2011 Oregon Research Brief on Addiction Treatment Effectiveness

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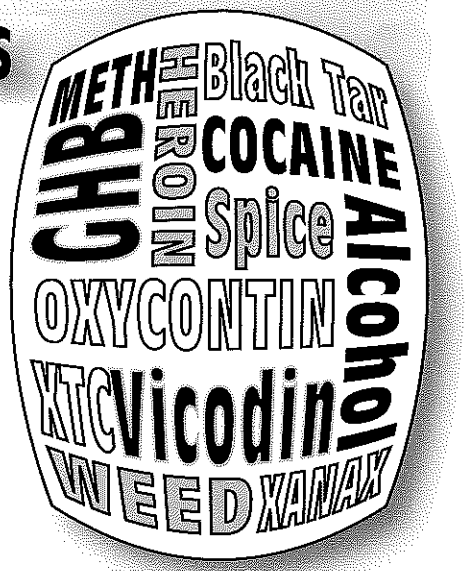
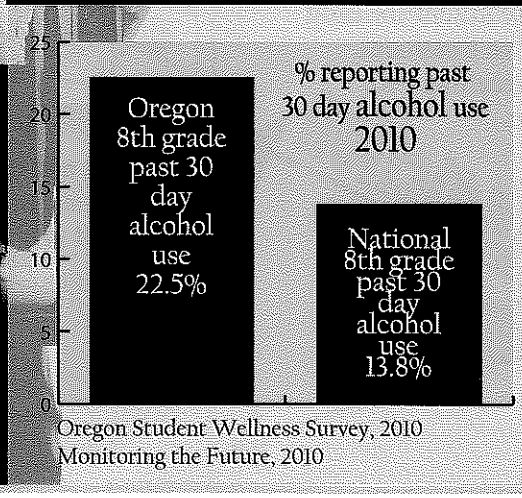
Substance abuse cost Oregonians $5.93 billion annually [1]



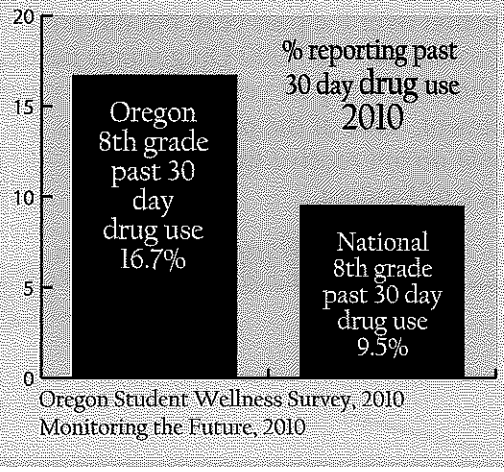
Oregon has a growing substance abuse problem:

- Oregon ranks #2 overall, in the U.S. for recent illegal drug use other than marijuana. [2]
- Oregon ranks #1 in the U.S. for past year use of nonmedical painkillers (like oxycontin and vicodin), among young adults 18-25 years old. [2]
- Oregon ranks #1 in the U.S. for recent illegal drug use other than marijuana, among adults 26 and older. [2]
- Oregon 8th graders drink and use illegal drugs nearly twice the national average. [3,4]

Oregon 8th Grade Alcohol & Drug use is nearly twice the National Average



Oregon Student Wellness Survey, 2010
Monitoring the Future, 2010

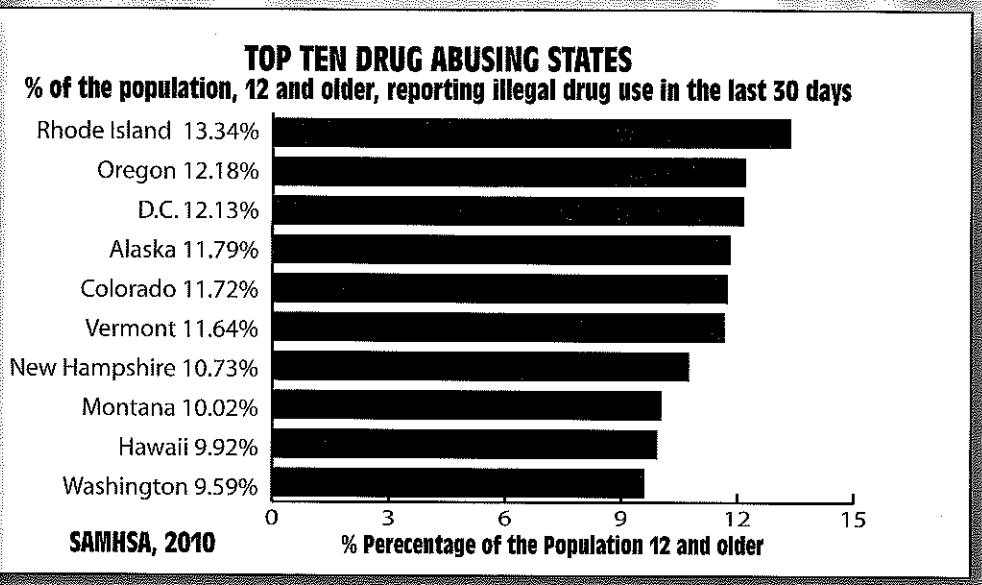


Oregon Student Wellness Survey, 2010
Monitoring the Future, 2010

1. *"The Economic Costs of Alcohol and Drug Abuse in Oregon 2006," ECONorthwest, Inc. for Workdrugfree, Oregon Nurses Foundation and Associated Oregon Industries.*
2. *Substance Abuse Mental Health Services Administration, 2010. State Estimates of Substance Use from the 2007-2008 National Surveys on Drug Use and Health (Office of Applied Studies, NSDUH Series H-37, HHS Publication No. SMA 10-4472).*
3. *Student Wellness Survey, 2010. (8th grade past 30 day alcohol use 22.5%, 8th grade past 30 day illicit drug use 16.7%)*
4. *Monitoring the Future, 2010. (8th grade past 30 day alcohol use 13.8%, 8th grade past 30 day illicit drug use 9.5%)*

Oregon Ranks #2

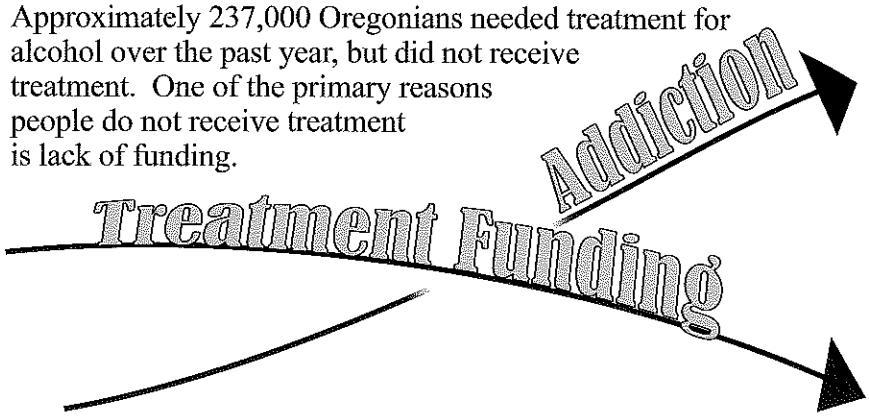
About 1 out of 8 Oregonians (12 and older) has used an illegal drug in the last 30 days.

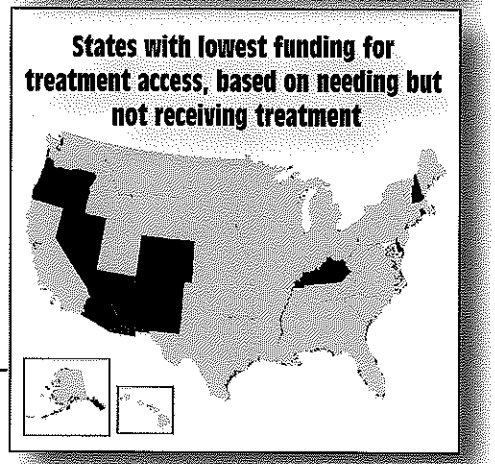


Addiction Treatment resources do not match the need

Oregon ranks 47th in the U.S. for funding substance abuse treatment access, based on the number of drug dependent Oregonians. - SAMHSA, 2010

According to the Federal Government's estimates released in June 2010. Approximately, 96,000 Oregonians needed treatment for drug addiction over the past year, but did not receive treatment. Approximately 237,000 Oregonians needed treatment for alcohol over the past year, but did not receive treatment. One of the primary reasons people do not receive treatment is lack of funding.

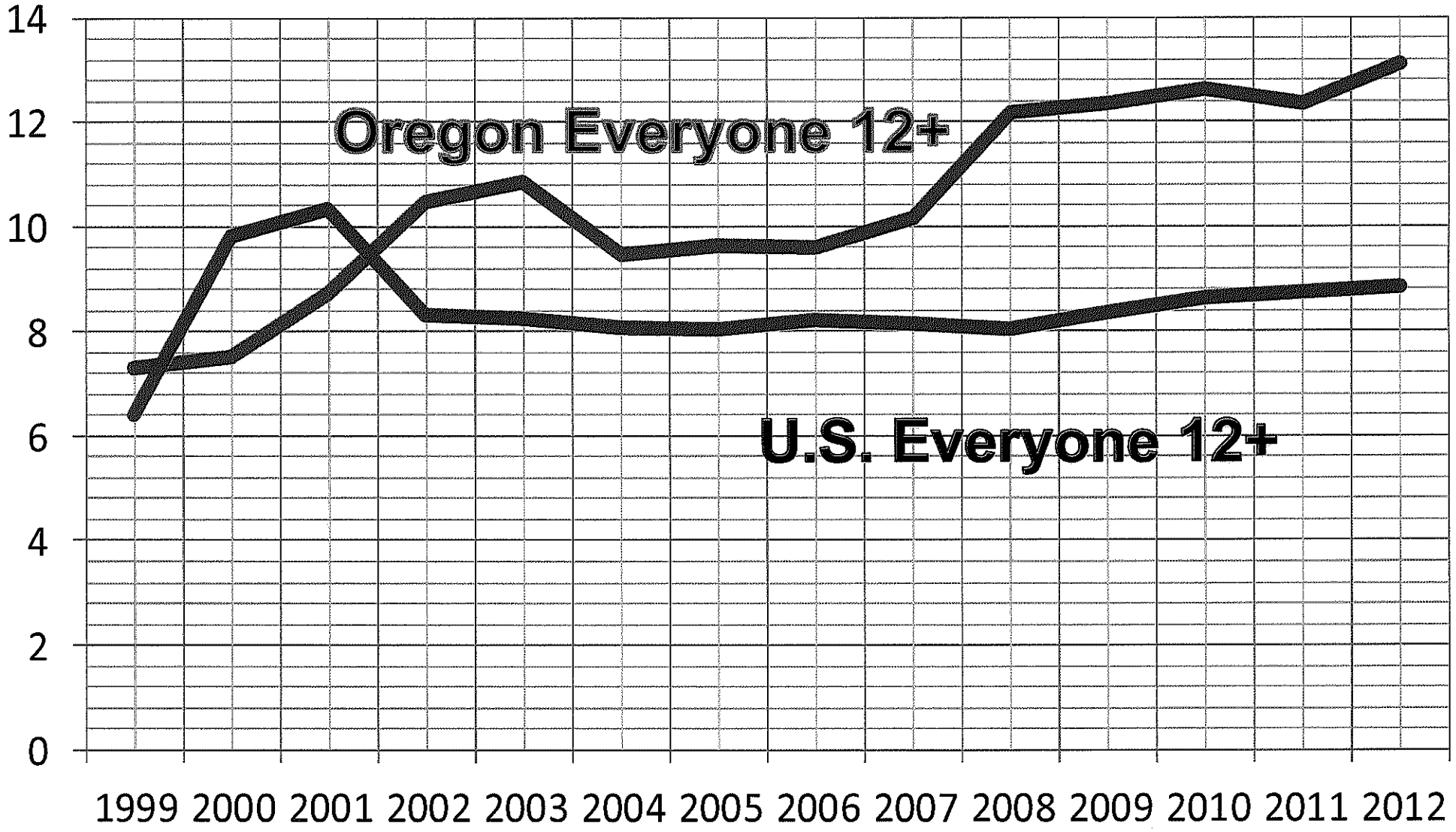




Substance Abuse Mental Health Services Administration, 2010 State Level Data Report (2007-2008 data survey n=144,000). For the purposes of statistical reporting the District of Columbia is included in the listing of U.S. states.

% of Oregonians and U.S. Residents 12 and older reporting recent illicit drug use (concatenated years)

NSDUH: Oregon 12+ Past Month Illicit Drug Use, 1999-2012
NSDUH: U.S. 12+ Past Month Illicit Drug Use, 1999-2012



SAMHSA
National Survey on Drug Use and Health
The NSDUH Report
January 8, 2013

State Estimates of Nonmedical Use of Prescription Pain Relievers

In Brief

- **Combined 2010 and 2011 data indicate that the rate of past year nonmedical use of prescription pain relievers among those aged 12 or older was 4.6 percent nationally and ranged from 3.6 percent in Iowa to 6.4 percent in Oregon**
- **Of the 10 States with the highest rates of past year nonmedical use of prescription pain relievers in 2010 and 2011, 7 were in the West region; of the 10 States with the lowest rates, 4 were in the Midwest region, and 4 were in the Southern region**
- **Comparisons of combined 2009 and 2010 data with combined 2010 and 2011 data showed that past year nonmedical use of prescription pain relievers among persons aged 12 or older decreased in 10 States (Kentucky, Louisiana, Massachusetts, Mississippi, New Hampshire, New York, Ohio, Oklahoma, Rhode Island, and West Virginia), and did not increase in any State**

Misuse of prescription drugs is second only to marijuana as the Nation's most prevalent illicit drug problem[1] and is a public health concern, with approximately 22 million persons initiating nonmedical pain reliever use since 2002.[2] Data on geographic variation in the nonmedical use of pain relievers (as well as other drugs) are important for developing targeted prevention and treatment programs. This issue of *The NSDUH Report* highlights State estimates of the nonmedical use (i.e., misuse) of prescription pain relievers.

The National Survey on Drug Use and Health (NSDUH) asks persons aged 12 or older questions related to their nonmedical use of prescription pain relievers during the past year. Nonmedical use of prescription pain relievers is defined as use of these drugs without a prescription or use that occurred simply for the experience or feeling the drug caused; over-the-counter (OTC) use and legitimate use of prescription pain relievers are not included.[3] Estimates of past year nonmedical use of pain relievers among persons aged 12 or older in each of the 50 States and the District of Columbia are included in this issue of *The NSDUH Report*. Model-based State estimates using the combined 2010 and 2011 NSDUHs are presented.[4] This small area estimation methodology provides more precise estimates at the State level than standard direct estimation methods.

The results for pain relievers were extracted from a set of tables covering a variety of measures of substance use and mental disorders.[5] Estimates are displayed in two tables. The first table shows estimates for persons aged 12 or older and lists States in rank order from highest to lowest and divided into quintiles (fifths).[6] In the second table, estimates for three age groups are included along with estimates for persons aged 12 or older; States are listed alphabetically for easy reference.

State Estimates of Nonmedical Use of Prescription Pain Relievers

Combined 2010 and 2011 (hereafter "2010-2011") data indicate that about 1 in 22 (4.6 percent) persons aged 12 or older nationwide reported having used pain relievers nonmedically in the past year, which was lower than the rate using combined 2009 and 2010 (hereafter "2009-2010") data (4.9 percent). The 2010-2011 rates of nonmedical pain reliever use ranged from 3.6 percent in Iowa to 6.4 percent in Oregon (Table 1). Arkansas, Colorado, Oregon, and Washington were ranked in the top fifth of States for this measure in age groups 12 to 17, 18 to 25, and 26 or older, as well as for the total population aged 12 or older. Georgia was ranked in the lowest fifth in each of these age groups (Table 2).

Table 1. Nonmedical Use of Prescription Pain Relievers in the Past Year among Persons Aged 12 or Older, by Quintile and State: 2010-2011

Quintile and State	Percent	95% Confidence Interval
States with Rates between 5.33 and 6.37		
Oregon	6.37%	5.25-7.71
Colorado	6.00%	4.96-7.24
Washington	5.75%	4.76-6.92
Idaho	5.73%	4.74-6.91
Indiana	5.68%	4.68-6.89
Arizona	5.66%	4.60-6.94
Nevada	5.62%	4.57-6.89
Delaware	5.61%	4.61-6.82
Arkansas	5.55%	4.60-6.68
New Mexico	5.45%	4.47-6.64
States with Rates between 4.80 and 5.32		
Alaska	5.32%	4.41-6.42
Oklahoma	5.19%	4.26-6.30
Rhode Island	5.18%	4.26-6.27
Vermont	5.13%	4.24-6.19
Michigan	5.11%	4.57-5.72
Ohio	5.00%	4.49-5.56
Tennessee	5.00%	4.14-6.02
Louisiana	4.87%	4.09-5.80
Montana	4.84%	4.02-5.80
Missouri	4.83%	4.03-5.78
States with Rates between 4.46 and 4.79		
West Virginia	4.79%	3.97-5.75
California	4.68%	4.13-5.30
District of Columbia	4.68%	3.79-5.76
Wyoming	4.68%	3.85-5.68
South Carolina	4.62%	3.81-5.59
Virginia	4.60%	3.79-5.58
Minnesota	4.57%	3.79-5.49
New Hampshire	4.57%	3.77-5.53
Kansas	4.56%	3.77-5.50
Wisconsin	4.51%	3.68-5.52
Kentucky	4.48%	3.70-5.41
States with Rates between 4.08 and 4.45		
Mississippi	4.45%	3.67-5.39
Alabama	4.43%	3.64-5.39
Connecticut	4.38%	3.52-5.45
Texas	4.33%	3.84-4.89
Utah	4.33%	3.55-5.27
Massachusetts	4.27%	3.51-5.19
Pennsylvania	4.20%	3.72-4.74
Nebraska	4.18%	3.42-5.10
Maine	4.15%	3.37-5.11
New Jersey	4.14%	3.39-5.06
States with Rates between 3.62 and 4.07		
Illinois	4.07%	3.58-4.62
Florida	4.05%	3.57-4.59
North Carolina	4.00%	3.23-4.93
New York	3.98%	3.48-4.56
Hawaii	3.90%	3.09-4.90
Maryland	3.89%	3.14-4.81
North Dakota	3.84%	3.11-4.73
Georgia	3.79%	3.10-4.64
South Dakota	3.69%	2.92-4.65

Iowa	3.62%	2.92-4.49

NOTE: Estimates are shown in rank order so that the distribution and range of estimates can be more easily seen both within and across quintiles. Caution is advised against making statements such as "Oregon's rate is higher than Colorado's rate" or other similar statements as the difference between the rates may not be statistically significant. No significance tests were conducted between any two States.
Source: SAMHSA, Center for Behavioral Health Statistics and Quality, National Survey on Drug Use and Health, 2010 (Revised March 2012) and 2011.

Table 2. Nonmedical Use of Prescription Pain Relievers in the Past Year among Persons Aged 12 or Older, by Age Group and State: 2009-2010 and 2010-2011

	12 or Older		12 to 17		18 to 25		26 or Older	
State	2009-2010	2010-2011	2009-2010	2010-2011	2009-2010	2010-2011	2009-2010	2010-2011
Total United States	**4.89[a]**	**4.57**	**6.43[a]**	**6.09**	**11.54[a]**	**10.43**	**3.53**	**3.37**
Alabama	4.62	4.43	7.29	6.56	11.08	10.09	3.18	3.18
Alaska	5.41	5.32	6.71	6.89	11.36	10.69	4.05	4.06
Arizona	6.31[b]	5.66	7.58	8.04	12.68	11.49	5.07	4.36
Arkansas	5.51	5.55	7.48	7.81	12.39	12.89	4.13	4.02
California	4.95	4.68	6.61	6.06	9.68	9.35	3.82	3.62
Colorado	6.23	6.00	7.23	7.40	13.51	14.01	4.86	4.44
Connecticut	4.12	4.38	5.00	4.70	11.08	10.73	2.88	3.32
Delaware	5.56	5.61	6.19	5.95	13.70	14.26	4.14	4.13
District of Columbia	4.29	4.68	4.67	4.23	8.23	8.35	3.39	3.88
Florida	4.37	4.05	6.00	5.50	9.76[a]	8.59	3.38	3.21
Georgia	4.27[b]	3.79	6.04	5.37	10.47[b]	8.76	2.95	2.70
Hawaii	4.22	3.90	5.35	5.69	9.25	8.19	3.30	3.04
Idaho	6.09	5.73	7.52	7.15	13.20	11.98	4.59	4.37
Illinois	3.94	4.07	5.47	5.16	10.04	10.19	2.64	2.86
Indiana	5.73	5.68	7.57	6.97	14.75	14.41	3.93	3.97
Iowa	3.69	3.62	6.41	5.81	9.10	9.12	2.39	2.37
Kansas	4.71	4.56	6.81	6.23	11.15	10.25	3.20	3.26
Kentucky	5.36[a]	4.48	7.54	6.67	13.67[a]	10.82	3.78[b]	3.17
Louisiana	5.67[a]	4.87	6.39	6.46	13.93[a]	11.60	4.00	3.40
Maine	4.51	4.15	6.01	5.72	13.81[a]	11.29	3.03	2.96
Maryland	4.23	3.89	5.80[a]	4.63	10.17	9.13	3.03	2.93
Massachusetts	5.07[a]	4.27	5.61	4.94	13.12[a]	10.65	3.58	3.07
Michigan	5.53[b]	5.11	6.40	6.35	13.41[a]	11.74	4.06	3.81
Minnesota	4.09	4.57	5.73	6.20	10.79	11.34	2.74	3.23
Mississippi	5.10[a]	4.45	8.52[a]	6.86	11.06	9.59	3.51	3.16
Missouri	5.13	4.83	6.77	6.77	13.22	11.74	3.57	3.41
Montana	5.07	4.84	7.09	7.62	12.31[b]	10.68	3.58	3.51
Nebraska	3.91	4.18	5.61	5.11	9.38	9.24	2.64	3.12
Nevada	5.96	5.62	7.74	7.79	13.22	11.94	4.62	4.34
New Hampshire	5.38[a]	4.57	6.20	6.11	14.90[a]	12.31	3.78	3.16
New Jersey	4.15	4.14	4.95	5.14	11.97	11.00	2.85	2.98
New Mexico	5.78	5.45	8.29	8.60	11.17	11.22	4.47	4.02
New York	4.45[a]	3.98	5.26	4.70	11.55[a]	8.90	3.09	3.04
North Carolina	4.54[b]	4.00	6.89	6.28	10.58[b]	8.96	3.25	2.89
North Dakota	4.11	3.84	6.66[b]	5.54	9.05	7.84	2.66	2.74
Ohio	5.48[a]	5.00	7.62	7.12	13.59[a]	11.84	3.89	3.61
Oklahoma	7.01[a]	5.19	7.94	7.04	15.65[a]	11.11	5.30[a]	3.86
Oregon	6.68	6.37	7.86	7.36	14.71	15.00	5.26	4.86
Pennsylvania	4.40	4.20	5.75	6.00	11.55	10.80	3.07	2.90
Rhode Island	5.93[a]	5.18	6.29	5.33	14.64[a]	12.30	4.24	3.80
South Carolina	5.06	4.62	6.06	5.94	12.30[b]	10.67	3.74	3.44

South Dakota	3.64	3.69	6.08	5.55	8.48	7.78	2.45	2.72
Tennessee	4.44b	5.00	6.19	6.94	11.90	13.07	3.05	3.46
Texas	4.62	4.33	6.10	6.03	10.60a	9.21	3.26	3.16
Utah	4.92b	4.33	6.57	5.62	10.31a	8.23	3.31	3.18
Vermont	4.85	5.13	6.00	6.47	13.34	13.00	3.26	3.59
Virginia	5.13b	4.60	6.97	5.95	12.48	11.39	3.62	3.25
Washington	6.20	5.75	7.48	7.44	14.44	13.40	4.70	4.28
West Virginia	5.61a	4.79	7.25	7.21	14.39a	12.35	4.11b	3.38
Wisconsin	4.56	4.51	7.12	6.09	11.64	10.55	3.01	3.27
Wyoming	4.56	4.68	7.05	6.60	10.61	9.89	3.15	3.51

a Difference between the 2009-2010 estimate and the 2010-2011 estimate is statistically significant at the .05 level.
b Difference between the 2009-2010 estimate and the 2010-2011 estimate is statistically significant at the .10 level.
Source: SAMHSA, Center for Behavioral Health Statistics and Quality, National Survey on Drug Use and Health, 2009, 2010 (Revised March 2012), and 2011.

Of the 10 States with the highest rates of past year nonmedical pain reliever use within the total population aged 12 or older, 7 were in the West region (Arizona, Colorado, Idaho, Nevada, New Mexico, Oregon, and Washington), 2 were in the South (Arkansas and Delaware), and 1 was in the Midwest (Indiana).[7] Of the States with the lowest rates of past year nonmedical pain reliever, 4 were in the Midwest region (Illinois, Iowa, North Dakota, and South Dakota), 1 was in the Northeast (New York), 4 were in the South (Florida, Georgia, Maryland, and North Carolina), and 1 was in the West (Hawaii).

Changes over Time

The national rate for the total population declined between 2009-2010 and 2010-2011 (from 4.9 to 4.6 percent).[8] This rate also decreased nationally among persons aged 12 to 17 (from 6.4 to 6.1 percent), and among those 18 to 25 (from 11.5 to 10.4 percent); however, the rate remained unchanged for persons aged 26 or older. Between 2009-2010 and 2010-2011, past year nonmedical use of pain relievers among persons aged 12 or older decreased in Kentucky, Louisiana, Massachusetts, Mississippi, New Hampshire, New York, Ohio, Oklahoma, Rhode Island, and West Virginia. Among 12 to 17 year olds, Maryland's and Mississippi's rates decreased between these time periods (from 5.8 to 4.6 percent and from 8.5 to 6.9 percent, respectively). Among persons aged 18 to 25, the rates of past year nonmedical use of pain relievers declined in 14 States (Florida, Kentucky, Louisiana, Maine, Massachusetts, Michigan, New Hampshire, New York, Ohio, Oklahoma, Rhode Island, Texas, Utah, and West Virginia). Among persons aged 26 or older, Oklahoma's rate decreased from 5.3 to 3.9 percent. There were no other changes at the State level in any of the age groups.

Availability of Additional Tables and Information

Complete 2010-2011 NSDUH State results will be available online at http://www.samhsa.gov/data/NSDUH/2k11State/NSDUHsae2011/Index.aspx. In addition to nonmedical use of pain relievers included in this short report, estimates for 24 other measures of substance use and mental health problems will be available, including use of illicit drugs, alcohol, and tobacco; substance dependence or abuse; serious mental illness; depression; and suicidal thoughts. National maps for all 25 measures and detailed tables including percentages for each State, census region, and the Nation by age will also be provided. In 2013, additional detailed tables for the 25 measures will be released, including comparisons of the 2009-2010 and the 2002-2003 State estimates to the 2010-2011 estimates by age for each State, census region, and the Nation.

Discussion

Nonmedical use of prescription pain relievers is a health concern for the citizens of every State and the District of Columbia. Data in this issue of *The NSDUH Report* highlight that use of these substances varies between States. These findings suggest that efforts to reduce the nonmedical use of pain relievers have resulted in some progress, although this progress has not been uniform across all States. Highlighting the prevalence of the nonmedical use of pain relievers in each State, as well as monitoring changes, will help State and Federal policymakers to refine and focus substance abuse prevention and treatment strategies designed to reduce the burden of pain reliever misuse on the Nation's health and health care system.

End Notes

[1] National Drug Intelligence Center. (2011, August). *National drug threat assessment 2011* (Product No. 2011-Q0317-001). Johnstown, PA: Author. Retrieved from http://www.justice.gov/archive/ndic/

[2] Center for Behavioral Health Statistics and Quality. (2012). *Results from the 2011 National Survey on Drug Use and Health: Summary of national findings* (NSDUH Series H-44, HHS Publication No. SMA 12-4713). Rockville, MD: Substance Abuse and Mental Health Services Administration. The approximate number of persons (22 million) initiating nonmedical pain reliever use since 2002 can be determined directly from the Table 7.36A in the detailed tables supporting the 2011 summary of national findings (http://www.samhsa.gov/data/NSDUH/2011SummNatFindDetTables/NSDUHDetTabsPDFWHTML2011/2k11DetailedTabs/Web/HTML/NSDUHDetTabsSect7peTabs1to45-2011.htm#Tab7.36A).

[3] Respondents were shown a "pill card" displaying the names and color photographs of specific pain relievers and asked to indicate which, if any, they had ever used without a doctor's prescription or simply for the feeling of experience the drug caused. The following drugs were listed on the pain relievers pill card: (1) Darvocet-N®, Darvon®, or Tylenol® with codeine; (2) Percocet®, Percodan®, or Tylox®; and (3) Vicodin®, Lortab®, or Lorcet®/Lorcet Plus®. Additional drugs were (4) codeine; (5) Demerol®; (6) Dilaudid®; (7) Fioricet®; (8) Fiorinal®; (9) hydrocodone; (10) methadone; (11) morphine; (12) OxyContin®; (13) Phenaphen® with codeine; (14) propoxyphene; (15) SK-65®; (16) Stadol® (no picture); (17) Talacen®; (18) Talwin®; (19) Talwin® NX; (20) tramadol; and (21) Ultram®. The "pill card" used is at http://www.samhsa.gov/data/2k12/NSDUH2009MRBVolume%20II/2k9Pillcards.pdf. Respondents also were asked about their nonmedical use of any other pain relievers not included in this list and were asked to specify the names of the drugs that they used nonmedically.

[4] All estimates in this report are based on a small area estimation (SAE) methodology in which State-level NSDUH data are combined with local-area county and census block group/tract-level data

from the State. This model-based methodology provides more precise estimates of substance use and mental disorders at the State level than those based solely on the sample, particularly for smaller States. The precision of the SAE estimates, particularly for States with smaller sample sizes, can be improved significantly by combining data across 2 years (i.e., 2010 to 2011).

[5] The data for this report along with other measures of substance use and mental disorders will be available at http://www.samhsa.gov/data/NSDUH/2k11State/NSDUHsae2011/index.aspx. Additional tables, including those comparing 2009-2010 with 2010-2011 estimates, will be posted to this Web page in early 2013.

[6] Estimates were divided into quintiles for ease of presentation and discussion, but differences between States and quintiles were not tested for statistical significance. In some instances, more than 10 or fewer than 10 States were assigned to each quintile because of ties in the estimated prevalence rates.

[7] The West has 13 States: AK, AZ, CA, CO, HI, ID, MT, NM, NV, OR, UT, WA, and WY. The South has 16 States plus the District of Columbia: AL, AR, DE, FL, GA, KY, LA, MD, MS, NC, OK, SC, TN, TX, VA, and WV. The Northeast has 9 States: CT, MA, ME, NH, NJ, NY, PA, RI, and VT. The Midwest has 12 States: IA, IL, IN, KS, MI, MN, MO, ND, NE, OH, SD, and WI.

[8] All changes discussed in this report are statistically significant at the .05 level. Table 2 also show changes that are statistically significant at the .10 level (defined here as a level greater than .05 but less than or equal to .10) to highlight other possible changes that may be of interest despite not quite reaching statistical significance.

Suggested Citation

Substance Abuse and Mental Health Services Administration, Center for Behavioral Health Statistics and Quality. (January 8, 2013). *The NSDUH Report: State Estimates of Nonmedical Use of Prescription Pain Relievers*. Rockville, MD.

The National Survey on Drug Use and Health (NSDUH) is an annual survey sponsored by the Substance Abuse and Mental Health Services Administration (SAMHSA). The survey collects data by administering questionnaires to a representative sample of the population through face-to-face interviews at their place of residence.

The NSDUH Report is prepared by the Center for Behavioral Health Statistics and Quality (CBHSQ), SAMHSA, and by RTI International in Research Triangle Park, North Carolina. (RTI International is a trade name of Research Triangle Institute.)

Information on the most recent NSDUH is available in the following publication:

Center for Behavioral Health Statistics and Quality. (2012). *Results from the 2011 National Survey on Drug Use and Health: Summary of national findings* (HHS Publication No. SMA 12-4713, NSDUH Series H-44). Rockville, MD: Substance Abuse and Mental Health Services Administration.

Also available online: http://www.samhsa.gov/data/NSDUH.aspx.

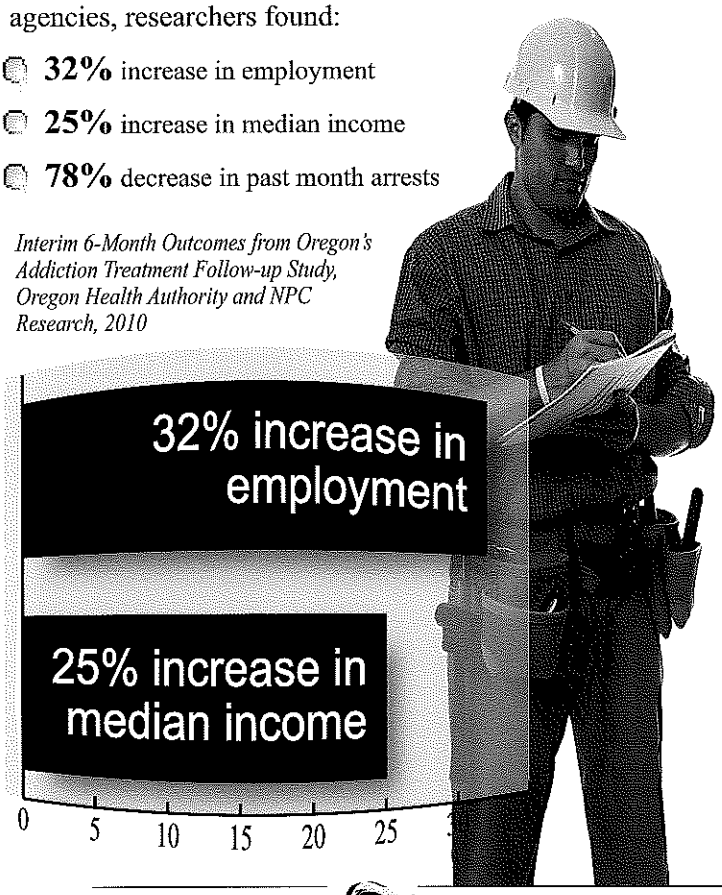
This page was last updated on October 1, 2012.

The Latest 2010 Oregon Addiction Treatment Research
AMH/NPC Research Oregon Multi-site Study

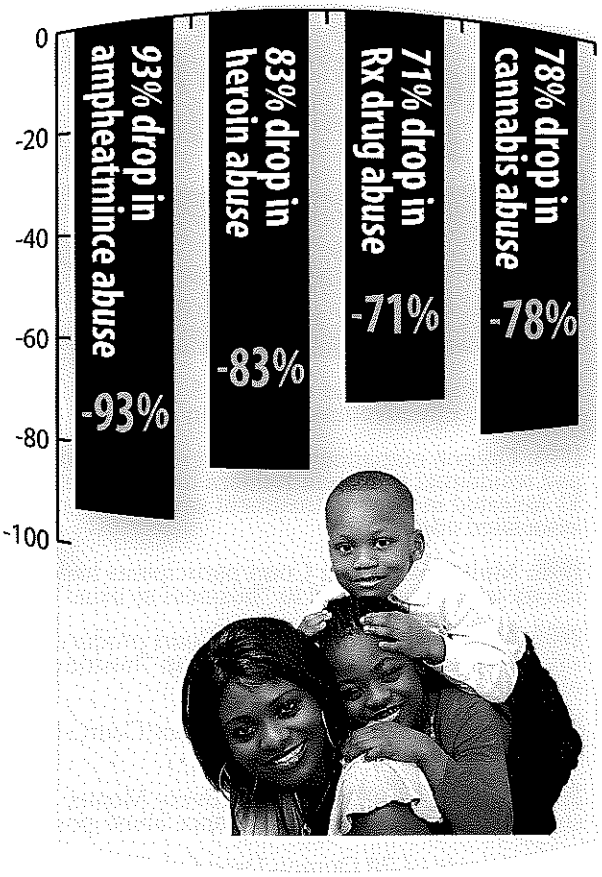
2010 Research from Oregon's Addictions and Mental Health Division and NPC Research reveals remarkable gains for Oregon addiction treatment clients. In a study of 606 clients selected from 15 different Oregon addiction treatment agencies, researchers found:

- **32%** increase in employment
- **25%** increase in median income
- **78%** decrease in past month arrests

Interim 6-Month Outcomes from Oregon's Addiction Treatment Follow-up Study, Oregon Health Authority and NPC Research, 2010



Significant Drop in Substance Abuse at 6 month follow-up Post-admission

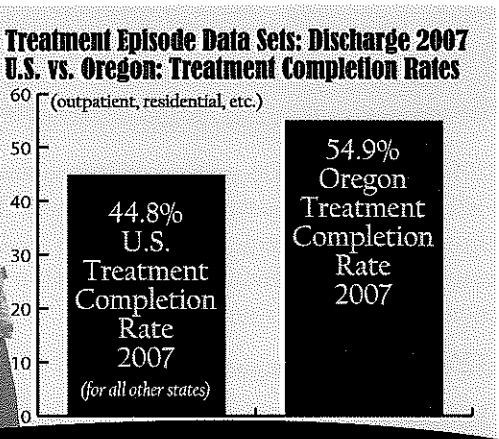


Oregon's Addiction Treatment System is Superior to most other states!

Unfortunately, it isn't available to most Oregonians who need it.

Oregon's "Treatment Completion" rate is much higher than the national average.[1] Treatment completion is highly correlated with later success:

abstinence
employment
less recidivism
reunification



15 Years of Independent Research reveals the effectiveness of Oregon Addiction Treatment

Dozens of studies over the past 15 years have repeatedly shown the effectiveness of Oregon Addiction Treatment:

1996: Oregon outpatient treatment reduces recidivism 45% and residential treatment reduces incarceration 70%. Every $1 invested in Oregon treatment saved the state $5.60 in associated costs.[2]

1998: Multnomah Drug Court participants had 80% fewer felony arrests compared to "business as usual" offenders.[3]

2003: Multnomah County Drug Court produced an immediate savings, and cost $1,441.52 less than "business as usual" offenders.[4]

2005: Benton County Drug Treatment Court showed an 86.81% reduction in recidivism.[5]

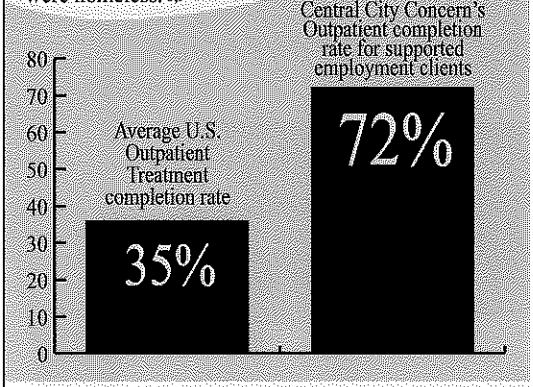
2008: Central City Concern Recovery Mentor program showed 95% reduction in substance abuse post-treatment.[6]

2010: A study of 24 Oregon Drug Courts, 5,655 participants, showed a return of $2.41 for each $1 invested in Drug Court vs. "business as usual."[7] Other drug court findings included:

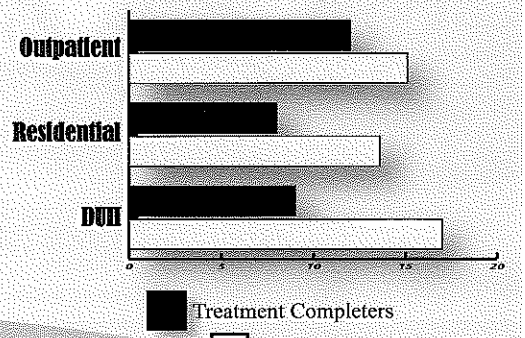
- Marion County FATC showed a 1:3.3 cost-benefit ratio after two years. For every $1 invested taxpayers saved $3.30 in associated criminal justice and child welfare costs. Jackson County family drug court showed a 1:1.06 cost-benefit ratio. Much of the savings in Marion and Jackson County Drug Courts were through reduced foster care days.

2010 - Portland State University's study of Central City Concern

The Treatment Completion rate for supported employment treatment participants was 72%. Thirty four percent had been arrested in prior 5 years, and all participants were homeless.[8,9]



Percent Reduction in Arrests 5 Years Post-Treatment in Oregon



Only 9% of Oregon DUII treatment completers are re-arrested in the 5 years following Oregon DUII Treatment!

1. *SAMHSA, Treatment Episode Data Sets, 2007 Discharges, Oregon and U.S. Treatment Completion Discharges*
2. *NPC Research, Societal Outcomes and Cost Savings of Drug and Alcohol Treatment in the State of Oregon, 1996*
3. *NPC Research, An Outcome Evaluation of the Multnomah County STOP Drug Court Diversion Program, 1998*
4. *NPC Research, A Cost-Benefit Evaluation of Multnomah County Drug Court, 2003*
5. *Oregon Judicial Department, Benton County Drug Treatment Court Outcome Evaluation, 2005*
6. *Regional Research Institute for Human Services, Portland State University, Criminal Activity and Substance Abuse Study, 2008*
7. *Oregon Drug Court Cost Study: Statewide Costs and Promising Practices, NPC Research, 2010*
8. *The TEDS Report, U.S. Outpatient Treatment Completion Rate, April, 2009*
9. *Regional Research Institute for Human Services, Portland State University, Employment Outcomes 2007-2009, 2010*
10. *A Brief Summary of Performance Indicators for the Substance Abuse Treatment System, compiled by Program Analysis and Evaluation Unit Addictions and Mental Health Division*

View all of these studies and more at OregonTreatmentWorks.org