

Predicting what drives people to seek, stay in substance-use treatment

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Lincoln B. Sloas, Ph.D., lead author of the study and an assistant professor in FAU's School of Criminology and Criminal Justice within the College for Design and Social Inquiry. Credit: Florida Atlantic University

About 22 million Americans are substance dependent (illicit drugs and alcohol), which interferes with routine life and requires treatment. Yet, only 2.5 million of these Americans participate in treatment services. The severe gap between the number of people who need treatment and the number of people who seek it poses a serious public health concern.

Why some individuals are more engaged in their substance use treatment while others are not is not well understood. Even among the population of people who do seek help; questions remain as to why some are more likely to engage in treatment than others.

Gaining a better understanding of the role that treatment readiness, or the characteristics that are likely to promote engagement in treatment, is essential for designing and implementing effective intervention programs as well as increasing individual motivation.

Using data from the 2012 Global Appraisal of Individual Needs-Intake (GAIN-I), which consists of 5,443 records of adult substance use treatment clients, researchers from Florida Atlantic University and collaborators examined the relative importance of treatment readiness as a predictor of treatment engagement. The data included measures of client characteristics, treatment participation indicators, and treatment outcomes.

The study, published in the *Journal of Drug Education: Substance Abuse Research and Prevention*, sought to identify the factors that are associated with substance use treatment engagement with a specific focus on treatment readiness as a predictor of engagement. The researchers hypothesized that treatment readiness would increase the odds of engaging in substance use treatment net of controls for demographic, diagnostic, and family/clinical factors.

Results from this study, which are contrary to their hypothesis, found

that treatment readiness did not significantly predict treatment engagement or participation in more than two treatment sessions in a month after commencing treatment, although the effect of treatment readiness was positive.

White and black race, being male, lower levels of education, and being married or divorced (relative to never married) were all negatively related to substance-use treatment engagement.

In the logistic regression model predicting treatment engagement, the researchers found that:

- The odds of engaging in substance use treatment were 21 percent less for whites and 30 percent less for blacks relative to other races/ethnicities;
- The odds of engaging in substance use treatment were 22 percent less for males relative to females;
- The odds of engaging in substance use treatment were 15 percent less for those who did not graduate high school relative to those who did graduate high school;
- The odds of engaging in substance use treatment were 23 percent less for those individuals who were married or living as married, and 26 percent less for those individuals who were separated, widowed, or divorced relative to those individuals who report never being married.
- One diagnostic factor, substance use frequency, was significantly associated with engaging in substance use treatment.

Beyond treatment readiness, substance use frequency during the 90 days prior to baseline assessment and greater health problems were positively associated with treatment engagement in the current study sample.

Interestingly, all of the covariates included in the current analyses

accounted for only 3.3 percent of the variance in treatment engagement. Although not directly tested in the current study, this finding suggests that individual-level risk factors (across a variety of domains) may not be the most important predictors of engagement.

"Findings from our study that show that males and individuals with lower levels of education are less likely to engage in substance use treatment indicates that these client populations may represent priority targets for motivational enhancement strategies," said Lincoln B. Sloas, Ph.D., lead author of the study and an assistant professor in FAU's School of Criminology and Criminal Justice within the College for Design and Social Inquiry. "Our findings also suggest that marital status may represent a barrier to treatment engagement. While we need more research to better understand this finding, improving treatment responsiveness to the unique needs of these clients may be worthwhile."

The researchers emphasize that while treatment readiness was not strongly related to engagement in the current study sample, the study findings do indicate that increasing treatment readiness may contribute to improved treatment engagement.

The study focused on data collected from clients who were at least 18 years old at the time of their treatment experience and examined several levels of care, including outpatient, intensive outpatient, short-term and moderate-/long-term residential, corrections-based treatment, and post-[treatment](#) continuing care. Nearly 40 percent were involved in some way with the criminal justice system.

Provided by Florida Atlantic University

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