Substance Abuse

BACKGROUND

Problems associated with using alcohol, tobacco, and other drugs (ATOD) affect millions of Americans and have enormous financial and human costs. In financial terms, each year ATOD-related problems—including absenteeism, health and welfare expenses, property damage, accidents, and medical expenses—conservatively cost Michiganians more than $2 billion; lost productivity alone costs business and industry around $700 million. Nationally,

- alcohol and other drug use is a key factor in many violent crimes: domestic violence (as many as 87 percent of cases), manslaughter (as many as 68 percent), parental child abuse (64 percent), assault (62 percent), murder/attempted murder (54 percent), robbery (48 percent), and rape (42 percent);
- about 45 percent of traffic fatalities are caused by alcohol-related crashes;
- annually, 20–35 percent of the nation's nearly 30,000 suicide victims had a history of alcohol abuse or were drinking shortly before they died;
- among college students, 4.4 million are binge drinkers and another 1.9 million are heavy drinkers;
- almost half of all new HIV/AIDS cases are related to drug use; and
- 23 percent of Americans are smokers.

Alcohol and Tobacco

By a substantial margin, alcohol is the most widely abused drug in every age group—including children. The 2001 Michigan Youth Risk Behavior Survey (MYRBS) reveals that many Michigan youth use alcohol at a very young age. Underaged drinkers are more likely than others to engage in the dangerous behavior of binge drinking. The survey of 9–12th graders reveals that

- 77 percent have had one or more alcoholic drinks;
- 29 percent have had five or more alcoholic drinks in a row; and
- 32 percent have ridden in a vehicle driven by someone who had been drinking.

Alcohol use is also substantial among Michigan's adult population. Studies reveal that

- 94 percent have consumed alcohol;
- in the month preceding the survey, 59 percent had consumed alcohol; and
- an estimated 5.7 percent are chronic drinkers and another 19 percent are binge drinkers.

Tobacco is the second most commonly used drug among adolescents. According to the 2001 risk behavior surveys,

- 64 percent of 9–12th graders have smoked cigarettes;

GLOSSARY

ATOD
Acronym for "alcohol, tobacco, and other drugs."

Binge drinking
Consuming five or more drinks on one occasion.

Chronic drinking
Consuming 60 or more drinks in a 30-day period.

Club drugs
So called because they are most commonly used at parties and "raves" (all-night dances); include MDMA ("ecstasy"), ketamine, methamphetamine, LSD, GHB, and Rohypnol (the latter two are considered "date rape" drugs).

Dependence
Physical dependence occurs when the body adapts to alcohol or other drugs and requires greater amounts to achieve the same effect or function; psychological dependence occurs when the user needs the substance to feel good or normal.

Heavy drinking
Consuming five or more drinks on one occasion at least five times in the previous 30 days.

Substance abuse
Patterns of alcohol and other drug use that impair one's health or one's social, psychological, or occupational functioning.

- 26 percent of 9–12th graders had smoked cigarettes in the 30 days preceding the survey;
- just under 18 percent of high school students smoke every day; and
- 24 percent of adults smoke.

Illicit Drugs

Marijuana is the most widely used illicit substance among all age groups, but "club" drug use is increasing. The 2001 MYRBS finds that among Michigan high schoolers,

- 44 percent have used marijuana, and in the month preceding the survey, 24 percent had used it;
- 8 percent have used cocaine (powder, crack, or freebase); and
- in the preceding year, 36 percent had been offered, sold, or given an illegal drug on school property.

The 1999 National Household Survey on Drug Abuse shows that among Michigan adults,

- in the month preceding the survey, about 5 percent had used marijuana;
- almost 7 percent had used an illicit drug in the preceding month; and
- nearly 2 percent had used cocaine during the preceding year.

Financial Burden

The National Center on Addiction and Substance Abuse (Columbia University) reports that in 1998 (the latest year for which comparable data are available) all states spent a total of $81 billion—more than 13 percent of their collective budget—on problems related to substance abuse and addiction. Michigan spent $2.7 billion, just over 12 percent of its budget. Michigan's per capita spending related to the burden of substance abuse on public programs is 12th highest in the nation. (Michigan is third from the bottom in spending on substance-abuse prevention, treatment, and research.)

Of every substance-abuse dollar spent by the state, one cent was for prevention and treatment programs and 99 cents was to pay for the burden the problem imposes on public programs—e.g., criminal justice, Medicaid, child welfare, and mental health. Of the $1.3 billion spent on justice-related programs in Michigan, $1.1 billion was linked to substance abuse.

According to the Tobacco-Free Michigan Action Coalition, tobacco use indirectly costs Michigan taxpayers $2.5 billion annually for health care, lost productivity, and absenteeism. The coalition says that Medicaid payments related to smoking totaled $350 million in Michigan in 2000. The national Centers for Disease Control and Prevention reports that nationally, every pack of cigarettes sold costs $7 in medical care and lost productivity.

Combating ATOD Use

Surveys reveal that almost 10 percent of Michigan's population—more than one million people—either are dependent on or abuse one or more substances. From 1995 to 1997, more than 3,500 state residents died because of their substance abuse/dependence problem. Major state initiatives to combat substance abuse fall into three categories: prevention, treatment, and law enforcement.

The Michigan Department of Education is responsible for one of the state's most comprehensive ATOD-use prevention efforts: the Michigan Model for Comprehensive School Health Education (the Michigan Model), which currently is being taught in 90 percent of Michigan's public schools and many private schools.

The Division of Substance Abuse Quality and Planning in the Michigan Department of Community Health (MDCH) is responsible for carrying out state and federal substance-abuse mandates. The division's key responsibility is to develop, administer, and coordinate public and private funding and other resources for substance-abuse prevention and treatment services. The division contracts with 15 regional coordinating agencies, which, in turn, identify local needs and priorities and subcontract with local programs that provide necessary services.

The Office of Drug Control Policy, also in the MDCH, focuses mainly on enforcing drug laws and monitoring the state's Safe and Drug-Free Schools and Communities initiative—a state and federal government effort to curb drug use among teens. The office also oversees the Drug Abuse Resistance Education (DARE) program, which entails uniformed law-enforcement personnel teaching substance-abuse and violence prevention to children.

DISCUSSION

Although most people agree that ATOD use has enormous economic and social consequences, they are uncertain about the best policy for alleviating the problem. As with any government program, the financial and other resources available to address substance abuse are limited. Thus policymakers must determine how those resources will be balanced among the three methods to combat the problem—prevention, treatment, and law enforcement.

Prevention

Many people believe that significant resources should be targeted toward prevention because such initiatives often are the least expensive, reach the most people, and, in the long run, yield savings. Yet a recent report by the Michigan Association of Substance Abuse Coordinating Agencies finds that Michigan's contribution to substance-abuse prevention and treatment has not increased in more than ten years.

The State of Michigan currently spends about $15.6 million annually to fund community-based prevention programs. This money is distributed to the 15 substance-abuse coordinating agencies throughout the state, which allocate the funds to programs in their regions. In addition, about $3.2 million is appropriated annually for the Michigan Model program, with 30 percent of these funds used to train teachers on substance-abuse prevention curriculum and to purchase prevention materials.

Many argue that spending for prevention is insufficient, especially in view of its long-term benefits. Some point to funds from the tobacco settlement as a possible source of prevention funding, but even among these advocates, there is greater support for using settlement monies to cover the costs of treating people with smoking-related illnesses.

Treatment and Law Enforcement

Currently, the larger debate centers on how spending should be divided between treatment and law enforcement. Some argue for more resources to be spent on treating people who currently have ATOD problems because (1) their problems are contributing to law-enforcement and corrections costs, health care costs, and other social problems, and (2) treatment is shown to be effective in reducing these problems and costs. Others contend that the funding priority should be law enforcement because the rest of society deserves to be protected from those who engage in ATOD abuse and drug trafficking.

Currently, state spending is directed more to law enforcement than the other methods, although efforts are underway to change drug and alcohol violation laws in ways that may dramatically change future spending. Initiatives to make changes in mandatory minimum sentencing, to divert more low-level drug and alcohol offenders into treatment, and to make treatment more readily available to anyone who needs it are among the primary efforts being proposed.

Mandatory Minimum Sentencing

While three prisons recently closed in Michigan, the state's prison population is growing at a rate of 120 prisoners a month. Of the almost 10,000 drug cases in Michigan courts in 1999, almost 4,000 resulted in incarceration in a state prison or county jail. Michigan drug laws remain among the most stringent in the nation despite reform of Michigan's "650 lifer" law, which required a mandatory sentence of life without parole for individuals convicted of delivering 650 grams or more of cocaine or heroin (these offenders now are eligible for parole at 15, 17½, or 20 years, based on their prior record and cooperation).

Two bills currently before the legislature (HBs 5394–95) would require judges, in setting sentences for major drug crimes, to follow guidelines that take into account such variables as whether there were prior offenses and whether there was physical injury caused to the victim, even if it would mean imposing a sentence that is less than the mandatory minimum. In addition, the use of mandatory consecutive sentencing ("stacked sentences") would be limited to major drug dealers. The bills also would repeal "lifetime probation" for the lowest-level drug offenders.

Supporters of these bills point to the problems caused by limiting a judge's discretion in sentencing. When judges are not allowed to consider additional factors, they may be forced to send someone to prison for a much longer period of time than his/her crime merits; this may be more harsh than necessary and also contribute to prison overcrowding.

Opponents argue that the threat of harsh sentences is a deterrent to drug dealers and traffickers. They also believe that drug dealers of any level should receive stiff penalties to keep them from providing harmful substances to children, which proliferates the already considerable problems of substance abuse and addiction.

Treating Offenders

According to several studies, treatment reduces drug use by 40–60 percent and significantly decreases criminal activity during and after treatment. The Campaign for New Drug Policies currently is working on a Michigan ballot initiative that would divert nonviolent offenders convicted of drug possession from prison to treatment; similar initiatives have passed in 17 states, including Arizona and California. If passed, the Michigan initiative would

- require a 20-year mandatory minimum sentence for drug kingpins (defined by the individual's role in organizing and profiting from the crime) and major drug traffickers;
- establish a Drug Sentencing Commission to construct sentencing guidelines for mid- and low-level drug dealers that are based on the offender's role in the crime; and

- provide court-ordered treatment instead of jail for certain nonviolent drug users.

The program would allocate $18 million to treatment programs above and beyond current funding for treatment. The state also would be required to restore FY 2000–01 funding levels for drug treatment, prevention, and related rehabilitation programs, effectively reversing budget cuts of 2002.

Proponents of this initiative—or similar programming if the initiative fails—believe that treating rather than jailing low-level, nonviolent, drug offenders will reduce the burden on over-crowded prisons, and they point out that the cost of long-term residential treatment (the most expensive treatment option) is significantly less than the cost of incarceration ($30,400 a year). They argue that treatment through any means—court-ordered or self-referred—will reduce the prison population and result in significant savings to state and local corrections agencies.

Opponents note that such changes will not solve prison crowding, as Michigan already diverts many low-level drug offenders into treatment. In fact, fewer than 5,000 of the state's 47,000 inmates are serving time for drug crimes. Some also worry that this initiative will create a "soft" stance on drug use and encourage future efforts to legalize illegal substances.

Insurance Parity

Senate Bills 101–02 (similar to HBs 5123 and 5128) would require that group or nongroup coverage provided by Blue Cross Blue Shield of Michigan, policies issued by insurers, and contracts issued by health maintenance organizations provide *parity* for both substance-abuse and mental-health treatment. Parity would mean that deductibles, copays, and benefit or service limitations for substance-abuse and mental-health treatment may not be more restrictive than they are for other treatment.

Many see insurance parity as a key public policy issue. Because more than 70 percent of people who currently use illicit drugs, as well as 75 percent of individuals who are alcoholics, are employed and may have health insurance, parity would improve many people's access to appropriate and adequate treatment. Others point out that if substance-abuse insurance parity is mandated, insurance premiums surely will rise, and they worry that this would force some people to elect to go without coverage or lead some employers to drop coverage.

Counter to these fears, studies find that the effect of substance-abuse parity on premiums is so small that there is minimal likelihood that individuals would lose coverage. Numerous studies conclude that parity will increase premiums by less than one percent, or less than $1 per family member per month.

These bills' supporters further point to the cost of leaving addiction untreated: Nationally, according to a 1996 federal Center for Substance Abuse Treatment study, alcohol and illicit drug use in the workplace costs $140 billion a year in lost productivity, medical claims, and accidents.

Treatment Effectiveness

Because not all addicts remain abstinent after treatment, it may appear that treating substance abuse and addiction is ineffective, and this has been a primary argument against both diverting low-level offenders from incarceration to treatment and providing insurance parity for treatment. Many believe that substance abuse is a matter of choice and, if they wish, addicts can choose to stop using alcohol and other drugs. Treatment proponents point to research showing that (1) substance abuse is an illness characterized by complex biological, psychological, and social causes and effects, and (2) appropriate treatment much improves the chances of successful recovery.

Through the years, the predominant view has been that abuse and dependency are diseases or manifestations of disease, and the success rates associated with addiction treatment are equivalent to those of such chronic diseases as diabetes, hypertension, and asthma. Several conservative estimates find that every $1 invested in addiction treatment yields a savings of $4–7 in reduced drug-related crime, criminal justice costs, and theft. A Chevron Corporation study (1990) found that the company saved $10 for every $1 it spent to treat employees with substance-abuse problems.

See also Communicable Diseases and Public Health; Crime and Corrections; Highway Funding and Safety; Mental Health Funding and Services; Tobacco Settlement; Youth at Risk.

FOR ADDITIONAL INFORMATION

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