

The physical health of people accessing treatment for alcohol and other drug use

Isabella Ingram^{1,2}, *Frank P. Deane*^{2,3}, *Amanda L. Baker*⁴, *Camilla J. Townsend*^{2,3}, *Claire E. Collins*⁵, *Robin Callister*⁶, *Richard Chenhall*⁷, *Rowena Ivers*⁸, *Peter J. Kelly*^{2,3}

¹*School of Psychology & Public Health, La Trobe University, VIC, Australia*

²*Illawarra Health and Medical Research Institute, University of Wollongong, NSW, Australia*

³*School of Psychology, University of Wollongong, NSW, Australia*

⁴*School of Medicine and Public Health, University of Newcastle, NSW, Australia*

⁵*School of Health Sciences, University of Newcastle, NSW, Australia and Food and Nutrition Program, Hunter Medical Research Institute, NSW, Australia*

⁶*School of Biomedical Sciences and Pharmacy, University of Newcastle, NSW, Australia*

⁷*Melbourne School of Population and Global Health, University of Melbourne, VIC, Australia*

⁸*Graduate School of Medicine, University of Wollongong, NSW, Australia*

Presenter's email: I.Ingram@latrobe.edu.au

Introduction: People with a history of alcohol and other drug (AOD) use have a life expectancy that is 11-30 years less than that of the general population. Cardiovascular disease (CVD) and cancers are the leading cause of mortality. The current study aimed to examine risk factors for chronic disease amongst people accessing treatment for AOD use.

Method / Approach: Participants ($N = 325$) were attending Australian residential AOD treatment services. Diabetes and CVD risk scores were calculated using established risk estimation algorithms. Differences in existing health conditions, risk factors for chronic diseases, and risk algorithms were calculated for: i) people with comorbid AOD and mental illnesses and people with AOD use only; ii) males and females; and iii) people who identified a single or polysubstance use.

Key Findings: In addition to AOD use and tobacco use, 95% of the sample had at least one other risk factor for chronic illness. Of participants not already diagnosed, 36% were at a *high risk* of developing type 2 diabetes (T2DM) and 11% had a *high risk* of developing CVD. The heart age of participants was 11 years older than actual age (M age = 40.63, M heart age = 52.41). Males had a higher CVD risk.

Discussions and Conclusions: A large proportion of people with a history of AOD use are at risk of chronic illness. A better understanding is needed as to how risk of developing chronic disease amongst these population groups can be prevented and used to inform treatment planning.

Disclosure of Interest Statement: PK and FD have both held research consultancies with The Salvation Army. CEC is supported by an Australian National Health and Medical Research Council (NHMRC) Leadership Research Fellowship. ALB is supported by a NHMRC Senior Research Fellowship. The study was funded by a competitive research grant from the Cancer Institute, NSW (Grant Number 12/ECF/2-15) and the Heart Foundation Australia, Vanguard Grant (Grant Number 100252).