

Substance Abuse Screening and Treatment



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KEYWORDS

- Substance abuse disorder • Substance misuse • Screening • Substitution therapies
- Blocking therapies

KEY POINTS

- Although the prevalence of substance use disorders in primary care patients runs high, physicians, due to lack of adequate training and skepticism about treatment effectiveness, feel unprepared to tackle substance abuse disorders in the office.
- Diagnosis of a substance abuse disorder can be made through a combination of history taking, screening questionnaires, physical examination, and chemical testing.
- Primary care physicians are well-positioned to treat those with substance abuse with knowledge and access to behavioral techniques, community resources, and pharmacologic strategies.
- The correlation of substance use disorders with other medical and psychiatric comorbidities makes the treatment of substance use disorders all the more important to patient care.

INTRODUCTION

The role of a primary care physician in the management of substance use disorders can be complex and challenging. The scope of the problem is significant and underscores a public health epidemic. In 2013, an estimated 24.6 million Americans aged 12 or older were current illicit drug users, representing 9.4% of the population.¹ In the general population, roughly 15.5 million were dependent on or abused alcohol alone, with some 100,000 people dying each year in the United States as a result.² Furthermore, in 2004, it was estimated that more than 9.4% of Americans older than the age of 12 had a full-blown drug or alcohol addiction.³

The issue is made even more complicated by the increase in the nonmedicinal use of both prescription and over-the-counter (OTC) medications. This problem is particularly prevalent among adolescents, in whom the use of these drugs has steadily escalated over the past few years. The most common drugs of choice include stimulants, sedatives, tranquilizers, and most notably, specific analgesics such as opioids.

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The abuse of OTC medications is equally problematic with teens and young adults abusing cough and cold medications. In a 2006 survey, 3.1 million persons aged 12 to 25 used an OTC cough and cold medication to get high.⁴

Research estimates that between 20% and 26% of primary care patients suffer from a substance use disorder.⁵ The indicated prevalence must be considered in light of the fact that most of those with a substance use disorder do not seek out treatment in the substance abuse treatment system. The result is that the primary care physician becomes the first potential provider to recognize the problem and begin to address the issue with the patient. The importance of doing so cannot be trivialized because these disorders consistently rank among the 10 leading preventable risk factors for years of life lost to death and disability.⁶ In addition, substance abuse disorders are associated with a higher risk of a variety of conditions, including hypertension, congestive heart failure, cirrhosis of the liver, lower back pain, arthritis, hepatitis C, pneumonia, chronic obstructive pulmonary disease, along with injuries and overdoses associated with misuse. Furthermore, substance use disorders are also responsible for the complication of many other medical conditions, contributing to the increasing cost associated with the health care system. Americans pay nearly \$1000 annually to cover the costs of unnecessary health care, extra law enforcement, motor vehicle crashes, crime, and lost productivity due to substance abuse.⁷

Despite the impact illicit substances has on health care, physicians report low levels of preparedness to recognize and help patients with substance use disorders. Physicians cite a lack of adequate training in medical school, residency, and continuing education courses. Physicians also report skepticism about treatment effectiveness, time constraints, perceived patient resistance, discomfort with discussing substance abuse, and fear of losing patients. Patient self-report supports this information. In one study, 43% of patients said their physician never diagnosed their addiction, and 11% reported that the physician knew about their addiction, but did nothing about it.⁸

With this information in mind, the goal of this article is to briefly discuss the screening, diagnosis, management, and treatment of substance abuse, one of the more complicated and challenging public health issues faced by primary care physicians.

SCREENING/DIAGNOSIS

Despite modern medicine's many advances, detecting substance abuse problems has continued to challenge primary care providers. Screening is a vital first step, and many organizations, including the American Medical Association, recommend that clinicians routinely ask patients about substance use. Screening for a substance abuse problem relies heavily on asking the right questions. When the correct questions are asked, research has shown that the odds of successfully uncovering substance abuse in a general clinical setting can be improved significantly. There are numerous screening tools at the disposal of the primary care physician. In later discussion is a select sampling of the more popular measures used in the primary care setting.

Developed by the World Health Organization, the Alcohol Use Disorders Identification Test assesses alcohol consumption, drinking behaviors, and alcohol-related problems. This short, 10-item questionnaire is particularly suitable for use in primary care settings, has both a clinician-administered and a self-report version, and can be used with a variety of populations and cultural groups. The clinician-administered version should be administered by a health professional or paraprofessional.⁹

Modeled after the widely used Michigan Alcoholism Screening Test,¹⁰ The Drug Abuse Screening Test (DAST) includes a 10-item (DAST-10) and a 20-item (DAST-20)

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