

The Drug War's Over!

OK – Now What?

**Translating Science
To Action in Drug
Control:**

Field Examples

Realism and Optimism

- Even the US Gov cannot eliminate all drug problems – BUT...
- Drug problems **CAN** be controlled
 - Drug use can be prevented
 - Emerging drug abuse can be identified & intervened upon early
 - Drug addiction can be treated in new and better ways

OK – How?

Different policies for different levels of Severity

LOTS

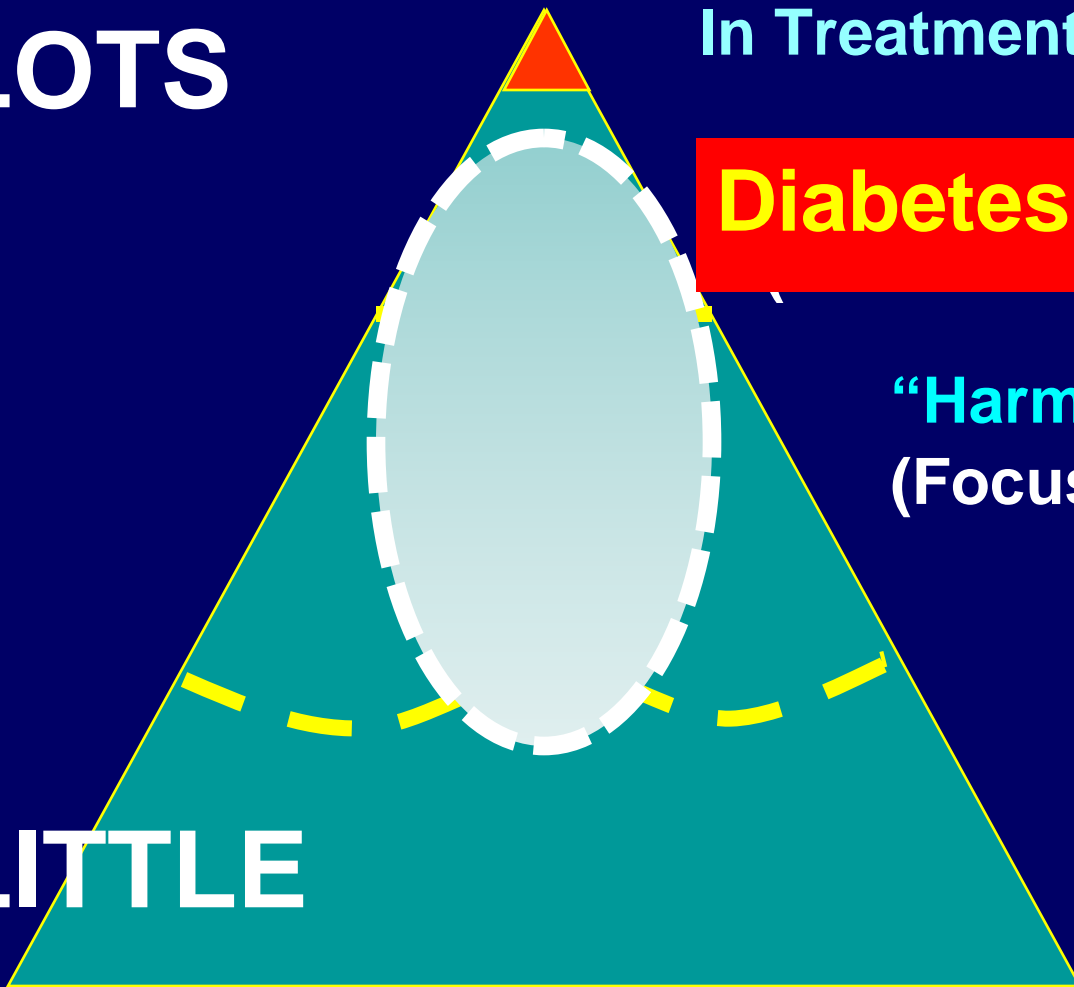
In Treatment ~ **2,300,000**

Diabetes ~24,000,000

“Harmful Use” – 60,000,000
(Focus on Early Intervention)

Little or No Use
(Focus on Prevention)

LITTLE



Five Priorities

- 1. National Prevention System**
- 2. Engage Primary Care**
- 3. Close the Addiction Tx Gap**
- 4. Special Care for Offenders**
- 5. Improved Data Systems**

Prevention



Prevention Science

- 1. Addiction has an “at-risk” period***
- 2. Risks have common antecedents – Single Interventions can produce multiple effects***
- 3. Combined interventions provide enhanced impact***
 - Now 12 Evidence Based Interventions***

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Prevention Today

10

12

15

18

21

Schools



Parents



Law Enforcement



Environmental Policies



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Prevention Tomorrow

10

12

15

18

21

Schools



Parents



Law Enforcement



Environmental Policies



Prevention of Drug Use: Communities That Care Example

- Prevention in 24 towns, 7 states
- **4400 students 5th thru 8th grades**
- **Randomized Controlled Trial**
- Measured all substance use & delinquent behaviors

4-year Results (Ages 10 – 14)

Active Prevention Communities:

adopted more evidence based interventions & showed:

- **49% Less Tobacco Use (all types)**
- **37% Less Binge Drinking**
- **31% Fewer Delinquent Behaviors**

Hawkins et al. Arch. Ped. & Adol. Med. 2009.

Intervention

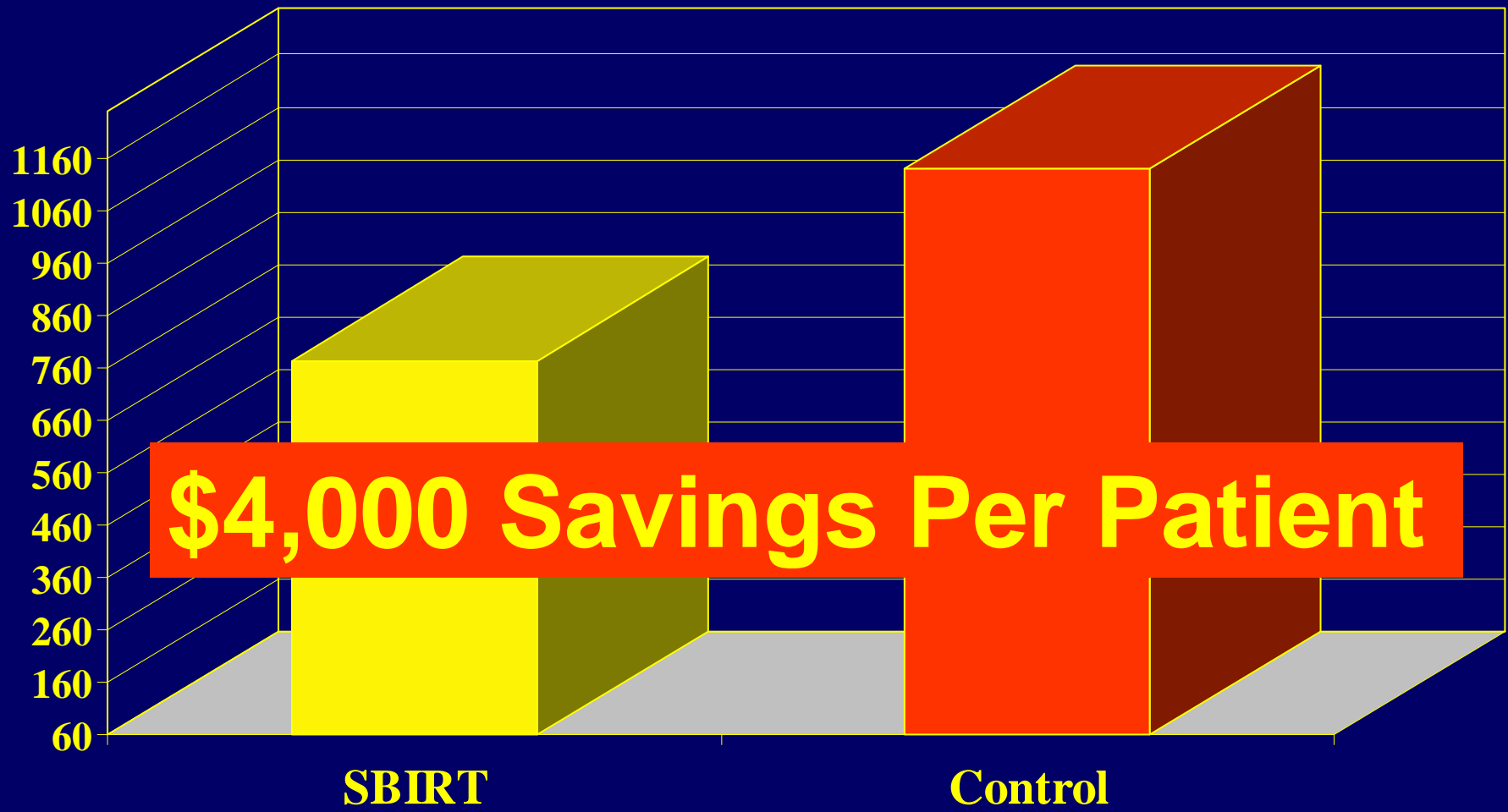
Major Advances in Brief Interventions

- “Harmful substance use” is accurately identified with **2 – 3 questions**.
 - Prevalence rates of **20 – 50%** in healthcare
 - **60%** of all ER admissions (10 million/yr)
- Brief counseling (**5 – 10 minutes**) produces lasting changes & savings

Washington's Screening Brief Intervention & Treatment Evaluation

- **SBIRT in 9 Emergency Depts.**
- **Case Control Study of 1557 pts**
 - Matched group – got ER care but no BI
- **Measured healthcare utilization and costs for one year**

Medicaid Costs Following SBIRT in Washington State



Treatment

- 1 – Does Anything Work?
- 2 – Why Isn't It Available"
- 3 – Gov as “**Market Maker**”
 - a - **Purchasing Quality**
 - b - **Purchasing Continuity**

Behavioral Therapies

- **Cognitive Behavioral Therapy**
- **Motivational Enhancement Therapy**
- **Community Reinforcement and Family Training**
- **Behavioral Couples Therapy**
- **Multi Systemic Family Therapy**
- **12-Step Facilitation**
- **Individual Drug Counseling**

Medications

- **Tobacco (NRT, Varenicline)**
- **Alcohol (Naltrexone, Accamprosate, Disulfiram)**
- **Opiates (Naltrex., Methadone, Buprenorphine)**
- **Cocaine (Disulfiram, Topiramate, Vaccine)**
- **Marijuana (Rimonoban)**
- **Methamphetamine – Nothing Yet**

Well – why aren't these
services available?

One reason:

Government is **THE** market
for treatment – but doesn't often
use its power to buy quality

***Purchasing
Quality***

**Performance Contracting
In Delaware**

Delaware's Performance Based Contracting

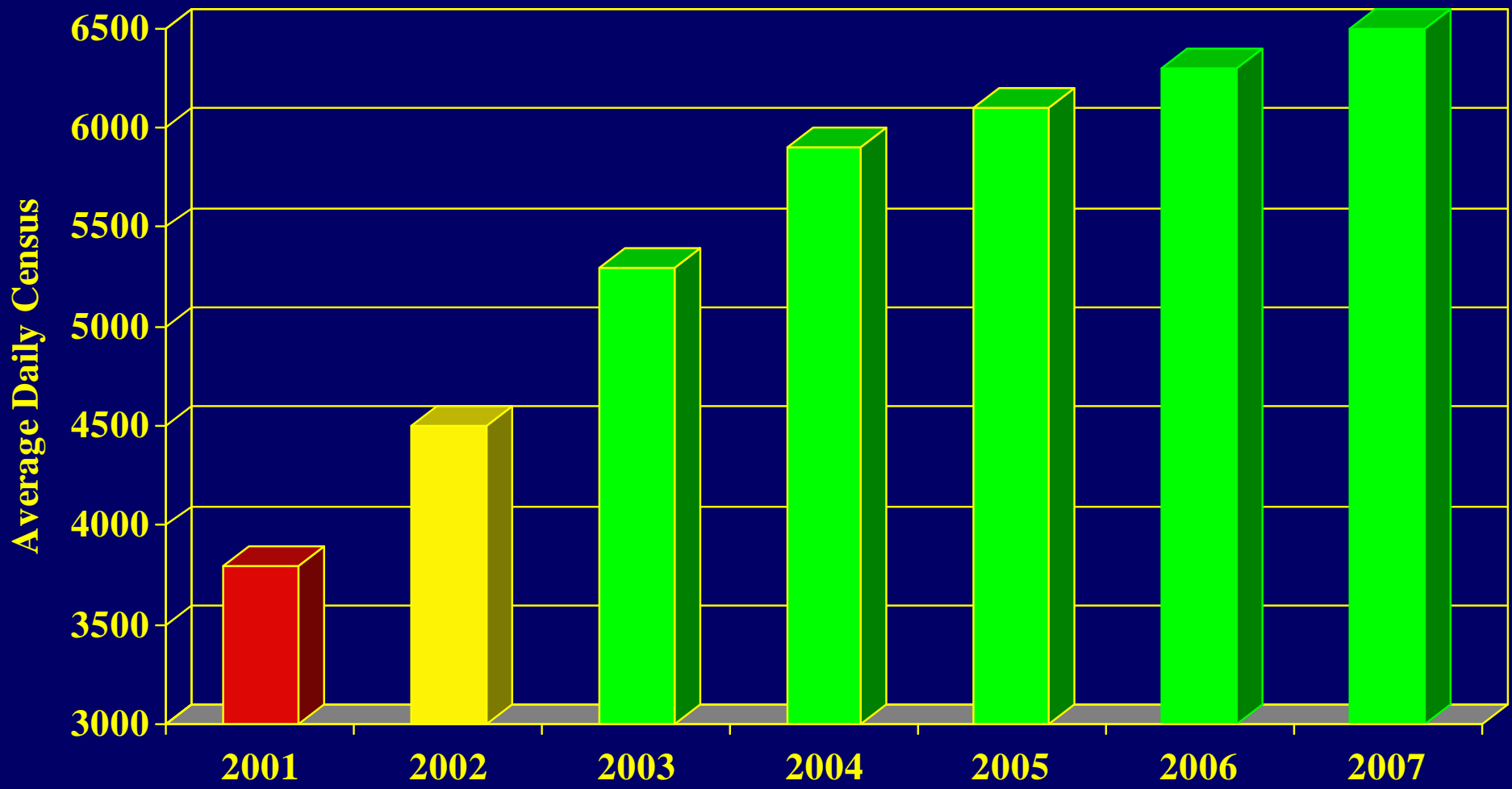
- 2002 Budget – **90% of 2001 Budget**
- Opportunity to Make **106%**
- **Two Criteria:**
 - Full Utilization
 - Active Participation
- **Audit for accuracy and access**

Delaware's Results

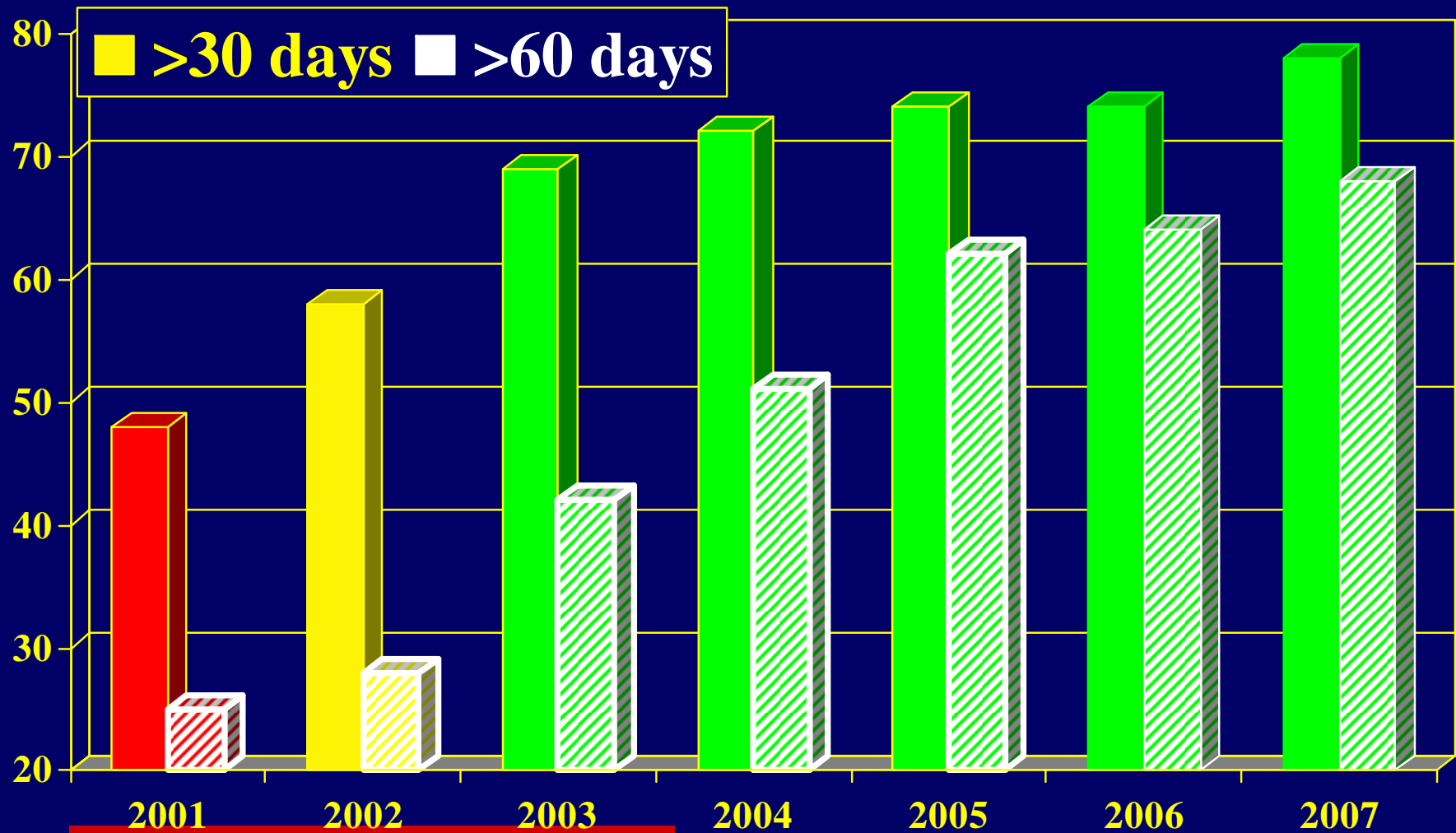
Years 1 & 2

- One program lost contract
- Two new providers entered, did well
 - **Mental Health and Employment Programs**
- Programs worked together
 - **First, common sense business practices**
 - **Second, incentives for teams or counselors**
- 5 programs learned MI and MET

Utilization



% Attending



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Purchasing Continuity

**Buying a Continuum of Care:
Not the Pieces**

Florida and New Jersey Examples

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The Current Continuum of Care

Continuing Care

2x per mo.

Outpatient Care

1 – 2 x per wk.

Purchaser

Intensive OP

3x per wk.

Residential Care

7 – 30 days

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Functional Continuum of Care

Purchaser

Continuing Care

2x per mo.

Outpatient Care

1 – 2 x per wk.

Intensive OP

3x per wk.

Residential Care

7 – 30 days

Sober Housing

Concluding Points

1. Drug abuse is preventable behavior
2. Drug addiction is a treatable disease
3. There are practical interventions that work and save money –
Families and Communities must learn to use them.

Thank You