



NASADAD

**National Association
Of State Alcohol/Drug Abuse Directors**

The Publicly Funded Substance Abuse System

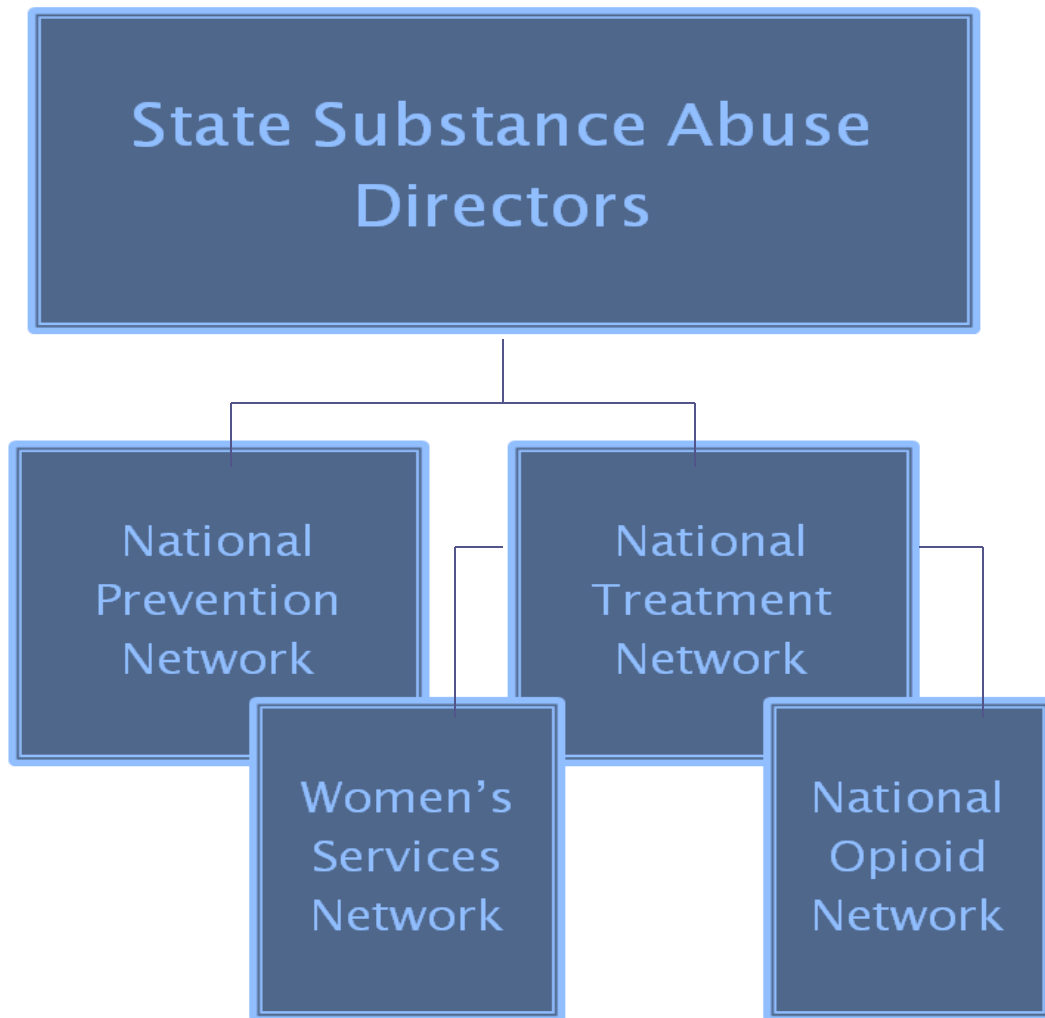
Addiction Treatment and Recovery Caucus Briefing
June 13, 2013

Robert Morrison, Executive Director
National Association of State Alcohol and Drug Abuse Directors (NASADAD)

Addiction 101: Key Messages

- Addiction is a unique and distinct brain disease
- Addiction is a chronic condition
- Addiction is prevalent and costly in the U.S.
- Research and practice demonstrate that prevention, treatment and recovery services are effective, save lives, save taxpayer money

NASADAD Members



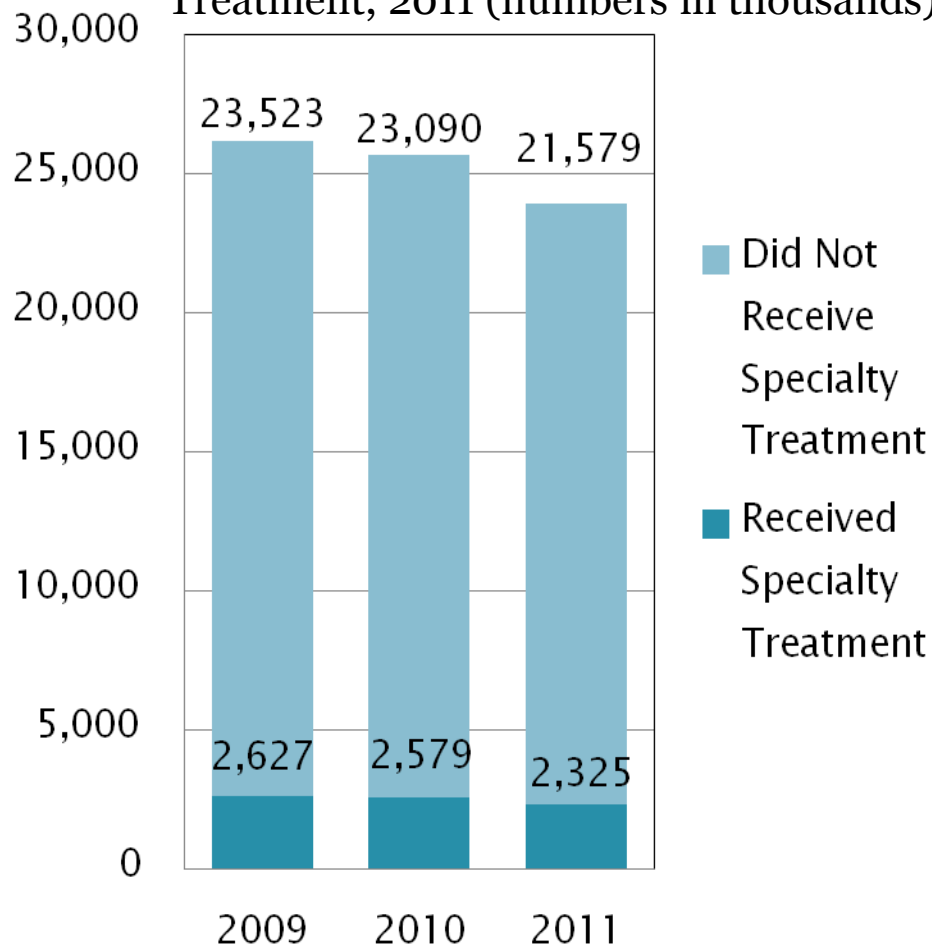
- Every state and territory has a State Substance Abuse Director or SSA. The SSA oversees the State's substance abuse prevention, treatment and recovery system to ensure a coordinated system of care comprised of state and federal funds.

- State Substance Abuse Agencies ensure accountability through data reporting, evaluations, and technical assistance. Members also insure quality by utilizing standards of care, patient placement criteria, licensure, and certification.

- Within NASADAD, there are component groups that represent certain aspects of the substance abuse system – prevention, treatment, women's services, and opioid treatment.

Substance Abuse Treatment Gap

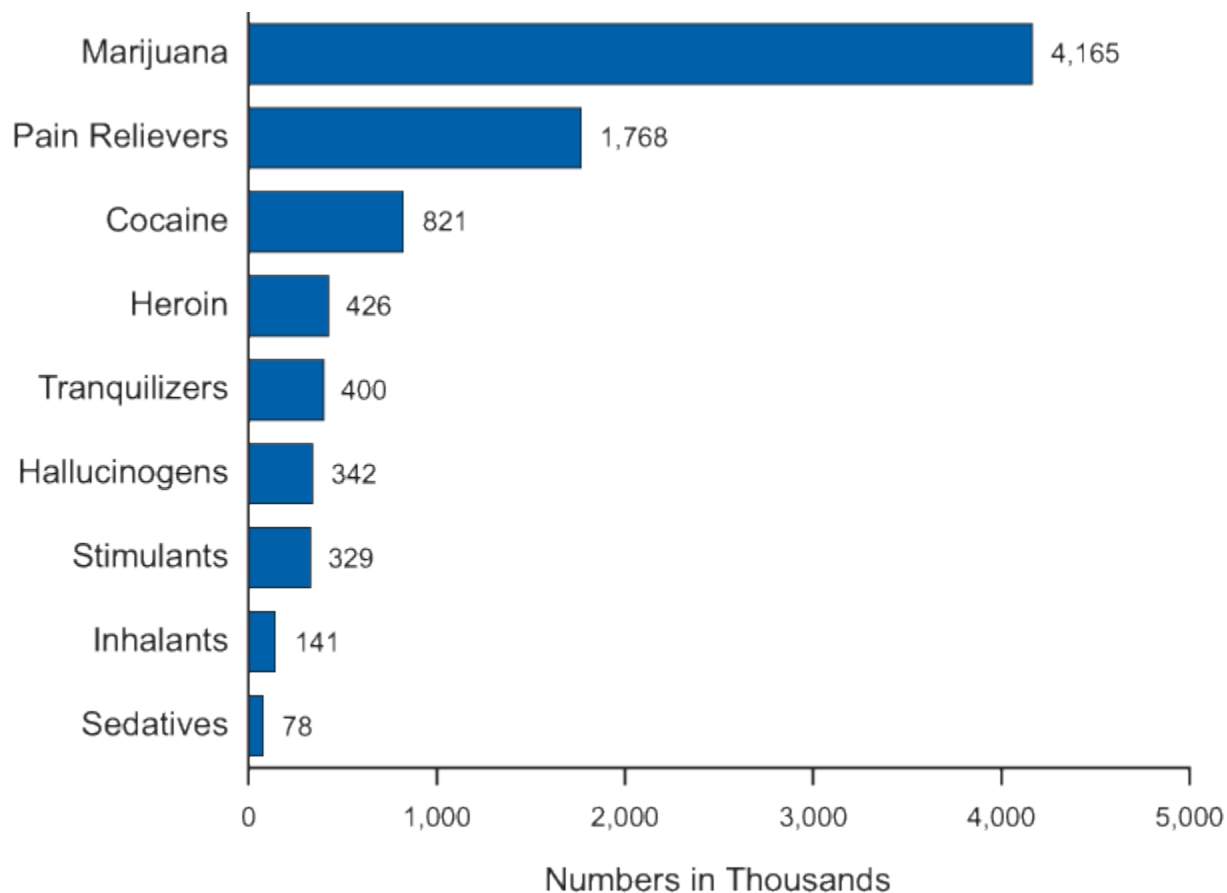
Those Needing Treatment for Illicit Drugs or Alcohol Compared to Number Receiving Treatment, 2011 (numbers in thousands)



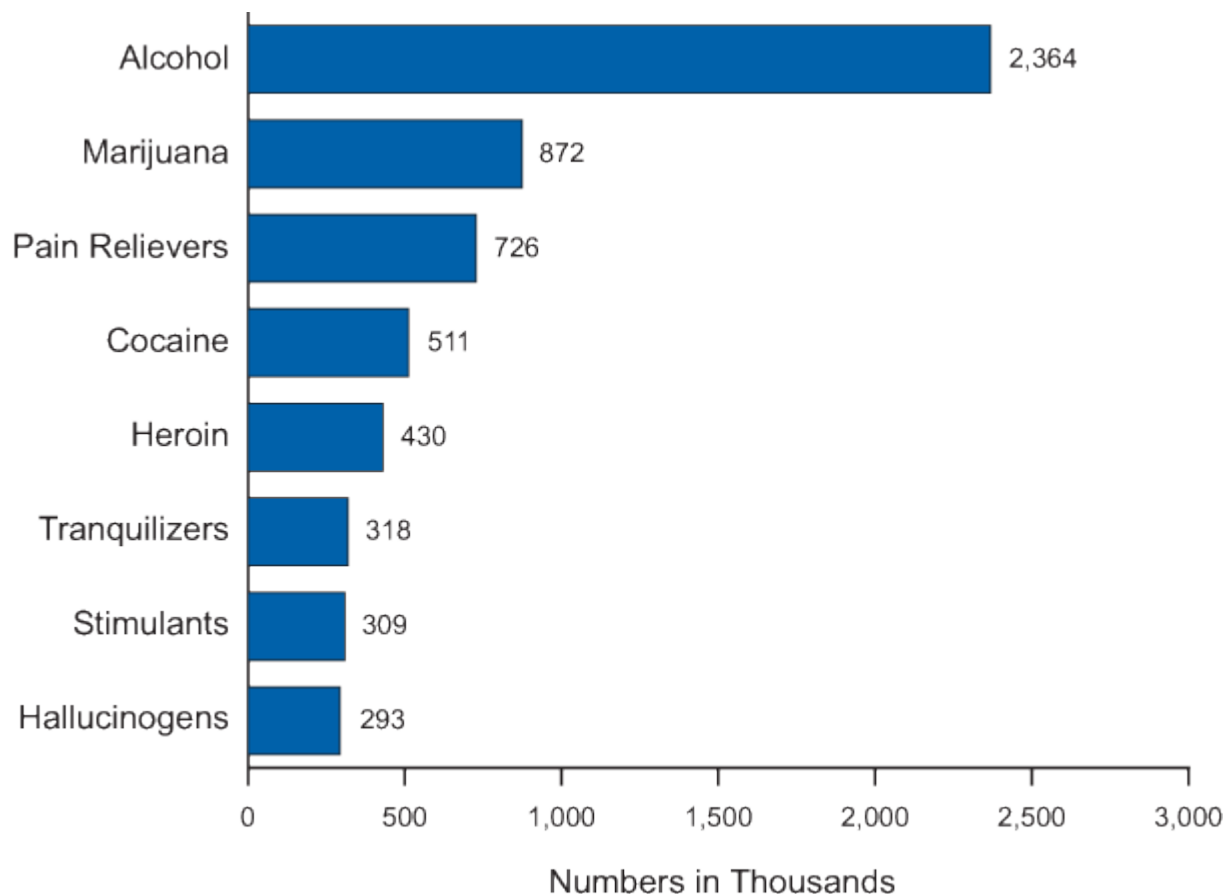
- According to the NSDUH report, **21.6 million persons aged 12 or older needed treatment for an illicit drug or alcohol use problem, and only 2.3 million (10.8 percent) received treatment** at a specialty facility.

- The **common reasons for not receiving treatment (for those who tried)** were: (a) Not ready to stop using -39.2% (b) no health coverage -37.3% (c) possible negative effect on job -13.9% (d) concerned about neighbors/communities negative opinion – 12.3% (e) not knowing where to go for treatment – 9.9%

Specific Illicit Drug Dependence or Abuse in the Past Year among Persons Aged 12 or Older: 2011 (NSDUH, 2012)

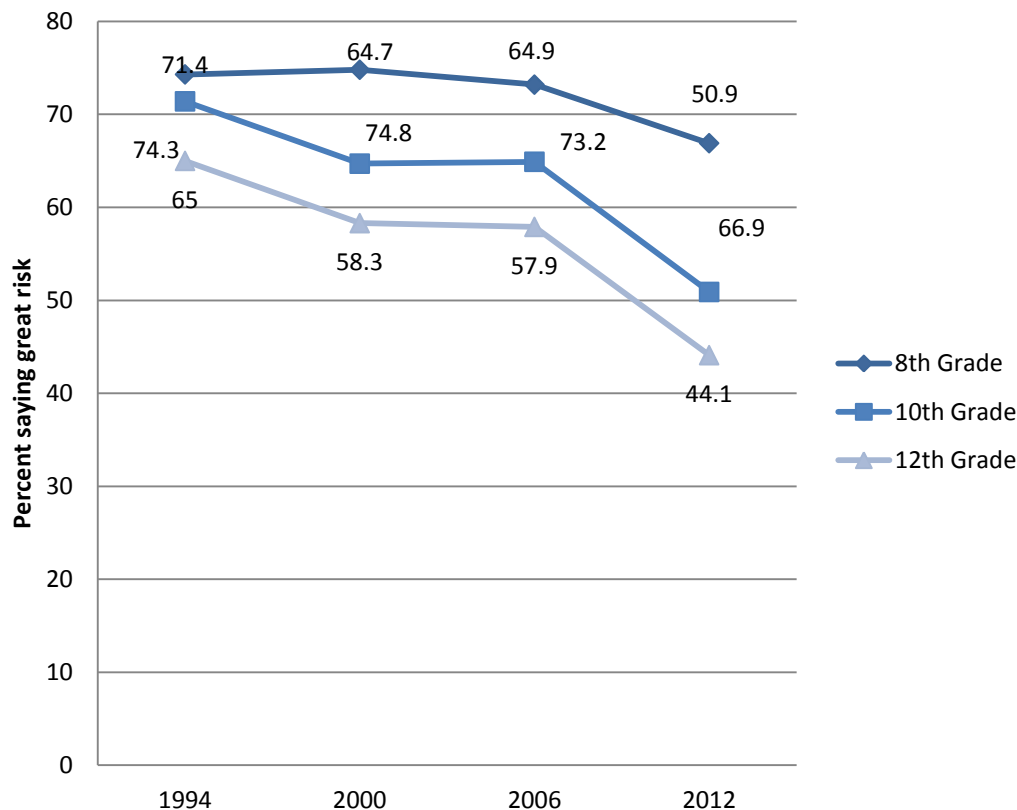


Substance for Which Most Recent Treatment was Received in the Past Year among Persons Aged 12 or Older: 2011 (NSDUH, 2012)



Substance Abuse Trends: Marijuana

National Perception of Risk of Harm from Regular Marijuana Use-8th, 10th, 12th Graders



Source: Johnston, L. D., O'Malley, P. M., Bachman, J. G., & Schulenberg, J. E. (2013). Monitoring the Future national results on adolescent drug use: Overview of key findings, 2012. Ann Arbor: Institute for Social Research, The University of Michigan.

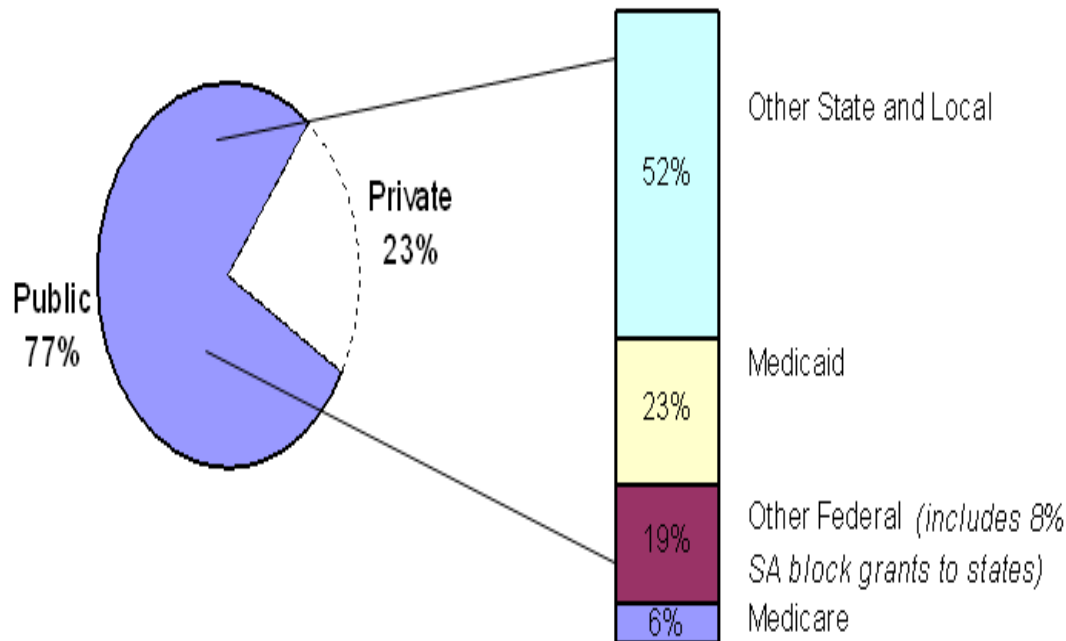
• According to the 2010 Monitoring the Future study, **levels of current marijuana use among 8th, 10th, and 12th graders are the highest they have been in seven years.** In 2010, daily marijuana use increased significantly compared to 2009 among all three grades surveyed - among high-school seniors, daily use rose from 5.2 percent in 2009 to 6.1 percent in 2010.

- **Vermont:** More high school students report using marijuana than cigarettes within the past month.
- Marijuana rates are higher than driving after drinking alcohol or riding in a car with a drinking driver
- **Iowa:** The proportion of Iowa adults entering substance treatment primarily due to marijuana use has reached its highest point in 20 years – 22.8% (Iowa Department of Public Health, 2012).
- The proportion of Iowa juveniles entering substance treatment primarily due to marijuana use has reached its highest point in 20 years – 66.2%.
- **Colorado:** Colorado drivers in fatal car crashes testing positive for marijuana doubled 2006-2010.

• Research tells us that chronic marijuana use may increase the risk of schizophrenia in vulnerable individuals, and high doses of the drug can produce acute psychotic reactions.

• Researchers have also found that adolescents' long-term use of marijuana may be linked with lower IQ (as much as an 8 point drop) later in life.

Financing of Substance Abuse Services

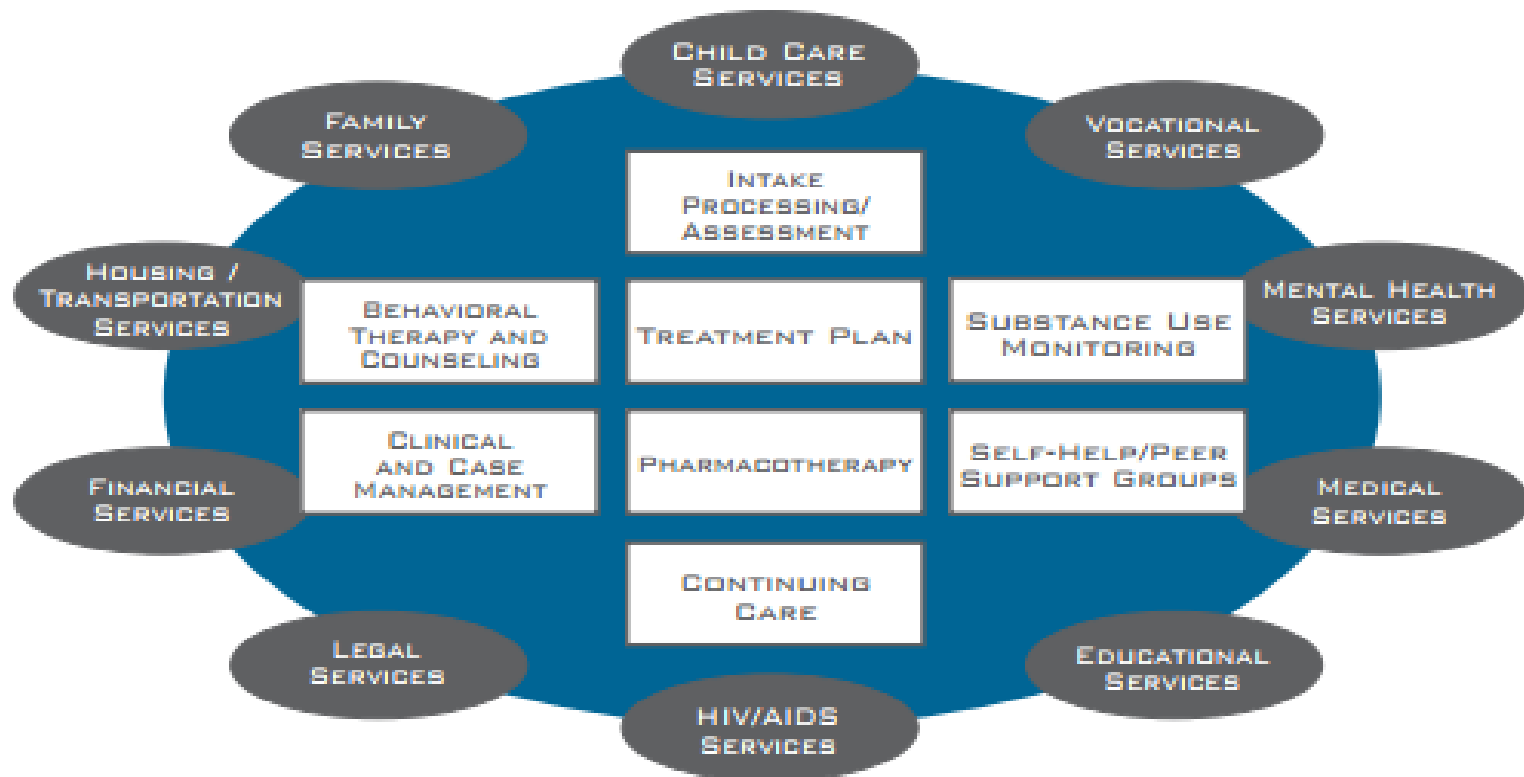


- Substance abuse expenditures represented 1.3 percent of all healthcare expenditures in 2003 (\$21 billion for substance abuse vs. \$1.6 trillion for all health expenditures).
- In 2003, approximately 77 percent of spending on substance abuse services came from public sources.
- In 2003, private insurance represented 10 percent of spending on substance abuse services compared to 37 percent of spending on all health.
- Spending on substance abuse services accounts for approximately 1.8 percent of Medicaid expenditures.

Substance Abuse Prevention and Treatment (SAPT) Block Grant

- The Substance Abuse Prevention and Treatment (SAPT) Block Grant, administered by the Substance Abuse and Mental Health Services Administration (SAMHSA), is distributed to all States and jurisdictions by a formula that is in statute.
- The Substance Abuse Prevention and Treatment (SAPT) Block Grant, accounts for approximately 40 percent of substance abuse expenditures by State substance abuse agencies across the country.
- The SAPT Block Grant 20 percent set-aside, required by statute, represents on average 64 percent of a State substance abuse agency's prevention expenditures. In six States, the set-aside represents 100 percent of the agency's expenditures.

Components of Comprehensive Substance Use Disorder Treatment (Principles of Effective Treatment, National Institute on Drug Abuse)



Source: National Institute on Drug Abuse (NIDA). Principles of Drug Addiction Treatment, 3rd Edition. NIH Publication No. 12-4180. Printed 1999; Reprinted July 2000, February 2008; Revised April 2009; December 2012

Medication Assisted Treatment (MAT)

Research shows the use of FDA-approved medications can play an important role in the treatment of substance use disorders, especially for people with alcohol, opioid, or nicotine Dependence. A review of current standards and principles of effective treatment demonstrates that:

- For some individuals, use of medication is recommended as a recovery tool.
- Where clinically appropriate, use of medication as a recovery resource should be utilized as an adjunct to other treatment services.
- Medications such as methadone, buprenorphine, and naltrexone (both oral and extended release injection) have been shown to reduce opioid use; and naltrexone, disulfiram, and acamprosate have been shown to be effective in the treatment of alcohol dependence. The appropriate use of these medications allows individuals to experience sustained recovery from opioid and alcohol dependence, including through long-term management using medication maintenance.
- Longitudinal studies show that treatment initiated in the criminal justice system and continued in the community garners lasting reductions in criminal activity and drug abuse. This includes medication-assisted treatment (e.g., methadone, buprenorphine/naloxone, and injectable naltrexone) for some prisoners with opioid dependence.

Outcomes of SAPT Block Grant Funded Services (National data from SAMHSA)

- In FY 2011, 73.5 percent of people receiving treatment services were abstinent from illegal drugs at discharge
- In FY 2011, 81.7 percent of people receiving services were abstinent from alcohol at discharge

State Substance Abuse Agencies: Treatment Outcomes

- Substance use disorder treatment is effective ***Iowa's Division of Behavioral Health*** reported 47,103 admissions to treatment for FY12 and provided prevention services to 136,286 individuals. Client outcomes include:
 - Abstinence from Alcohol
 - SR: 50.4% at admission to 74.8% at discharge
 - LR: 55.6% to 82.3%
 - OP: 58.1% to 85.9%
 - IO: 51.5% to 81.1%
 - Abstinence from Other Drugs
 - SR: 44.7% at admission to 70.3% at discharge
 - LR: 39% to 81.1%
 - OP: 68.5% to 89.3%
 - IO: 52.5% to 80%

State Substance Abuse Agencies: Treatment Outcomes

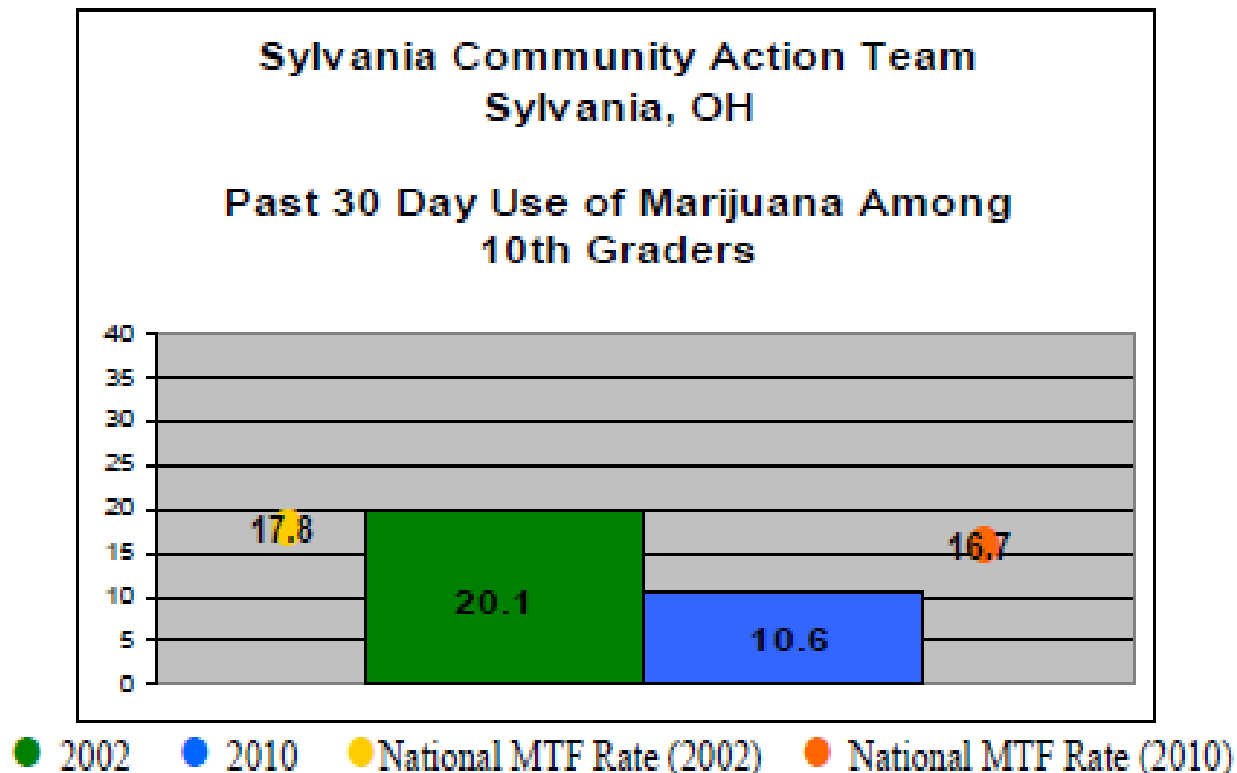
- ***Utah's Division of Substance Abuse and Mental Health*** reported 17,264 admissions to treatment for FY12 and provided prevention services to 2,138,743 individuals. Client outcomes include:
 - Abstinence from Alcohol
 - SR: 65% at admission to 88.6% at discharge
 - LR: 58.2% to 91.9%
 - OP: 60.3% to 85.1%
 - IO: 63.9% to 87.2%
 - Abstinence from Other Drugs
 - SR: 24.7% at admission to 74.7% at discharge
 - LR: 22.3% to 84.9%
 - OP: 48.1% to 76.8%
 - IO: 32.5% to 71.5%

Local Coalition Success Story:

Sylvania Community Action Team (Ohio)

(slide provided by the Community Anti-Drug Coalitions of America of CADCA)

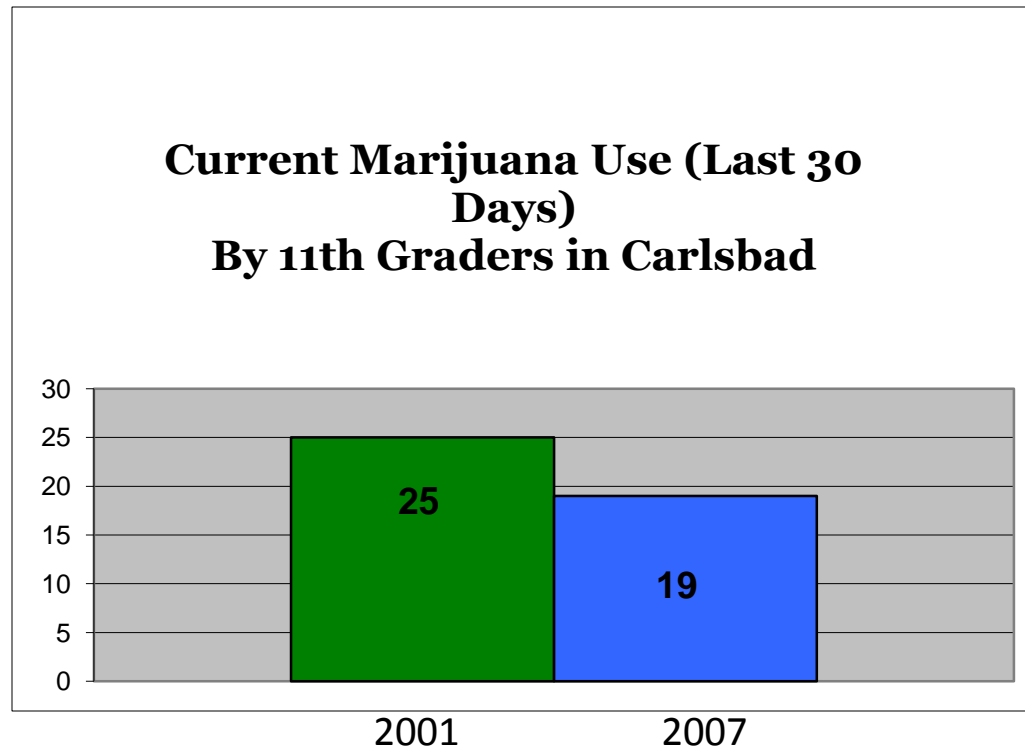
In this Drug Free Community Grant community, past 30 day use of marijuana use among 10th graders decreased from 20.1% in 2002 to 10.6% in 2010, **a 47.3% decrease.**



North Coastal Prevention Coalition, California

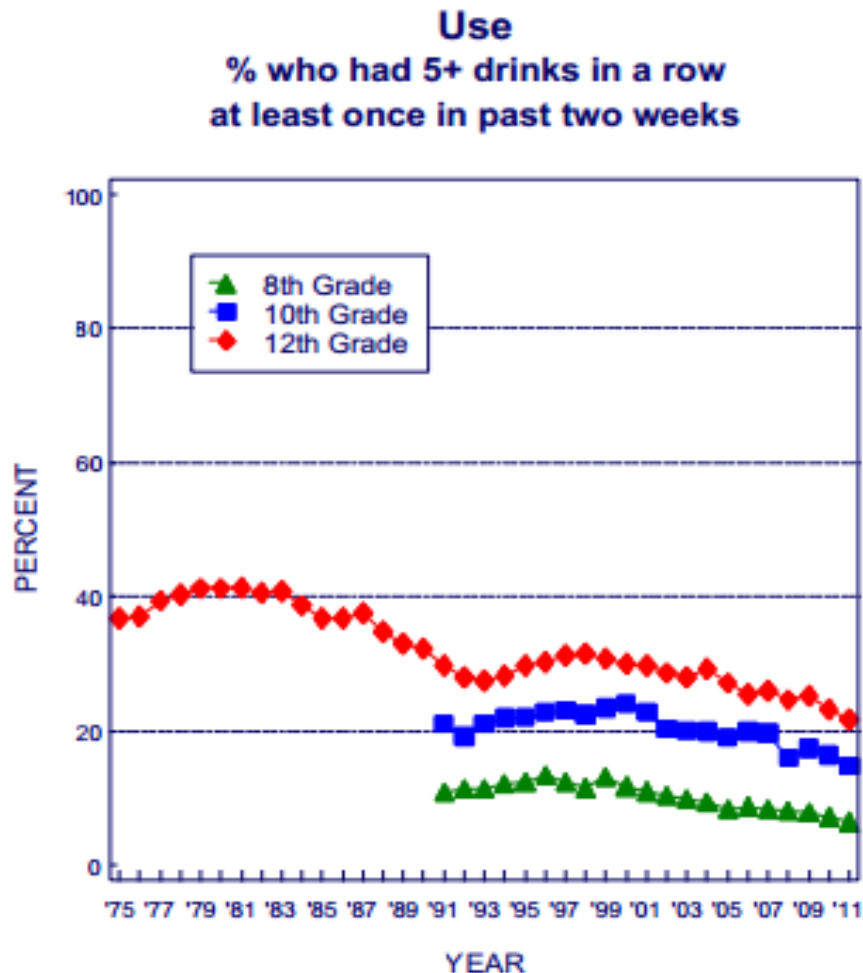
Declines in Youth Marijuana Use – Funded by SAPT Block Grant

(Slide by CADCA)



Current marijuana use (last 30 days) decreased at a rate of 24% among 11th grade students, from 25% in 2001 to 19% in 2007.

Substance Abuse Trends: Alcohol Use and Benefits of Prevention



•**National:** Alcohol use, including binge drinking, reached historically low levels in 2011 in all three grades under study. Among 12th graders in 1981, 41% reported having five or more drinks in a row on at least one occasion in the two weeks prior to the survey. This statistic fell to 28% by 1992, prior to the rebound in the 1990s, and reached 22% in 2011—a decline of nearly one half since 1981.

•**Wyoming:** Before Wyoming began engaging in serious prevention efforts, *youth past month alcohol use* had hovered around 50% and *binge drinking* at around 40%. Today, *youth past-month alcohol use* is down to 36% and past-month *binge drinking* is down to 24%.

•**Rhode Island:** According to the 2009 report of the Rhode Island Statewide Epidemiology and Outcomes Workgroup, 38 percent of high school students reported any drinking in the 2007-2008 school year, a decrease from the 51 percent that reported any drinking in the 1999-2000 school year.

•**Washington State:** Between 1990 and 2010, drinking among 8th graders declined by over 50 percent, from 29 to 14 percent. In 2010, 11,000 fewer youth drank alcohol in the State compared to 2008.

•**South Carolina:** South Carolina leverages funds from SAPT Block Grant to fund their nationally recognized Alcohol Enforcement Teams (AETs), which implement evidence-based environmental strategies to reduce underage drinking. The AETs' consistent enforcement on retail access has driven the underage compliance check buy rate down to 12.5 percent in fiscal year 2011 from the 20.3 percent rate from before the AETs expanded statewide.

Cost Benefits of Investing in Substance Use Disorder Treatment

- In 2006, excessive drinking cost the US \$223 billion in health care, lost productivity, criminal justice/law enforcement (Bouchery, Harwood et al, 2011)
- In 2007, illicit drug use cost the U.S. \$193 billion in health care, lost productivity, criminal justice/law enforcement (US DOJ, 2011)
- On average, treatment costs \$1,583 per patient and is associated with a cost offset of \$11,487 or a 7:1 ratio of benefits to costs (Etner, Huang et al, 2006)
- A Washington State study found that providing a full addiction treatment benefit resulted in a per-patient savings of \$398 per month in Medicaid spending (Estee and Norlund, 2003)

Recovery from Substance Use Disorders

- Dependence on alcohol and drugs is a complex but treatable disease that affects brain function and behavior
- Over 23 million Americans are estimated to be in recovery in the United States, i.e. 10% of U.S. adults, their families, friends, and allies.
- Recovery from alcohol and drug problems is associated with dramatic improvements in all areas of life:
 - healthier/better financial and family life,
 - higher civic engagement,
 - dramatic decreases in public health and safety risks,
 - significant increases in employment and work.

Source: "Life in Recovery", Report from Faces and Voices of Recovery Survey

Questions?

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