

Policy Brief: Disasters And Substance Use

Implications for Changes to the Federal Robert T. Stafford Act

Impact of Disasters on Substance Use

Studies have shown that traumatic events can have a significant impact on substance use programs and services. Disasters can eliminate service capacity, and/or increase demand elsewhere, because of people being displaced. An analysis by the Substance Abuse and Mental Health Services Administration's (SAMHSA) Center for Substance Abuse Treatment (CSAT) found that the terrorist attacks of September 11th impacted New York State's system by:

- Increasing the intensity and need for service intervention for those currently involved in substance use prevention and treatment;
- Increasing a return to services for those who previously had received substance use services; and
- Increasing the misuse of alcohol, tobacco, and other prescription and nonprescription medications in the aftermath of the attacks by people who many have not misused these substances previously.¹

Coordination with State Alcohol and Drug Agencies During a Disaster

State alcohol and drug agency directors manage the nation's publicly funded substance use continuum of care. These agencies collaborate with public and private entities on housing, employment, education, social services, and other factors to provide effective and efficient services. During a disaster, coordination with State alcohol and drug agencies is necessary to ensure a comprehensive and effective response. This work includes, for example, ensuring continued access to medication assisted treatment (MAT) through opioid treatment programs (OTPs), mobile units, and other

settings. This work also includes ensuring access to important prevention and recovery programs and services as well.

Statistics on SUD and Disasters

Hurricane Sandy

- Following Hurricane Sandy, 60% of individuals with substance use disorders experienced withdrawal and 70% of those on opioid maintenance therapy could not obtain sufficient doses.²

Hurricane Katrina

- Alcohol consumption increased by about 185% from pre- to post-Hurricane Katrina.³ The annual hospitalization rate for substance use disorders (SUD) increased by approximately 30% post Hurricane Katrina.⁴

September 11, 2001 Terrorist Attacks on New York City

- An estimated 265,000 people living in New York City immediately increased their use of substances – 41.2 percent smoked more cigarettes and 41.7 percent consumed more alcohol. Over 19 percent started drinking alcohol the week after 9/11. ⁵ Six to nine months after 9/11, there still was a 25.1 percent increase in substance use among New York City residents.⁶ Among 7th – 12th graders in N.Y. who knew someone killed or injured on 9/11, 40,000 more students used alcohol; 24,000 more students used an illicit drug or a prescription drug non-medically; and 15,000 more students sought help for alcohol or other drug problems.⁷

Substance Use Disorders are Not Explicitly Referenced in The Robert T. Stafford Disaster Relief and Emergency Assistance Training Act

Section 416 of the Robert T. Stafford Disaster Relief and Emergency Assistance Act (P.L. 100-707) authorizes the Department of Homeland Security's (DHS) Federal Emergency Management Agency (FEMA) to fund "mental health" assistance and training in Presidentially declared disaster areas. An important program stemming from this

authorization is the Crisis Counseling Assistance and Training Program (CCP). The Substance Abuse and Mental Health Services Administration's (SAMHSA) Center for Mental Health Services (CMHS) works with FEMA through an interagency agreement to manage CCP grant administration and program oversight.

FEMA's Crisis Counseling Assistance and Training Program (CCP)

CCP Grants are released after a presidential declaration to support time-limited outreach, identification, short-term counseling, referrals, and other activities to those impacted by disasters. The program has the following goals:

- 1) helping disaster survivors understand their current situation and reactions;
- 2) reducing stress and providing emotional support;
- 3) assisting survivors in reviewing their disaster recovery options;
- 4) promoting the use or development of coping strategies; and
- 5) connecting survivors with other people and agencies who can help them in their recovery process.

Improving the Stafford Act and CCP Grants: Addressing Addiction After Disasters Act (H.R. 5623 or the AAAD Act)

On September 21, 2023, Representatives Becca Balint (D-VT-at large), Doug LaMalfa (R-CA), and Jill Tokuda (D-HI) introduced H.R. 5623, "Addressing Addiction After Disasters Act." The legislation, also known as the AAAD Act, would amend Section 416 of the Robert T. Stafford Relief and Emergency Act to explicitly add substance use disorders – including alcohol problems – to the portion of the statute that governs the CCP.

What would H.R.5623 accomplish?

The AAAD Act would help bolster intentional awareness, planning, and action regarding issues specific to substance use disorders within the confines of the short-term approach of the CCP. For example, people on medications for opioid use disorders, including methadone, have unique needs given the complexities related to methadone dosing. H.R. 5623 could generate more purposeful planning for these circumstances including awareness of the role of the State Opioid Treatment Authority (SOTA) in helping connect patients to opioid treatment programs (OTPs) and mobile units.

In another example, people in recovery from alcohol and other drug use may experience triggers during a disaster. H.R. 5623 would reinforce the need for CCP teams to include information on local recovery community organizations (RCOs) in order to promote access to peers – an important component to maintaining recovery.

What H.R. 5623 not do?

The AAAD Act would not change the program's character and focus on time-limited, short-term interventions during a disaster. The legislation does not propose to add additional treatment services of any length for either mental health or substance use disorders (such as outpatient, intensive outpatient, or residential) as new allowable uses of CCP grant funds. Further, the legislation does not propose to increase federal funding for CCP grants.

1. Report on the Post-September 11 State Disaster Relief Grant Program of SAMHSA's Center for Substance Abuse Treatment | (2005).
2. Pouget ER, Sandoval M, Nikolopoulos GK, Friedman SR. Immediate Impact of Hurricane Sandy on People Who Inject Drugs in New York City. *Subst Use Misuse*. 2015;50(7):878-84. doi: 10.3109/10826084.2015.978675. Epub 2015 Mar 16. PMID: 25775259; PMCID: PMC4498981.
3. Beaudoin CE. Hurricane Katrina: addictive behavior trends and predictors. *Public Health Rep*. 2011 May-Jun;126(3):400-9. doi: 10.1177/003335491112600314. PMID: 21553669; PMCID: PMC3072862.
4. Moise IK, Ruiz MO. Hospitalizations for Substance Abuse Disorders Before and After Hurricane Katrina: Spatial Clustering and Area-Level Predictors, New Orleans, 2004 and 2008. *Prev Chronic Dis* 2016;13:160107. DOI: <http://dx.doi.org/10.5888/pcd13.160107>external icon
5. David Vlahov, Sandro Galea, Heidi Resnick, Jennifer Ahern, Joseph A. Boscarino, Michael Bucuvalas, Joel Gold, Dean Kilpatrick, Increased Use of Cigarettes, Alcohol, and Marijuana among Manhattan, New York, Residents after the September 11th Terrorist Attacks, *American Journal of Epidemiology*, Volume 155, Issue 11, 1 June 2002, Pages 988–996, <https://doi.org/10.1093/aje/155.11.988>
6. Vlahov D, Galea S, Ahern J, Resnick H, Boscarino JA, Gold J, Bucuvalas M, Kilpatrick D. Consumption of cigarettes, alcohol, and marijuana among New York City residents six months after the September 11 terrorist attacks. *Am J Drug Alcohol Abuse*. 2004 May;30(2):385-407. doi: 10.1081/ada-120037384. PMID: 15230082.
7. New York State Office of Alcoholism and Substance Abuse Services (OASAS), 2005