



Substance Use & Substance Use Disorder Report

“...identify health care services for which there are substantial variation in practice patterns or high utilization trends in Washington state, without producing better care outcomes for patients, that are indicators of poor quality and potential waste in the health care system.”

PROBLEM STATEMENT:
Substance use, affecting more than half of adults, and substance use disorder (SUD), affecting at least 16% of adults, are associated with significant morbidity, mortality, and substantial costs to both the healthcare system and society ⁱ . For example, costs for people with SUD covered by Medicaid are at least double those of people without SUDs ⁱⁱ . Person-centered and evidence-based approaches for engagement, health care and use disorder treatment is variable based on the type of substance, its legality, care settings, and provider types ⁱⁱⁱ . Broad proper guidance for clinicians, health systems plans and interest holders would improve care and outcomes and reduce costs as well as stigma about discussing and seeking care for substance use for patients, family, and society. The previous Bree Report on Addiction & Dependence (2014) needs to be updated and broadened to substance <i>use</i> to encompass a broader array of the current and changing use patterns impacting health.
DOES THE TOPIC HAVE (CHECK ALL THAT APPLY):
☒ VARIATION IN CARE ☒ SAFETY CONCERNS ☒ HIGH COST AND POOR OUTCOMES ☒ EQUITY CONCERNS
PROPOSED SCOPE:
<u>In scope:</u> Substance use and use disorder (SU(D)) involving alcohol, cannabis, pharmaceuticals, Kratom/7-OH, and illicit drugs such as methamphetamine and non-Rx fentanyl. Consensus of best practices for patient, family member, care team, and provider education, identification, engagement strategies, health supports/safety planning/harm reduction, and evidence-based treatment. Identification and implementation of quality measures and employer policies that are supportive in addressing SU(D). <u>Outside of scope:</u> Tobacco and process addictions e.g. gambling, sex, internet use.
EVIDENCE-BASED IMPACT STRATEGY:
<u>Clinicians/Care Teams:</u> Appropriate screening based on substances used/symptoms, shared decision-making, diagnosis and available evidence-based harm reduction, health care, and SUD treatment. <u>Delivery Systems:</u> Workforce training and structured wraparound care approaches including outreach and multi-system care teams. <u>Plans:</u> Coverage of engagement, health care, evidence-based treatment including care team members not historically covered including nurses and peers/care navigators. <u>Purchasers:</u> Benefit redesign to incent improved interventions for accessible care, engagement for sub-acute patients, and appropriate health care and SUD treatment.
AVAILABLE DATA FOR MONITORING AND EVALUATION:
WA State: All payer claims database, HCA Provider 1, Behavioral Health Database, Prescription Monitoring Program, WA State Vital Statistics/Death Certificates, UW ADAI Syringe Services Program client survey.
POTENTIAL PARTNERS:
Department of Health, Health Care Authority, UW SOM/ADAI, WSU Medicine, patient advocacy organizations, MCO's, WSHA, WA Liquor and Cannabis Board, Washington Health Alliance, WA Society of Addiction Medicine

HOW COULD THE BREE UNIQUELY IMPACT THE HEALTH OF WASHINGTONIANS

Substance use and use disorder are common *health* issues. Bree is uniquely positioned to provide a clear health and health systems perspective on topics that are often treated emotionally, legally, pejoratively, and where iatrogenic harm for patients is the norm. SU(D) are related to pleasure seeking, social influences, and self-management of emotional and physical pain. This framing, and clear, universal statements of best practices could transform the care people receive and more broadly how society conceives of SU(D).

ⁱ SAMHSA Releases Annual National Survey on Drug Use and Health July 28, 2025

<https://www.samhsa.gov/newsroom/press-announcements/20250728/samhsa-releases-annual-national-survey-on-drug-use-and-health>

ⁱⁱ SUD Treatment in Medicaid: Variation by Service Type, Demographics, States and Spending. Heather Saunders, Rhiannon Euhus, Alice Burns, and Robin Rudowitz. Mar 28, 2024 <https://www.kff.org/mental-health/sud-treatment-in-medicaid-variation-by-service-type-demographics-states-and-spending/>

ⁱⁱⁱ State Variation in Substance Use Disorder and Mental Health Treatment. Victoria Lynch, Maya Payton, Lisa Clemans-Cope. August 14, 2024 <https://www.urban.org/research/publication/state-variation-substance-use-disorder-and-mental-health-treatment>