



# American Society of Addiction Medicine

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February 11, 2013

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

Chair, U.S. Preventive Services Task Force

540 Gaither Road

Rockville, MD 20850

RE: Draft Research Plan for Reviewing Interventions to Reduce Nonmedical Use of Drugs in Children and Adolescents

Dear Dr. Moyer,

The American Society of Addiction Medicine (ASAM) is pleased to have the opportunity to comment on the U.S. Preventive Services Task Force (USPSTF) Draft research plan for reviewing Interventions to Reduce Nonmedical Use of Drugs in Children and Adolescents. According to the latest data from the National Survey on Drug Use and Health (NSDUH), ten percent of youths aged 12 to 17 currently use illicit drugs, including non-medical use of psychotherapeutics.<sup>1</sup> Furthermore, the rate of illicit drug use among children and adolescents in this age range is on the rise. Data from the 2008 NSDUH survey indicated that the rate of use was 9.3 percent.

As the largest addiction medicine specialty society, the American Society of Addiction Medicine (ASAM) represents addiction physicians who practice in a wide range of treatment settings. Nearly one third of our members specializes in primary care and includes prevention of substance use disorders as an essential component of their practice model. As such, we feel uniquely qualified to comment on research that will inform USPSTF recommendations for interventions to reduce nonmedical use of drugs in children and adolescents.

Our comments will focus, largely, on the Aim, Condition and Population criteria of the USPSTF Proposed Research Approach.

*ASAM recommends that the Aim Criteria specifically include the use of other substances, including alcohol and tobacco.*

Alcohol and tobacco use have been correlated with illicit drug use. Of the nearly 16 million heavy drinkers aged 12 and over, over 31 percent reported illicit drug use. Given the extensive overlap of alcohol (and tobacco) use and illicit drug use, particularly among the youth, ASAM recommends that the USPSTF research Aim should address the prevention of alcohol and tobacco use, as well as the prevention of drug use, in this cohort.

*ASAM Recommends that the Condition Criteria Include Drug Abuse or Dependence.*

Current users of illicit drugs, including those diagnosed with dependence, can benefit from primary care-based interventions. It is estimated that over two-thirds of persons with addiction see a primary care or urgent care physician every six months.<sup>ii</sup> Thus, physicians have an opportunity to recognize, diagnose, and intervene in cases of substance use problems and substance-related disorders. While the opportunity for primary prevention of illicit drug use in children and adolescent diagnosed with dependence is unavailable, primary care providers have ample opportunity to participate in the secondary and tertiary prevention of the disease.

*ASAM Recommends that the Population Criteria Include Treatment-Seeking Children, Children with a Family History of Addiction, and Children being Treated for Medical Problems that May Require Pain Management*

As is stated above, children and adolescents in treatment for substance use dependence should maintain their annual well-child visits and are, otherwise, likely to have multiple interactions with their primary care provider. Each of these interactions is an opportunity for the primary care provider to support the patient's goal of reduced drug use through secondary and tertiary prevention measures.

Furthermore, studies that have included children and adolescents with positive family histories of alcohol and illicit drug use should also be included. Children who have a family history of alcoholism or drug dependence are at special risk for a wide variety of physical, behavioral and emotional problems, both during childhood and in later life.<sup>iii</sup> It is ASAM's belief that programs to prevent alcoholism, drug dependence and other illness should focus on the children of alcohol/drug dependent parents as a primary target group. Therefore, studies that have researched this important subpopulation should be included in the research plan.

Lastly, given the increase in nonmedical use and abuse of prescription drugs, ASAM recommends that studies focusing on opiate-naïve children and adolescents undergoing treatment with prescription pain relievers should also be considered.

Again, ASAM thanks the USPSTF for the opportunity to comment on the research plan that will guide the USPSTF recommendations regarding interventions to reduce nonmedical use of illicit 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,



Stuart Gitlow, MD, MBA, MPH, FAPA

Acting President, American Society of Addiction Medicine

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<sup>i</sup> Substance Abuse and Mental Health Services Administration, *Results from the 2011 National Survey on Drug Use and Health: Summary of National Findings*, NSDUH Series H-44, HHS Publication No. (SMA) 12-4713. Rockville, MD: Substance Abuse and Mental Health Services Administration, 2012.

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<sup>ii</sup> American Society of Addiction Medicine Public Policy Statement on Screening for Addiction in Primary Care Settings, revised October 1, 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>.

<sup>iii</sup> American Society of Addiction Medicine Public Policy Statement on Children and Addiction, adopted February 1, 1987, <http://www.asam.org/advocacy/find-a-policy-statement/view-policy-statement/public-policy-statements/2011/12/15/children-and-addiction>.