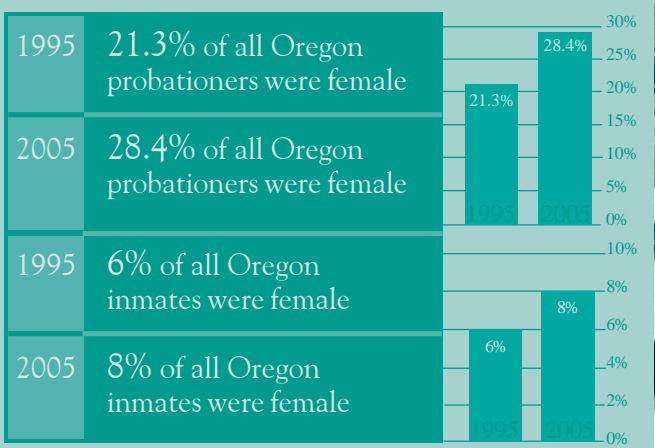


2006 Oregon Research Brief on Addiction Treatment Effectiveness

Produced by Eric Martin, M.A., CADC III Edited by Michael Finigan, Ph.D., and Pat Gold, B.A., CADC II

Oregon's young women have reached a state of crisis due to few prevention & treatment resources



- ▶ Oregon 8th Graders abuse alcohol 80.5% higher than the national average. Oregon 8th Graders abuse illegal drugs nearly twice the national average and use methamphetamine more than 4x's the national average. (Oregon Healthy Teens 2005 & Monitoring the Future 2005)
- ▶ Oregon ranks 2nd in the U.S. for illegal drug use in adults 26 and older, ranks 7th in the U.S. for illegal drug use among Oregonians 12 and older, and ranks 4th in the U.S. for alcohol & drug dependence among 18-25 year olds. (SAMHSA, National Survey on Drug Use and Health 2004)
- ▶ 1 out of 10 Oregonians has used methamphetamine, 1 out of 99 has used methamphetamine in the past year, and 1 out of every 200 Oregonians has used methamphetamine in the last 30 days. (SAMHSA, National Survey on Drug Use and Health 2002-2004)

A Dangerous Trend Among Oregon Girls

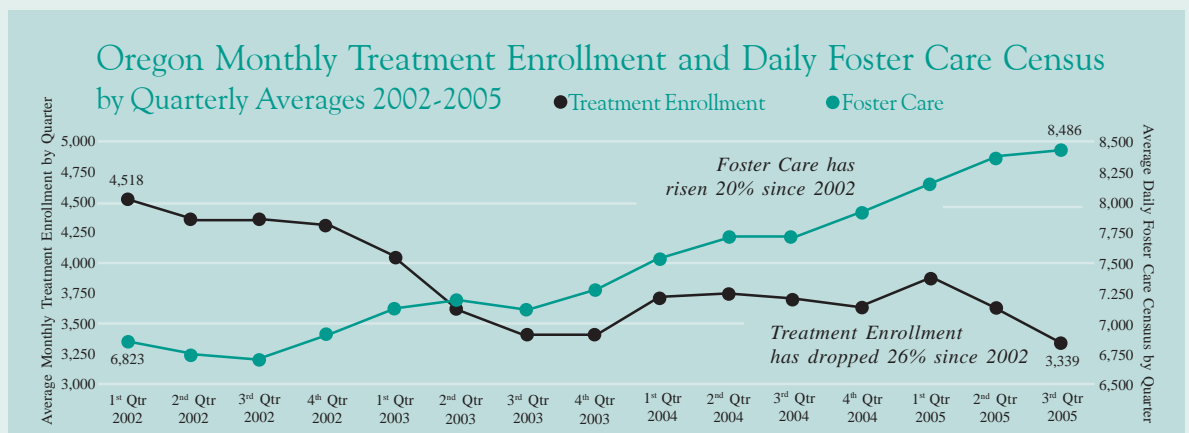
In Oregon, teenage girls binge on alcohol and abuse meth at higher rates than teenage boys, a dangerous trend leading to increasing rates of probation & incarceration for Oregon's young women with waning prevention or treatment services.

According to the Oregon Department of Corrections, children of incarcerated women are five times more likely to be incarcerated in the future than their peers. In 2005, 5.3% of teens entering Oregon treatment were pregnant, a 51% increase since 2001. (OMHAS, 2006)

Which do you think costs more, Treatment or Foster Care?

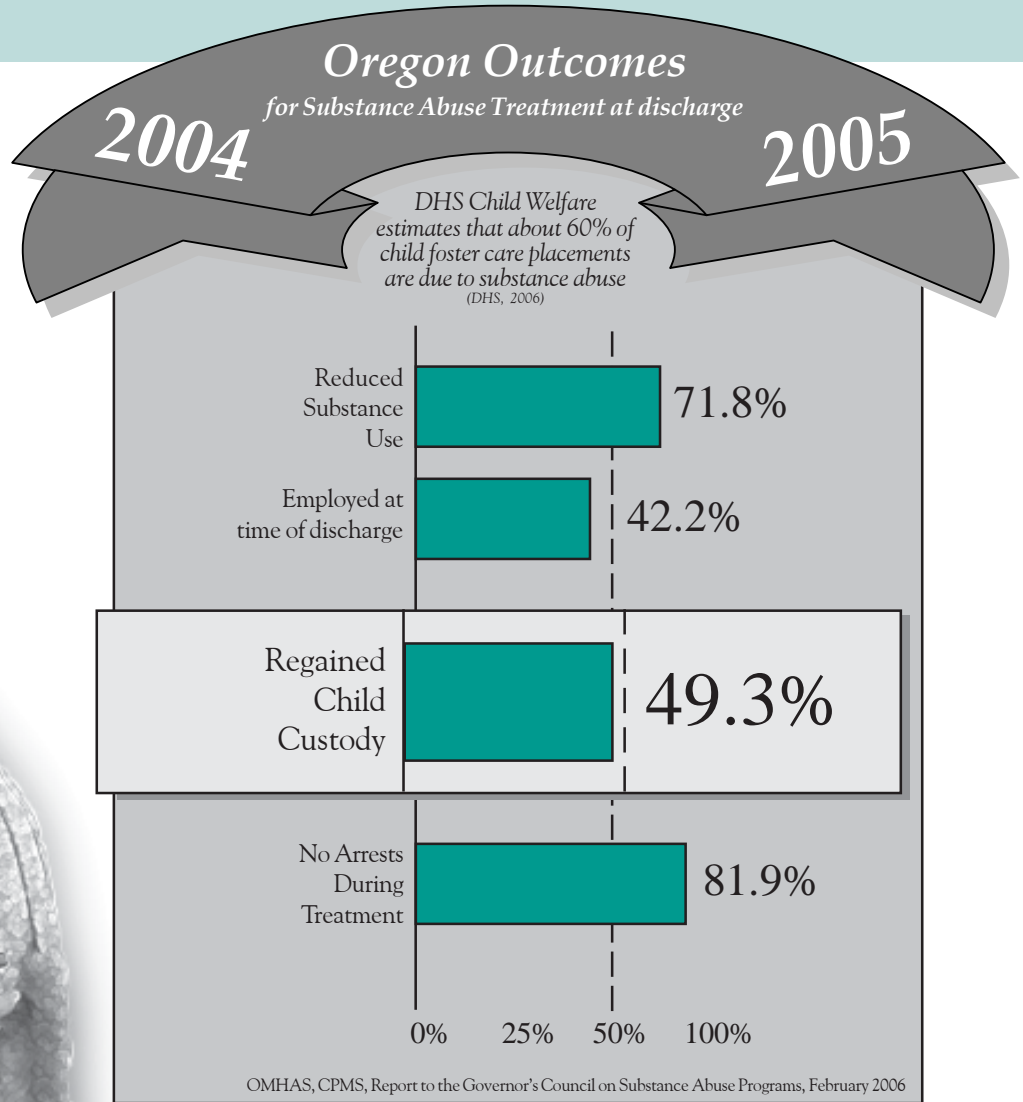
Answer: Foster Care

Oregon now ranks 45th in the U.S. for funded Treatment access per capita. In 2002, Child Welfare spent \$7,000 per month on urine drugs screens. Now, Child Welfare is spending \$80,000 per month on urine drug screens because Treatment is no longer there to provide the service.



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Addiction & Child Welfare



49.3% of moms being reunited with their children saves taxpayers the expense of foster care and further child welfare services

Reuniting women in recovery with their children saves Oregonians foster care dollars, and stops the cycle of addiction, abuse and crime. Children of incarcerated women are five times more likely to be incarcerated in the future than their peers. Helping moms into recovery not only helps reunite them with their children, it also reduces the likelihood of state involvement and taxpayer expense with future pregnancies.

This Research Brief was made possible through the generous donations of:

AADACO The Association of Addiction Professionals, ACCBO, ADAPT, Care Oregon, Milestones DUII & Women's Program and YES House, NFATTC, Oregon Office of Mental Health and Addiction Services, OPERA, Pastor James Martin, Eric Martin.

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Criminal Justice

Isn't it cheaper to send people to Jail rather than to Treatment?...

A 2003 Multnomah County study of 1,167 substance abusing offenders demonstrated that it was actually less expensive to send people to drug court than "business as usual." Up front, the drug court treatment approach actually saved taxpayers \$1,441.52 compared to business as usual. The study also showed at 30 month follow-up that drug court treatment participants cost taxpayers

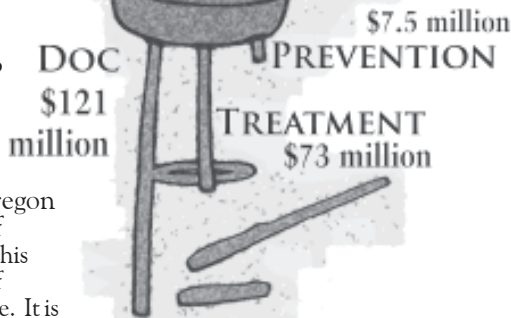
\$5071.57 less than those offenders who went through the system -business as usual- due to reduced rearrests, less probation time, less jail time, and fewer victimizations.

NPC Research, A Cost-Benefit Evaluation of the Multnomah County Drug Court, July 2003

Taxpayers saved \$5,071.57 per drug court treatment participant

Is Oregon's three-legged stool lopsided?

In the Annual State budget, \$550 million goes to the Oregon Department of Corrections. This covers the cost of prisons and parole. It is conservatively estimated that \$121 million of their \$550 million (or about 22%) is spent on "nonviolent substance-abusing offenders."



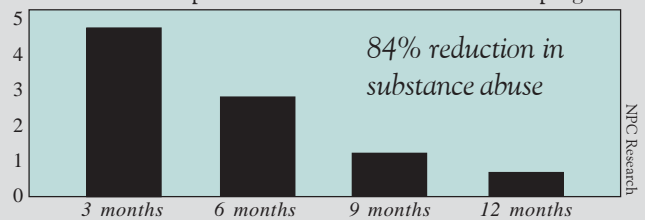
Oregon Meth-Treatment works!

ChangePoint Inc. in Multnomah County Oregon received a grant to provide no-cost treatment to methamphetamine addicts in Multnomah County utilizing an Evidence-Based Practice known as The Matrix Model. In 2005, at 6-month follow-up, 70% of those who engaged in treatment were clean from methamphetamine. This includes those who completed the program and those who did not complete the program.

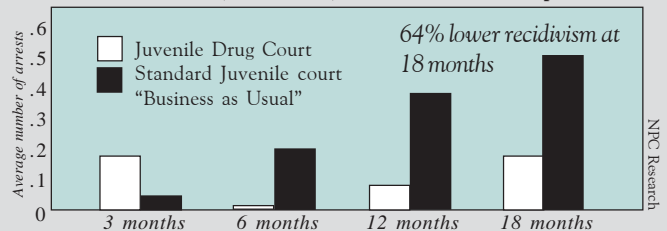
70%
Reduction in meth use

Treatment works in the Oregon Criminal Justice System

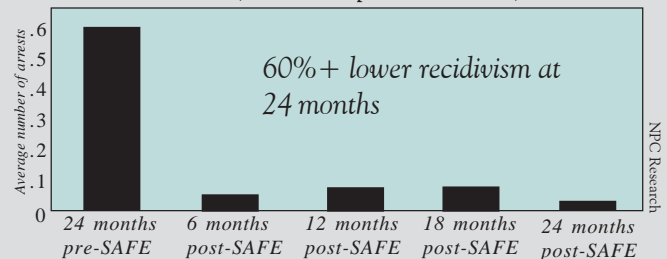
2004 Clackamas County Juvenile Drug Court Evaluation
Mean number of positive UA's over 12 months in the program



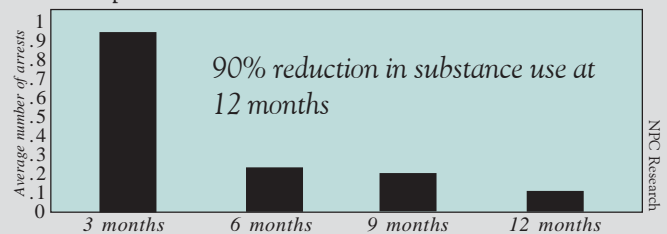
2004 Clackamas County Juvenile Drug Court Evaluation
Mean recidivism (re-referrals) over 18 months compared to BAU



2004 Malheur County Women's SAFE Court Recidivism:
before SAFE Court, 24 months pre SAFE Court, and 24 months post



2004 Marion County Drug Court:
Mean positive UA's over 12 months



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Medication Assisted Treatment

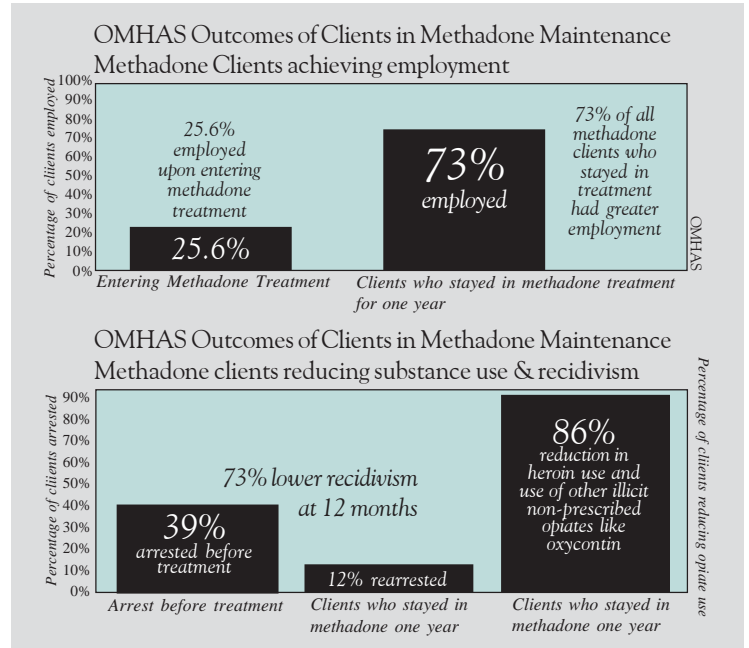
Oregon Methadone Treatment works!

A 2005 Methadone Treatment outcome study was completed by the Oregon Office of Mental Health and Addiction Services.¹ This study demonstrated that methadone treatment clients who stay in treatment have dramatic improvements. Additionally, even methadone treatment clients who don't stay in treatment, and receive only partial treatment, showed improvements.

New research from NIDA shows that for every dollar invested in methadone treatment, \$38 is saved in associated costs.² Oregon is also a "NIDA Research Node" (national research location for the National Institute on Drug Abuse) for the use of Buprenorphine, a new scientific breakthrough in the treatment of opiate addiction. Preliminary research suggests that Buprenorphine therapy may exceed the already excellent results of methadone in: reducing the spread of infectious disease, increasing employment, reducing criminal recidivism, reducing incarceration, reducing reliance on public assistance, and reducing emergency room visits.

1. Kahn, B., *Outcomes of Clients in Methadone Maintenance Who Have Received Services for One Year*, OMHAS, May, 2005.

2. Zarkin, G., PhD, *Health Economics*, November 2005.



Treatment Completion-Compliance

Why should we fund treatment when only 51% actually complete treatment?

A study of 326,000 addiction treatment admissions nationwide showed that the average rate of addiction treatment completion was 51% (TEDS, 2003).¹ This rate of treatment completion is comparable with many other health disorders. In fact, alcoholics & drug addicts have higher rates of treatment compliance than those with hypertension, diabetes and asthma.² Research also tells us that the major factors for not completing addiction treatment are similar to the factors of noncompliance to treatment regimens for hypertension, diabetes, and asthma. Those factors are: socioeconomic status (low income), low family support, psychiatric co-morbidity (higher rates of mental illness) and, sadly, ethnicity. The aforementioned study shows that about 55% of whites completed treatment, while only 42% of African Americans and Hispanics completed treatment.

Treatment Compliance or "Adherence"

Addiction Treatment:	compliance (completion)	51%
Hypertension:	compliance to medications	less than 60%
	compliance with diet/exercise	less than 30%
	"retreated" within 12 months	50-60%
Diabetes:	compliance to medication	less than 50%
	compliance with diet/exercise	less than 30%
	"retreated" within 12 months	30-50%
Asthma:	compliance to medications	less than 30%
	"retreated" within 12 months	60-80%

Oregon treatment completion rates are higher than the national average. Research from OMHAS for CY 2003 indicates that 59.5% of all Oregon treatment clients completed treatment. Research also indicates there is a cost-benefit to partial completion of treatment. Many partial completers also have reduced substance abuse, increased employment, have lower recidivism, decreased use of healthcare services and reduced use of public assistance.

1. TEDS: Treatment Evaluation Data Sets, Treatment Completion, 2003

2. McClellan, PhD, Treatment Research Institute, and the National Center on Health

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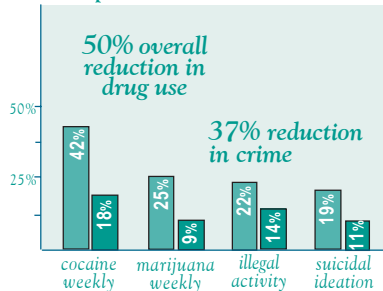
Does Treatment Work?

DATOS 2003 Report: Addiction Treatment clients at one-year through five-year follow-up

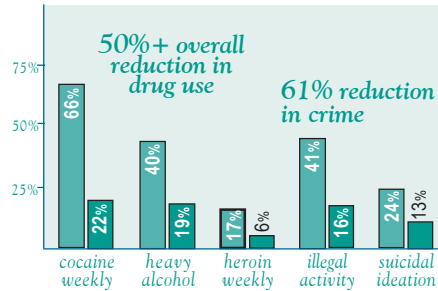
DATOS (Drug Abuse Treatment Outcome Study) is the largest Addiction Treatment outcome study ever performed. This study of more than 10,000

Addiction Treatment clients demonstrated the effectiveness of treatment and found that results were generally stable at five-year follow-up.

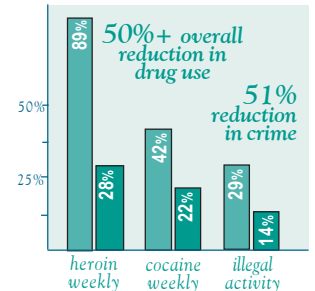
Outpatient Treatment Outcomes



Residential Treatment Outcomes



Methadone Outcomes



before treatment

after treatment

Hubbard, R. L. (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.

Aren't there better things to spend Tax Dollars on than Addicts & Alcoholics?

Unfortunately, substance abuse costs society money through police, courts, emergency rooms, auto accidents, unwanted teen pregnancies, foster care, jails, prisons, health disorders and medical care, work place accidents, workers' compensation, lost productivity, increased sick time, public assistance, and many other expenses. *The White House Office of National Drug Policy indicates that substance abuse costs Americans more than \$200 billion per year.*

Treatment actually saves money. Researchers have compared the cost of substance abusers who receive treatment to those who do not receive treatment. Substance abusers who receive treatment use far less of society's resources.

A recent Cost-Benefit Compendium Study completed by the Treatment Research Institute at the University of Pennsylvania, 2005, showed that hundreds of cost-benefit studies have revealed that *for every \$1 invested in treatment, anywhere from \$1.33 to \$39 dollars is saved, primarily by reducing crime and the cost of incarceration. In Oregon, research shows that for every \$1 invested in treatment \$5.60 is saved.*

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

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

Do Oregon Treatment Programs use Evidence Based Practices?

Oregon Addiction Treatment is very effective. Numerous studies have demonstrated this. Moreover, Oregon Addiction Treatment programs are required to utilize "Evidence-Based Practices (EBP's)."

EBP's are therapeutic approaches that have been proven to work in multi-site randomized studies. Using EBP's is a guarantee to taxpayers that their tax dollars are not being wasted on unproven or ineffective treatments.

A recent Cost-Benefit Compendium Study completed by the Treatment Research Institute at the University of Pennsylvania, 2005, *showed that those programs that utilize Evidence-Based Practices demonstrate the most significant Cost-Benefit Ratios.*

Economic Benefits of Drug Treatment: A Critical Review of the Evidence for Policy Makers, February 2005, Treatment Research Institute at the University of Pennsylvania, Belenko, S., Ph.D.

A study completed by the Oregon Office of Mental Health and Addiction Services in 2006 showed that all of Oregon's Publicly-funded Treatment programs use EBP's. Moreover 56% of funding supported EBP's.

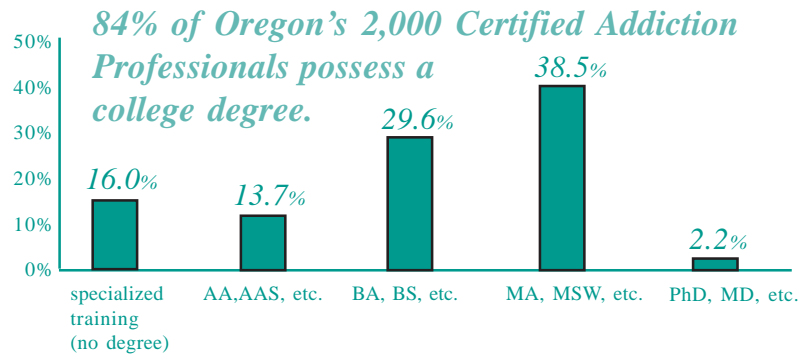
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Oregon Credentialing

Who comprises Oregon CADC's?

Composition Analysis 2004:

Oregon Addiction Counselors are trained and tested in Evidence-Based Practices for Fiscal Accountability to the Taxpayers, Client Outcomes, Public Safety, and Ethical Compliance. All of Oregon's State Approved Addiction Treatment agencies are required to employ certified and/or licensed professionals. Oregon CADC's undergo legally-professionally-scientifically defensible autonomous examinations produced by the National Association of Alcoholism & Drug Abuse Counselors, the National Board of Certified Counselors, and the Professional Testing Corporation of New York. These examinations are routinely tested for validity and reliability (Kuder-Richardson formula 21), to insure that certified counselors are knowledgeable and capable of practicing at the appropriate academic proficiency level.



CADC I

Associate Proficiency Level

EDUCATIONAL REQUIREMENTS

A minimum of 150 core alcohol-drugs-addiction-counseling education hours, including the following topical areas (or 15 college credits):

- Basic Counseling Skills
- Group Counseling Skills
- Alcohol & Drugs of Abuse Pharmacology
- Infectious Disease: Risk Assessment & Risk Reduction
- Counseling Ethics

SUPERVISED CLINICAL EXPERIENCE

1,000 Hours of Supervised Clinical Experience in the Addiction Counselor Competencies (TAP 21, CSAT). All experience hours occur under a supervisor that meets the Oregon Administrative Rule (sec. 415) for Clinical Supervision in State Approved Addictions Treatment.

EXAMINATION

The Addiction Counselor Certification Board of Oregon utilizes the professional NCAC Level One National Certification Examination produced by the National Association of Alcoholism and Drug Abuse Counselors (NAADAC)

ON-GOING ETHICAL COMPLIANCE & CONTINUING EDUCATION

All CADC's pledge adherence to the ACCBO Code of Ethics and are subject to investigation and sanctions resulting from Ethics complaints. All CADC's must obtain continuing education in order to renew their certification biannually.

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CADC II

Baccalaureate Proficiency Level

EDUCATIONAL REQUIREMENTS

A Bachelors Degree or equivalency (a minimum of an Associates degree and a combination of academic courses with specialized training commensurate with baccalaureate degree credit/hour requirements).

A minimum of 300 core alcohol-drugs-addiction-counseling education hours, including the following topical areas (or 30 college credits):

- Basic Counseling Skills
- Group Counseling Skills
- Alcohol & Drugs of Abuse Pharmacology
- Infectious Disease: Risk Assessment & Risk Reduction
- Counseling Ethics
- Counseling Diverse Populations
- ASAM, Assessment, or Case Management, etc.
- Dual Diagnosis or Coexisting Disorders

SUPERVISED CLINICAL EXPERIENCE

4,000 Hours of Supervised Clinical Experience in the Addiction Counselor Competencies (TAP 21, CSAT). All experience hours occur under a supervisor that meets the Oregon Administrative Rule (sec. 415) for Clinical Supervision in State Approved Addictions Treatment.

EXAMINATIONS

The Addiction Counselor Certification Board of Oregon utilizes the professional NCAC Level Two National Certification Examination produced by the National Association of Alcoholism and Drug Abuse Counselors (NAADAC). Candidates must also successfully pass the NAADAC Oral Case Presentation Examination.

ON-GOING ETHICAL COMPLIANCE & CONTINUING EDUCATION

All CADC's pledge adherence to the ACCBO Code of Ethics and are subject to investigation and sanctions resulting from Ethics complaints. All CADC's must obtain continuing education in order to renew their certification biannually.

CADC III

Graduate Proficiency Level

EDUCATIONAL REQUIREMENTS

A Masters degree (M.A., MSW, M.S., etc.) in the human arts.

A minimum of 300 core alcohol-drugs-addiction-counseling education hours, including the following topical areas (or 30 college credits):

- Basic Counseling Skills
- Group Counseling Skills
- Alcohol & Drugs of Abuse Pharmacology
- Infectious Disease: Risk Assessment & Risk Reduction
- Counseling Ethics
- Counseling Diverse Populations
- ASAM, Assessment, or Case Management, etc.
- Dual Diagnosis or Coexisting Disorders
- Addiction Treatment Best Practices, or Evidence-based Addiction Treatment Approaches, etc.

SUPERVISED CLINICAL EXPERIENCE

6,000 Hours of Supervised Clinical Experience in the Addiction Counselor Competencies (TAP 21, CSAT). All experience hours occur under a supervisor that meets the Oregon Administrative Rule (sec. 415) for Clinical Supervision in State Approved Addictions Treatment.

EXAMINATIONS

The Addiction Counselor Certification Board of Oregon utilizes the professional MAC National Certification Examination coproduced by the National Association of Alcoholism and Drug Abuse Counselors (NAADAC) and the National Board of Certified Counselors (NBCC). Candidates must also successfully pass the NAADAC Oral Case Presentation Examination.

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