



# POLICY BRIEF

The Massachusetts Health Policy Forum

Findings from the Forum on Substance Abuse Treatment in the Commonwealth of Massachusetts: Gaps, Consequences and Solutions, sponsored by the Massachusetts Health Policy Forum, November 2005

## Substance Abuse Treatment in the Commonwealth of Massachusetts: Gaps, Consequences and Solutions

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March 2006

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### Introduction

One out of ten people in Massachusetts ages 12 and older (577,000) are dependent on alcohol or other drugs. Using a restrictive definition of most significant clinical need, a conservative estimate of 39,700 people need but are not receiving substance abuse treatment. The costs and consequences of substance abuse include illness and death, accidents and injuries, violence, crime, and lower productivity.<sup>1</sup> Whether personally, through a family member, or as a taxpayer, we are all affected by substance abuse.<sup>2</sup> The Commonwealth spends millions of dollars each year on substance abuse-related healthcare and crime. Millions more are lost through lower productivity resulting from alcohol and other drug abuse. Massachusetts has an opportunity to systemically improve the quality of treatment services and to reduce the gap of unmet need. This will save dollars and lives.

The Massachusetts Health Policy Forum convened a panel of policymakers and experts on November 17, 2005 to discuss the gap in substance abuse treatment services in the Commonwealth, as well as strategies to reduce the gap. Administrative officials, legislators, providers and advocates were in agreement on the problem and the devastating social and economic consequences of inaction. The impact of past cutbacks in this area was acknowledged, and significant bipartisan plans are being developed for progress. Real success hinges on the refinement and implementation of these plans. This will require diligence on the part of the administration and oversight and funding on the part of the legislature. The issue brief for this forum can be found at [http://www.sihp.brandeis.edu/mhpf/subabuse\\_pdf/Sub\\_Abuse\\_ISSUE\\_BRIEF\\_12-7-05.pdf](http://www.sihp.brandeis.edu/mhpf/subabuse_pdf/Sub_Abuse_ISSUE_BRIEF_12-7-05.pdf).

The Massachusetts Health Policy Forum is supported by:

Blue Cross Blue Shield of Massachusetts  
 Harvard Pilgrim Health Care Foundation  
 Partners HealthCare  
 Schneider Institute for Health Policy  
 The Heller School for Social Policy and Management  
 Tufts Health Plan

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Connie Horgan: "There are almost 40,000 people with very significant clinical need who are not getting necessary treatment services."

## The Problem

Constance Horgan, Sc.D., Director of the Center for Behavioral Health at the Schneider Institute for Health Policy, Heller School for Social Policy and Management at Brandeis University reported that, using a restrictive definition of most significant clinical need, there are an estimated 39,700 people in need of treatment services who are not getting them (see Figure 1). One out of ten Massachusetts residents ages 12 and older (11% or 577,000) is dependent on alcohol or other drugs, compared to 9% nationally.

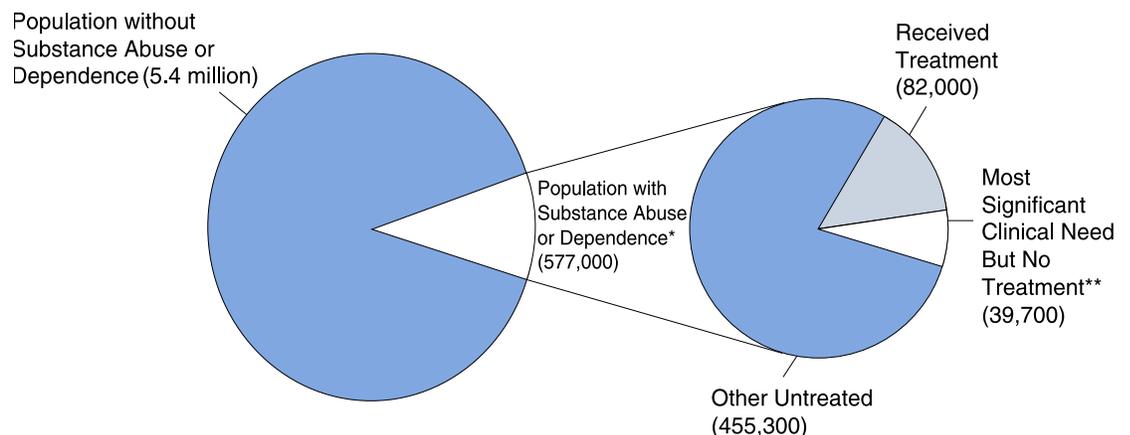
The treatment gap can be measured many different ways. Last year, approximately 82,000 people received publicly funded substance abuse treatment services.<sup>3</sup> With over half a million people dependent on alcohol

or other drugs, this suggests a treatment gap of 495,000 people in need of treatment who did not receive services. Applying a restrictive definition of **most significant clinical need**, there are an estimated 39,700 people in need of treatment services who are not getting them. No matter which estimation approach one uses, they all result in a significant treatment gap.

The costs and consequences of substance abuse are high (see Figure 2). Massachusetts incurred \$304.5 million in economic costs alone as a result of 203 alcohol-related fatalities in 2004. This does not account for the enormous suffering of families and communities associated with these deaths. Total charges for opioid-related hospitalizations including dependence, abuse, and/or overdoses, exceeded \$167 million in

Figure 1

### Massachusetts Population with Substance Abuse or Dependence by Treatment Status



Sources: \* Based on population ages 12 and older. Wright, D., & Sathe, N. (2005). *State Estimates of Substance Use from the 2002-2003 National Surveys on Drug Use and Health* (DHHS Publication No. SMA 05-3989, NSDUH Series H-26). Rockville, MD: Substance Abuse and Mental Health Services Administration, Office of Applied Studies.

\*\* Based on population ages 19 and over. Shepard, DS, Strickler, GK, McAuliffe, WE, Beaston-Blaakman, A, Rahman, M, & Anderson, TE. (2005). Unmet Need for Substance Abuse Treatment of Adults in Massachusetts. *Administration and Policy in Mental Health*, 32(4), 403-426.

2003. Moreover, on any given day there are more than 9,000 people incarcerated in Massachusetts. One out of five inmates is incarcerated on a drug offense. Even more commit a crime to support their alcohol and drug abuse. With incarcerations costs of \$42,700 per year, the 1,800 inmates convicted of drug offenses cost Massachusetts \$76.9 million per year.

### Consensus on Gaps and Consequences

Policymakers, treatment providers, advocates, people in recovery and their families and researchers present at the Forum quickly reached consensus that improving access to and the quality of substance abuse treatment in Massachusetts is critical for reducing the social and economic costs of substance abuse. Senator Stephen

Tolman stated, “There are no politics in this business of substance abuse. If we don’t hold hands and work together on this problem of substance abuse, then we are going to lose the war.” He spoke passionately about the pain and suffering of individuals and families with substance use disorders, particularly the devastation that results from Oxycontin abuse. He emphasized, “Oxycontin is not a gateway to heroin, it’s a rocketship to heroin!”

### Where Do We Go From Here?

#### *Research Recommendations*

To maximize the impact of Massachusetts’ substance abuse dollars, Dr. Horgan outlined five strategies for improving the quality of treatment in



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Figure 2:

### Selected Consequences and Related Costs of Alcohol and Other Drug Abuse in Massachusetts

Consequence	Number	Related Costs
Alcohol-related fatalities – 2004*	203 fatalities	\$304.5 million
Opioid overdoses – 2003**	574 deaths	Data not available
Opioid-related hospitalizations – 2003***	Data not available	\$167 million
Incarcerated offenders – 2004****	1,800 on drug offenses	\$76.9 million

Sources: \*National Highway Traffic Safety Administration; \*\*Massachusetts Injury Surveillance; \*\*\*Massachusetts Department of Health; \*\*\*\*Massachusetts Department of Correction.



Lieutenant Governor Healey: “Massachusetts lost so many resources during the recent economic turn down, we are now challenged to find the best use of available resources.”

Massachusetts. These strategies included:

- ❖ Engaging detoxification clients in a broader continuum of treatment,
- ❖ Improving retention in treatment,
- ❖ Providing client/family-centered services,
- ❖ Increasing the use of evidence-based treatment approaches, and
- ❖ Supporting recovery to address the chronic nature of substance use disorders.

Discussion from panel members and the audience touched on other key areas in addressing substance abuse issues in the Commonwealth. These areas included:

- ❖ Establishing an Interagency Council on Substance Abuse,
- ❖ Providing client-centered services,
- ❖ Improving screenings and brief interventions,
- ❖ Implementing a response throughout the medical care system,
- ❖ Involving private insurers and establishing parity,
- ❖ Involving persons in recovery,
- ❖ Improving data collection and use, and
- ❖ Increasing funding for substance abuse services.

### *Establishing an Interagency Council on Substance Abuse*

Lieutenant Governor Healey reported that the Commonwealth’s Substance Abuse Strategic Plan included the development of an Interagency Council on Substance Abuse that includes representation from 13 state agencies. Greg Hughes has been appointed as the Chairperson of the Interagency Council on Substance Abuse (ICSA), which is charged with developing the best strategic allocation of the \$250 million the Commonwealth spends on substance abuse services each year. The ICSA will conduct a needs assessment by type of service and develop a strategic plan that identifies how to best allocate available resources.

Lieutenant Governor Healey stressed that “Massachusetts lost so many resources during the recent economic turn down, we are now challenged to find the best use of available resources.” She identified sober high schools, intensive case management services, and better education for all kids around the dangers of substance abuse as effective strategies that were being considered.

### *Providing Client/Family Centered Services*

Following a key recommendation of the paper, audience members supported the need to provide client- and family-centered services. Dr. Patricia Cohen, Director of the Juvenile Court Clinics in Massachusetts

expressed a concern over the lack of attention to gender issues within the substance abuse treatment system. She felt there was tremendous inequity in access for men and women, especially for women with children at home. Michael Botticelli, Assistant Commissioner in the Bureau of Substance Abuse Services (BSAS) at the Massachusetts Department of Public Health indicated that BSAS is increasing services for women, with an emphasis on family services that keep the mother and child together when possible. Additionally, BSAS has recently contracted for increased detoxification and transitional support services beds for civilly committed women.

Kattie Portis, advisor to the Mayor of Boston on substance abuse issues, emphasized that social problems cannot be dealt with in isolation. She stated, “Substance abuse is not a separate issue. It brings along all those other kinds of things we do not like to talk about. It brings violence, home invasions, prostitution.” She also stressed that gender-specific mental health and substance abuse treatment services are needed for young girls at risk.

Maureen McGlame, Director of the Boston chapter of Children of Alcoholism and Substance Abuse and an Addictions Specialist at Massachusetts General Hospital Addictions Services, noted that we must recognize the transgenerational affect of substance abuse in families, if not, treatment is an exercise in

futility. Although she felt that recovery high schools, a strategy being considered by the ICSEA, are a great concept, she emphasized that they will serve only 100 teens. With one out of three children in Massachusetts coming from a family with active substance abuse, McGlame called for more effective strategies that reach more youth. Stressing that the majority of kids from substance abusing families do not present with outward problems, she emphasized the need for more prevention and early intervention programs for all youth.

Mr. Botticelli also called for HIV counseling and testing, tobacco cessation, and trauma-informed services for substance abusing people. He mentioned that BSAS has been working with the Department of Transitional Assistance to better understand what services are needed to support families and improve services for children. Echoing this need, Ms. Portis stated, “We can no longer treat the addict, we have to treat the family.”

### *Improving Screenings and Brief Interventions*

Mr. Botticelli also stressed the need to improve screening and assessment for substance abuse problems within different settings to help identify and serve those in need of services. Dr. Edward Bernstein, Department of Emergency Medicine, Boston Medical Center, recognized the emergency room as an entry point to treatment



**Kattie Portis:**  
“We can no longer treat the addict, we have to treat the family.”



Maryanne Frangules: “We need to turn this around to make Massachusetts number one in terms of substance abuse prevention and treatment by being visible, vocal and valuable.”

and argued for more resources in emergency rooms to support screening, brief intervention and referrals to treatment services.

### *Implementing a Response throughout the Medical Care System*

Taking the need to work with individuals in need of services across different settings more broadly, Jeff Samet, a physician at Boston Medical Center, spoke about the need to look at enhancing the response to substance abuse within the medical system more broadly. He stressed the need to be creative in serving clients. He felt that pharmacotherapy is an under-utilized ally and that buprenorphine offers a creative strategy for some clients.

### *Involving Private Insurers and Establishing Parity*

Parity for substance abuse treatment emerged as an important issue. Senator Tolman asked, “Where are the private insurers?” further stating, “We need to make sure it’s mandatory substance abuse treatment.” David Mattioto, Executive Director of Massachusetts Association of Behavioral Health Systems called for parity and other strategies to bring private insurance along. Joanne Petti McGill of the Office of Patient Protection at the Massachusetts Department of Public Health echoed the need to mandate insurers to cover services that are currently not covered. Connie Peters, Vice President of the Mental Health and Substance

Abuse Corporation of Massachusetts, Inc. (MHSACM, Inc.) identified parity of substance abuse treatment services as one of its key policy initiatives. Finally, Diane Barry, Director of the MetroWest Technical Assistance Center for Youth Substance Abuse Prevention, recommended that other community foundations step up to the plate, the way the Metrowest Foundation has, to fund needed programs in the community.

### *Involving Persons in Recovery*

Maryanne Frangules, Director of the Massachusetts Organization for Addiction Recovery (MOAR), encouraged everyone who is addressing substance abuse in the Commonwealth to include the voice of those in recovery. People in recovery need to share their stories of how they are affected by recovery. She stressed that they need to put hope into it all because people need hope to make positive changes. She stated that, “We need to turn this around to make Massachusetts number one in terms of substance abuse prevention and treatment by being visible, vocal and valuable. Recovery is capital!” Michael Botticelli stressed that we need to ensure that people who need these services, and their families, are involved in planning and evaluating services.

### *Improving Data Collection and Use*

Through much of the discussion, policymakers, treatment providers and other advocates spoke about the

need to improve data collection and reporting and performance management systems. Senator Tolman called for mandatory reporting of opiate overdoses to better understand the problem. Lieutenant Governor Healey wants to improve the Drug Abuse Warning Network (DAWN), including data on the precise number of people who show up in emergency rooms needing substance abuse treatment and how many of those people are able to be successfully placed in treatment programs. Dr. Bernstein suggested that Medicaid might link reporting to MassHealth reimbursement to promote participation. Mr. Botticelli spoke about BSAS's new performance management tracking system that is client-centered and web-based and provides data in real time. This system will also allow them to integrate more easily with the criminal justice, emergency department, and mental health systems.

### *Increasing Funding*

Senator Tolman stated, "Treatment does work, but there's not enough of it." He indicated that the Senate bill requests an additional \$20 million in the state budget to support the continuum of services. Ms. Peters indicated that MHSACM is calling for an additional \$43.6 million in the Commonwealth's FY '07 budget to restore and increase access to substance abuse treatment services. Increased funding would be provided for more adolescent prevention

programs, local community prevention programs, expand adolescent treatment services, expanded detoxification and step-down or transitional support services, more residential treatment beds, more opioid treatment slots, and rate increases for providers to improve staff salaries. She emphasized that if rates increase without new funding, we will have to cut services.

Chuck Farris, Executive Director of Spectrum Health Systems in Worcester, explained that a part of the challenge in moving clients through the continuum of care is the limited availability of treatment services, particularly residential treatment services. Residential programs receive just \$55 per client per day. Coupled with the difficulty in siting these programs, there is little to no incentive to operate them.

Raymond Tamasi, Executive Director of Gosnold on Cape Cod, explained that the state's categorical funding system limits the ability of providers to impact patients earlier in the progression of their diseases. He stated, "If we believe we are dealing with chronic illnesses that require medical management over a person's lifetime, then we need to give providers the capacity to do that. Categorical funding does not equate with the concept of the continuum of care. Services that are siloed are not linked. The acute care model is to spin them dry and get them out and then bring them back."



Connie Peters:  
"An additional \$43.6 million for the Bureau of Substance Abuse Services in FY 2007 is necessary to restore and increase access to treatment."

Debra Kamen, Director of the Statewide Head Injury Program of the Massachusetts Rehabilitation Commission, described the need to pay attention to making services both physically and cognitively accessible since substance abuse often accompanies physical and cognitive disabilities.

Leroy Kelley, Professor at Cambridge College and a member of MOAR, recognized the need for additional funding to achieve the improvements needed throughout the system. He floated the idea that Massachusetts require universal coverage for substance abuse and co-occurring disorders treatment. To provide treatment on demand, the state could institute an 84-cents per member per month tax on those health plans/insurers who do not provide the required services to cover treatment costs.

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## Conclusions

The Forum showed that there was strong bipartisan support to address the gap in substance abuse treatment services in the Commonwealth. The questions and discussions revealed, however, that there are many different ways to address the problem. Audience members identified several different priority populations, including adolescents and women. They also identified different strategies, such as the need for client-centered services, increasing funding to emergency departments, involving the wider medical care system, and involving private insurers more fully. The Commonwealth has a long road ahead in improving access to and the quality of substance abuse services. Policymakers, treatment providers, advocates, persons in recovery, and researchers with specific expertise are all willing to be active members in designing policies and programs to meet the needs of our citizens. The Interagency Council on Substance Abuse and other state policymakers need to tap this expertise to involve those with direct experience and identify the best ways to spend limited resources to address the problem at hand. Through these efforts we can reduce the costs and consequences of substance abuse and build a healthier, more productive community.

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## References

- <sup>1</sup> Office of National Drug Control Policy (2001). *The Economic Costs of Drug Abuse in the United States, 1992-1998*. Washington, DC: Executive Office of the President (Publication No. NCJ-190636).
- <sup>2</sup> Horgan, C., Skwara K.C., & Strickler, G. (2001). *Substance Abuse: The Nation's Number One Health Problem*. Prepared by the Schneider Institute for Health Policy, Brandeis University for The Robert Wood Johnson Foundation, Princeton, NJ.
- <sup>3</sup> Commonwealth of Massachusetts. *Substance Abuse Strategic Plan*. May 16, 2005.



### The Massachusetts Health Policy Forum

This Massachusetts Health Policy Forum was made possible by a special grant from the Blue Cross Blue Shield of Massachusetts Foundation and was co-sponsored by the NIDA-funded Brandeis/Harvard Research Center on Managed Care and Drug Abuse Treatment and the Institute on Urban Health Research at Northeastern University.

*A copy of the Issue Brief prepared for this event can be found on the MHPF website: <http://www.masshealthpolicyforum.brandeis.edu>. Desktop publishing by Lisa Andersen.*

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