IMPLICATIONS OF STUDY FINDINGS ON SUBSTANCE ABUSE TREATMENT

SECTION SEVEN

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The FY 2003 KTOS Follow-up findings include important information for treatment providers and policy makers. The findings suggest that substance abuse treatment outcomes in Kentucky are very similar to outcomes reported in other research studies (Hubbard, et al., 1997; Swearingen, et al., 2003). Likewise, findings are similar for this year and the FY 2002 findings. In fact, this report, combined with the five preceding ones, suggests a steady trend in treatment effectiveness in Kentucky. One difference that is important is that in the last two years, mental health problems appear to not change after treatment. Earlier KTOS follow-up findings had reported significant improvement in these problems and even in FY 2002 there were modest improvements. These data suggest a downward trend in addressing mental health problems among clients in substance abuse treatment.

Consistent with previous years’ findings and anecdotal information from clinicians, the substances that appear to be used by the majority of clients in substance abuse treatment are alcohol, marijuana, tranquilizers, and opiates. The emergence of tranquilizer and opiate use over the past few years in Kentucky may be of particular importance to treatment providers. Stimulant use, about which there is increasing policy concern, is still reported by fewer clients. Use of tranquilizers and opiates has been reported by more clients than has use of cocaine in the four previous KTOS Follow-up Reports. Consequently, illegal use of pharmaceutical drugs constitutes a major portion of the substance abuse problem reported by clients in substance abuse treatment in Kentucky.

Overall, the results from follow-up interview data suggest that 12 months after treatment, clients who received substance abuse treatment made significant gains in abstinence and employment and they had fewer arrests. Each of the areas showing improvement was related to estimated cost reductions to Kentucky, thus offsetting the cost of treatment.

Abstinence Findings

Findings show that there were many clients who reported abstinence at intake and who maintained abstinence at follow-up. Many clients entered treatment on the heels of a criminal justice referral (64%) and may have already begun abstinence in the few days before entering treatment. For those clients, an important treatment goal is to maintain abstinence for a longer period of time. In addition, many clients who reported substance use in the past 30 days at intake reported abstinence 12 months after treatment.

Substance-specific Change

The FY 2003 KTOS findings suggest that there are major differences in rates of increased abstinence or decrease in days of use by type of substance. For example, there was a 51.9% increase in the number of clients reporting alcohol abstinence, but less than half that rate of change for opiate abstinence (17.4%). In addition, the percent of change in the number of clients reporting tranquilizer abstinence (20.6%) was about half the rate of change for alcohol abstinence. In examining the reduction in the number of days of substance use in the past 30 days, alcohol use was reduced by 45.5%, marijuana use by 42.2% and opiate use by 62.0%. These data suggest there may be differences in achieving abstinence for certain substances. It is unclear whether a generic “addiction treatment” is practiced or if interventions target specific substances. However, these findings suggest that treatment might need to use more targeted interventions for specific substances, or for specific use patterns. The prominence of prescription drug abuse among Kentucky clients suggests a need to focus heavily on this use pattern.
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Self-help

There were significant differences in client outcomes for those who reported using self-help versus clients who reported no self-help. Self-help includes Alcoholics Anonymous and Narcotics Anonymous. Figure 5.1a, 5.1c, and 5.1e presented the percent of change in the number of days of alcohol use, days of alcohol use to intoxication, and days of illegal drug use from intake to follow-up. There was a dramatic difference between clients using self-help and those who did not. While clients using self-help at follow-up reported a greater number of days of substance use at intake, they reported far greater decreases at follow-up. These changes were statistically and clinically significant and suggest that clinicians may need to examine clients’ opportunities for self-help involvement during and after treatment. Based on these findings, treatment planning services should incorporate the use of self-help in attaining and maintaining abstinence.

Mental Health Problems

Among the many changes reported by clients, there were no significant changes at follow-up in mental health symptoms apart from reduction in suicidality. This finding suggests a need for closer attention to co-occurring disorders during substance abuse treatment. In previous KTOS reports, the reduction in mental health symptoms was greater than that reported by clients in this report and last year’s report. While 25.9% of the services for this sample was for mental health rather than for substance abuse treatment, there is evidence that mental health problems continue to need more focused intervention. Clinicians may need to focus particularly on depression and anxiety.

Gender Differences

The findings in this report suggest that women entering substance abuse treatment have a greater number of days of substance use in the past 30 days for opiates, tranquilizers, marijuana, and all illegal drugs than men. On the other hand, men have a greater number of days of alcohol use in the past 30 days than women. However, women reported greater percents of change from intake to baseline than men. For example, women reported a 48% reduction in their most-used substance at follow-up compared to men who reported a 34% reduction. More men were alcohol abstinent at intake than men, but women reported a greater rate of change in the percent of alcohol abstinence at follow-up than did women. With tranquilizer use, women (39%) had over twice the rate of change in number of days of use compared to men (16%). These findings suggest that women who enter treatment may have more positive treatment outcomes than men, particularly in regards to sustained abstinence.

Avoided Cost of Treatment

Findings from this study highlight the importance that the role of treatment plays in the overall reductions in liability for costs related to substance use. The cost benefit ratio for this study shows that for every dollar spent on treatment, there was a $4.52 reduction in substance abuse related costs in terms of victim costs due to crime, costs of jail time, and lost taxes due to unemployment. These findings suggest for policy makers that the cost of treatment results in added value for Kentucky.

Summary of Treatment Implications
In summary, the report findings provide information that may help shape treatment planning for clients with severe substance abuse problems. These findings suggest major differences in outcomes by treatment modalities, and between men and women as well as between clients who do and do not use self-help. Women appear to have more positive treatment outcomes as measured both by abstinence rates and by the number of days of substance use in the past 30 days. Treatment planning should include awareness of these factors including the need for more attention to co-occurring disorders.