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# The Exchange

Special Edition April 2003

A Publication of the Chester County Department of Drug and Alcohol Services

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## Message From the Director



As we go to press we are facing a very uncertain future. Currently the Pennsylvania State budget for fiscal year 2003/04 contains drastic cuts to drug and alcohol funding. This budget, which goes into effect July 1, 2003, contains cuts of over \$100 million in drug and alcohol funding.

Cuts include the elimination of several funding sources: Behavioral Health Services Initiative (BHSI), Act 152 and Intergovernmental Transfer (IGT). There is also a severe reduction in Human Service Development Funding (HSDF), which supports drug and alcohol programs as well as numerous other human services. There are cuts to criminal justice treatment funding. Finally there are also changes in medical assistance that significantly reduce the level of drug and alcohol treatment services available to certain recipients.

The impact of these cuts in Chester County will be significant. We will lose over \$2.3 million—more than 60% of our drug and alcohol treatment funding. In human terms, last year 400 citizens received treatment through BHSI, (Behavioral Health Service Initiative) 120 received treatment through Act 152, 400 received treatment through IGT, (Inter Governmental Transfer) and 30 received treatment through HSDF (Human Services Development Funds). HSDF also supported our community prevention efforts. The cuts contained in the state budget will virtually eliminate the option of residential rehabilitation for uninsured Chester County citizens as well as result in cuts in prevention and support services. As we already have a demand for these services that exceed our current resources, we are very concerned about the coming year.

We know that untreated addiction will result in additional costs and stress in other systems including healthcare, criminal justice, child welfare, housing and mental health. We also know that treatment is effective. In fact the likelihood of requiring additional treatment within a 12-month period is generally higher for diabetes, hypertension and asthma than for drug addiction. Finally, we also know that treatment saves money. As you look at the article entitled Addiction Treatment Facts in this newsletter, you will see extensive returns for every dollar spent on treatment reported again and again in the research. In fact the return on state investment is greater for addictions treatment than for other chronic illnesses. (IRETA, 2003)

We are hoping that this funding will be restored. We know that many individuals care about this issue and are communicating their concerns about these cuts to their Legislators and the Governor. If you want more information about the budget issues please contact us at (610) 344-6620.

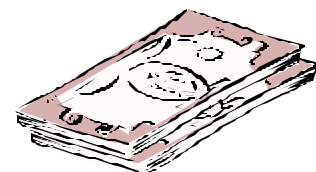
Kim P. Bowman

*Director, Chester County Department of Drug and Alcohol Services*

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# ADDICTION TREATMENT FACTS

## PROVIDED BY DRUG AND ALCOHOL SERVICE PROVIDERS OF PA (DASPOP)

- A major review of more than 600 peer reviewed research articles, plus original data analyses, show conclusively that drug addiction treatment is very effective and that it works as well as other established medical treatments for illnesses such as diabetes, asthma and hypertension. *Physician Leadership on National Drug Policy, Brown University, 1998*
- “Recent studies show that after six months, treatment for alcoholism is successful for 40 percent to 70 percent of patient/clients, cocaine treatment is successful for 50 percent to 60 percent and opiate treatment for 50 percent to 80 percent, with treatment effectiveness or success defined as a 50 percent reduction in substance use after six months.” *Substance Abuse: The Nation’s Number One Health Problem, Brandeis University, 2001*
- 1 in 5 Medicaid dollars – Medicaid spends 1 of every 5 dollars on hospital care for untreated alcohol and drug abuse problems. *“The Cost of Substance Abuse to America’s Health Care System,” Columbia University, 1993*
- “Substance abuse treatment cuts drug use in half, reduces criminal activity up to 80 percent, and reduces arrests up to 64 percent.” *The National Treatment Improvement Evaluation Study (NTIES). Office of Evaluation, Scientific Analysis and Synthesis. Substance Abuse and Mental Health Services Administration, 1997*
- “According to several conservative estimates, every \$1 invested in addiction treatment programs yields a return of between \$4 and \$7 in reduced drug-related crime, criminal justice costs, and theft alone. When savings related to health care are included, total savings can exceed costs by a ratio of 12 to 1.” *Principles of Drug Addiction Treatment: A Research-Based Guide, National Institute on Drug Abuse, October 1999*
- “Comparisons of medication and behavioral compliance reveal that addicted patients have compliance rates comparable to patients receiving treatment for diabetes, asthma and hypertension. In fact, the likelihood of requiring additional treatment within a 12-month period is generally higher for diabetes, hypertension and asthma than for drug addiction.” *O’Brien, Charles, M.D., Ph.D., University of Pennsylvania; McClellan, A. Tom, Ph.D., University of Pennsylvania, Hoffman, Norman, Ph.D., Brown University, Kleber, Herbert, M. D., Columbia University, Physician Leadership on National Drug Policy, 1998*
- Drug abuse treatment has a marked economic impact. A 1997 study published in the Journal of Quantitative Criminology found that drug treatment saves \$19,000 per patient in crime-related costs in the year following treatment. Compared with the much lower costs of treatment for addiction - \$2,828 for methadone maintenance, \$8,920 for residential treatment, and \$2,908 for outpatient drug-free treatment, drug treatment can offer immense savings.” *Physician Leadership on National Drug Policy and Join Together, 1998*

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**HEALTH CARE AND WORKPLACE STATISTICS:  
A MACRO-ANALYSIS  
PRE-TREATMENT**

**The COST of untreated alcohol and other drug addictions**

Study after study from business and industry, from health insurers and universities demonstrates that prior to treatment there is:

**High Health Care Utilization** by the untreated alcoholic and addict prior to addiction treatment for a wide array of addiction related illnesses, accidents and injuries.

“On the average, untreated alcoholics usually incur general health care costs that are at least 100% higher than those of nonalcoholics over pretreatment levels...In the last 12 months before treatment, the alcoholic’s costs are close to 300% higher than costs of comparable nonalcoholics.”

**High Health Care Utilization** by other family members of the addicted individual prior to addiction treatment.

“Policyholders in alcoholic families used roughly twice the (health care) services of nonalcoholic families.”

One study compared these expenditures in monthly dollar amounts for families of addicted individuals and families without an addicted member. “Families with an addicted member used inpatient health services at a cost of \$27.00 a month compared to \$6.50 a month for families without an addicted member.”

**High Rates of Accidents, Absenteeism and Sick Benefit Claims** by people with addictions in the workforce prior to addiction treatment.

“The average alcoholic, it was found, lost 32 days to illness per year...”

Another study found prior to addiction treatment, “... sick benefit claims 120% the normal level, days absent 335% of normal, disciplinary actions 235% or normal...”

**POST-TREATMENT**

**The COST SAVINGS of treating alcohol and other drug addictions**

After addiction treatment occurs, study after study found:

**Marked Reductions in Health Care Use** by the now treated addicted individual.

After treatment, “In general, rates of hospitalization for treated alcoholics declined by nearly 50% at three of four sites...”

After treatment, another study found a 49% reduction in health care claims.

After treatment, health care expenditures by the now treated addicted person dropped from about \$100.00 a month prior to treatment to \$13.34.

**Marked Reductions in Health Care Use** by other family members of the addicted individual.

After treatment, one study found the decline in health care utilization by the family of the alcoholic or addict was just over 50%.

Before treatment, health care utilization by the family of an addicted person is two to three times higher than for comparison families. After treatment of the addicted person occurs, health care utilization by their families drops to the same as the control group.

*The facts on this page were provided by DASPOP.*

*(Continued on page 4)*

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## Marked Reductions in Workplace Accidents, Absenteeism and Sickness Claims

After treatment, "Workplace reprimands declined by 75% after six months and days lost to illness declined by 50% at the 18 month follow-up."

After treatment, "Days sick or absent from work declined by fifty percent throughout the period..."

After treatment, there were reductions in disciplinary actions of 56%, absenteeism of 55%, days on disability of 53%.

\*\*\*All research is from: PRESIDENT'S COMMISSION ON MODEL STATE DRUG LAWS, TREATMENT VOLUME, 1993, pages A-15-A-16

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## CRIMINAL JUSTICE STATISTICS PRE-TREATMENT

- 80-90% of all crime in the United States is related to drug or alcohol addiction.<sup>1</sup>
- 23% of the state prison population in 1995 and 60% of the Federal population in 1997 were incarcerated for drug offenses.<sup>2</sup>
- One of every 144 American adults is behind bars for a crime involving drugs and alcohol.<sup>3</sup>
- Taxpayers spent \$30 billion in 1996 to incarcerate inmates for drug and alcohol involved crimes.<sup>4</sup>
- Crime related to untreated addiction costs the nation an estimated \$57 billion per year (not including medical expenses).<sup>5</sup>

## POST-TREATMENT

- Every \$1.00 spent on treatment leads to a \$7.46 reduction in crime-related spending and lost productivity.<sup>6</sup>
- Cost savings during treatment alone more than recoup the cost of providing treatment, i.e., "Post-treatment gains are virtually an economic bonus".<sup>7</sup>
- Inmates who completed prison-based residential treatment program were 73% less likely to be re-arrested in the 6 months after release. Treatment completers were also 44% less likely to have evidence of post-release alcohol and drug use.<sup>8</sup>
- Post-treatment decreases in illegal income (73%) appear to track post-treatment decreases (71%) in expenditures on drugs. "...the implication is clear, that as drug abuse treatment suppresses demand for illicit drugs, less predatory crime is committed and income from that crime declines."<sup>9</sup>
- \$7.00 savings for every \$1.00 spent on treatment during the period of treatment and in the first year following. These savings continue to accrue in subsequent years.<sup>10</sup>

1 Drug Use Forecasting: Annual Report on Adult & Juvenile Arrestees, National Institute of Justice, 1995.

2 Executive Office of the President, Office of National Drug Control Policy, Drug Policy Information Clearinghouse Factsheet, "Drug Treatment in the Criminal Justice System," August 1998.

3 Behind Bars: Substance Abuse and America's Prison Population, The National Center on Addiction and Substance Abuse at Columbia University, 1996.

4 Ibid.

5 The Sense In Saving Drug Addicts, Alan Leshner, Boston Sunday Globe, September 5, 1999.

6 Controlling Cocaine: Supply Versus Demand Program, Drug Policy Research, Santa Monica: RAND Corporation, 1994.

7 The White House, President's Commission on Model State Drug Laws, "Treatment Volume," December 1993.

8 Tried Drug Treatment Evaluation Six-Month Report Executive Summary, Federal Bureau of Prisons, U.S. Department of Justice, February 1998.

9 The White House, President's Commission on Model State Drug Laws, "Treatment Volume," December 1993.

10 Evaluating Recovery Services," The California Drug and Alcohol Treatment Assessment (CALDATA), 1994.

*The facts on this page were provided by DASPOP.*

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## **Why Do People Doubt the Efficacy of Treatment? The Nonesuch Story**

*Excerpted in part from an article from Join Together Online ([www.jointogether.org](http://www.jointogether.org)) by Sheila Blume, M.D., a member of the Join Together Treatment Quality Improvement Panel.*

*Do you wonder why people often have deeply held doubts about the efficacy of treatment? “Does it really work?” they say, in spite of the many published reports of success rates. I have given this matter a great deal of thought and applied some simple arithmetic to generate a hypothesis.*

*Suppose we construct a very effective detox unit (the Nonesuch Detox) that has an average treatment length of 5 days. It is the only detox in town and takes all comers. Its treatment is so good that within that 5-day period it is able to detoxify successfully all patients that present themselves, motivate them, and bring them into extended treatment in the appropriate settings – such that their long-term recovery rate is 80%. Eight of every ten patients who leave Nonesuch Detox recover, and are never in need of detox again. We would think that was a pretty good outcome for a detox (or an E.R. or even an arresting policeman).*

*Suppose, however, that the other 20% of patients that enter Nonesuch are so treatment-resistant (perhaps very advanced in disease) that they return to use of alcohol/drugs right after discharge and keep cycling back into the unit about every other month, so that they have an average of 6 admissions a year.*

*Surprisingly, more than half of the admissions (60%) would be of the treatment-resistant patients, who would fill more than half of the beds or outpatient slots and dominate the therapy groups and staff time. Your impression would be that addiction is a hard-to-treat, if not hopeless disease, and that the effectiveness of treatment is very limited. You might well assume that most, if not all of the alcoholics/addicts coming in for a first admission are starting out on a road that will end in a late-stage treatment-resistant state in time, even though this is not true. You would have no idea how successful the Nonesuch program is unless the unit conducted a research study, and even if you were told its results, you would find it hard to believe because your own reality is so taken up with the treatment failures.*

*Although the mathematical assumptions made in this exercise are not meant to reflect exactly what we see in the real world, constructing the Nonesuch Detox gives us a way to understand the paradox of why many people doubt the efficacy of treatment in spite of research that indicates otherwise. People see the failures disproportionately to their real numbers.*

### **The Chester County Story**

**This case is clearly illustrated in Chester County. For the 5-year period, beginning July 1, 1997, the Chester County Department of Drug and Alcohol Services funded 1,940 unduplicated individuals in residential treatment. 93% of these individuals had only one residential treatment episode in this 5-year period. Of the remaining 8%, the overwhelming majority (5%) had only 2 episodes of funded treatment.**

930 East Lancaster Avenue  
Exton, PA 19341

## *The Exchange*



The Exchange is sponsored by:  
The Chester County Department of Drug  
and Alcohol Services, P.O. Box 2747, 601  
Westtown Road Suite 325, West Chester,  
PA 19380-0990.

For more information or to be on the mailing list for this  
newsletter, contact the Community Prevention staff at:  
The Coad Group, 930 East Lancaster Avenue  
Exton, PA 19341.

610.363.6164 or 1.800.917.1117

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### *For More Information, Check Out These Resources*

**Join Together** (617) 437-1500  
[www.jointogether.org](http://www.jointogether.org)

**National Institute on Drug Abuse**  
[www.nida.nih.gov](http://www.nida.nih.gov) or  
[clubdrugs.org](http://clubdrugs.org)

**National Center for Chronic Disease  
Prevention and Health**  
[www.cdc.gov/tobacco](http://www.cdc.gov/tobacco)

**National Clearinghouse for Alcohol & Drug  
Information**  
1-800-729-6686  
[www.health.org](http://www.health.org)

**Partnership for a Drug-Free America**  
(212) 922-1560  
[www.drugfreeamerica.org](http://www.drugfreeamerica.org)

**PA Dept. of Health, Research & Info. Clearing-  
house**  
[www.padohric.org](http://www.padohric.org)

**Al-Anon Family Group Headquarters.**  
(800) 344-2666 or (800) 356-9996.  
[www.al-anon.alateen.org](http://www.al-anon.alateen.org)

**The Coad Group**  
[www.coadgroup.com](http://www.coadgroup.com)

You can view or print this newsletter by visiting Chester  
County's Website: [www.chesco.org](http://www.chesco.org) and following the  
links for Human Services to Drug & Alcohol Services.