

Tobacco, Alcohol, and Drug Use Risk Assessment

CHILD AND TEEN CHECKUPS (C&TC) FACT SHEET FOR PRIMARY CARE PROVIDERS

C&TC Requirements

General

Risk assessment for tobacco, alcohol, and drug use is required for all C&TC visits for youth 11 through 20 years of age.

Personnel

A physician, nurse practitioner, physician assistant, registered nurse with adequate training can review and respond to results of the risk assessment.

Documentation

Documentation should indicate what tool was used if any, findings, and the plan to address the results.

For documentation examples, refer to the [C&TC Provider Documentation Forms \(www.dhs.state.mn.us\)](http://www.dhs.state.mn.us).

Procedure

Substance use risk assessment is most informative when done in a confidential conversation with the patient, without a parent or guardian present. The patient and parent or guardian should be informed of Minnesota's minor's consent law ([2016 Minnesota statute 144.343](http://www.revisor.state.mn.us/laws/2016/144.343)). Several tools are available to assist.

Tools to Assess Risk

The [Screening to Brief Intervention \(S2BI\) \(www.sbirtoregon.org\)](http://www.sbirtoregon.org) tool is a brief screen that measures frequency of tobacco, alcohol, and drug use to indicate a possible substance use disorder. It is designed specifically for adolescents 12-17 years of age (American Academy of Pediatrics, 2016).

The [CRAFFT \(www.ceasar-boston.org\)](http://www.ceasar-boston.org) is recommended in addition to the S2BI tool to gain further information on substance use and to guide the brief intervention and treatment steps of the SBIRT algorithm (American Academy of Pediatrics, 2016).

The Global Appraisal of Individual Needs Short Screener (GAIN-SS) is a validated instrument that screens both for substance use and general mental health. Minnesota Health Care Program enrolled providers have free access to this tool at [GAIN-SS Materials \(https://chestnut.box.com\)](https://chestnut.box.com).

Follow-Up

Universal Screening, Brief Intervention and Referral to Treatment, or [SBIRT \(www.samhsa.gov\)](http://www.samhsa.gov) is a recommended approach for tobacco, alcohol, and drug use risk assessment and response. The goal is to identify the range of a young person's substance use, from abstinence to addiction, and provide appropriate intervention at every health care visit. (American Academy of Pediatrics, 2016).

Many SBIRT resources are available, including this practical guide: [Alcohol Screening and Brief Intervention for Youth: A Practitioner's Guide \(www.niaaa.nih.gov\)](http://www.niaaa.nih.gov). This algorithm provides follow-up recommendations depending on the individual's report of substance use. Children and adolescents with substance use disorders should be managed collaboratively with a child and adolescent mental health or addiction specialist whenever possible. (American Academy of Pediatrics, 2016).

Patients, parents or caregivers who use tobacco products should be advised to quit and be given resources to do so, such as those listed here: [Quitting Tobacco \(www.health.state.mn.us\)](http://www.health.state.mn.us).

Importance of Risk Assessment

Substance use in adolescents is associated with an increased risk of motor vehicles crashes, emergency department visits, and suicide (American Academy of Pediatrics, 2016), and can alter brain development and negatively affect academic, occupational, and social functioning in adulthood. Social and peer group influences may place adolescents at higher risk for initiating and continuing substance use (Squeglia, Jacobus, & Tapert, 2009).

According to the Minnesota Student Survey, 24.6 percent of 11th grade students reported drinking alcoholic beverages and 8.4 percent of 11th grade students smoked cigarettes in the past 30 days. Five percent of 11th grade students reported misusing prescription medications in the past year (Minnesota Department of Health, 2016).

Professional Recommendations

American Academy of Pediatrics

Screen all adolescent patients for substance use with a validated screening tool such as the S2BI at every health supervision visit and at appropriate acute care visits. Provide appropriate brief intervention and refer for treatment if indicated (American Academy of Pediatrics, 2016).

U.S. Preventive Services Task Force

The current evidence is insufficient to recommend for or against routine screening for substance use or counseling about substance use in adolescents (U.S. Preventive Services Task Force, 2014).

Resources

Minnesota Department of Human Services

- [Minnesota Health Care Programs Provider Manual C&TC Section \(www.dhs.state.mn.us\)](http://www.dhs.state.mn.us)

Minnesota Department of Health

- [Child and Teen Checkups \(www.health.state.mn.us\)](http://www.health.state.mn.us)

References

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For More Information

The Child and Teen Checkups (C&TC) program is administered through a partnership between the Minnesota Department of Human Services and the Minnesota Department of Health.

For questions about this fact sheet or to obtain this information in a different format, call 651-201-3760 email health.childteencheckups@state.mn.us.

Previously titled, "Substance Use Risk Assessment" Revised 09/2017