

Outcomes for Opiate Users at FRN Facilities

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Introduction

The illicit use of opioids has reached epidemic proportions in the United States (Alford, 2007; Meges et al, 2014). Americans consume a greatly disproportionate amount of opioids: While Americans constituted 4.6% of the world's population, they consumed 80% of the global opioid supply in 2007 (Manchikanti et al, 2010). Heroin use is on the rise again with last year use by persons aged 12 and older peaking in 2012 at nearly 6.7 million (SAMHSA, 2012). Additionally, the CDC reports that prescription painkiller sales to pharmacies, hospitals, and doctors' offices was four times greater in 2010 than in 1999 (National Center for Injury Prevention and Control, Division of Unintentional Injury Prevention, 2012) and average sales of opioids per person in the US increased by 402% between 1997 and 2007 (Manchikanti, Fellows, Allinani and Pampati, 2010). This epidemic of opiate abuse in the United States not only dramatically affects patient lives but also impacts use of health care services.

Foundations Recovery Network (FRN) is an integrated treatment provider committed to offering evidence-based care that produces enduring sobriety rates. Patients who are treated at FRN's facilities are statistically more than twice as likely to stay sober than the national average and are less likely to be hospitalized or be readmitted for treatment.

FRN facilities offer Dual Diagnosis Enhanced care that includes integrated treatment for substance use disorders and mental health disorders. Patients receive care based on individualized treatment plans that meet medical, psychological and social needs. Scientific research and government entities, including the U.S. Substance Abuse and Mental Health Services Administration (SAMHSA), support evidence that treating patients for both mental health and addiction in a coordinated, integrated plan produces better long-term outcomes (SAMHSA, 2011).

Foundations Recovery Network Treatment Outcomes

This paper discusses patient survey results and treatment outcomes based on data collected at all of FRN's treatment facilities. The results track patient responses at intake and again at thirty days as well as at six months and at one-year post treatment. Data shared in this report offer insights into a rarely researched population—patients at private, for-profit residential facilities. Since most research is conducted in public facilities, the research offered here provides new insight.

Opiate Use and Patient Demographics

Prescription drug misuse is second only to marijuana use in the number of people affected. There are an estimated 4.9 users of pain relievers, 55% of the estimated 8.9 million drug users in the United States. Of the 2.9 million adults who misused a drug for the first time in 2012, 17% began with pain relievers. (SAMHSA, 2013a).

It is important to note that opiate use may be shifting, making it more crucial to offer effective interventions for this population. While the number of people who used OxyContin non-medically declined from 566,000 in 2010 to 358,000 in 2012, reports show heroin use may be on the rise. Heroin use was steady in 2012 but was higher than a decade earlier. Prescription opiate addicts may be switching to heroin as a more affordable option (SAMHSA, 2013a).

In the meantime, hospitalizations for opiates are still highest for prescription drugs. Oxycodone-based medications were the pain relievers most commonly involved in emergency room visits (56.2 visits per 100,000). After oxycodone—hydrocodone, methadone and morphine products followed with 31.2, 24.3 and 12.3 visits per 100,000, respectively (SAMHSA, 2013b).

Effective treatment for patients' addiction to opiates is more important than ever before. Beyond the serious health consequences of abusing opiates, there are other related issues. Premature death from HIV and hepatitis is a risk, even after people stop opiate use (Butler, 2010). Furthermore, nonmedical use of prescription painkillers increases violence and some types of crime (Catalano et al., 2011).

Meeting the Needs of Opiate-Addicted Patients

With ongoing evidence of high opiate abuse, it's necessary to understand the needs of opiate users, particularly prescription drug users. Patients who present for opiate treatment defy past stereotypes of heroin users. They often have housing, are employed, are insured and are motivated for change (MacMaster, Bride, Morse, et al, 2014).

Patients who present to treatment at FRN have specific needs related to employment and type of addiction. Since patients are more likely to be employed, they benefit from a treatment continuum that is sensitive to their employment situation and follows them from residential treatment into outpatient treatment. The recognition of unique patient needs helps FRN offer treatments that reduce hospital stays at one-year as well as reduce substance abuse rates and mental health symptoms (MacMaster, Bride, Morse, et al, 2014).

FRN Research Model

Patients who enter treatment at Foundations' facilities have the opportunity to participate in an ongoing study. Participants must sign Institutional Review Board approved consent prior to participation, and the follow-up study includes interviews at intake and again at 30 days, six months and one year post-discharge.

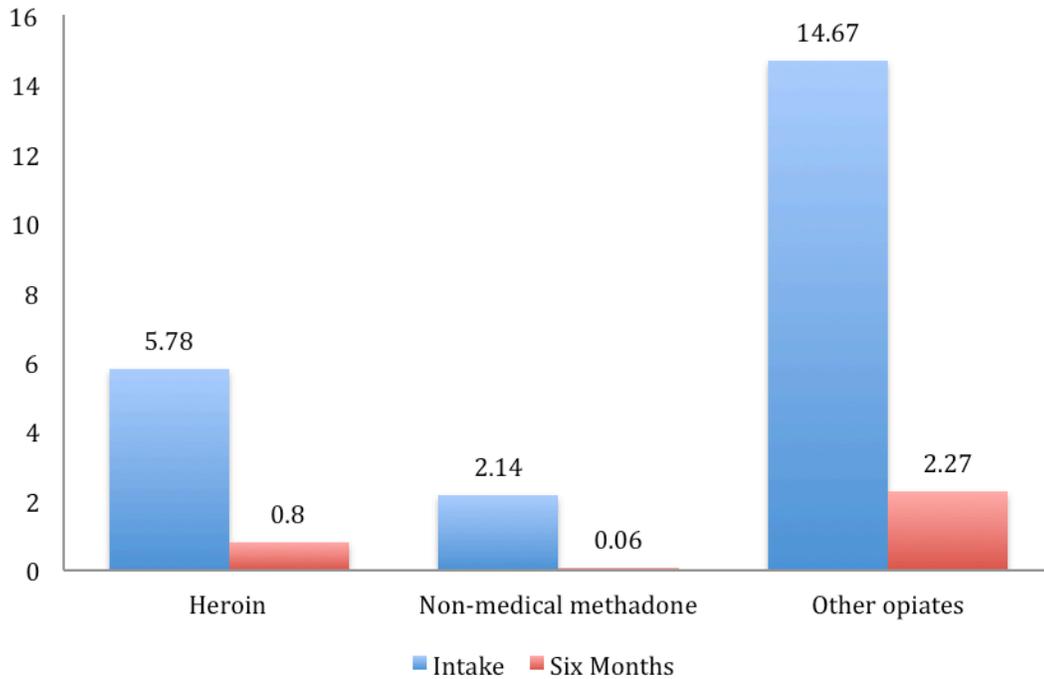
Data is collected using validated instruments, including the Addiction Severity Index, Treatment Service Review and University of Rhode Island Change Assessment (URICA – Readiness for Change Instrument). Responses from the research instruments are designed to assess several aspects of a patient's mental and physical functioning and all other aspects affecting a patient's life, including alcohol use, drug use, psychiatric symptoms, legal issues, family/social relationships, medical issues and employment issues.

Outcomes for Opiate Users at FRN Facilities

From January 2008 through June 2010, more than 900 opiate-using patients participated in research to examine the impact of abstinence-based residential treatment. Treatment typically included a short-term stabilization period including medical detoxification as needed, followed by an average 32-day residential stay. A total of 1,972 FRN patients agreed to participate in the study, and of those, almost half reported opiate use within the month prior to admission. The study found that 11.8% reported heroin use, 5.4% reported the use of methadone non-medically, and the final 32.4% reported the use of "other opiates," which includes using prescription opiate and opioid drugs non-medically. In addition, those who reported using more than one type of opiate totaled 8.4% (MacMaster, Bride, Morse, et al, 2014).

The follow-up study had a 77.9% participation rate. At six months post-treatment, these patients were asked to report their days of opiate use per month, as they had at intake. Our findings reflect that between intake and six months post-treatment, heroin use decreased by 85.16%, non-medical methadone decreased by 97.2% and the use of other opiates decreased by 84.53% (MacMaster, Bride, Morse, et al, 2014).

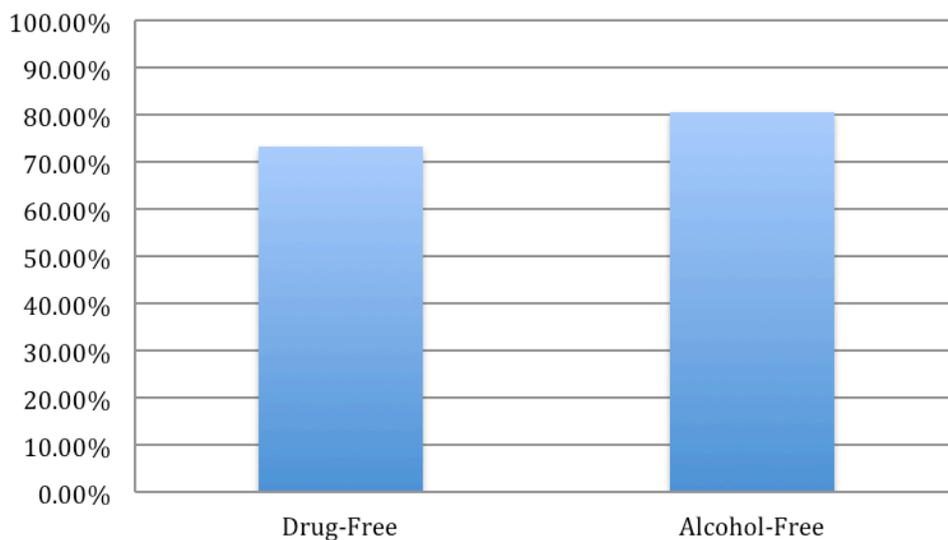
Change in Avg. Days of Use Per Month



Source: Foundations Recovery Network

Results also indicated that 73.2% of opiate users were abstinent of alcohol after six months, and 80.5% were abstinent of drugs. The number of days worked improved even though there was no statistically significant change in employment (MacMaster, Bride, Morse, et al, 2014).

Outcomes at Six Months Post-Treatment



Source: Foundations Recovery Network

Finally, the study revealed that there was more than an 83% average decrease in the use of any substance overall, and there was a 91% decrease in overall opiate use. Participants reported that they worked more days on average post-

treatment, and the amount of illegal income obtained and spending on drugs decreased significantly (MacMaster, Bride, Morse, et al, 2014).

Conclusion

Foundations Recovery Network offers private residential treatment with high success rates of improving opiate addiction outcomes. FRN's success with opiate addicted patients is due to its integrated treatment programs along with its commitment to meeting patient needs. A majority of FRN patients are employed and need services that support continued employment and address any ongoing recovery issues.

Foundations Recovery Network is committed to research that improves treatment for all addicted individuals. If you would like to speak with an admissions coordinator today or if you would like to learn more about our research methods and programs, please visit us online at <http://www.foundationsrecoverynetwork.com> or call us directly at 877-714-1318.

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