

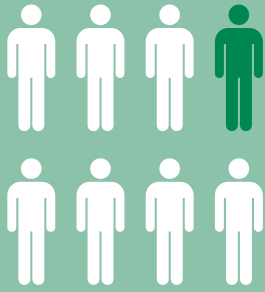
CLOSING THE ADDICTION  TREATMENT GAP

Addiction is a disease. Let's start treating it that way.



**Eight Reasons to Support Addiction Treatment**  
*in Rhode Island*

## Addiction Treatment: Saves Lives, Saves Money



Building a strong, healthy community in which all Rhode Islanders are able to reach their full potential, free from the harmful effects of addiction to drugs and alcohol is critical for our state's future. Approximately 100,000 Rhode Islanders are suffering from addiction, but only 1 in 8 is getting the care that they need to fight this disease. This addiction treatment gap – the difference between the number of people suffering from substance use disorder and the number who actually receive the treatment they need – must be closed.

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### 1 Treatment Works!

- Chronic diseases can be medically treated, but they are not resolved overnight. Just like diabetes, asthma and hypertension, addiction is a chronic relapsing disease that can be treated successfully over time, with patient dedication and community support.
- Patient compliance is much higher with addiction treatment than with treatment of other chronic diseases, such as hypertension and asthma.<sup>1</sup>
- Rhode Islanders understand that treatment is effective – 77% of Rhode Islanders say treatment is extremely or very important to helping people get better.<sup>2</sup>

### 2 Treatment Keeps Families Healthy

- Rhode Islanders support making addiction treatment more accessible and affordable – with the top reason for support being that it will improve the health of families.<sup>3</sup>
- Addiction has a profound impact on children – if a parent suffers from a substance use disorder, their children are more likely to be placed in substitute care. However, effective treatment can help keep families together – children whose families receive appropriate addiction treatment are less likely to remain in foster care.<sup>4</sup>
- Left untreated, addiction kills – more than 20% of the deaths in America each year are addiction-related.<sup>5</sup> Addiction treatment can help prevent such devastating losses.

### 3 Treatment Increases Workplace Productivity

- 92% of human resource professionals agree that employees who use effective treatment programs increase their productivity.<sup>6</sup> Lost productivity due to alcohol use alone costs U.S. businesses more than \$140 billion each year.
- Employee alcohol and drug use can increase absenteeism, reduce job productivity and performance, and increase the numbers of workers' compensation and disability claims.
- 75% of people with substance use disorders are employed. Alcohol alone is responsible for 500 million lost work days each year.<sup>7</sup>

### 4 Treatment Saves Tax Payer Dollars

- Drug addiction alone costs the American economy more than \$180 billion each year; adding in the costs associated with alcohol addiction – including costs associated with health care, criminal justice, and lost productivity – the costs are several hundred billion dollars each year. In these difficult economic times, we cannot afford to leave addiction untreated.<sup>8</sup>

- Caring for those suffering from untreated addiction and addressing its devastating consequences – in emergency rooms, in prisons and elsewhere – costs the U.S. 12 times what it would cost to provide those same people with the addiction treatment they need.<sup>9</sup>
- Addiction treatment is a proven, cost-effective approach to fighting crime and repeated incarceration. Addiction treatment has been shown to cut drug use in half, reduce crime by 80%, and reduce arrests by up to 64%.<sup>10</sup>
- The Washington State Institute for Public Policy (WSIPP) found that community-based drug treatment can save nearly \$12,000 per individual treated in terms of reduced incarceration rates and associated crime costs to taxpayers.
- The Rhode Island Adult Correctional Institute (ACI) has experienced a 457% growth in the prison population over the past 30 years. The percentage of those incarcerated for drug-related offenses has tripled, from 7% in 1977 to 22% in 2008. The ACI budget has subsequently increased by more than \$140 million over the past 20 years.<sup>11</sup>

## 5 Rhode Island Substance Use And Addiction Rates Are At Crisis Levels

- 100,000 Rhode Islanders, approximately 10% of the state's population, have a substance use disorder.
- Rhode Island has the highest percentages of illicit drug, marijuana, and alcohol use in the country – 12.5%, 10.3%, and 63.1% of Rhode Islanders, respectively, ages 12 and older have used these substances within the past month.<sup>12</sup>
- The majority of Rhode Islanders have been personally touched by addiction – nearly 70% know someone who has been addicted to alcohol or drugs.<sup>13</sup>

## 6 Many Rhode Islanders Need Treatment But Aren't Getting It

- Approximately 100,000 Rhode Islanders suffer from addiction, but only 1 in 8 receives the treatment they need.
- In Rhode Island, only 14% of people who received addiction treatment in 2007 had private insurance – nearly two-thirds (60%) accessed treatment through a public benefit program.<sup>14</sup>

## 7 Treatment Unclogs Our Hospitals' Emergency Departments

- Nationwide, more than 1.7 million emergency department visits a year are associated with drug misuse or abuse, and 1 out of every 14 hospital stays are related to substance use disorders.<sup>15</sup>
- The Centers for Disease Control and Prevention (CDC) estimates that 20% – 30% of patients seen in U.S. hospital emergency departments have alcohol problems.<sup>16</sup>
- Emergency room costs decline by 35% after patients who suffer from substance use disorders receive treatment.<sup>17</sup>

## 8 Treatment Saves Health Care Dollars

- Inpatient and total health care costs decline by 39% and 26%, respectively, after people who suffer from substance use disorders receive treatment.<sup>18</sup>
- Addiction is costly for Rhode Island business owners – health care costs for employees with alcohol problems are nearly twice as much as those of other employees.

Join us in supporting addiction treatment by closing the addiction treatment gap. Together we can build a stronger, healthier community to the benefit of all Rhode Islanders.

Contact Nick Zaller at 401-793-4875 or [info@closethegapri.org](mailto:info@closethegapri.org) for more information on how to join the coalition.



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[www.closesthegapri.org](http://www.closesthegapri.org)

<sup>1</sup> O'Brien CP, McLellan AT. Myths about the Treatment of Addiction (1996).

<sup>2</sup> Lake Research Partners Survey: August, 2009.

<sup>3</sup> Lake Research Partners Survey: August, 2009.

<sup>4</sup> Child Welfare League of America (2001).

<sup>5</sup> Health Affairs, 2005; Congressional Quarterly Researcher, February 9, 2007.

<sup>6</sup> Hazelden Foundation Research – July 2007. [www.hazelden.org/web/public/2007workplacesurvey.page](http://www.hazelden.org/web/public/2007workplacesurvey.page)

<sup>7</sup> Legal Action Center (December 2008). "Health Policy Reform: A Roadmap for Smarter and More Effective Alcohol and Drug Policies." [www.lac.org/doc\\_library/lac/publications/Health\\_Policy\\_Reform\\_Roadmap.pdf](http://www.lac.org/doc_library/lac/publications/Health_Policy_Reform_Roadmap.pdf)

<sup>8</sup> National Institutes of Health, National Institutes on Drug Abuse, "NIDA InfoFacts: Treatment Approaches For Drug Addiction."

<sup>9</sup> National Institutes of Health, National Institutes on Drug Abuse, "NIDA InfoFacts: Treatment Approaches For Drug Addiction."

<sup>10</sup> Office of Evaluation, Scientific Analysis and Synthesis, Center for Substance Abuse Treatment, Substance Abuse and Mental Health Administration.

<sup>11</sup> Rhode Island Department of Corrections (RIDOC).

<sup>12</sup> U.S. Department of Health and Human Services. National Survey on Drug Use & Health, 2007. Prepared by the Office of Applied Studies for the Substance Abuse and Mental Health Services Administration. Washington, DC.

<sup>13</sup> Lake Research Partners Survey: August, 2009.

<sup>14</sup> Rhode Island Department of Mental Health, Retardation and Hospitals (MHRH).

<sup>15</sup> U.S. Department of Health and Human Services, Drug Abuse Warning Network (DAWN), 2006.

<sup>16</sup> CDC Programs in Brief: Preventing Alcohol-Related Injuries.

<sup>17</sup> "Association of Outpatient Alcohol and Drug Treatment with Health Care Utilization and Cost: Revisiting the Offset Hypothesis," Division of Research, Kaiser Permanente Medical Program, 2001.

<sup>18</sup> "Association of Outpatient Alcohol and Drug Treatment with Health Care Utilization and Cost: Revisiting the Offset Hypothesis," Division of Research, Kaiser Permanente Medical Program, 2001.

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