THE ADDICTION TREATMENT GAP

THE BENEFITS OF EXPANDING TREATMENT RESOURCES

"Addiction is a Disease Let’s Treat it That Way"

Promoting Addiction Treatment, Prevention, and Recovery through Advocacy and Education

- Public Policy and Information
- Friends of Addiction Recovery - NJ
- Care Coordination - Substance Abuse Initiative

NATIONAL COUNCIL ON ALCOHOLISM AND DRUG DEPENDENCE - NEW JERSEY
www.ncaddnj.org
Alcohol and drug addiction is one of the most serious health problems facing our society today. It affects millions of people, devastates families, individuals, and communities, and overwhelms our legal system and state budget. While there are social consequences that arise from addiction, it is a medical problem and should be met with a public health response.
Addiction involves multiple factors: biology, environment, and brain functions. Research shows that genetic factors account for between 40% and 60% of an individual's vulnerability to developing an alcohol or drug addiction. This includes the effects of environment on gene expression and function, and age at first use. The younger a person is at the onset of alcohol or drug use, the more likely they are to develop a substance use disorder and to continue that disorder throughout adulthood. Recent research by Drs. King and Chassin (2007) found that early drug use (age of 13 or younger) triples the likelihood of an adolescent developing drug dependence in adulthood1 and may permanently change the adolescent brain.

Though the initial use of drugs or alcohol is voluntary, continued use alters the brain in fundamental, long-lasting ways. It causes physical changes in areas of the brain that affect judgment, decision-making, learning, memory, and behavior. Over time, addicts become depressed and need drugs to stimulate dopamine, a neurotransmitter, to normal levels. They become compelled by their need for alcohol or illicit drugs to avoid withdrawal symptoms and depression. Once an individual becomes addicted to alcohol or drugs, his or her actions become partly involuntary in response to the brain's demand or craving for increased use, despite medical and legal consequences.2

Because addiction is a chronic brain disease, relapse may occur and is not regarded as a failure by the medical community. The public and justice system may erroneously consider relapse as a conscious violation of the law or a treatment failure. However, relapse often occurs although the individual is trying to stop using alcohol or drugs. The brain's need for the alcohol or drug may be overwhelming. Relapse and non-compliance are no more prevalent for people being treated for alcohol and drug addiction than among people with other chronic illnesses, such as diabetes, heart disease, hypertension or asthma.3 Relapse and non-compliance, in fact, are less prevalent with addiction than with hypertension and asthma.4

The majority of Americans view addiction as an illness that people cannot address by themselves.5 Chronic diseases can be medically treated, but they are not resolved with brief interventions. Just like heart disease, diabetes and hypertension, addiction is a disease that should be treated over time, with patient dedication and community support. Nearly two decades of treatment research show that proper treatment is effective and results in a clinically significant reduction in or abstinence from alcohol and drug use and accompanying criminal activity. Treatment improves the health and social functioning of many clients and families and is effective for families involved with the child welfare system.6 Economic studies consistently find net economic benefits from alcohol and other drug treatment in terms of reduced crime, reduced incarceration and victimization costs, as well as post-treatment reduction in health care costs,7 and

The economic benefits of treatment outweigh the costs.
increased family involvement. This disease affects one in ten Americans, yet 90% of those affected by it do not receive effective treatment. No other disease affects so many Americans and yet receives such little funding support. Addiction treatment programs are not financed in the same way as other health programs. Unlike other health expenditures, the majority of addiction treatment programs are financed with public funds. The treatment gap is due at least in part to the difficulty states have in financing addiction treatment programs, although funding these programs would produce significant cost savings.

The Treatment Gap

There is a substantial gap between the number of Americans who need addiction treatment and the capacity to deliver such treatment. Addiction is a treatable disease, and access to treatment should not be a luxury. The number one reason that those who suffer from addiction cite for failing to get treatment is cost.

Recent estimates for New Jersey are that as many as 41,000 adults and 9,400 adolescents demanded treatment but were turned away because there is simply not the capacity in state to treat them.

The treatment gap encompasses both unmet needs and unmet demand for treatment. Not all those who need treatment attempt to access it. Need is defined as physical and behavioral indicators (e.g., frequency and quantity of substance use, diagnoses) and biological testing. Demand is defined by those that actually sought treatment, were admitted, turned away or placed on a waiting list. While the treatment gap in terms of need is even greater than the treatment gap in terms of demand, both are considerable and result in losses to the state both in terms of dollars and lives.

In New Jersey, there is a misperception by the public that addiction treatment is accessible to those who seek it. A little over half the people in New Jersey understand that it is difficult to get treatment if an individual is unable to pay for it.

9% of the population in New Jersey has a drug or alcohol problem requiring addiction treatment, which in most cases is unavailable. Right now, more than 23 million Americans, including 805,000 residents of New Jersey, have an addiction and need treatment; sadly, only one in 10 nationally and only 5% statewide get the treatment they need. Recent estimates for New Jersey are that as many as 41,000 adults and 9,400 adolescents demanded treatment but were turned away because there is simply not the capacity in state to treat them.

The Addiction Screening Gap

Since treatment has been shown to cost less and is effective, why have only about 7% (55,000) of the 805,000 New Jersey residents with alcohol or other drug problems received treatment? The answers are manifold. There are grossly insufficient resources for treatment and inadequate insurance coverage. In addition, addiction is a disease that includes denial - many people do not know or do not accept that they need treatment.

Research has established that clinical screening for alcohol and other drug problems should be a standard of care in a variety of settings, including emergency departments, trauma centers, primary care, pediatrics, family practices, and the justice system. Screening tools can identify those who are appropriate for brief interventions and those who likely have a more serious
<table>
<thead>
<tr>
<th>Reason for Not Accessing Treatment</th>
<th>Percent Reporting</th>
</tr>
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<tbody>
<tr>
<td>No Health Coverage and Could Not Afford Cost</td>
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<tr>
<td>No Transportation/ Inconvenient</td>
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<td>Might Have Negative Effect on Job</td>
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<tr>
<td>Did Not Know Where to Go for Treatment</td>
<td>6.9</td>
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Percent Reporting Reason for Not Accessing Treatment
problem and need a full assessment and treatment. Assessments not only confirm the presence of an alcohol or drug problem, but also determine the severity of the problem and what services and/or treatment would be most effective.\textsuperscript{14} Screening and brief intervention (SBI) reduces health care costs: for every $1 spent on SBI in emergency departments and hospitals almost $4 is saved.\textsuperscript{15}

Health professionals, the justice system and child welfare personnel are in a unique position to link individuals who need treatment to available resources. Some of these professionals are unaware of treatment’s effectiveness, but even those who are knowledgeable of its benefits have difficulty identifying and accessing appropriate services.\textsuperscript{16} And as was stated above, seeking treatment in New Jersey does not mean an individual will be able to access it. To save money and lives, the treatment gap in terms of demand must be closed or, at a minimum, reduced.

### Costs Of The Unmet Treatment Demand

As many as forty-two percent (50,000) of New Jersey residents who seek treatment were unable to access it due to limited capacity. Alcohol and other drug problems place a tremendous burden on the economy. They result in high health care costs, productivity losses, accidents, crime, and child welfare. It has repeatedly been shown that addiction treatment saves lives and money by:

- Reducing substance use
- Reducing crime
- Decreasing incarceration
- Decreasing child abuse and neglect
- Improving health
- Improving family functioning

**ANNUAL COSTS**

<table>
<thead>
<tr>
<th>Type of Treatment</th>
<th>Cost</th>
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<tr>
<td>Residential</td>
<td>$12,176</td>
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<tr>
<td>Intensive Outpatient</td>
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<tr>
<td>Outpatient</td>
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<td>Cost Of Incarceration</td>
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<tr>
<td>Cost Of Foster Care</td>
<td>$ 8,500\textsuperscript{20}</td>
</tr>
</tbody>
</table>


* Decreasing injury, and
* Increasing employment.\textsuperscript{17} If treatment saves lives and money, why aren’t more people who seek treatment able to access it? Some erroneously believe it costs too much to provide treatment. Research on the economic impact of treatment consistently illustrates that the economic benefits of treatment outweigh costs. A review of the economic benefits of treatment found the average net benefit per client was $42,905 (in large part due to reduced crime).\textsuperscript{18} A recent study of the economic impact of substance abuse treatment found that:

Given the large percentage of substance-involved persons not in treatment ... increasing the relatively modest current investments in substance abuse treatment can generate substantial economic benefits for society. It is clear from research on the economic impact of substance abuse and addiction on health, crime, social stability, and community well-being, that the cost to society of not treating persons with substance abuse problems is quite substantial.\textsuperscript{19}

Despite these findings, *residents in New Jersey with an alcohol or drug problem face major barriers to accessing treatment.* Many treatment programs report waiting lists in the hundreds, while other programs do not even keep *waiting lists* and simply instruct clients to call back every day to check for openings. Having to wait even a few weeks has high costs because the untreated addict can die or hurt themselves or others at any time. Another factor is that by the time treatment is available, the desire for treatment may have passed. As with other chronic diseases, an individual may approach treatment with denial or hesitation and may waiver in their motivation.

When people are motivated to seek treatment, it is either because of external or internal motivation.\textsuperscript{21} External motivation, or “coercion,” has been shown...
to have positive outcomes in the workplace, sports, professional licensure, and the justice system. Court-mandated treatment has been shown to effectively increase treatment retention rates, increase number of days abstinent, and decrease crime. Internal motivation encompasses the following stages of change:

- **Precontemplation** At this stage, the individual does not believe a problem exists and is not interested in engaging in treatment. The individual must become concerned about the problem and interested in treatment. In order to do so, the individual needs evidence of the problem and its consequences.

- **Contemplation** An individual recognizes that problem exists and considers treatment. While considering treatment, the individual must complete the tasks of analyzing the balance of risks and rewards of treatment. The individual needs support and information to understand treatment options as they make decisions about treatment.

- **Preparation** When an individual is in the preparation stage, they are ready to begin treatment, but needs help finding appropriate treatment. While preparing for treatment, an individual must create an effective and acceptable treatment plan. Justice and health professionals may work with the individual to develop the treatment plan.

- **Action** At the action stage, an individual begins treatment and must reaffirm his or her commitment to the treatment plan and follow up with treatment providers to determine if the plan needs to be revised. Ongoing support from justice and health professionals, family, and community may help the individual to sustain his or her commitment.

- **Maintenance** The major characterization of the maintenance stage is continued commitment to sustaining new behavior. In this stage, justice and health professionals should develop a continuing care plan with the patient, including relapse prevention. Even if relapse does occur, justice and health professionals need to reassess the patient, evaluate the triggers, and determine the best course of action for the patient and his or her support network.

> “Substance abuse and addiction is the elephant in the living room of state government, creating havoc with service systems, causing illness, injury and death, and consuming increasing amounts of state resources.”

Joseph Califano, Jr., President of the Center for Addiction and Substance Abuse at Columbia University

Delays and other barriers to accessing treatment during any of the stages of change may deter the individual from entering treatment. In New Jersey, closing the treatment gap could result in a savings of over $3 billion in Medicaid, criminal justice, public employee health plans, child welfare and more.

**Consequences of the Treatment Gap - Financial**

Addiction to illicit drugs costs the American economy more than $180 billion every year; adding to that the expense associated with alcohol addiction – including costs associated with healthcare, criminal justice, and lost productivity – the costs reach into several hundred...
billion. At a time when bailouts and stimulus packages reach into the hundreds of billions, the United States can clearly not afford to leave addiction untreated. Tight government budgets and continued economic turmoil create a strong temptation to cut social programs. But not all budget cuts result in a cost savings. Investing in effective addiction treatment now will yield significant cost savings in the future, both short- and long-term.

Untreated addiction and its devastating consequences – in emergency rooms, in prisons and elsewhere – costs the U.S. 12 times what it would cost to provide addicted individuals with the care they need.26 When people are treated for addiction, the costs associated with healthcare, crime, accidents, absenteeism from work, and other areas, are all reduced. According to the California Drug and Alcohol Treatment Assessment (CALDATA), every $1 invested in substance abuse treatment has a return of $7 in cost savings.

The Impact of Untreated & Undertreated Addiction on Four State Sectors

Ten percent of state budgets go to address the problems arising from alcohol and drug misuse.27 Joseph Califano, head of the Center for Alcohol and Substance Abuse at Columbia University, said, “Of each dollar spent, 96 cents goes to shovel up wreckage of substance abuse; [and only] 4 cents goes to prevention and treatment.”28 In one study, for every $100 the state spent on alcohol and drug problems, $2.92 was spent on prevention, treatment and research, while $97.08 was spent addressing the by-products of addiction.29

In New Jersey, with a budget of approximately $33 billion, the state is spending over $3.3 billion to deal with the financial burden of unprevented and untreated addictions.

In New Jersey, closing the treatment gap could result in a savings of over $3 billion in Medicaid, criminal justice, public employee health plans, child welfare and more.

Criminal Justice

Untreated alcoholism and drug addiction fuels crime and recidivism. The majority of individuals released from prison have not received treatment and returns to the correctional system with devastating costs to community safety and the state’s budget. In New Jersey, 32% of prisoners are incarcerated due to a base offense involving drugs and 81% have a substance abuse problem.30 The Rand Corporation found that for heavy users of cocaine, treatment cost one-seventh as much as enforcement to achieve the same level of use of the drug.31

Substance abuse treatment has been repeatedly shown to be a cost-effective approach to combating crime, recidivism and the problems associated with reentry. Studies show that treatment can cut drug abuse in half, reduce criminal activity by up to 80%, reduce arrests up to 64%, reduce recidivism, and reclaim thousands of individuals to live as responsible parents, hard-working taxpayers, and law-abiding citizens.32

The disparate recidivism rates in the state between people coming out of prison and offenders who are drug court participants engaged in treatment are telling. For those prison inmates sentenced for drug offenses, within three years of their release, 40% were reconvicted and 34% were re-incarcerated.33 Furthermore, 34% of inmates are released without parole, of whom 59% were reconvicted, and 46% were re-incarcerated. In contrast, within three years of drug court graduation, only 6% were reconvicted, and 3% were re-incarcerated. In addition, 90% were employed at the time of their drug court graduation.
By addressing the alcohol or drug disorders of inmates after their release as well as those entering the criminal justice system, the state stands to save billions of dollars in reduced crime and reduced recidivism. For every dollar spent on drug court there is a $10 savings to society.35 With some outpatient programs, total savings can exceed costs by a ratio of 12:1.36

Drug court costs $19,800 to provide an individual with six months of residential treatment or $10,000 if the court directs the person to outpatient treatment.37 In some instances, a court will sentence an offender to treatment. In such cases, a Division of Addiction Services bed costs $12,176 for six months of residential treatment, $6,585 for intensive outpatient,38 and $3,100 for outpatient.39 In comparison, it costs $46,880 to incarcerate one prisoner for one year. Thus, there is a savings of up to $37,000 for an offender admitted to drug court, and a $40,000 savings per person sentenced to treatment. One must bear in mind that limited treatment in the state means court-ordered care is often unavailable and therefore more non-violent offenders will enter the general prison population, the far more costly scenario.

Of New Jersey’s 26,493 incarcerated individuals, 21,45940 have a drug or alcohol problem, and only 1,288 of these will receive addiction treatment. In 2008, 4,846 offenders were released without parole, while 8,469 were released on parole. An additional 986 were released under “other.” If treatment is not available, more than 5,400 will likely be re-incarcerated. Of those offenders who received treatment and drug court, only 37 were re-incarcerated within three years of graduating. By providing treatment to those released from prison, the state would realize a savings of over $244 million each year in incarceration costs alone.41 Law enforcement costs also add to the overall expense to society because of the high arrest rate of persons with alcohol or drug problems. Within three years of their release from prison, 51% of the clients had been rearrested, while drug court clients within that timeframe were only rearrested 15%. One study found that before treatment individuals involved in the criminal justice system were rearrested 1.4 times, while one year after treatment the average was 0.3 arrests per person. The cost per arrest was determined to be $2,362.42 Thus, the arrest cost per person before treatment was more than $3,000 and cost after treatment was only $709.43

Consequences of the Treatment Gap - Personal

The impact of New Jersey’s treatment gap has taken its toll on families, friends, loved ones and the state, both in terms of lives lost and money expended. Children have languished in foster care when addiction treatment for their parents has not been available. Separation from a primary caregiver and placement in foster care due to parental alcohol or drug use inevitably harms children. Others have been lost to the criminal justice system, where only 6% receive addiction treatment.25 Still others have developed other medical conditions stemming from prolonged alcohol or drug use, health issues that could have been avoided had addiction treatment been accessible. People such as Louise Habicht know all too well the terrible cost of the addiction treatment gap, as it directly contributed to the death of her son, John.
When I learned of it, I was upset but never thought he would get involved with other drugs. I kept a close eye on him and called his school, all to no avail. John was well liked by many of his teachers, both in grammar school and in high school. He had a God-given talent for drawing and was asked to do many posters that were hung up in both grammar and high school. He was a very loving boy and had many friends.

John and I talked a lot about the dark, lonely road that his addiction took him down. He told me that he was able to function well when he was still in school but that after graduating he began using cocaine and smoking pot on a regular basis. His girlfriend Shannon started using with him and when they started using heroin they went down very quickly. He lost numerous jobs because of his inability to get to work on time. They made several attempts to stop using heroin, detoxing a few times only to start using again. I found it almost impossible to believe that they were using drugs and only when I really began to look at them and their habits, missing work, not eating, etc. did it sink in. A long time family friend sent me a list of rehabs to call; Maryville, Fr. Martin Ashley, Teen Challenge, and others. I called every one of them only to hear, sorry he doesn’t have any insurance. They gave no other advice, like call the health department or the county. I did not know these places existed.

Because John was unable to get help, his addiction took him to the point of stealing for his drugs. When he was 26 he committed a burglary in our neighborhood and stole some costume jewelry and because he was so inexperienced, he got caught. Before he went to court he did it again and went to Gloucester County Jail. The prosecutor pursued sentencing John with a vengeance even though I advocated for my son and begged for a sentence of long-term drug rehab. But, John was sentenced to three years in state prison. He actually did two years in state prison and six months in county jail.

John was home for less than three months when he overdosed; he had been doing well, I thought. He was going to probation once a week, to out-patient two nights a week and was working at a local restaurant five or six days a week. He also attended AA meetings seven days a week. He had a sponsor and life appeared to be good for John. He expressed to me that he felt anxious but he thought he would be ok.

John told me that he felt that if he could make it to thirty that he thought he would be ok. He died two months shy of his thirtieth birthday. Shannon is now married with a little girl and has been in recovery for over eight years and attributes her sobriety to John. She got treatment and for quite a while spoke publicly about why she stopped using.

John’s addiction affected so many people. Everyone who loved him became victims of his addiction. Drugs were rampant and so easy to get, yet it is all but impossible to access help when a loved one becomes addicted. Of course, I sometimes question why John had to succumb to his addiction and I know that I will never have that answer. What I do know is that John never got the opportunity to access treatment. Drug court did not exist when John was sentenced. Had it been, he would have been eligible and perhaps he would still be here today.
Kass Foster remembers all too well the phone calls her son Christian placed every week to see if a bed had opened up for him at Integrity House, a long-term addiction treatment facility in Secaucus. The answer invariably was that no, there were no openings.

Christian said, “I tried everywhere,” all to no avail. Once, he was in such a desperate state that he went to a crisis center in Burlington County in the middle of the night and caused a ruckus to get admitted. Again, he was turned away because he had no referral from a doctor. To get himself into a three-day program, Christian resorted to fabrications about being suicidal.

While holding out hope that he might get into treatment, Christian worked at an oil refinery. Each week he marked off the days, not until payday but until Tuesday, the day he could phone Integrity House to see if, this time, they had room for him.

One late-spring Saturday evening, he told his mother he was going out with some buddies for a few beers. Kass would not hear his voice again. The details of Christian’s death remain sketchy. He had gone to Philadelphia, taken some drugs and returned to South Jersey, but he did not quite get home. He overdosed and collapsed on a friend’s lawn.

Kass, a woman of great strength beneath which one finds even greater tenderness, cannot quite fight back the tears that come when she recalls Christian’s last hours. No one phoned for an ambulance when he fell unconscious. When Christian’s father learned of his son’s whereabouts, he ran to him and tried to resuscitate him, but it was too late.

Not long after losing her son, Kass called Integrity House to tell them to remove Christian’s name from their waiting list. The person on the other end asked if they could do anything. Of course, by then there was nothing left to be done.

In the years since Christian’s passing, Kass has dedicated herself to her son’s memory, helping other parents with an addicted son or daughter try to find treatment. Of addiction, she says, “This is the only disease that you have to wait in line for a bed. It’s an epidemic.”

Details from this story are from an article that appeared in the Herald News in 2005.
Public Employment

There are approximately 464,000 public employees in New Jersey. Among them, there are likely 35,631 problem drinkers, and 48,707 family members who are problem drinkers. Untreated and under-treated cases of addiction cost the state and public employers in New Jersey about $276 million in health care, lost productivity, and absenteeism. The federal employee benefit plan found that following drug or alcohol treatment, federal employees’ absenteeism was reduced, the number of work days of lowered productivity was reduced, and general health was greatly improved.

Health care costs for employees with untreated alcohol addiction problems cost nearly twice as much as those of employees with no such health issues. Addiction is the primary cause of many serious medical conditions and injuries. It is a major factor in health problems such as hypertension and liver disease. People with alcohol and drug problems seek emergency room attention 70% more often than people without such problems, and they stay in the hospital two days longer and use as many as four times as many hospital days. In one study, before treatment clients report an average of 3.3 days of hospitalization per year. After treatment, the number of days per year was 1.5 days. In New Jersey, hospitalization costs an average of $7,149 per day. Thus, treatment results in the savings of $12,868.20 per client, per year in reduced hospital days. For the 84,000 New Jersey public employees and their family members who are problem drinkers, the savings realized would be over $1 billion per year in reduced hospital days. The National Evaluation Data Service found health care costs declined by 23% to 55% following alcohol or drug treatment, resulting in a savings of $58 million to $138 million in alcohol-related health care costs alone for New Jersey’s public employers.

Medicaid

People with substance abuse disorders cost Medicaid hundreds of millions of dollars annually in medical and behavioral care. The medical care costs for all health problems among those with substance abuse issues are very significant, which means that there would be a huge cost savings if treatment were accessible.

The National Conference of State Legislatures found that a quarter of what states spent on Medicaid went to paying for the consequences of substance abuse. In New Jersey that accounts for $2.5 billion of state and federal dollars. It also found that states reduce their Medicaid burdens by identifying and treating those with substance use problems. The report found annual savings that included $6,480 per Medicaid recipient being treated for addiction.

In New Jersey, in 2007 there were 715,000 individuals receiving Medicaid, 37.1% of whom were diagnosed with substance use disorders. In other words, 265,000 individuals on Medicaid have a substance use disorder. If treatment were made available to those people on Medicaid who need it, the state stands to save almost $1.7 billion.
The impact of addiction on Medicaid populations with behavioral health disorders is greater than the direct cost of mental health and addictions treatment. In New Jersey, people classified as having severe mental illness and a substance abuse disorder cost an average of $5,345 for behavioral health, compared to a median of $1,601 for a person without a substance abuse disorder. In New Jersey 1,402 partial care and 29,364 outpatient individuals met the diagnostic criteria for alcohol or drug abuse/dependence. By providing addiction treatment, the state can realize an additional savings of $59 million.

**Child Welfare**

Research shows that nearly one in four children live in a household where an adult is a binge or heavy drinker, while 12.7% live in a household where a parent or other adult uses illicit drugs. Children of parents with an alcohol or drug problem often have multiple problems and are more likely to have poorer physical, intellectual, social, and emotional development, and are at greater risk of having alcohol or drug problems themselves.

Alcohol and drug addiction has a major impact on the child welfare system. Parental addiction is one of the most common reasons for placement of their children in the child welfare system. Children of parents with alcohol and drug problems are more likely to be placed in substitute care, are often in substitute care significantly longer than maltreated children from families with no alcohol or drug issues, and experience significantly lower rates of family reunification compared to almost every other subgroup of families in the child welfare system.

Although the Adoption and Safe Families Act of 1997 requires that parental rights be terminated if a child has been in foster care for 15 of the

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**Althea’s Story | TRUE STORY**

Althea M. is a single mother of two children. When she tested positive for cocaine use at the time her younger daughter, Tamika, was born in March 2002, DYFS obtained a court order and placed Tamika and her sister in foster care. When her children were removed, Althea lost her Welfare benefits that had been provided through Temporary Assistance for Needy Families (TANF) and had to apply for lower benefits through the General Assistance (GA) program for single adults. Althea was denied visitation with her children until the first court hearing four weeks later, when she was finally permitted to see them for one hour every two weeks.

DYFS required Althea to undergo a substance abuse evaluation in order to determine the best course of treatment. The evaluation was not completed until nearly a month later and, in the interim, Althea did not receive treatment. Following the evaluation, DYFS told her to seek in-patient treatment and gave her a list of treatment centers to call. She requested a treatment center where her children could live with her, but none was available. The treatment centers she called were full and, instead of putting her on a waiting list, they told her to call back every day to check for openings. Eventually she found an opening. As a recipient of GA, her one potential funding source was through the Division of Family Development’s (DFD) Substance Abuse Initiative, which required a separate substance abuse evaluation. While she was waiting for approval from DFD, she lost the available treatment slot.

This profile, from Protecting and Preserving Families: A New Vision for Child Welfare Services © 2003 Legal Services of New Jersey, is used with permission, and the full report is available on www.lsnj.org.
past 22 months, many states cannot adhere to this timeframe. This is due in part to problems accessing treatment services in a timely manner, which in turn delay permanency decisions for children in the foster care system and increase costs.56

In New Jersey, 70-80% of substantiated child welfare cases involve parental alcohol or drug issues.57 When appropriate treatment is provided, many more children can remain safely in their homes, avoiding temporarily or permanently breaking familial ties. Yet all too often, a lack of accessible addiction treatment poses a significant barrier to family reunification and child rearing.58

States report it is often difficult for these parents to access an open treatment slot quickly.59 Child welfare agencies can only provide treatment to less than one-third of parents who needed it.60 The majority of funds expended are to support children in substitute care. States nationwide spend 113 times as much to clean up the devastation of untreated addiction as they do to prevent and treat it.61

There are approximately 26,000 families involved with child welfare and 12,042 children in foster care in New Jersey.62 Of those families, up to 20,800 are due to alcohol or other drug problems. In 2009, the Division of Youth and Families will spend $228 million in substitute care (foster care, adoption assistance, residential placements, group home placements, and treatment homes). The amount that will be spent due to untreated addiction issues is $182 million in substitute care alone. Providing treatment to all the families involved with the child welfare system due to parental alcohol or other drug problems can produce a savings of up to $33 million per year in substitute care placements.63

This amount is in addition to the savings realized when a one-time addicted woman gives birth to a drug- and alcohol-free baby. Researchers have estimated that a baby born to a drug-addicted mother will cost the medical and social system between $750,000 to $1.5 million per baby. One hundred and fifty-one drug-free babies were born to parents involved with drug court in New Jersey, saving society between $113 and $226 million.

One study found that for every dollar invested in treatment there was $8.43 savings in child welfare.64 In New Jersey, that represents a savings of over $1 billion.
Summary

What becomes of the more than 50,000 New Jersey residents who sought treatment and were unable to access it? Some of these individuals will die. Others will be seriously injured and hospitalized. Many will end up in the criminal justice system. Others may neglect or abuse their children or give birth to an addicted baby. Inevitably, these individuals will cost New Jersey billions of dollars.

What Happens When Treatment Is Accessible To Those Who Seek It?

Recovering people take care of their mental health, work, pay taxes and take care of their families. The state could save over $3.8 billion by closing the treatment gap. The choice is this: either continue depleting the state budget with the consequences of untreated addiction, or save lives and funding by treating addiction. If the state wants to curb child abuse and neglect, teen pregnancy, domestic violence and crime and further reduce welfare rolls, the course is clear “unless they prevent and treat alcohol and drug abuse and addiction, their other well-intentioned efforts are doomed.”

About CATG - NJ

NCADD-New Jersey is one of eight sites across the country selected to generate state and local support to expand addiction treatment by:

• Broadening private and public insurance coverage so that addiction is covered in the same way other diseases are;

• Increasing public appropriations to cover the uninsured when insurance is not available or addiction treatment services are not covered; and

• Improving existing treatment programs so that they are more efficient and can treat more people.

### ECONOMIC COSTS OF DRUG ABUSE IN THE UNITED STATES, 2000 (millions of dollars)

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<tr>
<th>COST CATEGORIES</th>
<th>ESTIMATED COST</th>
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<tr>
<td>Federally Provided Drug-Abuse Treatment</td>
<td>$ 506</td>
</tr>
<tr>
<td>Support for Drug Abuse–Related Health Services</td>
<td>$ 2,084</td>
</tr>
<tr>
<td>Medical Consequences of Drug Abuse</td>
<td>$ 6,715</td>
</tr>
<tr>
<td>Total Health Care</td>
<td>$ 14,899</td>
</tr>
<tr>
<td><strong>Productivity Losses</strong></td>
<td></td>
</tr>
<tr>
<td>Premature Death</td>
<td>$ 18,256</td>
</tr>
<tr>
<td>Drug Abuse–Related Illness</td>
<td>$ 25,435</td>
</tr>
<tr>
<td>Institutionalization/Hospitalization</td>
<td>$ 1,915</td>
</tr>
<tr>
<td>Productivity Loss of Victims of Crime</td>
<td>$ 2,217</td>
</tr>
<tr>
<td>Incarceration</td>
<td>$ 35,601</td>
</tr>
<tr>
<td>Crime Careers</td>
<td>$ 27,066</td>
</tr>
<tr>
<td>Total Productivity Losses</td>
<td>$110,491</td>
</tr>
<tr>
<td><strong>Other Costs</strong></td>
<td></td>
</tr>
<tr>
<td>Cost of Goods and Services Lost to Crime</td>
<td>$ 35,056</td>
</tr>
<tr>
<td>Social Welfare Administration</td>
<td>$ 218</td>
</tr>
<tr>
<td>Total Other Costs</td>
<td>$ 35,274</td>
</tr>
<tr>
<td><strong>Total Economic Costs</strong></td>
<td>$160,664</td>
</tr>
</tbody>
</table>

THE ADDICTION TREATMENT GAP
Promoting Addiction Treatment, Prevention and Recovery Through Advocacy and Education

Resources
http://www.parent2parentnj.org/index.html
http://www.lsnj.org/PDFs/protect.pdf

Endnotes
1 Lewis, David, MD, Cates Wessel, Kathryn, Quinn, Amy, Lepp, Nathaniel. Wong, Maureen, Physicians and Lawyers for National Drug Policy in partnership with the National Judicial College Alcohol and Other Drug Problems; A Public Health and Public Safety Priority, A resource guide for the Justice System on Evidence Based Approaches, April 2008.
2 Id.
4 Id.
7 Id.
9 Murray, Patrick, Eagleton Institute of Politics, Center for Public Interest Polling, Conducted for NCADD-NJ, May 2002.
10 NJ Division of Addiction Services (DAS). Treatment need is derived from the 2003 Household Survey and Capture-recapture analysis (Population is 8,638,396; treatment need is 805,498).
11 Id.
16 Id. (citing Compton, W.M., Thomas, Y.F., Stinson, F.S. and Grant, B. Prevalence, correlates, disability, and co morbidity of DSMIV drug abuse and dependence in the us, Arch Gen Psychiatry 64, 566-76, 2007).
17 Belenko supra.
19 Id.
20 81% of 26,493.
21 Multiplied the likely individuals to be re-incarcerated times 46880; likely number to be re-incarcerated with treatment (3%) 428 X 46880 added that number to the cost of treatment residential, IOP and outpatient for 14,297 individuals (1/3 residential, 1/3 intensive outpatient, 1/3 outpatient), then subtracted that number from the cost of the re-incarceration of those needing but not receiving treatment.
22 The cost per arrest was determined to be $2,362 was determined by dividing the estimated cost of operating police and/or sheriff’s offices in South Dakota in 2002 by the number of persons arrested in South Dakota in 2002. The arrest costs would include all facets of local law enforcement, including the cost of operating local jails, if applicable.
24 $3 billion was arrived at by taking 13% of $33 billion = $4.29 billion. .96 of $4,290,000,000 = $418,400,000. Treatment for 40,602 individuals, one-third residential, one-third intensive outpatient and one-third outpatient = $295,866,774. $4,118,400,000 minus $295,866,774 = $3,822,533,266.
28 Id
29 Leonardson, Gary, Mountain Plains Research, Substance Abuse Treatment Produces Savings in South Dakota, November 30, 2005.
30 Travis supra.
31 New Jersey Courts online, New Jersey Drug Court Program.
32 Id.
35 Drug Court New Jersey Fact Sheet, October 2007.
37 Integrity House presentation to Counting the Costs Hearings, December 2008.
38 National Conference of State Legislators, State Spending on Substance Abuse Treatment, December 2002.
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43 Id. (citing Nace E.P., Binkmayer, F Sullivan, M.A., Galanter, M Fromson, JA Frances, R.J., Levin, F.R. Lewis., C. Suchinsky. R.T., Tamerin. J.S. and
Ensuring Solutions, Alcohol cost calculator for business, the George Washington University medical Center.

Alcohol cost calculator combined with lost productivity for drug use. 86% of lost productivity is for alcohol use and 14% is for drug use.

Washington University Medical Center, Ensuring Solutions to Alcohol Problems, Issue Brief # 5.


Supra, Leonardson.

New Jersey, we spend approximately $10 billion a year – State and federal dollars combined – nearly two-thirds of which is incurred by the Department of Human Services.

This number comes from: 37 % of 715,000 people = 264,500 people, 264,550 x $6,480 = $1,714,284,000.

For the 10,017 partial care patients and 83,897 outpatient clients, 1,402 partial care (10017 x 14%) and 29,364 (83,897 x 35%) 30,765 met the diagnostic criteria for alcohol or drug abuse/dependence. Which costs the state Medicaid system (5345-1601 = 3744) 30765 x 3744 = 115,184,160.

If those that received treatment were successful in addressing their substance use disorder, the state can realize a savings of (15649 x (5345-1601) = $58,589,856.

Substance Abuse and Mental Health Services Administration, National Alcohol and Drug Addiction Recovery Month 2009.


National Clearinghouse on Child Abuse and Neglect Information National Adoption Information Clearinghouse.

Treatment Research Institute, Science Addiction Family Drug Court Evaluation Project Summary, New Jersey.

Supra, Child Welfare League.


CASA, Joseph A. Califano, Jr. CASA President and former Secretary of Health, Education and Welfare.
What becomes of the more than 50,000 New Jersey residents who sought treatment and were unable to access it?

NCADD-NJ is working to develop and demonstrate innovative approaches to closing the addiction treatment gap in New Jersey, with a focus on Newark, which can serve as a model for other communities and the nation.
The Addiction Treatment Gap Primer was made possible by a grant from the Closing the Addiction Treatment Gap Initiative of the Open Society Institute.