

10 Drug and Alcohol Policies That Will Save Lives



JOIN TOGETHER AND ITS PARTNERS PUBLISHED THIS GUIDE TO ANSWER THE SINGLE QUESTION WE ARE ASKED MOST: "WHAT ACTUALLY WORKS TO PREVENT AND REDUCE ALCOHOL AND DRUG PROBLEMS?"

The ten policies in this guide were developed by groups of national experts and community leaders. They are based on solid scientific evidence, and have broad public support. They make a concise but persuasive case for policy measures that are proven to be effective.

There are better ways to prevent alcohol and drug problems than punishing people who have a disease. We hope this guide leads the nation toward effective drug and alcohol policies that will save lives and restore families.

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The following organizations endorse the policies in this document:



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PREVENTING UNDERAGE DRINKING

- 1. Increase alcohol prices through taxes, particularly on beer.** Underage drinkers consume as much as 20 percent of all alcohol—mostly beer—sold in the U.S.¹ But youth drink less when beer costs more.² Fewer of them die from alcohol-related motor vehicle accidents, the leading cause of death for people aged 15-20, get into fights, and try to commit suicide.³ Alcohol taxes were once intended to keep prices high enough to deter excessive use. However, these taxes have not kept pace with general inflation, and the real price of beer has actually dropped in the past 30 years.³
- 2. Limit alcohol advertising and promotional activities that target young people.** Like the tobacco industry, the alcohol industry targets advertising to children.⁵ Long-term exposure to alcohol advertising and promotional activities increases the likelihood that children will drink, and the kids who see the most ads are most likely to drink.⁶ The public knows these facts and backs advertising limits—a 2000 survey found over 60 percent of Americans support reducing alcohol ads on television, billboards, and at sporting events.⁷
- 3. Adopt laws that will prevent alcohol-related deaths and injuries among young people.** Graduated drivers' license laws, "happy hour" restrictions, compliance checks, and similar policies change the context in which young people drink. These approaches have been shown to reduce underage drinking and fatal accidents among 15-20 year olds.¹

TREATING ADDICTION

- 4. Require and enforce equal insurance coverage for drug and alcohol treatment.** Virtually all insurance plans either do not cover drug and alcohol treatment or require that people pay a higher share of the costs of care, making treatment unaffordable for most families. Consumers do not get help early enough to avoid health and social problems, and must use the public system to get care, which hurts state budgets.¹¹ Numerous studies show that drug and alcohol treatment saves money, and that the total impact of adding treatment on insurance premiums is less than one percent.¹²
- 5. Support the development and use of effective medications for addiction treatment.** Several medications, including buprenorphine, methadone, naltrexone, and acamprosate, can effectively treat addiction.¹³ But obstacles prevent their widespread use; for example, insurance companies that do not cover the costs of the drugs, and zoning laws that prohibit the establishment of methadone clinics.¹⁴ Medications are an important part of treatment, especially when combined with counseling, social support, and aftercare.¹³

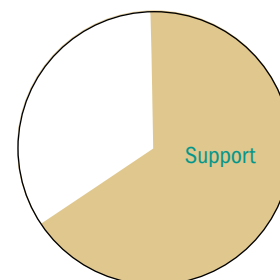
90% of Americans are worried about underage drinking.⁴



In 2002, underage youth saw more alcohol advertising in magazines than did adults.⁸

Teens in states with graduated drivers' license laws drive drunk less frequently than those in states without such laws.⁹

65% of Americans believe that people seeking help for addiction should not have to pay more than people seeking help for other diseases.¹⁰



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6. **Make screening for alcohol and drug problems a routine part of every primary care and emergency room visit.**

Screening people for substance use, counseling those who show risky behavior, and referring people to treatment if needed are remarkably effective techniques to reduce alcohol and drug problems.¹⁵ But laws in over 30 states allow insurance companies to refuse to pay for emergency room care if physicians discover alcohol use.¹⁴ Additionally, doctors are not paid to screen and counsel for alcohol use the way they are for other common conditions like diabetes and depression, and therefore may choose not to do so.¹⁷

Screenings and brief interventions save thousands of dollars in medical and social costs each year.¹⁶

7. **Give higher payments to providers who get better results.**

Public and private payment systems should be revised to measure and pay for long-term results in order to improve the quality of care in the treatment system. The providers who get better results should be paid more; those who do not should be paid less. Legislators should work with providers and single state agencies to identify and monitor outcomes.¹⁹

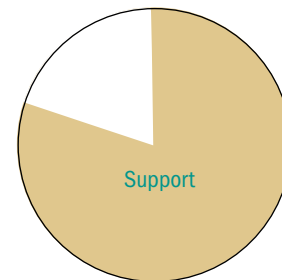
The Institute of Medicine recommends developing payment policies that reward quality.¹⁸

REDUCING AND PREVENTING CRIME

8. **Require effective treatment and continuing, supervised aftercare programs instead of incarceration for non-violent drug and alcohol offenders.**

More than half of individuals in the criminal justice system who complete treatment programs and participate in aftercare do not commit new crimes.²⁰ Most prisoners who serve mandatory sentences but get no treatment commit new crimes and resume their addictions soon after release.²¹ Convicted drunk drivers also need appropriate treatment and aftercare, even after a first offense.

80% of Americans support treatment instead of incarceration.¹⁰



9. **Repeal policies that prevent ex-offenders from returning to full participation in society.**

It is fundamentally unfair that people are punished repeatedly for the same offense. But that is exactly what happens to people with drug convictions. Federal and state laws impose lengthy or lifetime bans on federal student aid, cash assistance, food stamps, public housing, and many types of employment. These bans do not prevent drug use, but do impede recovery from addiction.¹⁵

The National Institute on Drug Abuse recommends that communities adapt prevention programs to address specific local alcohol or drug problems.²²

10. **Support the work of community coalitions.** Communities that have a written strategy to reduce alcohol and drug problems report greater citizen involvement, more constructive public policy change, better access to treatment, and increased diversity of funding sources. Helping coalitions sustain their community-wide strategies can help reduce substance use at the local level.²³

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