Addressing Adolescent Substance Use: The SBIRT Model

Susan Brill Goldberg, MD, FAAP, FSAHM
Stephanie Pinney, MSW, LCSW, LCADC, CFMTS
(she/her)

June 25, 2024
Webinar Logistics

All participants will be muted throughout the duration of the session to minimize any disruptions.

Utilize the Q/A feature to ask our presenters questions throughout the presentation.

Please remain respectful and professional.
Acknowledgements

Many thanks to the New Jersey Department of Children and Families for the funding of this NJ SBIRT program!
Continuing Medical Education

This activity has been planned and implemented in accordance with the accreditation requirements and policies of the Medical Society of New Jersey. New Jersey Chapter, American Academy of Pediatrics is accredited by the Medical Society of New Jersey to provide continuing medical education for physicians.
Continuing Nursing Education Contact Hours

Requirements:

1. Participation in the Webinar, “Addressing Adolescent Substance Use: The SBIRT Model

2. Completion of the survey monkey evaluation, which will be sent to your email used to registration for the event

None of the planners or presenters for this educational activity have relevant financial relationships to disclose with ineligible companies except for speaker Susan Goldberg who was on the speakers’ bureau for Hologic Inc. until 12/2023. All of the relevant financial relationships listed for this individual have been mitigated.

This continuing education activity was approved by the Ohio Nurses Association, an Ohio Board of Nursing approver. (OBN-001-91)

Expiration Date: 6/25/2025
Social Work Continuing Education Units

Provided by the Monmouth University School of Social Work Professional Education Program (PEP) and recognized by the New Jersey Board of Social Work Examiners. Participants must be present for the entire event to receive social work CEUs. No exceptions.
Webinar Recording & Slides

Both the recording and slide deck will be available within the next two weeks on the website njaap.org/njbirt/. We will also send a follow up email with the recording, slides, and evaluation link to everyone who signed up for this webinar.
Disclosures

Today’s speakers have NO disclosures or conflicts of interest in relation to this presentation.
Today’s Speakers

Susan Brill Goldberg
MD, FAAP, FSAHM

Stephanie Pinney, MSW, LCSW, LCADC CFMS
Senior Program Manager
Presentation Overview

● Epidemiology of Adolescent Substance Use
● Misuse & Dependency and the SBIRT Model
● NJ SBIRT Project ECHO Program Opportunity
● Questions & Answers
The Problem: Adolescent Substance Use, Misuse & Dependency
Focus on the Epidemiology of Substance Use Among Teens

The “BIG THREE”
Alcohol
Nicotine /Vaping
Marijuana

Highlight importance of screening for opiates w/ special mention of *Fentanyl*

Many thanks to Dr. Yash Shah PL3 at The Children’s Hospital at Saint Peter’s University Hospital for use of several slides and material for this lecture
Alcohol use in Teenagers

- Legal drinking age in the U.S is 21 years of age
- Alcohol use at an early age is associated with future alcohol-related problems
- Lifetime prevalence of alcohol dependence:
  - Start drinking < 12 yrs of age: ~ 40%
  - Start drinking < 18 yrs of age: ~ 16.6%
  - Start drinking < 21 yrs of age: ~ 10.6%
- Hazards of underage drinking:
  - Adverse effects on normal brain development & cognitive function,
  - Risky sexual behaviors
  - Physical and sexual assaults
  - Blackouts
  - Alcohol overdose & death
- Adolescents are much more likely to binge drink compared to adults
- ~16.5% high school students rode in a car when the driver used alcohol

Image Credit: Trails Carolina
Ref 1. Alcohol Use by Youth Tech Report Pediatrics July 2019
Overall Trend in Alcohol Use

Alcohol: Trends in 12 Month Prevalence of Use in Grades 8, 10, and 12

Ref 2.: Monitoring the Future: A Continuing Study of American Youth, 2023
Epidemiology - Alcohol Use Disorder

- 753,000 youth ages 12-17 y/o had Alcohol Use Disorder (AUD) in the past year
- Girls > Boys: 1.5:1
- American Indian > White > Asian > Black
- Less than 10% of those 12-17 y/o with AUD had any treatment
- Only ~ 1% received medication-assisted treatment

Ref 3 and 4: National Institute on Alcohol Abuse & Alcoholism
New Jersey Statistics - Alcohol

- 26% of high school students had at least one drink before being surveyed
- 12% of high school students had first drink before 13 years of age
- 10% of high school students attended school under the influence of alcohol
- 15% Hispanic/Latinx students had their first drink before 13 years of age

Ref 5. New Jersey Department of Education
Risk Factors for Alcohol Use Disorder

- Genetic factors play a major role in development AUD
- Environmental factors play an important role in initiation of alcohol use
- Association between M2 cholinergic receptor gene that becomes affected with earlier alcohol use
- Research shows that parents who provide and supervise their teenager’s drinking develop less binge behaviors than unsupervised teens
- General transmission: ~10% of all children have at least 1 parent who had AUD in last year
- Children with parent who had AUD 4X more likely to develop alcohol related problems
- Strongest predictor for alcohol use: friends who use substances

Ref 1. Alcohol Use by Youth Tech Report Pediatrics July 2019
Effects of Alcohol on the Developing Brain

- Decreased hippocampal volume
- Increased hippocampal asymmetry
- Smaller prefrontal cortex volume
- Less white matter in prefrontal cortex
- Less neural fiber tract integrity and organization
- Deficits in attention, visuospatial processing
- Poor performance on retention tasks
- Reduced speed of information processing
- Alteration in GABA, glutamate, and dopamine neurotransmitter pathways

Ref 1. Alcohol Use by Youth Tech Report Pediatrics July 2019

Image credit: Frontiers in Neuroscience “major factors that contribute to binge drinking and the downstream consequences.”
American Academy of Pediatrics
2019 Policy Statement

- Clear message against the use of alcohol by those under 21 years of age
- Agree with existing laws dictating minimum purchase age of 21 years
- Advocate for continued research on the impact of alcohol on the developing brain
- Advocate for taxes on alcohol products
- Encourage schools to educate teenagers on the effects of alcohol
- Supports states to have graduated responsibility laws in regard to issuing drivers licenses
- Encourage pediatricians to engage in treatment services for affected adolescents

Ref 1. Alcohol Use by Youth Tech Report Pediatrics July 2019
Nicotine Use: The Rise of Vaping
Tobacco Use in the United States

- Over 16 million Americans are living with a disease caused by smoking
- This includes cancer, heart disease, stroke, lung disease, diabetes, COPD
- Deaths of ~400 infants a year can be traced back to secondhand smoke exposure
- 40% of those 3-11 y/o exposed to secondhand smoke
- Secondhand smoking exposure: increased risk of SIDS, bronchiolitis, severe asthma, otitis media, and slow lung growth
- Legal age of consumption > 21 y/o as of 2019

Ref 6. Centers for Disease Control and Prevention
Nicotine Use Apart from Vaping

Any Nicotine Use Other Than Vaping: Trends in 30 Day Prevalence of Use in Grades 8, 10, and 12

Nicotine Usage by Vaping

Nicotine Vaping: Trends in 12 Month Prevalence of Use in Grades 8, 10, and 12


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New Jersey Screening, Brief Intervention, & Referral to Treatment
Vaping or tobacco smoke is inhaled and nicotine enters bloodstream through pulmonary circulation

Nicotine crosses the blood-brain barrier and spreads throughout the brain

Takes around 2-8 second from inhalation

Nicotine selectively binds to nicotinic cholinergic receptors in the brain (half life ~ 2 hours)

Acutely increases prefrontal cortex, thalamus, and visual system activity

Releases dopamine, norepinephrine, serotonin, and endorphins

Tolerance and dependence develop after repeated use.

Ref 7: National Library of Medicine
American Academy of Pediatrics
2023 Guidelines

● Screen all adolescents for tobacco and nicotine use as part of well visits
  ○ HEADSS assessment at every adolescent well visit
  ○ CRAFFT 2.0 Screening Tool
  ○ mFTQ-nicotine dependence in teens
  ○ E-cigarette dependence scale
  ○ S2BI Screening Tool

● Include tobacco and nicotine use prevention as part of anticipatory guidance

● Offer treatment to patients who use tobacco products

● Tobacco use pharmacotherapy can be considered for treatment of moderate to severe tobacco use disorder in adolescents who want to quit

Ref 8.: Brian P. Jenssen, Susan C. Walley, Rachel Boykan, Alice Little Caldwell, Deepa Camenga, SECTION ON NICOTINE AND TOBACCO PREVENTION AND TREATMENT, COMMITTEE ON SUBSTANCE USE AND PREVENTION; Protecting Children and Adolescents From Tobacco and Nicotine. Pediatrics May 2023; 151 (5): e2023061805. 10.1542/peds.2023-06180

www.njaap.org/njsbirt
Cannabis (Marijuana)
Marijuana Use in the USA

- Schedule I Drug: “High potential for abuse and the potential to create severe psychological and/or physical dependence”
  - Same class as LSD, Ecstasy, Crystal Meth
- 38 out of 50 states have legalized marijuana for medical use
- 24 out of 50 have legalized marijuana for recreational use
- NJ law: Legal for > 21 y/o to have up to 6 oz. of cannabis and cannabis products in possession
- 48 million Americans (~18%) have used cannabis at least once
- Impact of use as medical management

Ref 10 & Image. DISA Global Solutions https://disa.com/marijuana-legality-by-state
Teenagers & Weed

- ~10% (78,000) NJ teens have used marijuana at least once in their lives
- Overall decrease in marijuana use amongst all teen ages
- Teens who use marijuana are less likely to graduate high school or college
- Marijuana use during teens years is harmful to brain development
- Teenage recreational marijuana is not legal in the U.S.

Ref 3. New Jersey Department of Education

Many Forms of Cannabis

- What do they look like?
  - Leaves
  - Flowers
  - Edibles (ie, gummies, brownies)
  - Creams, lotions
  - Oils
  - Oral Mucosal sprays
  - Tinctures

- How are they used?
  - Smoked
  - Vaporized
  - Eaten

Ref 12. Drug & Alcohol Foundation. What is Cannabis?
Pharmacokinetics of Cannabis

- Inhalation: Rapidly absorbed by the lungs and distributed systemically via perfusion (peak within 10 minutes)
- Oral ingestion: Gradual course with later peak in blood concentration
- Extremely lipophilic (deposits in adipose tissues)
- Bioavailability depends on smoking number, duration, spacing of puffs, hold time and inhalation volume
- Chronic users can test positive one month after last use
- Effects may last for several hours depending on blood flow, gastric motility, and vascularity

Use on the Developing Brain

- Decreases in attention, memory & processing speed
- Persistent short-term memory deficits despite abstinence
- Poorer executive function
- Cortical thinning and decreased cerebral volume
- Decreased prefrontal volume
- Smaller hippocampal volumes
- Increased problems in school and college
- Increased risk of mental health disorders (eg, depression, anxiety, ADHD)
- Increased risk of schizophrenia if used earlier and more frequently

Ref 14. Stringer H. How does marijuana affect the brain? Psychological researchers examine impact on different age groups over time. Monitor on Psychology. June 1, 2023. Volume 54 No. 4

Image credit: American Psychological Association
Trajectory to Cannabis Use Disorder


www.njaap.org/njsbirt
The Opioid Epidemic

Authentic Adderall (20mg)  
Fake Adderall (30mg)

Image Credit: U.S. Drug Enforcement Agency
OPIOID Statistics

- ~891,000 (3.6%) those <18 y/o misuse prescription opioid medication
- ~14% high school seniors misused prescription opioids
- Prescription opioids tend to be the first contact amongst teens
- Post Dental visits - leading source of opioid prescription in youth

Three Waves of Opioid Overdose Deaths

https://www.cdc.gov/opioids/basics/epidemic.html

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Leading cause of preventable death among those 18-45 y/o (ahead of suicide, traffic accidents, and gun violence)

Teenage deaths from opioids increased from 253 (2019) to 884 (2021)

Illicit prescription pill use highest amongst 18-25 y/o

Sharp rise in use during COVID-19 pandemic

Easily accessible to obtain via social media (eg, SnapChat)

Many teens not seeking opioids but ADHD medications which are laced with Fentanyl

Overdose Crisis Facts

- There is a growing overdose crisis in this population
- Fewer teens are using drugs, yet more are dying from them
- Drug use isn’t becoming more common, but it’s becoming more dangerous
- An average of 22 adolescents ages 14 to 18 years old died each week in the U.S. from drug overdoses in 2022.
  - Many of these are due to fentanyl poisonings from counterfeit pills
  - This is more than double what it was in 2018
  - A total of 1,125 teens died of drug overdose or poisoning in 2022, making it the third-leading cause of death for teenagers across the country

AAP encourages universal screening for all teens for substance use
- HEADSS Assessment
- S2BI Screening Tool
- CRAFFT Screening Tool

Those with chronic medical conditions (epilepsy, asthma, diabetes, leukemia) are more likely to initiate substance use younger and develop serious problems later on.


Image Credit: California School-based health alliance
Screening Brief Intervention and Referral to Treatment
Screening (SBIRT) - an approach to

- Maintain abstention,
- Postpone,
- Decrease, or
- Discontinue risky substance use behaviors using standardized screening tools

The goal of SBIRT is to make screening for substance use, misuse, and dependency a routine part of healthcare

Ref. 19 Substance Use Screening, Brief Intervention, and Referral to Treatment. Pediatrics July 2016
Validated Screening & Assessment Tools

- **S2BI (Screening to Brief Intervention)**
  - Frequency screen (+/- 2 minutes)
  - Screens for tobacco, alcohol, marijuana, and other illicit drug use

- **CRAFFT (Car, Relax, Alone, Friends/Family, Forget, Trouble)**
  - (+/- 5-10 minutes)
  - A good tool for quickly identifying problems associated with substance use

IN THE PAST YEAR, HOW MANY TIMES HAVE YOU USED:

Tobacco?
- Never
- Once or twice
- Monthly
- Weekly or more

Alcohol?
- Never
- Once or twice
- Monthly
- Weekly or more

Marijuana?
- Never
- Once or twice
- Monthly
- Weekly or more

STOP if answers to all previous questions are “never.” Otherwise, continue with questions on the right.

Prescription drugs that were not prescribed for you (such as pain medication or Adderall)?
- Never
- Once or twice
- Monthly
- Weekly or more

Illegal drugs (such as cocaine or Ecstasy)?
- Never
- Once or twice
- Monthly
- Weekly or more

Inhalants (such as nitrous oxide)?
- Never
- Once or twice
- Monthly
- Weekly or more

Herbs or synthetic drugs (such as salvia, “K2”, or bath salts)?
- Never
- Once or twice
- Monthly
- Weekly or more

S2BI
(Screening to Brief Intervention)

Sensitivity .9 and Specificity .94 for identifying any non-tobacco SUD

https://nida.nih.gov/s2bi/
The CRAFFT+N Questionnaire
To be completed by patient

Please answer all questions honestly; your answers will be kept confidential.

During the PAST 12 MONTHS, on how many days did you:

1. Drink more than a few sips of beer, wine, or any drink containing alcohol? Put "0" if none. [ ] 3 of days

2. Use any marijuana (cannabis, weed, oil, wax, or hash by smoking, vaping, dabbing, or in edibles) or "synthetic marijuana" (like "K2," "Spice")? Put "0" if none. [ ] 3 of days

3. Use anything else to get high (like other illegal drugs, pills, prescription or over-the-counter medications, and things that you sniff, huff, vape, or inject)? Put "0" if none. [ ] 3 of days

4. Use a vaping device* containing nicotine and/or flavors, or use any tobacco products?* Put "0" if none.
   *Such as e-cigs, mods, pod devices like JUUL, disposable vapes like Puff Bar, vape pens, or e-hookahs. Cigarettes, cigars, cigarellas, hookahs, chewing tobacco, snuff, smoke, dissolvables, or nicotine pouches. [ ] 3 of days

READ THESE INSTRUCTIONS BEFORE CONTINUING:
• If you put "0" in ALL of the boxes above, ANSWER QUESTION 5 BELOW, THEN STOP.
• If you put "1" or more for Questions 1, 2, or 3 above, ANSWER QUESTIONS 5-10 BELOW.
• If you put "1" or more for Question 4 above, ANSWER ALL QUESTIONS ON BACK PAGE.

Circle one

5. Have you ever ridden in a CAR driven by someone (including yourself) who was "high" or had been using alcohol or drugs? [ ] No [ ] Yes

6. Do you ever use alcohol or drugs to RELAX, feel better about yourself, or fit in? [ ] No [ ] Yes

7. Do you ever use alcohol or drugs while you are by yourself, or ALONE? [ ] No [ ] Yes

8. Do you ever FORGET things you did while using alcohol or drugs? [ ] No [ ] Yes

9. Do your FAMILY or FRIENDS ever tell you that you should cut down on your drinking or drug use? [ ] No [ ] Yes

10. Have you ever gotten into TROUBLE while you were using alcohol or drugs? [ ] No [ ] Yes

NOTICE TO CLINIC STAFF AND MEDICAL RECORDS:
The information on this page is protected by special federal confidentiality rules (42 CFR Part 2), which prohibit disclosure of this information unless authorized by specific written consent.
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For more information and versions in other languages, see www.crafft.org.

https://crafft.org/
Brief Intervention

- A short conversation providing feedback and advice
- Collaborative conversation(s) to motivate individuals to change substance use behaviors
- Typically 5 to 30 minutes in primary care settings
- Usually incorporate some type of cognitive behavioral therapy and Motivational Interviewing
- Use of positive reinforcement to patients who screen “no risk”


<table>
<thead>
<tr>
<th>STAGE</th>
<th>DESCRIPTION</th>
<th>OFFICE INTERVENTION GOALS</th>
</tr>
</thead>
<tbody>
<tr>
<td>Abstinence</td>
<td>The time before an individual has ever used drugs or alcohol (more than a few sips)</td>
<td>Prevent or delay initiation of substance use through positive reinforcement and patient/parent education</td>
</tr>
<tr>
<td>Experimentation</td>
<td>The first 1-2 times that a substance is used and the adolescent wants to know how intoxication from using a certain drug(s) feels</td>
<td>Promote patient strengths; encourage abstinence and cessation through brief, clear medical advice and educational counseling</td>
</tr>
<tr>
<td>Limited use</td>
<td>Use together with ≥ 1 friend(s) in relatively low-risk situations and without related problems; typically, use occurs at predictable times such as on weekends</td>
<td>Promote patient strengths; further encourage cessation through brief, clear medical advice and educational counseling</td>
</tr>
<tr>
<td>Problematic use</td>
<td>Use in a high-risk situation, such as when driving or babysitting; use associated with a problem such as a fight, arrest, or school suspension; or use for emotional regulation such as to relieve stress or depression</td>
<td>As stated above, plus initiate office visits or referral for brief intervention to enhance motivation to make behavioral changes; provide close patient follow-up; consider breaking confidentiality</td>
</tr>
<tr>
<td>Substance use disorder</td>
<td>Drug use associated with recurrent problems or that interferes with functioning, as defined in the DSM-V</td>
<td>Continue as stated above, plus enhance motivation to make behavioral changes by exploring ambivalence and triggering preparation for action; refer for comprehensive assessment and treatment; consider breaking confidentiality; encourage parental involvement whenever possible</td>
</tr>
</tbody>
</table>

*DSM-V=Diagnostic and Statistical Manual of Mental Disorders, Fifth Edition.*


Referral to Treatment

• “Specialty substance use treatment for adolescence can be very effective, but less than 10% of youth in need of treatment ever receive it. Part of the reason is that few adolescents are referred to treatment by their healthcare providers”

• As such, it’s important to know when to refer to treatment and what type of treatment may be best.

Ref 21. America’s need for and receipt of substance use treatment in 2015. SAMHSA.

Most adolescents who report substance use will **not** require specialized substance use treatment services beyond a few brief interventions.

Adolescents may need help to recognize escalating substance use and consequences related to use.

Adolescents tend to be less ready to change use or initiate treatment.

Adolescents (and sometimes parents/guardians) may be reluctant to accept treatment when it is clearly indicated.

Earlier intervention for escalating substance use may prevent:

- Accidents/injuries to self or others, pregnancy/STIs, dropping out/expulsion from school, chronic health/mental health conditions, suicide, future alcohol or drug use disorder

*content developed by Louisiana Chapter, AAP Project ECHO SBIRT for SU in Adolescents 2022 (permission to use)*
## "Referral To" Examples

### Mental Health & Substance Use
- Integrated behavioral health
- Substance use disorder treatment
- Recovery support program
- Individual/family therapy
- Solution-focused therapy

### Positive Youth Development
- Outdoor and sports programs
- Experiential learning programs
- Volunteer opportunities

### Social & Academic Supports
- Mentoring/Other academic support
- Alternative high school
- Restorative justice program
- Homeless shelter
- Food bank
- Trafficking/interpersonal violence services
- Teen pregnancy/parenting support
- Cultural heritage programs

### Apps & Virtual Programs
- Crisis lines
- LGBTQII social networks
- Peer recovery programs
- Mindfulness/stress management

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**New Jersey Screening, Brief Intervention, & Referral to Treatment**
Potential Indications of Referral to Specialized Care

- Is substance use escalating despite repeat brief interventions?
- Has the adolescent starting using more than one substance?
- Is there a new or worsening mental or behavioral health diagnosis? Suicide ideation?
- Does the adolescent have a history of multiple ACEs or another type of current toxic stress?
- Is substance use contributing to physical health problems, including poor quality sleep?
- Are grades declining or school engagement worsening?
- Is the adolescent less motivated for pro-social activities?
- Is the substance use negatively affecting relationships with parents, teachers, other adults, or peers?
- Juvenile justice involvement?

*content developed by Louisiana Chapter, AAP Project ECHO SBIRT for SU in Adolescents 2022 (permission to use)*
Why SBIRT?

- Brief interventions can help curb substance use among young people
- SBIRT saves lives and cuts costs


Figure adapted with permission from Knight JR, CeASAR, Boston Children’s Hospital. Data from Ref.
NJ SBIRT
Project ECHO®

Quality Improvement Program Overview

ALL TEACH, ALL LEARN

https://projectecho.unm.edu/

www.njaap.org/njsbirt
Project ECHO®
(Extension for Community Healthcare Outcomes)

An innovative program that utilizes technology to leverage resources, foster rapid dissemination of best practices, reduce disparities and promote consistency in patient care.

- Use technology to leverage resources
- Evaluate and monitor outcomes
- Apply case-based learning to master complexity
- Share “best practices” to reduce disparities

https://projectecho.unm.edu/
The ECHO Model: Worldwide

Our Reach

5,636,000 ECHO SESSION ATTENDANCES

207 COUNTRIES AND AREAS
6,823 PROGRAMS
1,282 HUBS
39 SUPERHUBS

https://projectecnoannualreport.unm.edu/
Hub Faculty & Advisory Group

John Knight, Jr.
MD

Steve Kairys
MD, MPH, FAAP

Ruth Gubernick
PhD, MPH, PCMH CCE

Susan Brill Goldberg
MD, FAAP, FSAHM

Tiffany Tucker
MD, MBA, MHS, FAAP

Aakash Shah
MD, MBA, MSc

Kathy McCutcheon
MSN, RN, NCSN

Hoover Adger Jr.
MD, MPH (Guest Faculty)
Practice Objectives

Utilize a trauma-informed care framework to integrate:

- Increased awareness of substance use, misuse, and dependence
- Increased screening for substance use during well adolescent visits
- Increased use of brief interventions
- Provision of anticipatory guidance about risks for substance use among patients with mental/behavioral health issues
- Increased patient referrals to community-based treatment services
- Increased tracking and follow-up to ensure that pediatricians are providing care coordination for adolescents
ECHO Session Schedule of Topics *(Draft)*

- Introduction to Substance Use in Adolescents and SBIRT
- Readying Your Practice for SBIRT
- Screening
- Brief Intervention
- Motivational Interviewing
- Referral to Treatment
- Planning for SBIRT Sustainability
Special Focus

- Confidentiality (NJ state laws - confidentiality/consent protections, limitations)
- One-on-one private care (best practice with adolescents/caregivers)
- Trauma-Informed
- Adolescent/Youth Friendly

Ref. 23-28
Practice Benefits

- Connect with leading experts in the field of adolescent medicine and substance use
- Learn about the latest research and resources in the field
- Ongoing technical assistance with a QI coach
- Access to practice data in real time
- 25 Part 4 Maintenance of Certification (MOC) Points
- Continuing Medical Education/MOC Part 2
- Continuing Nursing Education Credit
- Continuing Education Units for Social Workers
## Required Practice Activities

| ✔️ | Identify your team to participate in the program including, including a Pediatrician Champion/Team Lead and Data Lead |
| ✔️ | Complete a practice enrollment form |
| ✔️ | Complete a pre- and post-participation survey and monthly ECHO session evaluations |
| ✔️ | Commit to at least one team member participating in live Onboarding Workshop and 8 monthly ECHO Sessions |
| ✔️ | Use a validated screening tool to screen adolescent patients during their well-visit, provide education and brief intervention, identify risk, share anticipatory guidance and establish follow up |
| ✔️ | Submit de-identified monthly data through a confidential web portal |
| ✔️ | Submit a case presentation form to encourage shared learning |
| ✔️ | Participate in one QI coaching call and/or additional for support, as needed |

[www.njaap.org/njsbirt](http://www.njaap.org/njsbirt)
# Important Dates

<table>
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<th>Activity</th>
<th>Dates</th>
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<tbody>
<tr>
<td>RFA Release</td>
<td>July 8th 2024</td>
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<tr>
<td>RFA’s Due</td>
<td>August 9th 2024</td>
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<tr>
<td>Educational Webinar (School Based Care)</td>
<td>Fall 2024</td>
</tr>
<tr>
<td>ECHO Program</td>
<td>September 2024 - April 2025</td>
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</table>
Where to Find the Application

- The application will be live July 8th! We will email everyone who signed up for this webinar when it is available.
- Interested practices will be able to find the application online on our website here:
  - www.njaap.org/njsbirt/

All applications must be submitted through the online survey monkey platform.
References


3. National Institute on Alcohol Abuse and Alcoholism. Alcohol Use Disorder in the United States: Age Groups and Demographic Characteristics  

4. National Institute on Alcohol Abuse and Alcoholism. Alcohol Treatment in the Unite States  

https://www.cdc.gov/tobacco/basic_information/health_effects/index.htm#print


10. DISA Global Solutions https://disa.com/marijuana-legality-by-state

12. Alcohol and Drug Foundation. What is Cannabis? [Website URL]


14. Stringer H. How does marijuana affect the brain? Psychological researchers examine impact on different age groups over time. Monitor on Psychology. June 1, 2023. Volume 54 No. 4. [Website URL]


16. Centers for Disease Control and Prevention, National Center for Injury Prevention and Control. Understanding the Opioid Overdose Epidemic. [Website URL]

References


References

24. Adolescent Health Consortium Project Report: Investing in Adolescent and Young Adult Health: Pediatricians, Parents, and Youth Working Together to Improve Lifelong Health (2019); https://downloads.aap.org/AAP/PDF/Adolescent_Health_Investing_in_Adolescent_and_Young_Adult_Health_Booklet.pdf


Resources

Adolescent Health Care Campaign Toolkit: https://www.aap.org/AdolescentHealthConsortium

Adolescent Health Consortium Report: Investing in Adolescent and Young Adult Health: https://downloads.aap.org/AAP/PDF/Adolescent_Health_Investing_in_Adolescent_and_Young_Adult_Health_Booklet.pdf


Trauma Informed Care Implementation Resources Center: https://www.traumainformedcare.chcs.org/create-a-safe-physical-and-emotional-environment

University of Michigan Health Adolescent Health Initiative: https://umhs-adolescenthealth.org/https://youtu.be/KvAkCcZEiQ
Resources

World Health Organization Making Health Services Adolescent Friendly Guidebook:
https://apps.who.int/iris/bitstream/handle/10665/75217/9789241503594_eng.pdf

SAMHSA SBIRT Resources: https://www.samhsa.gov/sbirt/resources
Billing/Coding https://www.samhsa.gov/sbirt/coding-reimbursement

AAP SBIRT: https://www.aap.org/sbirt
Billing/Coding https://downloads.aap.org/AAP/PDF/coding_factsheet_substance_use.pdf

Brief Negotiated Interview: https://www.bu.edu/bniart/

AAP Bright Futures: Guidelines for Health Supervision

Counseling Parents and Teens About Marijuana Use in the Era of Legalization of Marijuana

AAP Healthy Children Articles www.HealthyChildren.org (Parenting Information, Tips, Tools);
https://www.healthychildren.org/English/health-issues/conditions/tobacco/Pages/Alternative-Forms-of-Tobacco.aspx
Resources

Centers for Disease Control and Prevention, Understanding the Epidemic (Opioids):
https://www.cdc.gov/opioids/basics/epidemic.html

The Overdose Crisis Among U.S. Adolescents:
https://www.nejm.org/doi/full/10.1056/NEJMp2312084#:~:text=Fentanyl%20is%20now%20involved%20in,t%20substantially%20affected%20until%202019

Screening Tools
CRAFFT https://crafft.org/
S2BI https://nida.nih.gov/s2bi/

Project ECHO
https://projectecho.unm.edu/
https://youtu.be/nw8Sx3aMLx8
Resources

Treatment Locators/Resources
NJ Department of Children and Families Adolescent Substance use Treatment Services: https://www.performcarenj.org/pdf/families/csoc-substance-use-treatment-brochure.pdf
U.S Department of Health & Human Services, Substance Abuse and Mental Health Services Administration - Treatment Locator: https://findtreatment.gov/

NJ Department of Health: Teen Health
NJ Department of Human Services Division of Mental Health and Addiction Services: Addiction Resources

TeenHealthFX Online Resources for Teenage Health &Wellness (Tips for Teens by Teens, Platform to Submit Questions about Health)

Smart Recovery, Life Beyond Addiction (Educational Material, Self-Directed Practical Tools, Meetings, Online Community)
QUESTIONS
Contact Information

**Ashley Saab** - NJAAP Program Manager
609 937 1166
asaab@njaap.org

**Stephanie Pinney** - NJAAP Senior Program Manager
609 540 0405
spinney@njaap.org

**Aldina Hovde** - NJAAP Senior Program Director
630 532 8434
adovde@njaap.org
If you are seeking CME, CNE, or CE credit for your participation in this session, you must complete a brief evaluation at:

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This evaluation must be completed by 7/16/2024 at 11:59PM.