A Call for Papers

Substance Abuse: Innovations In Primary Care

JGIM plans to publish a special issue devoted to aspects of addressing alcohol, tobacco, and illicit drug use in patients seen in the primary care setting. This call for papers comes at a time when substance abuse issues are being recognized increasingly as mainstream general internal medicine concerns. This shift has occurred over the past decade as the importance of substance abuse disorders in medical practice has become well established. It has been estimated that alcohol consumption is responsible for over 100,000 deaths annually and over \$100 billion in economic costs in the United States.¹ When the impact of tobacco and illicit drug use is added to these figures, the total number of deaths per year increases to over 500,000² and total economic costs are approximately one quarter of a trillion dollars.³

Underlying these findings regarding substance use-related mortality and costs is the fact that the use of alcohol, tobacco, and drugs has been closely linked to a variety of medical and psychosocial problems, all of which may prompt a visit to a primary care physician or health care facility. For example, over 25% of admissions to community hospitals are alcohol related⁴ and the prevalence of alcohol abuse or dependence ranges from 16% to 36% in outpatient medical settings.⁵ A recent study of adult primary care patients demonstrated that 60% used alcohol, of whom 9% were at-risk drinkers, 8% were problem drinkers, and 5% were alcohol dependent.⁶ Data from this same study showed that 27% of these primary care patients used tobacco, and at least 20% had a history of illicit drug use, of whom 5% were current illicit drug users.⁶ Such studies give compelling evidence that substance use disorders are prevalent in primary care practice. Physicians need to be prepared to deal with these issues. Yet, we have a suboptimal record of identifying and addressing patients' needs in this regard in both inpatient and outpatient settings.^{4,7}

Recognition of the importance of alcohol, tobacco, and other drug abuse disorders in primary care practice has resulted in a call for primary care physicians to take a larger role in the identification and management of substance use disorders.⁸⁻¹¹ These disorders are after all quite similar to other problems managed by primary care physicians. They are characterized by a chronic course with periodic exacerbations and have both medical and psychosocial sequelae. Perhaps more importantly, these conditions can be identified by well-established screening methods and do respond to effective treatment.

Recent research on the identification and treatment of substance use disorders has focussed on primary care settings. Increasingly, this research is being performed by investigators who are from fields such as General Internal Medicine, General Pediatrics, and Family Medicine. For example, major advances in the identification of effective

screening methods for alcohol use disorders have been the result of research done in primary care settings by generalist physicians. As a result of this work, we now understand the utility of screening instruments such as the CAGE and the AUDIT and know the importance of early identification of alcohol problems.¹²⁻²⁰ In addition, evidence is convincing that effective management of "at risk" and problem drinking and tobacco use can be delivered in the primary care setting.²¹⁻²⁴ Even the treatment of illicit drug use with pharmacotherapies that historically were restricted to specialized treatment programs may soon become the province of primary care.²⁵

The Society of General Internal Medicine's (SGIM) Substance Abuse Task Force has been at the forefront of these developments. The Task Force's members are among the leading investigators, educators, and clinicians in the substance abuse field. The group has taken a leadership role in bringing issues related to substance abuse "into the fold" of SGIM and generalist physicians in other fields.²⁶ At the 2000 SGIM national meeting, the Task Force decided to seek publication of a special issue of *JGIM* which would focus on substance abuse. With the support of the Josiah Macy Foundation and the Physician Leadership on National Drug Policy (PLNDP), the Task Force will be sponsoring the publication of this issue entitled "Substance Abuse: Innovations in Primary Care" in early 2002.

This special issue will follow standard *JGIM* format, with all articles focussed on aspects of alcohol, tobacco and illicit drug use relevant to generalist physicians. Authors may submit original research articles, brief reports, reviews, perspectives, reflections, or articles appropriate for the *Journal's* new sections on Health Policy, Populations at Risk, and Innovations in Education and Clinical Practice (see *JGIM's* instructions for authors at <http://www.blackwellscience.com/journals/internal/form.html>). The deadline for submission of articles is June 1, 2001. As Co-Chairs of the SGIM Task Force, we will serve as Co-Editors of this special issue. For further information concerning submission of original manuscripts or to volunteer to review articles, please contact Jeffrey Samet (jsamet@bu.edu) or Patrick O'Connor (patrik.oconnor@yale.edu).—**PATRICK G. O'CONNOR, MD, MPH**, *Yale University School of Medicine, New Haven, Conn*, and **JEFFREY H. SAMET, MD, MA, MPH**, *Boston University School of Medicine, Boston Medical Center, Boston, Mass.*

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