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RECOMMENDATIONS FOR IMPROVING ACCESS TO EFFECTIVE ADDICTION SERVICES FOR ADOLESCENTS AND ADULTS

On behalf of the National Association of State Alcohol and Drug Abuse Directors, we are saddened by the lives lost during the recent shooting in Newtown, Connecticut. We grieve with you and the rest of the nation, as well as for the families, friends, and communities trying to find ways to make sense of such a senseless act. In the wake of the shooting, there is recognition of the need to improve our nation's mental health and substance abuse system. We see every day the devastating impact that untreated conditions can have in families, schools and communities--particularly the hopelessness and isolation a family may feel when they are not able to get a family member services they need.

We appreciate the Office of the Vice President's request for policy proposals in the aftermath of the Newtown tragedy. We know only a small number of violent acts directed towards others are committed by individuals with mental illness, and these acts are more common among individuals who are not actively in treatment and who are abusing substances. Thus, we need to be sure access is available for both mental health and substance abuse services. We urge you to take into consideration the following findings and recommendations.

ADDRESS THE TREATMENT GAP FOR SUBSTANCE USE DISORDER SERVICES

According to the latest National Survey on Drug Use and Health (NSDUH) in 2011, 21.6 million persons aged 12 or older needed treatment for a drug or alcohol use problem. Eight million adults had a substance use disorder with a co-occurring mental illness and 367,000 youths with substance use disorder experienced a major depressive episode in 2011. During the same year, only 2.3 million people received treatment in a specialty facility. Among those individuals who made an effort to receive treatment, two of the most often cited barriers were lack of health insurance and not being able to afford the cost of services.

SUBSTANCE USE DISORDER SERVICES SPENDING REPRESENTS A SMALL FRACTION OF HEALTH EXPENDITURES WHILE EXACTING LARGE SOCIETAL COSTS

According to the Substance Abuse and Mental Health Services Administration's (SAMHSA) *National Expenditures for Mental Health Services and Substance Abuse Treatment, 1993-2003*(2007), 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). Using inflation adjusted terms, the growth rate for all health spending from 1993 to 2003 was 4.6 percent, while the growth rate for substance abuse spending during this same time period was 1.4 percent. These expenditures reflect neither the prevalence nor the harm caused by untreated addiction.

A 2000 study in the *American Journal of Public Health* found that 25 percent of all US children are exposed to alcohol or other drug dependence within their families. Another study found that problematic use of alcohol or other drugs in the home is linked with poorer school performance, increased risk of delinquency, child neglect, divorce and violence. The 2010 U.S. Drug Control Strategy cites that untreated addiction costs society over $400 billion annually with $120 billion of that in wasted or inappropriate health care procedures.

FINANCIAL INVESTMENT IN ADDICTION SERVICES SAVES MONEY

In 2006, the National Institute on Drug Abuse (NIDA) noted that for every dollar spent on addiction treatment, there is an estimated $4 to $7 reduction in the cost of drug related crimes. With outpatient programs, total savings can exceed costs by a ratio of 12:1.

SPECIFIC RECOMMENDATIONS:

- Support funding for SAMHSA, specifically the Substance Abuse Prevention and Treatment (SAPT) Block Grant
    - *The SAPT Block Grant is on average 42 percent of State Substance Abuse Agencies' substance abuse expenditures. It is a key source of funding and the foundation of the substance abuse system. The program provided treatment services for approximately 2.3 million admissions in FY 2010. During the same year, at discharge from treatment, 73.7 percent were abstinent from illegal drug use; 78.2 percent were abstinent from alcohol use; and 92 percent had no involvement with the criminal justice system.*
    - *In addition, 20 percent of the SAPT Block Grant must be spent on primary prevention activities. In 2010, over 6 million individuals were directly served by the 20 percent set-aside, and another 96 million were served through population-based services. These include providing alternate activities for youth that excludes alcohol, tobacco and illicit drugs, as well as problem identification and referral.*

- Release the final regulations for the Mental Health Parity and Addiction Equity Act (MHPAEA)
    - *Passage of the Mental Health Parity and Addiction Equity Act (MHPAEA) was a seminal achievement in improving addiction and mental health care in this country. One critical step for improving care for mental and substance use disorders in America is to issue final regulations defining the scope of MHPAEA. Without final regulations, there is a lack of clarity on the requirements for a number of the most complex provisions included in MHPAEA, such as scope of services and how medical management techniques may be applied. Without additional clarity, the intent of the law may be undermined.*

- Provide more detailed information, regulatory clarity and technical assistance to States, to insure they comply with requirements of the Affordable Care Act (ACA), which requires addiction and mental health coverage at parity with medical/surgical coverage, as part of each State's Essential Health Benefit (EHB) package for an Exchange and for Medicaid in States that opt to expand. Consumer advocates and providers must also receive technical assistance to ensure consumers can access essential benefits.
    - *While the ACA specifies substance use disorder coverage must be offered in States' EHB package for Exchanges and Medicaid expansion, the Department of Health and Human Services (HHS) has not provided sufficient clarity about how these requirements would apply and the process to supplement inadequate coverage in EHB. Based on the analysis we have been able to do with the limited information we have available, the scope of substance use disorder coverage appears to be significantly more limited than the medical/surgical coverage in many of the EHB benchmarks. Without complete, detailed plan information*

about benefit coverage in each of the base-benchmark plans, it is not possible to fully determine whether substance use disorder coverage in each of the States complies with parity. In the final rule for EHB and the rule released for the Medicaid expansion alternative benefit package, we urge HHS to provide a detailed framework of the process for supplementing plans with deficient substance use disorder coverage, as well as make technical assistance available to States working to comply with EHB and parity requirements in statute.

- Require the use of mental health and substance use screening measures and access to appropriate services for those with a positive screen.
    - *The National Quality Forum (NQF) endorsed evidence-based measures for screening and brief intervention for alcohol and depression. Also endorsed by NQF is a measure for risky behavior for adolescents. Continue to push for NQF to endorse evidence based measures that may be applied in a variety of settings. Development and the use of NQF-endorsed measures for screening and brief intervention as well as for risky behavior must be required.*
    - *Individuals should have access to a full range of medically appropriate services from screening and brief intervention for drugs and alcohol to treatment to recovery management supports. Widely accepted patient placement criteria should be used to ensure individuals have access to medically appropriate levels of care. For example, the Patient Placement Criteria for the Treatment of Psychoactive Substance Use Disorders-- Second Edition, Revised (PPC-2R) of the American Society of Addiction Medicine (ASAM) is a nationally recognized tool by which practical and clinical determination of levels of care can be measured for substance use disorders services. Currently, 29 States require the use of the PPC-2R by State-funded providers. It is also widely used by providers and payers in the private and public sectors nation-wide.*
    - *As mentioned above, in 2011, 19.3 million Americans needed treatment for an addictive disorder but did not receive it. To address this treatment gap, funding must be increased to grow the addiction workforce. There are currently 4,000 addiction physician specialists and at least 7,000 addiction physicians will be needed by the year 2020 to treat the estimated 7 million patients with severe drug dependence. This does not take into account the training of behavioral health professionals that will be required to serve on primary care teams to deliver integrated behavioral and medical services. Moreover, the Department of Labor estimates the addiction counselor workforce will need to grow by 21 percent and potentially even more once the MHPAEA and ACA are fully implemented.*

- Improve addiction services and system coordination for criminal justice populations and at-risk youth:
    - *Statistics demonstrate that people involved with the criminal justice system are likely to have a substance use disorder:*
        - *Approximately 70 percent of adults in jails, 53 percent of adults in State prisons and 40 percent of adults involved with probation or parole have substance abuse problems.*
        - *The US Department of Justice's Office of Justice Programs found 77% of criminal justice-involved youth reports substance use in the past 6 months. In another study, approximately 10% of juvenile arrests were for drug abuse or underage drinking.*
        - *The co-occurrence of substance use problems is common among individuals involved in the justice system who have a mental illness. 59 percent of state prisoners with mental illnesses had a co-occurring drug or alcohol problem and of the 17 percent of*

individuals in jail who have a serious mental illness, 72 percent had a co-occurring substance use disorder.

Yet a National Institute on Drug Abuse (NIDA) study found that substance abuse treatment services are not available to the majority of offenders across these correctional settings and others – with less than 10 percent of adults and juveniles receiving the treatment they need. Federal policies should include input from State substance abuse directors and corrections officials to (1) expand treatment services for those in the criminal justice system and (2) help reduce the number of people entering the system in the first place. We recommend strong support for:

- *The Office of Juvenile Justice and Delinquency Prevention's (OJJDP's) Formula Grants Program: These formula grants support State and local efforts in planning, operating, and evaluating projects that seek to prevent at-risk youth from entering the juvenile justice system or intervene with first-time and nonserious offenders to provide services that maximize their chances of leading productive, successful lives. The program also provides funds to enhance the effectiveness of the juvenile justice system.*
- *Drug Court Programs: Drug Courts help eligible offenders receive treatment and other services under the supervision of a judge. A judge monitors progress and either rewards or sanctions participants based on performance.*
- *Mentally Ill Offender Treatment and Crime Reduction Act/DOJ: This program is designed to improve collaboration between the criminal justice, substance abuse and mental health systems by preventing those with co-occurring substance use and mental disorders from revolving in and out of criminal justice settings.*

We also recommend:

- *Federal policies and/or new initiatives: Federal policies and/or new initiatives should be adopted that incentivize the coordination of treatment services and community-based correctional supervision. Services and supervision should be targeted to address individuals who pose greater risk to community safety and have a high level of need for treatment services. Policies and initiatives should incorporate the Principles of Effective Interventions for Offenders and require the use of evidence based programs and practices that address criminogenic risk.*
  Training: Additionally, efforts should be increased to educate and train law enforcement and corrections staff on how to respond to individuals with mental health and substance use problems, which may also assist in reducing stigma. Training in curricula such as Crisis Intervention Teams and Mental Health First Aid should be more widely available.

Thank you again for the opportunity to provide input on this important issue.

Sincerely,

Rob Morrison
Executive Director