

Editorial

Preventing Substance Abuse and HIV among Adolescents in a Primary Care Setting

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EDITORIAL

Recent changes in public health policy, including the *National Prevention Strategy* and the *Affordable Care Act*, require a shift in perspective on the development, delivery, and evaluation of substance abuse and STI/HIV preventive interventions [1]. E-health technology and primary care settings, for example, offer innovative interventions and contexts to deliver substance abuse and STI/HIV prevention programs. Yet, few primary care-based preventive interventions have been found to be efficacious in preventing substance abuse and sexual risk behaviors. Thus, there remains the need to address this gap and work toward integrating primary care and public health [2].

Despite prevention efforts aimed at curbing the tide of substance abuse and STI/HIV, these remain urgent public health concerns, especially among urban adolescents. Urban adolescents disproportionately engage in substance use and sexual risk behaviors, which increase their risk of STI/HIV. For example, 70.8% and 39.9% of adolescents report lifetime alcohol and marijuana use, respectively [3]. Parallel data show that 39.8% of youth report not using a condom at last sexual intercourse, and 22.1% of sexually active youth report being high or drunk at last sexual intercourse [3]. Black and Hispanic youth experience substance use and sexual risk behaviors disparities. For example, Hispanic youth, as compared to non-Hispanic white and Black youth, report the highest rates of lifetime licit and illicit drug use [4], and are least likely to report having used a condom at last intercourse [3]. Both substance use and sexual risk behaviors are risk factors for SIT/HIV. It should not be surprising then that there exist STI/HIV disparities. Despite accounting for approximately 31% of the total United States population, Black and Hispanics accounted for 78% of the nation's HIV incidence [5].

Recent technological advances have resulted in the development of mobile (m-health) and electronic health (e-health) applications for the prevention of substance abuse and sexual risk behaviors. Although the use of technology in the development and delivery of preventive interventions has demonstrated promising results [6-8], there remains the need to evaluate the impact of these interventions on substance use and sexual risk behaviors over time, identify the mechanisms by which these interventions have an impact, and to identify under

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what conditions these interventions are efficacious [6,9,10], including when delivered in a primary care setting.

The Affordable Care Act is projected to expand prevention efforts and improve access of preventative care to, among others, historically underserved populations [11]. Consequently, it is estimated that by 2019 the number of annual primary care visits will increase to between 15.07 and 24.26 million (not inclusive of additional visits due to the aging population), underscoring the potential impact primary care settings can have to deliver preventive interventions [12]. As such, primary care settings hold high potential for valuable prevention services, particularly when combined with m- and e-health technology. To the best of our knowledge, however, there currently are no published studies examining the efficacy of a primary care-based, substance abuse and STI/HIV e-health preventive intervention for adolescents.

In summary, adolescence represents a developmental stage at risk of engaging in STI/HIV risk behaviors, including substance use and sexual risk behaviors, with racial/ethnic minority youth at increased risk. Technological advances, combined with policy changes require a change in perspective on the development, implementation and evaluation of preventive interventions. M- and e-health interventions for primary care settings might help in this regard.

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