

Screening for Alcohol and Cannabis Use in Primary Care: A Brief Report on Patient

Perspectives

Kayne Mettert

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Mary Larimer

William George

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Kayne Mettert

University of Washington

**Abstract**

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Perspectives

Kayne Mettert

Chair of the Supervisory Committee:

Mary Larimer

Department of Psychology

Background: Substance use disorders (SUDs) pose significant public health challenges in the U.S., contributing to increased morbidity and mortality. Despite the prevalence of SUDs, underdiagnosis remains common due to inconsistent screening practices and patient reluctance to disclose substance use, often driven by stigma and misunderstanding of screening purposes. Objectives: This study aimed to explore adult primary care patients' experiences with substance use screenings implemented by Kaiser Permanente Washington (KPWA) as part of a mental health integration initiative. Methods: Through semi-structured qualitative interviews, participants shared their perspectives on the effectiveness of the screening process and their feelings about answering questions related to alcohol, cannabis, and other drug use. Results: Key

themes emerged around concerns of privacy, perceived judgment, and the need for clearer communication regarding how screening data is utilized. Participants expressed a desire for a more supportive and transparent approach from healthcare providers, suggesting that reassurance and contextual information could enhance their willingness to disclose substance use. Conclusion: The study highlights the importance of fostering open dialogue between patients and providers to improve the accuracy of substance use reporting and overall patient care. Next steps include seeking funding for further data collection to analyze experiences across diverse demographic groups, aiming to inform more effective screening and intervention strategies in primary care settings. By addressing these critical issues, healthcare systems can better engage patients and optimize SUD identification and treatment in primary care.

## Introduction

### Background

Alcohol and substance use remain prevalent across the U.S., contributing to significant public health challenges and heightened mortality risks among adults (Centers for Disease Control and Prevention [CDC], 2022; Substance Abuse and Mental Health Services Administration [SAMHSA], 2023; Ahrnsbrak, Bose, Hedden, Lipari, & Park-Lee, 2017; Becker et al., 2008). Substance use disorders (SUDs) are linked to a wide range of physical, mental, and social consequences, including chronic health conditions, increased rates of hospitalization, and diminished quality of life (Kelly, Greene, & Bergman, 2018). Despite the prevalence of SUDs, they are frequently underdiagnosed by medical professionals, leaving many individuals without necessary treatment (Kerridge et al., 2017; McNeely, Cleland, Strauss, Saitz, & Tetrault, 2015). Missed diagnoses may be due to inconsistent screening practices, limited time for thorough patient assessments, or an over-reliance on patients' self-reporting. Additionally, substance use often goes unreported due to the fear of stigma, and many who would benefit from intervention also fail to recognize their need for treatment or are unaware of various resources that would decrease their risk of negative outcomes (Van Boekel, Brouwers, van Weeghel, & Garretsen, 2013; Volkow, 2020; Room, 2005; Hunt & Derricott, 2001). Without timely intervention, individuals with SUDs face an increased risk of complications, including overdose and early mortality (Degenhardt et al., 2018).

In light of concerns about missed diagnoses of SUD and other comorbid conditions, Kaiser Permanente Washington (KPWA) integrated workflows designed to support the identification (i.e., screening/assessment) and care of substance use

disorders in primary care between 2015-2018 as part of a mental health integration initiative (Richards et al., 2019). This initiative represents an important step toward more comprehensive care, though understanding patient experiences with these workflows is critical for optimizing their effectiveness. The aim of this study is to gather insights from adult primary care patients who have undergone substance use screenings, focusing on what aspects of care workflows (e.g., identification, engagement, treatment) at KPWA have been effective or ineffective in supporting substance use disorder care.

### **Objectives**

The overarching goal of this project was to enhance understanding of how healthcare systems can improve the identification and engagement of patients with substance use disorders (SUDs) in primary care. Specifically, the project sought to inform strategies for optimizing screening and intervention practices within primary care settings. To achieve this, a targeted sample of adult primary care patients was recruited for semi-structured qualitative interviews, focusing on their experiences with substance use screening questions. These questions were implemented by Kaiser Permanente Washington (KPWA) as part of an integrated mental health initiative aimed at identifying and engaging patients in SUD prevention and treatment efforts. The primary objective of the study was to explore how patients experienced answering questions related to alcohol, cannabis, and other drug use during routine screenings. Additionally, the project aimed to investigate whether these experiences varied based on patients' reported substance use, as well as demographic factors traditionally associated with substance use, such as gender, age, race, and ethnicity. By examining these diverse experiences, the project sought to identify key factors that might influence patient engagement and

ultimately inform more effective approaches for addressing substance use in primary care settings, with a goal of enhancing the identification and engagement of patients with substance use disorders.

## **Method**

### **Study design**

The overall approach of this study utilized semi-structured qualitative interviews to gather in-depth insights from a cohort of adult patients. These participants were selected based on their completion of a mental health screening questionnaire within the month preceding their primary care encounters. This design allowed for the exploration of patients' subjective experiences regarding substance use screening, as well as their interactions with healthcare providers. To ensure a diverse representation of experiences, participants were intentionally sampled to include a range of demographic characteristics, such as age, gender, race, and ethnicity, as well as varying levels of substance use. This purposeful sampling strategy aimed to capture the nuances of how different groups perceive and respond to substance use screening questions.

### **Setting**

The sample for this study was drawn from Kaiser Permanente Washington (KPWA), a prominent integrated healthcare system located in the Pacific Northwest region of the United States. KPWA serves a diverse population across multiple primary care clinics situated in urban, suburban, and rural areas, providing comprehensive healthcare services to a broad spectrum of patients.

### **Participants**

### ***Sample pull***

The sampling approach involved reviewing patients who had an encounter with a KPWA provider in the past month and indicated some frequency of substance use (Score > 1) on relevant screening questions regarding alcohol, cannabis, and other drug use. Sampling was limited to specific departments, including Family Practice, Internal Medicine, and Pediatrics, and focused on encounter types such as Office Visits, Preventative Visits, and Video Visits. Participants were allowed up to two missing responses in the screening questions, but those with a score of 1 across all items were excluded. The target sample composition included 12 participants for alcohol use (Score 2-4), 12 participants for cannabis use (Score 2-4), and 12 participants for other drug use (Score 1-4), with an aim for half of the participants in each category to identify as BIPOC. For both alcohol and cannabis use, the goal was to include half of the participants under 30 and half over 30, ensuring an even distribution of White and BIPOC individuals within each age group. The study programmer assigned a unique study ID to all sampled participants and populated their contact information in a RedCap tracking database.

### ***Sample characteristics***

The study sample consisted of nine participants, aged between 26 and 84 years, with an average age of 38.22 years. The racial and ethnic composition included one participant identifying as White (11%), two as Asian (22%), one as Black (11%), and five as Biracial or Multi-racial (55%). The sample included one participant who identified as Hispanic and White (11%), one as Black and White (11%), one as Asian, Hispanic, and White (11%), and two as White and Indigenous American (22%). In terms of gender

identity, the sample contained three self-identified males (33%), four females (44%), and two participants identifying as non-binary (22%). Out of an initial pool of 50 patients, 36 were found eligible for inclusion in the study. Among these, six patients declined to participate, 19 could not be reached despite multiple attempts, and two expressed ambivalence about participating but were unable to schedule an interview. Ultimately, nine patients were successfully interviewed.

### ***Inclusion and exclusion criteria***

The inclusion criteria for the study focused on adult patients (aged 18 and older) who had completed a mental health and substance use screening questionnaire prior to a primary care encounter within the past month. Eligible participants were required to have reported at least some substance use (alcohol, cannabis, or other drugs) on this questionnaire. Exclusion criteria encompassed minors (under 18 years old), adults who did not speak English or were currently unable to provide informed consent, patients who had opted out of contact for research purposes, those who required a translator, and individuals diagnosed with dementia. Additionally, patients who reported no substance use (Score = 1) on the screening questions were excluded.

### **Study procedures**

#### ***Recruitment and screening***

Study team members sent sampled patients a study invitation letter along with an information sheet that included details about opting out of future contact. The study team then called these patients to invite them to participate in a phone interview leaving up to three messages for those who did not answer. During these calls, team members followed a consent script that described the purpose of the interviews, which was to

improve how healthcare organizations addressed cannabis, alcohol, and other drug use. The participants were also told that the focus of the interviews was on what was helpful and unhelpful about the screening process, rather than how participants answered the substance use screening questions.

### ***Informed consent process***

Invitees received an information sheet along with their study invitation (mentioned above), which included the essential elements of informed consent. This information sheet outlined the purpose of the study, the procedures involved in the study interviews, potential risks and benefits, confidentiality measures, compensation details, voluntary participation, and contact information for further inquiries. Invitees who agreed to participate were asked for verbal consent, as detailed in the consent script, after interviewers provided the information described in the study information sheet. Patients who consented to participate were requested to provide verbal consent by phone, which included permission to record and transcribe the interview, as well as consent to use additional information from their medical records to ensure that the participants included individuals who reported substance use. The semi-structured interview commenced only after patient participants had provided their verbal consent, which was documented in the study tracking database. All measures and procedures were reviewed and approved by the KPWA institutional review board.

### ***Semi-structured interviews***

Study interviews were conducted as virtual semi-structured discussions with eligible patients who had agreed to participate via phone or Microsoft Teams. To ensure a diverse and representative sample, the project team reviewed the characteristics of

enrolled patients, confirming that the recruited individuals reported substance use and exhibited demographic diversity in terms of age, gender, race, and ethnicity.

The semi-structured format of the interviews allowed researchers to explore key themes while providing flexibility in questioning. This approach facilitated open-ended discussions, enabling participants to share rich qualitative data regarding their feelings, beliefs, and attitudes toward substance use and mental health assessments. To create a supportive atmosphere, interviews were conducted in a safe and confidential environment, ensuring participants felt comfortable expressing their thoughts and experiences candidly.

Each research interview lasted approximately 45 minutes. The interview began with questions designed to elicit general perspectives on mental health and substance use, followed by inquiries about specific substance use screening questions. The goal was to encourage respondents to freely express their thoughts rather than strictly adhering to the sequence of questions outlined in the interview guide. For their participation, patients received \$100 compensation along with a note thanking them for their time following the interview. The note was carefully crafted to exclude any specific information about the study to protect participants' confidentiality.

To ensure accurate documentation, a professional transcriptionist outside of the organization, who signed a confidentiality agreement, transcribed the interviews. The audio files were securely transmitted through a protected file transfer process to the transcription service, ensuring the privacy and confidentiality of participants' information throughout the process.

### ***Data analysis***

Interview transcripts were analyzed using Atlas.ti, a qualitative data analysis software, to facilitate comparison of patient responses across different demographic groups, including gender, age, race, and ethnicity. A team of qualitative researchers trained in qualitative methods conducted the analysis, employing a combination of directive content analysis (deductive) and conventional content analysis (inductive) (Azungah, 2018). This approach integrated knowledge from prior research while also allowing for the emergence of new themes from the data. Each transcript was coded independently by at least one coder. Following the initial coding, the researchers engaged in multiple rounds of comparison and discussion to refine their interpretations and summarize the key findings from the interviews. This collaborative approach helped ensure the reliability and validity of the analysis (Richards & Hemphill, 2018). To maintain security, all audio recordings and transcripts were stored on internal KPWA servers, providing a secure environment for data management and analysis.

## **Results**

### **Qualitative themes**

The following sections detail findings from the qualitative interviews conducted with participants about their experiences and views on substance use. Results are organized according to the specific questions from the interview guide, facilitating a structured examination of participants' insights. Each subsection highlights common themes that emerged in response to the questions, along with direct quotes from participants to vividly illustrate their perspectives and experiences. This approach aims to offer a thorough understanding of the complexities surrounding substance use, its

effects on mental health, the challenges of disclosure in clinical settings, and the communication dynamics between patients and healthcare providers.

***Q: How do you think substance use, like alcohol, cannabis, and other drugs, affects mental health?***

Participants in the study offered nuanced perspectives on the impact of substance use on mental health, recognizing both its potential benefits and harms. Many described substance use as a 'double-edged sword'. One participant remarked, "*I think anything is kind of like a tool that can be used in positive ways, and the wrong ways it can have negative outcomes. So I think the question of drugs are bad for mental health – or the statement that drugs are bad for mental health may be a little generalistic.*" This sentiment highlights the complexity of substance use, where individuals may utilize substances for coping yet acknowledge the risks involved. Another participant shared, "*I think as a collective we all drink or smoke or whatever to kind of feel better, kind of like an escapism of life... but in the long run... it makes things worse.*" This quote reflects the common theme of temporary relief versus long-term consequences, particularly regarding insomnia and sleep quality. Participants recognized that while substances might provide immediate relief, they ultimately contribute to a cycle of negative mental health outcomes.

***Q: Tell me about your thoughts and feelings when you answer screening questions about substance use.***

The majority of participants expressed discomfort and distrust when responding to screening questions about substance use. Seven of the nine participants noted that

they often provided inaccurate answers due to concerns about privacy, judgment, or potential negative consequences. One participant articulated this experience by stating, *“I feel like I never answer it accurately because I don’t know how it’s going to be used.”* This highlights a significant barrier to honest communication, as many felt that the questions lacked context and were presented in a manner that felt judgmental. Interestingly, several participants were more open during the interviews than they were with their healthcare providers. This discrepancy suggests that the interview setting fostered a sense of safety and confidentiality that is often lacking in clinical encounters. As one participant explained, *“I feel like I don’t really want to talk about it with my provider because it often feels like it’s out of context.”* This illustrates the need for a more supportive and understanding approach from providers when discussing substance use.

***Q: How do you think your provider uses patient-reported alcohol, cannabis, and other drug use?***

Participants expressed a general uncertainty about how their providers utilize the information they provide regarding substance use. While many felt confident that their information would remain confidential, they often doubted its relevance to their individual care. One participant commented, *“I honestly felt like those forms were for more higher-level stats about a whole population... I guess I didn’t assume that it was specific to my care.”* This perception indicates a gap between patient expectations and the actual use of reported data in clinical settings. Others reflected on the variability in providers’ attention to this information, with some feeling that general practitioners might not prioritize substance use discussions. One participant stated, *“If it was like a day-to-*

*day doctor, I don't really think they use them at all. If it's like a psychologist, I think they would pay more attention to it.*" This highlights the need for consistency in how substance use is addressed across different types of healthcare providers.

***Q: What suggestions do you have for improving the way KP asks patients about substance use?***

Participants offered several suggestions for enhancing the approach to substance use inquiries in clinical settings. A common theme was the desire for transparency regarding the purpose of the questions. One participant noted, *"It would just be nice to note that on the form somewhere... some people just want more assurances to know that they can answer honestly."* This indicates a need for providers to establish trust and clarify how patient-reported information will be used. Another participant suggested incorporating reassuring language in the screening forms, stating, *"Maybe even just putting it on the form, like... 'we're not here to judge you... you won't be in any trouble for answering these questions.'"* This highlights the potential for language to mitigate fears of judgment and encourage honest disclosure. Participants also emphasized the importance of brief, personalized conversations regarding substance use during appointments. One suggested, *"If they spent twenty seconds to thirty seconds with each interaction describing what the survey is used for... that would be helpful."* This indicates a desire for more interactive communication that acknowledges patient concerns and fosters a supportive environment for discussing substance use. Overall, the findings indicate that adopting a more transparent, supportive, and contextually aware approach to inquiries about substance use could

enhance communication between patients and providers, leading to more accurate reporting of substance use behaviors and improved treatment outcomes.

## **Discussion**

Findings from this study highlight a significant reluctance among patients to accurately disclose their substance use to primary care providers. This reluctance stems from various factors, including concerns about privacy, fear of judgment, and a lack of understanding regarding the purpose of these screening questions. Participants expressed frustration that healthcare providers rarely engage in discussions about how substance use data is collected and utilized, leaving patients feeling confused and uncertain about the implications of their responses. This disconnect underscores the need for a more open dialogue between patients and providers regarding substance use and its relevance to overall health care.

Furthermore, participants indicated that a more transparent and supportive approach from healthcare systems could foster a non-judgmental environment conducive to honest reporting. Many patients expressed a desire for the opportunity to share the context of their substance use, which could help providers better understand their individual situations and tailor interventions accordingly. This insight suggests that healthcare providers should prioritize creating an atmosphere where patients feel safe and respected when discussing sensitive topics like substance use.

Moving forward, further research should be conducted to collect data from a larger participant pool. Analyzing whether specific themes emerge more prominently among different demographic groups or among individuals with varying levels of substance use would also provide valuable insights. This research can inform the

development of targeted interventions and training for healthcare providers, ultimately enhancing the patient-provider relationship and improving the accuracy of substance use reporting. By addressing these issues, healthcare systems can better support patients in their journey toward improved mental and physical health.

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