

Rethinking Substance Use Disorders

In the United States, almost 1 in 10 individuals over age 12 has a problem with alcohol or drugs, making substance use disorders one of the most damaging and expensive health problems facing our country today (Capoccia 2006). Yet many of the specific issues surrounding substance use remain largely under the radar because of both their controversial nature and the highly marginalized and vulnerable populations they often affect.

Of the many negative outcomes of substance use disorders, addiction is one of the most complex. Once viewed as simply a criminal behavior or a bad choice, addiction is now known to be influenced by biological, social, and environmental determinants – the same factors that form the basis of many other chronic illnesses (Capoccia 2006). Research has also found that substance use disorders are treatable on a level comparable to some of these illnesses such as asthma and diabetes.

THE NUMBERS

An estimated 8 percent of the 12 and older population, or 20.1 million people, currently use illicit drugs (SAMHSA 2009). When it comes to alcohol abuse, about 23 percent of the population, or 58.1 million people, report engaging in binge drinking at least once over the past 30 days (five or more drinks on the same occasion), and 6.9 percent, or 17.3 million, report heavy drinking (five or more drinks on the same occasion on five or more days) over the same time period (SAMHSA 2009). Although illicit drug use, and binge and heavy drinking are never healthy, not all individuals who exhibit these behaviors experience problems or become addicted.

Even so, substance use disorders are the cause of 1 in 14 hospital admissions, and both drug- and alcohol-related fatalities have increased in recent years (RWJF 2009; National Center for Health Statistics 2009; CDC 2009). In fact, alcohol use is the third leading cause of preventable death in the United States, after tobacco use, and poor nutrition and exercise habits (CDC 2009).

POPULATIONS AT INCREASED RISK

Substance use disorders affect all populations, but the most vulnerable are often the hardest hit, including individuals who are homeless, have mental health problems, and are involved in the criminal justice system. In addition, differences are seen in alcohol and drug use across racial and ethnic groups. Helping complete this picture are inequities in access to substance use services. This is referred to as the “treatment gap”

and describes the difference between those who need substance use services and those who have actually received treatment in the past year. National data indicate Native Americans experience the greatest unmet need for services; but with the exception of Asian Americans, all racial and ethnic groups experience a wider treatment gap than whites (Substance Abuse Policy Research Program 2009). That said, the lack of appropriate treatment for substance use disorders is an overarching problem; the 2009 National Survey on Drug Use and Health found that of the 23.1 million Americans who need specialized treatment for a substance use disorder, only 10 percent receive it (SAMHSA 2009).

OPPORTUNITIES FOR FUNDERS

As the following examples illustrate, grantmakers are addressing many of the issues surrounding substance use disorders head-on, including drug policy reform, drug and driving under the influence of alcohol (DUI) courts, and syringe exchange. To target some of the toughest issues, the following discussion focuses on treatment, although prevention is equally important.

► **Policy and Advocacy** – Drug policies have played a large role in making our nation the world’s largest jailer, and African Americans and Latinos are disproportionately represented in arrest and conviction rates. To address this disparity and the skyrocketing incarceration rates and costs, many states have begun examining their drug policy laws. With support from the Public Welfare Foundation, the Drug Policy Alliance (DPA) partnered with a wide variety of organizations across New Jersey to promote fair and effective sentencing through the New Solutions Campaign. The campaign has led to dozens of articles and radio and television spots positively portraying sentencing reform. Many local politicians have voiced their support, including Newark Mayor Cory Booker who declared, “It’s time to stop the madness... We have to change the way we are fighting this war on drugs or else it will continue to fracture our state along economic lines [and] racial lines” (DPA 2009a).

People in recovery from alcohol or drug addiction, and their friends and families, can be some of the best advocates for better policies. In 2008, as part of their work on advocacy and system reform, the Consumer Health Foundation provided \$25,000 to help support the creation of the DC Recovery Community Alliance (DCRCA), also run by DPA. DCRCA organizes and trains Washington, DC

residents who are in long-term recovery to advocate for better local policies and programs for substance use disorders. In the first year, advocacy training was provided for about 120 people, and 40 participated in advocacy opportunities such as giving testimony and meeting with policymakers (DPA 2009b).

- **Drug and DUI Courts** – Traditionally, involvement in the criminal justice system has not supported behavioral changes, leading people with substance use disorders to display high levels of recidivism. In response, drug courts, or treatment courts, were created to break the prison cycle and offer a more appropriate alternative to traditional sentencing options by diverting nonviolent drug users to court-supervised treatment programs.

In late 2009 the Staunton Farm Foundation awarded just over \$100,000 to the Washington County Court of Common Pleas to fund the Washington County Treatment Court as it transitions from federal grant funding to full county funding. The goals of this court are similar to those of other treatment courts, but a special focus is placed on individuals with co-occurring disorders (50 percent of participants fall into this group). A previous evaluation performed by Temple University identified the court's 85 percent retention rate as "exceptional." In addition, the court's recidivism rate is lower than national rates (Schwager 2009).

Although less common than drug courts, the number of DUI courts has also increased. Typically for repeat offenders, DUI courts offer supervision and community-based treatment to help facilitate recovery and avoid additional convictions. The Health Foundation of Greater Cincinnati has provided \$341,000 over 33 months for the Clermont County Mental Health and Recovery Board to enhance the treatment services provided to the Clermont County DUI Court. As a result, the court will now offer early intervention screening and assessment to identify individuals likely to respond well to treatment and provide specialized outpatient treatment and family support (Barnum 2009).

- **Syringe Exchange** – For individuals addicted to intravenous drugs, HIV is a major concern. While the research base supporting syringe exchange as a method to reduce HIV transmission without increasing drug use is solid (the Centers for Disease Control, National Institutes of Health, and World Health Organization all agree), this is not reflected in public policy. Syringe exchange programs have been banned from receiving federal funds since 1988, and although recent developments indicate that this may change under the Obama Administration, it is likely that restrictions on the use of funds will continue to limit development in this area.

In 2002, soon after advocates won a long legal battle for the legalization of syringe exchange in San Diego, the Alliance HealthCare Foundation awarded \$367,000 to the Family Health Centers of San Diego for a one-year syringe

exchange pilot program. Although syringe exchange is often what brings people in, these meetings provide an opportunity to offer additional services, including access to treatment, HIV testing, and mental health support (Lloyd 2009). Over fiscal year 2007, approximately 3,600 people accessed the program (Davis 2008).

- **Youth** – While youth may not be as overlooked as other vulnerable populations, their passage through critical periods of development makes them especially susceptible to the harmful effects of drugs and alcohol. This age group is also most likely to display risk-taking behaviors.

In 2004, Massachusetts' youth alcohol and marijuana rates were among the highest in the nation. In response, the MetroWest Community Health Care Foundation, which serves a 25-town region in the state, decided to focus on reducing youth substance use by targeting five communities with three-year awards of \$200,000 each. Related costs, including grant funding, technical assistance, and evaluation, represent the largest single investment of the foundation to date (Donham 2009).

While preparing to fund in this area, the foundation discovered that many of the local schools were not using evidence-based practices or programs to reduce substance use among youth. In response, the MetroWest Technical Assistance Center, or MTAC, was created to bring scientifically based programs to local communities. In addition to individualized technical assistance, MTAC's activities include convening affinity groups to increase knowledge exchange and collaboration, and sharing research findings with grantees. Other community activities varied based on need, and included increased prevention, screening, and intervention activities; improved parent education; and collaboration with local pediatricians and schools (Donham 2009).

CONCLUSION

Recent research has greatly advanced our ability to address substance use disorders. At the same time, the economic decline and the resulting anxiety and stress it causes have been associated with an increased demand for treatment of these disorders and a need for more preventive measures. In response, health philanthropy can support the development and implementation of more effective policies, and can support service delivery where federal and state governments can or will not.

SOURCES

Barnum, Ann, The Health Foundation of Greater Cincinnati, communications to Grantmakers In Health, October 30, 2009.

Capoccia, Victor A., "The Evolution of the Robert Wood Johnson Foundation's Approach to Alcohol and Drug Addiction," in Stephen L. Isaacs, and James R. Knickman, eds., *The Robert Wood Johnson Foundation Anthology To Improve Health and Health Care, Volume 9* (San Francisco, CA: Jossey-Bass, 2006).

Centers for Disease Control and Prevention, "Alcohol & Public Health," <<http://www.cdc.gov/alcohol/>>, accessed October 19, 2009.

Davis, Kelly, San Diego City Beat, "A Clean Exchange," <http://www.sdcitybeat.com/cms/story/detail/a_clean_exchange/6524/>, January 1, 2008.

Donham, Rebecca, MetroWest Community Health Care Foundation, communications to Grantmakers In Health, October 29, 2009.

Drug Policy Alliance (DPA), *2009 Report to the Consumer Health Foundation* (Washington, DC: 2009b).

Drug Policy Alliance (DPA), *2009 Report to the Public Welfare Foundation* (New York, NY: 2009a).

Robert Wood Johnson Foundation (RWJF), "Substance Abuse Policy Research Program Releases Five-Year Research Roadmap," <<http://www.rwjf.org/publichealth/product.jsp?id=49188>>, October 2, 2009.

Lloyd, Linda, San Diego Hospice and the Institute for Palliative Medicine, communications to Grantmakers In Health, November 4, 2009.

National Center for Health Statistics, Centers for Disease Control and Prevention, "Increase in Fatal Poisonings Involving Opioid Analgesics in the United States, 1999-2006," <<http://www.cdc.gov/nchs/data/databriefs/db22.pdf>>, September 2009.

Schwager, Joni, Staunton Farm Foundation, communications to Grantmakers In Health, October 6, 2009.

Substance Abuse and Mental Health Services Administration (SAMHSA), Office of Applied Studies, "Results from the 2008 National Survey on Drug Use and Health: National Findings," <<http://www.oas.samhsa.gov/nsduh/2k8nsduh/2k8Results.cfm#1.3>>, September 2009.

Substance Abuse Policy Research Program, "Racial and Ethnic Disparities in Substance Abuse Treatment," <http://www.saprp.org/knowledgeassets/Knowledge_ResultBullet.cfm?KeyResults=78>, February 2009.