

## Why Should Nurses Care About Substance Abuse Parity?

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**Answer: Substance abuse parity is critically important for nurses because the combination of alcohol, tobacco and other drug (ATOD) problems is America's number one health problem, far surpassing deaths, illness and disability from any other preventable health condition.** <sup>1</sup> "During a Hartford, CN public hearing, a physician from the community stated, 'every day in this country, both on a state and national level, thousands of dedicated parents, teachers, social workers, doctors, nurses and others face issues of substance abuse treatment head on. However, for all their efforts, these committed individuals cannot be fully successful unless the nationwide substance abuse system provides them with sufficient resources, effective tools, and a well-structured, coordinated system of services.' " <sup>2</sup>

*Consider these statistics.*

- ❑ Untreated addiction costs Americans \$400 billion per year. <sup>3</sup>
- ❑ 23 million Americans suffer from substance abuse addiction. <sup>4</sup>
- ❑ Heavy drinking contributes to illness in each of the top three causes of death: heart disease, cancer and stroke. <sup>5</sup>
- ❑ Treatment of addiction is as successful as treatment of other chronic diseases, diabetes, hypertension and asthma. <sup>6</sup>
- ❑ Every dollar spent on treatment yields a return of up to \$7 in a reduction of drug-related crime and criminal justice costs. When adding savings related to health care, the savings exceed costs by a ratio of 12:1. <sup>7</sup>

Patients and clients come to us daily, bringing the impact of substance abuse on their health and their lives. Emphysema, heart disease, cancer, the inability to hold a job or live above the poverty line, abusive and dysfunctional relationships--each of these conditions may have common roots in substance abuse and dependence. Nurses treat the whole person and are as interested in maintaining health as in helping people recover from illness. Therefore, by its very nature, substance abuse is a critical concern for nurses because it is such an overwhelming challenge in our society, and is likely to be implicated in the health problems of a large number of people we serve. It is estimated that from 25% to 50% of the general hospital population has alcohol and other drug addiction problems. <sup>8</sup>

But many who need the treatment (and treatment is effective) are unable to access it because they lack the ability to pay, or they lack adequate insurance. Insurance coverage for substance abuse illness lags far behind traditional coverage for physical illness. Historically, health plans have applied higher patient cost sharing and shorter day and visit limitations to mental health and substance abuse services than to services for physical illness or injury. <sup>9</sup>

*What is parity for substance abuse?*

Another word for parity is equality or equivalence. Achieving insurance parity means that a plan's coverage for substance abuse is identical with regard to traditional medical care deductibles, coinsurance, copays and day and visit limitations. What does a look at your own

health insurance reveal? Do you have coverage for mental health and substance abuse care? Many people breathe a sigh of relief when they note they do have coverage, but be sure to notice the details. Is the copay for an outpatient visit the same as for a visit to a PCP? Does the deductible amount include substance abuse treatment with other medical care, or is there a separate deductible that must be satisfied per year? Do you have parity in your own coverages? Could you afford substance abuse treatment if you needed it?

### *How much would parity cost?*

Many people balk at the notion of parity because they fear it will skyrocket the cost of providing health insurance coverage, but recent studies point to just the opposite. "Providing parity for drug and alcohol treatment services does NOT increase health insurance premiums significantly. The most current governmental and private actuarial studies indicate that parity in health insurance plans cost a maximum of \$1 per month of all studies conducted." <sup>10</sup>, <sup>11</sup>, <sup>12</sup>, <sup>13</sup>

### *Barriers*

So if treatment is effective, and parity is not the financial drain on resources that many people assume, why are we still not able to provide treatment to the people who need it? Guideline #4 in the National Treatment Plan Initiative to Improve Substance Abuse Treatment (Center for Substance Abuse Treatment, 1998) recommends that attitudes need to be changed. Considerable stigma still exists, affecting not only the person with the substance abuse illness, but also health care providers, family, friends, policymakers and others. The stigma appears to be a combination of four important dimensions. First is the still prevalent belief that substance abuse is a moral failing, not an illness. Second is the mistaken idea that treatment doesn't work. Third is the linking of the illness with behavior that often results as a consequence of the illness, such as criminality. And fourth, when people who have substance abuse illness suffer from other stigmas, such as those based on race, ethnicity, sexual orientation, and mental illness, the stigma itself becomes compounded and difficult to examine.

### *Five Things Nurses Can Do*

1. Speak up for those who cannot. Make an opportunity to tell your story to legislators and urge them to adopt substance abuse parity legislation. Legislators too have friends and family members who may suffer from addiction. Every day nurses witness first hand the impact of addiction and serious problems with drugs and alcohol on the lives and health of clients. We also see the impact of a lack of resources to effectively intervene in these problems. Much of what we see is produced by the failure of our treatment system and health care policy, not willful non-compliance by patients.
2. Make screening for drug and alcohol problems a daily part of your practice. There is positive evidence that brief interventions by health care providers in primary care settings does help clients with alcohol problems reduce their use of alcohol. <sup>14</sup> We do not all have to be certified substance abuse counselors to make a difference.

3. Continue to examine your own assumptions about people who suffer from addiction. How do nurses contribute to the problem by perpetuating the stigma based on our words and our behavior?
4. Find out more about treatment, its effectiveness and the resources around you.
5. Collaborate with your employee assistance program. EAP providers are natural advocates for insurance parity issues because they see first hand the benefits of early identification and treatment to employees *and* employers.

Nursing has a time-honored tradition of caring- for clients, our families, friends and colleagues. We also care about our practice, and the ability to fully use the skills we have gained. Caring about parity for substance abuse treatment, and acting on that concern, will help us all make a tremendous difference in the lives of people we serve.

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<sup>1</sup> "Substance Abuse: the Nation's Number One Health Problem", Brandeis University, Schneider Institute for Health Policy, 2001

<sup>2</sup> Barry, C., "A National Treatment Plan to Improve Substance Abuse Treatment: Addictions Health Policy in Action," *Journal of Addictions Nursing*, Vol. 13, No. 2, 2001.

<sup>3</sup> "Substance Abuse: the Nation's Number One Health Problem", Brandeis University, Schneider Institute for Health Policy, 2001.

<sup>4</sup> "Substance Abuse: the Nation's Number One Health Problem", Brandeis University, Schneider Institute for Health Policy, 2001.

<sup>5</sup> Position Paper on Drug Policy, Physician Leadership on National Drug Policy, Brown University Center for Alcohol and Addiction Studies, 2000.

<sup>6</sup> National Institute on Drug Abuse (NIDA), *Principles of Drug Addiction Treatment*, 1999.

<sup>7</sup> National Institute on Drug Abuse (NIDA), *Principles of Drug Addiction Treatment*, 1999.

<sup>8</sup> National Training System, "Nurse Training Course: Alcohol and Other Drug Prevention", Office for Substance Abuse Prevention, 1992.

<sup>9</sup> LaChance, J. 2000. Memo re: Mental Health and Substance Abuse Parity Implementation in the Federal Employees Health Benefits (FEHB) Program.

<sup>10</sup> ([HTTP://www.ncadd.org/facts/fyiparity.html](http://www.ncadd.org/facts/fyiparity.html)) compiled 03/01.

<sup>11</sup> Sturm, R. "How Expensive Are Unlimited Substance Abuse Benefits Under Managed Care?", *Journal of Behavioral Health Services & Research*, May 1999.

<sup>12</sup> Milliman & Robertson, Inc. Premium Estimates for Substance Abuse Parity Provisions for Commercial Health Insurance Products, 1997.

<sup>13</sup> Substance Abuse and Mental Health Services Administration, March, 1998.

<sup>14</sup> National Institute on Alcohol Abuse and Alcoholism. *Alcohol Alert* no. 43, "Brief Interventions for Alcohol Problems", 1999.