

Primary Care Providers' Attitudes towards Adolescent Substance Use Disorder as a Predictor of Prevention Advocacy

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Of the 2.2 million adolescents in the US that had a substance use disorder (SUD) in 2023, only 0.5% received professional counseling or medication for SUD. Stigma is one of many potential barriers to care. Primary care is an ideal location to integrate SUD care due to frequency of care, access to resources, and provider-patient relationships. Adult primary care providers' stigmatizing beliefs about SUD is associated with less involvement in SUD care and decreased medication refills and specialist referrals. This study begins to fill the knowledge gap of primary care providers' attitudes towards adolescent SUD and provider SUD advocacy practices. Data was collected from a cluster-randomized, stepped wedge, hybrid type III effectiveness-implementation randomized clinical trial including 25 clinical sites across 13 counties in a large midwestern hospital system that aimed to implement standardized screening processes and integrated behavioral health services. Survey participants (N=470) included medical assistants, providers (registered nurse, nurse practitioner, and physicians' assistant), physicians, and clinic staff. Descriptive analyses and inferential statistical testing of two measures for public stigma towards adolescents with a SUD and interprofessional communication (advocacy) about SUD prevention were completed. Univariate logistic regression was conducted to examine the factors of SUD prevention advocacy. A paired samples *t*-test was performed to evaluate whether there was a difference between the public stigma score between adolescent opioid use and marijuana use. The results showed that the mean stigma towards opioid use (M=2.99, SD=1.00) was significantly lower than the mean stigma towards marijuana use (M=3.17, SD=1.07, $t(453)=-6.126$, $p<0.001$). Providers had significantly higher social disengagement with adolescents with a SUD compared to other measures of stigma, including negative emotions, lack of empathy, and assessment of responsibility. The results of a paired *t*-test showed that the social disengagement subscore for opioid use (M=6.54, SD=1.88) was significantly higher than the mean opioid use stigma score (M=2.99, SD=1.00, $t(453)=45.35$, $p<0.001$), and the social disengagement subscore for marijuana use (M=6.45, SD=1.97) was significantly higher than the mean marijuana use stigma score (M=3.17, SD=1.07, $t(453)=40.31$, $p<0.001$). Across four substances (nicotine, alcohol, cannabis, and opioids), the percentage of providers with no communication about SUD prevention ranged between 37.0% and 51.2%. Regression findings indicate that male healthcare staff were at reduced odds of advocating for SUD prevention than females (OR=0.21 [95% CI 0.05, 0.61]). Registration staff had greater odds of discussing SUD prevention than providers (OR=6.36 [95% CI 3.51, 11.83]). This study characterizes providers' stigmatizing beliefs and prevention advocacy towards adolescents with a SUD and identifies demographic differences that can be used to tailor intervention with providers and staff to increase advocacy.