SAPC Data Brief

County of Los Angeles Public Health
Substance Abuse Prevention and Control (SAPC)

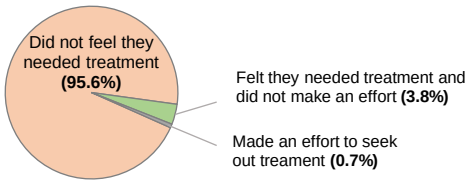
Substance Use in the Primary Care Setting

November 2025

Substance Use Disorder (SUD) Prevalence and Consequences

Nearly 1 in 3 people have an SUD in their lifetime[1]

96% of adults needing but not receiving SUD treatment deny they need treatment

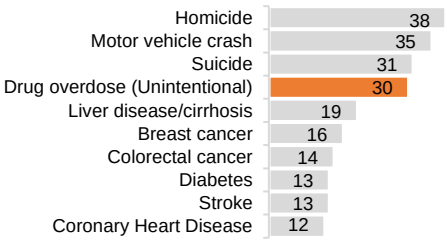


About **2 million** people use substances in an unhealthy or hazardous manner in LAC[3]

Substance use is associated with health problems that complicate medical care and increase utilization of high cost services[4-5]

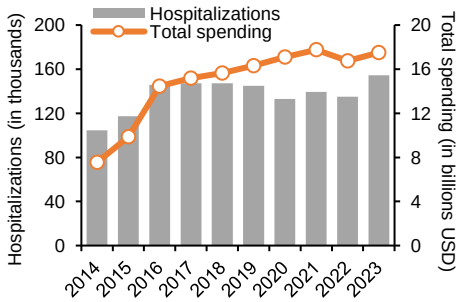
People with SUD have[5]:
2 times greater risk of pneumonia
5 times greater risk of congestive heart failure
13 times greater risk of liver cirrhosis

Drug overdose caused individuals to, on average, die 30 years prematurely in LAC[6]



Substance use costs **$740 billion** per year in crime, lost work productivity, and healthcare in the US[7]

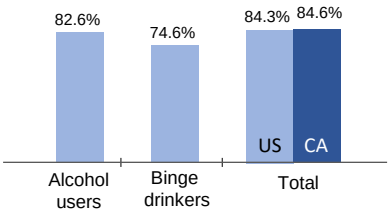
Alcohol and drug use accounted for nearly 137,000 discharges and $14.8 billion in total hospital spending annually in LAC[8]



Underutilized Potential in Primary Care

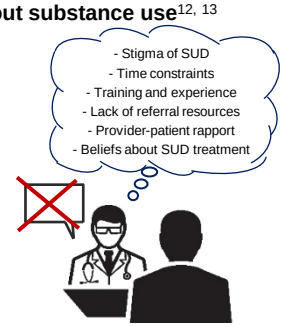
54% of patients say their primary care physician did not address their substance abuse[9]

84.6% of adult patients in California have never discussed alcohol with a health care professional[10]



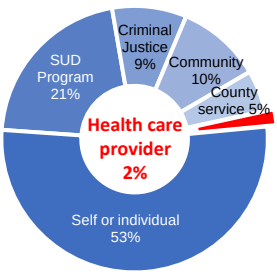
61% of patients don't know that primary care physicians can prescribe addiction treatment[11]

Many barriers prevent providers from communicating with their patients about substance use[12, 13]



92% of patients with AUD were not given treatment information by their primary care physicians[14]

About 2% of patients admitted to LAC publicly funded SUD treatment programs are referred by health care providers[15]



LAC: Los Angeles County. Other Community includes employers, schools, and other community referrals. County services includes Child Protective Services, DCFS, DMH, DPSS, and Whole Person Care.

Benefits of SBIRT in Primary Care

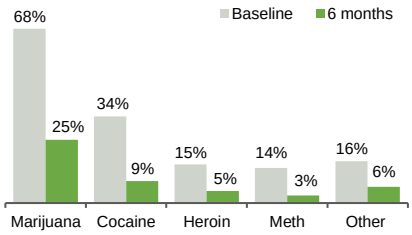
Primary care presents an ideal opportunity for screening, brief intervention, and referral to specialty SUD treatment (SBIRT)[16]

SBIRT for alcohol and drug use is recommended by the USPSTF[17-18]

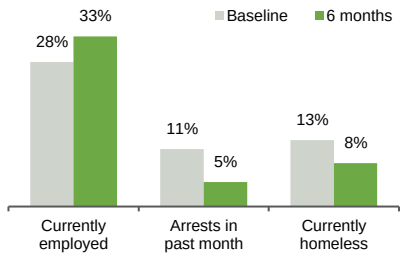
USPSTF: United States Preventive Services Task Force

Positive impact on alcohol use[17]
Reduced alcohol consumption by 1.6 drinks per week
Reduced odds of heavy drinking episodes by 33%
Reduced odds of exceeding recommended limits by 40%
Increased odds of pregnant women abstaining by 2.3 times
Positive impact on drug use[18]
Reduced odds of relapsing to opioid use by 25%-27%
Increased likelihood of treatment retention by 1.7-2.6 times
Increased likelihood of drug abstinence by 1.3-1.6 times
Reduced number of drug use days by 0.5 in a week

SBIRT can reduce illicit drug use[19]



SBIRT for alcohol and illicit drug use can lead to improvements in social outcomes[19]



SBIRT in the primary care setting returns **$4.30 for every $1** spent due to reductions in hospitalizations, ED visits, crime, and motor vehicle accidents[20]

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For more information regarding this data brief, please contact Tina Kim, PhD at tkim@ph.lacounty.gov

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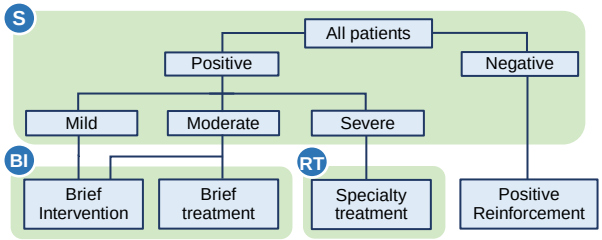
Guidelines for Screening, Brief Intervention/Treatment, Referral to Treatment (SBIRT)[21-23]

SBIRT Model



- SBIRT for alcohol and drugs is a simple, quick (minutes), integrated, comprehensive, cost-effective, and evidence-based approach to delivering early intervention and services that reduces both the disease, economic, and social burden of substance use.
- SBIRT can be easily incorporated into the workflow of primary care clinics.
- SBIRT for alcohol and drug use is a reimbursable service[20] approved by the American Medical Association and Centers for Medicare and Medicaid Services.

1. Screening: Identify substance use among all patients

Common validated tools	Target	# Items	Description of questionnaire
TAPS	Adult alcohol and drug use	4	Screen for use and risk level: **T**obacco, **A**lcohol, **P**rescription medication, other **S**ubstance use
AUDIT-C	Adult alcohol use	3	Screen for problem use: **A**lcohol **U**se **D**isorder **I**dentification **T**est **C**onsumption
CAGE / CAGE-AID	Adult alcohol and drug use	4	Screen for use and abuse: **C**ut, **A**nnoyed, **G**uilty, **E**ye-opener
CRAFFT	Adolescent alcohol and drug use	6	Screen for use (part A) and situations (part B): **C**ar, **R**elax, **A**lone, **F**orget, **F**riends, **T**rouble
ASSIST	Adult poly-substance use	8	Screens for level of risky use: **A**lcohol, **S**moking and **S**ubstance **I**nvolvement **S**creening **T**est
DAST-10	Adult drug use	10	Screen for use and assess degree of consequences related to drug abuse

2. Brief Intervention: Short (3-15 min), educational and motivational conversation to promote awareness and health behavior change

Common BI models	Elements and Goals
FRAMES	**F**eedback, **R**esponsibility placed on patient, **A**dvice to change, **M**enu of options, **E**mpathic communication, **S**elf-efficacy to empower patients
FLO	**F**eedback, **L**isten and understand, **O**ptions explored
BNI	**B**rief **N**egotiated **I**nterview: Raise the subjection, provide feedback, enhance motivation, negotiate and advise

3. Referral to Treatment: Facilitate access to assessment, brief therapy, or specialty care

Location	Treatment Referral Center	Contact Information
Los Angeles County (LAC)	LAC Dept. of Public Health - Substance Abuse Prevention and Control	(844) 804-7500 http://publichealth.lacounty.gov/sapc/

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