

HIGH-IMPACT RESEARCH OPPORTUNITY:

Target risky drinking in adolescents with secondary prevention

Alcohol is the most commonly used substance, and alcohol use disorders are the most common type of SUD among teens as well as adults. In 2013, for example, the rate of current alcohol use among youths aged 12 to 17 was 12%, and the rate of binge drinking was over 6%.¹⁹³ However, even the most promising primary prevention efforts—those that aim to prevent any use of alcohol—have not delivered reductions in teen drinking. While innovation in primary prevention is a worthwhile goal, there may be opportunities to make a difference by focusing on the riskiest users and helping them curb their use. This strategy has been effective in adults, and early research indicates that it may work for adolescents as well.

PROMISING INNOVATION TARGET: Secondary prevention for adolescents

The theory: Secondary prevention efforts, which focus on stopping the progression from risky use to disorder, have been effective among adults and may be a promising approach for adolescents as well.

The model: Under the SBIRT protocol (also discussed on page 30), all patients in participating health care settings automatically undergo a quick screening to assess their alcohol and drug use. If their use puts them at risk of developing a serious problem, they receive a brief intervention that focuses on raising their awareness of substance abuse and motivating them to change their behavior. Patients who need more extensive treatment receive referrals to specialty care.

What we know: A meta-analysis found that brief alcohol interventions can lead to modest but statistically significant reductions in risky drinking among adolescents and young adults. The effects persisted for up to one year after intervention.¹⁹⁴

What we hope to learn: The evidence base for SBIRT is still much stronger for adults. More research and testing are needed in settings like school health clinics where more adolescent patients can be reached. There may be ways to tailor the content of the brief intervention to make it more effective for a younger population.

Implications for funders: SBIRT offers a way to target prevention and early intervention toward the adolescents who need it most, but there are still questions about how best to deliver it and what impact might be possible. Philanthropy can support research into new settings and other adjustments to potentially make this a powerful tool to reach adolescents. In addition, learning more about how it works (or doesn't work) for adolescents might yield insights about how other services, such as SUD treatment, can be tailored for adolescents.

LEARN MORE & TAKE ACTION

The University of Minnesota's Center for Adolescent Substance Abuse Research (www.psychiatry.umn.edu), in collaboration with Kaiser Permanente, is conducting a study on an SBIRT model for primary care and school settings that is tailored to adolescents experiencing mild to moderate drug involvement.

A partnership led by the research center NORC at the University of Chicago is working to engage social work and nursing schools in a learning collaborative to create an effective SBIRT curriculum to integrate into the students' training. Community Catalyst, a consumer advocacy group, is developing consumer-led advocacy campaigns in five states (Georgia, Massachusetts, New Jersey, Ohio, and Wisconsin) to enact state policy change to increase funding and training for SBIRT. The Conrad N. Hilton foundation is funding SBIRT research and implementations in multiple sites. See norc.org, communitycatalyst.org, and hiltonfoundation.org for more.



TIPS:

- **Primary Prevention** of SUDs is the prevention or delaying of the start of substance use among a general population of adolescents, such as all teens in a state, county, or school district.
- **Secondary Prevention** of SUDs is preventing risky substance use from progressing to a SUD in individuals.
- **Tertiary Prevention** of SUDs is providing time, cost, and labor-intensive care to patients who are acutely or chronically ill with a SUD.