

Individuals commonly abuse substances, such as alcohol and drugs, to produce an altered state of mind or to become intoxicated. Substances may alter a person's judgment, cloud perceptions, result in lack of physical control or impair one's ability to make decisions (WebMD, 2015). Substances include "illicit" or "street" drugs that are illegal due to their high potential for abuse and addiction, as well as medications which may be obtained legally with a prescription, but are consumed for non-medical purposes.

The current American Psychiatric Association's Diagnostic and Statistical Manual of Mental Disorders V recognizes substance abuse and substance dependence as "a single disorder measured on a continuum from mild to severe. Each specific substance (other than caffeine, which cannot be diagnosed as a substance use disorder) is addressed as a separate use disorder (e.g., alcohol use disorder, stimulant use disorder, etc.), but nearly all substances are diagnosed based on the same overarching criteria" (American Psychiatric Association, 2013, p.1).

Prevalence

In 2014, approximately 21.5 million Americans, or 8.1% of people 12 years and older, were diagnosed with substance abuse or dependence based on the criteria described above. Of substance users, 2.6 million abused or were dependent on both alcohol and drugs, 7.1 million abused or were dependent on drugs alone, and 17.0 million abused or were

dependent on alcohol alone. Of the drug abusers, the most commonly used substances in 2014 included marijuana (4.2 million), followed by pain relievers (1.9 million), and cocaine (914,000). These numbers were similar to the percentages in 2013, but lower than the percentages in 2002 to 2010 (Substance Abuse and Mental Health Services Administration [SAMHSA], 2015).

Bexar County had the third largest admission of alcohol and drug dependency in the State of Texas for 2009. According to the Texas Department of State Health Services' [DSHS] (2015a) Substance Abuse Research 2009 Statewide Data, 5,325 adults and 739 youths in the county admitted to having a substance abuse problem. In Texas, alcohol is currently the most abused substance that causes people to seek treatment (28% of all admissions) (Maxwell, 2014).

Substance abuse appears to have some correlation with a diagnosis of mental illness. In 2014, 39.1% of adults with a substance use disorder had a co-occurring mental illness. In fact, the use of illicit drugs was more likely among adults with mental illness. 18.2% of adults 18 or older with any mental disease had used drugs in 2014 versus 6.3% of adults with no mental illness. Among youth aged 12-17, those with a major depressive episode in the past year were more likely to have drug or alcohol dependence or abuse than those with no depression (28.4% versus 10.5%) (SAMHSA, 2015a).

Associated Costs

Drug and alcohol addiction is a significant national problem that creates impaired health, harmful behaviors, and major economic and social hardships. For the fiscal year 2016, the President requested \$27.6 billion in support of the five key policy areas that aid in the reduction of drug abuse: (1) Substance Abuse Prevention, (2) Substance Abuse Treatment, (3) Domestic Law Enforcement, (4) Interdiction and (5) International Counterdrug Support (Office of National Drug Control Policy [ONDCP], 2015). Estimates of the total overall costs of substance abuse in the United States, including productivity and health- and crime-related costs, exceed \$700 billion annually (National Institute on Drug Abuse, 2015).

The National Council on Alcoholism and Drug Dependence (2015) reported that alcohol use and dependence far surpasses that of any other drug. In 2014, users of alcohol numbered 139,700,000 where illegal drug users numbered 27,000,000 (SAMHSA, 2015a).

In 2011, the U.S. Department of Justice, National Drug Intelligence Center (NDIC) published *The Economic Impact of Illicit Drug Use on American Society*, an assessment which monetizes the consequences of drug use in the areas of health, crime, and productivity costs in the United States. Alcohol and tobacco use were not included in the assessment. Totalling \$193 billion in 2007, costs included:

- Crime -- \$61.4 billion
 - Criminal justice system costs -- \$56.4 billion
 - Crime victim costs -- \$1.5 billion
 - Other crime costs -- \$3.5 billion
- Health -- \$11.4 billion
 - Specialty treatment costs -- \$3.7 billion
 - Hospital and emergency department costs for nonhomicide cases -- \$5.7 billion
 - Hospital and emergency department costs for homicide cases -- \$12.9 million
 - Insurance administration costs -- \$500,000
 - Other hospital costs -- \$2 billion

- Productivity costs -- \$120 billion
 - Labor participation costs -- \$49 billion
 - Specialty treatment costs for services provided at the state level -- \$2.8 billion
 - Specialty treatment costs for services provided at the federal level -- \$45 million
 - Hospitalization costs -- \$287 million
 - Incarceration costs -- \$48 billion
 - Premature mortality costs (nonhomicide) -- \$16 billion
 - Premature mortality costs (homicide) -- \$3.8 billion

(NDIC, 2011)

Human costs

In 2015 there were 24,539 automobile crashes in Texas involving alcohol (DUI). 960 people died and another 14,000 were injured, more than half of them seriously. Of those crashes, 2,251 were in Bexar County; 38 in Bandera County; 35 in Kendall County; and 157 in Comal County (Texas Department of Transportation, 2016).

“In 2014, nearly two million Americans abused prescription painkillers. Each day, almost 7,000 people are treated in emergency departments for using these drugs in a manner other than as directed” (Centers for Disease Control and Prevention [CDC], 2016), making the use of ‘legal’ drugs the fastest growing epidemic in this country.

In 2014 there were 139,471 total drug abuse related arrests in Texas (Texas Department of Public Safety, n.d.).

Excessive alcohol use contributes to approximately 88,000 deaths per year and is the third leading lifestyle-related cause of death in the United States (CDC, 2014).

The San Antonio Metropolitan Statistical Area has almost double the percent of individuals at-risk for heavy drinking (8.5%) than both Texas (4.9%) and the nation (4.9%) (DSHS, 2012a).

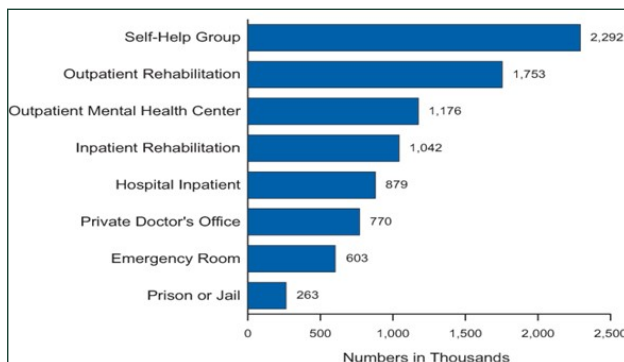
Treatment

Substance abuse treatment programs range vastly in intensity and expense. Regardless of whether the program is considered inpatient or outpatient, all treatment programs include:

- **Acute Care:** Utilizes medically supervised detoxification/ stabilization techniques to safely and comfortably remove toxins from the body.
- **Rehabilitation:** Teaches skills necessary to permanently change behavior and reduce threats to progress.
- **Followup Care or Continuing Care:** Maintains changed behavior, supports healthy living, and monitors threats of relapse.

(SAMHSA, 2008)

The following chart depicts locations where substance abuse treatment for persons 12 and older was received in the United States during 2014:



(SAMHSA, 2015b)

In 2013, 20.2 million people in the U.S. with a substance abuse problem did not receive treatment. Of those people, only 4.5%, approximately 908,000 persons, reported feeling that they needed treatment. Of those who wanted treatment, 34.8% attempted to get treatment but were unable to find care (SAMHSA, 2015b).

On the other hand, full recovery after substance abuse treatment is possible. Based on data from the 2001-2002 National Epidemiologic Survey on Alcohol and Related Conditions, more than one-third (35.9%) of U.S. adults with alcohol dependence of more than one year were currently in full recovery.

One-quarter (25%) of individuals with alcohol dependence of more than one year were still dependent, 27.3% were in partial remission, and 12.5% were asymptomatic risk drinkers with no symptoms but whose consumption increased the chance of relapse (Dawson et al., 2005).

Services in Texas and San Antonio

The Mental Health and Substance Abuse Division of the Texas Department of State Health Services provided more than \$133 million for the prevention, intervention, outreach services, and treatment of substance abuse for fiscal year 2014 (DSHS, 2015).

According to the Substance Abuse & Mental Health Services Administration (SAMHSA, n.d.), there are approximately 24 substance abuse treatment facilities (some with multiple locations) located in San Antonio and another 39 situated within a 100 mile-radius. Seven of the San Antonio facilities offer detoxification services in addition to their other programs. Admissions to treatment programs in the KCF counties of interest in FY2009 included:

- Bexar County
 - 5,325 adults
 - 739 youth
- Bandera County
 - 39 adults
- Comal County
 - 80 adults
 - 10 youth
- Kendall County
 - 48 adults

(DSHS, 2015a)

Locally, Lifetime Recovery and Alpha Home are partially state funded. Lifetime Recovery (2009) provides residential and outpatient treatment programs as well as recovery and relapse prevention education, and life skills and job training classes for adult men and women and their families. Approximately 1,000 individuals are served each year.

Alpha Home (n.d.) specializes in treating women with substance dependencies. Alpha Home provides residential care and outpatient treatment as well as intervention services and a children’s program. Financial assistance is available for both organizations.

Rise Recovery (2015) is a non-government funded organization that offers free recovery services in support of teens, young adults and their families. Rise Recovery provides a 12-step faith-based program that includes group meetings and counseling as well as prevention and life skills education. In 2014 its substance abuse program served an average of 434 teenagers and 1,497 adults. Additionally, Rise Recovery served 667 family members of individuals in the substance abuse program and 436 San Antonio students during facilitated group meetings in local school districts (Kronkosky, 2015).

In 2014, 480 Texas substance abuse treatment facilities responded to the National Survey of Substance Abuse Treatment Services (N-SSATS) (SAMHSA, 2015b). It was reported that there were 34,704 people involved in substance abuse treatment in Texas on March 31, 2014. Other information about the type of facilities, services, and payment options offered throughout Texas is listed in the following table:

2014 Texas Substance Abuse Treatment Services	
<i>Type of facility</i>	<i>Number of Facilities</i>
Private non-profit	214
Private for-profit	218
Local government	18
State government	9
Federal government	20
Tribal government	1
<i>Type of counseling used</i>	
Individual counseling	446
Group counseling	423
Family counseling	375
Marital/couples counseling	230

2014 Texas Substance Abuse Treatment Services (continued)	
<i>Type of Facility</i>	<i>Number</i>
<i>Types of abuse treated</i>	
Drugs	411
Alcohol	344
Drugs and alcohol	395
Mental health & substance abuse	377
Total	480
(number of facilities sums to more than total because facilities can treat more than one substance abuse problem)	
<i>Type of Care</i>	
Outpatient	388
Residential	130
Hospital Inpatient	46
<i>Type of payment accepted</i>	
Private Pay	435
Private health insurance	288
Medicare	107
Medicaid	269
State financed health ins.	175
Access to Recovery vouchers	47
Sliding fee scale	236
No charge for clients who cannot pay	236
No payment charged	12
(SAMHSA, 2015b)	

Prevention

The National Prevention Strategy was developed in response to the Affordable Care Act passed in 2010. Its goal is to “increase the number of Americans who are healthy at every stage of life” and to move “from a focus on sickness and disease to one based on prevention and wellness” (National Prevention Council, 2011, p.7). Outlining seven targeted priorities most likely to reduce the leading causes of preventable death and major illness, the Strategy includes recommendations and specific actions that can be taken. The first two priorities listed are: tobacco free living and preventing drug abuse and excessive alcohol use. In response, the Texas Department of State Health Services developed a multi-phased initiative to address substance abuse from prevention through recovery.

Texas Recovery Initiative (TRI)

The primary purpose of this initiative is to “gather information and recommendations for designing protocols that implement holistic, recovery-oriented models of care for use within the behavioral health community” (DSHS, 2015c). Emphasizing Recovery Oriented Systems of Care (ROSC) which provide continuing support services throughout the recovery process, 25 Texas communities, including San Antonio, are developing coordinated networks of community based services as part of this initiative (DSHS, 2015b).

The Alamo Area Recovery Initiative (Bexar County’s ROSC) “has convened a workgroup consisting of the legal, medical, treatment, social services, non-profits, the twelve step community, faith based groups, psychiatric entities, and most importantly people in recovery themselves to implement our own unique ROSC” (San Antonio Council on Alcohol and Drug Abuse [SACADA], 2015). Its goals include the “full continuum of care: prevention, early intervention, treatment, continuing care and recovery” (SACADA, 2015).

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