Drug abuse is a crisis in the United States that only continues to grow over time. Many states have turned to treatment plans in efforts to slow this trend. The third installment of this research series will examine what states are doing about drug abuse treatment policies.

The federal government has prioritized drug abuse policy in recent years. In 2008, the Mental Health Parity and Addiction Treatment Act introduced drug abuse treatment parity (equal access to drug abuse treatment) into federal legislation for the first time. In 2010, the Affordable Care Act extended provisions of drug abuse treatment parity so that it will be considered an “essential health benefit” and must be equal to the coverage given for medical/surgical treatment.[1]

These federal laws exist to ensure equal access to drug abuse treatment, but many states have also opted to enact their own legislation to increase the accessibility to similar treatment. Researchers from the Rollins School of Public Health conducted a state-level study from 2000-2008 that looked at the association between state drug abuse treatment parity laws and access to treatment. This study found that treatment levels increased in states that have comprehensive drug abuse treatment parity laws. The implementation of these state laws increased treatment in specialty drug abuse treatment facilities by 9 percent.[2] Overall, there is a positive correlation between these state parity laws and access to treatment.

In 2000, Kentucky created the Agency for Substance Abuse Policy (ASAP) to develop strategic plans to decrease the amount of drug use in the adolescent and adult populations. This agency pools efforts from both state and local substance abuse agencies to provide coordinated policy recommendations. Within the agency, 118 out of the 120 counties in Kentucky have enacted their own local ASAP boards. In the Fiscal Year 2016, $1.8 million alone was awarded to these local boards. ASAP focuses on comprehensive drug education prevention, treatment, and law enforcement programs.[3]

Kentucky’s neighboring state, Virginia, established the Virginia Office for Substance Abuse and Prevention (VOSAP) in 2012. VOSAP has statutory responsibilities to strengthen Virginia’s prevention infrastructure and ensure state prevention efforts are more unified and evidence-based. VOSAP publishes an annual report that includes efforts to reduce substance abuse within the state, statistics on substance abuse in the state, and state spending on substance abuse agencies.[4]

While states have taken efforts to increase drug abuse prevention, those who continue to abuse drugs are not receiving the adequate treatment. In 2013, only 18 percent of people needing treatment for an alcohol or illicit drug problem actually received it.[5] Why is it hard for abusers to get adequate access to the treatment they need? The two biggest contributing factors toward this treatment gap are an inability to afford treatment and abusers believing they don’t need treatment when in fact they do need treatment.

State governments recognize this treatment shortage and spend billions annually to increase drug abuse treatment rates. Out of every $1,000 from state general funds, states on average spend $4.17 on substance abuse agencies. The infographic below shows state general fund spending on substance
abuse agencies per $1000 in 2013:

**Top 5 States:**

1. Connecticut
2. Wyoming
3. South Dakota
4. Maryland
5. New York and Alaska

**Bottom 5 States:**

1. Wisconsin
2. Texas
3. Indiana and Arkansas
4. South Carolina
5. Kentucky

New Jersey recently increased state spending on drug abuse efforts. Governor Chris Christie announced in September of 2017 that New Jersey would spend $200 million on new initiatives for substance abuse treatment and prevention. This money is being used to target underserved populations, including Medicaid recipients and babies born with addiction.[6]

Montana has also increased access to drug treatment services over the past couple of years. Montana expanded its Medicaid program, under the HELP Act in 2015, to citizens who make up to 138 percent of the poverty line. The 71,000 Montana citizens who signed up for Medicaid coverage due to this expansion gained substance abuse treatment coverage on their insurance plans.[7]

The most commonly utilized locations where abusers receive treatment are self-help groups and outpatient rehabilitations. They are utilized 26 percent and 20 percent of the time, respectively. These locations are generally easier for abusers to access since they do not need to be referred to them by a healthcare professional and the abuser can go and leave as they please. Correctional facilities are the locations where fewest abusers receive drug treatment, constituting 3 percent of all locations where drug abuse treatment was administered.[8]
Drug abuse treatments are a vital step in alleviating the epidemic in the United States. Many states have enacted agencies and programs to combat this issue, but ultimately those who need treatment often do not receive it. Inadequate funding of substance abuse agencies and inability to afford treatments are both issues that states will need to address as a next step to decrease drug abuse prevalence. The next part of this drug abuse series will examine the effect of drug abuse on the workforce.

[1] https://www.samhsa.gov/health-financing/implementation-mental-health-par...
[3] https://odcp.ky.gov/Pages/Agency-for-Substance-Abuse-Policy.aspx
[4] https://www.abc.virginia.gov/library/education/pdfs/vosap-2016-annualrep...
[5] http://www.pewtrusts.org/~/media/assets/2015/03/substanceusedisordersand...
[8] http://www.pewtrusts.org/~/media/assets/2015/03/substanceusedisordersand...

By:
Tuesday, October 3, 2017 at 03:33 PM
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