

Surgeon General’s Report on Alcohol, Drugs, and Health: Key Findings, Facts, and Messages

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On November 17, 2016, the Office of the U.S. Surgeon General released its historic *Facing Addiction in America: The Surgeon General’s Report on Alcohol, Drugs, and Health*. The release of this landmark 400-page report marks the first time a U.S. Surgeon General has dedicated a report to substance misuse and substance use disorders, and presents substance misuse and substance use disorders as public health challenges. Written by leading scientists and researchers, it discusses the latest science, describes evidence-based programs, policies, and strategies to address substance misuse, and makes recommendations for the future. NAADAC hopes the report will mark a critical moment in the fight against addiction, much like the 1964 Surgeon General’s report on smoking and tobacco use that catalyzed a half century of work on tobacco control.

NAADAC shares below key findings, facts, and messages written and compiled by the Surgeon General from the *Report*. The key findings highlight what is currently known from available research on that main topic, as well as the strength of the evidence. As with the rest of the *Report*, the key findings are not intended to be exhaustive, but are instead considered the important “take-aways” from each chapter. NAADAC encourages all constituents to read the *Report* in its entirety for a fuller discussion of the topics. The full report, executive summary, and supplementary materials are available online and to order at <http://addiction.surgeongeneral.gov>.

Neurobiology of Substance Use, Misuse, and Addiction

- Well-supported¹ scientific evidence shows that addiction to alcohol or drugs is a chronic brain disease that has potential for recurrence and recovery.
- Well-supported evidence shows that the addiction process involves a three-stage cycle: binge/intoxication, withdrawal/negative effect, and preoccupation/anticipation. This cycle becomes more severe as a person continues substance use and it produces dramatic changes in brain function that reduce a person’s ability to control their substance use.
- Well-supported scientific evidence shows that disruptions in three areas of the brain are particularly important in the onset, development, and maintenance of substance use disorders: the basal ganglia, the extended amygdala, and the prefrontal cortex. These disruptions:
 1. enable substance-associated cues to trigger substance seeking (i.e., they increase incentive salience);
 2. reduce sensitivity of brain systems involved in the experience of pleasure or reward, and heighten activation of brain stress systems; and
 3. reduce functioning of brain executive control systems, which are involved in the ability to make decisions and regulate one’s actions, emotions, and impulses.
- Supported scientific evidence shows that these changes in the brain persist long after substance use stops. It is not yet known how much these changes may be reversed or how long that process may take.

- Well-supported scientific evidence shows that adolescence is a critical “at-risk period” for substance use and addiction. All addictive drugs, including alcohol and marijuana, have especially harmful effects on the adolescent brain, which is still undergoing significant development.

Prevention Programs and Policies

- Well-supported scientific evidence exists for robust predictors (risk and protective factors) of substance use and misuse from birth through adulthood. These predictors show much consistency across gender, race and ethnicity, and income.
- Well-supported scientific evidence demonstrates that a variety of prevention programs and alcohol policies that address these predictors prevent substance initiation, harmful use, and substance use-related problems, and many have been found to be cost-effective. These programs and policies are effective at different stages of the lifespan, from infancy to adulthood, suggesting that it is never too early and never too late to prevent substance misuse and related problems.
- Communities and populations have different levels of risk, protection, and substance use. Well-supported scientific evidence shows that communities are an important organizing force for bringing effective EBIs to scale. To build effective, sustainable prevention across age groups and populations, communities should build cross-sector community coalitions which assess and prioritize local levels of risk and protective factors and substance misuse problems and select and implement evidence-based interventions matched to local priorities.
- Well-supported scientific evidence shows that federal, state, and community-level policies designed to reduce alcohol availability and increase the costs of alcohol have immediate, positive benefits in reducing drinking and binge drinking, as well as the resulting harms from alcohol misuse, such as motor vehicle crashes and fatalities.
- There is well-supported scientific evidence that laws targeting alcohol-impaired driving, such as administrative license revocation and lower per se legal blood alcohol limits for adults and persons under the legal drinking age, have helped cut alcohol-related traffic deaths per 100,000 in half since the early 1980s.
- As yet, insufficient evidence exists of the effects of state policies to reduce inappropriate prescribing of opioid pain medications.

Early Intervention, Treatment, and Management of Substance Use Disorders

- Well-supported scientific evidence shows that substance use disorders can be effectively treated, with recurrence rates no higher than those for other chronic illnesses such as diabetes, asthma, and hypertension. With comprehensive continuing care, recovery is now an achievable outcome.

¹The Centers for Disease Control and Prevention (CDC) summarizes strength of evidence as: “Well-supported”: when evidence is derived from multiple controlled trials or large-scale population studies; “Supported”: when evidence is derived from rigorous but fewer or smaller trials; and “Promising”: when evidence is derived from a practical or clinical sense and is widely practiced.

- Only about 1 in 10 people with a substance use disorder receive any type of specialty treatment. The great majority of treatment has occurred in specialty substance use disorder treatment programs with little involvement by primary or general health care. However, a shift is occurring to mainstream the delivery of early intervention and treatment services into general health care practice.

- Well-supported scientific evidence shows that medications can be effective in treating serious substance use disorders, but they are under-used. The U.S. Food and Drug Administration (FDA) has approved three medications to treat alcohol use disorders and three others to treat opioid use disorders. However, an insufficient number of existing treatment programs or practicing physicians offer these medications. To date, no FDA-approved medications are available to treat marijuana, cocaine, methamphetamine, or other substance use disorders, with the exception of the medications previously noted for alcohol and opioid use disorders.

- Supported scientific evidence indicates that substance misuse and substance use disorders can be reliably and easily identified through screening and that less severe forms of these conditions often respond to brief physician advice and other types of brief interventions. Well-supported scientific evidence shows that these brief interventions work with mild severity alcohol use disorders, but only promising evidence suggests that they are effective with drug use disorders.

- Well-supported scientific evidence shows that treatment for substance use disorders—including inpatient, residential, and outpatient—are cost-effective compared with no treatment.

- The primary goals and general management methods of treatment for substance use disorders are the same as those for the treatment of other chronic illnesses. The goals of treatment are to reduce key symptoms to non-problematic levels and improve health and functional status; this is equally true for those with co-occurring substance use disorders and other psychiatric disorders. Key components of care are medications, behavioral therapies, and recovery support services (RSS).

- Well-supported scientific evidence shows that behavioral therapies can be effective in treating substance use disorders, but most evidence-based behavioral therapies are often implemented with limited fidelity and are under-used. Treatments using these evidence-based practices have shown better results than non-evidence-based treatments and services.

- Promising scientific evidence suggests that several electronic technologies, like the adoption of electronic health records (EHRs) and the use of telehealth, could improve access, engagement, monitoring, and continuing supportive care of those with substance use disorders.

Recovery – The Many Paths to Wellness

- Recovery from substance use disorders has had several definitions. Although specific elements of these definitions differ, all agree that recovery goes beyond the remission of symptoms to include a positive change in the whole person. In this regard, “abstinence,” though often necessary, is not always sufficient to define recovery.

- Remission from substance use disorders—the reduction of key symptoms below the diagnostic threshold — is more common than most people realize. “Supported” scientific evidence indicates that approximately 50 percent of adults who once met diagnostic criteria for a substance use disorder — or about 25 million people — are currently in stable remission (1 year or longer). Even so, remission from a substance use disorder can take several years and multiple episodes of treatment, RSS, and/or mutual aid.

- There are many paths to recovery. People will choose their pathway based on their cultural values, their socioeconomic status, their psychological and behavioral needs, and the nature of their substance use disorder.



- Mutual aid groups and newly emerging recovery support programs and organizations are a key part of the system of continuing care for substance use disorders in the United States. A range of recovery support services have sprung up all over the United States, including in schools, health care systems, housing, and community settings.

- The state of the science is varied in the recovery field.

- Well-supported scientific evidence demonstrates the effectiveness of 12-step mutual aid groups focused on alcohol and 12-step facilitation interventions.

- Evidence for the effectiveness of other recovery supports (educational settings, drug-focused mutual aid groups, and recovery housing) is promising.

- Many other recovery supports have been studied little or not at all.

Health Care Systems and Substance Use Disorders

- Well-supported scientific evidence shows that the traditional separation of substance use disorder treatment and mental health services from mainstream health care has created obstacles to successful care coordination. Efforts are needed to support integrating screening, assessments, interventions, use of medications, and care coordination between general health systems and specialty substance use disorder treatment programs or services.

- Supported scientific evidence indicates that closer integration of substance use-related services in mainstream health care systems will have value to both systems. Substance use disorders are medical conditions and their treatment has impacts on and is impacted by other mental and physical health conditions. Integration can help address health disparities, reduce health care costs for both patients and family members, and improve general health outcomes.

- Supported scientific evidence indicates that individuals with substance use disorders often access the health care system for reasons other than their substance use disorder. Many do not seek specialty treatment but they are over-represented in many general health care settings.

- Promising scientific evidence suggests that integrating care for substance use disorders into mainstream health care can increase the quality, effectiveness, and efficiency of health care. Many of the health home and chronic care model practices now used by mainstream health care to manage other diseases could be extended to include the management of substance use disorders.

- Insurance coverage for substance use disorder services is becoming more robust as a result of the Paul Wellstone and Pete Domenici Mental Health Parity and Addiction Equity Act (MHPAEA) and the Affordable Care Act. The Affordable Care Act also requires non-grandfathered individual and small group market plans to cover services to prevent and treat substance use disorders.

- Health care delivery organizations, such as health homes and accountable care organizations (ACOs), are being developed to better integrate care. The roles of existing care delivery organizations, such as community health centers, are also being expanded to meet the demands of integrated care for substance use disorder prevention, treatment, and recovery.

- Use of Health IT is expanding to support greater communication and collaboration among providers, fostering better integrated and collaborative care, while at the same time protecting patient privacy. It also has the potential for expanding access to care, extending the workforce, improving care coordination, reaching individuals who are resistant to engaging in traditional treatment settings, and providing outcomes and recovery monitoring.

- Supported evidence indicates that one fundamental way to address racial and ethnic disparities in health care is to increase the number of people who have health insurance coverage.

- Well-supported evidence shows that the current substance use disorder workforce does not have the capacity to meet the existing need for integrated health care, and the current general health care workforce is undertrained to deal with substance use-related problems. Health care now requires a new, larger, more diverse workforce with the skills to prevent, identify, and treat substance use disorders, providing “personalized care” through integrated care delivery.

Five Key Messages

The following five general messages described within the *Report* have important implications for policy and practice.

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.
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.

Conclusion

NAADAC is committed to efforts to ensure that the *Report* has a lasting impact. As your professional association, NAADAC has a responsibility to support high-quality care for substance use disorders and will continue its efforts to set workforce guidelines, advocate for curriculum changes in professional schools, promote professional continuing education training, and develop evidence-based guidelines and educational materials that outline best practices for prevention, screening and assessment, brief interventions, diagnosis, and treatment of substance-related health issues.

As addiction professionals, the Surgeon General and NAADAC urge you to play a major role in addressing substance misuse and substance use disorders, not only by directly providing health care services, but also by promoting prevention strategies and supporting the infrastructure changes needed to better integrate care for substance use disorders into general health care and other treatment settings.

How Can You Learn More?

For more information on the Surgeon General’s Report, including the full report, executive summary, and supplementary materials, please visit at <http://addiction.surgeongeneral.gov>.

REFERENCE

U.S. Department of Health and Human Services (HHS), Office of the Surgeon General, *Facing Addiction in America: The Surgeon General’s Report on Alcohol, Drugs, and Health*. Washington, DC: HHS, November 2016.



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