

# *Including Substance Use/Abuse Prevention In Healthcare Reform*

## *What Do We Want?*

The full continuum of substance use/abuse prevention to be appropriately included in all aspects of healthcare reform.

## *Principles to Achieve This*

1. Include the full continuum of substance use/abuse prevention strategies, programs and services (universal, selective, indicated\*) in healthcare reform (HCR).
2. Recognize that substance use/abuse prevention must be systematic, across the lifespan and embedded into multiple community settings and sectors.
3. Ensure that a multi-sector infrastructure is in place in communities to plan, implement and evaluate community-wide strategies to change norms and environments to achieve population level reductions in substance use and abuse.
4. Recognize that appropriate components of the comprehensive substance use/abuse prevention continuum can and should be considered for inclusion in HCR, as laid out below. However, given the historical lack of attention and under resourcing of a comprehensive community wide substance use/abuse prevention system, components of the continuum not deemed appropriate for inclusion in HCR need to be considered for enhanced funding and emphasis in other federal initiatives.

## *Why Substance Use/Abuse Prevention Belongs in HCR*

- Addiction is a developmental disorder that begins in adolescence, sometimes as early as childhood, for which effective prevention is critical.<sup>i</sup>
- Addiction is complex and influenced by a number of factors, including genetics, environment and age of first use.<sup>ii</sup>
- According to studies by the National Institute on Drug Abuse and the National Institute on Alcohol Abuse and Alcoholism, the younger a person first uses drugs or alcohol, the greater the likelihood that they will become dependent and/or addicted to drugs and alcohol as an adult.<sup>iii</sup>
- Data from the 2008 Monitoring the Future Survey shows that more 10<sup>th</sup> graders are smoking marijuana than tobacco.
- These statistics are the reason that the full continuum substance use/abuse prevention strategies and programs need to be enhanced and included in HCR.

## *How Substance Use/Abuse Prevention Is Cost Effective, Saves Lives and Reduces Medical Consequences*

- Each year drug abuse and addiction cost tax payers nearly \$534 billion in preventable health care, law enforcement, crime and other costs.<sup>iv</sup>
- Preventing substance use/abuse is **cost effective**:
  - Every dollar invested in research based substance use/abuse prevention programs, strategies and activities have the potential to save up to \$7 in areas such as substance abuse treatment and criminal justice system costs.<sup>v</sup>
- Preventing substance use/abuse **saves lives**:
  - Alcohol abuse kills approximately 100,000 Americans every year, and is the third leading preventable cause of death in the United States.<sup>vi</sup>
  - Alcohol-involved crashes resulted in 16,792 fatalities, 513,000 nonfatal injuries, and \$50.9 billion in economic costs in 2000, accounting for 22 percent of all crash costs.<sup>vii</sup>

- Drugs are used by approximately 10 to 22 percent of drivers involved in crashes, often in combination with alcohol.<sup>viii</sup> Drugged driving causes \$33 billion in damages every year.<sup>ix</sup>
- Preventing substance use/abuse **reduces related medical consequences**:
  - Each year approximately 40 million debilitating illnesses or injuries occur among Americans as the result of their use of tobacco, alcohol or illicit drugs.<sup>x</sup>
  - The estimated total cost of medical consequences (including hospital and ambulatory care, drug-exposed infants; tuberculosis; HIV/AIDS; Hepatitis B and C; crime victim health care costs; and health insurance administration) associated with drug abuse in the United States was \$5.7 billion.<sup>xi</sup>

### *Why It Will Work*

- Organizing a community to strategically plan, implement and evaluate both environmental and norm changing strategies as well as evidence based programs throughout multiple community sectors and settings enables population level reductions in substance use and abuse.
- Broad based community coalitions that comprehensively address substance use/abuse throughout multiple community sectors and settings, particularly those funded by the Drug Free Communities (DFC) program, have achieved documented successful outcomes.
- The national cross-site evaluation of the DFC program reveals that DFC grantee communities have significantly lower substance use rates as compared to communities without DFC funded coalitions.
  - Between 2005 and 2007, DFC communities indicate a drop in past 30 day use of marijuana among high school age youth **from 16.6% to 9.8%** from 2005 to 2007, while data from the Youth Risk and Behavior Survey (YRBS) has dropped less dramatically from 20.2% to 19.7%.
  - Past 30-day use of alcohol among 9th-12th graders in DFC communities **dropped from 35.4% to 21.4%** from 2005 to 2007 while YRBS data show a slight uptick during that same time frame from 43.3% to 44.7%.
  - Past 30-day use of tobacco among 9<sup>th</sup>-12<sup>th</sup> graders in DFC communities **dropped from 18.6% to 10.6%** from 2005 to 2007 while YRBS data show a smaller decrease during that same time frame from 23% to 20%.
- When strategic approaches to change a community's norms and environment are implemented in tandem with appropriate programs and services, based on a community's strategic plan, better outcomes can be achieved in terms of lower usage rates of targeted substances.

### *How To Include Substance Use/Abuse Prevention in HCR*

- Include universal prevention, to stop use before it starts, in a Health and Wellness Fund
  - Authorize multi-sector infrastructures to plan, implement and evaluate community wide environmental and norm changing strategies to create community contexts that promote substance use prevention.
  - Fund effective prevention programs and practices in multiple community settings and sectors.
- Include selective prevention, for populations at higher risk for substance use/abuse, such as children of substance abusing parents, in a medical home model.
- Include relevant individual and family based substance use/abuse prevention practices in a benefits package.
  - Integrate appropriate prevention messages and materials into primary healthcare settings at key life cycle transitions (e.g., before middle school, at retirement, and when a person is prescribed medicine that does not mix with alcohol).
- Include indicated prevention, in the form of screening and brief interventions, for substance abuse in a benefits package.

### *Conclusion*

The full continuum of substance use/abuse prevention must be appropriately included in all aspects of healthcare reform.



## **\*Definitions for Prevention Continuum:**

Universal prevention consists of interventions aimed at people who are not identified to be at special risk of developing alcohol and other drug dependency.

Selective prevention consists of interventions aimed at people who are at above average risk of developing alcohol and other drug dependency.

Indicated prevention consists of interventions aimed at people who show minimal but detectable signs, or symptoms foreshadowing alcohol and other drug dependency, but who do not meet the diagnostic criteria at the present time.

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<sup>i</sup> Quote by Dr. Nora Volkow, Director of the National Institute on Drug Abuse

<sup>ii</sup> National Institute on Drug Abuse. (2008). *Reducing the public Health Burden of Substance Abuse*. Bethesda, MD.

<sup>iii</sup> National Institute on Alcohol Abuse and Alcoholism. (2006). *Underage Drinking A Growing Healthcare Concern*. Available: <http://pubs.niaaa.nih.gov/publications/PSA/underagepg2.htm>. The National Household Survey on Drug Abuse (NHSDA) report. August 23, 2002. Available: <http://oas.samhsa.gov/2k2/MJ&dependence/MJdependence.htm>

<sup>iv</sup> National Institute on Drug Abuse. (2007). *Research Update from the National Institute on Drug Abuse — Drug Abuse is a Preventable Behavior*. Bethesda: MD. Available: <http://www.drugabuse.gov/tib/prevention.html>.

<sup>v</sup> Ibid.

<sup>vi</sup> McGinnis, JM, Foege, WH. (1993). "Actual causes of death in the United States." *JAMA*. 270:2207-2212.

<sup>vii</sup> Blincoe L, Seay A, Zaloshnja E, Miller T, Romano E, Luchter S, et al. The economic impact of motor vehicle crashes, 2000. Washington (DC): Dept of Transportation (US), National Highway Traffic Safety Administration (NHTSA); 2002. Available: <http://www.nhtsa.dot.gov/people/econimpact2000/index.htm>.

<sup>viii</sup> National Institute on Drug Abuse. (2008) *Drug abuse and addiction: One of America's most challenging public health problems*. Available:

<http://www.nida.nih.gov/about/welcome/aboutdrugabuse/magnitude/>

<sup>ix</sup> <http://druggeddriving.org/research.html#ref>

<sup>x</sup> National Institute on Drug Abuse. (2008) *Drug abuse and addiction: One of America's most challenging public health problems*. Available:

<http://www.nida.nih.gov/about/welcome/aboutdrugabuse/magnitude/>

<sup>xi</sup> Office of National Drug Control Policy (2001). *The Economic Costs of Drug Abuse in the*

*United States, 1992-1998*. Washington, DC: Executive Office of the President (Publication No. NCJ-190636). Available: [http://www.whitehousedrugpolicy.gov/publications/pdf/economic\\_costs98.pdf](http://www.whitehousedrugpolicy.gov/publications/pdf/economic_costs98.pdf)