

THE SAT REPORT

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Outcomes for Substance Abuse Treatment in Tennessee (2002–2003)

It is estimated that 1 out of every 10 Americans is dependent upon alcohol and/or illegal drugs, which poses a significant public health concern in the United States [1]. Substance abuse costs \$326 billion a year in health care, the criminal justice system, and lost lives [2]. Thus, finding effective and economical strategies to combat this problem is an important goal for health policymakers at both the federal and state levels. This report summarizes the outcomes of substance abuse treatment for a sample of clients admitted to publicly funded facilities in the state of Tennessee during 2002–2003 who voluntarily agreed to participate in this evaluation study.

Evaluation Methodology

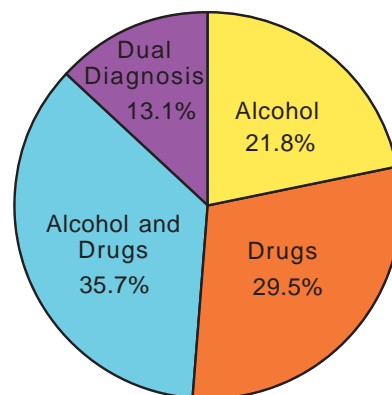
This evaluation research used a pre- and post-test design. Facilities collected and submitted client admission data to the Bureau of Alcohol and Drug Abuse Services, which collaborates with the Institute for Substance Abuse Treatment Evaluation (I-SATE) at The University of Memphis. I-SATE collected follow-up data from clients 6 months after admis-

sion. I-SATE staff was able to complete interviews with 2,095 of the 2,830 individuals who comprised the eligible follow-up sample, for a 74.0% coverage rate.

Study Population

Over one third of clients (35.7%) were treated for alcohol and drug abuse, 29.5% for drug abuse alone, 21.8% for only alcohol abuse, and 13.1% for a dual diagnosis of mental illness and substance abuse (Figure 1). The study population constituted 69.9% males and 30.1% females, 64.6% Whites and 34.2% African Americans. The vast majority of clients (93.1%) were adults, with

Figure 1. Primary Reason for Being Treated



62.8% between 25 and 44 years old. Most (71.2%) had a high school education. More than two thirds (67.8%) earned less than \$8,500 the previous year, and about half had an

Highlights

- Two thirds of clients reported being abstinent from substance abuse 6 months after admission.
- The percentage of clients who found full- or part-time employment more than tripled after treatment.
- While half of clients had been arrested during the 2 years prior to admission, only 11% had been rearrested during the 6 months since admission.
- The proportion of clients living with their immediate family increased fourfold after treatment.

arrest record. Nearly three fourths began abusing substances as teens, and 38.8% had a parent with an alcohol or drug abuse problem. Only 15.0% were married at admission, but a little less than half had minor children. Clients participated in a variety of treatment modalities, including outpatient, halfway house, residential rehabilitation, and detoxification, and 75.6% completed the full course of treatment.

Treatment Outcomes

INDICATORS USED

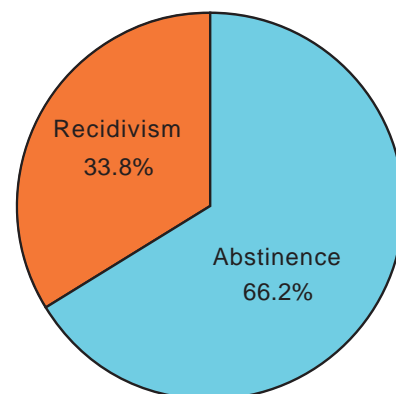
To assess the results of substance abuse treatment, I-SATE relied on basic demographic data (such as age, gender, race or ethnicity, educational level, and income) as well as a set of outcomes performance indicators, including changes in substance abuse patterns, employment and living situ-

ation, emotional and physical health, duration and completion of treatment, and arrest record during the 6 months since admission. Clients were asked about aspects of treatment, such as modality, duration, and completion; whether they participated in aftercare services and/or AA/NA; and how helpful they found treatment.

ABSTINENCE RATES

Over two thirds (66.2%) of clients reported abstinence 6 months after admission (Figure 2). While there was a significant drop in the use of alcohol (from 66.7% to 26.9%), even larger declines were reported in the abuse of cocaine (-81.1%), marijuana (-86.2%), opiates (-84.1%), and sedatives (-84.7%). The most dramatic decreases were reported in the abuse of stimulants/amphetamines (-92.8%) and hallucinogens (-100.0%) (Figure 3). Females (especially pregnant women), adolescents, and Afri-

Figure 2. Alcohol and/or Drug Abuse at Six-Month Follow-up



can Americans achieved the highest abstinence rates (Figure 4). In general, the longer a client stayed in treatment, the more likely he or she was to abstain from abuse: those who stayed 91 to 180 days achieved the highest rate, 71.6%. In terms of treatment modality, clients in residential or residential/outpatient facilities reported the highest levels of absti-

Figure 3. Alcohol and/or Drugs Abused at Admission and Six-Month Follow-up

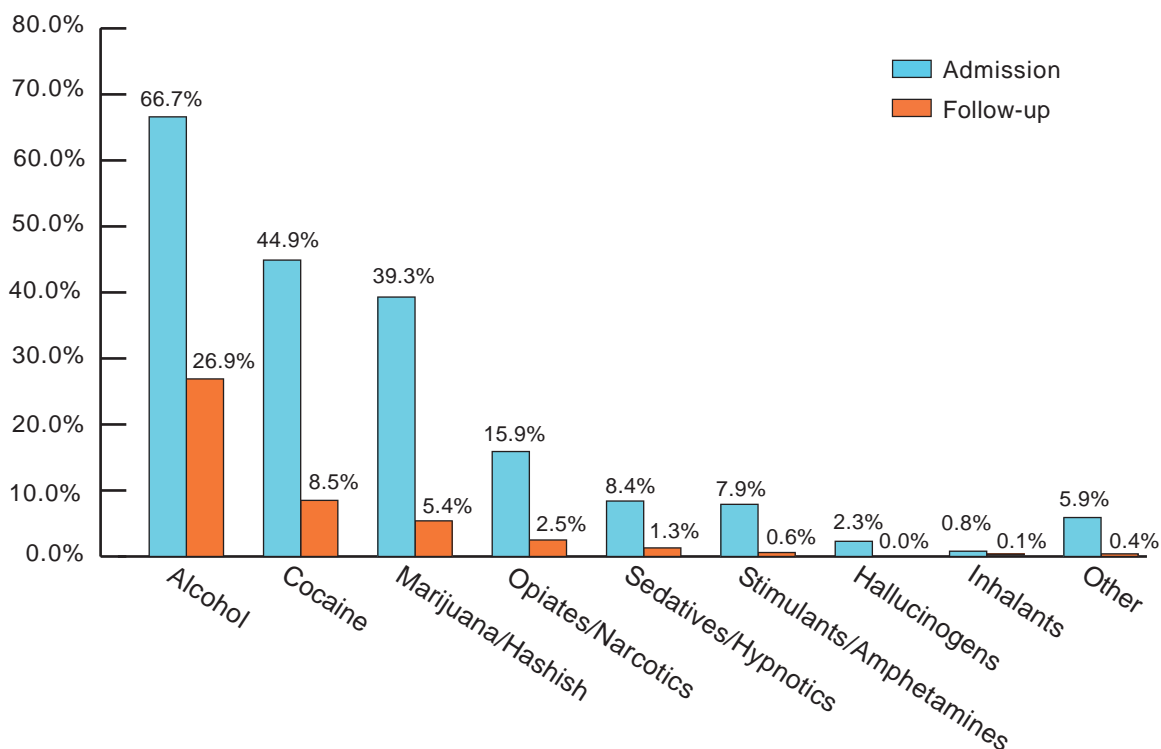
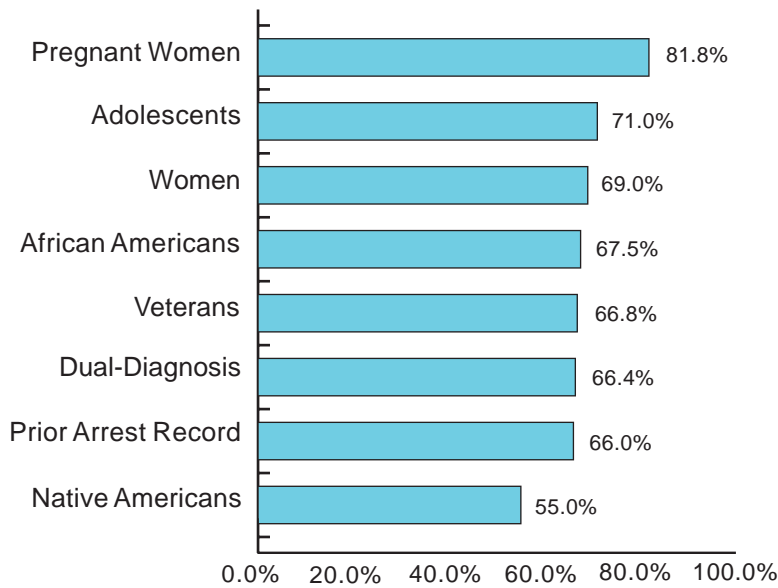


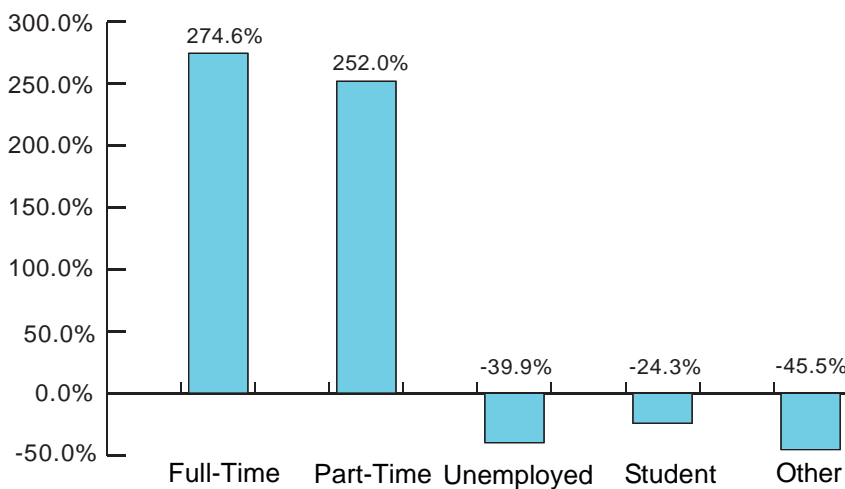
Figure 4. Alcohol and Drug Abuse Abstinence Rates at Six-Month Follow-up within Subgroups



nence, approximately 68%. I-SATE research also indicated that participation in aftercare and AA/NA programs appeared to have a positive effect on clients' abstinence rates. Almost three fourths (73.9%) of aftercare participants remained abstinent

following treatment, whereas 63.9% of those not participating remained abstinent. The abstinence rate for participants in AA/NA was (69.5%), much higher than the abstinence rate (58.7%) among those who did not participate in AA/NA.

Figure 5. Change in Clients' Employment Situation since Treatment



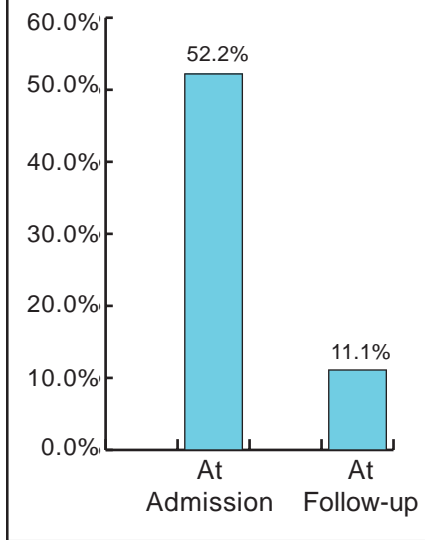
Quality of Life Measures

After treatment, clients reported that their quality of life had improved in several ways. The number of unemployed individuals declined sharply, from 60.6% to 36.4%. The percentage of those who had found work more than tripled; this was true in regard to both full-time (from 11.1% to 41.5%) and part-time (from 3.6% to 12.6%) employment (Figure 5). Almost two thirds (62.5%) of clients felt that they were performing better at work or at school, and 8 out of 10 described their health status as "good" or "excellent." Further, the proportion of clients living with immediate family members increased fourfold. While 52.2% of clients had been arrested in the 2 years prior to admission, only 11.1% reported being arrested in the 6 months after admission (Figure 6). Finally, while only a small portion of clients (15.1%) reported having been involved in domestic violence at the time of admission, after treatment this percentage dropped to 2.0%.

Clients' Perception of Treatment

A majority of clients (70.2%) found treatment "very helpful," and 22.1% found it "somewhat helpful." When asked to identify the features of treatment they liked best, 40.9% indicated the counselors and staff. A significant number (35.7%) liked the program and education best. Some liked the group therapy sessions and the community setting of the treatment facility. Many praised the overall program, including classes and instructional materials as well as the personal insights they gained.

Figure 6. Change in Arrest Record



Conclusion

Our research clearly demonstrates that treatment does work, and clients see their quality of life bettered in a number of ways: improved physical health, relationships with others, and living circumstances; decreased involvement in criminal activities; and increased productivity and chances for employment. This assessment mirrors the results of other empiri-

cal studies on the effectiveness of treatment in comparison with other alternatives. In addition, research has shown that treatment is the most cost-effective option. For example, whereas the yearly expense for incarcerating a person convicted of a substance abuse offense ranges from \$20,000 to \$40,000, the cost of treating that person is considerably less, from \$2,000 to \$12,000 [3].

Although the majority of clients were satisfied with their treatment experience, the feedback they provided for this study indicated some aspects that might be improved. Facilities should continue to enhance vocational and skills training, since this helps clients integrate back into the workforce. In addition, the strong correlation between longer treatment duration and lower recidivism rates suggests that facility staff should continuously assess clients to ensure that they are in the appropriate level of care and to determine discharge based on readiness to initiate the recovery phase. After clients complete treatment, counselors should also encourage them to par-

ticipate in support groups like AA/NA and other aftercare activities, since such participation is positively related with abstinence.

Further, although only a small number of clients reported dissatisfaction with the counseling experience, facilities staff might be given more opportunities for cultural competency training and professional development. They might also be encouraged to take into consideration the particular needs and requirements of specific subgroups, such as pregnant women or women with children, adolescents, and those with a co-occurring disorder (a dual diagnosis of substance abuse and mental illness).

Citations:

1. SAMHSA. (2002). *National survey on drug abuse and health*. Retrieved April 20, 2004, from <http://www.samhsa.gov/centers/clearinghouse/clearinghouses.html>, p. 55.
2. Schneider Institute for Public Health Policy. (2001). *Substance abuse: The nation's number one health problem*. Princeton, NJ: Schneider Institute for Public Health Policy/Robert Wood Johnson Foundation, p. 18.
3. Schneider Institute, 2001, p. 111.

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