



EARLY INTERVENTION IS KEY

By *Lori Baier, Director of Employment Services*

Nine in ten American teenagers know someone who smokes, drinks or uses drugs during the school day. And half will use an illegal drug before graduating from high school.* Unfortunately, early substance use has huge long-term impacts, impairing healthy development, contributing to risky behaviors such as unprotected sex and dangerous driving, and setting the stage for the development substance use disorders when older.

Many parents are reluctant to talk with their adolescent children who may be shy and secretive one moment, distrustful and rebellious the next. That may make the child’s pediatric care provider a better resource for intervention. In fact, 65 percent of adolescents say they prefer discussing substance use with their doctors and the only reason they don’t is because they’re not asked.** With that opportunity in mind, the Fletcher Group is working with primary care practices to facilitate screening and treatment protocols.

At Coal Grove Pediatrics in Ironton, Ohio, Dr. Margaret Ng, a private-practice pediatrician, serves hundreds of low- and middle-income rural families in eastern Kentucky, southern Ohio, and southern West Virginia. She sought Technical Assistance from the Fletcher Group Rural Center of Excellence to develop a protocol that would help her better identify and address patients with substance use risks. The Fletcher Group provided her with a protocol that includes standardized screening instruments, scoring for risk factors, and guided interventions. In just two months, Dr. Ng has used it to successfully screen over 120 patients aged nine to 18, leading to interventions and counseling for roughly ten percent of the total.

“The beauty of it is there’s no pointing fingers or screaming,” says Dr. Ng. “They simply fill out a form while waiting for their appointment. It helps break the ice without putting anyone on the spot. The objective indicators

of risk promote matter-of-fact discussions with young patients and their parents, who seem to like it as much as the kids. Their typical reaction is, ‘Okay, my kid’s at risk; I need to be more careful and keep an eye on this.’ Often there’s a genuine sense of relief on the part of the kids as well as the parents.”

The standardized screening is catching at-risk children Dr. Ng might have missed before. “Sometimes you get answers from kids you didn’t expect, but that’s the beauty of it. You’re able to ask everyone. And if they’re honest it can really make a difference.”

Early is always better, says Dr. Ng. “Maybe the younger ones aren’t actually using any drugs or alcohol, but they’re already forming opinions. By engaging them early, we can affect the thinking that might go into a crucial decision later in life.”

Billings Help, Too

Screening and interventions cost money, but the Fletcher Group has helped in that regard, too, by showing Dr. Ng how to make insurance claims using appropriate billing codes. While reimbursement is limited, for the screening, it adds up and will help fund additional services for at-risk youth.

“It’s still early,” says Dr. Ng, “but I’m already doing a much better job of addressing the SUD risks of my adolescent patients. The Fletcher Group’s Technical Assistance has really made a difference.”

*Actual figures are 86% and 47% according to the National Center for Drug Abuse Statistics.

** Performing Preventive Services, A Bright Futures Handbook