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### Substance Use Disorders and Primary Care

#### **20,000 People Daily Enter Emergency Departments with Alcohol Problems**

An alcohol-related illness or injury that requires emergency care might produce a crisis that helps motivate a person to change their drinking behavior thus creating the optimal time for emergency personnel to intervene.

- Every day, over 20,000 people enter emergency departments in the United States for alcohol-related injuries and illness - an estimated 7.6 million annually.
- 7% of injured adult patients are intoxicated when they present to the emergency department, another 20% will screen positive for alcohol use or abuse. These individuals represent the 18 million adults each year who have alcohol disorders.

Source: Emergency Nurses Association. Emergency Nurses Position Statement (2004). Approved by the ENA Board of Directors July 2004. Statistical citations available at: [www.ena.org/about/position/AlcoholScreening.asp](http://www.ena.org/about/position/AlcoholScreening.asp). Retrieved 1/10/2005.

#### **Chicago Ranks #1 in ER Visits Due to Cocaine and Heroin**

Chicago ranked first in the nation in the number of cocaine emergency department visits (275 per 100,000 citizens), and for heroin/morphine emergency department visits (220 per 100,000 citizens) in 2002 (latest data available).

Source: Substance Abuse and Mental Health Services Administration. (2004). Major Drugs of Abuse in ED Visits, 2002 Update. The DAWN Report. U.S. Department of Health & Human Services. Retrieved January 7, 2005, from [http://dawninfo.samhsa.gov/old\\_dawn/pubs\\_94\\_02/shortreports/files/DAWN\\_tdr\\_MDA.pdf](http://dawninfo.samhsa.gov/old_dawn/pubs_94_02/shortreports/files/DAWN_tdr_MDA.pdf).

#### **Emergency Departments are Optimal Intervention Point**

The rationale for interventions in the emergency setting is that the medical condition or injury prompting admission provides a “window of opportunity” when the individual may be more vulnerable and more open to seeing the connection between current consequences and his or her drinking or drug abuse and may be more motivated to change.

It is clear from the literature that without some intervention, which can facilitate enduring reductions in drinking, simply giving medical treatment alone to the problem drinker admitted to the emergency setting will not reduce the rates of re-admission or prevent re-injury related to alcohol consumption.

Source: DiClemente, Carlo C., & Soderstrom, Carl. (2002). Session 3. Intervening with alcohol problems in emergency settings. Alcohol problems among emergency department patients: *Proceedings of a research conference on identification and intervention*, Atlanta, GA: National Center for Injury Prevention and Control, Centers for Disease Control and Prevention. Retrieved January 10, 2005 from: [www.cdc.gov/ncipc/pub-res/alcohol\\_proceedings/Session3-PDF.pdf](http://www.cdc.gov/ncipc/pub-res/alcohol_proceedings/Session3-PDF.pdf).

## **Emergency Room Patients with Addictions Cost More**

Emergency department patients with unmet addiction treatment needs incur higher hospital and emergency department charges than other patients.

- ER patients with unmet treatment needs are 81% more likely to be admitted during their emergency visit, and 46% more likely to have reported making at least one emergency department visit in the previous 12 months.
- Tennessee patients with unmet treatment needs who received emergency medical services accounted for \$777.2 million in extra hospital charges for the state in 2000, which translates to an additional \$1,568 for each emergency patient with an addiction problem that wasn't addressed.

The study focused on emergency-room patients in Tennessee, where fewer than 10% of patients needing addiction treatment were currently receiving it.

Source: Rockett, Ian et al., Unmet Substance Abuse Treatment Need, Health Services Utilization, and Cost: A Population-Based Emergency Department Study. *Annals of Emergency Medicine* (December 2004). Posted 1/05/2005 on [www.jointogether.org/sa/news/summaries/reader/0,1854,575526,00.html](http://www.jointogether.org/sa/news/summaries/reader/0,1854,575526,00.html)

## **Primary Care Physicians Miss or Misdiagnose Alcohol-Abusing Patients**

- 94% of primary care physicians fail to diagnose substance abuse when presented with early symptoms of alcohol abuse in an adult patient.
- 41% of pediatricians fail to diagnose illegal drug abuse when presented with a classic description of a drug-abusing teenage patient.
- Only a small percentage of physicians consider themselves “very prepared” to diagnose alcoholism (19.9%), illegal drug use (16.9%), and prescription drug abuse (30.2%). In sharp contrast, 82.8% feel “very prepared” to identify hypertension; 82.3%, diabetes; 44.1%, depression.
- Most patients (53.7%) say their primary care physician did nothing about their addiction: 43% say the physician never diagnosed it, and 10.7% say the physician knew about it, but did nothing about it. Less than a third of primary care physicians (32.1%) carefully screen for substance abuse.
- Nearly 75% of patients say their primary care physician was not involved in their decision to seek treatment.
- 29.5% of patients said their physicians knew about their addiction and prescribed psychoactive drugs such as sedatives or Valium, which could cause additional problems.
- 54.8% of patients feel physicians do not know how to detect addictions.
- 35.3% of patients thought their physician was too busy to detect their addiction.
- The typical patient had a substance abuse problem for 10 years before receiving treatment.

- 57.7% of physicians say they don't discuss substance abuse with their patients because they believe their patients lie about it, and nearly 85% of patients agree.
- 35.1% of physicians cite time constraints, and 10.6% are concerned they won't be reimbursed for the time necessary to screen and treat a substance-abusing patient.

These are findings from a comprehensive survey of primary care physicians and patients released in 2000 by The National Center on Addiction and Substance Abuse at Columbia University (CASA). CASA surveyed a nationally representative sample of 648 physicians in family medicine, general practice, internal medicine, obstetrics and gynecology, and pediatrics, and a convenience sample of 510 patients in treatment for substance abuse. The CASA survey was conducted by The Survey Research Laboratory, University of Illinois-Chicago.

Source: The National Center on Addiction and Substance Abuse at Columbia University (CASA). *Missed Opportunity: The CASA National Survey of Primary Care Physicians and Patients*. Press release, May 10, 2000. Retrieved January 10, 2005 from: [www.casacolumbia.org/absolutenm/templates/PressReleases.asp?articleid=125&zoneid=49](http://www.casacolumbia.org/absolutenm/templates/PressReleases.asp?articleid=125&zoneid=49)

### **Interventions Reduce Alcohol-Related Accidents**

Alcohol interventions are associated with a reduction in alcohol intake and a reduced risk of trauma recidivism.

Among 366 patients admitted to a trauma center following alcohol-related injuries, the following 3-year outcomes were achieved when emergency room staff implemented alcohol and drug screening, brief interventions, and treatment referrals for patients:

- There was a 47% reduction in injuries requiring either emergency department or trauma center admission.
- There was a 48% reduction in injuries requiring hospital admission.

Source: Gentilello, Larry M., et al. "Alcohol Interventions in a Trauma Center as a Means of Reducing the Risk of Injury Recurrence." *Annals of Surgery*, Vol. 230, No. 4 (October 1999), p. 473-483. Retrieved January 11, 2005 from [www.jointogether.org/sa/resources/facts/reader/0,1896,264289,00.html](http://www.jointogether.org/sa/resources/facts/reader/0,1896,264289,00.html) and [www.ncbi.nlm.nih.gov/entrez/query.fcgi?cmd=Retrieve&db=PubMed&list\\_uids=10522717&dopt=Abstract](http://www.ncbi.nlm.nih.gov/entrez/query.fcgi?cmd=Retrieve&db=PubMed&list_uids=10522717&dopt=Abstract)