



PRIORITY ISSUE: TCA AND THE EFFICACY OF SUD TREATMENT

Treatment Communities of America (TCA) is a non-profit association comprised of community-based substance use disorder (SUD) treatment providers throughout the United States. Incorporated in 1975, our mission is to ensure access to a full continuum of care for individuals and families affected by SUD through the following:

- Continuous improvement of the efficacy and efficiency of SUD treatment through research, partnership development, and resource acquisition.
- Education of the public about the need for and benefits of comprehensive SUD services.
- Advocacy to policymakers, public and private entities, and other key stakeholders to ensure policies, regulations, and legislation are in alignment with our mission.

Community Based Treatment for Substance Use Disorders

Community-based SUD treatment services specifically seek to treat people in the community while strengthening pro-social bonds and providing connections to additional assistance. In this model, individuals are provided with a continuum of recovery-focused services, ranging from intake and assessment through treatment and aftercare. A Continuum of Care for SUD treatment is designed to move each individual through different stages of treatment. During each step, special consideration is given to individual needs to prescribe appropriate intensity, duration, and setting for care. Ensuring that individuals are treated in a way that supports continuity of care improves treatment delivery and increases positive outcomes. Also, it ensures that evolving needs of the individual are constantly being tended to as they change throughout the course of treatment. Individuals involved in SUD treatment are cared for holistically: according to their level of need and their individual and specific challenges.¹

Community-based treatment is especially beneficial for those who are struggling with SUD. For one, it is cost-effective and has been shown to reduce hospitalizations, incarceration, emergency department utilizations, and criminal activity.² Community-based treatment has various social advantages for the individual as well: 1) It allows the client to remain in society emphasizing sober reintegration; 2) It is preferable to clients as they can remain in touch with their loved ones; and 3) It also allows for affordability and accessibility when compared to institutionalization. Community-based SUD treatment is imperative to ensuring that individuals are receiving treatment at the most integrative and least restrictive level possible.

¹ Manchikanti, L., MD, Fellows, B., MA, Ailinani, H., MD, & Pampati, V., MSc. (2010). Therapeutic Use, Abuse, and Nonmedical Use of Opioids: A Ten-Year Perspective. *Pain Physician*, 13, 401-435. Retrieved February 13, 2017, from <http://www.painphysicianjournal.com/current/pdf?article=MTM4Mg%3D%3D&journal=57>

² The United Nations Office on Drugs and Crime. Community Based Treatment and Care for Drug Use and Dependence. (April, 2014). Retrieved February 15, 2017, from http://www.unodc.org/documents/southeastasiaandpacific/cbtx/cbtx_brief_EN.pdf

For individuals who require more intensive treatment and support, community-based residential SUD treatment is a well-recognized option. A residential SUD treatment model cares for patients around the clock and includes housing and medical care. Residential SUD treatment programs may use a variety of therapeutic approaches and are generally aimed at helping the individual live a drug-free and crime-free life. Treatment participants are encouraged to examine their personal and social issues as well as their addiction. Upon leaving the residential setting, it is important that the individual “steps-down” in their treatment journey by staying involved in an outpatient program or attending support group meetings.³

Comprehensive SUD treatment is critical for helping individuals to overcome their addictions and lead productive lives in recovery. Unfortunately, the treatment system does not have the capacity to treat all those in need. The National Survey on Drug Use and Health reveals that while many people are suffering from alcohol and drug addiction, only a fraction of them are receiving treatment for it. Just 10% of those struggling with alcohol and 20% of those struggling with illicit drugs actually received treatment.⁴

Treating SUD Effectively

In an effort to help guide practices and ensure positive outcomes, the National Institute of Drug Abuse (NIDA) released evidence-based “Principles of Effectiveness”. They include:

- **Staying in treatment long enough is critical.**
- Addiction is a complex but treatable disease that affects brain function and behavior.
- No single treatment is right for everyone.
- People need to have quick access to treatment.
- Effective treatment addresses all of the patient’s needs, not just his or her drug use.
- Counseling and other behavioral therapies are the most commonly used forms of treatment.
- Medications are often an important part of treatment, especially when combined with behavioral therapies.
- Medically assisted detoxification is only the first stage of treatment.
- Treatment plans must be reviewed often and modified to fit the patient’s changing needs.
- Treatment should address other possible mental disorders.
- Treatment doesn't need to be voluntary to be effective.
- Drug use during treatment must be monitored continuously.

³ NIDA (2012). Principles of Drug Addiction Treatment: A Research-Based Guide (Third Edition). Retrieved February 27, 2017, from <https://www.drugabuse.gov/publications/principles-drug-addiction-treatment-research-based-guide-third-edition>

⁴ Substance Abuse and Mental Health Services Administration. Behavioral Health Barometer: United States, 2015. HHS Publication No. SMA-16-Baro-2015. Rockville, MD: Substance Abuse and Mental Health Services Administration, 2015.

⁵ U.S. Department of Health and Human Services (HHS), Office of the Surgeon General, *Facing Addiction in America: The Surgeon General’s Report on Alcohol, Drugs, and Health*. Washington, DC: HHS, November 2016.

- Treatment programs should test patients for HIV/AIDS, hepatitis B and C, tuberculosis, and other infectious diseases as well as teach them about steps they can take to reduce their risk of these illnesses.⁶

Once an individual has entered treatment, it is crucial that they remain and receive services as needed. Multiple studies show that the longer someone participates in treatment, the better their outcomes.⁷ When an individual is rushed through treatment to comply with an arbitrary or limited number of days, the effectiveness and likelihood of a successful treatment intervention is diminished. While length of stay decisions should be determined on a case by case basis and in accordance with the individual's specific needs, research has firmly established that "good outcomes" are contingent on adequate treatment length. Generally, for residential or outpatient treatment, participation for less than 90 days is of limited effectiveness, and treatment lasting significantly longer is recommended for maintaining positive outcomes".⁸

Equally important is ensuring that the individual is placed in the correct level of care. By employing assessments and criteria, practitioners can provide the appropriate care for individual needs. The most often adopted criteria are the American Society of Addictions Medicine's (ASAM) Levels of Care. By assessing an individual "where they are", services can be tailored for maximum effectiveness.

The first step for people who are struggling with a SUD is to stabilize them physically and mentally and then to ensure that they are placed in an appropriate treatment program for as long as is necessary. Unfortunately, many individuals who enter the health system presenting with symptoms of drug or alcohol misuse are leaving hospitals that offer little in the way of follow-up care. For example, among those entering a hospital following opioid misuse, a mere 10.7% had received the recommended therapeutic and medicinal services after 30 days.⁹ In most cases, an individual who presents at the emergency department or experiences a hospital stay related to their substance use will need to participate in on-going SUD treatment. Residential treatment programs offer an alternative to costly hospital stays and are equipped to address the various and unique needs of individuals with substance use disorders. In fact, some residential programs are designed as diversion points from hospitals/emergency departments (and jails).

It is important to recognize that a substance use disorder is a life-long struggle and a chronic disease. As is the case with many chronic conditions, relapses often happen throughout the course of treatment, in some cases it can lead to overdose or even death. A comprehensive and

⁶ NIDA (2016). Treatment Approaches for Drug Addiction. Retrieved February 14, 2017, from <https://www.drugabuse.gov/publications/drugfacts/treatment-approaches-drug-addiction>

⁷ Hubbard, R. L., Craddock, S. G., Flynn, P. M., Anderson, J., & Etheridge, R. M. (1997). Overview of 1-year follow-up outcomes in the Drug Abuse Treatment Outcome Study (DATOS). *Psychology of Addictive Behaviors*, 11(4), 261-278.

⁸ United States National Institute on Drug Abuse. (2012, December). Principles of Drug Addiction Treatment: A Research-Based Guide (Third Edition). Retrieved February 27, 2017, from <https://www.drugabuse.gov/publications/principles-drug-addiction-treatment-research-based-guide-third-edition/frequently-asked-questions/how-long-does-drug-addiction-treatment>

⁹ Ali, M. M., & Mutter, R. (2016). The CBHSQ Report: Patients Who Are Privately Insured Receive Limited Follow-up Services After Opioid-Related Hospitalizations. Rockville, MD: Substance Abuse and Mental Health Services Administration, Center for Behavioral Health Statistics and Quality.

complete course of services includes continued support to prevent such an occurrence. When a person in recovery actively engages in an aftercare program, they have been shown to have lower incidence of substance use at follow-up.¹⁰

Criminal Justice Nexus

The justice-involved population in the U.S. continues to have a higher level of SUD prevalence when compared to the public at-large. According to the National Center on Addiction and Substance Abuse, **85% of adults housed in a correctional institution are substance users at intake** and almost 65% have a history of diagnosable substance use disorder. Young people in the justice system also reflect a higher incidence of substance involvement: 78% use alcohol or illicit substances and about 44% have clinical indicators for a substance use disorder.¹¹

Recognizing the high prevalence of SUD in jails and prisons, as well as the correlation between criminal activity and substance use, many systems have implemented comprehensive SUD treatment programs in their correctional facilities. This increasingly includes medically assisted treatment (MAT) incorporating FDA approved medications, like Vivitrol.

Police officers are often the first on the scene of a behavioral health crisis. Accordingly, they have been adopting new procedures to assist people experiencing an overdose or other critical incident. Many police departments and first responders carry Narcan (Naloxone), a nasal spray that can be administered to counteract the effects of opioid overdose symptoms. By providing this entry-point intervention, police can then help to deliver people suffering from an overdose into a stabilizing detox center and, ultimately, into treatment. Other police practices to confront SUD in the field include the implementation of Crisis Intervention Teams (CIT) and Safe Passage programs. Both programs help police officers to connect people experiencing substance use disorders to treatment programs in the community.

Specialty courts continue to grow and are also an effective tool for jail diversion. Under this model, the participant is diverted away from the criminal justice system, and into community-based SUD treatment programming to overcome behavioral health or social obstacles. The National Association for Drug Court Professionals (NADCP) found that after two years, two-thirds of all drug court graduates had not been rearrested. Also, it found drug courts to be cost effective. In criminal justice system costs alone, they produce a return of \$3.36 for every \$1.00 invested.¹²

Societal Costs of Substance Use Disorders

“Substance misuse and substance use disorders cost more than \$400 billion annually in crime, health, and lost productivity.”¹³ These costs are not only intertwined in the other systems that they affect, they are also far-reaching in influence. Federal spending in the United States is allocated to three large systems (in order of overall cost): Health care, justice, and

¹⁰ Hubbard, R.L.; Craddock, S.G.; Flynn, P.M.; Anderson, J.; and Etheridge, R.M. Overview of 1-year follow-up outcomes in the Drug Abuse Treatment Outcome Study (DATOS). *Psychology of Addictive Behaviors* 11(4):291–298, 1998.

¹¹ Costs of Addiction & Substance Use. (2015, October 14). Retrieved February 14, 2017, from The National Center on Addiction and Substance Abuse, <http://www.centeronaddiction.org/policy/costs-of-risky-use-addiction>

¹² Drug Courts Work. Retrieved February 14, 2017, from The National Association for Drug Court Professionals, <http://www.nadcp.org/learn/facts-and-figures>

¹³ Costs of Addiction & Substance Use. (2015, October 14). Retrieved February 14, 2017, from The National Center on Addiction and Substance Abuse, <http://www.centeronaddiction.org/policy/costs-of-risky-use-addiction>

education. In the primary healthcare system, almost one-third of all hospital costs are attributable to substance use disorders. SUD and tobacco are associated with over 70 chronic health conditions that require extensive care. There is also an unmistakable link to mental health. It is estimated that about 25% of people suffering from serious mental illness (SMI) also have a comorbid SUD.¹⁴ In addition, SUD issues have a significant impact on our child welfare system with 60-80% of the families who have substantiated cases identified with substance abuse as a factor in the child abuse and neglect, often resulting in out-of-home placement. With an average cost of \$25,000 annually per child for foster care placement and another \$30,000 in treatment and ancillary services; the costs of SUDs to the child welfare system are astronomical.

Cost Efficacy of Intervention and Treatment

Intervention and treatment for substance use disorders work and have been shown to be an effective tool that produces a positive return on investment. NIDA estimates a return on investment for the criminal justice system of between \$4 and \$7 per every \$1 invested. The savings associated with investing in addiction treatment services reaches a ratio of 12 to 1 when primary healthcare is added.¹⁵

Facts and Figures (2012)¹⁶:

Average Cost of SUD Treatment per Patient	\$1,538
Average Cost Offset of SUD Treatment per Patient	\$11,487 (7:1 Benefits to Cost)
Average Medicaid Savings per Patient	\$398 per Month
Average Overall Medical Costs Saved per Patient	\$311 per Month
Average Savings Associated with Treatment in Healthcare and Productivity	\$4,100 per Month
Decrease in Likelihood of Being Arrested	16%
Decrease in Likelihood of a Felony Conviction	34%



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¹⁴ United States Department of Health and Human Services. (2013, March 14). Mental Health and Substance Use Disorders. Retrieved February 15, 2017, from <https://www.mentalhealth.gov/what-to-look-for/substance-abuse/>

¹⁵ United States National Institute on Drug Abuse. (2012, December). Is drug addiction treatment worth its cost? Retrieved February 15, 2017, from <https://www.drugabuse.gov/publications/principles-drug-addiction-treatment-research-based-guide-third-edition/frequently-asked-questions/drug-addiction-treatment-worth-its-cost>

¹⁶ Investing in Treatment. (2012, May 23). Retrieved February 15, 2017, from https://www.whitehouse.gov/sites/default/files/ondcp/Fact_Sheets/investing_in_treatment_5-23-12.pdf