

May 8, 2009

The Obama administration is hoping to have comprehensive health care reform legislation passed this year. This would include universal health insurance coverage. In Fall 2008, Congress passed the Wellstone-Domenici Parity Bill, which mandated parity coverage for mental health and substance abuse for insurers who cover these. However, this bill did not mandate coverage of mental health and substance abuse disorders, nor did it define a benefit package.

Untreated substance abuse disorders, from alcoholism to cocaine and opiate addiction cost the nation more than \$500 billion per year, in direct medical costs as well as social costs, such as lost wages. This amount is far greater than all other chronic diseases. The three leading causes of illness and premature death are directly caused by addictive diseases (cancer, heart disease and infectious diseases such as HIV/AIDS and Hepatitis C). Treatment has been shown to produce a four to a fourteen fold cost savings in health care over non-treatment. The US spends \$23 billion a year on premature births, many of these are caused by untreated alcohol and drug addictions. These cannot be effectively prevented without also treating their root cause: addiction. Increasing access to evidence-based therapies can dramatically decrease the numbers of premature births and the resulting immediate and life-long costs. Up to 60% of trauma hospitalizations and 40% of both medical office visits and general hospitalizations are directly related to substance abuse. We are rightly concerned about health care costs. The answer is to increase access to care.

Research at National Institutes of Health has yielded tremendous insights into the brain disease of addiction. We have a good understanding of the biological, social and psychological factors that contribute to the vulnerability to addiction and to its progressive nature. We also have a strong evidence base to support effective treatment, including medication and behavioral therapies. There are well-validated assessment instruments that allow clinicians to refer patients to the most clinically and cost effective levels of care, from detoxification to outpatient treatment. Medications can dramatically improve outcomes for nicotine dependence, alcohol dependence and opiate dependence. We know that prevention is the most effective means of reducing the incidence of diseases and their costs. We need to increase prevention research and fund its dissemination. I believe that stigma has limited access to care and to the inclusion of addiction medicine training in medical and nursing education. The time has come for us to hate the disease and not the patient.

Maine has among the highest per capita rates of opiate addiction in the nation. These are our daughters and sons, our mothers, fathers, brothers, sisters and grandparents. More than 30,000 opiate-addicted Mainers have no access to care. Yet, on a daily basis I have the personal and professional reward of seeing the results of effectively integrated treatment which addresses the biological, psychological, social and spiritual needs of my patients. I get to witness young women whose lives had been devastated by abuse, neglect and addiction develop into clean and sober loving mothers with healthy, thriving babies. I see homeless men and women, lost and hopeless, get into recovery and reach

out to other suffering souls through volunteer work and in the Fellowship of Twelve Step groups.

The President's initiative is the best opportunity to meet the needs of our fellow citizens. Treatment for addiction must be included in any health care reform bill in order to ensure equitable and adequate coverage. We need to invest in research (there has been a decrease in funding for the National Institute on Alcohol Abuse and Alcoholism and the National Institute on Drug abuse over the past eight years), prevention and intervention. I would like to see any health care bill reference the Wellstone-Domenici Bill and include a defined package of benefits, based on the American Society of Addiction Medicine's Core Benefit for Primary Care and Specialty Treatment and Prevention of Alcohol, Nicotine Dependence, Drug Abuse and other Drug Dependence.
(<http://www.asam.org/CoreBenefitforPrimaryCareandSpecialtyTreatment.html>)

Treatment works. Expanding access to care to all will cut our healthcare costs, improve our health and rescue our fellow citizens from the slavery of addiction. Please help me advocate for its inclusion with our Congressional delegation.

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