

Burden of Medical Illness in Drug and Alcohol dependent Persons Without Primary Care

ISRAEL DE ALBA, JEFFREY H SAMET & RICHARD SAITZ

Abstract

Little is known about the frequency, severity, and risk factors for disease in drug and alcohol dependent persons without primary medical care. Our aims are to assess the burden of medical illness, identify patient and substance dependence characteristics associated with worse physical health, and compare measures of illness burden in this population. This was accomplished through a cross-sectional study among alcohol, heroin or cocaine dependent persons without primary medical care who were admitted to an urban inpatient detoxification unit. The mean age of these patients was 35.7 (SD 7.8) years; 76% were male and 46% were Black. Forty-five percent reported being diagnosed with a chronic illness, and 80% had prior medical hospitalisations. The mean age-adjusted SF-36 Physical Component Summary (PCS) score was lower than the general U.S. population norm (44.1 vs. 50.1; $p < 0.001$). In multivariable analysis, female gender, problem use of hallucinogens, heroin, other opiates, living alone, having medical insurance, and older age were associated with worse health. From these data, it seems that alcohol and drug dependent persons without primary medical care have a substantial burden of medical illness compared to age and gender matched U.S. population controls. While the optimal measure of medical illness burden in this population is unclear, a variety of health measures document this medical illness burden in addicted persons.

Addictive Disorders & Their Treatment, 2(4):123, 2003

Is Substance Abuse a Medical Problem?

STEVEN JONAS

Abstract

Abuse of psychoactive drugs for non-medical purposes- termed herein 'substance abuse'- is a medical problem, a major one. Like many other major medical problems – heart disease, cancer, diabetes, obesity, sedentary lifestyle – it also has behavioural, social, economic, and political dimensions. However, any consideration of substance abuse differs significantly from the consideration of the problems in the list above, for the following reasons.

First, national legal policy, beyond conventional health care system policy, has a singular role in determining how the United States deals with the problem. Therefore, virtually no consideration of any aspect of the substance abuse problem takes place in the absence of a consideration, stated or unstated, of national legal policy-making on the issue.

Second, national legal policy is central to any consideration of how substance abuse is dealt with in the United States. This is due to the dominant role that the criminal justice system, operating separate and apart from the health care system in this instance, plays in dealing with one subset of it. The U.S. give a central, independent, role to the criminal justice system in dealing with certain aspects of the substance abuse are dealt with. The criminal justice system has no such role in dealing with any other medical problem.

This phenomenon is a direct result of how the substance abuse problem and its several components are defined, politically and legislatively. Neither medicine nor other science underlie this peculiar definition. The centrality of definitions to the understanding of the substance abuse problem and how it is dealt with makes it unique among the major medical problems. The fact that substance abuse is the only medical problem defined primarily in the political and legislative arenas rather than the medical and scientific ones has an enormous impact on national policy-making. This paper briefly examines these issues.