TREATMENT

Drug misuse in New York is a leading cause of premature morbidity and mortality and one of the state's most intractable public health problems.[1,2] To reduce the harm of drug misuse on our families and communities, we need a comprehensive and integrated public health approach that includes prevention, treatment, harm reduction, and public safety. We need the cooperation and participation of all sectors of society to reorient our policies towards new measures of success. Successful policies will lead to improvements in the health of individuals, families, and communities. Reductions in overdose and other drug-related deaths; decreases in incidence of blood-borne diseases, like HIV and hepatitis; drops in drug-related injuries and emergency room visits; increases in the proportion of those needing treatment who receive it; fewer disruptions in families caused by incarceration, child abuse and neglect, and domestic violence – these should become the metrics by which we judge the effectiveness of our policies.

Need for Treatment

We need effective treatment for people dependent on illicit drugs. In New York State, more than a million and a half people use illicit drugs in each month. Of those, a half million develop problems of abuse or dependence each year. Unfortunately, an estimated 433,000 people need treatment but do not get it.[3] Addiction is a chronic, relapsing condition that may require repeated treatment episodes. In fact, relapse to drug abuse occurs at rates similar to those for other well-characterized, chronic medical illnesses such as diabetes, hypertension, and asthma.[4]

Treatment Works

The evidence is clear -- treatment works. In a meta-analysis of treatment studies, researchers concluded that effective treatment results in the following:

- Reduced drug use
- Increased employment
- Decreased criminal activity
- Decreased physical health problems and hospitalizations.[5]

A variety of modalities, including pharmacological and behavior treatments, are needed to meet the different needs of individuals. Outpatient, residential, and opioid replacement therapy (methadone and buprenorphine) have all shown evidence of reducing the use of illicit drugs and improving health outcomes.[6,7] However, experts agree that treatment must be evidence-based and must be of sufficient duration to be effective.[8]

Replacement Therapies & Office-based Treatment

Replacement therapies, like methadone and buprenorphine, have been highly effective in treating addiction to heroin and other opioids. Several studies have shown that methadone treatment reduces illicit opioid use and crime while improving overall functioning.[9,10] Replacement therapies also have significant public health benefits.[11] Researchers found that patients on methadone had a 1-year mortality rate of 1% compared with 8% among patients who discontinued treatment,[12] and another study found that HIV seroconversion rates were four times higher among individuals who were actively using street heroin compared with patients on methadone.[13] Risks of hepatitis B and hepatitis C are also lower among people on methadone.[14]

Although methadone is generally only available through clinics, drug treatment can and should be implemented in a range of settings.[15,16,17] For example, buprenorphine, which is the only medication for opiate addiction that doctors can prescribe in office-based settings, is as effective as methadone in treating addiction to heroin and prescribed opiates.[18,19,20,21] Drug treatment in traditional medical care settings has the added benefit of reducing stigma by treating addiction like any number of other chronic medical conditions. This approach also provides much needed access to preventive and medical services to a population that usually goes without such services.[22]

Treatment Within the Criminal Justice System

The New York State Department of Correctional Services (DOCS) has more than 62,500 inmates in its custody. More than 20% of state prisoners are incarcerated on drug charges, and 82.6% of state inmates have an alcohol or drug abuse problem.[23] The high rate of drug use among those involved in the criminal justice system presents an important opportunity to direct people to drug treatment through alternative to incarceration (ATI) programs. ATI programs allow a judge to sentence someone to a program where they receive treatment, education, and employment training in the community under the court's supervision. If individuals do not succeed or violate the terms of the agreement, they can still be sentenced to incarceration. According to a review of the research by the U.S. General Accounting Office, drug courts show evidence of reducing recidivism, re-arrest and conviction rates.[24] Other studies have shown that ATIs reduce jail time without compromising the community's public safety. Compared to those incarcerated for their offenses, participants in ATI programs are no more likely to commit another crime. Moreover, these programs are likely to result in significant cost savings. The average annual cost per prison inmate is $44,000[25] and per jail inmate is $62,595. By contrast, ATI services cost as little as $1,400 to $13,000 per person served.[26]

Future Directions

Drug treatment decreases drug use, improves health outcomes, reduces crime, and is cost effective. In the early 1970's when two-thirds of the U.S. drug control budget was spent on treatment, major U.S. cities reported significant drops in crime, overdose deaths, and drug-related hepatitis.[27] In France, overdose deaths decreased 79% following a major expansion of buprenorphine and methadone treatment.[28] Despite the promise of treatment for improving the public's health and safety, the need for treatment far exceeds the current capacity. Today, the U.S. spends less than 23% of its drug control budget on treatment and treatment-related research.[29] The New York State Office of Alcoholism and Substance Abuse Services system treated 260,000 New Yorkers in 2007 -- less than 15% of those who needed treatment.[30] In addition to needing more treatment, drug courts and ATI programs, while growing, still serve only a fraction of the people who might benefit from them. Similarly, medical providers could do much more in terms of screening, referring, and treating patients with substance abuse problems.

In addition to expanding capacity, we need to better integrate drug treatment with other important services, such as medical care, mental health care, and case management. Efforts to expand treatment and to coordinate it with other services must be accompanied by coverage so that anyone needing treatment can get it, regardless of ability to pay. More treatment options are needed for parents, adolescents, and non-English speaking populations. Research on effective treatments, especially for cocaine and other stimulants, must continue. By insuring that those needing and wanting treatment have access to high quality and culturally competent care, we can alleviate the suffering of individuals and families, save money, reduce crime, and improve the public's health.

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