UNIVERSITY of WASHINGTON
ADAI Alcohol & Drug Abuse Institute

INFO BRIEF

Opiate Substitution Treatment in Washington State

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The Problem

The White House Office of National Drug Control Policy estimates there are as many as 980,000 people addicted to heroin in the U.S.[1] Most do not receive any kind of treatment. The financial costs of untreated heroin addiction to individuals, family, and society are estimated by the National Institutes of Health at approximately $20 billion each year.[2]

People with chronic heroin addiction pose a significant public health risk to our communities. Because the large majority are injection drug users, heroin users are at increased risk to contract and spread HIV and Hepatitis B and C. The CDC estimates that injection drug users (most of whom are heroin users), their sexual partners, and their offspring account for approximately 35% of new HIV infections each year.[3] Chronic heroin users are more likely to engage in criminal activity, and place increased strain upon public resources through expenditures for welfare costs, emergency room and hospital admissions, and psychiatric hospitalizations.

Treatment Works

Opiate substitution treatment (OST) has scientifically been shown to work. It is one form of treatment on a continuum of care for heroin addiction. Detoxification, drug-free treatment, counseling, support groups, and life skills training – including vocational rehabilitation -- combined with newer medications and methadone maintenance treatment constitute the continuum of care used to address opiate addiction in the U.S. today.

The most common form of OST is methadone therapy. In its 2000 National Drug Control Strategy, the Office of National Drug Control Policy called methadone therapy "one of the longest-established, most thoroughly evaluated forms of drug treatment." [4] A Consensus Panel convened by the National Institutes of Health in 1997 concluded that, "Methadone treatment significantly lowers illicit opiate drug use, reduces illness and death from drug use, reduces crime, and enhances social productivity." [5] The 12-member Panel strongly recommended broader access to methadone maintenance treatment for people addicted to opiates, and elimination of federal and state regulations and other barriers impeding this access. A 1998 review by the U.S. General Accounting Office estimated that methadone therapy helps keep 179,000 addicts off heroin, off welfare, and on the tax rolls as law abiding, productive citizens. [6]

Situation in Washington State Today

It is estimated that approximately 29,967 Washington State residents have been dependent on opiates sometime during their lifetime.[11] As of January 2002, 3,200 residents were receiving opiate substitution treatment for heroin addiction, an increase of 5.3% over the same date in 2001. Treatment for 1,714 (53.6%) was publicly funded. [12]

Opiate substitution treatment clinics have been operating in Washington State for more than 25 years. As of December 2002, there are 13 opiate substitution treatment clinics operating in five counties in Washington State. People with chronic heroin addiction living in rural and even some urban areas have to travel six days a week to King, Pierce, Yakima, Thurston, or Spokane Counties or to Portland to access treatment. There are waiting lists, sometimes longer than nine months, for the publicly funded slots at each of the operating clinics.

Prior to legislation enacted in 2001, Washington State law limited the number of patients who can be treated at each clinic to no more than 350. Counties now have the option of lifting this lid on enrollment.

Public Costs of Opiate Substitution Treatment

In 2001, $4,936,940 in public funds were expended for opiate substitution treatment: $2,675,568 were federal funds from the SAPT (Substance Abuse Prevention and Treatment) block grant and from the federal Medicaid program; $2,261,372 were state funds expended from the VRDE (Violence Reduction Drug Enforcement) Act account and PSEA (Public Safety and Education Account).

Key Policy Questions

In order to evaluate the value of opiate substitution treatment, DASA posed two policy questions that form the core of this report:

> Does OST help reduce the consequences of opiate addiction related to crime, health problems, employment, and reliance on public assistance programs?
>
> Does OST support the mission of the Dept. of Social and Health Services to assist individuals in achieving safe, self-sufficient, healthy, and secure lives?

Methodology

Findings in this report were based on a sample of 962 publicly funded and private-pay patients discharged from opiate substitution treatment in Washington State between January 1, 2001 and September 30, 2001.[14] Using data from the TARGET system, changes in patients' drug use and lifestyles were analyzed by comparing significant variables in the 12-month period prior to treatment and during treatment. For some variables, such as those measuring employment status, the comparison points were the patient's condition at treatment admission and at discharge.

Core Findings

Publicly Funded and Private-Pay Patients:

	Publicly Funded (n=600)	Private-Pay (n=362)
Drug offense arrests were reduced:	81%	85%
Property crime arrests were reduced:	64%	75%
Overall arrests declined:	63%	65%
Medical hospital admissions were reduced:	48%	82%
Emergency room visits decreased:	51%	81%
Major health care service utilization dropped:	37%	68%
Psychiatric hospitalization declined:	50%	100%
Employment increased:	22%	4%

These data are consistent with national studies and findings in DSHS annual outcome reports for prior years.

Shorter- and Longer-Term Treatment:

- No use of heroin in the month prior to discharge was reported by 21% of publicly funded patients in treatment less than a year, but increased to 46% among publicly funded patients in treatment one year or longer.
- Daily heroin use for publicly funded patients in treatment less than a year declined from 82% at admission to 15% at discharge.
- Daily heroin use for publicly funded patients in treatment for at least one year was reduced from 75% to 8% at discharge.
- Similar improvements were found in arrests among longer-term patients, regardless of treatment funding source.
- The percentage of patients in treatment more than a year who experienced a criminal arrest dropped 72% from admission to discharge among publicly funded patients and 58% among private-pay patients.

Conclusions

The findings in this report demonstrate that OST contributes to significant reductions in crime, utilization of acute health care and psychiatric services, and reliance on public assistance. OST programs are successful in mitigating the negative consequences of heroin addiction and helping patients achieve safe, secure, self-sufficient, and healthy lives. Publicly borne costs for major health care services, emergency room admissions, psychiatric hospitalizations, criminal justice and incarceration, and welfare are substantially reduced as a result, and communities are safer, healthier places to live.

New Programs

In recognition of the success of OST in improving public health and safety, state law has made it easier to establish opiate substitution treatment programs in local communities. When an application is made to certify an OST program, the state Division of Alcohol and Substance Abuse consults with county and city legislative authorities, documents the need in the community for such a program, and certifies only as many program slots as are justified by the need. Two public hearings must be held, and programs must be sited in accordance with appropriate county or city land use ordinances. In 2002, a new clinic opened in Thurston County. Hearings regarding placement of new clinics have been held in Clark, Pierce, and Snohomish Counties.

Future Challenges and Directions

The National Institutes of Health Consensus Panel laid out four challenges for the future of opiate substitution programs:

- Making treatment as cost-effective as possible while maintaining and improving quality of care.
- Increasing the availability and variety of treatment services.
- Including and ensuring wide participation by physicians trained in substance abuse to oversee medical care.
- Providing additional funding for opiate addiction treatment and coordinating this treatment with other social services and medical care.

The data contained in this report suggest another challenge. Individuals who participate in treatment for periods of one year or longer have substantially better outcomes than those in treatment for shorter periods, but the lack of available treatment slots and limited funding means that for every publicly funded patient who stays in treatment longer, one less slot is open for someone awaiting treatment. A few states have implemented physician-based opiate substitution treatment programs on a limited basis. This approach may be most suitable for stable, long-term patients who no longer require extensive monitoring and intensive counseling services. The transfer of long-term, stable patients to physician-based programs

frees up badly needed resources and treatment slots in OST. However, for physician-based programs to operate, procedures must be developed with existing clinics, as well as for methadone dispensing and the delivery of psychosocial counseling services. Funds would be needed to pay medical practitioners for their services.

Such a program is currently being piloted by Evergreen Treatment Services (ETS) and Harborview Medical Center, with signs of great promise. Beginning in January 2000, thirty ETS patients who had been clinically stable for at least one year have received office-based treatment by a physician at Harborview. The patients had previously received standard OST for between two and 22 years, with a mean of ten years. Of this group, 27 remain in the program after two years; one transferred to an OST program in another state; one transferred back to ETS; and one died of causes unrelated to drug use. None was discharged from treatment because of drug use.[15]

A final challenge is to find ways to reduce demand for methadone maintenance treatment by intervening in the lives of patients before such treatment is needed. Opiate substitution treatment is for patients whose addiction has already become chronic. New and promising medications such as buprenorphine, recently approved by Food and Drug Administration and which may be dispensed through physicians' offices, holds the promise of effective and earlier intervention. This may, in the long term, reduce the need for dispensing of opiate substitutes such as methadone through specialized clinics. The high cost of buprenorphine, however, remains an issue, and may be prohibitive for publicly funded medical service plans such as Medicaid. Other outstanding issues include arrangements for dispensing, and the delivery of counseling services.

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