

Addiction needs consideration in health care reform

Local addiction expert said addiction needs to be discussed in health care debate

By Kim Gardner

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With reform in health care dominating conversations across Haywood County and the nation, there is one area receiving little to no attention — addiction treatment.

It is a topic that should be included in the debate, says Norman Hoffmann, Ph.D., a clinical psychologist who has worked in addiction evaluation programs.

“If addiction is not taken care of in health care reform, it will not be effective,” he said.

Hoffmann, who also serves as an adjunct professor of psychology at Western Carolina University, said the effects of addiction trickles into health care costs.

“There’s an old study that shows family members of alcoholics use medical services two times more than the general public,” he said. “One out of four admitted to surgical beds are alcoholics, and young addicts tend to use more medical services than older ones.”

The cost to treat those with addictions, whether it is for alcohol or drugs, is far less than the benefits. Hoffmann cites a 2006 study that shows, on average, substance abuse treatment costs of \$1,583 and is associated with a monetary benefit to society of \$11,487, a 7-to-1 ratio of benefits to costs. The conclusion of that study, conducted by the Health Research and Educational Trust, was that even without considering the direct benefit of improved health and quality of life, “allocating taxpayer dollars to substance abuse treatment may be a wise investment,” the study states.

A 2008 study by George Washington University, published in the April 2008 edition of the Journal of Substance Abuse Treatment, found that if employers spend an extra \$30 on an employee’s health benefit for chemical dependency, the cost would pay for itself in the long run. The study looked at employees that make an annual mean salary of \$36,565.

After 30 to 60 days of treatment, the study found a 31 percent drop in absenteeism, with the average number of days decreasing from 2.4 days to .81 days. This equates that employers would recover 19 days annually in productivity and yield up to \$5,366 in benefits, the study states. Additionally, the study found, productivity loss decreased from 40 percent to 25 percent.

Costs for treating addiction outweigh the costs for incarcerating those with addictions. In Western North Carolina, when access to treatment went down 63 percent, incarceration rates increased 50 to 54 percent, Hoffmann said.

“The biggest place we’d save money is in corrections,” he said.

Last year, the state of Vermont studied the benefits of providing addiction treatment. It was found that by investing \$2.7 million for addiction treatment would save about \$5 million to \$6 million annually.

There are four areas that need to be addressed in addiction, “to really make a difference,” Hoffmann said. Those areas are to look at outcome-based prevention efforts that include community-wide programs.

“We need to involve everybody,” he said. “If you delay the onset (of using addictive substances) and (prevent) kids using alcohol and other substances until at least 16 or 18, the odds of become addicted is lower.”

A second area to address is revitalizing the nation’s addiction treatment system. Hoffmann said that genetics play a role in addiction and health insurance coverage should “be designed to get whomever counseling and treatment.”

According to a report by the North Carolina Institute of Medicine, there are more than 250,000 people 12 and older who report illicit drug dependence with more than 550,000 dependent on alcohol. The report finds that fewer than 10 percent received treatment. Overall, the state spent \$138 million in 2006 to fund the public substance abuse service system, which is underfunded compared to other states, according to the report.

Funding successful treatment programs and providing affordable access to addicted people is a third area that needs to be addressed, Hoffmann said.

A priority recommendation by the N.C. Institute of Medicine to the General Assembly is to appropriate \$1.945 million in the 2009 fiscal year and \$3.72 million in reoccurring funds to the Division of Mental Health, Developmental Disabilities and Substance Abuse Services to develop a comprehensive state and local substance abuse prevention plan, with a portion of the funds dedicated to implement the plan.

The fourth area is accountability, Hoffmann said.

“There needs to be accountability from the service provider down through the whole health care system,” he said. “This is what (President Barack) Obama talks about when he says paying for what works and not for what doesn’t.”

Overall, Hoffmann said, paying for addiction issues at the front end will benefit all in the end.

“We’ll get a payback in business, corrections, a reduction in motor vehicle accidents and insurance,” he said.