Understanding the Relationship Between AODA and Poverty in Milwaukee County: Recommendations for Change

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Overview

Part of the Social Development Commission's (SDC's) mission is to study, analyze, and recommend solutions to social, economic, and cultural problems that affect Milwaukee County. In this role, SDC's Intergovernmental Affairs & Research Division issues this report on the connection between alcohol & other drug abuse (AODA) and poverty.

This report provides policy makers and residents with fundamental facts regarding,

- ► The relationship between AODA and poverty;
- ► Resident perceptions of AODA; and
- ► Solutions that address unmet community needs.

The major conclusion of this report is the need for policy makers and institutions to redefine their understanding of AODA and its impact on the community. AODA creates significant public and private costs that are exacerbated by our traditional response system. Reactive approaches such as criminal enforcement are costly and at times less effective than more informed, proactive options.

Research Methods

SDC staff used two research methods to complete this study:

(1) **Examining Existing Research**: Numerous academic, clinical, and empirical studies have investigated the connection between AODA and poverty. We include highlights of that research below to help demonstrate the problem.

(2) **Conducting Community-Based Research**: SDC engaged in community-based research on the connection between AODA and poverty. Results of these methods provide insight into the perspectives of community residents. The study included the following components:

- ► **SDC's 2010 Community Needs Assessment:** In its 2010 Community Needs Assessment, SDC partnered with UW – Milwaukee's Center for Urban Initiatives and Research (CUIR) to administer a number of research components. One of the main components was a random digit dialing telephone survey of Milwaukee County residents. The final analysis included a scientific sampling of 420 residents, providing an accurate reflection of the general population. Telephone survey respondents were asked to identify the prevalence of individual need, gaps in services, barriers to self-sufficiency, and strategies for overcoming these barriers.
- ► **Public hearing:** SDC is authorized to call official public hearings on poverty and related issues. Using this authority, SDC called a hearing on October 13, 2010, in an effort to provide community stakeholders with detailed information on this issue. The hearing opened with testimony from Pete Carlson, Vice President & Chief Administrative Officer of Aurora's Behavioral Health Services, and Judge Derek Mosley, Municipal Court Judge for the City of Milwaukee. In total, 22 community residents provided testimony.
- ► **Web-based public survey:** Between December 2010 and January 2011, SDC research staff posted a web-based public survey on AODA and poverty in Milwaukee County. This survey was open to the public for six weeks and provided visitors to SDC's website with a chance to provide feedback. Survey responses were limited to one response per computer. In total, 57 surveys were completed. Demographic information on survey

responses roughly reflects the general population of Milwaukee County in terms of race, ethnicity, and socio-economic background. Females, college graduates, and City of Milwaukee residents are slightly overrepresented.

- **2011 Community Needs Assessment Update:** In April 2011, SDC completed an update to its 2010 Community Needs Assessment, which incorporated a "major stakeholder survey" component. Major stakeholders include representatives from Milwaukee County's public, civic, academic, nonprofit, faith-based, media, and business sectors. The survey population included 450 stakeholders, of which, 115 completed the survey, for a response rate of 26%.
- **Interviews with industry experts:** Throughout the Spring of 2011, a series of snowball interviews was conducted with 9 experts regarding AODA and the provision of AODA services in Milwaukee County. These experts specialized in areas including direct counseling, service administration, advocacy, and data management and analysis. Interviews provided direction for additional research and confirmed this report's understanding of the AODA landscape in Milwaukee County.

Existing Research Findings: Scope, Costs, and Unmet Needs

Wisconsin possesses higher than average rates of substance abuse compared to national and regional averages. In 2008, 8.54% of Wisconsin residents participated in illicit drug use which was higher than the 7.87% national rate and the Midwest regional rate of 7.51%.[i] Wisconsin also ranks extremely high in adult binge and chronic alcohol consumption and underage alcohol consumption.[ii]

Recent trends in risk behavior among Wisconsin high school students suggest mixed results regarding AODA. In 2009, instances of alcohol abuse among youth trended downward compared to past years—but the rate of binge drinking remained high. The use of marijuana increased among youth and the use of cocaine remained the same. Other illicit drug use such as ecstasy and methamphetamines decreased.[iii]

Substance abuse can be observed in individuals from all socio-economic households. However, national rates of both illicit drug use and heavy drinking are higher for individuals from lower socio-economic backgrounds. Data correlating AODA and poverty is limited. However, there are two readily available indicators of poverty: education and employment. In both cases, current AODA rates decrease when one has a college education (6.1%) compared to individuals without a high school diploma (10.2%). Heavy drinking rates were lower for those with a college education (5.1%) compared to those without a college education (6.7%). Employment is an even stronger indicator. For individuals employed full time, the current use of illicit drugs (8.0%) is lower than those individuals that are unemployed (17.0%). Full time employed individuals (8.5%) also have a lower rate of heavy drinking compared to unemployed individuals (11.3%).[iv]

The financial costs of AODA are substantial; in 2005, federal, state, and local governments spent $467.7 billion as a result of AODA. Costs were spread out across multiple public services including education, health care, income assistance, child welfare, mental health, law enforcement and justice services, transportation, and highway safety. These annual costs averaged out to $1,486 for every man, woman, and child in the United States.[v] Private costs are also created in the form of drug related crime and unnecessary costs to the health

care system. Finally, AODA causes a direct loss in individual productivity that negatively impacts the size and strength of the economy.

Prevention is one of the simplest methods for reducing AODA rates. Prevention is cost-effective and avoids many of the social costs associated with AODA (e.g. criminal enforcement). Moreover, targeted early diagnosis strategies are feasible. According to the federal Substance Abuse and Mental Health Services Administration (SAMHSA), "half of all lifetime cases of mental and substance abuse disorders begin by age 14 and three-fourths by age 24." As SAMHSA further notes, the field of prevention science (and its work with illnesses like HIV/AIDS) provides effective strategies that can be replicated when dealing with behavioral health. Finally SAMHSA highlights that, "preventing and delaying initiation of substance abuse or the onset of mental illness can reduce the potential need for treatment later in life." [vi]

When prevention does not work, treatment programs have been proven to be an effective and financially efficient method for reducing substance abuse rates.[vii] Specific characteristics of effective treatment programs include:

- ► Readily available and require no waiting lists for entry;
- ► Individualized, culture- and gender-specific; and
- ► A continuum of services that address the client's interrelated needs.[viii]

Milwaukee County has a significant unmet need for AODA treatment, which is particularly acute among low-income individuals. As stated in the National Surveys on Drug Use and Health (NSDUH), "Substance use disorders affect people in all economic circumstances, and all face challenges in trying to overcome these disorders. The difficulties faced by persons living in poverty, however, may be even more formidable as they may lack health insurance coverage."[ix] Data from the NSDUH highlights the role of health insurance on one's ability to receive AODA treatment. According to 2006-2008 data, individuals living in poverty are more than twice as likely to lack health insurance compared to individuals not living in poverty. This trend is particularly troubling for young adults age 18-25, whom have the highest percentage of treatment need but are least likely to have health insurance.[x]

In 2004, over 82,000 Milwaukee County residents had unmet AODA treatment needs.[xi] Unmet treatment needs are fueled by a number of factors. Insightful data can be found in the 2009 data from the NSDUH, which suggests that the majority of individuals in need of treatment for alcohol abuse do not believe they need treatment.[xii] Of those individuals that recognize a need for treatment, a number of barriers prevent them from receiving that treatment:

Perceived Barriers to Alcohol Treatment by Individuals Recognizing a Need for Treatment

- ► 42.0% were not ready to stop using;
- ► **34.5% were prevented because of cost and/or insurance barriers;**
- ► 18.8% were concerned with the social stigma of treatment;
- ► 11.7% had problems with accessing treatment;
- ► 11.1% did not know where to go to get treatment.[xiii]

The issue of individuals that do not believe they need treatment or those that are not ready to stop using will be addressed in this report's recommendations section. Issues caused by access to treatment and the social stigma of treatment are also addressed in this report's

recommendations section. However, when addressing poverty, the major barrier of concern are those individuals that recognize a need for treatment but cannot afford it. If the community is to create pathways out of poverty then it needs to address this barrier to AODA treatment.

Community Research Findings: What the People Think about Substance Abuse

SDC regularly conducts community-based research that documents and analyzes the perspectives and opinions of Milwaukee County residents and stakeholders. The aim of this research is to supplement existing research findings and enhance the community's understanding of AODA and poverty issues.

2010 Community Needs Assessment: SDC conducts annual needs assessments in an effort to provide community stakeholders with a timely understanding of Milwaukee County's social and economic condition and methods for addressing unmet needs.

Increasing employment and educational opportunities were the top two strategies for increasing self-sufficiency. But when asked to identify barriers to self-sufficiency, respondents shifted their focus away from structural issues toward more individual issues; the top two barriers identified were AODA and unhealthy family environments.

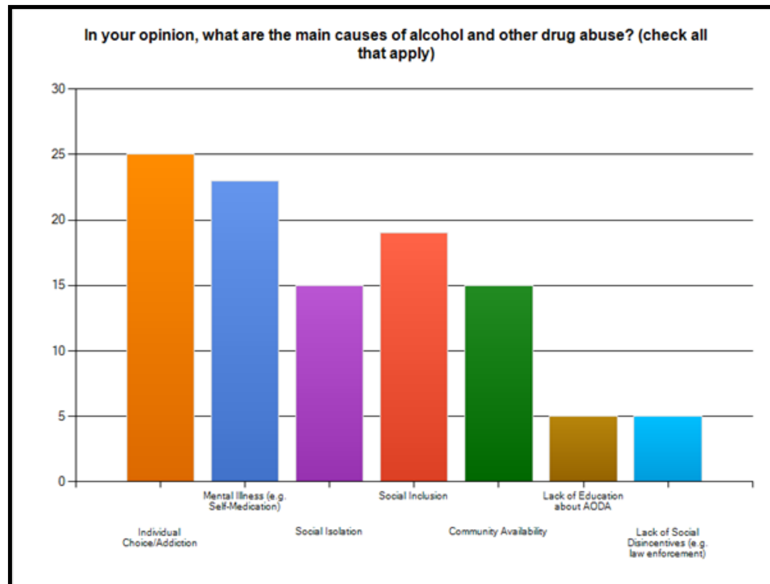
These results begged for a better understanding of the connection between AODA and poverty from the public's perspective. To that end, SDC engaged in this study to document public perspectives and opinions on AODA.

2010 Public Hearing on AODA and Poverty: Testimony from the public hearing focused on the need to better address a number of issues in Milwaukee County:

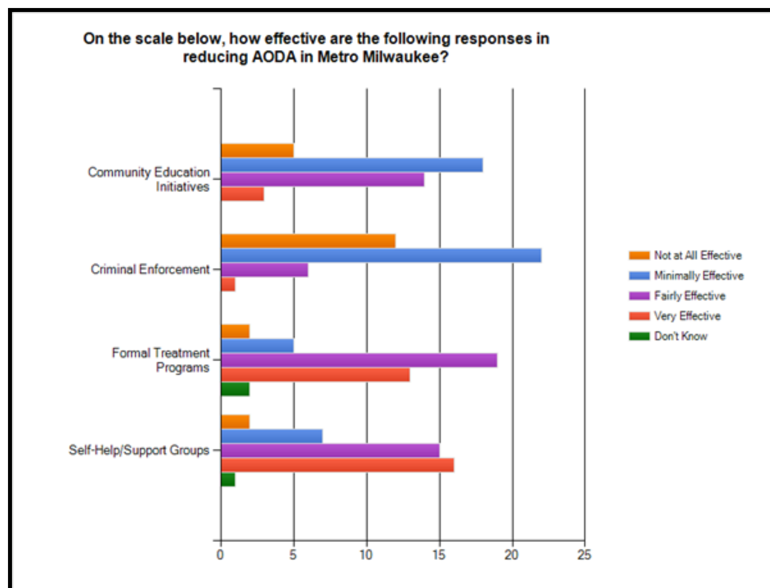
2010 Public Hearing Testimony Major Themes

- AODA has a measurable, negative social and economic impact in Milwaukee County;
- AODA has a significant connection to mental health issues;
- Milwaukee County suffers from a lack of resources available for the treatment of AODA issues among residents;
- Resources need to be reallocated away from punitive expenses (like criminal enforcement and incarceration) and toward increasing AODA treatment options, which witnesses stated were more cost-effective and helpful;
- Witnesses who had received supportive services stated that these services were critical to their long-term sobriety and success;
- The relationship between AODA and poverty is complex. AODA is not an issue exclusive to those in poverty, but it does create both a trap and a barrier to self-sufficiency that is not experienced by more affluent addicts.

Online Public Survey: Asked to identify their perspective on the causes of AODA, respondents to the online public survey pointed to issues of individual choice, addiction, and mental health. The causes least likely to be identified were a lack of education about AODA and a lack of social disincentives (e.g. law enforcement).



When asked to identify the most effective responses to AODA, **respondents stated that treatment programs and support groups were the most effective.** Respondents viewed criminal enforcement as the least effective response to AODA.



2011 Community Needs Assessment: Results of the 2011 major stakeholders survey mirrored the 2010 telephone survey: **AODA again tied with unhealthy family relationships as the top barrier to self-sufficiency.** For two years in a row, AODA has been recognized in Milwaukee County as a roadblock to self-sufficiency—suggesting the emergence of a pattern.

Recommendations

This study highlights the need to better address AODA in Milwaukee County. Instead of simply reacting to AODA, the community needs to adopt a more informed, comprehensive, and proactive approach. A refined response will produce social and economic benefits for the entire community. The recommendations listed below, if adopted, would better position the community to address substance abuse and dependency, thereby enhancing people's quality of life and saving the public money.

(1) Shift to an epidemiological response model that approaches AODA as a disease rather than a personal failing: A successful response to AODA depends on having a clear understanding of the problem. Policy makers need to rethink how they view AODA, and as a consequence, how to effectively respond to it. As the Wisconsin Association on Alcohol and Other Drug Abuse states, "Addictive substance abuse is an illness, not a personal failing. Treatment is effective and results in recovery rates comparable to other chronic illnesses, such as, diabetes, asthma, etc."[xiv] Next, stigma and an over-reliance on punitive strategies should end. Epidemiological models are informative for coordinating community education, prevention, diagnosis, and treatment. Recognizing that AODA is a disease, which needs to be proactively addressed, will enable policy makers to design a more effective campaign compared to the current patchwork nature of AODA services.

Milwaukee County government's service delivery system faces a growing structural deficit. The structural deficit results from increasing costs associated with these services and decreased revenue from the state and federal governments. To maintain services, Milwaukee County has been compelled to use ever increasing amounts of county tax levy to plug holes in the Behavioral Health Division (BHD) budget. Milwaukee County projections suggest the amount of tax levy used to support the BHD in 2016 will be four times higher than in 2000—equivalent to over $60 million in local tax levy.[xv]

This structural deficit is not sustainable and should be aggressively addressed. The finances of BHD's delivery of mental health and AODA services needs to be stabilized to ensure the provision of these services well into the future. Shifting to a comprehensive epidemiological strategy will enable Milwaukee County government to restructure its service delivery system and identify effective and financially efficient strategies for both internal and external implementation.

Other cities and states have made this shift by conducting a comprehensive analysis of their service delivery system, identifying what works, and drafting a long-term, comprehensive strategy. For a recent example, review "Respect, Recovery, Resilience: Recommendations for Ontario's Mental Health and Addictions Strategy."[xvi]

(2) Craft a more comprehensive and coordinated campaign to emphasize prevention as a proven method for reducing AODA. Prevention is a proven method for reducing AODA that can save money by limiting the negative externalities associated with AODA—including lost productivity, treatment costs, and criminal enforcement. Any shift to an epidemiological model must include preventative measures. Currently Milwaukee County has various prevention strategies ranching from public service campaigns to Drug Abuse Resistance Education (DARE). However, these strategies are often scattered and uncoordinated—thereby failing to move towards a common overarching goal. Moreover, many of these prevention strategies focus on youth and ignore other common risk groups including seniors, the unemployed and low-income, victims of domestic violence, persons with disabilities, immigrants, and people who are lesbian, gay, bisexual, or transgender (LGBT).[xvii]

In order to maximize the effectiveness of Milwaukee County's prevention efforts, a more comprehensive and coordinated AODA prevention campaign must be crafted. Milwaukee County should consider measures included in Ontario's Mental Health and Addictions Strategy Plan, including but not limited to:

Prevention and Community Education Measures for Consideration

- ► Targeted awareness programs to reach people most at risk of mental illness and/or addiction;
- ► Support mental health and well-being in schools by teaching coping skills, stress management, emotional literacy skills, and self-management and by promoting physical activity, healthy eating and self-esteem;
- ► Provide cross-sector training on the core competencies for early identification;
- ► Develop public education programs that help individuals, family members and employers be more aware of the early signs and symptoms of mental illness and/or addiction; and
- ► Help teachers recognize the behaviors of children, youth, and young adults who may be experiencing mental health problems or distress.[xviii]

(3) Increase comprehensive treatment options that, in the long run, cost less and more effectively reduce AODA compared to traditional criminal enforcement approaches. While more costly than prevention, treatment represents a cheaper and more effective method for reducing AODA rates compared to traditional criminal enforcement. Unfortunately, findings from SDC's public hearing on AODA and poverty, and interviews held with industry experts, suggests that there is a dearth of treatment options available to low-income residents. Similar to prevention, any shift to an epidemiological model must include more treatment options for low-income individuals.

Clearly public budgets are under pressure. The first course of action should be to analyze the current service delivery structure for cost savings—for example, analyze the impact of concentrating more resources in outpatient services over more costly inpatient services. But cost savings may only move Milwaukee County partially towards meeting the demand for these services. As of 2004, the unmet capacity for AODA treatment in Milwaukee County was approximately 82,000 residents.[xix] Further, it is critical that treatment be readily available, without waiting lists, for it to be effective. Local data from Milwaukee County government's Service Access and Independent Living (SAIL) program supports the benefits of readily available services. Milwaukee County government's 2004 award of federal Access-to-Recovery grants roughly doubled its funding for treatment services and allowed for an "open door" policy for those seeking services. Interestingly, this open door policy resulted in a six-fold increase in individuals completing treatment—supporting the theory that access to readily available treatment is a critical element[xx].

Increased allocations for treatment will directly reduce demand for criminal enforcement costs. Thus, reallocating Milwaukee County resources away from enforcement and courts and towards proactive treatment services is justified and would save Milwaukee County residents money in the long run. **Studies demonstrate that AODA treatment creates a return-on-investment of $12 to every $1 invested**.[xxi] By addressing the significant unmet need for AODA treatment in Milwaukee County, substantial cost savings for Milwaukee County residents could be realized.

(4) Dedicate local funds to permanently support the Milwaukee County Drug Court: Recently Milwaukee County has joined a national movement to use drug courts in lieu of traditional justice systems for some criminal offenders. The drug court is an alternative criminal justice model, which involves intense treatment for substance abuse, regular drug

tests, and frequent interaction with the court. Research highlights the model's ability to reduce recidivism and long-term public costs compared with traditional methods.[xxii]

Milwaukee County government has received two federal pilot grants totaling $349,995 to fund the drug treatment court from September 1, 2009 to August 30, 2012—averaging out to $116,665 per year. This funding allows the county to have a capacity of 75 participants in the drug court at any one time. Considering the proven benefits to the individual and the cost savings for the community, Milwaukee County government should reallocate tax levy within its court and criminal justice budgets to permanently fund the Milwaukee County Drug Court after the federal pilot grant expires. This reallocation would stabilize the program and yield a more efficient use of tax dollars compared to traditional criminal justice services.

(5) Enhance early diagnosis efforts by medical professionals: As mentioned above, three-fourths of all lifetime cases of mental and substance use disorders occurs by age 24. Nevertheless, lack of accurate diagnoses of substance abuse is a problem. As cited by SAMHSA, "Ninety-four percent of primary care physicians in a study conducted in 2000 failed to diagnose substance use disorders properly."[xxiii]

Fortunately, combining these facts reveals a simple and cost-effective solution for Milwaukee County. If more accurate and earlier diagnoses of mental and substance use disorders occurs, interventions can be applied before AODA cases develop or become unmanageable. Trainings and awareness campaigns within the medical sector should be implemented to reduce missed diagnoses and the potential for early interventions. Local healthcare stakeholders including hospitals and medical associations should take the lead on implementation.

One tool that should be considered is the Screening, Brief Intervention, Referral and Treatment (SBIRT) model. SBIRT is a national model for intervention that is administered during primary and emergency care and is designed to measure a patient's need for AODA services. **Analysis demonstrates that for every $1 invested in SBIRT, $4.30 is returned in healthcare and treatment savings.**[xxiv]

(6) Increase foundation funding for supportive services during recovery. Beyond treatment, research suggests that support during recovery improves outcomes and long-term results. As cited by SAMHSA, "for those with substance use disorders, a comprehensive array of services assists recovery from substance use disorders, and social supports improve recovery outcomes."[xxv] Supportive services can include employment initiatives, supportive housing, case management, and connection to applicable public benefits. Local, regional, and national foundations should reexamine their support for these services as an effective and necessary method for reducing long-term AODA rates, saving the community unnecessary expenses, and enhancing the quality of life for those suffering from AODA. The Milwaukee Continuum of Care (CoC) possesses a clear plan for expanding the region's supportive services for individuals with mental health and substance abuse issues. For more information on this plan, please review the "Mental Health, Substance Abuse, and Supportive Services" section of the CoC's 10 Year Plan to End Homelessness.[xxvi]

Conclusion

Milwaukee County residents recognize a connection between AODA and poverty. This connection does not mean that AODA is a problem exclusive to low-income individuals or that AODA is concentrated in low-income communities. Instead, the public views AODA as a significant barrier for low-income individuals trying to get out of poverty. This perception is supported by the dearth of prevention and treatment options available to low-income individuals when compared to more economically affluent addicts. In order to reduce poverty, we need to more effectively address AODA.

Beyond the quality of life of individuals, AODA creates substantial public and private costs. Costs derive from increased and misplaced demand on the health care sector, stress on the criminal justice system, AODA related crimes including property theft, increased demand on social services, and loss of individual productivity.

Lower AODA rates, cost savings to the public, and a better quality of life can all be realized by refining our approach to substance abuse and adopting a more proactive response. Implementing the policy recommendations detailed above will help remove barriers for those trying to get out of poverty and strengthen Milwaukee County as a result.

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