



## PROGRAM FOR PUBLIC CONSULTATION

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SCHOOL OF PUBLIC POLICY | UNIVERSITY OF MARYLAND

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# AMERICANS ON SUBSTANCE USE DISORDER TREATMENT AND HARM REDUCTION PROGRAMS

A National Survey of Registered Voters

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# OVERVIEW

Roughly one million people feel they need treatment for a substance use disorder—including drugs and alcohol—but are not getting it. This is largely because there are not enough treatment centers, waiting lists are long, or treatment is too expensive. Hundreds of thousands of people with a substance use disorder have also been put in prison—many because of the crimes they committed as a result of their disorder—where they do not have access to effective treatment. Experts agree that untreated substance use disorders have worsened disease transmission and mortality, crime rates and work productivity, costing society as a whole roughly \$400 billion dollars annually.

There is debate in Congress about whether the Federal government should increase investment in substance abuse treatment. Members of Congress have put forward proposals that would increase the availability of treatment, by:

- Spending \$10 billion to increase the number of treatment professionals and centers and subsidize the cost of treatment for low-income people: Comprehensive Addiction Resources Emergency Act by Rep. Carolyn Maloney (D) and Sen. Elizabeth Warren (D).
- Funding to expand treatment for people in prison and improve its quality by requiring that up-to-date methods are used: Residential Substance Use Disorder Treatment Act by Rep. Jackson Lee (D), and by Sen. Cornyn (R).

Many cities and states have also pursued a “harm reduction” strategy by seeking to reduce the harms of misusing drugs, such as overdoses and disease transmission. This strategy includes providing clinics and users with overdose-reversal medication (naloxone), clean needles or tools to clean needles, and kits to test whether drugs have been laced with fentanyl (an especially lethal drug). Harm reduction programs have also served as a way for healthcare workers to connect with users and help get them into treatment.

The Comprehensive Addiction Resources Emergency Act, mentioned above, also includes a proposal to increase funding for local harm reduction programs.

Besides treatment and harm reduction, the other primary method that has been used to deal with substance use disorder has been the criminal justice system: incarcerating people for possessing illicit drugs or committing crimes that result from their substance use disorder.

Some cities have begun to adopt a new approach, in which police direct non-violent offenders who have a substance use disorder to treatment centers, rather than charging them with a crime.

Members of Congress have put forward a proposal that would increase funding to train police officers to recognize when a person has a substance use disorder and give officers the tools to get them into treatment: Comprehensive Addiction and Recovery Act (CARA) 3.0 by Rep. David Trone (D) and Sen. Rob Portman (R).

## Survey Design

Unlike standard polls that rely on respondents’ existing impressions and information, PPC took respondents through a process called a ‘policymaking simulation’ that seeks to put respondents in the shoes of a policymaker. Respondents were:

- given a briefing on policy options under consideration;
- evaluated strongly stated arguments both for and against each option; and only then
- made their final recommendation.

Respondents also evaluated how acceptable each proposal is to them using a 0-10 scale, with 0 as not all acceptable, 10 as very acceptable, and 5 as just tolerable.

The entire text of the survey was reviewed by experts on each side of the debate, to ensure that the briefings were accurate and balanced, and that the arguments presented were the strongest ones being made. Changes were made in response to their feedback.

The survey was written to be fully comprehensible by a person with a high school education. Using the Flesch-Kincaid readability test, the survey text was found to be readable by a person with a 10-11th grade reading level.

### **Briefing on Substance Use Disorder**

Before evaluating any proposals, respondents were presented an overview of substance use disorder: its definition, prevalence, health effects, and cost to society.

First, they were presented a definition of substance use disorder, based on the DSM-V, as follows:

*A person has a substance use disorder if they meet some of the following criteria:*

- *The substance (drugs or alcohol) is often used in a manner that is physically harmful, psychologically harmful and/or results in failures to fulfill major obligations at work, school, or home, and giving up on social activities or hobbies.*
- *The substance (drugs or alcohol) is often taken in larger amounts or over a longer period than the person originally intended.*
- *A number of negative symptoms occur when substance use is cut back or stopped (i.e. withdrawal symptoms).*
- *Larger amounts of the substance are needed to get the intended feeling or prevent withdrawal.*
- *The person desires to cut down on using the substance but has not succeeded.*

They were told that, “there are millions of Americans who have a substance use disorder,” and that, “since the covid pandemic began, it is estimated that the number of people misusing alcohol and drugs has increased.

The nature of addiction was then explained:

*There are various ways that people start using substances before developing a substance use disorder or an addiction to the substance. They may start by drinking alcohol in an ordinary fashion, occasionally taking drugs for recreational purposes, or taking prescribed pain killers.*

*Some people may use substances to deal with underlying problems such as depression or anxiety for which they are not getting treatment. This is sometimes called self-medication.*

*Most people do not become addicted when they use such substances. Some people are born with a genetic tendency to become addicted. Traumatic experiences, such as childhood abuse or military combat, can also increase the tendency to addiction.*

*For people who become addicted, the substance has an impact on their brain functioning, making it harder for them to resist using the substance and difficult to stop without treatment.*

*In recent years, as opioids were prescribed more liberally, there was a significant increase in the number who became addicted and started using unprescribed drugs once their prescriptions ran out. As a result, opioids are now prescribed in a more limited way. However, there are still large numbers of people still dealing with their resulting opioid addiction.*

The health consequences of substance use disorders were then summarized:

*Another side effect of substance misuse and addiction is its negative effect on people's health, including serious effects on people's heart, lungs, liver and other vital organs. These effects can even be fatal over time.*

*People can also catch lifelong diseases, such as HIV and Hepatitis, when they share needles or other tools used to take drugs.*

*People can also overdose from drugs or alcohol, which can result in death. Over the last couple decades, there has been a large increase in the number of deaths from drug overdoses. In the year 2020, around 100,000 people died from drug overdoses, more than triple what it was in 2000. Three quarters of those overdose deaths are from the use of opioids.*

*In addition, each year about 90,000 people die from alcohol misuse.*

The last part of the briefing explained the societal costs of substance use disorder:

*Substance use disorders also cost society as a whole – over \$400 billion a year according to the National Institute of Health. This includes:*

- *\$65 billion in added healthcare costs*
- *\$109 billion in costs to the criminal justice system, primarily dealing with illegal drugs, dealing with people being under the influence of drugs or alcohol while driving, and crimes committed for the purpose of financing a substance use disorder.*
- *\$240 billion of costs due to lost economic productivity from people failing to work effectively, missing work, or from being in prison on drug charges.*

*In addition to these costs, the deaths from overdoses have substantial economic consequences.*

Respondents were then presented a series of proposals for addressing substance use disorder, evaluated arguments for and against the proposals and, finally, made their recommendations.

### **Fielding of Survey**

The survey was fielded June 13 - 29, 2022 online with a national sample of 2,607 registered voters provided by Nielsen Scarborough from its larger sample, which is recruited by telephone and mail from a random sample of households. The sample has a margin of error of +/- 1.9%.

Responses were weighted by age, gender, education, race and geographic region. Benchmarks for weights were obtained from the US Census' Current Populations Survey of Registered Voters. The sample was also weighted by partisan affiliation.

A further analysis was conducted by dividing the sample six ways, depending on the PVI Cook rating of the respondent's Congressional district. This enabled comparison of respondents who live in very red, somewhat red, leaning red, leaning blue, somewhat blue, and very blue districts.

## SUMMARY OF KEY FINDINGS

### **High priority to provide substance use treatment to those who need it**

A large bipartisan majority of eight-in-ten said it should be a high priority for the government to ensure that everyone who wants treatment for their substance use disorder is able to get it, including two thirds of Republicans and nearly all Democrats.

### **Funding to help meet demand for treatment**

A large bipartisan majority of three-in-four favored the federal government investing \$10 billion to make treatment available to those who want it but are not able to get it, by increasing the number of treatment centers and professionals, and subsidizing treatment for those with low incomes. Nearly six-in-ten Republicans and over nine-in-ten Democrats were in favor.

### **Expanding and improving in-prison treatment**

A large bipartisan majority of three-in-four favored federal funding to increase the amount of treatment available in prison, and improve the quality of such treatment by requiring they be based on the most current evidence. Six-in-ten Republicans and nine-in-ten Democrats were in favor.

### **Funding more harm reduction programs**

A majority of six-in-ten favored federal funding to create or expand local harm reduction programs, which provide overdose-reversal drugs, kits to test whether drugs are laced with fentanyl, or clean needles. Four-in-five Democrats and six-in-ten independents were in favor, but less than four-in-ten Republicans.

### **Pursuing a “diversion” policy by putting non-violent criminal offenders with substance use disorders in treatment, rather than charging them with a crime**

A large bipartisan majority of three-in-four favored the federal government providing funds to cities and states to have police officers direct non-violent criminal offenders, when they have a substance use disorder, into treatment rather than charge them with a crime. Nearly six-in-ten Republicans and nine-in-ten Democrats were in favor.

# FINDINGS

## High priority to provide substance use treatment to those who need it

A large bipartisan majority of eight-in-ten said it should be a high priority for the government to ensure that everyone who wants treatment for their substance use disorder is able to get it, including two thirds of Republicans and nearly all Democrats.

Respondents were introduced to substance use disorder treatment, as follows:

- *Treatment may involve counseling, medication, and possibly staying in a rehabilitation (or ‘rehab’) center for intensive treatment.*
- *Research finds that the majority of people who go through a treatment program reduce or stop abusing drugs and alcohol and improve their ability to function in their social lives and remain employed.*
- *Treatment, however, is often an ongoing process. About half of the people who enter treatment start misusing substances again and need to return to treatment or receive additional treatment.*

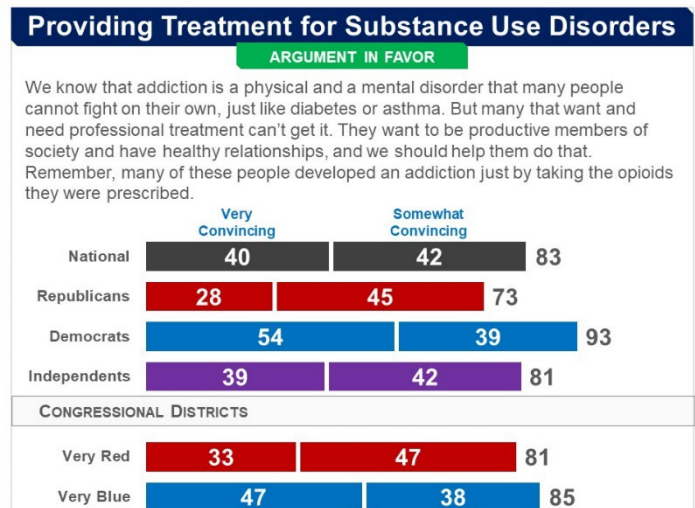
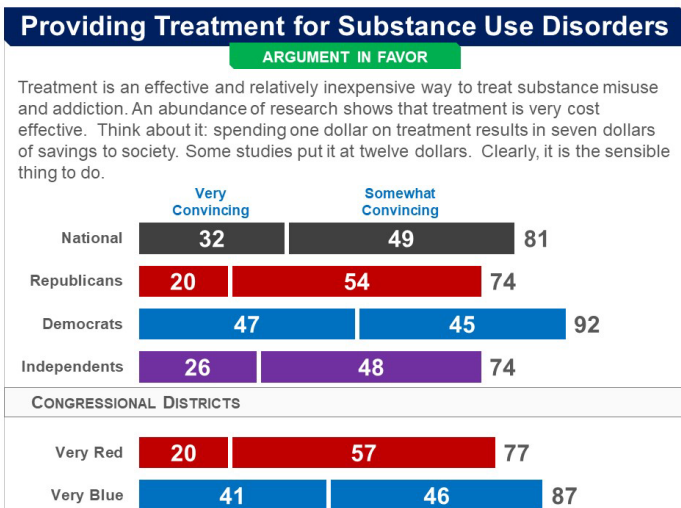
They were told of current government efforts to increase treatment, and its cost-effectiveness:

- *To help increase the amount of treatment available, the federal government provides cities and states with money to develop and operate treatment programs, and to train healthcare workers in substance use disorder treatment.*
- *Spending money on treatment has proven to be cost-effective. The National Institute of Health estimates that for every dollar spent on treatment, there are \$7 in savings related to healthcare, criminal justice, and economic productivity.*

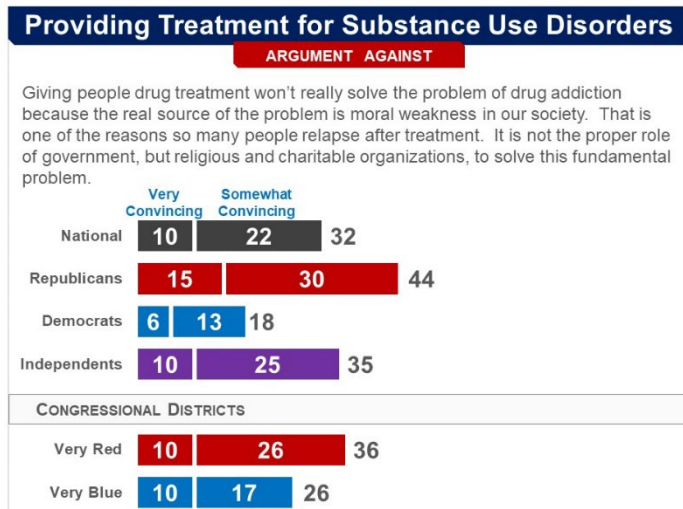
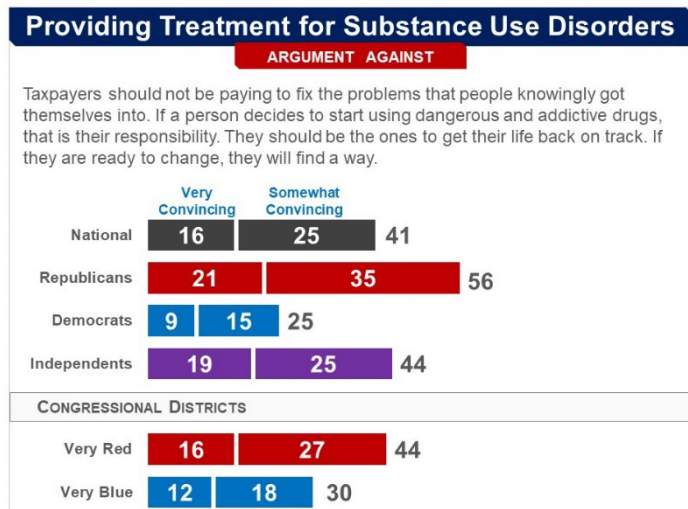
They were then informed of the ongoing “treatment gap”:

- *Despite the spending on treatment, there are still many people who need and want treatment but can’t get it.*
- *There are about 1 million people who need and want treatment, or more treatment, but aren’t getting it.*

Before turning to specific proposals for increasing treatment, respondents evaluated general arguments for and against “whether government spending on treatment should be increased so that all people who need and want treatment can get it.” The arguments in favor were found convincing by very large majorities, overall and among both Democrats and Republicans.

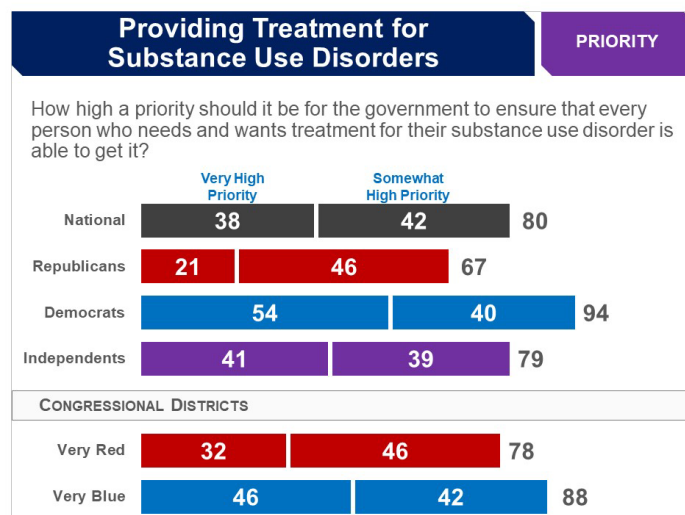


The arguments against were found convincing by less than half; and only one con argument was found convincing by a majority of Republicans.



Asked, "how high a priority should it be for the government to ensure that every person who needs and wants treatment for their substance use disorder is able to get it," 80% said a high priority (very high 38%), including 67% of Republicans (very high 21%) and 94% of Democrats, with a majority of Democrats saying very high (54%).

Majorities in all types of Congressional districts said it should be a high priority, from very blue (88%) to very red districts (78%).



### Funding to help meet demand for treatment

A large bipartisan majority of three-in-four favored the federal government investing \$10 billion to make treatment available to those who want it but are not able to get it, by increasing the number of treatment centers and professionals, and subsidizing treatment for those with low incomes. Nearly six-in-ten Republicans and over nine-in-ten Democrats were in favor.

Respondents were presented a proposal that would increase federal spending on treatment by investing an additional:

*\$8 billion a year to local and state governments to:*

- expand existing treatment programs and build new treatment centers to increase the number of openings and reduce waiting lists*
- offer free or low-cost treatment for people who cannot afford it because they do not have insurance, have used up their coverage or cannot afford the copays that many health insurance plans require.*

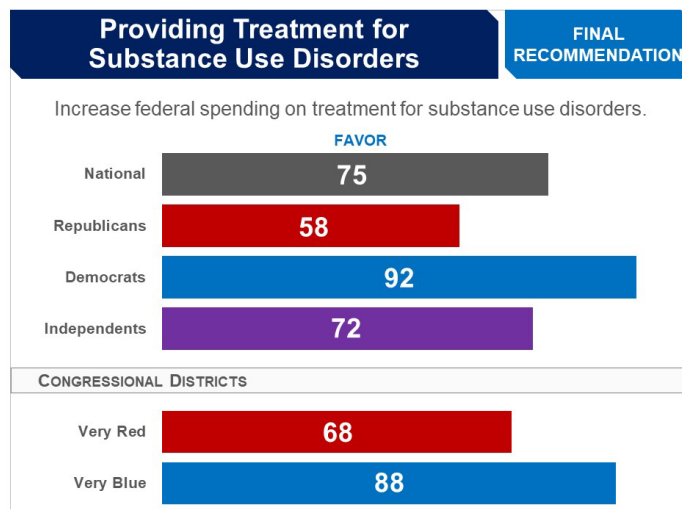


*\$2 billion a year to research substance use disorders and train healthcare professionals in best-practices to treat substance use disorder and to deal with overdoses.*

They were told that, “experts estimate that increasing spending by this amount would likely enable nearly all people who need and want treatment for their substance use disorder to get it.”

Asked for their final recommendation 75% favored the proposal, including 58% of Republicans, 92% of Democrats and 72% of independents.

Majorities in all types of Congressional districts favored the proposal, from very blue (88%) to very red districts (68%).



### Expanding and improving in-prison treatment

**A large bipartisan majority of three-in-four favored federal funding to increase the amount of treatment available in prison, and improve the quality of such treatment by requiring they be based on the most current evidence. Six-in-ten Republicans and nine-in-ten Democrats were in favor.**

Respondents were presented a briefing on the prevalence of substance use disorders and treatment programs in prisons:

*According to the latest estimates, around two thirds of all prisoners have substance use disorders—including both drugs and alcohol. For many of these people, their crimes were related to their substance use disorder in that they:*

- *violated drug laws,*
- *committed crimes under the influence of drugs or alcohol (such as drunk driving or spousal abuse), or*
- *committed crimes to cover the cost of their substance use, such as theft.*

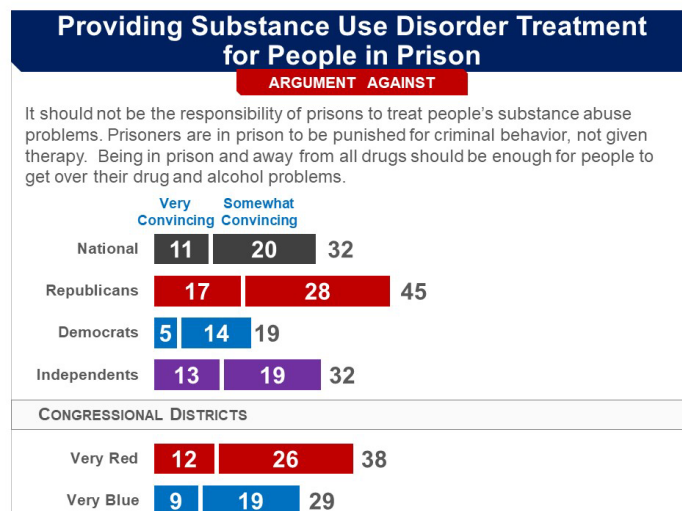
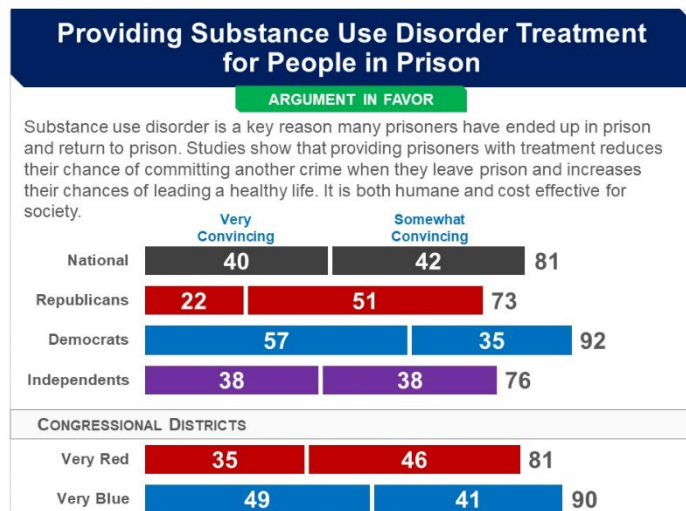
*Currently, while many prisons offer some treatment programs, most do not have the trained staff to provide treatment to all who need it and few programs use up-to-date methods.*

*By the latest estimates, only about one in ten people in prison who have a substance use disorder have received treatment.*

They were then introduced to a proposal that has been put forward in Congress to, “provide additional funds to cities and states that want to expand and improve the treatment programs in their prisons.”

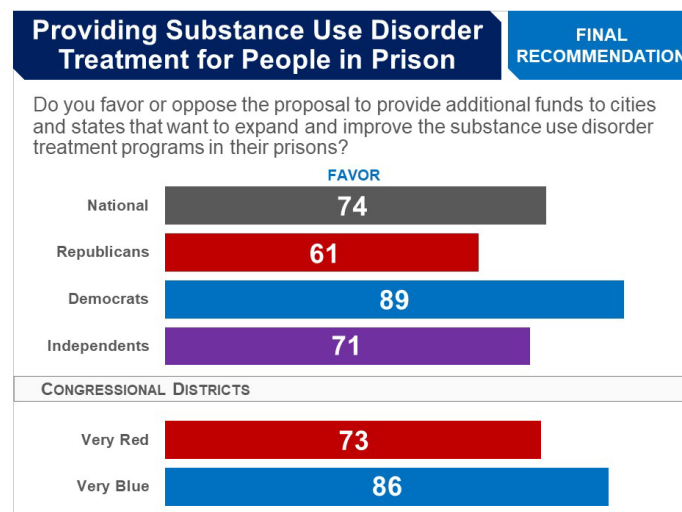


The pro argument was found convincing by a large and bipartisan majority, while the con argument was not found convincing by any majority.



Asked for their final recommendation, 74% favored the proposal, including 61% of Republicans, 89% of Democrats and 71% of independents.

Majorities in all types of Congressional districts favored the proposal, from very blue (86%) to very red districts (73%).



## Funding more harm reduction programs

A majority of six-in-ten favored federal funding to create or expand local harm reduction programs, which provide overdose-reversal drugs, kits to test whether drugs are laced with fentanyl, or clean needles. Four-in-five Democrats and six-in-ten independents were in favor, but less than four-in-ten Republicans.

Respondents were presented the following information about the negative impacts of misusing drugs or alcohol:

- **Overdoses:** Around 100,000 people died of overdoses in 2021.<sup>[1]</sup> Many of these people died because they did not know a drug they were taking was laced with an especially dangerous drug, such as fentanyl.
- **Diseases, such as HIV or Hepatitis C:** These are transmitted by using a needle to take drugs which was infected by another user.

They were then informed of an approach to reduce those harms:

*The approach seeks to reduce these harms by giving health care providers and drug users:*

- **Testing Kits** so that drug users can know whether the drugs are laced with an especially dangerous drug, such as fentanyl.
- **Medication** that can counter the effects of an overdose.
- **Clean Needles, or Disinfectants to Clean Needles**, so they do not catch any dangerous disease when using needles.

*Police are also trained, in some cases, on how to administer medication to a person they encounter who has overdosed.*

*To ensure that people use these programs, police cannot arrest a person for drug possession while they are visiting one of these programs to get testing kits or clean needles.*

*Several hundred cities in the US and other countries have set up these programs.*

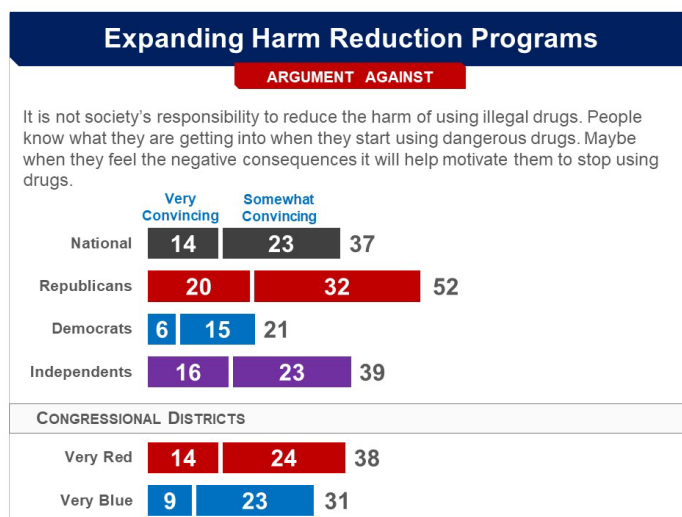
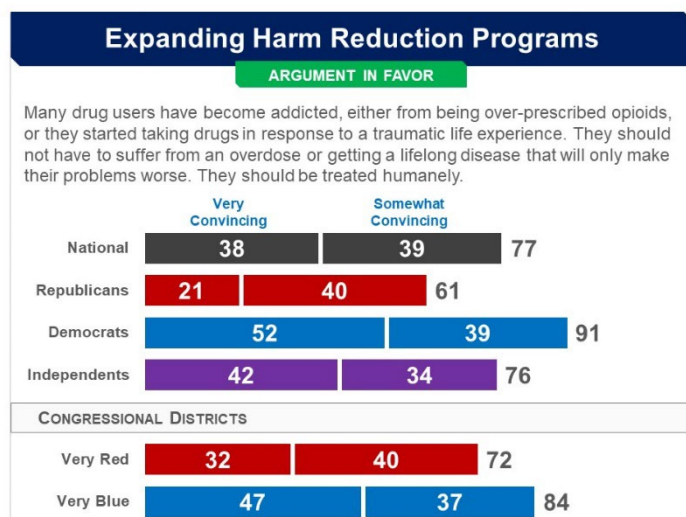
*Studies have found that these programs significantly reduce the likelihood of overdoses. They also cut the rate of diseases from drug use, such as HIV, by around half.*

*Studies have found that such programs do not lead to any increase in the use of drugs.<sup>[4]</sup> Such programs are not meant to replace drug treatment programs that seek to reduce drug usage. In some cases, the programs are used as an initial contact with drug users that can develop into treatment. But the immediate goal is to reduce the harms associated with drug use.*

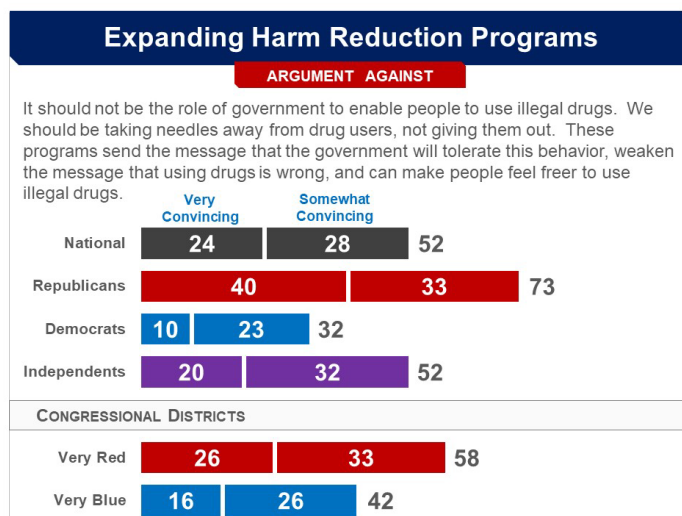
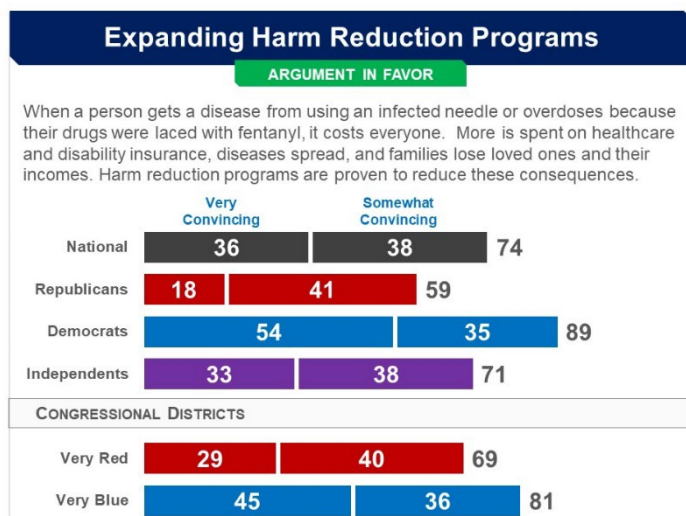
*While such programs are in use in some cities, most drug users, however, do not have access to these programs, especially in rural areas.*

Respondents were told that, “there is a proposal in Congress to provide federal funds to cities and states that want to create or expand programs like these.”

Two pairs of arguments were evaluated. The first argument in favor was found convincing by a very large and bipartisan majority of three-in-four, including six-in-ten Republicans and nine-in-ten Democrats. The first argument against, which exclaimed that “it is not society’s responsibility to reduce the harms of using illegal drugs,” did very poorly, with just 37% finding it convincing, including just one-in-five Democrats and four-in-ten independents, but a bare majority of Republicans (52%).



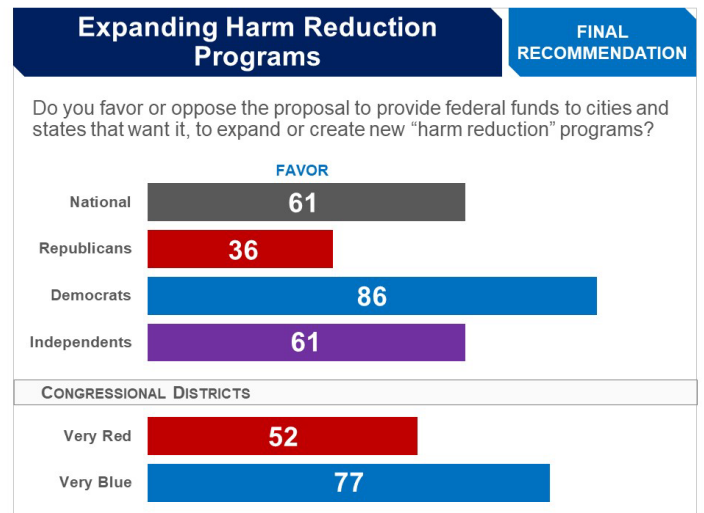
The second argument in favor did just as well as the first, with three-in-four finding it convincing, including six-in-ten Republicans and nine-in-ten Democrats. The second argument against, which stated that such harm reduction programs enable drug-use by sending the message that the government will tolerate such behavior, did much better than the first: A small majority of 52% found it convincing, including nearly three-in-four Republicans and a small majority of independents, but just a third of Democrats.



Asked for their final recommendation, 61% favored providing federal funds to cities and states that want it, to expand or create new harm reduction programs, including 86% of Democrats and 61% of independents.

Among Republicans, just 36% favored the proposal, and 43% said it would be at least tolerable (rated it 5 or higher on a 0-10 scale measuring acceptability.)

Majorities in all types of Congressional districts favored the proposal, from very blue (77%) to very red districts (52%).



### Pursuing a “diversion” policy by putting non-violent criminal offenders with substance use disorders in treatment, rather than charging them with a crime

**A large bipartisan majority of three-in-four favored the federal government providing funds to cities and states to have police officers direct non-violent criminal offenders, when they have a substance use disorder, into treatment rather than charge them with a crime. Nearly six-in-ten Republicans and nine-in-ten Democrats were in favor.**

Some cities have set up programs that enable and encourage police officers, when they interact with a person who has committed a minor non-violent crime as a result of their substance use disorder, to get them into a treatment program rather than charge them with a crime.

Respondents were introduced to this policy, as follows:

*As you may know, when a law enforcement officer encounters someone committing a minor non-violent offense, such as possessing a small amount of drugs, loitering, or disturbing the peace, they have various options. They can choose to arrest them, give them a warning, or let them go.*

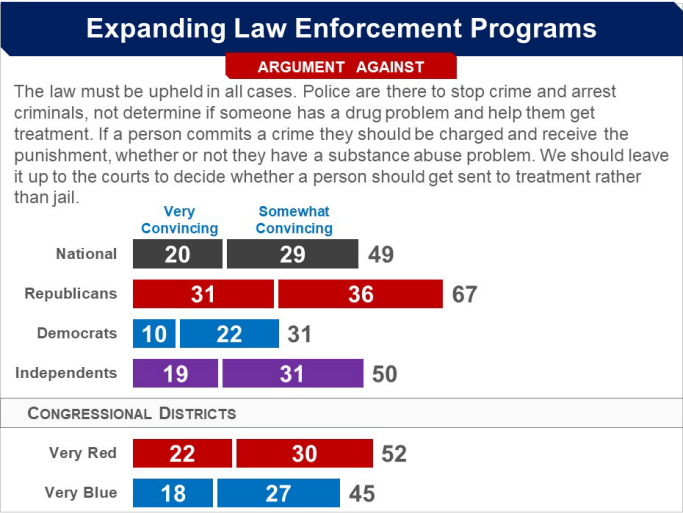
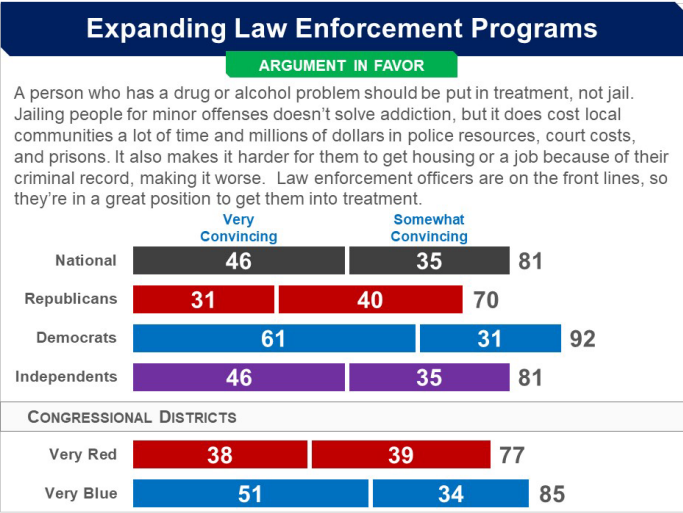
*There is an additional option being used in some cities: if law enforcement officers perceive that a non-violent offender has a substance use disorder, rather than charging them with a crime, require them to enter a treatment program and give them information about available programs. If the person refuses, they may be charged.*

They were then presented the following proposal:

*In Congress, there is a proposal to provide funds to allow cities and states to set up or expand such programs. These programs would:*

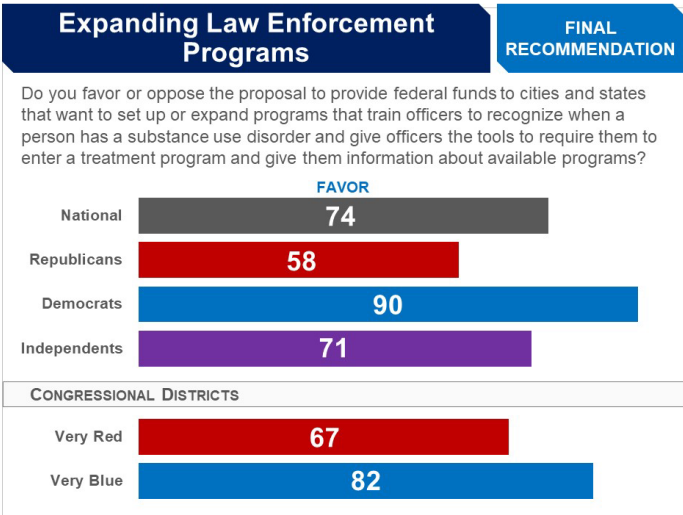
- train officers to recognize when a person has a substance use disorder, and how to interact with substance users*
- give officers the tools to require them to enter a treatment program and give them information about available programs.*

The argument in favor was found convincing by a large majority, overall and among Republicans and Democrats. The argument against was found convincing by just under half, but a large majority of Republicans and half of independents.



Asked for their final recommendation, 74% favored the proposal, including 58% of Republicans, 90% of Democrats and 71% of independents.

Majorities in all types of Congressional districts favored the proposal, from very blue (82%) to very red districts (67%).



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## ACKNOWLEDGEMENTS

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**PROGRAM FOR PUBLIC CONSULTATION**

SCHOOL OF PUBLIC POLICY, UNIVERSITY OF MARYLAND

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