



Our Vision and Direction **2018 - 2021**

To Those We Serve

Today alone, more than 144 people will die of a drug overdose in our country. We are losing a generation of Americans to an illness we know how to treat if only we could harness the will.

We stand united to defeat this epidemic. We are the people and families struggling with substance use disorder; families and friends that have lost a loved one; policymakers, volunteers, researchers, healthcare professionals, law enforcement officials and advocates.

We have spent the past two years working tirelessly to pass critical legislation, fighting stigma by educating impacted families and the public-at-large about the science behind substance use disorders, ensuring that those who need treatment receive it and cultivating collaboration among field experts, families, and policymakers.

We are energized by and united in our goal of helping to forge a world where fewer lives are needlessly lost to this disease. But our work is far from finished — as the opioid epidemic worsens across the nation, we are emboldened to do more. Together, we remain relentless in the construction of an aggressive and comprehensive approach to confronting addiction.

We can solve this. Join us.

Sincerely,



Jessica Hulsey Nickel
President & CEO
Addiction Policy Forum



OUR VISION

We envision a world where fewer lives are lost and help exists for the millions of Americans affected by addiction every day.

OUR MISSION

We are a diverse partnership of organizations, policymakers and stakeholders. Our mission is to work together to elevate awareness around addiction and to reshape national policies to implement a comprehensive response to addiction that includes prevention, treatment, recovery, overdose reversal and criminal justice reform.

OUR ROLE

We support, promote and work with others in the addiction community to advance knowledge and translate discoveries about substance use disorder and its consequences into practical solutions that make everyday life better for people living with, in recovery from, or at risk of addiction.

Addiction by the Numbers

Substance use disorders impact every community in the United States. More than 21 million people are currently in active addiction,¹ with 23 million people living in recovery.² Every day, 144 Americans die from a drug overdose.³ Drug overdose deaths are the leading cause of injury death in the United States, ahead of deaths related to motor vehicles and firearms.⁴



Number of Americans who suffer from addiction.



That's 1 in 7 people with a substance use disorder nationwide.⁵



Drug overdose deaths are the leading cause of injury death in the United States, ahead of motor vehicle deaths and firearms deaths.

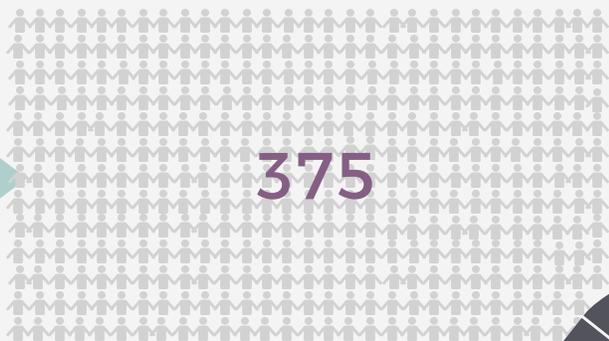


\$740 BILLION

Each year, substance use costs our country more than \$740 billion in preventable health care, law enforcement, crime and other costs.⁶



According to 2015 data from the Centers for Disease Control and Prevention, 144 Americans die from a drug overdose every day.



That number climbs to 375 if you factor in alcohol-related deaths.⁷



As deadly as substance use disorders can be, addiction is treatable. Major advancements have been made in prevention strategies, assessment, intervention, programs of treatment, recovery supports and medication.

Who We Are

The Addiction Policy Forum is a diverse partnership of organizations, policymakers, families and stakeholders committed to working together to elevate awareness around addiction and to improve national policy through a comprehensive response that includes prevention, treatment, recovery, overdose reversal, law enforcement and criminal justice reform.

We are driven by our core values:

- We follow the science. Addiction is a health condition—a chronic disorder—and must be treated as such.
- The most effective way to address this challenge is to initiate a comprehensive response to the epidemic.
- Collaboration and flexibility are critical elements to success.
- Inclusion at every stage. Our field will only advance with everybody working toward the same goals. We must create a "big tent" held up by science and research.
- Aligned and coordinated actions speak louder than individual voices.
- Our work demands thoughtful urgency.
- We model courage and persistence in the face of opposition.
- There should be no stigma associated with addiction or recovery.
- Families play a crucial role in ensuring an improved response to addiction.

Priorities to Address Addiction

The Addiction Policy Forum has identified eight strategic areas of focus, all of which depend upon and interact with one another:

- 1 Help Families in Crisis
- 2 Expand Treatment
- 3 Drive Discovery
- 4 Expand Recovery Support
- 5 Prevent Addiction
- 6 Protect Children Impacted
- 7 Reframe Criminal Justice
- 8 Advocate and Educate

In our field there is a profound lack of accurate resources and guidance available for individuals and families who are in crisis and need proper treatment and care. We consistently hear families describe desperate, agonizing attempts to get help—turning to Google to search for treatment options and basic information, reaching out to physicians or local contacts who have neither answers nor referrals, not knowing who to call without being judged, or calling what seemed like leads but turn out to be dead ends with no capacity and a three-month waitlist, no insurance coverage, or the haunting drone of a disconnected number.

Additionally, there is a lack of readily available information regarding what we do know about substance use disorders in all of their complexity. Addiction shares many features with other chronic illnesses such as diabetes, cancer and heart disease, including a tendency to run in families, an onset and progression that is influenced by behavior and an ability to respond to appropriate treatment, which can include both medication and lifestyle modifications. Even relapse rates for substance use disorders are similar to those of comparable chronic illnesses.⁵ There is also an alarming lack of cultural understanding with regard to what we know about effective treatment, recovery, prevention, early intervention, overdose reversal and other key topics.

Strategies

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Translate information for families, patients and the public at-large to promote a better understanding of addiction in general and to provide resources for those in crisis.

Tactics

Ensure that patients and families have access to the most effective programs, content and resources on addiction.

Improve the quality of life for people living with or in recovery from a substance use disorder.

ii

Enhance and amplify programs to support families in crisis.

Tactics

Develop a patient portal that contains accurate information about the nature of addiction for patients and families and provides actionable resources for those in crisis.

Launch a national crisis hot-line to connect patients and families to available and effective treatment, recovery and prevention services in their community.

Integration

Substance use disorder (SUD) remains one of the only illnesses that is treated outside of general healthcare systems. Because of this, there is little, if any, communication between specialty SUD treatment providers and primary care doctors. This affects the overall quality of care and health outcomes of the patient. In order to close the gap between the number of people who need treatment for an SUD and the number of people who actually receive it, evidence-based SUD treatment needs to be integrated into general healthcare systems, including primary care, emergency departments, inpatient, mental health programs, etc. Ideally, SUD would be treated like any other chronic, relapsing disease. Patients could receive treatment and care coordination from their primary care doctor, who would bring in specialty providers as needed, as would be the case for a patient diagnosed with diabetes or heart disease.

Studies have shown that the mainstream healthcare workforce is inadequately trained to deal with SUD-related issues, and that the substance-use-related workforce does not currently have the capacity to handle the population of patients who need care. Major investments are needed in both arenas if a proper and sustainable integration⁵ of care delivery is to take place. Because physical health conditions impact and are impacted by SUDs, integrating substance-use-related services in healthcare systems promises to add value to both systems, reduce health disparities and costs, and improve general health outcomes.

Healthcare systems have many shoes to fill in the configuration of a comprehensive, effective plan to address SUDs: expand efforts to identify patients in need of treatment; integrate comprehensive assessments for patients who screen positive for substance use problems; treat patients along the wide spectrum of SUD severity, including intervening early when substance misuse is identified in order to curtail escalation of the disorder and related health consequences; connect patients with the appropriate treatment provider and proceed to coordinate care across both healthcare and social services systems (criminal justice, housing and employment support, child welfare); and implement long-term patient monitoring and recovery support follow-up.

Medical Education

Medical education about the identification and treatment of SUDs needs to be improved for both practicing healthcare professionals as well as those in training. There is an alarming lack of substance use education in medical school curriculums. Only eight percent of U.S. medical schools have a separate required course on addiction, and only a handful of medical schools have robust curriculum on the diagnosis and treatment of substance use disorders.⁵

Every medical school, nursing school and dental school in the nation should train clinicians to identify and treat addiction, and SUD screenings should be required as part of routine health exams by general practitioners. Introducing the Screening, Brief Intervention and Referral to Treatment (SBIRT) approach during residency programs will help to embed awareness and competency concerning SUDs in the expectations set for general practitioner, and will ensure earlier and more comprehensive patient identification.

For a variety of reasons, most patients do not tend to seek help for an SUD, but often suffer from associated and unrelated health issues for which they seek care. Thus, SUD literacy among care practitioners and required screening is the first step. Assessments are more detailed and are applied to patients who screen positive, which will help doctors identify at-risk patients before the disorder progresses. In addition to professional education and required screenings, more has to be done to decrease the stigma surrounding addiction and to improve confidentiality assurance in the doctor-patient relationship so that patients feel comfortable being honest with their doctors about their struggles with a SUD.

Treatment Gap

We have an enormous addiction treatment gap in this country. In 2015, the Substance Abuse and Mental Health Services Administration (SAMHSA) reported that an estimated 21.7 million people aged 12 or older (8.1 percent of that population) needed substance use treatment, but only an estimated 2.3 million of that population received treatment at a specialty facility.² Stated plainly, only 10.8 percent of adolescents and adults who needed treatment received it.

For years, the addiction treatment field faced such a myriad of daunting issues that it seemed hopeless. Today, the field is undergoing a major transformation as our understanding of addiction hurries to catch up with the science and the vital advancements in SUD treatment. However, the current healthcare system has many systemic issues that limit the effective and sustainable implementation of evidence-based practices to treat substance use disorders. These limitations include:

- Lack of integration between general and specialty care.
- Lack of screening for substance use and SUD in general healthcare.
- Workforce shortages—staff turnover is high, due to low reimbursement rates and salaries, leading to high training costs, poor fidelity and insufficient training.
- Insufficient oversight and quality control of specialty addiction treatment programs that often do not deliver evidence-based care (e.g. detoxification should always be followed by treatment).
- Lack of incentives for program evaluation and quality improvement activities.
- Lack of standard credentialing—core certification criteria and standardized curricula are needed and should incorporate training related to pharmacotherapy.
- Resource limitations hamper the implementation of evidence-based practices with fidelity, particularly in poor states that lack investment in healthcare infrastructure.
- Lack of support for technical assistance, which tends to be provided reactively, when there is a problem.

Emergency Medicine

The opioid epidemic has resulted in rapidly escalating utilization of health system inpatient and emergency medicine services. Between 2005 and 2014, the national rate of opioid-related inpatient stays increased by 64.1 percent, and the national rate of opioid-related emergency department (ED) visits increased by 99.4 percent.⁸ We know that those who have had a non-fatal overdose are at great risk and need to be treated for a SUD. Nationwide, many challenges and gaps prevent healthcare systems from connecting high-risk individuals to much-needed services and care at such a critical intervention point.

Strategies

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Provide general healthcare with resources and tools to effectively screen, assess and treat patients with a SUD.

Tactics

Increase access of the general healthcare system to the tools and resources they need to effectively partner with local communities, hospitals, non-profit organizations and specialty practices to identify and treat SUDs.

Identify and address gaps in resources, protocols and tools for physicians, healthcare systems and the workforce regarding care integration and coordination.

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Increase medical school education on screening, assessment and treatment for SUDs and develop rigorous expectations for general practitioners to ensure comprehensive patient care.

Tactics

Increase the number of medical schools providing distinct, required, evidence-based courses on addiction.

Work with medical board exam developers to incorporate questions related to SUD into the assessment.

iii

Disseminate resources to emergency medicine to engage patients who have been treated in the ED for substance-related health problems, including non-fatal overdoses. In SUD treatment, turn overdose into an opportunity for intervention and connection with treatment and recovery.

Tactics

Increase treatment engagement and reduce mortality rates among the population of Americans who have experienced a non-fatal overdose.

3

Drive Discovery

Innovative scientific advancements in the field from many arenas within pharmacotherapy and technology are emerging, but funding for research remains scant and the number of addiction-related scientists too few. As a result, new discoveries that could help people struggling with SUD are slow to emerge.

To achieve our vision of a world free of addiction and all of its associated burdens, we must dramatically increase research investments in order to attract and enable experts throughout the scientific, medical and technology communities to work together to accelerate progress.

Strategies

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Invest in research regarding the treatment, prevention and cure of SUD and related disorders.

Tactics

Launch an Addiction Policy Forum-hosted initiative to raise funds for SUD-related research.

Promote increased funding for SUD-related research by the United States government (National Institutes of Health, Centers for Disease Control and Prevention, Veterans Administration, Center for Medicare and Medicaid Innovation, etc.) and other ecosystem partners.

While evidence strongly suggests that effective treatment and recovery plans should cover a span of at least three to five years for an individual based on their needs and the severity of their disorder, we have a long way to go to adequately prioritize and fund the quality and amount of recovery support programs and resources needed in every community.⁹ Today, 23 million Americans are in recovery from SUD. As we work toward closing the treatment gap by providing services for more individuals who need them, investing in the necessary framework for sustained recovery is critical.

Key components of recovery-ready communities include a variety of programmatic supports, including recovery community organizations, alternative peer group's, collegiate recovery programs, jail and prison-based recovery, peer recovery coaching, medication-assisted recovery support, mutual aid groups, recovery high schools, recovery housing, and technology and tools for recovery support.

Strategies

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Expand funding for recovery support.

Tactics

Promote increased funding for Medicare and Medicaid recovery support by the United States government (Health and Human Services, Veterans Administration, etc.) and other ecosystem partners.

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Prevent Addiction

We know that 90 percent of individuals with a SUD started using substances in adolescence.³ Increasing the age of initiation is key to ensuring that fewer people develop an addiction.

There are numerous evidence-based prevention interventions that have been shown to not only prevent or delay the onset of substance use, but also help prevent broader behavioral health problems. Early interventions can also help to prevent problematic substance use from progressing to a use disorder. Advancing implementation of these evidence-based programs will help prevent addiction as well as criminal justice system involvement that can happen when these disorders go untreated. Evidence-based prevention approaches (both individual and environmental) can lead to major societal cost-savings over time and dramatically reduce the prevalence of both substance use and mental illness.

Comprehensive school/community-based assessment and early intervention, activities and programs, such as Student Assistance Programs (SAP) in middle and high school settings, can play a critical role in stopping the addiction cycle before the disorder becomes more complex and difficult to treat.

Prescription drug misuse can have serious medical consequences and its prevention is a key element of a comprehensive prevention strategy. Increases in prescription drug misuse over the last 15 years are reflected in increased emergency room visits, overdose deaths associated with prescription drugs and treatment admissions for prescription drug use disorders, the most severe form of which is addiction.¹⁰ Among those who reported past-year non-medical use of a prescription drug, nearly 12 percent met criteria for prescription drug use disorder. Unintentional overdose deaths involving opioid pain relievers have more than quadrupled since 1999, and have outnumbered those involving heroin and cocaine since 2002.¹⁰ To address prescription drug misuse, we must educate patients about its dangers and empower them with the tools to safeguard their own homes by securing medicine cabinets and disposing of unused medication.

Strategies

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Expand funding to develop and support prevention programs nationwide.

Tactics

Promote increased funding for prevention by the United States government (Health and Human Services, Office of National Drug Control Policy, etc.) and other ecosystem partners.

Increase the number of prevention programs nationwide from primary prevention to early intervention and other population-specific interventions.



Prevent diversion of opioids by educating parents and families about prescription drug misuse. Provide families with resources to properly secure medication and dispose of unused medication.

Tactics

Increase education and awareness campaigns within communities nationwide and increase access to disposal sites.



Support and disseminate early intervention resources for families, communities and key stakeholders.

Tactics

Develop tools to help parents and families of a child who is using substances prevent escalation to a SUD, including; accurate information presented in easy-to-understand, actionable formats, access to experts or clinicians who can help the family formulate a plan to get help for their child, and access to other families impacted by this disease who have been trained to provide support and guidance.

Enhance education for parents and caregivers about the risk factors for the development of a SUD.

Distribute resources to families so that they can identify the early warning signs of addiction and, if needed, how to seek help.

Over nine million children in the U.S. live in a home with at least one parent who uses illicit drugs, according to the National Alliance for Drug Endangered Children. These children are at an increased risk for depression, suicide, poverty, delinquency, anxiety, homelessness, and most significantly, substance misuse.¹¹

Children living with an addicted family member are four times more likely to misuse drugs or alcohol themselves, SAMHSA reports.

Many children who have a family member in active addiction live in kinship or foster care.¹² Healthcare and child welfare organizations, as well as foster parents and guardians, need training so that they understand the complexities of SUD and can help impacted youth learn positive coping skills and strategies that can decrease their likelihood of developing a SUD of their own. There are promising interventions being implemented within the child welfare system. For example, START, located in Kentucky, is a Child Protective Services program for families with parental substance misuse and child abuse/neglect. START is an integrated intervention that pairs a social worker with a family mentor to work collaboratively with a few families, providing peer support, intensive treatment and child welfare services. The program's goal is to keep children safe and reduce placement of these children in state custody, keeping families together when appropriate.

Strategies

i**Expand resources to support children who have a family member with a SUD.****Tactics**

Increase the number of free resources available to families impacted by parental SUD.

ii**Expand evidence-based intervention in child welfare agencies.****Tactics**

Expanded funding and program technical assistance for child welfare interventions providing for children impacted by parental substance use disorder in order to improve outcomes for the entire family.

Approximately 68 percent of people in jail, 53 percent of people in state prison and 45 percent of people in federal prison have substance use disorders, compared to just 9 percent of the general U.S. population.^{13,14} With limited access to treatment while in custody, people with SUDs often return to their communities and re-engage in the same behaviors that resulted in their incarceration in the first place. Criminal justice reform is necessary to stop this revolving door.

The current landscape provides a unique opportunity to envision how the criminal justice system responds to addiction. Within the criminal justice field, there is a growing focus on how to best approach mental illness and SUDs. Public opinion overwhelmingly supports rehabilitation through diversion to community treatment rather than past practice, which focused on punitive responses. The passage of the Comprehensive Addiction and Recovery Act (CARA) marks a sea-change in the role of criminal justice and provides additional resources for pre-arrest diversion and Medication Assisted Treatment (MAT) within criminal justice facilities.

As we envision and actualize much-needed reforms within and without criminal justice as we know it, emphasis should be placed on preventing individuals with SUDs from penetrating into the criminal justice system by “intercepting” them at the earliest point of contact. The Sequential Intercept Model is well-established in the mental health field and can easily be applied to SUD populations. The model provides a conceptual framework for communities to use when addressing concerns about the criminalization of people with SUDs and considering the ideal interface between the systems of criminal justice and treatment.

Strategies

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Implement robust programs at each intercept point in the criminal justice system: (1) law enforcement and emergency services; (2) post-arrest, including initial detention and initial hearings; (3) post-initial hearings, including courts and corrections; (4) reentry from jails and prisons; and (5) probation and community corrections.

Tactics

Increase the number of criminal justice agencies with SUD-focused diversion capabilities and programs.

Together, the Addiction Policy Forum is the voice of individuals, families and communities, who are urging policy makers to take action to provide access to treatment for SUDs, fund addiction research and programs and end stigma surrounding SUDs that impacts our patients and families.

We strive to improve national and state policy through a comprehensive response that includes prevention, treatment, recovery, overdose reversal, law enforcement and criminal justice reform.

Strategies

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Work with policymakers, industry experts and other partners to increase access to adequate and affordable health care that meets the needs of those with a SUD and to reduce financial burdens and remove barriers to therapies and interventions.

Tactics

Improve access for people with SUD to programs and interventions to help them better manage their health.

Reduce the cost of quality addiction treatment and prevention.

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Amplify the voice of patients and families by increasing the scale of our advocacy efforts with legislative, regulatory and legal decision makers and by expanding our grassroots base, volunteer advocate professional networks and strategic partnerships.

Tactics

Increase the number and engagement of individual volunteers and alliances promoting our legislative, regulatory and legal advocacy priorities.

Elevate addiction as a national priority.

Champion public policies to help prevent SUDs and reduce stigma, which hinder efforts to treat and prevent the disease.



Ignite a movement to increase government funding for addiction research and programs, and to protect the rights of people with SUDs through an aggressive campaign that highlights the seriousness and eliminates the stigma of addiction.

Tactics

Increase government funding for SUD research and programs.

Improve the public's understanding of the biological basis of addiction and increase resources and their distribution so more people can successfully combat discrimination.

End Notes

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