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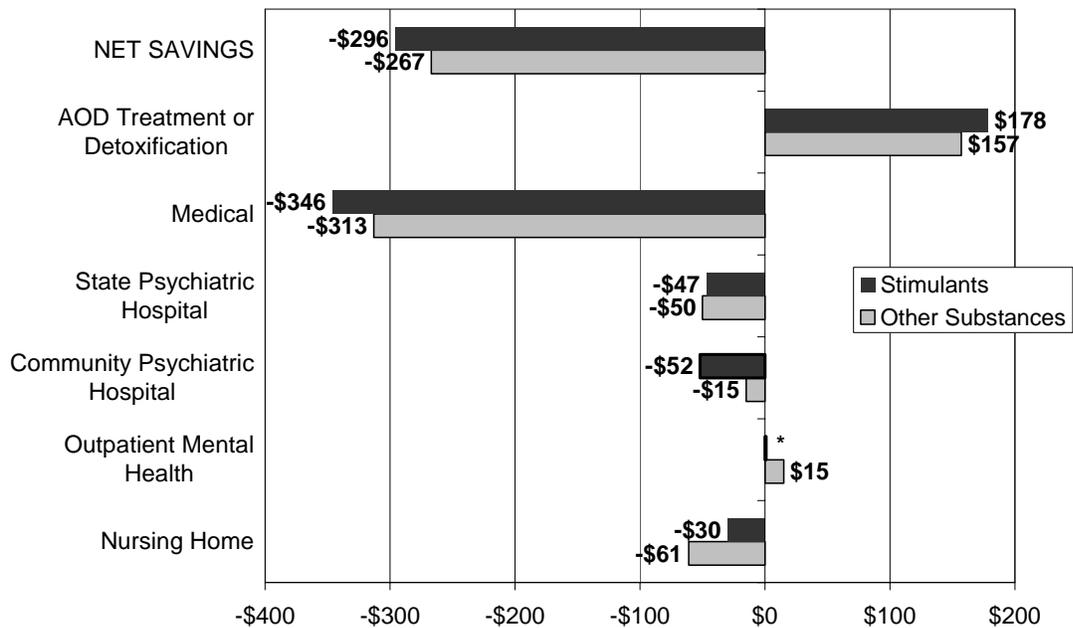
TREATMENT OF STIMULANT ADDICTION INCLUDING ADDICTION TO METHAMPHETAMINE RESULTS IN LOWER HEALTH CARE COSTS AND REDUCED ARRESTS AND CONVICTIONS:

WASHINGTON STATE SUPPLEMENTAL SECURITY INCOME RECIPIENTS

TREATMENT OF STIMULANT ADDICTION, INCLUDING ADDICTION TO METHAMPHETAMINES, RESULTS IN LOWER HEALTH CARE COSTS

The overall cost offset of medical, mental health, and long-term care relative to the cost for providing alcohol or other drug (AOD) treatment and detoxification services equals **-\$296 per person per month for stimulant abusers** and **-\$267** for other substance abusers.

Cost Offsets for Stimulant Abusers and for Other Substance Abusers are About the Same: **-\$296 and -\$267 per client per month, respectively**



*Difference in outpatient mental health costs between treated and untreated SSI clients was not statistically significant.

Entering AOD treatment is associated with the following cost savings:

- **Lower medical costs: –\$346 for stimulant abusers** compared to –\$313 for abusers of other substances
- **Lower state psychiatric hospital costs: –\$47 for stimulant abusers** compared to –\$50 for abusers of other substances
- **Lower community psychiatric hospital costs: –\$52 for stimulant abusers** compared to –\$15 for abusers of other substances
- **Lower nursing home care costs: –\$30 for stimulant abusers** compared to –\$61 for abusers of other substances

Monthly costs for providing AOD treatment are \$167 per client for stimulant abusers and \$147 per client for other substance abusers. Average monthly costs for detoxification services are \$11 and \$10 per client, respectively.

TREATMENT FOR STIMULANT ADDICTION, INCLUDING ADDICTION TO METHAMPHETAMINES, REDUCES CRIMINAL RECIDIVISM

Among clients with prior criminal histories, entering AOD treatment reduces recidivism among both stimulant abusers and abusers of other substances.

Reduced Risk of Conviction for both Stimulant Abusers and Other Substance Abusers who Entered AOD Treatment: -28% and –15%, respectively

	Arrests		Felony Convictions		Any Conviction	
	Stimulants	Other Substances	Stimulants	Other Substances	Stimulants	Other Substances
Entered AOD Treatment	-16%	-19%	-30%	-41%	-28%	-15%
Number of Clients	1,492	6,721	1,488	6,653	1,488	6,653

Criminal recidivism is reduced as a result of entering treatment.¹

- **Reduced risk of re-arrest: –16% among clients who abused stimulants** compared to –19% among clients who abused other substances
- **Reduced risk of conviction for any type of offense: –28% among clients who abused stimulants** compared to –15% among clients who abused other substances

¹ Percentages reflect results of proportional hazards models in which the effects of covariates on re-arrest or conviction rates (e.g., age, gender, race/ethnicity) are controlled.

Further analyses were performed to examine the change in the risk of criminal activity for clients who completed AOD treatment or who were in treatment for more than 90 days. The results show that those clients who received treatment had a lower likelihood of criminal activity than those who did not receive treatment. The reduction in the likelihood of criminal activity is similar for stimulant abusers and for clients who abused other substances.

Criminal Justice Outcomes Improve when Stimulant Abusers Complete AOD Treatment or Stay in AOD Treatment for More Than 90 Days

	Arrests		Felony Convictions		Any Conviction	
	Stimulants	Other Substances	Stimulants	Other Substances	Stimulants	Other Substances
Completed AOD Treatment	-40%	-44%	-44%	-50%	-35%	-39%
Length of Stay >90 days	-33%	-28%	-32%	-29%	-20%	-28%
Number of Clients	898	2,148	894	2,132	894	2,132

The completion of AOD treatment results in a reduced likelihood of re-arrest or conviction.

- **Reduced risk of re-arrest: –40% among clients who abused stimulants** compared to –44% among clients who abused other substances
- **Reduced risk of conviction for any type of offense: –35% among clients who abused stimulants** compared to –39% among clients who abused other substances

Staying in AOD treatment for more than 90 days also reduces the risk of re-arrest or conviction.

- **Reduced risk of re-arrest: –33% among clients who abused stimulants** compared to –28% among clients who abused other substances
- **Reduced risk of re-conviction: –20% reduction for clients who abused stimulants** compared to –28% among clients who abused other substances

TREATMENT OF STIMULANT ABUSERS IS BENEFICIAL

The Washington State Supplemental Security Income (SSI) Cost Offset Pilot Project found that clients who received treatment for alcohol or other drug abuse (AOD) had much lower costs for medical treatment, psychiatric hospitalizations, and long-term care than SSI clients who appeared to need

treatment but did not get it.² Furthermore, clients who received AOD treatment had a reduced likelihood of re-arrest and conviction. This fact sheet compared cost offsets and criminal justice outcomes for a subset of SSI clients who were abusing methamphetamine, amphetamines, or other stimulants compared to costs and outcomes for clients who abused other substances.

The effect of substance abuse treatment on costs for medical care, mental health treatment, and long-term care for stimulant abusers is similar to cost offsets for clients who abuse other drugs. Treatment is also associated with the reduced likelihood of criminal activity.

TECHNICAL NOTE

The study population included 16,034 clients who received SSI benefits at some time between July 1997 and December 2001 and who were identified as having a substance abuse problem based on administrative records. The SSI program is designed to provide cash and medical assistance to people who have little or no income and are unable to work due primarily to physical or mental disabilities. Substance abuse problems for these clients were identified through medical diagnoses or procedures, receipt of drug or alcohol detoxification or treatment, or arrests for drug- or alcohol-related offenses. The clients also had one month before and after the identification of the substance abuse problem or admission to AOD treatment.

Since a special focus of this report is outcomes for clients who were abusing or dependent on stimulants, a subset of the overall cohort was identified. Stimulant use/abuse was identified for 2,350 clients by the presence of:

- Methamphetamine, amphetamine, or other stimulant as primary, secondary, or tertiary drug of abuse in TARGET records
- Diagnosis of amphetamine or other stimulant abuse or dependence in Medicaid claims data

² Estee, S. and D. Nordlund. 2003. *Washington State Supplemental Security Income (SSI) Cost Offset Pilot Project: 2002 Progress Report*. Washington State Department of Social and Health Services, Research and Data Analysis Division, February.

Additional copies of this fact sheet may be obtained from the following websites:

<http://www1.dshs.wa.gov/RDA/> or <http://www1.dshs.wa.gov/dasa/>
or through the Washington State Alcohol/Drug Clearinghouse by calling
1-800-662-9111 or 206-725-9696 (within Seattle or outside
Washington State), by e-mailing clearinghouse@adhl.org, or
by writing to 6535 Fifth Place South,
Seattle, Washington 98108-0243.

