



Milwaukee Addiction Treatment Initiative

Closing the Addiction Treatment Gap

The Milwaukee Addiction Treatment Initiative (MATI) is a three-part strategy that addresses the need to provide fair and rational addiction treatment services to all who seek them. MATI's strategies are:

- **Advocacy** for the reform of Wisconsin's health care system so that all residents have access to health insurance that includes addiction treatment benefits on a parity basis.
- **Coordination** of a collaborative, multidisciplinary redesign of Milwaukee's addiction treatment system. The redesign will help to close gaps and break down the barriers between systems to ensure people suffering from addiction are identified appropriately, assessed accurately, and receive timely and ongoing treatment as needed.
- **Communication** of consistent and powerful media messages focusing on the urgency of the need to address addiction as a chronic, relapse-prone disease in all policy decisions. MATI provides the community with information, training and resources on the science of addiction as well as treatment through its links to a nationwide movement to close the addiction treatment gap.

The addiction treatment gap is a problem both nationally and locally:

- In 2007, 23.2 million Americans needed addiction treatment but only 10 percent received it.¹
- In 2004, over 82,000 Milwaukee County residents needed—but didn't receive—addiction treatment.

I strongly support the Milwaukee Addiction Treatment Initiative. This broad-based coalition of law enforcement officials and organizations, community-based nonprofit organizations, addiction service providers, advocacy groups and policy-makers not only represents a true cross-section of Milwaukee but also demonstrates our community's common purpose and clear vision as we strive to dramatically improve the financing and delivery of addiction services. I will do everything within my power—from chairing the Executive Committee to convincing other elected officials to raising local matching funds—to make MATI a success.

—Milwaukee County District Attorney John Chisholm, MATI Champion

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MATI Partners

More than 80 stakeholders—including community-based organizations, advocates, government agencies, treatment providers, legislators, funding sources and organized labor—have pledged their time and expertise to work together to close the addiction treatment gap. The initiative has three leadership tiers: the Executive Committee, Steering Committee, and Program and Policy Committee. The Program and Policy Committee includes work groups focusing on communications, system redesign and advocacy.

For a full list of committee members, visit www.ca-mati.org.

Addiction Is a Disease

Addiction is a chronic, relapse-prone brain disease, characterized by compulsive drug and alcohol seeking and use in spite of devastating consequences.

Scientific evidence has shown addiction to be a serious health problem that changes brain chemistry, creating over time a craving for drugs or alcohol as strong as for food or water.²

Substance dependence and alcohol dependence are classified as disorders in the Diagnostic and Statistical Manual of Mental Disorders (DSM-IV) and is recognized as a disease by the American Medical Association.

The disease nature of addiction is widely accepted: 89 percent of people surveyed by the Wisconsin Household Survey agreed that a person with an addiction should be viewed as someone with a health problem who should receive treatment.³ Nationally, 74 percent of people surveyed by Mental Health America in the fall of 2006 stated that insurance plans should offer substance abuse treatment coverage at the same level as treatment for general health issues.⁴

Discriminatory Policies and Practices

Despite widespread public acceptance of addiction as a disease, many still harbor strong negative attitudes about addiction and people with addiction, even those people who are no longer using alcohol or other drugs and are trying to get their lives back on track. These attitudes have led to public policies that discriminate against people seeking or in recovery. Contrary to some perceptions, addiction is *not* a failure of will, self-control or character defect. There are effective treatments and recovery supports, and millions of Americans are in long-term recovery from addiction, benefiting their families and communities. Policies, laws and practices that undermine acceptance of addiction as a treatable disease and health condition, from which people can and do recover, have resulted in barriers to treatment and long-term recovery.

A 2004 poll found that one in four people in recovery from alcoholism and drug addiction said they have been discriminated against when trying to obtain employment or insurance.⁵

People seeking or in recovery often face discrimination in:

Health care coverage. Insurers have routinely failed to provide coverage for addiction treatment and recovery support at the same level as other chronic illnesses by limiting the number of available inpatient and outpatient services, and imposing higher-than-normal limits on cost-sharing, deductibles and out-of-pocket costs. Federal enactment of the *Paul Wellstone and Pete Domenici Mental Health Parity and Addiction Equity Act of 2008, P.L. 110-343* seeks to address this inequity.

Zoning regulations. Many people with addiction or in early recovery are prevented from receiving treatment or having opportunities for transitional and sober housing because of unfair zoning rules that prevent or restrict the opening of recovery houses and treatment centers.

Student loans. Eligibility for Title IV Financial Aid such as Pell Grants, Stafford Student Loans and College Work Study is suspended for a student convicted for possession or sale of a controlled substance. There are no limits on Title IV aid for students convicted of more serious crimes or with other chronic illnesses.

Employment. Many employers are reluctant to hire applicants with a history of addiction or drug use. Research has shown that recovering individuals who don't have jobs are significantly more likely to relapse and commit new crimes than similar individuals who get jobs.⁶

Wisconsin law allows public employers to refuse employment, and occupational licensing authorities to deny licensure to individuals in recovery who have criminal convictions.

Social Security does not consider dependence a disability, even if the claimant has sustained substantial brain damage as a result of chronic use and will never be able to work again. For Social Security disability purposes, to be considered disabled a person must have an impairment, either medical, psychological or psychiatric in nature. The disabled person's impairment must also meet the definition of disability which essentially states that the impairment must be severe enough that it keeps the person from working, and earning above a certain amount, for at least 12 months.

Addiction Treatment Works

While addiction is not curable, millions of people with addictions have been successfully treated. Treatment counteracts addiction's powerful effects to help patients regain control of their lives.

For the past 30 years, federally sponsored research has repeatedly confirmed that treatment results in positive outcomes and is cost effective. For example, a recent study demonstrated a reduction in alcohol and drug use (52 percent and 69 percent, respectively) one year after treatment. A 1994 study showed a 64 percent reduction in arrests one year after treatment.⁷

Two-thirds of heroin and crack-cocaine users who get addiction treatment are either abstinent or have significantly cut back on their drug use six months later, according to a 2009 study in the United Kingdom of 14,656 people with addiction who received community-based treatment services. The study found that 42 percent of subjects had stopped using heroin, while 29 percent had reduced their use. Among crack users, 57 percent were abstinent and 9 percent had cut back. The study was conducted by the United Kingdom's National Treatment Agency.⁸

A recent report from the California Department of Corrections and Rehabilitation Criminal shows that offenders who completed in-prison and community-based treatment were far less likely to end up back in prison than those who did not get services. According to the report, the return-to-custody rate among treatment graduates was 21.9 percent at one year and 35.3 percent after two years, compared to 39.9 percent and 54.2 percent, respectively, for all offenders. Treatment was especially effective for female offenders, just 8.8 percent of whom reoffended within a year of release if they completed treatment compared to a recidivism rate of 30.1 percent overall. The findings were based on fiscal year 2005-06 data.⁹

There are many paths to recovery from addiction, and no single treatment is appropriate for all individuals. Some drug dependent people stop using on their own, through religious activities or self-help groups. Others require care at outpatient programs, inpatient rehabilitation programs or long-term residential treatments.

Detoxification is only the first stage of addiction treatment. Successful, evidence-based treatment should match the needs of the individual, and can include medication, counseling and other behavioral therapies. Treatment should be modified as the individual's needs change.

Given the widespread prevalence of co-occurring disorders and co-morbidity, addiction treatment is often integrated with mental health and physical health treatment. In 2002, 4 million adults with serious mental illness also had a co-occurring substance use disorder; this represented 23.2 percent of all adults with serious mental illness and 20.4 percent of all adults with substance use disorder in the United States.¹⁰

Additionally, supportive education and employment services help addicted persons address issues critical to maintaining sobriety and establishing productive lives in their communities.

Treatment does not need to be voluntary to be effective. Strong motivation can facilitate the treatment process. Sanctions or enticements in the family, employment setting or criminal justice system can increase both treatment entry and retention rates and the success of drug treatment interventions.¹¹

Recovery from drug addiction can be a long-term process and frequently requires multiple episodes of treatment.¹² While relapse is an issue in addiction recovery, the relapse rate (40-60 percent) is similar to other chronic medical conditions such as Type I diabetes (30-50 percent), hypertension (50-70 percent) and asthma (50-70 percent).¹³

Addiction Treatment Saves Money

According to several conservative estimates, every \$1 invested in addiction treatment programs yields a return of between \$4 and \$7 in reduced drug-related crime, criminal justice costs and theft alone. When savings related to health care are included, total savings can exceed costs by a ratio of 12 to 1.¹⁴

In Wisconsin the cost of incarcerating non-violent, first-time drug offenders (as well as some probationers and parolees) is \$76 per person per day. The average cost of statewide treatment instead of incarceration for that same population is approximately \$9 per day, resulting in a 35 percent reduction in the number of individuals serving time for drug crimes.¹⁵

One cost analysis study by the Chevron Corporation in the mid 1990s found that its drug-free workplace program, one that encouraged access to addiction treatment, saved \$10 in reduced health care for employees, increased productivity, and retention of valued employees for every \$1 spent on treatment.¹⁶

Addiction Treatment Is Often Inaccessible

Despite the overwhelming need for accessible addiction treatment, four out of every five addicted persons do not receive the treatment they need.¹⁷

Several barriers exist that prevent a system of high-quality treatment on demand, including:

A health care system that discriminates against people suffering from addiction.

Insufficient public funding. Until health insurance reform reduces the need for special category funding, the expansion of public appropriations to pay for treatment is necessary at all levels.

A criminal justice system that incarcerates men and women suffering from addiction without providing effective treatment options. Close to 70 percent of inmates in state and local prisons abuse drugs regularly, compared with approximately 9 percent of the general population. Nevertheless, only about 15 percent of incarcerated drug abusers receive treatment, with post-release participation in community treatment even lower.¹⁸

Outcomes for drug abusing offenders in the community can be improved by monitoring drug use and by encouraging continued participation in treatment.¹⁹

Lack of adequate health care coverage. In Wisconsin, nearly 500,000 people have no insurance, roughly 8 percent of the population

An inefficient addiction treatment system that fails to quickly engage, integrate and retain persons suffering from addiction as a critical means of using existing resources more effectively.

National attitudes show a grave concern about the inability to afford treatment. According to a national poll released jointly by the MATI and the Closing the Addiction Treatment Gap initiative:

Half of Americans (49%) do not think they would be able to afford the costs of treatment if they or a family member needed it. This concern about affordability is highest among Americans with incomes under \$50,000 (67% say they would not be able to afford treatment).

Three-quarters (75%) of Americans are concerned that people who are addicted may not be able to get treatment because they lack insurance coverage or cannot afford it.

Nearly three-quarters (73%) support including alcohol and drug addiction treatment as part of national health care reform to make it more accessible and affordable.

Two-thirds of Americans (68%), including 66% of people in the North Central region, also support increasing federal and state funding for alcohol and drug prevention, treatment, and recovery services.

The Consequences of the Addiction Treatment Gap

Drug and alcohol dependence in Wisconsin results in family turmoil, death, wasted tax dollars and lost productivity. Experts estimate that 50 percent of U.S. adults report knowing someone in addiction recovery,²⁰ and it is safe to say that most people have been affected by addiction.

Southeastern Wisconsin represents the epicenter of Wisconsin's addiction issues: in 2006, more than 65 percent of the state's publicly funded treatment admissions for cocaine abuse occurred in southeastern Wisconsin; of that 65 percent, over 87 percent occurred in Milwaukee County.²¹

Untreated addiction touches all aspects of society:

Public Safety

Each year in Wisconsin, drug and alcohol use is responsible for over 2,160 deaths, 2,400 substantiated cases of child abuse, 8,500 traffic crashes resulting in 6,800 traffic injuries and 90,000 arrests.

The economic costs associated with drug and alcohol use in the state total \$4.6 billion annually.²²

From 2003-08, Wisconsin averaged the 11th highest percentage of fatal motor-vehicle crashes involving drunk drivers with blood-alcohol levels of 0.08 percent or higher, according to data from the National Highway Traffic Safety Administration.²³

Of drug-related criminal activity—including assault, automobile theft, home invasion, homicide and robbery—experts estimate that 32 percent of offenders booked into Wisconsin jails and nearly 65 percent of persons entering prisons have substance use and addiction problems.²⁴ Additionally, 83 percent of Wisconsin prisoners suffer an addiction treatment need.²⁵

Public and Private Costs

According to the National Institute on Drug Abuse, the economic cost of substance abuse and addiction due to health care expenditures, lost productivity and crime is estimated to exceed \$500 billion annually.²⁵ Substance abuse costs U.S. businesses more than \$100 billion in lost productivity and turnover annually; it is estimated that of the 23 million Americans suffering from alcohol and drug addiction, 75 percent are employed, but only 20 percent receive help for their problem.²⁶

Public Health

Abuse of illicit drugs and alcohol contributes to the death of more than 100,000 Americans a year.²⁷ In Wisconsin, addictions are the fourth leading cause of death.²⁸

In Milwaukee the picture is particularly grim. According to a 2005 study, in 2003 the greater Milwaukee area led the Midwest in the rate of drug-misuse deaths and drug-related suicides per million people. Between 2003-07, Milwaukee County averaged 165.6 drug-related deaths per year.²⁹

City	Drug-misuse deaths / 1 million	Drug-related suicides / 1 million³⁰
Milwaukee	143.6	20.4
Cleveland	130.5	15.4
Detroit	129.4	12.6
Indianapolis	73	8.1
Chicago	57	14
Minneapolis/St. Paul	53.3	15.9

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Per the DSM-IV: "The essential feature of Substance Dependence is a cluster of cognitive, behavioral and physiological symptoms indicating that the individual continues use of the substance despite significant substance-related problems. There is a pattern of repeated self-administration that usually results in tolerance, withdrawal, and compulsive drug-taking behavior" (pg. 176).

and "The essential feature of Substance Abuse is a maladaptive pattern of substance use manifested by recurrent and significant adverse consequences related to the repeated use of substances. There may be repeated failure to fulfill major role obligations, repeated use in situations in which it is physically hazardous, multiple legal problems, and recurrent social and interpersonal problems. These problems must occur recurrently during the same 12-month period" (p 182).

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