

## Overview of Substance Abuse Problems in North Carolina

**S**ubstance abuse carries huge direct and indirect costs to society. In addition to the direct costs of prevention, treatment, and recovery supports, there are indirect costs associated with motor vehicle accidents, premature death, comorbid health conditions, disability, lost productivity, crime, unemployment, poverty, homelessness, unwanted pregnancies, and a host of other social problems. Alcohol and drug abuse cost the North Carolina economy over \$12.4 billion in direct and indirect costs in 2004.<sup>1</sup> In 2005, more than 5% of all traffic accidents in the state were alcohol-related, and these accidents accounted for 26.8% of all crash-related fatalities.<sup>2</sup> Alcohol and drug-related crimes also consume a large amount of criminal justice resources. There were over 70,000 DWI cases adjudicated in the state court system in SFY 2005,<sup>3</sup> and the rate of drug possession arrests has hovered over 400 per 100,000 population for the past 10 years.<sup>4</sup> Nationwide, half of all state prison inmates were under the influence of drugs or alcohol at the time of their offense, and nearly one in six state inmates committed a crime to support a drug habit.<sup>5</sup> In North Carolina, 63% of the offenders who enter the prison system and 43% of juveniles in the juvenile justice system need further assessment or treatment for substance use.<sup>6,7</sup>

According to 2005-2006 National Survey on Drug Use and Health (NSDUH) data, 7.7% of North Carolinians 12 years of age and older reported illicit drug use in the past month, and 19.5% reported past month alcohol binge drinking.<sup>8</sup> Using 2008 population projections, this translates into approximately 642,000 individuals 12 years or older reporting illicit drug use, and 1.63 million individuals reporting alcohol binge drinking. A substantial number of people also reported dependence or abuse problems. Three percent of the state's population aged 12 years or older reported illicit drug dependence or abuse in the past year (approximately 250,000 people), and 6.6% reported alcohol dependence or abuse (approximately 550,000 people). The same survey reports that the treatment gap (those individuals needing, but not receiving, treatment during the past year) for illicit drug users 12 years and older was approximately 225,000 and for alcohol binge drinkers was 526,000 (in 2008 population numbers). In total, only about 10% of those who needed treatment for illicit drug use received it, and less than 5% of those who needed treatment for alcohol dependence or abuse received it. Prescription drug abuse is a significant problem in North Carolina as well as nationally. Between 2002 and 2004, 5.8% of North Carolinians 12 years and older (approximately 450,000 in 2008 population numbers) reported non-medical use of prescription psychotherapeutic drugs in the past year, 4.6% (approximately 350,000 people) reported non-medical use of pain relievers, and 2.2% (approximately 170,000 people) reported non-medical use of tranquilizers.<sup>9</sup>



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**Approximately  
250,000 North  
Carolinians aged  
12 years or older  
reported illicit drug  
dependence or  
abuse in the past  
year and 550,000  
reported alcohol  
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abuse.**

Alcohol and drug use varies by age and typically peaks between the ages of 18 and 25. Approximately 37.7% of high school students in North Carolina reported past month alcohol use, and 19% reported current marijuana use. Over 20% of high school students report first using alcohol before the age of 13.<sup>10</sup> These statistics are especially troubling because it has been shown that brain development and maturation is incomplete during this period and that exposure to substances can cause long-term changes in brain function and a greater likelihood of developing an addiction disorder.

The prevention, diagnosis, and treatment of substance abuse is difficult for several reasons. A large percentage of individuals with substance abuse problems do not recognize that they have a problem. Similarly, many of those who know they have a problem do not seek treatment. In fact, national estimates suggest that nearly 90% of people who abuse or are dependent on alcohol or illicit drugs never seek treatment.<sup>11</sup> The few who do seek treatment often encounter problems accessing it due to service availability or cost. The primary care setting has not played a large role in the substance abuse treatment system despite the fact that, if identified early and treated appropriately, substance use disorders often can be successfully managed without further progression.

Only 6% (\$66.8 million) of the Division of Mental Health, Developmental Disabilities, and Substance Abuse Services (DMHDDAS) expenditures in 2005 were for substance abuse services for 42,000 people.<sup>12</sup> Overall, North Carolina spent \$138 million in 2006 to fund the public substance abuse service system in the state, a sum that left North Carolina substance abuse services underfunded in relation to other states.<sup>13</sup> A report presented to the North Carolina General Assembly in 2007 estimated it would take an additional \$35 million in appropriations to achieve parity with national per capita funding for substance abuse services.<sup>14</sup>

The importance of a comprehensive substance abuse delivery system cannot be overstated. State efforts that ensure appropriate and evidence-based education, prevention, treatment, and recovery resources can minimize the myriad problems associated with substance abuse and dependence and improve the quality of life for communities statewide.

### **Task Force on Substance Abuse Services**

The North Carolina General Assembly asked the North Carolina Institute of Medicine (NCIOM) to convene a Task Force to study substance abuse services in the state (SL-2007-323 §10.53A). The Task Force was co-chaired by Dwayne Book, MD, Medical Director, Fellowship Hall; Representative Verla Insko, Representative District 56, North Carolina House of Representatives; and Senator Martin L. Nesbitt Jr., JD, Senator District 49, North Carolina Senate. It included 63 other Task Force and Steering Committee members. (See pages 9-12 for a complete listing of Task Force and Steering Committee members.) The North Carolina General Assembly charged the Task Force with nine goals, specifically:

1. Identifying the continuum of services needed for treatment of substance abuse services including, but not limited to, prevention, outpatient services, residential treatment, and recovery support.
2. Identifying evidence-based models of care or promising practices in coordination with the North Carolina Practice Improvement Collaborative (NC PIC) for the prevention and treatment of substance abuse services and developing recommendations to incorporate these models into the current substance abuse service system of care.
3. Examining different financing options to pay for substance abuse services at the local, regional, and state levels.
4. Examining the adequacy of the current and future substance abuse workforce.
5. Developing strategies to identify people in need of substance abuse services, including people who are dually diagnosed as having mental health and substance abuse problems.
6. Examining barriers that people with substance abuse problems have in accessing publicly-funded substance abuse services and explore possible strategies for improving access.
7. Examining current outcome measures and identifying other appropriate outcome measures to assess the effectiveness of substance abuse services.
8. Examining the economic impact of substance abuse in North Carolina.
9. Making recommendations on the implementation of a cost-effective plan for prevention, early screening, diagnosis, and treatment of North Carolinians with substance abuse problems.

The Task Force was directed to develop an interim report for the 2008 session with the final report due before the convening of the 2009 North Carolina General Assembly (Section 10.53A of Session Law 207-323).

## Work of The Task Force

The Task Force met a total of 14 times between October 2007 and December 2008. A complete list of topics and Task Force meeting agendas is included in Appendix A.

The report includes eight chapters, the first being this brief introduction. Chapter 2 describes how substance abuse and dependency is a chronic illness, similar to other chronic illnesses such as diabetes or asthma. Chapter 2 also describes how the use of alcohol and drugs as a child or adolescent impacts brain development. Finally, Chapter 2 examines the influence of risk and protective factors on addictive behavior. Chapter 3 describes the current public substance abuse prevention and treatment system in North Carolina, focusing on services provided by the Division

of Mental Health, Developmental Disabilities, and Substance Abuse Services and by Local Management Entities. Unlike general medical care, which is primarily financed through private insurance, substance abuse services are predominantly financed through governmental programs.<sup>a</sup> Nationally, in 2003, more than three-quarters of funding for substance abuse services was through the public system.<sup>15</sup> Chapter 4 describes the array of services needed to address alcohol and substance abuse problems as well as the gaps in the current delivery system. Chapter 4 also focuses on prevention and some early intervention services. Chapter 5 describes substance abuse services available to subpopulations, including students (kindergarten through college), juveniles involved in the juvenile justice system, adults in the workplace, families involved in Work First or Child Protective Services, adults involved in the criminal justice system, or active or retired military personnel. Chapter 6 provides an overview of the substance abuse workforce and identifies strategies to increase the number of qualified substance abuse professionals and to expand the distribution of these professionals across the state. Most of the Task Force's recommendations will be impossible to implement without an adequate supply of qualified substance abuse professionals. In addition, creating sound public policies without solid data is difficult. Chapter 7 provides an overview of existing substance abuse data as well as the identifiable data gaps. Chapter 8 summarizes the Task Force's recommendations, and identifies those priority recommendations that will have the greatest impact on preventing initiation, reducing use, or helping people with addiction problems remain in recovery.

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a Historically, substance abuse services have not been covered by private insurers in parity with coverage of other medical problems. If offered, coverage of substance abuse services was generally more limited than that for other physical illnesses. However, Congress recently passed legislation to require insurers to offer mental health and substance abuse coverage in parity with coverage of other physical illnesses. This is discussed more fully in Chapter 4.

## References

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