

Substance Use Screening for Patients 18+

S2BI	<ul style="list-style-type: none"> • The S2BI has been validated for patients aged 12-17. • This guidance provides clinical suggestions for use of the S2BI with older teens and young adults. Practices may prefer to use a tool that has been validated with this age group.
What are the goals of talking about substance use with older patients?	<ul style="list-style-type: none"> • For older teens and young adults, the primary goal for substance use screening is to identify young adults who are at greatest risk for substance use disorders, who could benefit from treatment. <ul style="list-style-type: none"> ○ With S2BI, we recommend the same cut-offs with young adults as with teens, i.e., “monthly” or “weekly or more” use of any substance, though these cut-offs have not been formally validated. ○ Data from a national sample of FQHCs found that rates of “high risk substance use” among 18-21 year olds was very similar to rates of substance use disorder identified in a nationally representative sample for this age group. • We recommend discouraging substance use with all pediatric patients, because substance use interferes with brain development, which continues through the mid-20s. Substance use is also associated with significant morbidity, including accidents, injuries, sexual violence and exposure to fentanyl, even among patients who do not have a substance use disorder.
Alcohol	<ul style="list-style-type: none"> • Drinking patterns for older teens and young adults are distinct from adult patterned drinking. According to the NIAAA, 90% of all alcohol consumed by underage drinkers is in the form of a binge. Binge drinking remains common among young adults, even those over age 21. <ul style="list-style-type: none"> ○ A binge is defined as “a pattern of drinking that brings blood alcohol concentration to .08 grams per deciliter (0.08%) or higher.” <ul style="list-style-type: none"> ▪ For adult women: 4 drinks within 2 hours. ▪ For adult men: 5 drinks within 2 hrs. <p>For patients 18-20:</p> <ul style="list-style-type: none"> • Discourage alcohol use. <ul style="list-style-type: none"> ○ Alcohol use interferes with brain development, can cause memory and learning problems, is associated

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	<p>with mood disorders, and highly associated with acute risks such as sexual assault.</p> <ul style="list-style-type: none"> • Encourage patients who report “high risk” (monthly or more) alcohol use to speak with a behavioral health counselor for an evaluation. • Discuss harm reduction strategies. <p>For patients ≥ 21</p> <ul style="list-style-type: none"> • Ask how many drinks they consume on a typical drinking day. • Encourage patients who report monthly or more binge alcohol use to speak with a behavioral counselor for an evaluation. • Discuss harm reduction strategies.
Cannabis	<ul style="list-style-type: none"> • Cannabis and other products containing THC (the psychoactive component of cannabis) have become more potent over time. Rates of acute psychotic episodes and cannabis hyperemesis syndrome have risen correspondingly. <p>For older teens and young adults</p> <ul style="list-style-type: none"> • Discourage cannabis use. <ul style="list-style-type: none"> ○ Cannabis negatively impacts the developing brain and is associated with higher rates of mental health disorders, including mood, anxiety and psychotic disorders and poorer educational, vocational, emotional and family outcomes. • Encourage patients who report “high risk” (monthly or more) cannabis use to speak with a behavioral health counselor for an evaluation. • Consider medications to relieve withdrawal symptoms or suppress cravings as indicated. (See guidance on cannabis for detailed medication recommendations.)
Nicotine	<ul style="list-style-type: none"> • Since 2000, rates of combustible cigarette use have plummeted among high school students and young adults. However, “vaping” of nicotine reached epidemic proportions in the late 2010’s. While rates of initiation among younger teens have fallen in recent years, nicotine addiction among older teens and young adults has sky rocketed. • Vaping products are heavily marketed to young adults and often presented as a “safer alternative” to smoking. Vaping

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	<p>is associated with significant health risks, including nicotine addiction and pulmonary injury. For most older teens and young adults, vaping is an introduction to nicotine rather than harm reduction.</p> <ul style="list-style-type: none">• Nicotine is highly addictive and can be challenging to quit. Once patients become addicted, many start using combustible cigarettes in addition to vapes. Evidence suggests that dual use of cigarettes and e-cigarettes is more harmful than use of cigarettes alone. Vaping is not recommended for “switching” or “cessation” even among youth who currently use tobacco. <p>For older teens and young adults</p> <ul style="list-style-type: none">• Discourage all nicotine use.<ul style="list-style-type: none">○ Nicotine negatively impacts brain development, increases the risk of mood disorders/depression and can interfere attention and learning.• Encourage patients who report “high risk” (monthly or more) nicotine use to speak with a behavioral health counselor for an evaluation.• Consider medications to relieve withdrawal symptoms or suppress cravings as indicated. (See guidance on nicotine for detailed medication recommendations.)
<p>When is it appropriate to refer an older patient to the PCPlus program?</p>	<p>PC Plus (i.e., ASAP-PC) clinicians can see any patient who has concerns about substances, regardless of their level of use.</p> <ul style="list-style-type: none">• The patient does NOT need to see their substance use as a problem in order to be referred. PC Plus clinicians can see patients who use substances for anxiety, depression, “stress” or any other problem.• Patients who want to learn more about substance use can see a clinician for an Educational Visit rather than formal counseling if this is more interesting to patient. <p>ASAP clinicians are available to consult with providers on any question regarding substance use.</p>

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