

ADDICTION EXCHANGE

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News from the worlds of clinical practice and research

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Welcome to *Addiction Exchange*, a forum for the exchange of clinical practice and research information among clinicians, scientists, educators, and administrators in the area of addiction. Today, we continue our review of the **results of the National Treatment Improvement Evaluation Study**. The source of this report was the NTIES website, accessible at <http://www.health.org/nties97/>. Today, we review the findings of this study of 4411 substance abusing clients of federally-funded treatment programs in more detail.

DRUG AND ALCOHOL USE: NTIES showed that clients served by Federally-funded substance abuse treatment programs were able to reduce their drug use by about 50 percent for as long as one year after leaving treatment. Clients' use of their primary drug(s), the one(s) that led them into treatment, declined from 73 percent to 38 percent one year after treatment; Cocaine use decreased from 40 percent before treatment to 18 percent one year after treatment; Heroin use, which most experts believe is the most treatment resistant of drugs, was reduced by almost half, from 24 percent the year before to 13 percent a year after treatment; Crack, a drug used by approximately half the NTIES respondents, showed a significant decrease between the 12 months before and the 12 months after treatment - down from 50 percent to 25 percent;

PHYSICAL AND MENTAL HEALTH: Alcohol/drug-related medical visits dramatically declined following treatment, decreasing 53 percent; While a very small base (2 percent of respondents) reported TB problems, that number was cut in half (55 percent) following treatment; Those bothered by mental health problems declined by 35 percent; and Those who reported inpatient mental health visits decreased by 28 percent

EMPLOYMENT, INCOME, AND HOMELESSNESS: Clients made progress toward greater self-sufficiency following treatment. More respondents reported receiving income from jobs, fewer received welfare income, and fewer were homeless following treatment. The rate of employment increased from 51 percent to 60 percent following treatment-19 percent increase in employment; Those clients receiving welfare declined from 40 percent to 35 percent-an almost 11 percent overall decrease; and Those who reported being homeless at some point during the year dipped from 19 percent to 11 percent-a 43 percent decrease.

VARIATION IN TREATMENT OUTCOMES: The NTIES study found that drug and alcohol use, criminal activity, and employment outcomes were measurably better among individuals who completed their treatment plans, received more intensive treatment and were treated longer. However, these treatment factors and other patient characteristics such as gender, age, legal pressures to enter treatment, and the severity of all problems at admission, *explained small proportions of overall variations in outcome*, ranging from a low of 5 percent for psychiatric outcomes to a high of 19 percent of variation for medical outcomes, with treatment unit characteristics explaining even less outcome variation.

COSTS OF TREATMENT: Treatment appears to be cost effective, particularly when compared to incarceration, often the alternative. Treatment costs ranged from a low of about \$1,800 per client to a high of approximately \$6,800 per client. (The American Correctional Association gave an estimated 1994 cost of incarceration as \$18,330 annually). Outpatient methadone treatment costs were about \$13/day, with an average stay of 300 days for a total cost: \$3,900; Outpatient non-methadone treatment costs were about \$15/day for an average treatment period of approximately 120 days for a total cost: \$1,800; In a correctional setting, prison or jail, where substance abuse treatment was provided, it cost \$24/day, for an average of 75 days of treatment (over and above all other costs of incarceration) for a total substance abuse treatment cost: \$1,800; Long-term residential care costs were an estimated \$49/day, for an average of about 140 days and a total cost: \$6,800; and Short-term residential treatment costs averaged about \$130/day for a typical stay of 30 days and a total cost: \$4,000.

We hope you find *Addiction Exchange* useful in your work. Please let us know about your information needs: email the editor of *Addiction Exchange*, Dr. Karen Ingersoll, at kingerso@vcu.edu, or discuss your training needs by calling us at (804)-828-9910, or contact the ATTC office at mid-attc@mindspring.com. The Mid-Atlantic ATTC's website address is <http://www.mid-attc.org/>.

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