Today:

- More than 20.4 million Americans suffer from a substance use disorder (SUD), which includes abuse of or dependence on alcohol, legal or illicit drugs.¹
- More than 52,000 people died from drug overdose in 2015.²
- In 2015, over 85% of people with an SUD were left untreated for addiction or substance abuse.³
- Since 2000, more than 500,000 people – about 91 per day – have died from an opioid overdose.³
- Military veterans are more than twice as likely to abuse prescription drugs than the general population.⁴

The Cost:

- SUDs result in more than $700 billion per year in direct and indirect costs in the U.S.¹
- Health care costs for opioid SUD are more than $26 billion per year, and the total national economic burden is more than $78.5 billion per year.²
- The health care costs associated with alcohol SUD total $25 million per year.¹
- On average, excessive alcohol consumption costs the U.S. nearly $1.90 per drink in social, economic and health care costs.³
- The cost for one year of methadone maintenance treatment for opioid-related SUD is about $4,700, while one year of incarceration costs $24,000.²

HOW RESEARCH SAVES LIVES:

- Since 1996, Naloxone – an emergency treatment for opioid overdose -- has saved the lives of more than 26,000 people who would have otherwise died from opioid overdose.¹
- Among people with a mental illness, about 40% also have an SUD. Within this vulnerable population, those who engage in regular SUD treatment are 31% less likely to die prematurely than those who do not engage in SUD treatment.²,³
- Ongoing treatment has been shown to be more effective than short-term or acute treatment for SUD; moving from an acute to a continuing care model reduces relapse and increases long-term abstinence.⁴,⁵

HOW RESEARCH SAVES MONEY:

- Every dollar invested in addiction treatments saves $12 in avoided health care and indirect costs.⁶
- Programs to encourage parolees with an SUD to engage in treatment led to a reduction of over 20% in the likelihood of an arrest during the treatment period, improving health and reducing medical and societal costs.⁷
- Research shows that SUD treatment can be highly cost effective: among patients with an opioid-related SUD, average per patient health care costs are over 50% higher for patients who receive no SUD treatment relative to the costs for patients who receive methadone or buprenorphine treatment.⁸

¹ SUBSTANCE ABUSE AND MENTAL HEALTH SERVICES ADMINISTRATION (<WWW.SAMHSA.GOV>)
² RUDD, R. ET AL. MMWR. 2016. 65(50-51):1445–1452
³ CENTER FOR DISEASE CONTROL AND PREVENTION (<WWW.CDC.GOV>)
⁴ NATIONAL COUNCIL ON ALCOHOLISM AND DRUG DEPENDENCE (<WWW.NCADD.ORG>)
⁵ SAVING LIVES
⁶ NATIONAL INSTITUTE ON DRUG ABUSE (<WWW.DRUGABUSE.GOV>)
⁸ CENTER FOR DISEASE CONTROL AND PREVENTION (<WWW.CDC.GOV>)

perspective:

Steve Sutton, MD, Board Certified in Addiction Medicine, Medical Director at Bridging the Gaps, Inc. Residential Treatment Center

Dr. Steve Sutton was working as a surgeon when he found himself fighting his own battle against substance use disorder (SUD). In 2013, after receiving successful treatment for his opioid addiction, Dr. Sutton became a board certified addiction medicine specialist to help others address their disease. He now provides SUD treatment in Northern Virginia.

Dr. Sutton treats SUD just as he would any other chronic, relapsing, non-curable disease: by focusing on changing the behaviors that have negative consequences for the patient and supplementing behavioral treatment with medication when necessary. Many doctors and members of the public remain unfamiliar with SUD and SUD treatment. Dr. Sutton estimates that “medical students receive less than 10 hours of training on substance use disorder and proper prescribing practice.” Several states have begun to require SUD training for physicians, and public awareness of SUD has increased, but for Dr. Sutton the pace of change “has come at the cost of a massive amount of heroin overdoses.”

To adequately address SUD, Dr. Sutton would like to see more training for medical professionals and an increased commitment to researching and developing medication-assisted treatment (MATs) to address cocaine, benzodiazepine, and other SUDs that lack pharmaceutical options. Even though we have a long way to go, Dr. Sutton is hopeful that with increased research, awareness, and education, more individuals suffering from SUD will be able to find effective and successful treatment just as he did.
Hope for the Future:

- National Institutes of Health (NIH)-funded research is progressing rapidly on the development of a vaccine to treat opioid addiction. This vaccine would guard against overdose and prevent opioids from reaching the brain, reducing drug self-administration.¹
- The Scripps Research Institute has made considerable advances in stopping cocaine dependency. By administering a blocker for a key receptor in the brain, researchers disrupted the reward signaling system that cocaine use activates.²
- Growing understanding of the complexity of treating SUD is leading to innovative programs like the Adolescent Community Reinforcement Approach, which provides both pharmacological and social support to maximize the impact of treatment.³,⁴
- Long-acting opioid blockers like implantable naltrexone are showing significant promise in reducing relapse rates and extending sobriety in individuals with opioid SUD.⁵

The Bottom Line:

Substance use disorder (SUD) is a medically complex disease that has biological, environmental and societal causes and implications. Addiction “rewires” the brain, leading individuals to develop compulsive behaviors to the detriment of their health, relationships and livelihoods. While significant progress has been made, more research is desperately needed to fully understand and successfully prevent and treat this pervasive, debilitating and costly health threat.