

Preventing and Treating Substance Use Disorders: A Comprehensive Approach

First recognized as a disease in 1956 by the American Medical Association, until recently, little progress has been made in treating addiction as a chronic health condition. According to the National Institute on Drug Abuse (NIDA), addiction is defined as a chronic, relapsing brain disease that is characterized by compulsive drug seeking and use, despite harmful consequences. Brain imaging studies from individuals who are addicted show physical changes in areas of the brain that are critical to judgment, decision making, learning and memory, and behavior control; these changes alter the way the brain works, and may help explain the compulsive and destructive behaviors of addiction. Lack of investment in addiction prevention and treatment has resulted in staggering costs to the economy, communities and families.

- >> Abuse and addiction to alcohol, nicotine, and illegal substances cost Americans upwards of half a trillion dollars a year, considering their combined medical, economic, criminal, and social impact.
- >> Every year, abuse of illicit drugs and alcohol contributes to the death of more than 100,000 Americans, while tobacco is linked to an estimated 440,000 deaths per year.
- >> Almost 20% of all Medicaid hospital costs and nearly \$1 of every \$4 Medicare spends on inpatient care is associated with substance use.¹
- >> In 2006, 21.1 million persons (8.6 percent of the population aged 12 or older) needed treatment for an illicit drug or alcohol use problem but did not receive it.²

PREVENTING AND TREATING ADDICTION SUBSTANTIALLY REDUCES COSTS

- >> Treatment can cut drug use in half, reduce criminal activity up to 80 percent, and reduce arrests up to 64 percent.³ In addition, successful drug abuse treatment can help reduce the spread of HIV/AIDS, hepatitis, and other infectious diseases. It is estimated that for every dollar spent on addiction treatment programs, there is a \$4 to \$7 reduction in the cost of drug-related crimes. With some outpatient programs, total savings can exceed costs by a ratio of 12:1.⁴ Treatment can improve the prospects for employment, with gains of up to 40 percent after treatment.

SCIENCE HAS REVOLUTIONIZED THE UNDERSTANDING OF ADDICTION

- >> Like other chronic diseases, addiction can be managed successfully. Treatment enables people to counteract addiction's powerful disruptive effects on brain and behavior and regain control of their lives. The chronic nature of the disease means that relapsing to drug use is not only possible, but likely, with relapse rates similar to those for other well-characterized chronic medical illnesses such as diabetes, hypertension, and asthma, which also have both physiological and behavioral components. Relapse does not mean treatment failure; lapses back to drug use indicate that treatment needs to be reinstated or adjusted, or that alternate treatment is needed.⁵
- >> Individuals who suffer from addiction often have one or more accompanying medical issues, including lung and cardiovascular disease, stroke, cancer, and mental disorders. Substance use disorders and mental disorders also often co-exist.⁶ 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.⁷



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PREVENTION AND EARLY IDENTIFICATION OF RISKY ALCOHOL & DRUG USE IS CRITICAL

- ➤ Epidemiological data affirms that addiction typically follows a chronic course, developing during adolescence and lasting for several decades. Some 90 percent of all individuals with dependence started using before the age of 18, and half started before the age of 15.⁸ Research shows that the earlier a person begins to use drugs the more likely they are to progress to more serious use.⁹

SCREENING AND BRIEF INTERVENTION (SBI) PROGRAMS EFFECTIVE IN REDUCING UNHEALTHY DRINKING AND DRUG USE

- ➤ Screening and brief intervention programs in primary care settings can identify patients whose excessive use of alcohol places them at risk for increased morbidity and mortality, produce sustainable reductions in alcohol consumption, and lead to positive health outcomes 4 or more years post-intervention, including reducing alcohol-related morbidity.¹⁰
- ➤ SBI reimbursement codes have been approved for Medicaid, commercial insurance and Medicare. Eleven State Medicaid plans have adopted the codes as well as many health plans, including AETNA, CIGNA, Anthem Blue Cross and Blue Shield, HealthPlus, HealthPartners, and Office of Personnel Management (Federal Employees).

MEDICATIONS ARE AN IMPORTANT ELEMENT OF TREATMENT AND RECOVERY, ESPECIALLY WHEN COMBINED WITH COUNSELING AND OTHER BEHAVIORAL THERAPIES AND SUPPORTS

- ➤ According to the National Institute on Drug Abuse (NIDA), combining treatment medications, where available, with behavioral therapy is the best way to ensure success for many patients. Different types of medications may be useful at different stages of treatment to help a patient stop using drugs, stay in treatment, and avoid relapse.
- ➤ Medications used to treat drug addiction: Opioid Addiction – Methadone and Buprenorphine; Alcohol and Drug Addiction - Naltrexone for alcohol and heroin, Vivitrol, Disulfiram and Acamprosate for alcohol. 🌐

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1. Addictions Treatment: When Knowing the Facts can Help, http://www.ireta.org/budget/ireta_addiction_facts.pdf
 2. 23.6 million persons aged 12 or older needed treatment for an illicit drug or alcohol use problem (9.6 percent of the persons aged 12 or older). Of these, 2.5 million (1.0 percent of persons aged 12 or older and 10.8 percent of those who needed treatment) received treatment at a specialty facility. Specialty Substance Use Treatment Facility is defined by the Substance Abuse and Mental Health Services Administration as drug or alcohol rehabilitation facilities (inpatient or outpatient), hospitals (inpatient services only), and mental health centers. Full report can be viewed at: <http://www.oas.samhsa.gov/NSDUH/2k6NSDUH/2k6results.cfm#Ch7>
 3. 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)*.
 4. Rydell, C.P. & Everingham, S.S. (1994) *Controlling Cocaine Supply Versus Demand Programs*. RAND Drug Policy Research Center. Santa Monica, CA. National Institute on Drug Addiction, U.S. Department of Health and Human Services, National Institutes of Health. (1999). *Principles of Drug Addiction. 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.
 5. *Drugs, Brains, and Behavior - The Science of Addiction*, <http://www.nida.nih.gov/scienceofaddiction/addiction.html>
 6. *Drugs, Brains, and Behavior - The Science of Addiction*, <http://www.nida.nih.gov/scienceofaddiction/addiction.html>
 7. 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.
 8. *Managing Addiction as a Chronic Condition*, Michael Dennis, Ph.D., Christy K Scott, Ph.D., Chestnut Health Systems, Bloomington, Illinois. <http://www.nida.nih.gov/ascp/vol4no1.html>
 9. *Drugs, Brains, and Behavior - The Science of Addiction*, <http://www.nida.nih.gov/scienceofaddiction/addiction.html>
 10. *Primary Care Intervention to Reduce Alcohol Misuse Ranking Its Health Impact and Cost Effectiveness*, Leif I. Solberg, MD, Michael V. Maciosek, PhD, Nichol M. Edwards, MS. <http://download.journals.elsevierhealth.com/pdfs/journals/0749-3797/PIIS0749379707006861.pdf>