

The health of people attending residential treatment for alcohol and other drug use: Prevalence of and risks for major lifestyle diseases

Isabella Ingram¹, Frank P. Deane^{2,3}, Amanda L. Baker⁴, Camilla J. Townsend^{2,3}, Clare E. Collins^{5,6}, Robin Callister⁷, Richard Chenhall⁸, Rowena Ivers⁹, & Peter J. Kelly^{2,3}

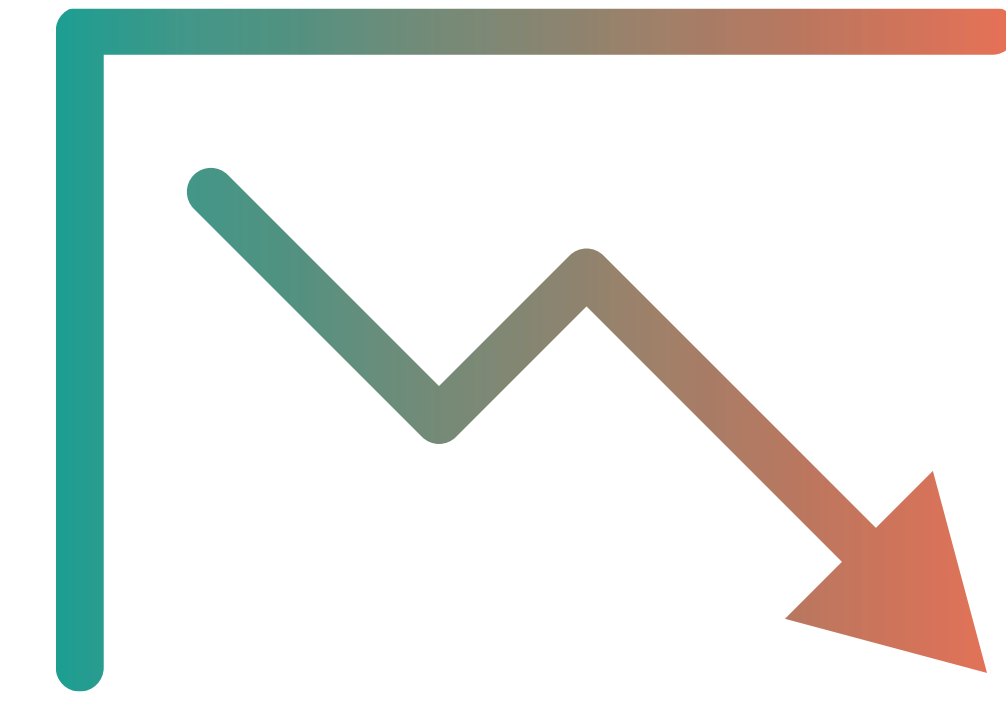
¹School of Psychology and Public Health, La Trobe University; ²School of Psychology, University of Wollongong; ³Centre for Health Psychology Practice and Research, University of Wollongong; ⁴National Drug and Alcohol Research Centre, UNSW Sydney; ⁵School of Health Sciences, University of Newcastle; ⁶Food and Nutrition Program, Hunter Medical Research Institute; ⁷School of Biomedical Sciences and Pharmacy, University of Newcastle; ⁸Melbourne School of Population and Global Health, University of Melbourne; ⁹Graduate School of Medicine, University of Wollongong

Background

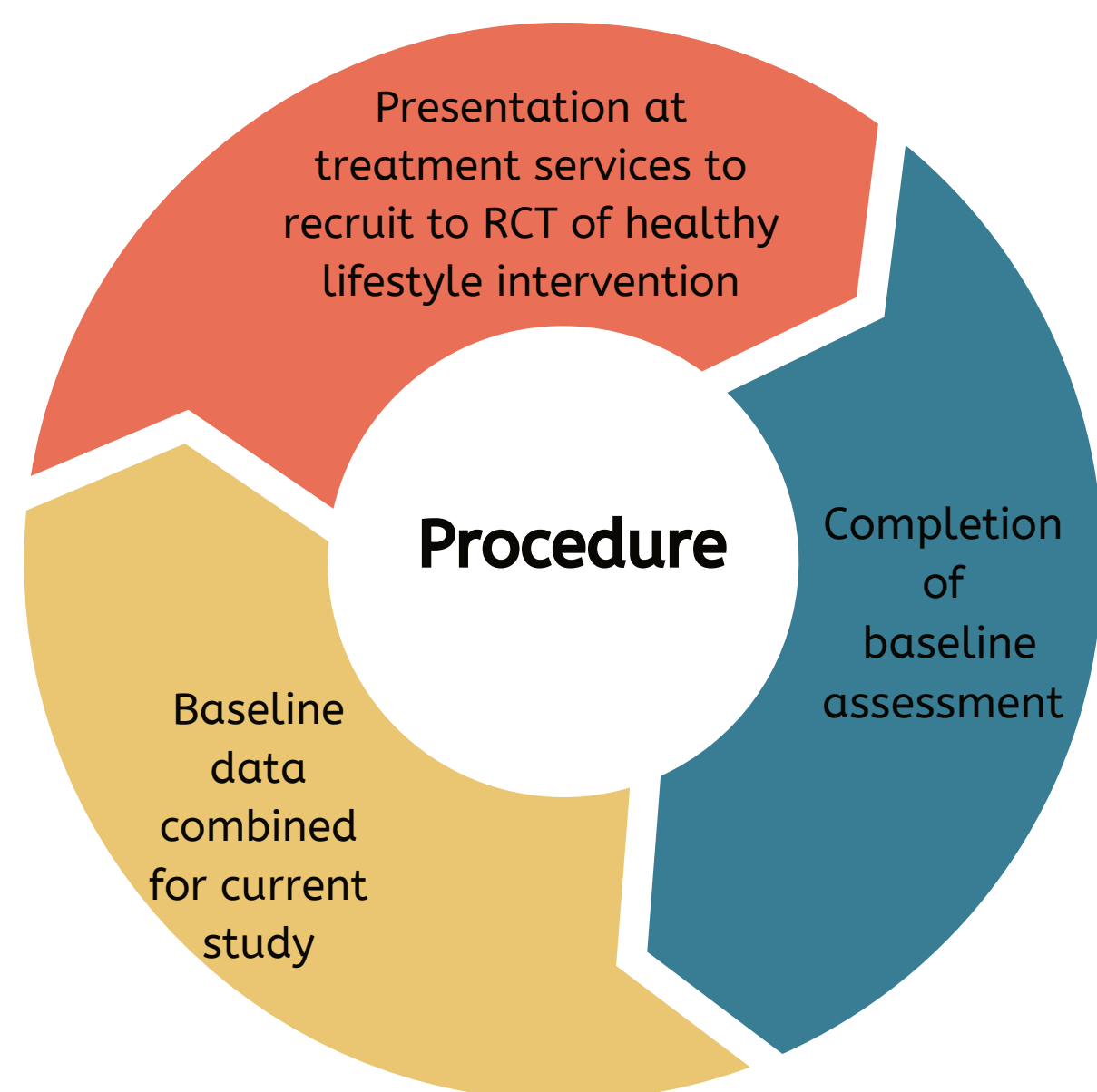
- Cardiovascular disease & cancers are the leading cause of mortality for people who misuse alcohol and other drugs (AOD)
- Likely due to high incidence of modifiable risk behaviours (e.g., tobacco smoking, poor dietary intake and physical inactivity [2–5])

Study aims

- 1) To report prevalence of chronic health conditions (i.e., CVD, diabetes, lung conditions)
- 2) To describe behavioural and non-behavioural risks for chronic disease (i.e., diet, physical activity, blood pressure)
- 3) To report risks for chronic health conditions (i.e., CVD and Type 2 Diabetes Mellitus) using risk estimation algorithms



Life expectancy is 25–30 years less than the general population [1]



Method

Participants

N = 325

- 236 males (73%) and 88 females (27%)
- Average age of participants was 36 years (SD = 10.29, range 18–66)
- Identification as Aboriginal and/or Torres Strait Islander, n = 68 (21%)

Setting

Residential AOD treatment in Australian Capital Territory, New South Wales, Queensland and the Northern Territory

Analyses

Diabetes (Australian Type 2 Diabetes Risk Assessment Tool) and cardiovascular disease risk/ heart age (Framingham) were calculated

Results

Smoking

- 97% smokers; cigarettes/day M=16.59 (SD=8.95)
- 24% very high nicotine dependence
- 43% high dependence

Diet

- 17.5% ate recommended serves of fruit
- 2% ate recommended serves of vegetables

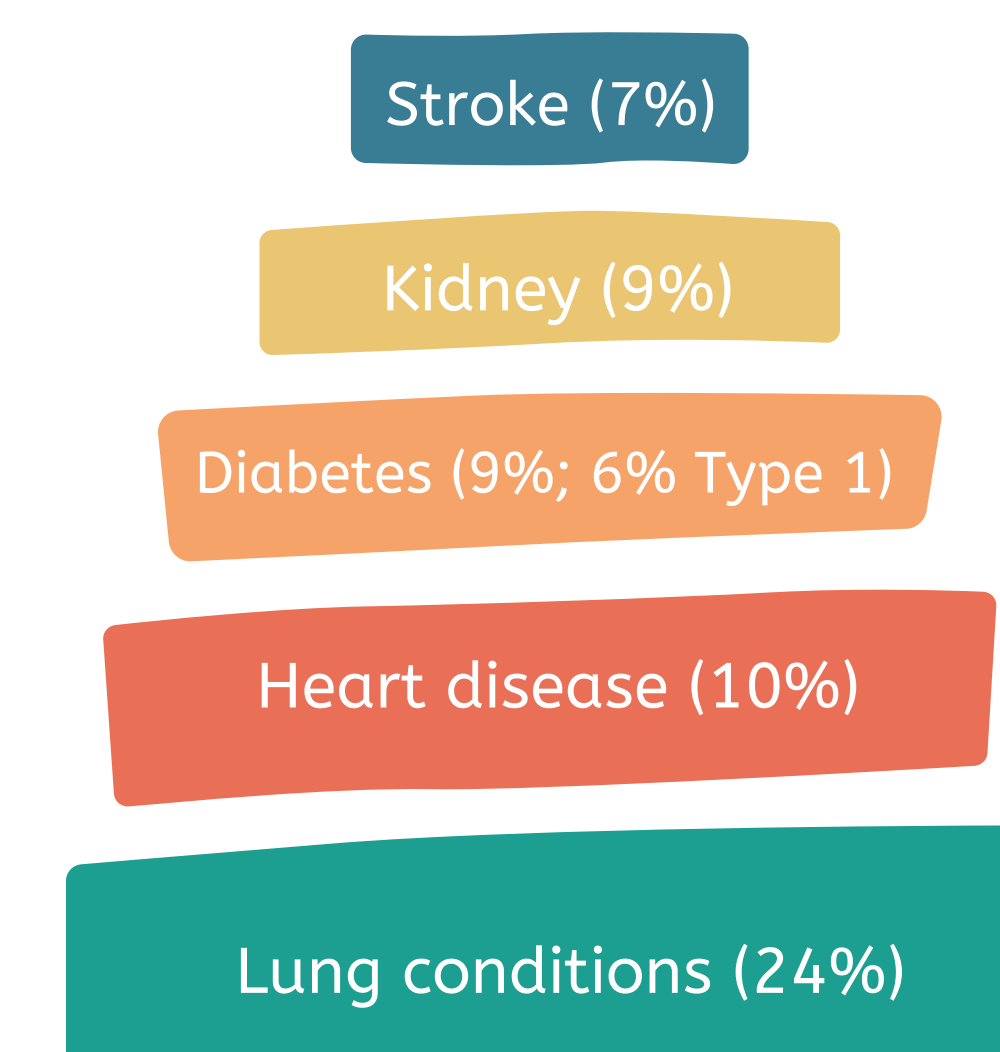
Physical activity

- 32% high, 40% moderate, 28% low levels of activity
- Females 3x more likely to engage in low levels of physical activity

Body Mass Index

- 40% overweight; 23% obese
- Females 8 x more likely to be underweight

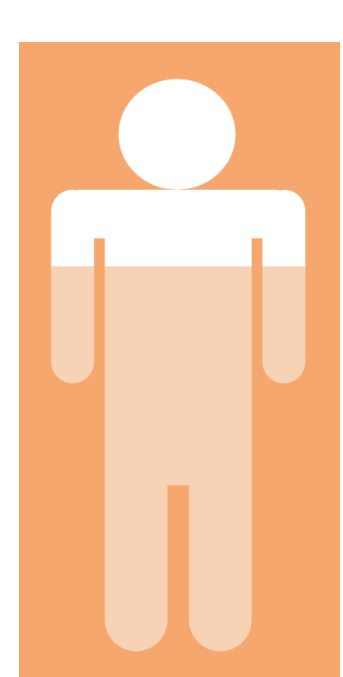
Existing health conditions



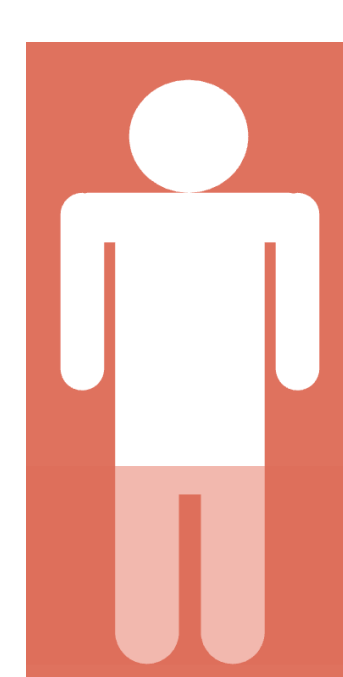
In addition to AOD and tobacco use...



95% had one or more risk factors



67% had 2 or more risk factors



34% had 3 or more risk factors

Results continued

Blood pressure

- 2% High blood pressure; 48% Hypertension
- Females more likely to have normal blood pressure

Risks estimation algorithms for developing chronic disease

- 36% High risk of Type 2 Diabetes
- 45% intermediate risk of Type 2 Diabetes
- 11% High risk of heart disease (males = higher scores)
- Heart age: M=52.41 (SD = 13.11, n=145)
- Chronological age of same participants M=40.63 (SD = 8.22)

Conclusions

- Almost **half** of this sample (average age 36 years) at a **high risk** of heart disease or diabetes within the **next 5–10 years**
- 97% smoked tobacco
- Poor fruit & vegetable intake - attitudes to diet and access to healthy foods need further attention
- Females engaged in lower levels physical activity
- **Males had a higher risk of heart disease** and older average heart age

Implications

- ✓ High health needs of consumers, inadequate initiatives adopted by services
- ✓ Improving the health literacy of treatment services staff
- ✓ Use of streamlined assessment instruments
- ✓ Ongoing access to primary care; clear communication pathways to GP
- ✓ Interventions to address modifiable risk behaviours