

# Briefing on Substance Use Treatment and Recovery in the United States

## *Executive Summary*

Millions of people suffer from substance use disorders each year, and an estimated 89.6 percent of them go untreated. Substance use disorders are complex conditions that are progressive in nature and negatively impact all facets of society: individuals, families, communities, businesses and the public at large.

The systemic burden of untreated substance use disorders is costly. Untreated substance use disorders result in human suffering for the individual consuming alcohol or drugs as well as their family members and friends. It is not uncommon for individuals with substance use disorders to appear in emergency rooms, the child welfare system, and the criminal justice system. Substance use disorders are associated with lost productivity, child abuse and neglect, crime, motor vehicle accidents and premature death.

The good news is that prevention, intervention, treatment and recovery support services for substance use problems are highly effective and yield impressive savings to society. Outcomes for substance use treatment are as effective as outcomes for other chronic diseases, such as hypertension, diabetes, and asthma. Further, studies indicate that people who receive treatment decrease their substance use, criminal activity, and drug and alcohol-related medical visits, while increasing their employment and income.

Like other chronic conditions, substance use disorders are preventable and treatable. However, in preventing and treating these conditions, the substance use treatment and recovery field faces disproportionate challenges compared to other specialty health care sectors. These challenges include stigma, lack of health care coverage, inadequate funding, a workforce crisis and a system that primarily provides acute care for this chronic condition.

To more effectively address these challenges, the treatment and recovery field has adopted a public health approach to implement the principles and elements of recovery-oriented systems of care. Recovery-oriented systems of care target the general population; implement comprehensive, community-wide prevention strategies; work across multiple systems; provide individualized and flexible treatment and recovery support services; adopt evidence-based practices; include community networks and resources; and incorporate the voices and experiences of individuals in recovery and their family members.

The substance use treatment and recovery field is committed to the continual improvement of service systems that provide substance use prevention, treatment and recovery support services and to creating paths to healthier and better lives in the community for all individuals. To achieve this mission, it is essential to have support and leadership from all levels of government, the public and private sectors, and within communities.

## ***Addiction Affects Everyone***

Substance use disorders are complex, biological and psychological conditions. They are progressive and chronic in nature and negatively impact individuals, families, communities, and society. Millions suffer from substance use problems each year and many go untreated.

- In 2007, 22.3 million individuals (12 and older) were diagnosed with substance dependence or abuse. 3.2 million were dependent on or abused alcohol and illicit drugs, 3.7 million were dependent on or abused illicit drugs, and 15.5 million were dependent on or abused alcohol (NSDUH, 2007).
- In the same year, 9.5 percent of youths aged 12 to 17 were illicit drug users: 6.7 percent used marijuana, 3.3 percent engaged in nonmedical use of prescription-type psychotherapeutics, 1.2 percent used inhalants, 0.7 percent used hallucinogens, and 0.4 percent used cocaine (NSDUH, 2007).
- Only 3.9 million persons age 12 or older received treatment or participated in self-help for alcohol or illicit drug use problems in 2007 (NSDUH, 2007).
- Individuals received treatment through a number of settings, including a rehabilitation outpatient facility (1.7 million), an outpatient mental health center (889,000), an inpatient rehabilitation facility (1.0 million), a hospital as an inpatient (779,000), a private doctor's office (593,000), a prison or jail (302,000), and an emergency room (523,000). Just over two million persons received support through a self-help group (NSDUH, 2007).
- Approximately, \$21 billion was spent in 2003 on the treatment of substance use disorders – only 1.3 percent of all health care spending (Marks et al., 2007).

## ***Addiction is Costly***

When substance use disorders are left untreated, individuals with these health conditions are more likely to appear in other systems, including child welfare, criminal justice, emergency rooms, hospitals and primary care.

- The societal and economic costs of not treating substance use problems are high. Marks (2005) estimates annual costs of \$184.6 billion for alcohol abuse and \$143 billion for drug abuse. These include the medical costs associated with alcohol and drug abuse, lost earnings linked to premature death, lost productivity, motor vehicle crashes, crime and other social consequences.
- A study conducted by Rutgers University found that untreated alcoholics incur general health care costs at least 100 percent higher than those of non-alcoholics. Following treatment, however, they found a 50 percent decrease in days lost to illness, sickness claims, and hospitalizations.

## ***Prevention and Treatment Work***

Prevention, intervention, treatment and recovery support services for substance use disorders have been proven to be highly effective and to yield impressive savings to society. Data show that:

- Every dollar invested in prevention achieves a savings of up to \$7 in areas such as substance use treatment and criminal justice system costs (NIDA, 2007).
- Early and brief interventions were found to be effective, up to four years later, in reducing alcohol use, days of hospitalization and emergency department visits (Fleming et al., 2002).

- A Congressionally-mandated five-year study carried out by CSAT of 4,411 clients who received substance use treatment in 78 programs demonstrated positive outcomes. Clients reported a 50 percent decrease in drug and alcohol use one year after completing treatment; a 19 percent increase in employment and income; a 80 percent decrease in criminal activity; a 43 percent decrease in homelessness; a 53 percent decrease in alcohol/drug related medical visits; a 56 percent decrease in sexual encounters for money or drugs; and a 51 percent decrease in sexual encounters with an injection drug user (National Treatment Improvement Evaluation Study, 1997).
- Washington State reported a 50 percent decrease in medical expenses for individuals who received substance use treatment compared with those who did not. On average, individuals who did not receive substance use treatment incurred medical expenses of \$9,000 per year compared to \$4,500 per year for those who received treatment.
- A four-year study on the cost-effectiveness of substance use treatment in Ohio found that job performance results included a 61 percent decrease in absenteeism; a 37 percent decrease in incomplete work; and a 36 percent decrease in mistakes in work.
- Self-help groups, such as Alcoholics Anonymous (AA) have been found to be effective, especially as an adjunct to treatment (Emrick et al., 1993).
- Outcomes for substance use treatment are as effective as outcomes for other chronic diseases. The following table shows hypertension, diabetes, and asthma treatment outcomes for adherence and relapse compared with those for substance use treatment:

Disease	Adherence	Relapse
Hypertension	Less than 60%	50 – 60%
Diabetes	Less than 50%	30 – 50%
Asthma	Less than 30%	60 – 80%
Substance Use Treatment	30 – 50%	50 – 60%

McLellan, T., PowerPoint Presentation, “How Can Treatment be more Accountable and Effective? Lessons from Mainstream Healthcare,” San Antonio, TX, 2005.

### ***More Needs to be Done***

There are numerous challenges facing the substance use treatment and recovery field:

- **Many individuals need treatment but are not receiving it.** The 2007 National Survey of Drug Use and Health (NSDUH) estimates that 20.8 million of the 23.2 million people needing treatment for drug or alcohol use *did not* receive it.
- **Funding does not currently support services for a significant percentage of those in need.**
  - Public payers accounted for the majority of the expenditures. The public funding share increased from 68 percent of expenditures in 1993 to 77 percent in 2003.
  - Private insurance payments grew at an average rate of 0.1 percent annually between 1993 and 2003, compared with the private payment annual growth rate for all health care of 7.3 percent (Marks et al., 2007).
- **The treatment and recovery field faces a looming workforce crisis.** The field is experiencing high turnover rates, worker shortages, an aging workforce, inadequate compensation, insufficient

professional development and stigma (Whitter et al., 2006). By 2010, there will be 3000 unfilled positions (Landis et al., 2002) and the need for treatment staff with graduate degrees will increase by 35 percent (NASADAD, 2003).

- **Stigma remains a barrier to recovery.** Individuals who have substance use disorders are negatively impacted by discrimination in areas of health care, education, financial assistance, and employment.
  - Insurance coverage for treatment is often denied or restricted, and employers turn away recovering individuals that report their drug histories 75 percent of the time (Marks, 2002).
  - Individuals with substance use disorders who need treatment may not seek it because of stigma associated with this health care service. Individuals report several concerns related to accessing treatment, such as the possible negative effects on their job (13.3%), concern that neighbors and the community will have a negative opinion of them (11.0%), and lack of health care coverage (36.3%) (NSDUH, 2007).
- **Difficulty applying research findings to practice.** Implementing research and evidence-based practices is a difficult and challenging task that requires funding, training, organizational commitment and leadership. To integrate evidence-based findings into practice, effective practices must be identified and disseminated, clinicians must be trained, standards must be specified, performance measures must be developed and used to measure outcomes, continuous quality improvement activities must be implemented, and the infrastructure to support these activities must be established (IOM, 2006).
- **Difficulty treating substance use, a chronic condition, in an acute care environment.** The current system primarily supports substance use treatment for brief episodes. Regulations and funding often prevent addictions from being treated as a chronic condition that would benefit from long-term monitoring and support.

### ***Advances in Addiction***

**Recovery** - Recovery from alcohol and drug problems is a process of change through which an individual achieves abstinence and improved health, wellness, and quality of life.

The evolution of the treatment and recovery field has led to many improvements, including:

- **Availability of evidence supporting that addiction is a complex brain disease.** The identification of key neuropathways and chemical changes that generate and block cravings has led to the development of evidence-based pharmacological and psychosocial treatments (IOM, 2006).
- **Advances in medications to assist in the treatment of substance use disorders.** Methadone and buprenorphine are effective in reducing illicit opioid use (Johnson et al., 2000) and naltrexone and acamprosate are effective in treating alcohol dependence (Kranzler and Van Kirk, 2001; O'Malley et al., 2003).
- **Expansion of peer-recovery support services.** Research suggests that the social support framework of peer-to peer recovery support services, as well as holistic, community-based support services enhance treatment outcomes (McLellan et al., 1998).
- **National Outcome Measures (NOMs).** SAMHSA/CSAT is collecting these measures to determine the effectiveness of substance abuse prevention and treatment programs.

## ***A Comprehensive Approach to Health and Recovery***

**Recovery-oriented Systems of Care** - Supports person-centered and self-directed approaches to care that build on the strengths and resilience of individuals, families, and communities to take responsibility for their sustained health, wellness, and recovery from alcohol and drug problems.

To address the challenges described above and continue improving the quality of substance use services, the field has embarked on implementing recovery-oriented systems of care. The goal of this effort is to support effective individual, family and community recovery.

The development of recovery-oriented systems of care involves the adoption of a comprehensive public health approach, which includes:

- Focusing on prevention and early intervention efforts that reach more individuals before or at an earlier stage of substance use problems;
- Addressing the gap between those who need treatment and recovery services and those that receive it;
- Revising systems to offer multiple pathways to recovery; and
- Treating addiction as a chronic condition.

Many factors contribute to the implementation of recovery-oriented systems:

- Growth of recovery communities;
- Federal and State recovery-oriented initiatives;
- Advances in science and technology; and
- Focus on accountability.

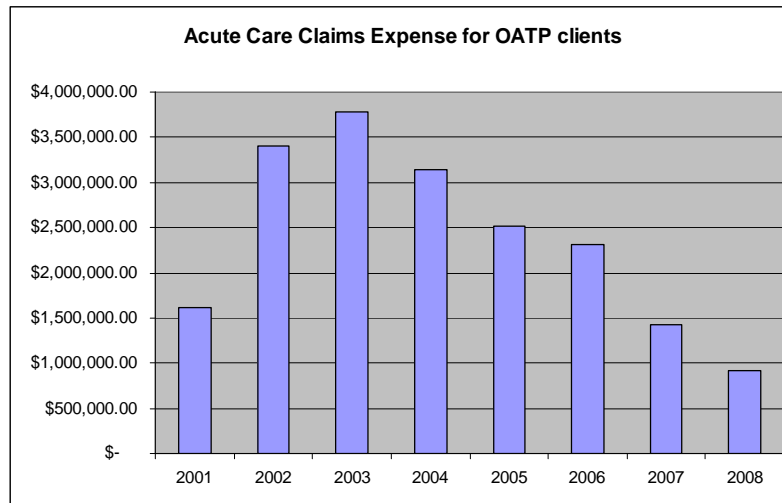
Recovery-oriented systems of care target the general population; implement comprehensive, community-wide prevention strategies; work across multiple systems; provide individualized and flexible treatment and recovery support services; adopt evidence-based practices; include community networks and resources; and incorporate the voices and experiences of individuals in recovery and their family members.

*An Example: Benefits of Implementing a Recovery-oriented System of Care in Connecticut.*

Data from the Connecticut Department of Mental Health and Addictions Services (DMHAS), which began implementing recovery-oriented systems of care in 1999, reflect positive outcomes and savings in cost. For example, applying recovery-oriented strategies to the Opioid Agonist Treatment Protocol (OATP) produced the following results:

- Individuals in OATP had 69 percent fewer admissions to costly acute inpatient care, including detoxification, six months after the implementation of the initiative.
- Individuals participating in residential detoxification were 35 percent more likely to obtain follow-up care than individuals not in OATP.

- After six months in OATP, the days between discharge from the OATP inpatient episode and readmission to acute care increased from 30 days to 234 days on average.
- Dollars saved in reducing more expensive acute care episodes and in reducing the numbers of admissions were reinvested in other parts of the system.
- Acute care claims expense for OATP clients decreased during the past 5 years as a recovery-oriented system was implemented as illustrated in the figure below:



Cost-Savings as a Result of Implementing a Recovery-oriented System

### ***A Future of Wellness and Recovery***

Substance use problems are preventable and treatable conditions. Research and experience has informed the development of effective services and supports to address these problems. Yet, many challenges still face the substance use treatment and recovery field as it strives to improve the health outcomes and quality of life for individuals, families and communities.

The addiction field is adopting recovery-oriented systems of care using a public health approach to respond to these challenges and to increase wellness and recovery for communities. Support and leadership at all levels of government, the public and private sectors, and within communities is essential for this effort to succeed.