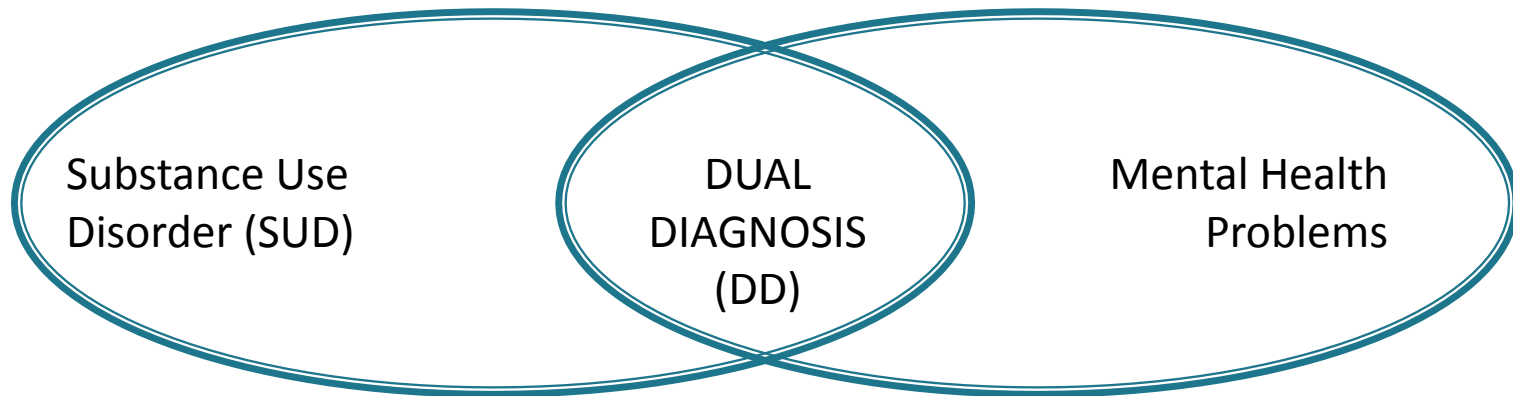


Differential Treatment Outcomes for Individuals with Substance Use Disorder and those with Dual Diagnosis

Liz Cridland




Background




Dual Diagnosis leads to:

- higher relapse rates
- poorer psychiatric status
- shorter stays in treatment programs
- greater difficulty accessing post treatment services

Rationale for study

- ▶ Understand factors that predict treatment outcomes
 - ▶ Determine prevalence rates of SUD and DD
 - ▶ Australian sample
 - ▶ Examine how individuals with DD respond to SUD treatment
- 


Sample characteristics

- ▶ 234 participants from 9 Salvation Army drug and alcohol rehabilitation programs.
 - ▶ Males = 81%
 - ▶ Mean age = 37.98 (standard deviation = 11.06)
 - ▶ Primary substance of use = Alcohol 58.1%
 - ▶ Average Length of Problem = 10.27 years
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Measures

- ▶ **Addiction Severity Index (5th Ed)** (McLellan, Kushner, Metzger, Peters, Smith, Grissom, ... Argeriou, 1992)
- ▶ **Before and After Rehabilitation Items**
- ▶ **Depression , Anxiety, Stress Scale 21** (Lovibond & Lovibond, 1995)
- ▶ **Desires for Alcohol Questionnaire** (Love, James, & Willner, 1998)
- ▶ **Recovery Assessment Scale** (Corrigan, Salzer, Ralph, Sangster, & Keck, 2004)
- ▶ **Life Engagement Test** (Scheier, Wrosch, Baum, Cohen, Martire, Matthews, ...Zdaniuk, 2006)

Main Findings– Group Membership

- Group membership: DD = 66.7%, SUD = 33.3%
 - Proportions are in line with other studies (Australian rates of DD are similar to other countries).
 - DD is the rule rather than the exception.
 - need for substance abuse treatment programs to be equip to dealing with the needs of mental health problems.
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Main Findings– Substance Use

▶ Substance use levels

- Both groups < use over time for alcohol, $t(187) = 27.29$, $p < .001$ and drugs, $t(179) = 4.02$, $p < .05$
- Both groups had similar rates of use

▶ Cravings:

- DD individuals had higher cravings than SUD, $F(1, 194) = 5.44$, $p = .02$.
- No significant change over time (same craving level at intake and follow-up)

▶ Perceptions of Substance use problems

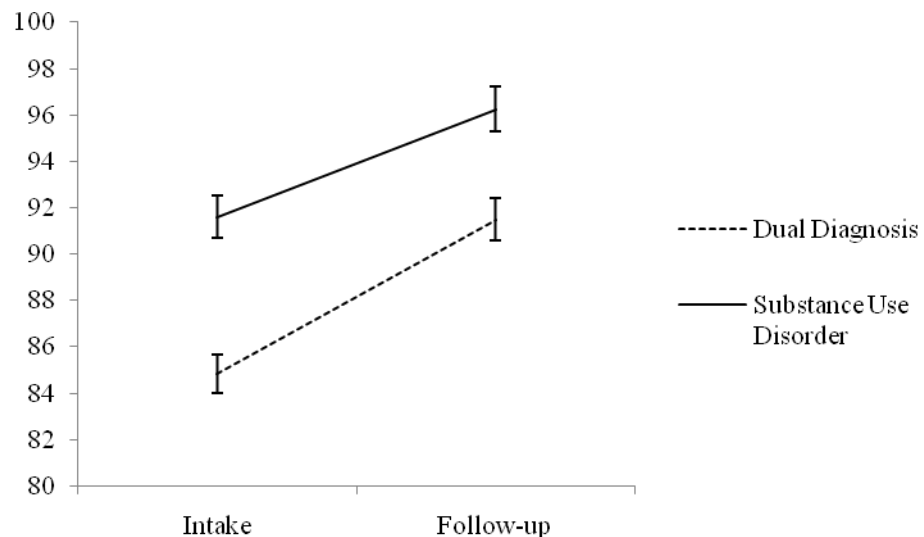
- Decrease over time, $F(1, 229) = 503.31$, $p < .001$, $\eta^2 = .68$.
- DD felt less improvement at follow-up compared to SUD, $F(1, 229) = 6.03$, $p = .015$, $\eta^2 = .03$ (could be to do with cravings)

Main Findings– Psychiatric Status

- Life engagement
 - > over time (not significant), $F(1, 179) = 3.8, p = .053, \eta^2 = .021$
 - No group differences
 - need longer follow-up time , longer duration of treatment and bigger sample.

Main Findings– Psychiatric Status

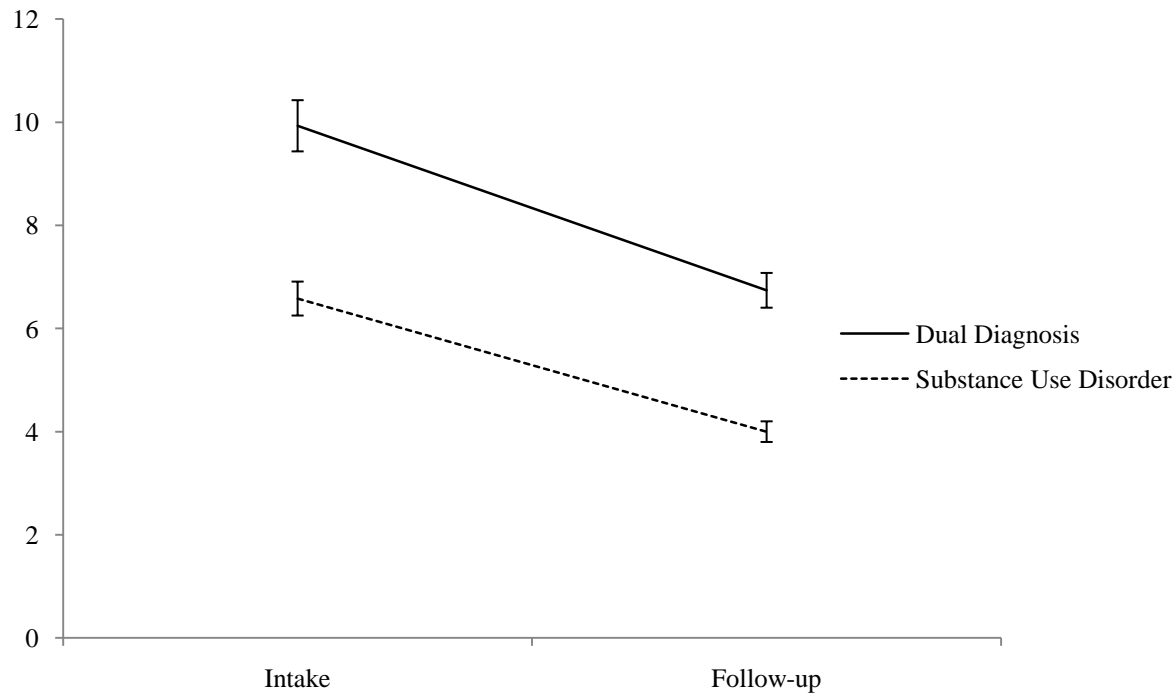
- Recovery from symptoms:
 - > over time for both groups, $F(1, 179) = 17.64, p < .001$
 - DD 'less recovered', $F(1, 179) = 10.86, p < .001$
 - Significant subscales = Personal Confidence and Hope and No Domination of Symptoms.
 - DD recovered less than SUD in Personal Confidence and Hope
 - Importance of self efficacy and decreasing cravings



Main Findings– Psychiatric Status

▶ Symptom distress :

- < over time, $F(1, 179) = 34.49, p < .001$
- DD individuals still had greater distress, $F(1, 179) = 25.51, p < .001$




Main findings– Duration of treatment

- No group differences.
- Longer duration decreases cravings in DD individuals, $r(125) = -.182, p = .042$
- BUT average length of stay quit short

Mind findings– Access to Post Treatment Services

- no group differences in access to substance use services
- $>$ access to substance use services = $<$ cravings and substance use in SUD.
- DD had $>$ access to mental health services
- $>$ access to mental health services = $>$ symptom distress for both groups

Limitations and Future Directions

- Possible sample biasing (consent and follow-up rates)
 - Follow-up period of 3 months
 - Many other treatment outcome areas could be assessed
 - Group membership
- 

Final Comments

- ▶ Dual Diagnosis is the rule rather than exception in substance use treatment programs
- ▶ Program is targeting some mental health needs but room for greater improvement
- ▶ Evidence for integrated treatment programs
- ▶ DD represents a legitimate public health crisis

