

## A New Demand Reduction Strategy: Prevention, Intervention, Treatment & Recovery



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## Part I

### The Issues

- Treatment Penetration
- Mainstream Healthcare
- Treatment Infrastructure



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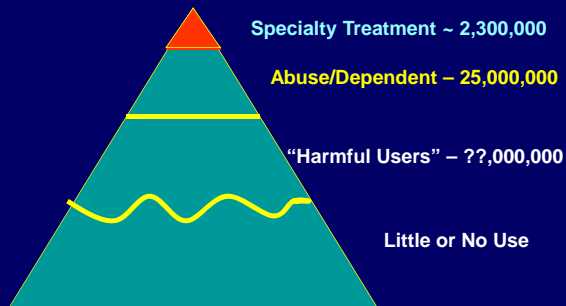
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## Substance Abuse



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## Specialty Care



**11,600** specialty programs in US

- **31%** treat less than 200 patients per year
- **65%** private, not for profit
- **80%** primarily government funded

**Private insurance <12%**

Sources – NSSATS, 2008; D'Aunno, 2004

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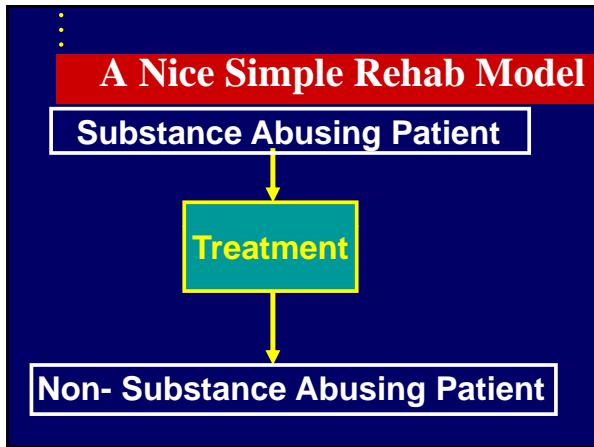
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## How Do Other Treatments Work?

### Chronic Illness & Continuing Care



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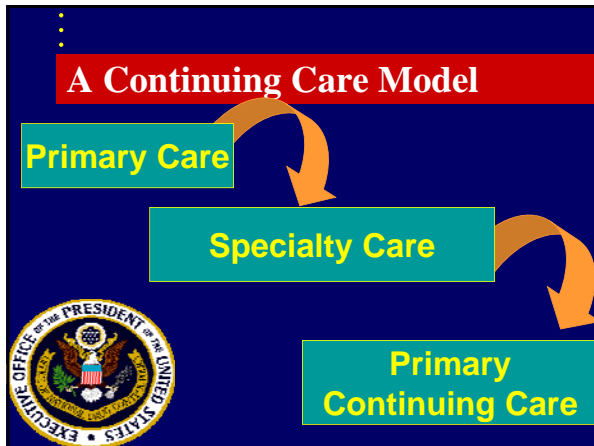
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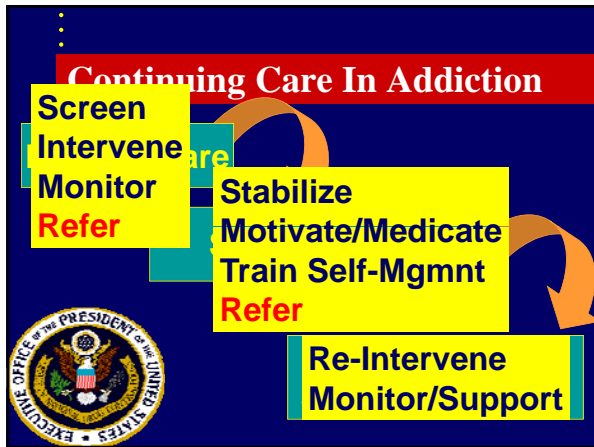
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- Part II**
- What Can We Do To:**
- 1) Develop effective prevention efforts
  - 2) Engage mainstream healthcare to identify and intervene with early substance use
  - 3) Improve access, quantity and quality of care – particularly for serious cases
  - 4) Harness government purchasing power to improve quality
- The Executive Office of the President of the United States seal is located in the bottom right corner of the slide.

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# What Can be Done?

## Four Policy Priorities

1. National Prevention System
2. Engage Primary Care
3. Close the Addiction Tx Gap
4. Special Care for Offenders

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# Prevention

## State of the Science

1. There is an identified risk period (12 – 21)
2. Similar risk factors predict many problems – drop out, pregnancy, bullying, drug use
3. There are many important spheres of influence on teens



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# Prevention

## State of the Field

1. Most prevention efforts are problem-specific “programs” – courses in school
2. Nine different agencies award grants - Very little coordination
3. Different applications, reporting requirements, time frames



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# **Prevention**

## **IWG Approach**

1. Develop/Evaluate performance of 300 – “Prevention Prepared Communities”
2. Coordinate/focus grants by three agencies – SAMHSA, DOJ, DoE
3. Harmonize applications, reporting requirements, time frames - **Add evaluation**



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# **Primary Care**

## **State of the Field**

1. Not trained or practiced in addiction medicine – not interested
2. **Healthcare costs/quality negatively affected by substance use**
3. Prescription drug diversion is particularly serious



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# **Primary Care**

## **IWG Approach**

1. Expand SBIRT Code and Financing
2. **Train/Motivate Generalist Physicians**
3. Coordinate DOJ/HHS Prescription Drug Monitoring Programs - **Implement nationwide**



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# Treatment

## State of the Science

1. *NIH Research has provided new medications, therapies and interventions*
2. *We do not have a cure for addiction – It can be managed like many other illnesses*
3. *Longer term, continuous outpatient care/monitoring is optimal – goal is self-management*

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# Treatment

## State of the Field

1. *Treatment now offered in 11,000 specialty programs – not associated with rest of healthcare – Block grant is major funding*
2. *Programs are small, under-developed – cannot adopt most evidence based care*
3. *Most eligible patients do not want care – only 10% of those eligible are in treatment*

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# Treatment

## IWG Approach

1. *Add addiction treatment to two federal healthcare systems – FQHCs & IHS – VA will serve as model and mentor*
2. *Evaluate performance contracting incentives in five state Block grants*
3. *Expand SAMHSA “Access to Recovery” program to extend treatment benefits*

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**Recovery**

Announcing the first

**OFFICE OF RECOVERY SUPPORT SERVICES**

New collaboration with HUD and Labor

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**Corrections**

State of the Field

1. Half of all 7 million offenders in community corrections, have significant drug problems
2. Drug courts have shown excellent results combining treatment with monitoring/sanctions but they can only handle ~100,000 cases
3. There are several new combined treatment-CJS models for other populations of community offenders

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**Opportunities**

ENTRY PRETRIAL (Arrest)	PROSECUTION (Court, 76-7199 Release, call)	ADJUDICATION (Trial)	SENTENCING (Prison, community supervision)	CORRECTIONS (Probation, call Prison)	COMMUNITY REENTRY (Housing, parole, release)
<b>Key Players</b>					
Crime victim Police FDI	Crime victim Police FD Judge	Prosecutor Defense Attorney Defendant Jury Judge	Judge Jury	Probation Officers Correctional Personnel	Probation/Parole Officers Family Community-based providers
<b>Intervention Opportunities</b>					
Screening/ Housing	Diversion Programs Drug Courts Community Treatment TRAC	NA	Drug Court arrests w/ Incarceration Release conditions	Drug Treatment Programs	Drug treatment Aftercare Housing Employment Mental Health Half-way House TRAC

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# Corrections

## IWG Approach

1. Fund five competitive Demonstration Projects for Drug Treatment Alternatives to Prison - (Second Chance Act)
2. Fund five competitive Demonstration Projects for Offender Re-Entry Program - (Second Chance Act)



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# Performance

## State of the Field

1. Available measures of drug use and drug related problems are quite poor
2. Policy and strategy evaluations have also been poor as they have been tied to these measures
3. There is a need for essentially real-time data related to policy and practice performance at the community level

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# Performance

## IWG Approach

1. Develop core measures in two domains, collected quarterly within communities:
  - Measures of new drug use
  - Measures of drug related consequences
2. Report these measures at community, state and national levels to create
  - Early Warnings of New Drug Problems
  - Report Card for Policy Performance

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