

POSTER SESSION 1 ABSTRACTS

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Implementation of Substance Abuse Screening in a Large Group Practice Pediatric Office: Comparative Results.

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Background: All adolescents should be screened for substance abuse as part of routine well care. Prior studies have shown that the CRAFFT is a valid and reliable screen. Little is known about the prevalence of positive screens in various practice settings, which has implications for treatment resource needs. The purpose of this study was to implement CRAFFT screening in seven primary care practices within the New England Partnership for Substance Abuse Research (NEPSAR) and to determine the proportion of adolescents who screen positive in various types of practices.

Methods: This was a prospective, observational study. Participants were adolescents, 12 to 18, arriving for scheduled visits. Sites included a pediatric office in a large multi-specialty group, a hospital based pediatric practice, a university based adolescent clinic, a school based clinic and a rural family practice group. A medical assistant or nurse obtained informed assent and administered the study questionnaire. All site IRBs granted waivers of parental consent. Data included demographic information and CRAFFT screen results. We computed frequencies and used predictive modeling to estimate the prevalence of DSM-IV diagnoses of substance abuse and dependence.

Results: The Fallon sample differed significantly from other sites in participation rate (83.9% vs. 94.5%, $p < .0001$), mean age (14.9 vs. 15.5 yrs, $p < .0001$), sex (%female 41.2 vs. 55.2, $p < .0001$) and race (% white 65.3 vs. 42.5, $p < .0001$), but not in parent SES. Significantly fewer adolescents at Fallon reported ever using drugs (31.2 vs. 46.8, $p < .0001$) and driving or riding while intoxicated (%CAR+ 19.7 vs. 25.0, $p = .02$). Rates of positive screens were the same (%RAFFT > 0 21.4 vs. 20.0, $p = .58$); CRAFFT > 1 14.3 vs. 14.5, $p = .94$). Estimated rates of DSM-IV diagnoses were similar (%Abuse 6.3 vs. 8.3, $p = \text{NS}$; %Dependence 2.8 vs. 2.8, $p = \text{NS}$).

Conclusions: Rates of lifetime use were significantly lower in Fallon patients than patients in other settings. Despite this, rates of positive CRAFFT screens and problem substance use at the Fallon Clinic were similar to those in clinics seeing more traditionally high-risk populations. Approximately one in five adolescent patients screened positive. More resources will be needed to provide these adolescents with appropriate assessment, intervention and treatment.