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 including vaping (e-cigarettes), alcohol, and drug use is required for all C&TC visits for youth 11 through 20 years of age.

Personnel
Review and interpretation of the risk assessment should be completed by a licensed health care provider: physician, nurse practitioner, physician assistant, or by a registered or public health nurse (RN or PHN) who has completed the C&TC Comprehensive Screening training through the Minnesota Department of Health (MDH).

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

For documentation examples, refer to the C&TC Documentation Forms for Providers and Clinics (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 (MN Statute § 144.343 (www.revisor.mn.gov)). The AAP Substance Use Screening and Implementation Guide (www.aap.org) gives detailed information on screening implementation; appendix 6 outlines validated screening tools for adolescents.

Tools to Assess Risk
Risk assessment can be done through a patient questionnaire, an interview with the clinician, or by using a screening tool.

Screening tools for adolescent substance use (www.drugabuse.gov) include the Brief Screener for Alcohol, Tobacco, and other Drugs (BSTAD) and the Screening to Brief Intervention (S2BI). The BSTAD and S2BI are both designed for adolescents 12-17 years of age, and are available online.

The CRAFFT (http://crafft.org/) is a recommended tool to guide brief intervention and treatment steps (American Academy of Pediatrics, 2016).

The Global Appraisal of Individual Needs Short Screener (GAIN-SS) is a validated instrument that screens for both 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).

Follow-Up
Universal Screening, Brief Intervention and Referral to Treatment (SBIRT) (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).

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). Quit Partner (www.quitpartnermn.com) has programs tailored to Teens, American Indian, Pregnant, or new moms, and those dealing with mental illness.

**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, 21-24 percent of 11th grade students reported drinking alcoholic beverages and 6-10 percent of 11th grade students smoked cigarettes in the past 30 days. One to five percent of 11th grade students reported misusing prescription medications in the past year (Minnesota Department of Health, 2019).

**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**

- [C&TC Schedule of Age-Related Screening Standards](www.dhs.state.mn.us)
- [Minnesota Health Care Programs (MHCP) Provider Manual - C&TC Section](www.dhs.state.mn.us)

**Minnesota Department of Health**

- [Child and Teen Checkups (C&TC)](www.health.state.mn.us)

**References**


**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 or email health.childteencheckups@state.mn.us.

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