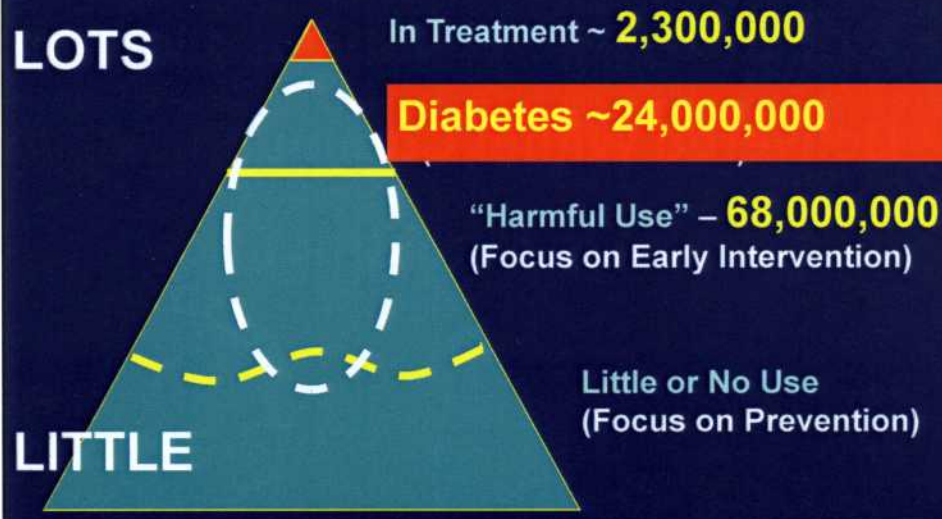


Addressing Substance Use Disorders

Translating Science To Policy In The 2010 Drug Control Strategy

Different policies for different levels of Severity



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



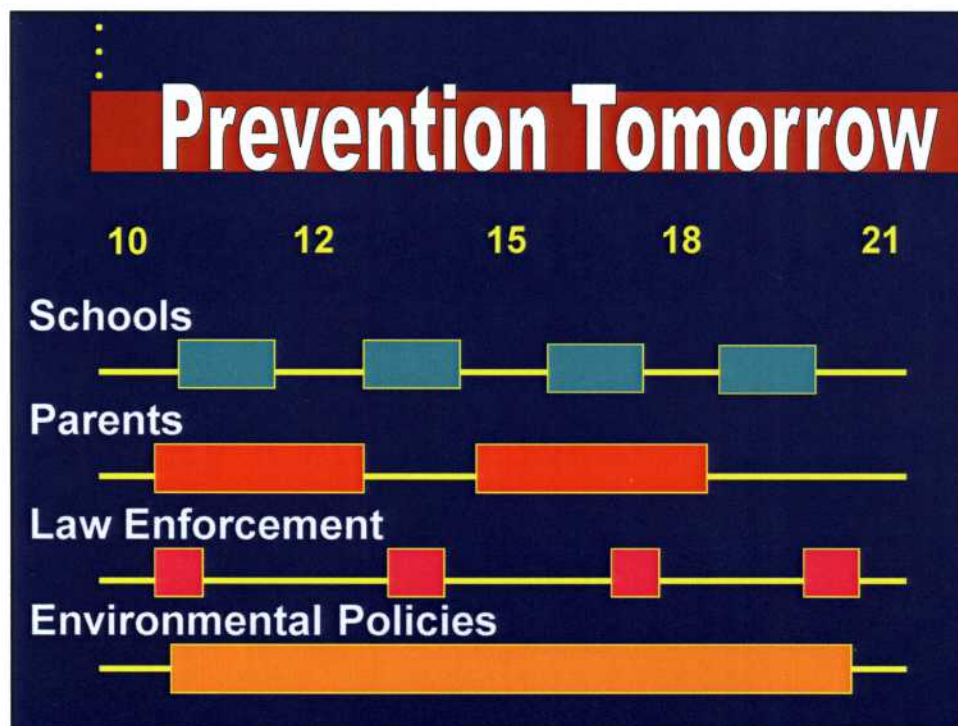
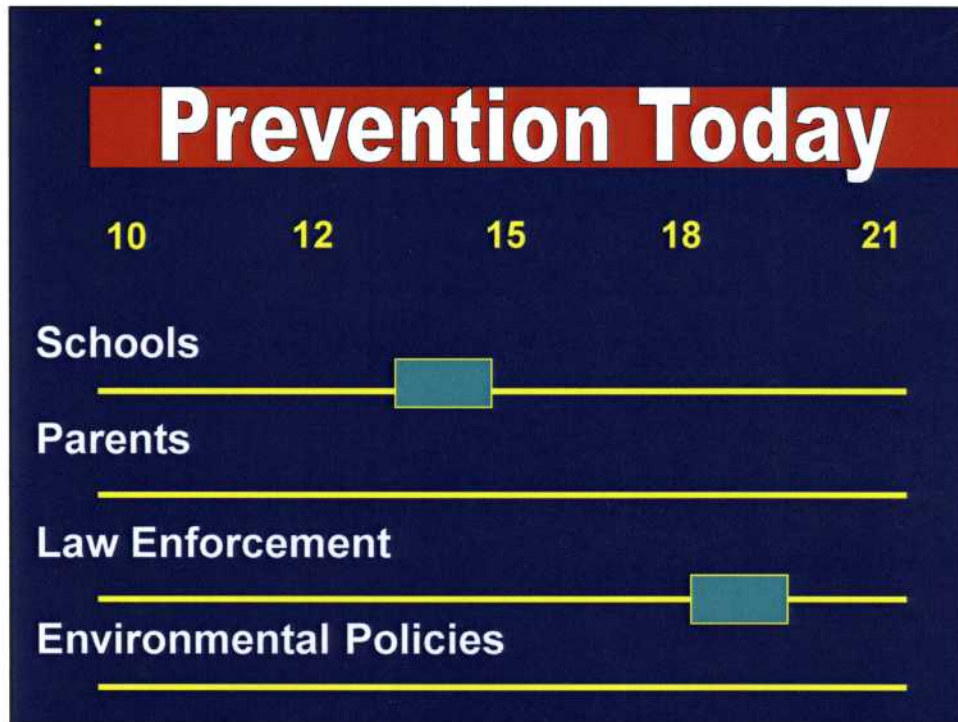
Prevention



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

10

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 (Rimonaban)
- 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

	Priority 1	Priority 2	Priority 3	Priority 4	Priority 5
Priority Area	Create a national, community-based prevention system to protect adolescents	Train and engage primary healthcare providers to intervene in emerging cases of drug abuse.	Expand, improve and integrate addiction treatment into Federal healthcare systems.	Develop safe and efficient ways to manage drug-related offenders.	Create a community-based drug monitoring system.
Funding Level	\$22.6M	\$7.2M	\$44.9M	\$34.0M	\$42.6M
Executing Agencies	HHS/SAMHSA DOJ; Education	HHS/SAMHSA ; DOJ/DEA	HHS/SAMHSA; HHS/HRSA; HHS/Indian Health Service	HHS/SAMHSA; DOJ/OJP	HHS/SAMHSA ; DOJ/OJP

