

Addictions **TREATMENT**

When
Knowing the

FACTS

Can Help

PREPARED BY



Institute for
Research,
Education and
Training in
Addictions





"Three decades of scientific research and clinical practice have yielded a variety of effective approaches to drug addiction treatment."

— PRINCIPLES OF DRUG ADDICTION TREATMENT
NATIONAL INSTITUTE ON DRUG ABUSE



Addictions Treatment Works

1. Why spend money for addictions treatments when the overwhelming majority of those who receive it don't get better?

Addiction is a chronic disease, like diabetes, asthma or hypertension. Just like these diseases, one course of treatment is unlikely to result in a complete "cure." Ongoing treatment may be required before an addict achieves the final stage of recovery. Likewise, hypertensive patients also require multiple courses of treatment to stabilize their blood pressure. Because some persons view addiction as an acute illness requiring only one treatment episode, they often do not know that relapse rates for addiction treatment are lower than relapse rates for hypertension and asthma. Moreover, patient compliance with treatment is much higher with addictions treatment than with hypertension and asthma treatment. The relapse and compliance rates for addiction are similar to those of diabetes. Finally, relapse from addictions treatment for opioids and cocaine is less than 50%. This means that *most* of the persons who receive treatment for these addictions *recover*. These facts also suggest that paying for addictions treatment would yield as good a return as paying for other chronic illnesses such as diabetes, asthma and hypertension.

O'Brien CP, McLellan AT. *Myths about the Treatment of Addiction* (1996). *The Lancet*. Volume 347, 237-240.

...paying for addictions treatment would yield as good a return as paying for other chronic illnesses such as diabetes, asthma and hypertension.

EFFECTIVENESS

Addictions treatment effectiveness ranges from 40-80 percent—depending on numerous variables.

The Robert Wood Johnson Foundation. (February 2001). Key Indicators for Policy Update, Substance Abuse The Nation's Number One Health Problem. Princeton New Jersey.

The conclusion that addictions treatment is effective is demonstrated in over 600 published scientific papers.

Marwick, C. (1998). Physician Leadership on National Drug Policy Finds Addiction Treatment Works. Journal of the American Medical Association, 279(15), 1149-1150.

Relapse rates for treatment of alcohol, opioids and cocaine are less than those for hypertension and asthma, and equivalent to those of diabetes—all chronic conditions.

O'Brien, C.P., & McLellan, A.T. (1996). Myths about the Treatment of Addiction. The Lancet, 347, 237-240.



Compliance rates for treatment of alcohol, opioids, and cocaine are greater than compliance rates for hypertension and asthma.

O'Brien, C.P., & McLellan, A.T. (1996). Myths about the Treatment of Addiction. The Lancet, 347, 237-240.

The majority (69%) of patients who had medical conditions related to their addiction, and who received both medical care and addictions treatment were abstinent six months after leaving treatment.

Weisner, C., Mertens, J., Parthasarathy, S., Moore, C., & Lu, Y. (2001). Integrating Primary Medical Care with Addiction Treatment, A Randomized Controlled Trial. Journal of the American Medical Association, 286(14), 1715-1723.

Recent cost benefit studies consistently find that benefits to society (i.e., decreased crime, improved health, increased employment, increased overall social functioning) are greater than the costs of addictions treatment.

Harwood, H. (2002). Cost Effectiveness and Cost Benefit Analysis of Substance Abuse Treatment: Literature Review and Annotated Bibliography. Presentation at IRETA February 20, 2003.

EFFECTIVENESS

COST/COST-OFFSETS

2. Why should the state fund addictions treatment when counties and cities could pay for it just as well?

For more than a decade the Robert Wood Johnson Foundation has taken the position that addiction is the number one public health issue facing our nation. This position is supported by the impact and costs to our society if addiction is *not* treated. Unlike any other illness, addiction is associated with many other diseases such a heart disease, mental health problems, cardiovascular disease, cancer, and gastrointestinal disorders. In fact, in 1992 the total estimated spending for healthcare services was \$18.8 billion for alcohol problems and the medical consequences of alcohol consumption and \$9.9 billion for drug problems. Almost 20% of all Medicaid hospital costs and nearly \$1 of every \$4 Medicare spends on inpatient care is associated with substance abuse.

Addictions treatment is highly cost effective. For every one dollar spent on addictions, society can save between \$4 - \$15. Some states have learned that during lean fiscal periods maintaining addictions treatment funding saves dollars that would be needed in other public health and safety areas.

Alcoholism is the number one preventable cause of mental retardation. It can cost more than \$1.4 million to care for a child born with Fetal Alcohol Syndrome (FAS) across his/her lifetime. Much of these costs are born by the state and federal government. Ten percent of alcohol health care costs are for the care of fetal alcohol syndrome.

Addictions are related to domestic violence as well as child abuse and neglect. However, if addictions treatment is not readily available the aftermath of domestic violence and child abuse and neglect can greatly exceed the cost of providing treatment.

Cities and counties cannot bear the cost of addictions treatment. No other state in the country supports its addictions treatment system through primarily county or city funds. Just like with other public health issues and chronic illnesses, it is appropriate for the state and federal government to fund the cost of addictions prevention and treatment. Funding of addictions treatment is especially important to states, as the return on state investment is greater for addictions treatment than it is for the treatment of other chronic illnesses.

The Economic Costs of Alcohol and Drug Abuse in the United States (1992). The National Institute on Drug Abuse (NIDA).

The Robert Wood Johnson Foundation, Princeton New Jersey, Key Indicators for Policy Update, February 2001, Substance Abuse The Nation's Number One Health Problem.

Substance Abuse, Mental Health Services Administration, Center for Substance Abuse Treatment. (2002). Facts in a Flash ATTC network internal document.

2

3. Why should we pay for addictions treatment? Aren't we just rewarding bad behavior?

Addiction is a disease where permanent changes in brain structure and chemistry can be demonstrated. Brain changes can result in undesirable behavior in addictions. Brain changes can also result in undesirable behavior with mental health problems, cancer, dementia, and head injury. We provide treatment to persons with these problems—Why shouldn't we provide treatment to persons with addictions?

Research within the National Institute on Drug Abuse (NIDA), one of the National Institutes of Health (NIH), supports the view that taking a drug at first is a choice; taking it thereafter may be a compulsion.

Lesbner, AI. Addiction is a brain disease, and it matters. Science. 1997;278:45-47.

Lesbner, AI. Science-Based Views of Drug Addiction and Its Treatment. 1999;282(14):1314-1316.

NIDA, U.S. Department of Health and Human Services, Drug Abuse and Addiction: Bridging the Great Disconnect Between Myths and Realities (1999).

TREATMENT is very cost beneficial to taxpayers. The cost benefit averages a \$7 return for every dollar invested. Second, criminal activities significantly declined after treatment. In 1992, the cost of treating approximately 150,000 individuals was \$200 million. The benefits received during treatment and in the first year afterwards totaled approximately \$1.5 billion in savings. The largest savings were due to reductions in crime. Finally, significant improvements in health and corresponding reductions in hospitalizations were found during and after treatment. Emergency room admissions, for example, were reduced by one-third following treatment. Treatment is a good investment!

State of California (1994). Evaluating Recovery Services: The California Drug and Alcohol Treatment Assessment (CALDATA), Exec Summary, (ADP) 94-4628



Addictions treatment has been shown to cut drug use in half, reduce crime by 80 percent and reduce arrests up to 64 percent.

Office of Evaluation, Scientific Analysis and Synthesis, Center for Substance Abuse Treatment, Substance Abuse and Mental Health Administration. (1997) The National Treatment Improvement Evaluation Study (NTIES).

For every additional dollar invested in addictions treatment, the taxpayer saves at least \$7.46 in costs to society (including the cost of incarceration).

Rydell, C.P & Everingham, S.S. (1994) Controlling Cocaine Supply Versus Demand Programs. RAND Drug Policy Research Center. Santa Monica, CA.

When adding the savings to healthcare, for every \$1 dollar spent in addictions treatment, society benefits by greater than \$12.

National Institute on Drug Addiction, U.S. Department of Health and Human Services, National Institutes of Health. (1999). Principles of Drug Addiction.

The cost of addictions treatment is 15 times less than the cost of incarcerating a person for a drug-related crime.

PLNDP and Join Together (January 2000). A Physician's Guide on How to Advocate for More Effective National and State Drug Policies.

For every dollar (\$1) the United States Government spends on addictions treatment it saves \$7 to \$25 in other costs.

Substance Abuse, Mental Health Services Administration, Center for Substance Abuse Treatment. (2002). Facts in a Flash ATTC network internal document.

Besides Washington, D.C., voters have enacted treatment instead of incarceration initiatives in Arizona (Proposition 200, passed in 1996) and California (Proposition 36, passed in 2000). The Hawaii legislature enacted similar legislation in 2001. An analysis by the Arizona Supreme Court found that Proposition 200 diverted 2,600 nonviolent offenders into drug treatment in its first year, saving Arizona taxpayers \$2.56 million. It saved taxpayers more than \$6 million in prison costs during its second year. California estimates that Proposition 36 will divert more than 30,000 drug offenders per year into treatment, saving California taxpayers approximately \$1.5 billion over five years. As a result of Proposition 36, California increased the number of licensed and certified substance abuse “slots” by 68%.

McCull, W. & Opio, S. (March-April 2003) *Treatment Instead of Incarceration*. *Behavioral Health Management* 23(2), 24-24.

TREATMENT GAP

The overwhelming majority of persons who need addictions treatment (over 80%) do not receive treatment.

Knight, J.R., Wechsler, H., Meichun, K., Seibring, M., Weitzman, E.R., & Schuckit, M.A., (2002). Alcohol Abuse and Dependency among US College Students. Journal of Studies on Alcohol, 63(3), 263-70.



4. In difficult budget times, cutting addiction treatment funds is defensible because the rates of addiction aren't increasing.

Actually, the rates of addiction are rising. The latest Household Surveys (2001) indicate a rise in drug use by youth—especially for drugs such as heroin, Oxycontin and MDMA (Ecstasy). The prevalence of substance use dependence or abuse has significantly increased over the past twelve months across all drugs and for all age groups. Likewise, the prevalence of individuals needing addictions treatment has significantly increased over the past twelve months.

We also know that throughout our state, the Federal Bureau of Investigation (FBI), and the Office of the Attorney General are conducting drug summits at various school districts. Law enforcement officials have observed that drug trafficking and possession is rising among children 16-21 years. Hospitals are reporting dramatically increased rates of drug overdoses for patients between the ages of 16 – 24. The rates of lethal drug overdoses are increasing geometrically across our state for the same age group. Students of primarily white, middle and upper middle class school districts report seeing students snorting a new form of powdered heroin in school. The Whitehouse Office of National Drug Control Policy (ONDCP) has chosen Pittsburgh as one of 26 cities it wants to monitor, in part, because of emerging heroin use. Use of the new powdered form of heroin (which is up to 95% pure), coupled with the use of a relatively new and powerful analgesic (Oxycontin) has reached epidemic proportions in our state for youth ages 18-24. The use of these drugs is dramatically increasing in the state's most rural areas – where counties have few resources to match the growing treatment need.

The Whitehouse Office of National Drug Control Policy (ONDCP) State of Pennsylvania Profile of Drug Indicators, March 2003.

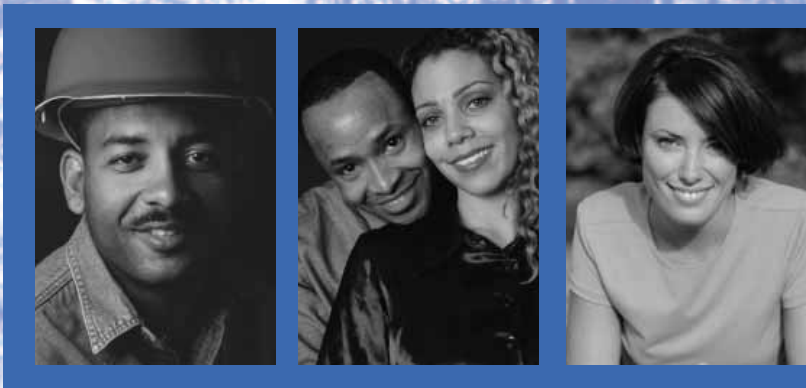
According to death records on file at the coroners' offices: Heroin's victims are getting younger. Across the region in 1999, heroin killed four people under the age of 24. Last year, 27 died. This is from an article by Carl Prine of The Pittsburgh Tribune-Review, February 9, 2003 news story: Heroin reigns as most lethal in Allegheny, 4 neighboring counties.

SUSTAINABILITY

Addictions treatment is significantly associated with a 67% reduction in weekly cocaine use, a 65% reduction in weekly heroin use, a 52% decrease in heavy alcohol use, a 61% reduction in illegal activity, and a 46% decrease in suicidal ideation one year post treatment. Moreover, these outcomes are generally stable for the same clients five years post treatment.

Hubbard, R. L. (1997). Overview of 1-year Follow Up Outcomes in the Drug Abuse Treatment Outcome Study (DATOS). Psychology of Addictive Behaviors, 11, 261-278.

Hubbard, R.L. (2003). Overview of 5-Year Follow-Up Outcomes in the Drug Abuse Treatment Outcomes Studies (DATOS) (in press). 263-70.



"Substance abuse is a major national public health problem that creates impaired health, harmful behaviors, and major economic and social burdens. . . but there are effective medical and public health approaches to the problem."

— ADOLESCENT SUBSTANCE ABUSE: A PUBLIC HEALTH PRIORITY,
PHYSICIAN LEADERSHIP ON NATIONAL DRUG POLICY

*Aligning science, service and
policy to transform lives.*



**Regional Enterprise Tower
425 Sixth Avenue, Suite 1710
Pittsburgh, PA 15219**

PHONE: 412-258-8565

FAX: 412-391-2528

www.ireta.org



**Practice
Improvement
Collaboratives**



**Funded by Substance Abuse
and Mental Health Services
Administration (SAMHSA)**