

## **Risky Substance Use Is Under-Treated and Inadequately Treated in Primary Care Settings**

### **Proper treatment for alcohol dependence is rare.**

- Overall, recommended care for alcohol dependence is received 10.5% of the time.<sup>1</sup>

### **Substance use is under-screened and under-treated**

- In a 1998 National Survey, 7,371 people visited a general medical provider in the past year. Of those, 29% were asked about alcohol or drug use in the past 12 months. 51.4% of problem drinkers (those with positive AUDIT scores) did not receive any advice, and 22.5% were told to only "stop drinking" by their GMP.<sup>2</sup>
- Analyses of national datasets showed that 74%, 67%, and 56% of workers who screened positive for alcohol abuse/dependence, drug abuse/dependence, or major depression on the NCS survey, respectively, reported that they have never seen a mental health or medical specialist for their symptoms.<sup>3</sup>

### **Substance use is under-identified in primary care**

- A national cross-sectional survey of physicians in outpatient settings found that 88% usually or always ask new outpatients about alcohol use; however, among those patients who drink, only 13% of physicians reported using formal alcohol screening tools.<sup>4</sup>
- 32.1% of primary care physicians carefully screen for substance abuse.<sup>5</sup>

### **Specialty care is under-utilized**

- 74.1% of patients reported their primary care physician was not involved in their decision to seek treatment for substance abuse.<sup>5</sup>
- Data from a National Survey showed that 72% of people with co-occurring mental and substance use disorders did not receive any specialty mental health or substance abuse treatment in the past 12 months. Only 23% received appropriate mental health care.<sup>6</sup>
- Only 11% of the 23.5 million Americans who needed treatment for an illicit drug or alcohol use problem received specialty treatment.<sup>7</sup>

### **Treatment prevalence for mental disorders has improved, but is still low.**

- Data from the National Comorbidity Survey showed that 20.3% of patients with a mental disorder, including substance-abuse disorders, received treatment between 1990 and 1992 and 32.9% received treatment between 2001 and

2003. Between the two time periods, the largest increase occurred in the general medical sector (3.9% to 10%) and the distribution of treatment in the general medical sector increased from 31.5% to 49.6%.<sup>8</sup>

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<sup>1</sup> McGlynn EA, Asch SM, Adams J, Keesey J, Hicks J, DeCristofaro A, Kerr EA. The quality of health care delivered to adults in the United States. *N Engl J Med*. 2003;348(26):2635-2645.

<sup>2</sup> D'Amico EJ, Paddock SM, Burnam A, Fuan-Yue F. Identification of and guidance for problem drinking by general medical providers: results from a national survey. *Medical Care*. 2005;43(3):229-236.

<sup>3</sup> Hertz RP, Baker CL. The impact of mental disorders on work. Pfizer Outcomes Research. Publication No P0002981. Pfizer; 2002.

<sup>4</sup> Friedman PD, McCullough D, Chin MH, Salz R. Screening and intervention for alcohol problems: national survey of primary care physicians and psychiatrists. *J Gen Int Med*. 2000;15(2):84-91.

<sup>5</sup> National Center on Addiction and Substance Abuse (CASA). Missed Opportunity. CASA National Survey of Primary Care Physicians and Patients on Substance Abuse. New York: Columbia University, CASA, April 2000. Available at: <http://www.casacolumbia.org/download.aspx?path=/UploadedFiles/kksvjhvx.pdf>. Accessed April 23, 2011.

<sup>6</sup> Watkins KE, Burnam A, Kung FY, Paddock S. National survey of care for persons with co-occurring mental and substance use disorder. *Psychiatr Serv*. 2001; 52:1062–1068

<sup>7</sup> SAMHSA. Results from the 2009 National Survey on Drug Use and Health. Rockville, MD; September 2010. Available at: <http://oas.samhsa.gov/NSDUH/2k9NSDUH/2k9Results.htm#1.1>

<sup>8</sup> Kessler RC, Demler O, Frank RG, Olfson M, Pincus HA, Walters EE, Wang P, Wells KB, Zaslavsky AM. Prevalence and treatment of mental disorders, 1990 to 2003. *N Engl J Med*. 2005;352:2515-23.

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