



August 30, 2016

The United States Preventive Services Task Force
5600 Fishers Lane, Mail Stop 06E53A
Rockville, Maryland 20857

Re: Draft Research Plan for Drug Use in Adolescents and Adults, Including Pregnant Women:
Screening

To Whom It May Concern:

I am writing on behalf of Trust for America's Health (TFAH) to provide comments in response to the draft research plan for drug use screening for adolescents and adults, including pregnant women.¹ TFAH is a non-profit, non-partisan organization dedicated to saving lives by protecting the health of every community and working to make disease prevention a national priority.

We believe that primary care drug use screening is a critical step toward improving health outcomes of communities and addressing the opioid epidemic impacting this country.² We enthusiastically support the United States Preventive Services Task Force's (USPSTF) decision to conduct a review of the available scientific evidence examining the connection between drug use screening and intervention and improved health outcomes. Because the largest escalation in substance misuse occurs among adolescents,³ we are particularly concerned about screening and prevention in this age group, and strongly supportive of the inclusion of adolescents in the research plan. As we noted in our 2015 report, *Reducing Teen Substance Misuse: What Really Works*, early screening and interventions are essential for identifying risks and connecting people to services and support.⁴

Our specific concerns and comments are outlined below.

TFAH supports the inclusion of a broad set of outcomes, including educational outcomes.

With respect to Key Questions 1(a), 1(b), 4(a) and 4(b), we are very encouraged by the fact that USPSTF is proposing to consider social and legal outcomes alongside traditional health outcomes like

¹ USPSTF. *Draft Research Plan for Drug Use in Adolescents and Adults, Including Pregnant Women: Screening* (2016). Available at www.uspreventiveservicestaskforce.org/Page/Document/draft-research-plan/drug-use-in-adolescents-and-adults-including-pregnant-women-screening.

² Department of Health and Human Services. *About the Opioid Epidemic*. Available at www.hhs.gov/opioids/about-the-epidemic/

³ Substance Abuse Working Group Summary. National Collaboration on Education and Health Working Group on Substance Abuse (2016). Available at <http://healthyamericans.org/health-issues/wp-content/uploads/2016/08/Substance-Misuse-Working-Group-Report.pdf>.

⁴ Trust for America's Health. *Reducing Teen Substance Misuse: What Really Works* (2015). Available at <http://healthyamericans.org/assets/files/TFAH-2015-TeenSubstAbuse-FnlRv.pdf>.



morbidity and mortality. We support this expansive approach towards defining “risky behavior” and “health or social outcomes.” For adolescents, the risks of drug misuse include short-term behavioral outcomes such as absenteeism, declining GPA, and dropping classes, which can lead to long-term negative educational outcomes such as delayed graduation, lack of school completion, lack of employment readiness and underemployment.⁵ Given the demonstrated connection between educational outcomes and population health outcomes,⁶ we want to specifically urge that USPSTF give studies of educational outcomes due consideration alongside studies examining more traditional health outcomes.

TFAH supports the inclusion of evidence from community settings, and urges USPSTF to ensure that this category includes schools.

In the draft research plan, USPSTF states that it will be considering studies involving screenings and interventions “that take place in settings applicable to primary care, including: primary care clinics; prenatal clinics; obstetric/gynecology clinics; and research clinic/office, home, or other community settings.” TFAH strongly supports USPSTF’s broad definition of “setting” and in particular the inclusion of evidence from “home or other community settings.” We specifically urge the Task Force to ensure that schools are included in this category. While at high risk for initiating substance misuse, adolescents are less likely than other groups to access primary care services in traditional settings.⁷ In many cases, particularly for low-income youth, a school nurse is the only medical provider seen regularly.⁸ Studies of screenings and/or interventions conducted in schools, whether in specific school-based health clinics or other school settings, will therefore have important implications for adolescents.

TFAH encourages the inclusion of studies on a range of appropriate providers.

Similarly, we note with approval that the draft research plan is not exclusively focused on primary care clinicians. Depending on the evidence, other types of clinical or nonclinical professionals may be appropriate providers of screening and/or interventions. For example, we strongly recommend that the research include any applicable studies where screening and/or intervention services are provided by school personnel such as school nurses and counselors, because they are in a unique position to implement screening and intervention procedures among adolescents.

⁵ Substance Abuse Working Group Summary. National Collaboration on Education and Health Working Group on Substance Abuse (2016). Available at <http://healthyamericans.org/health-issues/wp-content/uploads/2016/08/Substance-Misuse-Working-Group-Report.pdf>.

⁶ Agency for Healthcare Research and Quality. Understanding the Relationship Between Education and Health: A Review of the Evidence and an Examination of Community Perspectives (Content last reviewed Sep. 2015). Available at www.ahrq.gov/professionals/education/curriculum-tools/population-health/zimmerman.html. National Institute on Drug Abuse; National Institutes of Health; U.S. Department of Health and Human Services. Marijuana Use and Educational Outcomes (Updated Nov. 2014). Available at www.drugabuse.gov/related-topics/trends-statistics/infographics/marijuana-use-educational-outcomes.

⁷ James D. Nordin, Leif I. Solberg, and Emily D. Parker. “Adolescent Primary Care Visit Patterns.” *Annals of Family Medicine* 8.6 (2010): 511–516.

⁸ Chrysanthe Patestos, Kristen Patterson, and Virginia Fitzsimons. “Substance Abuse Prevention: The Role of the School Nurse Across the Continuum of Care.” *NASN School Nurse* 29.6 (2014): 310-314.

TFAH supports the inclusion of pregnant women in the scope of the analysis.

Finally, we support USPSTF's ongoing attention to the impact of substance use disorder on pregnant women. It is crucial to note that treatment *is* indicated for pregnant women with substance use disorder and, of course, that addiction is an illness for pregnant women, as it is for others. For pregnant women found to have a substance use disorder, a voluntary, treatment-based approach will optimize health and social outcomes for the mother and fetus far more effectively than punitive approaches. The American College of Obstetricians and Gynecologists and the American Academy of Pediatrics have both noted that a punitive approach to pregnancy and addiction is likely to have unintended negative consequences, deterring women from seeking important prenatal care.⁹ We urge USPSTF to review relevant studies regarding pregnant women and to identify the most effective, non-punitive approaches to screening and care for this population.

Conclusion

Thank you for the opportunity to comment on this draft research plan. We look forward to the release of USPSTF's research findings in this crucial public health area.

If you have any questions, please feel free to contact Becky Salay, TFAH's Director of Government Relations, at (202) 864-5945 or bsalay@tfah.org.

Sincerely,



Richard Hamburg
Interim President & CEO

⁹ American College of Obstetricians and Gynecologists Committee on Health Care for Underserved Women. Substance abuse reporting and pregnancy: the role of the obstetrician-gynecologist. 2011 (reaffirmed 2014). Available at: www.acog.org/Resources-And-Publications/Committee-Opinions/Committee-on-Health-Care-for-Underserved-Women/Substance-Abuse-Reporting-and-Pregnancy-The-Role-of-the-Obstetrician-Gynecologist. American Academy of Pediatrics Committee on Substance Abuse. Drug-exposed infants. Pediatrics 1990;86:639-42.