



Office for Addictive Disorders
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Issue Brief on Addictive Disorders

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What is addiction?

Addiction is a chronic medical disease. Addiction begins with a choice, but over time frequent drug or alcohol use can produce chemical changes in the body that turn a choice into a compulsion that is difficult to control. This compulsion can take over a person's life, adversely affecting family, workplace, and community.

What is prevention?

Prevention programs aim to reduce the likelihood of a person using alcohol, tobacco or other drugs by building widespread support for choosing to abstain. Successful prevention programs involve children in constructive activities such as volunteer work, mentoring programs, and outdoor activities that foster a strong sense of self, ethics, and purpose, and provide direct experience in fun sober behaviors. They also engage parents, teachers, and community leaders as role models and partners in creating an environment in which drug and alcohol use is unappealing.

What is treatment?

Because addiction is a chronic disease, many people require repeated treatment to achieve long-term abstinence.

For many, a complete break from the environment that supported the addiction is needed to make treatment work, specifically 24-hour programs such as:

- Detoxification (5-8 days)
- Inpatient (24 days)
- Residential (28 days to 6 months)
- Halfway Houses (90+ days)

For those who do not or no longer require 24-hour care, treatment can be provided through:

- Intensive Outpatient (9-24 hours a week)
- Non-intensive Outpatient (1-2 hours per week)

The intensity and setting of treatment depends on the severity of addiction and support for recovery in a person's home environment.

All treatment programs involve a "psycho social" component, usually individual or group therapy to educate individuals about their disease, help them to develop strategies to avoid drug/alcohol use, prevent relapse, and deal with relapse if it occurs. For some addictions, prescription medications are also an effective component of treatment.

Often recovery from drug or alcohol addiction involves a complete rebuilding of a person's life, including education and employment, housing and transportation, general and mental health care. Because recovery is so comprehensive in the lifestyle change it requires, the best outcomes tend to come from long-term involvement with treatment and other recovery support programs.

National research has proven that treatment reduces drug use by nearly 50%, addiction-related medical visits by more than 50% and criminal activity by as much as 80%. With treatment, financial self-sufficiency also improves.

Who pays for addiction prevention and treatment?

The majority of addiction treatment is paid for through the public sector. Nationally, 64% of all treatment provided in 2000 was paid for through public funds and 36% through private funds. In Louisiana, 99% of treatment was publicly funded and only 1% paid for privately.

The contrast between Louisiana and national funding

mixes is partly explained by the state's decision not to cover substance abuse services under Medicaid, as well as its low rate of private health insurance coverage, including substance abuse treatment.

Untreated addiction carries a price tag of \$276 billion, or \$1,050 per year per person in the United States. Yet it is estimated that national treatment needs could be met for as little as \$45 per person per year.

What are national trends in prevention and treatment?

By the early 1900's, alcohol addiction was recognized as a national problem and prohibition attempted as a national solution. However, the criminalization of alcohol use failed to solve the addiction problem, and prohibition was reversed in the 1920's.

In the mid-1930's treatment for alcoholism was limited to medical detoxification to deal with acute symptoms of withdrawal and self-help groups such as Alcoholics Anonymous that sought to sustain recovery.

The American Medical Association's recognition of alcoholism as a disease in the mid-1950's increased attention to addiction research. Congressional interest in addiction treatment in the early 1970's led to the development of social detoxification and inpatient hospitalization options.

In the 1980's, the increased use of managed care shifted treatment settings from inpatient hospitalization to non-medical residential care and day hospitalization, or intensive outpatient treatment.

In the 1990's, advances in medical research on the biochemistry and the brain introduced the use of prescription medications in the treatment of drug and alcohol addiction.

In 2000, experts in the field of addictive disorders developed a *National Treatment Plan* focused on:

- The use of program performance data to learn what works best in practice
- Investments in prevention and treatment programs proven to work
- Increased access to services to "close the treatment gap"

How does Louisiana compare?

Louisiana is in line with other states in the use of performance data to learn what works best in practice.

Louisiana is actively building capacity for data-driven decision-making, particularly through upgrades in information technology such as the development of internet-based performance measurement and other management information systems.

Louisiana is in line with other states in investments in prevention and treatment programs proven to work.

Through the recent State Incentive Grant and *Communities That Care* surveys, Louisiana has identified prevention programs proven to reduce the risk of alcohol, tobacco and other drug use, and plans to develop a single statewide prevention plan using these programs within the next two years.

Louisiana is partnering with the Gulf Coast Addiction Technology Transfer Center to bring the latest research to treatment practice through the implementation of statewide standardized assessment and patient placement criteria. Also in progress is a statewide survey of treatment providers for use in developing a training program to upgrade clinical skills to best practices.

Louisiana provides the same basic treatment service set as other states, but at a lower volume and lower unit cost.

Louisiana treats 8% of those identified as in need of treatment compared to the national average of 21%.

The national average per capita expenditure for substance abuse treatment services is \$16.32, and in Louisiana it is \$10.70. This difference partly reflects the relative absence of private and Medicaid funding.

Despite funding partnerships with the criminal justice system to increase access to treatment as an alternative to incarceration, and with the Department of Social Services to increase access to treatment services for women with dependent children, the state lags behind the nation in access to treatment services.

The absence of state funds for prevention services is also out of line with national practice.