“Addiction is a pediatric disease...When adults entering addiction treatment are asked when they first began drinking or using drugs, the answer is almost always the same: They started when they were young — teenagers,"

*Dr. John Knight, founder and director, Center for Adolescent Substance Abuse Research at Boston Children's Hospital*
Our focus

• Youth 15-22 during critical development & transition period

• SBIRT as tool in prevention continuum
YES, SBIRT is Prevention
Many factors influence whether a young person tries alcohol or other drugs.

- **AVAILABILITY**
  - Access to alcohol or drugs in school, neighborhood, community, family

- **MENTAL HEALTH**
  - Depression, anxiety, ADHD

- **PERSONALITY**
  - Poor impulse control, high need for excitement

- **PEERS**
  - Substance use among friends

- **ATTITUDE**
  - Belief that substance use is harmless, or will help youth fit in or feel better

- **TRAUMA**
  - Violence, physical/sexual abuse, other distress
The Teen Brain is still “Under Construction”

Adolescents are “biologically wired” to seek new experiences and take risks. But judgment and decision-making skills are still limited.
Opportunity to Intervene before Crisis

- **Screening** starts the conversation

- **Brief Intervention** guides the young person in making healthy choices

- **Referral (linkage)** to services is opportunity to respond to needs
“We have been able to translate a lack of knowledge and training, and perhaps even a fear about where to start addressing this sensitive issue, into effective action that will change the system.”

*Foundation Partner*
Ensure health and other youth providers have **knowledge** and **skills** for screening and early intervention services.

Improve **funding** for, **access to**, and **implementation** of screening and early intervention services.

Conduct research and **advance learning** to improve screening and early intervention practices.
Initiative Activities

- Building Awareness
- Training & Technical Assistance
- Policy & Advocacy
- Research & Evaluation
Universal Screening = Diverse Settings

More than you could ever dream of knowing

Why it's always good to ask questions

Services vs. ‘Treatment’ Referral

Parents and/or Caregivers
- 74 school based health centers & schools
- 79 health care
- 27 behavioral health
- 79 community organizations
- 15 juvenile justice

Projects in 35 states
“My colleagues and I see these SBIRT educational tools as a gift.” Faculty participant
The American Academy of Pediatrics (AAP)

• Increase SBIRT using practice improvement approach
• 39 pediatric practices in Connecticut, Georgia, & Utah

“The first time I had a positive screen opened my eyes to the suffering hiding under the surface for some of my patients. The screens helped identify what was happening and the referral and tracking structure helped to make sure he has access to the services he needs.”

Physician, Community Health Center of New Britain (CT)
• Delivered by ‘mentors’ (ages 18 to 28) who are young adults in recovery

• Low to moderate risk youth

• 4 sessions covering goal setting, wellness, stress management, mindfulness & social influences

• Designed to connect youth to community supports
“The evidence is compelling that addiction is a pediatric disease, and if we don’t prevent it during the teen years, we’re really missing the boat,”

Dr. John Knight
THANK YOU