

Current practice for adolescent substance use screening in family medicine clinics



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Introduction

Substance use during adolescence is a highly prevalent and undertreated issue. Screening for substance use has been shown to be an effective method of identification of adolescents with substance use disorder for treatment. While the AAP recommends adolescent SUD screening, USPSTF concludes that the current evidence is insufficient to recommend screening and brief behavioral counseling interventions for alcohol use in primary care settings in adolescents aged 12 to 17 years. This study intends to characterize the current screening practices in Colorado family medicine clinics.

Hypothesis

Current rate of adolescent substance use screening at UCHealth clinics is below the rate recommended by the AAP.

Study Design

- Retrospective chart review
- All well child visits and acute care visits
- Patients ages 12-17
- UCHealth family medicine clinics in 2019
- Primary outcome of interest: Screen for SUD
- Secondary data on patient demographics
- Analyze data to determine rate of screening compared to recommended rate

Literature Review

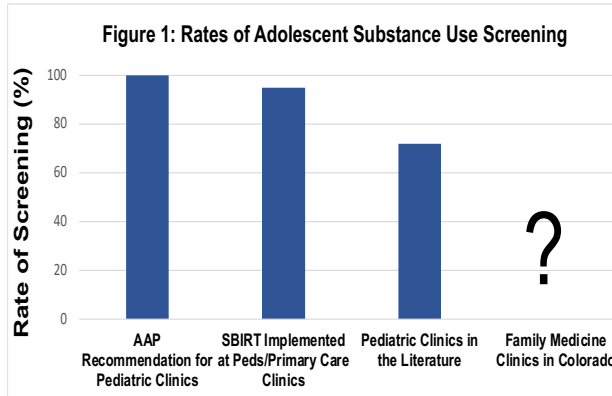


Figure 2: Commonly Used Screening Tools for Use in Adolescents

Screening Tool	Sensitivity	Specificity	Substance Use Behavior Screened for
CRAFTT	.88 - 1.00	.93-.95	Alcohol, Drugs
NIAA 2-Q	.88-.89	.81-.91	Alcohol, Drugs
S2BI	.81-1.00	.92-.93	Tobacco, Alcohol, Drugs
BSTAD	.80-.95	.85-.97	Tobacco, Alcohol, Drugs

Conclusions/Next Steps

Despite the USPSTF stance on adolescent SUD screening, we suggest that universal screening would be beneficial outside of the pediatric clinic setting. There are several validated screening tools available that, when combined with brief intervention, lead to lasting substance use behavior change.

With the results of this study, we hope to inform on the current screening practices in Colorado. Future endeavors will be to determine feasibility of implementation of the CRAFTT tool in Denver family medicine clinics.

Limitations

- Data collected from a university-based health care system
- A single institution over a 1 year time frame

References

1. Nock MA, Mittleman BS. A neurobiology of substance use: implications and potential therapeutic effects of psychosocial treatment and treatment of substance use disorders. *Am J Psychiatry*. 2017; 174(12):1211-1218.
2. Spitz LJ. Effects of adolescent alcohol consumption on the brain and behavior. *Am J Psychiatry*. 2016; 173(6):595-602.
3. Horn EC, Wiley CL, Wiley CL, Caplan AL, Chasnoff IB. Association of Drug and Alcohol Use With Adolescent Emotional and Behavioral Health and Health-Related Quality of Life. *JAMA Pediatr*. 2017; 171(10):973-980.
4. Mendenhall CA, Cantor CH, Cnaan R, et al. Screening for substance use and mental health in pediatric primary care. *Am J Psychiatry*. 2010; 167(10):1185-1190.
5. Grunbaum AC, Arora M, Kessler RC, et al. Adolescent substance use and abuse: recognition and management. *Am J Psychiatry*. 2010; 167(10):1175-1182.
6. American Psychiatric Association. *Diagnostic and Statistical Manual of Mental Disorders*. Washington, DC: American Psychiatric Association; 2013.
7. American Psychiatric Association. *Diagnostic and Statistical Manual of Mental Disorders*. Washington, DC: American Psychiatric Association; 2013.
8. American Psychiatric Association. *Diagnostic and Statistical Manual of Mental Disorders*. Washington, DC: American Psychiatric Association; 2013.
9. American Psychiatric Association. *Diagnostic and Statistical Manual of Mental Disorders*. Washington, DC: American Psychiatric Association; 2013.
10. American Psychiatric Association. *Diagnostic and Statistical Manual of Mental Disorders*. Washington, DC: American Psychiatric Association; 2013.
11. American Psychiatric Association. *Diagnostic and Statistical Manual of Mental Disorders*. Washington, DC: American Psychiatric Association; 2013.
12. American Psychiatric Association. *Diagnostic and Statistical Manual of Mental Disorders*. Washington, DC: American Psychiatric Association; 2013.
13. American Psychiatric Association. *Diagnostic and Statistical Manual of Mental Disorders*. Washington, DC: American Psychiatric Association; 2013.
14. American Psychiatric Association. *Diagnostic and Statistical Manual of Mental Disorders*. Washington, DC: American Psychiatric Association; 2013.
15. American Psychiatric Association. *Diagnostic and Statistical Manual of Mental Disorders*. Washington, DC: American Psychiatric Association; 2013.
16. American Psychiatric Association. *Diagnostic and Statistical Manual of Mental Disorders*. Washington, DC: American Psychiatric Association; 2013.
17. American Psychiatric Association. *Diagnostic and Statistical Manual of Mental Disorders*. Washington, DC: American Psychiatric Association; 2013.
18. American Psychiatric Association. *Diagnostic and Statistical Manual of Mental Disorders*. Washington, DC: American Psychiatric Association; 2013.
19. American Psychiatric Association. *Diagnostic and Statistical Manual of Mental Disorders*. Washington, DC: American Psychiatric Association; 2013.
20. American Psychiatric Association. *Diagnostic and Statistical Manual of Mental Disorders*. Washington, DC: American Psychiatric Association; 2013.

COMIRB

This project has been COMIRB approved, protocol #21-2595

Conflicts of Interest

There are no conflicts of interest to disclose.

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