

Substance Use in the Primary Care Setting

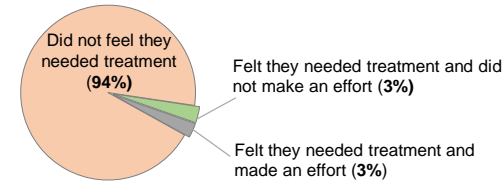
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Substance Use Disorder (SUD) Prevalence and Consequences

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



94% of people needing but not receiving specialty treatment deny they need treatment²



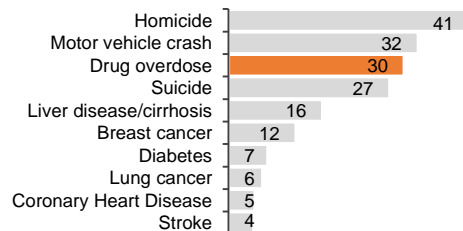
About **2 million** people use substances in an unhealthy or hazardous manner in LAC³

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

People with SUD have⁵:

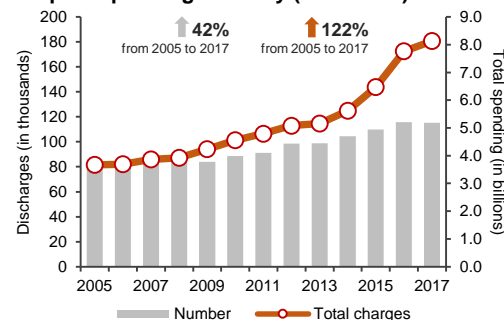
- 9 times greater risk of congestive heart failure
- 12 times greater risk of liver cirrhosis
- 12 times greater risk of pneumonia

Drug overdose caused individuals to, on average, die **30 years** prematurely in LAC⁶



Substance use costs **\$700 billion** per year in crime, lost productivity, and healthcare in the US⁷

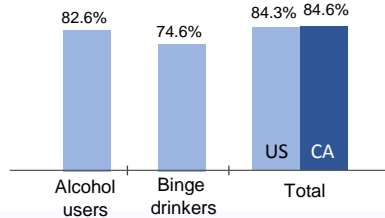
Alcohol and drug misuse accounted for about **109,000 discharges** and **\$6.6 billion** in total hospital spending annually (2013-2017) in LAC⁸



Underutilized Potential in Primary Care

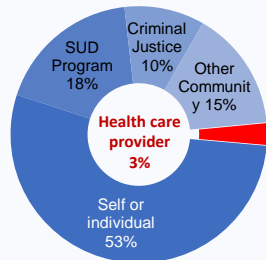
22% of patients in health care settings are heavy alcohol or illicit drug users⁹

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 clients 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 use¹³



Benefits of SBIRT in Primary Care

Primary care presents an ideal opportunity for screening, brief intervention, and referral to specialty SUD treatment (SBIRT)¹⁴

SBIRT for alcohol is effective and is **recommended** by the USPSTF¹⁵⁻¹⁶

Positive impact on alcohol use¹⁵

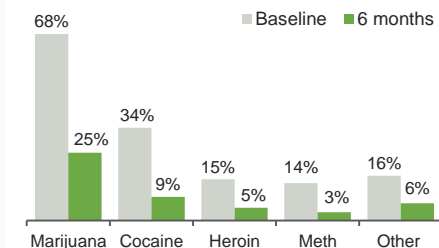
Reduce alcohol consumption by 3.6 drinks per week

Reduce heavy drinking episodes by 12%

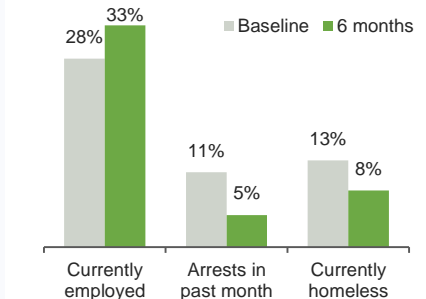
Increase achievement of drinking limits by 11%

USPSTF: United States Preventive Services Task Force

SBIRT can reduce illicit drug use by **68%**⁹



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



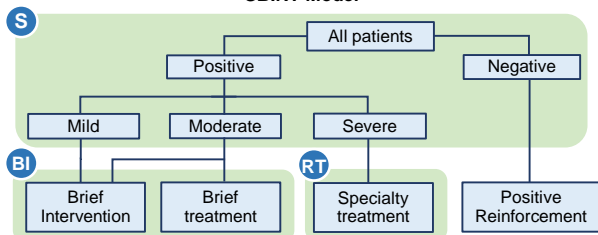
Return on investment for alcohol SBIRT ranks the **4th** best for preventive services¹⁷

1. Discuss daily aspirin use
2. Childhood immunizations
3. Smoking cessation
4. Alcohol SBIRT (adults)
5. Colorectal screening
6. Hypertension screening and treatment
7. Influenza immunization
8. Vision screening
9. Cervical cancer screening
10. Cholesterol screening and treatment

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)^{14,19}

SBIRT Model¹⁴



- 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	Questionnaire and scoring
Smith, et al 2010 ²²	Adult drug use	1	How many times in the past year have you used an illegal drug or used a prescription medication for non-medical reasons? [Positive: ≥1]
AUDIT-C	Adult alcohol use	3	http://www.integration.samhsa.gov/images/res/tool_auditc.pdf
CAGE and CAGE-AID	Adult alcohol and drug use	4	http://www.partnersagainstpain.com/printouts/A7012DA4.pdf
CRAFFT	Adolescent alcohol and drug use	6	http://www.ceasar-boston.org/CRAFFT/selfCRAFFT.php
ASSIST	Adult poly-substance use	8	http://www.who.int/substance_abuse/activities/assist_test/en/
AUDIT	Adult alcohol use	10	http://pubs.niaaa.nih.gov/publications/Audit.pdf
DAST-10	Adult drug use	10	http://www.bu.edu/bniart/files/2012/04/DAST-10_Institute.pdf

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 ²³	Feedback, Responsibility placed on patient, Advice to change, Menu of options, Empathic communication, Self-efficacy to empower patients
FLO ²⁴	Feedback, Listen and understand, Options explored
4 Steps of BNI ²⁵	Raise the subject, provide feedback, enhance motivation, negotiate and advise
Brief Negotiated Interview ²⁶	Build rapport, pros and cons, information and feedback, readiness ruler, action place

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/

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