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Editorial Open Access

Emergency Screening and Brief Intervention for Alcohol in Adolescents

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Editorial

Consumption and abuse of substances is nowadays a huge problem in our society, with important social, health and economic consequences. In particular, adolescents are one of the more vulnerable age groups because of characteristic and distinct neurobehavioral changes. They present more rapid development of limbic systems and relatively immature prefrontal cognitive systems that may promote risky behaviours and substance use. Indeed, adolescence represents a distinct period of vulnerability to substance use initiation and transition to substance abuse and dependence in comparison with adults [1,2]. It is known that alcohol consumption before adult age could affect neurocognitive development and lead to physical, psychological and social alterations. Also it has been associated with traffic accidents, homicides, suicides, early sexual contacts, scholar failure or mental illnesses and crime among others [3]. Regarding this, some investigators speculate that age of first drug use might be a manifestation of underlying vulnerability to become drug dependent, resulting in a higher probability to increase quantity, variety and drug dependence problems [4].

For this reason, one aim treated by National Strategy for Drugs of Abuse in Spain (2009-2016) is to promote the important role of Primary Care physicians as well as Emergency Departments (ED) in early detection, counselling and brief interventions (BI) over smokers, alcohol abusers, psychoactive drugs users or illicit drugs consumers. Besides, there is a public health plan to design projects for epidemiological, clinic, basic and social research [5].

Furthermore, alcohol, tobacco and drugs of abuse consumption screening is widely justified in risk groups as adolescents, due to the high vulnerability to develop drug abuse [1,2] and consumption evidence. Nevertheless, most of these risk behaviours keep hidden after a health care visit. For this reason most of researchers intercede for the use of structured tools ideally suited for preventing problematic behaviours and for a consistent screening [6,7]. Screening, brief intervention, and referral to treatment model may be well-suited for identifying and intervening with adolescents who are at-risk of developing substance use disorders and those adolescents whose substance consumption puts them at risk for injury or illness. It has to be underlined the great effort of information and training made about this issue at scholar centers which should be carry out by the different health care services and where the message should be reinforced through clear information, counselling and consistent data presented to patients. Adolescents do not come very often to Primary Care services as they did to the paediatricians after they reach 14 years old. In addition, when adolescents begin to use drugs of abuse usually there are no signs or symptoms that promote a health care visit and only some of them come as a consequence of abuse or dependence. So, during adolescence the only contact with health care services is through ED at the hospitals. In this sense, ED may provide a critical and unique opportunity to initiate care that targets alcohol misuse at the same time of a substance-related negative consequence.

In this sense, it has been shown that screening and BI are among the ten best public health strategies to prevent and avoid the problems related to alcohol abuse [8]. Several studies [9-12] obtained a good experience in BI with different groups of patients resulting in a significant decrease in alcohol consumption and also in alcohol abuse related problems, especially at short-term.

It is really important that physicians and other health care workers will be aware of alcohol and other substances use and abuse patterns in adolescents in order to warn the patients about the priority of prevent this consumption and abuse. Barriers perceived to implement screening and BI in ED are similar to those showed by other authors in Primary Care sites and are related mainly to lack of time and personnel and to concern about legal implications and informed consent or confidentiality. It should be clear that prevention is a hard work and it is basic to fight against the lack of mistrust from certain physicians in the capacity of the health care system to deal with the consequences of substance abuse in adolescents.

Adolescents usually arrive to ED in case of acute intoxication that could facilitate an intervention focused in promoting alcohol abstinence and in preventing binge drinking [13]. However, preventive interventions in ED are complicated because of under pressure care what could result in limitations to data collection and also inefficacy of the therapeutic implementation [14]. In this sense, it would be necessary to improve health care resources in ED, to ensure physician's motivation and to expand this intervention to all the health care personnel.

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