Why The Gap Must Be Closed Now

Building strong, healthy communities in which all Rhode Islanders are productive and free from the harmful effects of addiction to drugs and alcohol is critical for our state's economic health and future. Today, roughly 107,000 people have an alcohol or drug addiction and only 1 in 8 are getting the treatment and care that they need to successfully fight their disease. The societal and health care costs of untreated addiction in Rhode Island and nationwide continue to grow. Drug and alcohol addiction is a chronic disease that, much like diabetes, asthma, and hypertension, requires appropriate treatment and care. Treatment works—expanding access to treatment for the tens of thousands of Rhode Islanders that have substance use disorders (SUDs) is the medically appropriate approach, and will produce significant health, governmental and societal savings.

Treating addiction yields significant, proven positive economic benefits[1]. When people are treated for addiction, hospital, prison, governmental, crime and workplace costs are all reduced. In fact, total savings associated with treating addiction can exceed the costs of that treatment by up to 12 to 1[2]. Finally, addiction treatment produces the ultimate savings of human lives, helping people who are suffering to return to fully productive lives within our communities.

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 for more information on how to join the coalition.

CLOSING THE ADDICTION TREATMENT GAP

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

www.closethegapri.org

[1] "Economic Benefits of Drug Treatment: A Critical Review of the Evidence for Policy Makers," February 2005
[2] National Institutes of Health, National Institutes on Drug Abuse, "NIDA InfoFacts: Treatment Approaches for Drug Addiction." http://www.nida.nih.gov/infofacts/treatmeth.html
[3] National Survey on Drug Use and Health, 2007, SAMHSA
[4] http://www.cdc.gov/nchs/data/databriefs/db22.htm
[5] National Survey on Drug Use and Health, 2007, SAMHSA
[6] National Survey on Drug Use and Health, 2007, SAMHSA
[7] National Survey on Drug Use and Health, 2007, SAMHSA
[8] "The Uninsured – A Primer. Supplemental Data Tables. Kaiser Family Foundation. October, 2009
[9] $30.9 million derived by 382,243 RI hospital ED visits that do not result in an admission x the national average of SUD ED visits (.07 x $1,156). This is a conservative estimate of minimum costs of a non-admitted emergency room visit. Many ED visits cost much more than this.
[10] The state currently spends an average of $12 million per year incarcerating 400 potential drug court clients, based on RIDOC cost estimates

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The Addiction Treatment Gap *in Rhode Island*

Rhode Island Addiction Rates

The federal government uses the National Survey on Drug Use and Health (NSDUH) to track substance use and treatment data in all 50 states. The 2007 NSDUH revealed that ***Rhode Island had both the highest illicit drug use and alcohol use rates among all persons aged 12 years or older in the country.***[3] 112,000 (or 12.5% of the population) reported using illicit drugs and 565,000 (63.1%) reported drinking in the last month. With Rhode Island's culture of substance use, addiction has become a costly problem in the state. At a medically defined point, regular drinking becomes dependence or abuse. In 2007, 107,000 (or 11.34% of the population) individuals 12 years and older in Rhode Island were dependent on or abusing alcohol and/or illicit drugs, demonstrably higher than the national average of 9.1%.

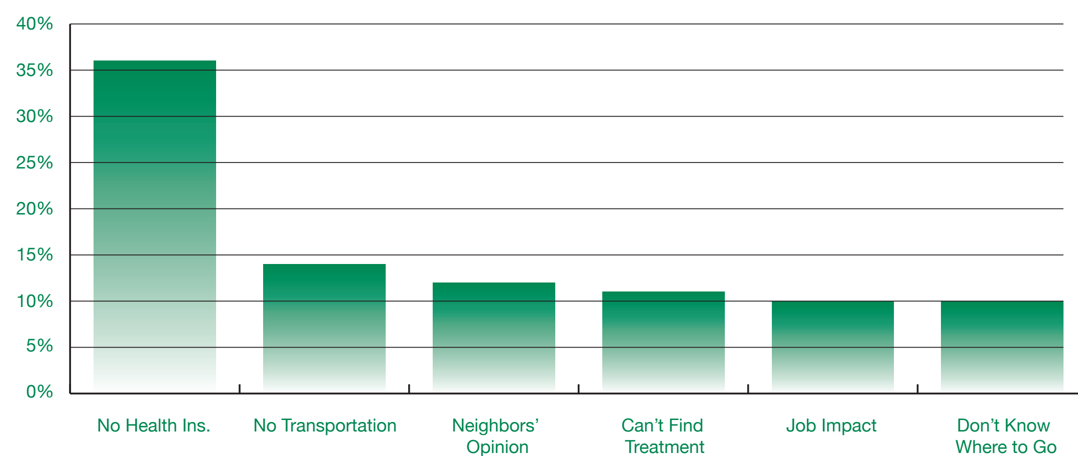
Left untreated, addiction kills. Drug overdose is the most common accident-related cause of death in Rhode Island—***more people die from drug overdoses than homicide and car fatalities combined.***[4] The same is true in only 11 other states.

The Rhode Island Treatment Gap

The addiction treatment gap results when an individual's alcohol and/or drug use reaches the level of dependence on drugs or alcohol, but that individual does not receive specialty treatment for this condition. Specialty treatment is treatment received at a drug or alcohol rehabilitation facility (inpatient or outpatient), hospital (inpatient only), or mental health center. It does not include treatment at an emergency department, private physician's office, self-help group, prison or jail, or a hospital as an outpatient.

The total number of individuals needing but not receiving treatment for illicit drug or alcohol use was 107,000, or 12% of the state's population.[5] In other words, 1 in 8 Rhode Islanders with a sustance use disorder (SUD) do not receive the treatment they need. In 2007, ***Rhode Island had the highest percentage in the country of individuals needing but not receiving treatment for an illicit drug use problem at 33,000*** (3.7% of the population) aged 12 or older, 12 to 17 years (5.2%), and 18 to 25 years (12.1%).[6] 74,000 (or 8.3% of the population) aged 12 or older needed, but did not receive, treatment for alcohol problems.

According to the federal government[7], the most common reasons individuals fail to obtain treatment are detailed in the chart below.



As illustrated by this chart, nearly 40% of those individuals that do not seek treatment do not have access to health insurance. In 2007-2008, there were 94,320 non-elderly uninsured adults in Rhode Island. Of the insured, non-elderly adults, 73,360 were insured through Medicaid, which does offer substance use treatment services. In addition to the reasons outlined in the chart below, however, the treatment gap encompasses both unmet needs and unmet demand for treatment. Not all those who need treatment attempt to access it. As discussed in the Screening, Brief Intervention, and Referral to Treatment issue brief, better medical screening to identify the early signs of a substance use disorder would help this segment of the population and expand their connection and use of treatment. By recognizing substance use disorders as a treatable disease, we will encourage more people to seek help.

Funding for Rhode Island Treatment

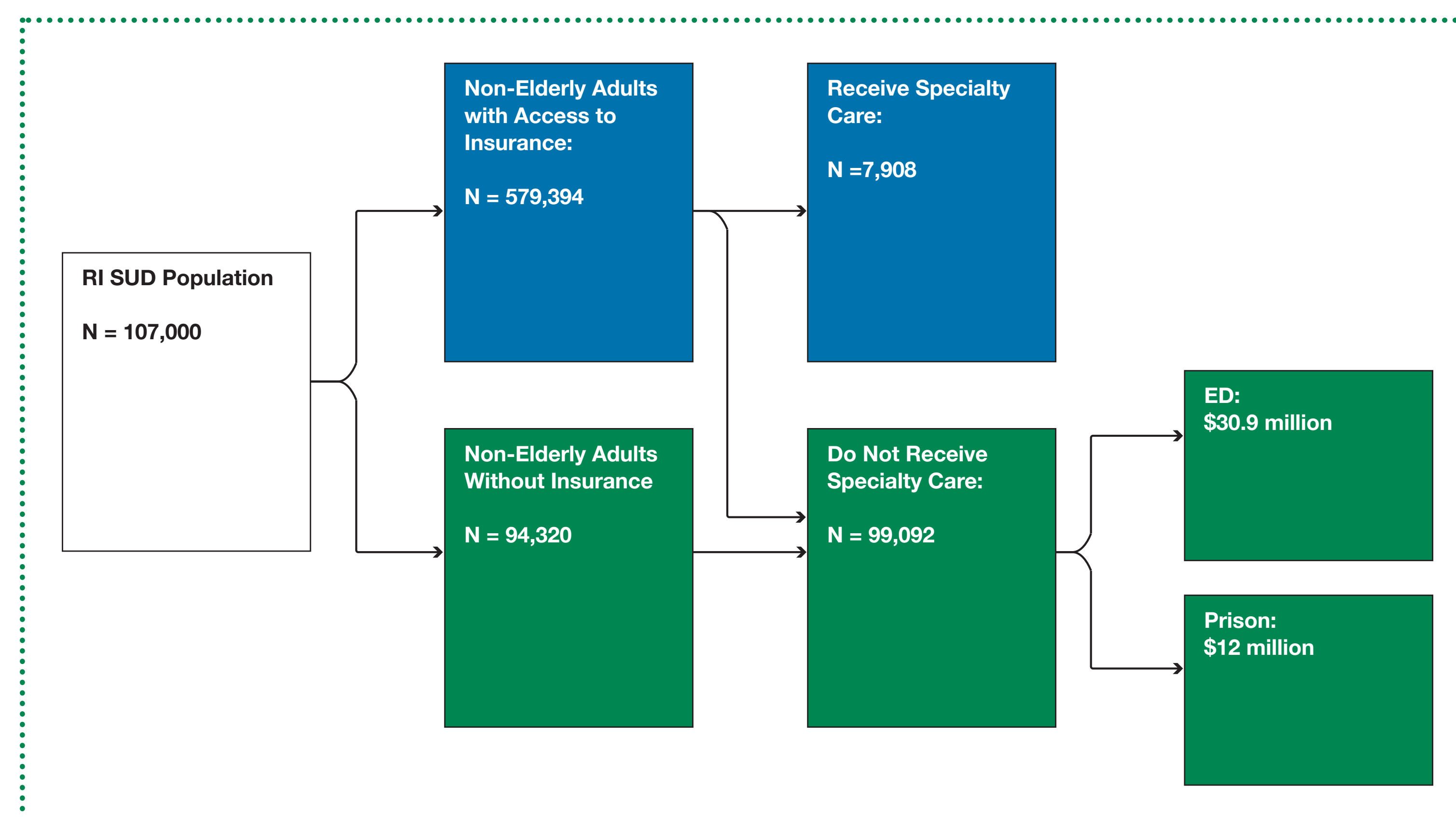
The Rhode Island treatment system is largely funded through the Department of Mental Health, Retardation, and Hospitals (MHRH) with state and federal Substance Abuse Prevention and Treatment Block Grant dollars to provide treatment for uninsured, low-income Rhode Islanders that suffer from substance use disorders. This funding pays for over 14 residential programs with a combined total of over 286 beds, as well as a statewide detoxification program with 44 beds, over 546 outpatient slots, and 3 opioid treatment programs with 518 slots. In addition, the Rhode Island Department of Human Services Medicaid Program, which serves eligible low-income families and select disabled adults, provides treatment services based on medical need. Treatment funding from the Block Grant, in combination with state funding, Medicaid, and a few smaller discretionary federal and state grants, including the federal Access To Recovery (ATR) and State Transition from Prison to Community Program (TPCP) program, totaled $22,694,841 in FY 2008.

In FY 2008, treatment admissions totaled 18,044. The State/Block Grant funding paid for 37% of these admissions, while Medicaid paid for 23%, private insurance dollars paid for 14%, and other sources, including self-pay, accounted for 26%. It is unclear why private insurance is not contributing to more of the treatment system costs, but the Closing the Addiction Treatment Gap (CATG) Coalition has identified this as an area for potential expansion through its proposed Screening, Brief Intervention and Referral to Treatment (SBIRT) strategy.

Despite this substantial investment in treatment, the treatment supply does not meet the intensive need and demand. As a result, society, businesses, taxpayers, hospitals and others pay substantial costs and bear avoidable systematic inefficiencies. As detailed in CATG's Emergency Department and Prison Issue Briefs, tremendous savings could be achieved by providing treatment before individuals get to prison or continue to be admitted to hospital emergency rooms in Rhode Island. CATG estimates that total SUD-related ED costs in Rhode Island are roughly $30.9 million annually.[9] CATG also estimates that prison costs among inmates with an SUD who meet current criteria for the Adult Drug Court total $12 million annually.[10] The solutions offered by the CATG coalition would vastly improve the current costly and inefficient treatment system. The extraordinary expenditures dealing with the consequences of untreated addiction would be far better spent preventing these costly cycles to the ED and prison, and instead, be put into addiction treatment.

The RI CATG initiative continues to work to ensure that all people who need treatment have access to high quality addiction treatment services. The initiative aims to bridge the treatment gap through three strategies: broadening insurance coverage, increasing public funding, and achieving greater program efficiency and quality.

The Closing the Addiction Treatment Gap Issue Briefs in this folder highlight three aspects of the Treatment Gap for reform and offer nine recommendations to improve the treatment system in Rhode Island. These policy recommendations offer immediate, tangible improvements that will expand treatment options for individuals with SUDs, end the unfortunate and costly cycling of these individuals through public institutions that are not designed to meet their needs, and produce significant savings.



Rhode Island: Costs of Untreated Addiction

RI CATG has identified three system-wide recommendations to improve the quality, access and efficiency in Rhode Island's substance use treatment system.

1. **Inclusion of Behavioral Health Specialists as an Integral Component of Expanding the Medical Home Model in Rhode Island.** The medical home and collaborative care models have emerged, and are growing as an innovative and effective approach to integrated health care delivery in Rhode Island. The goal of these models is to provide a full array of patient-centered and comprehensive health care and support services. All medical home models should include a behavioral health specialist with training in identification and treatment of substance use disorders and include routine screening of all patients by an on-site behavioral health specialist. Such models offer significant promise to improve health care delivery, including the delivery of substance use disorder and mental health care, while reducing overall health care costs. The transition towards more integrated care should be accelerated through financing models that recognize prevention, treatment and rehabilitation of mental illness and substance use disorders as integral to overall health. While some foundation and other funding has allowed for selected pilots in Rhode Island, public and private insurers should broadly expand the medical home model in federally qualified health centers, as well as public and privately funded practices.

2. **Full Implementation of the Mental Health Parity and Addiction Equity Act.** The Office of the Health Insurance Commissioner should review public and private plans in Rhode Island to fully implement the Mental Health Parity and Addiction Equity Act to ensure that the insurance coverage of substance use and mental health treatment services are comparable to other medical and health conditions. On January 1, 2010, the Wellstone-Domenici Parity Act went into effect, eliminating discriminatory mental health and addiction treatment coverage in many employer-sponsored group health plans. The new law applies to group health plans covering 50 or more employees that provide any level of coverage for treatment of mental health and substance use disorders. Those plans are now required to cover treatment for mental health and substance use disorders at "parity," or at the same level, at which they cover other medical and surgical services (i.e., number of treatment episodes allowed, co-payments, deductibles, coinsurance, etc.)

3. **Adoption of 2006 National Quality Forum (NQF) Treatment Standards.** Rhode Island treatment providers should fully adopt the 2006 National Quality Forum (NQF) evidence-based standards for the treatment of substance use disorders. The substance use treatment standards and practices were designed to focus on those standards for which evidence is strongest and most accepted, and likely to have a significant impact on improving care. The standards are intended to be applied in all settings, such as general health care and mental health settings, as well as in specialty settings for treatment of substance use disorders. The NQF standards are guided by the philosophy that patients with substance use disorders should be offered long-term, coordinated management of their care. Under health care reform implementation in Rhode Island, the NQF standards can also serve as the framework to define benefits, purchase care, or establish a threshold for performance.

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