



# MANAGING ADOLESCENTS SUBSTANCE USE IN PRIMARY CARE SETTINGS



JORDAN RICHARDSON  
GAKERIA KIRTON  
DR. DANIELA BRISSETT  
DR. KRISHNA WHITE



National Institute  
on Drug Abuse

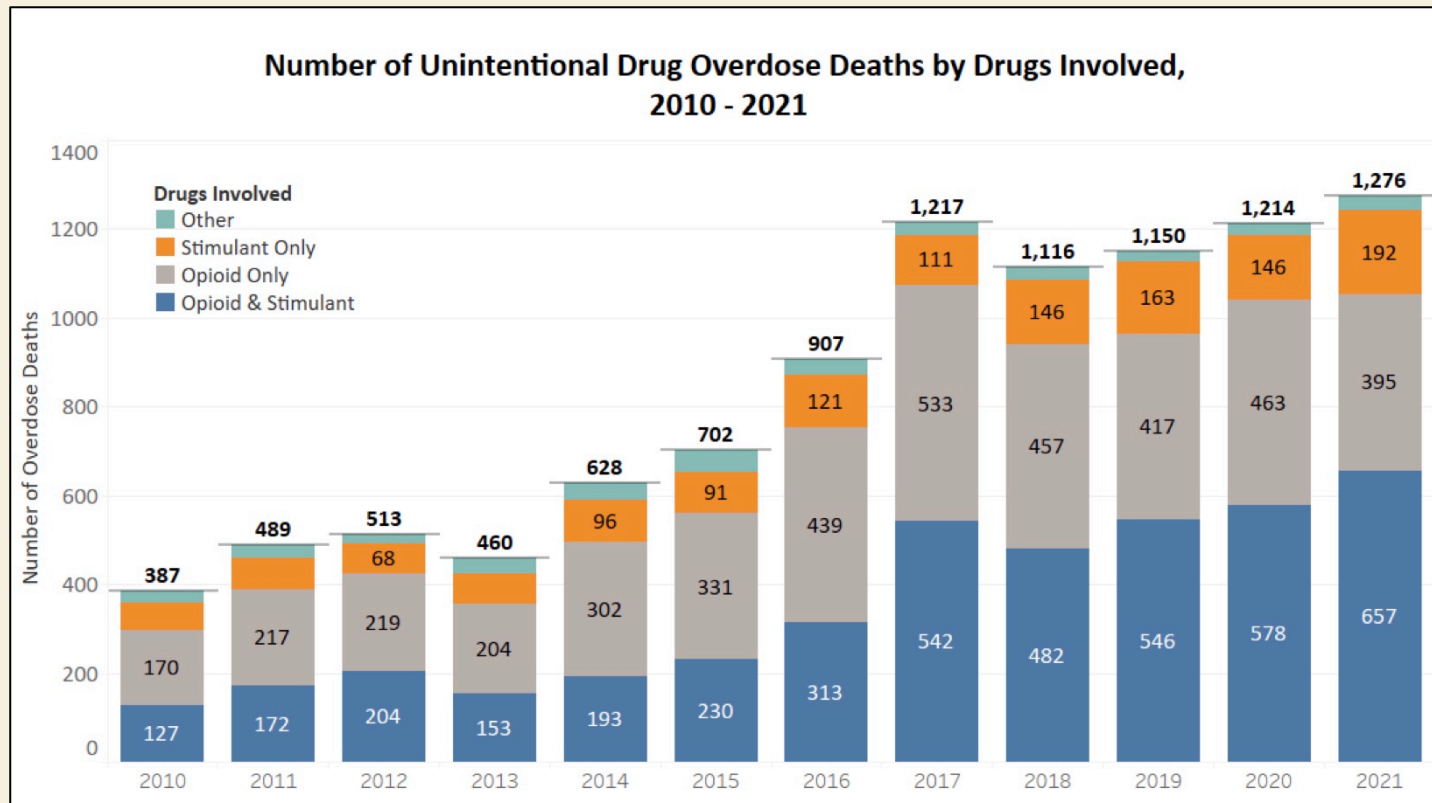
# BACKGROUND

Philadelphia has seen a drastic increase in overdose deaths beginning in 2014

According to an NIH study the mean age of persons with alcohol and marijuana abuse diagnoses are 14 and 15, respectively

Few resources for children and adolescents dealing with substance use disorders (SUDs)

Most treatment centers do not treat co-occurring mental health and substance related issues



Higgins, D. (2022, October). Unintentional drug overdose fatalities in Philadelphia, 2021. City of Philadelphia.

# SIGNIFICANCE

- SUDs usually begin during adolescence
  - A key component of treatment for SUDs is to catch it early
- Primary Care Providers often cite the following barriers to substance use screening
  - Lack of time
  - Unfamiliar with screening tools
  - Insufficient training
- The primary screening tool, CRAFFT does not outline next steps for persons that screen positive

**TABLE 2** Substance Use Screening and Assessment Tools Used With Adolescents

	Description
<b>Brief screens</b>	
S2BI (Screening to Brief Intervention) <sup>38</sup>	Single frequency-of-use question per substance Identifies the likelihood of a DSM-5 SUD Includes tobacco, alcohol, marijuana, and other/illicit drug use Discriminates among no use, no SUD, moderate SUD, and severe SUD Electronic medical record compatible Self- or interviewer-administered
BSTAD (Brief Screener for Tobacco, Alcohol, and Other Drugs) <sup>37</sup>	Identifies problematic tobacco, alcohol, and marijuana use Built on the NIAAA screening tool with added tobacco and “drug” questions Electronic medical record compatible Self- or interviewer-administered
NIAAA Youth Alcohol Screen (Youth Guide) <sup>36</sup>	Two-question alcohol screen Screens for friends’ use and for personal use in children and adolescents aged ≥9 y Free resource: <a href="http://pubs.niaaa.nih.gov/publications/Practitioner/YouthGuide/YouthGuide.pdf">http://pubs.niaaa.nih.gov/publications/Practitioner/YouthGuide/YouthGuide.pdf</a>
<b>Brief assessment guides</b>	
CRAFFT (Car, Relax, Alone, Friends/Family, Forget, Trouble) <sup>40</sup>	Quickly assesses for problems associated with substance use Not a diagnostic tool
GAIN (Global Appraisal of Individual Needs) <sup>41</sup>	Assesses for both SUDs and mental health disorders
AUDIT (Alcohol Use Disorders Identification Test) <sup>42</sup>	Assesses for risky drinking Not a diagnostic tool

Adapted with permission from American Academy of Pediatrics; Levy S, Bagley S. Substance use: initial approach in primary care. In: Adam HM, Foy JM, eds. Signs and Symptoms in Pediatrics. Elk Grove Village, IL: American Academy of Pediatrics; 2015:887–900. DSM-5, *Diagnostic and Statistical Manual of Mental Disorders, Fifth Edition*; NIAAA, National Institute on Alcohol Abuse and Alcoholism.

# PROJECT OVERVIEW

The goal of this project is to promote and improve knowledge of evidence-based Substance Use Disorder treatment among health care providers

# AIMS



CREATE EMR  
SUPPORT TOOL  
FOR PRIMARY  
CARE PROVIDERS  
TO SCREEN FOR  
SUBSTANCE USE



CREATE A  
RESOURCE  
DATABASE FOR  
REFERRING  
PATIENTS WHO  
SCREEN POSITIVE  
FOR SUDS



INCORPORATE THE  
USE OF EVIDENCE  
BASED SCREENING  
TOOL WITHIN THE  
PRIMARY CARE  
NETWORK



ASSESS THE  
KNOWLEDGE,  
ATTITUDES, AND  
PRACTICES OF  
SUBSTANCE USE  
AMONG  
HEALTHCARE  
PROVIDERS

# METHODS

- Creation of substance use referral guide
  - Outpatient Referrals:
    - Individual Counseling
    - Family Therapy
    - Partial Hospitalization Program (PHP)
    - Individual Outpatient Program (IOP)
  - Inpatient Referrals:
    - Detoxification and Behavioral Stabilization
    - Acute Residential Treatment
    - Residential Treatment
    - Therapeutic Boarding School
- These centers are found using TreatmentAtlas and SAMHSA databases as well as referrals and self-guided outreach
  - The centers are then contacted and will either correct or corroborate the information found online



CREATE EMR SUPPORT TOOL FOR PRIMARY CARE PROVIDERS TO SCREEN FOR SUBSTANCE USE



CREATE A RESOURCE DATABASE FOR REFERRING PATIENTS WHO SCREEN POSITIVE FOR SUDS



INCORPORATE THE USE OF EVIDENCE BASED SCREENING TOOL WITHIN THE PRIMARY CARE NETWORK



ASSESS THE KNOWLEDGE, ATTITUDES, AND PRACTICES OF SUBSTANCE USE AMONG HEALTHCARE PROVIDERS

**Substances**

- Heroin/Fentanyl
- Marijuana/Hashish
- Alcohol
- Pain Meds (e.g., Oxy)
- Cocaine

Type substances here or choose from above

**Treatment Services**

Not sure what kind of services you need?

- Detox**  
Supervised withdrawal from drugs or alcohol
- Hospital Inpatient**  
24-hour medical care at a hospital
- Residential Treatment**  
Stay at a facility while getting care
- Intensive Outpatient (IOP)**  
9+ hours of care a week at a clinic or hospital
- Opioid Treatment Program (OTP)**  
Certified to offer medication for opioid addiction
- Outpatient Treatment**  
1 to 8 hours of care a week at a clinic

**New Hope Integrated Behavioral Health Care**  
80 Conover Road, Marlboro, NJ, 07746 • 56.45 miles from current location

- Heroin/Fentanyl
- Marijuana/hashish
- Alcohol
- Detox
- Medications for OUD

**Richmond University Medical Center**  
1130 South Ave, Staten Island, NY, 10314 • 69.23 miles from current location

- Heroin/Fentanyl
- Marijuana/hashish
- Alcohol
- Detox
- Medications for OUD

**Samaritan Daytop Village**  
1915 Forest Ave, Staten Island, NY, 10303 • 70.80 miles from current location

Figure A: A snapshot of the TreatmentAtlas Substance Data

# FINDINGS

- Inaccurate online presence
- Many centers cater to mental health needs and not SUDs as co-occurring conditions
- There is an imbalance of outpatient to inpatient facilities for adolescents
  - Provides issues to access for care for persons with more severe SUDs

Center Name	Address	Zip Code	State	Phone Number	Common Disorders Treated	Average Age Range of Patients	Patient Demographics
Serenity Behavioral Health	145 North Eagle Road, Havertown, PA	19083	Pennsylvania	610-446-1861			
Work Group	3720-3708 Marlton Pike, Pennsauken, NJ	08110	New Jersey	856-486-1401	Substance use treatment Treatment for co-occurring substance use plus serious emotional disturbance in children		
<b>Patient Hospital Program</b>							
Aspire Counseling Center A Turning Point Program	465 Route 23 South, Pompton Plains, NJ	07444	New Jersey	973-737-8400	Substance use treatment Treatment for co-occurring substance use plus either serious mental health illness in adults/serious emotional disturbance in children		Children/Adolescents
Bright Futures Ahead LLC	4 East Rolling Crossroads, Suites 301-303, Catonsville, MD	21228		(667) 802-5335	Substance use treatment Detoxification Treatment for co-occurring substance use plus either serious mental health illness in adults/serious emotional disturbance in children		Children/Adolescents
Center for Families	101 Phoenixville Pike, Malvern, PA	19355	Pennsylvania	866-432-0066	Substance use treatment Treatment for co-occurring substance use plus either serious mental health illness in adults/serious emotional disturbance in children		Children/Adolescents Young Adults
Creative Change Counseling Freedom Program	49 South Pemberton Road, Suite 2, Vincentown, NJ	08088	New Jersey	609-686-0426	Substance use treatment Treatment for co-occurring substance use plus either serious mental health illness in adults/serious emotional disturbance in children		
Hampton Behavioral Health Center	650 Rancocas Road, Mount Holly, NJ	08060	New Jersey	609-267-7000	Substance use treatment Treatment for co-occurring substance use plus either serious mental health illness in adults/serious emotional disturbance in children		Children/Adolescents Young Adults
Jefferson Health Behavioral Health Services	2201 Chapel Avenue West, Cherry Hill, NJ	08002	New Jersey	856-488-6789 x2	Substance use treatment Mental health treatment Treatment for co-occurring substance use plus either serious mental health illness in adults/serious emotional disturbance in children		Children/Adolescents Young Adults

Figure C: A snapshot of the substance use referral g

# METHODS



CREATE EMR SUPPORT TOOL FOR PRIMARY CARE PROVIDERS TO SCREEN FOR SUBSTANCE USE



CREATE A RESOURCE DATABASE FOR REFERRING PATIENTS WHO SCREEN POSITIVE FOR SUDS



INCORPORATE THE USE OF EVIDENCE BASED SCREENING TOOL WITHIN THE PRIMARY CARE NETWORK



ASSESS THE KNOWLEDGE, ATTITUDES, AND PRACTICES OF SUBSTANCE USE AMONG HEALTHCARE PROVIDERS

- Evaluating Healthcare Providers Knowledge Attitudes and Practices for handling substance use
  - Access experience with screening tool and protocols
  - Evaluating comfortability and knowledge with how to proceed when dealing with a positive screen for SUDS
- Surveyed residents, attendings, fellows, nurses, medical assistants, psychologists, and social workers
- This survey is currently in the piloting stage but will be distributed to healthcare providers across the CHOP network, via Redcap

**KAP (Knowledge, Attitude, and Practice) Survey Assessing Healthcare Providers: Adolescents Substance Use**

I am [name of research assistant here], a research assistant in the division of Adolescent Medicine at CHOP. Our team has created a survey to assess your use of substance screening and management for adolescent patients.

**What is your provider role?**

- Medical Doctor (M.D.) /Doctor of Osteopathic Medicine (D.O.)
- Physician Assistant
- Nurse Practitioner
- Registered Nurse
- Medical Assistant
- Psychologist
- Social Worker
- Other: \_\_\_\_\_

**How many years have you worked in your specialty?**

**Knowledge**

**Do you know how to use the CRAFFT (Car, Relax, Alone, Forget, Friends, Trouble) tool?**

- Not at all
- A little
- Somewhat
- Very well

**Do you know how to use the S2BI (Screening to Brief Intervention) tool?**

- Not at all
- A little
- Somewhat
- Very well

Figure B: A snapshot of the Knowledge Attitudes and Practices Survey



# FINDINGS

- Of the **16 stakeholders** surveyed most felt **uncomfortable** with their current **knowledge of CRAAFT and S2BI** substance assessment and screening tools
- **Most providers know of CRAFFT** because it is embedded within the Electronic Medical Record
- Many **providers expressed a desire to learn** more about Substance Use management

## Excerpts from KAP survey

---

**“I’m sure [resources are] there, but I don’t know where”**

- Registered Nurse

---

**“No one really taught me how to use this.”**

- Fellow Physician

---

**“I feel comfortable telling someone the next step is treatment, but I don’t know where the next step is”**

- Attending Physician

---

# NEXT STEPS

- **Resource Dissemination** - Distributing the Substance Use Referral Guide
- **Pre-KAP survey** – Increasing survey responses from key stakeholders within the CHOP primary care network
- **Implementation of Intervention**- Embedded EMR tool to be used by healthcare providers
- **Post-KAP Survey** – Intervention assessment from incorporation of validated screening tool and resource guide
- **Abstract Preparation** – Presenting the findings from this study

# WHAT DID I LEARN?

## Research Takeaways:

- Conversation techniques
  - Increased experience in Cold Calling
- Literature Review
- IRB Processing
- New methodology
  - Knowledge, Attitudes, and Practices survey

## Clinical Takeaways:

- To be used when gathering information about resource centers
- There are a lot of negative preconceptions surrounding adolescents
- The importance of an interdisciplinary team healthcare professionals
- The behind-the-scenes decisions of healthcare from a provider standpoint

# ACKNOWLEDGEMENTS

Thank you to my mentors, **Dr. White and Dr. Brissett** for bringing me onto this project and into the world of adolescent medicine.

Thank you to my Co- Researcher, **Gakeria Kirton**. Thank you for sharing the workload and being a friend to me this summer

Thank you to **Dr. Tina Herrera and Rachel Lindstead** for their support of the project

Thank you to the National Institute on Drug Abuse and Substance Abuse and Mental Health Services Administration for assisting with funding and resources with the project



# THANK YOU



# CITATIONS

- Bacciardi, S. (2015, July 29). *Age of first use and drug dependence: Data from 617 consecutively ascertained subjects*. National Institutes of Health.
- Higgins, D. (2022, October). Unintentional drug overdose fatalities in Philadelphia, 2021. City of Philadelphia.