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## RECOMMENDATIONS

- ◆ The public should be educated about the fact that trauma is a significant risk factor in substance use
- ◆ Federal initiatives to address the impact of disasters on substance use should be coordinated directly with Single State Authorities (SSAs) for Substance Abuse
- ◆ Action should be taken to enhance State flexibility during disaster declarations to improve access to needed services

# POLICY BRIEF: TRAUMA AND SUBSTANCE USE

## Implications for the Response to Hurricane Katrina/Rita

### Disasters and Trauma Impact Substance Use

Studies have shown that traumatic events can have a significant impact on the nation's publicly funded substance abuse prevention and treatment system. Disasters, such as Hurricane Katrina, can eliminate service capacity, and/or increase demand elsewhere, as a result of people being displaced. An analysis by the Substance Abuse and Mental Health Services Administration's (SAMHSA) Center for Substance Abuse Treatment (CSAT) found that the terrorist attacks of September 11<sup>th</sup> impacted the system by:

- ◆ Increasing the intensity and need for service intervention for those currently involved in substance abuse prevention and treatment;
- ◆ Increasing a return to services for those who previously had received substance abuse services; and
- ◆ Increasing the use of alcohol, tobacco, and other prescription and nonprescription medications in the aftermath of the attacks by people who may not have used these substances previously.

*(McDuff, J et al, A Report on the Post-September 11 State Disaster Relief Grant Program of SAMHSA's Center for Substance Abuse Treatment (CSAT), in press, 2005)*

### SSAs: Managers of Addiction Treatment and Prevention Infrastructure

State substance abuse directors, also known as Single State Authorities (SSAs) for Substance Abuse, have the frontline responsibility for managing our nation's publicly funded substance abuse prevention and treatment system. SSAs collaborate each day with public and private entities related to housing, employment, education, social services and others to provide effective and efficient clinically appropriate care. During disasters, SSAs play a critical role in shepherding resources where they are most needed – quickly and effectively.

## STATISTICS

### September 11<sup>th</sup> Terrorist Attacks

An estimated 265,000 people living in New York City immediately increased their use of substances – 41.2 percent smoked more cigarettes and 41.7 percent consumed more alcohol (Vlahov, D, American Journal of Epidemiology, 2002).

Over 19 percent started drinking alcohol the week after 9/11 (Vlahov, D, American Journal of Epidemiology, 2002).

Six to nine months after 9/11, there still was a 25.1 percent increase in substance use among New York City residents. (Vlahov, D, American Journal of Drug and Alcohol Abuse, May 2004).

Among 7<sup>th</sup> – 12<sup>th</sup> graders in N.Y. who knew someone killed or injured on 9/11, 40,000 more students used alcohol; 24,000 more students used an illicit drug or a prescription drug non-medically; and 15,000 more students sought help for alcohol or other drug problems [New York State Office of Alcoholism and Substance Abuse Services (OASAS), 2005].

New York City residents with Post Traumatic Stress Disorders (PTSD) were 5 times more likely to increase use of cigarettes or marijuana than those without the diagnoses [National Institute on Drug Abuse (NIDA), 2002].

### Oklahoma City Bombing

Alcohol consumption in the year after the bombing was 2.5 times greater in Oklahoma City than a control community (Smith et al, Journal of Oklahoma State Medical Association, 1999).

Over 60 percent of those with PTSD drank alcohol to cope (North, CS et al, JAMA, 1999).

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### Education Regarding Trauma and Substance Use

Education is needed to ensure the public understands that trauma can be a factor in substance use. In turn, this outreach can assist victims of disasters such as Hurricane Katrina in taking steps to seek help. Ultimately, public outreach efforts help chip away the stigma associated with addiction and allow more people to understand that recovery from alcohol and other drug problems is real.

### Coordination with SSAs During Disasters

The most efficient and effective way to address the unmet need related to substance use during a disaster is to infuse resources directly to the SSA of each impacted State. In addressing the impact of Hurricane Katrina, for example, coordination with SSAs will ensure a comprehensive and thorough response. The experience of impacted States during the September 11<sup>th</sup> tragedy revealed that State Substance Abuse Directors moved forward to implement the following common activities: needs assessments; collaboration with other agencies; the provision of specialized substance abuse prevention and treatment services and outreach; training to counselors, first responders and others; and public education.

### Case Study: New York

The New York OASAS, with State funds and targeted federal grants, took a number of steps to address the impact of September 11<sup>th</sup>, including

- ◆ Outreach to communities with individuals especially at risk of addiction and relapse.
- ◆ Added wages to cover staff overtime due to increased demand.
- ◆ School-based prevention programs to help children, families and staff.
- ◆ The development of a media campaign and public education materials.

*“Studies have reported that individuals exposed to stress are more likely to abuse alcohol and other drugs or undergo relapse.”*

*Stress and Substance Abuse: A Special Report, National Institute on Drug Abuse (NIDA), 2005*

### Address Barriers to Treatment

Devastating disasters such as Hurricane Katrina place intense pressure on an addiction system that already faces tremendous capacity restrictions. In particular, the National Survey on Drug Use and Health (NSDUH) found that while 22.5 million Americans needed treatment for alcohol or other drug problems – only 3.8 million persons were able to receive some level of services in 2004. As a result, adequate federal resources should be allocated to address the unmet need that is associated with disasters, including strong support for the Substance Abuse Prevention and Treatment (SAPT) Block Grant. Second, steps should be taken to enhance State flexibility during disaster declarations to improve access to needed services. Examples include:

- ◆ *Institutions for Mental Disease (IMD) Exclusion:* The Medicaid statute, since its inception in 1965, has prohibited payment for any services provided in an IMD to individuals between the ages of 21 and 65. An IMD is defined as “...a hospital, nursing facility, or other institution of more than 16 beds that is primarily engaged in providing diagnosis, treatment, or care of persons with mental diseases...” Payment is prohibited for substance abuse services provided in an IMD.
- ◆ *Federal Emergency Management Agency’s (FEMA) Crisis Counseling Assistance Training Program (CCP):* Section 416 of the 1974 Robert T. Stafford Disaster Relief and Emergency Assistance Act (P.L. 100-707) authorizes FEMA to fund mental health assistance and training in Presidentially declared disaster areas. The Stafford Act does not authorize spending for long term or traditional substance abuse services. While FEMA program guidance encourages collaboration with SSAs, there is no specific mention of substance use or addiction in the statute.



NASADAD’s mission is to promote effective and efficient State substance abuse service systems.

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