

Individuals commonly abuse substances, such as alcohol and drugs, to produce an altered state of mind or to become intoxicated. 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 2016, approximately 20.1 million Americans aged 12 and older had a substance abuse disorder. Approximately 15.1 million Americans aged 12 and older, or 5.6% of this same age group, reported having an alcohol use disorder, while an estimated 7.4 million Americans aged 12 or older, or 2.7% of this same age group, had an illicit drug (i.e. cocaine, marijuana, heroin, hallucinogens, inhalants, methamphetamine, prescription drugs) disorder. Of those with an illicit drug use disorder, the most commonly used substances in 2016 included marijuana (4.0 million) and prescription pain relievers (1.8

million) (Substance Abuse and Mental Health Services Administration [SAMHSA], 2017a).

Given Texas’ proximity to the border and the rise of drug trafficking and drug cartels, substances are especially present and abused in the state. Consequently, prevalence is dependent on location within the state: border areas have high marijuana use, a slight increase in methamphetamine use, and a decrease in the use of cocaine. Non-border areas show steady use of marijuana, increase in methamphetamine, and the same level of decrease of cocaine. Both border and non-border areas have similar admissions for heroin. The primary drug of abuse in the state of Texas is alcohol (National Drug Early Warning System, 2017, p. 11); however, DEA offices in Texas concur methamphetamine remains “the major drug threat” (Maxwell, 2017). The Treatment Center (2017) reported that Bexar county had the third highest number of annual drug overdose deaths, following Harris and Dallas counties.

Substance abuse correlates with a diagnosis of mental illness. In 2016, 43.3% of individuals 18 years and older who used illicit drugs also had a serious mental illness, compared to 15.1% who reported no mental illness (SAMHSA, 2017c, table 8.9B). 3.4% of adults aged 18 and older in 2016 had a co-occurring substance use disorder and any mental illness (SAMHSA, 2017c, table 8.25B). Among youth aged 12-17 who had a major depressive episode in the past year, 2.12% had a substance use disorder compared to 0.32% - those without a substance abuse disorder. Thus, the correlation between substance use

and mental illness is apparent in youth populations as well (SAMHSA, 2017c, table 9.10D).

ASSOCIATED COSTS

The effects of substance use disorder are wide-reaching, ranging from monetary to human costs.

Economic costs

Substance abuse can lead to addiction – when an individual begins using a substance that has “a measurable impact on the reward center of the brain... the repeated stimulus of this reward center... change[s]the functionality of the brain itself” (DrugAbuse.com, n.d.). Drug and alcohol addiction is a significant national problem that creates impaired health, harmful behaviors, and major economic and social hardships.

For fiscal year 2018, President Trump’s administration requested \$27.8 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], 2017, p. 8). Estimates of the total overall costs of substance abuse in the United States, including productivity and health- and crime-related costs, exceed \$740 billion annually (National Institute on Drug Abuse, 2017).

States and localities have historically been the main payer for associated costs of substance abuse disorder treatment, and their role has increased since 1986. By 2020, researchers project public spending to equate 71% of the total cost of substance disorder treatment. This shift is principally driven by the role of Medicaid in state and local spending, as well as a decrease in private insurance involvement in fronting costs (Pew Charitable Trust & MacArthur Foundation, 2015).

Human costs

In 2016, there were 24,563 automobile crashes in Texas as a result of driving under the influence of alcohol. There were 987 fatalities and 17,325 injuries of some form. Of those crashes, 2,055 were in Bexar County; 35 in

Bandera County; 29 in Kendall County; and 167 in Comal County (Texas Department of Transportation, 2017). Excluding accidents and homicides, 33,171 people in the U.S. died of an alcohol-induced death in 2015. 21,028 individuals died due to alcoholic liver disease (Center for Disease Control and Prevention, 2017).

Drug use also imposes human costs. More than 115 die daily due to opioid overdoses, including prescription pain relievers, heroin, and fentanyl. The misuse of prescription pain relievers considerably increased since the late 1990s, and approximately 21-29% of patients who are prescribed pain relievers for chronic pain misuse them. Furthermore, 8-12% develop an opioid use disorder. Often, misuse of prescription pain relievers can lead to the use of heroin: “about 80% of people who use heroin first misused prescription opioids” (National Institute on Drug Abuse, 2018a).

Recognized nationally as a public health crisis, drug abuse and addiction takes a toll on the lives in Texas as well. In 2016, there were 144,013 total drug abuse related arrests in Texas (Texas Department of Public Safety, 2017). Bexar County has a higher rate of binge drinking in the past month (18.7%) than in Texas (17.9%) in 2016. Data for Bandera, Comal, and Kendall counties is unreliable due to sample size (C. Fox, Texas Dept. of State Health Services, personal communication, April 5, 2018).

TREATMENT

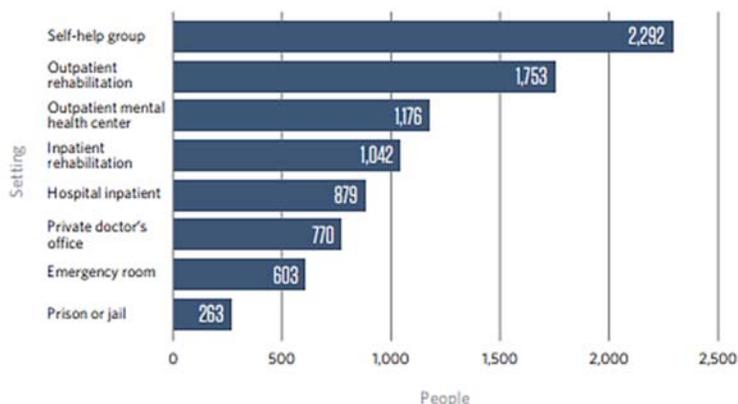
Substance abuse treatment programs range vastly in intensity and expense. Treatment consists of the following, although patients may not need access to every component:

- Individual and group counseling
- Inpatient and residential treatment
- Intensive outpatient treatment
- Partial hospital programs
- Case or care management
- Medication
- Recovery support services
- 12-Step fellowship
- Peer supports

(SAMHSA, 2016)

In 2016, 2,181,000 individuals in the U.S. received substance use treatment for illicit drugs while 2,301,000 individuals received treatment for alcohol use. While 8,111,000 individuals needed treatment, the vast majority did not receive treatment – a staggering 82.7% (SAMHSA, 2017c, tables 5.15A & 5.43A).

The following chart depicts locations where persons 12 and older received substance abuse treatment in the United States during 2013:



(Pew Charitable Trust & MacArthur Foundation, 2015, p. 4)

While 40-60% of patient who receive substance abuse treatment relapse, this does not indicate failure of the treatment. “Successful treatment for addiction typically require continual evaluation and modification as appropriate” (National Institute on Drug Abuse, 2018b), and a relapse signifies to a professional that treatment may need to be reinstated and modified.

Services in Texas and San Antonio

The state of Texas applied for a federal block grant for FY 2018/2019. Texas requested \$145 million for Substance Abuse Treatment and Prevention services from the Substance Abuse and Mental Health Services Administration to establish, expand, or enhance community-based systems for providing substance abuse treatment services (DSHS, 2017a).

According to the Substance Abuse & Mental Health Services Administration (SAMHSA, n.d.), there are approximately 22 substance abuse treatment facilities (some with multiple locations) located in San Antonio and another 49 situated within a 100 mile-radius.

Locally, Lifetime Recovery and Alpha Home are partially state funded. Lifetime Recovery (n.d.) 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 2,000 individuals are served each year.

Alpha Home (n.d.) specializes in treating women with substance dependencies – the only gender-specific program in San Antonio. Alpha Home provides residential care and outpatient treatment as well as intervention services and a children’s program. They offer dual diagnosis for substance abuse disorder and mental health issues. Financial assistance is available for both organizations.

Rise Recovery (2018) 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. From July 2015 to June 2016, its substance abuse program served 543 teenagers and 1,775 adults. Additionally, Rise Recovery served 753 family members of individuals in the substance abuse program and 289 San Antonio middle and high school students in insight groups and individual counseling sessions (Kronkosky, 2017).

Texas ranked among the top ten states in terms of number of treatment facilities in 2016 with 488 facilities. The large majority of these facilities offer transitional services, such as discharge planning and aftercare/continuing care (97.1% and 84.2% of facilities respectively). 377 of the 488 facilities in Texas offer programs or groups for special populations, such as clients with co-occurring disorders, criminal justice clients, veterans, and more. 109 of the 488 facilities in Texas offer detoxification services. It was reported that there were 30,633 people involved in substance abuse treatment in Texas on March 31, 2016 (SAMHSA, 2017b). Other information about the type of facilities, services, and payment options

offered throughout Texas is listed in the following table:

2016 Texas Substance Abuse Treatment Services	
Type of facility	Number of Facilities
Private non-profit	212
Private for-profit	222
Local or county government	26
State government	8
Federal government	19
Tribal government	2
Dept. of Veteran Affairs	1
Dept. of Defense	1
Type of counseling used	
Individual counseling	483
Group counseling	445
Family counseling	418
Marital/couples counseling	250
Types of assessment & pre-treatment services	
Screening: substance abuse	475
Screening: mental health disorders	278
Comprehensive substance abuse diagnosis	449
Comprehensive substance abuse diagnosis	155
Outreach to persons in the community who may need treatment	272
Type of Care	
Outpatient	407
Residential	126
Hospital Inpatient	46
Type of payment accepted	
Private Pay	440
Private health insurance	308
Medicare	89
Medicaid	272
State financed health insurance	182
Access to Recovery vouchers	29
Sliding fee scale	231
No charge for clients who cannot pay	223
No payment accepted	11
(SAMHSA, 2017b)	

Prevention

The National Prevention Strategy was developed in 2011 in order to improve the

overall health and well-being of Americans. Its goal is to “increase the number of Americans who are healthy at every stage of life” by moving “from a focus on sickness and disease to one based on prevention and wellness” (SurgeonGeneral.gov, n.d.).

The strategy outlines seven priorities in order to achieve this vision – one of which is the prevention of drug abuse and excessive alcohol use. Within each priority, the strategy lists what state and local governments, businesses and employers, health care and education systems, community organizations, and families can do in order to support the priorities of the National Prevention Strategy (SurgeonGeneral.gov, n.d.).

Texas Recovery Initiative (TRI)

The primary purpose of TRI, a multi-phase 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, 2017b). Recovery-oriented models of care are based upon an individual’s unique needs for recovery, involving both the individual and those identified as supportive of the recovery process. Recovery-oriented systems of care (ROSC) reflect a bigger picture framework of recovery-oriented models of care. ROSC involves the coordination of multiple services, systems, and levels of community and government agencies to ensure “the continuum of care available for other chronic care diseases for persons affected by substance use disorders” (DSHS, 2017b). Holistic treatment is emphasized through these approaches in the recovery process.

Bexar County has its own ROSC in the form of the Alamo Area Recovery Initiative. The initiative seeks to “prevent the development of substance use disorder, intervene earlier in the progression of the disease, reduce the harm caused by addiction, help individuals transition from brief experiments in recovery initiation to sustained recovery maintenance, and promote good quality of life, community health and wellness for all” (San Antonio Council on Alcohol and Drug Abuse [SACADA], n.d.).

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