Who Suffers from Substance Abuse?
A Community Conversation
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Tonight’s Talk

1. Rethinking the “Drug Abuse” and the “Drug Abuser”
2. The Economic Impact of Substance Use Disorders
3. The Impact of Substance Use Disorders on the Community
4. Toward an Integrated Whole Community Response
Persons with SUDs are not a homogenous group of people who use/drink in excess
The typical drug addict/alcoholic?
People like to party
But managing it can be a problem for some.
It often starts here...
But may progress to various severity ranges in some people
And sometimes addiction
People do recover . . .
But some do not

Rethinking the “drug abuser” and the community’s response to prevention and treatment...
How is substance abuse defined after 30 years of robust scientific study?

- **Substance Use Disorders (SUD)** more accurately describes a continuum of severity from misuse to problem use, and chronically severe (DSM-5).

- The most severe form of SUD, is a chronic and relapsing condition much like diabetes, hypertension and asthma.

- Addiction is a primary disease and not the result of other emotional or psychiatric problems.

American Society of Addiction Medicine, 2011.
Distribution of Substance Abuse Problems

- **Severe**
  - Specialized Treatment
- **Substantial**
  - Brief Intervention
- **Moderate**
- **Mild**
- **None**

Prevention
2M people (0.8%) receiving treatment*

21M people (7%) have problems needing treatment, but not receiving it*

≈ 60-80M people (≈20-25%) using at risky levels

US Population:
307,006,550

US Census Bureau, Population Division
July 2009 estimate

*NSUDH, 2008
UCLA ISAP. 2011
In need of treatment (21 Million)

- Reported problems associated with substance use that met diagnostic criteria in past year
- 2.3 million (11%) received treatment in past year
- 18.7 million (89%) not in treatment in past year
  - 1.1% made an effort to get treatment
  - 4.8% stated they needed treatment
  - 3.7% felt they needed treatment but made no effort to get it
- 85% of those in need of treatment did not feel they needed treatment

NSDUH 2011
Using at risky levels (60-80 Million)

- Does not meet full diagnostic criteria
- Level of use indicates risk of developing problems.
- **Some examples**
  - Drinks 5-6 glasses of wine a few times per week to unwind
  - Pregnant woman occasionally has a shot of vodka to relieve stress
  - Adolescent smokes marijuana with his friends just on weekends
  - Occasionally takes one or two extra Vicodin to help with pain.
  - Runs out of meds earlier and needs refills more often.

These people need services, but will never enter the treatment system.
Implications

• Most people with severe SUD will not receive treatment.
• Virtually all persons with risky substance use will not receive professional treatment.
• 3,209 people seeking SUD treatment
• 1,224 people receiving SUD treatment
• 21,682 people have SUD problems needing treatment

≈ 53,340-65,175 people (≈20-25%) using at risky levels

Santa Cruz County Population: 266,700

California Department of Health Care Services
2012 estimators
Cost of Untreated Substance Abuse in Santa Cruz County – Total $410 Million per Year

- Healthcare: $115M (28.1%)
- Lost Wages: $209M (51.0%)
- Criminal Justice & Social Services: $49M (11.9%)
- Motor Vehicle Crashes: $18M
- Other Property Damages: $19M
Assumptions that SUD treatment is too costly or ineffective are:

- incorrect and,
- do not reflect advancements in treatment and health care management over past 20 years
Return on Investment (ROI) in SUD Treatment

Every dollar spent on substance abuse treatment saves $4 in healthcare costs and $7 in law enforcement and other criminal justice costs.

On average, substance abuse treatment costs $1,583 per patient and is associated with a cost offset of $11,487.

Greater than a 7:1 ratio of a return on investment (ROI).

The overarching goal of treatment is to help individuals achieve stable, long-term recovery and become productive members of society, and to eliminate the public health, public safety, and economic consequences associated with addiction.

- Addiction, like other chronic diseases, can be managed successfully with appropriate access to quality treatment.
- Early intervention tools implemented in existing systems, (e.g., primary care settings, hospitals, schools, legal systems) allow quick responses to SUDs & provide care for more people.

$1 Spent

Saves

$7
Impact of Substance Abuse on Community

The common link to most community health and safety problems involves substance use disorders.

The link between SUD and other social systems is well documented.
Housing/Homeless

• Nearly 2/3 of persons receiving services from homeless assistance programs in the US have had either alcohol abuse or drug abuse problems in their lifetime.

• Over 1/2 of single, homeless adults need substance abuse treatment.
Child Welfare

- Problems with alcohol and drug use are present in between 40% and 80% of the families known to child welfare agencies.

- Alcohol and drug abuse is associated with more severe child abuse and neglect and is indicated in a large percentage of neglect-related child fatalities.
Public Health & Safety

• Drug use increases the likelihood of criminal behavior
• Offender drug use is involved in more than 50% of all violent crimes, in 60-80% of child abuse and neglect cases, & in 75% of drug dealing & manufacturing cases
• 90% of inmates with mental disorders have an addiction disorder
Mental Health

• Over 40% of persons with an addictive disorder have a co-occurring mental disorder
• Dual diagnosis occurs in 28-50% of the mental health disorder population
• For persons with bipolar disorder, the rate is 60.7 percent.
• Children & adolescents diagnosed with attention deficit hyperactivity disorders (ADHD) are at special risk for SUD.
School & Youth

After Marijuana, Prescription and Over-the-Counter Medications\(^1\) Account for Most of the Commonly Abused Drugs Among High School Seniors\(^2\)

<table>
<thead>
<tr>
<th>Substance</th>
<th>Illicit Drugs</th>
<th>Prescription or OTC Medications</th>
</tr>
</thead>
<tbody>
<tr>
<td>Marijuana/Hashish</td>
<td>36.4%</td>
<td></td>
</tr>
<tr>
<td>Synthetic Marijuana</td>
<td>11.4%</td>
<td></td>
</tr>
<tr>
<td>Vicodin</td>
<td>8.0%</td>
<td></td>
</tr>
<tr>
<td>Adderall</td>
<td>6.5%</td>
<td></td>
</tr>
<tr>
<td>Salvia</td>
<td>5.9%</td>
<td></td>
</tr>
<tr>
<td>Tranquilizers</td>
<td>5.6%</td>
<td></td>
</tr>
<tr>
<td>Cough Medicine</td>
<td>5.6%</td>
<td></td>
</tr>
<tr>
<td>MDMA (Ecstasy)</td>
<td>5.3%</td>
<td></td>
</tr>
<tr>
<td>Hallucinogens</td>
<td>5.2%</td>
<td></td>
</tr>
<tr>
<td>OxyContin</td>
<td>4.9%</td>
<td></td>
</tr>
<tr>
<td>Sedatives</td>
<td>4.3%</td>
<td></td>
</tr>
<tr>
<td>Inhalants</td>
<td>3.2%</td>
<td></td>
</tr>
<tr>
<td>Cocaine (any form)</td>
<td>2.9%</td>
<td></td>
</tr>
<tr>
<td>Ritalin</td>
<td>2.6%</td>
<td></td>
</tr>
</tbody>
</table>

About 1 in 9 youth

or 11.4 percent of young people aged 12 to 25 used prescription drugs nonmedically within the past year.\(^3\)

25% of those who began abusing prescription drugs at age 13 or younger met clinical criteria for addiction sometime in their life.\(^3\)

\(^1\)Past Year Use
\(^2\)Monitoring the Future Survey, 2011
\(^3\)National Survey on Drug Use and Health, 2010
Physical Health

• Over 72 medical conditions have risk factors attributable to substance abuse.
• 70% of all health care visits are generated by behavioral health factors.
• Primary care is the *de facto* mental health and SUD services for 70% of the population.
• AOD-related deaths, accidents, spreading of infectious diseases, drug-related medical emergencies, and HIV/AIDS have significant role in the health of our community
What Does it Mean?

From a “Return on Investment” perspective, it makes sense to invest in substance abuse treatment.

Since the majority of people with SUD are not interested in traditional treatment, we must consider ways to change the infrastructure to reduce the impact that substance abuse has on the whole community.
Toward an Integrated, Whole Community Response….

Integrated systems, collaborative care and community partnerships are part of the new directions in health care and embrace the spirit and intent of the ACA.
Moving Forward

- If we continue to perceive SUD from the lens of yesteryear without the science behind the treatment, we do a great disservice to those we provide for and the community in general.

- Attempting to constantly revise policies, practices and social system infrastructures based on inaccurate and outdated data on SUD is inefficient and ineffective.
Proven Practices for New Direction

Changing the way communities address health care problems, including SUD prevention and treatment, is the new direction.

An example of how this is being done with mental health, substance use and physical disorders . . .
The PROBLEM

People with mental illness die earlier than the general population and have more co-occurring health conditions.

68% of adults with a mental illness have one or more chronic physical conditions

more than 1 in 5 adults with mental illness have a co-occurring substance use disorder

The solution lies in integrated care - the coordination of mental health, substance abuse, and primary care services.

Integrated care produces the best outcomes and is the most effective approach to caring for people with complex healthcare needs.

INTEGRATION WORKS

Community-based addiction treatment can lead to...

35% in inpatient costs

39% in ER cost

26% in total medical cost

To request a copy of the comprehensive review of the research on this topic, contact:

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