

Substance abuse is a complex and costly chronic illness. The prevention, diagnosis, and treatment of substance abuse is difficult, as it is with many other chronic illnesses. Many individuals with substance abuse problems either do not recognize they have a problem or do not seek treatment due to access barriers. More than 90% of people that abuse or depend on alcohol or illicit drugs in North Carolina do not obtain services. Many of those who do seek treatment may find a system that is inadequate to meet their needs.

Not only does the failure to identify and appropriately treat people with substance abuse disorders harm the individual and his or her family, it has much larger societal implications. There were approximately 642,000 people age 12 or older (7.7%) who reported using illicit drugs over the last month and more than 1.6 million people (19.5%) who reported binge drinking in North Carolina (2005-2006 NSDUCH data, using 2008 NC population figures).^a In 2005, more than 5% of all traffic accidents in the state were alcohol related, as were more than one-fourth (26.8%) of all traffic-related deaths.¹ Almost 90% of prisoners entering the prison system have substance abuse disorders requiring treatment, with 63% needing residential substance abuse treatment services.² Substance abuse is a major contributor to juvenile delinquency, with 43% of youth in the juvenile justice system needing further assessment or treatment for substance abuse.³ Nationally, approximately 75% of adults who have had their children placed in foster care have alcohol or substance abuse problems.⁴ Alcohol and drug addiction is also a major problem among active and returning military, national guard, and reservists. Moreover, it leads to loss of worker productivity among the general population. In total, alcohol and drug abuse was estimated to cost the North Carolina economy more than \$12.4 billion in direct and indirect costs in 2004.⁵

Given the major role that substance abuse plays in crime, motor vehicle accidents, worker productivity, and family disintegration, it is perhaps surprising how few resources are devoted to prevent, treat, and provide recovery supports to people with addiction disorders. North Carolina spent less than \$140 million to fund substance abuse services in the state in 2006, a sum that left North Carolina substance abuse services underfunded in relation to other states.^{1,4} 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.⁴

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 charged with developing interim recommendations for the 2008 session and with presenting its final report to the 2009 session.



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^a Binge drinking is defined as drinking five or more drinks on the same occasion (i.e. at the same time or within a couple of hours of each other) on at least 1 day in the past 30 days.⁶

Early screening and intervention strategies are needed for people who are starting to engage in risky behaviors but who have not yet become addicted.

The Task Force met 14 times between October 2007 and December 2008. Most of the Task Force's work focused on developing a comprehensive system of care to provide evidence-based interventions based on a person's need. This comprehensive system begins with a strong prevention effort, targeted at youth and adolescents. Targeting youth and young adults will help reduce the number of people who later become addicted, as evidence shows that people who initiate substance use in childhood or adolescence are more likely to later become addicted.

Early screening and intervention strategies are needed for people who are starting to engage in risky behaviors but who have not yet become addicted. Without these early intervention services, these individuals are likely to progress to worse stages of abuse and/or dependence.

At the far end of the spectrum, individuals with more severe problems need different levels of treatment offered through the specialized substance abuse system. Even after they have been treated and have become sober, they will likely need recovery supports to prevent relapse. Local Management Entities are charged with making these services available to people with diagnoses of addiction or abuse, but less than about 10% of the people who need services are receiving it. More needs to be done to ensure that services are available and accessible to the people in need.

The Task Force also examined the special systems designed to prevent, reduce use, or treat subpopulations within the state, including youth in the juvenile justice system, offenders in the courts or criminal justice system, adults involved with the Work First or Child Protective Services system, and active military and returning veterans.

One of the most significant barriers in addressing gaps in services is the availability of a qualified substance abuse workforce. In the last 15 years, the North Carolina General Assembly has made significant steps to improve the qualifications of the substance abuse workforce, but there are too few qualified substance abuse professionals practicing in the state. Further, the available workforce is unevenly distributed with many communities having few if any qualified substance abuse professionals available to provide services. Thus, North Carolina needs to do more to encourage people to enter the substance abuse profession and to practice in underserved areas.

Additionally, the Task Force considered the data needs of the state. North Carolina needs good data to make informed policy choices. Not only does the state need to enhance its data collection capacity, it also needs to enhance its analytic capability to better identify needed changes in the existing substance abuse service system.

The following is a list of the Task Force's recommendations, in an abridged format, along with the agency or organization charged with addressing the recommendation. (See Appendix F for full recommendations.) Eleven of these recommendations were considered top priorities, although all of the recommendations are important. Recognizing that not all of the recommendations could be implemented at once, the Task Force prioritized those that members believed would have the biggest impact on preventing people from using or abusing alcohol, tobacco, or other drugs as well as treating those who have substance abuse problems. These priority recommendations are noted below.

The importance of a comprehensive substance abuse delivery system cannot be overstated. Our failure to adequately prevent, treat, and provide recovery supports to people with addiction problems has huge implications to our state. We can no longer afford to stigmatize and ignore people with addiction problems. Rather, we need to work together to ensure that appropriate evidence-based education, prevention, treatment, and recovery resources are available and accessible throughout the state. This will take the involvement of many different agencies, providers, and treatment professionals.

This report provides a roadmap that can be used to ensure that comprehensive publicly-funded substance abuse services are available throughout the state. In total, if all of the Task Force recommendations were implemented it would cost \$38,943,440 in SFY 2010 and \$62,060,380 in SFY 2011, with an additional \$1,050,000 in non-recurring funds. Implementing the priority recommendations alone would cost the state \$9,105,940 in SFY 2010 and \$12,222,880 in SFY 2011, with an additional \$300,000 in non-recurring funds. However, the recommended increase in the cigarette tax alone would generate approximately \$297 million per year, much more than the new funding needed to fully implement the Task Force recommendations.

Some may argue that we cannot afford to implement the Task Force recommendations in our current economic crisis. In reality, we cannot afford to wait. We are already paying far more for our failure to appropriately address addiction disorders. We pay for our failure through increased crime, broken households, children in the foster care system, lost worker productivity, and preventable motor vehicle deaths. Funding evidence-based prevention, early intervention, treatment, and recovery supports will lead to longer-term cost savings, with savings of four to five dollars for every one dollar spent on substance abuse prevention,⁶ and up to \$12 for every dollar spent on substance abuse treatment (after factoring in reduced costs of crime, criminal justice costs, and treatment of other health-related expenses).⁷ North Carolina can make significant progress in reducing the burden of substance abuse on individuals, their families, and society by implementing the Task Force recommendations.

The importance of a comprehensive substance abuse delivery system cannot be overstated.

	NCGA	DMHDDSAS	LME	Providers	Other Public Agencies	Other
Prevention						
Recommendation 4.1 (PRIORITY RECOMMENDATION) The North Carolina General Assembly should appropriate \$1,945,000 in SFY 2010 and \$3,722,000 in SFY 2011 in recurring funds to the Division of Mental Health, Developmental Disabilities, and Substance Abuse Services to develop comprehensive state and local substance abuse prevention plans. Of these funds, \$1,770,000/\$3,547,000 would be used to fund six comprehensive prevention pilot projects at local level. Eligible Local Management Entities must develop a comprehensive plan that includes a mix of evidence-based strategies, and should include a wide array of community partners. The North Carolina General Assembly should appropriate \$250,000 to the Division of Mental Health, Developmental Disabilities, and Substance Abuse Services to evaluate these pilots and, if successful, to recommend roll-out to other parts of the state.	✓ \$1.945m (SFY2010) (R) \$3.722m (SFY2011) (R)	✓	✓	✓ SA providers	✓ DPI, DJJ, DSS, DPH, Univ.	✓ Cons. & family groups, other
Recommendation 4.2 The North Carolina General Assembly should direct the State Board of Education, Office of Non-Public Education; NC Community College system; and University of North Carolina system to review their existing substance abuse prevention, early intervention, and treatment services, plans, and policies and report on these plans to the North Carolina General Assembly.	✓	✓			✓ DPI, NCCCS, UNC, Office Non-Public Educ.	
Recommendation 4.3 The Division of Mental Health, Developmental Disabilities, and Substance Abuse Services; Division of Public Health; Division of Alcohol Law Enforcement; and Department of Public Instruction should develop a plan to further reduce tobacco and alcohol sales to minors.		✓			✓ ALE, DPI, DPH	
Recommendation 4.4 (PRIORITY RECOMMENDATION) The North Carolina General Assembly should further increase the tobacco tax to meet the national average, with the increased revenues used to support evidence-based prevention and treatment efforts.	✓					
Recommendation 4.5 The North Carolina General Assembly should appropriate \$1.5 million in recurring funds to the Division of Public Health to support Quitline NC.	✓ \$1.5M (SFY2010) (R)				✓ DPH	
Recommendation 4.6 (PRIORITY RECOMMENDATION) The North Carolina General Assembly should enact a law which prohibits smoking in all public buildings including, but not limited to, restaurants, bars, and worksites.	✓					

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Recommendation 4.7 (PRIORITY RECOMMENDATION) In order to reduce underage drinking, the North Carolina General Assembly should increase the excise tax on malt beverages (including beer). In addition, the excise taxes on malt beverages and wine should be indexed to the consumer price index so they can keep pace with inflation. Funds raised should be used to support evidence-based prevention and treatment efforts.	✓ \$2m (SFY2010) (R)	✓				
Recommendation 4.8 The North Carolina General Assembly should not lower the drinking age to less than age 21.	✓					
Recommendation 4.9 (PRIORITY RECOMMENDATION) The North Carolina General Assembly should appropriate \$610,000 in recurring funds in SFY 2010 to the Division of Mental Health, Developmental Disabilities, and Substance Abuse Services over three years to support efforts to reduce high-risk drinking on college campuses.	✓ \$610K (SFY2010) (R)	✓			✓ NC Univ. System	
Recommendation 4.10 The Division of Mental Health, Developmental Disabilities, and Substance Abuse Services; Division of Public Health; Division of Social Services; and other providers should develop a prevention plan to prevent alcohol spectrum disorders and report the plan to the Legislative Oversight Committee on Mental Health, Developmental Disabilities, and Substance Abuse Services no later than July 1, 2009.	✓ Report to LOC	✓		✓	✓ DSS	
Recommendation 4.11 The Division of Mental Health, Developmental Disabilities, and Substance Abuse Services should work with the Controlled Substances Reporting System (CSRS), Attorney General's Office and other appropriate health professional organizations to explore options to allow the exchange of prescription information obtained through the CSRS between health care practitioners.		✓		✓	✓ Off. Atty. General	✓ Gov. Inst. on Alc. and Subs. Abuse, health prof. org.
Early Intervention						
Recommendation 4.12 North Carolina health professional schools, the Governor's Institute on Alcohol and Substance Abuse, the North Carolina Area Health Education Centers program, residency programs, health professional associations, and other appropriate organizations should expand training for primary care providers and other health professionals in academic and clinical settings, residency programs, or other continuing education programs on screening, brief treatment, and referral (SBIRT) for people who have or are at risk of tobacco, alcohol, or substance abuse or dependency.					✓ AHEC	✓ Gov Inst. health prof'l schools, resid. pgms

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Recommendation 4.13 (PRIORITY RECOMMENDATION) The North Carolina General Assembly should appropriate \$1.5 million in recurring funds to the Division of Mental Health, Developmental Disabilities, and Substance Abuse Services to work with the Office of Rural Health and Community Care, Governors Institute on Alcohol and Substance Abuse, and Area Health Education Centers program to expand use of SBIRT in Community Care of North Carolina (CCNC) networks and other primary care and outpatient settings.	✓ \$1.5m (SFY2010) (R)	✓			✓ AHEC CCNC	✓ Gov. Inst.
Recommendation 4.14 The North Carolina General Assembly should appropriate \$750,000 in recurring funds to the Office of Rural Health and Community Care. Funding can be used to help support co-location of licensed substance abuse professionals in primary care practices, or to support continuing education of mental health professionals who are already co-located in an existing primary care practice in order to help them obtain substance abuse credentials to provide substance abuse services to Medicaid and uninsured patients. The goal is to offer evidence-based screening, counseling, brief intervention, and referral to treatment to help patients prevent, reduce, or eliminate the use of or dependency on tobacco, alcohol, and other drugs.	✓ \$1.5m (SFY2010) (R)	✓			✓ ORHCC, CCNC	✓ Gov. Inst., ICARE, health prof.
Recommendation 4.15 (PRIORITY RECOMMENDATION) The North Carolina General Assembly should mandate that insurers offer the same coverage for treatment of addiction diseases as for other physical illnesses. Insurers should reimburse for substance abuse screening, intervention, and treatment services whether offered through primary care providers or specialized substance abuse providers. Insurers should also reimburse for telephone consultations by psychiatrists, as well as for mental and behavioral health services provided on the same day as medical services are provided.	✓	✓		✓	✓ DMA, NC Health Choice, SHP ORHCC, CCNC	✓ Gov. Inst., Insurers, Prof. Assoc.
Comprehensive System of Specialized Substance Abuse Services						
Recommendation 4.16 (PRIORITY RECOMMENDATION) The Division of Mental Health, Developmental Disabilities, and Substance Abuse Services (DMHDDSAS) should develop a plan for a recovery oriented system of care for adults and adolescents, ensure that services are available and accessible across the state, and are coordinated among different providers. DMHDDSAS should develop plans for performance based incentive contracts to ensure that services are provided to a significant portion of those in need, that the services are provided in a timely fashion, that people are provided the intensity of services appropriate to their needs and engaged for appropriate lengths of time, and that people are provided	✓ LOC	✓	✓	✓ Subst. Abuse providers	✓ DJJDP, DPI	

	NCGA	DMHDDSAS	LME	Providers	Other Public Agencies	Other
appropriate recovery supports. In addition, DMHDDSAS should identify barriers and strategies to increase the quality and quantity of substance abuse providers in the state including, but not limited to, electronic health records, reduced paperwork, streamlined administrative processes, expanded service definitions, and adequacy of reimbursement rates. DMHDDSAS should also immediately begin expanding the capacity of adolescent treatment services across the state.						
Recommendation 4.17 The North Carolina General Assembly should appropriate \$17.2 million in SFY 2010 and \$34.4 million in recurring funds in SFY 2011 to the Division of Mental Health, Developmental Disabilities, and Substance Abuse Services (DMHDDSAS). DMHDDSAS should make funding available on a competitive basis to Local Management Entities (LMEs) to support six pilot programs to implement county or multi-county comprehensive recovery oriented system of care. The North Carolina General Assembly should appropriate \$750,000 to DMHDDSAS to independently evaluate these projects and, if successful, build a plan to expand systems across the state.	✓ \$17.2m (SFY2010) (R), \$34.4m (SFY2011) (R), \$750K (NR)	✓	✓	✓ Subst. Abuse providers		
Recommendation 4.18 (PRIORITY RECOMMENDATION) The North Carolina General Assembly should appropriate recurring funding for additional staff in the Division of Mental Health, Developmental Disabilities, and Substance Abuse Services (\$650,000); Office of Rural Health and Community Care (\$130,000); Division of Medical Assistance (\$81,000); and Department of Public Instruction (\$100,000) to provide substance abuse services in support of the Task Force recommendations.	✓ \$880K (SFY2010) (R)	✓			✓ DPI, DMA, ORHCC	
Children, Youth, and Young Adults						
Recommendation 5.1 The North Carolina General Assembly should appropriate \$500,000 in recurring funds to the Division of Mental Health, Developmental Disabilities, and Substance Abuse Services to expand the Cross Area Service Program model in two additional Department of Juvenile Justice and Delinquency Prevention regions. If successful, the program should be rolled out statewide.	✓ \$500K (SFY2010) (R)	✓			✓ DJJDP	
Adults						
Recommendation 5.2: Local Management Entities (LMEs) should assess the availability and need for Employee Assistance Program (EAP) services in their catchment area. If there are insufficient providers to address this need, the LMEs should work with the local Chambers of Commerce or other business organizations to develop a strategy to expand the availability of EAP services.			✓			✓ Bus. Org.

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Recommendation 5.3: The North Carolina General Assembly should ensure that all individuals advertising and promoting themselves as providing EAP services must be licensed or have EAP specific training and work under the supervision of licensed EAP professionals, no later than 2014. All organizations that promote themselves as providing EAP services should be able to offer all the statutorily defined core services.	✓					✓ NC Board of EAP
Recommendation 5.4 The North Carolina General Assembly should appropriate \$475,000 in recurring funds to the Division of Mental Health, Developmental Disabilities, and Substance Abuse Services to hire seven additional Licensed Clinical Addition Specialists to work with parents involved with the Work First or Child Protective Services System.	✓ \$475K (SFY2010) (R)	✓	✓		✓ DSS	
Recommendation 5.5 The North Carolina General Assembly should appropriate \$2.8 million in recurring funds in SFY 2010 and an additional \$2.8 million in SFY 2011 to the Division of Mental Health, Developmental Disabilities, and Substance Abuse Services to expand the availability of Treatment Accountability for Safer Communities (TASC) program services.	✓ \$2.8m (SFY2010) (R) \$5.6m (SFY2011) (R)	✓			✓ DOC, DCC	
Recommendation 5.6 The North Carolina General Assembly should appropriate \$500,000 in recurring funds in SFY 2010 to the Division of Community Corrections to expand the availability of Criminal Justice Partnership Program (CJPP)-funded substance abuse services.	✓ 500K (SFY2010) (R)				✓ DCC	
Recommendation 5.7 (PRIORITY RECOMMENDATION) The North Carolina General Assembly should appropriate \$500,000 in recurring funds in SFY 2010 to the Administrative Office of the Courts to support four new adult treatment courts, and \$500,000 in recurring funds in SFY 2011 to the Administrative Office of the Courts for an additional four adult treatment courts. In addition, the North Carolina General Assembly should increase appropriations to the Division of Mental Health, Developmental Disabilities, and Substance Abuse Services by \$570,000 in recurring funds in SFY 2010 and \$570,000 in recurring funds in SFY 2011 to support treatment services for people involved in the drug treatment courts. The North Carolina General Assembly should also appropriate \$269,940 in recurring funds in SFY 2010 and an additional \$269,940 in SFY 2011 to the Department of Corrections, Division of Community Corrections to fund probation officers to support the drug treatment courts.	✓ \$1.34 mill (SFY2010) (R) \$2.68m (SFY 2011) (R)	✓			✓ DOC, Admin. Off. of the Courts	

	NCGA	DMHDDSAS	LME	Providers	Other Public Agencies	Other
Recommendation 5.8: The North Carolina General Assembly should appropriate \$4.5 million in recurring funds to the Department of Corrections to expand the availability of substance abuse services to adults within the prison system, as well as residential services for those on probation or parole.	✓ \$4.50 m (SFY2010) (R) \$12.500 (SFY2010) (NR)				✓ DOC	
Military Personnel						
Recommendation 5.9 The Veterans Administration should continue to work with appropriate partners to provide training for mental health and substance abuse professionals; Division of Mental Health, Developmental Disabilities, and Substance Abuse Services and LME agency staff; primary care providers; psychiatrists; school personnel; and other appropriate organizations about the medical and behavioral health needs of returning veterans and their families. In addition, the North Carolina General Assembly should appropriate \$200,000 in SFY 2010 to pay the 35% match for the Veterans Administration Homeless Providers Grant and Per Diem Program for transitional housing for homeless veterans with substance abuse or mental health disorders.	✓ \$200K	✓	✓	✓	✓ VA, DSS, DHUD, other comm. agency	
Supply of Substance Abuse Professionals						
Recommendation 6.1 (PRIORITY RECOMMENDATION) The North Carolina General Assembly should appropriate \$750,000 in recurring funds in SFY 2010, \$1.5 million in recurring funds in SFY 2011, increasing to \$2.0 million in SFY 2013 to the Governor's Institute on Alcohol and Substance Abuse to create a scholarship program to increase the number of qualified professionals in the field of substance abuse treatment. Funding should be provided to help support people seeking training through the community colleges, undergraduate education, master's degrees, or those who are seeking to pay for their hours of supervised training needed for their license. Individuals who receive state funds must agree to work for one year in a public or private not-for-profit substance abuse treatment program for every \$4,000 in scholarship funds. In addition, the North Carolina General Assembly should appropriate \$200,000 in recurring funds to the Area Health Education Centers program to establish clinical training sites for people seeking their substance abuse professional credentials.	✓ \$750K (SFY2010) (R) \$1.5m (SFY2011) (R) \$2m (SFY2013) (R)				✓ AHEC	✓ Gov. Inst.

	NCGA	DMHDDSAS	LME	Providers	Other Public Agencies	Other
Recommendation 6.2 The North Carolina General Assembly should appropriate \$200,000 in recurring funds in SFY 2010 to the Area Health Education Centers program to develop and support new residency training rotations for psychiatrists, family physicians, emergency medicine, or other physicians likely to enter the addiction field.	✓ \$200K (SFY2010) (R)	✓			✓ AHEC	✓ Prof. org.
Recommendation 6.3 The North Carolina State Personnel Commission should reevaluate and increase the pay grades for substance abuse professionals with appropriate credentials recognized by the North Carolina Substance Abuse Professional Practice Board.					✓ NC State Pers. Comm.	
Data						
Recommendation 7.1 The North Carolina General Assembly should appropriate \$1.2 million in recurring funds to the Division of Mental Health, Developmental Disabilities, and Substance Abuse Services to enhance and expand current data system. Funding should be used to develop an information technology plan, including adoption of electronic health records, and to develop additional analytic capacity and undertake studies to understand systemic patterns and barriers to identification, referral, and engagement of consumers in treatment.	✓ \$1.2m (SFY2010) (R)	✓				
Recommendation 7.2 The Division of Mental Health, Developmental Disabilities, and Substance Abuse Services should work with other agencies, including the Departments of Juvenile Justice and Delinquency Prevention, Corrections, and other Health and Human Services agencies to collect comprehensive data on substance abuse prevention and treatment services and people served with public funds. Further, the North Carolina General Assembly should adopt an equalization formula to ensure that Local Management Entities receive comparable funding to achieve equity in access to care and services.	✓	✓	✓		✓ DJJ, DOC, DPI, DSS, DPH	✓ County comm.

References

- 1 North Carolina alcohol facts. University of North Carolina Highway Safety Research Center website. <http://www.hsrc.unc.edu/index.cfm>. Accessed February 28, 2008.
- 2 Division of Alcohol and Chemical Dependency Programs, North Carolina Department of Correction. Annual legislative report, 2006-2007. http://www.doc.state.nc.us/Legislative/2008/2006-07_Annual_Legislative_Report.pdf. Published March 2008. Accessed October 14, 2008.
- 3 North Carolina Department of Juvenile Justice and Delinquency Prevention. 2007 annual report. http://www.ncdjjdp.org/resources/pdf_documents/annual_report_2007.pdf. Published March 2008. Accessed January 16, 2009.
- 4 The Schneider Institute for Health Policy. *Substance abuse: the nation's number one health problem*. Princeton, NJ: The Robert Wood Johnson Foundation; 2001.
- 5 Alcohol/Drug Council of North Carolina. 2004 North Carolina epidemiologic data. <http://www.alcoholdrughelp.org/education/documents/sdata2004.pdf>. Accessed October 14, 2007.
- 6 Frequently asked questions. Substance Abuse and Mental Health Services Administration website. <http://prevention.samhsa.gov/about/faq.aspx>. Accessed March 5, 2008.
- 7 National Institute on Drug Abuse, National Institutes of Health. *Principles of drug addiction treatment: a research-based guide*. Bethesda, MD: National Institutes of Health; 1999. NIH Publication No. 99-4180. <http://www.nida.nih.gov/podat/PODATIndex.html>. Published October 1999. Accessed May 15, 2008.
- 8 Office of Applied Studies, Substance Abuse and Mental Health Services Administration. State estimates of substance abuse and mental health from the 2005-2006 National Surveys on Drug Use and Health. <http://oas.samhsa.gov/2k6State/NorthCarolina.htm>. Accessed December 1, 2008.