2017 Research Brief on Oregon Addiction Services Effectiveness

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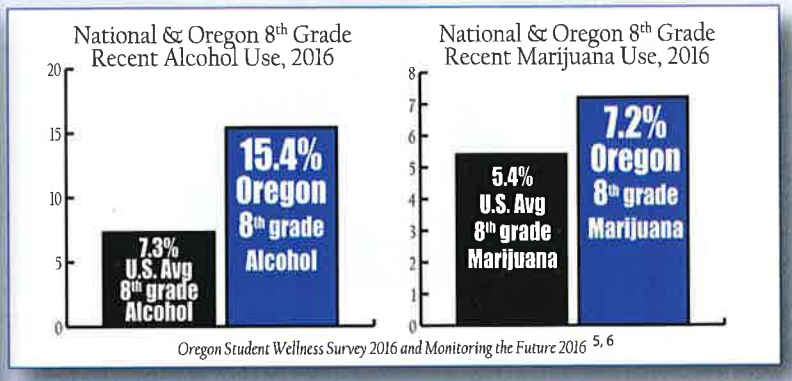
FACING ADDICTION IN AMERICA
The Surgeon General's Report on Alcohol, Drugs, and Health

New Surgeon General's Report, reveals
Substance Abuse cost the U.S. $442 Billion Annually[1]
Substance Abuse cost Oregonians at least $5.9 Billion Annually[2]

Key Substance Abuse Measure NSDUH, Sept. 2015 & Johns Hopkins, 2015 [3,4]	Oregon's Ranking
Recent Illegal drug use in everyone 12 and older	6th in the U.S.
Past Year use of non-medical pain relievers in everyone 12 and older	4th in the U.S.
Teen Substance Abuse Ranking Among States	
Teen Drug Dependence in the past year	5th in the U.S.
Teen Cocaine Use in the past year	4th in the U.S.
Recent Teen Binge Drinking	4th in the U.S.
Recent Teen Marijuana Use	5th in the U.S.
Teen Past Year abuse of pain relievers	7th in the U.S.
Oregon has one of the lowest High School graduation rates in the U.S.[4]	One of the lowest in America



Oregon Student Wellness Survey 2016 and Monitoring the Future 2016 [5,6]

1. *Facing Addiction in America, Surgeon General's Report on Alcohol, Drugs & Health, 2016*
2. *"The Economic Cost of Alcohol & Drug Abuse in Oregon, 2006" ECONorthwest, Inc.*
3. *SAMHSA, National Survey on Drug Use and Health, (2013-2014), Sept. 2015*
4. *Johns Hopkins, 2015 Building A Grad Nation*
5. *Monitoring the Future, 2016*
6. *Oregon Student Wellness Survey, 2015-16*

2017 Research Brief on Addiction Services Effectiveness

Substance abuse services comprise 1.3% of the health care dollar, yet some estimates reveal that addiction causes upwards of 25% of all health care costs

(lung cancer, emphysema, AIDS, pediatric AIDS, Hepatitis-C, endocarditis, emergency room costs, intoxicated accidents & injury, cardiac arrest, overdose, G.I. tract ulcerations, renal failure, liver cirrhosis, ascites, pancreatitis, tobacco related heart disease, ARND, etc.)

"According to the Surgeon General we spend nearly half a trillion dollars annually trying to fix the problems caused by addiction, but only spend a tiny fraction of that to treat the actual disorder."
- Tony Vezina
Director, 4D
Peer Services

U.S. All Health Care Cost: 2009, including ACA spending		
Hospital Care	$777 billion	42.9%
Physician and Clinical Services	$503 billion	27.8%
Prescription Drugs	$255 billion	14.1%
Mental Health Services	$146 billion	8.0%
Dental Services	$102.5 billion	5.6%
Substance Abuse Services	$24 billion	1.3%

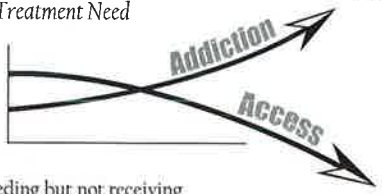
Substance Abuse and Mental Health Services Administration. Projections of National Expenditures for Treatment of Mental and Substance Use Disorders, 2010-2020. HHS Publication No. SMA-14-4883. Rockville, MD: Substance Abuse and Mental Health Services Administration, (2014).

Limited Treatment access equals higher rates of Addiction

Oregon: Bottom of the Barrel

Treatment Received based on Treatment Need

48th in the U.S.



Young people needing addiction Treatment Services

Treatment Capacity, Access, Referral and Funding

Oregon #48th in the U.S. for needing but not receiving treatment for drugs, ages 12-17, and Oregon #49th in the U.S. for needing but not receiving treatment for alcohol, ages 12-17
SAMHSA, National Survey on Drug Use and Health, 2013-2014, Sept. (2015).

"Oregon ranks 5th in the U.S. for teen drug dependence, yet we rank 48th in the U.S. for teen treatment access. We have 144 community adolescent treatment beds to serve nearly half a million teenagers in Oregon. That isn't nearly enough!"

Erica Fuller-Hewitt, Executive Director Rimrock Trails Adolescent Treatment Services

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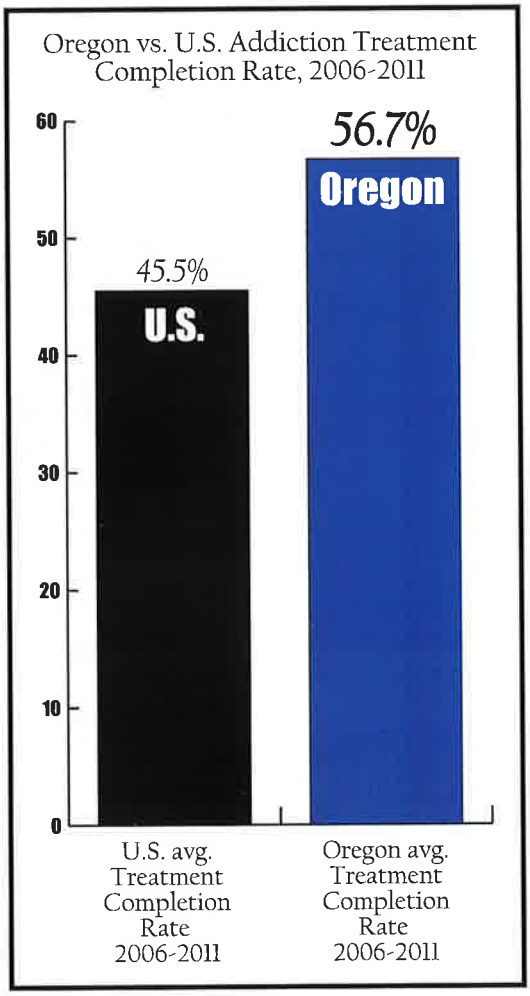
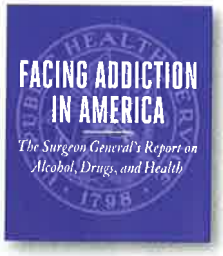
Oregon's 3,600 CADC's perform significantly better than the National Average



Clients who connect with skilled competent CADC's stay engaged in the treatment process and will complete treatment. Clients who are disengaged from treatment staff tend to drop-out and fail to complete treatment services. A six year analysis of addiction treatment discharges, reporting on 9,826,659 individuals who went through addiction treatment in the United States, reveals that the average Treatment Completion Rate from 2006-2011 in the U.S. was 45.5%, compared to Oregon's six year average of 56.7%. Research reveals that clients who complete treatment are far more likely to stay clean and sober, become employed, become reunited with their children in foster care, have lower emergency department visits, and have significantly lower rates of criminal recidivism.

Interuniversity Consortium for Political and Social Research, University of Michigan, Treatment Episode Data Sets 2006-2011 concatenated years, Substance Abuse and Mental Health Services Administration, National Addiction & Data Archive Program, U.S. Averages & Oregon Averages, 2006-2011.

The new Surgeon General's Report reveals, when you combine societal savings of both health care and criminal justice costs, *for every dollar invested in addiction treatment we save $4 in health care costs and $7 in associated criminal justice costs!*



Decades of Cost-benefit Research

Cost-benefit Analyses	Societal costs savings for every $1 dollar invested in treatment (recidivism, child welfare, less entitlements due to greater employment, reduced healthcare cost including E.R. visits, etc.)	
1993	1993 UCLA CALDATA Study of 2,000 addiction treatment clients, reveals a cost-benefit ratio of every $1 invested in treatment saved $7 in associated costs, primarily by reducing crime and increasing employment (reducing entitlements).	$1 invested ▼ $7.00 saved
1996	1996, OADAP Study of Oregon addiction treatment clients showed a cost-benefit savings of $5.60 for every $1 invested in addiction treatment.	$1 invested ▼ $5.60 saved
2002	2002 Southern Methodist University, Texas Drug Court Study, showed, over a period of 40 months, every $1 invested in drug court treatment saved $9.43 in associated costs.	$1 invested ▼ $9.43 saved
2003	2003 Lousiana Cost-benefit Ratio Study, analyzed research studies from all over the U.S. to determine that for every $1 invested in treatment, they would save $3.83 in associated costs.	$1 invested ▼ $3.83 saved
2005	2005 University of Utah, Drug Court Study, showed a cost-benefit of $4.29 for every $1 invested in drug court treatment.	$1 invested ▼ $4.29 saved
2005	2005 Mountain Plains Research, South Dakota Study, of more than 1,000 addiction treatment clients showed a cost-benefit savings of $8.43 for every $1 invested in addiction treatment.	$1 invested ▼ $8.43 saved
2007	2007 UCLA CALDATA Replication Study, showed a cost-benefit ratio of every $1 invested in treatment saved more than $7 in associated costs.	$1 invested ▼ $7.00 saved
2008	2008 University of Kentucky, KTOS, showed that $4.98 was saved for every $1 invested in addiction treatment.	$1 invested ▼ $4.98 saved

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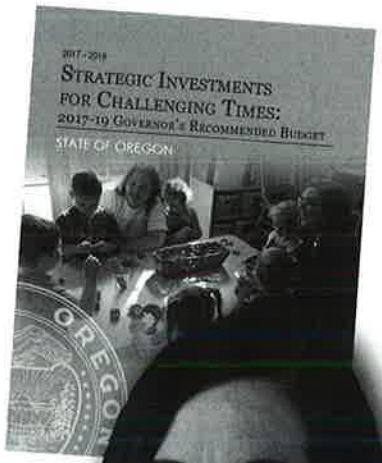
Over 50 years of Research 1965-2016
reveals the effectiveness of Addiction Treatment Services

A meta-analysis of 78 outcome studies dating back to 1965, evaluated the outcomes of clients who received addiction treatment with the outcomes of clients who did not receive treatment. Researchers concluded, **"drug abuse treatment has both a statistically significant and a clinically meaningful effect in reducing drug use and crime."**

The effectiveness of drug abuse treatment: a meta-analysis of comparison group studies. Michael L. Prendergast, Deborah Podus, Eunice Chang, Darren Urada, Drug and Alcohol Dependence Volume 67, Issue 1, 1 June 2002, Pages 53–72

"The Governor's Budget reflects a proposed policy change that would reduce simple possession of controlled substance crime from felonies to misdemeanors, reflecting the Governor's values both to reduce disparity in the justice system and to ***focus on treating addictions*** *more appropriately as a public health, not a public safety issue."*

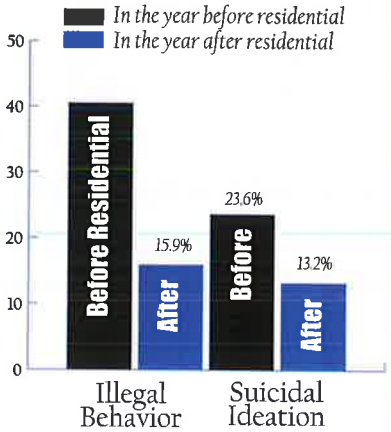
Strategic Investments for Challenging Times: 2017-19 Governor's Recommended Budget, p. 76
Governor Kate Brown



Oregon Residential Treatment is Superior to the National Average

DATOS: The Drug Abuse Treatment Outcome Study

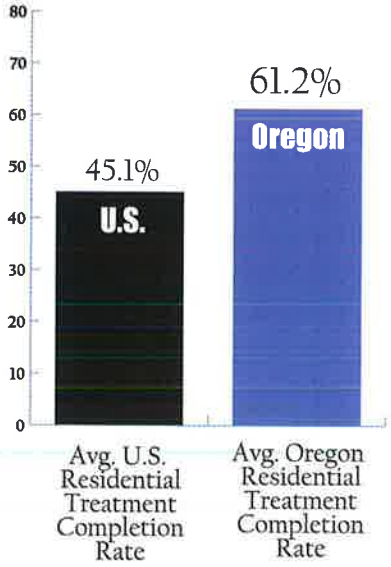
A study of 10,000 drug abuse treatment clients reveals the impact of Residential Treatment in reducing illegal behavior, reducing suicidal thoughts and gaining full-time employment.



2006-2011: Oregon vs. U.S. average Residential Completion Rates

A six year analysis of addiction treatment discharges, reporting on 9,826, 659 individuals who went through addiction treatment in the United States, reveals that the average Treatment Completion Rate from 2006-2011 in the U.S. was 45.1%, compared to Oregon's six year average of 61.2%.

Research reveals that clients who complete treatment are far more likely to stay clean and sober, become employed, become reunited with their children in foster care, have lower emergency department visits, and have significantly lower rates of criminal recidivism.



Interuniversity Consortium for Political and Social Research, University of Michigan, Treatment Episode Data Sets 2006-2011 concatenated years, Substance Abuse and Mental Health Services Administration, National Addiction & Data Archive Program, U.S. Averages & Oregon Averages

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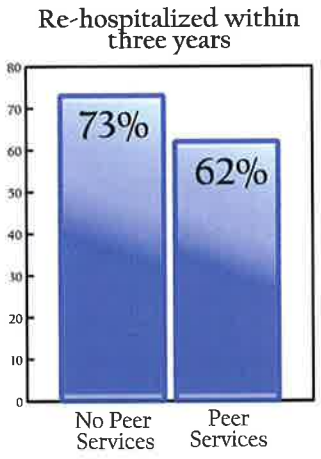
17 years of Nationwide Research 1995-2012 reveals the effectiveness of Addiction Peer Services

A 17-year research analysis, Peer Recovery Support for Individuals With Substance Use Disorders: Assessing the Evidence 1995-2012, evaluated studies meeting a minimum criteria for moderate or greater evidence of effectiveness. These studies included; randomized control trials, quasi-experimental studies, pre vs. post research and research reviews. The researchers concluded, **"Studies demonstrated reduced relapse rates, increased treatment retention, improved relationships with treatment providers and social supports, and increased satisfaction with the overall treatment experience."**[1]

One study of 484 co-occurring disorder clients, addicts with serious mental illness showed that individuals receiving peer support along with treatment showed **11% lower re-hospitalization rates** compared to treatment without peer services.[2]

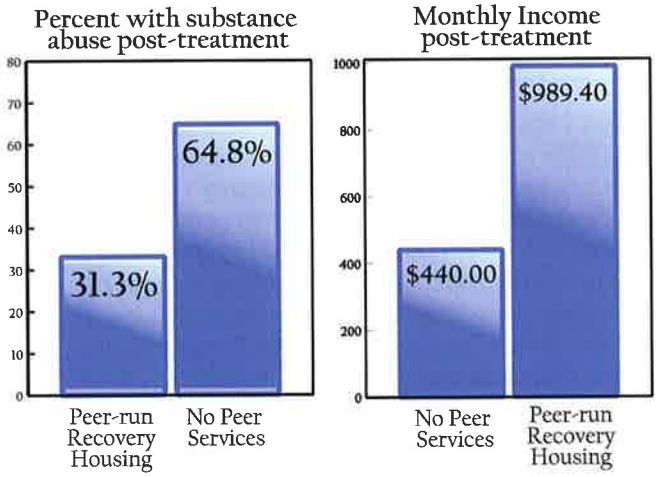


A 2005 study of 1,175 cocaine and/or heroin users in a hospital setting, examined an intervention using peer-delivered brief motivational interviewing compared to no brief intervention. Six month follow up results revealed **a greater proportion of cocaine and heroin abstinence, greater improvement in ASI drug severity score, and improvement in medical severity scores.**[3]

A quasi-experimental study, showed that crack cocaine addicted women receiving peer support services **showed higher levels of satisfaction, felt their peer support mentor was the most important part of the services they received, and reported that their peer mentor had greater knowledge of substance use disorders over the comparison group.**[4]

Peer-run Recovery Housing

A study of recovery housing showed **significantly lower substance use, significantly higher monthly income, and significantly lower incarceration rates** compared to treatment participants who did not participate in recovery housing.[5] At two year follow-up those who participated in Recovery Housing Support, had significantly lower substance abuse (31.3% vs. 64.8%), significantly higher monthly income ($989.40 vs. $440.00), and 66% lower incarceration rates.



1. Sharon Reif, , Ph.D., et. al., Assessing the Evidence Base Series Peer Recovery Support for Individuals With Substance Use Disorders: Assessing the Evidence, Psychiatric Services, Volume 65 Issue 7, July 2014, pp. 853-861
2. Min SY, Whitecraft J, Rothbard AB, et al.: Peer support for persons with co-occurring disorders and community tenure: a survival analysis. Psychiatric Rehabilitation Journal 30:207–213, 2007
3. Bernstein J, Bernstein E, Tassiopoulos K, et al.: Brief motivational intervention at a clinic visit reduces cocaine and heroin use. Drug and Alcohol Dependence 77:49–59, 2005
4. Sanders LM, Trinh C, Sherman BR, et al.: Assessment of client satisfaction in a peer counseling substance abuse treatment program for pregnant and postpartum women. Evaluation and Program Planning 21:287–296, 1998
5. Leonard A. Jason, PhD, et al, Am J Public Health. 2006 October; 96(10): 1727–1729, Communal Housing Settings Enhance Substance Abuse Recovery

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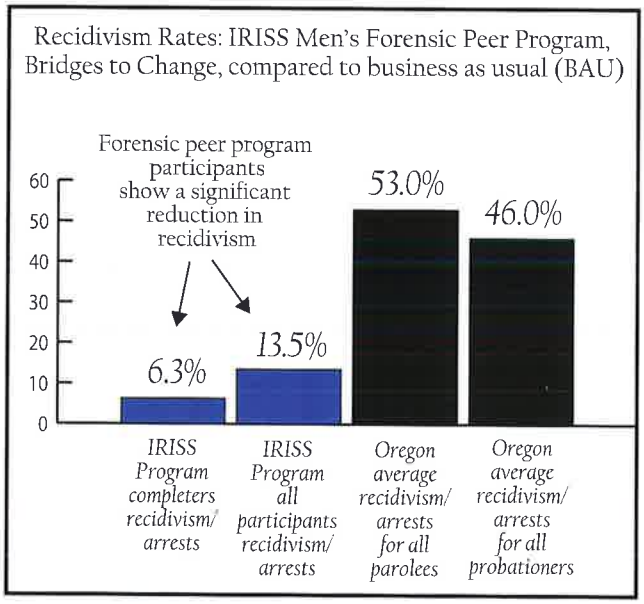
Oregon Research 2010-2016 reveals the effectiveness of Oregon's Addiction Peer Mentors

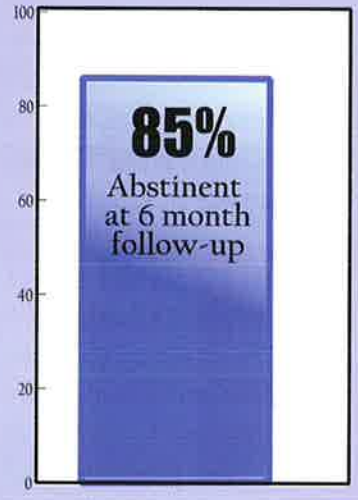


Oregon Department of Corrections data reveals that 79.4% of prison inmates have substance use disorders, and nearly 60% have a history of addiction/dependence. The IRISS program provides peer support and sober housing for Washington County referred offenders. Sixty-seven percent of the participants completed the program. Many non-completers appeared to benefit from services despite their non-completion status. Their program completion rate is higher than the national average for outpatient substance abuse treatment services (67% vs. 42%). While most participants are simultaneously enrolled in Substance Abuse Treatment services, it appears that IRISS significantly augments completion rates for offenders enrolled in outpatient substance abuse treatment services. A 2015 analysis by the Oregon Department of Corrections reveals that 53% of parolees are arrested for a new crime within three years of release, and 46% of felony probationers are arrested for a new crime within three years.

Martin, E., Marotta, J., Razavi, M., Gage, J., (2016). MetroPlus Survey SUD Peer Services, Health Share Oregon.

Central City Concern Addiction Peer Service Outcomes

A study of 152 individuals with substance use disorders (SUDs) and their families receiving services at a Central City Concern's community recovery center staffed by peers, demonstrated at **6 month follow-up: 86% were abstinent in the prior 30 days, and 4% presented significantly reduced substance use. Moreover, 89% reported high levels of satisfaction, rating the services as being helpful.**



Armitage EV, Lyons H, Moore TL: Recovery Association Project, Portland, Oregon. Alcoholism Treatment Quarterly 28:339–357, (2010).

Oregon Criminal Justice Commission Reentry Program Evaluation

A 2011 study of 358 offenders leaving prison, evaluated the outcomes of reentry programs in Multnomah, Jackson, Washington and Josephine counties. Offenders were matched to similar controls as a comparison group. Offenders who participated in reentry programs (treatment, peer services and clean & sober housing) **showed a 27% drop for the overall charge rate, a 41% drop for the misdemeanor charge rate, and a 33% drop in the felony charge rate. The cost-benefit-ratio for every dollar invested in reentry programs was $6.73 in costs savings.**

Officer K., Bajpai D., Wilson M. Offender Reentry Programs Preliminary Evaluation, Oregon Criminal Justice Commission, (2011).

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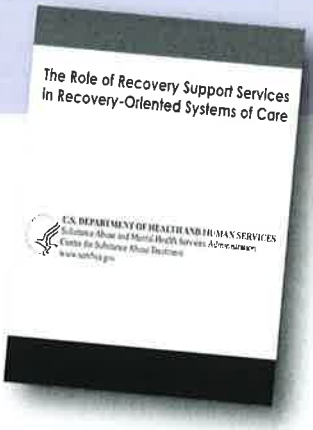
Research demonstrates that Recovery Support Services working with CADC's produce better outcomes than either working alone.

"Research found that those who participated in ***both treatment and recovery support had better long-term recovery outcomes than people who used either service alone.***"



"Peer recovery support services provide social support to individuals at all stages on the continuum of change that constitutes the recovery process. Services may be provided at different stages of recovery and may:

Precede formal treatment, strengthening a peer's motivation for change;

Accompany treatment, providing a community connection during treatment;

Follow treatment, supporting relapse prevention; and

Be delivered apart from treatment to someone who cannot enter the formal treatment system or chooses not to do so.

Kaplan, L., The Role of Recovery Support Services in Recovery-Oriented Systems of Care. DHHS Publication No. (SMA) 08-4315. Rockville, MD: Center for Substance Abuse Treatment, Substance Abuse and Mental Health Services Administration, 2008.

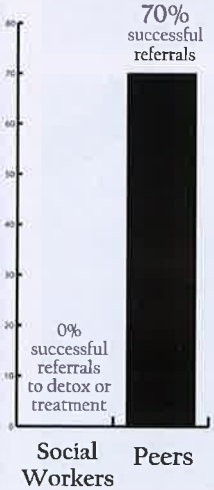
Reports are coming in from all over the U.S. regarding the effectiveness of Peers

Case Study from Barnabas Health Institute

A case study from Barnabas Health Institute in New Jersey, demonstrates the effectiveness of peer services. Of 150 cases in which social workers and other staff attempted to convince recently overdosed opiate substance users to get into a detox or drug treatment program, none (0%) agreed to go into treatment. In contrast, just a week and a half into the new overdose intervention peer service program, the addiction peer recovery mentors had a 70% success rate getting overdosed users into detox or treatment.

American Hospital Association, (2016). The State of the Behavioral Health Workforce: A Literature Review. Washington D.C., Two City Center.

Successful Referrals of Opiate Overdosed hospital patients to Detox or Treatment



Peer Recovery High Schools

A study of 17 Recovery High Schools showed pre-test to post-test analysis found "*significant reduction in substance use as well as in mental health symptoms among the students in recovery schools.*"

de Miranda, J., Williams, G., Youth in Recovery. The Prevention Researcher, Volume 18(2), April (2011).

Youth Peer Recovery Centers

The FreeMind youth Recovery Community Services Program showed, at 6 month follow-up, that of 197 predominantly minority youth participants, *82% had either sustained or initiated recovery and illegal activity decreased by 57%.*

de Miranda, J., Williams, G., Youth in Recovery. The Prevention Researcher, Volume 18(2), April (2011).

ACCBO

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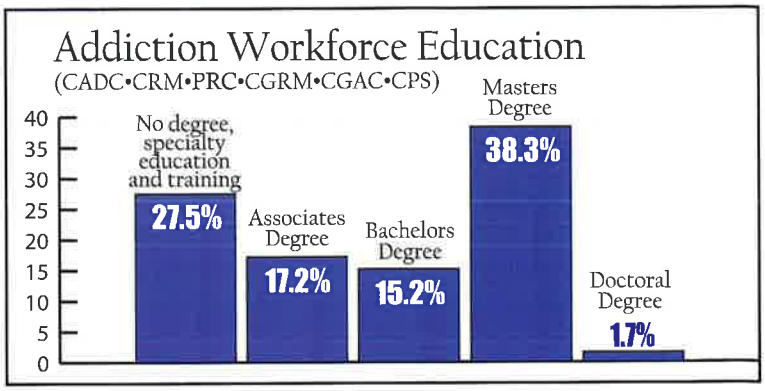
The Professional Testing Corporation of New York (PTC)
The National Certification Commission of Addiction Professionals (NCCAP)
International Certification & Reciprocity Consortium (IC&RC)
The National Council on Problem Gambling (NCPG)
International Gambling Counselor Certification Board (IGCB)
Pacific Screening Inc. Criminal Background Reports
Oregon Department of Human Services, CRIMS Background Checks (DHS)
The National Association of Alcoholism and Drug Abuse Professionals (NAADAC)



CADC I

Associate Proficiency Addiction Counselor Certification

- 1,000 Supervised Experiential Hours in the Federal Addiction Counselor Competencies, TAP 21
- 150 SUD Accredited Education Hours
- Level I National Psychometric Exam
- Ethics Agreement
- 40 Hours Continuing Education

CADC II

Baccalaureate Proficiency Addiction Counselor Certification

- 4,000 Supervised Experiential Hours in the Addiction Counselor Competencies
- 300 SUD Accredited Education Hours, and a minimum of 90 college credits or equivalency
- Level II National Psychometric Exam
- State/Federal Jurisprudence Exam
- Ethics Agreement
- 40 Hours Continuing Education

CADC III

Graduate Proficiency Addiction Counselor Certification

- 6,000 Supervised Experiential Hours in the Addiction Counselor Competencies,
- 300 SUD Accredited Education Hours, and a Graduate degree in Human Arts
- MAC National Psychometric Exam
- Jurisprudence Examination
- Ethics Agreement
- 40 Hours Continuing Education

CRM

Entry Level Addiction Peer Certification

- 40 Hour Oregon Health Authority Approved Peer Addiction Training Program
- Ethics & Public Safety Agreement
- National Criminal Background Check
- 20 Hours of Continuing Education

PRC

Advanced Addiction Peer Certification

- 500 Supervised Experiential Hours in the IC&RC/Federal Peer Competencies
- 80 Hours of Education, Oregon Health Authority Approved Addiction Training Program, additional training hours in Jurisprudence Ethics, Outreach and Motivational Enhancement
- IC&RC National Psychometric Exam
- Ethics & Public Safety Agreement
- National Criminal Background Check

CGRM

Gambling Addiction Peer Certification

- 40 Hour Oregon Health Authority Approved Peer Gambling Addiction Training Program
- Ethics & Public Safety Agreement
- National Criminal Background Check
- 20 Hours of Continuing Education

CPS

Substance Abuse Prevention Certification

- 2,000 Supervised Experiential Hours in the IC&RC Prevention Domains
- 150 A&D Accredited Prevention Education Hours
- State Police Criminal Background Check
- IC&RC National Prevention Psychometric Exam
- 40 Hours of Continuing Education

CGAC I

Gambling Addiction Counselor Certification

- Prerequisite credentialing (minimum CADC I/QMHA/RBSW)
- 500 Hours of Supervised Experiential Hours, and 24 Hours of Supervision
- 60 Gambling Accredited Education Hours
- International Gambling Addiction Psychometric Exam
- 40 Hours of Continuing Education

CGAC II

Gambling Addiction Counselor Certification

- Prerequisite credentialing (minimum CADC I/QMHA/RBSW)
- 2,000 Hours of Supervised Experiential Hours, and 24 Hours of Supervision
- 60 Gambling Accredited Education Hours
- International Gambling Addiction Psychometric Exam
- 40 Hours of Continuing Education

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