In an ongoing study of 508 subjects with multiple drunk-driving offenses, investigators found high rates of coexisting addictions and mental disorders. Dr. Shaffer outlined the way in which psychoactive drugs and addictive behaviors such as gambling or shopping are neurobiologically similar in that they stimulate the brain’s reward system.

Individuals with a genetic predisposition to addiction might find themselves susceptible to one or another psychoactive substance or behavior, depending on which ones they have been exposed to, and what their psychosocial risk factors are, he suggested.

Genetic predisposition to addiction is not drug specific,” he said, pointing to the phenomenon of addiction “hopping” as an example.

This phenomenon is commonly seen in addiction recovery programs, when the addiction treated—alcohol, for example—is replaced by another previously unrecognized addiction, such as exercise or disordered eating, said Dr. Shaffer, who has published extensively on gambling treatment programs and addiction.

In an ongoing study of 508 subjects with multiple drunk-driving offenses, Dr. Shaffer has found a high rate of coexisting addictions. These include alcohol abuse/dependence in 98%, substance abuse/dependence in 42%, nicotine dependence in 17%, and pathological gambling in 2%. In addition, he found comorbid mental disorders in the group, including alcohol/substance abuse/gambling disorder in 99%, generalized anxiety disorder/depresion or dysthymia in 20%, conduct disorder in 22%, post-traumatic stress disorder in 14%, and mania in 9%.

His study has not yet explored treatment strategies for these patients. Dr. Shaffer said. But effective treatment for such individuals must address their comorbidities rather than simply focus on their offense.

“Believe me, they know they are not supposed to drink and drive,” he said.

Adapting current treatment strategies to reflect the syndrome nature of addiction will require clinicians to take a broader view of the problem, Dr. Shaffer said.

“When you discover your substance abuse patient has a gambling problem, don’t farm them out to another provider,” he said.

“Now there’s a tendency to move people out of one program and into another—to take care of these problems separately rather than together in an integrated treatment plan.”

But just identifying comorbid addictions and psychiatric disorders will prove challenging to many clinicians, he suggested.

“Most [comorbidities] are being missed, and so that’s the next issue. We have to do a really rigorous evaluation,” Dr. Shaffer said. He noted that his study represents the first time multiple substance abuse/dependence conditions were often uninsured, and 81% said if they had insurance, they were often underinsured. As a result, the survey said, 56% of hospitals report that costs have increased at their facilities because of meth abuse.

A second survey released the same day involved substance abuse treatment facilities. Researchers interviewed 200 behavioral health directors in 26 states and the District of Columbia and found that 69% of respondents said the need for treatment programs has been increasing due to methamphetamine, including 90% of respondents in Texas and 86% of respondents in Maryland.

Some providers note, however, that although the methamphetamine problem clearly is widespread, the statistics in the hospital ED survey may not be representative of the nation as a whole. “My town is a heroin town,” said Dr. Jon Mark Hirshon, of the division of emergency medicine at the University of Maryland, in Baltimore, and chair of the American College of Emergency Physicians’ public health committee.

“That’s what I see.”

But the National Association of Counties wasn’t trying to be representative of all hospital EDs nationwide, according to Tom Goodman, public affairs director for the association. “We believe we were also the top illicit drug seen in presentations of emergency department patients, according to 47% of respondents. Marijuana came in a distant second, at 16%, followed closely by cocaine at 15%. On the issue of what EDs recommended for these patients upon discharge, 58% of respondents said they referred them to private treatment programs, 53% referred to hospital treatment programs, and 39% said they referred to county treatment programs. Four percent said they made no referrals.

The survey also asked about the insurance status of methamphetamine abusers. Overall, 83% of respondents reported that during the last 3 years, patients presenting to the ED with meth-related conditions were often uninsured, and 81% said if they had insurance, they were often underinsured. As a result, the survey said, 56% of hospitals report that costs have increased at their facilities because of meth abuse.

Mr. Goodman said that methamphetamine abuse is not a big problem on the East Coast. “It’s possible it could grow, but it’s not necessarily an urban problem at this point, although it is in the West and the Midwest.”

Whatever its shortcomings, the study does point out that the substance abuse problem is contributing to the continued overcrowding of emergency departments, Dr. Hirshon said.

Methamphetamine abuse is an emergency visit that is preventable, “and we need to address these problems in a better fashion. We need to give people resources, so they can get off of drugs and stay off. There needs to be increased public investment to deal with these problems,” he said.

Addiction Meth Epidemic Drains Resources, Pushes Up Costs at Public EDs

A survey from the National Association of Counties paints a bleak picture of the toll that methamphetamine abuse is taking on the nation’s emergency departments, at least in public and regional hospitals.

The survey of 200 emergency department officials in 39 states found that 73% of emergency departments saw increases in ED visits involving methamphetamine in the last five years, including 94% of hospitals in counties with a population ranging from 50,000 to 100,000. In Nebraska alone, 94% of EDs reported that up to 10% of their visits involve methamphetamine abuse.

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Black Women More Likely to Smoke to Reduce Tension Rather Than Weight

Black female smokers are less likely to smoke to control their weight than white female smokers, according to a survey conducted to explore differences between groups.

Because previous studies on the reasons people smoke have involved almost entirely subjects enrolled in a smoking cessation program, this survey purpose was to look at individuals not trying to quit in addition to those who were.

The main hypothesis of the research was that white women would be more likely to cite weight concerns as a primary reason for smoking, and black women would be more likely to cite tension reduction.

The survey found that although the first premise was correct, the second was not. White and black women cited tension reduction as a reason for smoking equally, and, in fact, it was the most frequently cited reason for respondents said the need for treatment programs has been increasing due to methamphetamine, including 90% of respondents in Texas and 86% of respondents in Maryland.

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