

## POSITION STATEMENT ON HEALTHCARE REFORM

No strategy for health care reform or curtailing the escalating costs of healthcare in the United States will be successful unless it includes an effective and proactive approach to treating addictions. Dependence on mind altering substances including alcohol, nicotine, pharmaceuticals, and illicit drugs are commonly called addictions. Addictions are chronic but treatable conditions affecting roughly 10% of Americans. Yet, the medical consequences of these conditions account for as much as 25% or more of total medical costs.

Studies over the past two decades have documented that addictions drive up medical costs not only for the addicted, but also for their families. As many as 25% of those admitted to hospitals for illness or injuries are dependent on one or more substances. Family members of substance dependent individuals have been found to incur twice the level of medical claims as the general population.

Those suffering from addictions are not likely to receive treatment for their conditions. Only about 15% of those dependent on substances are likely to receive treatment for their conditions. The reasons for the lack of treatment include stigma, lack of treatment funding, and a lack of confidence that the conditions can be successfully treated.

**STIGMA:** Unlike most chronic conditions, addiction to mind altering substances is often viewed as a moral or personal weakness. This view persists despite accumulating evidence that genetic predispositions and negative life experiences are typically involved in these conditions. A recent NIDA (National Institute of Drug Abuse) report discusses findings on more than 80 genes found to be associated with risks for addictions. Neurological and epidemiological studies have documented that adolescents exposed to nicotine, alcohol, and other drugs can experience changes in brain chemistry that precipitate strong addictive reactions.

**FUNDING:** The appropriate treatment of addictions often is not covered adequately even for those who have some form of private or public coverage. Addictions are chronic conditions requiring a continuum of care that ideally extends for six months or beyond. Despite these consistent findings from outcome research, many payment systems do not adequately cover this continuum of care. As a consequence, the recovery rates from substance dependence are frequently lower than they should be. Funding also needs to be consistent with a chronic illness rather than an episodic, or acute care funding model.

**PERCEPTION:** This lack of adequate coverage also contributes to the common perception that recovery rates from substance dependence are low. If one does not have confidence that recovery is possible, the natural tendency is not to present for treatment. Among those who do receive appropriate and adequate care, recovery and functioning are found to be comparable to other chronic conditions including diabetes, asthma, and hypertension. Cost-benefit studies that include all areas impacted by addictions have documented that treatment for addictions can return up to seven dollars in benefit to society for every dollar spent on treatment.

Changes in the healthcare system must include strategies for overcoming the aforementioned barriers to the treatment of addictions. Failure to do so will result in a failed system that will not contain healthcare costs. The following are key initiatives that will be required for any healthcare reform designed to contain healthcare costs.

- **EDUCATION:** Mount an education campaign to inform the public of the nature of addictions and their treatment. Understanding that addictions have a biological basis and are treatable will help reduce stigma and correct erroneous perceptions of hopelessness.
- **IDENTIFICATION:** Promote routine screening, assessment, and referral for addictions. Efforts to include screening in routine medical examinations are a beginning. Educating the public about

the danger signs of addictions and providing sites where individuals can explore whether risks exist will also be beneficial. Early intervention helps promote positive outcomes as with any mental health disorder.

- **FUNDING:** Appropriate and sufficient funding will be required to identify and treat those afflicted by addictions. This requires reducing procedural barriers to accessing services and providing funding for the continuum of care that research has documented as required for positive recovery. Funding for effective prevention efforts will also serve to contain healthcare costs. In addition to healthcare returns, treatment for addiction yields significant benefits in areas such as public safety and vocational functioning. Funding sources from non-health areas should also be considered. For example, funding treatment for individuals in correctional systems may contribute to rehabilitation as well as contributing to public safety and reducing overall costs to society.
- **ACCOUNTABILITY:** As part of the funding for treatment and prevention, those providers and organizations receiving funding should be required to maintain records on the initial outcomes of their treatment or prevention programs. The ideal treatment continuum provides sufficient time to maintain records as to treatment engagement, retention, and initial recovery efforts and status. This affords an opportunity to make clinical accountability a part of the standards of care. Similarly, prevention efforts should be held accountable for achieving goals. In the past, ineffective programs have persisted. This has diverted funding from programs that do show results and provided a false perception that addiction prevention has been addressed.

This position paper is supported and endorsed by the board of the North Carolina MCADD (Mountain Council on Alcohol and Drug Dependence). MCADD ([www.nc-mcadd.org](http://www.nc-mcadd.org)) is a non-profit organization dedicated to reducing the impacts of addictions at the individual, family, and community level.