

**Health Priority: Alcohol and Other Substance Use and Addiction
Objective 4: Closing the Treatment Gap (Template)**

Long-term (2010) Subcommittee Outcome Objective:

By 2010, annual state/federal aids and grants and Medicaid admissions for alcohol and other drug use disorder treatment will increase by 10 percent or more over the 5-year average of admissions between 2001 and 2005 in order to increase access to treatment and close the gap between those receiving treatment and those needing treatment.

Long-term outcome objective updated as of: Sept 2004

Wisconsin Baseline	Wisconsin Sources and Year
None, this is a developmental objective.	No data available.

Federal/National Baseline	Federal/National Sources and Year
None, this is a developmental objective.	

Related USDHHS Healthy People 2010 Objectives			
Chapter	Goal	Objective Number	Objective Statement
26 – Substance Abuse	Reduce substance abuse to protect the health, safety, and quality of life for all, especially children.	26-18	(Developmental) Reduce the treatment gap for illicit drugs in the general population
		26-19	(Developmental) Increase the proportion of inmates receiving substance abuse treatment in correctional institutions.
		26-20	Increase the number of admissions to substance abuse treatment for injection drug use.
		26-21	(Developmental) Reduce the treatment gap for alcohol problems.
		26-22	(Developmental) Increase the proportion of persons who are referred for follow-up care for alcohol problems, drug problems, or suicide attempts after diagnosis or treatment for one of these conditions in a hospital emergency department.
1 – Access to Quality Health Services	Improve access to comprehensive, high-quality health care services.	1-6	Reduce the proportion of families that experience difficulties or delays in obtaining health care or do not receive needed care for one or more family members.

Definitions	
Term	Definition
Alcohol and other drug abuse	A pattern of physical, psychological, or social problems attributable to the use of alcohol or habit-forming drugs. American Psychiatric Association (1995) Important Note: Throughout this document, the term "substance use" is synonymous with "alcohol and other drug use."
Alcohol and other drug dependence and/or addiction	The individual's use of alcohol or habit-forming drugs has resulted in significant impairment in physical, psychological, or social functioning and meets the diagnostic criteria in the <i>Diagnostic and Statistical Manual</i> of the American Psychiatric Association (1995). Addiction is a primary, chronic, neurobiological disease, with genetic, psychosocial, and environmental factors influencing its development and manifestations. It is characterized by behaviors that include one or more of the following: impaired control over drug use, compulsive use, continued use despite harm, and craving (Consensus definition of the American Academy of Pain Management, American Pain Society, and the American Society of Addiction Medicine, 2001).
Provider gap	The degree to which there is not adequate provider capacity in terms of facilities, beds, and slots to meet the demand for various levels of treatment.
Treatment gap	The rate or difference between the number of persons needing treatment and the number of persons receiving treatment (<i>Healthy People 2010</i>).

Rationale:

Research has shown that treatment for alcohol and other drug abuse is effective and a good investment of public funds resulting in crime reduction, savings in other public and private costs, decreases in threats to public safety, and increases in productivity (Holder, 1992; Langenbucher, 1992; Lewin Group, 1999). On the average, each \$1 invested in treatment yields a \$3 to \$7 return (NEDS #24, 1999; National Opinion Research Center, 1994).

Current treatments for alcohol and other drug use disorders (addictions) are as effective as treatments for other chronic medical illnesses such as hypertension, diabetes, and asthma (McLellan, 1994; see Table 1 below).

Illness	Compliance With Treatment Regimen	Re-treated Within 12 Months
Insulin-Dependent Diabetes	<50%	30-50%
Medication-Dependent Hypertension	<30%	50-60%
Asthma	<30%	60-80%
Addiction	<40%	10-30%

There is significant evidence of a gap between the amount of treatment services provided and the amount of treatment services needed in order to maximize the public health benefits for addiction treatment. Many individuals who are affected by addiction problems do not seek treatment due to various barriers, such as fear, poverty, stigmatization, and general lack of accessibility.

Undertreatment is due to suboptimal levels of treatment engagement and treatment retention on the part of potential patients. It is also due to inadequate delivery system capacity and inadequate funding for treatment. Gaps in accessibility are a disservice to those who are affected directly or indirectly by addictions. The “treatment gap” for alcohol and other drug addiction treatment has been identified in the federal *Healthy People 2010* plan as an important target for improved performance of our health care system. Because of the significant psychosocial harm related to problematic use and/or addiction to alcohol and other drugs, and because of the significant general medical problems whose incidence is directly affected by substance use, reducing the “treatment gap” is an important public health strategy to improve the health status of the people of Wisconsin.

According to the 2000 National Household Survey on Drug Abuse, the gap between those needing treatment and those receiving treatment is great. Eighty-three percent of persons needing treatment for an illicit drug problem did not receive treatment (Substance Abuse and Mental Health Services Administration, 2002). In the more recent 2002 National Survey on Drug Use and Health, of the 22 million Americans classified with a substance use disorder, just 3.5 million received treatment, a gap of 84 percent (Substance Abuse and Mental Health Services Administration, 2003).

Here in Wisconsin, the annual prevalence of alcohol and other drug abuse is estimated to be 450,030. Using Wisconsin survey and treatment data, just 58,320 persons actually receive public or privately supported treatment each year in Wisconsin. Based upon a prevalence rate of 450,030, 87 percent of those in need of treatment do not receive it (Department of Health and Family Services, 2003; Welch and Quirke, 2002; and Dold and Quirke, 1999).

The following excerpts are from *Healthy People 2010*, Chapter 26, the nation’s federal health plan:

- Substance abuse and its related problems are among society’s most pervasive health and social concerns. Each year, about 100,000 deaths in the United States are related to alcohol consumption. Illicit drug abuse and related acquired immunodeficiency syndrome (AIDS) deaths account for at least another 12,000 deaths. In 1995, the economic cost of alcohol and drug abuse was \$276 billion. This represents more than \$1,000 for every man, woman, and child in the United States to cover the costs of health care, motor vehicle crashes, crime, lost productivity, and other adverse outcomes of alcohol and other drug abuse.
- Substance abuse affects all racial, cultural, and economic groups. Alcohol is the most commonly used substance, regardless of race or ethnicity, and there are far more persons who smoke cigarettes than persons who use illicit drugs. Usage rates for an array of substances reveal that for adolescents aged 12 to 17 years:
 - Whites and Hispanics are more likely than African Americans to use alcohol.
 - Whites are more likely than African Americans and Hispanics to use tobacco.
 - Whites and Hispanics are more likely than African Americans to use illicit drugs.
- Older adolescents and adults with co-occurring substance abuse and mental health disorders need explicit and appropriate treatment for their disorders. Those who suffer from co-occurring disorders, however, frequently are turned away from treatment designed for one or the other problem, but not for both. The population aged 65 years and older face risks for alcohol-related problems, although this group consumes comparatively low amounts of alcoholic beverages.

Adverse alcohol-drug interaction can put older people in the hospital, since many take multiple medications. In addition, many cases of memory deficits and dementia now are understood to result from alcoholism.

- Estimated rates of chronic drug use also are significant. Of the estimated 4.4 million chronic drug users in the United States in 1995, 3.6 million were chronic cocaine users (primarily crack cocaine), and 810,000 were chronic heroin users. Drug dependence is a chronic, relapsing disorder. Addicted persons frequently engage in self-destructive and criminal behavior. Research has confirmed that treatment can help end dependence on addictive drugs and reduce the consequences of addictive drug use on society. While no single approach for substance abuse and addiction treatment exists, comprehensive and carefully tailored treatment works.
- The stigma attached to substance abuse increases the severity of the problem. The hiding of substance abuse, for example, can prevent persons from seeking and continuing treatment and from having a productive attitude toward treatment. Compounding the problem is the gap between the number of available treatment slots and the number of persons seeking treatment for illicit drug use or problem alcohol use.

Alcohol and other drug use and addiction affect the mind, body, and spirit of people, regardless of their race, gender, age or ethnic background. The disease of addiction has no respect for socioeconomic status or geographic boundaries. The health of the public can be improved if appropriate treatment is made readily available to all people of Wisconsin who are affected by problem use of or addiction to alcohol or other substances.

Medical treatment of existing conditions is a component of both secondary and tertiary prevention. Effective and timely treatment interventions abort active cases of disease and put them into remission. This reduces the duration and prevalence rates of illness. Treatment interventions also prevent disability that results from active disease. Addiction treatment provides rehabilitation to restore functioning to individuals who have experienced disability due to chronic disease. It also has the goal of moving cases of addiction from an active phase into a remission phase. Medical treatment interventions addressing problematic use and/or alcohol and other drugs serve as primary prevention to reduce the incidence of addiction and cases of medical problems (e.g., infectious diseases) resultant from substance use.

Outcomes:

Short-term Outcome Objectives (2002-2004)

- By 2003, the State Council on Alcohol and Other Drug Abuse will appoint a committee to define the alcohol and other drug use and addiction treatment needs of special population groups to include women, pregnant women, incarcerated youth and adults, ethnic/racial minorities, American Indians, youth, and the elderly.
- By 2003, DHFS will collaborate with key stakeholders to determine the baseline of private and public sector treatment services being provided to Wisconsin residents.
- By 2003, DHFS, Division of Disability and Elder Services, Bureau of Quality Assurance will determine the baseline of the capacity of the service delivery system to treat alcohol and other drug use and addiction health issues.
- By 2003, DHFS will collaborate with its key stakeholders to determine the baseline of the population(s) of persons needing treatment services for problematic use and/or addiction to alcohol and other drug abuse.
- By 2004, DHFS will collaborate with key stakeholders to determine the baseline of workforce needs, “the provider gap” between the current supply of health care providers and the numbers and

types of trained professionals needed for the treatment of persons with problematic use and/or addiction to alcohol or other drugs.

- By 2004, DHFS will collaborate with key stakeholders to determine the baseline on the shortage of services (the treatment gap) between the treatment currently provided and the amount and type of treatment that need to be provided to meet the needs of all relevant populations of problem users and persons with addiction.

Medium-term Outcome Objectives (2005-2007)

- By 2005, the recommendations of the State Council on Alcohol and Other Drug Abuse will be incorporated into the strategic planning objectives of the Department of Health and Family Services, and its appropriate Divisions.
- By 2006, DHFS will collaborate with key stakeholders to prepare and present a comprehensive report that defines and interprets the baseline data and service delivery needs pertaining to closing the treatment gap and the provider gap in Wisconsin.
- By 2006, DHFS will collaborate with key stakeholders to prepare policy recommendations that will be applied in closing the treatment gap and the provider gap in Wisconsin.

Long-term Outcome Objectives (2008-2010)

- The following long-term outcome objectives may be adjusted based upon the findings and recommendations described in the medium-term outcome objectives. These long-term outcome objectives include the following.
- By 2008, there will be a significant increase among those who seek and receive treatment for substance use or addiction.
- By 2008, the service delivery system capacity gap will be significantly reduced.
- By 2008, there will be a significant increase in accessibility of appropriate alcohol and other substance use and addiction treatment.
- By 2008, treatment regimes will be developed to meet the needs of special population groups.
- By 2008, there will be a significant reduction in the treatment gap.
- By 2009, there will be a continued significant reduction in the treatment gap.

Inputs: (*What we invest – staff, volunteers, time money, technology, equipment, etc.*)

- Accessible, effective treatment capacity for problematic use and/or addiction to, alcohol and other substances
- Substance use and addiction treatment agencies
- Qualified professionals to treat substance use and addiction
- Mental health treatment professionals
- Training for treatment providers
- The public
- Substance users and persons with addictions
- Special population groups
- DHFS Bureau of Mental Health and Substance Abuse Services
- Wisconsin State Council on Alcohol and Other Drug Abuse
- DHFS Division of Public Health epidemiologists
- Heller Center Institute for Health Policy (Brandeis) Legislative Initiatives
- Employers and employer-based health insurers
- Funding for treatment
- Wisconsin County Human Services Association
- Tribal agencies

Outputs: *(What we do-workshops, meetings, product development, training. Who we reach-community residents, agencies, organizations, elected officials, policy leaders, etc.)*

Activities:

- Collaboration with partners to assure infrastructure support to achieve the short-term outcome objectives.
- Baseline data to determine service capacity.
- Baseline data to determine the treatment gap.
- Baseline data to determine the provider gap.
- Appropriate treatment is defined through revised treatment regimens.
- A comprehensive report will be completed and disseminated.
- Policy recommendations based on the comprehensive report will be implemented.
- Cross connections with mental health are defined and included in the structure.
- The extent of treatment need is defined.
- Categories of persons who need special approaches are defined.
- Pre-test/post-test on efficacy of treatment will be given.

Participation/Reach:

- Public policymakers (e.g., state, tribal, and local elected officials)
- Community image makers (e.g., print/broadcast media, community leaders)
- Governor's State Council on Alcohol and Other Drug Abuse
- State incentive grant and partners
- Local health departments and tribes
- Public Health Advisory Committee
- Wisconsin Association on Alcohol and Other Drug Abuse
- Health care providers (e.g., physicians, social workers, nurses, psychologists, nutritionists, health educators)
- Wisconsin Health and Hospital Association
- Wisconsin Alcohol and Drug Treatment Providers Association
- University of Wisconsin Cooperative Extension
- Center for Urban Population Health
- UW Department of Family Medicine Family Empowerment Network
- Wisconsin Women's Education Network on Education and Recovery
- Center for Addiction and Behavioral Health Research
- Center for Health Policy and Program Evaluation
- Wisconsin Association of Collegiate Schools of Nursing
- Criminal justice system, including police, probation, parole, and public defenders
- Wisconsin Medical Society
- Wisconsin Society of Addiction Medicine
- Wisconsin Association of Health Plans
- Wisconsin Public Health Association
- DHFS Divisions of Public Health and Disability and Elder Services scientific and statistical experts
- Department of Public Instruction
- Brighter Futures Initiative
- Department of Corrections
- Wisconsin County Human Services Association
- Wisconsin Counties Association
- County Human Services Boards (51.42 Boards)
- Wisconsin Certification Board

- Community coalitions
- Wisconsin Employee Assistance Professional Association Chapters
- Wisconsin Student Assistance Association
- Wisconsin Clearinghouse
- Wisconsin's professional schools, colleges, universities, and technical colleges (Including medicine, clinical psychology, counseling psychology, rehabilitation psychology, school psychology, social work, nursing, health education, nutrition, counseling, child and family studies, marriage and family therapy, dentists and dental hygienists, and allied health professionals)
- Consumers and the general population
- Business and commerce communities
- Students and faculty in primary and secondary educational institutions (K-12)
- Students enrolled in colleges, universities, professional schools, and technical colleges
- The criminal justice system
- The juvenile justice system
- Faith-based communities
- Philanthropic organizations and individuals

Evaluation and Measurement:

Two milestones will mark the principal achievements under this objective, namely:

1. Stakeholders in the administration and provision of public and private substance abuse services will identify the highest priority barriers impeding persons who need treatment from seeking and receiving treatment (e.g., lack of insurance or of sufficient insurance benefit levels; insufficient capacity of available services; lack of timely service availability; lack of appropriateness or quality of services; lack of outreach and intervention services; lack of perception on the part of the individual that a problem exists; stigma; cultural barriers; lack of transportation or child care; inconvenient service agency hours of operation; real or perceived potential loss of job or children).
2. For each high priority barrier, a barrier resolution action plan will be formulated, and progress on the implementation of each barrier resolution plan will be monitored.

This objective intends to close the gap between those in need of treatment and those receiving treatment. A number of barriers to treatment exist which include lack of perception of the seriousness of substance use disorders; lack of trust in treatment effectiveness; insufficient public and insurance dollars for screening, outreach, intervention, and treatment; fear of what people will think if treatment is sought; transportation; childcare; availability of treatment modalities; and many others. These barriers were identified in a 1997 Wisconsin statewide household survey on the prevalence of alcohol and other drug abuse. In combination with treatment data from a separate facility survey, these studies identified nearly 300,000 Wisconsin adults (79 percent treatment gap) who did not receive treatment during 1997. This study has been replicated for the year 2000 and can be replicated in subsequent years to evaluate progress on this objective.

The National Household Survey on Drug Abuse estimates illicit drug abuse treatment gap rates among states. This survey is conducted annually and will be used as a second source of information to evaluate progress.

Data is available on community aids-supported treatment admissions through the Human Services Reporting System and Medicaid-supported treatment recipients through the Medicaid Evaluation and Decision Support data warehouse and compiled annually. A trend analysis of this data indicates that

without any changes, admissions will likely increase by about 6 percent by 2010. There does not exist a system for accessing data from private insurance reimbursed treatment services. An annual waiting list survey will also be taken among community aids-supported county treatment services.

Several general population survey questions will be constructed about adequacy of coverage for treatment services under health insurance plans and perceived barriers to treatment. For example, a question could be added to the Behavior Risk Factor Survey (BRFS) about sufficiency of benefits for treatment and perceived barriers to treatment. Funds would be needed to cover the cost of adding BRFS questions.

Crosswalk to Other Health and System Priorities in Healthiest Wisconsin 2010

Access to Primary and Preventive Health Services: Local health departments, tribes, clinics, community health centers, hospitals, jails and correctional health facilities, and community agencies play a critical role as a source of referral to treatment. These agencies touch large segments of the population and can intervene in a meaningful way.

Adequate and Appropriate Nutrition: While it is not the purpose of this document to debate all the pros and cons of drinking alcohol, there is mounting evidence that there is no safe level of alcohol use. While it can be said that less alcohol is better than more, there is no clear lower threshold of drinking at which an individual can be completely safe from negative consequences including trouble with law enforcement, health care providers, employers, accidental injury, or health problems. Even at low levels of drinking there is some degree of risk (U.S. Department of Health and Human Services, 1997; Ding and Eigenbrodt, 2003). It has been established by the U.S. Department of Agriculture and the U.S. Department of Health and Human Services that heavy drinking puts persons at risk for malnutrition because alcohol contains calories that may substitute for those in nutritious foods. Alcohol alters the storage, mobilization, utilization, and metabolism of several nutrients including thiamin, riboflavin, folate, and vitamins A, C, and B6. Addictive use of other drugs may result in a decrease in appetite and interfere with the ability to make healthy food choices. There is a need to infuse nutritional information and regimens in substance abuse treatment programs.

Environmental and Occupational Health Hazards: Alcohol and other drug abuse is a major problem in the workplace. It is estimated that 70 percent of current illicit drug users are employed. In addition, approximately 7 percent of Americans employed in full-time work report heavy drinking. Drug-using employees are twice as likely to request time off and 3.6 times more likely to be involved in a workplace accident. Individuals who use alcohol or other drugs in the workplace annually cost American businesses \$81 billion in lost productivity; 86 percent of these costs are attributed to drinking. Employee assistance programs assist employees with these problems, at work and at home, that could lead to depression and substance abuse. Certain employers are mandated by the Department of Transportation to have random alcohol and other drug testing programs for their employees. Some examples of these types of transportation jobs include truck drivers, pilots, and railroad engineers. Employers play a critical role as intervention and referral sources for substance abuse treatment.

Existing, Emerging, and Re-emerging Communicable Diseases: The linkages between substance use and abuse and communicable disease are well established. Drug users who share needles and other injection equipment are at higher risk of infection by HIV, hepatitis B virus, hepatitis C virus, and other blood-borne pathogens. Public Health and other agencies serving persons with communicable diseases can intervene and refer patients for substance abuse treatment. In a reciprocal role, substance abuse treatment programs intervene and refer persons to public health agencies for communicable disease treatment.

High Risk Sexual Behavior: People who use alcohol and other drugs may be more likely to engage in high-risk behaviors leading to unintended pregnancy or sexually transmitted diseases. Substance abuse treatment programs address risky sexual behavior in their patient’s treatment plans.

Intentional and Unintentional Injuries and Violence: The misuse and abuse of alcoholic beverages increases the likelihood injury and violence. Effective substance abuse treatment programs will serve to reduce traffic crashes, homicides, domestic abuse, suicide, and other types of intentional and accidental injury and violence.

Mental Health and Mental Disorders: Substance use and mental disorders are often co-occurring. Persons with mental disorders may use substances to help cope with their depression or anxiety. Mental health and substance abuse treatment agencies play a dual role in referring and treating patients as appropriate.

Overweight, Obesity, and Lack of Physical Activity: Alcohol contains calories and can potentially contribute to overweight and obesity. Moderate alcohol drinkers are at greater risk of being overweight or obese, whereas heavy chronic alcohol drinkers may be predisposed to malnutrition and serious health conditions such as cirrhosis of the liver, inflammation of the pancreas, and diabetes. Other addictive substances may alter mood and motivation that can influence physical activity patterns. Substance abuse treatment programs serving persons with eating disorders address the underlying issues contributing to addiction.

Community Health Improvement Processes and Plans: Community health improvement plans are important mechanisms in guiding the development of population-based public health programs and services for all three levels of prevention – primary, secondary, and tertiary. It is important that alcohol, other drug use, addiction, and treatment providers be at the table to assess the health of community and help shape community health improvement plans and their implementation.

Coordination of State and Local Public Health System Partnerships: Partnerships between the traditional public health system and the alcohol and other drug addiction services system have never been more important. The pervasiveness of alcohol and other drug addiction and its broad impact on the health of individuals, families, and communities requires multisystem strategies that, at the present time, no single system can achieve alone.

Sufficient, Competent Workforce: Physicians, other health care providers, and human service professionals need to routinely ask a few important questions about their patients’ alcohol and other drug use. These questions are important and provide an extraordinary opportunity for prevention, brief interventions, and referral for treatment of substance use disorders. Institutions of higher education, local health departments, schools, and human service agencies need to place greater emphasis on education and training of the workforce to assure that front-line professionals have the capacity to identify and refer individuals for treatment. Screening for alcohol and drug use and abuse needs to be viewed as a “vital sign” that is routinely assessed in health, school, and human service settings.

Significant Linkages to Wisconsin’s 12 Essential Public Health Services

Monitor health status to identify community health problems: Wisconsin’s tribes, local health departments, and relevant state agencies have critical roles in providing leadership and information describing the incidence, prevalence, and magnitude of alcohol and other drug use and addictions in

the Wisconsin population and to make available evidence-based practices for prevention, intervention, and treatment. These agencies must provide leadership to engage addiction treatment providers in the assessment of the community and the development of community health improvement plans.

Educate the public about current and emerging health issue: As a first step, public health system partners and providers need to disseminate information to the public about the dynamics of alcohol and drug abuse and addiction and the importance of screening, brief interventions, and appropriate treatment. Common language and understanding are critical if community partnerships are to be engaged and sustained.

Promote community partnerships to identify and solve health problems: Alcohol and other drug addiction touches nearly all the health and infrastructure priorities set forth in *Healthiest Wisconsin 2010*. Partnerships have never been more important given the pervasiveness of this problem. It is essential that governmental public health and human service agencies/professionals diversify partnerships that engage and sustain addiction treatment providers to assess community strengths and need and develop strategies to address access to substance abuse treatment. A critical first step is to assure common understanding and a common language through cross-training and education among the partners. This will increase the assurance that consistent messages are given to individuals, families, and communities and increase the capacity among the partners to “reach out” to populations that they serve and influence.

Create policies and plans that support individual and community health efforts: Policymaking councils, boards, committees, and institutional/organizational leaders need to develop, within their strategic business plans priorities for incorporating *Healthiest Wisconsin 2010* into their business and strategic plans.

Enforce laws and regulations that protect health and insure safety: State and local public health officials and human service professionals need to identify, and be aware of, the laws and regulations that impact and intersect with alcohol and other drug abuse treatment. Efforts must be made to reach out to partners who develop and/or enforce such laws (e.g., elected officials, correction officials and agents, law enforcement, District Attorneys, courts) and assist them to understanding their relevance to rehabilitation. Law enforcement and juvenile justice partners provide an important venue in which to expand public health messages to the community and the populations they serve.

Link people to needed health services: Primary care and emergency room physicians, nurses, and other health care providers need to incorporate strategies in which they can routinely screen, assess, intervene, and refer for treatment. Because persons who struggle with addiction are often outside the traditional health and public health system entry points emergency rooms must be considered as an important setting to reach such persons and population groups.

Assure a diverse, adequate, and competent workforce to support the public health system: Medical, nursing, dental, nutrition, health education, and health professional schools need to place greater emphasis on education and training in screening, recognizing actual and potential links to other health problems, and proven interventions concerning treatment of addictions to alcohol and other drugs. Training and education should also focus on use of both traditional and nontraditional treatment approaches and otherwise increase the skills of providers to tailor treatment regimes to the needs of the individual. Screening for alcohol and drug use and abuse needs to be viewed as a “vital sign” that is routinely assessed.

Evaluate effectiveness, accessibility, and quality of personal and population-based health services:

The DHFS needs to continue to provide leadership by assuring that providers adhere to basic standards, periodically measure patient progress and outcomes [HFS 75.03(20)], and assure that the workforce is competent to serve the needs of the public. The Wisconsin Certification Board, Inc., certifies the competencies of alcohol and other drug abuse counselors and assesses the skills of the alcohol and other drug abuse workforce. State agencies, in partnership with the Department, need to evaluate the competencies of their respective workforces in order to provide comprehensive and effective services and approaches necessary for addressing health issues related to alcohol and other drug addiction in the population.

Quality improvement projects and applied clinical research is needed to seek new insights and innovative solutions to health problems and to communicate solutions that can be translated into best practice in the delivery of service. Institutions of higher education need to continue to enhance and disseminate knowledge concerning evidence-based practice to providers of care. Institutions of higher education are in a key role to conduct research, identify evidence-based practices, and recommend personal health intervention strategies that work. Collaborative research between state and federal agencies, Wisconsin's institutions of higher education, and treatment providers is an essential step in closing the gap between research and practice. At this writing, monthly teleconferences are occurring between leading national and state researchers and providers to enhance best practices in serving the public.

Assure access to primary health care for all: Screening, brief interventions, and referral for treatment for persons with alcohol, other drug abuse, and addiction needs to be viewed as a “vital sign” that is routinely performed in all primary health care settings.

Foster the understanding and promotion of social and economic conditions that support good health: Leadership and action from all public health system partners are required to carry out this essential public health service. According to Moss (2000), a multitiered systemic strategy is needed. This includes, but is not limited to:

- Assisting with behavioral changes and development of supports (e.g., stress management, substance use screening and referral, nutritional interventions, counseling services).
- Increasing opportunities for healthy social interactions and networking, along with strengthening community development.
- Ensuring adequate and secure housing, building upon and extending public health initiatives.
- Promoting legislation needed to improve public health and safety.
- Providing universal comprehensive health and social insurance.

Connection to the Three Overarching Goals of Healthiest WI 2010:

Promoting and Protecting Health for All. Alcohol and other drug misuse and addiction affects all of the health priorities of *Healthiest Wisconsin 2010*. From a public health standpoint, addiction is an illness affecting individuals, affecting families, and affecting communities. Evidence-based prevention, intervention, and treatment have never been more important. Individuals, families, communities, and public health system partners throughout Wisconsin need accurate information to prevent alcohol and other drug abuse and how to access to effective intervention and treatment programs. Alcohol consumption alone negatively affects a wide range of bodily and nervous systems. It can affect mood and behavior as well as memory, thinking, and coordination resulting in harm; it can affect absorption of vital nutrients thereby causing nutrient deficiencies; it has been linked to various

forms of cancer and organ disease; it can produce dementia and states of tolerance from which withdrawal and delirium results. Alcohol and other drug misuse and addiction can undermine the fabric of Wisconsin families.

Eliminating Health Disparities. Closing the treatment gap for alcohol and other drug addiction services will be important for addressing health care disparities in Wisconsin. There are significant differences between public sector and private sector delivery systems for addiction treatment. The application of contemporary utilization management criteria results in outpatient treatment being recommended most by physicians and counselors. While recommended less often, residential treatment is the inpatient treatment of choice for most patients. However, residential treatment is becoming less and less available for publicly funded patients. Services for adolescents are minimal in Wisconsin; other than general outpatient treatment, they are often offered through mental health and family services clinics rather than addiction specialty clinics. Indigent patients not eligible for Medical Assistance or BadgerCare face tremendous waiting lists in county-funded delivery systems. Medication management for addictions is restricted in many private sector insurance plans. There are excellent treatment services in Wisconsin, but they reach far too few of our citizens who are affected by addiction.

Screening for substance use problems and addiction needs to be done by a variety of public health systems partners, in a variety of settings, for all demographic groups. And prevention strategies must be culturally specific in order to be maximally effective.

Some of the greatest disparities seen in Wisconsin have to do with stigma surrounding substance use and addiction. Most people believe that addiction primarily affects persons of color, especially in urban settings. Columbia University's Center for Addiction and Substance Abuse (CASA) has shown that it is more likely that a youth will use illegal drugs if s/he lives in a small rural community. Most people believe that cocaine addiction is also primarily a problem of Wisconsin's major urban areas, whereas cocaine addiction is prevalent throughout the state, and most users of illegal drugs are employed, middle class individuals. Addressing goals and objectives of *Healthiest Wisconsin 2010* can assist in reducing stigmatized beliefs about the racial distribution of addiction and pessimism about the potential benefits of treatment.

Transforming Wisconsin's Public Health System. Another overarching goal of *Healthiest Wisconsin 2010* is to transform the public health system for our state. The public health system will be improved when addiction is accepted as important aspects of public health. Occupational health and safety are components of public health; too rarely is the relationship between addiction and workplace accidents and injuries accepted. Prevention of teenage pregnancy and sexually transmitted disease are well accepted responsibilities of the public health system, but we must also understand the connections between alcohol and other substance intoxication and unprotected, unplanned, or unwanted sexual contact. Suicide is now viewed as not only a challenge of clinical medicine, but as a public health matter. Over 15 percent of suicides occur in alcoholics and over 15 percent of alcoholics have suicide as their cause of death. Tobacco control has been fully embraced by the public health community. It is accepted now that nicotine addiction is the major driving force in the persistence of tobacco use and thus its progression to disability. One of the newest areas to be embraced as a public health problem is the issue of gun violence, which is a significant contributor to premature deaths in young people. Far too often, the economic and cultural aspects of drug trafficking are contributors to gun violence in Wisconsin communities. Substance use and addiction are not simply social problems. They are problems that affect school environments, public housing environments, and the criminal justice

system. Addiction is a health problem for the individual and a public health problem for society. Addressing addiction, like any other chronic diseases, will be a step forward in conceptualizing the condition more accurately and designing interventions that are more likely to be successful.

Key Interventions and/or Strategies Planned:

- Appoint committees/workgroups to define the addiction treatment needs of special population groups to include women, pregnant women, incarcerated youth and adults, ethnic/racial minorities, American Indians, youth, and the elderly.
- Determine a baseline of private and public sector treatment services being provided to Wisconsin residents.
- Determine the baseline on the capacity of the service delivery system to treat addiction health issues.
- Determine the baseline of the population(s) of persons needing treatment services for problem use or addiction to alcohol and other drugs.
- Determine the baseline of workforce needs between the current supply of health care providers and the numbers and types of trained professionals needed for the treatment of persons with problem use or addiction to alcohol or other drugs.
- Determine the baseline of the shortage of services between the treatment currently provided and the amount and type of treatment that needs to be provided to meet the needs of all relevant populations of problem users and persons with addiction.
- Prepare a comprehensive report that defines and interprets the baseline data and service delivery needs in the short-term objectives concerning closing the treatment gap and provider gap in Wisconsin.
- Prepare policy recommendations that will be applied in closing the treatment gap and the provider gap in Wisconsin.
- Incorporate recommendations from the State Council on Alcohol and Other Drug Abuse into the strategic planning objectives of the Department of Health and Family Services and its appropriate Divisions.

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