 2020 MTF Survey Data on Cannabis Vaping

## Past-Year Marijuana Vaping Holds Steady

### Past-Year Marijuana Vaping

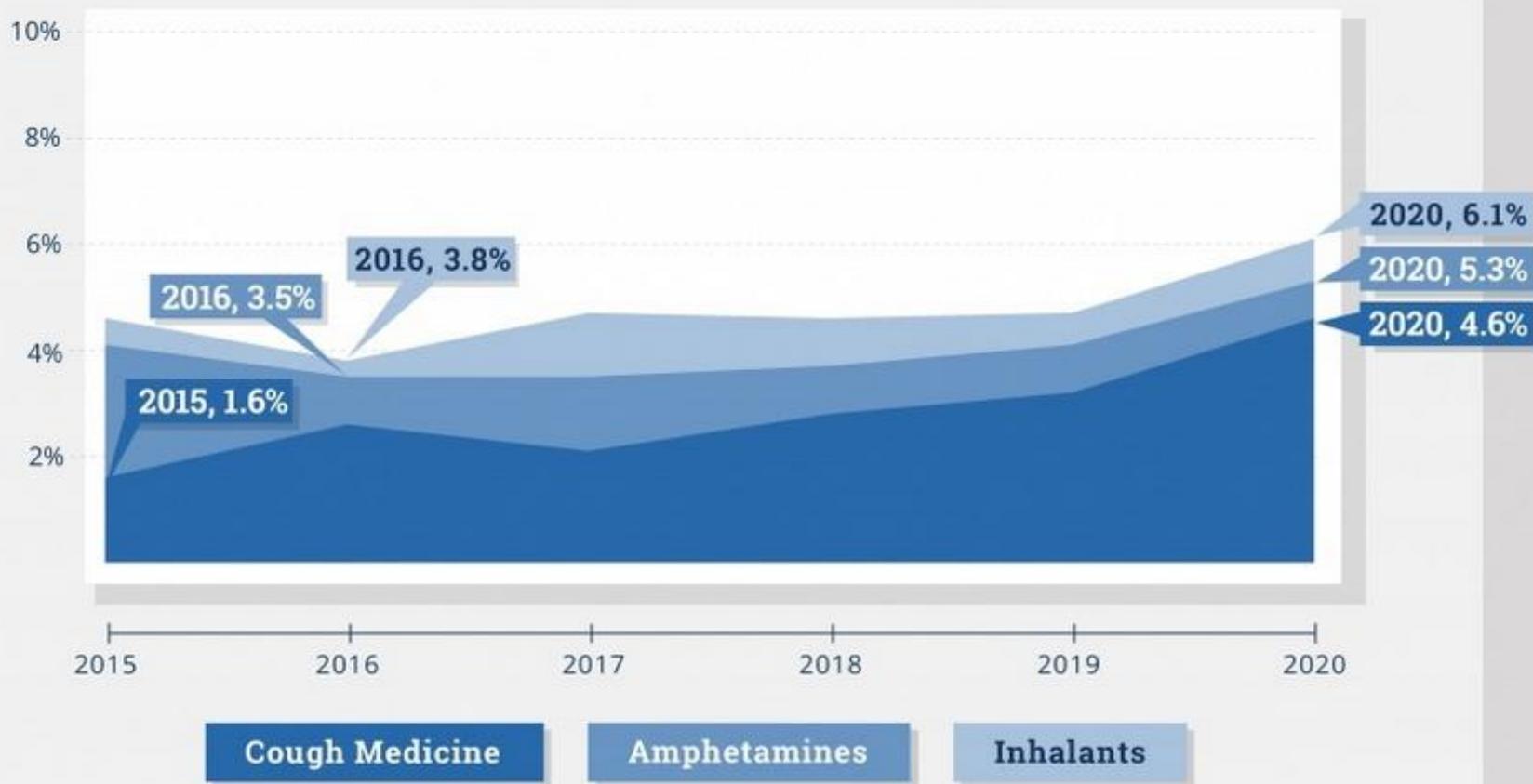


### Daily or Near-Daily Marijuana Vaping Decreases Significantly Among 10th Graders



# Amphetamine, Inhalant & Cough Medicine Misuse Trending Upward Among Eighth Graders

## Past-Year Substance Misuse Among Eighth Graders



# Substance Use Screening and Brief Intervention



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# Screening Best Practices for Adolescents

1. Use developmentally appropriate, validated, structured screening tools –
  - e.g., study found clinician impression or informal questions detected only 14% of adolescent patients with problematic substance use<sup>1,2</sup>

Source: Wilson CR et al., Pediatrics, 2004; Stevens J et al., Pediatrics, 2008.

# Screening Best Practices for Adolescents

2. Conduct universal screening
  - so no one feels specifically targeted
  - identify use early, when brief interventions are most likely to be effective

# Screening Best Practices for Adolescents

3. Explicitly inform adolescents about confidentiality protections (and their limits) prior to screening
  - Fear of breach of confidentiality a primary reason for adolescents avoiding seeking care

Source: Reddy DM, et al. JAMA, 2002. Ford C, et al., J Adolescent Health, 2004.

# Screening Best Practices for Adolescents

4. Screening should be conducted under conditions that promote privacy
  - If using paper or computer self-administered screening, ensure teen privacy (e.g., give parents their own questionnaire to complete)
  - Screen interview and discussion should happen during time alone with adolescent

# Computer self-administered screening is more time-efficient

CRAFFT screen time	Mean $\pm$ SD (seconds)
Self-administered (Patient time)	48.7 $\pm$ 27.8 sec*
Clinician interview (Patient & Clinician time)	73.8 $\pm$ 45.3 sec*

\* Paired t-test  $p < 0.01$

# Screening Best Practices for Adolescents

5. **Self-administered** screening completed under private conditions may promote more honesty compared to face-to-face interview
6. For screening interview, teens trust **primary care provider** more than medical assistant or nurse

Source: Knight et al., Substance Abuse, 2007; Jasik C et al., JAH, 2016

# Telehealth Best Practices

- Ask patient to go to a private space for “time-alone” portion of visit
  - Suggest nontraditional examples if needed: e.g., car, backyard
- Encourage use of headphones
- Use Zoom chat function to allow patients to type in their replies

Source: Carlson, JL, & Goldstein, MD. J Adolesc Hlth 2020;67(2):P157-158.  
Barney, A. et al. J Adolesc Hlth 2020;67(2):164-171.

# Useful Telehealth Guide

## STARTER GUIDE

### Providing Adolescent-Centered Virtual Care

ADOLESCENT  
HEALTH INITIATIVE

#### BARRIERS to adolescent-centered virtual care

A rapid increase in virtual care due to COVID-19 has left many providers scrambling to transition from in-person care to virtual health care with little preparation or guidance. Rearranging workflows to accommodate a patient's virtual needs requires planning to ensure all aspects of care can be delivered to the best of the health center's ability. Obviously, not all care can be done virtually (e.g., vaccinations); however, an abundance of follow-up care in primary and specialty clinics can be done remotely. Key elements of adolescent-centered care should still be followed when seeing adolescent patients remotely.

#### STRATEGIES for adolescent-centered virtual care

##### Prepare for virtual care

- Set up a text message reminder system for virtual care just as you would in-person care. If you do not have an established telemedicine system, check out [Doxy.ME](#) or [this list](#) of text-message reminder apps.
- When scheduling appointments, make sure that you have a direct phone number to reach the adolescent in case you are disconnected from the call.
  - If a provider gets disconnected from a call, you can use an app such as [doximity](#), which can make your personal cell phone number appear as a different number, like your health center's, in case you need to change technology during the visit.
- Make a how-to guide, like [this](#) one for Doxy.Me (also available in multiple languages) or [this example](#), for patients that explains the steps for a virtual visit, especially if any app downloads or technology are needed pre-visit. This can be available on your website or emailed through a patient portal prior to the appointment.
- Have a designated space to conduct virtual care, making sure that disruptions are minimized, and follow [these best practices](#) when on camera with patients. Just like in the office, adolescents will be able to tell if you are distracted or not paying attention to what they are sharing with you.
- Check out [this list](#) to plan for telemedicine visits, and [this](#) visit etiquette checklist.
- Watch AHI's webinar on providing [Adolescent-Centered Virtual Care](#).

##### Ensure privacy for adolescent patients

- Read through these [operating procedures](#) for best practices in pediatric telehealth recommended by the American Academy of Pediatrics.
- Privacy is even more critical during virtual care, as the provider often cannot tell who is within earshot of the young person. Reference the workflow example at the end of this guide to navigate alone time with a patient during a virtual visit.

Available for download:  
<https://www.umhs-adolescenthealth.org/wp-content/uploads/2020/07/virtual-care-starter-guide.pdf>

# Validated Brief Screening Tools

Multi-substance:

- CRAFFT 2.1
- Screening to Brief Intervention (S2BI)

# CRAFFT Screen

ARTICLE

## A New Brief Screen for Adolescent Substance Abuse

0145-6008/03/2701-0067\$3.00/0  
ALCOHOLIC, CLINICAL, AND EXPERIMENTAL RESEARCH

Vol. 27, No. 1  
January 2003

### Validity of Brief Alcohol Screening Tests Among Adolescents: A Comparison of the AUDIT, POSIT, CAGE, and CRAFFT

John R. Knight, MD; Lon Sherritt, MPH; Lydia A. Shrier, MD, MPH;  
Sion Kim Harris, PhD; Grace Chang, MD, MPH

### Validity of the CRAFFT Substance Abuse Screening Test Among Adolescent Clinic Patients

**Objective:** To determine the accuracy of the CRAFFT substance abuse screening test.

**Design:** Criterion standard validation study comparing the score on the 6-item CRAFFT test with screening categories determined by a concurrently administered substance-use problem scale and a structured psychiatric diagnostic interview. Screening categories were "any problem" (ie, problem use, abuse, or dependence), "any disorder" (ie, abuse or dependence), and "dependence."

**Setting:** A large, hospital-based adolescent clinic.

**Participants:** Patients aged 14 to 18 years arriving for routine health care.

**Main Outcome Measures:** The CRAFFT receiver operating characteristic curve, sensitivity, specificity, positive predictive value, and negative predictive value.

**Results:** Of the 538 participants, 68.4% were female, and 75.8% were from racial and ethnic minority groups. Di-

agnostic classifications for substance use during the past 12 months were no use (49.6%), occasional use (23.6%), problem use (10.6%), abuse (9.5%), and dependence (6.7%). Classifications were strongly correlated with the CRAFFT score (Spearman  $\rho$ , 0.72;  $P < .001$ ). A CRAFFT score of 2 or higher was optimal for identifying any problem (sensitivity, 0.76; specificity, 0.94; positive predictive value, 0.83; and negative predictive value, 0.91), any disorder (sensitivity, 0.80; specificity, 0.86; positive predictive value, 0.53; and negative predictive value, 0.96) and dependence (sensitivity, 0.92; specificity, 0.80; positive predictive value, 0.25; and negative predictive value, 0.99). Approximately one fourth of participants had a CRAFFT score of 2 or higher. Validity was not significantly affected by age, sex, or race.

**Conclusion:** The CRAFFT test is a valid means of screening adolescents for substance-related problems and disorders, which may be common in some general clinic populations.

Arch Pediatr Adolesc Med. 2002;156:607-614

From the Departments of Pediatrics (Drs Knight, Shrier, and Harris) and Psychiatry (Dr Chang) and the Division on Addictions (Dr Knight and Mr Sherritt), Harvard Medical School, the Center for Adolescent Substance Abuse Research (Drs Shrier and Harris), Children's Hospital Boston, and the Department of Psychiatry, Brigham and Women's Hospital (Dr Chang, Boston, Mass.).

**S**UBSTANCE ABUSE is the number one health problem in the United States, with an estimated annual cost of over \$414 billion.<sup>1</sup> It is linked to more than 400,000 preventable deaths each year, and the treatment of associated medical problems places a huge burden on the US health care system. Substance abuse affects men and women of all races, ethnic groups, and ages—including adolescents. Recent studies show that half of high school students are current drinkers, one third binge drink, and one fourth smoke marijuana.<sup>2</sup> By their senior year in high school, more than one half of students have used an illicit drug at least once, and more than one fourth have used an illicit drug other than marijuana.<sup>3</sup>

Substance abuse has been linked to both mental and physical health problems, making settings where adolescents receive medical care ideal places for screening and early intervention.<sup>4,5</sup> In recognition of this opportunity, the American Medical Association's Guidelines for Adolescent Preventive Services recommend that health care providers ask all adolescent patients annually about their use of alcohol and other drugs as part of routine care and further assess those who report any use.<sup>6</sup> However, adherence to this recommendation is low; less than one half of physicians report screening all adolescent patients for substance use, and less than one fourth report screening for drinking and driving.<sup>8</sup>

The precise reasons that so many physicians fail to screen are unknown. However, barriers to screening for other preventable health risks include a belief that the prevalence of the problem is low in the physician's own patient population, inadequate training, lack of time or personnel

## CRAFFT 问卷调查 (第 2.0 版)

由病人填写

请加意回答以下所有问题。我们将对你的作答保密。

## The CRAFFT スクリーニングアンケート (バージョン 2.0)

患者さん自己回答用

全ての質問に正直に答えてください。答えは守秘義務によって守られます。

過去 12 ヶ月の間で、下記にある行動をした日数を記載してください:

### Cuestionario CRAFFT (versión 2.0)

Para que lo conteste el paciente

Por favor, conteste todas las preguntas **honestamente**; sus respuestas se tratarán de forma **confidencial**.

**Durante los ÚLTIMOS 12 MESES, ¿cuántos días usted:**

1. bebió más de unos sorbos de cerveza, vino u otra bebida que contenía alcohol? Escriba "0" si la respuesta es ninguno.  N° de días
2. consumió marihuana (hierba, mota, hachis o comidas de cannabis) o "marihuana sintética" (como "K2" o "Spice")? Escriba "0" si la respuesta es ninguno.  N° de días
3. consumió alguna otra sustancia para drogarse (p.ej.: otras drogas ilícitas, medicamentos recetados o de venta libre, y cosas que se olfatean o inhalan)? Escriba "0" si la respuesta es ninguno.  N° de días

LEA ESTAS INSTRUCCIONES ANTES DE CONTINUAR:

- Si usted escribió "0" en TODOS los casilleros de arriba, RESPONDA LA PREGUNTA 4, LUEGO DETÉNGASE.
- Si usted escribió "1" o números más altos en CUALQUIERA de los casilleros anteriores, RESPONDA LAS PREGUNTAS 4 a 9.

- |   | No                       | Si                       |
|---|--------------------------|--------------------------|
| 4. ¿Ha viajado alguna vez en un CARRO o vehículo conducido por una persona (o usted mismo/a) que estaba "drogada" o había consumido alcohol o drogas? | <input type="checkbox"/> | <input type="checkbox"/> |
| 5. ¿Consume alguna vez alcohol o drogas para RELAJARSE, sentirse mejor consigo mismo/a o integrarse en un grupo?                                      | <input type="checkbox"/> | <input type="checkbox"/> |
| 6. ¿Consume alguna vez alcohol o drogas mientras está SOLO/A, o sin compañía?   | <input type="checkbox"/> | <input type="checkbox"/> |
| 7. ¿Alguna vez se le OLVIDAN cosas que hizo mientras consumía alcohol o drogas?   | <input type="checkbox"/> | <input type="checkbox"/> |
| 8. ¿Le han sugerido alguna vez sus FAMILIARES o AMIGOS que disminuya el consumo de alcohol o drogas?  | <input type="checkbox"/> | <input type="checkbox"/> |
| 9. ¿Se ha metido alguna vez en LIOS o problemas al tomar alcohol o drogas?  | <input type="checkbox"/> | <input type="checkbox"/> |

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© John R. Knight, MD, Boston Children's Hospital, 2016.

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[www.crafft.org](http://www.crafft.org)



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# The Original CRAFFT (2002)

- 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/drugs while you are by yourself, ALONE?

# The Original CRAFFT, cont'd

- 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?

# CRAFFT 2.1 (2020)

## The CRAFFT Questionnaire (version 2.1)

To be completed by patient

Please answer all questions **honestly**; your answers will be kept **confidential**.



During the **PAST 12 MONTHS**, on how many days did you:

1. Drink more than a few sips of beer, wine, or any drink containing **alcohol**? Put “0” if none.

# of days

2. Use any **marijuana** (**cannabis, weed, oil, wax**, or hash by smoking, **vaping, dabbing, or in edibles**) or “**synthetic marijuana**” (like “K2,” “Spice”)? Put “0” if none.

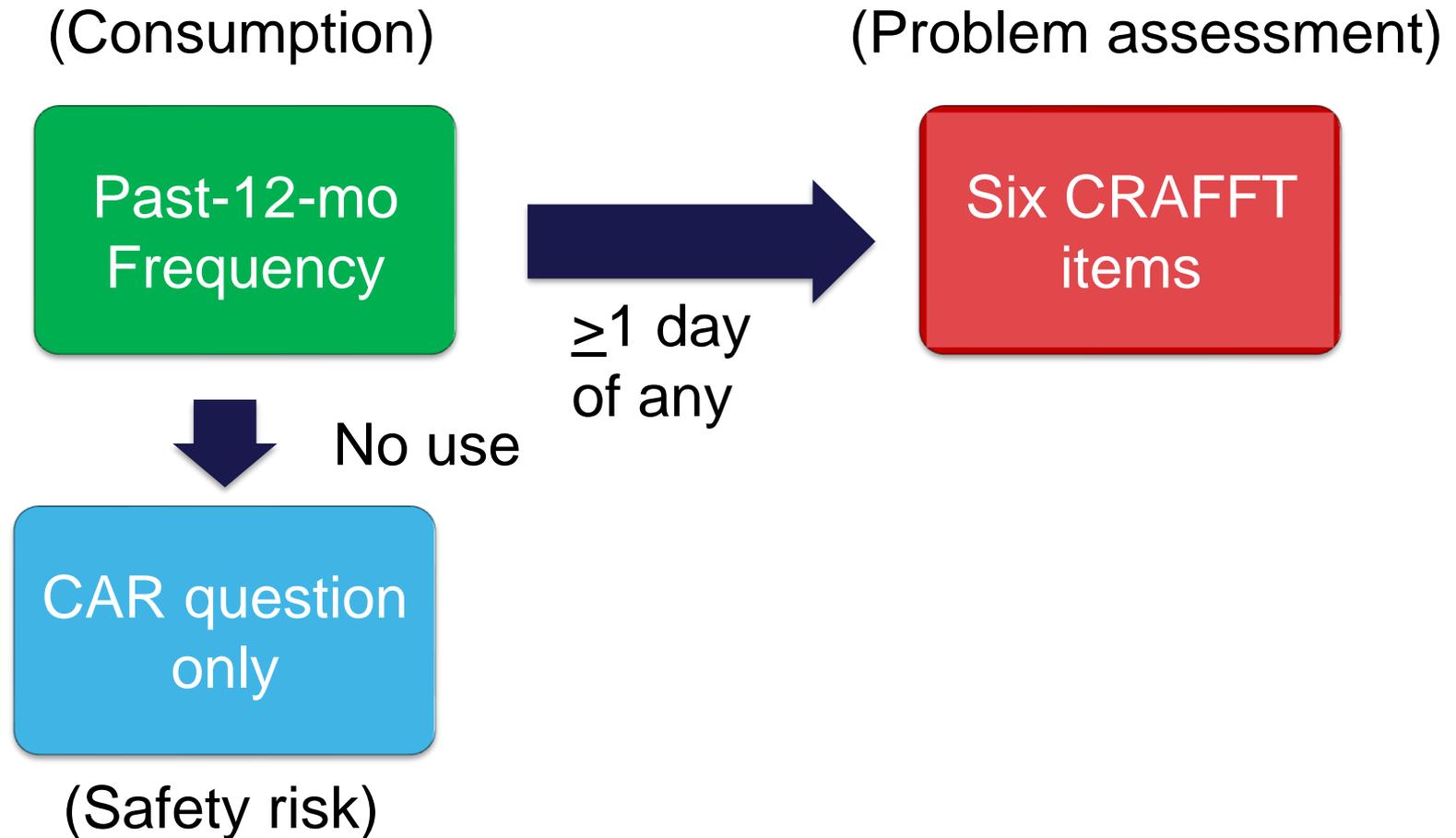
# of days

3. Use **anything else to get high** (like other illegal drugs, pills, prescription or over-the-counter medications, and things that you sniff, huff, **vape, or inject**)? Put “0” if none.

# of days

Original C, R, A, F, F, T items (“Part B”) remain the same

# CRAFFT 2.1 Screening System



# CRAFFT 2.1 Screening Protocol

- Clinician interview and self-administered versions
- Easy to score (add up “Yes” responses)
- $\geq 2$  “Yes” responses to CRAFFT items indicates possible SUD – conduct further assessment
- “Yes” answers useful for launching brief motivational counseling

# CRAFFT Score $\geq 2$ :

## Validity by Screening Mode

Detecting a Substance Use Disorder	Sensitivity %		Specificity %	
	iPad	Clinician	iPad	Clinician
2016 study	87.5	87.5	93.8	95.2
2002 study	--	80.0	--	86.0

Sources:

- Knight JR et al. (2002) Validity of the CRAFFT substance abuse screening test among adolescent clinic patients. Arch Pediatr Adolesc Med 156(6): 607-14.
- Harris SK et al. (2016) Adolescent substance use screening in primary care: Validity of computer self-administered versus clinician-administered screening. Substance Abuse;37(1):197-203

# Classifying Risk

## Low Risk (Anticipatory Guidance)

- No past-12-month substance use
- “No” to the CAR question

## Medium Risk (Brief Intervention)

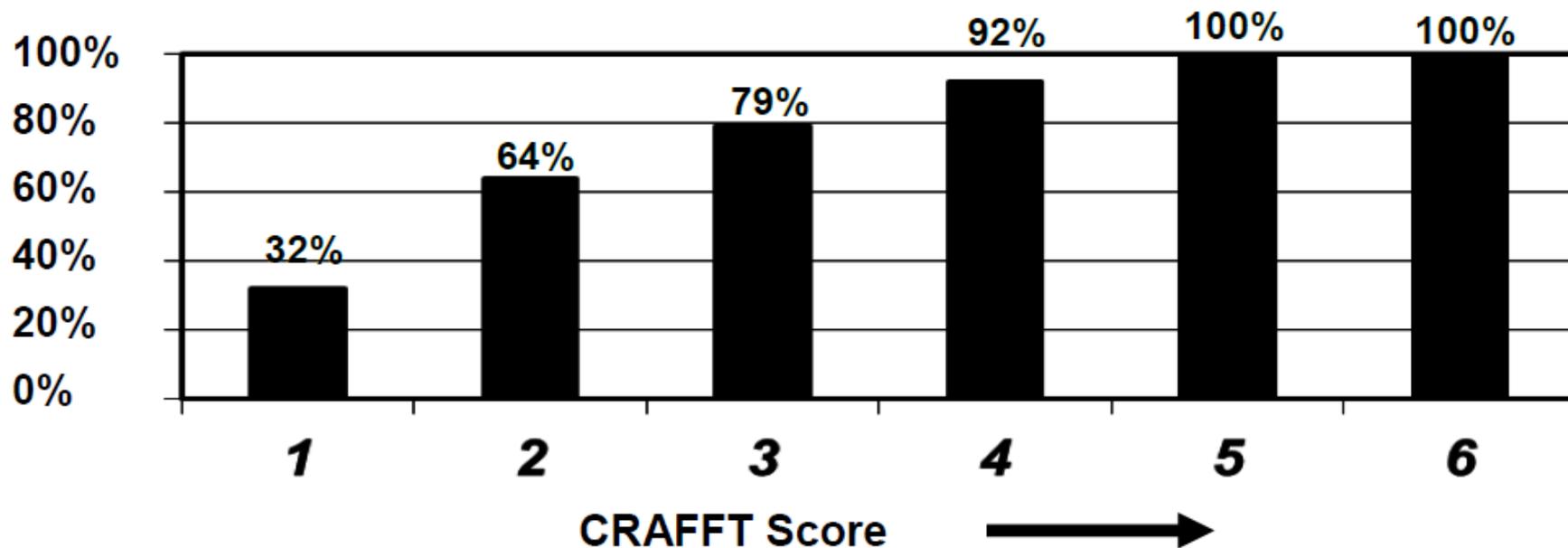
- ANY past-12-month substance use
- CRAFFT score of 0 or 1 (“CAR” item may be negative or positive)

## High Risk (Brief Intervention + Follow-up)

- ANY past-12-month substance use
- CRAFFT score of 2+

# Probability of DSM-5 SUD by CRAFFT Score

Percent with a DSM-5 Substance Use Disorder by CRAFFT score\*



\*Data source: Mitchell SG, Kelly SM, Gryczynski J, Myers CP, O'Grady KE, Kirk AS, & Schwartz RP. (2014). The CRAFFT cut-points and DSM-5 criteria for alcohol and other drugs: a reevaluation and reexamination. *Substance Abuse*, 35(4), 376–80.

# Also available: Nicotine version

## The CRAFT+N Questionnaire

To be completed by patient

Please answer all questions **honestly**; your answers will be kept **confidential**.

During the **PAST 12 MONTHS**, on how many days did you:

1. Drink more than a few sips of beer, wine, or any drink containing **alcohol**? Put "0" if none.

# of days

2. Use any **marijuana** (cannabis, weed, oil, wax, or hash by smoking, vaping, dabbing, or in edibles) or "**synthetic marijuana**" (like "K2," "Spice")? Put "0" if none.

# of days

3. Use **anything else to get high** (like other illegal drugs, pills, prescription or over-the-counter medications, and things that you sniff, huff, vape, or inject)? Put "0" if none.

# of days

4. Use a **vaping device\* containing nicotine and/or flavors**, or use any **tobacco products†**? Put "0" if none.

*\*Such as e-cigs, mods, pod devices like JUUL, disposable vapes like Puff Bar, vape pens, or e-hookahs. †Cigarettes, cigars, cigarillos, hookahs, chewing tobacco, snuff, snus, dissolvables, or nicotine pouches.*

# of days

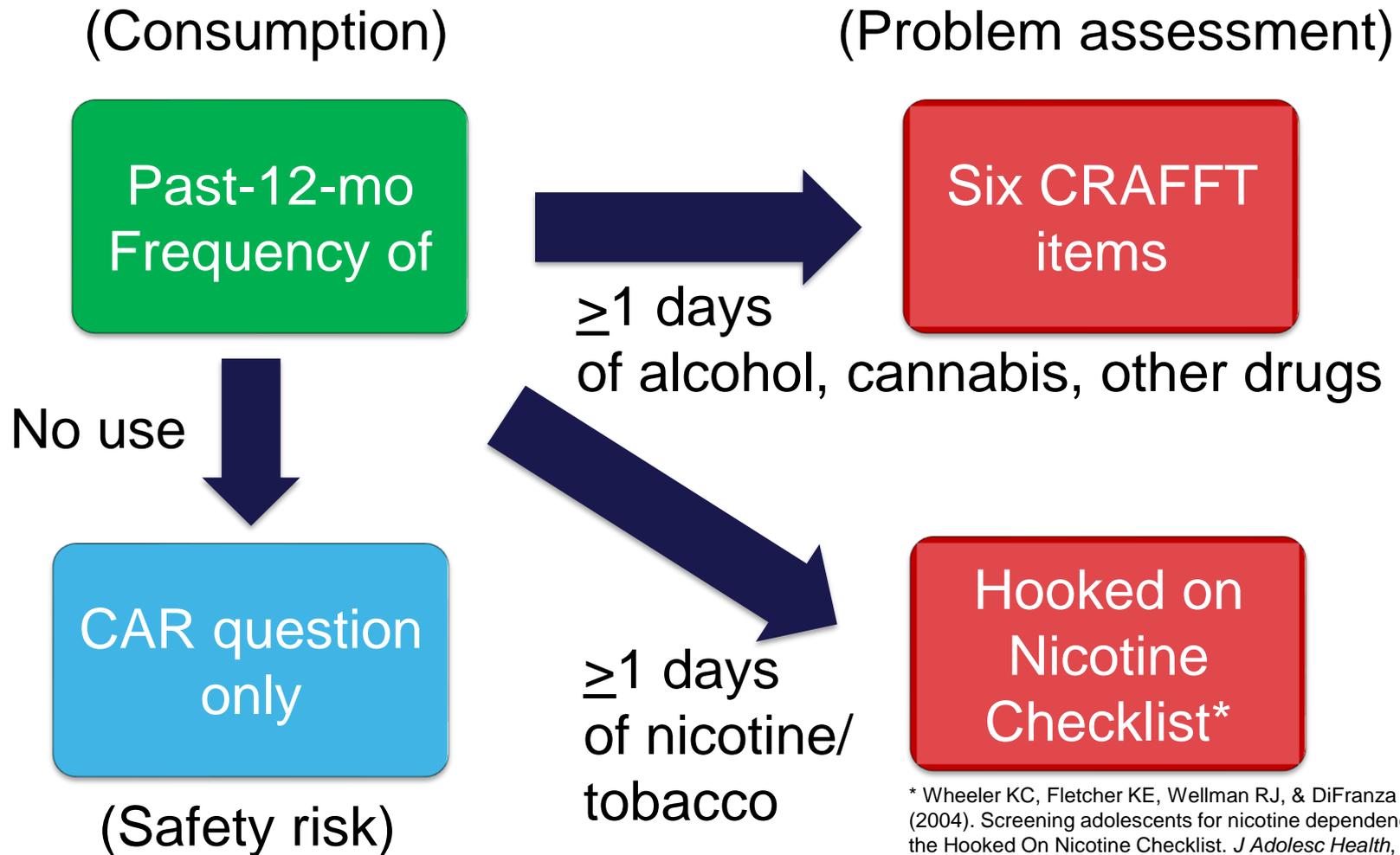
Available for download at [www.craftt.org](http://www.craftt.org)

# Tobacco question is not sensitive for detecting nicotine vaping

- Study in pediatric primary care offices
- 12- to 18-year-old patients completed substance use screen on tablet computer at well-visit
- A standard tobacco use screening item had **50% sensitivity** in identifying adolescents reporting nicotine vaping in a subsequent confidential survey

Source: Liu J, et al. Journal of Adolescent Health, in press.

# CRAFFT 2.1+N Screening System



\* Wheeler KC, Fletcher KE, Wellman RJ, & DiFranza JR. (2004). Screening adolescents for nicotine dependence: the Hooked On Nicotine Checklist. *J Adolesc Health*, 35(3), 225–230

# CRAFFT 2.1 Manual available at [www.crafft.org](http://www.crafft.org)

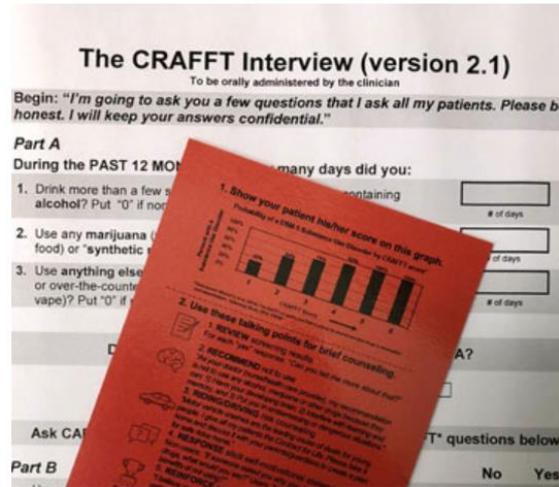


[About the CRAFFT](#) ▾ [Get the CRAFFT](#) ▾ [Use the CRAFFT](#) ▾ [About Us](#) ▾ [Resources](#) ▾ [Donate](#)



## ABOUT THE CRAFFT

The CRAFFT is a well-validated substance use screening tool for adolescents aged 12-21. It is recommended by the American Academy of Pediatrics' Bright Futures Guidelines for preventive



## GET THE CRAFFT

The CRAFFT tool is free to use. The tool is available as a self-administered questionnaire to be completed by a patient and as an interview tool to be administered by a provider. The CRAFFT is



## USE THE CRAFFT

Reproduce the CRAFFT to fit the needs of your practice, whether on paper or integrated into your EMR. Get detailed instructions for reproducing, administering, and scoring the

# S2BI algorithm

In the past year, how many times have you used:  
Tobacco? Alcohol? Marijuana?



Available at:  
<https://www.mcpap.com/pdf/S2BI%20Toolkit.pdf>

# S2BI Pros

- Evaluates multiple substances
- Very brief
- Response categories map to specific recommended brief interventions (positive reinforcement, brief advice, brief counseling, brief counseling + referral to tx)

# S2BI Cons

- Recent study\* of 517 teens aged 14-18 in primary care found, at  $\geq$  “monthly” use ...
  - 53.3% sensitivity for alcohol use disorder
  - 81.4% sensitivity for cannabis use disorder
- Does not assess substance-related riding/driving
- Does not provide problem assessment
  - Can use S2BI followed by the six CRAFFT items (AAP 2011 SBIRT practice guidelines)

\*Levy S, et al. Sensitivity and specificity of S2BI for identifying alcohol and cannabis use disorders among adolescents presenting for primary care. *Subst Abus.* 2020 Aug 19:1-8. Epub ahead of print.

# Brief Interventions can be effective

PEDIATRICS®

OFFICIAL JOURNAL OF THE AMERICAN ACADEMY OF PEDIATRICS

Review Article

## Brief Behavioral Interventions for Substance Use in Adolescents: A Meta-analysis

Dale W. Steele, Sara J. Becker, Kristin J. Danko, Ethan M. Balk, Gaelen P. Adam, Ian J. Saldanha and Thomas A. Trikalinos

Pediatrics October 2020, 146 (4) e20200351; DOI: <https://doi.org/10.1542/peds.2020-0351>

Article

Figures & Data

Supplemental

Info & Metrics

Comments

[Advertising Disclaimer »](#)

Recent meta-analysis of 22 randomized-controlled trials published through Oct. 2019 found brief interventions...

- Significantly reduced alcohol use days, heavy alcohol use days, substance-related problems

# Evidence-Based Brief Interventions for Adolescents

- Incorporates Motivational Interviewing
- **Brief Negotiated Interview**
  - Uses motivational interviewing to increase intrinsic motivation for behavior change
  - Particularly useful for adolescents as it is respectful of their growing autonomy

References: Walker DD, Stephens R, Roffman R, et al. Randomized controlled trial of motivational enhancement therapy with nontreatment-seeking adolescent cannabis users: a further test of the teen marijuana check-up. *Psychol Addict Behav.* 2011;25(3):474-484; Walton MA, Bohnert K, Resko S, et al. Computer and therapist based brief interventions among cannabis-using adolescents presenting to primary care: one year outcomes. *Drug Alcohol Depend.* 2013;132(3):646-653

# Brief Negotiated Interview (BNI)

## Five Steps:

1. Build Rapport
2. Explore Pros and Cons
3. Provide Feedback
4. Use Readiness Ruler
5. Negotiate an Action Plan

\* Adapted from the BNI-ART Institute <http://www.bu.edu/bniart/>  
Available at: <https://www.masbirt.org/schools>

## BRIEF NEGOTIATED INTERVIEW (BNI) ALGORITHM\*

Tasks	Dialogue
<b>1. Build Rapport</b> <ul style="list-style-type: none"> <li>• Ask permission</li> <li>• Day in the life</li> <li>• Explore substance use</li> </ul>	<ul style="list-style-type: none"> <li>• Before we start, I'd like to learn a little more about you. Would you mind telling me a little bit about yourself?</li> <li>• What is a typical day like for you? What are the most important things in your life right now?</li> <li>• How does your [X] use fit in?</li> </ul>
<b>2. Explore Pros and Cons</b> <ul style="list-style-type: none"> <li>• Ask pros and cons</li> <li>• Use reflective listening to highlight key points</li> <li>• Summarize</li> </ul>	<ul style="list-style-type: none"> <li>• I'd like to understand more about your [X] use.</li> <li>• What do you enjoy/like about [X]? What else?</li> <li>• What do you enjoy less or regret about your [X] use? What else?</li> <li>• <i>Explore problems mentioned in CRAFFT.</i> You mentioned ... Can you tell me more about that situation?</li> <li>• So, on the one hand you said [PROS], and on the other hand you said [CONS].</li> </ul>
<b>3. Provide Feedback</b> <ul style="list-style-type: none"> <li>• Assess student knowledge</li> <li>• Elicit permission</li> <li>• Provide information</li> <li>• Elicit response</li> </ul>	<ul style="list-style-type: none"> <li>• What do you know about the health effects and/or risks of [X]?</li> <li>• Would you mind if I shared some additional information with you?</li> <li>• <i>Provide 1-2 salient substance specific health effects/risks</i></li> <li>• What are your thoughts on that?</li> </ul>
<b>4. Use Readiness Ruler</b> <ul style="list-style-type: none"> <li>• Readiness ruler</li> <li>• Ask about lower number</li> </ul>	<ul style="list-style-type: none"> <li>• To help me understand how you feel about making a change in your [X] use, [show readiness ruler]...</li> <li>• On a scale of 1-10, how ready are you to change any aspect related to your [X] use?</li> <li>• Why did you choose a [X] and not a lower number like a 1 or 2?</li> <li>• <b>If they choose "0":</b> What would need to happen in your life to consider making a change?</li> </ul>
<b>5. Negotiate an Action Plan</b> <ul style="list-style-type: none"> <li>• Develop an action plan</li> <li>• Student ideas</li> <li>• Provider ideas</li> <li>• Assess confidence</li> <li>• Ask about lower number</li> <li>• Explore challenges</li> <li>• Summarize</li> <li>• Thank student</li> </ul>	<ul style="list-style-type: none"> <li>• You mentioned some reasons to change. What steps are you willing to do for now to be safe and healthy? What else?</li> <li>• <i>Share your ideas (if applicable) using the elicit-provide-elicited approach.</i></li> <li>• I have a few suggestions that might be helpful. Would you mind if I shared them with you? <i>Provide 1-2 concrete ideas for action plan.</i> What are your thoughts on that?</li> <li>• On a scale of 1-10, how confident (1-10) are you that you could meet these goals?</li> <li>• Why did you choose a [X] and not a lower number like a 1 or 2?</li> <li>• What are some challenges to reaching your goal(s)?</li> <li>• Let me summarize what we've been discussing, and you let me know if there's anything you want to add [review action plan]. Thanks for being so open with me today!</li> </ul>

\* Adapted from the BNI-ART Institute <http://www.bu.edu/bniart/>

# Things to note about the BNI

1. Follows a scripted approach
2. BNI is the skeleton, but you bring it to life
3. Maintain the Spirit of Motivational Interviewing
4. Not always linear; might need to adapt process as situation unfolds
5. While ideal, it might not be possible to complete each step at every encounter.

\* Adapted from the BNI-ART Institute <http://www.bu.edu/bniart/>

Available at: <https://www.masbirt.org/schools>

Slide courtesy of MA Dept of Public Health SBIRT Program

# Step 1: Build Rapport

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- Ask permission
- Day in the life
- Explore substance use

“I’d like to learn a little more about you.”

“What are important things/hopes/goals in your life now?” or “What is a typical day like for you?”

“How does your use of [...] fit in?”

\* Adapted from the BNI-ART Institute <http://www.bu.edu/bniart/>

Available at: <https://www.masbirt.org/schools>

Slide courtesy of MA Dept of Public Health SBIRT Program

## Step 2: Explore Pros and Cons

- Ask PROS and CONS
- Use reflective listening to highlight key points
- Summarize

“What do you enjoy/like about using [X]? What do you enjoy less or regret about using [X]?”

**Explore problems mentioned in CRAFFT:** “You mentioned... Can you tell me more about that?”

“So, on the one hand you said [PROS], and on the other hand you said [CONS].” **Emphasize CONS.**

# Step 3: Provide Feedback

- Assess student knowledge
- Elicit permission
- Provide information
- Elicit response

“What do you know about the risks of using [X]?”

“Would you mind if I shared some health/safety information about [X]?” **Provide 1-2 salient substance specific health/safety effects.**

“What are your thoughts about that?”

## Step 4: Use Readiness Ruler

- Readiness ruler
- Ask about lower number

“To help me understand how you feel about making a change in your [X] use, [show readiness ruler]... On a scale of 1-10, how ready are you to change any aspect of your [X] use?”

“Why did you choose a [X] and not a lower number like a 1 or 2? If “0”: What would need to happen to consider a change?”



# Step 5: Negotiate an Action Plan

- Create an action plan
  - Student ideas
  - Provider ideas
- Assess confidence
- Ask about higher number

“You mentioned some reasons to change. What steps are you willing to do for now to be safe and healthy? What else?”

“I have a few suggestions that might be helpful. Would you mind if I shared them with you?” **Provide 1-2 concrete ideas for action plan.** “What are your thoughts on that?”

“On a scale of 1-10, how confident (1-10) are you that you could meet these goals?”

“What might help you get to a higher number?”

# Step 5: Negotiate an Action Plan

- Explore challenges
- Summarize
- Thank student

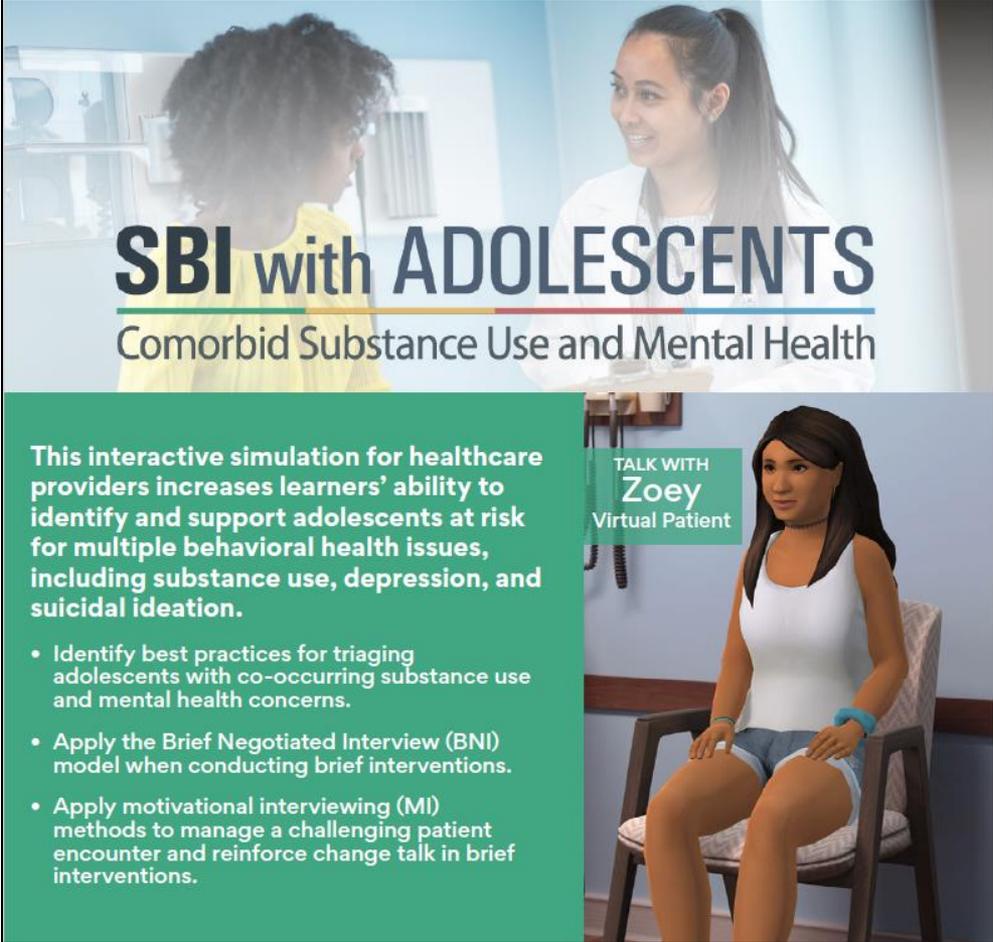
“What are some challenges to reaching your goal(s)?”

“Let me summarize what we’ve been discussing, and you let me know if there’s anything you want to add [review action plan].”

**Re-iterate that you recommend not drinking/using drugs at all.**

“Thanks for being so open with me today!”

# “BNI” Interactive Simulation Training for Co-morbid Substance Use/Mental Health



**SBI with ADOLESCENTS**  
Comorbid Substance Use and Mental Health

This interactive simulation for healthcare providers increases learners' ability to identify and support adolescents at risk for multiple behavioral health issues, including substance use, depression, and suicidal ideation.

- Identify best practices for triaging adolescents with co-occurring substance use and mental health concerns.
- Apply the Brief Negotiated Interview (BNI) model when conducting brief interventions.
- Apply motivational interviewing (MI) methods to manage a challenging patient encounter and reinforce change talk in brief interventions.

TALK WITH  
**Zoey**  
Virtual Patient

Freely available for

- Adolescent health practitioners
- Nursing
- Social work
- Inter-professional academic programs

**Sign up for access at:**

<https://norcsbirt.typeform.com/to/y39m06Vw>

# Patient Case



## Talk to Zoey

Zoey is 16 years old and visiting for a cough. Her screening indicated opioid use. Conduct a brief intervention with her.

### Screening Results

- Likely moderate depression
- Low-risk, passive suicidal ideation
- Using opioids without a prescription a few times a week

Source: Kognito Interactive, Inc.

# BNI Steps



## Brief Negotiated Interview Steps

The Brief Negotiated Interview (BNI) is a framework for conducting a brief intervention. Your intervention with Zoey ideally should follow this algorithm. Its steps are:

- 1 **Build Rapport** and learn more about her use.
- 2 Explore **Pros and Cons**, reinforce cons, and summarize.
- 3 **Provide Feedback** with relevant info, elicit her response.
- 4 **Assess Readiness** to change, explore her response.
- 5 **Negotiate an Action Plan** and problem-solve.
- 6 **Summarize** the plan, schedule a follow-up.

Source: Kognito Interactive, Inc.



-  >
-  **BUILD RAPPORT** >
-  **DISCUSS USE** >

How's your day going so far?

So what do you do for fun?

# Other Resources on Screening and Brief Intervention Training



HARVARD MEDICAL SCHOOL  
TEACHING HOSPITAL

# Blending Initiative Motivational Interviewing CME/CE and Patient Simulation

## Engaging Adolescent Patients About Marijuana Use

This stand-alone Patient Simulation CME/CE Activity is designed to offer a hands-on approach to learning valuable and effective Motivational Interviewing skills for use with adolescent patients. With the help of a virtual coach and written response feedback, users can employ a series of interactions focused on engagement, evoking change talk, and collaborating on a plan for change.



Physicians – Earn a maximum of 1.50 AMA PRA Category 1 Credit(s)™

Nurses – Earn 1.50 ANCC Contact Hour(s) (0 contact hours are in the area of pharmacology)

Start practicing 

**Available at:**

<https://www.drugabuse.gov/blending-initiative/cme-ce-simulation>

# Resource for SBIRT Trainings



**FREE SBIRT WEBINAR SERIES**  
LIVE EVENTS and ON DEMAND RECORDINGS  
[sbirt.webs.com/webinars](https://sbirt.webs.com/webinars)

**Four-Part Webinar Series**

## Using SBIRT to Talk to Adolescents about Substance Use

One of the largest barriers to providing appropriate substance use services to adolescents is getting them to open up about their use and engage in conversation to reduce or eliminate it, if necessary. This four-part webinar series introduces health professionals to the SBIRT model as a way to learn from adolescents about their substance use, talk about what might motivate them to make a decision to reduce or abstain (if needed), and execute a plan to do so.

- 1 Substance Use Screening Tools for Adolescents**  
[sbirt.webs.com/substance-screening-tools](https://sbirt.webs.com/substance-screening-tools)
- 2 Brief Intervention for Adolescents Part I: BNI Using MI Strategies**  
[sbirt.webs.com/brief-intervention-part-one](https://sbirt.webs.com/brief-intervention-part-one)
- 3 Brief Intervention for Adolescents Part II: BNI Using MI Strategies**  
[sbirt.webs.com/brief-intervention-part-two](https://sbirt.webs.com/brief-intervention-part-two)
- 4 Discussing Options and Referring Adolescents to Treatment**  
[sbirt.webs.com/referring-adolescents](https://sbirt.webs.com/referring-adolescents)

- Ideal for social work and nursing students, educators, and clinical supervisors, as well as mental health counselors, substance use professionals, medical professionals, professional counselors, psychologists, employee assistance professionals, and other helping professionals that are interested in learning about SBIRT
- Use with clinical supervision or watch together with your colleagues
- Free Certificates of Attendance for everyone
- Only need a computer/internet connection or a smartphone (compatible with PC, Mac, iPad, iPhone, Android)

**Website:**

<https://sbirt.webs.com/webinars>

# CRAFFT-based Screening and Brief Provider Counseling training video



<https://youtu.be/hrnldU75HOc>