

2004 GUIDE

FOR UNITED STATES
HOUSE & SENATE
CANDIDATES

A NAADAC CANDIDATE BRIEFING PAPER



NAADAC

THE ASSOCIATION FOR
ADDICTION PROFESSIONALS

We help people recover their lives

43% of US adults—76 million people—have been exposed to alcoholism in the family

1 In 4 U.S. Deaths Due to Alcohol, Tobacco, Or Illicit Drug Use

Addictive Disorders
Cost Nation \$400
Billion Annually In
Lost Productivity
—the financial burden
from alcohol abuse and
alcoholism in the United
States is estimated at \$185
billion annually, a cost to
society that is 52% greater
than the estimated cost
of all illegal drug abuse,
and 21% greater than the
estimated cost of smoking.

ADDICTION
represents the #1
PUBLIC HEALTH
ISSUE in United
States **TODAY**

Each Year 4,000
to 12,000 babies
are born with the
physical signs and
intellectual
disabilities
associated with
FAS (Fetal Alcohol
Syndrome), and
thousands more
experience the
somewhat lesser
disabilities of fetal
alcohol effects

Prolonged Addiction
= Brain Disease
That Responds To
Science-based
Treatment Similar
To Other Diseases



THE ASSOCIATION FOR
ADDICTION PROFESSIONALS

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To the Candidate:

On behalf of NAADAC – The Association for Addiction Professionals’ nationwide membership of 12,000 addiction professionals, we are pleased to offer you this candidate briefing paper to assist you in understanding the issues currently facing the addiction profession.

This paper seeks to educate you on the foremost policy issues facing counselors, social workers, psychologists, and nurses whose dedication and expertise creates safer and healthier communities primarily through the delivery of alcohol, tobacco and other drug (ATOD) services, such as prevention, intervention, education and treatment. NAADAC is the premier organization serving this profession.

NAADAC advocates at the federal level for policies to improve the understanding of – and financial support for – prevention, education and treatment of addiction. NAADAC is working every day to make a continuum of care accessible to all individuals with addictive disorders – care that encompasses a range of options including multiple levels of outpatient, halfway houses, emergency rooms, and inpatient providers.

Addiction represents the number one public health issue in the United States today:

- One in four U.S. deaths can be attributed to alcohol, tobacco, or illicit drug use.
- Addictive disorders account for a large share of lost productivity, costing the nation an estimated \$400 billion per annum, according to a recent study by Brandeis University.
- Science has shown that prolonged addiction is a brain disease that can respond to science-based treatment similar to other diseases such as diabetes, heart disease and asthma. Therefore, any effective drug control strategy must have as its cornerstone quality prevention and treatment services.

NAADAC hopes that the following briefing paper will provide you with insight regarding policy issues affecting addictions professionals and their clients. For further information, please visit NAADAC’s website at www.naadac.org or call NAADAC Director of Government Relations/PAC Manager Jonathan Westin at (703) 741 – 7686 ext. 122.

Sincerely,

Patricia Ford-Roegner, MSW, RN, FAAN
Executive Director

We help people recover their lives



AN ACTION PLAN for Addiction Professionals

NAADAC believes that enactment of the following seven points will lead to a more effective and efficient delivery of needed services to Americans affected by an addictive disorder. The following strategy will help ensure that all Americans can receive the care and treatment they will need to not only overcome this disease, but also strengthen their families and minimize lost productivity to our economy:

1. Continued building – and strengthening of science-based (also known as evidence-based) practices
2. Eradication of stigma and discrimination regarding Addictive Disorders
3. Improvement of public awareness on Alcohol, Tobacco and Other Drug (ATOD) issues and the need to educate the public on the importance of effective prevention and treatment measures
4. Strengthening of recruitment, retention, and other issues pertaining to addiction professionals
5. Tailored treatment by age, gender, race, and culture
6. Facilitated entry into treatment
7. Reduction of the financial barriers to treatment through enactment of comprehensive behavioral health parity legislation as well as an enhanced Substance Abuse Prevention and Treatment Block Grant, the primary source of public funding for prevention and treatment of addictive disorders

CURRENT ISSUE I:

Federal Initiatives for Addictive Disorders Research and Services

Many issues facing Addictions Professionals could be met with an enhanced public health service that addresses workforce development, devotes more resources to enhancing science-to-services funding, and eradicates discrimination regarding these disorders.

The chief ATOD public health service component, housed under the auspices of the Department of Health & Human Services (HHS), is the Substance Abuse and Mental Health Services Administration (SAMHSA). SAMHSA, according to the agency's definition, "...is charged with improving the quality and availability of prevention, treatment, and rehabilitative services in order to reduce illness, death, disability, and cost to society resulting from substance abuse and mental illnesses." SAMHSA has taken a leadership role in addiction services delivery over the course of its 12-year existence and is a working partner with NAADAC.

NAADAC strongly believes that the primary source of public health funding for addictive disorders, the federal Substance Abuse Prevention and Treatment (SAPT) Block Grant, needs to be raised from its current figure of \$1.78 billion by 12% to \$2.13 billion for FY 2005. This increase will serve to open more access to treatment and expand prevention efforts.



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Increasing the SAPT block grant is one avenue in trying to reconcile the large gap between those diagnosed with an addictive disorder and those who are in treatment. The 12% increase for these initiatives is in accordance with an alliance of other public health organizations who believe that federal discretionary funding can be utilized more effectively and efficiently as

prevention/treatment tools than at the final, most costly level of care such as Medicaid and Medicare.

SAMHSA defines the SAPT Block Grant as follows:

The Substance Abuse Prevention and Treatment Block Grant, the cornerstone of the States' substance-related programs, accounts for approximately 40 percent of public funds expended on substance prevention activities and treatment services. This grant program — with funds disbursed to the States, Territories, and the District of Columbia based on a congressionally mandated formula — is administered by SAMHSA's Center for Substance Abuse Prevention (CSAP) and its Center for Substance Abuse Treatment (CSAT). The Substance Abuse Prevention and Treatment (SAPT) Block Grant program's goal is to support substance abuse prevention and treatment programs at the State and local levels. While the SAPT Block Grant provides Federal support to addiction prevention and treatment services nationally, it empowers States to design solutions to specific addiction problems that are experienced locally.

The SAPT Block Grant represents 40% of public funding expended for addictive disorder prevention and treatment. The funding is now in the process of evolving from a block grant formula to one based on performance within the states. NAADAC applauds SAMHSA's accountability initiative,

but cautions the federal government to provide the additional funding that will be needed to effectively manage the program at the state level, including resources that capture data and use that intelligence effectively.



In addition to the SAPT Block Grant, the National Institutes of Health (NIH) represents a key part of the science-to-service delivery that is critical to the addictions treatment profession. NAADAC primarily works with NIH institutes such as National Institute on Alcohol Abuse and Alcoholism (NIAAA) and the National Institute on Drug Abuse (NIDA).

NIAAA is the lead federal entity for biomedical and behavioral health research focused on uncovering the causes, and improving the prevention

and treatment for alcohol abuse, alcoholism and related disorders. Approximately 14 million Americans meet the medical criteria for a diagnosis of alcohol abuse and alcoholism, and 40% of Americans have direct family experience with the issue. In 2004, alcohol remains the most commonly abused drug by youth and adults alike in the United States.

abuse is having a more profound effect within families than it has in past years. The survey recently found that parents with alcohol dependence or abuse were more likely to report household turbulence than parents who were not alcohol-dependent or alcohol abusing.

NIDA supports over 85 percent of the world’s research on all drugs of abuse, both legal and illegal, with the exception of alcohol. NIDA addresses the most fundamental and essential questions about drug abuse, ranging from detecting and responding to emerging drug use trends to understanding how drugs work in the brain to developing and testing new treatment and prevention approaches. NIDA strives to enable society to prevent drug abuse and addiction and to reduce the adverse individual, social, health and economic consequences associated with drugs.

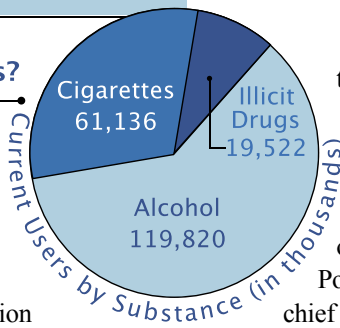
Not Just On Special Occasions

- While far fewer adult women than men use alcohol, cigarettes or illicit drugs, among 12-to-17 year olds, rates of female and male use are similar
- 62% of high school seniors report that they have been drunk; 31% say that they have had five or more drinks in a row during the last two weeks

Treating Drugs Like Alcohol & Cigarettes?

In fact, the financial burden from alcohol abuse and alcoholism in the United States is estimated at \$185 billion annually, a cost to society that is 52% greater than the estimated cost of all illegal drug abuse, and 21% greater than the estimated cost of smoking.

SAMHSA’s National Survey on Drug Use and Health asserts that alcohol



It is important to note that the White House also directly plays a prominent role in formulating policies pertaining to addictive disorders through its Office of National Drug Control Policy (ONDCP). ONDCP’s chief role is to establish policies, priorities, and objectives for United States’ drug control initiatives. These objectives include, but are not limited to, the reduction of illicit drug use, manufacturing, trafficking, drug-related crime and drug-related health consequences.

CURRENT ISSUE II:

The Need for Parity Legislation



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NAADAC believes that mental health and addictions disorder parity legislation is needed at the federal level. That is why NAADAC strongly supports The Help Expand Access to Recovery and Treatment Act of 2003 (HEART) and the Senator Paul Wellstone Mental Health Equitable Treatment Act of 2003 (MHETA).

These measures are geared toward eradicating the disparity between behavioral health, which includes addictive disorder and mental health treatment, and primary health benefits that currently exist in many employer-sponsored plans. In other words,

if parity is achieved, a plan's mental health benefit must be equal in its co-pay, co-insurance rates, and co-deductible to its primary health benefit.

However, parity does not issue a mandate for a plan to provide behavioral health coverage. It merely states that if a plan does offer behavioral health benefits, those benefits need to be in

parity with other benefits.

While NAADAC has concerns about small business exemption and a 1% cost exemption (e.g. if enacting parity raises costs more than 1%, the health plan can opt-out) included in HEART/MHETA, overall NAADAC feels that the respective bills represent a great leap forward.



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CURRENT ISSUE III:

Workforce Professional Initiatives

Recently, the federal government has stepped up efforts to integrate primary and behavioral health services. NAADAC applauds this effort and hopes that HHS will foster proactive relations between SAMHSA and its primary care counterpart, the Health Resources Services Administration (HRSA).

It is expected that in the 109th Congress (2005 – 2007), the reauthorization of the Health Professions Act, which seeks to provide loan forgiveness and scholarship opportunities in return for service in the public health sector, will be a key issue.

The current Act houses the National Health Service Corps (NHSC), which has employed 22,000 health professions since its inception in 1972. The NHSC recruits, prepares, and supports dedicated students and clinicians through loan forgiveness and scholarship opportunities and is committed to improving the health of the nation's underserved by recruiting and retaining health professionals to deliver health care in defined shortage areas, such as rural America.

Currently, the Health Professions Act defines addiction counselors under the auspices of mental and behavioral health professionals, which include clinical psychologists, clinical social workers, marriage and family therapists and licensed professional counselors. Though addiction counselors can apply, they can only



The addictions services profession, just like any other vocation that works with geriatric populations, will have to meet its commitment to assist Baby Boomers as they seek recovery from addictive disorders including prescription drug misuse.

do so under the mental health banner. Priority rankings are allotted to various categories of health professionals, and it is NAADAC's understanding that addiction professionals are classified at a low priority level within the mental health sector given the preferences that are allotted. There is no question that this will need to be changed given that Addictive Disorders represent the nation's number one public health problem.

NAADAC currently advocates for addiction counselors to be mentioned explicitly in the reauthorized legislation under a new section entitled, "Addictive Disorders." A recent NAADAC survey shows that the average salary for an addiction counselor ranges between \$35,000 to \$55,000. There is no question that more funding dedicated to loan forgiveness and/or scholarship initiatives would assist the public health system in the retention of addictions counselors.

The inclusion of addiction counselors in the reauthorization is a time-sensitive issue as Baby Boomers begin to retire in just seven years. The United States Census Bureau reports that rapid growth of the population age 65 and over will begin in 2011 when the first of the Baby Boom generation reaches retirement age. To illustrate the impending workforce shortage, a retrospective look at the United States' population has found that the proportion of persons 65 and over increased from 4.1 percent in 1900 to 12.4 percent in 2000. Along with this statistic, the problem of prescription addiction, an increasingly common illness among older Americans, has steadily risen.

The only way that this can be feasible is with financial assistance from the public sector, assistance that is currently only explicitly available to other professions.

CONCLUSION

We hope that this Candidate Briefing Paper has given you greater insight into the issues facing 80,000 professionals who are working each day to deliver effective prevention and treatment services to millions of Americans. We realize that the recommendations listed above are comprehensive and perhaps even daunting. Yet, it is essential to the health and safety of our families and communities that addiction professionals solidify their position in the public health continuum. Congress must ensure that that these hard working and dedicated addiction professionals are furnished with the tools they need to succeed in helping millions of Americans recover their lives.

NAADAC is the largest professional membership organization that serves counselors who specialize in addiction treatment. With nearly 12,000 members and 47 state affiliates, we are the nation's largest network of alcoholism and drug abuse treatment professionals. These experts are working to create healthier families and communities through prevention, intervention and quality treatment.

“NAADAC is the premier global organization of addiction focused professionals who enhance the health and recovery of individuals, families, and communities.”

— *NAADAC Vision Statement adopted 1998*

“NAADAC’s Mission is to lead, unify, and empower addiction focused professionals to achieve excellence through education, advocacy, knowledge, standards of practice, ethics, professional development and research.”

— *NAADAC Mission Statement adopted 1998*

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