

# RESEARCH BRIEF

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## STATE OF THE ART IN SUBSTANCE USE PREVENTION AND EARLY INTERVENTION: APPLICATIONS TO PEDIATRIC PRIMARY CARE SETTINGS

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### MISSION OF SDRG

To understand and promote healthy behaviors and positive social development among diverse populations, we:

- Conduct research on factors that influence development
- Develop and test the effectiveness of interventions
- Study service systems and work to improve them
- Advocate for science-based solutions to health and behavior problems
- Disseminate knowledge, tools, and expertise produced by this research

With recent changes to drug-related policies and increased availability, the United States is now facing a public health crisis related to substance use and associated health consequences. When children are affected, so are their families. Adapting and scaling effective prevention and early intervention programs, practice, and policies in pediatric primary care settings—and removing barriers to collaborative care—can help reduce transmission of substance use and substance use disorders.

### PREVENTION, FAMILIES, AND PEDIATRIC CARE

Healthcare professionals routinely encounter patients and family members who are at risk for or affected by misuse of alcohol, tobacco, and other drugs. Roughly one in four children in the U.S. grow up in households affected by alcohol abuse or dependence. Pathways to substance use disorder often begin in adolescence alongside normative increases in independence, and substance use disorders are increasingly seen as pediatric-onset health disorders. Pediatric primary care clinicians are in an ideal position to intervene by providing prevention, early intervention, or referral services to patients and families. Offering these services has become even more important in a time of newly legalized marijuana for adults, the opioid epidemic, and pandemic-related increases in substance misuse.

Yet few pediatric primary care providers screen for or provide guidance aimed at preventing substance use in young people, despite longstanding recommendations from the American Academy of Pediatrics. Reasons are varied: a lack of time or familiarity with screening tools, uncertainty about how to handle a positive screen, not having appropriate referrals to provide, confidentiality concerns, and the possibility of offending parents.

Principles of prevention science, changes in health care, and a growing toolbox of effective preventive interventions can be used to address these barriers and better support children, adolescents, and their families. By shifting to a prevention model focused on upstream risk and protective factors related to substance use, primary care providers can play a vital role in preventing initiation and escalation of substance use in young people.

## CHOOSING PREVENTION STRATEGIES

Pediatric primary care is ideally positioned to engage children and families in preventive services. Most families have a pediatric clinic that is their children's medical home, view their pediatrician as a trusted partner in their children's healthy development, and routinely seek guidance and preventive care. A collaborative approach between clinic leaders and prevention experts can be used to bring prevention services into routine practice in a way that addresses the needs of the population served through available resources. The grid below summarizes a number of options available for supporting young people, caregivers, and families—depending on the clinic's prevention focus and resources available to support prevention activities.

### LEVELS OF PREVENTION

#### Universal

Prevention provided to all adolescents and their families served in the practice

#### Selective

For those with elevated risk factors

#### Indicated

For those showing early signs of the problem

Moreover, prevention science recognizes several levels of prevention: **universal**, **selective**, and **indicated** (see side note on left). A clinic can choose strategies according to the types of prevention and continuum of prevention activities for pediatric primary care settings ([see chart on next page](#)).

## OVERCOMING BARRIERS

The field of pediatrics increasingly takes a two-generation approach to caring for children, recognizing that promoting parental health is promotion of child and family health. Prevention is a vital element.

Addressing barriers to screening and preventive services for children and families requires three-fold action: Pediatric residency programs must include the **development of competencies** in screening, prevention, and early intervention—including effective preventive interventions—and consultation with addiction medicine specialists. **Time constraints** can be reduced by optimizing workflows and changing electronic health record systems. Funding and reimbursement models must also support prevention. The Affordable Care Act, alternative payments models, and other innovative strategies offer opportunities to address **funding constraints** that threaten program and service sustainability.

Perhaps the most challenging part of the problem, however, is to cultivate a new mindset that fully integrates prevention into pediatric practice. The time has come for clinicians and other experts to join forces for meaningful impact on a leading health problem.

### REDUCING SCREENING BARRIERS IN MEDICAL TRAINING

Substance use disorders often begin in adolescence or earlier

Pediatric care providers can play a vital role in prevention, although few providers screen for substance use in young people or provide guidance

Reasons cited include lack of time or familiarity with screening tools, lack of appropriate referrals, and confidentiality concerns

A growing toolbox of preventive interventions can help overcome barriers



# TYPES OF PREVENTION AND CONTINUUM OF PREVENTION ACTIVITIES FOR PEDIATRIC PRIMARY CARE SETTINGS

Type of Intervention	Level I: Least Demanding or Resource-Intensive Activities	Level II: Moderately Demanding or Resource-Intensive Activities	Level III: Most Demanding or Resource-Intensive Activities
<b>Universal Prevention</b>  <i>Prevention provided to all adolescents and their families served in the practice</i>	Screen for substance misuse and substance use exposure  Provide anticipatory guidance on substance misuse and substance use exposure  Provide information (i.e., brochures/handouts)  Share with parents and adolescents the helpline and links to the information made available via Parents for Drug Free Kids and National Institute on Drug Abuse  Refer parents to online parenting programs	Designate an office champion to implement comprehensive screening  Become familiar with talking tools and messaging (e.g., marijuana toolkit)  Screen for risk of substance misuse or abuse before it occurs  Provide an online parenting program and support parent engagement	Host on-site evidence-based, family-focused education programs  Link to community resources
<b>Selective Prevention</b>  <i>Prevention for those at elevated risk</i>	Monitor for needed prevention  Make subspecialty referral	Refer for selective prevention based on screening  Refer parent to recovery support programs  Refer parent to treatment	Have psychologist, behavioral health specialist, and/or social worker on staff  Provide targeted consultation on specific parenting concerns
<b>Indicated Prevention</b>  <i>Prevention for those showing early signs of problems</i>	Make subspecialty referral  Refer for indicated prevention or treatment based on screening	Conduct more formal evaluation/assessment  Conduct motivational interviewing to promote behavior change  Develop a management plan  Make a subspecialty referral and follow up on completing the referral	Provide treatment (e.g., medication-assisted, cognitive behavioral)

## FOR ADDITIONAL INFORMATION ON THIS TOPIC, PLEASE REFER TO THE ORIGINAL ARTICLE:

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