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**PREVENTING AND TREATING ADDICTION TO ALCOHOL AND OTHER DRUGS:
ESPECIALLY CRITICAL IN THESE DIFFICULT ECONOMIC TIMES**

**THE NEED FOR LIFE-SAVING DRUG AND ALCOHOL PREVENTION, TREATMENT, AND RECOVERY SERVICES IS
INCREASING AROUND THE NATION, INCLUDING FOR OUR NATION'S VETERANS, AND YOUTH**

- As the current financial situation worsens, drug and alcohol use is likely to increase as well. As unemployment rates and other pressures increase, **people at risk for substance use disorders will have even greater needs for life-saving prevention, treatment and recovery support services.**
- With hundreds of thousands of American service men and women currently on active duty in Afghanistan, Iraq and other areas of conflict, **it is expected that the need for alcohol and other drug addiction treatment services for veterans will increase significantly.** However, the community-based care system is not receiving funding proportionate to this on-going, increasing need.
- Data from the National Institute on Drug Abuse's most recent Monitoring the Future survey indicates that **youth attitudes about substance use are beginning to soften, which generally precedes an increase in drug use.**
- Alcohol remains the most heavily abused substance by America's youth. Although there has been a significant decline in tobacco and illicit drug use among teens, **underage drinking has remained at consistently high levels.**
- Although rates for non-medical prescription drug use among adults are largely unchanged the past year, **youth rates of prescription drug abuse have risen.**

**CRITICAL DRUG AND ALCOHOL PREVENTION, TREATMENT AND RECOVERY PROGRAMS ARE UNDER-FUNDED AND
AT-RISK FOR RECEIVING SIGNIFICANT CUTS IN THESE CHALLENGING ECONOMIC TIMES**

- In 2001, of the \$1.4 trillion spent on health care, an estimated \$18 billion was devoted to treatment of alcohol and drug addiction. **This amount constituted just 1.3 percent of all health care spending and a fraction of the economic and social costs of substance use and addiction.**
- According to a report recently released by the Center on Budget and Policy Priorities, at least 40 states have proposed or enacted reduced services to their residents, including some of their most vulnerable populations. Of these states, **at least 28 have proposed or implemented cuts to public health programs that will reduce access to critical healthcare services for low-income populations.**
- Periods of economic downturn have traditionally had a particularly damaging impact on non-profit community-based organizations. **Community-based organizations that provide essential addiction prevention, treatment and recovery services are expected to face additional burdens,** making it increasingly difficult to meet the needs of the people they serve.
- Additionally, **smaller non-profit organizations may be the only service providers in certain geographical locations, particularly in underserved urban and rural areas.** Financial strains on these organizations have the potential to effect whole communities that rely on the services they provide.

UNTREATED ADDICTION COSTS SOCIETY BILLIONS OF DOLLARS EVERY YEAR

- **Untreated alcohol and drug addiction costs society approximately \$366 billion per year.ⁱ**

- Additional alcohol-related costs include: **\$26.3 billion in health care expenditures, \$15.7 billion in property and administrative costs of alcohol-related motor vehicle crashes, and \$6.3 billion in criminal justice system costs** of alcohol-related crime.ⁱⁱ

DESPITE MILLIONS OF AMERICANS NEEDING ADDICTION TREATMENT, AN EXTREMELY SMALL PERCENTAGE OF PEOPLE WITH ADDICTIONS RECEIVE THE HELP THEY NEED

- According to SAMHSA, in 2007, 23.2 million people, or 9.6 percent of the population, were classified with substance dependence or abuse. However, **only 2.4 million, or just over 10 percent of those who needed treatment, received it** at a specialty facility.
- Therefore, **there were 20.8 million people, or 8.4 percent of the population, who needed treatment for an illicit drug or alcohol use problem but did not receive it.**ⁱⁱⁱ

DRUG AND ALCOHOL PREVENTION AND TREATMENT SERVICES WORK AND ARE COST EFFECTIVE

- **Drug and alcohol addiction is a health condition that can be prevented and treated effectively, and with cost savings** to the health care, criminal justice, child welfare and social services systems. Relapse rates for treatment of addiction to alcohol, opioids and cocaine are less than those for hypertension and asthma, and equivalent to those of diabetes, all chronic conditions.^{iv}
- **Addiction treatment has been shown to cut drug use in half**, reduce crime by 80 percent, and reduce arrests by up to 64 percent.^v
- **Addiction treatment is also sustainable**; addictions treatment is significantly associated with a 67 percent reduction in weekly cocaine use, a 65 percent reduction in weekly heroin use, a 52 percent decrease in heavy alcohol use, and a 61 percent reduction in illegal activity. Moreover, these outcomes are generally stable for the same clients five years post treatment.^{vi}
- **Recent cost benefit studies consistently find that benefits** to society that result from treatment (i.e., decreased crime, improved health, increased employment, increased overall social functioning) **are greater than the costs of addiction.**^{vii}
- **Taxpayers save \$7 for every \$1 spent on treatment and \$5.60 for every \$1 spent on prevention**, as a result of increased productivity, and reduced health care, criminal justice, and social services costs. When adding the savings to healthcare, for every \$1 dollar spent in addiction treatment, society benefits by more than \$12.^{viii}

IN THESE TOUGH ECONOMIC TIMES, IT IS ESPECIALLY IMPORTANT THAT WE ADEQUATELY SUPPORT LIFE-SAVING DRUG AND ALCOHOL PREVENTION, TREATMENT AND RECOVERY SUPPORT SERVICES.

ⁱ The Economic Costs of Drug Abuse in the United States, 1992-2002," Office of National Drug Control Policy, 2004; "Updating Estimates of the Economic Cost of Alcohol Abuse: Estimates, Updating Methods, and Data," 2000, Henrick Harwood, National Institute on Alcohol Abuse and Alcoholism

ⁱⁱ Economic benefits of drug treatment: A critical review of the evidence for policy makers," Steven Belenko, Ph.D., Nicholas Patapis, Psy.D., and Michael T. French, Ph.D., Treatment Research Institute at the University of Pennsylvania, February 2005

ⁱⁱⁱ Results from the 2007 National Survey on Drug Use and Health: National Findings, Substance Abuse and Mental Health Services Administration (SAMHSA), 2008, <http://www.oas.samhsa.gov/nsduhLatest.htm>

^{iv} O'Brien, C.P., & McLellan, A.T. (1996). Myths about the Treatment of Addiction. The Lancet, 347, 237-240.

^v The National Treatment Improvement Evaluation Study (NTIES). 1997. Office of Evaluation, Scientific Analysis and Synthesis, Center for Substance Abuse Treatment, Substance Abuse and Mental Health Services Administration.

^{vi} Hubbard, R.L. (1997). Overview of 1-year Follow-up Outcomes in the Drug Abuse Treatment Outcome Study (DATOS). Psychology of Addictive Behaviors, 11, 261-278. (2003) Overview of 5-year Follow-up Outcomes in the Drug Abuse Treatment Outcomes Studies (DATOS). 263-70

^{vii} Harwood, H. (2002). Cost Effectiveness and Cost Benefit Analysis of Substance Abuse Treatment: Literature Review and Annotated Bibliography. Presentation at IRETA February 20, 2003.

^{viii} Ettner, Susan L.; Huang, David; Evans, Elizabeth; Rose Ash, Danielle; Hardy, Mary; Jourabchi, Mickel; Hser, Yih-Ing (2006). "Benefit-Cost in the California Treatment Outcome Project: Does Substance Abuse Treatment "Pay for Itself"? Health Services Research, February 2006, 192-213.