Addressing Unhealthy Substance Use in Primary Care

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KEYWORDS

- Screening and brief intervention • Collaborative care • Behavioral health integration
- Medication-assisted treatment

KEY POINTS

- Unhealthy substance use is a major contributor to morbidity, mortality, and health care costs, and is common in primary care populations.
- Many barriers have prevented primary care providers from adequately identifying and responding to it.
- Screening, brief intervention, and referral to treatment in primary care can reduce unhealthy alcohol use.
- Primary care–based treatment of opioid and alcohol use disorders can be effective, with collaborative care models showing particular promise; more data are needed to better understand the benefits of these models and to identify means of treating other substance use disorders in primary care.

INTRODUCTION

Unhealthy substance use is defined as a level of substance use that can incur health consequences, and includes both risky use that does not meet substance use disorder (SUD) criteria, as well as use that reflects an SUD (**Fig. 1**). Unhealthy substance use is among the most common preventable causes of death, contributes to significant morbidity,[1] is a driver of health care–related and societal costs,[1] and is prevalent among patients seen in primary care settings.[2,3] SUDs have much in common with the

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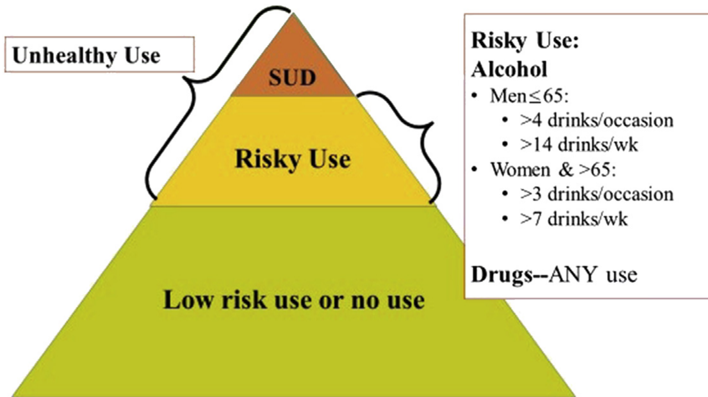

Fig. 1. Unhealthy substance use. (*Adapted from* Pace CA, Samet JH. In the clinic. Substance use disorders. Ann Intern Med 2016;164(7):ITC49-ITC64 Copyright © 2016; American College of Physicians. All Rights Reserved. Reprinted with the permission of American College of Physicians, Inc.)

chronic conditions, such as diabetes, hypertension, and asthma, that primary care providers (PCPs) routinely manage. SUDs have a biological basis in that genetics contribute to SUD risk and use of substances may result in persistent brain changes.[4] SUDs can require lifelong management, often including medication such as buprenorphine, and self-management and behavior change is essential in recovery.[5]

Despite the prevalence and chronicity of unhealthy substance use and SUDs, PCPs do not consistently embrace identification, evaluation, and management of these conditions. Reasons may include the historical separation between general medical and addiction services[6]; concerns about confidentiality and federal law[7]; barriers to reimbursement for substance use treatment[8]; PCPs' perception of a lack of adequate clinic staff to support work with patients with SUDs[9]; limited SUD resources in the community[10]; lack of PCP education about unhealthy substance use[8]; and persistent stigma on the part of health care providers[11] as well as patients, who may be reluctant to disclose use to their medical providers. Although many of these barriers apply to mental health care as well, overall primary care has more readily embraced integration of mental health services than substance use services.[10]

There is increasing interest in overcoming these barriers. The opioid epidemic in particular has shed light on the paucity of easily accessed substance use treatment, and on the role for medication treatment of opioid use disorders in primary care and other ambulatory settings.[12] Concurrently, alternative health care payment models have drawn increased attention to the cost-savings potential of addressing unhealthy substance use in primary care.[13]

What evidence justifies the resources and culture change needed to advance primary care's engagement with unhealthy substance use, and how can such resources be deployed? This article reviews the evidence base for key strategies through which unhealthy substance use can be identified and addressed in the primary care setting, and identifies key steps in implementation. It focuses on screening, brief intervention and referral to treatment (SBIRT) and the integration of SUD treatment into primary care through models such as collaborative care.

DEFINITION AND PREVALENCE OF UNHEALTHY SUBSTANCE USE IN PRIMARY CARE

Alcohol is the most widely consumed drug of unhealthy use in the United States. Like all unhealthy substance use, unhealthy alcohol use encompasses a spectrum from

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