

Essential components of care for alcohol use disorder (AUD) in primary care settings

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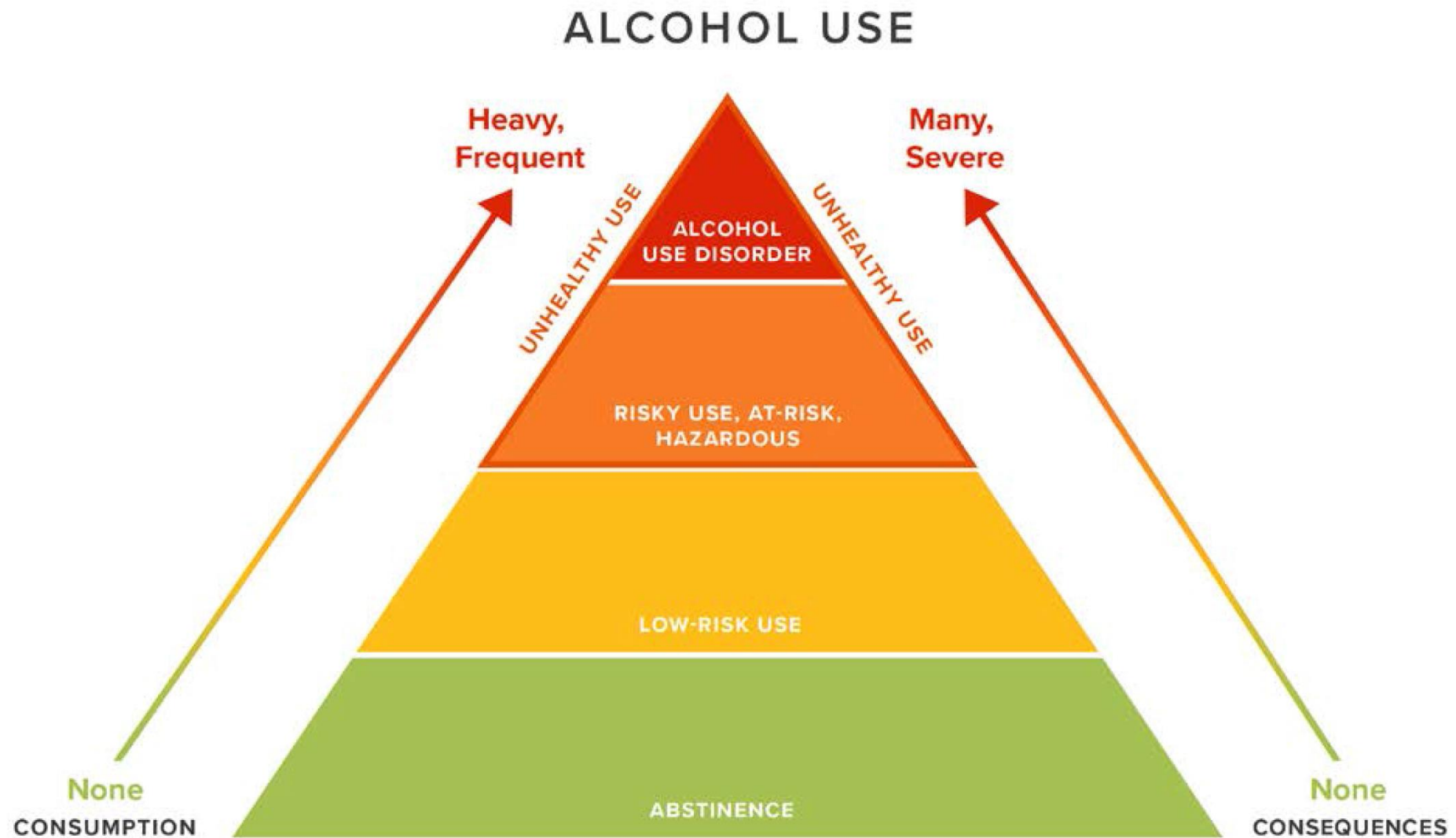
CHS Mission:

To apply the social and behavioral sciences to enhance the health and well-being of communities and promote health equity

Editor's Note

Distinguishing Between Substance Use and Substance Use Disorder

McNeely and Saitz¹ are correct that the field of drug use and screening would benefit from clarity in terminology. However, in practice, it can be very challenging to distinguish between substance use and a substance use disorder.



Adapted with permission from Saitz R. New Engl J Med 2005;352:596 for Oot E, Saitz R. Alcohol and health. In Boulton M, Wallace R (eds). *Maxcy-Rosenau-Last Public Health and Preventive Medicine*. 16th edition, in press 2020.

Essential components of care
Identify
Discuss the diagnosis and treatments
Treat
Refer (for specialized care and for services)

Patient A: “Six beers . . . or maybe even 8 sometimes”

Provider 1: “Okay. Okay. Have you been able to take your medication on a regular basis?”

No further exploration of patient’s drinking during this visit

Patient B: “Well, I’ve been boozing”

Provider 2: “I know. I’m more concerned about your kidney function ...”

Only reference to alcohol during this visit

McCormick K et al. , J Gen Intern Med. 2006; 21(9): 966–972

Essential components of care are just like those for other medical conditions

Identify	Check BP, blood sugar
Discuss the diagnosis and treatments	Discuss the diagnosis and treatments (myriad, complex!)
Treat	Monitor, medications, diet, activity, psychosocial, behavioral counseling
Refer (for specialized care and for services)	Refer (for specialized care and for services)

And yes, there is multi-morbidity. But PCPs are good at that.

Why aren't we doing this? PCPs CAN do this

It is not time, resources; we have those for other conditions
Target role responsibility, stigma, systems

But how?