

# Prevention <sup>IN</sup> Action

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## Making it Easier for Pediatricians to Identify Teen Substance Use

Time-strapped pediatricians are always seeking ways to improve their evaluation of their patients, especially when trying to provide early intervention for possible substance use.

The good news is — help is now available with the “Screening to Brief Intervention” tool, or S2BI. This tool was developed by Dr. Sharon Levy at Boston Children’s Hospital and Harvard Medical School in partnership with the National Institute on Drug Abuse (NIDA) as a substance use screening tool. S2BI was developed in response to NIDA’s request for a tool that pediatricians and primary care clinicians can use to detect and respond to their patients’ drug use.

The screening tool detects whether a teen is likely to have a mild-to-moderate or a severe substance use disorder (SUD) with the administration of three simple questions. S2BI allows pediatricians to quickly match adolescents’ drug use to interventions or referrals, as recommended by the American Academy of Pediatrics (AAP).

Pediatricians can administer S2BI or it can be completed by a teen on an electronic device. The questions help to identify how often a teen has used tobacco, alcohol or marijuana during the past year (see diagram). Teens that identify any use of the three substanc-

es are also asked the same multiple-choice questions for four additional classes of substances.

**Based on the answers, S2BI is able to assign teens into one of four categories:**

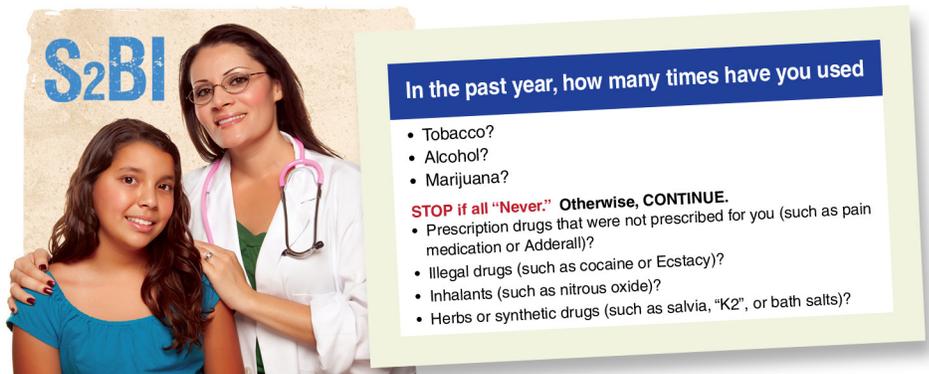
- No substance use
- “Once or twice” substance use (likely no SUD)
- Monthly use (likely mild-to-moderate SUD)
- Weekly or more substance use (likely severe SUD)

Each of these classifications correspond to an actionable American Academy of Pediatrics recommendation which could include positive reinforcement, brief advice on the problems associated with substance use, brief intervention, and/or referral to counseling or treatment.

During validation, the S2BI tool showed high accuracy in identifying substance

use. It worked equally well if it was answered by the doctor or self-administered. Dr. Levy and her team are now focusing on how pediatricians might best use S2BI for interventions based on the warning signs of having a SUD. The tool has been lauded for its simplicity of administration, accuracy and speed-of-use.

The S2BI tool is available on the Massachusetts Department of Public Health website at [mass.gov](http://mass.gov) for pediatricians and clinicians. It also offers a provider toolkit, *Adolescent SBIRT Toolkit for Providers*, as a step-by-step guide to prevent and address youth substance use. The toolkit includes guidance ideas, and effective screening and intervention tools, for SBIRT (Screening, Brief Intervention and Referral to Treatment). Also available on the website and as a compliment to the S2BI tool is the *Quick Guide: Adolescent SBIRT*.



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Next Issue: Town Government: Integral to Prevention

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