

Substance Use Issues Among the Underserved

United States and International Perspectives



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KEYWORDS

- Alcohol • Drugs • Illicit drugs • Substance use • Substance use disorders
- Substance abuse • Tobacco

KEY POINTS

- Substance use and substance use disorders (SUDs) have a disproportionate impact on the underserved, with tobacco use most prevalent worldwide and causing the greatest morbidity and mortality.
- Trauma, which has a disproportionate impact on underserved populations, is a strong risk factor for the development of SUDs.
- Integration of substance use screening and SUD treatment into primary care is a promising solution for increasing access and engagement in care.

GLOBAL SCOPE OF SUBSTANCE USE

The most commonly used substance worldwide is tobacco: 21% of the world's population 15 years old and older smokes tobacco products. Approximately 80% of the world's 1 billion smokers live in low-income and middle-income countries. Tobacco kills approximately half its users and 6 million people globally every year, 90% of whom are direct users; 10% of these deaths are due to second-hand exposure. Rates of use vary by country and region and are inversely related to education level attainment, socioeconomic status, and the consumer price of tobacco products, which is strongly tied to tax rates. Tobacco use rates are directly related to the marketing of tobacco products in a society. Globally, tobacco smoking prevalence rates are 5 times higher in men (37%) than women (7%), with that gap narrowest in Europe, where approximately 20% of women smoke tobacco products.¹

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Alcohol, the second most commonly used substance, is the third leading cause of disability and disease worldwide and the leading cause in middle-income countries, although per capita alcohol consumption and binge drinking are highest among high-income countries. Alcohol consumption causes more than 3 million deaths worldwide annually. Although the highest rates of alcohol abstinence are found in the lowest socioeconomic strata in societies around the world, the burdens of alcohol-related disability, disease, and mortality are disproportionately borne by those of lower socioeconomic status and less developed countries. This discrepancy has been attributed to a variety of factors, including poorer access to health care; smaller support networks to help individuals address their alcohol problems; higher rates of manual labor employment (in which on-the-job alcohol impairment injuries are more likely); poorly maintained roads and less safe and reliable vehicles, contributing to higher alcohol-impaired driving fatalities; and nutritional deficiencies. There are also substantial gender differences in alcohol consumption and associated mortality, with male drinkers consuming on average approximately 2.5 times more alcohol than female drinkers worldwide and suffering approximately double the mortality rate of alcohol-attributable deaths.²

Worldwide, drug use rates have remained stable since 2010; however, up to 7%, or 300 million, of the world's population between 15 and 64 years of age have used an illicit drug in the past year. It is estimated that 16 to 39 million people are regular users and/or have an SUD, and 12.7 million inject drugs. Annually, there are 183,000 drug-related deaths, accounting for a mortality rate of 40 deaths per million. Cannabis, used by 2.5% of the world's population, is the most widely used substance after tobacco and alcohol and is associated with the most arrests for drug offenses globally. Opiates are used by 0.2% of the global population yet are responsible for the largest disease burden and highest number of drug-related deaths worldwide, primarily from injection drug use-related infectious diseases, such as HIV and hepatitis C virus, and overdoses. Cocaine is also consumed by 0.2% of the world's population, although, unlike tobacco, alcohol, cannabis, and opiates, cocaine use is less widespread, concentrated primarily in the Americas and Europe. As seen with tobacco and alcohol, illicit drug use is more prevalent in men than women.³

SCOPE OF SUBSTANCE USE IN THE UNITED STATES

Among US adults, 18% use tobacco products, a decrease of more than 50% in the past 50 years. Despite this public health achievement, tobacco products kill half a million US adults annually, and tobacco use remains the leading preventable cause of premature disability and death. Tobacco use is not evenly distributed across US society. As seen globally, tobacco use rates are inversely related to educational level attainment and socioeconomic status. The tobacco smoking rate in the Medicaid population is double that of the general population, with tobacco-related diseases accounting for 15%, or \$40 billion, of total Medicaid spending. Geographically, tobacco use is highest in the southern and western states and lowest in the west coast and northeastern states. Of all US ethnic and racial groups, non-Latino whites and Native Americans have the highest tobacco use rates. The gender gap for tobacco use is small in the United States, with female tobacco use rates approximately 80% of male tobacco use rates. Persons with mental illness are a group particularly vulnerable to tobacco use effects in the United States due to high prevalence of use and low rates of successful quit attempts. The picture for

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