

## **Recovery Outcomes for Opiate Users**

### **FRN Research Report November 2013**

#### **Introduction**

Opiate use in America is at epidemic levels. The latest surveys show 4.5 million Americans using prescription painkillers non-medically and 620,000 using heroin (Substance Abuse and Mental Health Services Administration, 2012). As opiate abuse skyrockets, effective treatment options are crucial.

Foundations Recovery Network (FRN) offers abstinence-based residential treatment for opiate users. Services are built on an integrated system of care that addresses substance use disorders and co-occurring mental health disorders.

FRN offers residential and outpatient treatment in California, Georgia and Tennessee. Its treatment programs are considered national models for care: The FRN integrated treatment protocol is considered the gold standard in Dual Diagnosis treatment by Dartmouth Psychiatric Research Center and is noted for meeting best practice benchmarks in the SAMHSA's Treatment Improvement Protocol (TIP) 42.

#### **Abstinence-Based Treatment for Opiate Use**

Current debate is hot about the most effective, evidence-based treatment for opiates. This class of drugs, which includes heroin, non-medical methadone and prescription painkillers like OxyContin, is particularly challenging to treat. Opiate addiction has historically been considered harder to treat than other forms of addiction.

Relapse rates are high among heroin users, often in the first month after detoxification (Smyth, Barry, Keenan, & Ducray, 2010). Several factors contribute to the high-relapse rate, according to research published in the *Irish Medical Journal*:

- Heavier use prior to treatment
- Failure to complete treatment
- Failure to enter follow-up or aftercare.

Patients who complete treatment, develop positive support networks and participate in a form of follow-up care are more likely to remain abstinent.

As part of its continued commitment to finding the most effective addiction treatment methods, FRN uses data from patients along with scientifically-proven research instruments to draw conclusions about its treatment protocols.

A study of FRN's patients at their three private, abstinence-based residential treatment centers showed that the integrated system of care was equally effective for opiate users as it was for non-opiate substance users. The results are significant as the country moves toward drug policy changes that could impact opiate treatment regulations.

All patients entering treatment at FRN's residential centers are offered the opportunity to participate in an ongoing study. Patients must sign Institutional Review Board approved consent

prior to participation, and the follow-up study includes phone interviews at intake and again at 30 days, six months and one year post-discharge.

Pre- and post-treatment information is collected using the addiction severity index (ASI), a common assessment instrument that allows respondents to rate their current medical and psychiatric status using scales. Categories in the survey cover: alcohol use, drug use, psychiatric symptoms, legal issues, family/social relationships, medical issues and employment issues. Patients score the severity of a problem on a scale, with 0 indicating no problem and 5 indicating an extreme problem.

Questions dealing with specific drug use are phrased to investigate the 30 days prior to the interview; for example, “In the past 30 days, how many days have you used the following?” The ASI is repeatedly demonstrated to be psychometrically sound and is considered a standard in the industry.

### **Our Findings: Importance of Treating Opiate Addiction**

Opiate use is associated with a high-level of workplace absenteeism at a rate nearly three times higher than the average employee (Ruetsch, 2010). Nonmedical use of prescription painkillers increases violence and some types of crime (Catalano et al., 2011). Serious diseases also are associated with opiate use. Premature death from HIV and hepatitis is a risk, even after people stop opiate use (Butler, 2010).

Study results were taken from a patient population of 1,972 people entering treatment. At six months, 1,495 patients (75.8%) provided follow-up information. Just less than half of patients (39.8%) reported opiate use in the 30 days prior to admission. These patients were then compared to non-opiate using patients.

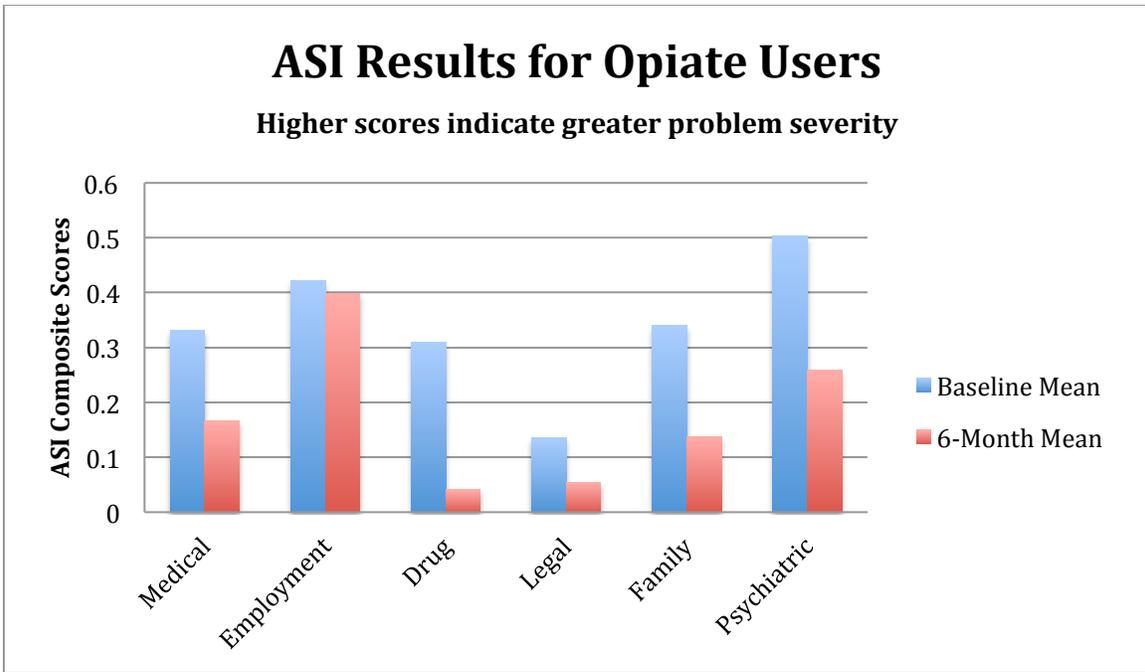
Opiate users treated at FRN’s facilities lowered drug use and had similar outcomes to users of other drugs. Once patients left the residential facility, there were no significant differences in the number of emergency room visits or overnight stays in hospitals. Opiate users participated in 12-Step groups at the same rate as non-opiate users.

One significant difference between the two groups was the likelihood of participating in outpatient substance abuse programs or halfway housing. Opiate users were more likely to utilize the services at 30 days, which is a significant factor in maintaining abstinence.

### **Our Findings: ASI Treatment Outcomes for Opiate Users vs. Non-Opiate Users**

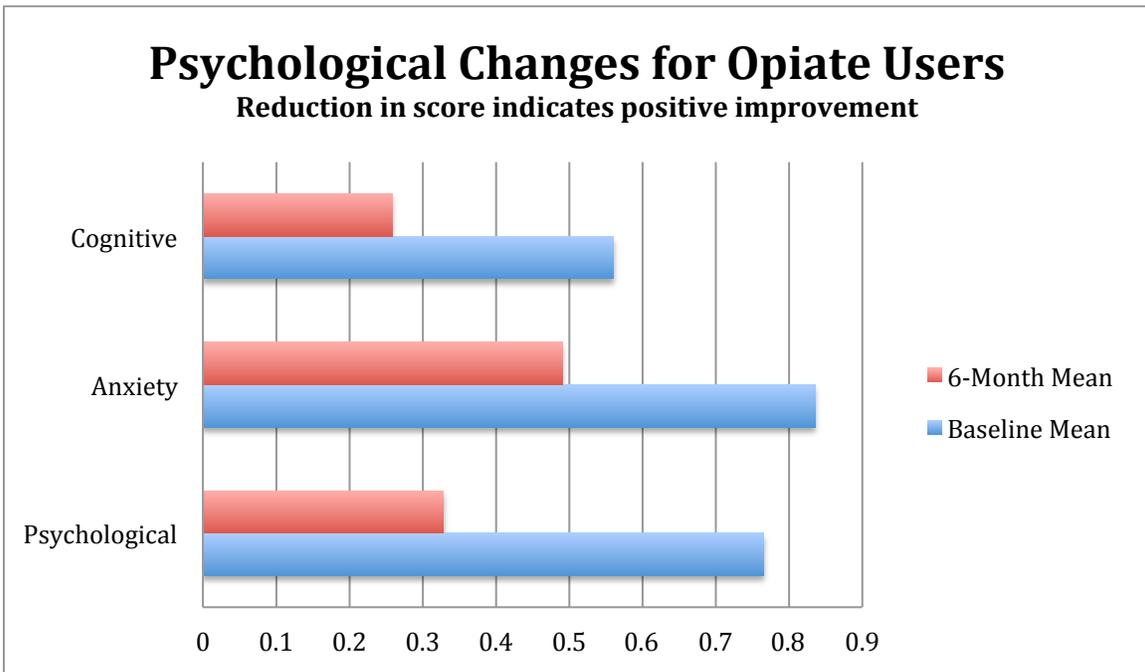
When ASI results for opiate users were compared with non-opiate users at intake, opiate users had significantly greater problems in several areas detected by the ASI: medical, drug use, legal issues and family/social relationships. At the six-month post-treatment mark, significantly fewer differences existed between the two groups, suggesting that the more severe and difficult to treat population of opiate users had “normalized,” resembling the average person in recovery.

The integrated delivery model offered at FRN gives patients the tools and skills needed to improve in all areas of the ASI. In the graphs below, greater problem severity is indicated by higher scores. Therefore, greater decreases in score indicate greater significance of improvement in that area. Note that all areas were reported to be improved and remained significantly improved six months following treatment.



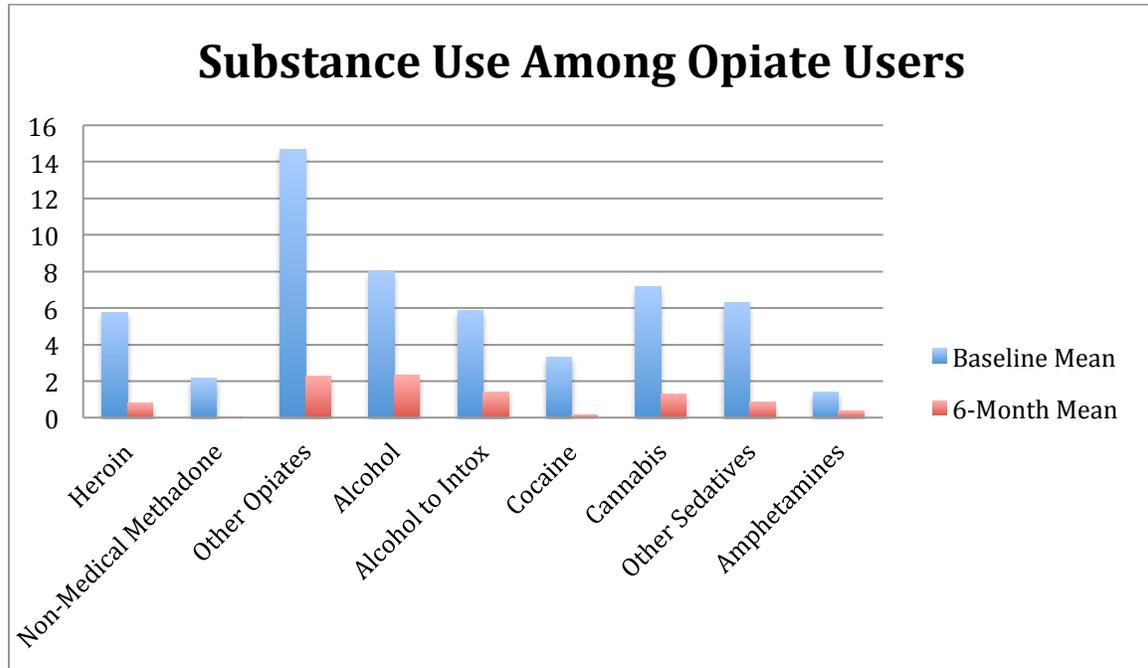
**Our Findings: Psychological Symptoms for Opiate Users**

Mental health is monitored during residential treatment and during follow-up interviews as well. From intake to the six month mark, opiate users reported improvement in several psychological areas. The results are shown in the chart below. Again, positive change is reflected in reduced scores. All areas reported below demonstrated significant improvement.



**Our Findings: Substance Use Results for Opiate Users**

Patients at FRN reduced opiate use during their residential stay and maintained sobriety at the six month post-treatment mark. The following chart shows mean improvement in all areas of drug abuse. Not only did opiate users report fewer opiate uses, they also reported using fewer substances overall. “Other opiates” represents prescription painkillers.



### Our Findings: Satisfaction and Post-Treatment Results for Opiate Users

Patients who reported opiate use not only experienced improvement in many areas of life, reduced psychological symptoms and reduced drug use, as noted above, but also reported high levels of overall satisfaction with their treatment experience at FRN facilities. Opiate users were particularly satisfied with the following four aspects of treatment at an FRN facility:

- Involvement in the individual treatment plan
- Group therapy
- 12-Step meetings
- Communication between staff and patients

### Conclusion

Abstinence-based treatment for opiate use is a viable option for many people. The integrated treatment model offered at FRN gives opiate users the opportunity to learn the coping skills necessary for living without substances and treats the needs of the whole person, addressing important issues such as family/relationships, life skills and other areas necessary to help the opiate user recover for the long-term. Opiate users treated at FRN facilities report improvements in medical, psychiatric, drug use, legal, family and employment consistent with the average patient in recovery. Abstinence is attainable, and the FRN system of care can help opiate users achieve long-term recovery.

## References

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