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Percentage of hazardous drinkers who might be treated in primary care

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Treatment of hazardous drinking can occur in either the primary care or specialty alcohol treatment sector, depending on disorder severity. Guidelines from the World Health Organization (WHO) (1) and the National Institute on Alcohol Abuse and Alcoholism (2) suggest that individuals with less severe disorders are appropriate candidates for primary care treatment with evidence-based interventions including Screening and Brief Interventions in which a clinician delivers a focused intervention to stop or reduce drinking.

We estimated the percentage of individuals with hazardous drinking who might be appropriate candidates for primary care compared to those who require specialty care, using data from the second wave of the Healthcare for Communities survey (HCC2), conducted in 2000-2001 (3). HCC2 is uniquely positioned for this because it is nationally representative, and it includes the AUDIT (Alcohol Use Disorders Identification Test) (1), developed by the WHO to screen for hazardous drinking and to determine where treatment should be received (primary versus specialty care). Estimates of the percentage of the population with hazardous drinking who can be treated in primary care, and the proportion requiring specialty care, is vital for (1) assessing treatment appropriateness and triage of patients to the appropriate sector, and (2) allocating scarce behavioral health treatment and research resources.

Our analysis was based on 7,893 respondents and was weighted to be representative of the adult United States population. (Percentages reported are weighted, actual counts are unweighted) The WHO recommends that: individuals with AUDIT scores between 8 and 15 receive simple advice in primary care to reduce hazardous drinking; individuals with scores 16-19 receive brief counseling and continued monitoring in primary care; and individuals with scores of 20 or greater receive specialty treatment (1).

In HCC2, 5.1% of the sample (n=427) had an AUDIT score of 8 or greater, and thus by WHO criteria should receive an alcohol intervention. Most met criteria for intervention in primary care (N=344, or 4.4%, with scores 8-15, and N=44, or 0.5%, scores 16-19) and only 39 individuals (0.3%) had AUDIT scores indicating need for specialty treatment. Thus, among individuals requiring an alcohol intervention, only 1 in 20 (0.3%/5.1%) may initially require specialty treatment, by AUDIT criterion.

The AUDIT manual does not discuss how comorbidity (mental health or drug use) affects the primary vs. specialty care treatment decision. One approach is that patients with comorbid mental health problems or drug abuse problems be seen in specialty care. In the HCC2 sample, 1.7% (N=172) had an AUDIT score of 8 or greater and a comorbid mental health disorder or problem drug use. Using this criterion, about one in three (1.7%/5.1%) individuals requiring an alcohol intervention may initially require specialty treatment.

Thus, while services for alcohol use disorders are often narrowly viewed as specialty alcohol treatment, by WHO guidelines most individuals with hazardous drinking are appropriate candidates for primary care, at least initially, reserving specialty care for those with more severe alcohol problems, or hazardous drinking comorbid with mental health or drug abuse

problems, or those who do not appear to benefit from brief interventions. However, despite the evidence base for primary care treatment of hazardous drinking (4, 5), there remain barriers to implementing primary care interventions, including absence of insurance reimbursement, lack of trained personnel, and the various demands currently placed on busy primary care practices. Finally, we would note that the validity of the AUDIT recommendations has not been well studied.

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