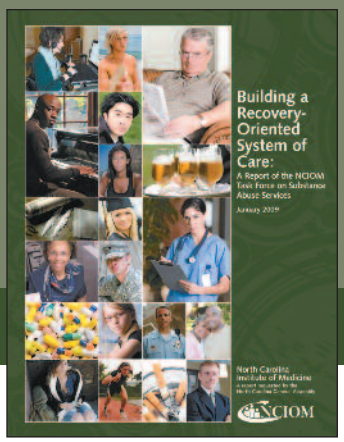

Issue Brief

Substance Abuse Services

Building a Recovery-Oriented System of Care

January 2009

Addiction is a Chronic Illness

Addiction to alcohol, tobacco, and other drugs is a chronic illness similar to many other chronic illnesses that health care professionals treat. The genetic predisposition, treatment adherence, and relapse rates of people with substance abuse disorders are similar to people with other chronic illnesses, such as asthma, diabetes, and hypertension.[1,2] Addiction cannot be "cured," in the way that we can cure a person with a strep throat. Rather, we need to help people with addiction disorders manage their health problems as we do for people with other chronic conditions. Yet we treat people with addition disorders differently than those with other chronic illnesses. We blame people for their dependence and try to force abstinence through guilt—making it difficult for people to seek care. As a result of this societal stigma, we have a system that is largely unresponsive to the needs of people with addiction disorders.

The failure to properly recognize and address the needs of people with substance abuse disorders creates huge problems for individuals, their families, employers, and society as a whole. In North Carolina, approximately 642,000 people age 12 or older reported using illicit drugs in the past month (7.7%) and more than 1.6 million people (19.5%) reported drinking five or more drinks on any one occasion.[3] Abuse refers to misuse of a substance (usually in terms of frequency or quantity), which puts a person at heightened risk of adverse outcomes such as injury, motor vehicle accidents, job loss, family disruption, sexual assault, or a variety of medical conditions. Dependence or addiction connotes an emotional or physiological dependence on the alcohol or drug, where the individual loses control over his or her consumption despite the adverse and often very serious consequences in his or her life. In North Carolina, more than 700,000 people age 12 or older (8.5%) report being addicted to alcohol, drugs, or both.[3]

The Failure to Engage and Treat People with Substance Abuse Disorders Has Huge Adverse Consequences on the State

Despite the large number of people who report addiction disorders, few people in North Carolina are receiving treatment. Fewer than 5% of all people age 12 and older who reported alcohol addiction or abuse and only about 10% of the people addicted to illicit drugs received treatment.[3] The failure to adequately reach and treat people with substance abuse disorders has huge societal implications. It is estimated that in 2004, alcohol and drug abuse cost the North Carolina economy more than $12.4 billion in direct and indirect costs.[4] Substance use or abuse is a contributing factor to more than one-fourth of all traffic-related deaths in North Carolina.[5] Almost 90% of prisoners entering the prison system have an underlying addiction disorder, as do approximately 40% of the juveniles in the juvenile justice system.[6,7] Further, national data suggest that about 75% of children in foster care were removed due, at least in part, to the parent's addiction disorder.[8]

The North Carolina Division of Mental Health, Developmental Disabilities, and Substance Abuse Services (DMHDDSAS), within the North Carolina Department of Health and Human Services, is charged with providing or ensuring that substance abuse prevention and treatment services are available throughout the state. Most of the direct provision of publicly-funded services is managed by local governmental agencies called Local Management Entities (LMEs). Overall, North Carolina spent $138 million in 2006 on publicly funded substance abuse services, a sum that left the North Carolina substance abuse system underfunded in relation to other states.[9]

To address these issues, the North Carolina General Assembly asked the North Carolina Institute of Medicine to convene a task force to study the system of substance abuse services in the state and make recommendations. Representative Verla Insko; Senator Martin Nesbitt; and Dwayne Book, MD, Medical Director for Fellowship Hall, served as co-chairs

of the Task Force. A full report detailing the work and recommendations of the Task Force is available on the North Carolina Institute of Medicine's website, www.nciom.org.

We Know How to Effectively Prevent and Treat Addiction Disorders, but Have Not Implemented the Systems Necessary to Achieve Positive Results

There are many different evidence-based strategies and interventions that have been shown to reduce substance use, abuse, and dependence. North Carolina needs to develop a comprehensive substance abuse system to effectively address substance abuse. A comprehensive system starts with prevention, offers early intervention services before a person becomes dependent, provides an array of treatment services matched to the person's needs, and then provides recovery supports to help people who have addiction disorders with long-term management of their chronic condition.

Prevention: North Carolina should target prevention strategies to youth and adolescents. Youth and adolescents who use alcohol, tobacco, or other drugs are particularly vulnerable to developing an addiction, as the use of these substances can affect the developing brain. Yet the state is not doing an effective job in preventing the use of alcohol or drugs among this age cohort. Almost 40% of North Carolina high school students reported having at least one alcoholic drink, more than 20% reported binge drinking, and 20% reported using marijuana in the last 30 days.[10] A sizeable proportion of middle school students also report having had alcohol or used marijuana.[11] The most effective prevention strategies are those that include multi-faceted interventions that include the individual, family, schools, and community. ***To address this issue, the Task Force recommended that the North Carolina General Assembly fund six comprehensive community-wide prevention efforts. Communities that are selected must conduct a local needs assessment to prioritize prevention goals and develop a plan to implement a mix of evidence-based prevention programs, policies, and strategies aimed at delaying initiation and reducing the use of tobacco, alcohol, and other drugs among children, adolescents, and young adults.***[a]

Broader public policy changes can also support prevention efforts. Increasing the tax on tobacco products and alcohol has led to decreased consumption of these substances, particularly among youth who are more price-sensitive. ***Thus, the Task Force recommended that the North Carolina General Assembly should increase the taxes on cigarettes and other tobacco products to the national average, increase the excise tax on malt beverages (including beer), and periodically update the taxes for tobacco products, malt beverages, and wine.*** Funding generated from these increased taxes should be used for prevention programs aimed at changing cultural norms to prevent initiation, reduce use, and help people stop using tobacco, alcohol, and other substances. ***The Task Force also recommended that the North Carolina General Assembly prohibit smoking in all public buildings in order to further reduce cigarette smoking and exposure to secondhand smoke.***

Early intervention: Implementation of comprehensive, evidence-based prevention efforts will reduce the number of people who use, abuse, or are dependent on tobacco, alcohol, and other drugs. However, prevention efforts are unlikely to eliminate all use. Thus, North Carolina should also implement early intervention programs to target the occasional user before they become dependent on these substances. Substance abuse screening, brief intervention, and referral into treatment (SBIRT) has been found to be effective in reducing consumption among people who abuse alcohol and/or illegal drugs. ***The Task Force recommended that the North Carolina General Assembly provide funding to expand the use of SBIRT, particularly in primary care settings.*** Primary care professionals need to be trained to use evidence-based screening tools, offer counseling and brief intervention, and refer patients to more intensive substance abuse services, when appropriate. ***In addition, the Task Force also recommended that public and private payers/insurers pay for substance abuse services in parity with other illnesses, as well as pay for screening and brief intervention in different health care settings.***

Treatment services and recovery supports: While prevention and early intervention will be sufficient to help reduce the number of people with addiction disorders, there are still likely to be some people who need more intensive services. Yet few people seek services, and when they do, the system is not very responsive to their needs. North Carolina needs to create a recovery-oriented system of care that includes a comprehensive array of substance abuse treatment services, including inpatient and outpatient services, medication management, residential treatment, and crisis services

a Substance Abuse and Mental Health Services Administration (SAMHSA) has a registry of evidence-based programs (NREPP) that is searchable based on targeted populations, intervention points, and types of evaluation studies. The information is available at: http://www.nrepp.samhsa.gov. The Promising Practices Network maintains a list of evidence-based programs and practices for prevention efforts targeted to children and youth. Available online at http://www.promisingpractices.net.

(including detoxification). Many individuals with addiction disorders will also need an ongoing support system to help them manage their underlying addiction disorders, including case management, relapse prevention, self-help, and support groups. This is similar in concept to chronic disease management provided to people with other chronic illnesses. In addition, some people with severe addiction disorders need other services, such as employment services or family counseling, to help address the adverse consequences resultant from years of addiction. ***To ensure that these services are available statewide, the Task Force recommended that DMHDDSAS develop a plan organized around a recovery-oriented system of care that ensures that an appropriate mix of services and recovery supports is available throughout the state for adults and adolescents.***

Although we know how to design a comprehensive substance abuse system, we have failed to do so. Our current substance abuse system is failing to meet the needs of people with addiction disorders. Many people do not recognize they have a problem, so they fail to seek treatment unless they are forced to do so. Others seek help, but find a system that is unresponsive to their needs. LMEs do not routinely help people with addiction disorders obtain the right level of treatment and do not keep them in treatment for appropriate lengths of time. ***To address this concern, the Task Force recommended that DMHDDSAS develop performance-based incentive contracts to use with LMEs and substance abuse providers. The performance-based contracts should include incentives for active engagement, consumer outcomes, fidelity with evidence-based or best practices, client perception of care, and program productivity.***

Specialized services for subpopulations: In addition to the services offered to the general public for substance abuse disorders, other services are available to certain subpopulations. Specialized screening and treatment services have been developed for specific subgroups, including but not limited to juvenile and adult offenders in the criminal justice system and adults receiving Work First training and services or who are involved in the Child Protective Services system. Often, people are referred into treatment as a result of their involvement with the judicial system. Some of the judicial districts across the state have developed specialized drug courts to address the underlying substance abuse needs of people who appear in juvenile, family, or adult criminal court. These drug courts typically require individuals with addiction disorders to participate in active treatment, be subject to random drug tests, and meet other court ordered requirements. For drug courts to be successful, the parents, juveniles, or criminal offenders must have access to available treatment services. Further, probation officers and/or social services staff must be available to monitor the individuals' compliance with the treatment regimen and other court ordered requirements. ***Therefore, the Task Force recommended that whenever the North Carolina General Assembly expands funding for additional drug courts, that it also provides funding for needed treatment services and staff.***

North Carolina Needs an Adequate Supply of Qualified Substance Abuse Providers to Offer Evidence-Based Prevention, Early Intervention, Treatment Services, and Recovery Supports

Until recently, substance abuse workers were not required to have specific training or expertise. However, in 2005 the North Carolina General Assembly required substance abuse professionals to have credentials from the North Carolina Substance Abuse Professional Practice Board. Certain professionals can practice independently, while others can provide services under the supervision of another licensed substance abuse professional. In addition, other health care and counseling professionals can provide substance abuse services if allowed within their scope of license. The number of qualified substance abuse professionals varies considerably across the state. In September 2008, there were eight counties that had no qualified substance abuse clinicians, and another 33 counties with five or fewer clinicians.[12] In the other counties, the ratio of people who are expected to seek services in the public system per substance abuse clinician varies from 1,465 people per one clinician in Pasquotank County to 30 people per one clinician in Polk County. ***Thus, the Task Force recommended that the state create a substance abuse professional fellows program, similar to the teaching fellows programs. The North Carolina General Assembly should appropriate funds to start a scholarship program for individuals seeking two-year, four-year, or master's degrees in the substance abuse field. In return for the funding, students would be expected to work in North Carolina in a public or nonprofit substance abuse program for one year for every $4,000 in scholarship funding.***

Now is the Time to Act

The Task Force cannot overstate the need to reform our current substance abuse system. Our failure to adequately prevent, treat, and provide recovery supports to people with addiction problems has huge adverse consequences in the state. It is one of the underlying causes of much of the social unrest we experience, including crime, motor vehicle accidents and deaths, child abuse and neglect, and family violence.

We can no longer afford to stigmatize and ignore people with addiction problems. An addiction disorder is not an acute illness that can be "cured." Rather, North Carolina should treat dependence like any other chronic disease and provide ongoing care and support to help people remain in recovery. Creating this new model of care—with strong investments in prevention, early intervention, treatment, and recovery supports—will require the active involvement of many different agencies, providers, and treatment professionals. Services need to be available and accessible throughout the state and be provided by a qualified substance abuse workforce. With relatively small investments, North Carolina can create an effective system of care that helps people reduce their reliance on tobacco, alcohol, and other drugs.

References

1 McLellan AT, Lewis DC, O'Brien CP, Kleber HD. Drug dependence, a chronic medical illness: implications for treatment, insurance, and outcomes evaluation. *JAMA*. 2000;284(13):1689-1695.

2 Comparisons among alcohol-related problems, including alcoholism, and other chronic diseases. Ensuring Solutions to Alcohol Problems website. http://www.ensuringsolutions.org/usr_doc/Chronic_Disease_Comparison_Chart.pdf. Accessed December 3, 2008.

3 Substance Abuse and Mental Health Service Administration. National Survey on Drug Use, 2005 and 2006. http://oas.samhsa.gov/2k6State/NorthCarolina.htm. Accessed December 1, 2008.

4 Alcohol/Drug Council of North Carolina. 2004 North Carolina epidemiologic data. http://www.alcoholdrughelp.org/education/documents/sdata2004.pdf. Accessed October, 2007.

5 North Carolina alcohol facts. University of North Carolina Highway Safety Research Center website. http://www.hsrc.unc.edu/index.cfm. Accessed February 28, 2008.

6 Division of Alcohol and Chemical Dependency Programs, North Carolina Department of Correction. Annual legislative report FY 2006-2007. Published March 2008. Accessed March 28, 2008.

7 North Carolina Department of Juvenile Justice and Delinquency Prevention. 2007 Annual Report. http://www.ncdjjdp.org/resources/pdf_documents/annual_report_2007.pdf#pagemode=bookmarks&page=1 Accessed January 7, 2009.

8 Schneider Institute for Health Policy. *Substance Abuse: the Nation's Number One Health Problem*. Princeton, NJ: Robert Wood Johnson Foundation; 2001.

9 Division of Mental Health, Developmental Disabilities, and Substance Abuse Services, North Carolina Department of Health and Human Services. Overview of DMHDDSAS Total System Funding: prepared November 28, 2006. http://www.dhhs.state.nc.us/mhddsas/budget/06-07totalpublicmhddsasystemfunding.pdf. Accessed January 9, 2009.

10 North Carolina Department of Public Instruction and Department of Health and Human Services. NC Youth Risk Behavior Surveillance Survey, High School Report, 2007. http://www.nchealthyschools.org/docs/data/yrbs/2007/highschool/statewide/tables.pdf. Accessed January 16, 2009.

11 North Carolina Department of Public Instruction andDepartment of Health and Human Services. NC Youth Risk Behavior Surveillance Survey, Middle School Report, 2007. http://www.nchealthyschools.org/docs/data/yrbs/2007/middleschool/statewide/2.pdf. Accessed January 16, 2009.

12 North Carolina Division of Mental Health, Developmental Disabilities and Substance Abuse Services. Distribution of Certified/Licensed Substance Abuse Professionals in North Carolina. Raleigh, NC: North Carolina Dept of Health and Human Services; 2008.

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A copy of the full report, including the complete recommendations, is available on the North Carolina Institute of Medicine's website, http://www.nciom.org

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