

**North Carolina Institute of Medicine
Task Force on Prevention
November 17, 2008
Meeting Minutes
Substance Abuse**



Chairs: Robert Seligson, MBA; Steve Cline, DDS, MPH (acting for co-chair Leah Devlin, DDS, MPH)

Task Force Members/Steering Committee Members: Thomas Bacon, Paula Collins, John Frank, Greg Griggs, Rep. Verla Insko, Polly Johnson, Jennifer MacDougall, Meg Molloy, Peg O'Connell, Bob Parker, Ruth Petersen, Mary Piepenbring, Marcus Plescia, Barbara Pullen-Smith, Bill Pulley, Sen. William Purcell, Kelly Ransdell, George Reed, Pam Seamans, Vandana Shah, Florence Siman, Bill Smith, Kristie Thompson, Lisa Ward

Interested Persons: Larry Bailey, Kymm Ballard, Amy Bason, Margaret Brake, Anne Butzen-Thornhil, Dee Downie, Butch Gunnells, Lynn Hoggard, Joe Holliday, Sally Malek, Crawford Nelson, Janice Petersen, Scott Proescholdbell, Holly Ready, Rebecca Reeve, Cecelia Royer, Jessica Schorr Saxe

NCIOM Staff: Pam Silberman, Mark Holmes, Jennifer Hastings, Jesse Lichstein, Thalia Fuller

Review of Recommendations from All Prior Prevention Task Force Meetings

The Task Force reviewed all recommendations from the meetings on tobacco use; physical inactivity; poor nutrition; STDs, HIV, and unintended pregnancy; and substance abuse. Comments and edits were incorporated.

Substance Abuse in North Carolina: Defining the Problem, Current Initiatives, and Recommendations from the NCIOM Task Force on Substance Abuse Services

Pam Silberman, JD, DrPH, President & CEO, North Carolina Institute of Medicine

The North Carolina General Assembly asked the NCIOM to convene a task force to study substance abuse services in North Carolina. The NCIOM Task Force on Substance Abuse Services is chaired by Rep. Verla Insko, Sen. Martin Nesbitt, and Dr. Dwayne Book. The Task Force began meeting in October 2007. An interim report was issued by the Substance Abuse Services Task Force in May 2008. A final report will be issued in early 2009. Prevention and early intervention recommendations were developed by this Task Force. Given the overlap in topic areas between the two task forces, the Prevention Task Force decided to review the prevention and early intervention recommendations developed by the Substance Abuse Services Task Force.

The Problem of Substance Abuse in North Carolina

- In 2008, an estimated 709,000 North Carolinians reported either alcohol or drug abuse or dependence. Most do not receive treatment.
- In 2006, the substance abuse services system in this state cost \$138 million. Alcohol and drug abuse costs the state economy more than \$12.4 billion in direct and indirect costs in 2004.
- Of traffic deaths, 27% are alcohol-related. Six out of 10 individuals entering prison need substance abuse services, and 40% of juvenile offenders in the court system have underlying substance abuse problems.
- Substance abuse as a condition is stigmatized, services are lacking in primary care, and only 10% of people with addiction problems obtain services from the publicly-funded substance abuse system

Prevention

- The disease of addiction begins in childhood or adolescence. Prevention in substance abuse focuses on delaying initiation or preventing people from using alcohol, drugs, or tobacco. Prevention activities should be targeted at youth since youth initiation increases risk of later abuse or neglect.
- Tobacco is a gateway drug, and alcohol is the most commonly used drug among youth.
- The Division of Mental Health, Developmental Disabilities, and Substance Abuse Services allocates Substance Abuse Prevention and Treatment Block Grants to Local Management Entities for evidence-based programs, practices, and policies. The Division also allocates Safe and Drug-Free Schools and Communities grants. Together these grants reach all counties in the state, but reach only 42,000 of the 732,000 youth ages 12-17 in North Carolina who are need of universal, selective, or indicated prevention programs.
- The North Carolina Coalition Initiative (NCCI) is an effort to build community coalitions focusing on prevention. NCCI was created through 2-year funding from the North Carolina General Assembly totaling \$800,000. Eight community programs are currently being funded.
- Priority Prevention Recommendations from the Substance Abuse Services Task Force
 - The North Carolina General Assembly should appropriate \$1,945,000 in SFY 2010, \$3,722,000 in SFY 2011 to develop comprehensive state and local substance abuse prevention plans.
 - The North Carolina General Assembly should further increase tobacco tax to national average, with funds used to support prevention and treatment efforts.
 - The North Carolina General Assembly should ban smoking in all public buildings, including but not limited to restaurants, bars, and worksites
 - The North Carolina General Assembly should increase the excise tax on beer, and index taxes on beer and wine to CPI. Revenue should be used for prevention, treatment, and comprehensive alcohol awareness education and prevention campaign.

Early Intervention

- Early intervention focuses on screening, counseling, and referring people when they first start using/abusing alcohol, drugs, or tobacco. Primary care providers are ideally situated to do this. Screening, Brief Intervention, and Referral to Treatment (SBIRT) is a SAMHSA program that has been tested in primary care settings, emergency departments, hospitals, and other outpatient settings.
- Priority Early Intervention Recommendations from the Substance Abuse Services Task Force
 - The North Carolina General Assembly should appropriate \$1.5 million to DMHDDSAS to work with Office of Rural Health, Governor's Institute and AHEC to expand use of SBIRT in CCNC networks and other primary care and outpatient settings.
 - The North Carolina General Assembly should mandate that insurers offer same coverage for treatment of addiction diseases as other physical illnesses, including covering certain CPT codes or services provided by different qualified health professionals in outpatient settings

Substance Abuse Recommendations Discussion

The Prevention Task Force decided to support the priority prevention and early intervention recommendations of the NCIOM Task Force on Substance Abuse Services.