



Media Release

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Study Shows Advances in Substance Abuse Treatment, But More Work Needed

Arkansas has taken significant steps towards getting more people with drug and alcohol addiction the help they need so that they can become productive members of society, according to a report released Friday by Closing the Addiction Treatment Gap (CATG).

CATG is a national program funded by the Open Society Institute that works to expand addiction treatment. Open Society gave the Arkansas Department of Human Services (DHS) a \$600,000 grant to help find ways to give more people access to treatment and to educate people about addiction.

“A lot of progress has been made since the project came to Arkansas four years ago with the goal of closing the gap between the number of Arkansans that need treatment and the number that are able to receive it,” said Nicola Conners-Burrow, PhD, an associate professor at the University of Arkansas for Medical Sciences and the program’s lead. “This progress has been exciting, but we still have far to go to achieve our goal of accessible treatment for all Arkansans in need.”

Paul Kelly, Senior Policy Advisor for Arkansas Advocates for Children and Families, wrote the report that was released Friday and agrees with Conners-Burrow.

“The addiction problem is one Arkansas can’t ignore,” Kelly said. “There are more than 200,000 people in this state that are identified as alcohol or drug dependent, and about 80 percent can’t get the treatment they need because their insurance doesn’t cover it, they can’t afford it, or the state system is overloaded.”

The report, entitled “Addiction Treatment and Long-Term Recovery in Arkansas: ‘Just Say Yes!’” compares data from 2009 and 2011 that shows a growing connection between the judicial system and publicly-funded substance abuse treatment, meaning more judges are referring more offenders for treatment. Although the total admission to substance abuse treatment centers only grew by seven percent between 2009 and 2011, the amount of referrals by the justice system rose to 40% of all referrals for state-funded drug treatment programs.

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Also showing improvement was the average length of stay by an individual in a treatment center, which the report describes as “significant” because it is a sign that the transition from acute care to long-term recovery in Arkansas is improving.

In 2010, Arkansas began a program called Access to Recovery. This program gives vouchers to individuals struggling with substance abuse that allow them to choose the recovery service they believe best fits their needs. Another program expanded substance abuse treatment to pregnant women up to one month post-partum and to children under 18 who are eligible for Medicaid. The report calls these programs some of Arkansas’s “most promising” developments.

Despite the recent improvements, Arkansas still falls short in some areas. A separate report released by CATG on Friday says Arkansas lacks a consistent drug court model across the state. According to the report entitled “Courting Success: Developing a Consistent Drug Court Model in Arkansas,” drug courts are an efficient way to increase access to substance abuse treatment for high-risk populations. The report recommends Arkansas more quickly process drug tests and use less jail time as punishment, saying jail time is not an effective way to treat substance abuse. There are 41 drug courts in Arkansas.

“Local drug courts are having a positive impact,” Kelly said. “But what the state needs is a cohesive, coherent system of substance abuse treatment and recovery programs to help those that need it.”

In order to create a truly effective system that provides comprehensive substance abuse treatment to Arkansans, the silos for substance abuse services and mental health services need to be broken down. To that end, the DHS Division of Behavioral Health Services (DBHS) is undergoing internal reorganization. In addition, DBHS has expanded the scope of services that can be accessed through the Juvenile Drug Court Programs statewide, including case management and coordination services. The Division also has improved clinical coordination and access in each judicial district, giving courts and families more treatment options. These changes were in response to feedback that DBHS received from judges, court staff and families of those struggling with addiction.

Both these reports were released Friday during a panel discussion on the successes and shortfalls in Arkansas’s approach to substance abuse treatment. Representatives from the Arkansas House of Representatives, the Department of Human Services, Arkansas Advocates for Children and Family and substance abuse treatment centers served on the panel. The panel discussion was hosted by the Clinton School of Public Service and held in conjunction with National Public Health Week. To read the Courting Success report, go to this link

<http://humanservices.arkansas.gov/dbhs/Documents/CATG%20Final%20Paper%20on%20Drug%20Courts.pdf>. To access the Addiction Treatment report, go to this link www.aradvocates.org/assets/Uploads/NewFolder/Addiction-Treatment-and-Long-Term-Recovery-in-Arkansas.pdf.

