Maine Association of Substance Abuse Programs
The Voice of Maine's Substance Abuse Providers

Response and Recommendations to:

"The Cost of Alcohol and Drug Abuse in Maine 2000"

Based on the Joint Task Force Report:
"The Largest Hidden Tax: Substance Abuse in Maine" - 1998

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INTRODUCTION

Alcoholism and Drug Abuse Education, Prevention and Treatment

An Investment in Maine's Economy

Maine employers are finding the use of and addiction to alcohol and drugs to be a major productivity problem in the workplace. Maine's health care costs and insurance premiums for employers are out of control. Is it surprising that Maine has such a high rate of untreated alcoholism and drug addiction?

The Office of Substance Abuse has recently documented a $600 Million per year cost for alcoholism and drug addiction to the state. In 1998 the Maine State Legislature, using a less conservative methodology, estimated the cost to be $1 billion per year. Whatever the amount, Maine cannot let this economic cost continue to go largely unaddressed. The 1998 report of the legislature was entitled "The Largest Hidden Tax…" for a reason – the legislature and the treatment and prevention professionals recognized the impact that these costs have on the economy of the state. To address the challenges and critical issues of the economic climate in Maine, it is time for the legislature and Governor to seriously reconsider a fuller implementation of the 1998 Report recommendations.

Maine currently (and historically) tried to address issues that adversely effect the business climate in Maine: enterprise zones have been created, communities offer tax assistance to new businesses, our technical college system has been revamped to provide a better educated workforce, tourism is promoted, healthcare coverage assistance is offered to small business, etc. All of these efforts are commendable, but if employers cannot find a sober and drug free workforce to continue the excellent reputation that Maine workers had once established, these efforts will fail. When an employer in Downeast Maine has to relocate due to the poor quality of available employees or when Maine gets national publicity for its opiate problems, new employers are reluctant to relocate to the state and the new entrepreneur is reluctant to start new business. It is time for the State to step up and deal with this problem.

Maine has a history of aggressively tackling serious health problems, e.g. smoking, and waging an all out campaign against the health consequences of that addiction. It is long past time for the state to expand its efforts in the area of addiction to include alcoholism and drugs. The facts are clear that addictions are very costly illnesses and need to be addressed for economic as well as humanitarian reasons.

Section I of this report addresses the nature of addiction: a health care condition that responds very well to traditional health care management similar to other chronic diseases (e.g. diabetes).

Section II deals directly with the recent report on the cost effects of alcoholism and drug addiction on Maine's economy. Recommendations from earlier efforts of the Maine State Legislature are relied on heavily as continuing answers to the ongoing economic problems pointed out in the report. Unfortunately, recommendations of this report are still not fully implemented six years after they were made.

SECTION I

Substance Abuse: A Treatable Illness

The hidden costs of addiction to alcohol and drugs places an enormous burden on state budgets, economic productivity, and the well being of individuals and families. According to a 2001 Robert Wood Johnson funded study, substance abuse is the nation's number one health problem, accounting for one death in every four. Substance abuse costs employers over $131 billion annually in lost productivity and twice as much per employee in medical and worker compensation claims than similar costs for drug-free employees.[1]

Yet, this chronic disease is a treatable disease. Approaching substance abuse as a long-term chronic illness yields positive results. A 2001 review of 24 states by the National Association of State Alcohol and Drug Abuse Directors consistently found long term substance abuse treatment as a cost-effective means of reducing criminal activity, increasing employment and worker retention, improving physical and mental health and strengthening familial and social functioning.[2]

Substance abusers are often faulted for not adhering to their treatment regimen, which generally involves a combination of education, counseling, and medication. No one ever seems to notice that the relapse rates are not unlike that for individuals with chronic medical conditions, such as diabetes, hypertension, and asthma. Approximately 30-50 percent of adult patients with diabetes and 50-70 percent of adult patients with hypertension and asthma experience a recurrence of symptoms each year to the point where they require medical treatment. The rates of failure to adhere to their prescribed treatment regimen are also similar.[3]

The challenge for policymakers and the public is to understand the chronic nature of addiction and to recognize the societal benefits of treatment.[4] This can be addressed through state action to coordinate public and private resources, build public awareness about the chronic nature of addiction, invest in evidence-based prevention and treatment strategies and improve access to treatment.

Sources: 1. National Governor's Association Center for Best Practices, Issue Brief, Substance Abuse: State Actions to Aid Recovery, 10/11/02. 2. Association of State and Alcohol Directors. Alcohol and Drug Treatment Effectiveness: A Review of State Outcome Studies, 2001. 3. McLellan, AT, Lewis D. O'Brien CP, Kleber HD. "Drug Dependence, a Chronic Medical Illness: Implications for Treatment, Insurance and Outcomes Evaluation." JAMA, October 4, 2000, volume 4, no.13: pp. 1689-1695. 4. National Governor's Association Center for Best Practices.

SECTION II

COST ITEMS/MASAP RECOMMENDATIONS

Current Investment in Substance Abuse Treatment		Cost to Maine Insufficient Substance Abuse Treatment	Recommendations	Cost to implement Recommend-dations
Item of Cost to Maine	$19.3M			
Insufficient Substance Abuse Treatment			**Rec. #7 (1998 Report):** Recruit and retain appropriate staffing of programs: • Competitive Wage Structure • Expand education curriculum • Transfer counselor Board to OSA **#39 (1998 Report):** Revise insurers utilization review criteria to ASAM's guidelines. Only 30 % of those needing treatment are receiving aid. • Eliminate waiting lists • Public Education Programs • Refocus on alcohol vs. drugs • Include substance abuse treatment in Dirigo **Rec. #11 (1998 Report):** Maximize the use of Medicaid funding • Increase allowable cost in PNMI – use existing money for seed • Expand mandated benefits to HMOs and Self-Insured	$350,000 $0 $0 $600,000 New Grant $0 Done $0 $0
Morbidity (reduced productivity)		$97.4M	**Rec. #40, 41, 42 (1998 Report):** Further develop programs, streamline laws and regulations on drug testing, include alcohol in screenings through the implementation of recommendations of: • The Task Force from Model State Drug Laws • The Governor's Conference on Substance Abuse in the Workplace	 TBD $10,000
Mortality (premature death)		$140.3M	Increased participation in treatment through Prevention Activities to ensure: • Family awareness • Employer awareness • Physician awareness via statewide conference • Increased OUI prevention efforts ○ Strengthen penalties	 New Grant See Above Conference $10,000 Legislative

			o Strengthen DEEP participation	Action
Crime		$128.4M	**Rec. #13: (1998 Report):** Enact legislation to allow for involuntary commitment for substance abuse. **Rec. #23, 24 (1998 Report):** Fully implement and fund the comprehensive differentiated program of evaluation and treatment for juvenile offender **Rec. #26,27,28,29 (1998 Report):** Increase drug courts for adults and juveniles and develop long term funding for correctional services **Rec. 34, 35, 36 37 (1998 Report):** Restore DEA cuts, develop State Police/DEA plan, expand training at Criminal Justice Academy, enhance State Police tracking of drug offenders Increase Aftercare services Pre-sentencing investigation for substance abuse involvement	$0 See below See below TBD TBD TBD
Medical Care		$113M	**Rec. #8, #9, #10 (1998 Report):** Remove barriers, outreach and media campaigns for underserved populations via: • Expansion of "parity" • Doctor and Nurse Education (esp. ER personnel • Hospital Outreach Programs	Legisl. Action $10,000 $20,000
Other Related Costs		$119.6M	**Rec. #12 (1998 Report):** Train DHS caseworkers and attorneys in substance abuse **Rec. #30, 31, 32 (1998 Report):** Create OUI Task Force, evaluate young driver legislation and revise DEEP legislation	$0 $0

Recommendations of 1998 Task Force – **GENERAL**			**Rec. #1**: Expand resources **Rec. #2**: Position OSA in state government as a distinct office reporting to the Commissioner **Rec. #3**: Establish permanent "Joint Select Committee on Substance Abuse" in the Legislature **Rec. #4**: Support and expand consumer based initiative **Rec. #14:** Create opportunity for youth to participate in public policy	$1M $0 $0 $50,000 $0

Services for Children & Youth			**Rec. # 6 Youth Screening and Services (pages 26-29) Increase access to and availability of substance abuse screening tools and assessments via:** • Additional alternative services for youth (including intensive outpatient, family therapy, home based family therapy, and gender specific treatment) • Make sure that all services are geographically accessible to all youth in need - The household survey estimates that Maine serves only 18% of adolescents in need to treatment annually" (January 2003 Joint Task Force on Substance Abuse report, page 7.) **Recommendation # 24 (pages 38-41) Funding for the Juvenile Treatment Networks** • In 2001, OSA continued the funding for the only state wide juvenile treatment network in the country but there is inadequate funding to expand the existing system (JTFSA Status Report, page 11) **Recommendation #25 Provide stable long term funding through the Office of Substance Abuse to implement a differentiated therapeutic intervention program at both Youth Development Centers.** • The existing funding was split to have program at both Centers **Recommendation # 26 Implement Juvenile Drug Treatment Court projects** While 6 JDTC (Augusta/Waterville, Bangor, Bath, Biddeford, Lewiston, and Portland) have been established and funded primarily with federal money. At least two others JDTC have been considered but lack funding.	$245,000 $180,000 $100,000