

Many recovering from addiction have chronic health problems, diminished quality of life

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Alcohol and other substance-use problems take enormous psychological and societal tolls on millions of Americans. Now a study from the Massachusetts General Hospital (MGH) Recovery Research Institute shows that more than a third of individuals who consider themselves in

recovery from an alcohol or other substance use disorder continue to suffer from chronic physical disease. The study, published online March 20 in the *Journal of Addiction Medicine*, is the first to look at the national prevalence of medical conditions that are commonly caused or exacerbated by excessive and chronic alcohol and other drug use among people in addiction recovery.

"The prodigious psychological, social and interpersonal impact of excessive and chronic alcohol and other drug use is well characterized," says lead and corresponding author David Eddie, Ph.D., research scientist at the Recovery Research Institute. "Less well appreciated is the physical [disease](#) burden, especially among those who have successfully resolved a significant substance use problem."

Incorporating data from the landmark 2017 National Recovery Survey, the current study examined information from a nationally representative sample of more than 2,000 U.S. adults describing themselves as in recovery from problems with the use of alcohol, cannabis, opioids, stimulants or other drugs. Of these, 37 percent had been diagnosed with one or more of nine alcohol- and drug-exacerbated diseases and health conditions: liver disease, tuberculosis (TB), HIV/AIDS or other sexually transmitted infections (STIs), cancer, hepatitis C, chronic obstructive pulmonary disease (COPD), heart disease and diabetes. The presence of these diseases was shown to be associated with significant reductions in participants' [quality of life](#), and all are known to reduce [life expectancy](#).

The study found levels of hepatitis C, COPD, heart disease and diabetes were elevated among those in recovery, compared with the general population. The prevalence of hepatitis C was significantly higher in the opioid and stimulant groups than those who reported alcohol as their primary substance. Lifetime prevalence of HIV/AIDS and other STIs was significantly higher in the stimulant group than in the alcohol group. Factors such as each additional substance used 10 or more times, older

age at disease onset, and resolving the alcohol or other drug problem later in life were associated with a 4 to 7 percent increase in the odds of having two or more chronic physical diseases.

"Although finding that those using injected drugs had higher rates of hepatitis C and HIV may seem intuitive, other findings are not," says Eddie, an MGH clinical psychologist and an instructor in Psychology at Harvard Medical School. "For instance, those citing cannabis as their primary substance did not have lower rates of alcohol-related [liver disease](#) than participants who primarily used alcohol. It may be that these individuals had prior histories of heavy alcohol involvement."

The opioid group had the lowest prevalence of heart disease, and diabetes was least common among those who reported cannabis as their primary substance, while there were no significant differences between primary substance groups in rates of TB or COPD. In general, being younger and having more social stability and economic resources—such as higher education, being married or living with a partner, and being employed—were associated with few or no physical diseases. Being female, Hispanic or having a household income greater than \$50,000 were also associated with reduced odds of having physical disease.

"We've known for a long time that chronic and heavy substance use can cause a multitude of diseases directly and indirectly," Eddie says. "The extent to which these diseases and [health conditions](#) continue to persist for the millions of Americans who achieve recovery remains to be clarified, but this study highlights the fact that these negative impacts may continue to affect quality of life even when people achieve addiction recovery.

"Earlier and more assertive intervention is needed for individuals with alcohol and other [drug](#) problems to help prevent these other diseases," he adds. "In addition, addiction treatment needs to be more seamlessly

integrated with primary health care, and more research is needed to explore the complex relationships between [alcohol](#) and other [drug use](#) and physical disease."

More information: *Journal of Addiction Medicine* (2019). [DOI: 10.1097/ADM.0000000000000512](#)

Provided by Massachusetts General Hospital

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