MVP Health Care®, (MVP) as part of its continuing Quality Improvement Program, has adopted the American Academy of Pediatrics Policy Statement - Alcohol Use by Youth and Adolescents: A Pediatric Concern which outlines recommendations for screening adolescents for alcohol abuse in the primary care setting. The policy is located on the website at: 
http://pediatrics.aappublications.org/content/125/5/1078

Scope of the Problem

Alcohol is one of the most widely used substances among adolescents; more adolescents try alcohol than tobacco or other illicit drugs. The abuse of alcohol by youth has led to a serious public health concern. It is a leading contributor to death resulting from injuries in youth under age 21; accounting for approximately 5,000 deaths per year. According to the 2013 National Youth Risk Behavior Survey: 21.9 percent of students had ridden one or more times in a car or other vehicle in the month prior to the survey with someone who had been drinking; 20.8 percent of students had consumed at least five alcoholic beverages in a row in the month prior to the survey. Additional adverse effects of alcohol use among adolescents include: brain structure and function can be altered as a result, which may have consequences extending into adulthood; the likelihood of risky behaviors may be increased, including sexual activity which may lead to unwanted pregnancy and sexually transmitted diseases (STDs). The risk for sexual
and physical assault is also increased; the likelihood of using tobacco and illicit drugs is increased with alcohol use.

**Summary of the policy statement**

By adopting the AAP policy statement MVP aims to provide information to pediatricians and other health care providers who care for children. This policy statement reviews the following: definitions of alcohol use, misuse and dependence adopted from the DSM-V criteria; dangers of alcohol use in the adolescent population and contributing factors for hazardous use; how alcohol use affects brain development in the adolescent.

---


The policy statement outlines the goals of the 2007 Surgeon General’s Call to Action to Prevent and Reduce Underage Drinking, including the role of health care professionals. The AAP recommendations for pediatricians to routinely screen and provide in-office intervention is outlined and brief screening tools are recommended. The CRAFFT six-item screening instrument which was developed by John Knight, MD of the Center for Adolescent Substance Abuse Research, Children’s Hospital Boston is provided. The role of the pediatrician and other health care providers who work with children as it relates to alcohol use among youth and adolescents is summarized in 16 brief recommendations.

Additional support
To support providers in efforts to reduce alcohol use in adolescents, MVP makes tools available free of charge in its Physician Quality Improvement Manual. Tools including the CRAFFT questions are available such as: a screening tool to record the adolescents’ answers to the CRAFFT questions, an informational sheet to hand to the teen after the screening is performed and an exam room poster with the CRAFFT questions. A Risky Teen Behaviors brochure that physicians can distribute to parents is also available in the manual.

Where to Refer
MVP will assist PCPs in matching their patients to the appropriate Behavioral Health provider in their area. To locate an appropriate provider please call the MVP Behavioral Health Access Center at (800) 568-0458 (and listen for the Behavioral Health Prompt) between the hours of 8:30 AM and 5:00 PM. Providers in Vermont should call MVP at 800-684-9286 during these same hours. Referrals for outpatient substance abuse treatment are generated when calling.

This guideline is not intended to replace the role of the physician’s clinical judgment in the management of medical services, it is an educational guideline provided to assist in the delivery of good medical care. All treatment decisions are ultimately based on the physician’s clinical assessment and judgment. Where medication recommendations are made, please refer to each health plan’s formulary for coverage considerations.

MVP 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 print copy of the clinical guideline can be requested by calling the MVP Quality Improvement Department at (800) 777-4793 extension 1-2247.