

The Importance of Screening for SUD/OD in Primary Care

The Impact of SUD/OD in the United States and Pennsylvania

Substance use disorders have been shown to be associated with a number of **adverse mental health, physical health, and social outcomes including:**

- Exacerbation of co-occurring depression and anxiety disorder symptoms;
- Transmission of infectious diseases such as HIV, Hepatitis C, and tuberculosis;
- Development of chronic disease such as cancer; and
- Difficulty maintaining healthy interpersonal relationships.^{1,2,3}

While opioid prescribing rates have decreased in recent years, drug overdose death rates in the United States have continued to increase. **The total economic burden** (lost productivity, health care costs, criminal justice system costs, etc.) **of the opioid crisis between 2001 and 2017 is estimated to have exceeded \$1 trillion.**⁴

SUD/OD Prevalence

Twenty-six states, including Pennsylvania, saw statistically significant increases in overdose death from 2015 to 2016.⁷ A total of 42,249 overdose deaths were reported as opioid-related in 2016, with greater than 40% involving prescription opioids.^{1,6,7}

According to the results of the SAMHSA 2017 National Survey on Drug Use and Health (NSDUH):

- **15.1 million** people reported having an alcohol use disorder in 2016;
- **7.4 million** people reported having an illicit drug use disorder in 2016; and
- An estimated **2.3 million** of these individuals had both an alcohol use and an illicit drug use disorder.⁸

Further findings from the 2017 NSDUH indicated that **only about 3.8 million individuals received substance use treatment “of any kind” in 2016**, suggesting a significant gap in substance use disorder identification and treatment access.

Relationship with Primary Care: The Importance of Screening

Roughly 80% of the population in the US visits a primary care provider each year. An estimated 20% of these patients have a substance use disorder (SUD); however, only around 0.9% of primary care visits result in an SUD diagnosis.^{9,10}

Primary care providers can play an important role in addressing this ongoing public health crisis by implementing screening for substance use into their practice to improve identification and treatment of patients with risky or harmful substance use or SUD.

Screening allows healthcare professionals to:

1. Identify patterns in patient substance use;
2. Assess patient risk level; and
3. Determine appropriate next steps to take in providing treatment.

Overview of The Screening Process

Recommended processes for SUD screening are similar to screening processes for chronic illness. It is recommended that SUD screening be universal (i.e., all patients should be screened) and that, at a minimum, patients should be screened annually unless they are part of a population known to be at higher risk.¹¹

There are a number of validated alcohol and substance use screening questionnaires that can be administered to patients on paper or orally by a healthcare provider. Screening questionnaires can be easily administered in a two-step process:

The Two-Step Screening Process



Paper copies of initial screens such as the *National Institute on Alcohol Abuse and Alcoholism (NIAAA) Single Question Screen* and the *National Institute of Drug Abuse (NIDA) Single Question Screen* can often be included with other pre-appointment paperwork for patients to complete in the waiting room.

A provider can then quickly score the initial screens in the exam room upon intake, determine if a full screen is necessary based on patient risk level, and determine what other next steps may be appropriate.

References

1. ASAM (2011). "Definition of Addiction". Retrieved from <https://www.asam.org/resources/definition-of-addiction>
2. Babor, T.F., DelBoca, F., & Bray, J.W. (2017). "Screening, Brief Intervention and Referral to Treatment: Implications of SAMHSA's SBIRT Initiative for Substance Abuse Policy and Practice." *Addiction* 112(2): 110-117
3. NIDA (2014). *Drugs, Brains, and Behavior: the Science of Addiction*. Retrieved from <https://www.drugabuse.gov/publications/drugs-brains-behavior-science-addiction>
4. Rhyan CN. The Potential Societal Benefit of Eliminating Opioid Overdoses, Deaths, and Substance Use Disorders Exceeds \$95 Billion Per Year. 2017. https://altarum.org/sites/default/files/uploaded-publication-files/Research-Brief_Opioid-Epidemic-Economic-Burden.pdf
5. Hedegaard H, Warner M, Miniño AM. Drug overdose deaths in the United States, 1999–2016. NCHS Data Brief, no 294. Hyattsville, MD: National Center for Health Statistics. 2017/ CDC. Wide-ranging online data for epidemiologic research (WONDER). Atlanta, GA: CDC, National Center for Health Statistics; 2016. Available at <http://wonder.cdc.gov>
6. Seth P, Scholl L, Rudd RA, Bacon S. Overdose Deaths Involving Opioids, Cocaine, and Psychostimulants — United States, 2015–2016. *MMWR Morb Mortal Wkly Rep* 2018;67:349–358. DOI: <http://dx.doi.org/10.15585/mmwr.mm6712a1>
7. Seth P, Rudd RA, Noonan RK, Haegerich. Quantifying the Epidemic of Prescription Opioid Overdose Deaths. *American Journal of Public Health* 108, no. 4 (April 1, 2018): pp. 500-502.
8. Substance Abuse and Mental Health Services Administration. *Key substance use and mental health indicators in the United States: Results from the 2016 National Survey on Drug Use and Health*. Rockville, MD: Center for Behavioral Health Statistics and Quality, Substance Abuse and Mental Health Services Administration; 2017.
9. Mersy DJ. Recognition of alcohol and substance abuse. *Am Fam Physician*. 2003; 67(7): 1529-1532. <https://www.aafp.org/afp/2003/0401/p1529.html#afp20030401p1529-b3>
10. Banta JE, Montgomery S. Substance abuse and dependence treatment in outpatient physician offices, 1997-2004. *The American Journal of Drug and Alcohol Abuse*. 2007; 33: 583-593. doi: 10.1080/00952990701407546
11. Substance Abuse and Mental Health Services Administration (2011). *Screening, Brief Intervention and Referral to Treatment (SBIRT) in behavioral healthcare*. Retrieved August 21, 2017 from https://www.samhsa.gov/sites/default/files/sbirtwhitepaper_0.pdf