

ABOUT THE HAMILTON COUNTY ALCOHOL AND DRUG ADDICTION SERVICES (ADAS) BOARD

- ◆ The Hamilton County Alcohol and Drug Addiction Services Board, often called the ADAS Board, is the county government agency that plans, funds and monitors public alcohol and other drug treatment, prevention and education services for the residents of Hamilton County.

- ◆ The agency has five main responsibilities:
 - 1) Assess the needs for alcohol and drug prevention and treatment services in Hamilton County and create a continuum of care to meet the needs.
 - 2) Facilitate the development of new programs as needed.
 - 3) Garner and distribute funds to operate programs.
 - 4) Monitor the services to make sure they are high quality with successful outcomes.
 - 5) Facilitate coordination among systems serving people with, or at risk for, alcohol/drug problems including health, education, welfare, and criminal justice.

- ◆ The organization distributes approximately \$17 million per year for treatment and prevention services for adults, adolescents, and children throughout Hamilton County. The funds are obtained from federal, state and county government sources, as well as private foundations.

- ◆ Hamilton County has a number of successful prevention and treatment programs; however, there still are not enough to serve those in need. Treatment waiting lists are long, especially for the residential programs. Finding treatment for young people with multiple problems, including mental and emotional problems, and serious behavioral problems in addition to alcohol and other drug use, is particularly difficult.

- ◆ A taxpayers' investment in substance abuse treatment yields a greater than 2-to-1 return on each dollar spent due to the post-treatment reduction in costs associated with medical care and crimes related to alcohol and drugs.

- ◆ Approximately 20% of the Board's annual budget goes to prevention programs. The Board is working to increase prevention efforts to stop drug and alcohol use before it starts and, therefore, reduce the need to spend most of the ADAS resources to treat addiction.

- ◆ Young people are the primary focus of prevention efforts. By decreasing alcohol and other drug use by young people, we increase academic achievement, school retention, stable family relationships, physical health and safety, while at the same time decrease violence and crime, abusive relationships, unsafe sexual behavior, alcohol/drug related traffic accidents and involvement in the criminal justice system.

THE ECONOMICS OF ABUSE

Costs of Substance Abuse in America

Addiction to tobacco, alcohol and drugs inflicts a substantial toll on Americans, measurable in terms of deaths and illnesses, social and economic costs. The economic burden of addiction, including health care costs, lost worker productivity, and crime is estimated at greater than \$400 billion each year. Economic costs are measured as:

- ◆ Direct medical costs (hospital costs attributable to alcohol and drug abuse): \$114,402 billion
- ◆ Morbidity costs (the losses in productivity due to alcohol and drug abuse): \$103, 047 billion
- ◆ Mortality costs (the present value of future earnings lost due to alcohol and drug abuse and smoking): \$114,442 billion
- ◆ Other related costs (including the direct and indirect costs related to crime, social welfare expenditures, motor vehicle accidents, and fire destruction attributed to alcohol and drug abuse): \$96,219 billion

Deaths and illnesses caused by substance abuse

In 1995, the combined death toll from the use of tobacco, alcohol and drugs in the United States was 590,000, 25 percent of the total deaths. Each year, some 40 million debilitating illnesses or injuries occur among Americans as a result of their use of tobacco, alcohol, or another addictive drug.

One out of every eight dollars spent on personal health care in the United States is spent on health care for people suffering from diseases caused by substance abuse. Combined, the effects of tobacco, alcohol and drugs inflict a greater toll on the health and well-being of Americans than any other single preventable factor. Prevention can play a significant role in reducing the economic burden of substance abuse.

Substance abuse and health care costs

- ◆ About one-third of all AIDS cases are related to intravenous drug use, and 90 percent of all pediatric AIDS cases are related to maternal exposure to HIV through drug use or sex with a drug user (Center for Disease Control and Prevention, 1996)
- ◆ On the average, untreated alcoholics generally incur health care costs that are at least 100 percent higher than those of the non-alcoholic. In the last 12 months before treatment, the alcoholic's costs are close to 300 percent higher (The Rutgers Study: Socioeconomic Evaluations of Addictions Treatment, 1992)

- ◆ More than 5 percent (221,000) of the 4 million women who give birth each year use illicit drugs during their pregnancy (1994 National Pregnancy and Health Survey, National Institute on Drug Abuse).
- ◆ The Health Insurance Association of America estimates an expenditure of from \$48,000 to \$150,000 in costs of maternity care, physicians' fees and hospital charges for each delivery that is complicated by substance abuse (The Sourcebook of Health Insurance Data-1993, Washington, DC: Health Insurance Association of America, 1994)

Costs of Substance Abuse in Ohio

- ◆ Alcohol and other drug abuse costs Ohioans more than \$7 billion a year in health and other related costs, including social welfare programs, lost productivity, treatment and criminal justice costs.
- ◆ Alcoholism alone costs Ohioans more than \$4.2 billion a year in health and other related costs. At least \$92 million is spent taking care of babies born with fetal alcohol syndrome.
- ◆ 68 percent of admissions to publicly-funded treatment programs are for alcoholism.
- ◆ Drug-affected newborns can cost Ohioans anywhere from \$20,000 to \$200,000 in health care costs the first years of their lives. Since ODADAS began keeping track in 1993, 4,128 drug-free babies have been born in state-funded programs, conservatively saving the state more than \$190 million.
- ◆ At least 75 percent of Ohio's inmates have an alcohol or other drug history prior to incarceration, and 33 percent have a drug-related crime as their committing offense.
- ◆ It costs \$50,000 a year, including capitalization, to keep someone in prison for a year and \$5,000 to complete appropriate treatment.
- ◆ For every dollar spent on treatment and prevention, \$11 is saved in health care costs.

Sources: Substance Abuse and Mental Health Services Administration, U.S. Department of Health and Human Services; and the Ohio Department of Alcohol and Drug Addiction Services.

Investing in Treatment and Prevention

Prevention Works!

Data from the past 20 years shows that prevention has succeeded in substantially reducing the incidence and prevalence of illicit drug use. Successful substance abuse prevention also leads to reductions in traffic fatalities, violence, unwanted pregnancy, child abuse, sexually transmitted diseases, HIV/AIDS, injuries, cancer, heart disease and lost productivity.

Substance abuse prevention has been proven to be effective. In 1979, 25 million Americans used an illegal drug during the preceding month. (SAMHSA National Household Survey) In 1995, 12.8 million Americans used an illegal drug in the past month, a decrease of nearly 50 percent. In the 1980s, complete abstinence from drug was claimed by fewer than one in 13 high school seniors. (NIDA--Monitoring the Future Survey) In 1995, nearly one out of five seniors reported complete abstinence, an increase of nearly 250 percent.

Unfortunately, by the mid-1990s this downward trend reversed due to a complacency that we had "won the war" against substance abuse. Nationally and throughout Greater Cincinnati, student drug surveys confirmed increases in drug use among young people. By 1996, student drug use surveys showed teen drug use had doubled nationally and locally over the previous five years. In 2000, a comprehensive student drug survey showed that for the first time in nearly a decade most drug use is starting to go back down with marijuana use remaining constant and teenage smoking decreasing. Conversely, teenage drinking has increased. (Coalition for a Drug-Free Greater Cincinnati, 2000 Student Drug Survey)

Treatment Works!

Numerous studies show that providing adequate and accessible treatment for those with alcohol and other drug problems is the most effective method to improve the health of drug abusers and relieve the growing burden of drug-related health care costs. Treatment is a sound, long-term and cost-effective investment in America's future. In Ohio, a 1994 study found that hospital admissions decreased by 66 percent and emergency room use dropped by 41 percent within one year after treatment (Ohio Department of Alcohol and Drug Addiction Services).

Like virtually any other medical treatment, addiction treatment cannot guarantee lifelong health. Relapse, often a part of the recovery process, is always possible--and treatable. Even if a person never achieves permanent abstinence, addiction treatment can reduce the number and duration of relapses, minimize related problems such as crime and poor overall health, and increase overall functioning. These improvements reduce the social and economic costs of addiction.

Treatment is provided in many different settings and for various lengths of time. There are numerous models of treatment, which have been proven effective. It is important to provide the most appropriate mix of services and settings, as well as the appropriate model of treatment, for each client based on an assessment of individual needs and cultural relevance.

Treatment is provided in both outpatient and inpatient/residential settings, with different levels of intensity. Detoxification services, in which a person is withdrawn safely from alcohol or other drugs, may be provided within a hospital, residential program, or on an ambulatory basis, with durations ranging from two to twenty days depending on the substance. Residential or inpatient treatment, in which a person stays overnight in the program, often lasts from 30 days to a year or more. Residential programs provide intensive treatment services within the program; some may require the residents to begin outside employment or volunteer work as part of their reintegration back to the community. Outpatient treatment is provided from 1 to 30 hours per week, with the higher intensity services often referred to as intensive outpatient or day treatment. All persons will require continuing care services for an extended period after treatment to prevent relapse and support recovery.

Source: Center for Substance Abuse Prevention and Center for Substance Abuse Treatment, Substance Abuse and Mental Health Services Administration, U.S. Department of Health and Human Services