



Social Impact Consultants

Discovering better ways
to solve social problems

Substance Abuse Strategy *Landscape Research Findings*

Prepared for:

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F O U N D A T I O N

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The Hilton Foundation Has Supported Work on Substance Abuse for the Last 30 Years

Work to Date

- Grantmaking focused on **preventing youth substance abuse** (~\$60M)
- Key Grants:
 - The majority of Hilton Foundation substance abuse grants have gone to the BEST Foundation to develop and support Project ALERT, a curriculum-based prevention program in middle schools
 - Research, e.g., The National Center on Addiction and Substance Abuse (CASA) at Columbia University

The Majority of the Hilton Foundation's Substance Abuse Funding Has Gone to Project ALERT in the Past

- **Project ALERT has received 93%** of Hilton's substance abuse funding
- **Project ALERT Overview:**
 - History:
 - Developed with RAND as a research-based curriculum for classroom delivery
 - Established the BEST Foundation for a Drug-Free Tomorrow to bring Project ALERT to scale
 - Approach:
 - Focus on prevention among vulnerable middle school youth
 - Goal of preventing use and keeping youth already using from abuse/addiction
 - Curriculum focus: social influence and knowledge of the consequences of substance use and the benefits of nonuse
 - Currently is now in 1/4 of all U.S. school districts, reaching 1.5 million students/year

A Changing Environment Led the Hilton Foundation to Conduct a Landscape Assessment to Identify New Opportunities of Impact



Key Activities

- Research on the landscape of **needs, funding flows, and current efforts**
- Interviews with **over 25 experts, funders, and practitioners**
- Additional **research identifying opportunities for investment**

The following slides describe the key findings from the landscape phase

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I. Scope and Burden of the Problem

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Substance Use Disorders Have a High Cost for Individuals and Society

Costs to Individuals

- Research suggests that substance use is a key contributing factor to all **leading causes of death among teens**– unintentional injury, homicide and suicide
- Teen substance use increases the **risk of violence and risky behaviors** (e.g., aggression, crime, fighting, risky driving)
 - Teens who use substances are more likely to be sexually active and to engage in **risky sex**, and suffering the consequences of unplanned pregnancy or STDs
- Adolescent substance use **increases the risk of poor physical health**, disease and damage to the brain
- **Mental health problems**, including anxiety disorders, depression, suicidal thoughts and personality disorders, are associated with adolescent tobacco, alcohol and other drug use
- Adolescent substance use is a significant **barrier to successful academic performance**, educational attainment and career advancement

Costs to Society

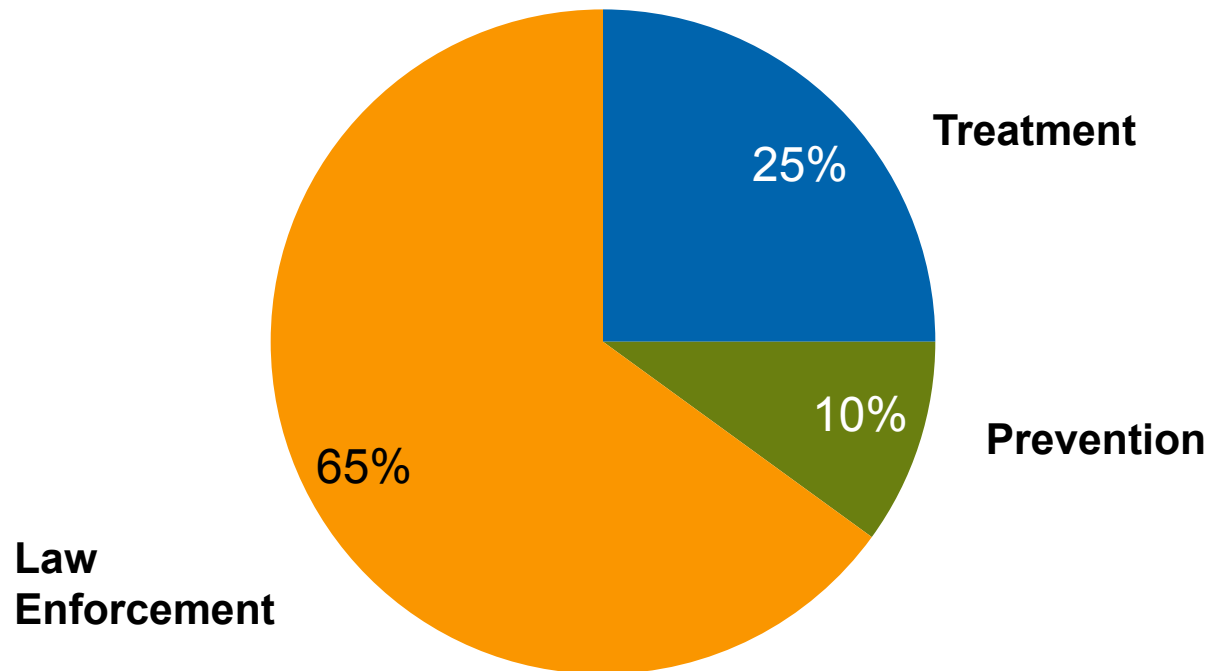
- The estimated total costs of substance use to federal, state and local governments are approximately **\$468B/year** mainly due to crimes, diseases, accidents, child neglect and abuse, unplanned pregnancies, homelessness, and unemployment
 - Federal and State governments spend 60x more on the effects of substance abuse and addiction as they do on prevention and treatment, mainly through healthcare and justice systems
- Substance use and addiction are the **leading causes of preventable death and disability**
 - An average of 11 American teens dies each day from alcohol-related crashes
 - Among college students, 1,700 deaths, 500,000 injuries, 600,000 physical assaults, and 70,000 sexual assaults can be attributed to substance use each year

Substance abuse poses large health and safety threats to the individual, their friends and family, and society at large

Source: CASA Reports Shoveling Up II: The Impact of Substance Abuse on Federal, State, and Local Budgets, and Adolescent Substance Use: America's #1 Public Health Problem; "There's no benefit to lowering the drinking age" article by Jim Gogek

Public Expenditures Comprise the Vast Majority of Funding to Substance Abuse

Public Federal Funding (\$15B, 2011)



Public funding available for prevention of substance abuse is very limited

With Few Large National Foundations Working in This Space, There Is a Need for Philanthropic Leadership in the Field

**\$100-200M
Yearly**

- Foundations spend \$100-200M annually funding substance abuse (though this number is likely larger as some funding for substance abuse is not coded as such in the Foundation Center database)
- Compared to other fields, there are few large, national funders focused on substance abuse

Largest Philanthropic Funders of Substance Abuse (~ funding from 2008-2010)

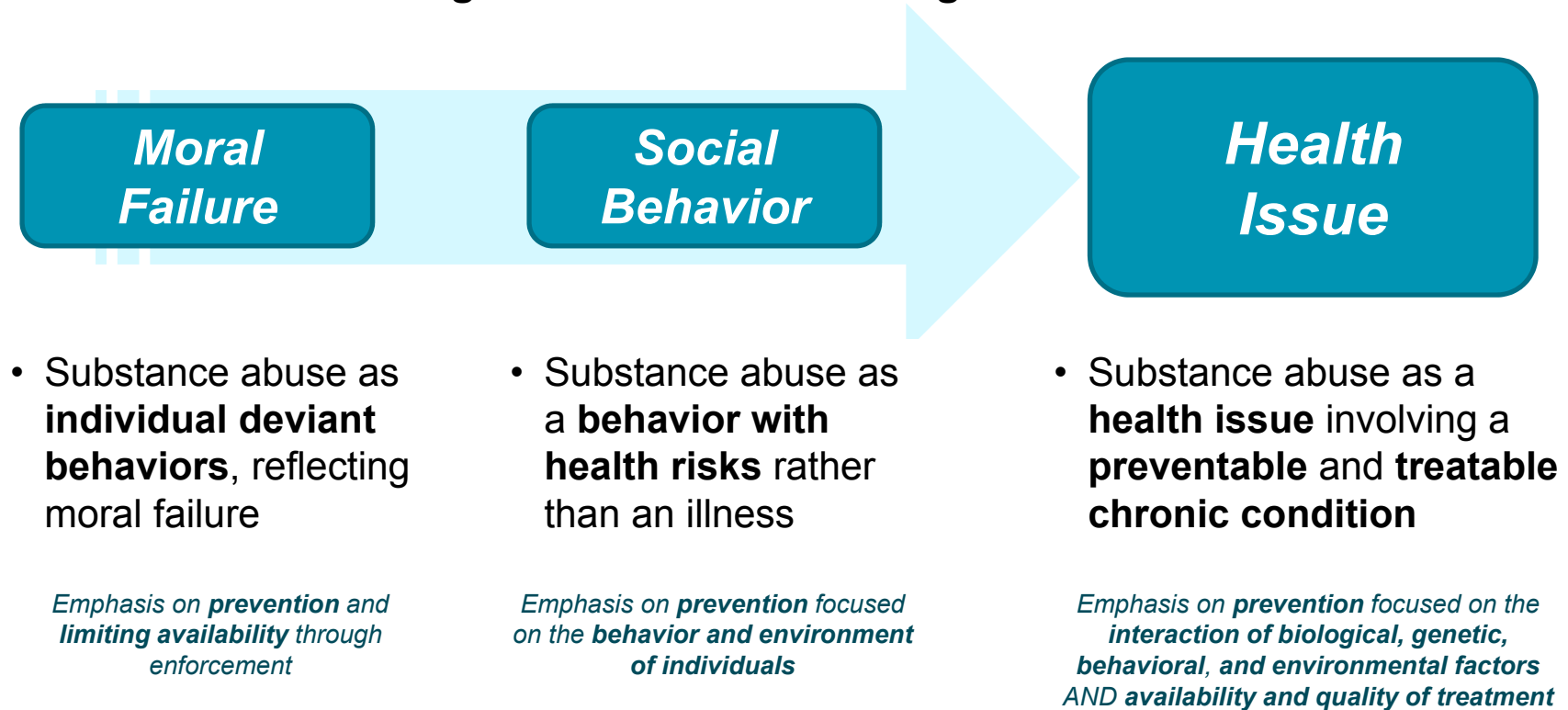


While there are few national strategic philanthropic partners, several small local funders are addressing substance abuse issues in their communities

Note: *Comprised of \$73M for substance abuse and alcohol programs and \$42M for tobacco programs; Source: Foundation Center, Foundations' websites

The Field's Understanding of Substance Use Disorders Has Evolved from a Moral Failure to a Health Issue

Paradigms of alcohol and drug abuse

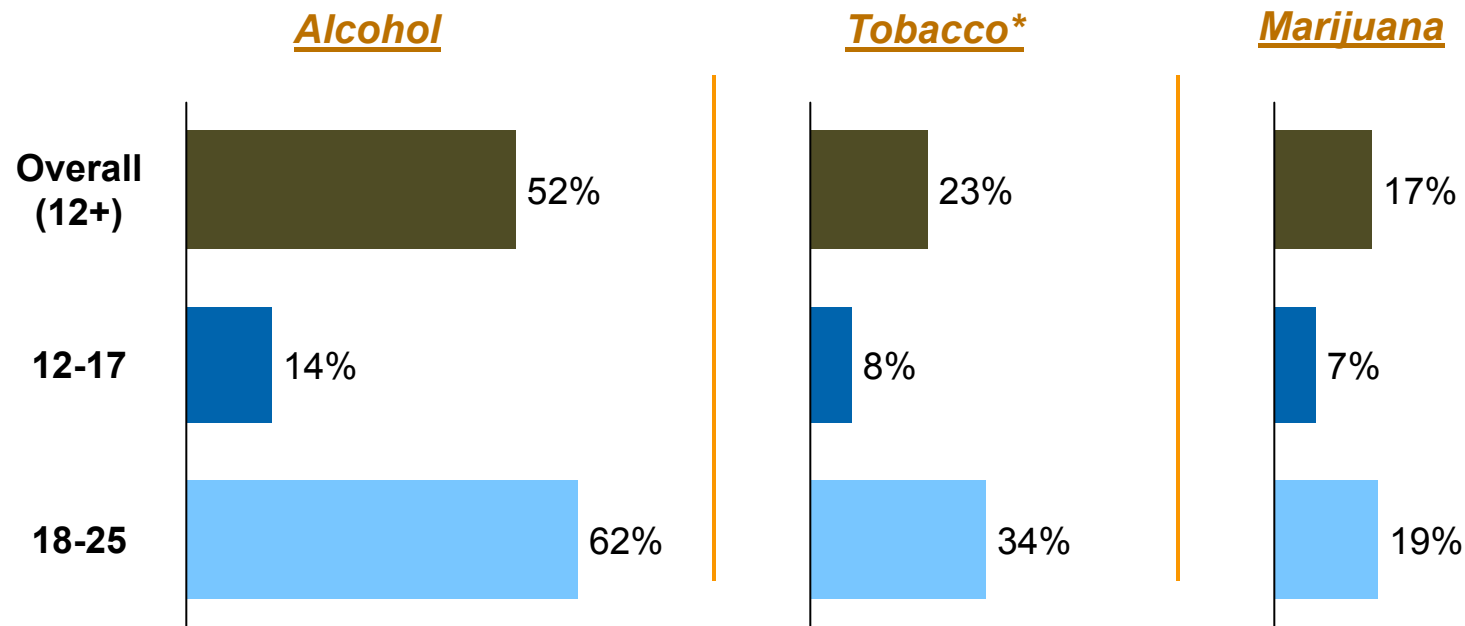


“Despite a substantial body of empirical evidence to the contrary, much of the public still believes that drug and alcohol abuse is a willful act – essentially a personal, moral failing.”

-Staff Representative of a Philanthropic Funder

Alcohol, Tobacco, and Marijuana Are the Most Widely Used Addictive Substances Across All Ages

*Past Month Prevalence, 2010
(overall, teenagers and young adults)*



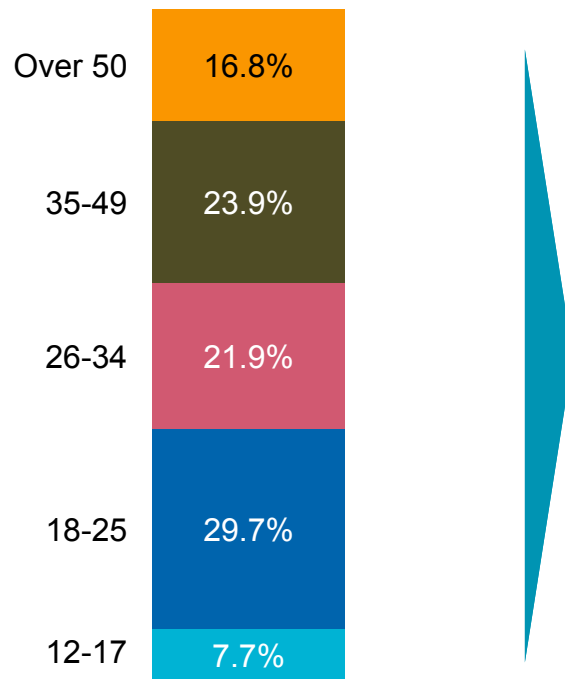
Nonmedical prescription drug use among youth and young adults in 2010 was the second most prevalent illicit drug use category; **3% of youth age 12-17 and 5.9% of young adults age 18-25 were current users**

As the second most prevalent illicit drug use category, the severity of nonmedical prescription drug use has raised concerns nationwide

*Note: Cigarette prevalence is used for tobacco.
Source: National Survey on Drug Use and Health, USDHS 2010

Substance Use Disorders Affect People of All Ages, but Have Their Origins in Adolescence

A majority (63%) of the 23M Americans with an alcohol and/or drug addiction are over 25

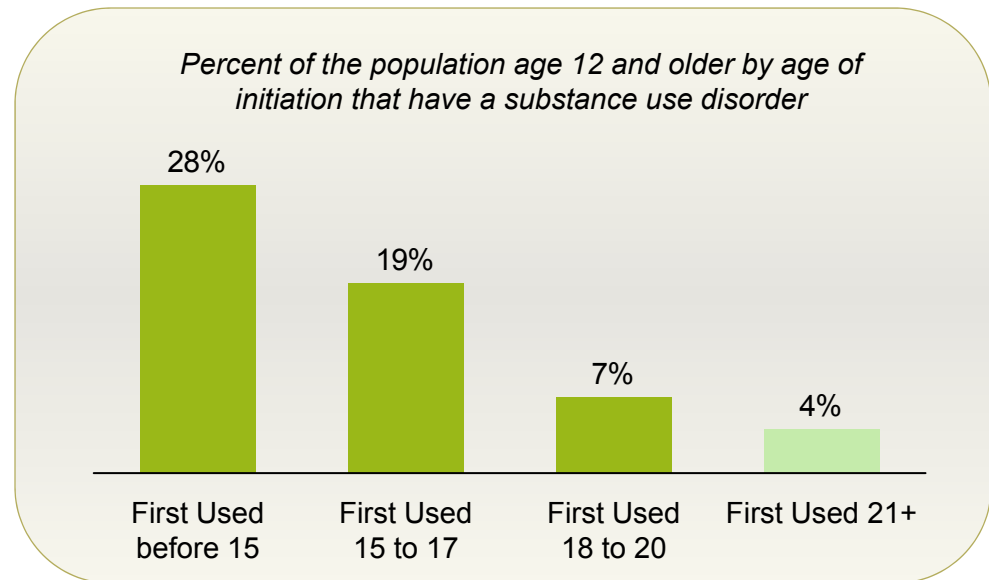


Age of the 23M Americans who are addicted to alcohol and/or drugs (percent)

However, 90% of people who are addicted began to smoke, drink and/or use other drugs before age 18



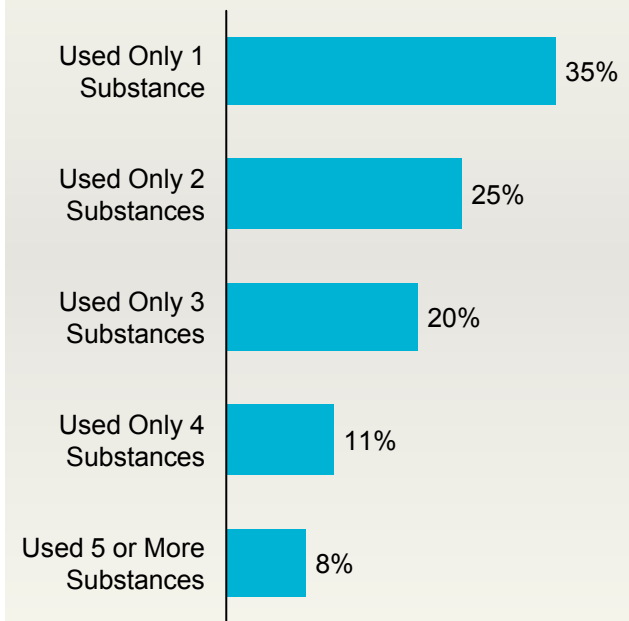
Additionally, chances of developing an addiction are six times higher for teens who begin using before age 15 than those who delay use until age 21 or older



Teens Are Most Vulnerable to Substance Use Disorders

- **Teens are more prone than adults to engage in risky behaviors**, including experimenting with drugs, because the regions of the brain that are critical to decision making, judgment, and impulse control are not yet fully developed
- **Teens are more vulnerable to addiction** because the adolescent brain is still developing; dependence develops more easily and more quickly the earlier the onset of use
- Additionally, when compared with adults, teenagers and young adults (19-28) tend to have **more risky and potentially more harmful use patterns**, using less frequently but more intensely
- National data indicate that most high school students who have ever used addictive substances **have used more than one**
- Adolescents involved in the child welfare system, the juvenile justice system, who drop out of school, or have a minority sexual identity are **more vulnerable** to substance abuse disorders

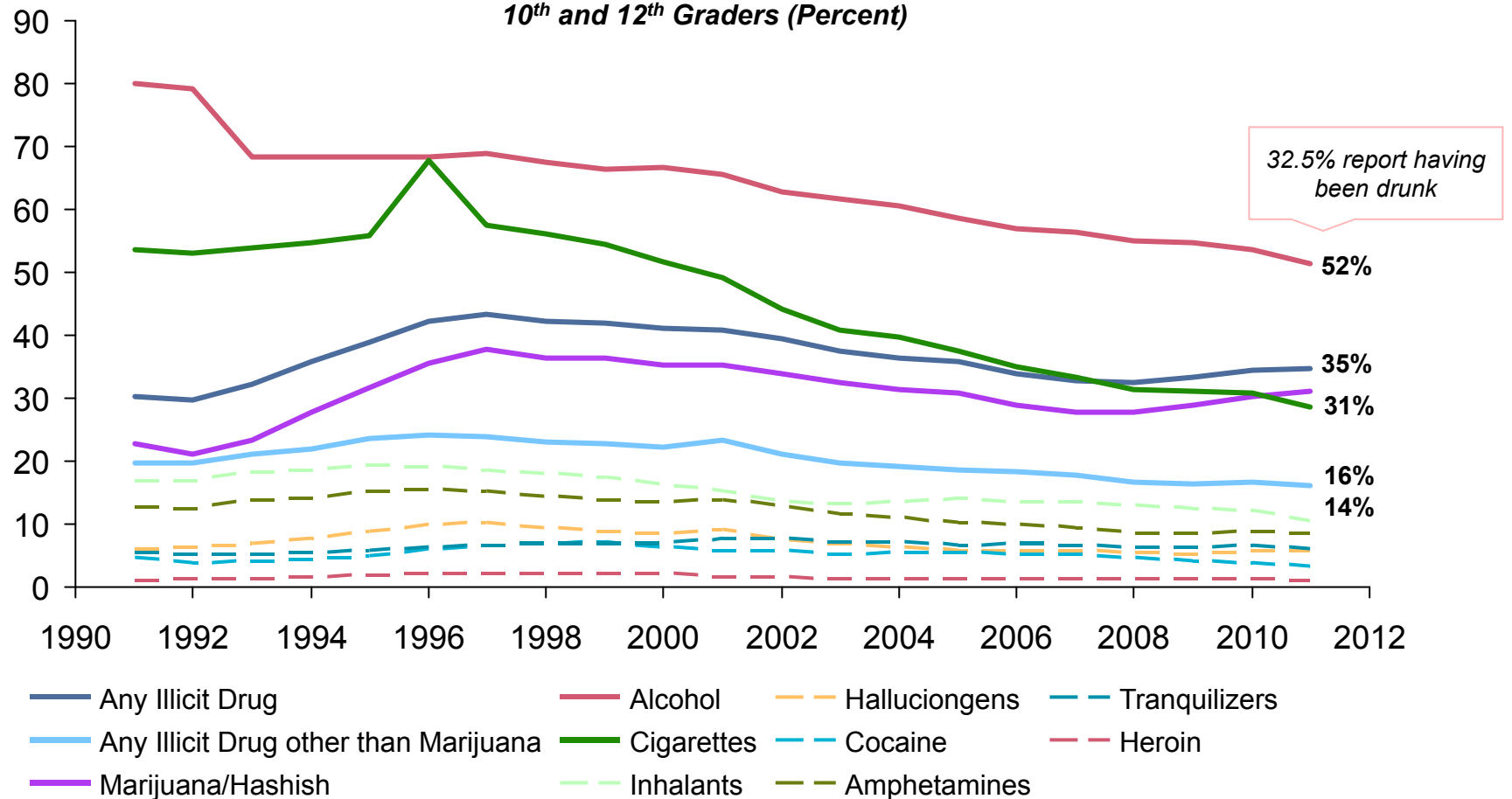
Prevalence of Poly Substance Use Among High School Lifetime Users of Any Substance



While addiction affects Americans of all ages, adolescence is the critical period to prevent the onset of a substance abuse disorder

Despite Declining Trends, Use of Addictive Substances Among Youth Is Still a Key Public Health Concern

Trends in Lifetime Prevalence of Use of Various Drugs Among 8th, 10th and 12th Graders (Percent)



Long-term trends provide a better understanding of use patterns, smoothing out substitution patterns between substances as availability and perception evolve over time

Source: Monitoring the Future, 2011 Survey; FSG Interviews

A Complex Set of Factors Influence Adolescent Substance Use

Individual Factors

- Lack of parental involvement or a strong role model
- Genetic predisposition or previous family history of substance abuse
- Exposure to violence or trauma
- Mental health issues or early aggressive behavior
- Disconnection from school
- Criminal justice involvement
- Peer influence and perception of risk



Environmental Factors

- Availability of substances (economic, retail, and social access)
- Promotion of substances
- Policy enforcement
- Social norms around use

Preventing substance abuse among adolescents requires multiple approaches that address individual and environmental factors

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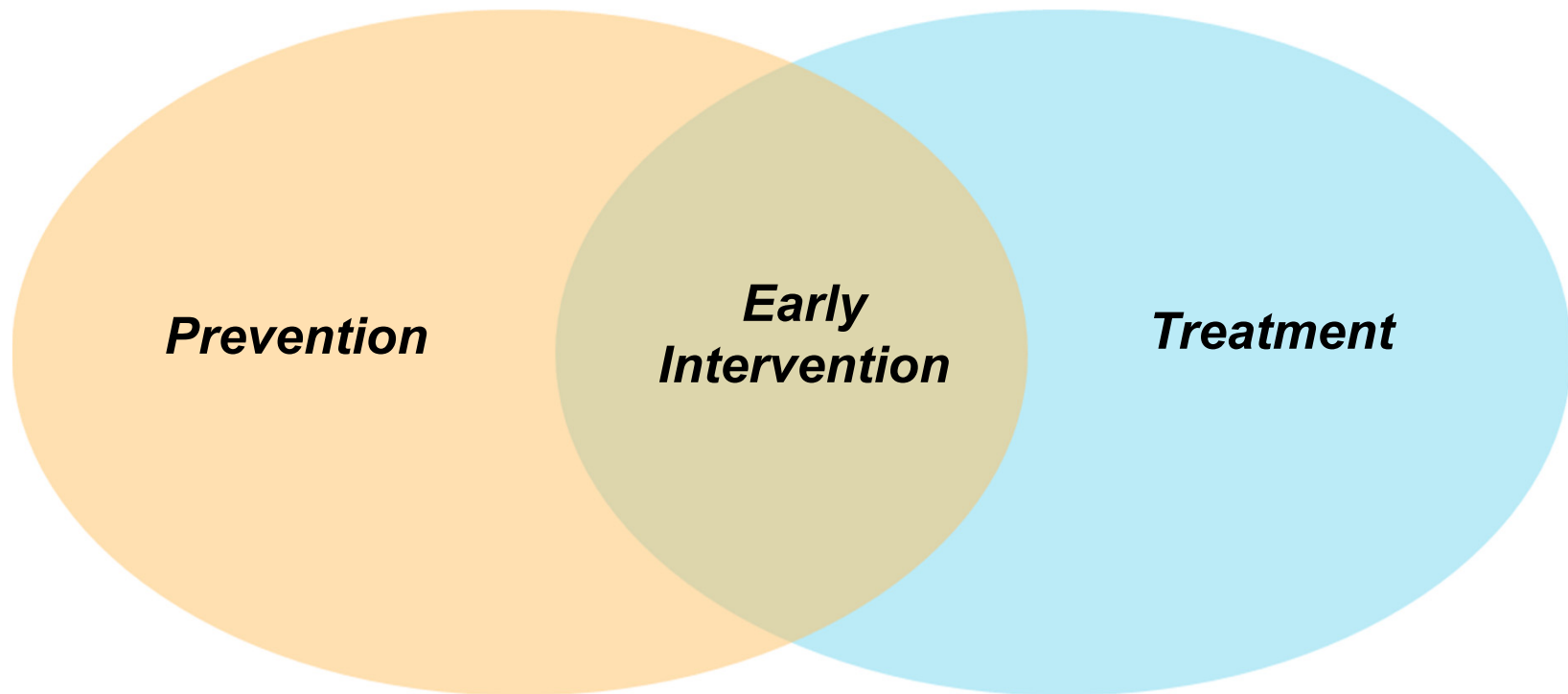
I. Scope and Burden of the Problem

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Experts Recognize that a Continuum Exists between Prevention and Treatment

Opportunity Areas



Prevention Initiatives Cover a Wide Range of Efforts Aiming to Reduce Demand and Decrease Supply of Addictive Substances

Goals

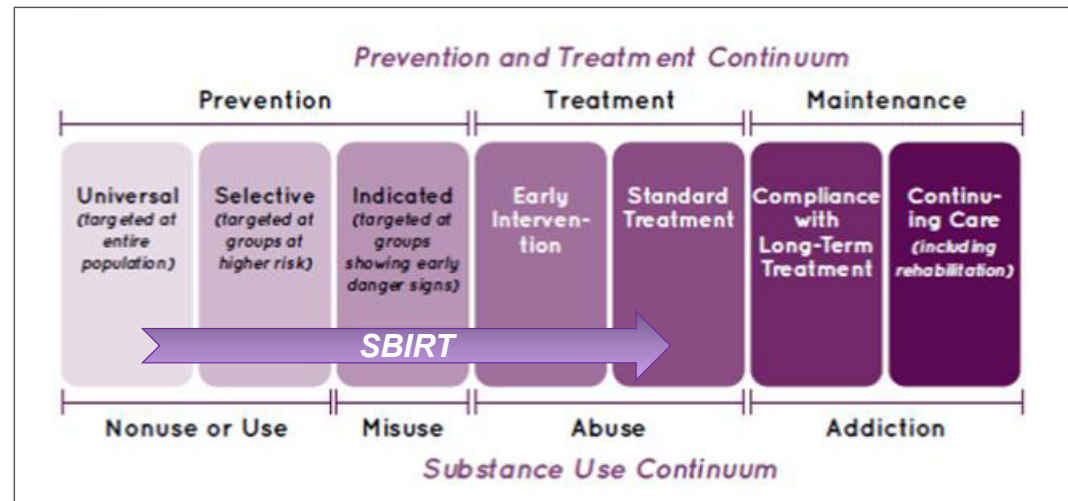
- **Abstinence**
- **Delaying the onset** of substance use
- Encouraging **responsible consumption**

Focus

- **Population-wide focus** (general universal prevention)
- **Targeted focus** (selective or indicated)

Approach

- **Demand reduction:** addresses **individual risk factors and strengthens protective factors**. Sample interventions include holistic youth wellness programs, such as programs aimed at increasing understanding and capacity of parents, peers, schools and communities to support adolescents and identify risky behaviors
- **Supply reduction:** seeks to **limit availability** of substances. Sample interventions include: Policy regulating minimum drinking and purchase age, increasing taxes, promoting consistent enforcement practices



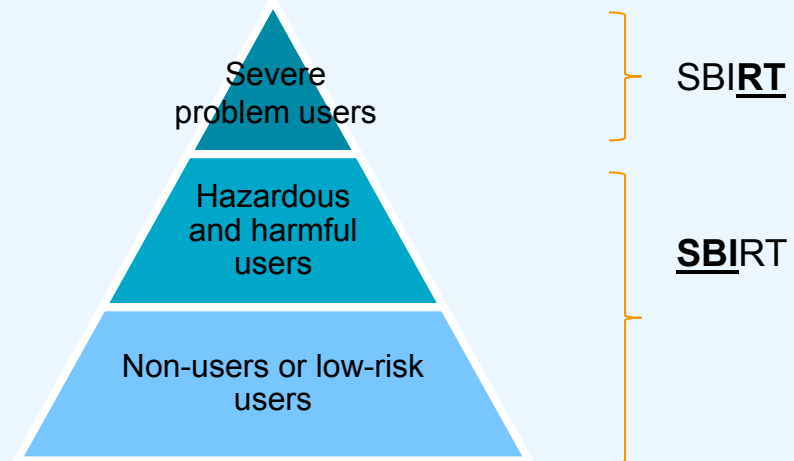
Education curriculums targeted at youth only address a small subset of risk factors, and therefore have a limited potential for impact

SBIRT bridges prevention and treatment; Furthermore, SBIRT has become a model approach for early intervention

SBIRT Models Bridge Prevention and Treatment and Provide a Cost-Effective Approach to Preventing and Treating Misuse and Abuse

- **SBIRT** is a comprehensive, integrated, public health approach that **identifies individuals at risk early, provides a brief intervention, and refers patients to more extensive treatment as needed**

- **S** **Screening quickly assesses the severity** of substance use and identifies the appropriate level of treatment
- **BI** **Brief intervention** focuses on increasing insight and awareness regarding substance use and motivation toward **behavioral change**
- **RT** **Referral to treatment** provides those identified as needing more extensive treatment with **access to specialty care**



- SBIRT can be implemented in a **variety of settings** such as primary care centers, hospital emergency rooms, trauma centers, and other community settings
- The **cost-effectiveness of SBIRT** has been proven in several pilots
 - The strongest evidence-base exists for treating alcohol disorders in primary care settings; further research is needed to prove its effectiveness with other substances and in multiple settings

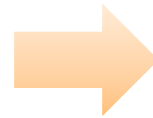
A stronger evidence base and effective support for integrating SBIRT into daily practice is needed to scale it up

Source: SAMHSA, *Overview of research on the use of SBIRT in primary care settings*, Mitchell Karno, UCLA Integrated Substance Abuse Programs; FSG Interviews

Availability of Appropriate Treatment for Adolescents Is A Key Barrier to Preventing Further Harm to the Individual and the Community

The Treatment Gap

1.6M high school students meet the medical criteria for a substance use disorder involving alcohol or other drugs



Only 6.4% of them received treatment in the past year

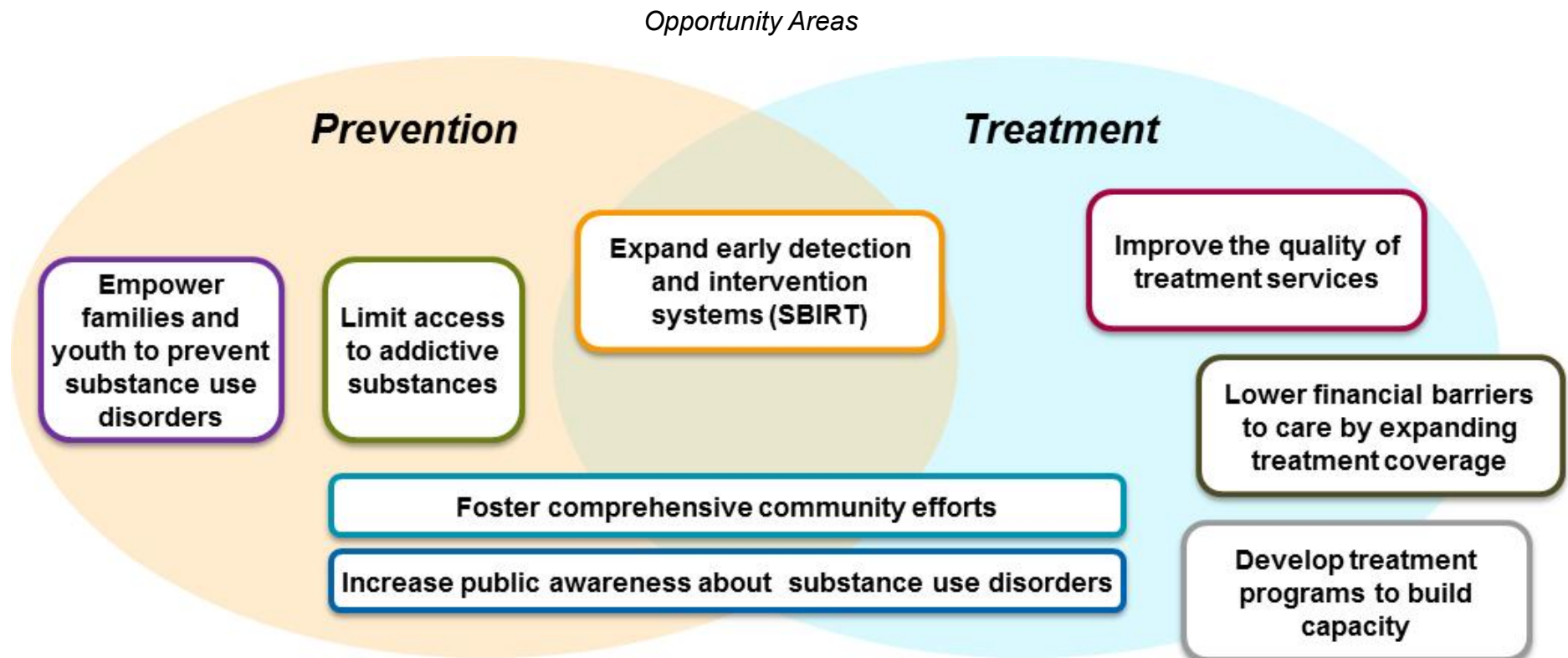
(Despite being referred at greater rates, only 3.9% of Juvenile Justice offenders received any form of treatment)

Barriers to treatment for adolescents:

- **Failure to understand the problem.** Families, institutions and systems responsible for the wellbeing of adolescents miss opportunities to intervene due to their lack of knowledge
- **Lack of integration** between the medical, education, treatment, and mental health systems
- **Limited knowledge among medical professionals** (e.g. MD and RN) of how to identify and treat substance use disorders
- **Lack of effective and accessible treatment options:** nationally there is a lack of relevant treatments available to adolescents that are developmentally appropriate and accessible
- **Lack of insurance coverage:** 16.4% of adolescents have no regular source of insurance, and even those who have insurance may see that coverage of substance use disorders is limited by their policy or requires high out-of-pocket payments. Healthcare reform will offer an opportunity to increase access to treatment through parity provisions
- **Low adherence to national guidelines** recommending the implementation of a Screening, Brief Intervention, and Referral to Treatment (SBIRT) model in general medical settings

While proven effective treatment models exist, few are implemented with the intensity and length needed

The Hilton Foundation Considered a Wide Range of Opportunity Areas Across the Prevention-Treatment Continuum



The following slides describe the challenges and opportunities within each area

Fostering Community Efforts Will Address the Challenge of Multiple but Disjoined Community Efforts

Challenge: Difficulty of Coordinating Community Efforts

- Lack of effective engagement of multiple stakeholders at a community level using various approaches to reduce demand and supply necessary to drive population level change
- Because community needs vary, ability to scale and replicate effective community efforts are limited



Opportunity: Foster Comprehensive Community Efforts

- Support existing and new broad-based community prevention programs – potentially partnering with federal programs
- Connect communities working on comprehensive prevention efforts to share learning and foster adoption of best practices
- Assess effectiveness of comprehensive community-wide efforts to identify evidence-informed strategies and success factors
- Identify sustainable approaches to replicate and scale up successful models
- Support primary prevention efforts to strengthening family environments for children and youth at risk (e.g., families in contact with juvenile justice system, with a history of drug abuse)

Expanding Early Detection and Intervention Systems Will Help Overcome the Current Challenges in Widespread SBIRT Implementation

Challenge: Lack of Early Detection and Intervention Systems

- Lack of knowledge among the medical community (especially primary care settings, community clinics and ER) about how to identify and respond to substance use disorders
- Widespread implementation of SBIRT faces several challenges including education of providers (medical and non-medical), implementation (information, operations, reimbursement), and appropriate referrals
- Lack of early detection and intervention in non-medical settings (schools, workplaces, etc.)



Opportunity: Expand Early Detection and Intervention Systems (SBIRT Models)

- Advocate for federal and state policy to support integration of Screening, Brief Intervention, Referral and Treatment (SBIRT) in medical settings
- Support efforts to implement SBIRT in primary care settings, emergency rooms, including reimbursement policies, referral paths, staffing and operations
- Educate healthcare providers on SBIRT including nurses and other non-MD staff
- Expand use of SBIRT beyond healthcare settings to include schools and other settings that allow trained professionals to reach adolescents

Empowering Families and Youth through Knowledge and Effective Tools Will Help Prevent Substance Use Disorders

Challenge: Families and Youth Lack Knowledge and Tools for Prevention

- Communities lack knowledge about which prevention interventions have the most impact and therefore cannot support effective programs
- Lack of evidence that school based curriculum has a sustainable impact on youth use and abuse patterns
- Lack of high school prevention programs, despite high school being a critical age for prevention
- Lack of trust that prevention works

Opportunity: Empower Families and Youth to Prevent Substance Use Disorders

- Support programs that build protective factors and improve adolescents' knowledge, tools and skills to abstain from consuming addictive substances and/or consume responsibly
- Provide tools to community-based organizations to increase the community's knowledge about substance abuse risks and strategies to prevent and reduce harm
- Advocate for policies that increase funding and resources available for communities to educate parents and adolescents on the risks of substance abuse
- Support parent education and engagement programs to increase parent's ability to guide and influence their children's behavior

Limiting Access to Addictive Substances Will Reduce Opportunities for Youth Substance Use and Abuse

Challenge: Wide Access to Addictive Substances

- Lack of funding, general awareness and will among elected officials to prioritize legislation and enforcement aimed at decreasing demand and supply for substances
- Lack of enforcement of underage drinking policies
- Underutilized excise taxes for substances
- Availability of prescription drugs and lack of mechanisms to prevent doctor shopping



Opportunity: Limit Access to Addictive Substances

- Support states and regions in leveraging federal funds and adopting best practices
- Advocate for legislation to reduce supply and improve enforcement
- Leverage federal funds to place pressure on states to improve policy and enforcement
- Support the creation of a national Rx drug monitoring system

Increasing Public Awareness about Substance Use Disorders Will Provide the Foundation for Effective Prevention and Early Intervention

Challenge: Lack of Public Interest and Awareness

- Substance abuse is often viewed as a moral failure rather than a chronic health condition
- Relapsing is stigmatized rather than viewed as part of the recovery process
- Lack of awareness around risks of substance use and identification of addiction



Opportunity: Increase Public Awareness about Substance Use Disorders

- Support public awareness campaign(s) to de-stigmatize substance use disorders, raise awareness of substance abuse as a health condition and increase knowledge about prevention and treatment opportunities available
- Potential to focus awareness efforts on specific communities such as parents or adolescents
- Educate general public about the treatment options and insurance coverage available
- Increase awareness about limited public funding to turn citizens into advocates for increased funding
- Emphasize collaboration and alignment among advocates, as well as broad participation from multiple stakeholders to achieve a wider reach of the target population

Expanding Addiction Treatment Capacity Will Allow More Treatment Options to Be Available Following Youth Substance Abuse Screening

Challenge: Addiction Treatment Gap

- 23M need treatment, but only 10% receive it; 1.6M high school students need treatment, while only 6.4% receive it
- Lack of treatment options— there is limited physical and human capacity to provide services
- Screening for substance abuse is not integrated into health system (primary health or emergency)—treatment and healthcare mostly function as separate, parallel systems
- Lack of knowledge among medical professionals on how to identify and treat disorders

Opportunity: Expand Addiction Treatment Capacity

- Support communities to understand the gap at the local level: identify community treatment needs and community treatment capacity restrictions
- Integrate substance abuse treatment into health systems
- Advocate for state and federal funding to be organized to facilitate integration of substance abuse treatment into the health system and foster collaboration between service providers
- Fund research and share knowledge around evidence-based best practices in community-based service delivery settings (from clinical treatment and prevention to business practices)

Improving the Quality of Treatment Services Will Improve the Efficacy of Current Treatment Efforts

Challenge: Lack of Quality Treatment Services

- Lack of effective options: quality treatment services are difficult to find (there is especially a lack of knowledge around effective treatment and recovery for adolescents)
- Low adherence to national guidelines recommending the implementation of SBIRT in general medical settings
- Lack of chronic care and holistic treatment services
- Those seeking treatment are left to a self-directed treatment search
- Many treatment and recovery providers are not educated beyond a GED

Opportunity: Improve the Quality of Treatment Services

- Strengthen existing treatment programs' coordination with the health system
- Implement a long-term chronic care treatment approach, rather than acute treatment
- Utilize the Health Home Initiative as an opportunity to coordinate chronic care
- Efficiently engage, integrate, and retain individuals into treatment more quickly as a means for system cost saving and expanding care
- Implement best practices such as utilizing a combination of pharmacological and behavior therapies and providing treatment for patient's co-occurring diagnoses
- Improve holistic treatment, taking into account a patient's housing and job opportunities, other life circumstances

Lowering Financial Barriers to Care Will Provide Greater Access to Substance Abuse Treatment

Challenge: Payment for Treatment Is a Barrier to Care

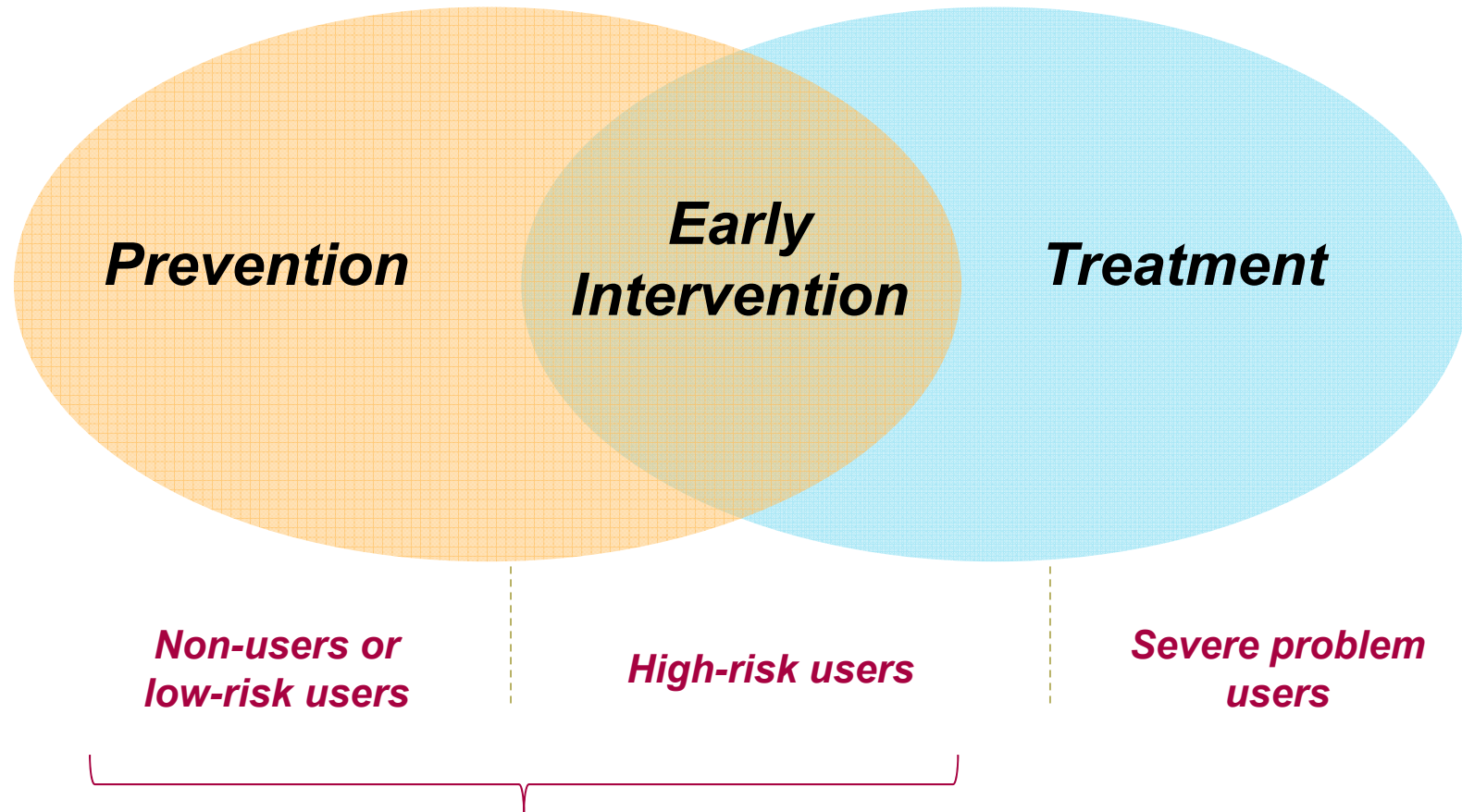
- Lack of treatment insurance coverage (varies by state, and by individual coverage plan)
- Opportunity to expand treatment through health reform (Affordable Care Act) hangs in the balance as it is still to be approved and implemented at the federal and state level



Opportunity: Lower Financial Barriers to Care by Expanding Treatment Coverage

- The fact that the Affordable Care Act was upheld by the Supreme Court in June 2012, opens up space for significant for nationwide implementation at the state level
- Advocate for Insurance Exchanges to cover the full range of substance abuse services

Adolescents' Tendency to Engage in High-Risk Behaviors Underscores the Urgency of Preventing Onset of Use and Intervening Early



The Foundation will focus on opportunities to detect and address youth substance use and abuse early on

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Glossary

Substance Use	<ul style="list-style-type: none"> • Consumption of alcohol, tobacco, or illegal substances
Substance Abuse	<ul style="list-style-type: none"> • Consumption of alcohol or tobacco by minors • Misuse / overuse of alcohol, tobacco, or nonmedical use of prescription or over-the counter drugs • Use of a substance in a manner that deviates from the culturally acceptable norms and leads adverse consequences
Substance Use Disorder	<ul style="list-style-type: none"> • Complex behavioral disorder characterized by preoccupation with obtaining alcohol or other drugs and a narrowing of the behavioral repertoire towards excessive consumption and loss of control over consumption • Usually also accompanied by the development of tolerance and withdrawal and impairment in social and occupational functioning
Addiction	<ul style="list-style-type: none"> • A primary, chronic disease of brain reward, motivation, memory and related circuitry. Dysfunction in these circuits leads to characteristic biological, psychological, social, and spiritual manifestations reflected in pathologically pursuing reward and / or relief by substance use and other behaviors
Risky Behaviors	<ul style="list-style-type: none"> • Substance use-related cognitive, motor and behavioral impairment that is manifest by passing out, memory loss, engaging in risky sexual, and other behaviors (e.g., violence, accidents) with legal, social, employment, educational and other consequences • Can be classified as low, high, or severe risk
Prevention	<ul style="list-style-type: none"> • Prevention of substance use by adolescents; ranging from delaying onset of substance use to decreasing use • Prevention of risky use / behaviors and substance abuse by individuals
Early Intervention	<ul style="list-style-type: none"> • Public health approach to screening, identifying / detecting risky behaviors early on, evaluating, providing a brief intervention and / or treating individuals with substance abuse disorders as needed
Youth	<ul style="list-style-type: none"> • For the purpose of substance abuse, youth / adolescents are defined as individuals between the ages of 12 and 25, at which point the brain is fully developed and is less vulnerable to addiction. This same age bracket is sometimes divided into adolescents (12-17) and young adults (18-25)

Note: (*) Substance Use Disorder

Source: ASAM website, addictionscience.net, FSG interviews, SAHM website

FSG Completed 29 Interviews with Experts and Funders from the Following Organizations During the Landscape Research Phase (1/2)

Organizations

American Society for Addiction Medicine

BEST Foundation

Centers for Medicare and Medicaid Services

Drug Strategies

Faces and Voices of Recovery

Join Together

LA County Public Health, Substance Abuse Prevention and Control

National Center on Addiction and Substance Abuse (CASA)

National Council for Community Behavioral Healthcare

National Institutes of Health (NIH)

National Institute on Drug Abuse (NIDA)

Open Society Institute (OSI)

Partnership for a Drugfree America

Penn Center for Substance Abuse Solutions

FSG Completed 29 Interviews with Experts and Funders from the Following Organizations During the Landscape Research Phase (2/2)

Organizations

Pacific Institute for Research and Evaluation (PIRE)

RAND: Drug Policy Research Center

Robert Wood Johnson Foundation

Society for Adolescent Health and Medicine

Stanford School of Medicine

The Coalition for Whole Health

The Health Foundation of Greater Cincinnati

UCLA

University of Wisconsin-Madison

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