



Ending Addiction
Changes Everything

RECOMMENDATIONS FOR STATES



RECOMMENDED STATE ACTIONS TO IMPROVE HEALTH
OUTCOMES AND REDUCE COSTS OF RISKY SUBSTANCE USE
AND ADDICTION TO GOVERNMENT

OCTOBER 2013

There are 4 types of complementary actions that states can take to avoid or reduce the annual burden of substance use and addiction to government:

- Prevention and early intervention
- Treatment and disease management
- Tax and regulatory policies
- Targeted research

Prevention and Early Intervention

The most significant ways to avoid the costly consequences of risky substance use and addiction are to make significant investments in prevention and early intervention through public education and awareness and in screenings and brief interventions to catch the problem early. Prevention and early intervention strategies should include:

- **Public Health Information.** Consistent with other successful public health efforts to educate the public about little understood diseases including depression or HIV/AIDS, state and local governments should:
 - Get the facts out through population-wide public health campaigns and fund independent evaluations of these campaigns. Such campaigns should:
 - Educate the public about the nature of addiction—that it is a preventable and treatable disease, risk factors that increase vulnerability, prevention strategies and treatment options
 - Clarify the difference between risky substance use—a behavioral choice that is amenable to change—and addiction—a medical condition that requires evidence-based treatments and recovery supports—and respond to each accordingly
 - Ensure that all prevention efforts address all addictive substances, including tobacco, alcohol and other drugs, in a comprehensive manner
- **Comprehensive Prevention Messages and Programs.** Prevention is the cornerstone of any public health initiative. Prevention initiatives should be focused on children: a child who reaches age 21 without smoking, drinking, misusing prescription drugs or using other drugs is unlikely ever to become addicted. Prevention strategies should focus on curbing the human and social costs of substance use and addiction and co-occurring problems through comprehensive messages and approaches that are provided early and are reinforced in families, schools and communities
 - Ensure that prevention initiatives are targeted to groups most likely to influence children and teens, are tailored to age, gender and cultural groups, and are evaluated to ensure efficacy
 - School-based prevention programs should:
 - Begin early in a student’s academic career and continue in similar intensity throughout a student’s education, with age-appropriate modifications

- Be based in science, implemented with fidelity to the tested program, carried out by trained prevention specialists and connected with the school curriculum rather than relegated to isolated events or lessons
 - Address all the key factors influencing a student's likelihood of engaging in substance use, including personal challenges, family and social pressures, mental health stressors and pro-substance use media messages
 - Be designed to foster an environment where substance use is understood as a health-risk behavior that is of critical concern to teens, their parents, schools and the larger community
- **Screenings, Brief Interventions and Referrals to Treatment.** Because the costs of untreated addiction are so high and the human consequences so great, governments should use the opportunities inherent in their funded programs to look for substance problems and address them early. Intervening early is essential to prevent risky substance use and addiction and their consequences:
 - In each area of government spending on the burden of substance use and addiction, screen for risky substance use. Those who screen positive should receive a diagnostic evaluation. Individuals who are risky users but do not meet clinical criteria for addiction should receive brief interventions and be re-evaluated at regular intervals. Those who are diagnosed with addiction should receive a comprehensive assessment and effective and appropriate treatment. Venues for screenings and brief interventions include publicly funded programs and services such as: emergency departments, health clinics, trauma centers and doctors' offices; schools and colleges; welfare and child welfare; mental health and developmental disabilities services; and traffic safety, juvenile justice and adult corrections programs. Public services should not be denied to individuals who screen positive for risky substance use or have the disease of addiction
 - Train workers in publicly funded programs to provide screenings, brief interventions and referrals to treatment
 - Encourage expansion and reimbursement of medical billing codes for screenings and brief interventions in private health insurance plans and encourage health care providers to routinely screen all patients for risky substance use
 - Implement standardized workplace assistance programs covering tobacco, alcohol and other drugs

Treatment and Disease Management

Since approximately 16% of the U.S. population already has addiction, quality treatment and disease management services are essential. Currently, only 11% of people who meet the criteria for addiction receive any treatment, and most who do receive treatment do not get evidence-based care. Failure to provide these services is just as unacceptable as it would be if our health care system failed to provide treatment for diabetes, depression, hypertension or asthma.

- **Treatment.** As with any other health condition, it is essential to look for signs of risk, properly diagnose addiction and provide effective treatment and disease management to those who have the disease. Government programs provide excellent opportunities to connect people who have addiction to the treatments they need, and have the leverage to keep them in treatment long enough to make a difference. In providing services through public systems, it is important to understand that relapse is frequently a part of the recovery process as it is with treatment for other chronic diseases
 - Assure that all treatment programs and services that receive government funds offer a full range of evidence-based treatments and that treatment providers are properly trained and licensed. To do this, governments working with professional organizations will have to create and improve standards of practice for treatment services and assure that providers meet appropriate licensing and certification requirements
 - Assure access to the full range of psychosocial and pharmaceutical treatment options and social supports, tailored to the gender, age and life circumstances of patients. Successful treatment also requires effective services for the health problems that frequently co-exist with addiction, including mental health problems
 - Assure the availability of detoxification services and effective linkages to treatment. While often an important prerequisite to treatment, detoxification alone is not sufficient
 - Where possible, divert individuals from juvenile and adult corrections through expanded, evidence-based treatment and aftercare programs (alternative sentencing) and through drug treatment courts
 - Eliminate mandatory sentencing laws for substance-involved offenders to enable prosecutorial and judicial discretion in treatment referrals and monitoring, particularly for non-violent offenders
 - Work with existing treatment providers and the medical community to integrate addiction treatment into the medical system. Providing effective treatments will require significant training of medical and other health professionals in prevention and treatment. This is particularly important because addiction treatment has been largely divorced from other medical care
 - State and local governments should subject all addiction treatment facilities and programs to the same mandatory licensing processes as other health care

facilities. As a condition of licensure, state and local governments should stipulate that all facilities and programs providing addiction treatment adhere to established national minimum standards for accreditation

- Use all available tools—including quality assurance measurements, pay-for-performance contracting and other incentives—in publicly funded health care programs to encourage participating providers and facilities to adopt evidence-based practices, institute quality-improvement measures and assess patient outcomes
- Require—as a condition of receipt of public funds—that programs that receive government grants, contracts and non-insurance reimbursement for addiction treatment services:
 - Employ a multidisciplinary team of health professionals with a trained physician coordinating addiction care, along with individuals who can provide auxiliary services and arrange for peer support
 - Utilize evidence-based prevention and treatment approaches, including pharmaceutical therapies (provided or managed by a physician demonstrating the core competencies of addiction medicine or addiction psychiatry) and psychosocial therapies (provided by medical professionals or graduate-level clinical mental health professionals trained and licensed in the core competencies of addiction treatment), as indicated
 - Generate positive and measurable long-term patient outcomes
- **Disease Management.** To address the long-term disease management needs of those with addiction in publicly funded programs, government should:
 - Assure access to long-term medical management that is consistent with the access provided for any other chronic disease, including management of co-occurring medical (including psychiatric) problems
 - Assure access to auxiliary support services including education, vocational training, employment; life, parenting and other family skills; childcare, housing and transportation support; and mutual support through such programs as AA, NA, Smart Recovery
 - Train publicly-funded staff to help clients access aftercare services and mutual support programs

Taxation and Regulation

Governments should adopt a broad range of tax and regulatory policies to prevent underage initiation of substance use, decrease risky use and increase access to effective treatments.

- **Tax Policy Initiatives Include:**

- Increase taxes on tobacco (including e-cigarettes) to help eliminate use and on alcohol to prevent underage initiation and reduce adult excessive drinking. Increases in both taxes would help generate revenues to fund prevention and treatment services

- **Regulatory Policy Initiatives Include:**

- Eliminate tobacco (including e-cigarettes), alcohol and marijuana (in states where marijuana is legal for personal use) advertisements and marketing that are accessible to youth audiences
- Enact/increase enforcement of laws restricting the sale of tobacco (including e-cigarettes) and alcohol to minors, including minimum legal drinking age laws, routine retailer compliance checks, keg registration and elimination of cigarette vending machine sales. In states that have legalized marijuana for personal use, enact strong laws restricting access to persons under age 21
- Increase use of sustained sobriety check-points and stricter license suspension laws for driving while intoxicated
- Prohibit direct to consumer marketing of controlled prescription drugs
- Enact/expand comprehensive clean indoor air laws and other smoking bans (including e-cigarettes and marijuana in states where marijuana use is lawful)
- Require that all state-funded insurance programs cover and require as a condition of receiving funds the following services provided by health care providers trained in evidence-based addiction care: patient education; screenings and brief interventions; diagnostic evaluation, comprehensive assessment and treatment planning; stabilization/withdrawal management in a range of levels/settings; the full range of evidence-based pharmaceutical and behavioral treatments in a range of levels/settings; and monitoring, support and continuing care
- Abolish state Uniform Accident and Sickness Policy Provision Laws that limit insurers' medical liability if individuals are injured while they are intoxicated, since these laws provide doctors with disincentives to screen patients for substance problems or document substance-involved injuries
- Implement a comprehensive prescription drug monitoring program and collaborate with other states

- Support zoning laws that restrict the density of alcohol outlets (and marijuana outlets in states where marijuana is legal for personal use), including stores and bars

Research and Evaluation

Research that increases our understanding of risky substance use and addiction is key to quality assurance and will help to develop and guide future cost-saving initiatives. Such activities should include:

- Establish a baseline against which to measure progress and document impact at regular intervals
- Fund research on best-practices for prevention and treatment of risky substance use and addiction and co-occurring health conditions
- Document the benefits of prevention, treatment, taxation and regulatory initiatives compared with the costs of failing to do so



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