

YOUNG ADULTS IN DUAL DIAGNOSIS TREATMENT: COMPARISON TO OLDER ADULTS AT INTAKE AND POST TREATMENT

Siobhan A. Morse, MHSA, CRC, CAI, MAC
Foundations Recovery Network, Brentwood, Tennessee, USA

Samuel MacMaster, PhD
Baylor College of Medicine, Houston, Texas, USA

OBJECTIVES

While the current literature provides knowledge about out-of-treatment populations of young adult substance users, there is limited research on the outcomes of young adult participants in substance abuse treatment, particularly as it relates to individuals in private residential treatment. Therefore, this study seeks to describe possible differences between young adult participants (18-25 years of age) and older adult participants in residential substance abuse and mental health treatment. The current study addresses seven research questions. Specifically, are there differences between young adults and older baseline, 1 month and six month follow-up outcomes. Specifically, we examined the differences in addiction severity, substance use and abstinence rates, psychological symptoms (number of days of symptoms and symptom severity), and post-treatment service use.

METHODS

The study is based on a multi-site retrospective naturally occurring quasi-experimental design. Analyses measured differences between individuals 18 to 25 years of age at baseline with a comparison group of individuals older than 25 years of age at baseline (individuals who were age 26 to 78). Data were collected at three private, for-profit residential facilities in the USA that provide integrated substance abuse and mental health treatment services. Admission criteria are based on medical necessity determined by insurance or other third party payers and are inclusive of substance use history and use patterns, psychiatric symptoms, previous treatment experience, and take into account medical conditions, and the social and legal consequences of use. At admission, all patients are offered the opportunity to participate in an outcome follow-up study. Comparisons were made at baseline and follow-up measures taken at 30 days (one-month) and six-months post discharge. All participants received an intake assessment by a multidisciplinary team which served as the baseline data. Retention was measured through a review of discharge records, which are also included in the evaluation database. Participants completed interviews that included the Addiction Severity Index and the Treatment Service Review.

DAYS EXPERIENCING SUBSTANCE USE AND RATES OF PSYCHOLOGICAL SYMPTOMS

Substance Use	Young Adults			Older Adults		
	Baseline	1-Month	6-Month	Baseline	1-Month	6-Month
Alcohol *#	7.8**	1.3	2.8	14.1**	1.2	2.5
Alcohol to Intoxication *#	6.1**	0.6	1.5	10.1**	0.7	1.4
Any Drug *#	18.7**	1.1	3.2	11.0**	0.5	1.1
Cocaine	2.9**	0.1	0.1	2.6**	0.1	0.1
Cannabis *#	9.7**	0.3	0.7	2.8**	0.1	0.1
Heroin *#	5.4**	0.1	0.2	0.8**	0.1	0.1
Non-Medical Methadone	0.5**	0.0	0.1	0.8**	0.1	0.1
Other Opiates *#	7.4**	0.1	0.2	4.7**	0.1	0.2
Sedatives	4.3**	0.1	0.2	3.8**	0.1	0.1
Amphetamines	0.9**	0.1	0.1	1.1**	0.1	0.1
<i>Psychological Symptoms</i>						
Depression	.668**	.390	.326	.758**	.359	.345
Anxiety	.828**	.543	.484	.805**	.489	.436
Cognitive	.535**	.330	.308	.515**	.283	.245
Days Experiencing Symptoms	20.4**	11.8	9.6	21.8**	11.9	10.7

COMPARISONS OF MEAN ASI COMPOSITE SCORES

	Young Adults (18-25 y/o)			Older Adults (26-78 y/o)		
	Baseline	1-Month	6-Month	Baseline	1-Month	6-Month
Medical *#	.149**	.092	.094	.339**	.175	.194
Employment *	.459**	.515	.411	.394	.446	.384
Alcohol *#	.247**	.075	.094	.487**	.088	.104
Drug *#	.250**	.041	.052	.147**	.021	.022
Legal *#	.191**	.110	.010	.084**	.055	.034
Family	.321**	.115	.139	.313**	.151	.133
Psychiatric	.473**	.281	.249	.492**	.276	.253

*Statistically significant difference between groups based on parameter estimates table (repeated measures analysis)

**Statistically significant difference between baseline and six months based on bivariate analyses

#Change from baseline to follow-up significantly different based on Tests of Within-Subjects Contrasts (repeated measures analysis – contrast specified: simple contrast with baseline as the reference category using factor as the variable)

RESULTS

Addiction Severity: Comparisons between young adults and older adults at the six-month post discharge were measured using a series of repeated measures analyses utilizing parameter estimates table. Comparisons of the changes from baseline to follow-up between young adults and non-young adults participants were measured based on tests of within-subjects contrasts. All ASI composite score measures are statistically significant for changes between baseline and the six-month measures for both groups, with the exception of employment. Statistically significant differences existed between young adults and non-young adults participants on baseline measures of five composite scores. At six-months, statistically significant differences were found between three composite scores. **Substance Use:** All substance use measures are statistically significant for changes between baseline and both the one-month and six-month measures for both groups for 30-day measures of use. Young adults had higher rates of change for all three of the drug categories; and non-young adults had higher rates of change for both the alcohol measures. **Abstinence Rates:** Thirty-day and six month abstinence rates were determined for both groups at the six month time period. At six months post-treatment, older adults remained alcohol (75.2%) and drug free (91.5%) at higher rates for the prior thirty days. Six-month abstinence rates post treatment were slightly lower. The majority of young adults remained alcohol free (52.0%) and drug free (65.8%) following discharge, and these rates were slightly lower than for older adult participants. **Psychological Symptoms:** All psychological measures are statistically significant for changes between baseline and both the one-month and six-month measures for both groups. There were no differences between the two groups on any of these measures at one-month and six-month post-discharge measures. **Post-Treatment Service Use:** All participants self-reported service use within the last 30 days at both one and six-month time points. There were not any statistically significant differences in the use of emergency room services or overnight hospitalizations for medical, mental health or substance use related reasons at either time point. At one month, young adults reported more days of half-way house services (9.3 versus 3.2, $p < .000$), outpatient substance abuse treatment (5.2 versus 3.4 $p < .023$), and outpatient mental health services (5.0 versus 3.1 $p < .026$) than older adults. At six months, young adults reported more days of residential substance abuse treatment (3.9 versus 1.8, $p < .037$), halfway house services (2.7 versus 1.2, $p < .039$), and outpatient substance abuse treatment (12.5 versus 9.1 $p < .023$) than non-young adults participants. There were not any statistically significant differences in the rates of access to, or engagement with, 12-step recovery meetings.

CONCLUSIONS

The study demonstrated that a continuum of intensive residential abstinence-based substance abuse and mental health treatment services may be effective for the target population. It is important to note that the study population was drawn from private for-profit residential treatment centers. This is a population of individuals who generally do not typically enroll in substance abuse treatment research. Results presented here are important in providing insight into a less studied population as well as one that has historically been described as more resistant to treatment entry. All of the outcome measures indicated significant improvements for the individuals involved in the study, and with few exceptions there were limited differences between younger and older participants, particularly in the follow-up portions of the study. The results can be used to further develop and/or enhance services to other groups of similar individuals in other areas.

References

Full article with references available from Siobhan.Morse@frnmail.com