

## Screening Adolescents for Unhealthy Alcohol Use in Primary Care

MVP Health Care® (MVP), as part of its continuing Quality Improvement Program, has adopted The National Institute on Alcohol Abuse and Alcoholism's (NIAAA) guide *Alcohol Screening and Brief Intervention for Youth A Practitioner's Guide*<sup>1</sup>. This guide was developed to assist practitioners who treat children and adolescents ages 9 to 18 years, and was produced in collaboration with the American Academy of Pediatrics. The full guide is available at:

[https://www.niaaa.nih.gov/sites/default/files/publications/NIAAA\\_AlcoholScreening\\_Youth\\_Guide.pdf](https://www.niaaa.nih.gov/sites/default/files/publications/NIAAA_AlcoholScreening_Youth_Guide.pdf)

### **Impact of the Condition**

Alcohol is the most commonly used substance among youth. According to the 2022 National Survey on Drug Use and Health (NSDUH), 4.3 million youth ages 12 to 17 (16.7% in this age group) reported that they drank in the past year<sup>2</sup>. The use of alcohol by youth has led to a serious public health concern. It results in unintentional injuries and death, suicidality, aggressive behaviors, infections, unplanned pregnancies, and academic and social problems. Early initiation of drinking is associated with development of an alcohol use disorder later in life. For many kids, drinking alcohol is the first risky behavior tried and the quick alcohol screen in this *Guide* can alert practitioners to other patients in their practice who may need screening for other risky behaviors as well.

### **Summary of the NIAAA Guide**

The following guide serves as a quick, effective tool for alcohol screening and intervention during brief, acute visits. Following the review of multiple databases across multiple years, researchers found two questions had the most predictive strength and practicality. One question is about friends' drinking, and the other is about personal drinking frequency. The friends' drinking question is an early warning signal that strongly predicts the patient's future drinking levels. The personal drinking level hones in on frequency, which is the best predictor of current risk for alcohol-related harm in adolescents who are already drinking. The risk estimator estimates a patient's level of risk for alcohol-related problems and is categorized as *lower, moderate or highest* based on age and frequency of alcohol use in the past year. Taken together with friends' drinking, other risk factors, additional questions asked as needed and one's clinical judgment, these help to gauge the level of risk. Use during the past year is used instead of the past month as drinking by many young people is often sporadic. It is also highly recommended a follow-up visit be made for any patient for whom an alcohol intervention is made so as to help strengthen the effects of the previous discussion. The guide also outlines different levels of intervention with tips for topics to cover and presents an overview of brief motivational interviewing<sup>3,4</sup>. Additionally, it addresses concerns related to confidentiality, provides additional workup resources (such as the AUDIT and CRAFFT tools) and referral resources.

Additional tools to assist providers with educating their patients on behavioral health conditions are included in the Provider Quality Improvement Manual under Behavioral Health.

[Quality Programs and Initiatives | MVP Health Care](#)

For providers in New York State who care for children and adolescents with mild-to-moderate behavioral health needs, an additional resource, Project TEACH<sup>5</sup>, is available. Project TEACH is funded by the New York State Office of Mental Health and aims to strengthen and support the ability of New York’s pediatric primary care providers to deliver care to children and their families experiencing mild-to-moderate mental health concerns including anxiety, depression, and ADHD, in children, adolescents, and young adults up to age 22. Project TEACH offers providers consultations, referrals, and training at no cost. Project TEACH may be accessed at <https://projectteachny.org/>

**[Learn more about Project TEACH](#)**

**[Read about Project TEACH](#)**

In conjunction with these guidelines, MVP Health Care offers Case Management for members with behavioral health conditions. If you would like to refer your patients to the Case Management program, please call the MVP Case Management Department at 1-800-852-7826.

This guideline is not intended to replace the role of clinical judgment by the physician in the management of this, or any other disease entity. It is an educational guideline to assist in the delivery of good medical care. All treatment decisions are ultimately up to the physician. Where medication recommendations are made, please refer to each health plan’s formulary for coverage considerations.

MVP Health Care updates its clinical guidelines at least every two years. The review process is also initiated when new scientific evidence or national standards are published. Practitioners are alerted via the web site and by written notices from the plan via fax or newsletter. A hard copy of the clinical guideline can be requested by calling the MVP Quality Improvement Department at (800) 777-4793 extension 1-2247.

**References**

1 The National Institute on Alcohol Abuse and Alcoholism’s (NIAAA) guide *Alcohol Screening and Brief Intervention for Youth A Practitioner’s Guide*

[https://www.niaaa.nih.gov/sites/default/files/publications/NIAAA\\_AlcoholScreening\\_Youth\\_Guide.pdf](https://www.niaaa.nih.gov/sites/default/files/publications/NIAAA_AlcoholScreening_Youth_Guide.pdf)

2 The National Institute on Alcohol Abuse and Alcoholism’s (NIAAA): Alcohol Use in the United States

<https://www.niaaa.nih.gov/alcohols-effects-health/alcohol-topics/alcohol-facts-and-statistics/alcohol-use-united-states>

3 American Academy of Pediatrics Policy Statement - Alcohol Use by Youth and Adolescents:  
A Pediatric Concern

<https://pediatrics.aappublications.org/content/125/5/1078>

4 American Academy of Pediatrics Policy Statement - Substance Use Screening, Brief  
Intervention, and Referral to Treatment

<https://pediatrics.aappublications.org/content/138/1/e20161210/tab-e-letters>

5 <https://projectteachny.org/>