

Patients with Risky Substance Use in Primary Care Settings

- About 20% of primary care patients screen positive for unhealthy alcohol use.¹
- Systematic review of 12 RCTS in the U.S. reported that about 8% to 18% of patients screened positive.²
- One review found that prevalence estimates among primary care patients range from 4% to 29% for risk/hazardous drinkers, 0.3% to 10% for harmful drinkers, and 2% to 9% for alcohol dependence.³
- One review found that 9% of patients screened positive for excessive alcohol use.⁴
- A study in primary care found that 38% screened positive for low-risk drinking, 9% for at-risk drinking, 8% for problem drinking, and 5% for dependence. 20% reported using illicit drugs 5 or more times in their lifetime and 5% were current illicit drug users.⁵

PCPs are major behavioral health providers

- National survey between 2001 and 2002 found that 55.1% of treated 12-month MDD cases occurred in SMH and 16% of treated cases occurred in human services.⁶
- Based on data from the NIMH Epidemiologic Catchment Area Program, the majority of visits among treated patients with mental or addictive disorders were to specialty settings (40.5% of total visits) and to support networks (37.0% of total visits). Large number of persons with mental and substance use disorders were seen in the general medical sector; however, they were seen less frequently (10.9% of total visits).⁷
- Based on interviews of adults in the NIMH Epidemiologic Catchment Area Program, researchers estimated that specialists in mental and addictive disorders provided treatment to 5.9% of the U.S. population. 6.4% sought such services from general medical physicians, 3.0% sought these services from other human service professionals, and 4.1% turned to the voluntary support sector for such care.⁸
- Analyses of a national datasets showed that 3%, 3%, and 1% of workers with alcohol abuse/dependence seek care from mental health only, medical only, and both mental health and medical, respectively. 4%, 3%, and 2% of workers with drug abuse/dependence seek care from mental health only, medical only, and both mental health and medical, respectively.⁹

¹ Fleming MF, Manwell LB, Barry KL, Johnson K. At-risk drinking in an HMO primary care sample: prevalence and health policy implications. *American Journal of Public Health*. 1998;88(1):90-93.

² Whitlock EP, Polen MR, Green CA, Orleans T, Klein J. Behavioral counseling interventions in primary care to reduce risky/harmful alcohol use by adults: a summary of the evidence for the U.S. Preventive Services Task Force. *Annals of Internal Medicine*. 2004;140(7): 557-68.

³ Reid M, Fiellin DA, O'Connor PG. Hazardous and harmful alcohol consumption in primary care. *Arch Intern Med*. 1999; 159: 1681–1689.

⁴ Beich A, Thorsen T, Rollnick S. Screening in brief intervention trials targeting excessive drinkers in general practice: systematic review and meta-analysis. *BMJ*. 2003;327:536–42.

⁵ Manwell LB, Fleming MF, Johnson K, Barry KL. Tobacco, alcohol, and drug use in a primary care sample: 90-day prevalence and associated factors. *J Addict Dis*. 1998;17(1):67-81.

⁶ Kessler RC, Berglund P, Demler O, Jin R, Koretz D, Merikangas KR, Rush JA, Walters EE, Wang PS. The epidemiology of major depressive disorder. *JAMA*. 2003; 289(23): 3095-3105.

⁷ Narrow WE, Regier DA, Rae DS, Manderscheid RW, Locke BZ. Use of services by persons with mental and addictive disorders: Findings from the National Institute of Mental Health Epidemiological Catchment Area program. *Archives of General Psychiatry*. 1993;50:95–107.

⁸ Regier D, Narrow W, Rae D, Manderscheid R, Locke B, Goodwin F. The de facto U.S. mental and addictive services system: Epidemiologic catchment area prospective 1-year prevalence rates of disorders and services. *Archives of General Psychiatry*. 1993;50:85–94.

⁹ Hertz RP, Baker CL. The impact of mental disorders on work. Pfizer Outcomes Research. Publication No P0002981. Pfizer; 2002.

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