



North Carolina Institute of Medicine Task Force on Substance Abuse Services: Prevention & Early Intervention

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● ● ● | Legislative Charge

- The North Carolina General Assembly asked the NCIOM to convene a task force to study substance abuse services in NC
 - Section 10.53A of Session Law 2007-323
- Requested to make interim report and recommendations to the 2008 session and a final report to the 2009 session
- Task Force chaired by: Rep. Verla Insko, Sen. Martin Nesbitt, and Dr. Dwayne Book
 - Includes 52 other members





Substance Abuse Problems in North Carolina

- According to the National Survey on Drug Use and Health:
 - 642,000 people 12 years and older (7.7%) in North Carolina reported illicit drug use in the past month
 - 1.63 million people in North Carolina (19.5% of people 12 years or older) reported alcohol binge drinking
 - ***Approximately 709,000 people reported either alcohol or drug abuse or dependence in North Carolina***
 - Most do not receive treatment



Substance Abuse Has Large Costs to Society

- North Carolina spent \$138 million in 2006 to fund the public substance abuse services system
- In addition to direct treatment costs, there are significant indirect costs
 - 5% of traffic accidents are alcohol related (27% of traffic related deaths)
 - In NC, 63% of those entering prison need substance abuse services
 - ~40% of juvenile offenders in the court system have underlying substance abuse problems



Substance Abuse Has Large Costs to Society

- Substance abuse is one of the leading contributors to:
 - Child abuse and neglect
 - Loss of child custody
- ***Alcohol and drug abuse estimated to cost the North Carolina economy over \$12.4 billion in direct and indirect costs in 2004***



Prevention, Diagnosis, and Treatment is Difficult

- Large percentage of individuals with substance abuse problems do not recognize they have a problem
- Many who know they have a problem do not seek treatment
 - Stigma attached to the condition
 - The substance abuse service system is not always accessible, or may not offer services the clients want or need
 - Substance abuse services are not readily available in a primary care setting
 - As a result, only about 10% of the people in North Carolina with addiction problems obtain services from the publicly-funded substance abuse system



Most People Who Need Treatment Do Not Receive It

Estimates of North Carolina Population (12 or older)	<u>Number</u>	<u>Percent</u>
Dependence on or abuse of illicit drugs or alcohol in past year	709,000	(8.5%)
Alcohol dependence or abuse in past year	551,000	(6.6%)
<i>Needing but not receiving treatment</i>	<i>526,000</i>	<i>(95.5%)</i>
<i>Needing and receiving treatment</i>	<i>25,000</i>	<i>(4.5%)</i>
Illicit drug dependence or abuse in past year	250,000	(3.0%)
<i>Needing but not receiving treatment</i>	<i>225,000</i>	<i>(90.0%)</i>
<i>Needing and receiving treatment</i>	<i>25,000</i>	<i>(10.0%)</i>



National Survey on Drug and Health. 2005-2006. Estimates of NC population based 8.3 million people 12 or older (2008).

Adolescents Ages 12-17 Also Face Problems Receiving Treatment

Estimates of North Carolina Population (12 -17)	<u>NC</u>	<u>US</u>
Dependence on or abuse of illicit drugs or alcohol in past year	7.8%	8.0%
Alcohol dependence or abuse in past year	4.9%	5.5%
<i>Needing but not receiving treatment</i>	96%	95%
<i>Needing and receiving treatment</i>	4%	5%
Illicit drug dependence or abuse in past year	4.8%	4.7%
<i>Needing but not receiving treatment</i>	96%	91%
<i>Needing and receiving treatment</i>	4%	9%



National Survey on Drug and Health. 2005-2006. Estimates of NC population based 8.3 million people 12 or older (2008).

Young Adults Ages 18-25 Also Face Similar Problems

Estimates of North Carolina Population (18-25)	<u>NC</u>	<u>US</u>
Dependence on or abuse of illicit drugs or alcohol in past year	18.9%	21.6%
Alcohol dependence or abuse in past year	14.4%	17.6%
<i>Needing but not receiving treatment</i>	96%	97%
<i>Needing and receiving treatment</i>	4%	3%
Illicit drug dependence or abuse in past year	8.9%	8.1%
<i>Needing but not receiving treatment</i>	88%	93%
<i>Needing and receiving treatment</i>	12%	7%



National Survey on Drug and Health. 2005-2006. Estimates of NC population based 8.3 million people 12 or older (2008).



Addiction is a Chronic Illness

- Historically, society has viewed addiction as an acute illness
 - We expect people to go into treatment and be “cured”
 - If a person relapses, we consider this relapse a moral failure
- However, addiction is really a chronic illness that affects the brain
 - Has similar adherence and relapse rates to other chronic illnesses
- ***We need to change the current treatment paradigm from an acute-care “curative” model to a long-term management of chronic illness model***



Addiction is a Chronic Illness

Chronic Disease	Substance Abuse	Asthma	Diabetes	Hypertension
Adherence	~60%	60%	<40%	<40%
Relapse/Recurrence	40%-60%	50%-70%	30%-50%	50%-70%
Genetic Inheritability	.34-.61	.36-.70	.30-.55	.25-.50
Cure?	No	No	No	No
Research-based Treatment Guidelines and Protocols?	Yes	Yes	Yes	Yes
Parity With Other Medical Conditions?	No	Yes	Yes	Yes

Sources: McLellan 2000 JAMA, except SA adherence: Gilmore, Lash, Foster, Blosser. Adherence to Substance Abuse Treatment: Clinical Utility of Two MMPI-2 Scales. Journal Of Personality Assessment, 77(3), 524-540. Bottom seven rows from "Comparisons Among Alcohol-Related Problems, Including Alcoholism, and Other Chronic Diseases." Ensuring Solutions to Alcohol Problems, George Washington University Medical Center. Available on line at: http://www.ensuringsolutions.org/usr_doc/Chronic_Disease_Comparison_Chart.pdf





Comprehensive System of Substance Abuse Services

- To effectively address this problem, North Carolina needs to create a comprehensive substance abuse service system
 - ***Prevention***—start with prevention to delay initiation or prevent people from using alcohol, drugs, or tobacco
 - ***Early intervention***—screen, counsel, and refer people when they first start using/abusing alcohol, drugs, or tobacco
 - ***Specialized services***—provide more intensive services for people with addiction or dependence problems
 - ***Recovery support***—provide long-term recovery supports to help support people in recovery

Comprehensive Substance Abuse Services System



**Specialized
Substance Abuse
System**

**Outpatient
Rx &
Counseling**

Recovery Support

**Residential
Svcs**

Hospitalization

**Early Intervention:
Outpatient & Primary
Care Setting**

**Screening,
Counseling**

**Brief
Treatment**

**Referral into more
intensive treatment**

Detox

**Linkages
to primary
care**

Prevention Strategies

Universal

Selective

Indicated

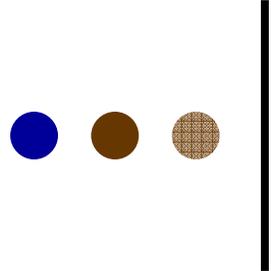
**No
Problem**

**Risk
Factors**

**Occasional
Problem**

**Dependence
/ Abuse**





Prevention

- Addiction is a disease that begins in childhood or adolescence
 - 38% of high school students had at least one drink in last 30 days, 36% have used marijuana, and 19% smoked cigarettes.

- ● ● | **Adolescents are Particularly Vulnerable to Effects of Alcohol and Drugs**

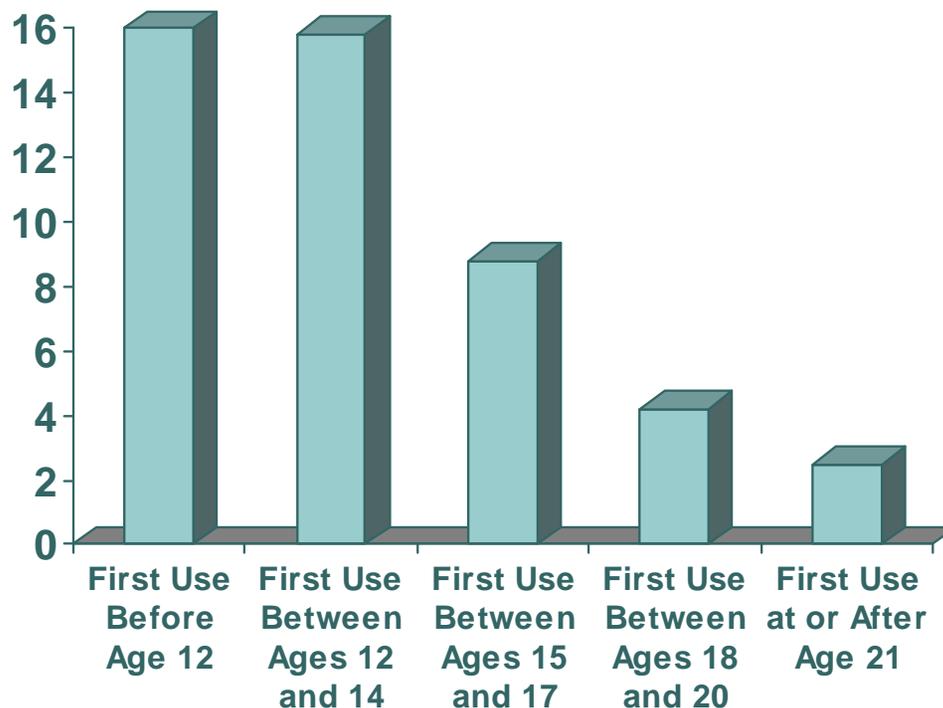
- Pre-frontal cortex controls decision making that involves longer-term trade-offs
 - But pre-frontal cortex is not fully developed until approximately age 25
 - As a consequence, adolescents less focused on longer-term consequences of drug use
- Substance use or abuse can alter the normal maturation of the brain



Prevention (cont'd)

- Prevention activities should be targeted to youth
 - People who start using alcohol, tobacco, or other drugs when they are young have a higher risk of later abuse or neglect

Percent Dependent or Abusing in 2003



● ● ● | Prevention (cont'd)

- Prevention activities need to target alcohol, tobacco, and other drugs
 - Tobacco is considered a gateway drug and is often one of the first substances that children use
 - Alcohol is the most commonly used drug among youth
 - Use of alcohol is associated with death from injury, risky sexual behavior, and increased risk of sexual and physical assault
- Need to use universal, selective, and indicated prevention interventions
 - SAMHSA has a registry of evidence-based prevention programs and practices: www.nrepp.samhsa.gov



Existing Prevention Initiatives

- DMHDDSAS works with LMEs to perform required needs assessments and to implement evidence-based interventions.
- DMHDDSAS allocates Substance Abuse Prevention and Treatment (SAPT) Block Grants to LMEs for evidence-based programs, practices, and policies. (SAPT grants in 24 LMEs)
- DMHDDSAS allocates Safe and Drug-Free Schools and Communities (SDFSC) grants. (SDFSC grants in 12 LMEs)
- Together SAPT and SDFSC grants reach all NC counties, but have minimal population reach.
 - 732,000 youth in NC ages 12-17 and all are in need of universal prevention
 - 276,000 are in need of selective or indicated prevention programs (targeting children at higher risk or who have started using substances)
 - Estimates are that only 42,000 were served through the SAPT and SDFSC grants



Existing Prevention Initiatives

- North Carolina Coalition Initiative (NCCI)
 - Mission: To reduce substance abuse by building community coalitions to implement evidence-based, population-level prevention strategies.
 - This year, 8 grants awarded to community programs across the state.
 - NCCI created through a 2-year, \$800,000 funding initiative from the NC General Assembly.
 - NCCI is coordinated by Wake Forest University.



Prevention

Recommendations

- **Rec. 4.1 (PRIORITY). NCGA should appropriate \$1,945,000 in SFY 2010, \$3,722,000 in SFY 2011 to develop comprehensive state and local substance abuse prevention plans.**
 - **\$1,770,000 (FY 2010) & \$3,547,000 (FY 2011) would be used to fund six comprehensive prevention pilot projects at local level.**
 - **Should include at least 3 rural and 3 urban communities**
 - **Should incorporate evidence-based programs, policies and practices that include a mix of strategies including universal, selective, and indicated populations**



Prevention Recommendations

- Rec. 4.1 (cont'd)
 - **\$250,000 should be allocated from Mental Health Trust fund to evaluate these pilots, and if successful, should be rolled-out to other parts of the state**
- Rec. 4.2. NCGA should direct State Board of Education, NC Community College System, and University of North Carolina System to review existing prevention, early intervention, treatment, and referral plans and report on these plans to the North Carolina General Assembly



Prevention Recommendations

- Rec. 4.3. DMHDDSAS, DPH, Div. Alcohol Law Enforcement, and DPI develop plan to further reduce tobacco and alcohol sales to minors
- **Rec. 4.4. (PRIORITY) NCGA should further increase tobacco tax to national average, with funds used to support prevention and treatment efforts**
- Rec. 4.5. NCGA should appropriate \$1.5 million to support Quitline NC

● ● ● | **Prevention Recommendations**

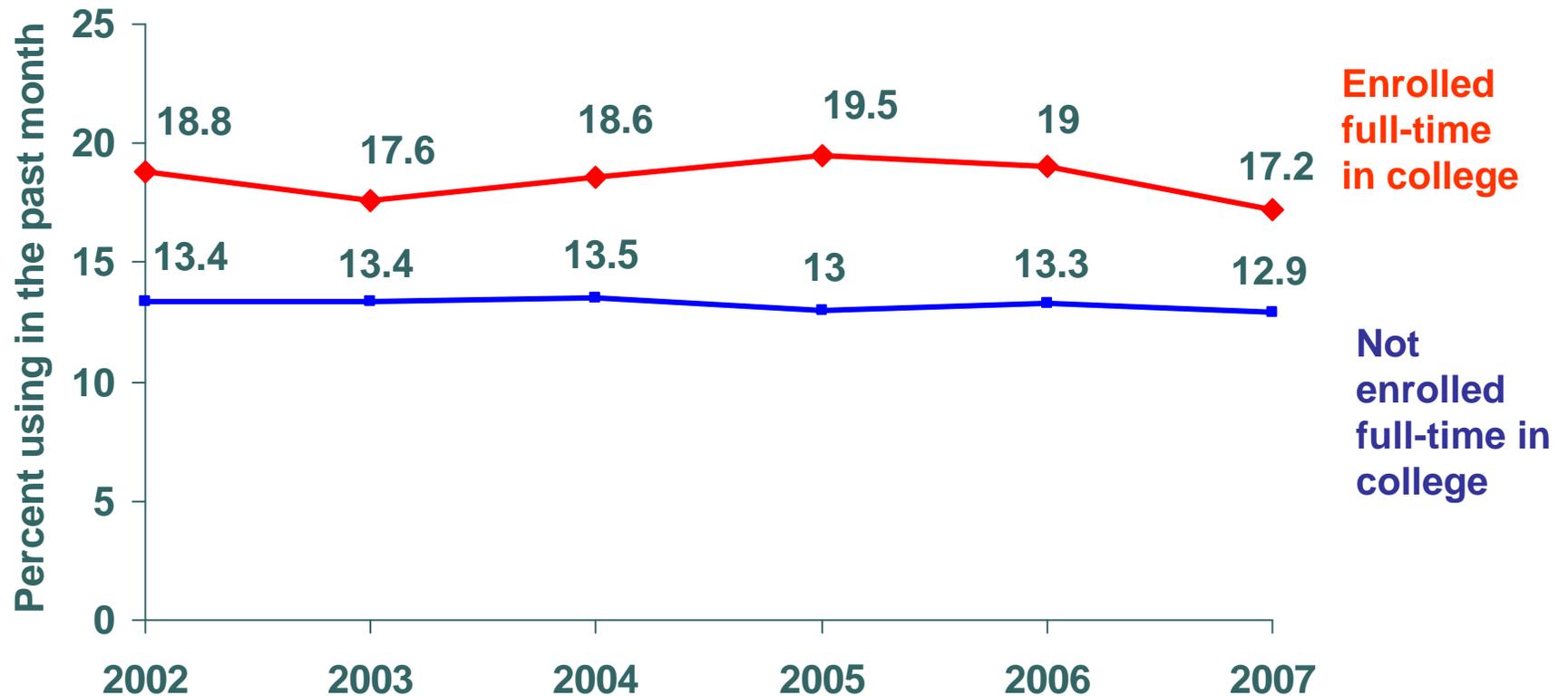
- **Rec. 4.6. PRIORITY NCGA should ban smoking in all public buildings, including but not limited to restaurants, bars and worksites**
- **Rec. 4.7. PRIORITY NCGA should increase the excise tax on beer, and index taxes on beer and wine to CPI. Revenue should be used for prevention, treatment, and comprehensive alcohol awareness education and prevention campaign.**
- **Rec. 4.8. DMHDDSAS, DPH, DSS and other providers should develop prevention plan to prevent fetal alcohol spectrum disorders and report plan to LOC no later than July 1, 2009.**

- ● ● | **Use of Alcohol and Drugs
Highest Among Adolescents
and Youth Adults**

- Use of alcohol highest among young adults (ages 21-29)
- Use of drugs highest among older teens and young adults (ages 17-25)
- Young adults 18-22 in college are more likely to drink than those who are not enrolled in college full-time



Heavy Alcohol Use Among Adults Aged 18 to 22, by College Enrollment: 2002-2007



Additional Prevention Recommendations (after Interim Report)

- Nationally, 130 college presidents and chancellors signed a statement to encourage a broader discussion of the minimum legal drinking age (“Amethyst Initiative”)
- National data show that motor vehicle fatalities increased by 10% when drinking age lowered to 18, and decreased by 16% when the drinking age increased to 21.
- Therefore, the Task Force *tentatively* recommended that North Carolina maintain the current minimum legal drinking age of 21.
- Task Force also considering other recommendations to increase prevention activities on college campuses



Early Intervention

- Goal of prevention efforts is to reduce the number of people who use, abuse, or become dependent on alcohol, tobacco, or other drugs
- There are people who will use drugs despite prevention activities.
 - Important to intervene before the person is already addicted
 - Primary care providers ideally situated to screen individuals to identify people who currently use alcohol, tobacco, and other drugs

● ● ● | **Early Intervention**

- SAMHSA has developed evidence-based screening and brief intervention program for individuals who are at risk for substance abuse problems
 - **S**creening, **B**rief **I**ntervention, and **R**eferral to **T**reatment (SBIRT) has been tested in primary care settings, emergency departments, hospitals, and other outpatient settings
 - Helps individuals who are at risk, but not yet addicted, to reduce the use of these substance
 - Helps link those with more serious addiction problems into treatment

● ● ● | **SBIRT Effective**

- Research has shown that people are more likely to quit smoking if advised by physician, particularly if combined with other treatment and intervention
- Counseling also important as part of intervention for alcohol or drug use
 - Has been shown to be successful in reducing consumption of illegal drugs or binge drinking



Early Intervention Recommendations

- Rec. 4.9. AHEC, health professional schools, Governor's Institute on Alcohol and Substance Abuse and other organizations should expand SA training for health professionals
- **Rec. 4.10 PRIORITY. NCGA 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.**
- Rec. 4.11. NCGA should direct NC Division of Medical Assistance and NC Health Choice to pay for annual wellness visit for children and adolescents.

Early Intervention Recommendations

- Rec. 4.12. NCGA should appropriate \$750,000 to Office of Rural Health and Community Care to support co-location of trained substance abuse specialists in primary care settings (building on current initiative for mental health workers)
- **Rec. 4.13 PRIORITY. NCGA 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**



Other Recommendations and Next Steps

- Other recommendations focus on:
 - Specialized substance abuse services and recovery supports needed for people with addiction problems
 - Specialized populations, including but not limited to military, adult, and juvenile offenders
 - Workforce and data needs
- Final report due to the legislature in the 2009 session



Questions?





For More Information

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- Interim report available at:
http://www.nciom.org/docs/SA_Interim.pdf