Addiction Treatment:
When Knowing the Facts Can Help

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1. ***Why spend money for addictions treatments when, the overwhelming majority of those who receive it don't get better?***

   Addiction is a chronic disease, like diabetes, asthma or hypertension. Just like these diseases, one course of treatment is unlikely to result in a complete "cure." Ongoing treatment may be required before an addict achieves the final stage of recovery. Likewise, hypertensive patients also require multiple courses of treatment to stabilize their blood pressure. Because some persons view addiction as an acute illness requiring only one treatment episode, they often do not know that **relapse rates for addiction treatment are lower than relapse rates for hypertension and asthma. Moreover, patient compliance with treatment is much higher with addictions treatment than with hypertension and asthma treatment. The relapse and compliance rates for addiction are similar to those of diabetes. Finally, relapse from addictions treatment for opioids and cocaine is less than 50%. This means that MOST of the persons who receive treatment for these addictions RECOVER. These facts also suggest that paying for addictions treatment would yield as good a return as paying for other chronic illnesses such as diabetes, asthma and hypertension.**

   O'Brien CP, McLellan AT. Myths about the Treatment of Addiction (1996). The Lancet. Volume 347(1996), 237-240.

2. ***Why should the state fund addictions treatment when counties and cities could pay for it just as well?***

   For more than a decade the Robert Wood Johnson Foundation has taken the position that addiction is the **number one public health issue facing our nation**. This position is supported by the impact and costs to our society if addiction is NOT treated. Unlike any other illness, addiction is associated with many other diseases such a heart disease, mental health problems, cardiovascular disease, cancer, and gastrointestinal disorders. In fact, 40% of all inpatient hospital stays are related directly or indirectly to addiction. Almost 20% of all Medicaid hospital costs and nearly $1 of every $4 Medicare spends on inpatient care is associated with substance abuse.

Addictions treatment is highly cost effective. For every one dollar spent on addictions, society can save between $4 - $15. Some states have learned that during lean fiscal periods maintaining addictions treatment funding **saves** dollars that would be needed in other public health and safety areas.

Alcoholism is the number one preventable cause of mental retardation. It can cost more than $1,000,000 to care for a child born with Fetal Alcohol Syndrome (FAS) across his/her lifetime. Much of these costs are born by the state and federal government. Ten percent of alcohol health care costs are for the care of fetal alcohol syndrome.

Addictions are related to domestic violence as well as child abuse and neglect. However, if addictions treatment is not readily available the aftermath of domestic violence and child abuse and neglect can **greatly** exceed the cost of providing treatment.

Cities and counties cannot bear the cost of addictions treatment. No other state in the country supports its addictions treatment system through primarily county or city funds. Just like with other public health issues and chronic illnesses, it is appropriate for the state and federal government to fund the cost of addictions prevention and treatment. Funding of addictions treatment is especially important to states, as the return on state investment is **greater** for addictions treatment than it is for the treatment of other chronic illnesses.

Krupski. A. July 7-9, 2002 presentation at The Pennsylvania Practice Improvement Collaborative Conference on Substance Abuse Treatment Today: Using Data to Empower the Treatment System; Using Information from Administrative Data Bases to Address Policy Issues: The Washington State Experience.
The Robert Wood Johnson Foundation, Princeton New Jersey, Key Indicators for Policy Update, February 2001, Substance Abuse The Nation's Number One Health Problem.

3. ***Why should we pay for addictions treatment? Aren't we just rewarding bad behavior?***

Addiction is a disease where permanent changes in brain structure and chemistry can be demonstrated. Brain changes can result in undesirable behavior in addictions. Brain changes can also result in undesirable behavior with mental health problems, cancer, dementia, and head injury. We provide treatment to persons with these problems--Why shouldn't we provide treatment to persons with addictions?

Research within the National Institute on Drug Abuse (NIDA), one of the National Institutes of Health (NIH), supports the view that taking a drug the first time is a choice; taking it thereafter may not be.

Leshner, AI. Addiction is a brain disease, and it matters. Science. 1997;278:45-47.

Leshner, AI. Science-Based Views of Drug Addiction and Its Treatment. 1999;282(14):1314-1316.

NIDA, U.S. Department of Health and Human Services, Drug Abuse and Addiction: Bridging the Great Disconnect Between Myths and Realities (1999).

4. **In difficult budget times, cutting addiction treatment funds is defensible because the rates of addiction aren't increasing.**

Actually, the rates of addiction are rising. The latest Household Surveys (2001) indicate a rise in drug use by youth – especially for drugs such as heroin, Oxycontin and MDMA (Ecstasy). The prevalence of substance use dependence or abuse has significantly increased over the past twelve months across all drugs and for all age groups. Likewise, the prevalence of individuals needing addictions treatment has significantly increased over the past twelve months.

We also know that throughout our state, the Federal Bureau of Investigation (FBI), and the Office of the Attorney General are conducting drug summits at various school districts. Law enforcement officials have observed that drug trafficking and possession is rising among children 16-21 years. Hospitals are reporting dramatically increased rates of drug overdoses for patients between the ages of 16 – 24. The rates of lethal drug overdoses are increasing geometrically across our state for the same age group. Students of primarily white, middle and upper middle class school districts report seeing students snorting a new form of powdered heroin in school. The Whitehouse Office of National Drug Control Policy (ONDCP) has chosen Pittsburgh as one of 26 cities it wants to monitor, in part, because of emerging heroin use. Use of the new powdered form of heroin (which is up to 95% pure), coupled with the use of a relatively new and powerful analgesic (Oxycontin) has reached epidemic proportions in our state for youth ages 18-24. The use of these drugs is dramatically increasing in the state's most rural areas – where counties have few resources to match the growing treatment need.

The Whitehouse Office of National Drug Control Policy (ONDCP) State of Pennsylvania Profile of Drug Indicators, March 2003.

According to death records on file at the coroners' offices: Heroin's victims are getting younger. Across the region in 1999, heroin killed four people under the

age of 24. Last year, 27 died. This is from an article by Carl Prine of The Pittsburgh Tribune-Review, February 9, 2003 news story: Heroin reigns as most lethal in Allegheny, 4 neighboring counties.