



American Society of Addiction Medicine

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October 28, 2013

Virginia A. Moyer, M.D., M.P.H.

Chair, U.S. Preventive Services Task Force

540 Gaither Road

Rockville, MD 20850

RE: Draft Recommendation Statement regarding Primary Care Behavioral Interventions to Reduce Illicit Drug and Nonmedical Pharmaceutical Use in Children and Adolescents

Dear Dr. Moyer,

The American Society of Addiction Medicine (ASAM) thanks the U.S. Preventive Services Task Force (USPSTF) for this opportunity to comment on the USPSTF draft recommendation statement regarding "Primary Care Behavioral Interventions to Reduce Illicit Drug and Nonmedical Pharmaceutical Use in Children and Adolescents." Per the draft report, the USPSTF found insufficient evidence regarding the effect of behavioral interventions to reduce drug misuse on either health outcomes or on drug use initiation in children and adolescents and therefore assigned an "I" grade to these interventions.

ASAM represents over 3100 addiction physician specialists, a third of whom practice in primary care settings. For some, addiction medicine is part of their primary care practice; i.e., screening for addiction and subsequent follow-up is routine for patients who have positive screens that signal the need to have further evaluation for substance use disorders. Other addiction physician specialists focus solely on treating those with substance use disorders; they are the recipients of referrals from primary care providers and other intermediary sources. Regardless of their practice model, all addiction physicians recognize the important role primary care physicians play in identifying substance use disorders in their patients and in helping their patients manage that illness. We believe that screening and brief intervention for substance use disorders in the primary care setting, including the pediatric and/or adolescent practice, is a critical component of effective prevention and treatment of addiction.¹ To that end, we submit the following comments and hope that they are useful to you as you consider future recommendations regarding the utility of primary care-based behavioral health interventions for substance use disorders.

Scope of Review

¹ASAM Public Policy Statement on Screening for Addiction in Primary Care Settings, 1997, <http://www.asam.org/advocacy/find-a-policy-statement/view-policy-statement/public-policy-statements/2011/12/16/screening-for-addiction-in-primary-care-settings>

In February of this year, ASAM responded to the USPSTF “Draft Research Plan for Reviewing Interventions to Reduce Nonmedical Use of Drugs in Children and Adolescents.” One of the recommendations we offered then was that the study include the use of other substances, including alcohol and tobacco. We respectfully reiterate that recommendation here. Given the extensive overlap of alcohol (and tobacco) use and illicit drug use, particularly among the youth, ASAM recommends that future USPSTF research in this area addresses the prevention of alcohol and tobacco use, as well as the prevention of drug use. Broadening the scope of the study upon which this USPSTF recommendation was based, to include primary care interventions for all psychoactive substance use among children and adolescents, may yield more data and more conclusive findings.

Unintended Consequences

As stated in the USPSTF draft recommendation statement, “[the USPSTF] believes that the harms of behavioral interventions are probably small to none.” ASAM is concerned, however, that this recommendation may dissuade willing primary care providers from screening for substance use disorders since there is “insufficient” data to support the benefits of brief intervention, which could include referral to treatment. For most children and teenager, their only health care intervention may be an annual visit with their pediatrician or other primary care provider. A simple, one-question query about their use of licit or illicit substances can have its own positive effects on a patient’s self-awareness and the relation of health to their substance use. Screening in primary care is critical to identifying young adults with serious substance use disorders and getting them to treatment. Furthermore, screening and brief intervention supports the integration of behavioral healthcare for children and adolescents into primary care.

Research

Per the USPSTF recommendation statement, the basis for an “I” grade is insufficient or poor quality evidence to assess the benefit-harm balance of the service in question. Give the dearth of good research in this area, ASAM supports the recommendations offered in the “Research Needs and Gaps” section of the reports and suggests that the USPSTF recommendations include not only research into the effects of behavioral interventions but also comparative research into the different modes of behavioral intervention. Research questions must include: does behavioral intervention work in identifying substance misuse among young adults and which interventions work best in supporting their treatment and recovery?

Again, ASAM thanks the USPSTF for the opportunity to comment on its draft recommendation statement regarding behavioral interventions to reduce nonmedical use of prescription drugs in children and adolescents. Please know that ASAM is a resource for future considerations of prevention measures associated with the illicit use of drugs, alcohol and tobacco among children and adolescents.

Sincerely,

A handwritten signature in black ink, appearing to read "Stuart Gitlow".

Stuart Gitlow, MD, MPH, MBA, FAPA
President, American Society of Addiction Medicine