

VISIONS

SEPTEMBER, 2003

NAAATP Visions is the official newsletter of the National Association of Addiction Treatment Providers (NAAATP),
 the American College of Addiction Treatment Administrators (ACATA), the National Adolescent Treatment Consortium (NATC) and the National Treatment Consortium (NTC).

NATIONAL HOUSEHOLD SURVEY USES DIFFERENT METHODOLOGY FOR 2002

In early September of 2003, the results from the 2002 National Household Survey on Drug Abuse (NHSDA), was released by the Substance Abuse and Mental Health Services Administration (SAMHSA). This survey and resulting report have become the benchmark for looking at drug and alcohol use in this country and the tool to measure specific interventions. The 2002 survey showed an increase in the use of illicit drugs among Americans. However, federal officials were very quick to point out that the methodology used in the 2002 survey was radically different than used in prior surveys. The methodology was changed because of the widely held belief that use and abuse had been under reported in previous surveys.

Because a comparison with previous surveys has only limited value, the report should best be viewed as a report on current activity. Some of the highlights of the report include:

- ◆ In 2002, an estimated 22 million Americans suffered from substance dependence or abuse due to drugs, alcohol or both. There were 19.5 million Americans, 8.3 percent of the population ages 12 or older, who currently used illicit drugs, 54 million who participated in binge drinking in the previous 30 days, and 15.9 million who were heavy drinkers.
- ◆ The report highlights that 7.7 million people, 3.3 percent of the total population ages 12 and older, needed treatment for a diagnosable drug problem and 18.6 million, 7.9 percent of the population, needed treatment for a serious alcohol problem. Only 1.4 million received specialized substance abuse treatment for an illicit drug problem and 1.5 million received treatment for alcohol problems. Over 94 percent of people with substance use disorders who did not receive treatment did not believe they needed treatment.

Figure 12. Past Year Need for and Receipt of Specialty Treatment for Any Illicit Drug or Alcohol Use among Persons Aged 12 or Older: 2002

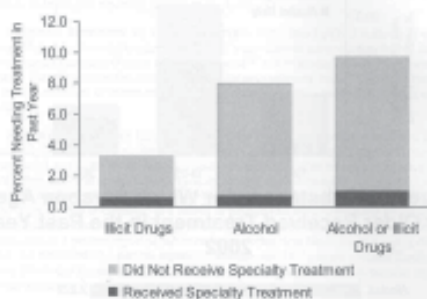
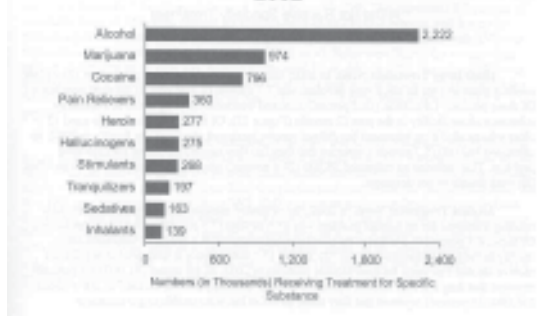


Figure 11. Substances for Which Persons Aged 12 or Older Received Treatment in the Past Year: 2002



This aspect of the report may be the most important of the entire report. Using the reports' numbers of 7.7 million people needing treatment for a drug problem and 18.6 million needing treatment for a serious alcohol problem, it was found that treatment was actually provided to only 1.4 million for drug problems and 1.5 for alcohol problems. This translates to the reality that only 18% of those needing treatment for a drug problem received treatment and only 8% of those needing treatment for a serious alcohol problem received it. From those numbers it is easy to begin the discussion about treatment gap.

However, the situation is compounded when you realized that this same study reveals that over 94% of persons with a diagnosable addiction disorder who did not receive treatment do not believe they needed treatment. The NHSDA suggests that in 2002 26.3 million needed treatment, and only 2.9 million received treatment, which means that 23.4 million with a diagnosable addiction disorder did not receive treatment and 94% of those or 21.9 million do not believe they need treatment. While the gap issue is significant, a culture that supports this denial is also critical.

- ◆ About 10.7 million people ages 12 to 20 (28.8 percent of this age group) reported drinking alcohol in the month prior to the survey interview. Of these, 7.2 million were

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We are rapidly winding down the special events and specific celebrations designed to mark the **twenty fifth (25th)** anniversary of the National Association of Addiction Treatment Providers. You may have noticed this event incorporated into publications (note the special page of the newsletter that attempts to capture some of our history each month), into logos, into our annual conference celebration this past May, and in numerous mailings. Certainly reaching the mile stone of 25 years serving the interests of organizations that deliver quality addiction treatment is nothing to be taken lightly or for granted. I suspect that the group of visionary individuals who crafted the association in 1978 were not concerned about any 25th anniversary celebration, they were more interested in what it would take to offer services to members in year one!

And that is one of the lessons learned in this year of celebration! While all the special events have been a bonus, the most important activity is making sure that the members of the National Association of Addiction Treatment Providers are provided with the information and tools necessary to enable them to provide quality addiction treatment. Your association is committed to not only representing you, but to being your source of information so that your organization will be members of NAATP as it commemorates its 30, 40 and 50 years of existence! In order for this to happen, we need to continually focus our attention on those areas of common interest, those areas of common concern, those areas where it is clear that collaboration and cooperation supersede our competitive interests.

With the 25th anniversary "rush", our membership has now approached 250 organizations. Not since the very early 1990's has NAATP had a membership this large. Nevertheless, the numbers need to be translated into activity and action. The numbers need to be translated into services and products that continue to attract other organizations to membership.

In this newsletter you will find an urgent call to action around the **HEART Act**. For at least six years, we have waged a mostly silent struggle to have addiction treatment viewed, respected and accorded the same status as other diseases covered by employer sponsored health insurance. Even though a large number of plans provide coverage for addiction treatment, there are artificial limitations placed on this treatment in terms of annual day and visit limits and annual and lifetime caps on dollars and days of treatment that are not imposed on other diseases. When will it stop? It will not stop until we pass some legislation that mandates that addiction treatment be dealt with in the same way that other diseases are dealt with (parity). I wish it would happen by itself, but it will not. It will take legislation. Review the article on page 6 of this newsletter and take action today.

For the past fifteen months, the NAATP office has had dozens of conversations with members regarding the skyrocketing premium costs for insurance. This has been especially true in the area of liability insurance, property insurance, workers compensation, etc. In some cases the premium increases have approached 300%! Your association has been conducting a survey of its members to get a better understanding of what is purchased by its members and the cost to purchase that insurance. At the October board meeting, a summary of that survey will be presented with some recommendations for potential ways that NAATP might assist its members in slowing or reversing the premium increases. The insurance field is a very complicated one and it is already clear that the only way that we can have a significant impact is if we have substantial participation on the part of the members in any new program. This newsletter will be one of the ways that you will be kept up to date on this activity.

Last month, I reviewed the activity that is taking place around a case that will be heard early in October by the United States Supreme Court. Again, a very critical issue is at stake and that is whether or not an employer can have a policy that forbids the company from hiring an individual who has previously been dismissed from a job for using illegal drugs. The argument is being made that even if a person has been treated for their addiction and even if they can demonstrate abstinence, they should be banned from being hired. There are a number of significant organizations supporting the ban, including the Chamber of Commerce and the Bush Administration. Our task is to raise the voice around treatment and recovery! What other disease is discriminated against in the same way?

It is also time to begin the review of the Benchmark survey and the 2004 Salary survey instruments. Suggestions on how to make either of these instruments stronger should be forwarded to the national office as these products have become well weathered indicators of the value and importance of your association. We are looking for ways to improve both the collection instrument and the end products.

So, as we wind down the 25th focus, we continue to keep our eye on today, next week and on what it takes to provide you with the tools and information you need so that you can be part of future celebrations.

Finally, it is never too early to mark calendars with events central to NAATP. December 3-6, 2003 in Atlanta the SECAD 2003 conference will be held and May 15-18, 2004 in Tampa, FL the NAATP annual conference will be held. We need you to support your organization by attending these gatherings.

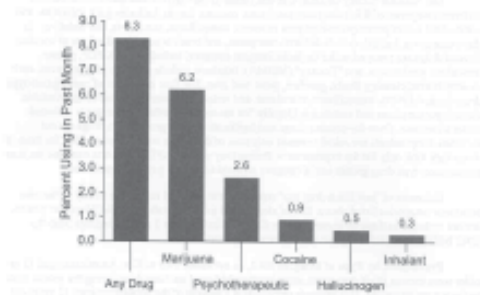
THAT'S THE PERSPECTIVE OF RJH

binge drinkers (19.3 percent) and 2.3 million were heavy drinkers (6.2 percent). There were 35.5 million Americans who drove under the influence of alcohol at least once in the 12 months prior to the interview.

- ◆ The second most popular category of drug use after marijuana is the non-medical use of prescription drugs. An estimated 6.2 million people, 2.6 percent of the population ages 12 or older, were current users of prescription drugs taken non-medically. Of these, an estimated 4.4 million used narcotic pain relievers, 1.8 million used anti-anxiety medications (also known as tranquilizers), 1.2 million used stimulants and 0.4 million used sedatives. The survey estimates that 1.9 million persons ages 12 or older used OxyContin non-medically at least once in their lifetime.
- ◆ Current illicit drug use is highest among young adults 18 to 25 years old, with over 20 percent using drugs. Youth ages 12=17 also are significant users, with 11.6 percent using illicit drugs. Among adults ages 26 and older, 5.8 percent reported current drug use. There were also 9.5 million full-time workers, 81.2 percent, who used illicit drugs in 2002. Of the 16.6 million illicit drug users ages 18 or older in 2002, 12.4 million were employed either full or part time.

The adage that you can make numbers say anything is certainly true and this survey will be used to support every conceivable argument for and against every imaginable policy related to addiction. Nevertheless it is an important survey and one that should be on your desk and whose results are available to you. This publication can be found at SAMHSA web site at <http://www.samhsa.gov>. From the SAMHSA home page, select "Statistics & Data".

Figure 1. Past Month Use of Selected Illicit Drugs among Persons Aged 12 or Older: 2002



**NATIONAL INSTITUTE ON DRUG ABUSE (NIDA)
PUBLISHES GUIDE ON PREVENTING DRUG USE
AMONG CHILDREN AND ADOLESCENTS**

In mid September, The National Institute on Drug Abuse (NIDA) released its newly updated publication, "Preventing Drug Use among Children and Adolescents: A Research-Based Guide for Parents, Educators, and Community Leaders, Second Edition." Launched at a meeting of the Community Anti-Drug Coalitions of America by NIDA Director Dr. Nora D. Volkow, the 46-page booklet aims to help prevent young people from using drugs.

This second edition reflects NIDA's expanded research program and knowledge base. Presented in a question-and-answer format, the new Guide is organized around 16 fundamental

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prevention principles derived from research on effective prevention programs. Some of the key prevention principles include: Targeting all forms of drug abuse is important, including the use of tobacco and alcohol, illegal drugs such as marijuana, and the inappropriate use of legally obtained substances such as inhalants, prescription medicines, or over-the-counter drugs.

- Targeting drug abuse problems identified by the community helps to create more effective programs.
- Tailoring programs for adolescents to address risks specific to population can create better prevention programs.
- Combining two or more community prevention programs can be more effective than a single program alone.
- Providing long-term prevention programs with repeated interventions (booster programs) to reinforce the original prevention goals works well as a prevention strategy.
- Providing research-based prevention programs is cost-effective. For every dollar spent on drug abuse prevention, communities can save up to \$10 in costs for drug abuse treatment and counseling

The new Guide contains an added chapter on community planning and more information on core elements in research-based prevention programs. The book also provides numerous examples of programs that have been scientifically studied and found effective in preventing youth drug use.

To obtain a copy of the guide, contact the National Clearinghouse for Alcohol and Drug Information at 1-800-729-6686.

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ALCOHOL TREATMENT COVERAGE OFFERED BY MAJOR HEALTH INSURERS IN 5 STATES FALLS SHORT OF LEGAL MANDATES

Washington, DC — Employer-based health insurance plans often don't provide the treatment for alcoholism and other drug addictions that is mandated by state law, a new analysis by Ensuring Solutions to Alcohol Problems (ESAP) at George Washington University Medical Center has found. ESAP researchers discovered that at least 10 major plans in 5 states were not in compliance with state laws governing insurance coverage for alcoholism treatment.

“Some of the largest insurers in states, including those that provide alcohol treatment coverage for the greatest percentage of employed residents, aren't complying with state laws. The most common violation we discovered was that they aren't allowing people with alcoholism to remain in treatment—either inpatient or outpatient—as long as the laws in their states require,” stated ESAP director Eric Goplerud.

Goplerud called upon state legislators to more carefully monitor the insurers' compliance with these laws, arguing that “these illegal limitations are counterproductive for patients as well as the companies who are providing employee health coverage through these insurers. Research indicates that longer duration of treatment improves the chances that a patient will recover. Noncompliance also can affect state budgets by shifting more of the cost to treat alcohol problems from the private sector to the public sector, even

though the majority of people who need alcohol treatment are employed.”

Other violations of state law by employer-based health insurance plans included higher insurance co-payments, which research shows discourages patients from seeking alcohol treatment; coverage for detoxification services only, which are insufficient for treating alcoholism; and no coverage for detoxification services, which are medically necessary for alcohol-dependent patients.

ESAP researchers examined 70 health plans in 36 states and the District of Columbia. For purposes of the study, states were categorized according to their insurance laws:

- Ø *Parity (P)*: 7 states in which insurers must provide the same level coverage for alcohol treatment as for other illnesses;
- Ø *Mandated Minimum (MM)*: 20 states in which insurers must provide a minimum level of coverage for alcohol treatment, though typically at a lower level than that for other illnesses;
- Ø *Mandated Offering (MO)*: 17 states require insurers to offer the purchasers of employer-based health plans the option of a plan that includes alcohol treatment; and
- Ø *No Laws*: 6 states do not require insurers to offer alcohol treatment coverage of any kind

The insurers, who were promised that they would remain unnamed in this study, provided ESAP copies of summary plan descriptions of their health insurance products that covered the greatest number of beneficiaries. These descriptions outline the scope of coverage, and must accurately summarize for beneficiaries the extent of contractually covered benefits. Researchers then compared the alcohol treatment benefits drawn from the plan descriptions to abstracted information about states' alcohol health insurance laws as of December 1, 2002 provided by the Health Policy Tracking Project of the National Conference of State Legislatures (Delaney, D., Crean, E. Mandated Benefits and Mandated offerings for Mental Health and Substance Abuse Treatment, Health Policy Tracking Service, NCSL, Washington, DC.).

The new analysis continues the work begun by ESAP with Workplace Solutions: Treating Alcohol Problems Through Employment-Based Health Insurance, a research report published in December 2002 and available on-line at www.ensuringsolutions.org. An overview of major health plans not in compliance with state laws can also be viewed at this site.

National Alcohol
& Drug Addiction
Recovery Month

Celebrating
25
Years!

Looking Back

NAATP NEWS

January / February 1988

National Association of Addiction Treatment Providers

Volume 9, No. 1

“Is it
an illness
or not?”

Supreme Court “Willful Misconduct” Hearing
. . . see page 4

IS THIS QUESTION GETTING OLD OR WHAT? IN 1988 NAATP WAS INVOLVED WITH THIS QUESTION AND IN 2003 NAATP REMAINS INVOLVED!

URGENT CALL TO ACTION!
YOUR VOICE AND YOUR ACTION IS
NEEDED TODAY

There is an urgent need for you to help raise the awareness of the **HEART Act** to a level where it is visible, where it is recognized and where there is a sense of urgency to pass this legislation. Last spring this legislation was introduced in both the House and the Senate at the Federal level. The legislation would require that those employer sponsored health care plans that provided coverage for addiction treatment treat the disease of addiction in the same way that they do other diseases. The legislation is an attempt to end some discrimination against the disease via the artificial day and dollar, annual and life time caps that are currently used. The **HEART Act** is an attempt to have addiction treated with in an equal way (PARITY) with other diseases.

This is not the first time that such legislation has been introduced, but we must raise our voices, send our emails, letters and faxes so that our friends in both the House and the Senate know that we support this legislation and are willing to make some noise about it. We cannot just hope that the elected officials will pick up the activity on this; they need to hear from us.

We need your help because since the introduction of the legislation, there has been no activity.

We need:

- 1. The Bush Administration's support,**
- 2. We need the support of your Senators, and**
- 3. We need the support of your Representative.**

The Hazelden Foundation, a member of the National Association of Addiction Treatment Providers, has created a web link that makes it easy and quick for you to do all three of the above. If you will go to:

<http://capwiz.com/hazelden/home/>

You will find a quick and easy way to send messages to individuals within the Bush Administration, your two Senators and your Representative. By going to the Action Alert section you will find a way to send a prepared message to Bush Administration Officials. You can also then identify your Senators and your Representative to send the same message or a personal one. What matters is that you do send the message!

[We need you to make sure that your voice is heard and that you help us get this legislation into a more favorable and visible position. Contact them today!](#) Since there are others in your organization who do not receive this newsletter, make sure that everyone has this information and that they are also encouraged to make their voice count and heard!

NAATP MEMBER ORGANIZATION
RECOGNIZED BY
PRESIDENT BUSH

IN A RECENT VISIT TO INDIANAPOLIS,
PRESIDENT BUSH RECOGNIZES THE WORK OF
JOYCE IRWIN, BOARD MEMBER OF THE
FAIRBANKS HOSPITAL

Speaking before a gathered audience in Indianapolis, President Bush mentioned Ms. Irwin as a part of his speech. The following excerpt is from an audio transcription of that speech.

"Today when I landed there at the airport, I also not only spoke to the Governor and the Attorney General, but I spoke to a lady named **Joyce Irwin**. You probably don't know who Joyce is. I will tell you, though. She is a soldier in the army of compassion. She's one of the thousands of people all across our country who have heard a call to love a neighbor just like you'd like to be loved yourself.

There's great talk about the might of America and we're mighty. And I intend to keep it that way. (Applause.) We've got great military might, economic might. But the truth of the matter is, the great strength of America is the heart and soul of the American people. The great strength of our country is the fact that there are millions of our fellow citizens like Joyce Irwin who are willing to lend a hand to a neighbor in need. The great strength of America is the fact that on a daily basis, there are millions of acts of kindness and mercy that helps change America to a more hopeful place, one heart, one soul at a time.

Joyce Irwin is a volunteer. She's active with the Little Red Door Cancer Agency, the **Fairbanks Hospital**, the Meridian Street United Methodist Church. She helps round up donations of clothing to those who need to be clothed, food for those who need to be fed. But most important, she dedicates her time to those who need to be loved. My call to our fellow Americans is love your neighbor just like you'd like to be loved yourself. Thank you, Joyce."

Not only does the National Association of Addiction Treatment Providers represent a growing number of programs providing addiction treatment, but these programs and organizations tap into the considerable wealth of good will and talent present in our communities. NAATP is proud to represent Fairbanks Hospital, the many other organizations like Fairbanks and the thousands of individuals who support our members.



James W. West Award

Applications for the prestigious James W. West award are being accepted by the National Association of Addiction Treatment Providers until December 1, 2003. To request an application contact our office at:

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Lancaster, PA 17603-2748

717-392-8480

RHunsicker@naatp.org

The Untapped Power of Families in Recovery

By the time you read this, September, the SAMHSA designated "Recovery Month" will again be behind us. Its noble purpose has not eluded me, but I must admit a lack of personal involvement, until now.

This year it has my attention. Let me tell you why. On Sunday, September 21st I will join hundreds of other New Jerseyans in a "walk to celebrate recovery from alcoholism and other drug addictions". What is really special for me is that our Seabrook House co-founder and my mother, Peg Diehl, has been asked to share her experience, strength and hope with the gathering. So I got to thinking about old timers like my mother, soldiers all for the cause of helping families find the hope of recovery.


Soon after her recovery began as a family member some thirty-five years ago, she, along with my dad and their friends saw the power of speaking about their recoveries. I am grateful my mother is seventy-six years old and that I, therefore, have the responsibility to drive her to Liberty State Park and listen to her message of pride, hope and of love. The park is in the shadow of the Statue of Liberty and I have a feeling she will draw upon this national symbol of freedom when she speaks about the optimism and assured bounty that recovery brings.

Take heart. Our profession is making progress in spite of the obstacles of the past decade. The remaining stigma and personal shame associated with our disease makes our battle to rise up against treatment's detractors a most formidable one. We have proven that treatment works, yet those who would prefer not to pay for it demand that our methods succeed far beyond the successful treatment of other chronic diseases. Hang in there a bit longer, my friends, reinforcements may be on the way.




Remember, it's not our voices alone anymore advocating for recovery. Although anonymity is a hallowed principle of Twelve Step programs, more and more Americans are sharing their family's recovery experience. And the great news is that it is coming from everywhere. In my state, Friends of Recovery - New Jersey, like movements in other states, see their numbers grow every day. Whatever we can do to join their ranks and encourage our alumni to join too, I think the better for the next family who reaches out for help.

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UPCOMING EVENTS FOR YOUR CALENDER

EAP Technology Systems Inc. will present a workshop, "Making the Business Case for EAP's: A Workshop on Research and Methods," **October 15 in Chicago and October 17 in Baltimore.** For more information, call (800) 755-6965 or fax (530) 842-4778.

The **National Commission on Correctional Health Care** and the **Academy of Correctional Health Professionals** will present the National Conference on Correctional Health Care **October 4 to 8 in Austin, Texas.** For more information, visit www.ncchc.org; call (773) 880-1460; fax 773-880-2424; or email ncchc@ncchc.org.

The **International Council on Alcohol and Addictions** will hold its 40th International Conference on the Prevention and Treatment of Dependences **Oct 19 to 24 in Toronto.** For more information contact the ICAA Secretariat at (+41 21) 320-9865, or secretariat@icaa.ch; or visit www.icaa.de.

The **Association for Medical Education and Research in Substance Abuse (AMERSA)** in collaboration with the International Nurses Society on Addictions (IntNSA) will hold its 27th Annual National

Conference, "Promoting Partnerships for Change," **Nov 6 to 8 in Baltimore.** For more information, visit www.amersa.org.

The **Hazelden Foundation** will present "Women Healing: Reigniting the Spirit" **Oct. 31 and Nov. 1 in Nashville, TN and Dec. 5 and 6 in Chicago, IL.** For more information, call (888) 257-7800, X4429 or email womenhealing@hazelden.org; or visit www.womenhealing.org.

The **National Association of Addiction Treatment Providers** proudly presents **SECAD 2004, December 3 - 6, 2003 in Atlanta, GA.** This is the 28th year for this prestigious international conference. For more information, call (888)-506-7394 or email secad@naatp.org or visit www.naatp.org/secad/.

Alcoholism & Substance Abuse Providers of New York State will hold its 7th annual statewide conference, "Strengthening Systems: Investing for Results," **January 25 to 28 in New York City.** For more information, visit www.asapnys.org.

NAATP VISIONS

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