

Some risks of adolescent alcohol and marijuana use:

- 22% of teenage drivers in fatal car crashes were **drinking**. Car crashes are the leading cause of teen deaths.



- **Marijuana** affects a number of skills needed for safe driving, like reacting to sounds and signals on the road.

- Teens who use **marijuana** tend to get lower grades and are more likely to drop out of high school.



- High school students who use **alcohol** are five times more likely to drop out.

- **Marijuana's** effects on attention and memory make it difficult to

learn something new or do complex tasks.

- Heavy use of **marijuana** as a teenager can lower IQ later in life as an adult.



- Teens who binge **drink** every month damage their brains in a way that makes it harder to pay attention and understand new information.

- **Alcohol** poisoning and suicide are major causes of alcohol-related teen deaths.



- Teen **drinking** and **marijuana** use raise the risk of unprotected sex, sexual assault, STDs, and unplanned pregnancy.

- **Drinking** increases the risk of injuries - the third leading cause of death among teens.

A standard drink of alcohol equals:



Beer

12 oz.



Wine

5 oz.



One party cup
16 oz.

8 oz.

Malt liquor



1.5 oz.

Liquor



Readiness ruler:

Not ready 0 1 2 3 4 5 6 7 8 9 10 Very ready

Steps of the brief intervention

Raise the subject

- “Thank you for answering these questions - is it ok if we review this form together?”
- If yes: “Can you tell me in your own words about your drinking or drug use? How often, how much, etc.?”

Provide feedback

- “I recommend all my teen patients not use at all. Substance use can harm the brain of teenagers, as well as increase the risk of the things on the front of this page.”
- “Many teens who are dealing with these kind of problems may not be able to stop using on their own, even if they wanted to. I recommend these patients get help to stop.”

Enhance motivation

- “What do you like about your drinking/drug use? What do you not like, or are concerned about when it comes to your use?”
- “On a scale of 0-10, how ready are you to stop using/receive specialized treatment? Why do you think you picked that number rather than a ____ (lower number)?”

Negotiate plan

- Summarize conversation. If patient is ready to change: “What steps do you think you can take to reach your goal of cutting back/stop using/seeking specialized treatment?”
- “Can we schedule an appointment to check in and see how your plan is going?”

Oregon hotline that quickly identifies treatment resources for patients experiencing a substance use disorder:

1-800-923-4357

Interpreting the S2BI screening tool

Highest frequency of past-year, non-tobacco substance use	Risk category	Recommended action
Never	Abstinence	Positive reinforcement
Once or twice	No substance use disorder (SUD)	Brief advice
Monthly	Possible mild or moderate SUD	Brief intervention, employing principles of motivational interviewing
Weekly	Possible moderate or severe SUD	Referral to specialized treatment, conveyed through a brief intervention

Billing codes

Screening only	
Medicaid and Commercial:	
CPT 96160	
Screening plus brief intervention	
Medicaid and Commercial:	
≥ 15 min	CPT 99408
≥ 30 min	CPT 99409