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Identifying and Addressing the Unmet Health Care Needs of Drug Court Clients☆,☆☆

Karen L. Dugosh, Ph.D. *, David S. Festinger, Ph.D., Jessica L. Lipkin, B.A.

Treatment Research Institute, 600 Public Ledger Building, 150 S. Independence Mall West, Philadelphia, PA 19106, United States

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ABSTRACT

Drug courts address issues such as employment and housing but largely miss the opportunity to address important health care issues. The current study examined the prevalence and correlates of chronic medical conditions among a sample of drug court clients who were participating in a clinical trial of an intervention to reduce HIV risk. A total of 256 clients completed a health survey at entry into the drug court program and 9 months post-entry. The baseline health survey included a comprehensive list of chronic medical conditions, and participants were asked to indicate which, if any, they had ever been diagnosed as having. They were also asked to indicate whether or not they were currently receiving treatment for each chronic condition that they endorsed. The follow-up survey was identical to the baseline survey, with the exception that it contained items reflecting (1) whether or not any member of the drug court team engaged in discussion with the client about each of the chronic conditions reported and (2) whether the client received a referral to medical care for endorsed conditions while in the drug court program. Results indicated that over 50% of clients reported at least one chronic condition and 21% reported more than one condition. Among those with chronic conditions, 71% reported having chronic conditions for which they were not currently receiving treatment.
Unfortunately, drug court clients reported that the drug court team did little to address these unmet health needs. Findings from this study suggest that clients could benefit if drug court programs began to widen their focus to include addressing health-related issues.

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1. Introduction

Over 600,000 individuals are court-mandated to enter substance abuse treatment each year (Substance Abuse and Mental Health Services Administration, 2013). Drug courts, diversion programs that offer individuals who are charged with drug-related offenses the opportunity to participate in a voluntary course of judicially supervised substance abuse treatment in lieu of incarceration, have been shown to be highly effective in reducing criminal recidivism and substance use (e.g., Belenko, 2001; Gifford, Eldred, McCutchan, & Sloan, 2014; Mitchell, Wilson, Eggers, & MacKenzie, 2012; Peters & Murrin, 2000; Shaffer, 2011). Although these specialized programs engage offenders in substance abuse treatment and often provide referrals for services to address unmet needs such as vocation or educational services and housing assistance, most do not formally address the co-morbid chronic and acute medical problems that are characteristic of this population and, most often, go untreated.

1.1. Substance use and health

Chronic substance use is associated with an increased susceptibility to physical ailments in virtually every system of the body that range from common infections to fatal illnesses (see Stein, 1999 for a comprehensive review). Cardiovascular problems including hypertension, cardiomyopathy, and heart failure have been linked with substance abuse (Frishman, Del Vecchio, Sanal, & Ismail, 2003; Stankowski, Kloner, & Rezkalla, 2015; Stein, 1999; Thomas, Kloner, & Rezkalla, 2014). Similarly, serious gastrointestinal and renal problems including pancreatitis, cirrhosis, chronic liver disease, kidney failure, hepatitis B, and hepatitis C (Bini et al., 2011; Brown et al., 2006; Chen & Lin, 2009; Crowe, Howse, Bell, & Henry, 2000; Stein, 1999) are associated with chronic substance abuse. Within the central nervous system, it has been linked to dementia, memory and attention impairments, intraparenchymal hemorrhage, cerebral vasculitis, ischemic events, and strokes, as well as an increase in and poor recovery from traumatic brain injury (Büttner, 2011; Cadet & Bisagno, 2016; Fonseca & Ferro, 2013; Frishman et al., 2003; Stein, 1999; Strickland et al., 1993; Taylor, Kreutzer, Demm, & Meade, 2003). Pulmonary problems linked

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* Corresponding author at: Treatment Research Institute, 150 S. Independence Mall West, Suite 600, Philadelphia, PA 19106, United States. Tel.: +1 215 399 0980x104; fax: +1 215 399 0987.
E-mail address: kdugosh@tresearch.org (K.L. Dugosh).

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to substance abuse include bronchospasm, pulmonary edema, pneumonia, hypersensitivity pneumonitis, barotrauma, undifferentiated hemoptysis, and one third of all tuberculosis cases in the United States (Mégarbane & Chevillard, 2013; Murphy, 1993; Oeltmann, Kammerer, Pevzner, & Moonan, 2009; Polen, Sidney, Tekawa, Sadler, & Friedman, 1993; Stein, 1999). Substance abuse has also been linked to anemia, bone marrow hypofunction, pregnancy and birth complications, endocarditis, and HIV transmission (Bini et al., 2011; Brown et al., 2006; Chen & Lin, 2009; Goforth, Murtaugh, & Fernandez, 2010; Stein, 1999). In sum, practically every bodily system is more vulnerable when exposed to chronic substance use.

This increased risk can be attributed to both the toxic effects of the drugs themselves and to a number of unhealthy lifestyle factors that are often associated with chronic substance use. For example, it is estimated that at least 65% of adults receiving substance abuse treatment smoke cigarettes, which is almost four times the number in the general population (Guydish et al., 2011; Jamal et al., 2015; Kalman et al., 2001; SAMHSA, 2011; Teater & Hammond, 2010; Williams & Ziedonis, 2004). In fact, more clients in substance abuse treatment die from the effects of smoking cigarettes than from the effects of the drugs for which they are receiving treatment (SAMHSA, 2011). Many substance abusers have inadequate housing and poor nutrition, which can increase exposure to diseases and reduce ability to fight off infections (Leshner, 2000). Over 90% of substance abusers are underweight as a result of caloric and protein malnutrition (Santolaria et al., 2000), and almost one third show clinical signs of nutritional deficiency with extremely low hemoglobin and serum protein levels (Nazrul Islam, Jahangir Hossain, & Ahsan, 2001). Substance abusers may also visit locations like shooting galleries, crack houses, and other environments that are breeding grounds for infectious diseases like tuberculosis (Kaushik, Kapila, & Praharaj, 2011; Leonhardt, Gentile, Gilbert, & Aiken, 1994; Singer, 2014; Story, Bothamley, & Hayward, 2008). Substance use also often leads to poor decision making with respect to sexual partners and safe sex practices, increasing the individual's risk of contracting HIV and other sexually transmitted infections (Brewer, Zhao, Metsch, Coltes, & Zenilman, 2007; Celentano, Latimore, & Mehta, 2008; Cheng et al., 2010; Kwiatkowski & Booth, 2000; Royce, Sena, Cates, & Cohen, 1997; Thamotharan, Grabowski, Stefano, & Fields, 2015). These are just a few examples of the lifestyle factors that increase substance abusers' susceptibility to a host of medical conditions.

While chronic substance users are at higher risk of poor health outcomes, they also have elevated rates of poverty, unemployment, and lack of medical insurance (Compton, Gfroerer, Conway, & Finger, 2014; Wells, Sherbourne, Strum, Young, & Burnam, 2002) that may limit access to medical care. This combination of high need for medical care and limited access to it makes them a medically vulnerable population (Gelberg, Andersen, & Leake, 2000). Chronic substance users tend to underutilize primary and preventive medical care and over utilize emergency care (Doupe et al., 2012). This approach often results in patients receiving treatment after conditions have substantially worsened and are more difficult and expensive to address. Although primary and preventive medical care is important for all populations, its benefits are perhaps the greatest among those with the most unmet health needs such as chronic substance users (Blumenthal, Mort, & Edwards, 1995; Druss & von Esenwein, 2006; Starfield, Shi, & Macinko, 2005).

1.2. Access to care

Research has documented chronic substance users' lack of access to primary medical and preventive care. One study reported that 50% of outpatient substance abuse treatment clients do not have a regular source of medical care and that few obtain preventive screenings (Benjamin-Johnson, Moore, Gilmore, & Watkins, 2009). Similar findings have been noted among injection drug users in needle exchange programs (Heinzerling et al., 2006), where most clients did not receive any recommended medical services beyond HIV testing. This population also has elevated rates of emergency department utilization and hospital admissions (Doran, Raven, & Rosenheck, 2013; French, Roebuck, McGeary, Chitwood, & McCoy, 2001; Rockett, Putnam, Jia, Chang, & Smith, 2005). Additionally, the intergenerational nexus of poverty, low education, and substance abuse is likely to contribute to a culture of underutilization of medical services, even if they are available. Although cost, limited access, and other factors related to accessibility are typically cited as the principal barriers to obtaining care for this population (Chitwood, Sanchez, Comerford, & McCoy, 2001), other factors include fear of discrimination or stigmatization (McCoy, Metsch, Chitwood, & Miles, 2001), as well as inaccurate beliefs about the need for regular medical care that can diminish motivation and lead to an inability to navigate the health care system (Larson, Saitz, Horton, Lloyd-Travaglini, & Samet, 2006).

Similar patterns related to unmet health needs have been identified among substance users who are involved in the criminal justice system (e.g., Joosen et al., 2005; Webster et al., 2005). Research has demonstrated that these individuals have high rates of chronic medical conditions (e.g., Binswanger, Krueger, & Steiner, 2009; Wilper et al., 2009), poor access to health services in the community (e.g., McCorkel, Butzin, Martin, & Inciardi, 1998), and an overutilization of emergency department services (e.g., Frank, Linder, Becker, Fiellin, & Wang, 2014; Frank et al., 2013). This is particularly disconcerting, given the overrepresentation of individuals with substance use disorders in the criminal justice system (e.g., Mumola & Karberg, 2006), as engagement in criminal behavior is four times greater among drug users than non-drug users (Bennett, Holloway, & Farrington, 2008).

1.3. Drug courts and health services

When an individual voluntarily enters drug court and is mandated to participate in treatment for their addiction, it may be one of the few times that they come into contact with a health care provider in a non-emergency setting. Entry into drug court and substance abuse treatment may provide a critical opportunity or “teachable moment” to link these clients to primary medical care. According to the Adult Drug Court Best Practice Standards (National Association of Drug Court Professionals, 2015), drug courts should provide participants with referrals for medical treatment for conditions that are life threatening, cause serious pain or discomfort, or may lead to long-term disability. These guidelines also state that treatment referrals for non-acute conditions that are exacerbated by substance abuse may be provided in later phases of the program or included in the aftercare plan. In fact, one review identified that providing health care to drug court clients was associated with reduced recidivism and increased cost savings (Carey, Mackin, & Finigan, 2012). Unfortunately, the extent to which drug courts offer referrals for acute and non-acute services is unknown. Borrowing from what we know about outpatient substance abuse treatment more generally, it is likely that this number is rather low. The majority of individuals who participate in outpatient substance abuse treatment, which represents 90% of all substance abuse treatment in the United States (see McLellan, Carise, & Kleber, 2003), leave treatment without ever being examined by a medical provider (D'Aunno & Vaughn, 1995; Edwards, Knight, & Flynn, 2010). Although participation in drug court may improve substance use and criminal justice outcomes, many clients still face serious health risks resulting from undetected, often life-threatening, medical conditions following graduation.

This study examined the prevalence of chronic medical conditions in a cohort of drug court clients who were participating in an ongoing research trial. In addition, it examined whether clients were currently engaged in medical treatment for these conditions and the extent to which the drug court team attempted to address clients' medical needs. Findings from this study will provide insight about the prevalence of chronic conditions in this population and the need for drug courts to connect their clients to medical care to address unmet health needs.

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