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Opiate Users & Abstinence-Based Private, Residential Treatment: Characteristics, Satisfaction & Outcomes

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Disclosure Slide

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***Title of Presentation: Opiate Users & Abstinence-Based
Private Residential Treatment: Characteristics, Satisfaction
& Outcomes***

***Name of Commercial Interest: Foundations Recovery
Network***

***Information about nature of relationship: Employed as
Director of Research and Fidelity by Foundations Recovery
Network***



Opiate Use Prevalence

- 400% increase in prescription painkillers from 1999 to 2010 (National Center for Injury Prevention and Control, Division of Unintentional Injury Prevention, 2012).
- In 2011, prescription painkillers are the largest single category of illicit drug use other than marijuana (Substance Abuse and Mental Health Services Administration, 2012).
- The USA and Canada combined account for 6%, 22 tons, of the world's heroin consumption in 2010 (United Nations Office on Drugs and Crime, 2010).



Opiate Use Prevalence

- In 2011, 4.5 million Americans **over the age of 12** were current nonmedical users of painkillers and an additional 620,000 were past year users of heroin (Substance Abuse and Mental Health Services Administration, 2012).
- **1.8 million persons suffered from a pain reliever abuse or dependence in 2011** (Substance Abuse and Mental Health Services Administration, 2012).
- Opioid pain relievers accounted for **14,800 drug overdose deaths** in 2008 (Centers for Disease Control and Prevention, 2011).



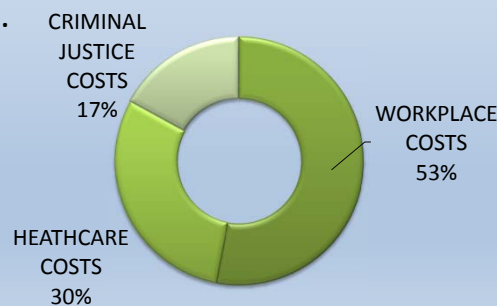
Impact of Opiate Use

- Absenteeism among employees with opiate dependence is nearly **three times higher** than the average employee (Reutsch, 2010).
- Using a prescription opioid nonmedically predicted violence and some types of crime (Catalano et al., 2011)
- HIV and Hepatitis risk, as well as premature death, are associated with opiate abuse, even after cessation of use (Butler, 2010).



Costs of Opiate Use

- The societal costs of opioid abuse, dependence and misuse including health care consumption, lost productivity and criminal justice costs and were estimated at **\$55.7 billion** (Birnbaum, 2011).



Opiate Use Mythology

- Unemployed
- Dependent on public resources
- Low levels of readiness
- “Different”
- Greater psych issues
- Treatment defiant
- Treatment resistant
- “Once a junkie...”



Gaps in Current Knowledge

- Research on opiate using population and treatment
 - Typically conducted in publicly funded treatment centers with populations from socio-economically depressed communities:
 - Over representation of individuals who are unemployed, have lower education attainment, high levels of trauma and violence, are homeless, and have criminal justice involvement
 - Motivation to change from outside source (eg, criminal justice population)
 - Focus tends to be on Medication Assisted Treatment (MAT) - methadone and buprenorphine



Research Location

- Private / For profit
- Abstinence-based
- Individualized
- Dual Diagnosis treatment
 - Michael's House – Palm Springs, CA
 - La Paloma – Memphis, TN
 - The Canyon – Malibu, CA



Outline

- Research
- Our Process
- Opiate Population
- Results at 6 months
- Implications for treatment

Role of Research

*To develop and communicate
reliable, valid and timely information
to support decision-making
by consumers, clinicians,
organizational leadership and
policy-makers.*



Outcome-Informed Treatment

Using data developed within the organization to shape decisions at all levels:

- Consumers
- Clinicians
- Management
- Policy-makers



Research Process

- At intake all patients are offered the opportunity to participate in a research project to measure outcomes.
- All research reviewed by an Institutional Review Board.
- All research results independently verified by third party.
- All patients sign additional Informed Consent to participate in research



Research Population

- 1,972 patients entering treatment
 - Average length of stay 32 days
 - Average age 37.04 years (range 18-78)
 - Mostly males (59.3%) and Caucasian (89%)
- **Follow up available for 75.8% (1,495 patients)**
- 39.8% reported opiate use in 30 days prior to admission



Methodology

- Retrospective naturally occurring quasi-experimental design
- Measurement at Intake and 6 months post discharge

Instrumentation

- Addiction Severity Index
- University of Rhode Island Change Assessment
- Treatment Service Review
- 36-item Satisfaction Survey



Addiction Severity Index (ASI)

Measures problem severity in each of seven areas*:

- Alcohol Use
- Medical Health
- Employment/Self-Support
- Illegal Activity
- Drug Use
- Psychiatric Health
- Family Relations

Each question within a given problem area is given the same weight in calculation of the composite score. This scoring yields a score from 0-1 in each composite measure where 1 is highest level of severity**

*McLellan A. C., 2006. **McGahan, 1986



URICA

- The University of Rhode Island Change Assessment (URICA) is a measure of readiness to change.
- 32 statements that subjects endorse on a five-point scale from strongly agree to strongly disagree.
- Yields scores on each of four scales; Precontemplation, Contemplation, Action, and Maintenance (Allen, 2003),
- Approximates four of the five stages of change described by DiClemente, Prochaska, & Norcross (1992).
- The Readiness to Change score was derived for this study in the same manner used in Project MATCH (Project MATCH Research Group, 1997, 1998) to yield an overall score.



Treatment Service Review

- Measures the types and frequencies of service
- Used in concert with the ASI to evaluate service usage before and after substance abuse treatment
- Covers a host of professional and peer support services (McLellan A. A., 1992).
- Participants recorded their service usage in all follow up interviews related to informal support group meetings, as well as professional medical, substance use, and mental health services.

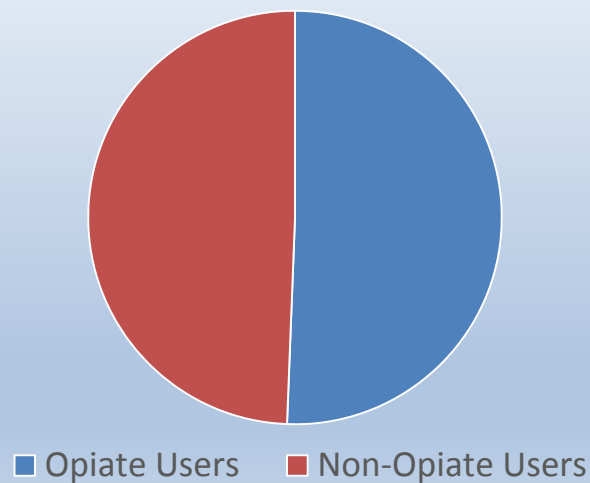


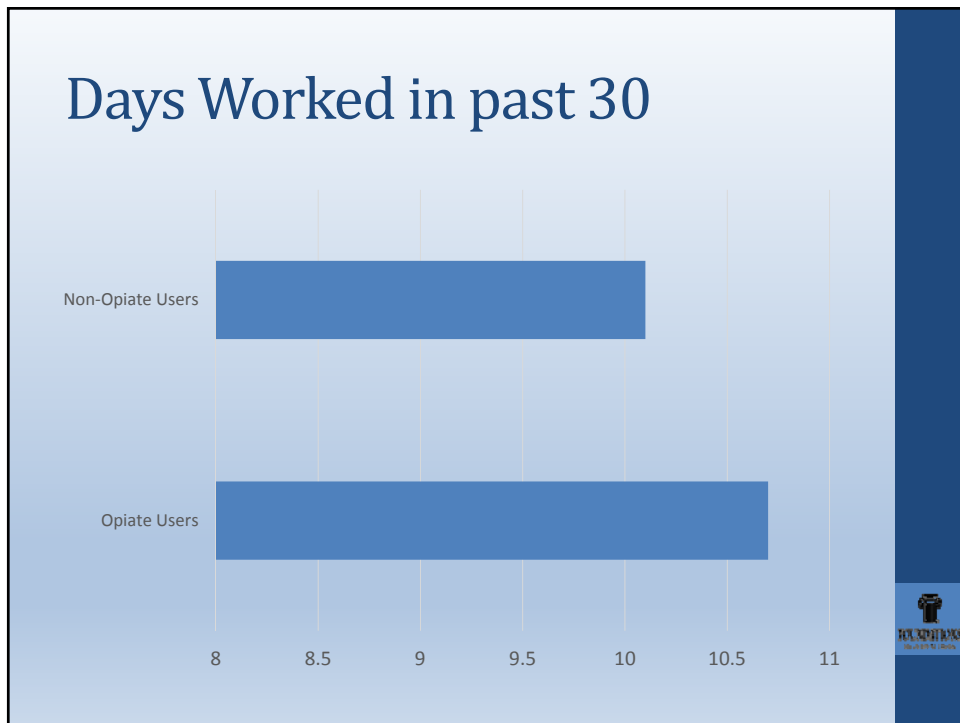
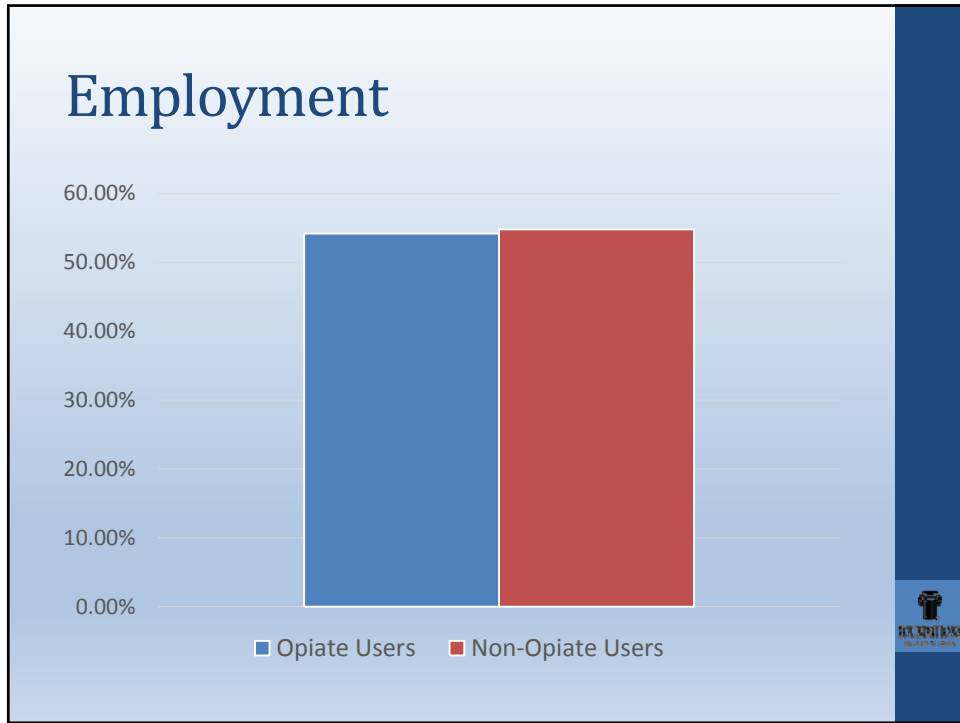
Patient Satisfaction

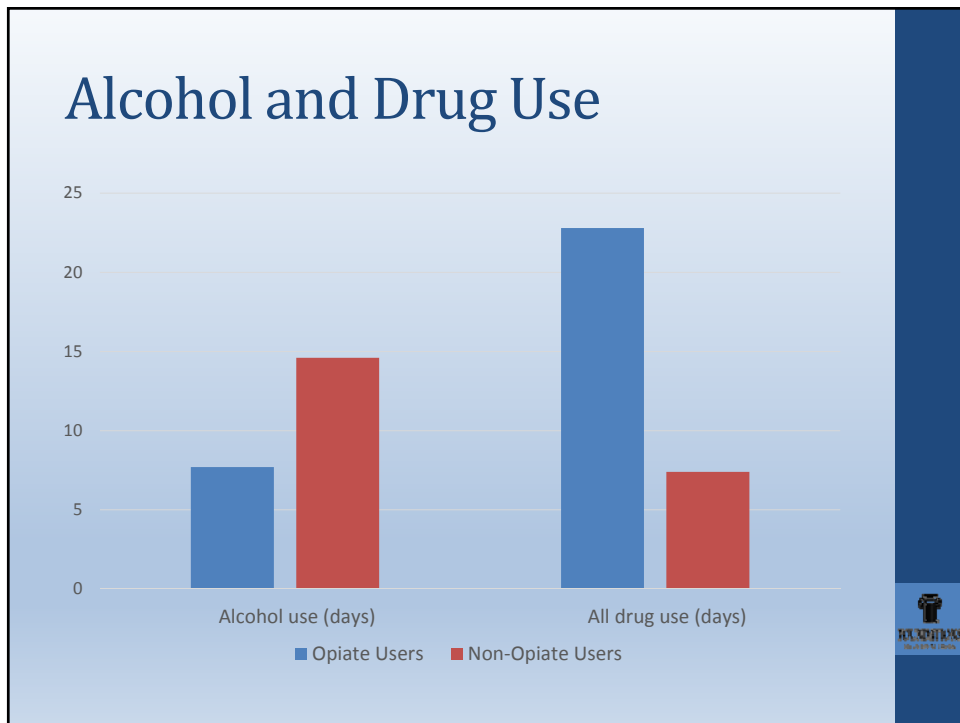
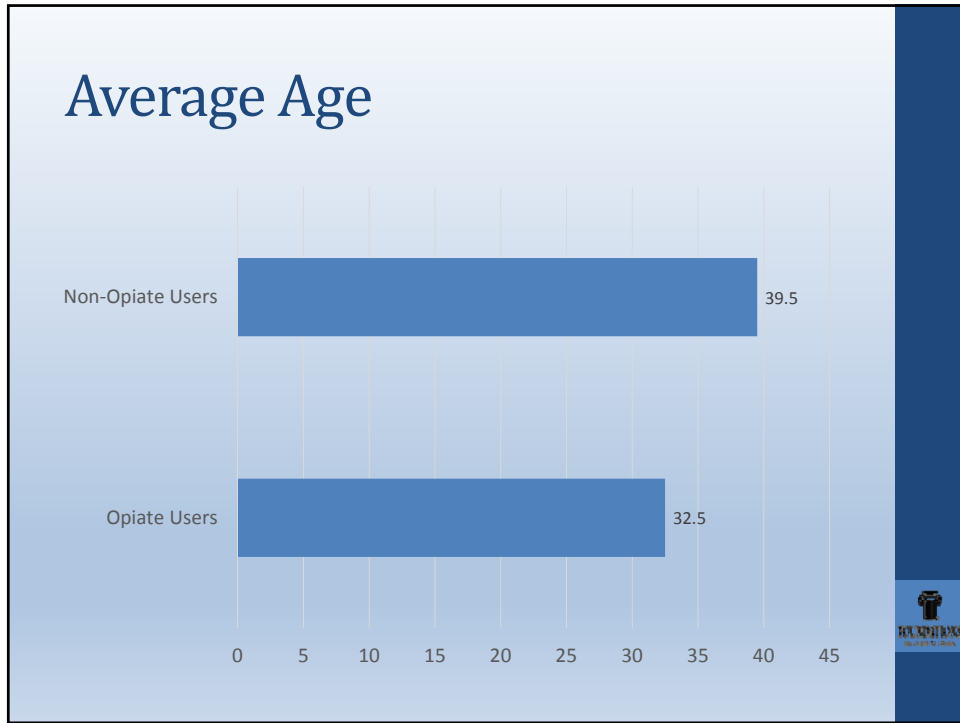
<p>Component 1 - Patient Dignity Safety and privacy Level of respect with which I was treated Respect for my cultural or ethnic needs Professionalism of the staff Communication between staff and patients Communication among staff Usefulness of the resident handbook Consistency of program rules and policies Fairness of house rules</p>	<p>Component 2 – Clinical Services Individual therapist My therapist’s knowledge of dual diagnosis Weekly sessions with my individual therapist My involvement with my treatment plan Continuing care and relapse prevention Opportunity for family participation plan</p>
<p>Component 3 – Other Therapeutic Services Availability of medical staff appointments Availability of psychiatrist/nurse practitioner Availability of staff in emergency/crisis Psychiatric appointments meeting my needs Quality of psycho-educational sessions 12 step meetings</p>	<p>Component 4 – Program Schedule Quality of program schedule Communication of changes to the schedule Availability of daily psychical activities Weekend recreational activities Amount of alone time</p>
<p style="text-align: center;">Component 5 – Milieu</p> <p style="text-align: center;">My initial impression of the facility The intake assessment and process Housing arrangements Meals Maintenance and cleanliness The grounds</p>	



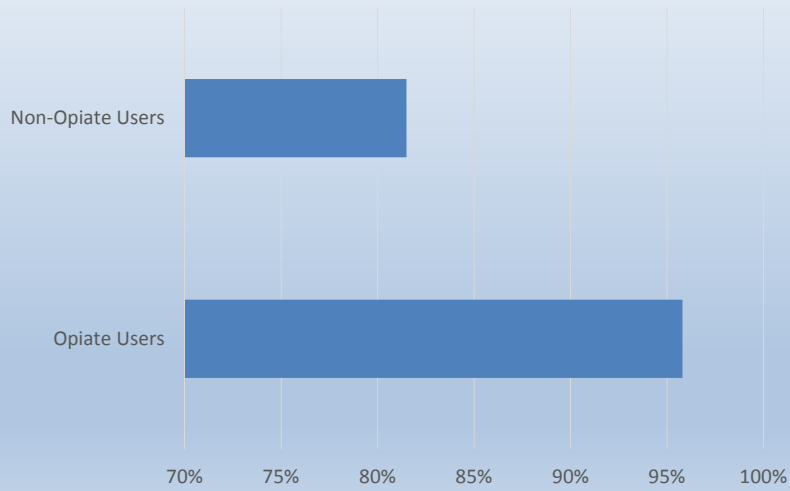
Gender (% female)





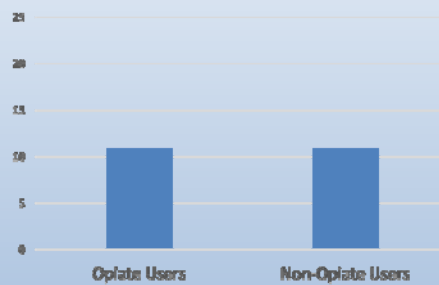


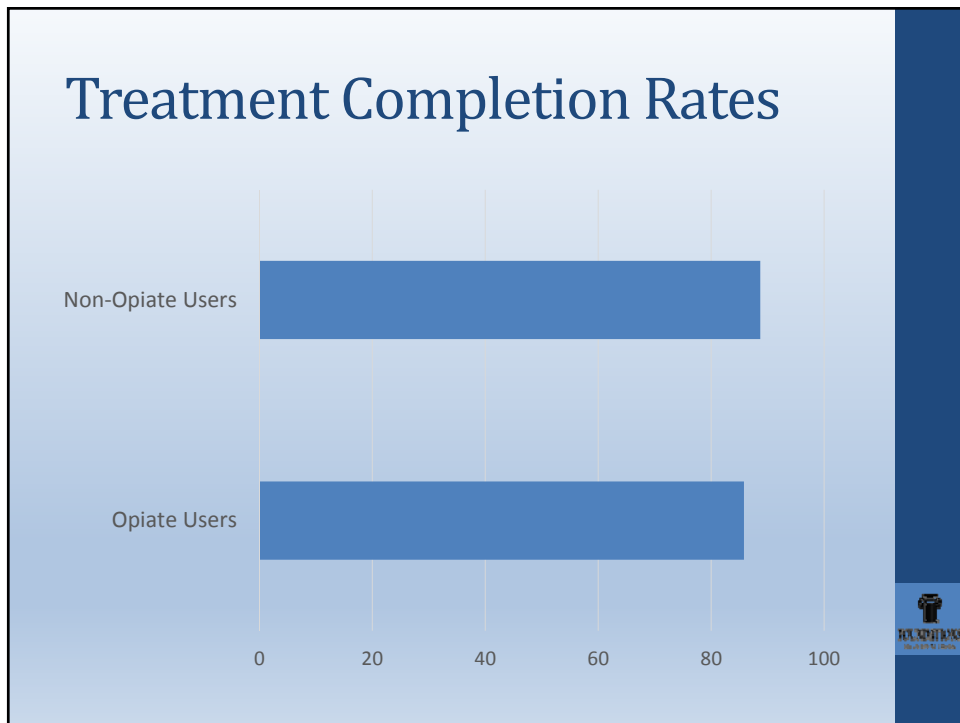
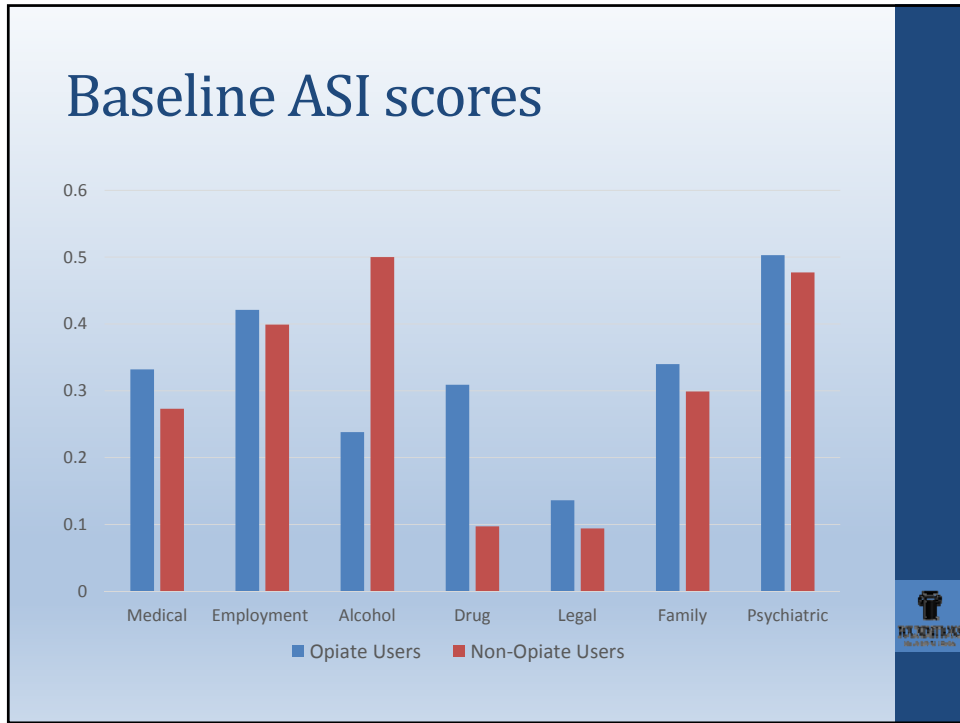
Money from illegal activities



Readiness for Change

Readiness for change levels measured at intake were nearly identical between both groups



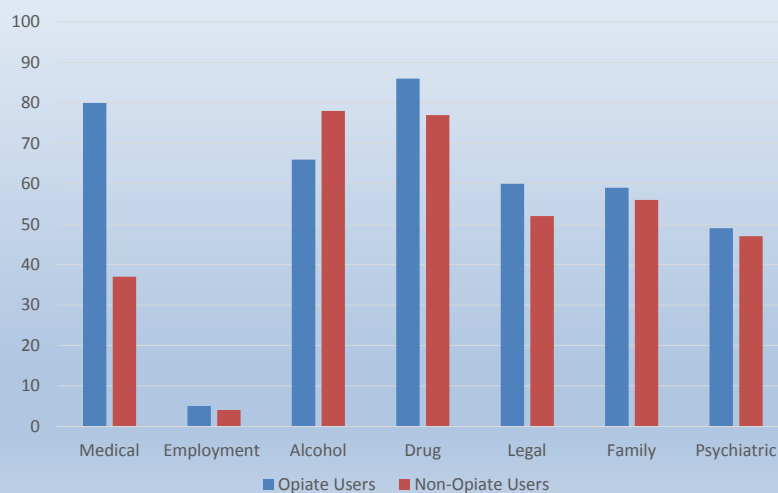


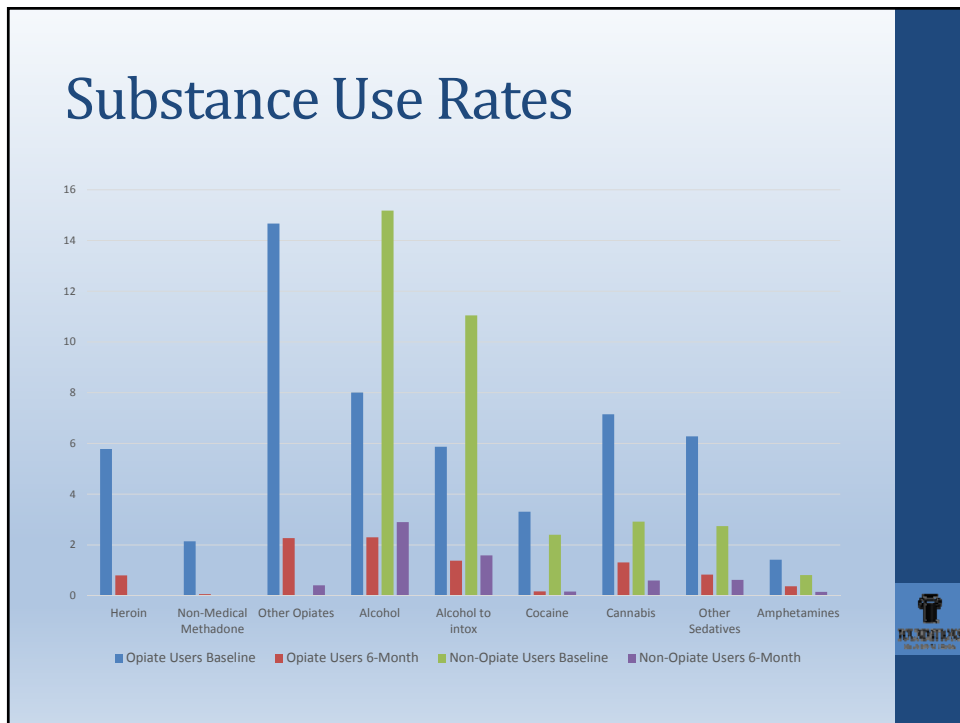
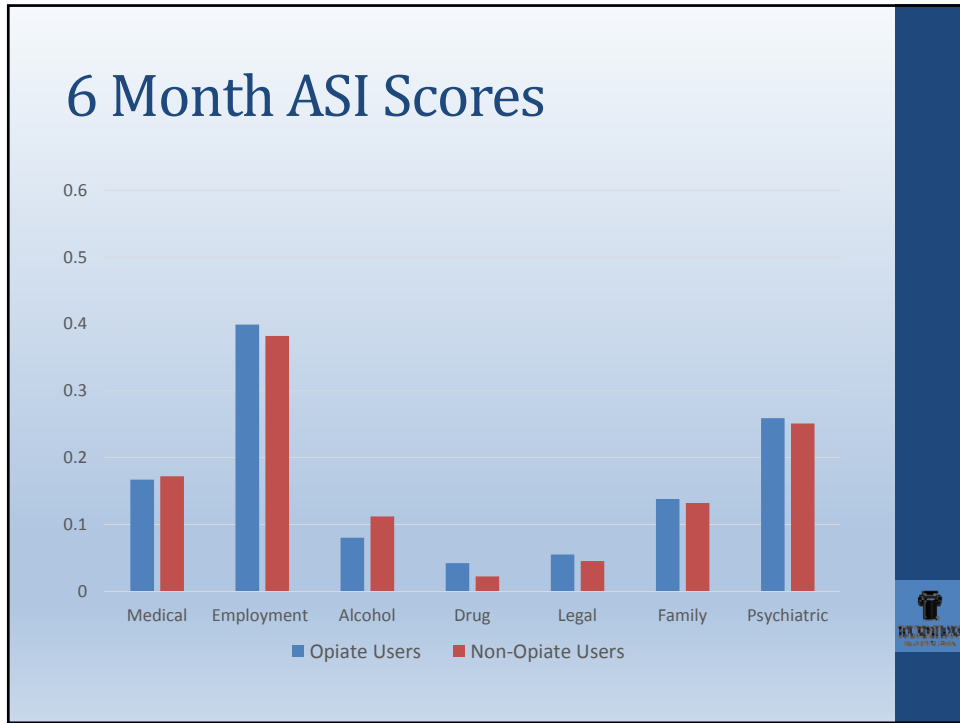
Treatment Retention

- Opiate users were 32% more likely to remain in treatment longer.
- The likelihood of treatment retention among clients with low ASI employment was 36% greater than clients with high ASI employment score.
- The ASI psychiatric composite score was significant in the final model: for one score increase, the likelihood of treatment retention increased by approximately 38%.
- Men were 14% more likely than women to remain in treatment.



ASI - % Change at 6 months





Psych Results

	Opiate Users		Non-Opiate Users	
	Baseline Mean (SD)	6-Month Mean (SD)	Baseline Mean (SD)	6-Month Mean (SD)
Psychological				
Depression ¹	.765 (.43)	.328 (.47)	.725 (.45)	.353 (.48)
Anxiety ¹	.836 (.37)	.491 (.50)	.795 (.40)	.431 (.50)
Cognitive ^{a 1}	.560 (.50)	.258 (.44)	.493 (.50)	.265 (.44)

¹Six-month post treatment measure significantly different from baseline measure for both groups

^a *Cognitive* refers to item indicating trouble understanding, concentrating, or remembering



Satisfaction Results

- Opiate users recorded higher satisfaction scores than non-opiate users on thirty of the thirty-six items.
- There were statistically significant differences in the following four items with ***opiate users being more satisfied*** than those individuals who did not use opiates on all four items:
 - my involvement in my treatment plan ($p \leq .028$),
 - group therapy ($p \leq .050$),
 - twelve-step meetings ($p \leq .017$),
 - communication between staff and patients ($p \leq .035$).



Post Treatment Service Use

- No significant differences in emergency room utilization or overnight stays in the hospital
- No significant differences in use of halfway or outpatient services at six months
- At 30 days post discharge, opiate users were more likely to participate in outpatient substance abuse programs and halfway housing.
- 12 step participation did not differ between groups.



Opiate Users by Age

- | | |
|---|--|
| <p>Young (18-25 yrs)</p> <ul style="list-style-type: none"> • Resembles population discussed in literature. • Motivation is external (e.g., legal involvement). • Tendency toward OUTWARD displays of symptomology (eg, violence, illegal activities). | <ul style="list-style-type: none"> • Older (26+ yrs) • Higher severity of medical and psychiatric issues • less illegal substance use • higher rate of depression • suicide ideation. • Concerned about relationships in life. |
|---|--|



Opiate Use Mythology

- Unemployed
- Dependent on public resources
- Low levels of readiness
- Greater psych issues
- Treatment defiant
- Treatment resistant
- “Once a junkie...”



Results Suggest

Abstinence-based residential treatment can be equally as effective for opiate users as it is for non-opiate using treatment populations.



Implications for Treatment

- ✓ ADDRESSING MEDICAL ISSUES
- ✓ DIFFERENT ISSUES BY AGE WITHIN OPIATE USER GROUP
- ✓ RECOGNIZING LOWER READINESS AND INTERVENING
- ✓ BREAKOUT GROUPS: OPIATES, ALCOHOL, WOMEN
- ✓ POSSIBLE OVER-MEDICATION RELATED TO EXPECTATION OF HIGHER ANXIETY - ASSESS



Implications for Treatment

- ✓ FOCUS ON AREAS THAT ARE WORKING SUCH AS THERAPEUTIC ALLIANCE
- ✓ INVOLVEMENT/PARTICIPATION SEEMS TO BE SIGNIFICANT TO OPIATE USERS
- ✓ OPIATE USERS POSSIBLY MORE WILLING TO PARTICIPATE IN EXTENDED CARE PROGRAMS



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- ***For your dedication***
- ***For your diligence***
- ***For your time***
- ***For your compassion***

