

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 2018, approximately 20.3 million Americans aged 12 and older had a substance abuse disorder. Approximately 14.8 million Americans aged 12 and older, or 5.4% of this same age group, reported having an alcohol use disorder, while an estimated 8.1 million Americans aged 12 or older, or 3% 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 2018 included marijuana (4.4 million) and prescription pain relievers (1.7

million) (Substance Abuse and Mental Health Services Administration [SAMHSA], 2019a).

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, yet decreasing, 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. Border areas display higher levels of admission for heroin. The primary drug of abuse in the state of Texas is alcohol (National Drug Early Warning System, 2018, p. 14-15); however, DEA offices in Texas concur methamphetamine remains “the major drug threat” (Maxwell, 2018). Bexar county had the third highest number of annual drug overdose deaths in 2017, following Harris and Dallas counties (DiAx Labs, 2018).

Substance abuse correlates with a diagnosis of mental illness. In 2018, 49.4% of individuals 18 years and older who used illicit drugs also had a serious mental illness, compared to 15.7% who reported no mental illness (SAMHSA, 2019c, table 8.42B). 3.7% of adults aged 18 and older in 2018 had a co-occurring substance use disorder and any mental illness (SAMHSA, 2019c, table 8.9B). Among youth aged 12-17 who had a substance use disorder in the past year, 10.3% had a major depressive episode compared to 2.5% - those without a major depressive episode. Thus, the correlation between substance use

and mental illness is apparent in youth populations as well (SAMHSA, 2019c, table 11.11B).

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 someone develops an addiction, the brain craves the reward of the substance. This is due to the intense stimulation of the brain’s reward system... Long-term addiction can have severe outcomes, such as brain damage, and can even result in death” (Addiction Center, 2020). Drug and alcohol addiction is a significant national problem that creates impaired health, harmful behaviors, and major economic and social hardships.

For fiscal year 2020, President Trump’s administration requested \$34.5 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], 2019, p. 6). 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, 2020a).

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, 35,823 people in the U.S. died of an alcohol-induced death in 2017. 22,246 individuals died due to alcoholic liver disease (Center for Disease Control and Prevention, 2019).

Drug use also imposes human costs. More than 128 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, 2020b).

Recognized nationally as a public health crisis, drug abuse and addiction takes a toll on the lives in Texas as well. In 2018, there were 148,447 total drug abuse related arrests in Texas (Texas Department of Public Safety, 2018). Bexar County matched the rate of excessive drinking as Texas as a whole (19%) in 2016 (County Health Rankings and Roadmaps, 2019)

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

(National Institute on Drug Abuse, 2018)

In 2018, 2,097,000 individuals in the U.S. received substance use treatment for illicit drugs while 2,342,000 individuals received treatment for alcohol use. While 8,743,000 individuals needed treatment, the vast majority (84%) did not receive treatment (SAMHSA, 2019c, tables 5.9A & 5.33A).

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,” and a relapse signifies to a professional that treatment may need to be reinstated and modified (National Institute on Drug Abuse, 2018).

Services in Texas and San Antonio

Texas ranked among the top ten states in terms of number of treatment facilities in 2018 with 502 facilities. Despite having a large number of treatment facilities available, the majority of individuals needing treatment do not receive it. According to the National Survey on Drug Use and Health (SAMHSA, 2020), of the 1,388,000 Texans who needed treatment in 2017-2018, 1,311,000 did not receive treatment.

The large majority of treatment facilities offer transitional services, such as discharge planning and aftercare/continuing care (98% and 83.5% of facilities respectively). 393 of the 502 facilities in Texas offer programs or groups for special populations, such as clients with co-occurring disorders, criminal justice clients, veterans, and more. 138 of the 502 facilities in Texas offer detoxification services (SAMHSA, 2019b). Information about the type of facilities, services, and payment options offered throughout Texas is listed in the following table:

2018 Texas Substance Abuse Treatment Services	
<i>Type of facility</i>	<i>Number of Facilities</i>
Private non-profit	196
Private for-profit	243
Local or county government	27
State government	12
Federal government	23
Tribal government	1
Dept. of Veteran Affairs	16
Dept. of Defense	7
Type of counseling used	
Individual counseling	492
Group counseling	467
Family counseling	414
Marital/couples counseling	268
Types of assessment & pre-treatment services	
Screening: substance abuse	493
Screening: mental health disorders	313
Comprehensive substance abuse diagnosis	469
Comprehensive mental health diagnosis	176
Outreach to persons in the community who may need treatment	283
Type of Care	
Outpatient	420
Residential	124
Hospital Inpatient	52
Type of payment accepted	
Private Pay	448
Private health insurance	320
Medicare	101
Medicaid	289
State financed health insurance	187
Sliding fee scale	249
No charge/minimal charge for clients who cannot pay	224
No payment accepted	11
(SAMHSA, 2019b)	

There are approximately 25 substance abuse treatment facilities (some with multiple locations) located in San Antonio and another 50 situated within a 100 mile-radius (Findtreatment.gov, n.d.).

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 (2019) 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 (2020) 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.

RecoveryWerks! (n.d.), located in New Braunfels, Texas, is a 12-step program providing support to rural community teens and their families.

Prevention

The National Prevention Strategy was developed in 2011 in order to improve overall the 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.” The strategy outlines seven priorities in order to achieve this vision – one priority being 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 (Department of Health and Human Services [HHS], 2011)

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. Holistic treatment is emphasized through these approaches in the recovery process.

“The US Department of Health and Human Services – Substance Abuse and Mental Health Services Administration (SAMHSA) is now recognizing ROSC as a priority and as part of the national recovery agenda is helping states and communities across the United States implement their own Recovery Oriented Systems of Care. Texas is taking an active role in this process and Bexar County 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 Drug and Alcohol Awareness, 2020). The group meets at a local venue monthly.

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