



Adult Substance Use Disorders

Substance use disorder (SUD) is a medical illness caused by repeated misuse of a substance or substances. According to DSM-5 (APA, 2013), SUDs are characterized by clinically significant impairments in health, social function, and impaired control over substance use and are diagnosed through assessing cognitive, behavioral, and psychological symptoms. SUDs range from mild to severe and from temporary to chronic.

Nationally:

The National Survey on Drug Use and Health (Substance Abuse and Mental Health Services Administration, 2018) reports that, in 2017, approximately:

- 140.6 million Americans ages 12 and older currently consumed alcohol, 66.6 million reported at least 1 episode of past-month binge drinking and 16.7 million drank heavily in the previous month.
- 11.4 million people ages 12 and older misused opioids (defined as prescription pain reliever misuse or heroin use) in the past year.
- 8.5 million adults ages 18 and older (3.4 percent of all adults) had both a mental disorder and at least 1 past-year SUD.
- One in three people who perceived a need for substance use treatment did not receive it because they lacked healthcare coverage and could not afford treatment.
- Two in five people who perceived a need for addiction treatment did not receive it because they were not ready to stop using substances.

National Survey on Drug Use and Health 2018, Substance Abuse and Mental Health Services Administration

In Washington State:

Among people aged 12 or older in Washington, during 2014 – 2017;

- The annual average prevalence of past-year marijuana use in Washington was 20.7% (or 1,247,000), similar to the regional average (20.6%) but higher than the national average (13.9%).
- The annual average prevalence of past-year heroin use in Washington was 0.44% (or 27,000), similar to both the regional average (0.42%) and the national average (0.33%).
- 5.7% (or 346,000) misused prescription pain relievers in the past year, similar to the regional average (5.5%) but higher than the national average (4.3%).
- 1.2% (or 75,000) had opioid use disorder in the past year, similar to both the regional average (1.1%) and the national average (0.8%).
- 3.8% (or 232,000) had illicit drug use disorder in the past year, similar to the regional average (3.8%) but higher than the national average (2.8%).
- The annual average prevalence of past-year alcohol use disorder in Washington was 5.5% (or 334,000), lower than the regional average (6.4%) but similar to the national average (5.8%).

- 8.6% (or 523,000) had a substance use disorder in the past year, similar to both the regional average (9.2%) and the national average (7.5%).

Behavioral Health Barometer Washington, Volume 5: Indicators as measured through the 2017 National Survey on Drug Use and Health and the National Survey of Substance Abuse Treatment Services

In Kitsap County:

- From 2015 to 2017, more than 1 in 4 adults (26%) reported having 5 or more alcoholic drinks on at least one occasion in the past month. This percentage is unchanged over time and no different from the state.
- In 2018, the age-adjusted alcohol-related death rate in Kitsap was 11 per 100,000. This rate is unchanged since 2000 and about the same as the state.
- In 2015, the age-adjusted alcohol-related hospitalization rate was 170 per 100,000 Kitsap residents. This rate had been increasing since 2000 but was better than the state overall. There is no 2016 or later data at this time.
- The age-adjusted drug-related death rate in 2017 was 10 per 100,000 Kitsap residents. There has been a statistically significantly worsening trend in Kitsap and Washington State since 2000. Kitsap's rate is lower than Washington's, but not statistically significantly lower.
- In 2017, the age-adjusted opioid-related death rate in Kitsap was 7 per 100,000, unchanged from 2010 and the same as the state.
- In 2017, the age-adjusted rate of opioid-related hospitalizations was 19 per 100,000. This rate has been increasing statistically significantly from 2001 to 2017 but was the same as the state in 2017.

KITSAP COUNTY HEALTH STATUS ASSESSMENT, 2019, Kitsap Public Health District

Consequences of Substance Use Disorder in Adults:

Alcohol and drug misuse can have a wide range of effects; a single instance of alcohol or drug misuse can have profound negative consequences. The specific effects associated with substance misuse depend on the substances used, how much and how often they are used, how they are taken (e.g., orally vs. injected), and other factors. Some of these effects include:

- Substance misuse can have immediate, direct consequences for health ranging from effects on heart rate and regulation of body temperature to psychotic episodes, overdose, and death.
- Many more people now die from alcohol and drug overdoses each year than are killed in automobile accidents.
- The opioid crisis is fueling this trend with nearly 30,000 people dying due to an overdose on heroin or prescription opioids in 2014.
- An additional roughly 20,000 people died as a result of an unintentional overdose of alcohol, cocaine, or non-opioid prescription drugs.
- Alcohol and drug misuse can impair judgment, leading to risky behaviors including driving under the influence (DUI), unprotected sex, and needle/syringe sharing.

Treatment of Adults for Substance Use Disorder:

Research shows that substance use disorder treatment works:

- Treatment can cut drug use in half, reduce criminal activity up to 80 percent, and reduce arrests up to 64 percent.
- In addition, successful drug abuse treatment can help reduce the spread of HIV/AIDS, hepatitis, and other infectious diseases.
- It is estimated that for every dollar spent on addiction treatment programs, there is a \$4 to \$7 reduction in the cost of drug-related crimes.
- With some outpatient programs, total savings can exceed costs by a ratio of 12:1.4.
- Treatment can improve the prospects for employment, with gains of up to 40 percent after treatment.

Preventing and Treating Substance Use Disorders: A Comprehensive Approach, National Council for Behavioral Health

The specialty substance use disorder field provides the full continuum of care (prevention, early intervention, treatment, continuing care and recovery) in partnership with other disciplines, such as mental health and primary care. Components include:

- **Screening, Brief Intervention and Referral to Treatment (SBIRT)** is an evidence-based practice used to identify, reduce and prevent risky alcohol and drug use. SBIRT services aim to prevent the unhealthy consequences of alcohol and drug use among those who may not reach the diagnostic level of a substance use disorder and helping those with the disease of addiction enter and stay with treatment.
- **Behavioral approaches** help engage people in drug abuse treatment, provide incentives for them to remain abstinent, modify their attitudes and behaviors related to drug abuse, and increase their life skills to handle stressful circumstances and environmental cues that may trigger intense craving for drugs and prompt another cycle of compulsive abuse. These approaches are provided in both an outpatient and inpatient setting.
- **Medicated-Assisted Treatment (MAT)** is the use of FDA-approved medications, in combination with counseling and behavioral therapies, to provide a "whole-patient" approach to the treatment of substance use disorders.

Access to treatment in Washington State:

- In a single-day count on March 31, 2017, 43,846 people in Washington were enrolled in substance use treatment – an increase from 42,030 people in 2013.
- Among people in Washington enrolled in substance use treatment in a single-day count in 2017, 40.7% received treatment for a drug problem only, 18.3% received treatment for an alcohol problem only, and 41.0% received treatment for both drug and alcohol problems.
- In a single-day count on March 31, 2017, 10,903 people in Washington were receiving methadone in opioid treatment programs as part of their substance use treatment – an increase from 7,483 people in 2013.
- In a single-day count on March 31, 2017, 4,670 people in Washington were receiving buprenorphine as part of their substance use treatment – an increase from 1,335 people in 2013.

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