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September 9, 2019

Douglas K. Owens, M.D., M.S.
U.S. Preventive Services Task Force
5600 Fishers Lane
Mail Stop 06E53A
Rockville, MD 20857

RE: Draft Recommendation Statement on Illicit Drug Use, Including Nonmedical Use of Prescription Drugs: Screening

Dear Chairperson Owens:

Community Catalyst submits these comments in response to the U.S. Preventive Services Task Force (USPSTF) draft recommendation entitled "*Illicit Drug Use, Including Nonmedical Use of Prescription Drugs: Screening*" published on August 13, 2019.

Community Catalyst is a national nonprofit organization dedicated to building the power of individuals and communities to influence local, state, and national decisions that affect their health. Within Community Catalyst, the Substance Use Disorders and Justice-Involved Populations Program works to improve health services and community supports designed to address problematic use of alcohol and drugs and to help adults and adolescents lead healthier lives. For youth 12 and older, Community Catalyst promotes universal screening with any of the validated questionnaires followed by trauma-informed substance use prevention and early intervention services. Through our efforts and the efforts of our partners, we have seen the benefits of screening young people for substance misuse and are encouraged by the growing body of evidence suggesting that screenings and brief interventions for young people effectively reduce, delay, and prevent the problematic use of alcohol and drugs.

We applaud the USPSTF recommendation for screening adults (ages 18 and older) for illicit drug use. However, we are disappointed that the USPSTF declined to recommend screening for youth under age 18. Although adolescent screening has been endorsed by prominent provider and public health associations, we worry that the draft recommendations will discourage the expansion and support of youth screening and reinforce barriers to needed services and treatment during a time of growing concern about people developing and dying from substance use disorders. Screening and early intervention of youth is particularly important in the midst of the overdose crisis in our nation, since we know most addiction starts with teen use. We recommend the USPSTF revise the description of its recommendation on youth screening and revisit the growing body of evidence soon, as more research is underway.

We understand that USPSTF has a high standard for its evidence review, and we agree that additional research would benefit the field. However, we ask USPSTF to acknowledge near the top of its final statement that its own survey of evidence found short-term benefits from youth screening and early intervention, and to make clear that the existing research shows no evidence of harm from screening¹.

As your research review shows, youth screening and brief intervention has been studied in a variety of settings, including school health clinics, other primary care settings, and emergency departments and has yielded some positive results in reducing alcohol and drug use, and related consequences. Specifically, your review highlights short-term benefits (at 1-3 months) of screening youth for drug use and suggests certain screening tools are more effective at detecting adolescent use than others (ASSIST, CRAFFT, and PESQ-PS). Community Catalyst believes that, as currently written, the USPSTF's draft recommendation does not reflect this important evidence base. We worry such a statement may be misleading to those less familiar with the evidence and discourage the expansion of prevention services. By highlighting key findings (e.g. the short-term benefits, no evidence of harm, screening tools demonstrating higher accuracy) early on in the final statement (e.g. in the "Magnitude of Net Benefit" section), USPSTF can encourage continued use of youth screening and early intervention services that have shown some promising results. This may prevent more youth from developing full-on addiction.

As noted in the USPSTF draft recommendation, nearly 8 percent of adolescents ages 12-17 reported illicit drug use in the last month. Youth substance misuse increases during high school, and youth who start using substances during adolescence are more likely to develop substance use disorders later in life. This means that providers working directly with adolescents during these key developmental years play a critical role in identifying problematic use of substances and providing young people with the services they need to live healthy lives. Services that identify youth at risk and help them build resilience have the potential to increase academic achievement and improve health and economic outcomes as youth become adults. Screening plays a critical role in the provision of these services and preventing the development of substance use disorders as young people become adults.

Community Catalyst played a key role in the passage of Massachusetts legislation establishing substance use screening, brief intervention, and referral to treatment (SBIRT) programs in all middle and high schools across the state. School districts report the program is working, identifying youth at risk of or with substance use disorders. A formal evaluation is underway. Practitioners in school-based health clinics and other primary care settings who are implementing youth screening and brief intervention have also provided positive feedback. Separately, Community Catalyst and its partners in Georgia won activation of Medicaid reimbursement codes for SBIRT there. Physicians have filed

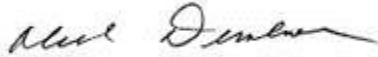
¹ Patnode CD, Perdue LA, Rushkin M, O'Connor EA. Screening for Drug Use in Primary Care in Adolescents and Adults, Including Pregnant Women: An Updated Systematic Review for the U.S. Preventive Services Task Force. Evidence Synthesis No. 186. AHRQ Publication No. 19-05255-EF-1. Rockville, MD: Agency for Healthcare Research and Quality; 2019.

thousands of claims for conducting SBIRT with patients ranging in age from adolescents to adults. Across the country, more policymakers, physicians, and school leaders are recognizing the need for youth substance use prevention and early intervention and taking action to expand these services.

In addition to the changes to the statement recommended above, we encourage the USPSTF to call for research to improve current practices, including research that is less intrusive to patients than clinical trials and that uses existing data from electronic medical records. This type of data analysis can answer some key questions in the more immediate future and evaluate screening and brief interventions as they are delivered in real-world settings.

Thank you for the opportunity to submit comments on the draft. Please contact me at adembner@communitycatalyst.org with any questions.

Sincerely,

A handwritten signature in black ink, appearing to read "Alice Dembner", with a stylized flourish at the end.

Alice Dembner
Program Director
Substance Use Disorders and Justice-Involved Populations
Community Catalyst