Addressing Substance Use Disorders

Translating Science To Policy In The 2010 Drug Control Strategy

Different policies for different levels of Severity

- **LOTS**
  - In Treatment ~ 2,300,000
  - Diabetes ~ 24,000,000
  - "Harmful Use" ~ 68,000,000
    - (Focus on Early Intervention)

- **LITTLE**
  - Little or No Use
    - (Focus on Prevention)
Five Priorities

1. Build National System of "Prevention Prepared Communities"
2. Train primary care to intervene early with emerging abuse
3. Improve and integrate addiction treatment into mainstream healthcare
4. Smart, safe management of drug-related offenders
5. Performance-oriented monitoring systems

How Did We Select Priorities?

- Evidence Based Interventions
- Delivered Within Communities
- Investment in Infrastructure
Prevention Science

1. Addiction has an "at-risk" period

2. Risks have common antecedents – Single Interventions can produce multiple effects

3. Combined interventions provide enhanced impact
   - Now 12 Evidence Based Interventions
Intervention

Major Advances in Brief Interventions

- "Harmful substance use" is accurately identified with 2 – 3 questions.
  - Prevalence rates of 20 – 50% in healthcare
  - 60% of all ER admissions (10 million/yr)
- Brief counseling (5 – 10 minutes) by produces lasting changes & savings
  - Medicaid savings $8 million /year Washington
Treatment

Behavioral Therapies
- Cognitive Behavioral Therapy
- Motivational Enhancement Therapy
- Community Reinforcement and Family Training
- Behavioral Couples Therapy
- Multi Systemic Family Therapy
- 12-Step Facilitation
- Individual Drug Counseling
Medications

- Tobacco (NRT, Varenicline)
- Alcohol (Naltrexone, Accamprosate, Disulfiram)
- Opiates (Naltrex., Methadone, Buprenorphine)
- Cocaine (Disulfiram, Topiramate, Vaccine)
- Marijuana (Rimanoban)
- Methamphetamine – Nothing Yet

Specialty Care

~ 12,000 specialty programs in US
31% treat less than 200 patients per year
44% have NO Doctor or Nurse
75% have NO Psychologist or SW
Major Prof Group is Counselor
But 50% Turnover each year
Treatment

7. Integrate Addiction Treatment into Federal Healthcare Systems

8. Performance Contracting in State Treatment Systems

9. Consumer Choice Through Vouchers for Recovery Services

Recovery

"A voluntarily maintained lifestyle characterized by sobriety, personal health and citizenship"

J. Substance Abuse Trt, 2008
Community Corrections

Opportunities to Intervene

Pre-Arrest
Pre-Trial
Prosecution
Sentencing

700,000/yr Released

~5 Million Offenders
In Community

In Jail/Prison
Re-Entry
Corrections

10. Drug Treatment Alternatives to Prison
   Continued Emphasis on Drug Courts

11. Offender Re-Entry Programs

12. Screening and Brief Treatments of Juvenile
    Offenders with MH and SA Problems

Data Systems
## Data Systems

13. Maintain legacy systems – but... pilot Community Performance Measures as:

- **Early warning of new drugs & problems**
- **Report Card for policy performance**

### National Demand Reduction Priorities FY11 - $151.3M

<table>
<thead>
<tr>
<th>Priority 1</th>
<th>Priority 2</th>
<th>Priority 3</th>
<th>Priority 4</th>
<th>Priority 5</th>
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</thead>
<tbody>
<tr>
<td><strong>Priority Area</strong></td>
<td><strong>Create a national, community-based prevention system to protect adolescents</strong></td>
<td><strong>Train and engage primary healthcare providers to intervene in emerging cases of drug abuse.</strong></td>
<td><strong>Expand, improve and integrate addiction treatment into Federal healthcare systems.</strong></td>
<td><strong>Develop safe and efficient ways to manage drug-related offenders.</strong></td>
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<tr>
<td><strong>Funding Level</strong></td>
<td><strong>$22.6M</strong></td>
<td><strong>$7.2M</strong></td>
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<td><strong>$34.0M</strong></td>
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<td><strong>Executing Agencies</strong></td>
<td>HHS/SAMHSA; DOJ; Education</td>
<td>HHS/SAMHSA; HHS/HRSA; HHS/Indian Health Service</td>
<td>HHS/SAMHSA; DOJ/OJP</td>
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