

## What Drug Policy Reform Looks Like

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President Obama believes in the pursuit of an America built to last – a Nation founded on an educated, skilled workforce with the knowledge, energy, and expertise to succeed in a highly competitive global marketplace. Yet, for too many Americans, this vision is hampered by drug use and addiction, which inhibits their ability to live healthy lives and achieve their full potential.

While the harms caused by substance use and substance use disorders may seem obvious, here's a reminder of what the data show: According to the CDC, drug overdose deaths are the second leading cause of injury death, surpassed only by suicides. Making matters worse, studies show that among the 22 million Americans who need treatment for substance use disorders, only about 2 million—only about one-in-10—receive it [i]. What has caused this disparity? For a start, not all health insurance plans have been required to cover drug treatment on par with other medical problems. That's unacceptable.

This week, the Obama Administration announced a major milestone in drug policy reform that builds on our record of treating drug use as a public health, not just a criminal justice issue. Through a new rule made possible by the Affordable Care Act, we are requiring insurers to treat substance use disorders in the same way they would any other chronic disease. Specifically, this new rule expands coverage of mental health and substance use disorder services to 62 million Americans. In today's heated debate over drug policy, it is worth noting that this is one of the most significant pieces of drug policy reform in a generation.

Why does this matter? Practitioners in our health care system historically have not screened for substance use disorders and often have limited knowledge of the nature of addiction. As a result, significant resources are spent treating the symptoms of Americans with undiagnosed substance use disorders. Research shows that treating substance misuse before it develops into a chronic disease is the best course of action. Implementing screening and brief intervention protocols has shown to be effective in reducing problematic substance use and its consequences. For those who have already developed an addictive disorder, only 10 percent of the population who need treatment receive it—often because of insufficient insurance coverage.

Like most chronic diseases, a substance use disorder is progressive. As it progresses, it changes the brain, leading to ever more damaging consequences and making the disease more difficult to treat. If we can ward off problematic substance use before an addictive disorder develops, we can prevent the disease's most serious consequences. Treatment makes good financial sense as well. For every dollar we spend on treatment, we realize a benefit of seven dollars as a result of reduced criminal justice system costs and increased employment earnings. [ii] That means less incarceration, safer communities, healthier citizens, and a stronger workforce.

The most important thing we can do to reform our drug policies is to change the way we think about – and address -- our Nation's drug problem. A "war on drugs" should not define how we can make America healthier and safer. We cannot arrest our way out of the drug problem. So while smart law enforcement efforts will always play a vital role in addressing drug related crime in America, we must acknowledge that science shows addiction is a disease of the brain that can be successfully prevented and treated.

That is why equal access to drug treatment programs is a priority for this Administration. After all, treatment should not be a privilege limited to those who can afford it, but a right available to all those who need it. That is what real drug policy reform looks like.

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[i] In 2010, an estimated 23.1 million Americans (9.1 percent) aged 12 or older needed specialized treatment for a substance use disorder, but only 2.6 million (or roughly 11.2 percent of them) received it.

[ii] 37. Ettner, S. L., Huang, D., Evans, E., Ash, D. R., Hardy, M., Jourabchi, M., & Hser, Y. I. (2006). Benefit-cost in the California treatment outcome project: Does substance abuse treatment 'pay or itself'? *Health Services Research, 41*(1), 192-213