

FACING ADDICTION IN AMERICA

*The Surgeon General's Report on
Alcohol, Drugs, and Health*



Surgeon General's Report

Kimberly Johnson, PhD

Director, Center for Substance Abuse Treatment
Substance Abuse and Mental Health Services Administration
U.S. Department of Health & Human Services

39th Annual Addiction Leadership Conference
National Association of Addiction Treatment Providers
Austin, TX • May 23rd, 2017





1 in 7
people

will develop
a substance
use disorder
at some
point in their
lives.

Source: Kessler et al., 2005.



Cost comparison to U.S. each year:

DIABETES

\$245
BILLION

\$442
BILLION

\$193
BILLION



\$249
BILLION



**SUBSTANCE
MISUSE &
SUBSTANCE USE
DISORDERS**

Contents of the Report

Chapter 1: Introduction and Overview of the Report

Chapter 2: The Neurobiology of Substance Use, Misuse, and Addiction

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Chapter 5: Recovery: The Many Paths to Wellness

Chapter 6: Health Care Systems and Substance Use Disorders

Chapter 7: Vision for the Future: A Public Health Approach

Chapter 1

Introduction and Overview

Senior Scientific Editor

Tom McLellan, PhD

Chairman of the Board and Co-Founder,
Treatment Research Institute

Chapter 1

Rationale for the Report

- Drug and alcohol misuse and disorders are **public health challenges** that **affect millions** and place enormous **burdens on society**
- The U.S. has a **serious substance misuse problem** and is facing an unprecedented opioid epidemic
- Most Americans know someone with a substance use disorder, and many **know someone who has lost or nearly lost a family member or friend** to addiction
- The health care system has **historically treated substance misuse and disorders as moral failings** rather than chronic diseases

Chapter 1

Substance Use, Misuse, and Addiction – Consistent Terminology

Use of consistent language and avoidance of certain terms will help change society's attitudes and biases about substance misuse and substance use disorders, reduce discriminatory practices, and improve the way we address substance use in the U.S.

- **Use** – Any use of any substance
- **Misuse** – Use that can harm self or others
- **Substance Use Disorder** – Medical illness, or chronic brain disease, caused by repeated misuse

Chapter 1

Scope of the Issue

Among U.S. population aged 12 or older:

- **Over 66 million** reported binge drinking*
- **Over 47 million** used an illicit or non-prescribed drug
- **Almost 21 million** met criteria for a substance use disorder

* Binge drinking = drinking 5 or more drinks on one occasion for men and 4 or more drinks for women

Chapter 1

There are Reasons for Hope and Optimism

- The public supports **prevention** and **treatment** for substance misuse and related harms, **not incarceration**
- Research provides understanding and evidence on effectiveness of:
 - Prevention policies and community-based programs
 - New medications and behavioral therapies
 - A chronic care model of treatment and recovery
- Recent policies offer **new opportunities**:
 - Expanded access to prevention, treatment, and recovery
 - Integration with mainstream health care

Chapter 1

Premise of the Report

- We can reduce substance misuse and addiction:
Prevention works, treatment is effective, recovery is possible for everyone
- There is a clear precedent—America has already adopted a science-based, public health approach to reduce another serious substance use problem:
 - The 1964 Surgeon General’s Report on Smoking and Health

Chapter 2

The Neurobiology of Substance Use, Misuse, and Addiction

Section Editors

George F. Koob, Ph.D.

Director, National Institute on Alcohol Abuse
and Alcoholism

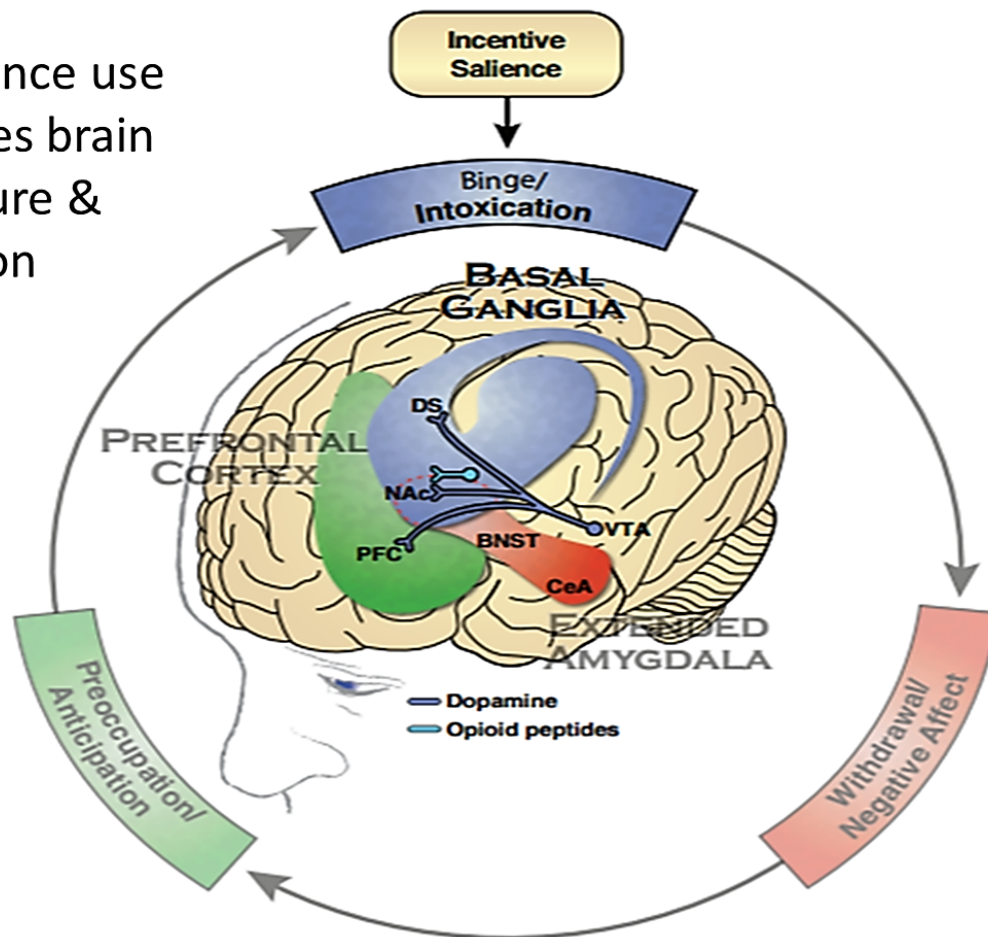
Nora Volkow, M.D.

Director, National Institute on Drug Abuse

Chapter 2

Understanding Neurological Changes

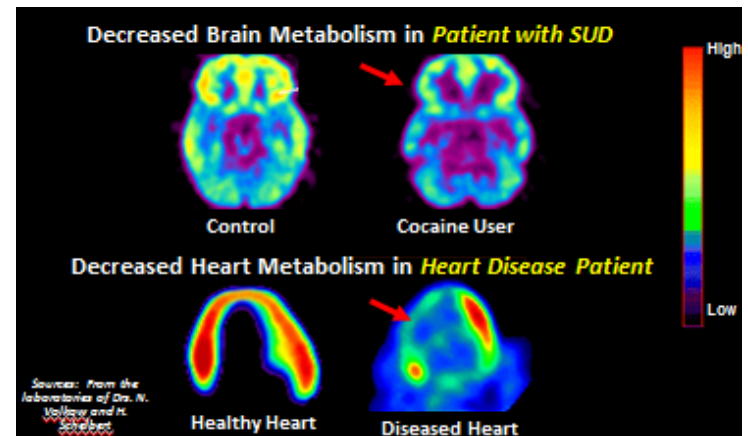
Substance use
changes brain
structure &
function



Chapter 2

Defining Addiction

- Substance use research has made considerable advances and we can now **“see” the living brain**
 - Magnetic Resonance Imaging (MRI)
 - Positron Emission Tomography (PET)
- This research shows that addiction is a **chronic brain disorder** with potential for recurrence and recovery



Chapter 2

Addiction Cycle & Brain Regions

- Addiction becomes more severe with continued substance use
- Continued substance use causes **dramatic and persistent changes in brain regions** that control:
 - Feelings of pleasure (*basal ganglia*)
 - Stress and feelings of unease, anxiety, and irritability which often accompany withdrawal (*extended amygdala*)
 - Executive function—i.e., organization of thoughts, decision making, ability to prioritize tasks (*prefrontal cortex*)
- Substance use “hijacks” these important areas of the brain
 - Powerful feelings associated with substance use create overwhelming desire for substance seeking and impair executive control functions

Chapter 2

Conclusion

- Addiction is a **chronic brain disease**
 - With addiction, **dramatic changes in brain function** occur that reduce a person's ability to control his or her substance use
- Brain changes persist long after substance use stops
 - It is **not known how much these changes may be reversed** or how long it takes
- **Adolescence is a critical “at-risk period”** for substance use and addiction
 - All addictive drugs have **especially harmful effects on the adolescent brain**, which is still undergoing significant development

Chapter 3

Prevention Programs and Policies

Section Editor

Rico Catalano, Ph.D.

Professor, School of Social Work, University of Washington

Chapter 3

Why Should We Care About Prevention?

- Misuse of alcohol and drugs is associated with **numerous health and social problems**
- **Prevention helps stop the progression** from substance use to problematic use or to a substance use disorder
- Prevention makes economic sense: research shows that prevention programs can **save between \$1.61 and \$64** in societal costs for every dollar invested
- There is strong evidence of the effectiveness of prevention programs and policies: **we know that prevention works**

Chapter 3

What We Know About Risk & Protective Factors

- **Risk and protective factors** that predict substance use problems are **reliable targets** for prevention
- Risk and protective factors are **consistent across diverse population groups**
- Different communities/neighborhoods have **different levels** of risk and protection

Chapter 3

Effective Prevention Programs

- **It's never too early or too late:** prevention programs have been found to be effective from conception through aging populations
- Effective prevention programs that have reduced substance misuse include programs to be implemented in:
 - Family settings
 - School campuses and classrooms
 - Colleges and emergency rooms—e.g., brief motivational interventions
 - Workplaces
 - Primary care settings

Chapter 3

Examples of Effective Prevention Programs

| Aged 0-10 | Aged 10-18 | College Students | Adults |
|--|---|---|---|
| Nurse-Family Partnership | Life Skills Training | Brief Alcohol Screening and Intervention for College Students | Team Awareness and Team Resilience (adult workplace) |
| The Good Behavior Game and Classroom-Centered Intervention | Project Toward No Drug Abuse | Parent Handbook | Project Share (older adults) |
| Raising Healthy Children | Strengthening Families Program: For Parents and Youth 10–14 | | Computerized Alcohol-Related Problems Survey (older adults) |
| The Fast Track Program | Strong African American Families | | |

Chapter 3

Benefit per Dollar Cost* of Illustrative Prevention Programs

| Program | Benefit per Dollar Cost |
|--------------------------------------|-------------------------|
| Nurse-Family Partnership | \$1.61 |
| Guiding Good Choices | \$2.69 |
| Raising Healthy Children/(SSDP) | \$4.27 |
| Strengthening Families Program 10-14 | \$5.00 |
| Project Towards No Drug Abuse | \$6.54 |
| Keepin' it REAL | \$11.79 |
| LifeSkills Training | \$17.25 |
| BASICS | \$17.61 |
| Good Behavior Game | \$64.18 |

Source: Washington State Institute for Public Policy, 2016

*Cost estimates are per participant, based on 2015 U.S. dollars

Chapter 3

Effective Alcohol & Prescription Drug Policies

- Policies to reduce availability of alcohol
- Policies to reduce underage drinking
- Policies to reduce drinking and driving
- Policies for those convicted of a DUI
- Policies to reduce prescription drug misuse

Chapter 3

Examples of Effective Prevention Policies

| Reduce Availability of Alcohol | Reduce Drinking and Driving | Reduce Underage Drinking | Preventing Prescription Drug Misuse |
|--|--|--------------------------------------|---------------------------------------|
| Price and tax policies | 0.08% BAC laws | Minimum Legal Drinking Age (MLDA) | Prescription drug monitoring programs |
| Alcohol outlet density | Sobriety checkpoints | MLDA compliance checks | |
| Commercial host (dram shop) liability | DUI courts | Zero tolerance | |
| Reduce days and hours of alcohol sales | Ignition interlock for convicted offenders | Criminal/civil social host liability | |

Chapter 3

Conclusion

- Over **60 prevention programs and policies** have been shown to prevent substance use problems in rigorous research
- **Communities** are an effective **organizing force** for bringing evidence-based policies and programs to scale to improve public health
- As yet, there is **insufficient evidence** of the effects of **state policies for reducing inappropriate prescribing of opioid pain medications**

Chapter 4

Early Intervention, Treatment, and Management of Substance Use Disorders

Section Editor

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Professor of Public Health, Santa Clara University

Chapter 4

Access to Care is a National Priority

SURGEON
GENERAL
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FACING ADDICTION IN AMERICA

*The Surgeon General's Report on
Alcohol, Drugs, and Health*

U.S. Department of Health & Human Services

EXECUTIVE SUMMARY

The first-ever Surgeon General's Report on Alcohol, Drugs, and Health reviews what we know about substance misuse and how you can use that knowledge to address substance misuse and related consequences. Read the executive summary.

VISION FOR THE FUTURE

The last chapter of the Report presents a vision for the future, five general messages, their implications for policy and practice, and recommendations for specific stakeholder groups. Read the vision for the future.

KEY FINDINGS

Key information and findings related to substance use, misuse, and substance use disorders are detailed by chapter. Learn more about key findings.

SUPPLEMENTARY MATERIALS

Supplementary materials are available that outline the Report's key messages, highlight its findings and recommendations for specific audiences, and help you spread the word to others. Check out the supplementary materials.

GET THE REPORT

Full Report and Summary

Full Report (PDF |

Executive Summary

Front Matter (PDF |

Chapters and

Ch. 1: Introduction

Ch. 2: Neurobiology

Ch. 3: Prevention

Ch. 4: Treatment

Ch. 5: Recovery

Ch. 6: Health Care

Ch. 7: Vision for the

258 KB)

Glossary and Abbreviations

List of Tables and Figures

Appendices (PDF |

Request a Copy

Full Report

Executive Summary

FIND HELP AND TREATMENT

Behavioral Health Locator

Improving Access to Effective Care for People Who Have Mental Health and Substance Use Disorders

A Vital Direction for Health and Health Care

James Knickman, New York University; **K. Ranga Rama Krishnan**, Rush University Medical Center; **Harold A. Pincus**, College of Physicians and Surgeons, and Columbia University; **Carlos Blanco**, National Institutes of Health; **Dan G. Blazer**, Duke University Medical Center; **Molly J. Coye**, AVIA; **John H. Krystal**, Yale University School of Medicine; **Scott L. Rauch**, McLean Hospital; **Gregory E. Simon**, Group Health Research Institute; **Benedetto Vitiello**, National Institutes of Health

September 19, 2016

About the Vital Directions for Health and Health Care Series



This publication is part of the National Academy of Medicine's **Vital Directions for Health and Health Care Initiative**, which called on more than 100 leading researchers, scientists, and policy makers from across the United States to assess and provide expert guidance on 19 priority areas for U.S. health policy. The views presented in this publication and others in the series are those of the authors and do not represent formal consensus positions of the NAM, the National Academies of Sciences, Engineering, and Medicine, or the authors' organizations. Learn more: nam.edu/VitalDirections.

FACING ADDICTION IN AMERICA *The Surgeon General's Report on Alcohol, Drugs, and Health*

<http://addiction.surgeongeneral.gov/>

<https://nam.edu>



Substance Abuse and Mental Health Services Administration

SAMHSA

Chapter 4

Overview

- There are **effective strategies** and **services**, ranging from self-change to specialty treatment:
 - Screening for substance use, misuse, and substance use disorders
 - Early intervention
 - Treatment
 - Management of treatment and recovery support for substance use disorders

Chapter 4

Overview

Many people who *should* receive substance use disorder treatment:

- Do not consider their substance use problematic, so they **don't feel treatment is necessary**
- **Are not fully aware** of the range and types of care available

Chapter 4

Substance Use Disorder Treatment

- **Substance use disorder treatment**—like treatment for most other illnesses—is designed to:
 - **Stop** or **reduce major symptoms** (harmful substance misuse)
 - **Improve health** and **social function**
 - Recognize and manage **risks for relapse**

Essential Services Across The Health Continuum

| Positive Physical, Social, and Mental Health | Substance Misuse | Substance Use Disorder |
|---|--|--|
| A state of physical, mental, and social well-being, free from substance misuse, in which an individual is able to realize his or her abilities, cope with the normal stresses of life, work productively and fruitfully, and make a contribution to his or her community. | The use of any substance in a manner, situation, amount, or frequency that can cause harm to the user and/or to those around them. | Clinically and functionally significant impairment caused by substance use, including health problems, disability, and failure to meet major responsibilities at work, school, or home; substance use disorders are measured on a continuum from mild, moderate, to severe based on a person's number of symptoms. |

Substance Use Status Continuum



Substance Use Care Continuum

| Enhancing Health | Primary Prevention | Early Intervention | Treatment | Recovery Support |
|---|---|---|--|--|
| Promoting optimum physical and mental health and well-being, free from substance misuse, through health communications and access to health care services, income and economic security, and workplace certainty. | Addressing individual and environmental risk factors for substance use through evidence-based programs, policies, and strategies. | Screening and detecting substance use problems at an early stage and providing brief intervention, as needed. | Intervening through medication, counseling, and other supportive services to eliminate symptoms and achieve and maintain sobriety, physical, spiritual, and mental health and maximum functional ability. Levels of care include: <ul style="list-style-type: none"> • Outpatient services; • Intensive Outpatient/ Partial Hospitalization Services; • Residential/ Inpatient Services; and • Medically Managed Intensive Inpatient Services. | Removing barriers and providing supports to aid the long-term recovery process. Includes a range of social, educational, legal, and other services that facilitate recovery, wellness, and improved quality of life. |

“Voltage Drops” In Quality Of Care

Potential to
Receive High-
Quality Health Care

1. Insurance Available

2. Enrolled in Insurance

3. Providers and Services Covered

4. Informed Choice Available

5. Consistent Source of Primary Care Available

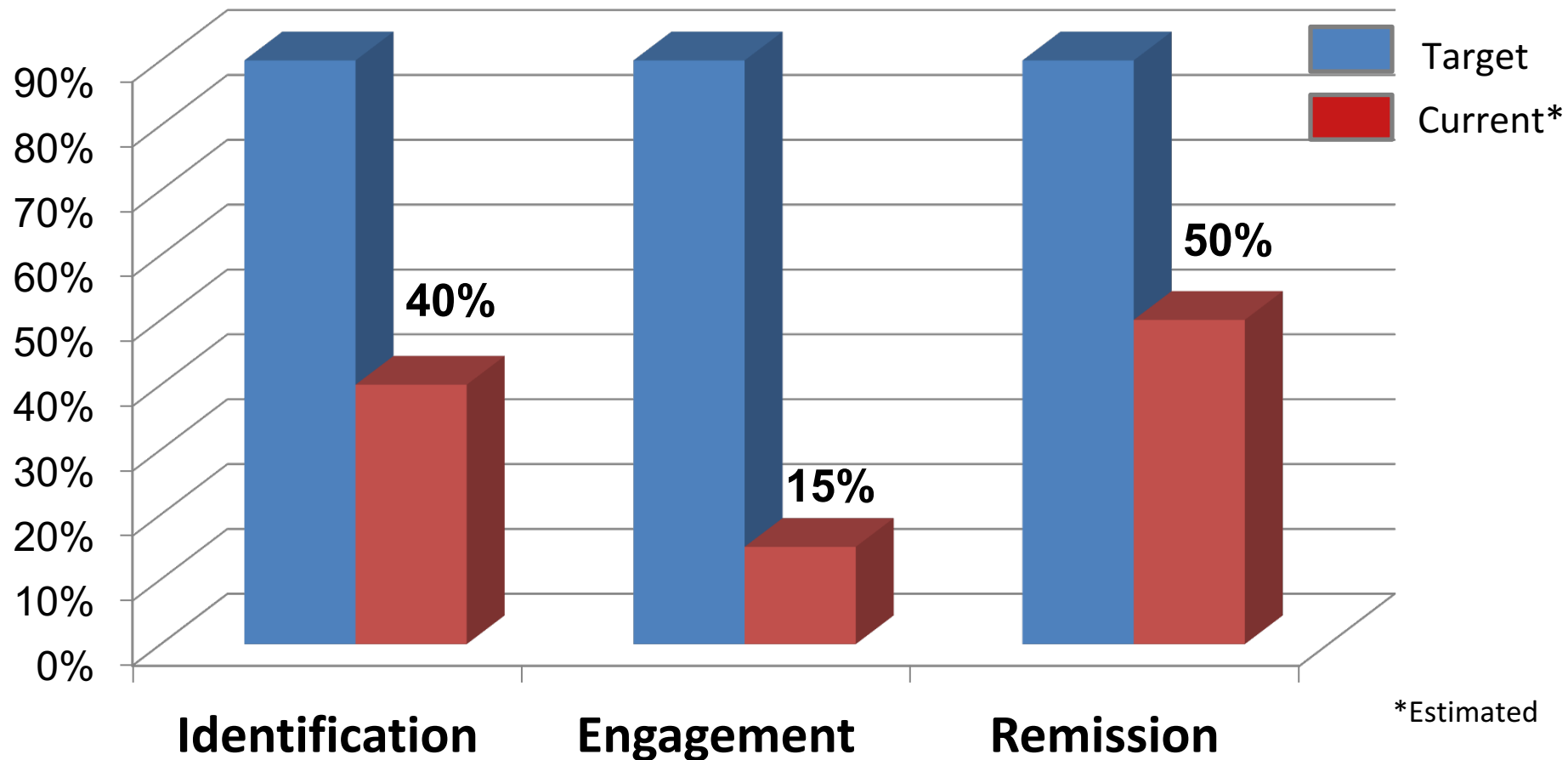
6. Referral Services Accessible

7. High-Quality Care Delivered

Quality of
Received Care

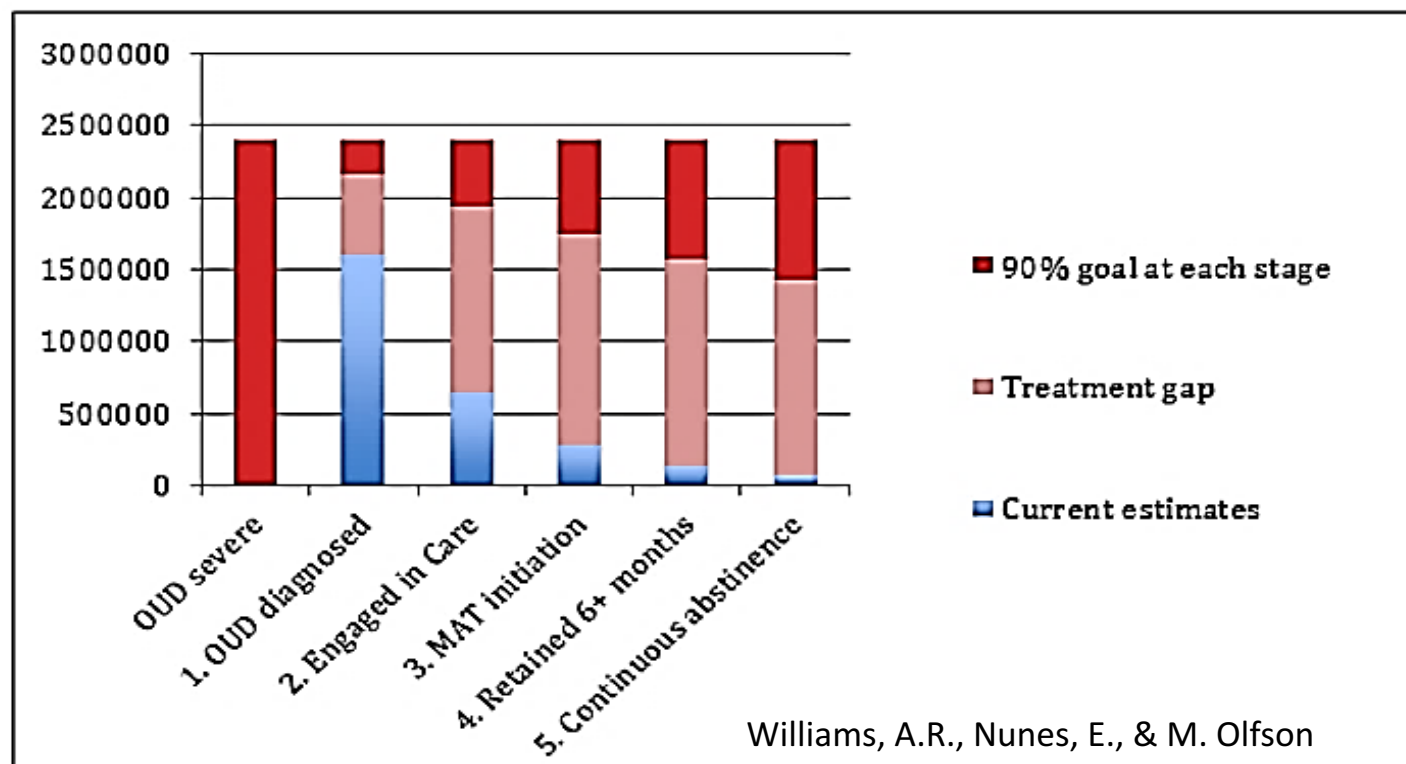
Eisenberg JM, Power EJ. Transforming Insurance Coverage Into Quality Health Care: Voltage Drops From Potential to Delivered Quality. *JAMA*. 2000;284(16):2100-2107.

The 90:90:90 Benchmark



Operationalizing 90:90:90

Figure 1. Current Treatment Gap In The Substance Abuse Treatment System Along Opioid Use Disorder Cascade Of Care (As Of 2014)



<http://healthaffairs.org/blog/2017/03/13/to-battle-the-opioid-overdose-epidemic-deploy-the-cascade-of-care-model/#one>

For Each 90 We Need To Ask 3 Questions:

1. *What are we trying to accomplish?*
2. *How do we know we accomplished it?*
3. *What are some things we can do to accomplish it?*

Chapter 4

Screening and Brief Intervention

- **Substance misuse screening** should occur for everyone in every health care settings, including primary, urgent, psychiatric, school health clinics, and emergency care
- **Brief interventions** should be provided to adolescents and adults who are at risk of or show signs of substance misuse
- **Ongoing monitoring** is important to build a trusting relationship with a clinician to promote either a reduction of substance use or abstinence

Chapter 4

Risk Reduction and Engagement

- Engage individuals who are active substance users and offer treatment as indicated. Strategies include:
 - **Naloxone** to reverse opioid overdoses
 - **Syringe services** to reduce the transmission of HIV or Hepatitis C
 - **Withdrawal management** to minimize medical consequences of cessation
 - **Outreach and education** to encourage seeking help

Chapter 4

Qualities of Effective Treatment

- **Individualized** treatment plans
- Goals that are **person-centered** and **strength-based**
- Targeted efforts to keep the individual **engaged in care**
- Care that considers both **physical** and **mental health**
- **Culturally competent care** that considers age, gender identity, race and ethnicity, language, health literacy, religion, sexual orientation, culture, physical health problems, and co-occurring conditions



VA-DoD SUD Guideline Key Recommendations

- Screening and brief alcohol intervention
- Treatment (pharmacotherapy and psychosocial interventions)
 - Alcohol use disorder
 - Opioid use disorder
 - Cannabis use disorder
 - Stimulant use disorder
- Promoting group mutual help (e.g. AA, NA, Smart Recovery)
- Address co-occurring mental health conditions and psychosocial problems
- Continuing care guided by ongoing assessment
- Stabilization and withdrawal

| SUD | Medications | Psychosocial Intervention |
|-----------|--|--|
| Alcohol | Acamprosate Disulfiram Naltrexone Topiramate Gabapentin* | Behavioral Couples Therapy Cognitive Behavioral therapy (CBT) Community Reinforcement Approach (CRA) Motivation Enhancement Therapy (MET) Twelve Step Facilitation |
| Opioid | Buprenorphine Methadone ER-Injectable Naltrexone* | Medical Management** Contingency Management (CM)/Individual Drug Counseling (IDC)** |
| Cannabis | | CBT/MET |
| Stimulant | | CBT/CRA/IDC +/- CM |

*suggested **recommended only with medication

<http://www.healthquality.va.gov/guidelines/MH/sud/>

Chapter 4

The Promise of Technology for Addiction Treatment

- **Technology** can:
 - Increase access to care in previously underserved areas and settings
 - Enable service providers to care for more clients
 - Provide alternative care options for individuals who are hesitant to seek in-person treatment
 - Increase the chances that interventions are delivered as they were designed and intended
 - Decrease treatment costs

Chapter 4

Conclusion

- Substance misuse and substance use disorders can be reliably and easily identified through screening
- Substance use disorders can be **effectively treated**, with recurrence rates no higher than those for other chronic illnesses such as diabetes, asthma, and hypertension
- **Medications can be effective** in treating serious substance use disorders, but they are under-used
- Treatment is **cost-effective compared with no treatment**

Chapter 5

Recovery: The Many Paths to Wellness

Section Editor

Keith Humphreys, Ph.D.

Professor of Psychiatry, Stanford University

Chapter 5

Recovery: The Many Paths to Wellness

- An estimated 25 million Americans are currently in **remission**
- There is an emerging social movement of **recovery advocacy and services**
- **Recovery-oriented services** and **systems** are being developed and increasingly researched
- There are **many pathways that make recovery possible**, including treatment, recovery support services, and mutual aid

Chapter 5

Definitions of Recovery

- **Recovery** has many definitions:
 - A process of change through which individuals improve their health and wellness, live a self-directed life, and strive to reach their full potential (SAMHSA)
 - A voluntarily maintained lifestyle characterized by sobriety, personal health, and citizenship (Betty Ford Institute)
 - Can primarily involve the individual or include families and communities
 - Does not always require complete abstinence from alcohol or drugs
- **Remission:** Medical term meaning that major disease symptoms are eliminated or diminished below a pre-determined, harmful level

Chapter 5

Mutual Aid Groups

- Mutual aid groups are **peer-led, free of charge, informal**, and easily **adaptable** to diverse grassroots community settings
- Alcoholics Anonymous (AA), founded in 1935, is the **largest** and **most widely accessed** and studied mutual aid group
- There are **numerous variations** of 12-step groups, as well as **other mutual aid groups** that are not 12-step, that address a variety of substance use disorders

Chapter 5

Recovery Support Services

- Mutual Aid Groups
- (Peer) Recovery Coaching
- Recovery Housing
- Recovery Management
- Recovery Community Centers
- Recovery-based Education

Chapter 5

Peer Recovery Coaches

- **Individuals with lived experience** that are trained to help others through four types of social support:
 - Emotional
 - Informational
 - Instrumental
 - Affiliational
- **Work in treatment and recovery contexts, including:**
 - Primary care, emergency departments, criminal justice, child welfare, homeless agencies, and crisis outreach teams

Chapter 5

State of the Science is Varied

- Well-supported scientific evidence, focused on Alcoholics Anonymous, demonstrating **effectiveness of 12-step programs**
- Promising evidence on specific recovery supports, including **educational programs, recovery housing, and telephonic recovery support**
- Many other recovery supports **have not been studied at all**

Chapter 5

Conclusion

- **Celebrate** and **support recovery**, but let it stand on its own
- Make health care systems amenable to recovery concepts, people, and organizations
- Invest in **research on the effectiveness** of recovery supports
- Conduct **research on how health care systems can work best with recovery support services**
- Expand research on the **innovative** and **emerging** recovery supports that are happening in **diverse communities** and **cultures**

Chapter 6

Health Care Systems & Substance Use Disorders

Section Editor

Constance Weisner, Dr.P.H.

Professor of Psychiatry, UCSF & Associate
Director, Division of Research, Kaiser
Permanente

Chapter 6

Changes in Health Care Settings

- Delivery of substance use disorder services have traditionally been **separate from mental and general health care** services
- Recent legislation, such as the **Mental Health Parity and Addiction Equity Act** and the **Affordable Care Act** are helping to integrate health care settings

Improving Outcomes Through A Service System Approach



Contents lists available at [ScienceDirect](#)

Journal of Substance Abuse Treatment



Organizing Publicly Funded Substance Use Disorder Treatment in the United States: Moving Toward a Service System Approach



Howard Padwa, Ph.D. ^{a,*}, Darren Urada, Ph.D. ^a, Patrick Gauthier, B.A. ^b, Traci Rieckmann, Ph.D. ^c,
Brian Hurley, M.D., M.B.A. ^d, Desirée Crèvecoeur-MacPhail, Ph.D. ^a, Richard A. Rawson, Ph.D. ^e

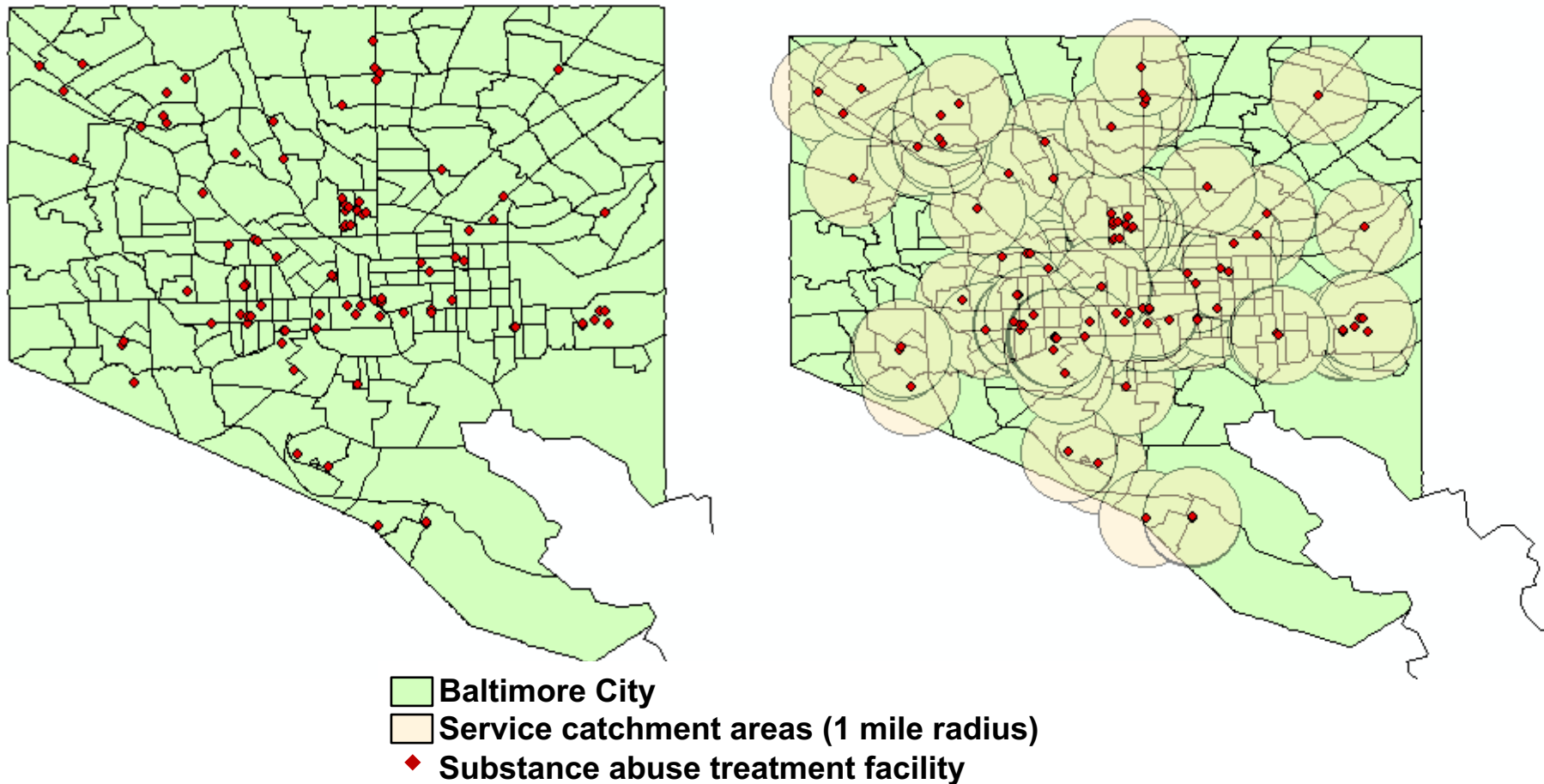
Constraints And Opportunity

- Scarce and restrictive funding for public SUD services has constrained development of SUD service delivery systems in the U.S.
 - Insufficient/nonexistent funding to support linkage and care coordination services has constrained efforts
- Forced to utilize SAMHSA Block Grants, state/local government funding, or other sources of flexible—but volatile and overextended—funding.

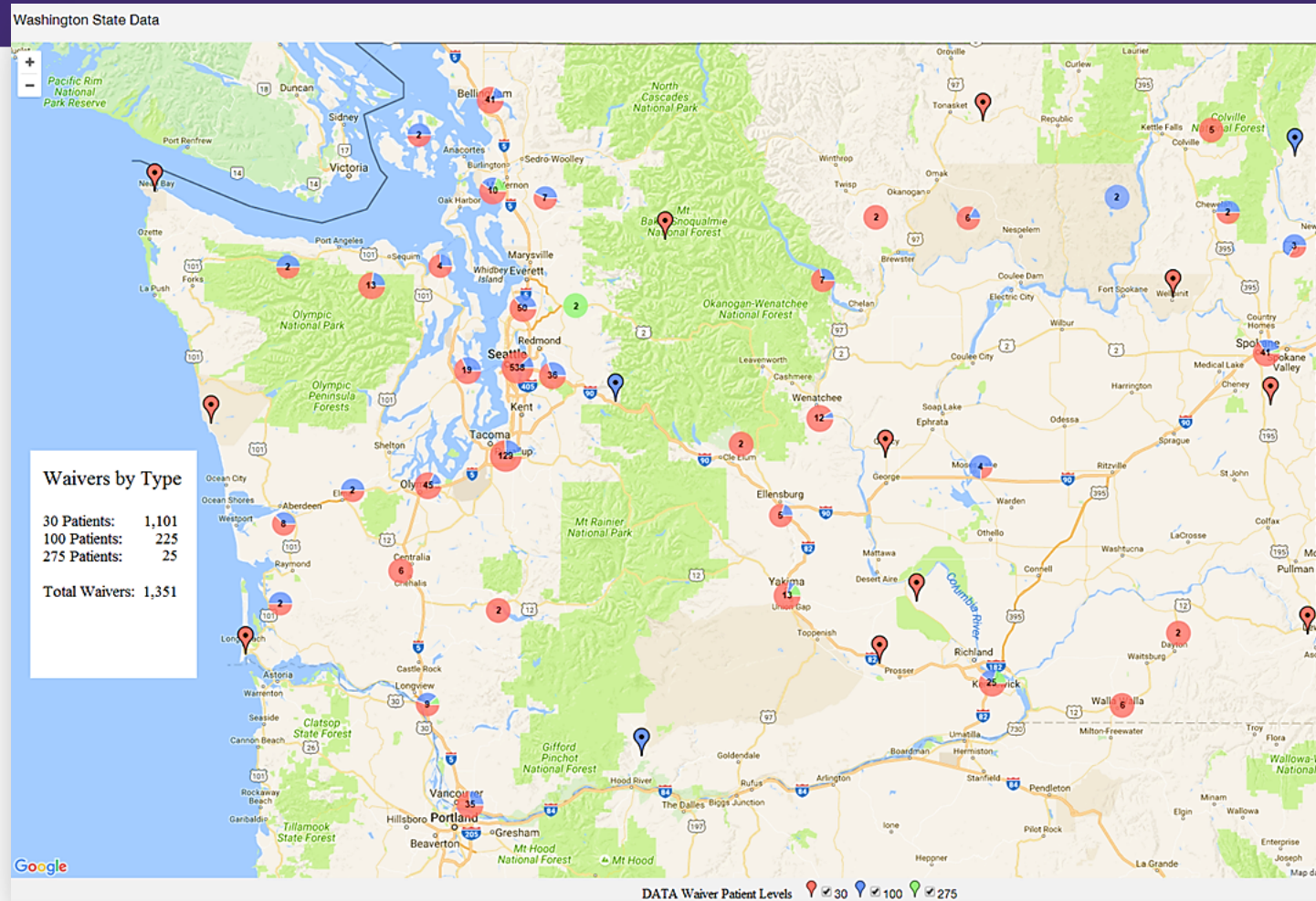
Essential Service Components In a Public SUD System

- Intake and treatment planning
- Withdrawal management
- Case management and linkage
- Housing
- Peer support
- Medication assisted treatment
- Behavioral treatments
- Collateral services

Ensuring Availability: Estimating Capacity



Ensuring Availability: Estimating Capacity



Precision Targeting At Risk Populations

- Pregnant women & newborns.
- Youth & Young Adults.
- Underserved populations, including racial & ethnic minorities and rural communities.
- Individuals exposed to trauma, including physical, emotional, and sexual abuse.
- Individuals in high risk environments, including the homeless; the justice involved; and service members deployed in war zones.
- People with co-occurring conditions.

Precision Targeting Specific Substances



The screenshot displays the SAMHSA (Substance Abuse and Mental Health Services Administration) website. The header includes the SAMHSA logo, navigation links (Home, Newsroom, Site Map, Contact Us), a search bar, and social media icons. The main navigation bar highlights 'Grants'. The breadcrumb trail reads: Grants » Grant Announcements » State Targeted Response to the Opioid Crisis Grants. The main heading is 'State Targeted Response to the Opioid Crisis Grants'. A sidebar on the left lists 'Grants', 'Grant Announcements', and 'Applying'. The 'Short Title' is 'Opioid STR'. Social sharing icons and a 'SHARE+' button are also visible.

Substance Abuse and Mental Health Services Administration
SAMHSA

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Grants » Grant Announcements » State Targeted Response to the Opioid Crisis Grants

Grants

Grant Announcements

Applying

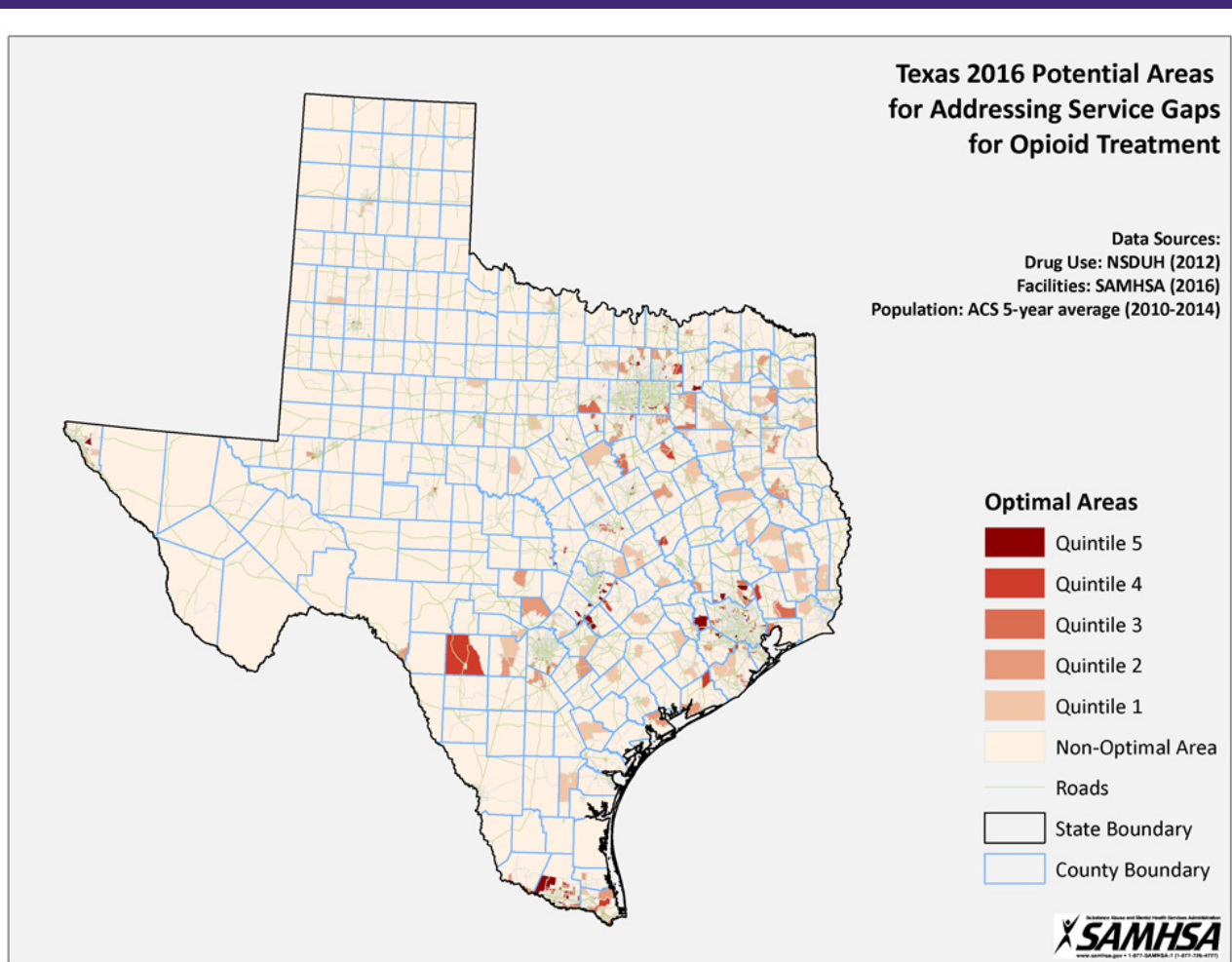
State Targeted Response to the Opioid Crisis Grants

Short Title: Opioid STR

SHARE+

<https://www.samhsa.gov/grants/grant-announcements-2017>

Putting It Together to Improve Availability



Chapter 6

What Do We Mean by “integration” and Why Is It Important?

Integration is “the systematic coordination of general and behavioral health care. Integrating services for primary care, mental health, and substance use-related problems together **produces the best outcomes** and provides the **most effective approach** for supporting whole person health and wellness.”

*SAMHSA-HRSA Center for Integrated Health Solutions. (2016). What is integrated care? Retrieved from <http://www.integration.samhsa.gov/resource/what-is-integrated-care>. Accessed on April 28, 2016.

Chapter 6

Importance of Integration

- **Integration**
 - Is key to addressing the full spectrum of substance use problems and consequences
 - Represents the most promising way to improve access to and quality of treatment
 - Has the potential to reduce health disparities
 - Can lead to improved health outcomes through better care coordination
- Integrating substance misuse services with medical care is especially critical considering **substance use disorders are often associated with other medical conditions**

Chapter 6

Promising Innovations in Health Care

- Medicaid innovations
 - Alternative Benefit Plans, managed care plans, home and community-based services and supports, health homes, demonstrations to test policy innovations
- Electronic Health Records and Health Information Technology
 - Meaningful use to coordinate care, EHR incentive programs, clinical decision support tools, and prescription drug monitoring programs
- Disease registries
 - Databases related to substance use disorders can alert providers of those at higher risk of substance misuse or disorders.

Chapter 6

Financing Systems for Substance Use Disorders

- Private Insurance
 - 66% of Americans have private health insurance
- Medicaid
 - 20% of Americans have health coverage through Medicaid
- Medicare
 - 17% of Americans have health coverage through Medicare
- Uninsured Individuals
 - 12% of uninsured individuals have a substance use disorder
- Federal, State, and Local Funding
 - Grants, schools, emergency crisis teams, law enforcement, and others

Effective Coverage is in the Details...

HealthAffairs

At the Intersection of Health, Health Care and Policy

Cite this article as:

Tami L. Mark, Tracy Yee, Katharine R. Levit, Jessica Camacho-Cook, Eli Cutler
and Christopher D. Carroll

Insurance Financing Increased For Mental Health Conditions But Not For
Substance Use Disorders, 1986–2014

Health Affairs 35, no.6 (2016):958-965

doi: 10.1377/hlthaff.2016.0002

The online version of this article, along with updated information and services, is
available at:

<http://content.healthaffairs.org/content/35/6/958>

HealthAffairs

At the Intersection of Health, Health Care and Policy

Cite this article as:

Timothy B. Creedon and Benjamin Lê Cook

Access To Mental Health Care Increased But Not For Substance Use, While
Disparities Remain

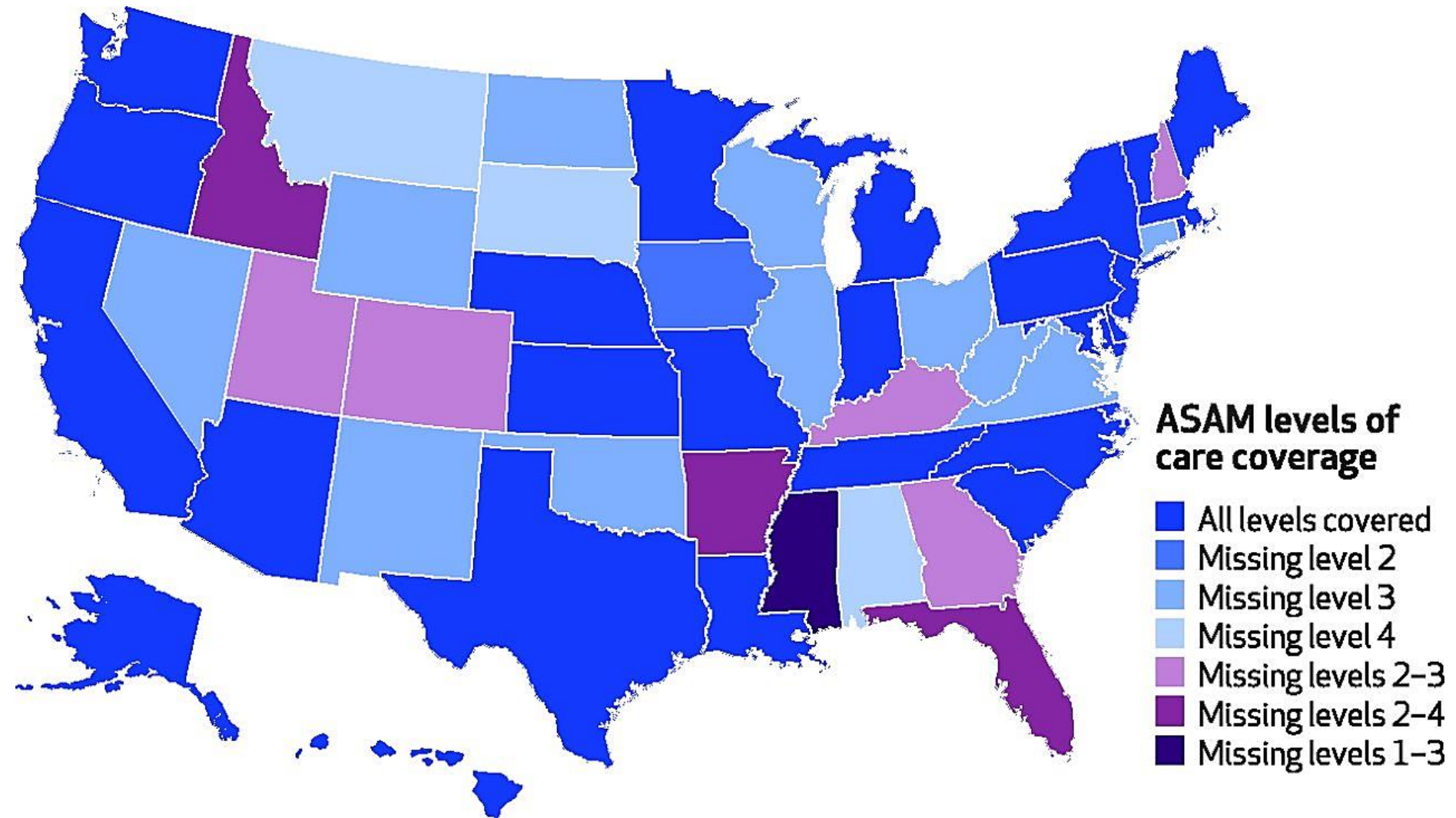
Health Affairs 35, no.6 (2016):1017-1021

doi: 10.1377/hlthaff.2016.0098

The online version of this article, along with updated information and services, is
available at:

<http://content.healthaffairs.org/content/35/6/1017>

State coverage of the American Society of Addiction Medicine (ASAM) continuum of care (CoC) levels.



Adapted from: Colleen M. Grogan et al. Health Aff 2016;35:2289-2296

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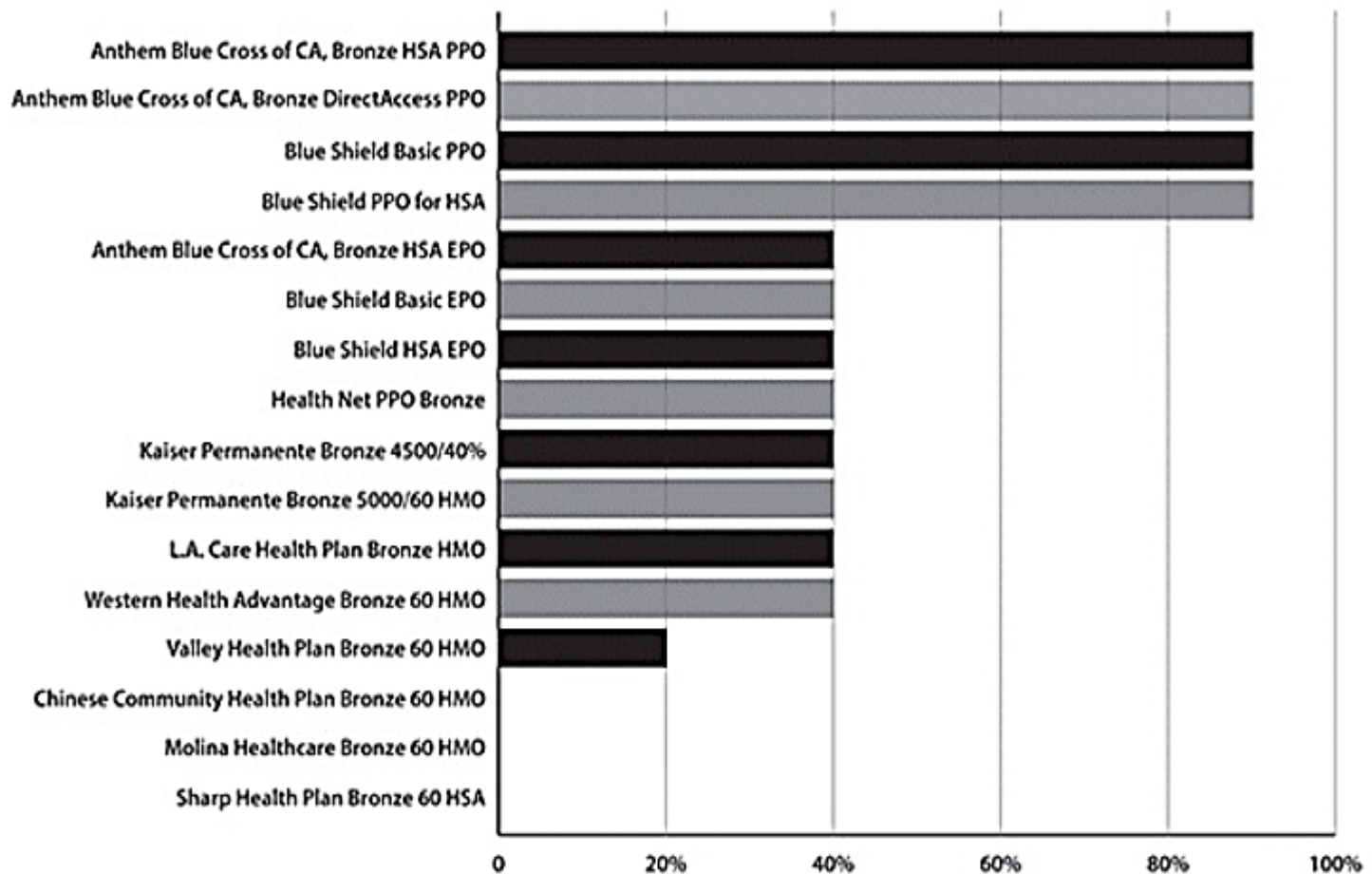
Health Affairs

PAYMENT MODELS

| | |
|------------------------|--|
| Pay for performance | Offer financial rewards to providers who meet specified performance goals |
| Shared savings | Offer providers a share of financial savings if they reduce the overall cost of care |
| Episode-based payments | Bundle all payments for services delivered during a designated time period |
| Global budgets | Give providers a total budget to serve a specified patient population |
| Full-risk capitation | Per-patient per month payments for all patient SUD care |

H. Padwa et al. / Journal of Substance Abuse Treatment 69 (2016) 9–18

f. Methadone Maintenance/Buprenorphine (ASAM Criteria OTP)



Chapter 6

Conclusions

- Integrating care for substance use disorders into mainstream health care can **increase quality, effectiveness, and efficiency** of health care
- **Health IT is expanding** to support **greater communication and collaboration** among providers, fostering better integrated care
- **A larger, more diverse workforce** is needed, with skills to prevent, identify, and treat substance use disorders:
 - Today's substance use disorder workforce does not have capacity to meet existing need for integrated care
 - General health care workforce is undertrained to deal with substance use-related problems

Chapter 7

Vision for the Future: A Public Health Approach

- Provides **concrete, evidence-based recommendations** on how to reduce substance misuse and related harms in communities across the U.S.
- **Implications** for **policy** and **practice** are discussed for each finding
- Outlines the role of specific stakeholder groups in changing the **culture, policies, and practices** specific to addressing substance misuse

Chapter 7

Five Overarching Messages

1. Both substance misuse and substance use disorders harm the health and well-being of individuals and communities. Addressing them requires **implementation of effective strategies**
2. Highly effective community-based **prevention programs and policies exist** and **should be widely implemented**
3. **Full integration** of the continuum of services for substance use disorders with the rest of health care could significantly improve the **quality, effectiveness, and safety of all health care**

Chapter 7

Five Overarching Messages, Cont.

4. **Coordination** and **implementation** of recent health reform and parity laws will help ensure **increased access to services** for people with substance use disorders
5. A large body of research has clarified the **biological, psychological, and social underpinnings** of substance misuse and related disorders and described **effective prevention, treatment, and recovery support services**. Future research is needed to guide the **new public health approach** to substance misuse and substance use disorders

Chapter 7

In Summary

Everyone has a role to play in addressing substance misuse and substance use disorders, and in **changing the conversation** around substance use, to improve the **health, safety, and well-being** of **individuals** and **communities** across our nation.



Next Steps: What We Can Do Together (1)

- **Expand Evidence-based Interventions** – Work with community leaders and community coalitions to implement prevention, treatment, and recovery programs and policies
- **Translate the Science into Public Understanding** – Use traditional and social media to inform the public, particularly parents and community leaders
- **Incorporate the Science into Health Care** – Expand training of health care professionals, improve availability, access, and quality of services in all health settings

Next Steps: What We Can Do Together (2)

- **Mobilize Different Sectors of the Community** – Engage with stakeholders such as policymakers, law enforcement, health care, education, businesses, and the faith community to encourage change
- **Encourage Parents to Talk to Their Children** – Provide guidance and tools for parents to talk to their children about alcohol and drugs and the risks they face
- **Monitor and Evaluate Progress** – Continually assess accomplishments and community needs and adjust strategies as appropriate; share progress with stakeholders
- **And more...**

"OUT OF THE AGE OF SILOS"

| Past | Future |
|--|---|
| Substance use mainly ignored in primary care | Substance use screened and monitored in primary care |
| Focus on the most severe problems | Addresses full spectrum of problems |
| Paper charts: little contact between specialty substance use disorders and health care | EHR, clinical coordination, patient portals, health IT treatment options that focus on coordination of care |
| Limited use of health IT | Leveraging technologies including patient portals, HIEs, technology delivered treatments |
| Little focus on physical health issues | Addresses medical problems with focus on whole person wellness |
| Medications seldom available | Medications readily available |
| Separate oversight structures and reporting | Performance and outcomes measurement, ongoing quality improvement |
| 12-step programs | 12-step and other RSS, social network innovations |

PUTTING IT ALL TOGETHER

THE LEARNING
HEALTHCARE PROJECT
www.learninghealthcareproject.org

The Potential of Learning Healthcare Systems

Dr Tom Foley and Dr Fergus Fairmichael

November 2015

November 2015

FACING ADDICTION IN AMERICA *The Surgeon General's Report on Alcohol, Drugs, and Health*



KEY TERMS

Learning Health Care System. As described by the Institute of Medicine (IOM), a learning health care system is "designed to generate and apply the best evidence for the collaborative healthcare choices of each patient and provider; to drive the process of discovery as a natural outgrowth of patient care; and to ensure innovation, quality, safety, and value in health care."⁴



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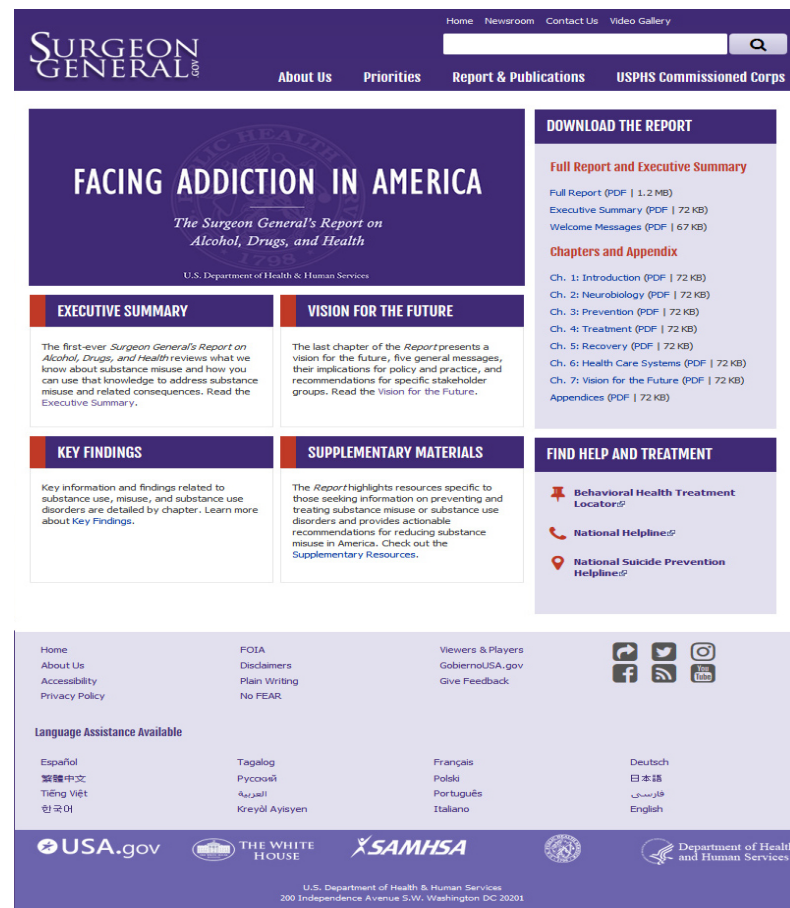
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The Learning Health System Series

To facilitate progress toward the development of a learning health system - in which science, informatics, incentives, and culture are aligned for continuous improvement and innovation, with best practices seamlessly embedded in the delivery process and new knowledge captured as an integral by-product of the delivery experience - the Roundtable on Value & Science-Driven Health Care has marshaled the insights of the nation's leading experts to explore in detail the prospects, and the necessity, for transformational change in the fundamental elements of health and health care. The assessments are reported in the 11 volumes of the IOM Learning Health System Series.

SGR Website

- SGR website and collateral materials are available to support grantee activities
- www.Addiction.SurgeonGeneral.gov



Materials & Collateral Products (1)

- Promotional Video and Flyer
- Partner Toolkit
 - Web banners, images for social media
 - Blogs, short messages articles
 - PowerPoint slides
 - Report highlights

Materials & Collateral Products (2)

- Fact sheets on Report's key findings and recommendations
 - Overall Highlights
 - Individuals and Families
 - Communities
 - Health Professionals and Health Care Systems
 - State, Local, and Tribal Governments

THANK YOU!!
QUESTIONS?

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