Some risks of adolescent alcohol and cannabis use:

- 22% of teenage drivers in fatal car crashes were **drinking**. Car crashes are the leading cause of teen deaths.
- **Cannabis** affects a number of skills needed for safe driving, like reacting to sounds and signals on the road.
- Teens who use **cannabis** 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.
- **Cannabis**’s effects on attention and memory make it difficult to learn something new or do complex tasks.
- Heavy use of **cannabis** 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 **cannabis** 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.
- Malt liquor: 8 oz.
- Liquor: 1.5 oz.

One party cup: 16 oz.

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**
- “Thanks for filling out this form – is it okay if we briefly talk about your substance use?”
- “Just so you know, my role is to help you assess the risks so you can make your own decisions. I want to help you improve your quality of life on your own timeline.”
- “What can you tell me about your substance use?”

**Share information**
- Explain any association between the patient’s use and their health complaint, then ask, “Do you think your use has anything to do with your [anxiety, insomnia, STD, etc.]?”
- Share information about the risks of using alcohol, drugs, and misusing prescription drugs. Ask the patient: “What do you think of this information?”

**Enhance motivation**
- Ask patient about perceived pros and cons of their use, then summarize.
- “Where do you want to go from here in terms of your use? What’s your goal, or vision?”
- Gauge patient’s readiness/confidence to reach their goal. If using Readiness Ruler: “Why did you pick that number on a scale of 0-10 instead of ____ [lower number]?”

**Identify plan**
- If patient is ready, ask: “What steps do you think you can take to reach your goal?”
- Affirm the patient’s readiness/confidence to meet their goal and affirm their plan.
- “Can we schedule an appointment to check in and see how your plan is going? You may want to change it or come up with a new plan.”

National hotline that quickly identifies resources for individuals ready to accept treatment: 800–662–4357

**Interpreting the CRAFFT screening tool**

<table>
<thead>
<tr>
<th>Answers</th>
<th>Risk</th>
<th>Action</th>
</tr>
</thead>
<tbody>
<tr>
<td>“No” to questions 1-4</td>
<td>No risk</td>
<td>Positive reinforcement</td>
</tr>
<tr>
<td>“Yes” to Car question</td>
<td>Riding risk</td>
<td>Discuss alternatives to riding with impaired drivers</td>
</tr>
<tr>
<td>CRAFFT score = 0</td>
<td>Low risk</td>
<td>Brief education</td>
</tr>
<tr>
<td>CRAFFT score = 1</td>
<td>Medium risk</td>
<td>Brief intervention</td>
</tr>
<tr>
<td>CRAFFT score ≥ 2</td>
<td>High risk</td>
<td>Brief intervention (offer options that include treatment)</td>
</tr>
</tbody>
</table>

**Billing codes**

- **Screening only**
  - Medicaid: CPT 96160

- **Screening plus brief intervention**
  - Medicaid: 
    - ≥15 min: CPT 99408
    - ≥30 min: CPT 99409
  - Medicare: 
    - ≥15 min: G0396
    - ≥30 min: G0396