Talking Points and Questions for

The Road to Recovery 2007

"Investing in Treatment: Policymakers' Positive Impact on Their Community"

Webcast Taping (*?*)

Abstract: A California study has shown that treatment has a benefit-to-cost ratio of 7:1, meaning that the cost to taxpaying citizens of treating approximately 150,000 people is $209 million, while the benefits from that treatment are worth about $1.5 billion in taxpayer savings. As leaders who can influence and shape policy, civic and elected officials play a crucial role in reducing the toll addiction takes on their communities. Implementing policies that effectively treat substance abuse and dependence leads to increased productivity and profitability in the workplace, as well as decreased costs throughout the criminal justice system and social services system. Therefore, policy implementation lessens the financial burden on taxpayers. This program will look at the role of civic and elected officials in fighting substance abuse and dependence, as well as steps they can take to improve their communities' well-being.

Panel #1

Treatment for Substance Use and Mental Health Disorders

In 2005, an estimated 22.2 million persons aged 12 or older were classified with substance dependence or abuse in the past year (9.1 percent of the population aged 12 or older). *(NSDUH)*

In 2005, as many as 74 percent of Americans said that addiction to alcohol had some impact on them at some point in their lives, whether it was their own personal addiction, that of a friend or family member, or any other experience with addiction.

An estimated 26.2 percent of Americans ages 18 and older—about one in four adults—suffer from a diagnosable mental disorder in a given year. *(National Institute of Mental Health, NIMH)*

About 6 percent, or 1 in 17, suffer from a serious mental illness, and nearly half (45 percent) of those with any mental disorder meet criteria for 2 or more disorders. *(NIMH)*

Defining Dependence

- A **substance use disorder** involves the dependence on, or abuse of, alcohol and/or drugs, including the non-medical use of prescription drugs.
- Substance use disorders can affect people regardless of their age, race, ethnicity, class, employment status, or community.
- It is important to recognize that, like other chronic physical and mental disorders, substance use disorders are **medical conditions** that can be treated effectively.

I. Who Is Affected: The Cost of Addiction Throughout Society

Substance use disorders cost our Nation more than **$484 billion per year** in health care expenditures, lost earnings, and costs associated with crime and accidents.

The latest estimate for the costs to society of illicit drug abuse alone is $181 billion (2002). [*NIDA*]

States spent $15.2 billion (or 2.4 percent of spending) on health costs relating to *not* treating or preventing substance use disorders in 2001.[i]

Crime

- About 40 percent of all crimes (violent and non-violent) are committed under the influence of alcohol. *(Bureau of Justice; http://www.ojp.usdoj.gov/bjs/)*
- People who have untreated substance use disorders typically have high rates of recidivism and a greater chance of re-incarceration.[ii]
- Approximately one-third of people entering treatment with a dependence on more expensive illegal drugs rely on illegal activities (including dealing or manufacturing drugs and property crime) to buy drugs and to make a living.[iii]

Healthcare

- Health-related costs in 2002 were projected to total $16 billion for drug use, representing an increase of $5.1 billion since 1992.
- Problem drinkers average four times as many days in the hospital as nondrinkers, mostly due to drinking-related injuries.
- There are substantial health care costs for people who do not have substance use disorders, but are harmed by the behavior of those who do, such as motor vehicle accidents.[iv]

Traffic

- In 2005, fully 39 percent of all traffic deaths involved alcohol and there were 16,885 alcohol-related fatalities in traffic crashes, a figure nearly unchanged during the last decade. [*NHTSA*]
- In 2000, the costs of alcohol-related crashes in the United States were estimated at $51 billion.[v]

Workplace

- In 2002, drug use disorders alone contributed to a loss of productivity amounting to $128.6 billion.[vi]
- Alcohol dependence alone is estimated to cause 500 million lost workdays annually.[vii]

Family

- In 2001, more than 6 million children lived with at least one parent who abused or was dependent on alcohol and/or illicit drugs during the past year.[viii]
- Families with parents who have an alcohol and/or drug dependence experience a multitude of other social problems, including a higher risk of having children who misuse alcohol and/or drugs themselves.
- Children from these families are also more likely to have problems with delinquency, school performance, and emotional development, such as aggressive behavior and instances of hyperactivity. [ix, x]

III. The Benefits of Treatment

The Effectiveness of Treatment in General

- Standard treatments have been shown to produce significant reductions in drug use and in drug-related problems of crime, family violence, unemployment, and welfare dependence. (*NIDA*)
- Treatments for drug use disorders are just as effective as treatments for other chronic conditions, such as high blood pressure, asthma, and diabetes.[xi]
- Treatment is a path of recovery that can involve many interventions and attempts at abstinence. Just like any chronic disease, there are varying levels of success when it comes to treatment. (*NIAAA*)
- 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.

To the Individual and Family

- In addition to reducing alcohol and/or drug use, treatment can:
    - Improve mental and physical health.
    - Reduce health costs
    - Increase productivity in the workplace.
    - Help prevent the exacerbation of other health problems, including cardiac and pulmonary diseases.
- Treatment allows individuals to improve relationships with family, peers, and coworkers.
- People with untreated substance use disorders have a greater risk of suffering from additional diseases, which increases health-related costs, and have a greater chance of death. *(Centers for Disease Control and Prevention—CDC)*

- Other health risks associated with alcohol and drug use are*:
    - Unintentional injuries (falls, drownings, burns, firearm accidents, etc.)
    - Intentional injuries (assault, etc.)
    - Alcohol poisoning (possibly leading to death)
    - Risky sexual behavior or sexual assault, potentially leading to:
        - ◊ Sexually transmitted diseases
        - ◊ Unwanted pregnancy.
- People with substance use disorders who receive treatment and begin a path of recovery can shine as productive, self-reliant, taxpaying citizens; responsible parents; and contributing members of their communities.[xii]

In the Workplace

- Reported job problems are cut by an average of 75 percent among employees who have received treatment for substance use disorders.[xiii]
- Treatment for substance abuse or dependence results in:
    - Improvements in performance, motivation, and morale
    - Increases in overall customer satisfaction
    - Financial savings
    - Reductions in:
        - ◊ Work-Related Accidents and Injuries
        - ◊ Mistakes and Errors in Judgment
        - ◊ Disagreements with Supervisors
        - ◊ Tardiness and Absenteeism
        - ◊ Employee theft and fraud
        - ◊ Insurance claims
        - ◊ Workers' compensation costs *(RM 2003)*
- Employees seeking treatment can do so without interfering with the employee's ability to perform his or her job. *(RM 2007)*

In the Criminal Justice System

- A June 2002 study found that savings resulting from an in-jail treatment program that lowered re-incarceration rates were estimated at $3,500 per offender. [*RM 2007*]
- Research suggests that treatment can [*NIDA*]:
    - Reduce criminal activity up to 80 percent.
    - Reduce arrests up to 64 percent.

In the Healthcare System

- Health-related costs in 2002 were projected to total $16 billion for drug use, representing an increase of $5.1 billion since 1992.
- Following treatment, alcohol- and drug-related medical visits decline 53 percent.
- Integrating treatment for substance use disorders with medical treatment can actually cut the cost of medical treatment in half.
- Families receiving addiction treatment spent $363 less per month on regular medical care than untreated families.[xiv]

To Society as a Whole

- Effective treatment reduces harm to the general public by the behavior of those who are dependent on alcohol and/or drugs, as in physical/sexual assaults and motor vehicle accidents.
- Effective treatment for individuals can:
  - Improve the public's health and safety.
  - Increase profitability in the workplace.
  - Decrease levels of crime, incarceration, and associated costs thereof.
- Treatment is associated with a 19-percent increase in employment and an 11-percent decrease in the number of clients who receive welfare.[xv]

Financial Benefits of Treatment

- A 2006 study by *Health Services Research* in California has shown that treatment in general has a benefit-to-cost ratio of 7:1, with substance use disorder treatment costing $1,583 per person on average, yielding a monetary benefit to society of nearly $11,487 for each person treated.[xvi]
- Another study conducted in Washington State clinics discovered as much as a $23 return for every dollar spent on treatment.[xvii]

Key Questions:

1. How many individuals are affected by substance use disorders? How widespread is the problem?

2. What is the cost of addiction?

3. How do various aspects of society benefit from having treatment services available for individuals who need them?

4. How is treatment beneficial not only to the addicted individual but to his/her family, friends, and coworkers?

Panel #2

Taking Action Against Addiction and Mental Illness

I. What Policymakers Can Do

Invest in Treatment

- Investing in treatment helps offset the costs of addiction on individuals, businesses, and society as a whole; and it has many financial benefits to the economy, businesses, and perhaps most importantly, to the person in recovery.
- Investing in treatment can improve the lives and health of millions of Americans.
- Integrating treatment for substance use disorders with medical treatment can actually cut the cost of medical treatment in half.
- Of every dollar states spend on substance use disorders:
    - The vast majority, 95.8 cents, goes to pay for the burden of substance use disorders on public programs, such as the justice system, elementary and secondary schools, Medicaid, child welfare, juvenile justice system, and mental health system.
    - Only 3.7 cents goes to fund prevention, treatment, and research programs aimed at reducing the incidence and consequences of substance use disorders.
    - Half a cent covers the cost of collecting alcohol and tobacco taxes and regulating alcohol and tobacco products.[xviii]
- State and local governments hold the key to recovery. They can allocate resources to decrease the effect of substance use disorders' financial hardship on individuals, families, and the community.[xix]
- The actions you take as an elected or appointed official or a key staff member can have a positive effect on many issues affected by substance use disorders that you are looked upon to address, including:
    - economic growth and stability
    - use of taxpayer money
    - burdens on the welfare and justice systems. *(RM 2007)*

Develop Advisory Boards and Collaborative Structures

- Elected officials can work in tandem with community leaders and people in recovery to educate other state leaders through a state advisory board.
- This board should include a network of local coalitions and recovery organizations that have the resources and responsibility for monitoring and reporting local problems and progress, and provide guidance and insight into substance use disorders, treatment, and recovery.
- To underscore the importance of this advisory board, chairs and members should be appointed by high-ranking elected or appointed officials and other stakeholders.[xx]

Consolidate Agencies

- Policymakers can address the fact that states continue to segregate health care, substance use, mental health, and other social service groups into separate agencies.
- Substance use disorders and their consequences overlap into many of these arenas, and agencies should collaborate to focus on people with multiple needs. To thoroughly address substance use disorders, states should collaborate with:
    - The justice system, through diversion programs or drug courts
    - Juvenile programs, to offer substance use treatment to youth
    - Child welfare services, to provide assistance to the children and family members who are often the unheard victims of the effects of substance use disorders
    - Mental health agencies, to offer well-rounded care to those who need treatment for co-occurring substance use and mental health disorders[xxi]

Encourage and Support Treatment Services

- Access and availability remain two of the greatest obstacles to obtaining treatment for a mental health or substance abuse condition.
- According to Physician Leadership on National Drug Policy, if the Nation's addiction problems are to be adequately addressed, there must be equal payment for addiction treatment with treatment for other chronic, relapsing conditions.
- Currently, seven States require equal coverage for treatment for substance use disorders as compared to other medical illnesses. (*"Ask the White House" -- February 16, 2006 -- www.whitehouse.gov/infocus/healthcare/)*

Establish Policies on Substance Use Disorders

- Tactics that state legislators can use to help establish solid policies to address substance use disorders include:
    - Allocating funds to programs that support the state's strategy to prevent, reduce, and treat substance use disorders
    - Establishing drug courts or supporting those in existence
    - Working with elected or appointed officials or other people in the community who are in recovery or who have been affected by substance use disorders to demonstrate that treatment is effective and recovery is possible
    - Ensuring that fellow officials understand the true costs and consequences of substance use disorders and participate in the development of standards for treatment
    - Establishing substance use committees or caucuses to track performance and provide accountability and oversight of public programs[xxii]

Implement Drug Courts

- Drug courts (and juvenile drug courts) represent the coordinated efforts of the judiciary, prosecution, defense bar, probation, law enforcement, mental health, social service, and treatment communities to actively intervene and break the cycle of dependence on alcohol and/or drugs.[xxiii]
- Drug courts have proven to be particularly successful in reducing the costs associated with incarceration and lowering recidivism rates.[xxiv]
- More than 1,600 planned or existing drug courts in the United States provide job/skill training, family and group counseling, and other resources that help individuals and their families cope.[xxv, xxvi]

Other Ways To Make a Difference:

- States can reduce their costs linked to substance use disorders by adopting strategies to prevent and eliminate—not just manage—the consequences of untreated addiction.[xxvii]
- Taxpayers shoulder less of the cost if states require treatment for those who use state-funded programs, such as prisons, probation, parole, welfare, juvenile justice, education, mental health programs, and child welfare.[xxviii]
- Through legislation, investment, and communication, states can help reduce the cost burden on their citizens while simultaneously improving the morale of communities.
- Implementing incentives and sanctions to families, employers, or the criminal justice system can significantly increase treatment entry, retention rates, and successful drug treatment interventions.[xxix]
- Issue a proclamation to call attention to some critical drug- and alcohol-related issues that most affect your constituents, such as cost and access to treatment.
- Seek out policy experts in the field of substance use disorders and treatment to hold a forum or community roundtable to learn from successful policy initiatives in other cities and/or states.
- Encourage dialogue between all public institutions that are impacted by substance use disorders, such as health agencies, the justice system, and child welfare groups.
- If you or someone you know are in recovery, share your experiences with your colleagues and, if you are comfortable doing so, the media, during *Recovery Month*.
- State and local officials should set targets and goals for reducing the impact of substance use disorders on their constituents and budgets.

Blueprint for the States

- For more policy suggestions and methods to improve treatment for substance use disorders, please consult the *Blueprint for the States* report.
- *Blueprint for the States* outlines the findings and recommendations of a national policy panel commissioned by Join Together.
- This report can be found at www.jointogether.org/aboutus/ourpublications/.

II. Types of Treatment Available

Long-Term Residential Therapy

- Recovery from a substance use disorder can be a long-term process and may require multiple episodes of treatment.
- Long-term residential therapy provides care 24 hours per day, generally in residential, non-hospital settings, for planned lengths of stay of 6 to 12 months. [*ONDCP*]
- The typical long-term resident has more severe problems, with more co-occurring mental health problems and more criminal involvement. [*ONDCP*]

Short-Term Residential Treatment

- Provides intensive but relatively brief residential treatment based on a modified 12-step approach.
- Offers a 3- to 6-week hospital-based inpatient treatment phase.
- Is usually followed by extended outpatient therapy and participation in a self-help group, such as Alcoholics Anonymous. [*The White House Office of National Drug Control Policy (ONDCP)*]

Outpatient Therapy

- Outpatient therapy treatment costs less than residential or inpatient treatment and often is more suitable for individuals who are employed or who have extensive social supports. [*ONDCP*]
- This type of program does not require individuals to take time off from work, leave their families, or enter a hospital as an inpatient. [*Illinois Institute for Addiction Recovery (IIAR)*]

Medical Detoxification

- Detoxification is a set of interventions aimed at managing a person's safe withdrawal from a particular substance.
- Detoxification also should be catered to the individual's specific needs, just as all other elements of treatment are personalized.

Medication-Assisted Therapies

- Medications exist for addictions to: [*NIDA*]
    - Opioids (heroin, morphine)
    - Tobacco (nicotine)
    - Stimulants (cocaine, methamphetamine)
    - Cannabis (marijuana)
    - Alcohol
- Medications can be used to help with different aspects of the treatment process, including:
    - Suppressing withdrawal symptoms
    - Preventing relapse
    - Diminishing cravings.
- In those addicted to opioid drugs, agonist medications can also help normalize brain function, and antagonist medications can facilitate abstinence. *(TASC)*

Treating Co-Occurring Disorders With Medication

- Much progress has been made in developing effective medications for treating mental disorders, including a number of antidepressants, mood stabilizers, and anti-psychotics. *(TASC)*
- Cognitive-behavioral therapy can be effective for treating mental health problems, particularly when combined with medications. *(TASC)*
- Contingency management can improve adherence to prescribed medications, and intensive case management may be useful for linking severely mentally ill individuals with drug abuse treatment, mental health care, and community services. *(TASC)*

Behavioral Treatments

- Evidence-based interventions include cognitive-behavioral therapy to help participants learn [*TASC*]:
  - Positive social and coping skills
  - Contingency management approaches to reinforce positive behavioral change
  - Motivational enhancement to increase treatment engagement and retention.
- Behavioral treatments:
  - Help patients engage in the treatment process.
  - Modify their attitudes and behaviors related to drug abuse.
  - Increase healthy life skills.
  - Enhance the effectiveness of medications and help people stay in treatment longer. [*NIDA*]

Counseling and Therapy

- Therapy helps people to:
  - Address issues of motivation and improve problem-solving abilities.
  - Build skills to resist substance use.
  - Replace substance-using activities with constructive behavior.
  - Develop interpersonal relationships and the ability to function in the family and community.
  - Work through mental health and co-occurring issues.

Support Groups

- **Alcoholics Anonymous** (AA) and **Narcotics Anonymous** (NA) are self-supporting entities which are not allied with any sect, denomination, politics, organization, or institution. [*A.A.* and *N.A.*]
- **Al-Anon** holds regular meetings for spouses and other significant adults in an alcoholic's life, while **Alateen** is geared to children of alcoholics. [*NIAAA*]

Key Questions:

1. What are the benefits of investing in treatment?
2. How else can the Nation's policymakers take action against addiction?
3. What kinds of treatment services are available? How do they differ?

Panel #3

Examples of Effective Programs, Barriers to Treatment, and Other Issues Surrounding Addiction and Treatment

I. Examples of Effective Programs

Drug Court Examples

- Oklahoma drug court graduates are two times less likely to return to prison than people on probation and four times less likely to return to prison than released inmates.
- The cost of this program is $5,000 per person per year, compared to spending $16,000 per person per year for prison costs.
- Additionally, an evaluation of four Boston drug courts found that graduates of the drug courts are 33 percent less likely to be arrested, have 47 percent fewer convictions, and are 70 percent less likely to be incarcerated.[xxx]
- The National Association of Drug Court Professionals and the National Drug Court Institute promote and advocate for the establishment and funding of drug courts. For more information, contact 703-575-9400 or visit their Web sites at www.nadcp.org and www.ndci.org, respectively.

Legislative/Treatment Example

- In 2002, Washington State passed a law that offers nonviolent drug offenders the choice of completing treatment or facing conviction and a prison term, and reduces sentences for certain offenses involving drug manufacture, delivery, or possession.
- The law also states that those who fail treatment automatically must serve time and converts any resulting prison savings into funds for treatment.
- In the first ten months under the law, the judicially supervised treatment of more than 2,100 people was either partially or fully funded by money from prison savings.[xxxi]

Advisory Board Example

- A statute authorizing Ohio's Department of Alcohol and Drug Addiction Services specifies that it must coordinate the alcohol and other drug services offered by state departments, the justice system, law enforcement, the legislature, local programs, and treatment and prevention professionals.
- By having this grant of legislative authority, the department is better able to coordinate among diverse groups.[xxxii]

Recovery Community Services Program (RCSP)

- The Recovery Community Services Program (RCSP) is a grant program of SAMHSA's Center for Substance Abuse Treatment (CSAT).
- In RCSP grant projects, peer-to-peer recovery support services are provided to help people initiate and/or sustain recovery rom alcohol and drug use disorders.

- Some RCSP grant prokects also offer support to family members of people needing, seeking, or in recovery.
- For more information, visit rscp.samhsa.gov

National Alliance of Methadone Addicts (NAMA)

- One RCSP grantee is the National Alliance of Methadone Addicts (NAMA), an organization composed of methadone patients and health care professionals thatare supporters or quality opiate agonist treatment.
- The primary objective of NAMA is to advocate for the patient in treatment by destigmatizing and empowering methadone patients.
- For more information, visit www.methadone.org.

II. Barriers to Receiving Proper Treatment

- In 2005, **20.9 million people** (8.6 percent of the population aged 12 or older) who were classified as needing substance use treatment **did not receive treatment** at a specialty facility in the past year. *(National Survey on Drug Use and Health—NSDUH)*
- In 2005, among the 1.2 million people who felt they needed treatment for a substance use disorder, but did not receive it, more than 35 percent reported cost or insurance barriers as the reason.[xxxiii]
- Between 2004 and 2005, there was no statistically significant change in the number or percentage of the population receiving substance use treatment within the past year (3.8 million, or 1.6 percent, in 2004; 3.9 million, or 1.6 percent, in 2005). *(NSDUH)*
- Based on 2004-2005 combined data, the five most often reported reasons for not receiving illicit drug or alcohol use treatment among persons who needed but did not receive treatment at a specialty facility and felt they needed treatment were: *(NSDUH)*
    - Not ready to stop using (37.9 percent)
    - Cost or insurance barriers (35.1 percent)
    - Stigma (e.g., negative opinions from neighbors and community, negative effect on job) (23.9 percent)
    - Did not know where to go for treatment (14.3 percent)
    - Other access barriers (e.g., no transportation, no openings in programs) (13.4 percent).
- Based on 2004-2005 combined data, among persons who needed but did not receive illicit drug or alcohol use treatment, felt they needed treatment, *and made an effort to receive treatment*, the four most often reported reasons for not receiving treatment were: *(NSDUH)*
    - Cost or insurance barriers (44.4 percent)
    - Other access barriers (21.2 percent)
    - Not ready to stop using (21.1 percent)
    - Stigma (18.5 percent).

III. Stigma Surrounding Addiction and Mental Health

- Embarrassment and shame often are listed as the second most common barriers to recovery.[xxxiv]
- Stigma is a barrier. Fear of stigma, and the resulting discrimination, discourages individuals and their families from getting the help they need.
- Stigma detracts from the character or reputation of a person and can be a mark of disgrace. *[Faces and Voices of Recovery]*
- 67 percent of people surveyed by Faces and Voices of Recovery believe that a stigma exists toward people in recovery from an addiction to alcohol or other drugs.
- 19 percent of people in recovery surveyed by Faces & Voices of Recovery in 2001 were afraid of being fired or discriminated against if they entered treatment.
- Discrimination is an act of prejudice and can include: denying someone employment, housing, accommodation, or other services based on the revelation that the person is receiving treatment or has previously been treated for mental illness or a substance use disorder. *[Centre for Addiction and Health; Toronto, Canada]*
- Stigma is not just a matter of using the wrong word or action. Stigma is about disrespect. It is the use of negative labels to identify a person living with addiction or mental illness.
- An estimated 22 to 23 percent of the U.S. population experiences a mental disorder in any given year, but almost half of these individuals do not seek treatment. *(HHS)*

IV. Co-Occurring Disorders

Among adults with serious psychological distress (SPD) in 2005, 5.2 million (or 21.3 percent of the population) have a co-occurring disorder, of which **only 8.5 percent received treatment for both mental health problems and specialty substance use**. [*NSDUH*]

Treatment for Co-Occurring Disorders

- Recent research has shown that integrated treatment is superior to sequential or parallel treatment.
- Ensuring that treatment is available and accessible for both disorders is essential to providing a successful path of recovery.
- The treatment of both mental health and substance use disorders can help prevent the exacerbation of other health problems, including cardiac and pulmonary diseases.
- Many types of co-occurring mental health problems can be successfully addressed in standard drug abuse treatment programs. *(TASC)*
- Individuals with serious mental disorders may require an integrated treatment approach designed for treating patients with co-occurring mental health problems and substance use disorders. *(TASC)*
- Although not readily available, specialized therapeutic community "MICA" (for "mentally ill chemical abuser") programs are promising for patients with co-occurring mental and addictive problems. *(TASC)*

V. Personalized Treatment and Long-Term Aftercare

The Importance of Personalized and Ongoing Treatment

- No single treatment is appropriate for all individuals.
- Types of treatment greatly depend on the substances misused, as well as a person's individual needs and characteristics.
- Effective treatment attends to multiple needs of the individual, not just his or her drug addiction.
- An individual's treatment and services plan must be assessed often and modified to meet the person's changing needs.
- Remaining in treatment for an adequate period of time is critical for treatment effectiveness.
- Counseling and other behavioral therapies are critical components of virtually all effective treatments for addiction. [*NIDA*]
- It is essential that people with substance use disorders and their providers identify the most appropriate course of treatment to meet their specific needs. Just as substance use disorders can affect people regardless of their age, race, ethnicity, class, employment status, or community, treatment services also should respect these unique characteristics.

For Example:

- A family-oriented approach to treatment can be most effective among adolescents with substance-use disorders.
- Older adults with substance use disorders have been shown to respond well to age-specific, supportive, and non-confrontational group treatment that aims to build or rebuild self-esteem.

Aftercare

- Recovery from a substance use disorder can be a long-term process and may require multiple episodes of treatment.
- Participation in self-help support groups during and following treatment is often helpful in maintaining abstinence.
- Encouraging people in recovery to seek out aftercare following their initial treatment will help them sustain their path of recovery.

VI. Special Groups Affected By Addiction

Unemployment

- Among unemployed adults aged 18 or older in 2005, 17.1 percent were current illicit drug users, which was higher than the 8.2 percent of those employed full time and 10.4 percent of those employed part time. *(NSDUH)*
- The rate of heavy alcohol use was higher in 2005 for unemployed persons (10.4 percent) than for full-time employed persons (8.4 percent). *(NSDUH)*

Youth

- In 2005, among youths aged 12 to 17, the rates of current illicit drug use increased with age. The highest rate was among persons aged 18 to 20 (22.3 percent), and then declined with increasing age among older adults. *(NSDUH)*
- In 2005, nearly 2.3 million (6.0 percent) of persons aged 12 to 20 were heavy drinkers. These figures have remained essentially the same since the 2002 survey. *(NSDUH)*

Latinos and Other Minorities

In 2005, among persons aged 12 or older, the rate of substance dependence or abuse was **highest among American Indians or Alaska Natives (21.0 percent)** and **lowest among Asians (4.5 percent)**. *(NSDUH)*

- Few behavioral interventions and treatments have been specifically developed for ethnic minority populations. (Lopez and Guarnaccia)
- Immigration has resulted in an increasing number of Spanish-speaking Hispanics in this country but there are few Spanish-speaking providers. (The Surgeon General's Report on Mental Health Care, U.S. DHHS, 1999)
- The lack of culturally and linguistically appropriate services has been a major barrier to use of drug abuse services. (Woodward et al., 1992)
- Materials are often either poorly translated or not translated at all, requiring trainers and practitioners to translate the material during implementation. (Santisteban)
- The delivery of services to Hispanic drug users often depends on service models and information that have succeeded with White males, but do not necessarily meet the needs and circumstances of Hispanics. (Alegria)
- Hispanic [and other immigrant] populations are adversely affected not only by linguistic barriers, but also by the acculturation process of adaptation to a new environment, social and institutional isolation, and poverty that can present serious obstacles to service utilization. (Strug and Mason, 2001)

Key Questions:

1. What are some examples of effective treatment programs which have already been implemented by policymakers?

2. What can be done to overcome the numerous barriers, including stigma, which prevent individuals from getting the treatment services they require?

3. Why is it important to address co-occurring disorders simultaneously?

4. Why is it important to tailor treatment services for minorities, and how can this best be done?

Panel 4:

Available Resources, Final Thoughts, and Wrap-Up

Free resources for assistance:

1–800–662–HELP (SAMHSA hotline)

1–800–662–9832 (Español)

1–800–228–0427 (TDD)

SAMHSA's Substance Abuse Treatment Facility Locator:

http://findtreatment.samhsa.gov

Faces and Voices of Recovery

- Faces and Voices of Recovery is a national campaign of individuals and organizations who advocate for public action on treatment and recovery.
- Faces and Voices supports local recovery advocacy by:
    - Improving access to policymakers and the media
    - Increasing access to research
    - Organizing technical support
    - Facilitating relationships among local and regional groups
    - Providing a national rallying point for recovery advocates.
- More information can be found at www.facesandvoicesofrecovery.org

Partners for Recovery

- Partners for Recovery is an initiative of SAMHSA's Center for Substance Abuse Treatment (CSAT).
- It engages individuals and organizations across the country and serves as a resource to all who are working to improve the quality of treatment and recovery support services.
- Partners for Recovery also supports and provides technical resources to those who deliver services for the prevention and treatment of substance use and mental health disorders and seeks to improve services and systems of care.
- For more information about Partners for Recovery, visit http://pfr.samhsa.gov/

Key Question:

What does "Join the Voices of Recovery: Saving Lives, Saving Dollars" (the 2007 *Road to Recovery* theme) mean with regard to policymakers?

Additional Resources

The U.S. Department of Health and Human Services (HHS)
www.hhs.gov

The Substance Abuse and Mental Health Services Administration (SAMHSA)
www.samhsa.gov

The Center for Substance Abuse Prevention (CSAP)
prevention.samhsa.gov

The Center for Substance Abuse Treatment (CSAT)
csat.samhsa.gov

National Institute on Alcohol Abuse and Alcoholism (NIAAA)
www.niaaa.nih.gov

National Association for Children of Alcoholics (NACoA)
www.nacoa.org

National Institute on Drug Abuse (NIDA)
www.nida.org

White House Office of National Drug Control Policy (ONDCP)
www.whitehousedrugpolicy.org

Alcoholics Anonymous (AA)
www.alcoholics-anonymous.org

Narcotics Anonymous (NA)
www.na.org

Al-anon/Alateen
www.al-anon.alateen.org

American Society of Addiction Medicine (ASAM)
www.asam.org

The Association for Addiction Professionals (NAADAC)
www.naadac.org

National Mental Health Association (NMHA)
www.nmha.org

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