

Dr. PERRY'S CORNER THE EFFECTIVENESS OF SUBSTANCE ABUSE TREATMENT

Guest Columnists, Charles R. Bradley, Director of Special Initiatives and Training, Julie A. Smith, Director of Finance and Systems

A recent Robert Wood Johnson report defines substance abuse as our nation's number one health problem. It is an appropriate time to celebrate the progress that has been made and to face the challenges that remain. Substance abuse is a preventable and treatable condition that imposes tremendous financial and social costs. Educating people about the risks of using addictive substances, financing treatment for those who are addicted, and making it harder to obtain addictive substances are among ways in which public policies have been used to reduce these costs.



The Bureau of Alcohol and Drug Abuse Services' focus is on two of these public policies: education through statewide prevention services, including the Tennessee Redline and the Clearinghouse, operated by the Tennessee Association of Alcohol and Drug Abuse Services, and through statewide treatment services for the indigent.

Treatment Works

Through various studies, we know the process of becoming addicted is complex and is related to a multitude of compounding factors, including the particular substance as well as characteristics of the abuser. Personality, culture, family history and peer influences, as well as existing psychiatric disorders and genetics, can have a predisposing influence on who is more likely to become addicted. We also know that treatment works.

Treatment for alcohol or drug addiction has proven to be as effective as treatment for other chronic, manageable, long-term health conditions, such as diabetes, hypertension, and asthma, so long as the treatment is well delivered and tailored to the needs of the client. And, we also know that treatment is less expensive than either incarceration or lost productivity and property. Conservative estimates are that every \$1, invested in addiction treatment, results in a return of between \$4 and \$7 in reduced drug-related crime, criminal justice costs, and losses from theft. When savings related to healthcare are included, total savings can exceed costs by a ratio of 12 to 1.

We also know that treatment must be accessible, but unfortunately the demand for treatment programs far exceeds their availability. Access to treatment is limited. People can spend weeks waiting to gain admission to a program, and many smaller communities have no local programs. Lack of coverage and resources limit the duration of treatment and the number of times one can seek treatment. It is not uncommon for people to require multiple treatment episodes.

An Increase in The Aging Population

A note of concern about baby-boomers in the future, the Substance Abuse Mental Health Services Administration has identified substance abuse among older people as an invisible epidemic. They state that, "substance abuse, particularly of alcohol and prescription drugs, is one of the fastest growing health problems facing the country." Despite the rapid growth in the population aged 60 and older, there has been relatively little effort to identify, diagnose or treat this population. Insufficient data, thus lack of awareness among health care providers, along with peer disapproval and individual shame, have kept this issue invisible. Of greater concern is the fact that drug and alcohol abuse takes a greater health care toll on older people due to biomedical changes and a greater likelihood of drug interactions with prescription drugs.

Public health officials are also concerned that the proportion of older people abusing alcohol prescriptions or illicit drugs will increase. Even if the proportion remains the same, the sheer growth in the number of people age 65 and older ensures that there will be more, older people with a substance abuse problem. Only if trends of substance abuse for future cohorts of adolescents decline, can we be more confident that future trends in substance abuse among older people will also decline.

Treatment Effectiveness—Findings From Tennessee

With the demand for treatment increasing, it is even more important to ensure that alcohol and drug programs produce tangible results. State and federal agencies, local governments, and private foundations are interested in funding programs with measurable outcomes that are effective, cost efficient and accountable.

The Tennessee Outcomes for Alcohol and Drug Abuse Services (TOADS) project through the University of Memphis was established in 1988 to serve as a data base for treatment outcome monitoring, evaluation, and research. The TOADS project describes trends in alcohol and other drug abuse, assesses the

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Buprenorphine Conference Rated Successful

By Horace Pulse Jr., Managed Care Consultant

The November 15, 2002, Buprenorphine Conference targeting physicians and pharmacists was rated a success by a majority of the participants. The conference was a collaborative effort with the Tennessee Department of Health's Bureau of Alcohol and Drug Abuse Service, Bureau of Health Licensure and Regulation, and the Board of Medical Examiners, as well as the Tennessee Department of Commerce's Board of Pharmacy, in a cooperative effort with the Center for Substance Abuse Treatment (CSAT), the American Society of Addiction Medicine and the Baptist Center for Medical Education.

As a result of the enactment of the Drug Addiction Treatment Act of 2002, physicians who receive 8 hours of CSAT certified training may apply for a waiver from the Secretary of Health and Human Services in order to utilize buprenorphine in an office-based setting for opioid dependency.

Over 90% of the conference participants gave the training an overall rating of "good to very good/ excellent." Sessions had ratings from "good to superlative." Attendees described the training as "Excellent, helpful, very well organized, challenging and fun." "One of the best seminars I've attended in my 45 years in the medical profession."



*Eric Strain, M.D.,
Johns Hopkins School of
Medicine and Co-Chair*

The Bureau would like to thank the Buprenorphine Conference planning committee: Eric Strain, M.D., Johns Hopkins School of Medicine; Roger Davis, D.Ph., Associate Executive Director Tennessee Pharmacists Association; Jim Farris, Ph.D., Vice President of the Baptist Center for Medical Education; Randall Jessee, Ph.D., Director of Treatment, Frontier Behavioral Health; Robert Hardin, M.D., Director of Baptist Hospital, Medical Affairs; James Roth, M.D., Medical Director, Tennessee Board of Medical Examiners; Judy Eads, Assistant Commissioner of Health Licensure and Regulation and her staff, Darrel Collier, Linda

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Young Russian Leaders Visit Tennessee to Study Health Programs for Youth

Five young, Russian leaders arrived in east Tennessee on Wednesday September 26th and left for home on Thursday, October 3rd. While in Tennessee, Bob Benning executive director and the staff from Ridgeview Psychiatric Hospital served as tour guides and teachers. The leaders visited prevention programs in east Tennessee such as Strengthening Families, Project Alert and Amazing Discovery, as well as the treatment facilities at Ridgeview and Helen Ross McNabb, and the drug court in Sevier County. They also toured classroom programs such as Mental Health 101 and Project Basic.

On October 1, during the Nashville leg of the trip, the group met with staff from the Bureau of Alcohol and Drug Abuse Services, the Tennessee Department of Mental Health and Developmental Disabilities, and with Advocare Behavioral Health Services.

The City of Oak Ridge, Tennessee and the Sister City Support

Organization (SCSO) served as Host City to the young Russian leaders. Three cities on three continents (Naka machi, Japan, Obninsk, Russia and Oak Ridge Tennessee) are all part of the Sister City Support Organization. The sister city relationship originated as a result of exchanges of research scientists between the Oak Ridge National Laboratory and corresponding nuclear research institutes abroad.

The cost of this trip was underwritten by a grant from the Center for Russian Leadership Development, an independent agency located in the Library of Congress. The Center brings Russian leaders to the United States to expose them to American democratic and economic institutions. As a result of this visit, actions are underway to seek commitment and permission from the Best Foundation for funding to translate Project Alert for use in Russia and to seek funding for a return trip to Obninsk to train teachers in the Project Alert curriculum. Project Alert is a best practice program recognized by the US Department of Education and the Center for Substance Abuse Prevention. To learn more about the Sister City Support Organization: Sister Cities – Peace Through People, visit their website at <http://www.korrnet.org/ortnscso/>, or contact Robert Benning, Director, Ridgeview Psychiatric Hospital and Center, Inc. (865) 482-1076.



Sergey Kirichuck, Herb Stone, Rick Bradley, Ira Lacy, Margarita Zhuravleva, Dmitriy Nachinkin, Stephanie W. Perry, MD, Stanislav Kosolapov, Nina Petrov (interpreter), Julie Smith and Vera Litkova.

Buprenorphine...cont.

Hudgins, Sandra Perry, and Rosemarie Otto for their valuable assistance in planning and implementation phases of the conference.

Buprenorphine is a partial opioid agonist that functions on the same brain receptors as morphine, meaning it binds to the same sites in the brain as heroin-like drugs. However, once it is present, buprenorphine blocks the craving for heroin, for example, without the "heroin high." In clinical studies, buprenorphine showed low potential for abuse and a lower level of physical dependence than other anti-addiction treatments.

The Substance Abuse Mental Health Service Administration has established a Buprenorphine Information Center, which can be reached toll-free at 866-BUP-CSAT weekdays from 8:30 a.m. to 5 p.m. EST, or via email at info@buprenorphine.samsha.gov. The SAMSHA Buprenorphine website is located at http://www.samhsa.gov/news/click_bupe.html.

*Stephanie Perry, M.D., Co-Chairing
Buprenorphine Conference*



*Louis E. Baxter, Sr., M.D.
FASAM,
David Fiellen, M.D., and
Laura F. McNicholas, M.D.,
Ph.D. served as faculty and
facilitators for the
conference."*

Dr. Perry's Corner...cont.

overall effectiveness of treatment through the evaluation of clients' performance on various indicators, assesses the overall effectiveness of treatment for various modalities and programs, identifies the strengths of the programs currently provided and areas that need improvement, and provides an analysis of the cost effectiveness of substance abuse treatment in the State of Tennessee, for those services funded by the block grant.

Findings:

- Based on a recent TOADS report, our facilities had approximately 350,000 treatment encounters for 10,586 admissions in the State of Tennessee. These numbers reflect that public funds provided substantial support for treatment services to clients with substance abuse problems.
- Almost two thirds (63.3%) of all respondents reported being abstinent after treatment and 82.1% said they had not used a substance in the 30 days before their follow-up.



Dr. Perry and General Arthur Dean, shown at the Board Meeting of the Community Anti-Drug Coalitions of America (CADCA).

- While over two thirds (68.2%) of respondents had been unemployed at admission less than one third (32.8%) were unemployed at the time of the 6-month follow-up interview. Between admission and the follow-up the proportion of respondents employed full time more than tripled, and more

than half of all respondents reported they had performed better at school or work since treatment.

- Arrests decreased dramatically after treatment. While 52.4% of the 1,350 respondents had been arrested during the two years prior to admission, only 13% had been arrested since treatment.
- While about 7% of the respondents rated their treatment as not helpful at all, about 20% considered their treatment somewhat helpful, and the majority, 70.4%, rated their treatment very helpful.
- Tennessee spends approximately \$2,700 on the treatment of each client in a year.

Tennessee and Other States

Recent studies in several states indicate that treatment has significantly reduced alcohol and drug abuse. The Schneider Institute defines treatment effectiveness as a 50% reduction in substance use; with this definition, treatment in the United States has been effective for 40-70% of alcohol-using clients, 50-60% of cocaine-using clients, and 50-80% of opiate-using clients (Schneider Institute for Health Policy Report, 2001, p.110).

In Illinois, with a sample size of 1,210 adult clients recruited from 1998 – 2000, alcohol use in the previous 30 days declined from 59% at the time of admission to 30% at the follow-up interview conducted 6 months later, with cocaine use decreasing from 37% to 6% and marijuana use from 37% to 6% (Illinois Department of Human Services, 2001, p.30).

In California, a comparison of the outcomes of a random sample of 3,000 clients 12 months before treatment to the outcomes from a follow-up interview, conducted between 9 and 24 months after discharge revealed a decline in the ration of clients using alcohol from 70% before admission to 49.9% afterwards, similarly

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COMING EVENTS

February 10 – 11, 2003

4th Annual Yes 2 Kids Conference

Franklin Marriot/Cool Springs Conference Center

The Yes 2 Kids Conference promises to be an energizing training event for professionals who work with youth and their families. Topics include Children of Divorce, Activities That Teach/Moving from Preaching to Teaching, Preventing Bullying and Other Violence.

February 11 – 14, 2003

CADCA's National Leadership Forum XIII

Omni Shoreham Hotel, Washington, D.C.

This conference offers information and skill building workshops for four different levels of expertise. The Community Anti-Drug Coalitions of America strives to develop community-based groups to work on the complex issues of substance abuse prevention. For complete conference information visit CADCA's website at <http://www.cadca.org/Events/Forum/Forum.htm>.

Dr. Perry's Corner...cont.

those using crack reported a decline from 29.1% to 15.8%, and cocaine from 40.4% to 21.6% (California Department of Alcohol and Drug Programs, 1994, p.25).

In Tennessee, during the first 12 years of TOADS existence (1988-2000), the level of abstinence after treatment ranged from 51.9% to 68.6% of all clients treated primarily for alcohol abuse or dependence.

It is an appropriate time to celebrate the progress that has been made and to face the challenges that remain. Those who have dedicated their lives to helping others in need of treatment assistance are a source of inspiration. To those who have invested many years in providing treatment, your dedication, hard work and commitment are appreciated. Thousands of lives are recovered and preserved each year by trained professionals providing high quality treatment.

A and D HIGHLIGHTS
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