

Board of Directors

Daniel K. Mayers Chairman Elizabeth Bartholet Vice Chair Eric D. Balber Derrick Cephas Suzanne B. Cusack Stephen M. Cutler Edward J. Davis Jason Flom Mary Beth Forshaw Diana R. Gordon Brad S. Karp Richard C. Lee Doug Liman Elaine H. Mandelbaum Michael Meltsner Mark C. Morril Mary E. Mulligan William C. Paley Dallas Pell Sandra Ruiz Butter Ed Shaw Jane Velez

Trustee Emeritus

Allan Rosenfield, MD

Founding Chairman

Arthur L. Liman From 1972 to 1997

Executive Staff

Paul N. Samuels
Director and
President
Catherine H. O'Neill
Senior Vice President
Anita R. Marton
Vice President
Martha R. Acero
Vice President/CFO
Sally Friedman
Legal Director

Health Policy Reform: A Roadmap for Smarter and More Effective National and State Alcohol and Drug Policies

CONTENTS

- I. The Case for Drug and Alcohol Policy Reform
- II. Five Key Principles to Drug and Alcohol Addiction Policy Reform
- III. Policy Reform Recommendations
 - A. Expand and improve health responses to addiction
 - 1. Ensure equitable and adequate alcohol and drug treatment and recovery support as an integral part of health care
 - 2. Expand prevention initiatives that have proven successful for young people, families, communities, and schools.
 - 3. Significantly increase funding for research
 - B. Eliminate discrimination against people in recovery
 - 1. Eliminate discrimination based on alcohol/drug history
 - 2. Eliminate discrimination based on criminal history

IV. Conclusion

Endnotes

THE CASE FOR DRUG AND ALCOHOL POLICY REFORM

The economy, health care, and crime. Polls consistently show that these issues are among American voters' top concerns. Adequate attention to one single social factor could have a positive and exponential impact in responding to all of these concerns. That factor is untreated and preventable drug and alcohol addiction.

Alcohol and drug addiction is a preventable and treatable disease – just like cancer, diabetes, and heart disease. People with addictions can recover and have a meaningful life in the community – if they get the help they need. Individuals in recovery often suffer discrimination as they seek employment, insurance, and other necessities of life. This failure to integrate addiction prevention, treatment and recovery effectively into our nation's health care structure costs over 100,000 lives and more than a third of a trillion dollars annually, harming families and communities across the country.

America must adopt health policy reform that will save tens of thousands of lives as well as billions of dollars – and strengthen families and communities across the country – with two important steps:

- * Expand and Improve Health Responses to Addiction: Include Equitable and Adequate Treatment and Recovery Support in All Public and Private Health Care Plans and Promote Prevention, Early Intervention, Recovery, and Research. Begin with the Immediate Expansion of Drug and Alcohol Treatment Services for an Additional One Million Americans.
- * Eliminate Discrimination Against People in Recovery: Repeal Discriminatory Laws and Policies.

Harmful use of alcohol and drugs undermines the functioning of American society. Not only does it take a devastating personal, social, and financial toll on individuals, families, and entire communities, but it hinders progress in the public policy issues of top concern to American citizens.

Impact of Untreated Addiction on the Economy, Health Care, and Crime Untreated alcohol and drug addiction drains the U.S. economy of at least \$346 billion per year. Seventy-five percent of people with alcohol and drug problems are employed, and their problems cost employers more than \$144 billion annually. Alcoholism alone is responsible for 500 million lost work days each year. Individuals with untreated drug and alcohol problems, employed or not, compound their costs to society when they become chronic consumers of criminal justice, public health, and social welfare resources.

Untreated addiction places an enormous burden on the nation's health care system. Nearly 1.3 million emergency department visits in 2004 were related to harmful drug use, and that figure does not include uncounted visits related to alcohol alone. Approximately 120,000 deaths each year are due to harmful drug and alcohol use in the U.S. '; however this figure is a drastic underestimate since it excludes deaths from associated diseases such as drug injection-transmitted HIV/AIDS, and drug-related accidents and homicides. 'i Drug-related homicides alone accounted for 14,860 deaths in 2005. 'ii

Untreated addiction is a key contributor to most crime. The U.S. makes up less than five percent of the world's population, yet almost four times as many drugs are seized in the United States (per person) than the global average, and the United States consumes cocaine at a rate of six times the global average. This demand for illicit drugs fuels both domestic criminal activity and the international drug trade. Between 60 and 80 percent of individuals under supervision of the criminal justice system in the U.S. were either under the influence of alcohol or other drugs when they committed an offense, committed the offense to support a drug addiction, were charged with a drug-related crime, or were using drugs or alcohol regularly. Even discounting illicit drugs, alcohol was implicated in about one million violent crimes in 2002, according to victims who reported that the perpetrator had been drinking at the time of the offense.

Prevalence of Drug and Alcohol Problems and Need for Services

The impact of untreated drug and alcohol addiction on the nation's well-being is considerable. Addiction affects one in ten Americans and one in four children. In 2007, the National Survey on Drug Use and Health reported that an estimated 22.3 million Americans aged 12 or older, or 9.0 percent of Americans in that age group, met clinical criteria for substance dependence and needed treatment. These numbers are conservative since they do not count homeless, incarcerated, and hospitalized populations.

In spite of the prevalence of alcohol and drug addiction, people often ignore the symptoms for years. In 2007, the National Institute on Alcohol Abuse and Alcoholism (NIAAA) reported that nearly one third of Americans have an alcohol problem at some point in their lives. Of those with alcohol dependence, only 24 percent were ever treated, and even then, they did not receive treatment until an average of 10 years after the onset of their problem. They are alcohol addiction, when left undiagnosed and untreated, harms the individual physically, financially, emotionally, and socially. The damage extends to all whose lives intersect with the individual, including his/her family members, significant others, friends, employers, co-workers, and the extended community.

In addition, there is a wide gap between the need for services and the provision of them. Of the 22.3 million Americans with alcohol or drug problems in 2007, only 2.4 million—roughly one in ten—received treatment at a specialty treatment facility, leaving 21.1 million untreated. It can be especially difficult for special populations,

such as women, adolescents and veterans, to obtain necessary treatment and recovery support services. For example, according to the Substance Abuse and Mental Health Services Administration (SAMHSA), in 2002 an estimated two million veterans were dependent on or addicted to alcohol or illicit drugs. However, funding for healthcare services through the Department of Veterans Affairs (VA) has significantly decreased. According to the VA Committee on the Care of Veterans with Serious Mental Illness, VA spending on addiction and mental health services declined by eight percent between 1998 and 2004, and by 25 percent when adjusted for inflation. This decrease in funding has forced the VA to cut back on services for veterans. In 2002, fewer than 20 percent of veterans who needed addiction treatment received it. Meanwhile, the need for services for veterans returning from Iraq, Afghanistan, and other areas of conflict is increasing. The U.S. military reported 13,891 new cases of post-traumatic stress disorder (PTSD) in 2007, a 46.4 percent increase over 2006. xiii With this spike in PTSD cases as well as depression, it is expected that the need for alcohol and other drug addiction treatment services for veterans will increase significantly.

Solutions to Our Nation's Drug and Alcohol Problems: The Benefits of Prevention, Treatment and Recovery Support

Fortunately, there are programmatic and policy solutions that effectively reduce demand and ease the burden of alcohol and drug addiction on taxpayers, communities, and institutions. These solutions are found in preventing alcohol and drug problems in the first place, detecting and treating it early, and supporting those who have overcome addiction so they remain clean and sober.

<u>Prevention</u>. Investment in alcohol and drug prevention reaps dividends: school-based drug prevention programs save \$5.60 in social benefits for every dollar invested. XIV The savings per dollar spent on alcohol and drug prevention are substantial and range from \$2.00 to \$19.64, depending on the methodology used to calculate costs and outcomes. XIV)

Treatment. Like diabetes, hypertension, and asthma, addiction is a chronic illness that can be treated and managed. Addiction treatment has been shown to cut alcohol and drug use in half, reduce crime by 80 percent and arrests by up to 64 percent, and also reduce incidences of HIV infection. Addiction treatment results also are sustainable. One year after completion of treatment, studies have shown a 67 percent reduction in weekly cocaine use, a 65 percent reduction in weekly heroin use, a 52 percent decrease in heavy alcohol use, a 61 percent reduction in illegal activity, and a 46 percent decrease in suicidal ideation. Moreover, these outcomes were generally stable for the same clients five years post treatment.

In addition to its clinical and social benefits, treatment is cost-effective. Taxpayers save at least \$7-\$12 in health care, criminal justice, and social costs for every dollar spent on treatment. With intervention and treatment, people with drug and alcohol problems can contribute to, rather than detract from, social and economic productivity.

Recovery Support. Because of the effects of addiction on the brain's decision-making patterns, people with addiction histories may require support to help them remain drug- and alcohol-free. Science shows that brain cravings for alcohol or drugs can be triggered by the sight, sound, smell, or recollection of things that were formerly associated with use. Until individuals develop new coping mechanisms and decision-making patterns, the external environment can be critical to their success in remaining clean and sober.

A number of elements in an individual's external environment can either help or hinder his/her sustained recovery. These elements may include, but are not limited to: employment, housing, education, vocational training, accountability mechanisms (i.e., threat of negative consequences), faith-based supports, and relationships. To create and sustain environments that are supportive of recovery, and to increase long-term treatment and recovery outcomes, these pro-social supports are essential. However, untold numbers of people who are seeking to overcome addiction lack the availability of and access to these supports, and falter in their recovery.

Barriers to Implementation of Solutions

The solutions for reducing demand are known. However, current barriers prevent full implementation of these solutions:

Barrier one: There is an inadequate supply of prevention, treatment, and recovery support services to meet the need.

Barrier two: Discrimination in employment, insurance, and other policies hinders people with addiction histories from successfully integrating into the community and becoming productive citizens.

Until these barriers are removed, drug and alcohol addiction will continue to have significant adverse consequences to Americans and the issues they care about most, including the economy, health care, and public safety.

Policy Reform Priorities

Prevention: Invest an additional \$1 billion per year, phased in over a five-year period, to implement a comprehensive, community-based prevention strategy targeting under-age drinking and other alcohol and drug misuse by the most atrisk populations, utilizing prevention initiatives that have proven successful for young people, families, communities, and schools.

Treatment and Recovery: Ensure that equitable and adequate alcohol and drug treatment and recovery support are an integral part of the health care system, including in national and state health care reform initiatives. Begin by investing an additional \$4 billion annually, phased in over five years, to provide drug and alcohol treatment and recovery services to an additional one million Americans.

Veterans: Avoid the mistakes made during the Vietnam era by providing specialized prevention, treatment, and recovery support to veterans returning from Iraq and Afghanistan who are at suffering from or at high risk for post traumatic stress syndrome and alcohol and drug problems.

Criminal and Juvenile Justice and Child Welfare: Improve public safety, help children and families, and save tax-payer dollars by targeting prevention, treatment, and recovery support at young people and adults involved in the criminal and juvenile justice and child welfare systems. Mandated treatment for appropriate individuals is much more effective and less expensive than incarceration.

Discrimination: Help people in recovery from addiction maintain their recovery, reenter society successfully, and be productive tax-payers by eliminating unfair and counter-productive barriers to employment, insurance, food stamps, student loans, and other necessities of life. The first step should be enactment of the Paul Wellstone Mental Health and Addiction Equity Act.

FIVE KEY PRINCIPLES TO ADDICTION POLICY REFORM

The following principles are foundational to any policy or program strategies intended to reduce the damage of untreated drug and alcohol addiction in the United States:

- (1) <u>Addiction Is Preventable and Treatable</u>. The American Medical Association, National Institutes of Health, and other leading health authorities recognize and define alcohol and drug addiction as a preventable and treatable disease. This science should drive alcohol and drug policy.
- (2) Equitable and Accessible Addiction Services are Integral to the Success of Health Care Reform, But Funding To Reduce Demand Has Fallen Far Behind. Addiction prevention, treatment, and recovery services should be included in all health care plans and reform, and should be integrated into other systems including criminal justice, child welfare and housing.
- (3) Prevention, Treatment and Recovery Support for All Who Need Them. Alcohol and drug addiction touches families and communities at all levels of society, and services must be made available for all who need them. Every child needs alcohol and drug prevention services and organized communities that can strengthen prevention strategies
- (4) <u>Treatment Not Prison</u>. Because of "mandatory minimum" laws that require prison sentences, too often addicted individuals convicted of non-violent crimes are incarcerated even when mandated treatment would be more appropriate and effective. This "over-incarceration" of addicted persons who instead should be in treatment wastes huge amounts of money and harms families and communities. It has a particularly harsh impact on African-Americans and Latinos, who are incarcerated for drug offenses at much greater rates even though their rates of drug use are comparable to that of whites.
- (5) End Discrimination. People in recovery or still suffering from addiction encounter widespread discrimination based on their addiction history. Discrimination in housing, employment, and other areas not only impedes recovery, but, because of the manner in which many laws are written, also has a disproportionate impact on communities of color.