PART B

Intervening through Health Care Systems

Alcohol/drug problems seldom occur alone. Although "dual disorders" have been described as a special subset, in fact it is the norm for people with substance abuse or dependence to have other health and social problems. Alcohol and tobacco abuse contribute to a plethora of acute and chronic illnesses of the respiratory, cardiovascular, gastrointestinal, reproductive, and central nervous systems. The devastating effects extend well beyond the individual. Unborn infants are regularly and tragically harmed by parental substance use. Those who work in family courts, domestic violence programs, rape crisis clinics, emergency and trauma departments, homeless shelters, civil and criminal courts, and child protective services see daily the suffering that surrounds substance abuse.

It is not surprising, then, that people with alcohol/drug problems are very likely to turn up in health care and social service settings. As discussed in Chapter 1, they are far more likely to be seen in medical clinics and hospitals than in addiction treatment programs. Virtually anyone who delivers health care is already treating substance abuse and its sequelae. If acute specialist treatment is not an adequate model for addressing addictions, where then should we start? To begin with, there is much that can be done to address addictive behaviors in the course of providing health care. In the chapter that opens this section, Rollnick and Boycott discuss effective ways to intervene through primary health care. Even relatively brief counseling in the context of health care can trigger a change in substance use. They also suggest that practitioners may be more willing to learn a broader counseling method that can be applied not only to addictions, but to behavior change challenges in practice more generally.

Carol Schermer, a trauma surgeon, understands her life-saving role as involving more than acute care. A large percentage of injuries seen in emergency departments and trauma centers are linked in some way to substance use. In Chapter 5 she describes how emergency and trauma care affords an opportunity not only for acute treatment, but also for preventing future injuries.

A nation's busy health care system cannot, of course, bear the full burden of treating substance use disorders. Specialized addiction treatment programs

will remain an important part of the continuum of care. In Chapter 6, Robert Meyers argues that it is incumbent on programs to provide services with the greatest liklihood of efficacy. He outlines succesful evidence-based treatment methods and suggests prachcal guidelines for bridging the gap between research and practice. Pharmacies and pharmacists represent a relatively untapped resource for recognizing and addressing substance abuse. People often see pharmacists more than doctors, and therein is another opportunity for continuing care with regard to substance use. Pharmacist Ernest Dole explores in Chapter 7 how his own profession and pharmacies more generally may be an important link as health care systems address alcohol/drug problems, including the abuse of prescription medications.

Of all abused drugs, tobacco clearly is a primary contributor to disease, disability, and premature death. Yet somehow tobacco is often sequestered, and left out of discussions of substance abuse. At the same time, it is the one form of drug abuse that health care professionals are most likely to recognize as falling within their ability and responsibility to address. Effective approaches that are currently used in health care to address smoking may also be useful with alcohol and other drugs. In the closing chapter of this section, Judith Ockene considers the special case of smoking, and how it fits into the puzzle of addressing substance abuse through health care systems.