

The growing problem of substance use in California

September 3, 2022



Many cities in California are ill-equipped to address the increasing number of people battling homelessness, addiction and mental health issues. Counties across the state are throwing millions of dollars at the problem, with little result.

Many current issues surrounding substance use and addiction recovery involve adequate access to drug rehabilitation, affordability, aftercare and recovery support.

Medication-Assisted Treatment and harm reduction will not solve the entirety of the problem. While it does save lives with overdose prevention and preventing the spread of disease, one must ask how effective it is in transitioning patients into further treatment.

“The most effective approaches we have seen involves residential drug rehab followed by aftercare support,” said Marcel Gemme of Addicted.org. “However, this is not always accessible for every individual.”

The California Health Care Foundation found that 86% of those who attended treatment only received outpatient care. In contrast, only 13% attended a residential program.

In addition, those with commercial HMO and PPO health plans are not receiving treatment consistent with the National Committee for Quality Assurance standards for quality of care. Only one in eight patients received ongoing care with two follow-up visits after their initial treatment visit.

No one will disagree that convincing someone to attend any form of drug rehab is not without its challenges. The average person addicted to drugs is not entirely willing to commit to long-term treatment or even outpatient care, for that matter.

Rehabilitation success is also not guaranteed; it takes work to maintain sobriety after treatment.

Overall, the number of substance use treatment centers in the state increased by 68% between 2017 and 2019, which was a good sign.

Yet, the pandemic hit, and there was an immediate setback as the demand for help steadily increased, and overdose deaths began to rise.

Policymakers turned to rely more heavily on harm reduction. They recently attempted to pass a bill that would have legalized injection sites.

In Vancouver, Canada, for example, safe injection facilities are legal. Yet, deep down, policymakers know they will not convince the majority of Canadians that this is the best solution. While it does help reduce social harm, it does not stop the addiction cycle.

Moreover, opioid-related overdose deaths in the state are increasing. Since 2020, all drug-related overdose deaths have increased at a predictable rate.

Despite everything, formal drug rehabilitation remains the best option. Yet, getting people through the doors and into recovery remains an ongoing issue. Beneath this blanket, other barriers include the cost of private care, the lack of subsidized treatment, and insurance coverage.

In 2019, nearly 90% of the substance use treatment facilities in the state were privately owned. The local, county, and community resources accounted for less than 10%. Orange County, the San Diego area, and Los Angeles County had the most residential treatment beds per population.

Overall, counties in the state provide most public substance use disorder treatment. Yet, they are struggling to meet the demand. These treatment services are for Californians enrolled in Medi-Cal or those who do not have insurance.

Harm reduction is a small aspect of substance use prevention and will not solve the entirety of the problem.

The current issues surrounding substance use and recovery in the state remain, getting people in the door to a drug rehab center, the affordability of private treatment, insurance coverage to alleviate costs, and the lack of subsidized services.

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