Screening for drugs and alcohol use among teens admitted for trauma care



Beth Ebel, MD, MSc, MPH Dept of Pediatrics, Harborview Medical Center/UW

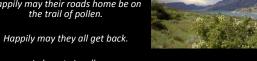


GETTING HOME SAFELY AFTER TRAUMA CARE

Happily, as they approach their homes, they will regard you.

Happily may their roads home be on the trail of pollen.

In beauty I walk.



—from The Night Chant, a Navajo returning ceremony

Outline

- Why should we screen for alcohol and drugs in trauma patients?
- Who should we screen?
- Screening tools (biologic, questionnaire)
- Treatment approaches

ALCOHOL AND DRUG USE IN TRAUMA

Binge Use

- More common in trauma
- Easier to intervene
- Brief intervention group

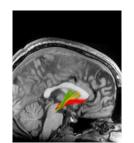
Dependency

- Dependency is a chronic disease, like diabetes
- Estimated 25 million people in the US with alcohol or drug dependency



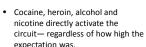
HOW DOES ADDICTION WORK?

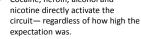
- Mechanisms involved in memory and learning are hijacked by drugs of abuse
- Mimics natural rewards such as food and sex by triggering neural reward circuits
- Alcohol and drugs drive reward circuitry in a way that natural rewards do not
- Circuit run deep in the brain to the nucleus accumbens (pleasure), the prefrontal cortex (decision-making, planning), and deep brain stem areas ("lizard brain")



ADDICTION AND DOPAMINE

- When reward exceeds expectations, dopamine circuitry really lights up.
- Conversely, if expectations aren't met, dopamine activity drops off.







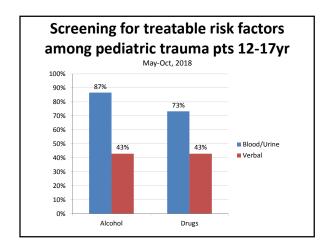
Young people are most susceptible

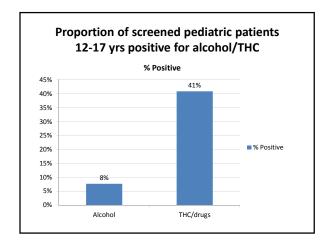
Drug and alcohol screening for teens

- 12-17 years
- All patients admitted for trauma care
- Urine tox and blood alcohol level (when blood draw already required)
- Teen-specific screening tool (CRAFFT)

Screening and referral protocol

- Blood drawn in trauma bay
- Urine tested either in ED or on the floor/ICU so as not to delay transfer
- Pediatric resident screen (CRAFFT) as part of general adolescent risk assessment
- Positive results lead to consultation with rehabilitation psychology (BI)
- SBIRT team for additional outpatient referrals beyond primary care

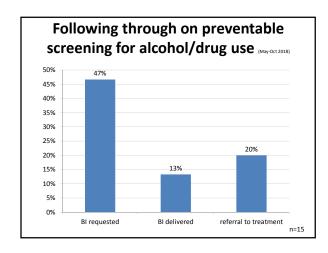




Urine toxicology results

- Primarily cannabinoids (2 in every 5)
- Also methamphetamine, cocaine, alcohol







Age and sex for screened pediatric patients 12-17 years, by alcohol/drug results Female (%) Mean Age (yrs) **Alcohol Positive** 17.0 67% **Alcohol Negative** 15.4 20% **THC** Positive 17.0 40% THC Negative 15.0 0%

Begin: "I'm going to ask you a few questions that I ask all I be honest. I will keep your answers confidential."	my patients. P	lease
Part A		
During the PAST 12 MONTHS, did you:	No	Yes
Drink any <u>alcohol</u> (more than a few sips)? (Do not count sips of alcohol taken during family or religious events.)		
2. Smoke any marijuana or hashish?		
Use <u>anything else</u> to <u>get high?</u> ("anything else" includes illegal drugs, over the counter and		
prescription drugs, and things that you sniff or "huff")		
	estions in Par	t A?
For clinic use only: Did the patient answer "yes" to any qu	estions in Par es □	t A?
For clinic use only: Did the patient answer "yes" to any qu	es 🗌	
For clinic use only: Did the patient answer "yes" to any qu No Ye Ask CAR question only, then stop Ask all 6 CRA	es 🗌	
For clinic use only: Did the patient answer "yes" to any qu No Ye	es □ AFFT question No	ıs
For clinic use only: Did the patient answer "yes" to any que No Ye Ask CAR question only, then stop Ask all 6 CRA Part B 1. Have you ever ridden in a CAR driven by someone (including yourself) was 'high' or had been using alcohol or druigs? 2. Do you ever use alcohol or druigs to RELAX, feel better about yourself,	AFFT question No who	ıs
For clinic use only: Did the patient answer "yes" to any que No Ye Ask CAR question only, then stop Ask all 6 CRA Part B	AFFT question No who	ıs

TREATMENT APPROACHES

• Prevention

- Policy and legislative options
- Harm reduction and safe ride home

• Treatment

- Brief intervention (SBIRT)
- Outpatient treatment
- Inpatient treatment



17

SBIRT



- SBIRT (Screening, brief intervention and referral to treatment) is a highly effective approach to reduce alcohol/drug use and has been demonstrated to reduce repeat emergency and trauma admissions
- SIBRT required for Level I trauma centers
 - $-\,$ Reduce hospital length of stay, ED visits by 50%
 - Save \$3.81 for every \$1 spent on screening
- Unfortunately, for many kids, need for SBIRT is "invisible".
 Many kids admitted to trauma centers are missed, because they do not have blood alcohol, urine tox, or do not complete a simple screening tool

Brief Intervention Steps

- Provide information on results of labs/screening test
- 2. Understand patient viewpoint; enhance motivation (collaborative, non-confrontational)
- 3. Advice and negotiation (set goals, negotiate a plan)

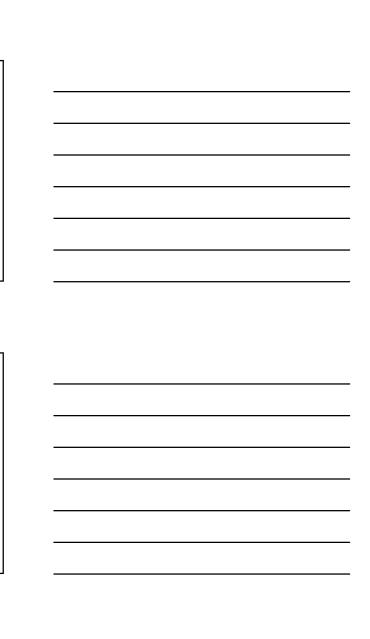
Convey respectful concern, without judgment

Referral Options

- Primary care provider (ensure diagnosis added to discharge summary) for binge drinking/THC use
- Outpatient support for other drugs of abuse or higher level of concern for alcohol/THC use
- Inpatient services remains challenging unless there are other psychiatric needs
- New support to assist with pediatric psychiatric needs for providers or families
 - Washington Mental Health Referral Service for Children and Teens
 - Families can call 833-303-5437, Monday through Friday from 8 a.m. to 5 p.m. Pacific time, to connect with a referral specialist

Confidentiality

- Discussion with teen (and guardian)
 - Aim for partnership
 - Typically will need parent support to engage in follow-up care
 - Opportunity to help parents understand and support teen
- Electronic health record confidentiality



UWMEDICNE INJURY CONTROL QUESTIONS?	
UW Medicine HARBORVIEW MEDICAL CENTER HARBORVIEW MEDICAL CENTER	