

Oregon Research Brief on Addiction Treatment Effectiveness

Eric Martin, M.A., CADC III, NCAC II, Roy M. Gabriel, Ph.D., and Steve Gallon, Ph.D.

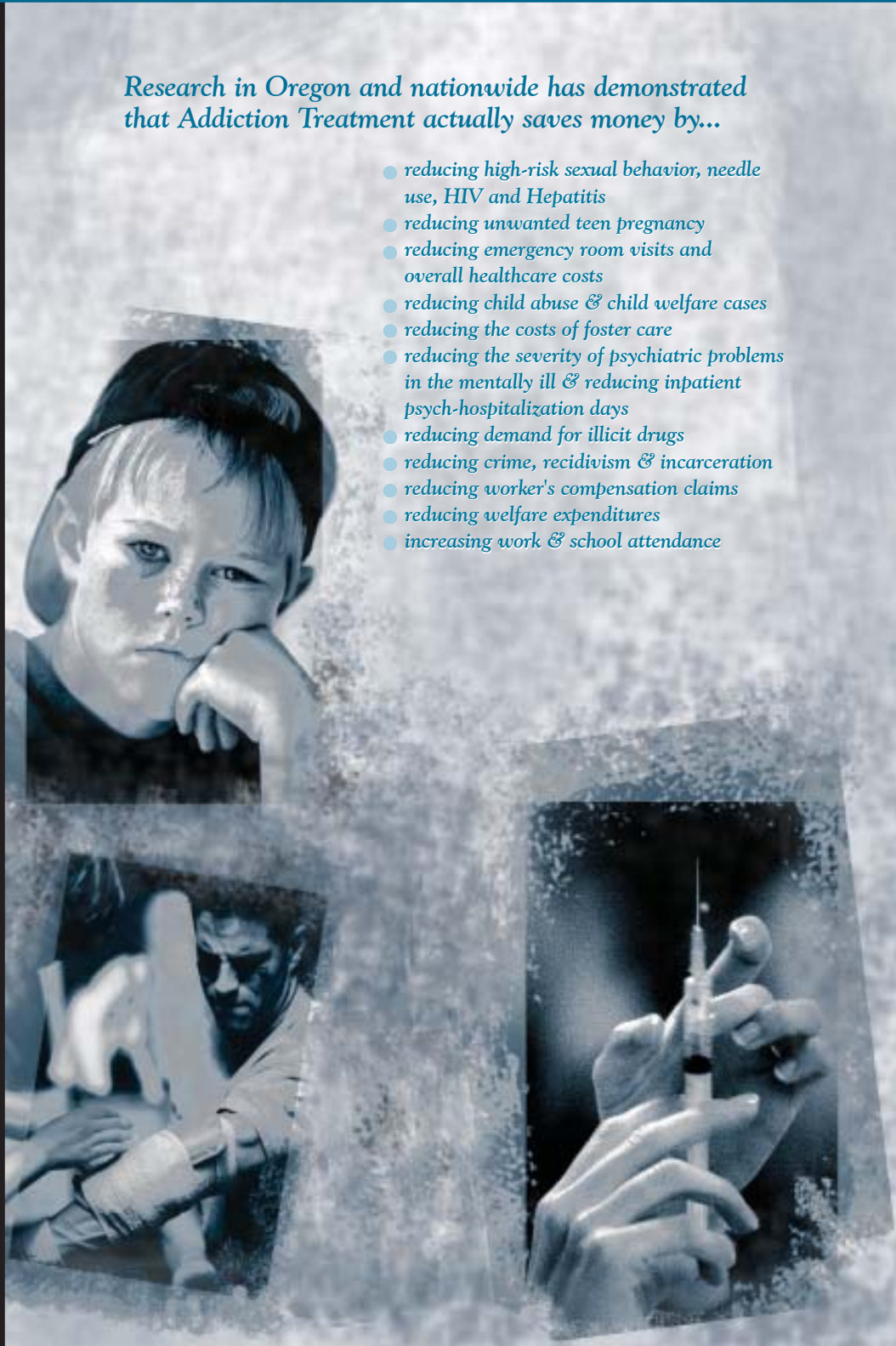
The Physician Leadership on National Drug Policy panel, has evaluated more than 600 scientific analyses on Addiction Treatment effectiveness. They have concluded that treatment is far more cost effective than incarceration or emergency medical care.

Marwick, C. (1998). Physician Leadership on National Drug Policy Finds Addiction Treatment Works. *Journal of American Medical Association*, 279(15), 1149-1150.

Physician Leadership on National Drug Policy (2000). *Position Paper on National Drug Policy*. Brown University, Center for Alcohol and Addiction Studies, 2-3.

Research in Oregon and nationwide has demonstrated that Addiction Treatment actually saves money by...

- reducing high-risk sexual behavior, needle use, HIV and Hepatitis
- reducing unwanted teen pregnancy
- reducing emergency room visits and overall healthcare costs
- reducing child abuse & child welfare cases
- reducing the costs of foster care
- reducing the severity of psychiatric problems in the mentally ill & reducing inpatient psych-hospitalization days
- reducing demand for illicit drugs
- reducing crime, recidivism & incarceration
- reducing worker's compensation claims
- reducing welfare expenditures
- increasing work & school attendance

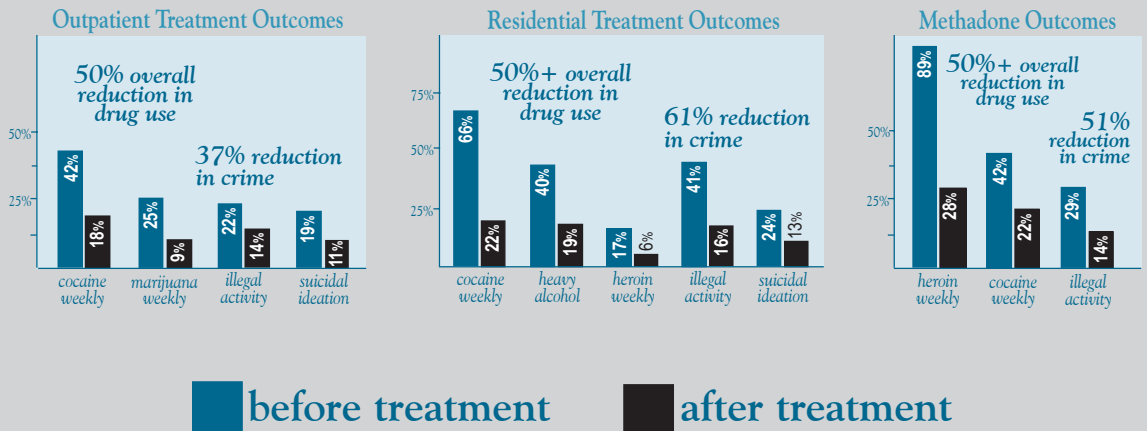


National Outcomes

There are hundreds of outcome research studies showing the effectiveness of addiction treatment. The largest and most scientifically-defensible studies have collected data on thousands of clients, from a variety of sources, not just the clients' self-reports. While results in these large studies varied, they demonstrated **consistent reductions in crime, and drug use!**

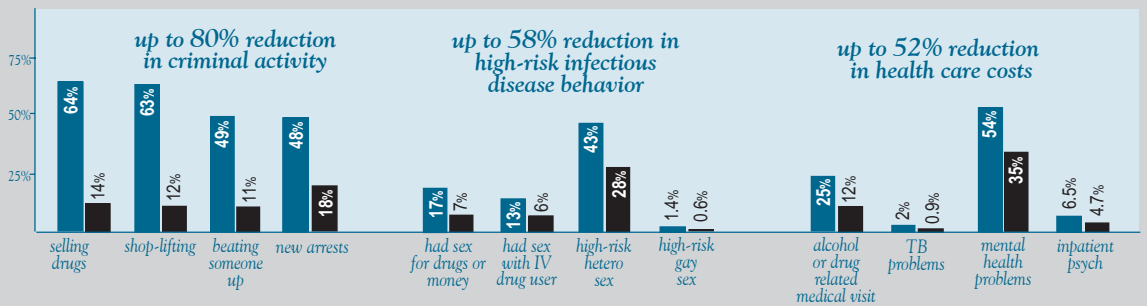
DATOS, 1999:
The Drug Abuse Treatment Outcome Survey, a survey of more than 10,000 treatment participants in the U.S. and United Kingdom

DATOS: Addiction Treatment clients at one-year follow-up



NTIES, 1991:
The National Treatment Improvement Evaluation Study, a study of 4,411 treatment participants nationwide

NTIES: Addiction Treatment clients at one-year follow-up



Moreover, these outcomes are generally stable for the same clients five years post-treatment!

Hubbard, R. I., (1997), *Overview of 1-Year Follow-up in the Drug Abuse Treatment Outcome Study (DATOS)*, *Psychology of Addictive Behaviors*, 11, 264-278.

Office of Evaluation, Scientific Analysis and Synthesis, Center for Substance Abuse Treatment, Substance Abuse and Mental Health Administration. (1997) *The National Treatment Improvement Evaluation Study (NTIES)*.

Hubbard, R. I., (2003), *Overview of 5-Year Follow-up in the Drug Abuse Treatment Outcome Study (DATOS)*, *Addictions Treatment When Knowing the Facts Can Help*, Institute for Research, Education and Training in Addictions, 7.

Oregon Outcomes

A 2001 Oregon Department of Corrections Audit showed that 88% of New Directions Northwest, Powder River Residential Alcohol & Drug graduates were drug free / crime free one year following discharge from prison. - Gary Field, Ph.D., Correctional Treatment Services, 2001.

A three year comparison study by Michael Finigan, Ph.D. & the Oregon Office of Mental Health and Addiction Services, showed that of 1,267 treatment clients, compared to untreated substance abusers:

Outpatient Addictions Treatment

- those who completed outpatient treatment had 35% fewer arrests, and a 50% lower incarceration rate
- after three years, outpatient treatment clients showed 49% more in employment earnings
- outpatient treatment clients showed 45% less in emergency room costs

Residential Addictions Treatment

- those who completed residential treatment had 38% fewer arrests, and a 78% lower incarceration rate
- after three years, residential treatment clients showed 75% more in employment earnings
- residential treatment clients showed 30% less in emergency room costs

Methadone - Opioid Addictions Treatment

- those who completed methadone treatment had 21% fewer arrests, and a 89% lower incarceration rate
- after three years, methadone treatment clients showed 136% more in employment earnings
- methadone treatment clients showed 55% less in emergency room costs

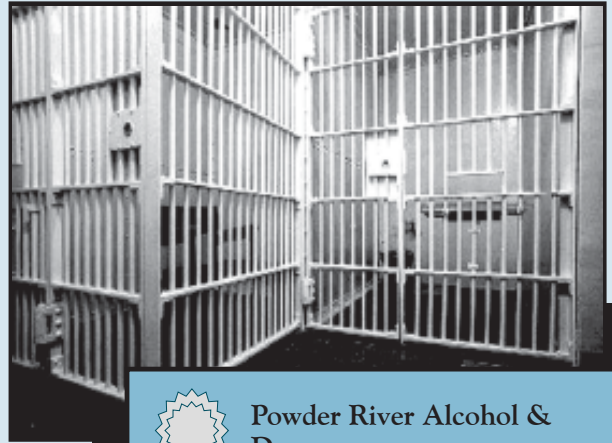
All treatment groups demonstrated significantly less reliance on food stamps following treatment!

Oregon Treatment Works!

In a recent federally funded, Oregon statewide longitudinal study of Medicaid-enrolled adults in treatment conducted by RMC Research Corporation, short term reductions in alcohol and drug use were sustained over a year beyond entry to outpatient treatment. Specifically, 79% of these clients remained abstinent or reduced their alcohol use over this time period and 86% of them showed the same success in terms of their illicit drug use. A total of 30 treatment agencies across Oregon participated in this study.

Finigan, M. (1996). *Societal Outcomes of Drug and Alcohol Treatment in the State of Oregon*. Oregon Office of Alcohol & Drug Abuse Programs.

Gabriel, R. M. & Vander Ley, K. B. (2001). *12-Month Outcomes Following Substance Abuse Treatment in a Managed Care versus Non-Managed Care Service Environment: Long-term Effectiveness under the Oregon Health Plan*.



Powder River Alcohol & Drug in Baker City, Oregon has won four national awards for its effectiveness. In the 2001 audit, **88% of graduates were drug & crime free at one year follow-up out of prison.**

Why should we pay for Addictions Treatment... aren't we just rewarding bad behavior?

Answer: For every dollar (\$1) the U.S. Government spends on Addictions Treatment it saves \$7 to \$25 dollars in other costs.

Substance Abuse and Mental Health Services Administration, Center for Substance Abuse Treatment (2002). Facts in a Flash ATTC Network.

Just one E.R. visit can cost up to \$1,000
OR
\$1,000 could pay for 6 months of outpatient addictions treatment

Which do you think would be the best investment?

...see what the experts say when they review the cost-benefit analyses...

West Coast Cost-Benefit Analyses

Treatment saves money by reducing the costs of healthcare & emergency room visits, criminal justice proceedings, imprisonment, food stamps, unemployment, workers compensation, child welfare, and other related services.

CALDATA, 1994:
a study of 3,000
treatment clients
commissioned by
California Governor
Pete Wilson

This cost benefit analysis looked at the taxpayer costs of each client before and after treatment (criminal justice, health care and emergency room visits, welfare/disability and other related expenses). The findings showed that for every \$1 invested in addiction treatment, \$7 was saved (by reducing all of the above detailed costs).

Every \$1 invested
in treatment saves
\$7 in other costs

ADATSA, 1997:
a Washington State,
5 year study of 557
indigent Medicaid
clients

This study of 557 indigent clients examined only Medicaid expenses (the study did not look at criminal justice costs, or other tax payer expenses). Over the 5 year follow-up period, addiction treatment clients incurred, on average, \$4,500 less in medical expenses than untreated clients. The savings compare favorably, with the \$2,300 invested in an average treatment episode.

WA SSI Study 2003:
a Washington State,
4 year study of
16,000 SSI
recipients.

This study compared the medical expenses of 7,000 Supplemental Security Income recipients (SSI) who received addiction treatment between 1997-2001, and the medical expenses of 9,000 SSI recipients who were in need of addiction treatment but did not receive it. The members of the group that received treatment cost \$6,480 per person less per year than those SSI recipients who did not receive addiction treatment.

**Oregon Governor's
Council on Alcohol
& Drug Abuse
Programs, 1996:**
a study of 1,267
Oregon treatment
clients from
1989-1995

Research commissioned by the State of Oregon, and conducted by Michael Finigan, Ph.D., examined the utilization of criminal justice, unemployment, food stamps, child welfare, and health care services. The findings showed for every \$1 invested in addiction treatment, the State of Oregon saved \$5.60 in associated cost.

In Oregon
every \$1 invested
in treatment saves
\$5.60 in other
costs

State of California (1994). Evaluating Recovery Services. The California Alcohol & Drug Treatment Assessment (CALDATA).

Estee, S. & Nordlund, D. (2003). Washington State Supplemental Security Income (SSI) Cost Offset Pilot Project: 2002 Progress Report. Washington State Department of Social and Health Services, Management Services Administration, Research and Data Analysis Division.

Finigan, M. (1996). Societal Outcomes of Drug and Alcohol Treatment in the State of Oregon. Oregon Office of Alcohol & Drug Abuse Programs.

**Summary by Eric Martin, M.A., CADC III, NCAC II,
Roy M. Gabriel, Ph.D., and Steve Gallon, Ph.D.**
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to order copies of this research brief call Eric Martin at (503)231-8164