

THE URGENT PROBLEM OF ADDICTION IN BALTIMORE AND MARYLAND

“Our daughter grew up in your basic middle-class, Carroll County, good schools, two-parents-working family,” says Wanda Semies, whose teenaged daughter battled a heroin addiction for six years until getting into a long term drug- and mental health treatment program. “I’ve seen it happen to preachers’ kids, lawyers’ kids. It’s not a matter of race, religion, culture or anything. It could happen to anyone.”

BALTIMORE’S MAYOR STEPHANIE RAWLINGS-BLAKE has said publicly that drug addiction is the city’s greatest problem. So, too, is it a concern statewide. In fact, drug and alcohol addiction is an urgent issue, in need of city and state leaders’ full attention.

Here’s why:

- In Maryland, an estimated 414,000 people, representing every segment of our society, are currently addicted to alcohol or other drugs and are in need of treatment and support services.
- Only one in 10 receive the treatment they need.
- Alcohol and drug abuse costs the Maryland economy \$6 billion annually.
- The majority of crimes committed in Maryland and the majority of admissions to Maryland trauma centers result from drug- or alcohol-related incidents.

Untreated alcohol and drug-dependent people use health care and incur costs at twice the rate of individuals who do not suffer from addiction. Once treatment begins, total health care costs begin to drop dramatically.

“It was a six-year-ride, up and down, up and down, up and down,” Wanda Semies says. “But the treatment worked for our daughter.”

THE SOLUTION: HIGH-QUALITY ADDICTION TREATMENT

Maryland’s investment in treatment services for individuals with substance use disorders is a wise choice: it makes sense from both a health and financial perspective. Maryland and Baltimore’s leaders should continue current commitments to comprehensive drug and alcohol treatment programs, even as the state looks to implement healthcare reform, and balance budgets.

- Effective treatment plans are cost-efficient: Every \$1 invested in addiction treatment saves \$7 in reduced crime and criminal justice costs, and when savings related to health care are factored in, that savings jumps to \$12.
- Studies show that addiction treatment significantly reduces emergency room, inpatient and total health care costs.
- Studies show that employers save when employees receive drug and alcohol treatment, because of reduced absenteeism and tardiness, increased productivity and fewer on-the-job-conflicts. And employees earn more money when their addictions are treated, at a rate of seven times the cost of their treatment.

SOURCES: State Estimates of Substance Use from the 2007-2008 National Survey of Drug Use and Health. The Lorraine Sheehan Health and Community Services Act of 2011. Comprehensive Addiction Treatment Benefits in Maryland

TRUTHS ABOUT HIGH-QUALITY, EFFECTIVE ADDICTION TREATMENT

WITH THE PASSAGE OF THE AFFORDABLE CARE ACT OF 2010, our nation's lawmakers now have the opportunity to absorb some of the truths about health care that those in medical and public health fields have known for some time. Policymakers and others have acknowledged that prevention, early intervention and treatment of drug and alcohol addiction and mental health disorders are a critical part of overall health.

Although there is not yet a consensus about which specific treatments work best, this document describes the areas of agreement related to providing high-quality treatment. This listing of ideas about what high-quality, effective addiction treatment should look like is based on collective information gathered from professionals, providers and consumers on the front lines of addiction treatment services.

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- **Quality addiction treatment needs to be both multi-faceted and sufficiently flexible to meet individual needs.** A prescription for recovery that is not personalized and patient-centered will not work.
 - **Effective treatment is evidence-based.** Providers need to establish recovery programs informed by the latest research based practices to affect quality care.
 - **Trusted evidence shows that addiction to alcohol and other drugs is a chronic disease – not an acute one.** Like other conditions, such as diabetes, addiction can be brought on by biological, genetic and/or environmental factors – making some more susceptible than others.
 - **Chronic diseases require comprehensive treatment, care management and a continuum of services.**
 - **Those services span healthcare, employment, housing and educational sectors – all the things an individual needs to have access to for recovery.**
 - **Recovery begins when the person who is addicted to drugs or alcohol decreases or stops using, attains health care, meaningful employment, stable housing and appropriate education, and maintains a system of support.** There is no “endpoint” for successful recovery. Those who are addicted need and deserve the staples of a stable life, including a job that provides for self-sufficiency, a safe place to call home, knowledge and skills and family, friends and companionship. Simply “getting off drugs” is not the answer.
 - **Not all, but many who are addicted to drugs or alcohol have co-occurring mental health disorders, including depression and anxiety. That’s why quality addiction treatment must include, when necessary, appropriate physical and mental health services.** Addressing addictions alone virtually guarantees relapse.
 - **Integration of primary care and addiction and mental health services is essential. Confidential communication and coordination between all health care providers, including addiction treatment and mental health providers, is a must.**
 - **More emphasis should be put on substance abuse prevention.**
 - **Screening is a major part of prevention.**
 - **Treatment providers need accountability.** Health care providers are accountable for the health and well-being of those whom they treat. They must be accountable at every level for providing the best care and using funds as appropriated. That trust should never be abused.