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What Are Local Trends in Substance Use and Abuse?

Because the effects of substance abuse are a significant public health issue, many government agencies and other groups monitor trends. Common ways to identify particular issues include tracking drug availability, arrests for drug related crimes, overdoses, treatment, and overall use, abuse and dependence on alcohol and illicit drugs. Depending on the source, data may be available at the national, regional, state, or local level.

Pennsylvania and Allegheny County trends

Alcohol is the most commonly used and abused substance (see page 3). Heroin, cocaine, crack cocaine, and marijuana are the most available and widely used illegal drugs in Pennsylvania. Other drugs, including prescription drugs, methamphetamine, and 'club' drugs like ecstasy, are also available in the region.

(Continued on page 2)

Substance Abuse: a Chronic, but Treatable, Disorder

Substance abuse is a serious health and social problem in the United States. It is costly—for individuals and society—causing health problems, deaths, loss of productivity, underemployment, crime, and family instability.

Severe substance abuse is a chronic disorder, similar to asthma or diabetes. It is complicated—biological, genetic, psychological and environmental factors all influence its course.

This does not mean that people cannot recover. However, many people will need treatment and support over a long period of time and may have multiple relapses. For example, the majority of those with substance abuse disorders (see pages 3 and 6 for definitions) who have one year in recovery have had three to four treatment episodes over the previous eight years (White 2005).

According to the National Institute of Drug Abuse (NIDA), treatment can be effective in helping individuals stop substance abuse and

regain productive roles in their families, the workplace, and society. When drug-related crime, criminal justice costs, and health costs are considered, treatment is less expensive than not treating people or incarcerating people.

Treatment systems should be modeled on the principles of recovery management rather than acute care, or brief episodes of professional care. In a recovery management model, individuals direct the management of their recovery. Traditional treatment is part of a continuum of support services that enhance recovery readiness, connection with treatment, and maintenance of recovery (White 2005).

Appropriate treatment will vary with the substance(s) abused and the individual's needs. Treatment can include behavioral therapy, medication, or both. Self-help groups (like Alcoholics Anonymous) can support and extend the impact of formal treatment. How well individuals do in treatment depends on the severity of their problems, the quality, suitability and length of treatment, and their engagement in treatment (NIDA 1999).

In 2005, 9% of the U.S. population 12 years and older had a substance dependence or abuse disorder.

— Substance Abuse and Mental Health Services Administration (SAMHSA)

Local Trends, cont.

(Continued from page 1)

Heroin. Inexpensive, high-purity heroin is widely available in northeast and southwest PA, in areas previously dominated by cocaine distribution. Recently, heroin purity appears to be increasing in western PA (especially Pittsburgh). Distributors are finding new customers in more rural parts of PA (DEA 2006).

In 2006, Allegheny County, along with many other locations, experienced a big jump in heroin overdoses related to the availability of heroin laced with fentanyl (a strong painkiller). While the immediate impact of this laced heroin has faded, the use of heroin continues to be a significant problem (Fuoco 2006).

Of particular concern is the reported increase in heroin use for teenagers locally (Fahy 2004). In addition to heroin addiction and overdoses, an increase in suburban crime related to heroin addiction has brought increased attention to the issue (Pace 2006).

Cocaine. Cocaine continues to be a popularly used illegal drug. Use has not decreased in the last few years (DEA 2006).

Methamphetamine/crystal methamphetamine availability varies across PA, and is concentrated in Philadelphia currently. Most is from Mexico or California, or manufactured locally in primarily rural areas. Its availability in PA is lower than in western and midwestern states. Law enforcement reports indicate methamphetamine is moving east (DEA 2006). Other manufactured drugs (including club drugs like ecstasy) are generally limited to metropolitan areas and college campuses.

Marijuana continues to be widely available and used by individuals of different socio-economic and ethnic backgrounds. Adults are the “predominant” users, although marijuana continues to be popular with high school and college students.

Prescription drugs. Diversion of prescription drugs (using prescription drugs to get high) continues to be a serious issue in PA and Allegheny County. The most

Allegheny County Drug Overdose Fatalities Increase

According to the Allegheny County Medical Examiner’s Office, an average of 105 overdose deaths occurred each year between 1998 and 2000.

Between 2001 and 2005, an average of 209 overdose deaths occurred. In 2005, 35% of these deaths were related to heroin, 4.5% to morphine, 10% to other opiates, and 51% to other drugs (Fuoco 2006).

commonly abused drugs include Vicodin, Oxycontin, fentanyl, and Xanax. People get these drugs in a variety of ways—health care professionals sell them illegally, users visit multiple doctors for prescriptions or forge prescriptions, or people purchase the drugs over the internet (DEA 2006).

Allegheny County Drug Arrests

Often, drug arrests provide an early indicator of new trends in drug use. For example, if methamphetamine starts to become a larger problem in Allegheny County, we would expect the number of arrests for synthetic drugs (sale, manufacturing or possession) to rise. Between 2005 and 2006, more arrests were made for the sale, manufacturing, or possession of opiates (including drugs like heroin) and cocaine. Marijuana possession was also a common reason for arrest (see Table 1).

Table 1. Number of Drug-related Offenses in Allegheny County, 2005-2006

Offense type	2005 # arrests	2006 # arrests
Opiates or cocaine sale/manufacturing	1,549	1,701
Marijuana sale/manufacturing	327	491
Synthetic* drug sale/manufacturing	44	67
Other drugs sale/manufacturing	52	63
Opiates or cocaine possession	2,000	1,896
Marijuana possession	1,836	2,111
Synthetic drug possession	133	160
Other Drugs possession	474	538

*Synthetic drugs include manufactured drugs like methamphetamine.

Source: Pennsylvania Uniform Crime Reporting System. Data for 2006 was downloaded in April, 2007, and may be incomplete.

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How Does Allegheny County Compare to Other Regions in Substance Use, Abuse, and Dependence?

Each year, the Substance Abuse and Mental Health Services Administration (SAMHSA) conducts the National Survey on Drug Use and Health. Table 2 shows the prevalence, or the percent of the population, who use, abuse or are dependent on drugs or alcohol in Allegheny County.

These results can be compared with the other 357 rural and urban regions included in the survey. A low prevalence means Allegheny County is in the bottom third of regions in the study; an average prevalence means Allegheny County is in the middle third, and a high prevalence means Allegheny County is in the top third of regions in the study.

Allegheny County teenagers 12-17 years have:

- A low prevalence of cocaine use, non-medical use of pain relievers, and illicit drug dependence or abuse in the past year
- An average prevalence of alcohol dependence or abuse in the past year
- A high prevalence of marijuana use

Allegheny County adults ages 18-25 years have:

- An average prevalence of cocaine use
- A high prevalence of marijuana use, non-medical use of pain relievers, and alcohol or illicit drug dependence or abuse in the past year

Allegheny County adults over 26 years have:

- A low prevalence of non-medical use of pain relievers
- An average prevalence of alcohol dependence or abuse

Table 2. National Survey on Drug Use and Health: Allegheny County Results (Averages based on 2002, 2003, and 2004 Surveys)

	% of 12-17 years	% of 18-25 years	% of 26+ years
Marijuana Use in Past Year	18%	36%	8%
Cocaine Use in Past Year	2%	7%	2%
Non-medical Use of Pain Relievers in Past Year	6%	14%	3%
Alcohol Dependence or Abuse in Past Year	6%	23%	6%
Illicit Drug Dependence or Abuse in Past Year	5%	10%	1%
Dependence on or Abuse of Illicit Drugs or Alcohol in Past Year	8%	26%	7%
Needing But Not Receiving Treatment for Alcohol Use in Past Year	5%	22%	6%
Needing But Not Receiving Treatment for Illicit Drug Use in Past Year	5%	9%	1%

- A high prevalence of marijuana use, cocaine use, and illicit drug dependence or abuse in past year

In terms of treatment needs in Allegheny County:

- For alcohol use, 5% of teens, 22% of 18-25 year olds, and 6% of adults over 26 years needed treatment but did not get it in the last year
- For illicit drug use, 5% of teens, 9% of 18-25 year olds, and 1% of adults over 26 years needed treatment but did not get it in the last year

What is the Difference between Use, Abuse, Dependence, Addiction and Withdrawal?

Drug use should be viewed as a continuum, from experimental use, to recreational use, to compulsive use (including abuse, dependence, and addiction). The use of drugs or alcohol becomes **abuse** when it results in negative consequences, including personal, medical, social, professional, or legal problems.

The Diagnostic and Statistical Manual of Mental Disorders (DSM-IV) provides the following *clinical* definitions, used to formally diagnose individuals:

Abuse: substance use in the past year that leads to significant impairment or distress, as shown by one or more of the following:

- A failure to meet major obligations at work, home or school
- Substance use in hazardous situations like driving
- Related legal problems
- Continued use even when substance use causes or worsens social or interpersonal problems

Dependence (often referred to as addiction): substance use in the past year that leads to significant impairment or distress, as shown by three or more of the following:

- Tolerance—needing to take more to get the high
- Withdrawal—experiencing withdrawal symptoms or taking substances to avoid withdrawal symptoms
- Taking the substance in larger amounts or over a longer period of time than intended
- Desire or attempts to cut down on use
- Spending significant time seeking, using, or recovering from the substance use
- Giving up or reducing important social, occupational, or recreational activities because of substance use
- Continued use despite knowing a physical or psychological problem is caused or worsened by the substance use

Withdrawal: Symptoms, distress or impairment caused by stopping or decreasing heavy, prolonged substance use.

What Treatment Services are Available in the Allegheny County HealthChoices Program?

People receive help with their addictions in a variety of ways: through formal treatment services, their church or spiritual beliefs, self-help programs (including 12 step programs like Alcoholics Anonymous), family and friends, and other service systems (mental health, hospitals, child welfare).

People may seek treatment on their own, or meet an outreach worker who puts them in touch with a treatment provider. Providers from other systems, including mental health, child welfare, and medical providers, may also refer people to treatment. The criminal justice system also requires some people to seek treatment.

Allegheny County has a wide variety of treatment, outreach and recovery support programs. Programs may serve individuals in the HealthChoices program (Medicaid) as well as people with no insurance and/or commercial insurance. Community Care Behavioral Health pays for HealthChoices services, and Allegheny County pays for treatment for people without insurance or financial resources. Individuals also self-pay or have private insurance. Many programs are funded through a combination of reimbursements for services provided (e.g. from insurance companies like Community Care, governmental or foundation grants, and fundraising).

In HealthChoices, adults needing treatment are assessed using the Pennsylvania Client Placement Criteria (PCPC).^{*} Each individual is assessed in six areas:

- Acute intoxication/withdrawal symptoms
- Biomedical conditions and complications
- Emotional/behavioral conditions and complications
- Treatment acceptance/resistance
- Relapse potential
- Recovery environment

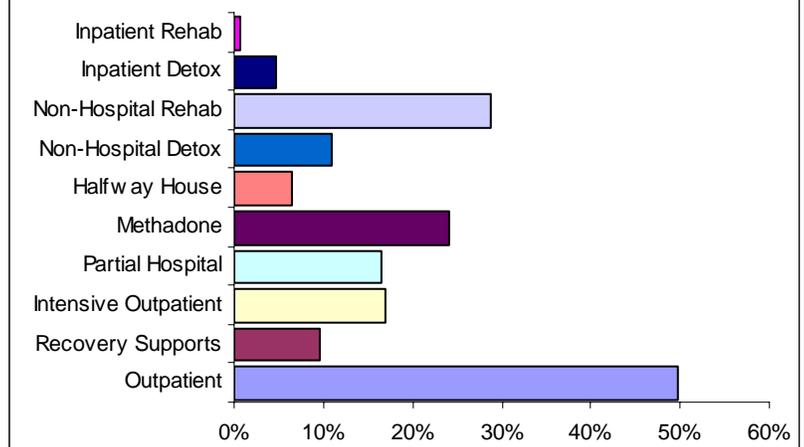
The assessment process matches the severity of the individual's addiction and level of functioning with a level of treatment. These dimensions are also used to make continued stay and discharge decisions. Table 3 describes these services.

Some treatment providers offer different services so individuals can move from one service to another within one agency as they progress in their treatment. About half of all HealthChoices-funded substance abuse treatment is provided by these larger "continuum" providers.

Other treatment providers specialize in a specific service, like halfway houses, methadone maintenance clinics, or short or long-term rehabilitation. Some may serve specific populations (e.g. women).

Between July 2005 and June 2006, over 7,800 individuals in the Allegheny County HealthChoices program received some substance abuse treatment, totaling \$26.2 million. Chart 1 shows the proportion of people using each service type. Because many people use more than one service type during a year, the proportions in Chart 1 sum to more than 100%. See Table 3 for service descriptions.

Chart 1. Proportion of People Using Each Substance Abuse Service, July 2005 - June 2006



Nearly all people in treatment accessed some services during the year on an outpatient basis, from outpatient clinics to intensive outpatient, partial hospitalization, and methadone services. About half of people using treatment services also required residential services, including halfway house, non-hospital detoxification, and short and long term residential rehabilitation. A very small proportion of people required inpatient services.

^{*}Adolescent assessments are done using the Adolescent Placement Criteria from the American Society of Addiction Medicine (ASAM).

Table 3. HealthChoices Substance Abuse Services

Service	Fiscal Year 2006 Costs (millions)	Intended Population	Service Activities	Intensity and Length of Service
Outpatient Services				
Outpatient	\$1.42	Individuals with substance use disorders who do not require more intensive services	Assessments, specialized medical consultation, individualized treatment planning, individual, group, and family therapy, and aftercare planning.	Outpatient: up to 5 hours per week; Intensive outpatient: 5-10 hours per week
Intensive outpatient	\$1.05			
Partial hospitalization	\$1.44	Individuals who do not need 24-hour residential care but will benefit from more intensive services than outpatient	Assessments, medical consultation, treatment planning, individual, group, and family therapy, discharge planning, referral to services, access to vocational, educational, legal, health, housing, social activities, and other services	At least three days per week for more than 10 hours per week
Methadone maintenance	\$5.99	Individuals addicted to opiates (like heroin) for over one year who may have been unsuccessful in other treatments or would suffer acute withdrawal	Regular provision of methadone treatment as well as support services, including therapy and medical services	Several days per week, often for a period of years
Recovery supports	\$0.30	Individuals not yet engaged or committed to recovery, who need help accessing treatment, support, and other resources	Grassroots peer support services that engage people in early recovery, help to motivate them to seek treatment, and provide assessment and referral services	Varies by program
Residential Services				
Halfway house	\$2.12	Individuals who have had some addiction treatment but need continued treatment and a structured living environment to regain productive roles	Community-based residential treatment program that creates a "home-like" atmosphere, where individuals help each other, learn life skills, and receive help in adjusting to positive community living. It is a live in/work out environment.	Average stay of 3-6 months
Non-hospital detoxification	\$0.55	Individuals with withdrawal problems severe enough to need 24-hour care, including observation, monitoring, and usually medication	Detox services help people eliminate intoxicating substances from their bodies safely. Withdrawal symptoms are closely monitored and managed. Assessment and referral services are provided.	Average stay of 3 days
Short and long term non-hospital residential rehabilitation	\$9.74	Individuals in acute need, with their social, occupational, or school functioning moderately impaired (short term rehab) or severely impaired (long term rehab)	Assessments, medical care, individualized treatment planning, individual, group, and family therapy, discharge planning, and access to vocational, educational, legal, health, housing, social activities, and other services. Individuals live at the program. Rehabilitation is the goal.	Average stay of 14 days for short term and 67 days for long term rehab
Inpatient Services				
Inpatient detoxification	\$0.73	Individuals with acute withdrawal problems requiring primary medical and nursing care facilities.	Helps individuals eliminate substances and dependency factors safely. The full medical resources of a hospital are available. Programs also try to motivate individuals to continue in treatment after detox, and help coordinate aftercare services.	Average stay of 3.7 days
Inpatient residential rehabilitation	\$0.17	Addicted individuals requiring the frequent care available in an inpatient setting.	Assessment, monitoring, treatment, discharge planning. Access to 24-hour nursing care, specialized and intensive medical care and physician care.	Average stay of 6.6 days

Notes on Table 3: Costs are based on paid, approved HealthChoices claims from July 2005 through June 2006. The intended population and service activities are adapted from the Pennsylvania Client Placement Criteria (PCPC). Intensity and length of service for outpatient services are based on guidelines from the PCPC. Intensity and length of service for residential and inpatient services are based on actual HealthChoices data, July 2005 through June 2006.

Adults Receiving Substance Abuse Treatment Services

The great majority of individuals who receive HealthChoices-funded substance abuse treatment are adults over 20 years. Between July of 2005 and June of 2006, 6,820 adults (4.6% of the enrolled HealthChoices population) received substance abuse treatment. The average cost of substance abuse treatment per individual was \$3,475 (Table 4).

Adults used treatment for help with a variety of addictions (Table 5).

- Heroin and other prescription opioids were the most common substances for which adults sought treatment, followed by cocaine and alcohol. This corresponds to the data related to drug availability, use and drug-related offenses (pages 1-2). A significant proportion of adults were dependent on multiple substances.
- According to SAMHSA, marijuana is commonly used (page 3). However, a small percent of adults required treatment for marijuana abuse or dependence.
- Methamphetamine does not yet appear to be a serious threat in Allegheny County according to trends in availability and in the number of people seeking treatment (the category is so small it does not make the list).

Because addiction is a serious, chronic disorder, many individuals use multiple types of services within a year, and may have multiple episodes of the same type of treatment within a year (and certainly over the course of dealing with their addiction). This does not mean treatment has failed, but is an indication of the chronic nature of addiction. Adults are much more likely to use residential and inpatient services than adolescents. Between July 2005 and June 2006:

- Nearly 20% of adults who used inpatient or non-hospital detoxification services had multiple episodes of detox that year; 20% also used detox the prior year.
- About 23% of adults who used non-hospital rehabilitation services had more than one rehab stay during the year; 24% also used rehab the prior year.
- Adults who used methadone services have averaged 2.6 methadone treatment episodes since 1999. Gaps between episodes are as short as a few weeks or significantly longer. In their most current episode, 38% have been in methadone treatment continuously for at least a year, 36% have been in methadone treatment from 3-12 months, and 26% have just started or returned to treatment.

Table 4. Adult Clients of HealthChoices Substance Abuse Treatment Services, July 2005—June 2006

Paid (millions)	\$23.70
Number Clients	6,820
Penetration Rate	4.6%
Average Cost per Client for Substance Abuse Treatment	\$3,475

Table 5. For What Type of Substances Do Adults Seek Treatment in HealthChoices? July 2005—June 2006

Category	% of clients
Opioid abuse/dependence	43%
Dependence on multiple substances	23%
Cocaine abuse/dependence	22%
Alcohol abuse/dependence	22%
Marijuana abuse/dependence	6%
Drug withdrawal	3%
Inhalants abuse/dependence	2%
PCP abuse/dependence	1%
Total Number of Clients	6,820

Notes: The percents total more than 100% because the same individual may have received different diagnoses during the year. The eight most frequently received diagnoses are included.

Opioids include both natural (heroin, opium, morphine) and synthetic substances (codeine, OxyContin, Demerol, fentanyl, methadone).

Dependence on multiple substances: use in the past year of at least three groups of substances, with no single substance dominating.

How Can We Define Recovery, Abstinence, and Relapse?

Abstinence is often defined as not using drugs or alcohol at all. It may also mean abstaining from the drugs that have led to addiction (but not all drugs), or abstaining from addictive behaviors.

Relapse is a process when symptoms and behaviors associated with substance use return after a period of stable recovery, resulting in a return to substance use.

Recovery from addiction is a process of stopping substance use *and* learning to live without depending on alcohol or drugs. Every person finds their own path to recovery. It requires self-awareness, honesty, responsibility and motiva-

tion to make permanent changes in one's life.

Most people will go through similar processes in recovery. An individual will **bottom out** after they have broken all their promises, are exhausted, and believe things cannot get worse. Many will go through a period of **ambivalence** when they do not want to return to their lives as addicts but making real changes seems out of reach. When people become **committed** to recovery, they begin to change their behavior patterns, develop healthy relationships, and find new stability. Finally, people become **integrated** in their new lifestyles.

How Common are Co-occurring Disorders?

“Dual Diagnosis is an expectation, not an exception.”

- Dr. Kenneth Minkoff, from “Behavioral Health Recovery Management Service Planning Guidelines”

Many individuals with addiction disorders also have mental illnesses. Providers in Allegheny County are expected to screen their clients for co-occurring disorders as part of the authorization process for services paid by Community Care.

In the HealthChoices program, between July 2005 and June 2006, **53% of adolescents** and **65% of adults** who used substance abuse services had a positive screening for co-occurring mental health issues (based on providers’ reporting of screening results to Community Care). People with co-occurring disorders can be grouped into categories for service planning, based on the severity of each disorder.

- People with a low severity of both disorders may be treated in primary care settings, collaborating with mental health or substance abuse providers as needed.
- Higher severity of one or the other disorder may be treated by a specialty mental health or addiction treatment provider, with collaboration as necessary with other specialized providers.

- For people with more severe addiction *and* mental health disorders, intensive, comprehensive and integrated treatment is recommended.*

Substance abuse providers are expected to refer individuals to the appropriate services if they are unable to provide integrated treatment themselves, and then coordinate care as necessary.

Pennsylvania’s Department of Public Welfare is currently developing a Co-occurring Disorder Competency Program. Under this program, agencies licensed to provide mental health services, substance abuse services or dually licensed programs will be certified if they demonstrate competency in: integrated screening and assessment procedures, provision of education for both types of disorders, integrated care planning, and protocols for interagency referral and coordination.

**Adapted from SAMHSA’s publication, “Substance Abuse in Brief Fact Sheet,” Fall 2006, Volume 4, Issue 2.*

Adolescents Receiving Substance Abuse Treatment Services

A smaller proportion of HealthChoices-enrolled adolescents (including individuals up to 20 years) than adults accessed substance abuse treatment. Between July of 2005 and June of 2006, 1,043 adolescents (0.7% of the enrolled HealthChoices population) received substance abuse treatment. The average cost of substance abuse treatment per individual was \$2,492 (see Table 6).

Adolescents were most likely to access substance abuse treatment for help with marijuana abuse or dependence (52%). A smaller proportion accessed treatment for help with opioid, alcohol, cocaine or inhalant abuse or dependence (see Table 7). This corresponds with the drug availability and use data for the adolescent population (pages 2-3), where marijuana was the most commonly used substance. A small but very concerning population has developed abuse or dependence problems with heroin and other opiates at a relatively young age.

Overall, adolescents used outpatient services (excluding methadone) in higher proportions than adults. For the smaller group needing residential services or inpatient detoxification services, adolescents had similar patterns of repeated admissions. A small number (4% of adolescents receiving treatment) used methadone services, most for a short period of time to date and with fewer prior episodes.

Many providers offer specialized substance abuse treatment services for adolescents, from partial and intensive outpatient programs to detoxification and residential rehabilitation programs.

Table 6. Adolescent Clients of HealthChoices Substance Abuse Treatment Services, July 2005—June 2006

Paid (millions)	\$2.60
Number Clients	1,043
Penetration Rate	0.7%
Average Cost per Client for Substance Abuse Treatment	\$2,492

Table 7. For What Type of Substances Do Adolescents Seek Treatment in HealthChoices? July 2005—June 2006

Category	% of clients
Marijuana abuse/dependence	52%
Opioid abuse/dependence	16%
Dependence on multiple substances	15%
Alcohol abuse/dependence	12%
Cocaine abuse/dependence	4%
Inhalants abuse/dependence	3%
Drug withdrawal	2%
Total Number of Clients	1,043

Notes: The percents total more than 100% because the same individual may have received different diagnoses during the year. The seven most frequently received substance use diagnoses are included.

Why Has HealthChoices Substance Abuse Treatment Grown?

From fiscal year 2002 to 2006, the number of adolescents in the HealthChoices program using substance abuse treatment services more than doubled, and the number of HealthChoices-enrolled adults using substance abuse treatment services grew by 75%.

In fiscal year 2006, these services cost \$26.2 million dollars, an increase of \$13.5 million

since 2002. Each year, a larger percent of HealthChoices members has used substance abuse services.

Many factors can help explain this increase. The table below includes different factors, along with some discussion on the evidence supporting the relevance of each factor.

Table 8. Factors in Growth of HealthChoices Substance Abuse Treatment in Allegheny County

Factor	Description/Evidence
Increase in potency, availability of some drugs	When drugs become more potent and available, the number of people developing addictions may increase. The increased availability and potency of heroin and the availability of prescription drugs probably has had an impact on the number of people seeking treatment.
Decrease in stigma for seeking treatment	Despite the strong evidence that addiction is a brain disorder, many people still view addiction as a personal weakness. In recent years, there has been increased publicity around the true nature of addiction. However, there is not clear evidence that stigma has lessened for people on Medical Assistance and people therefore are seeking treatment more readily.
Changes in HealthChoices enrollment and payment for services	Substance abuse providers receive an annual allocation from Allegheny County to provide treatment to individuals without insurance or financial resources. In some cases, this allocation has decreased over time. HealthChoices has no such cap on expenditures—if an individual is in the HealthChoices program (see pages 4-5), and meets the criteria for treatment, providers will be reimbursed for providing the service. Beginning in 2005, under a new state policy called “expedited enrollment,” people are enrolled in the behavioral health side of the HealthChoices program the day they are found eligible for HealthChoices, rather than 30-45 days later. This policy change allows providers to be reimbursed through HealthChoices more quickly than previously. While total County payments for substance abuse treatment have increased over the last several years, the growth in HealthChoices spending has outpaced County-funded services. This suggests that the system is becoming more efficient in using HealthChoices resources while County funding remains a critical part of the system.
Increased capacity of providers	According to Community Care, many of the larger providers have added beds to their residential programs over the last several years. Methadone providers have also increased their capacity. Increased availability of beds certainly helps explain an increase in service use. If people do not have to wait for services, they are more likely to access them.
Increased outreach and support services	Over the last several years, Community Care and Allegheny County have started or expanded outreach and recovery support services. While these programs serve a relatively small number of people, they may have had an impact in getting more individuals into treatment. However, measuring the direct impact of outreach is quite difficult.

What's next?

This report is the first in an occasional series on substance abuse treatment. Future reports will cover evidence-based treatment and local innovations. Please contact Allegheny HealthChoices via phone or email with any questions or comments (see contact information at left). We are particularly interested in hearing individual's recovery stories and successful provider strategies to engage people in treatment.



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AHCI is a private, not-for-profit contract agency for Allegheny County's Department of Human Services. Our mission is to assure equitable access to quality, cost-effective behavioral health care that promotes positive clinical outcomes, recovery, and resiliency.