

Highlights: At-a-Glance is a brief introduction to *Facing Addiction in America: The Surgeon General's Report on Alcohol, Drugs, and Health*. As the name suggests, it highlights key messages and important facts and statistics in the *Report* and is intended as a supplemental resource to share the *Report's* key messages and data showing the seriousness of the substance misuse problem in the United States, and the positive steps that individuals, families, health care providers, policymakers, and others can take to improve the health and well-being of those with substance misuse problems and substance use disorders.

Substance misuse is the use of any substance in a manner, situation, amount, or frequency that can cause harm to users or those around them. Prolonged, repeated misuse of a substance can lead to a **substance use disorder**, a medical illness that impairs health and function. Substance use disorders range from mild to severe. Severe and chronic substance use disorders are commonly referred to as **addictions**.

Key Messages of the Surgeon General's Report

- Both substance misuse and substance use disorders harm the health and well-being of individuals and communities. Addressing them requires implementation of effective, evidence-based strategies.
- Highly effective community-based prevention programs and policies exist and should be widely implemented.
- Full integration of the continuum of services for substance use disorders with the rest of health care could significantly improve the quality, effectiveness, and safety of *all* health care.
- Coordinated implementation of recent health reform and parity laws will help ensure increased access to services for people with substance use disorders.
- Research has clarified the biological, psychological, and social underpinnings of substance misuse and related disorders. Research has also identified effective prevention, treatment, and recovery support services.

The United States Has a Serious Substance Misuse Problem

- In 2015, over 66 million people aged 12 or older in the United States reported binge drinking and 27.1 million people were current users of illicit drugs or misused prescription drugs. Binge drinking is defined, for men, as having 5 or more standard drinks and, for women, 4 or more standard drinks on the same occasion on at least 1 day in the past 30 days.ⁱ
- In 2015, 20.8 million people aged 12 or older in the United States had a substance use disorder.ⁱⁱ That number is similar to the number of people who suffer from diabetes and more than 1.5 times the annual prevalence of all cancers combined (14 million).^{iii,iv}
- In 2015, 15.7 million people were in need of treatment for an alcohol use disorder (7.8 percent for men and 4.1 percent for women) and nearly 7.7 million people needed treatment for an illicit drug use disorder (3.8 percent for men and 2.0 percent for women).^v
- Behavioral health problems such as substance use, violence, impaired driving, mental health problems, and risky sexual activity are now the leading causes of death for those aged 15 to 24.^{vi}
- Substance use and misuse becomes increasingly likely across adolescence, with rates peaking among people in their twenties, and declining thereafter.
- Alcohol misuse contributes to 88,000 deaths in the United States each year; 1 in 10 deaths among working adults is due to alcohol misuse.^{vii}
- In 2014, more than 47,000 people died from a drug overdose. Included in this number are nearly 30,000 people who died from an overdose involving prescription drugs. This is more than in any previous year on record.^{viii}
- Substance misuse and substance use disorders cost the U.S. more than \$442 billion annually in crime, health care, and lost productivity.^{ix,x}
 - These costs are almost twice as high as the costs associated with diabetes, which is estimated to cost the United States \$245 billion each year.^{xi}
 - Alcohol misuse and alcohol use disorders cost the United States approximately \$249 billion in lost productivity, health care expenses, law enforcement, and other criminal justice costs.^{xii}
 - The costs associated with misuse of illegal drugs and non-prescribed medications and drug use disorders were estimated to be more than \$193 billion in 2007.^{xiii}

Prevalence of Substance Misuse and Substance Use Disorders Differs Across Demographic Groups*

Prevalence of substance misuse and substance use disorders differs by race and ethnicity, gender, age, sexual orientation, gender identity, and disability, and these factors also influence access to both health care and substance use disorder treatment. These differences are often exacerbated by socioeconomic variables.

The prevalence of past month binge alcohol use in 2015 was^{xiv}:

- 26.0 percent among Whites
- 25.7 percent among Hispanics or Latinos was 25.7 percent
- 24.1 percent among American Indians or Alaska Natives
- 23.4 percent among Blacks or African Americans
- 14.0 percent among Asians
- 17.8 percent among Native Hawaiians or Other Pacific Islanders

The prevalence of those who met diagnostic criteria for an alcohol use disorder in 2015 was^{xv}:

- 6.1 percent among Whites
- 6.4 percent among Hispanics or Latinos
- 9.7 percent among American Indians or Alaska Natives
- 4.9 percent among Blacks or African Americans
- 3.2 percent among Asians
- 5.4 percent among Native Hawaiians or Other Pacific Islanders

The prevalence of 30-day use of illicit drugs in 2015 was^{xvi}:

- 10.2 percent among Whites
- 9.2 percent among Hispanics or Latinos
- 14.2 percent among American Indians or Alaska Natives

* According to the National Survey on Drug Use and Health, sexual minority adults (lesbian, gay, and bisexual individuals) were more likely than sexual majority adults to be past year users of any illicit drug and of all 10 categories of illicit drugs.

- 12.5 percent among Blacks or African Americans
- 4.0 percent among Asians
- 9.8 percent among Native Hawaiians or Other Pacific Islanders

The prevalence of those who met diagnostic criteria for an alcohol use disorder in 2015 was^{xvii}:

- 2.8 percent among Whites
- 3.0 percent among Hispanics or Latinos
- 4.1 percent among American Indians or Alaska Natives
- 3.5 percent among Blacks or African Americans
- 1.2 percent among Asians
- 4.5 percent among Native Hawaiians or Other Pacific Islanders

Substance Misuse Can Have Direct and Indirect Health Consequences

- Illicit drug use is associated with chronic pain conditions and cardiovascular and cardiopulmonary diseases.^{xviii,xix}
- Drug use during pregnancy can lead to neonatal abstinence syndrome (NAS) and may interfere with a child’s brain development and result in later consequences for mental functioning and behavior. The incidence of NAS has increased dramatically in the last decade along with increased opioid misuse.^{xx}
- Alcohol misuse is associated with liver and pancreatic diseases, hypertension, reproductive system disorders, trauma, stroke, and cancers of the oral cavity, esophagus, larynx, pharynx, liver, colon, and rectum.^{xxi,xxii}
- Substance use during pregnancy may interfere with a child’s brain development and result in later consequences for mental functioning and behavior.^{xxiii}
- In 2014, 9,967 people were killed in car crashes while driving under the influence of alcohol, representing nearly one third (31 percent) of all traffic-related fatalities in the United States.^{xxiv}
- There are more than 2,200 alcohol overdose deaths in the United States each year—an average of six deaths every day. More than three quarters (76 percent) of alcohol overdose deaths occur among adults between ages 35 and 64, and 76 percent of those who die from alcohol overdose are men.^{xxv}

- In 2014, 47,055 drug overdose deaths occurred in the United States, and 61 percent of these deaths involved prescription opioids and heroin. Heroin overdoses have more than tripled between 2010 to 2014.^{xxvi}
- Fatal heroin overdoses were more than five times higher in 2014 (10,574) than in 2004 (1,878). Additionally, deaths from cocaine overdose were higher in 2014 (5,415 deaths) than in the previous six years. In 2014, there were 17,465 overdose deaths from illicit drugs and 25,760 overdose deaths from prescription drugs.^{xxvii} Alcohol is involved in about 20 percent of the overdose deaths related to prescription opioid pain relievers.^{xxviii}

A Cultural Shift Is Underway: Society Is Moving from a Criminal Justice-Based Model to a Public Health Approach

- Historically, society has treated substance use disorders as a moral weakness or as a willful rejection of societal norms, addressing these problems primarily through the criminal justice system.
- Evidence now shows that addiction to alcohol or drugs is a chronic, but treatable, brain disorder that requires medical intervention, and has the potential for both recurrence and recovery.
- Building on the federal public health approach, many states are developing public health approaches to address substance misuse in their communities. A public health approach seeks to understand the broad factors that influence substance misuse and substance use disorders and applies that knowledge to improve the health, safety, and well-being of the entire population.
- Recent changes in health care financing and health insurance regulations support the integration of clinical prevention and treatment for substance use disorders into mainstream health care practice.

Evidence Shows that Prevention Programs and Policies Work

- Effective prevention programs and policies exist, and if implemented well, they can support and bolster protective factors and markedly reduce substance misuse and related threats to the health of the nation. For example, programs such as Communities That Care and Communities Mobilizing for Change on Alcohol have successfully reduced alcohol and drug use among adolescents.
- Policy-level interventions, such as minimal legal drinking age laws, raising alcohol prices, and limiting where, when, and to whom alcohol can be sold, have successfully reduced alcohol-related outcomes where they have been implemented.

- Since the early 1980s, alcohol-related traffic deaths in the United States have been cut by more than half. It has been estimated that reductions in driving after drinking prevented more than 300,000 deaths during this time period.^{xxxix}

Treatment Is Effective

- As with other chronic, relapsing medical conditions, treatment can manage the symptoms of substance use disorders and prevent relapse.
- Only 1 in 10 people with a substance use disorder receive any type of specialty treatment.^{xxx}
- About 40 percent of individuals who know they have an alcohol or drug problem feel they are not ready to stop using, and others simply feel they do not have a problem or a need for treatment.^{xxxi}
- Over 40 percent of people with a substance use disorder also have a mental health condition, yet fewer than half (48.0 percent) receive treatment for either disorder.^{xxxii}
- Evidence indicates that alcohol misuse and alcohol use disorders among adults can be reliably and easily identified through screening, and that less severe forms of these conditions often respond positively to brief physician advice and other brief interventions that can be delivered in general health care settings such as primary care or emergency departments.^{xxxiii}
- Scientific evidence shows that medications can be effective in treating certain serious substance use disorders. The combination of behavioral interventions and medications to treat substance use disorders is referred to as medication-assisted treatment, or MAT.
- Research also shows that treatment for substance use disorders—including inpatient, residential, and outpatient—are cost-effective compared with no treatment. Every dollar spent on substance use disorder treatment saves \$4 in health care costs and \$7 in criminal justice costs.^{xxxiv}

There Are Many Pathways to Recovery

- Recovery is a process of change through which individuals improve their health and wellness, live a self-directed life, and strive to reach their full potential and can be achieved through diverse pathways.
- Remission is a medical term meaning that major disease symptoms are eliminated or diminished below a pre-determined, harmful level. Like any other chronic health condition, substance use disorders can go into remission.

- The number of people who are in remission from a substance use disorder is approximately 10.3 percent and is greater than the number of people who define themselves as being in recovery.^{xxxv}
- Approximately 50 percent of adults who once met diagnostic criteria for a substance use disorder—or about 25 million people—are currently in stable remission (1 year or longer).^{xxxvi}

Effective Integration of Prevention, Treatment, and Recovery Services Across Health Care Systems Is Key to Addressing Substance Misuse

- Insurance coverage for substance use disorder services is becoming more robust as a result of the Paul Wellstone and Pete Domenici Mental Health Parity and Addiction Equity Act of 2008 (MHPAEA) and the Affordable Care Act. The Affordable Care Act and MHPAEA require that mental health and substance use disorder benefits covered by health insurance plans be offered at levels comparable to other medical benefits.
- As of March 2016, more than 20 million previously uninsured individuals (including children on parents' plans) had new benefits under the Affordable Care Act.^{xxxvii}
- The Affordable Care Act requires that most health care plans provide coverage for a comprehensive list of 10 categories of items and services, known as "essential health benefits." One of these essential health benefit categories is mental health and substance use disorder services, including behavioral health treatment.
- Delivering substance use disorder services in mainstream health care can be cost-effective and may increase access to care, reduce hospital readmissions, and improve overall health outcomes.
- When health care is not well integrated and coordinated across systems, too many patients fall through the cracks, leading to missed opportunities for prevention or early intervention, ineffective referrals, incomplete treatment, high rates of hospital and emergency department readmissions, and individual tragedies that could have been prevented.
- Integration can help address health disparities, reduce health care costs for both patients and family members, and improve general health outcomes.

i Center for Behavioral Health Statistics and Quality (CBHSQ), 2016.

ii Ibid.

iii Centers for Disease Control and Prevention, 2015

iv National Cancer Institute Surveillance, Epidemiology, and End Results Program, 2016

v Ibid.

vi Centers for Disease Control and Prevention, 2005.

vii Rudd et al., 2016.

viii Ibid.

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- ix Sacks et al., 2015.
- x National Drug Intelligence Center, 2011.
- xi Centers for Disease Control and Prevention, 2014.
- xii Sacks et al., 2015.
- xiii National Drug Intelligence Center, 2011.
- xiv CBHSQ, 2016.
- xv Ibid.
- xvi Ibid.
- xvii Ibid.
- xviii Lange, R.A., & Hillis, L.D. 2001.
- xix Degenhardt, L., & Hall, W., 2012.
- xx Ibid.
- xxi Rehm, J., Mathers, C., Popova, S., Thavorncharoensap, M., Teerawattananon, Y., & Patra, J., 2009.
- xxii Sokol, R.J., Delaney-Black, V., & Nordstrom, B., 2003.
- xxiii National Institute on Drug Abuse, 2016.
- xxiv National Highway Traffic Safety Administration, 2014.
- xxv Centers for Disease Control and Prevention, 2015.
- xxvi Rudd et al., 2016.
- xxvii Centers for Disease Control and Prevention, 2016.
- xxviii Jones, C.M., Paulozzi, L.J., & Mack, K.A., 2014.
- xxix Fell and Voas, 2006.
- xxx CBHSQ, 2016.
- xxxi Ibid.
- xxxii Ibid.
- xxxiii Jonas, D.E., Garbutt, J.C., & Amick, H.R., 2012.
- xxxiv Ettner et al., 2006.
- xxxv White, 2012.
- xxxvi Ibid.
- xxxvii U.S. Department of Health and Human Services, 2016.