

# State policies influence drug treatment programs

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Philadelphia, PA, June 25, 2007 – State policies have a significant impact on the services performed by substance abuse treatment programs, and could play a key role in efforts to expand the use of research-based "comprehensive" treatment approaches, reports a study in the June issue of the *Journal of Substance Abuse Treatment* (JSAT).

"The states are uniquely positioned to institute specific policy proscriptions emanating from scientific research in the substance abuse treatment arena, indicating that a comprehensive approach...[is] associated with positive treatment outcomes and reduced recidivism," according to the researchers, led by Jamie F. Chriqui, Ph.D., M.H.S., of University of Illinois at Chicago.

Dr. Chriqui and colleagues gathered data on state policy requirements regarding outpatient substance abuse treatment programs. They focused on state-authorized programs, which make up the vast majority of drug and alcohol abuse programs in the United States. The study included data on more than 9,000 drug treatment programs nationwide.

Nearly all of the programs were in a state with policies requiring some type of assessment for substance abuse treatment programs. However, most were in states that did not mandate the use of comprehensive diagnostic criteria, such as those published by the American Society for Addiction Medicine.

Most programs were in states requiring some type of group and

individual counseling or therapy, but not family counseling or therapy. Studies have found that family counseling is an important part of successful substance abuse treatment. Few programs were in states requiring specific types of medical tests. For example, only six percent of programs were required to perform drug or alcohol testing/screening. Most programs were not in states requiring testing for diseases related to substance abuse, such as hepatitis and sexually transmitted diseases, including HIV. Less than 30 percent of programs were in states requiring relapse-prevention services. Just over 40 percent were required to provide aftercare counseling services.

When the researchers looked at what services the programs actually provided, there was a closer correspondence to research recommendations. Almost all programs performed diagnostic assessment and group and individual therapy, although rates of family counseling were lower. Nearly all programs performed urine screening for drugs and alcohol, but most did not test for substance-abuse related diseases. Most programs did provide relapse-prevention and aftercare services.

When other factors were taken into account, programs in states requiring more comprehensive services were more likely to offer those services. "The results...indicate that state policy requirements governing outpatient substance abuse treatment may have significant public health implications," the researchers write.

In recent years, major federal and other national organizations have urged the states to play a more active role in ensuring access to proven and effective treatments for substance abuse. A growing body of research shows that comprehensive treatment programs, including all of the components evaluated in this study, yield the best outcomes.

State policies could play a central role in improving the quality of substance abuse treatment programs, the new results suggest. Simply

doing research on the most effective treatment approaches is not enough—strategies are also needed to ensure that the research-proven approaches find their way into actual treatment practice. "It is crucial for health services researchers to work with policy makers to incorporate best treatment practices into state policy and regulations," Dr. Chriqui and colleagues conclude.

Source: Elsevier

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