
RECOVER NEW JERSEY COALITION



A Blueprint to Combat New Jersey's Number One Public Health Problem: *Alcoholism and Drug Dependence*

Introduction:

The **Recover New Jersey Coalition** was established to assist the state to recover from the health, economic, and other societal impacts of alcoholism and drug dependence. The coalition's membership consists of 15 organizations representing New Jersey's many citizens concerned with the prevention and treatment of alcoholism and drug dependence. The coalition members support the recommendations contained in this blueprint and Gov. Christie Whitman's call to expand substance abuse services across the state as a major focus of the tobacco settlement funds.

Background:

New Jersey has a historic opportunity to address its number one public health problem — alcoholism and drug dependence. This opportunity presents itself in the form of the recent tobacco settlement reached with the nation's tobacco industry.

New Jersey is expected to receive approximately \$7.6 billion in payments through the year 2025, roughly \$304 million on average annually, as a result of the master settlement agreement reached with the industry. With regard to these funds, Gov. Whitman stated in her fiscal year 2000 budget message that, "We have an obligation to accomplish something meaningful to improve the health of our citizens (and) to establish a framework that focuses on the health of our families, especially our children."

When discussing the health of New Jersey's citizens, we cannot ignore the impact that alcoholism and drug dependence have on the well-being of the state. Using 1992 estimates and inflation- and population-adjusted costs for 1995, the National Institute on Drug Abuse (NIDA) and the National Institute on Alcohol Abuse and Alcoholism (NIAAA) estimated that alcoholism and drug dependence cost the nation \$231.2 billion each year in health care expenditures and lost productivity. An additional \$45.2 billion in national costs are added when the other effects on society (i.e. crime, motor vehicle crashes) are considered.

Using these 1995 national estimates and without considering New Jersey's higher cost of living or inflation, alcoholism and drug dependence cost the state \$6.97 billion annually in healthcare expenditures and lost productivity costs, nearly triple the \$2.5 billion estimate that tobacco use costs New Jersey for the same expenditures and costs. An additional \$1.33 billion, for a total of nearly \$8.3 billion, is added in New Jersey's costs when the other effects to society (i.e. crime and incarceration) are considered.

In her budget message, Gov. Whitman stated that “the tobacco settlement funds be used to address this critical health need” and that the state “expand (substance abuse) service across the state as a major focus of our tobacco settlement funds.” In doing so, she recognized the tremendous burden alcoholism and drug dependence place on the state.

Alcoholism and Drug Dependence in New Jersey

In New Jersey, roughly 30 percent of the state's population is affected by alcohol or drug problems. The Division of Addiction Services (DAS) reports that New Jersey has nearly 700,000 residents who are in immediate need of substance abuse treatment. DAS reports that there were only 60,742 admissions for such treatment in 1997 and estimates that 43,600 more in-need residents would seek treatment immediately if treatment were readily available.

According to The Asbury Park Press, treatment is not readily available in the state. In January 1998 the newspaper reported that nearly 1,200 people are awaiting a spot in a residential treatment program each month. In addition to a lack of residential capacity, a full continuum of other treatment care options does not presently exist in many parts of New Jersey.

Alcohol and Drug Use by Youth

The need to address alcoholism and drug dependence is further evidenced by New Jersey surveys on substance use by its youth. The surveys found that 14 percent of middle school students had already tried marijuana, and by that age 57 percent had used alcohol. The surveys also found that there was a 15.1 percent rise in the percentage of high school students who have tried marijuana, a 9.9 percent rise in those who have tried inhalants, and a 1.2 percent rise in those who have tried heroin. Nearly 80 percent of the high school students reported that they had used alcohol.

Recent admissions data from New Jersey's treatment programs have reported an alarming increase in intravenous heroin use by young people 25 years old and younger. Fatal heroin overdoses have been increasingly documented and reported in northern and southern New Jersey.

Addressing youth's substance use and its consequences is critical especially when you consider that the federal Office of Justice Programs estimates the lifetime societal costs for each addicted adolescent who drops out of school due to substance abuse at between \$1.7 and \$2.3 million.

Tobacco and the Treatment of Alcoholism and Drug Dependence

Tobacco is most often the first substance used by alcohol and drug-abuse clients, and its use affects not only smokers, but those around them as well.

DAS found that alcohol abuse/dependence and current cigarette smoking are strongly related. In a 1995 survey, DAS found that 39 percent of alcohol abusers and 48 percent of those dependent on alcohol are currently smoking while only 9 percent of those who never drank alcohol currently smoke. Consistent with this finding, DAS found that nearly 71 percent of persons admitted for treatment in New Jersey smoke cigarettes. DAS concluded that the alcohol abuse/dependence and nicotine dependence are more important for their social and health consequences in New Jersey than all other drugs combined.

While this Blueprint addresses the prevention and treatment of alcoholism and drug dependence, it is understood that nicotine dependence is an addiction problem that must also be addressed, not only in the alcoholism and drug dependence treatment community, but with the general population as well. As such, the coalition supports a 25 percent set-aside from the tobacco settlement for tobacco control activities, above and beyond the coalition's request for settlement funds. This set-aside would bring much needed resources to the prevention of tobacco use and the treatment of nicotine dependence.

Charity Care and Related Health Care Costs

Alcoholism and alcohol misuse add substantially to the nation's total health care bill. Forty percent of all patients in general hospitals are hospitalized due to complications related to alcoholism. Problem drinkers average four times as many days in the hospital as non-drinkers, mostly because of alcohol-related injuries. On average, untreated alcoholics generally incur general health care costs that are at least double those of non-alcoholics. In the last 12 months before treatment, the alcoholic's costs are close to 33 percent higher. Additionally, the alcoholic family's health care costs are also significantly higher than other families' costs. It is estimated that health care costs of children of alcoholics are \$2 to \$3 billion higher annually than other children's care.

A disproportionate number of individuals who seek care in New Jersey's uncompensated care healthcare system present themselves because of symptoms directly related to alcohol and drug misuse and abuse. And, many present themselves in immediate need of treatment for alcoholism and drug dependence.

The coalition recognizes that hospital charity care is an essential element in New Jersey's health care system and supports a set aside from the tobacco settlement, above and beyond the coalition's request for settlement funds, to help the state meet the costs of this system. However, a mechanism for treating this healthcare system's substance abusing patients must be established if the costs for charity care in New Jersey is ever to be reduced.

The coalition is prepared to partner with New Jersey's hospitals to ensure that the substance abusing population of charity care patients receives appropriate, effective, and cost-efficient alcoholism and drug dependence treatment that is licensed by the Department of Health and Senior Services and provides a continuum of community-based care by trained and credentialed clinical staff.

Investing for the Future

Any expenditures toward the prevention and treatment of substance abuse is a wise investment for New Jersey. The California Drug Abuse Treatment Analysis reports that for each \$1 spent on treatment, \$7 are saved in future societal costs. The Center for Substance Abuse Prevention reports that for each \$1 spent on prevention, \$11 are also saved in future costs. Given these cost-savings estimates, use of tobacco settlement funds to address New Jersey's number one public health problem is surely a wise investment for the state.

Recommendations:

The coalition recommends that 10 percent, or \$30.4 million annually, be set aside from the tobacco settlement to address the health, economic, and other societal affects of alcoholism and drug dependence on New Jersey. This set aside would include the following elements to prevent and treat these diseases:

1. Treatment considerations — 66 percent or \$20 million annually

- a) Expand treatment admissions by 15 percent or 9,111 places annually (\$12.75 million total, of which \$3 million would be used to initiate new treatment services in areas of the state where the services are most needed).
- b) Upgrade existing facilities to meet new state-mandated facility standards and expand space at these facilities to provide increased treatment services (\$5 million).

- c) Train new and existing substance abuse counselors to meet the increasing challenge of new admissions into treatment with extensive criminal justice backgrounds, as well as, serious mental health issues. Assist treatment centers in meeting new state-man-dated staff licensing standards and in competing with the state's current marketplace for these counselors (\$2.25 million).

2. Prevention considerations — 19 percent or \$5.8 million annually

- a) Fund state-of-the-art prevention programs identified by the Center for Substance Abuse Prevention to be successful strategies to prevent alcoholism and drug dependence (\$1.3 million).
- b) Enhance and expand municipally-based prevention services provided by the Municipal Alliances for a Drug-Free New Jersey (\$1.5 million).
- c) Enhance and expand county-based prevention resource centers and their prevention and intervention services in each county (\$1.5 million).
- d) Develop and implement a counter-marketing campaign to delay early first use of alcohol, which currently is not receiving attention by the national anti-drug media campaign despite the near epidemic use of alcohol by youth (\$1.5 million).

3. Other considerations — 15 percent or \$4.6 million annually

- a) Eliminate funding for the Fetal Alcohol Syndrome and Local Alcoholism and Drug Abuse planning authorities programs from the Alcohol Education, Rehabilitation, and Enforcement Fund which results in a reduction of treatment services at the county level and replace funding for these programs with tobacco settlement funds (\$1 million).
- b) Fund state administration and management services to effectively administer expansion of its prevention activities and treatment services. (\$2.1 million total, of which \$1 million would be used to develop an appropriate management information system for treatment providers).
- c) Develop and implement a media campaign aimed at reducing the societal stigma associated with alcoholism (\$1.5 million).

Coalition Members Endorsing this Blueprint:

- Alcoholism and Drug Addiction Association of Halfway Houses of New Jersey
- Associated Treatment Providers of New Jersey
- Care Link of New Jersey
- D.A.R.E. (Drug Abuse Resistance Education) New Jersey, Inc.
- National Council on Alcoholism and Drug Dependence – New Jersey
- New Jersey Addiction Professionals Certification Board
- New Jersey Association of Alcohol and Drug Abuse Counselors
- New Jersey Association of County Alcoholism and Drug Abuse Directors
- New Jersey Association of County Alliance Coordinators
- New Jersey Chapter of the American Society of Addiction Medicine
- New Jersey Prevention Network
- New Jersey Task Force on Women and Addiction, Inc.
- Parent to Parent Coalition of Southern New Jersey
- Partnership for a Drug-Free New Jersey
- Southern New Jersey Addiction Service Providers Coalition