



SUBSTANCE ABUSE DATA SPOTLIGHT



Tennessee Substance Abuse Data Task Force

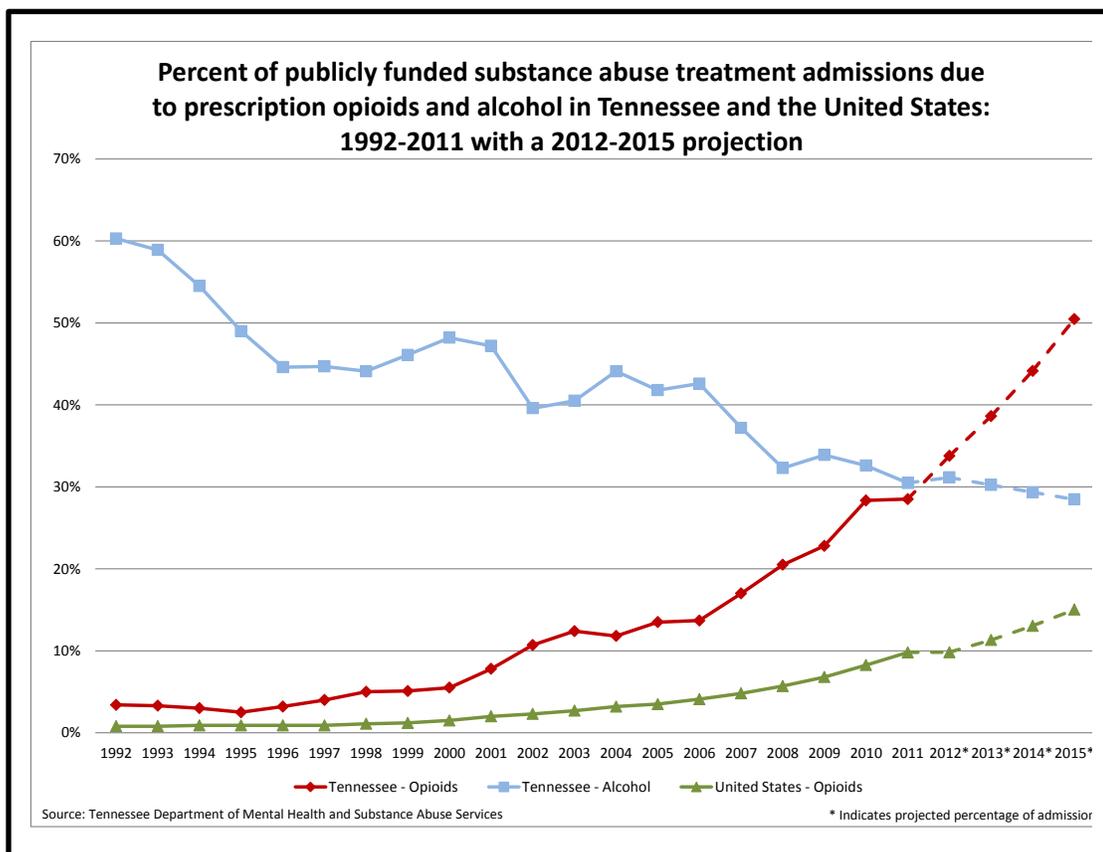
August 2014

PRESCRIPTION DRUG TREATMENT DEMAND RISES PRESCRIPTION DRUG ABUSE TOPS ALCOHOL ABUSE

NASHVILLE – Abuse of prescription opioids (pain relievers) is the number one drug problem for Tennesseans receiving publicly funded substance abuse treatment services. Over the past 10 years, treatment admissionsⁱ for abuse of prescription opioids (hydrocodone, oxycodone, morphine, and methadone) have increased 500% from 764 admissions in 2001 to 3,828 admissions in 2011. As of July 1, 2012, the number of admissions for opioid abuse exceeded admissions for alcohol abuse for the first time in history.

An estimated 4.25% of Tennessee adults ages 18 and older (or about 201,000 people) and 12% of young adults ages 18 to 25 (about 77,000 young adults) reported using pain relievers non-medicallyⁱⁱ in the past year, according to the 2010 National Survey on Drug Use and Health.ⁱⁱⁱ

Many people needing substance abuse treatment do not receive it. A recent study^{iv} estimated that 8.3% of Tennesseans needed specialty treatment^v for a substance use problem, but only 1 of 8 (11.5%) Tennesseans who needed treatment actually received it. Based on the 2009-2010 National Survey on Drug Use and Health, the estimated number of Tennessee adults needing but not receiving treatment for alcohol abuse is 304,000 and for illicit drug abuse is 106,000.^{vi}



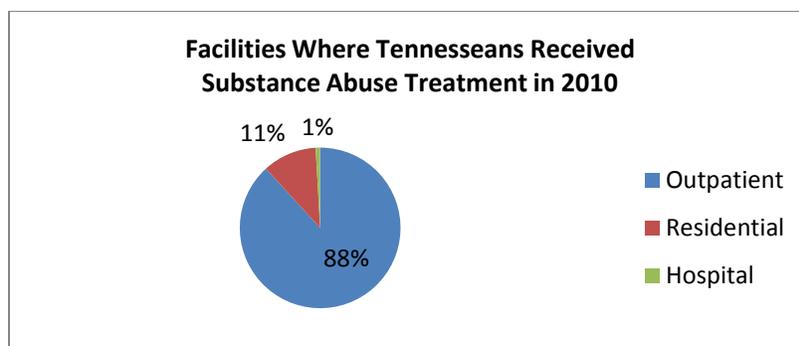
For more information about Tennessee's response to the prescription opioid epidemic, go to http://tn.gov/mental/policy/presc_drug_abuse.shtml

TREATMENT IS EFFECTIVE AND SAVES MONEY

Substance abuse treatment has been shown to have a benefit-cost ratio of 7:1.^{vii} The largest savings were due to the reduced cost of crime (law enforcement, court, and victimization costs) and increased employer earnings. Using estimates from a 2008 study^{viii} of drug-related deaths, the costs associated with Tennessee's 1,059 drug-overdose deaths in 2010 can be estimated at 7,000 years of life and \$238 million in lost earnings due to premature death^{ix}. Drug-abuse related costs to the Tennessee criminal justice system in 2008 included \$130.5 million for arrests due to drug law violations, \$37 million for legal and adjudication expenses, and \$70.4 million in corrections costs.^x

A study comparing the costs of people in substance abuse treatment with people not in treatment found lower medical costs (\$311 in savings/month) and reductions in the likelihood of arrests (16%) and felony convictions (34%).^{xi} TennCare paid \$78 million in claims in fiscal year (FY) 2011 (7/1/2010-6/30/2011) for people with drug-related diagnoses, an increase of 20% over FY 2010, with an average per member per year payment of \$8,122, twice that of an average TennCare member.^{xii}

Many types of substance abuse treatment are available, including outpatient (regular, intensive, day treatment/partial hospitalization, detoxification, methadone/buprenorphine), residential non-hospital (short-term, long-term, detoxification), and hospital inpatient services (treatment, detoxification).



Seventy-one percent of the 200 substance abuse treatment facilities in Tennessee are operated by non-profit agencies, while 25% are operated by private for-profit agencies.^{xiii} Facility payment options include cash or self-payment, private health insurance, Medicare, TennCare (Medicaid), federal military insurance, state Substance Abuse Block Grant dollars (for people who are indigent), and sliding fee scales.

ⁱ Treatment admissions funded by the Tennessee Department of Mental Health and Substance Abuse Services.

ⁱⁱ Non-medical use of prescription drugs means use of a drug without a prescription or simply for the feeling of experience the drug caused.

ⁱⁱⁱ Results from the 2010 National Survey on Drug Use and Health: Summary of National Findings. U.S. Department of Health and Human Services, Substance Abuse and Mental Health Services Administration, Center for Behavioral Health Statistics and Quality.

^{iv} Han, B., Clinton-Sherrod, A.M., Gfroerer, J., Pemberton, M.R., Calvin, S. L. (2011) State and sociodemographic variations in substance use treatment need and receipt in the United States. CBHSQ Data Review, April 2011. Center for Behavioral Health Statistics and Quality.

^v Persons needing substance use treatment in the past year had a substance use disorder based on the criteria specified in *Diagnostic and Statistical Manual of Mental Disorders, 4th edition* (DSM-IV), or if they received treatment at a specialty substance use treatment facility.

^{vi} Results from the 2010 National Survey on Drug Use and Health: Summary of National Findings. U.S. Department of Health and Human Services, Substance Abuse and Mental Health Services Administration Center for Behavioral Health Statistics and Quality.

^{vii} Ettner, S.L., Huang, D., et al. (2006). Benefit-cost in the California treatment outcome project: does substance abuse treatment pay for itself? *Health Services Research*, 41(1), 192-213.

^{viii} EMT Associates, Inc. (2010) The economic costs of alcohol and other drug abuse in Tennessee, 2008. Prepared for Tennessee Department of Mental Health and Developmental Disabilities, December 2010.

^{ix} The calculation of lost productivity or morbidity costs due to substance abuse disorders is described in EMT Associates, Inc. (2010). This calculation requires estimating lost earnings cost based on multiplying employed individuals with substance use disorders by impairment rates and average earnings for gender and age groupings.

^x EMT Associates, Inc., op. cit.

^{xi} Estee, S., and Norlund, D. (2003). Washington State Supplemental Security Income (SSI) Cost Offset Pilot Project: 2002 Progress Report.

^{xii} Vierira, K.C., Rasmussen, M.L., Lichtig, L.K. (2012) Actuarial review of the TennCare Program development of fiscal year 2012 per member costs. Accessed on 8/22/2012 at <http://www.tn.gov/tenncare/forms/actuarial12.pdf>

^{xiii} N-SSATS Profile-Tennessee 2010. U.S. Department of Health and Human Services, Substance Abuse and Mental Health Services Administration, Center for Behavioral Health Statistics and Quality.

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