

CSAT by Fax

November 1995-December 1996

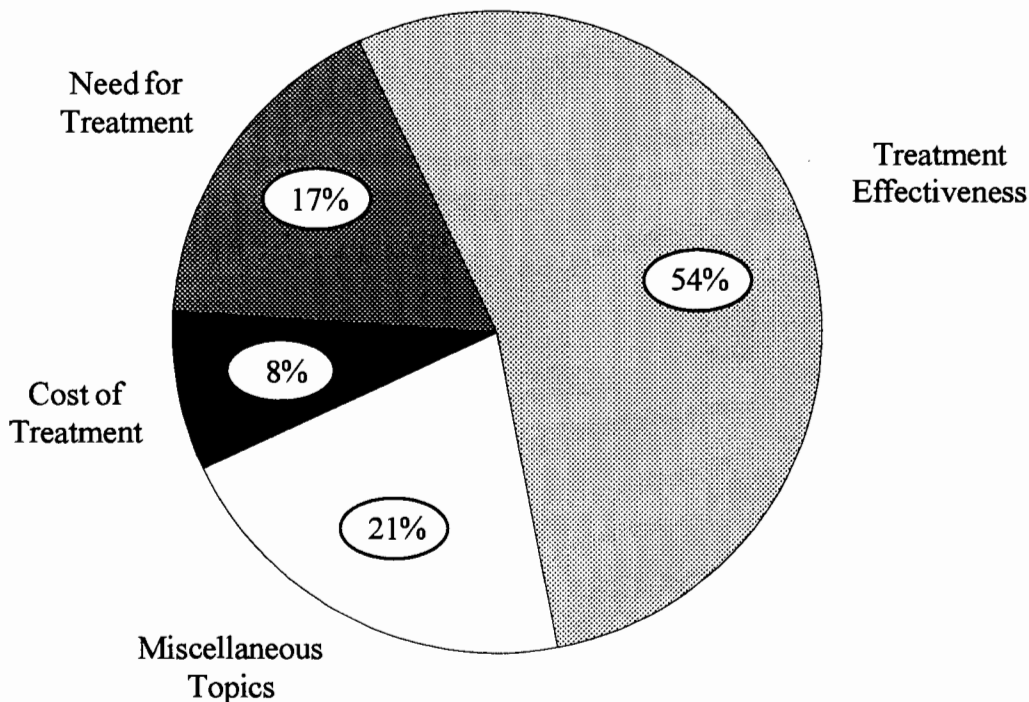
Volume 1, Issues 1-24

A Special Edition of ~~CESAR~~ **FAX** →

A Collaborative Effort of the Center for Substance Abuse Treatment (CSAT) and the
Center for Substance Abuse Research (CESAR)/University of Maryland at College Park

CSAT by Fax *Volume 1, Issues 1-24*

Distribution of Fax Topics



CENTER FOR SUBSTANCE ABUSE TREATMENT (CSAT)
Substance Abuse and Mental Health Services Administration

CENTER FOR SUBSTANCE ABUSE RESEARCH (CESAR)
University of Maryland at College Park

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ACKNOWLEDGMENTS

CESAR and the Center for Substance Abuse Treatment (CSAT) are pleased to provide this bound volume of Volume 1 of the CSAT by Fax. To assist you in using this volume, the Table of Contents groups the 1995-1996 faxes by subject area as well as by issue title.

The first issue of the CSAT by Fax, a one-page fax designed to quickly disseminate information about CSAT programs, was broadcast to over 2,500 recipients worldwide in November 1995 and the distribution list has grown continuously. The purpose of the Fax is not to provide an in-depth analysis of a topic, but rather a brief summary for an audience that otherwise may not learn about the work or benefit from the results. Recipients who find the summary results of interest can contact the author/source provided for more detailed information. The CSAT by Fax disseminates information to the substance abuse field and promotes linkages between different areas in the field.

The CSAT by Fax is maintained by Wanda Lauer, with the assistance of CESAR's editor, Jean Shirhall. The CSAT by Fax is funded by CSAT, under the guidance of George Kanuck.

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CESAR



U.S. DEPARTMENT
OF HEALTH AND
HUMAN SERVICES
Public Health Service
Substance Abuse and
Mental Health Services
Administration

Center for Substance Abuse Treatment

November 29, 1995

Dear Colleagues:

It is with a great deal of pleasure that I introduce CSAT by Fax, a joint activity of SAMHSA's CSAT and the University of Maryland's Center for Substance Abuse Research. By using the latest in broadcast technology, we hope to share with you information from CSAT's many programs in substance abuse treatment and results of evaluation studies as soon as they become available.

CSAT by Fax will help us to fulfill our mission of making the most current information on treatment available to a wide audience of providers, researchers, educators, and others who are interested in the substance abuse treatment field. It will also offer a medium through which news of new grant announcements, new publications, and new activities can be disseminated throughout the field on an ongoing basis.

I look forward to your comments on this activity and your suggestions for future issues.

David J. Mactas
Director

**CSAT by Fax
Volume 1 (1995-1996)**

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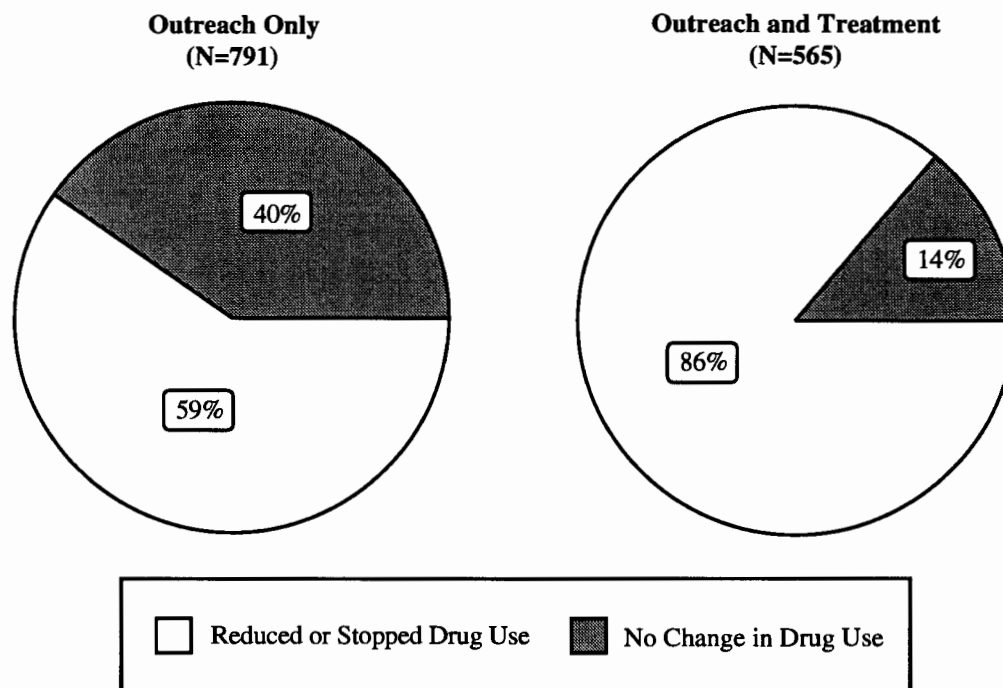
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A Collaborative Effort of the Center for Substance Abuse Treatment (CSAT) and the Center for Substance Abuse Research (CESAR)/University of Maryland at College Park

Outreach and Treatment Most Effective in Reducing Drug Use Among Injection Drug Users

Between March and April 1995, data were gathered from 33 CSAT funded grantees involved in programs to provide outreach services to injection drug users. Grantees reported very promising reductions in drug use, as well as a variety of other HIV-related high risk behaviors, such as decreasing needle use and sharing. Over one-half (59%) of drug users receiving only outreach services reported reducing or stopping their drug use. Drug users receiving outreach as well as drug abuse treatment services showed even greater improvement--86% reported reducing or stopping their drug use. These findings suggest that outreach is most effective in reducing drug use when combined with substance abuse treatment.

Percentage of Outreach Clients Who Reduced or Stopped Drug Use After Receiving Outreach Services Only Versus Outreach and Treatment Services†



†Outreach services were defined by individual programs.

SOURCE: Center for Substance Abuse Treatment (CSAT) and the National Evaluation Data and Technical Assistance Center (NEDTAC). For more information contact Ron Smith, Ph.D., at CSAT, 301-443-7730.

INTRODUCING "CSAT by Fax"

This is the first edition of CSAT by Fax, a collaborative dissemination effort of SAMHSA's Center for Substance Abuse Treatment (CSAT) and the University of Maryland at College Park's Center for Substance Abuse Research (CESAR). CSAT by Fax, highlighting CSAT evaluation findings, will be published periodically and distributed to current recipients of the CESAR FAX as well as to others known to be interested in the most current information regarding substance abuse treatment. If you would like to be added to the CSAT by Fax distribution list, please contact CESAR at 301-403-8329.

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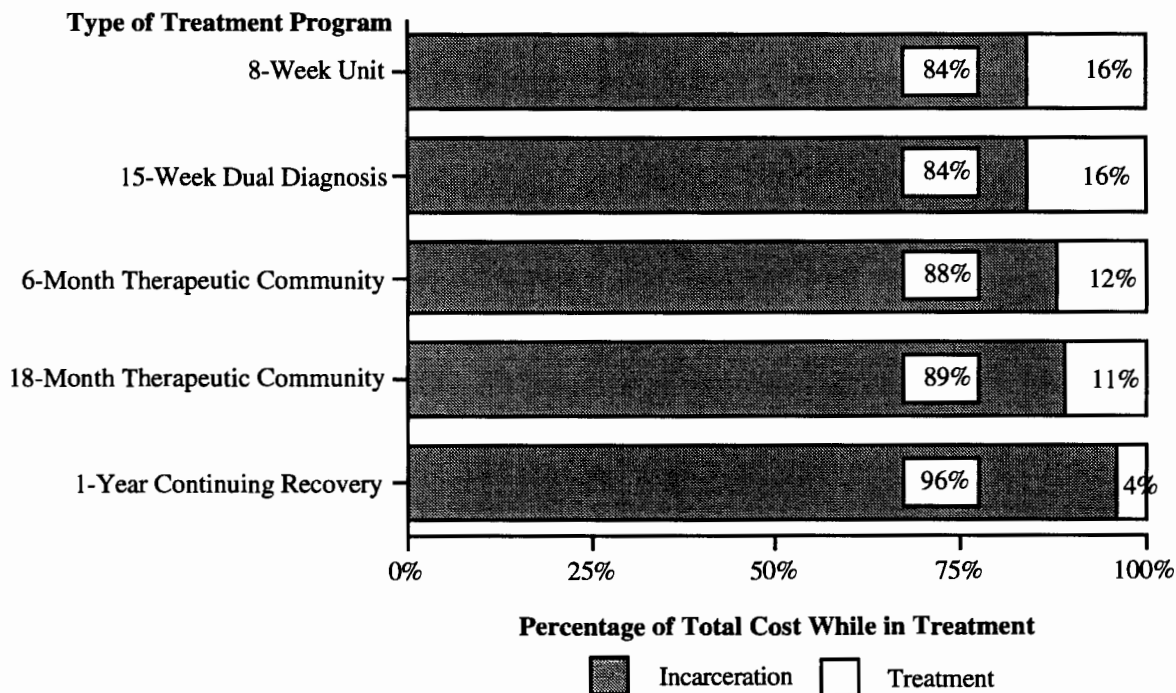
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A Collaborative Effort of the Center for Substance Abuse Treatment (CSAT) and the Center for Substance Abuse Research (CESAR)/University of Maryland at College Park

Substance Abuse Treatment Comprises a Small Percentage of the Total Cost of Incarceration

Five CSAT-funded substance abuse treatment programs, located in one prison, demonstrate that providing substance abuse treatment to inmates increases the total cost of incarceration by only a small percentage. The cost attributable to substance abuse treatment ranges from a low of 4% in the least intensive continuing recovery program to a high of 16% for both the 8- and 15-week treatment programs. It appears wise to spend the small amount of money necessary to treat inmates in the hope of decreasing the likelihood that they will return for another costly incarceration.

Percentage of Total Costs for Incarceration and Substance Abuse Treatment at One Site, by Type of Treatment[†]



[†]These data reflect only the period during which inmates were in treatment. Additional costs were incurred for incarceration beyond the time that inmates were in treatment.

NOTE: The data presented are representative of the relative costs of treatment and do not reflect treatment outcome effectiveness.

SOURCE: Capital Consulting Company, under contract to the Center for Substance Abuse Treatment (CSAT) and the National Evaluation Data and Technical Assistance Center (NEDTAC). For more information contact Ron Smith, Ph.D., or George Kanuck at CSAT, 301-443-7730.

WHITE PAPER ON EFFECTIVENESS OF TREATMENT NOW AVAILABLE

The Department of Health and Human Services is pleased to make available copies of the DHHS White Paper on the Effectiveness of Substance Abuse Treatment. Please contact the National Clearinghouse for Alcohol and Drug Information at 800-729-6686 to obtain your copy.

This dissemination is supported by funding from CSAT, Substance Abuse and Mental Health Services Administration, and may be copied without permission with appropriate citation. For mailing list modifications contact CESAR at

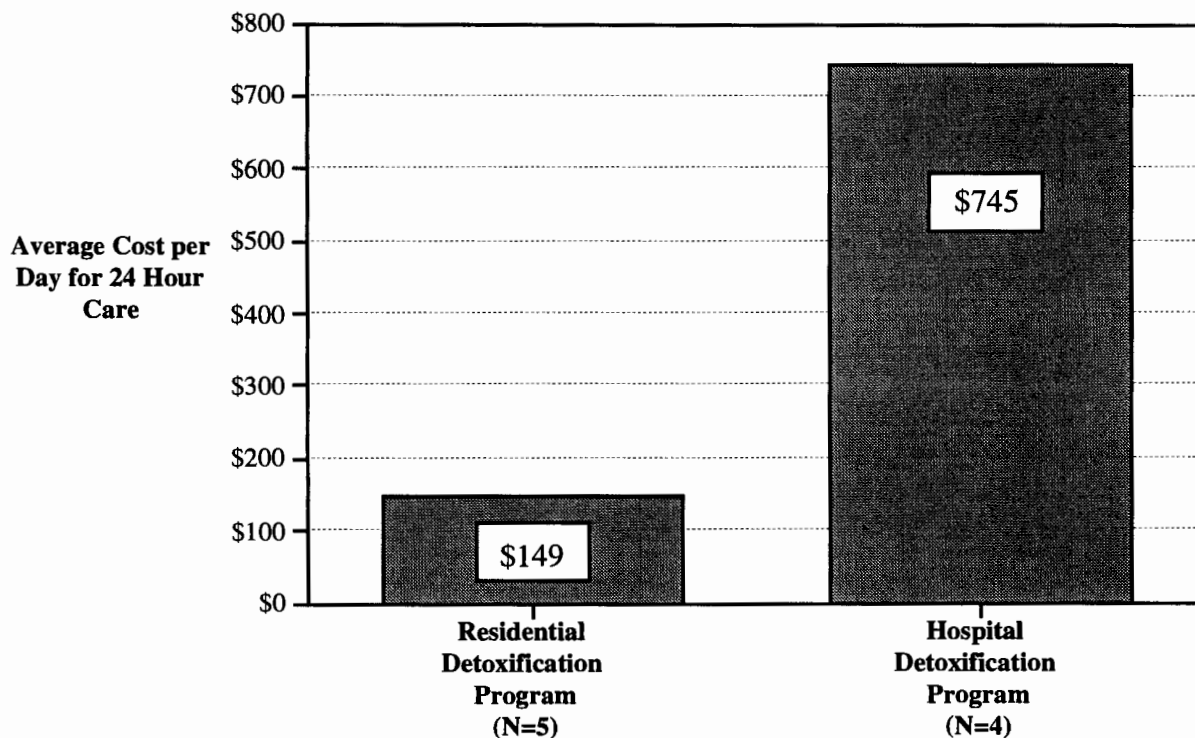
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Residential Detoxification Programs One Fifth The Cost of Hospital-Based Programs

According to data from CSAT-funded detoxification programs, residential detoxification[†] is much less expensive than hospital-based programs. Residential detoxification programs cost an average of \$149 per day--compared with \$745 for hospital-based detoxification programs. These findings suggest that residential detoxification should be considered for clients expected to be at low risk for medical complications of detoxification.

Average Daily Cost for 24-Hour Care in Hospital and Residential Detoxification Programs



[†]A residential detoxification program is a program (not licensed as a hospital) where individuals stay overnight.

SOURCE: Capital Consulting Company, under contract to the Center for Substance Abuse Treatment (CSAT) and the National Evaluation Data and Technical Assistance Center (NEDTAC). For more information, contact Ron Smith, Ph.D., or George Kanuck at CSAT, 301-443-7730.

SAMHSA STATISTICS SOURCE BOOK NOW AVAILABLE

The Substance Abuse and Mental Health Services Administration is pleased to announce the availability of the SAMHSA Statistics Source Book. A hard copy is available from the National Clearinghouse for Alcohol and Drug Information at 800-SAY-NO-TO (800-729-6686).

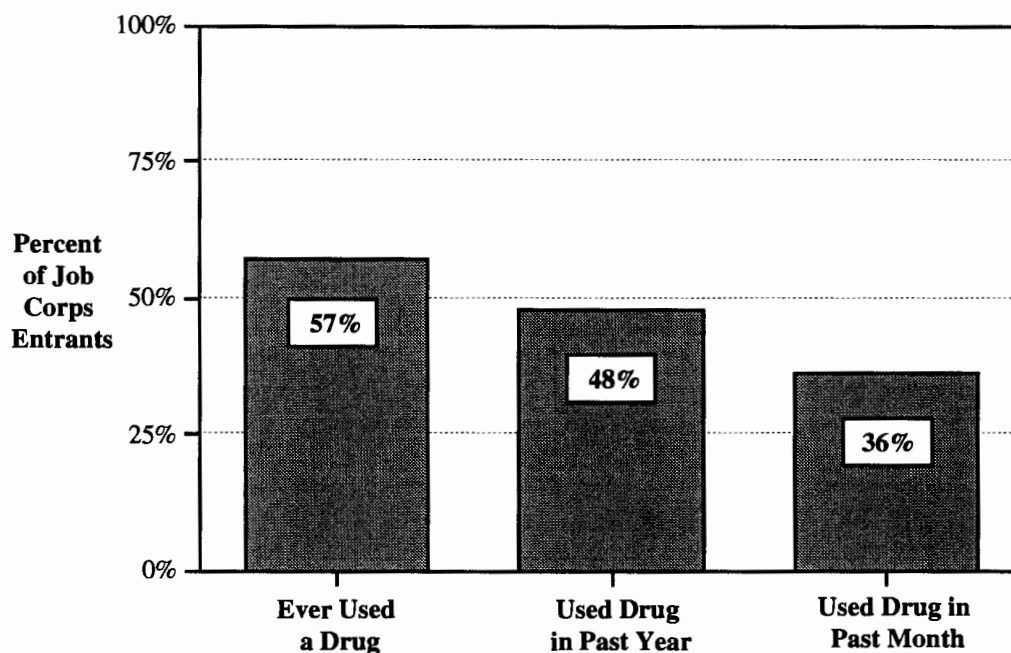
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Over One-Half of Job Corps Entrants Have Used an Illicit Drug

For the past three years, CSAT and the U.S. Department of Labor, Office of Job Corps, have jointly sponsored a drug treatment project at eight Job Corps centers. The Job Corps is a residential employment and training program that assists high-risk youth to become more responsible, employable, and productive citizens. Over 6,500 newly enrolled Job Corps entrants at the eight centers were interviewed and tested by urinalysis for illicit drugs in 1993-1994.[†] Nearly one-half (48%) of the entrants reported using an illicit drug in the past year and more than one-third (36%) reported use in the past month (primarily marijuana). Traditionally, estimates of drug use among youth are collected from student populations because they are a convenient sample. The Job Corps results provide a much needed supplementary view of drug use among non-school-based youth at high risk for drug use.

**Self-Reported Drug Use Among Job Corps Entrants
(N=6,510)**



[†]"There are 107 Job Corps centers, nationwide, which serve from 149 to over 2,000 students. Job Corps centers enroll approximately 60,000 young people annually" (p. I-3).

SOURCE: Center for Substance Abuse Treatment, *Evaluation of Job Corps Treatment Enrichment Demonstration: Third Annual Report*, March 1995. Study conducted by Caliber Associates. For further information, contact Mr. George Kanuck of CSAT at 301-443-7730.

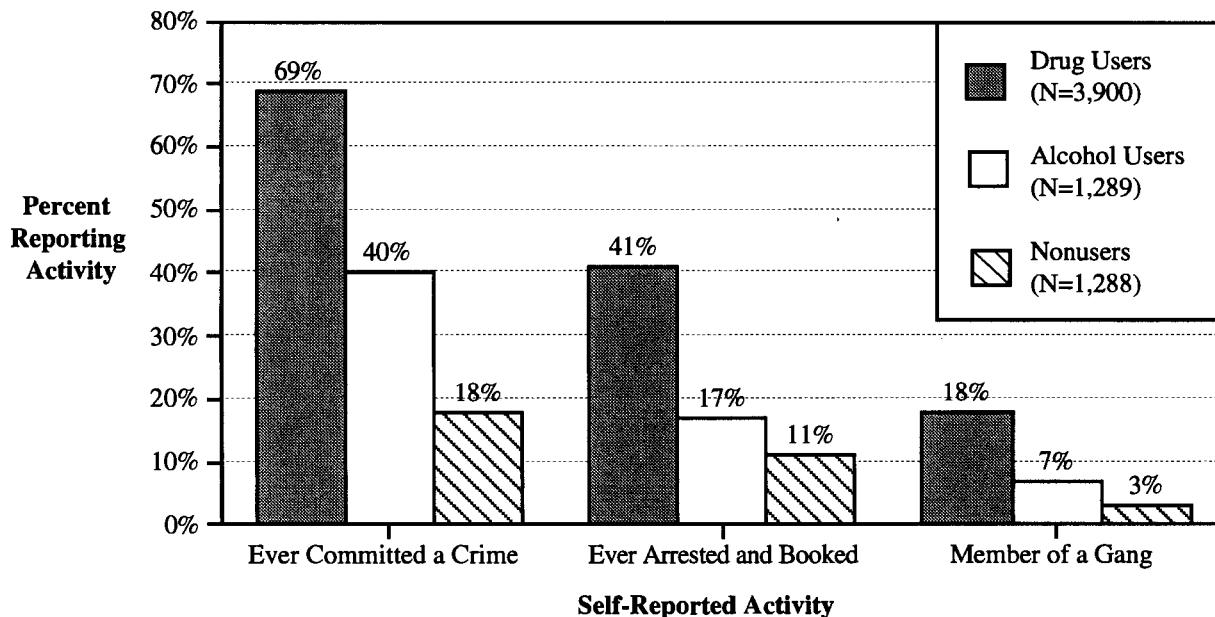
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A Collaborative Effort of the Center for Substance Abuse Treatment (CSAT) and the Center for Substance Abuse Research (CESAR)/University of Maryland at College Park

Job Corps Study Shows That Alcohol- and Drug-Using Youth More Likely to Commit Crime and be Involved with Gangs

Data from CSAT's national Job Corps drug treatment project show that both alcohol and drug use appear to be highly associated with criminal activity among high-risk youth (see CSAT by FAX, Vol. 1, Issue 4 for a description of the project). Nearly 70% of drug-using and 40% of alcohol-using Job Corps entrants (over 80% of the entrants were under age 21) had ever committed a crime compared with 18% of nonusers[†] Similar relationships were found for ever being arrested and booked. In addition, drug- and alcohol-using youth were more than twice as likely as nonusers to belong to a gang.

Drug Use, Criminal Activity, and Gang Membership Among Job Corps Entrants (N=6,477)



[†]Drug users include all Job Corps entrants reporting any prior drug use as well as those who tested positive for drug use upon entry, regardless of whether they reported prior substance use. Alcohol-only users include all Job Corps entrants reporting alcohol use who also reported no drug use and who tested negative for drug use at entry. Nonusers include all Job Corps entrants reporting no drug or alcohol use and who tested negative for drugs at entry.

SOURCE: Center for Substance Abuse Treatment, *Evaluation of Job Corps Treatment Enrichment Demonstration: Third Annual Report*, March 1995. Study conducted by Caliber Associates. For further information, contact Mr. George Kanuck of CSAT at 301-443-7730.

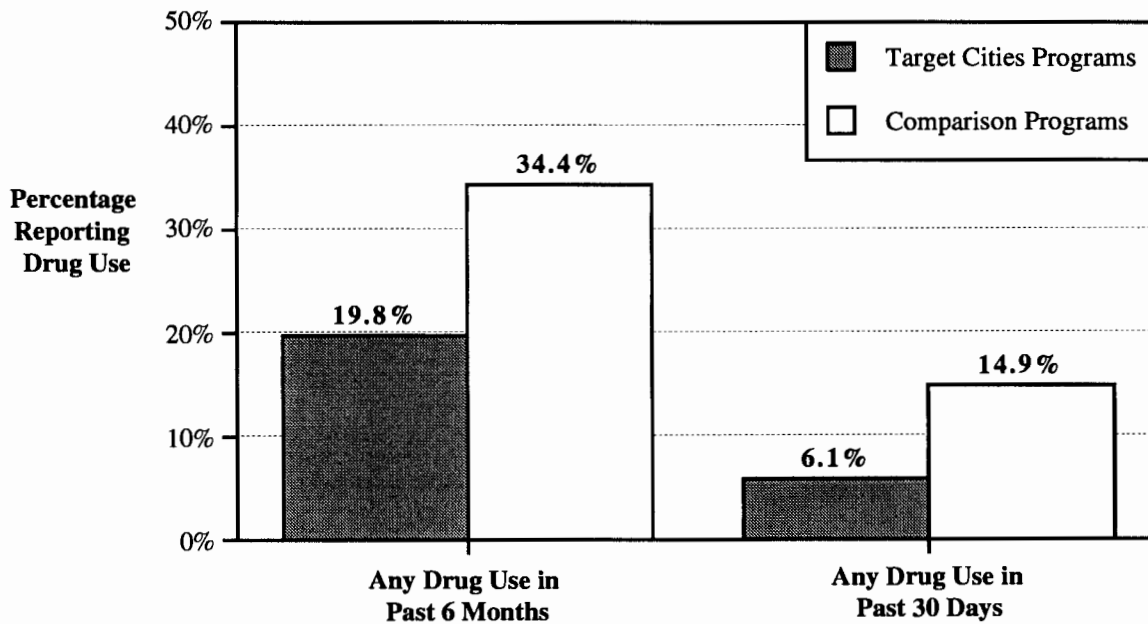
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Los Angeles Target Cities Project Evaluation Finds That Increased Counseling Reduces Drug Use

Evaluation of the CSAT-funded Los Angeles Target Cities Project reveals that the Target Cities outpatient drug treatment programs reduced drug use by increasing participation in group and individual counseling. Clients in Target Cities programs received significantly more group counseling sessions (on average, 11 versus 7^{***}) and individual counseling sessions (on average, 5 versus 4^{*}) per month than did clients in comparison programs. This increase in counseling intensity resulted in lower levels of drug use among Target Cities program clients. Client interviews conducted 6 months after intake to a treatment program revealed that the rate of drug use was more than 40% lower for clients in Target Cities programs than for clients in comparison programs (20% versus 34%^{**}). In addition, the rate of drug use in the 30 days prior to the follow-up interview was almost 60% lower for Target Cities clients (6% versus 15%^{**}). According to the authors, these findings suggest that even minimal increases in counseling may result in relatively impressive reductions in drug use.

Percentage of Outpatient Treatment Clients Reporting Any Drug Use, Target Cities and Comparison Programs
(n=319)



*p<.05, **p<.01, ***p<.001

NOTE: Analysis based on 16 of 17 Target Cities programs that attempted to intensify counseling services.

SOURCE: Adapted by CESAR from data from Enhancing Drug Treatment: *Evaluation of the Los Angeles Target Cities Project*. Robert Fiorentine and M. Douglas Anglin, UCLA Drug Abuse Research Center, 1996. For more information, contact Dr. Robert Fiorentine at 310-825-9057.

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A Collaborative Effort of the Center for Substance Abuse Treatment (CSAT) and the Center for Substance Abuse Research (CESAR)/University of Maryland at College Park

Study Finds Drug Use Among Women Requesting Pregnancy Tests at New Mexico Health Clinics

In an effort to improve the health of childbearing-age women in New Mexico, CSAT, in conjunction with the New Mexico Department of Health, funded a study of New Mexico health clinics in 1994. Over 2,400 women requesting a pregnancy test at participating health clinics were asked to fill out an anonymous questionnaire. In addition, the urine specimens that were collected to determine pregnancy status were also subjected to drug screening.[†] Among the findings were the following:

- Alcohol was the most commonly reported substance used on a lifetime basis (69%); tobacco was the most common substance used on a past month basis (42%).*
- The prevalence of past month tobacco and marijuana use was highest among teens (47% and 20%, respectively) and declined with age. Past month alcohol use was highest among women 20-24 years of age (38%), and other drug use was relatively stable across all age groups.
- Women with greater levels of education or income were more likely to use alcohol but less likely to use tobacco.
- Respondents who reported that their partner used alcohol or other drugs were three to six times more likely to use those substances than women whose partners did not use such substances.
- Use of urinalysis drug screens to corroborate self-report data helped produce more accurate prevalence estimates for this population.

The study sample was not representative of the population of childbearing-age females in New Mexico. The findings apply to women who sought services primarily at publicly funded health clinics. This sample was younger (68% were under age 25) and less well educated (49% had not graduated from high school) than the larger population of childbearing-age females.

[†]Drugs screened for were tobacco, marijuana, amphetamines, cocaine, sedatives, and heroin/opiates.

*The prevalence of past month alcohol use was based solely on self-report.

SOURCE: Adapted by CESAR from the State of New Mexico Department of Health, "Substance Abuse Among Childbearing-Age Females (SUCAF): The Prevalence of Alcohol, Tobacco, Marijuana and Other Drug Use Among Women Seeking Pregnancy Tests in Public and Private Health Clinics in New Mexico, 1994" (April 1995). For more information, please contact Jane Martin of the New Mexico Department of Health at 505-827-1434.

WHAT SKILLS CHARACTERIZE COMPETENT ADDICTIONS COUNSELORS?

CSAT's Addiction Training Centers program has developed "Addiction Counselor Competencies" to describe the knowledge, skills, and attitudes that characterize competent practice in addictions counseling. To obtain a free copy or further information, contact Susanne R. Rohrer, RN, at 301-443-8521.

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Substance Abuse and Need for Treatment in Maryland: Results of a Household Survey

Maryland is one of many states that have been funded by CSAT to conduct a family of studies designed to assess the need for alcohol and drug treatment statewide. One of the studies CESAR conducted for the Maryland Alcohol and Drug Abuse Administration was a telephone survey designed to estimate alcohol and drug use and dependence among the adult household population in Maryland. The dependence rates found by the survey indicate that a large number of adults in Maryland are in need of drug or alcohol treatment.

Rate and Estimated Number of Maryland Adult Household Residents Who Used or Were Dependent on Selected Substances in the Past 18 Months, 1993-94*

Substance	Rate of Use During Past 18 Months	Estimated Number Who Used in Past 18 Months	Rate of Dependence During Past 18 Months	Estimated Number Who Were Dependent in Past 18 Months
Alcohol	70.5%	2,551,555	4.9%	177,342
Marijuana	6.6%	238,869	1.0%	36,192
Cocaine	1.2%	43,431	0.6%	21,715

Nevertheless, the survey results should be viewed as providing conservative estimates of the minimum amount of treatment needed. "The actual amount of treatment needed in Maryland is likely to be much higher and will be more completely reflected by estimates that combine the estimates from the telephone survey and those obtained from studies of other components of the state population" (p. 28). CESAR is currently conducting another CSAT-funded study to estimate the need for alcohol and drug treatment among Baltimore's criminal justice population. The results of this study will be combined with those from the other CSAT-funded studies to produce an overall estimate of need for treatment in Maryland. To obtain a copy of the report on the results of the household survey, contact CESAR at 301-403-8329.

*Estimates are based on 1990 census figures for Maryland population aged 18 and older. The survey was administered to 5,095 randomly selected adults residing in Maryland households accessible by telephone during 1993-94. Diagnoses for dependence on hallucinogens and opiates are not reported because no respondent had a diagnosis of dependence on hallucinogens and nine had a diagnosis of dependence on opiates.

SOURCE: Kenneth R. Petronis and Eric D. Wish, "Substance Abuse and Need for Treatment in Maryland: Results of a Telephone Survey Conducted as Part of the Maryland State Demand and Needs Assessment Studies," January 1996.

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Alabama Household Survey Finds Need for Methamphetamine Treatment Nearly Equal That for Cocaine

CSAT has funded many states, including Alabama and Maryland (see CSAT by Fax, Volume 1, Issue 9) to conduct alcohol and drug treatment needs assessments. Alabama contracted with The Gallup Organization to conduct a statewide telephone survey of household residents. One of the most interesting findings of the survey was that an estimated 14,289 residents were in need of treatment for methamphetamine abuse or dependence at the time of the survey--nearly the same number in need of cocaine treatment. Any resident who was diagnosed as abusing or being dependent at the time of the survey was classified as needing treatment. For more information, please contact Mr. Joe Drop of the Alabama Department of Mental Health/Mental Retardation at 334-242-3966.

Estimated Number of Alabama Adult Household Residents Who Needed Treatment for Selected Substances in the Past Year, 1994-95*

Substance	Estimated Number Who Needed Treatment in Past Year
Alcohol	144,824
Marijuana	26,987
Cocaine	14,882
Methamphetamine/ Other Amphetamines	14,289
Heroin/Other Opiates	8,480
Hallucinogens	3,227

*The survey was administered to 3,844 randomly selected adults residing in Alabama households accessible by telephone during 1994-95.

SOURCE: Adapted by CESAR from data from the Alabama Adult Needs Assessment Survey, conducted by The Gallup Organization for the Alabama Department of Mental Health/Mental Retardation, September 1994 to January 1995.

NEW SAMHSA FUNDING OPPORTUNITIES FOR FY 1996

Information about SAMHSA's five FY 1996 grant programs is available on SAMHSA's world wide web site or by calling the National Clearinghouse at 1-800-729-6686.

SAMHSA's WWW site: <http://www.samhsa.gov>

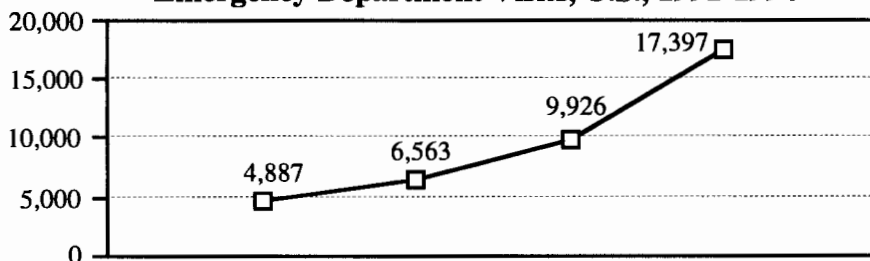
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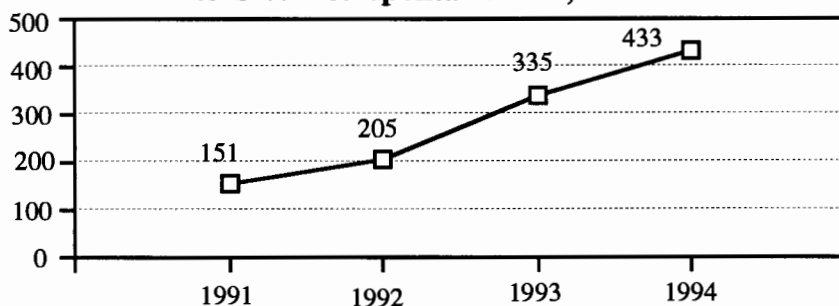
DAWN Data Show Increase in Methamphetamine Use

Data from the Substance Abuse and Mental Health Services Administration's Drug Abuse Warning Network (DAWN) suggest that there has been an increase in the abuse of the stimulant methamphetamine. From 1991 to 1994, the number of methamphetamine-related deaths reported by participating medical examiner facilities (in 43 metropolitan areas nationwide) nearly tripled (from 151 to 433). The number of methamphetamine-related visits to hospital emergency departments (EDs) more than tripled over the same time period (from 4,887 to 17,397). The majority of the ED visits have occurred in the Western part of the U.S. and in 1994 just four cities (Los Angeles, San Diego, San Francisco, and Pheonix) accounted for 90% of the 433 methamphetamine-related deaths reported to DAWN. For more information, contact Janet Greenblatt at 301-443-7981.

Estimated Number of Methamphetamine-Related Emergency Department Visits, U.S., 1991-1994*



Number of Methamphetamine-Related Deaths, 43 U.S. Metropolitan Areas, 1991-1994



*Part of the increase between 1993 and 1994 in the national estimate was due to a change in reporting practice in two hospitals in the National Panel component of the DAWN sample. Excluding these two hospitals, the increase was 45% between 1993 and 1994.

SOURCE: Adapted by CESAR from data from Janet C. Greenblatt and Joseph C. Gfroerer, Office of Applied Studies (OAS), Substance Abuse and Mental Health Services Administration (SAMHSA), *Methamphetamine Abuse in the United States*, OAS Working Paper, April 1996.

NEW SAMHSA FUNDING OPPORTUNITIES FOR FY 1996

Information about SAMHSA's five FY 1996 grant programs is available on SAMHSA's World Wide Web site or by calling the National Clearinghouse for Alcohol and Drug Information (NCADI) at 1-800-729-6686.

SAMHSA's WWW site: <http://www.samhsa.gov>

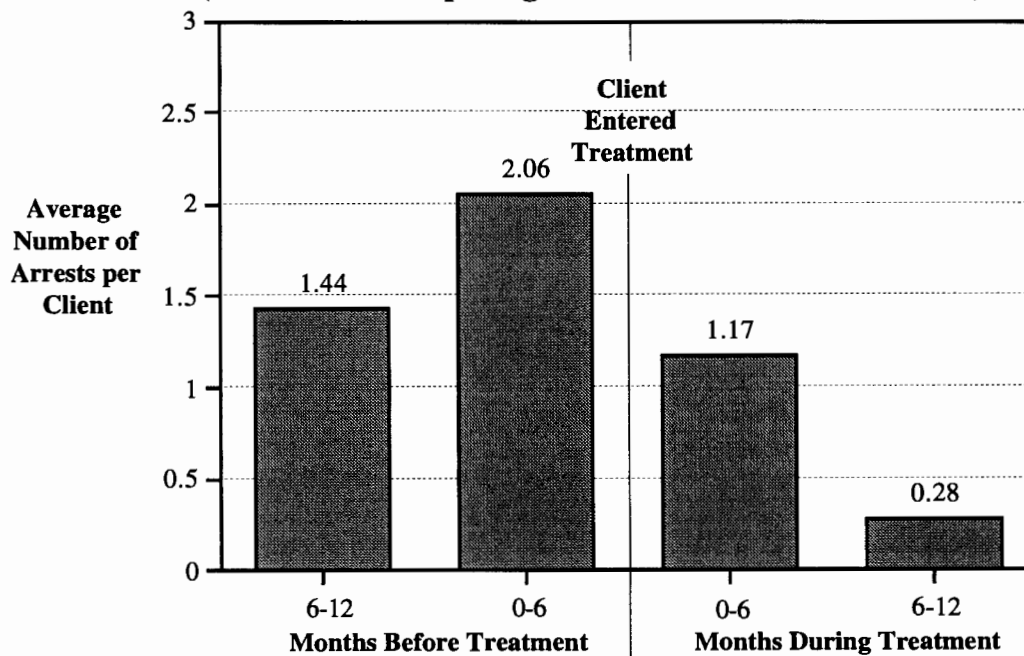
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Oregon Treatment Program Reduces Arrest Rates Among Clients

The Consortium, a CSAT-funded program in Klamath Falls, Oregon, provides treatment for nonincarcerated, drug-abusing offenders with five or more drug-related arrests. The day reporting program includes strict use of sanctions for program rule violations; cognitive restructuring of criminal thought patterns; and a therapeutic community. The preliminary data for 18 clients who completed at least 12 months of treatment indicate that the average number of arrests per client decreased upon entry into the program and continued to decrease the longer the client was in the program. On average, the number of arrests was 86% lower 6 to 12 months after program entry than in the 6 months prior to program entry (.28 versus 2.06 arrests/client). In addition, the program's actual effect is probably greater than the data indicate since posttreatment arrests include arrests due to program rule violations. Although these data are based on a small number of clients, the initial findings suggest that intensive treatment programs such as the Consortium program can be effective in lowering client arrests rates. For more information, contact Richard Pohl at 541-885-1391 or Boyd Sharp at 541-885-8131.

**Average Number of Arrests per Client, Before and During Treatment
(N=18 clients completing at least 12 months of treatment)**



SOURCE: Adapted by CESAR from data from Boyd Sharp and Richard Pohl, Consortium Evaluation Project, 1996.

NEW CSAT PUBLICATION NOW AVAILABLE

CSAT is pleased to announce the availability of a new publication: "Alcohol, Tobacco, and Other Drug Abuse: Challenges and Responses for Faith Leaders." Obtain your copy by calling the National Clearinghouse for Alcohol and Drug Information (NCADI) at 1-800-SAY-NO-TO.

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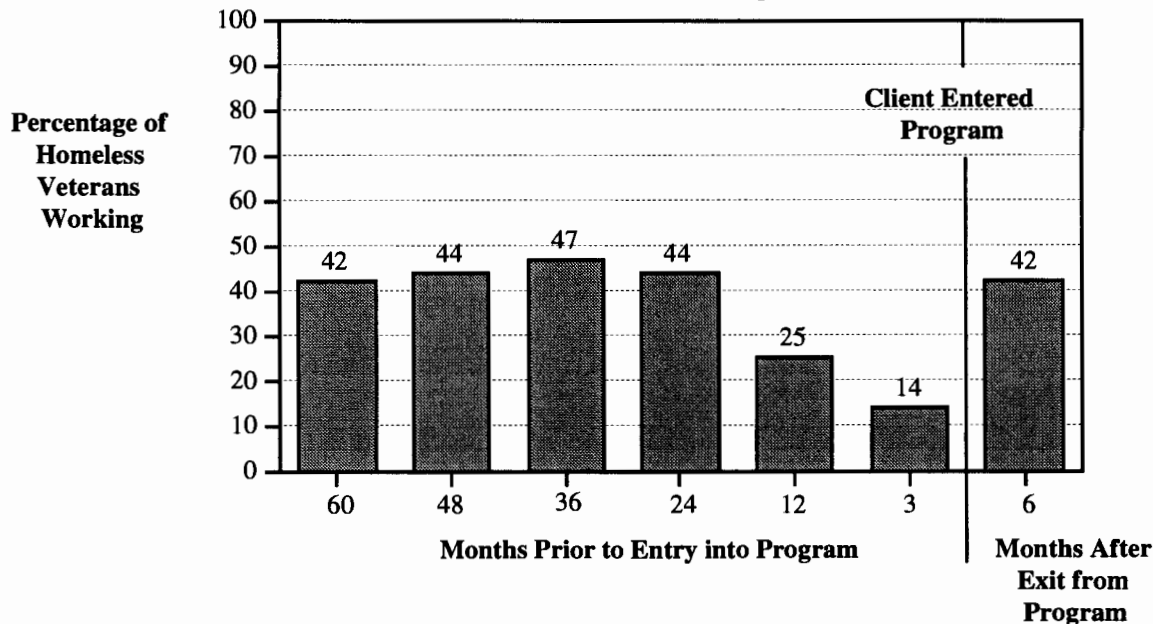
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CSAT Comprehensive Treatment Program Increases Employment of Dually Diagnosed Homeless Veterans

The Vietnam Veterans of San Diego (VVSD) operates a CSAT-funded rehabilitation center for homeless veterans with co-occurring substance abuse and mental health problems. The initial focus of the treatment program is on education and treatment for addiction and mental health problems; the second phase of the program emphasizes employment. The program's goal is to prepare residents for employment by offering aptitude and vocational testing, on-the-job training, and linkages with other agencies funded through the Department of Labor. Preliminary results of an evaluation of the VVSD Treatment facility, being conducted by San Diego State University, has found that employment levels increased after veterans left the treatment program (whether through completion or drop out). Overall employment rates for the entire sample are expected to be slightly higher because later cohorts will have a higher percentage of veterans who have fully completed the program. For more information, contact Richard Hough, Ph.D., Homeless Veteran Program Evaluation, at 619-275-3175.

Percentage of Homeless Veterans Employed, Before Treatment and After Exiting Treatment (N=64)*



*The evaluation team conducted 152 baseline interviews with residents as they entered the facility and is in the process of conducting further interviews at three and six months after they leave. Employment results are now available for 64 participants who have reached the six-month follow-up point.

SOURCE: Adapted by CESAR from data from Richard Hough, Ph.D., Homeless Veteran Program Evaluation, San Diego State University.

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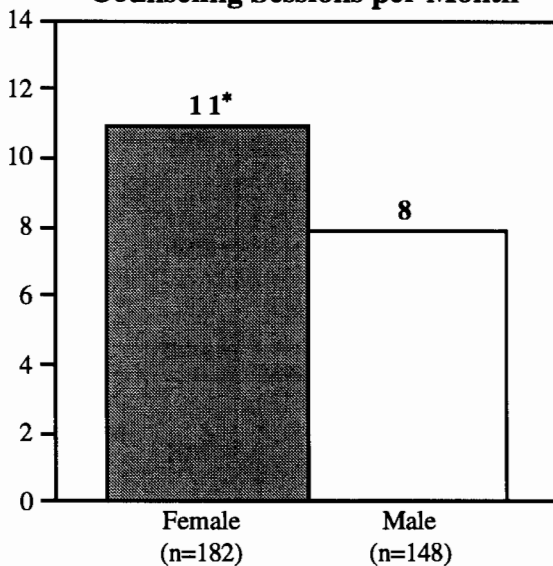
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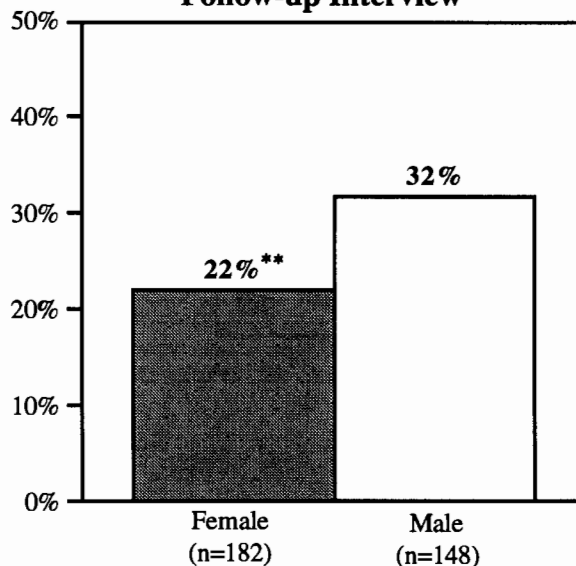
Drug Treatment Gender Paradox May Be Explained by Differences in Participation in Counseling

Women participating in drug treatment are no more likely, and possibly less likely, than men to relapse to drug use despite the fact that research indicates that women possess more psychological risk factors associated with drug use relapse. One possible explanation for this paradox is that women are more likely to stay in treatment and participate in counseling and other services, thereby increasing the probability of abstinence. Evaluation results from the CSAT-funded Los Angeles Target Cities Project support this possibility. Women were found to participate more frequently in group counseling and to have lower rates of relapse (see figure below). Further analyses indicate that the greater participation of women in group counseling does not stem from child-custody or other gender-related reasons for entering treatment, nor does it result from the enhanced services associated with the Target Cities Project. Rather, the differences in treatment engagement for women and men may result from gender norms concerning seeking help, personal independence, strength, and control.

Mean Number of Group Counseling Sessions per Month



Percentage Reporting Any Drug Use in 6 Months Prior to Follow-up Interview



*p<.001, **p<.05

SOURCE: Adapted by CESAR from data from *Enhancing Drug Treatment: Evaluation of the Los Angeles Target Cities Project*. Robert Fiorentine and M. Douglas Anglin, UCLA Drug Abuse Research Center, 1996. For more information, contact Dr. Fiorentine at 310-825-9057.

VISIT SAMHSA'S HOME PAGE ON THE WORLD WIDE WEB

SAMHSA'S home page provides information on SAMHSA's programs and services as well as substance abuse related events, conferences, and statistical information.

SAMHSA's WWW site: <http://www.samhsa.gov>

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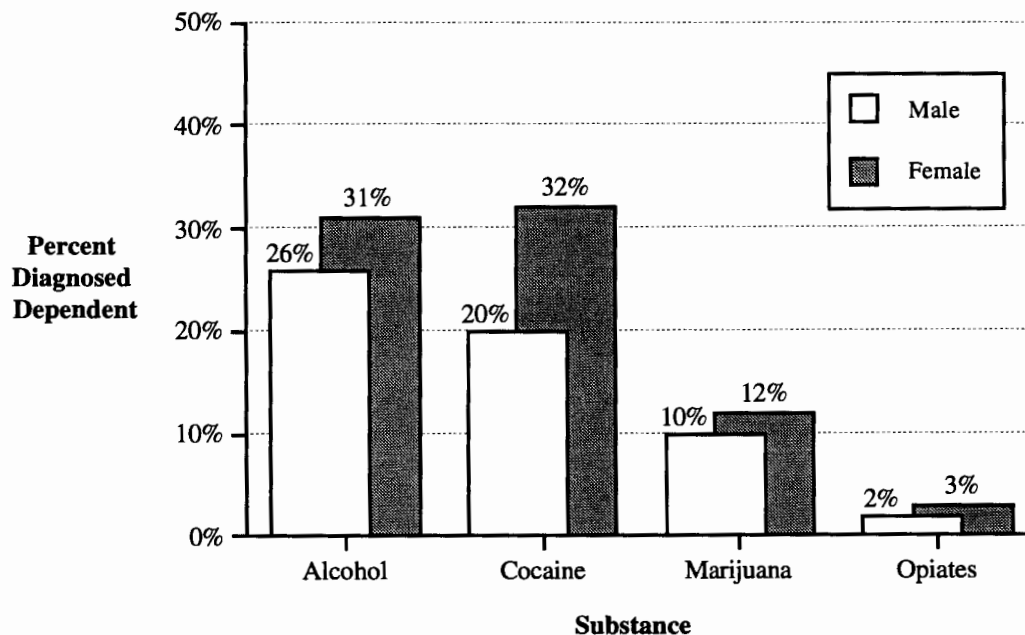
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Illinois SANTA Study Finds Female Arrestees Have Higher Drug Dependency Rates Than Male Arrestees

As part of the national treatment needs assessment surveys funded by CSAT, Illinois Treatment Alternatives for Safer Communities, Inc. (TASC) surveyed over 1,000 adult arrestees in six Illinois counties. The Substance Abuse Need for Treatment among Arrestees (SANTA) survey found that female arrestees had higher DSM-III-R dependency rates than male arrestees. The majority (59%) of female arrestees were classified as having been dependent on at least one substance at some time in their lives, compared to 43% of male arrestees. Specifically, female arrestees had higher rates of dependence for alcohol (31% vs. 26%) and cocaine (32% vs. 20%). The author notes the irony that findings such as this, which "document a huge and unmet need for intensive, long-term treatment programs for criminal justice populations, [are] occurring at a time when publicly-funded treatment is under the legislative knife" (p. 85).

Percentage of Illinois Adult Arrestees with a Lifetime Diagnosis of Dependence, by Substance and Gender
(N=831 Males and 164 Females)



SOURCE: Adapted by CESAR from data from James A. Swartz, Treatment Alternatives for Safer Communities, Inc., *Final Results of the 1995 Illinois Drug Use Forecasting Study*, April 1996. For more information, contact Dr. Swartz at 312-787-0208.

GRIEF TRAINING PUBLICATION NOW AVAILABLE FROM CSAT

CSAT is pleased to make available its newest publication, "Grief and Grief Training in the Substance Abuse Field."

To receive a copy, contact Ms. Nita Fleagle by phone (301-443-7730) or e-mail (nfleagle@samhsa.gov). The publication can also be viewed or printed from the Treatment Conference of the CESAR BOARD on CESAR's WWW home page (www.bsos.umd.edu/cesar/cesar.html).

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***CSAT Sponsored Iowa Needs Assessment Project:
Women Perceive Financial Barriers to Substance Abuse Treatment***

A recently released Iowa household survey assessing treatment need among women found that many alcohol abusing women had not utilized local substance abuse treatment centers. The Alcohol and Drug Abuse Among Iowa Women study interviewed 415 women who were determined by self-report to be moderate or heavy alcohol drinkers. Only 2% of the moderate drinkers and 11% of the heavy drinkers reported receiving any alcohol and/or drug treatment in their lifetime. One contributing factor to the underutilization of treatment centers may be perceived barriers to treatment entry. The most frequently mentioned barriers to treatment were financial concerns (in the form of lost income and paying for treatment) and concern that other people would know about the treatment. The authors believe that the barriers perceived by women should be taken into consideration when designing treatment services.

Perceived Barriers to Using Local Alcohol or Drug Treatment Centers

(N=415 Female Iowa Household Residents Determined by Self Report to Be Moderate to Heavy Alcohol Drinkers)

Perceived Barrier	Percent
Lose Work Income	34%
Would Not Want Others to Know	31
Problems Paying for Treatment	28
Treatment Not Confidential	13
Programs Not Very Successful	13
Services Do Not Have Convenient Hours	12
Family Unsupportive	9
Programs Not Suited for Women My Age	9
Programs Not Suited to the Needs of Women	8
Too Long Waiting Period	8
No Female Counselors Available	8
Services Too Far Away	7
Difficulties Getting Child Care	6
Other	16

NOTE: Percentages do not total to 100 due to multiple responses.

SOURCE: Adapted by CESAR from data from *Alcohol and Drug Abuse Among Iowa Women: Iowa State Needs Assessment Project*, The University of Iowa College of Education, April 1996. For more information, contact Anne Helene Skinstad of the University of Iowa at 319-335-5281.

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CSAT Sponsored Study Compares Women-Only and Mixed-Sex Treatment Programs

The emergence of women-only treatment programs within the last two decades reflects the increased attention paid to the specific needs of women with alcohol and other drug problems and the recognition that traditional mixed-sex programs often fail to address these needs. Although descriptions of treatment models for women have become more prevalent within the field of substance abuse treatment, little research has been conducted to assess the ways in which programs designed specifically for women differ from traditional mixed-sex programs. The UCLA Drug Abuse Research Center examined two regional and two national data bases of treatment program and client characteristics to determine whether programs designed to serve only women differed from mixed-sex programs in terms of services offered, characteristics of service recipients, and treatment outcomes. Among the findings were the following:

- Women-only programs were more likely than mixed-sex programs to offer services such as peer support or self help groups, parenting classes, child care and transportation.
- Compared to men, women in treatment were more likely to have children living with them, to receive public subsidy for treatment, and to report abuse of cocaine and crack.
- Women in treatment were less likely than men to be in the workforce, to be involved with the criminal justice system, and to report primary alcohol use.
- Women in women-only treatment programs were more likely to have more complicated problems and services needs than women in mixed-sex programs. For example, those in women-only programs were more likely to be pregnant, homeless, or on probation.
- Treatment outcomes varied across modalities; no clear patterns related to program gender composition emerged. However, pregnant women were more likely to complete women-only treatment programs in several treatment modalities.

The authors acknowledge the limitations inherent in secondary analysis of data bases and propose further studies to determine whether women who receive services specific to their needs from women-only programs have better outcomes than women in mixed-sex programs. For more information, contact Christine Grella, UCLA Drug Abuse Research Center, at (310) 794-2660.

SOURCE: Christine Grella, Susanna Perry, and M. Douglas Anglin, Drug and Alcohol Treatment Programs for Women: Client Characteristics and Treatment Outcomes, 1996. Supported by funds from CSAT through the National Evaluation Data and Technical Assistance Center (NEDTAC).

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***NTIES Special Report #1:
CSAT by Fax Initiates Series on NTIES Project Findings***

The National Treatment Improvement Evaluation Study (NTIES) is a CSAT-sponsored study that evaluates the effectiveness of CSAT-funded alcohol and drug treatment programs. These programs serve critical populations such as inner city residents, minority groups, women with young children, and individuals in the criminal justice system. Between July 1993 and October 1995, clients at 78 CSAT-supported treatment facilities were recruited to participate in computer-assisted interviews at treatment intake, treatment discharge, and follow-up (generally 12 months after the end of treatment). NTIES collected data about drug and alcohol use, physical and mental health, criminal activity, social functioning, and employment. Preliminary findings from the NTIES sample will be available shortly and selected findings will appear in future issues of the CSAT by Fax. The summary report, NTIES at a Glance, may be obtained from the National Clearinghouse for Drug and Alcohol Information (NCADI) at 1-800-729-6686.

**Selected Characteristics of NTIES Respondents in Outcome Analysis Sample
(N=4,411)**

Characteristic	Number	Percent
Gender		
Male	3,037	69%
Female	1,374	31%
Race/Ethnicity		
Black, Non-Hispanic	2,450	56%
Hispanic	658	15%
Other	1,303	30%
Age		
Under 25 years	887	20%
25-34 years	1,825	41%
Over 34 years	1,699	39%
Substance Abuse Treatment Setting		
Methadone Maintenance	144	3%
Methadone Detoxification	278	6%
Correctional	709	16%
Long-term Residential	841	19%
Short-term Residential	873	20%
Non-methadone Outpatient	1,566	36%

SOURCE: National Treatment Improvement Evaluation Study, conducted for SAMHSA/CSAT by the National Opinion Research Center at the University of Chicago in collaboration with The Research Triangle Institute, 1996.

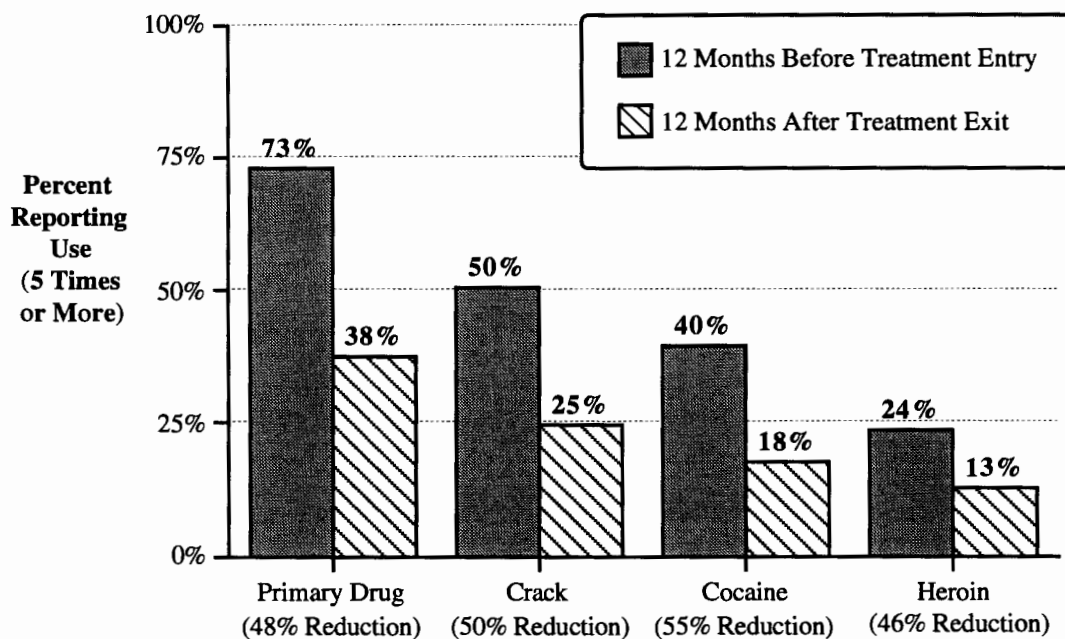
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NTIES Special Report #2: Clients Report Reductions in Drug Use in the Year After Treatment

On September 5, HHS Secretary Donna Shalala released data from the National Treatment Improvement Evaluation Study (NTIES). Regardless of the treatment modality (e.g., residential, outpatient), NTIES clients reported less drug use after exiting treatment programs than they reported prior to entering treatment programs. While 73% reported use of primary drug(s) (those drugs, excluding alcohol, which led clients to seek treatment) one year before entry into the treatment program, only 38% reported use during the one year after leaving treatment. The reported reductions in use of specific drugs (crack, cocaine, and heroin) were similar. For a description of NTIES, see CSAT by Fax, Volume 1, Issue 18. The summary report, NTIES at a Glance, may be obtained from the National Clearinghouse for Drug and Alcohol Information (NCADI) at 800-729-6686.

Percentage of Treatment Clients Reporting Drug Use (Five Times or More); 12 Months Before Entry vs. 12 Months After Exit from Treatment Program (N=4,411)



NOTE: Use is defined as using five times or more. Alcohol is not included as a "primary drug." All reductions in drug use are significant at $p < .05$. Persons incarcerated for the entire before or after periods were excluded from these analyses.

SOURCE: National Treatment Improvement Evaluation Study, conducted for SAMHSA/CSAT by the National Opinion Research Center at the University of Chicago in collaboration with The Research Triangle Institute, 1996.

CSAT RELEASES "TREATMENT WORKS!" INFORMATION KIT

September is "Treatment Works!" month. A CSAT information kit is available to help providers, state agencies, and national organizations promote the treatment works message. The kit may be ordered from NCADI by phone (800-729-6686) or on the World Wide Web (www.health.org/csat/tx_final).

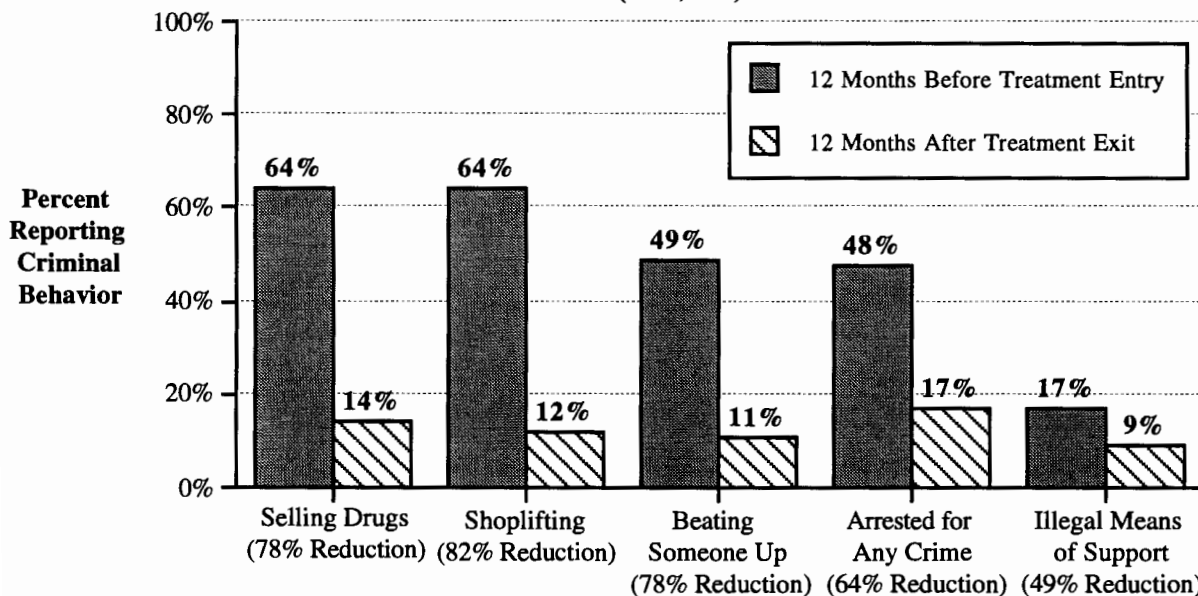
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NTIES Special Report #3: Criminal Activity Decreases in Year After Treatment

Preliminary results from CSAT's National Treatment Improvement Evaluation Study (NTIES) show that criminal activity reported by treatment clients in the year after drug treatment is substantially lower than during the year before treatment entry. The percentage of clients who reported engaging in the sale of drugs decreased from 64% in the year before treatment entry to 14% in the year after treatment. The percentage of clients who reported supporting themselves primarily through illegal activities decreased from 17% before treatment to 9% after treatment. Additionally, clients reported fewer arrests in the year following treatment. For a description of NTIES, see CSAT by Fax, Volume 1, Issue 18. For additional information about the sample, methodology, and interpretation of results, see the summary report, NTIES at a Glance (now available from the National Clearinghouse for Drug and Alcohol Information at 800-729-6686), or call CSAT at 301-443-2512.

**Percentage of Treatment Clients Reporting Criminal Activity;
12 Months Before Entry vs. 12 Months After Exit from Treatment Program**
(n=4,411)



NOTE: All reductions are significant at $p < .05$. Persons incarcerated for the entire before or after periods were excluded from these analyses. These analyses include clients who did and did not complete treatment. Data providing external validation of self-reported criminal behavior are not yet available.

SOURCE: National Treatment Improvement Evaluation Study, conducted for SAMHSA/CSAT by the National Opinion Research Center at the University of Chicago in collaboration with The Research Triangle Institute, 1996.

CSAT OFFERS "TREATMENT WORKS!" PUBLIC SERVICE ANNOUNCEMENTS

September is "Treatment Works!" month. CSAT has developed English and Spanish language PSAs for television and radio to help state agencies and non-profit treatment organizations inform the public about the effectiveness and availability of substance abuse treatment. The PSAs are available at cost from NCADI by phone (800-729-6686) or on the World Wide Web (www.health.org/csat/tx_final).

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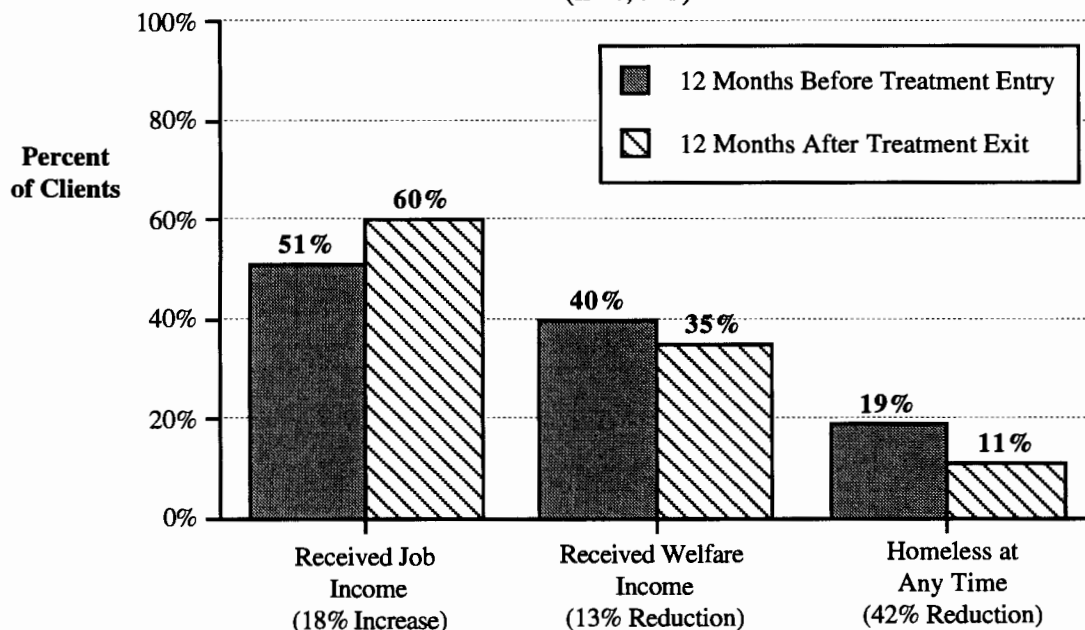
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NTIES Special Report #4:

Clients Report Post-Treatment Increases in Employment; Decreases in Homelessness

Preliminary results from CSAT's National Treatment Improvement Evaluation Study (NTIES) show that treatment clients reported an improvement in employment and housing status one year after exiting treatment. One-half of all respondents reported receiving wage or salary income in the year before treatment; 60% reported this type of income in the year after treatment. In addition, the percentage who reported receiving welfare income decreased by 13% from the year before to the year after treatment. Respondents also reported less homelessness in the year after treatment--11% vs. 19%. For additional information about the sample, methodology, and interpretation of results, see the summary report, NTIES at a Glance (now available from the National Clearinghouse for Drug and Alcohol Information at 800-729-6686), or call CSAT at 301-443-2512.

Percentage of Treatment Clients Who Reported Receiving Income and Being Homeless; 12 Months Before Entry vs. 12 Months After Exit from Treatment Program
(n=4,411)



NOTE: All changes are significant at $p < .05$. Persons incarcerated for the entire before or after period were excluded from these analyses. These analyses include clients who did and did not complete treatment. All findings are based on self-reported data.

SOURCE: National Treatment Improvement Evaluation Study, conducted for SAMHSA/CSAT by the National Opinion Research Center at the University of Chicago in collaboration with The Research Triangle Institute, 1996.

ALCOHOL & DRUG TREATMENT REFERRAL SYSTEM AVAILABLE AT 1-800-662-HELP

CSAT's automated referral service assists callers seeking help for problems with alcohol or other drugs. A menu of options offers an opportunity to speak with someone about specific needs, learn more about local resources, or obtain written information about substance abuse issues.

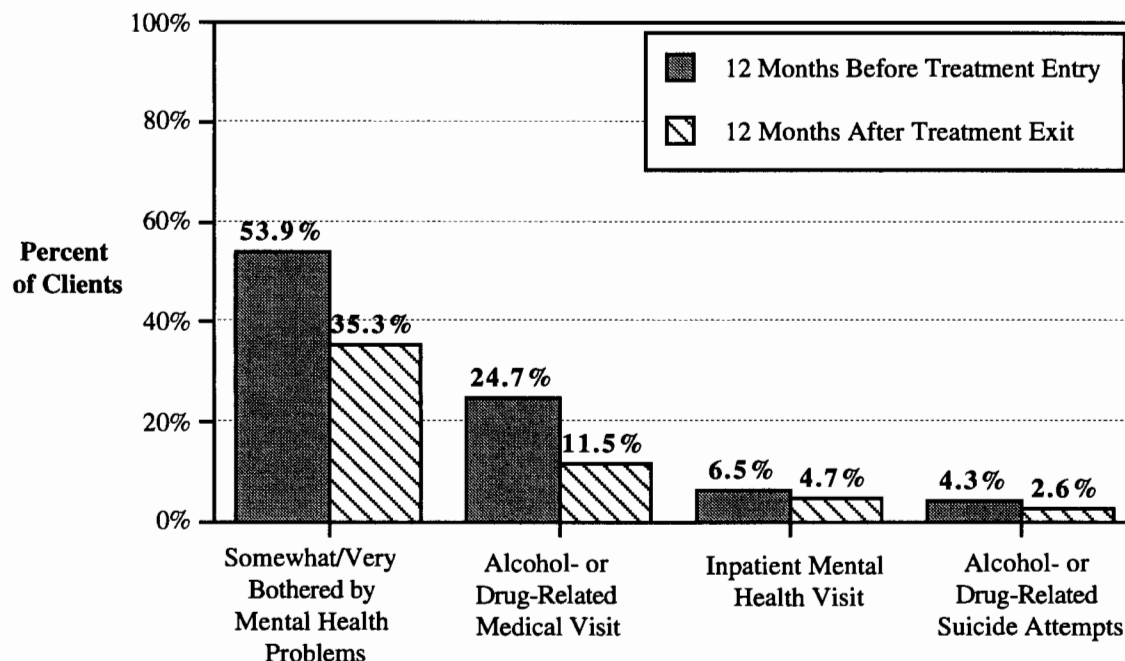
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NTIES Special Report #5: Clients Report Post-Treatment Improvements in Physical and Mental Health

Participants in the National Treatment Improvement Evaluation Study (NTIES) reported reductions in substance abuse-related physical health problems and improvements in mental health from the year before substance abuse treatment to the year after. Reported drug- or alcohol-related medical visits declined by 53% while inpatient visits for mental health treatment showed a 28% decline. In addition, suicide attempts related to alcohol or other drug use declined 40%, from 4.3% in the year prior to entering treatment to 2.6% during the year after treatment exit. For additional information about the sample, methodology, and interpretation of results, see the summary report, NTIES at a Glance, or call CSAT at 301-443-2512.

**Percentage of Treatment Clients Reporting Physical and Mental Health Conditions;
12 Months Before Entry vs. 12 Months After Exit from Treatment Program**
(n=4,411)



NOTE: All decreases are significant at $p < .05$. Persons incarcerated for the entire before or after period were excluded from these analyses. These analyses include clients who did and did not complete treatment. All findings are based on self-reported data.

SOURCE: National Treatment Improvement Evaluation Study, conducted for SAMHSA/CSAT by the National Opinion Research Center at the University of Chicago in collaboration with The Research Triangle Institute, 1996.

"NTIES AT A GLANCE" NOW AVAILABLE ON CESAR'S WWW SITE

CSAT's summary report, "NTIES at a Glance" is now available on CESAR's world wide web home page (www.bsos.umd.edu/cesar/cesar.html) on the CESAR BOARD under the treatment conference. The report is also available from the National Clearinghouse for Drug and Alcohol Information (NCADI) at 800-729-6686.

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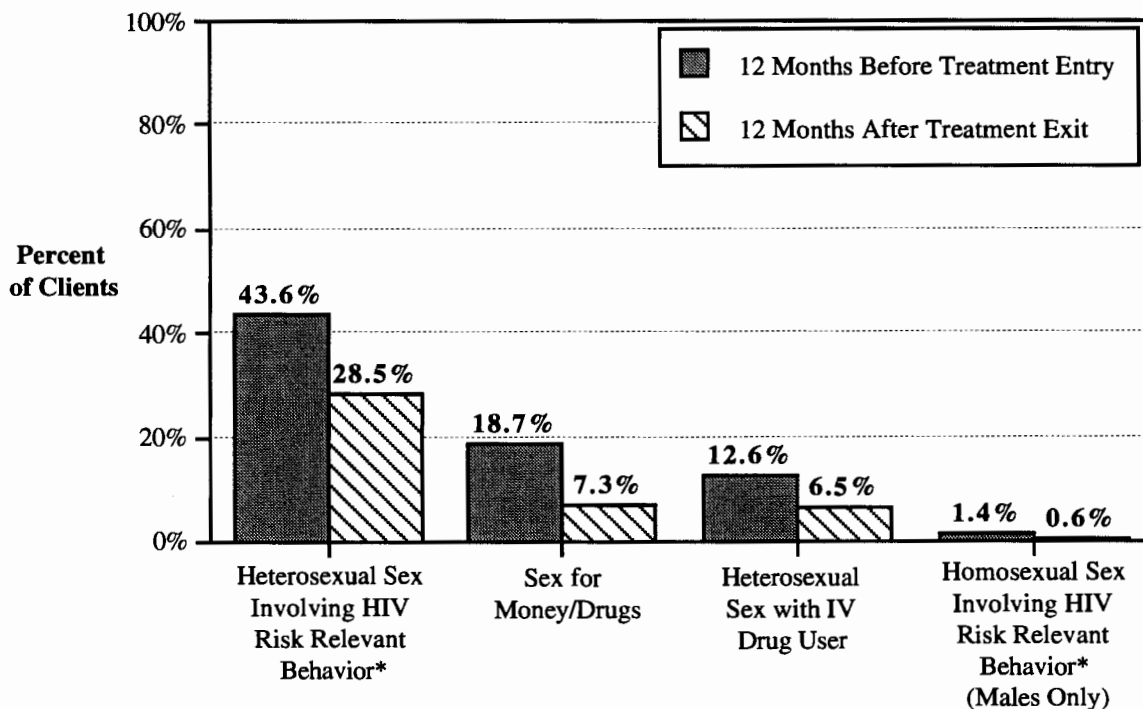
A Collaborative Effort of the Center for Substance Abuse Treatment (CSAT) and the Center for Substance Abuse Research (CESAR)/University of Maryland at College Park

NTIES Special Report #6:

Reported Reduction in HIV Risk Relevant Behaviors in Year After Treatment

Preliminary results from the National Treatment Improvement Evaluation Study (NTIES) indicate safer sexual behavior in the year after substance abuse treatment compared to the year before treatment. The percentage of NTIES respondents who reported having sex with an IV drug user dropped by half between the two 12-month periods (12.6% to 6.5%), and the percentage who engaged in sex for money or drugs dropped 56%, from 18.7% to 7.3%. For additional information about the sample, methodology, and interpretation of results, see the summary report, NTIES at a Glance (now available from the National Clearinghouse for Drug and Alcohol Information at 800-729-6686 and on CESAR's world wide web home page at www.bsos.umd.edu/cesar/cesar.html), or call CSAT at 301-443-2512.

Percentage of Treatment Clients Reporting HIV Risk Relevant Sexual Behavior; 12 Months Before Entry vs. 12 Months After Exit from Treatment Program (n=4,411)



NOTE: All decreases are significant at $p < .05$. Persons incarcerated for the entire before or after period were excluded from these analyses. These analyses include clients who did and did not complete treatment. All findings are based on self-reported data.

*HIV risk relevant behavior includes having sex without condom use and more than one sexual partner.

SOURCE: National Treatment Improvement Evaluation Study, conducted for SAMHSA/CSAT by the National Opinion Research Center at the University of Chicago in collaboration with The Research Triangle Institute, 1996.

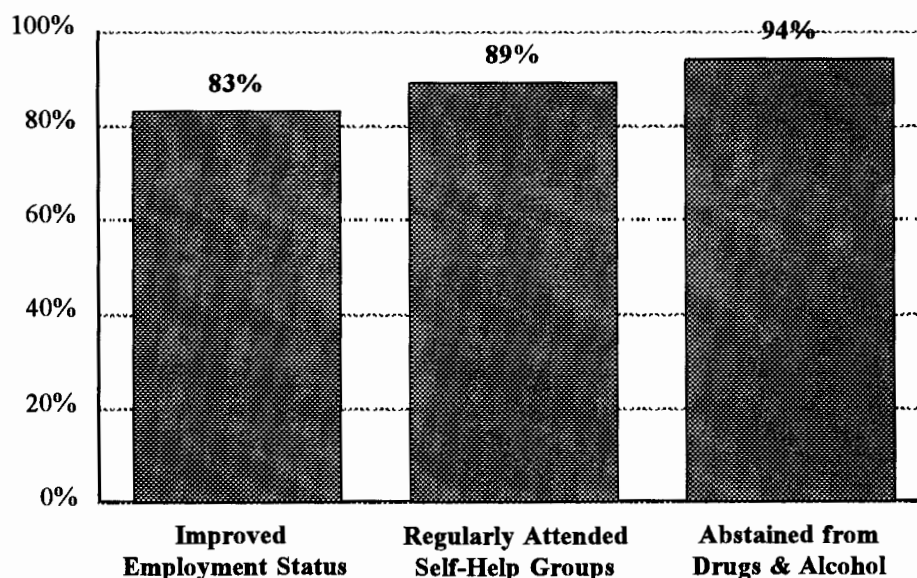
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A Collaborative Effort of the Center for Substance Abuse Treatment (CSAT) and the Center for Substance Abuse Research (CESAR)/University of Maryland at College Park

Oregon Treatment Program Improves Employment Status, Decreases Substance Use Among Drug-Abusing Offenders

The Consortium, a CSAT-funded day reporting program, provides treatment to nonincarcerated, drug-abusing offenders in Oregon. A previous issue of the CSAT by Fax (see Volume 1, Issue 12) reported that arrest rates declined by 86% among clients remaining in treatment for more than three months. While such reductions suggest the Consortium model is effective, the lowered rates are not likely to be sustained unless clients improve in other areas of their lives. As the figure below illustrates, the Consortium program is also producing general improvements in its clients' lives. Initial findings from 36 clients who completed six months or more of treatment show that 83% had improved their employment status[†] and 94% had abstained from drugs and alcohol for the past 30 days (as indicated by negative urinalysis drug test results). For more information, contact Boyd Sharp at 541-885-8131 or Richard Pohl at 541-885-1391.

Percentage of Clients Improving Employment Status, Attending Self-Help Groups, and Abstaining from Substances (N=36 Clients in Treatment Six Months or More)



[†]Employment status is measured on a scale of one to five: 1=Full time (35 hours or more per week), 2=Part-time (17-24 hours), 3=Irregular (less than 17 hours), 4=Not employed, but has sought employment, and 5=Not employed, and has not sought employment.

SOURCE: Adapted by CESAR from data from Boyd Sharp and Richard Pohl, Consortium Evaluation Project, 1996.

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