

Legal System Involvement and Substance Use Treatment Retention

An Exploration of Reasons for Discharge from
Publicly Funded Treatment

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Introduction

- Although Delaware is the seventh smallest state in the country (including Washington, D.C.) in terms of population size, it has the second highest drug overdose death rate according to the CDC (2020).
- Delaware reported 43.8 fatal drug overdoses per 100,000 in 2018 compared to the national average of 20.7, with 355 of the 401 deaths related to opioids (Hedegaard et al., 2020; NIDA, 2020; CDHS, 2020).
- While state agencies continue to strengthen their efforts around treatment accessibility, quality, and efficacy, the Delaware Division of Substance Abuse and Mental Health (DSAMH), along with SAMHSA, has increased attention in identifying disparities in treatment outcomes.
- This presentation focuses on outcomes for justice-involved people from a larger study on substance use treatment completion

Treatment Completion

- Because SUD treatment follows a non-linear trajectory of active use, recovery, and relapse (Hser et al., 2007), treatment may not ever be “complete” nor is it possible to predict which treatment episode may be the final one.
- Many studies dichotomized treatment episodes as either “completed” or “not completed” (Guerrero et al., 2012; Syan et al., 2020; Mutter et al., 2015; Mennis & Stahler, 2016).
- We expanded our analyses to include: “treatment completed: met all/some goals or transferred to another site,” “administratively discharged or lost contact with,” “failed to meet program requirements,” and “refused services.” Going beyond a binary definition of treatment completion, we investigated whether disparities existed between the various reasons for discharge.

Literature Review

- Criminal justice involvement was shown to influence treatment episode completion. Evans et al. (2009) found that those who had longer criminal histories were more likely to drop out of treatment.
- However, results from a national survey found that those who received higher rates of co-occurring treatment for both substance use and mental health tended to be adults involved in the criminal justice system (Han et al., 2017).

Methods

- Data collected on admissions and discharges of clients in publicly-funded substance use treatment in DE for submission to TEDS (n=8,605)
- Instrument includes demographic questions, self-report substance use, and information on the client's treatment
- Analyzed data on discharges from 2015 - 2019
- Key independent variable: current involvement in the legal system (charges pending, convicted, or sentenced recoded to yes; otherwise, recoded to no)
- Final model used multinomial regression to look at differences in odds of early exit from treatment based on dependent variables

Methods

- Dependent Variable: Discharge Reason
 - Treatment episode completed (including Program completed – All Goals; Program Completed – Some Goals; Treatment Continued in Another Program)
 - Failed to Meet Program Requirements
 - Refused Services
 - Administrative Discontinuation/Lost Contact
- Independent Variables:
 - Age (in years)
 - Race (recoded to Black, white, and all other races)
 - Ethnicity (Hispanic or non-Hispanic)
 - Primary Problem Drug (recoded to alcohol, cocaine or crack, heroin or other opioids, cannabis, all other drugs)
 - Gender (woman or man)
 - Current involvement in the legal system (charges pending, convicted, or sentenced recoded to yes; otherwise, recoded to no)
 - Education level (recoded to less than high school, high school graduate, some college or more)
 - Type of treatment or service for that admission (detox, community support services, outpatient treatment, residential treatment, or institutionalization)
 - Length of admission (days enrolled in service)
 - Number of admissions from 2015-2019

Results

Results

- Relative to discharges of clients who were not involved with the criminal justice system, discharges of individuals currently involved with the legal system had 24% lower risk of administrative discharge or lost contact (RR = 0.76, $p = 0.001$) compared to service completion.
- Relative to discharges of clients who were not involved with the legal system, discharges of individuals currently involved with the legal system had 28% lower risk of having refused service (RR = 0.72, $p < 0.001$) than having services completed.
- Treatment episodes of clients involved in the criminal justice system were equally likely to end in failure to meet program requirements as those who were not currently CJ-involved.

Discussion

- one future path is research into client readiness for treatment, as treatment is most effective when clients are intrinsically motivated to participate (Klag et al., 2010; Cornelius et al., 2017). In line with this research, we found that the criminal justice involvement was significantly related to lower rates of clients refusing treatment and losing contact with the treatment center; however, it did not significantly differ in terms of clients failing to meet requirements or successfully meeting requirements.
- This adds a new perspective to criminology and substance use research that found that the criminal justice population was more likely to stay in treatment than the general population.

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Thank you!

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