

Advances in the Screening and Treatment of Harmful Alcohol Use in Adolescent Girls

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Disclosure Information

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- ☀ No Disclosures
- ☀ Acknowledgements
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Learning Objectives

- ☀ Summarize alcohol use and related harms among adolescents and understand new sex-based differences.
- ☀ Explain why adolescence is a critical period for the development of harmful alcohol use.
- ☀ Describe key features of the best available interventions for adolescents.
- ☀ Understand the utility and acceptability of computer-based interventions to support clinical care.

Adolescent Alcohol Use

- ☀️ Alcohol use often begins during adolescence, especially for those who go on to develop alcohol use disorder.
- ☀️ One in 100 adolescents ages 12 or 13 report drinking alcohol in the past month; 1 in 200 engage in binge drinking.
- ☀️ By ages 16 and 17, roughly 1 in 5 report drinking, and about 1 in 10 report binge drinking.

Raising the Glass Ceiling: Girls are Outdrinking Boys

- ☀️ Girls are now more likely to drink and binge drink, flipping an historic pattern.
- ☀️ Girls ages 12 to 17 report more alcohol use (7.9% for girls vs. 6.0% for boys) and binge drinking (4.5% for girls vs. 3.3% for boys).
- ☀️ This shift is driven by alcohol use among boys declining more for boys than girls.

What's the harm?

ALCOHOL USE DURING ADOLESCENCE IS ASSOCIATED WITH HOST OF ADVERSE ACUTE AND LONG-TERM CONSEQUENCES

Socio-Economic

- Lower income
- Unemployment
- Lower educational attainment & higher dropout

Medical

- Cognitive impairments
- Mental health
- HIV and other diseases

Self-Harm & Suicide

- Leading causes of death among youth (i.e., accidents, homicide, suicide)
- Nonfatal self-harm

Addiction

- Onset & persistence of alcohol use disorder



Developmental Perspective on Addiction

Biological

Brain changes
Sleep changes
Emotional & behavioral
regulation

Neurocognitive

Decision-making
Working memory
Executive functions



Social-Emotional

Family relationships
Peer relationships
Romantic relationships &
sexuality

Transitions

Living arrangements
Educational settings
Work settings

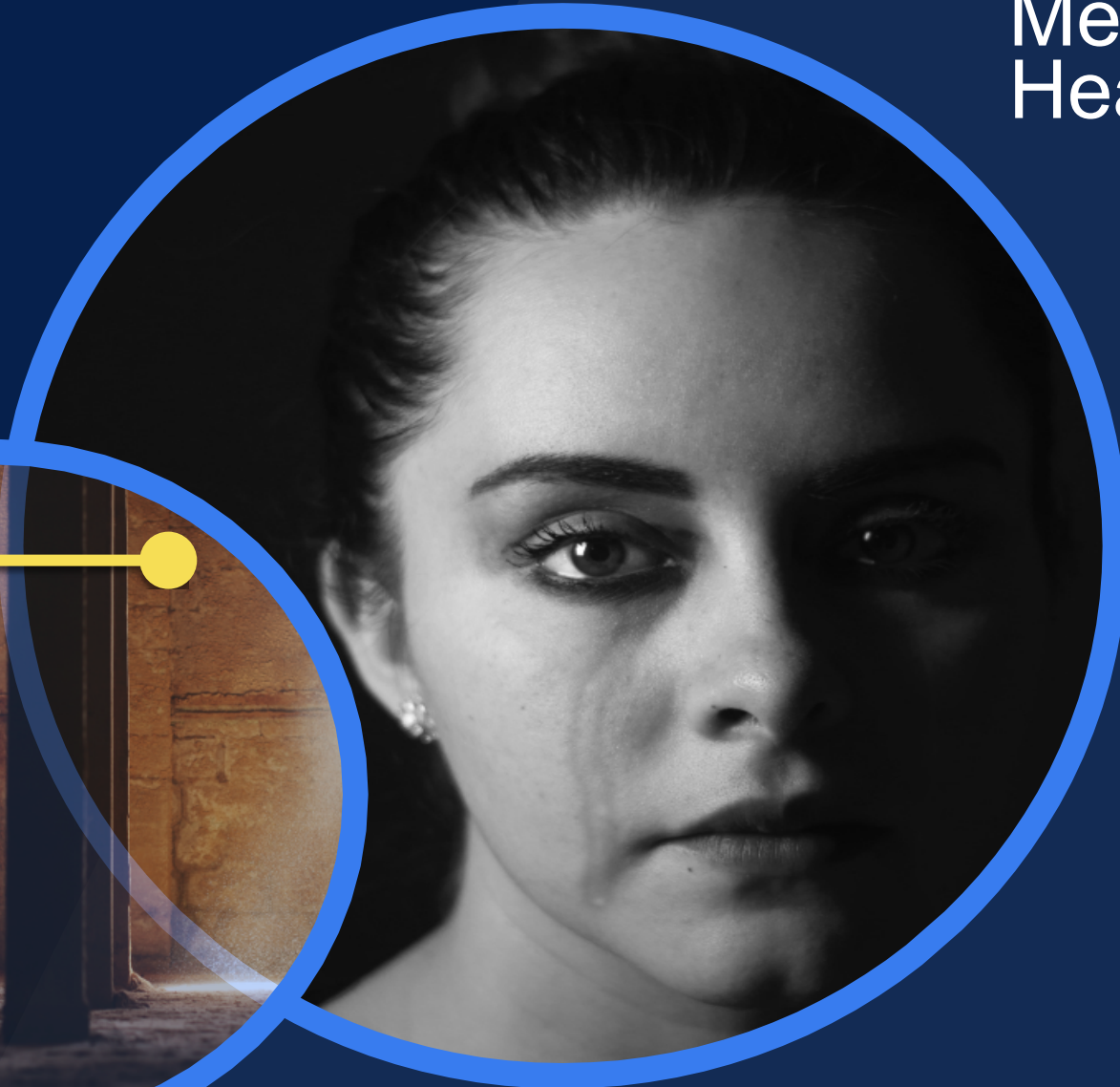
Addiction: Brain Disease that Targets Youth

- ☀ Adolescents are hypersensitive to alcohol's pleasurable effects and less sensitive to its unpleasant effects.
 - ☀ Compared to adult rats and mice, adolescent animals drink 2-3 times more alcohol.
 - ☀ Less sensitive to the aversive, sedative, and motor impairing effects of alcohol.
 - ☀ More sensitive to alcohol's stimulatory and social-facilitating effects.
- ☀ Preclinical findings translate to human adolescents.

Co-Occurring Disorders

Mental
Health

Substance
Use



Scope of the Problem

Girls

4% Past-year
487,000 girls alcohol use disorder

93% Untreated
Only 7%
Treated

1 or 2
Girls

IN EVERY HIGH SCHOOL
CLASS IS STRUGGLING
WITH ALCOHOL USE
DISORDER

Boys

2% Past-year
270,000 boys alcohol use disorder

93% Untreated
Only 7%
Treated

< 1
Boy

IN EVERY HIGH SCHOOL
CLASS IS STRUGGLING WITH
ALCOHOL USE DISORDER



WHY SCREEN?

Teen substance use

is common, and most
teens who need
professional help never
receive it.

Prevent harmful effects

that are both acute and far
reaching, including long-
term struggles .

Early intervention

is key and teens who drink
earlier have poorer
outcomes.

Uncertainty about what to do

if something is wrong and
some type of intervention
in the moment is needed.

Concern about a false positive or negative

causing worry and
mistrust or risk missing
something.

Lack of referral options

for specialty care.

How to Screen for Substance Use

Screening Tool	Population	Substance Type	Languages	Costs	Features
Single-Item	Validated with teens	All substances	English, Spanish	Free, publicly available	Past-year substance use frequency
Screening to Brief Intervention (S2Bi)	Validated with teens	All substances	English Spanish	Free, publicly available	Qualitative estimate of the frequency of use days; 2-min
Brief Screener for Tobacco, Alcohol, & Other Drugs (BSTAD)	Validated with teens	All substances	English Spanish	Free, publicly available	Qualitative estimate of the frequency of use days; 2-min
CRAFFT 2.1	12-21 years	All substances	20+ languages	Free, publicly available	Problematic substance use

Does Treatment Work?

Non-Pharmacological
Treatments



MOTIVATIONAL
ENHANCEMENT
THERAPY



BEHAVIORAL
THERAPY



COGNITIVE-
BEHAVIORAL
THERAPY



FAMILY
THERAPY

Does Treatment Work?

Pharmacological
Treatments





Why medication?

- Teaching skills is inadequate for some youth.
- Self-regulation is still developing, making medication particularly salient for youth.
- Can be more accessible than psychotherapy.

Developmental considerations

- Cannot assume what works for adults will work for adolescents



Candidate Pharmacotherapies

RECENT ADOLESCENT CLINICAL TRIALS



N-acetylcysteine

- Mixed evidence for cannabis
- Results for alcohol are not promising

Our Team

- Atomoxetine (K24AA026326)
- Lamotrigine (R21AA028394)
- Naltrexone (R21AA017273)
- Topiramate (R01AA007850)



Carpenter et al, 2022; Kirkland et al., 2023; Miranda et al., 2014, Miranda & Treloar, 2016

Expanding Access

Digital Health
Innovations



Smart Solutions: Mobile Health Innovations for Alcohol

- ✦ Extraordinary growth in computer science and mobile connectivity has potential to transform alcohol treatment.
- ✦ Unobstructed by barriers to traditional treatments, computer and smartphone-based interventions can provide point-of-need care in far-reaching and unprecedented ways.
- ✦ While numerous clinical trials demonstrate the efficacy of mobile health interventions for adults with alcohol use disorder, developmentally tailored interventions for adolescents are needed.

Smart Solutions: Mobile Health Innovations for Alcohol (Path180)

- ✦ **Objective:** Translated MET-CBT protocol to adolescents in the context of clinical trials and our nationally recognized clinical service.
- ✦ **Approach:** Adhered to best-practice principles shown to improve computer-based learning.
- ✦ A priority was to ensure all aspects of the platform were developmentally tailored to adolescents. Throughout the iterative design process, from initial concept to beta testing, we consulted with service providers with expertise in working with youth as well as adolescents and their parents. Providers spanned master-level clinicians, social workers, clinical psychologists, nurses, pediatricians, and child psychiatrists.

Seven Interactive Modules



Making Decisions

Thinking about Drinking

Strategies for Change

Tackling Triggers

Overcoming Obstacles

Reviewing Progress

Considering Next Steps

Sample Characteristics

		Females (n = 44)	Males (n = 35)	<i>p</i>
Age, M (SD)		19.6 (1.39)	19.2 (1.08)	ns
Race, % White		52.3%	74.2%	ns
Ethnicity, % Hispanic/Latinx		21.0%	20.0%	ns
AUD Severity, %				ns
	Mild	27.3%	23.0%	
	Moderate	38.6%	29.6%	
	Severe	34.1%	46.7%	
Age of AUD Onset, M (SD)		18.0 (1.24)	17.6 (1.52)	ns
Percent Drinking Days (Past Month), M (SD)		36.0 (16.5)	36.7 (13.7)	ns
Drinks/Drinking Day (Past Month), M (SD)		4.0 (1.4)	5.3 (2.0)	.036

Sample Characteristics

		Females (n = 44)	Males (n = 35)	<i>p</i>
Importance of Change, <i>M (SD)</i> , (0 – 10)		5.48 (2.19)	5.11 (2.02)	ns
Motivated for Change, <i>M (SD)</i> , (0 – 10)		6.07 (2.47)	5.51 (2.34)	ns
Ready for Change, <i>M (SD)</i> , (0 – 10)		6.55 (2.20)	6.11 (2.19)	ns
Confidence to Change, <i>M (SD)</i> , (0 – 10)		7.00 (1.84)	6.83 (2.19)	ns
Drinking Goal, %				ns
	Cut Down, Not Stop	91.0%	80.0%	
	Occasional Drinking	4.4%	5.6%	
	Temporary Abstinence	2.3%	8.8%	
	Total Abstinence	2.3%	5.6%	

Overall Acceptability

- ☀ The majority (82%) rated the quality of the platform as "good" or "excellent," and most (76%) found the activities and worksheets to be understandable and useful.
- ☀ Most youth (80%) indicated it was helpful to learn strategies to meet their drinking goals, and most (75%) said it helped them understand something new about their drinking.
- ☀ Most (80%) reported that it was an excellent way to think more about their drinking and decide whether a change is right for them.
- ☀ Most (90%) felt it met one or more of their needs regarding their alcohol use, and two-thirds (67%) said they would recommend it to other teens looking to change their drinking.

Girls Found Path180 More Helpful

	Females (n = 44)	Males (n = 35)	
	M (SD)	M (SD)	<i>p</i>
1. Path180 helped me understand drinking	2.82 (1.06)	2.71 (1.25)	.001
2. Helped me decide to change my drinking.	4.07 (0.66)	3.66 (1.21)	<.001
3. Helped me change my drinking	3.93 (0.76)	3.43 (1.17)	.002
4. Felt supported in changing my drinking	3.91 (0.89)	3.09 (1.15)	.013
5. Enjoyed Path180	3.48 (0.90)	2.89 (1.23)	.014
6. Satisfied with Path180	3.07 (0.66)	2.69 (0.87)	.035
7. Path180 helped me learn helpful strategies	4.09 (0.71)	3.71 (1.10)	.005

Girls Found Path180 More Helpful

	Females (n = 44)	Males (n = 35)	
	M (SD)	M (SD)	<i>p</i>
1. Decisional balance (drinking)	3.48 (0.90)	2.89 (1.23)	.012
2. Decisional balance (change)	2.82 (1.06)	2.71 (1.25)	.008
3. Helped learn about the harms of drinking	4.02 (0.73)	3.49 (1.15)	<.001
4. Quick Guide	3.80 (0.90)	3.49 (1.17)	.043
5. Helped develop change plan	4.16 (0.81)	3.46 (1.31)	<.001
6. Learning specific strategies	4.23 (0.71)	3.71 (1.13)	.010
7. Planning for triggers	3.52 (0.88)	3.14 (1.26)	.035
8. Planning for obstacles or barriers to change	3.91 (0.74)	3.34 (1.03)	.011
9. Tracking drinking	3.80 (0.93)	2.83 (1.07)	.008

Final Takeaways/Summary

- ☀ Adolescence is a key development period for the onset and escalation of alcohol use and associated harms.
- ☀ Youth experience heightened sensitivity to the stimulatory (positive reinforcing) effects of alcohol, and they are less sensitive to the unpleasant effects, creating the perfect storm for addiction.
- ☀ Girls are overcoming boys in their levels of alcohol use, binge drinking, and alcohol use disorder.
- ☀ Evidence-based interventions exist, however, very few teens—girls or boys— access specialty care.

Final Takeaways/Summary

- ✱ Our preliminary work provides strong support for the feasibility and acceptability of Path180 with treatment-seeking adolescents with alcohol use disorder.
- ✱ Girls found Path180 and its skill-driven focus more helpful than boys.
- ✱ Given compelling evidence that computer-based interventions can significantly augment computer-based alcohol and other substance use disorder treatment in adults, it appears Path180 may be a beneficial and highly scalable adjunct to treatment for young people, especially girls.

References

1. Carroll KM, Ball SA, Martino S, et al. Computer-assisted delivery of cognitive-behavioral therapy for addiction: a randomized trial of CBT4CBT. *The American journal of psychiatry*. 2008;165(7):881-888
2. Carroll KM, Ball SA, Martino S, Nich C, Babuscio TA, Rounsaville BJ. Enduring effects of a computer-assisted training program for cognitive behavioral therapy: a 6-month follow-up of CBT4CBT. *Drug and alcohol dependence*. 2009;100(1-2):178-181
3. Fitzgerald DA, Scott KM, Ryan MS. Blended and e-learning in pediatric education: harnessing lessons learned from the COVID-19 pandemic. *Eur J Pediatr*. 2022;181(2):447-452.
4. Kiluk BD, Nich C, Buck MB, et al. Randomized Clinical Trial of Computerized and Clinician-Delivered CBT in Comparison With Standard Outpatient Treatment for Substance Use Disorders: Primary Within-Treatment and Follow-Up Outcomes. *The American journal of psychiatry*. 2018;175(9):853-863
5. Kirkland, A. E., Browning, B. D., Green, R., Liu, H., Maralit, A. M., Ferguson, P. L., Meyerhoff, D. J., Prisciandaro, J. J., Miranda, R., Jr., Brady, K. T., Tomko, R. L., Gray, K. M., & Squeglia, L. M. (2023). N-acetylcysteine does not alter neurometabolite levels in non-treatment seeking adolescents who drink heavily: A preliminary randomized clinical trial. *Neuropsychopharmacology*, 48(8), 1184-1193.
6. Miranda, R., Jr. (2022). Co-Occurring Disorders. In J. Leffler, & E. Frazier Y. (Eds.), *Handbook of Evidence-Based Day Treatment Programs for Children and Adolescents*. Berlin, Germany: Springer
7. Miranda, R., Jr., Monti, P. M., Ray, L., Treloar, H. R., Reynolds, E., Ramirez, J., Chun, T., Gwaltney, C. J., Monti, P. M., Justus, A., Tidey, J., Blanchard, A., & Magill, M. (2014). Characterizing subjective responses to alcohol among adolescent problem drinkers. *Journal of Abnormal Psychology*, 123(1), 117–129. Miranda, R., Jr., & Treloar, H. (2016). Emerging pharmacologic treatments for adolescent substance use: Challenges and new directions. *Current Addiction Reports*, 3(2), 145–156. <https://doi.org/10.1007/s40429-016-0098-7>
8. Miranda, R., Jr., Ray, L., Reynolds, E., Monti, P.M., Justus, A., Tidey, J., Gwaltney, C., R. Swift, T. Chun, Blanchard, A., & Ramirez, J. (2014). Effects of naltrexone on adolescent alcohol cue reactivity and sensitivity: An initial randomized trial. *Addiction Biology*, 19(5), 941–954.

References

9. SAMHSA. Treatment Considerations for Youth and Young Adults with Serious Emotional Disturbances/Serious Mental Illnesses and Co-occurring Substance Use. 2021, Rockville, MD.
10. SAMHSA, Center for Behavioral Health Statistics and Quality. 2022 National Survey on Drug Use and Health. Table 5.9A—Alcohol use disorder in past year: among people aged 12 or older; by age group and demographic characteristics, numbers in thousands, 2022 and 2023. [cited 2024 Aug 2]. Available from: <https://www.samhsa.gov/data/report/2023-nsduh-detailed-tables>
11. SAMHSA, Center for Behavioral Health Statistics and Quality. 2022 National Survey on Drug Use and Health. Table 5.9B—Alcohol use disorder in past year: among people aged 12 or older; by age group and demographic characteristics, percentages, 2022 and 2023. [cited 2024 Aug 2]. Available from: <https://www.samhsa.gov/data/report/2023-nsduh-detailed-tables>
12. SAMHSA, CBHSQ. 2023 National Survey on Drug Use and Health. Table 2.9B—Alcohol, binge alcohol, and heavy alcohol use in past month: among people aged 12 or older; by detailed age category, percentages, 2022 and 2023 [cited 2024 Aug 23]. Available from: <https://www.samhsa.gov/data/report/2023-nsduh-detailed-tables>
13. SAMHSA, CBHSQ. 2023 National Survey on Drug Use and Health. Table 2.27B—Alcohol use in past month: among people aged 12 or older; by age group and demographics, percentages, 2022 and 2023. [cited 2024 Aug 23]. Available from: <https://www.samhsa.gov/data/report/2023-nsduh-detailed-tables>
14. SAMHSA, CBHSQ. 2023 National Survey on Drug Use and Health. Table 2.28B—Binge alcohol use in past month: among people aged 12 or older; by age group and demographics, percentages, 2022 and 2023. [cited 2024 Aug 23]. Available from: <https://www.samhsa.gov/data/report/2023-nsduh-detailed-tables>
15. Scott KM, Baur L, Barrett J. Evidence-Based Principles for Using Technology-Enhanced Learning in the Continuing Professional Development of Health Professionals. J Contin Educ Health Prof. 2017;37(1):61-66.