

Healthcare Reform: The role for substance abuse prevention

WHAT'S AHEAD UNDER HEALTH REFORM?

In a word—opportunity! The federal Patient Protection and Affordable Care Act (ACA) makes prevention services a priority for the nation. Health reform is not just about treatment. Under the new law prevention providers have abundant opportunities to expand and integrate services with healthcare providers. While most people sought medical help and advice only when sick or hurt in the past, more and more are now looking to providers to keep them healthy. “Wellness” is front and center and prevention is a major player.

Scholarly research is also changing the landscape for prevention providers with new evidence about what works. Research on the effectiveness of screening and other prevention practices has moved the medical field to offer more prevention services. Multiple studies confirm the detrimental effects of substance abuse on overall physical and mental health. Research also has shown that preventing addiction to drugs and alcohol is equally as critical to good health as common clinical prevention services, such as immunizations, cancer screenings, and treatment for hypertension. Studies rank alcohol abuse screening as “high” in health impact and cost-effectiveness.^{1, 2} But despite this high ranking, substance abuse prevention is not generally offered—nor is it as widely available—as other prevention practices in clinical settings. That’s about to change.

Federal health reform, with its emphasis on disease prevention and wellness, offers new opportunities to prioritize substance abuse prevention efforts within clinical practices. More importantly, health reform stands to expand substance abuse prevention’s influence and knowledge into the broader dialogue of prevention.

In order to carve out a role in the process, the substance

abuse prevention field will need to actively engage in efforts to integrate into the broader prevention focus. This report outlines many opportunities in specific areas of the new law where engagement is most promising. Read on to find out how to make the most of health reform.

The substance abuse prevention field has an unprecedented opportunity to align with larger prevention efforts by exploring ways the field contributes to overall health.

LAUNCHING HEALTH REFORM

President Obama signed the landmark Patient Protection and Affordable Care Act (ACA) into law in 2010 launching comprehensive health reform that will take effect between now and 2014.³ The ACA carves out an important role for prevention. The law’s focus on preserving wellness represents a significant paradigm shift in the delivery of health services. Consider the following statement by Secretary of Health and Human Services Kathleen Sebelius:

“If you think about what we have now, I like to call it a ‘sickness system,’ not a very good health system, because there’s a lot of time, attention, and money spent once someone gets ill in treating that illness, but not very much focus or attention on preventing that illness in the first place. So, there are new investments in preventive care, not only consumer benefits, so insurance companies will begin to cover screenings for cancer and immunizations for kids, and a whole variety of preventive care without co-pays or co-insurance. But also, we’re focusing on some community efforts to reduce smoking, to reduce the rates of obesity, both of which are big underlying causes of a lot of chronic illnesses.”

By taking an upstream approach to managing chronic illness, the new law puts prevention front and center. Prevention is defined in the broadest terms and holds great promise for improving the health of Americans, while also containing healthcare costs. Notably, the law secures a role for prevention in its reform of the insurance industry by offering consumer protections that guarantee greater access to preventative care services. The ACA also expands funding for public health departments, community and school health centers, and sets aside funding for competitive grants in prevention.

EXPANDING PREVENTION UNDER HEALTH REFORM

The ACA calls on prevention programs to “expand and sustain the necessary capacity to prevent disease, detect it early, manage conditions before they become severe, and provide states and communities the resources they need to promote healthy living.”⁴ Although substance abuse prevention is theoretically a part of that framework, it is not always articulated in the law. The law refers to prevention efforts that:

- reduce obesity through physical activity and improved nutrition,
- address smoking and other tobacco use with prevention and cessation programs,
- prevent the spread of HIV, and
- increase mental health and substance abuse prevention services that promote wellness and reduce risk for serious emotional problems and crises.

The substance abuse prevention field now has an unprecedented opportunity to align with larger prevention efforts and to explore how programs, policies and practices aimed at substance abuse prevention can contribute to overall health and lifelong wellness for individuals and communities. The challenge going forward is to define outcomes that mesh with health priorities in order to integrate established programs and innovative thinking into larger community and state prevention plans.

THE NEXUS BETWEEN HEALTH AND SUBSTANCE ABUSE

It is well known that substance abuse is one determinant of health with clinical impacts ranging from disease susceptibility to social-emotional risks. America’s top medical problems, cancer and cardiovascular disease, can both be linked to drug abuse.⁵ There is an established comorbidity between drug addiction and mental illness. Compared to the general population, people addicted to or dependent on drugs are roughly twice as likely to suffer from mood and anxiety disorders.⁶ A predisposition to addiction or dependence, both genetically and through social and environmental influences, puts many people at greater risk for health problems. Research shows that growing up under certain conditions can negatively influence one’s health (see sidebar). Studies show the immediate and the delayed negative impacts on health, as well as the social consequences experienced by children raised in homes with substance abuse. People in this demographic demonstrate higher rates of substance abuse and other negative health outcomes than their peers. Health is determined by interwoven

STUDIES THAT LINK SUBSTANCE ABUSE AND HEALTH OUTCOMES

Adverse Childhood Experiences: The Centers for Disease Control and Prevention, and Kaiser Permanente conducted several longitudinal studies showing how exposure to adverse childhood experiences can cause later health problems, including, in some cases, alcohol dependence and substance abuse.¹⁶

Children of Alcoholics: Children of alcoholics typically have healthcare costs 32% higher than children from non-alcoholic families, with a 24% higher rate of hospital admissions, hospital stays that are 29% longer, and in-patient drug costs that are 39% higher. These children, without effective preventative interventions, are considerably more likely to experience their own substance use or mental health disorders later in life. They may also experience academic and social challenges including scholastic performance and truancy.¹⁷

factors. To manage health, one must consider the complexity of the human condition relative to personal health, as well as the family, community and societal influences at play.

COST SAVINGS THROUGH SUBSTANCE ABUSE PREVENTION

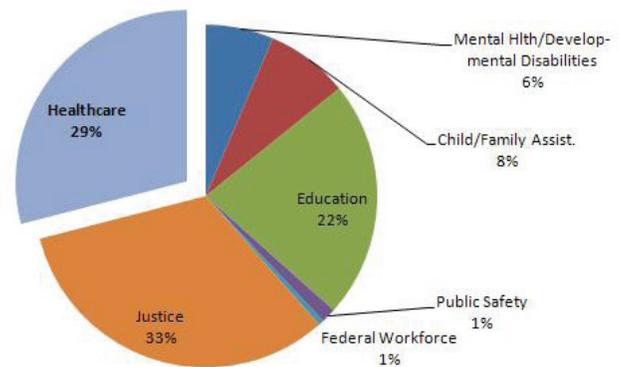
“Healthcare costs are crippling the U.S. economy. Keeping Americans healthier is one of the most important, but overlooked ways we could reduce these costs...with strategic investment in effective, evidence-based disease prevention programs, we could see tremendous returns in less than five years. This is a return of \$5.60 for every \$1.”
*Jeff Levi, PhD, Executive Director, Trust for America’s Health*⁷

When addiction permeates a family, there is no mistaking the social and emotional damage. On a societal level there are also significant fiscal costs that compromise the budgets of healthcare, police, social services and public health providers. In relation to health and healthcare, these bottom line costs—and the potential for savings when substance abuse is prevented—are important to note in the context of health reform.

The National Institute on Drug Abuse (NIDA) reports that the public health costs associated with substance abuse exceed the costs for both cancer and diabetes.⁸ Further exploring the costs to the healthcare system, the National Center on Addiction and Substance Abuse (CASA) found that healthcare bears a significant financial load for society’s substance abuse problems. Substance abuse-related spending by state programs related to healthcare amounts to 29% of the more than \$125 million spent in state budgets (see graphic below). According to CASA’s 2009 report, state spending on what the report calls “health consequences of substance abuse and addiction” is more than 11 times what is spent on prevention, treatment and research combined.⁹ Adding to the literature of evidence is an early study from Columbia University that demonstrates the impact substance abuse has on capacity and resources in a hospital

setting, finding that 40% of all patients (occupying general hospital beds) were being treated for complications of alcohol-related problems.¹⁰

Fiscal Burden of Substance Abuse on State Budgets by Budget Sector



OPPORTUNITIES FOR INTEGRATION

Consider how substance abuse prevention and health care services connect in various settings—in hospitals, emergency departments, community clinics, doctor’s offices—and their overlapping roles in protecting and preserving health. Most substance abuse prevention programming takes place very effectively in community settings, but consider how effective they also can be in healthcare settings with trained staff uniquely suited to identify potential problems, reinforce messages and intervene when necessary. The following examples identify some ways that healthcare and substance abuse prevention are aligned.

- **Clinicians trained in substance abuse prevention:** Clinicians who receive specialized training in mental and behavioral health are better equipped to integrate substance abuse screening and education into their interactions with patients. Licensed healthcare providers who must earn continuing education credits could enhance their substance abuse prevention skills with training and support. Substance abuse Prevention Specialists have relevant training and expertise to assist with a range of prevention services that could be supportive in a clinical setting.

- **Capacity and accessibility:** Healthcare facilities occupy considerable physical space in most communities. Coupled with staffing capacity and administrative infrastructure, healthcare facilities have the capability to integrate substance abuse prevention education and services. Research shows that services for depression and substance abuse delivered in a clinical setting can reduce emergency department use and hospitalization.¹¹
- **Accessing isolated or hard-to-reach populations and groups with particular vulnerabilities:** Healthcare settings and, in particular, emergency departments (ED) have unique access to hard-to-reach populations with higher rates of drug abuse—the homeless, those with a mental health diagnosis, and the uninsured. The national surveillance system that measures drug-related hospital emergency department visits reports that drug-related ED visits nationwide are on the rise, with 4.3 million visits in 2008.¹² For some at-risk populations, the ED may be the initial or the only point of contact with the healthcare system.

Healthcare settings also offer access to groups of people who may be particularly vulnerable to substance abuse. There is a steady and repeat audience of pregnant moms, new parents, those with chronic medical conditions, and surgical patients. By observing patients at their regular visits to healthcare providers, clinicians can address the behavioral and emotional needs of those patients who are at increased risk or who show signs of substance abuse/misuse through screening, preventive services, and follow-up. When substance abuse prevention services are integrated into healthcare settings, they greatly expand the reach of these services to vulnerable and traditionally underserved populations.

- **Medication management for mental health disorders:** Healthcare settings play a critical role in prescribing and monitoring medication related to a mental health issue. Clinical counseling may also be offered to ease mental health symptoms that, if left unattended, can become worse or

lead to substance use as patients attempt to self-medicate to dull uncomfortable feelings or alter physical symptoms.

OPTIMIZING SUBSTANCE ABUSE PREVENTION EFFORTS

The ACA expands access to prevention by reforming the insurance industry, adding consumer protections related to healthcare delivery, and changing business and personal tax law. The list that follows suggests some ideas for integrating services with healthcare. The substance abuse prevention field will be especially interested in new and expanded funding opportunities.

Insurance Reforms: Under the ACA, insurance companies are now required to provide evidence-based prevention services that meet criteria established by the U.S. Preventive Services Task Force. Services given an “A” or “B” rating must be offered free-of-cost by insurers. Two substance abuse prevention activities meet this requirement: (1) screening and counseling to reduce alcohol misuse (adults only), and (2) counseling for tobacco use (for adults and pregnant women). It is worth noting that screening for depression in adults and adolescents is also an approved and reimbursable activity.

Opportunities for the Substance Abuse Prevention Field: *There is opportunity for the field to continue to do research and provide evidence to move programs, policies and practices higher on the rating scale. Expanded research and evidence is needed to include youth in the services that have already received the necessary grade for adult use. Brief intervention—an evidence-based technique that has been accepted for adults—offers new opportunity for use in the substance abuse prevention field.*

Insurance through Medicare: The ACA requires Medicare to cover an annual wellness visit/assessment that results in a personalized prevention plan. The law



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specifically provides for the identification of risk factors and conditions, including mental health conditions.

Opportunities for the Substance Abuse Prevention Field: *There is opportunity to establish a role in contributing to health risk assessments. The field can ensure that substance abuse prevention screenings are part of the “screening schedule” and when prevention services are indicated, a referral is made to a substance abuse prevention provider.*

Funding for Programs, Services and Research: The new law expands the 2008 Public Health Services Act by creating the Public Health Fund, which will distribute \$750 million dollars in 2011 for prevention efforts administered through the Department of Health and Human Services (\$500 million was issued in 2010). Funds will be used for programs authorized by the Public Health Services Act for prevention, wellness, and public health activities, including prevention research, health screenings, and initiatives such as the Community Transformation Grant program.

Opportunities for the Substance Abuse Prevention Field: *The Community Transformation Grants are offered competitively to states and large counties with a requirement to pass along funding to community-based organizations during implementation. Applicants need to focus their activities on specified health factors, which include weight, nutrition, physical activity, tobacco use, emotional well-being and mental health.¹³ Based on these parameters, substance abuse prevention programs that have clear outcomes associated with one or more of these factors can collaborate with organizations that have submitted grants.*

Funding for Community and School-based Health Centers: Under ACA health reform, community-based health centers will receive funding for expansion and modernization of facilities and services. The Federally Qualified Health Center System (FQHC)—with

facilities similar to community health centers—is the largest national network of healthcare providers and is responsible for treating mostly low-income, uninsured, and publicly-insured patients. An infusion of funds from the ACA is expected to double the capacity of FQHCs by 2015. By then, FQHCs are expected to be the medical home to more than 40 million patients.¹⁴ School-based Health Centers will receive competitive grant funding from the ACA with priority given to those serving Medi-Cal-eligible students or other state-funded programs for low-income children.

Opportunities for the Substance Abuse Prevention Field: *Substance abuse problems are among the many issues that clinicians routinely encounter in their care of patients and students. The substance abuse prevention field has an opportunity to support medical clinics with information and services through training and consultation on programming and policies. Become aware of local clinic efforts to prevent substance abuse and attend community planning efforts that support health and wellness. School-based eligibility for funding is based on the provision of*

Opportunities for Substance Abuse Prevention in Schools

Currently, 137 school-based health centers in California provide a variety of medical, behavioral, and oral health services. California guidelines in support of substance abuse prevention efforts state that “...the school health center should have a role in schoolwide health education and outreach, school-based public health programs, youth development programs, or family support programs.” A national survey shows that schools are very involved in substance abuse prevention efforts: 84% report these services offered at school by health, mental health, and social services staff. ACA grant funds support expanded capacity for school-based health centers in order to provide primary health care services to school-aged children, thus expanding the reach, services, and number of centers available.



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“comprehensive health services,” which includes both physical and mental health services. The ACA specifically identifies “mental and substance use disorder assessments, crisis intervention, counseling, treatment, and referral to a continuum of services...”¹⁵ This is a great opportunity for substance abuse prevention providers to solidify school partnerships and become active on associated boards and committees.

Public Health Funding: The ACA is providing support to public health departments across the nation with \$137 million in dedicated funding for department infrastructure, workforce, and capacity. In 2010, California’s public health departments received more than \$7 million for these endeavors. In addition, the law will supply competitive grants open to state and local health departments to identify public health community interventions, screenings, and referrals (when necessary) to those aged 55-64. Local health departments are also slated to receive funds to strengthen and improve maternal, infant and early childhood home visiting programs.

Opportunities for the Substance Abuse Prevention Field: *To benefit from or receive funding through these new sources, substance abuse prevention providers should align with their health departments. This means being part of planning efforts and participating on boards and commissions either as a member or attending as a member of the public—for example, participating on First Five Commissions, Maternal-Child-Adolescent-Health (MCAH) advisory boards, and the Council on Aging.*

Oversight Council: In terms of oversight and planning, the ACA establishes a National Public Prevention, Health Promotion, and Public Health Council comprising senior government officials charged with designing a National Prevention and Health Promotion Strategy. The Council provides coordination and leadership at the federal level and

among all federal departments and agencies with respect to prevention, wellness and health promotion practices, the public health system, and integrative healthcare in the United States. The Council is also charged with developing a national prevention, health promotion, public health, and integrative healthcare strategy that incorporates the most effective and achievable means of improving the health status of Americans and reducing the incidence of preventable illness and disability in the United States.

Opportunities for the Substance Abuse Prevention Field: *Those in the field will benefit from keeping abreast of Council activities and contributing, when possible, constructively and jointly to public comment opportunities.*

TIPS FOR PROMOTING SUBSTANCE ABUSE PREVENTION IN HEALTH REFORM

- ✓ Visit grants.gov regularly to find grant opportunities funded by the Public Health Fund. Community Transformation Grants have been posted and new grants will follow.
- ✓ Provide evidence and supply findings that prove the effectiveness of substance abuse prevention programs; especially bolster evidence for youth within programming already approved for adults. Also, ensure those providing depression screening use a tool or method that looks for co-occurring disorders with substance use problems.
- ✓ Be aware of special populations that are targeted in the ACA, including medically underserved, low-income (Medi-Cal eligible) and children. Know the substance abuse prevention tools and techniques that are specifically tailored to these populations.
- ✓ Ensure that the referral process includes discussion about and access to prevention services when choosing a brief behavioral counseling model (approved for use with adults under the ACA).

- ✓ Carve out a referral and advisory role when medical clinics implement “health risk assessments” and provide input and guidance as healthcare providers develop protocols around screening and referral.
- ✓ Suggest ways to support community-based health centers and be familiar with the medical context in which they operate and bill for services. At a minimum, provide referral information and in-services to staff on substance abuse prevention programs and services that serve their patients.
- ✓ Partner with schools, through their counseling and health services, and, when available, school-based health centers, to ensure substance abuse prevention education, programming and referral information is readily available to students and staff.
- ✓ Be aware of the various commissions and coalitions that your local public health department supports. In particular, keep abreast of home visiting programs for pregnant and new mothers, as these programs are specifically noted in the law and many evidence-based models for home visiting incorporate substance abuse prevention strategies with measurable outcomes.
- ✓ Look at existing substance abuse prevention programming and future projects to see if there are health outcomes that can be measured as part of the goals of the program and evaluation. An obvious nexus is with mental well-being/health.
- ✓ Keep in mind that older population groups are at greater risk for substance misuse and that expertise will be needed on this topic. Health reform regulations tied to the Medicare program (serving adults age 65 and older and people with long-term disabilities) specifically call for the integration of substance abuse prevention.
- ✓ Keep current with the activities of the National Public Prevention, Health Promotion, and Public Health Council and take advantage of opportunities for public input. Be aware of other boards, such as the thirteen-member Advisory Group to the Council appointed by President Obama. Visit www.healthcare.gov for more information.

SUMMARY

The continuum of services approach to service delivery is embraced by the substance abuse prevention field and healthcare industry alike. The model recognizes that intervention falls on a spectrum based on what is useful and necessary to optimize health and ranges from education to recovery. On the continuum of services, prevention has historically had a less formal role in healthcare operations; funding and services related to prevention have paled in comparison to treatment. However, this is changing. New research focusing on both individual health outcomes and system wide fiscal gains has spurred interest in prioritizing prevention. Health reform shows great promise as the language of the law emphasizes the role of prevention, though recommendations that specifically call for substance abuse prevention interventions are limited. The substance abuse prevention field now has great opportunity to affect change by actively engaging and integrating with healthcare in the broader focus and prioritization of prevention.

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