Substance Use: Addressing Addiction and Emerging Issues

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Part 1: Overview of Substance Abuse
Healthy People 2020 Substance Abuse

• Goal:
  • Reduce Substance Abuse to Protect the Health, Safety, and Quality of Life for All, Especially Children

• Learning Objective Part 1:
  • Increase knowledge of prevalence, challenges and opportunities for addressing current substance abuse problems through policy and preventive programs
Substance Abuse Defined

A set of related conditions associated with the consumption of mind- and behavior-altering negative behavioral and health outcomes.

[Healthy People 2020, 2013]

Centre for Studies on Human Stress [CSHS] 2013
http://www.humanstress.ca/in-your-opinion-what-is-substance-abuse.html
Substance Abuse

- 20.6 million persons (≥ 12 years) classified as ‘substance dependence’ or ‘substance abuse’ in past year (8% of population)
  - Illicit drug: ↑ between 2008 (19.6%) and 2010 (21.5%)
  - Marijuana: 18.1 million (7.0%) users (2011) ↑ from 14.4 million (5.8%) users in 2007
  - Pain reliever dependence or abuse increased from 1.4 million to 1.8 million between 2004 and 2011)
  - Underage drinking & driving

- By 2020, behavioral health disorders will surpass all physical diseases as a major cause of disability worldwide

- Annual total estimated societal cost of substance abuse in the US = $510.8B

- Patient Protection and Affordable Care Act (ACA) expands and enhances substance abuse and mental health resources for prevention and treatment

[NIDA, 2013; CDC, ; Rehm, 2009; NDIC, 2010; SAMHSA, 2012]
Substance Abuse Complexity & Issues

• Classification includes: alcohol, tobacco, regulated and unregulated drugs, and chemicals

• Involves use, misuse, abuse of legal and illegal substances

• Negative societal perspective on substance abuse

• Complex disorders to treat

• Many governmental & private entities involved in addressing specific types of substance abuse
Substance Abuse Policy Issues

- Considered to be criminal behavior rather than health conditions
- Policy challenges: public safety versus public health
- Multiple public and private sector entities are addressing substance abuse
  - Services are not integrated with physical care
  - Less funding for substance abuse and mental health services
Federal Entities Addressing Substance Abuse

- White House Office of National Drug Control Policy (ONDCP)
- Office of the Surgeon General
- Substance Abuse & Mental Health Services Administration (SAMHSA)
- National Institute on Alcohol & Alcoholism (NIAAA)
- National Institute on Drug Abuse (NIDA)
- Centers for Disease & Control & Prevention (CDC)
- National Highway Traffic Safety Administration (NHTSA)
- Office of Juvenile Justice and Delinquency Prevention (OJJDP)
- Interagency Coordinating Committee on Prevention of Underage Drinking (ICCPUD)
- Occupational Safety and Health Administration (OSHA)
- Department of Education (DoE)
Key National Substance & Abuse Data

- Substance Abuse and Mental Health Services Administration (SAMHSA)
  - “National Survey on Drug Use and Health (NSDUH)”
  - “Drug Abuse Warning Network”

- Centers for Disease Control and Prevention (CDC)
  - “National Vital Statistics System”
  - “School Health Policies and Programs Study”
  - “Behavioral Risk Factor Surveillance System”

- National Institute on Drug Abuse
  - “Monitoring the Future” Survey

- National Highway Transportation Safety Agency
  - “National Driver Register”
  - “Fatality Analysis Reporting System”
  - “National Surveys of Drinking and Driving Attitudes and Behavior”

[CDC, 2013; SAMHSA, 2013; NHTSA, 2013]
Prevalence of Substance Misuse & Abuse (2011)

- 20.6 million persons (≥ 12 years) classified as ‘substance dependence’ or ‘substance abuse’ in past year (8% of population)
- 14.1 million - alcohol
- 3.9 million - illicit drugs

Substance Dependence or Abuse in the Past Year among Persons Aged 12 or Older: 2002-2011 [SAMHSA, 2012: Fig 7-1]
Prevalence of Substance Misuse & Abuse (2011)

- Marijuana is #1 illicit drug among teens
- Alcohol has 2nd highest dependency and abuse among all drugs
- Almost 95% with substance abuse problems considered ‘unaware’

Specific Illicit Drug Dependence or Abuse in the Past Year among Persons Aged 12 or Older: 2011 [SAMHSA, 2012: Fig 7-2]

• In 2011, illicit drugs: 22.5 million users (≥ 12 yrs): increase between 2008 (8.0 %) and 2010 (8.9%)
  • Illicit drug: ↑ between 2008 (19.6%) and 2010 (21.5%)

• Marijuana
  • 18.1 million (7.0%) users (2011) ↑ from 14.4 million (5.8%) users in 2007
  • Marijuana dependence or abuse did not change between 2002 & 2011.

• Pain reliever dependence or abuse increased from 1.4 million to 1.8 million between 2004 and 2011)

• Cocaine dependence or abuse declined from 1.7 million to 0.8 million from between 2006 and 2011

[NIDA, 2013; SAMHSA, 2012]
Alcohol Dependence or Abuse in the Past Year among Adults Aged 21 or Older, by Age at First Use of Alcohol: 2011

Percent Dependent or Abusing in Past Year

Age at First Use of Alcohol

14 or Younger
15 to 17
18 to 20
21 or Older

13.8
8.6
4.5
1.8

[SAMHSA, 2012: Fig 7-4]
Reasons for Not Receiving Substance Use Treatment among Persons Aged 12 or Older (2011)

- No Health Coverage and Could Not Afford Cost: 37.3%
- Not Ready to Stop Using: 25.5%
- Might Have Negative Effect on Job: 10.1%
- Had Health Coverage But Did Not Cover Treatment or Did Not Cover Cost: 10.1%
- No Transportation/Inconvenient: 9.5%
- Did Not Know Where to Go for Treatment: 7.3%
- Might Cause Neighbors/Community to Have Negative Opinion: 7.2%
- Did Not Have Time: 7.1%

[SAMHSA, 2012: Fig 7-11]
Impacts of Substance Abuse

• Health
  • Increased rates of injury, violence, abuse, infectious diseases
  • Exacerbates chronic Illness

• Mental Illness
  • Of the nearly 33% of people with all mental illnesses, ~50% with severe mental illnesses have substance abuse
  • 1/3 of alcohol and > 1/2 drug abusers have mental illness
  • Dual diagnosis: people with mental illness and alcohol and/or drug problems
  • Treatment for dual diagnosis is more complex than for either condition alone

[NAMI, 2013; NIDA, 2013; CDC, ; Rehm, 2009; NDIC, 2010]
Impacts of Substance Abuse

• Societal
  • Diminishes individual potential, devastates families, neighborhoods, communities
  • Homicide/crime
  • Physical fights
  • Domestic violence/child abuse
  • Academic problems

• Economic
  • $600B = annual costs associated with alcohol, illicit drugs, tobacco abuse related to healthcare, crime, and lost work productivity
  • Alcohol: $30B (health care); $235B (overall costs)
  • Illicit drugs: $11B (health care); $193B (overall costs)

[NIDA, 2013; CDC, ; Rehm, 2009; NDIC, 2010]
Barriers to Progress

• Stigma

• Societal misunderstanding & misperceptions

• Fragmentation of treatment
  • Substance abuse/mental health treatment
  • Substance abuse/mental health & medical care

• Inadequate funding for services & research

• Challenges to access to care

[Schroeder, 2005]
Barriers to Progress

• Skepticism about efficacy of treatment

• Society’s disparate views on ‘treatment’ vs. ‘punishment’

• Existing legal structure for addressing substance use/misuse/abuse

• Futility/hopelessness of successful treatment

• Attitudes of tolerance of youthful experimentation

[Schroeder, 2005]
Barriers to Progress

- Medication as treatment in the absence of behavioral interventions
- Challenging patients
- Clinical training and experience
- Industries’ marketing and political power
- Relapses in addiction
- Recidivism

[Schroeder, 2005]
THE PRESIDENT'S PLAN TO

Reform Drug Policy

1) PREVENT drug use before it ever begins through education

2) EXPAND access to treatment for Americans struggling with addiction

3) REFORM our criminal justice system to break the cycle of drug use, crime, and incarceration while protecting public safety

4) SUPPORT Americans in recovery by lifting the stigma associated with those suffering or in recovery from substance use disorders

Drug policy is a public health issue, not just a criminal justice issue.

SPREAD THE WORD

www.wh.gov/DrugPolicyReform

#DrugPolicyReform
Key National Prevention & Drug Control Policies

- Expanding and enhancing prevention, screening and integrated treatment programs

- Expanding accessible, quality, coordinated, informed care and treatment

- Advancing law enforcement strategies and criminal justice reform to appropriately deter, treat, rehabilitate and/or prosecute

- Engage and implement innovative community-based safety initiatives to educate and support prevention and law enforcement strategies

[ONDCP, 2013]
Strategic Approaches

- National strategic plans across federal entities
- Coordinated clinical-mental health leadership
- Impact of ACA
- Additional research and future funding
- Improved education of health professionals
- Nongovernmental funding
- More aggressive and targeted substance abuse policies
- Reform of criminal justice system for substance abuse
- Implementation of school-based initiatives

[Schroeder, 2005]
ACA Impact on Substance Abuse & Mental Health Services

- Expanded insurance coverage for uninsured (Medicaid, private)
- Inclusion of mental health & substance abuse care in “Essential Health Benefits”
- Requirement that mental health & substance abuse services to be covered at parity
- Requirement that a minimum number of mental health drugs in each category or class
- Increased funding for substance abuse services

ACA Impact on Substance Abuse & Mental Health Services (cont’d)

- Easier access to care
- Better integration of substance abuse services into general health care
- More coordinated and integrated care systems and programs
- Expansion of substance abuse treatment providers
- Shift away from residential & stand-alone programs towards outpatient programs

References


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