

## ISSUE BRIEF

### PRISM: INTEGRATING SUBSTANCE USE INTO PRIMARY HEALTHCARE

#### *Summary*

*PRISM ended its current phase in December 2008 showing significant evidence that many chronic medical conditions – diabetes, hypertension, sleep disorders, chronic pain, some cancers, and others – are affected by drinking and drug-taking, positively and negatively and even at thresholds below dependence or disorder. By affirming the value of medical professionals asking patients about alcohol and drug issues and intervening when necessary, PRISM has added impetus to several high-priority initiatives in the addiction and medical fields. Screening and brief interventions in primary care, implementation of chronic care models for substance abuse treatment, insurance parity, and even healthcare reform, are substantially advanced by the results of PRISM.*

The Program of Research to Integrate Substance Use Issues into Mainstream Healthcare “PRISM” was co-founded in 2002 by A. Thomas McLellan, Ph.D. of the Treatment Research Institute, and Barbara Turner, M.D., FACP of the University of Pennsylvania School of Medicine, and President, Society of General Internal Medicine. Their goal was to engage physicians in addiction issues by uncovering evidence that the course, management and outcomes of common chronic medical conditions might be affected by alcohol or other drug use/abuse in patients.

By 2006, persuaded by the still-emerging evidence, four of the nation’s most prestigious medical societies affirmed the value of PRISM by joining the project to encourage more research, accelerate dissemination to doctors and sub-specialists, and encourage more doctor training and education. In addition, the project focus turned to primary care practice management and redesign, and effective ways to address substance use within the realities of clinical practice.

As of the end of December, 2008 there was significant evidence that many chronic medical conditions – diabetes, hypertension, sleep disorders, chronic pain, some cancers, and other conditions - are affected by drinking and drug-taking, positively and negatively and even at thresholds below dependence or disorder. The PRISM findings represent concrete evidence why patients’ substance use patterns should be of interest to primary care professionals.

<sup>1</sup> The Society for General Internal Medicine (in the lead), with the American College of Physicians, American Geriatric Society, and American Academy of Family Physicians.

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## PRISM: Advancing the Addiction Field

For substance abuse policy makers, PRISM demonstrates why primary care professionals and sub-specialists should ask medical patients about substance use and provide brief interventions when appropriate, or refer to specialty clinics for more advanced substance abuse treatment if needed. PRISM provides additional evidence for “SBI,” or Screening and Brief Interventions which is designed to increase identification and intervention by concentrating on the venues where patients who are unhealthy users of alcohol and/or drugs *will* seek treatment, at least for their medical problems – doctors’ offices, emergency rooms and other medical offices. SBI is designed for patients for whom a “brief intervention” is appropriate and can be effective – generally speaking, “risky” drinkers or drug-takers whose use patterns don’t meet thresholds for dependence or abuse and are unlikely to need specialty treatment, but very likely to respond to a brief intervention.

There are a number of valid barriers to doctor participation in SBI programs. Chief among the barriers is teaching doctors *how* to respond when substance use issues are present. All along, the focus has been to treat “unhealthy substance use” as a behavioral problem using the same management skills (*e.g.* discussions with patients about unhealthy use, interactions with prescribed medications, and common sense management practices). Demonstrating *why* they should participate, as PRISM has now done, coupled with physician education programs, reimbursement mechanisms, better medical school curricula, and new accreditation standards, will do much to galvanize medical practitioners to look for and appropriately respond to substance use and abuse issues in their patients.

## PRISM: Advancing the Primary Care Field

PRISM has resulted in publication of more than 13 papers and book chapters including eight systematic reviews in the general medical literature (with seven more pending), three conferences featuring many of the most highly recognized addiction and medical experts in the nation, and eleven national presentations by PRISM grantees.

A tangible benefit from the medical societies has been the development of a web-based teaching tool by the American College of Physicians (ACP) demonstrating what physicians should look for and how to intervene with sleep disorder, hypertension and depression patients showing symptoms of high-risk alcohol use. The on-line resource is posted on the ACP website (<http://www.acponline.org>). The societies are also engaged in active discussions with insurance groups and other payers to encourage integration of alcohol and drug use issues in forthcoming primary care practice redesign.

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### PRISM Findings

- ◆ Drinking even within sensible guidelines (one to two drinks/day) may adversely affect patients with sleep disorders or breast cancer.
  - ◆ It is unlikely that consuming up to three drinks a day puts patients at greater risk for diabetes.
  - ◆ Although there is evidence that drinking one to three drinks per day is associated with less heart disease in people with diabetes, experts do not know enough to recommend moderate drinking to abstinent diabetes patients.
  - ◆ There is scientific consensus that alcohol in low to moderate doses initially promotes sleep, but that chronic use ultimately disrupts sleep-related physiology.
  - ◆ Sleep disturbance is more prevalent among patients with alcohol use or dependence than in the general population, and sleep disturbances may persist months after abstinence.
  - ◆ A significant rise in blood pressure has been demonstrated following sustained alcohol intake, although how the blood pressure is measured and at what point following alcohol intake can affect the amount of increase.
  - ◆ In patients with alcohol abuse/dependence being treated for depression in inpatient psychiatric settings, alcohol problems are more common than in the general population and are associated with adverse clinical and healthcare problems; and antidepressants can be effective in the presence of alcohol dependence.
  - ◆ Opioids may be under-prescribed in elderly populations due to fears of addiction, stigma and - in poorer populations, lack of access – even though the medications have efficacy in chronic pain management, and abuse or misuse are not common.
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## **Future Directions**

TRI is interested in using the results of the PRISM studies to advance understanding by primary care physicians of the impact of unhealthy use of alcohol and drugs on chronic conditions, including further research and evaluation. In particular, TRI is interested in:

- more fully testing performance measures for screening and brief interventions in primary care settings to improve the quality of care in the private and public sectors;
- increasing research focused on interventions in primary care, such as health coaching, brief interventions, and self-management support, and
- collaborating with a number of already existing groups to design curricula that will integrate content on substance use, unhealthy/risky use, and addiction into general medical training.

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*The Treatment Research Institute (TRI) is an independent, non-profit research and development organization specializing in science-driven reform of policy and practice in addiction and substance use. TRI was founded in 1992 by A. Thomas McLellan, Ph.D. and colleagues from the University of Pennsylvania's Center for the Studies of Addiction. To learn more, visit the TRI website at [www.tresearch.org](http://www.tresearch.org) or contact Bonnie Catone, Director of Communications, at [bcatone@tresearch.org](mailto:bcatone@tresearch.org).*

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