

Substance Use in the Primary Care Setting

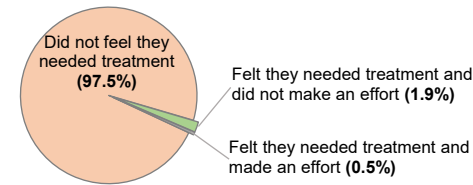
July 2022

Substance Use Disorder (SUD) Prevalence and Consequences

About **1 in 4** people have an SUD in their lifetime¹



97.5% of people needing but not receiving specialty treatment deny they need treatment²



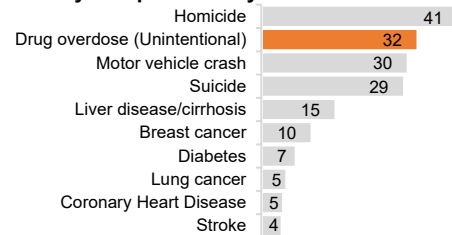
About **2 million** people use substances in an unhealthy or hazardous manner in LAC³

Substance use is associated with health problems that complicate medical care and increase utilization of high cost services⁴⁻⁵

People with SUD have⁵:

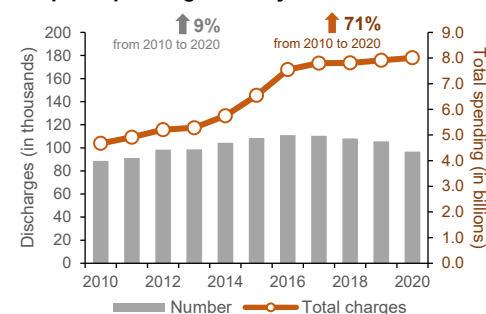
- 9 times greater risk of congestive heart failure
- 12 times greater risk of liver cirrhosis
- 12 times greater risk of pneumonia

Drug overdose caused individuals to, on average, die **32 years** prematurely in LAC⁶



Substance use costs **\$740 billion** per year in crime, lost work productivity, and healthcare in the US⁷

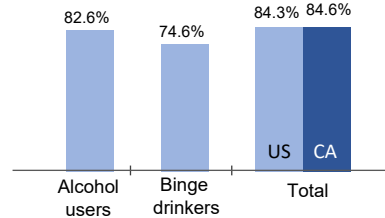
Alcohol and drug misuse accounted for about **102,000 discharges** and **\$6.5 billion** in total hospital spending annually in LAC⁸



Underutilized Potential in Primary Care

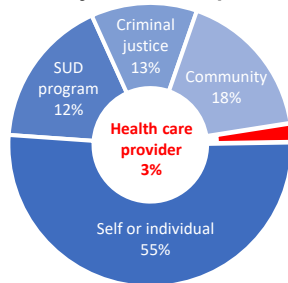
23% of patients in health care settings are heavy alcohol or illicit drug users⁹

84.6% of adult patients in California have never discussed alcohol with a health care professional¹⁰



54% of patients say their primary care physician did not address their substance abuse¹¹

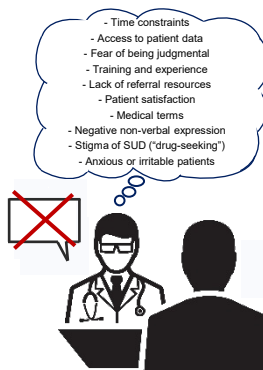
About **3%** of patients admitted to LAC publicly funded SUD treatment programs are referred by health care providers¹²



LAC: Los Angeles County; Other Community includes 12-Step Mutual Aid, schools, employers, Child Protective Services, DCFS, DMH, DPSS, and other community referrals

94% of primary care physicians fail to diagnose alcohol abuse in adults¹¹

Many barriers prevent providers from communicating with their patients about substance use^{13, 14}



Benefits of SBIRT in Primary Care

Primary care presents an ideal opportunity for screening, brief intervention, and referral to specialty SUD treatment (SBIRT)¹⁵

SBIRT for alcohol and drug use is recommended by the USPSTF¹⁶⁻¹⁷

USPSTF: United States Preventive Services Task Force

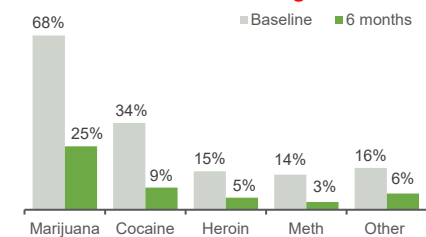
Positive impact on alcohol use¹⁶

- Reduced alcohol consumption by 1.6 drinks per week
- Reduced odds of heavy drinking episodes by 33%
- Reduced odds of exceeding recommended limits by 40%
- Increased odds of pregnant women abstaining by 2.3 times

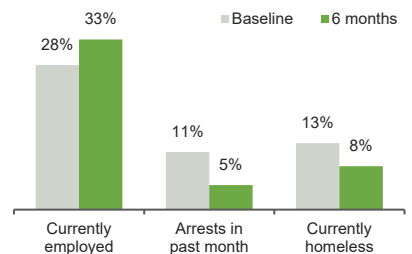
Positive impact on drug use¹⁷

- Reduced odds of relapsing to opioid use by 25%-27%
- Increased likelihood of treatment retention by 1.71-2.58 times
- Increased likelihood of drug abstinence by 1.25-1.60 times
- Reduced number of drug use days by 0.5 in a week

SBIRT can reduce illicit drug use⁹

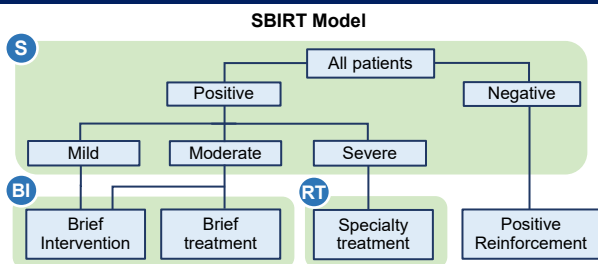


SBIRT for alcohol and illicit drug use can lead to improvements in social outcomes⁹



SBIRT in the primary care setting returns **\$4.30 for every \$1** spent due to reductions in hospitalizations, ED visits, crime, and motor vehicle accidents¹⁸

Guidelines for Screening, Brief Intervention/Treatment, Referral to Treatment (SBIRT)¹⁹



- SBIRT for alcohol and drugs is a simple, **quick** (minutes), integrated, comprehensive, cost-effective, and evidence-based approach to delivering early intervention and services that reduces both the disease, economic, and social burden of substance use.
- SBIRT can be easily incorporated into the **workflow** of primary care clinics.
- SBIRT for alcohol and drug use is a **reimbursable** service²⁰ approved by the American Medical Association and Centers for Medicare and Medicaid Services.

1. Screening²¹: Identify substance use among all patients

Common validated tools	Target	# Items	Description of questionnaire
TAPS	Adult alcohol and drug use	4	Screen for use and risk level: T obacco, A lcohol, P rescription medication, other S ubstance use
AUDIT-C	Adult alcohol use	3	Screen for problem use: A lcohol U se D isorder I dentification T est C onsumption
CAGE / CAGE-AID	Adult alcohol and drug use	4	Screen for use and abuse: C ut, A nnoyed, G uilty, E ye-opener
CRAFFT	Adolescent alcohol and drug use	6	Screen for use (part A) and situations (part B): C ar, R elax, A lone, F orget, F riends, T rouble
ASSIST	Adult poly-substance use	8	Screens for level of risky use: A lcohol, S moking and S ubstance I nvolve M ent S creening T est
DAST-10	Adult drug use	10	Screen for use and assess degree of consequences related to drug abuse

2. Brief Intervention: Short (3-15 min), educational and motivational conversation to promote awareness and health behavior change

Common BI models	Elements and Goals
FRAMES	Feedback, Responsibility placed on patient, Advice to change, Menu of options, Empathic communication, Self-efficacy to empower patients
FLO	Feedback, Listen and understand, Options explored
BNI	Brief Negotiated Interview: Raise the subject, provide feedback, enhance motivation, negotiate and advise

3. Referral to Treatment: Facilitate access to assessment, brief therapy, or specialty care

Location	Treatment Referral Center	Contact Information
Los Angeles County (LAC)	LAC Dept. of Public Health - Substance Abuse Prevention and Control	(844) 804-7500 http://publichealth.lacounty.gov/sapc/

- Kessler RC, et al. Lifetime and 12-month prevalence of DSM-III-R psychiatric disorders in the United States: results from the National Comorbidity Survey. Archives of general psychiatry 51.1 (1994): 8-9. doi: [10.1001/archpsyc.1994.03950010008002](https://doi.org/10.1001/archpsyc.1994.03950010008002).
- Substance Abuse and Mental Health Services Administration, Center for Behavioral Health Statistics and Quality. [2020 National Survey on Drug Use and Health](#).
- Rawson R. California's Forum on Integration: Integrating Substance Use Disorder Services and Primary Care: Overview and Rationale. UCLA Integrated Substance Abuse Programs. Dec 8, 2010. Estimated from slide 3.
- [National Institute on Drug Abuse](#). Drugs, Brains, and Behavior: The Science of Addiction. Addiction and Health.
- Mertens JR, et al. Medical and psychiatric conditions of alcohol and drug treatment patients in an HMO: comparison with matched controls. Arch Intern Med. 2003 Nov 10;163(20):2511-7. doi: [10.1001/archinte.163.20.2511](https://doi.org/10.1001/archinte.163.20.2511).
- Los Angeles County Department of Public Health, Office of Health Assessment and Epidemiology. [Patterns of Mortality in Los Angeles County 2008-2017](#). Estimated based on number of deaths and years of potential life lost before age 75 years.
- National Institute on Drug Abuse. [Costs of Substance Abuse](#).
- Health Care Access and Information (HCAI, formerly OSHPD). Inpatient Discharge Data Set. California Department of Public Health.
- Madras BK, et al. Screening, brief interventions, referral to treatment (SBIRT) for illicit drug and alcohol use at multiple healthcare sites: comparison at intake and 6 months later. Drug Alcohol Depend. 2009 Jan 1;99(1-3):280-95. doi: [10.1016/j.drugalcdep.2008.08.003](https://doi.org/10.1016/j.drugalcdep.2008.08.003).
- McKnight-Eilly LR, Centers for Disease Control and Prevention (CDC), et al. Vital signs: communication between health professionals and their patients about alcohol use—44 states and the District of Columbia, 2011. [MMWR Morb Mortal Wkly Rep. 2014 Jan 10;63\(1\):16-22](#).
- The National Center on Addiction and Substance Abuse at Columbia University. [Missed Opportunity: National Survey of Primary Care Physicians and Patients on Substance Abuse](#). April 2000.
- Los Angeles County Participant Reporting System and Sage data. Los Angeles County Department of Public Health, Substance Abuse Prevention and Control. New admissions data FY2021.
- Hagemeyer NE, et al. Prescription drug abuse communication: A qualitative analysis of prescriber and pharmacist perceptions and behaviors. Res Social Adm Pharm. 2016;12(6):937-948. doi: [10.1016/j.sapharm.2015.12.008](https://doi.org/10.1016/j.sapharm.2015.12.008).
- Wu K, Baker J. [Patient Communication In Substance Abuse Disorders](#). [Updated 2021 Jul 26]. In: StatPearls [Internet]. Treasure Island (FL): StatPearls Publishing; 2022 Jan-15. Substance Abuse and Mental Health Services Administration. [Systems-Level Implementation of Screening, Brief Intervention, and Referral to Treatment](#). Technical Assistance Publication (TAP) Series 33. HHS Publication No. (SMA) 13-4741. Rockville, MD: Substance Abuse and Mental Health Services Administration, 2013.
- U.S. Preventive Services Task Force (USPSTF). Unhealthy Alcohol Use In Adolescent and adults: Screening and Behavioral Counseling Interventions. [Evidence Summary](#). 2018.
- U.S. Preventive Services Task Force (USPSTF). Unhealthy Drug Use: Screening. [Final Evidence Review: Interventions](#). 2020.
- Fleming MF, et al. Brief physician advice for problem drinkers: Long term efficacy and benefit-cost analysis. Alcohol Clin Exp Res. 2002;26(1):36-43. PMID: [11821652](https://pubmed.ncbi.nlm.nih.gov/11821652/).
- [Health Team Works](#). Guideline for Alcohol and Substance Use Screening, Brief Intervention, Referral to Treatment (SBIRT).
- Substance Abuse and Mental Health Services Administration. [Coding for Screening and Brief Intervention Reimbursement](#). Updated 4/14/2022.
- National Institute on Drug Abuse. Chart of evidence-based screening tools for adults and adolescents. [NIDA Evidence-based screening](#)

For substance use disorder treatment in LAC, call at 844-804-7500, or visit [Service & Bed Availability Tool \(SBAT\)](#)

For more information on substance use disorders in LAC, visit <http://publichealth.lacounty.gov/sapc/>.

For more information regarding this data brief, please contact Tina Kim, PhD at tkim@ph.lacounty.gov