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
CRAFFT	.88 - 1.00	.9395	Alcohol, Drugs
NIAA 2-Q	.8889	.8191	Alcohol, Drugs
S2BI	.81-1.00	.9293	Tobacco, Alcohol, Drugs
BSTAD	.8095	.8597	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 CRAFFT 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

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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References

 Nock NL, Minnes SAberts JL. Neurobiology of substance use in addescents and potential therapeutic effects of exercise for prevention and treatment of substance use disorders. Birth Defects Res, 2017. 199(20): p. 1711-1728. [10.1020.bbc].1023.

2 Specific D Stellard antikenson strate dor comunities on the loss antibutiness. *Nat Rev Neurosci*, 2014. 19(4): 51:19765; 19(7): 45:2013; 42:104; 42:100; 42:100; 42:100; 42:100; 42:100; 42:100; 42:100; 42:100; 42:100; 42:100;

[10] DOBERTING AND CONTROL OF A DESCRIPTION OF A DESCR

 Version Marka, 200. 989 p. 172222 [10.1056] pbb.2003 (17202).
Jensen CD, Cashing CC, Aykand SC, Chaig JT, Somi CR, Sakel RG. Effectiveness of motivational trainviewing historyations for advanced and trainforces are behavior change a meta-analytic review. J Costad Clin Psychol. 2017; 79(4): p. 432-468. [10.1037ad/22020]
Jensen CJ, Laver XM/Waren F, Sakatina Clin Scoreinio, Bird Hetrovetion, and Referratio Trainment. Pediatrics. 2016.

128(1) (12) (542)and: 20(5)-(211). M. Lavy S, Waltzman ER, Mann AG, Magane KM, Wilek LEShnie LA. Sensitivity and specificity of S280 for identifying isolated cannable use disorders among addisecorts presenting for primary care. Subst Alux, 2021. 42(3): p. 283-285. (10) 000008070772020.01003100. Si Hamiri SK, North JL J., Van Houks S, Sherrit LL, Binola TL, Kulg JW, Nord CASatz R. Addisecort substance Si Hamiri SK. North JL J., Van Houks S, Sherrit LL, Binola TL, Kulg JW, Nord CASatz R. Addisecort substance

15: Namis SK, Knight JR, JL, Van Hook S, Shenrit L, Baooke TL, Kalg JN, Nord CAGatz P. Addescort substance us accessing in primary care: Valid of compare med-administeed versus citrician-administeed accessing. Subst Assa, 2016. 29(1): p. 197-2021. [10:1030/0007077:2015.1014015].

p. 157-164 (10.1026/mmarcane/2004/8) J. Schult J. M. Computer, J. Mitter B (20, 164 A, O'Condy) AEEchaetta PP: Validity of traft accessing antizometri for addescent francos, aschol, and dog use. Pediatinci, 2004. 133(2); p. 819-00. [10.1503/paie.2015/2004] J. Schult J. P. Flowit J. Colombian, T. Mitter D D. T. Schoccu and galarian and Ballbare anticipation and status J. Validit A, Al-Antonicki ISC, Addescent Schutters Line and Masser Raccognition and Management. An Fam Physician, 2018. 2019. [10. 608-000.]

24. Lidamin, Jii, Thain KP, Throngson JA, Tan AG, Yuang Niell KK, Wang Yuan Yu, Li Sheniman E-Malazan RG. Toposcalatian National System Constraints on Constraints in National Systems (2014) Internet: Dallargue and 2014 April 2014 (2014) Internet Systems (2014) Internet Systems (2014) Internet Systems (2014) 2014 (2014) Internet Systems (2014) Internet Systems (2014) Internet Systems (2014) 2014 (2014) Internet Systems (2014) Intern

(m. xxx)paranemeorx.pps.2016.0558], 28. Moriso LB, Michelli SD, Duask K, Gryczynski J, Schwatz RP, Oros M, Hosler C, O'Grady KEBrown BS. A Comparison of Screening Practices for Addeescents in Primary Care After Implementation of Screening, Brief Intervention, and Relamin To Transmitter. J Addeesc. Amath. 2016. 82(1): p.455.0(13) 003[juddwaldh.2016.12:00.12:00.12]