

# Guide to Addiction Policy



**NAADAC**

THE ASSOCIATION FOR  
ADDICTION PROFESSIONALS

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

Dear Policymakers and Advocates,

On behalf of the 8,000 members of NAADAC, the Association for Addiction Professionals, we are pleased to offer you our Guide to Addiction Policy. This guide seeks to educate you on the foremost policy issues facing the counselors, social workers, nurses, psychologists and other prevention, intervention, and treatment professionals who create safer and healthier communities through the delivery of alcohol, tobacco and other drug treatment services.

Representing the professional interests of more than 75,000 addiction counselors, educators and other addiction-focused health care professionals in the United States, Canada and abroad, NAADAC is the premier organization serving the addiction counseling profession. Our 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 advocates at the federal level for sound policies that will reduce the number of Americans who suffer from addiction. There are countless public policy areas where addiction professionals can play a meaningful advocacy role. This booklet outlines several, ongoing federal priorities issues. These include:

- 1. Ensuring that both the Affordable Care Act (ACA) and Wellstone-Pete Domenici Mental Health Parity and Addiction Equity (Parity) Act are fairly and effectively implemented for substance use disorders**
- 2. Growing and developing the addiction professional workforce in the 21st Century, and**
- 3. Increasing federal and state funding levels for addiction treatment and research programs.**

Addiction will not disappear on its own. NAADAC looks to Congress to lead our nation into a 21st century that is healthy, clean and safe. Addiction counselors need your support and are optimistic that together we can create a healthier and a safer America. We hope that this briefing booklet 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](http://www.naadac.org) or contact NAADAC's Director of Government Relations at 800.548.0497 x129.

Sincerely,



Donald P. Osborn, PhD, NCAC II, CCDC III  
President, NAADAC



Cynthia Moreno Tuohy, NCAC II, CCDC III  
Executive Director, NAADAC

# Addiction is the **NUMBER ONE** public health problem in the United States.

## Health Care Costs of Addiction.



Almost **one-in-four U.S. deaths** can be attributed to alcohol, tobacco or other drug use.<sup>1</sup>

Over **23 million Americans** needed treatment for a substance use disorder in 2010 — 9.1% of the population.<sup>2</sup>

This is more people than suffer from many other chronic diseases such as coronary heart disease (16 million), diabetes (18 million) or Alzheimer's disease (five million).<sup>3,4</sup>

There are over 2.1 million **emergency room visits** annually associated primarily with alcohol or other drug use.<sup>5</sup>

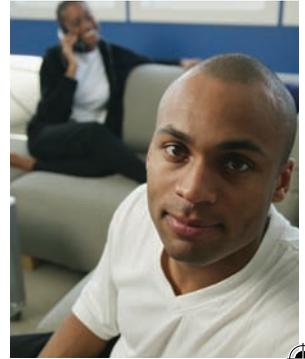
## Social Costs of Addiction.

The **economic losses** associated with alcohol and other drug use are over **\$484 billion** each year.<sup>6</sup>

Alcohol alone accounts for over 500 million lost work days per year—the equivalent of losing 1.9 million full time jobs.<sup>7</sup>

Over 28 million people **drove under the influence** of alcohol in the past year, and about one-third of traffic fatalities are linked to alcohol use.<sup>8,9</sup>

Twenty-seven percent of children witness substance abuse in their household. These **children are at heightened risk** for suicide, teen pregnancy and substance use disorders of their own.<sup>10</sup>



## Treatment Works and is Cost-Effective.

National studies have found that treatment dramatically reduces drug use and improves health outcomes.<sup>11</sup> **Long-term recovery** is a reality for millions of Americans.

Addiction treatment is very cost effective; studies show savings of \$7 – \$12 for every \$1 spent on treatment, including reduced health care, criminal justice and social service costs.<sup>12</sup>

Treatment helps people become successfully employed, with gains up to 40% after treatment.<sup>13</sup>

**However, 90% of people who needed treatment last year did not receive it.<sup>14</sup> Inadequate insurance, insufficient public funding and stigma against treatment are among the many explanations for this gap.**

## Priority Issue 1:

# Ensuring that both the Affordable Care Act (ACA) and Wellstone-Pete Domenici Mental Health Parity and Addiction Equity (Parity) Act are fairly and effectively implemented for substance use disorders

The Affordable Care Act (ACA), signed into law by President Obama in March 2010, expands health insurance coverage to 32 million Americans in 2014, largely through state health insurance Exchanges for individuals and small businesses, and through an expansion of Medicaid for low-income individuals and families.

The ACA requires the plans in the Exchanges, as well as Medicaid expansion plans, to cover a set of “essential health benefits” that include “mental health and substance use disorder [MH/SUD] services, including behavioral health treatment.” In other words, under the new law, services such as screening, early intervention, treatment and recovery support for patients with substance use disorders will be provided in the same manner and in the same primary care settings as services for any other illness.

The change will bring needed help to many as it also increases awareness that drug de-

pendence is a chronic, treatable disease.

NAADAC, along with other addiction groups, is working to ensure the full inclusion of substance use disorder services within the Essential Health Benefits package that will be offered under the ACA.

In October 2008, President Bush signed into law the Paul Wellstone-Pete Domenici Mental Health Parity and Addiction Equity Act. This historic law requires most insurance plans to provide the same level of benefits for mental health and substance use disorder services that they provide or other health care conditions. Interim final regulations (IFR) implementing the law were issued by HHS in February 2010, and took effect for most insurance plans on January 1, 2011.

NAADAC continues to advocate for final Parity regulations that provide strong protections for consumers, in accordance with congressional intent.

## What is a Substance Use Disorder? What is Treatment?

A substance use disorder is a primary, progressive and chronic disease caused by a complex set of psychological, social and physiological (including genetic) factors. It is a diagnosis found in all demographics of American society.

Someone with a substance use disorder is dependent on or abuses alcohol or other drugs. Both dependence and abuse have serious negative effects on people’s ability to live healthy lives.

There are wide ranges of treatment interventions that help people recover from substance use disorder. Among these are residential treatment (where people stay in an in-patient facility for days or months recovering from the physical effects of addiction and learning cognitive-behavioral techniques to live healthy lives without drugs), outpatient treatment (where people live at home but receive regular counseling), medical maintenance (which involves the use of pharmaceuticals to help control cravings) and peer recovery support programs (such as Alcoholics or Narcotics Anonymous).

In 2010, 2.6 million Americans received treatment at a specialized facility.<sup>15</sup> Five million attended a peer support meeting.<sup>16</sup> Ninety percent of people who would have benefitted from treatment—20.5 million—did not receive it.<sup>17</sup>

2 Produced by the NAADAC Government Relations Department

## Priority Issue 2:

# Growing and developing the addiction professional workforce in the 21st Century

### Workforce Development

A health care problem as complex and widespread as addiction requires a large, well-trained workforce. Unfortunately, the workforce shortage is so severe that it threatens to undermine the effectiveness of our addiction treatment systems.

Addiction professionals treat patients with some of the most challenging health care problems, yet they are among the lowest paid health care providers. Even though 80% of addiction professionals have a bachelor's degree and half have a master's degree, according to the U.S. Department of Labor, the mean salary of substance abuse and behavioral disorder counselors was \$40,810 (\$19/hour) in 2010.<sup>18</sup> Salaries are so low that many addiction professionals qualify for food stamps. Turnover rates are well above the national average, and the profession is “graying” rapidly, indicating that the workforce shortage will soon become even more severe. There are over 77,000 addiction-focused clinicians in the U.S., and it is widely accepted that **5,000 new counselors must enter the field every year in order to maintain the current levels of service.**<sup>19</sup>

We cannot strengthen our addiction treatment system without strengthening the workforce.

Congress should support **incentives for both young and second-career professionals to study addiction counseling** and commit to a career in the profession. A **loan forgiveness program** modeled on the National Health Service Corps would be an important first step to help more people to enter the profession. **Increased training scholarships**, to support national scope of

practice to develop the qualifications of our workforce would help more people become licensed or certified. Also, the **Department of Veterans Affairs should require that all its clinicians providing addiction services are licensed or certified** in order to ensure the highest possible standard of care for our nation's wounded warriors.

Lastly, it is our goal to see that current and future addiction counselors receive the same opportunities as other health professionals. By ensuring that addiction counselors can compete on a level playing field for federal loan forgiveness and scholarship programs, additional counselors will be able to enter the profession and remain in their field of practice.



### Priority Issue 3:

## Increasing federal and state funding levels for addiction treatment and research programs

### Invest in the Safety Net

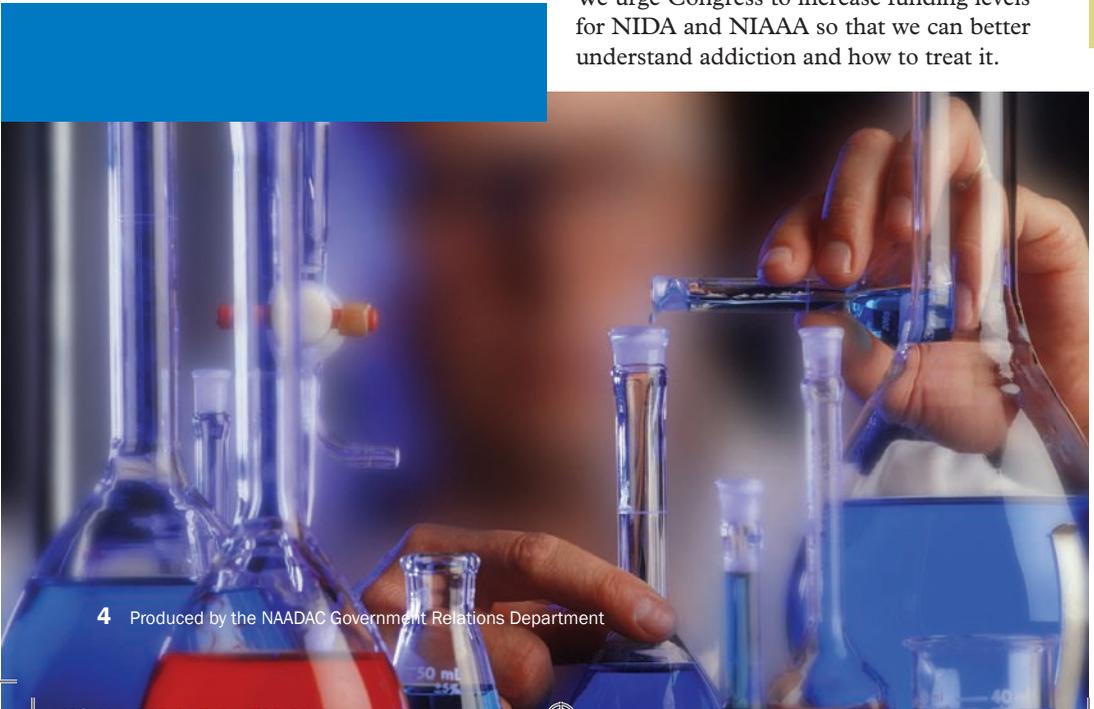
Currently, **private insurers only pay for about 10% of addiction treatment.**<sup>20</sup> This represents a nearly **20% drop** since the 1980s. The public health safety net—in particular the **Substance Abuse Prevention and Treatment Block Grant**—has become an essential source of addiction services funding. Approximately 40% of state-funded addiction treatment is paid for through the SAPT Block Grant.<sup>21</sup> It is essential to finance a robust public safety net as the health care reform debate moves forward. With states cutting services in response to budget deficits, the federal government must take the lead in ensuring that addiction services are available for people who need them. In FY 2012, the SAPT Block Grant was appropriated at \$1.8 billion. This level of funding is simply insufficient for the need. Particularly as more people rely on the publicly-funded system in these difficult economic times, we urge Congress to increase the SAPT Block Grant to a level that is able to meet the national need for addiction services.

### Expand Screening, Early Intervention, and Referral to Treatment (SBIRT)

SBIRT is a system for screening people in ERs, primary care offices or other health care settings for substance use disorders and providing either brief interventions (educating people about the health effects of their alcohol or drug use) or referrals to treatment. Initial research shows SBIRT to be highly effective at improving health outcomes.<sup>22</sup> SBIRT is a low-cost, high-impact program that should be broadly implemented.

### Increase Research Funding

There has been an explosion of knowledge about the science of addiction and treatment in recent years, nearly all of it conducted through the National Institute on Drug Abuse (NIDA) and the National Institute on Alcohol Abuse and Alcoholism (NIAAA). Yet the FY 2012 funding levels for NIDA (\$1.05 billion) and NIAAA (\$460 million) represent fewer than 5% of the overall funding level of the National Institutes of Health, far beneath addiction's impact on American society. We urge Congress to increase funding levels for NIDA and NIAAA so that we can better understand addiction and how to treat it.



For Advocates —

## How can I make a difference?

Everyone can help change addiction policy for the better. NAADAC is here to support you. Our website ([www.naadac.org](http://www.naadac.org)) is a great resource for advocates. Our e-Advocacy Center, for example, allows you to send e-mails to your members of Congress, write letters to the editor and receive updates on key legislation. Check it out today!

**WRITE** a letter to your federal or state legislators in support of policies that encourage addiction treatment and recovery.

**EDUCATE** policymakers—invite them to take a tour of your treatment facility or to speak at a local conference or event.

**READ** the Advocacy page web page to stay up-to-date on important legislation and sign up for Action E-alerts. Visit [www.naadac.org](http://www.naadac.org) and click on the “Advocacy” tab today to learn more.

**SEND** a letter to the editor of a local newspaper about a piece of legislation or the importance of treatment and recovery generally.

**REACH OUT** to other organizations and activists in your city, region or state and form a coalition to advocate for more effective addiction policy.

**ADDICTION** is America’s **NUMBER ONE** public health challenge, and health care reform is a unique opportunity to reduce its toll on society. Addiction professionals and treatment providers make recovery a reality for millions of Americans each year. NAADAC pledges to work with policymakers to create a healthier future for us all.

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NAADAC wishes to thank our  
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ADDICTION PROFESSIONALS

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

1001 N. Fairfax Street, Suite 201  
Alexandria, VA 22314  
P 800.548.0497 / 703.741.7686  
F 800.377.1136 / 703.741.7698