

Detoxification Services

This report is the third in a series on substance abuse treatment for the Allegheny County behavioral health system. This report covers:

- The goals of detoxification (detox) related to treating addiction as a chronic disorder
- The use of publicly funded detox services in Allegheny County
- People's treatment histories and diagnoses before detox
- Connection to other services after detox

Report Summary

Many people with a serious addiction will need detoxification services to help them manage their withdrawal symptoms from drug or alcohol abuse. While detox can be very important in helping people begin the recovery process, it is not treatment. Connecting people to treatment and rehabilitation services after they leave detox is an important goal shared by detox providers.

The goal of this report is to better understand who accesses publicly funded detox services, their access to treatment services before and after detox, and their involvement with the criminal justice system. The report development included two steps: data analysis followed by individual discussions with five providers to better understand differences among providers. We would like to thank the providers for their insight and contributions to the report.

The data in this report includes services paid for by HealthChoices (Medicaid) and by the Allegheny County Office of Behavioral Health. People were included if they had any days at an inpatient or non-hospital detox program during 2005.

From their first detox admission in 2005, we looked back two years to determine prior service use, jail stays, and for the presence of co-occurring mental health diagnoses (using claims data). We also looked ahead two years to determine people's first service received after detox, time until they received follow-up services, then all other services received during this two year period. We also looked at this time period for jail stays and mental health diagnoses.

The data in this report supports national research that shows addiction is often a chronic disorder. People can recover from chronic addiction—however, most will need long term treatment and support. Publicly funded treatment services are an essential safety net to help people move towards recovery.

Key Facts about addiction and detox:

- ◆ **Addiction is a chronic illness, similar to Type II diabetes, asthma or hypertension.** They are all influenced by genetic and social factors, and begin with voluntary choices that become strong, deep-seated behavior patterns. The course of each of these illnesses varies by person. There are effective treatments, techniques for people to manage these illnesses, and peer support for people with each of these illnesses.
- ◆ **Remission or recovery rates from chronic addiction are similar to rates for other chronic illnesses.** Relapse and treatment compliance for people with addiction are similar to people with diabetes, and better than for people with hypertension or asthma.
- ◆ **Detox is not enough for long term recovery for people with chronic addiction.** People who complete follow-up treatment after detox have better long-term recovery outcomes than those who only use detox services. As with other illnesses, individual outcomes are improved when people take an active role in managing their illness.
- ◆ **Many people with alcohol or drug problems do not develop a chronic addiction.** Many of these people will recover on their own with the support of peers, friends and family, or may need short-term treatment.

Source: White, William L. Recovery Management and Recovery-oriented Systems of Care. Northeast Addiction Technology Transfer Monograph Series, 2008. Downloaded from www.ireta.org.

Detoxification services help people safely withdraw from substances and connect to follow-up treatment to address the issues leading to addiction.

The goal of detoxification services is to manage acute intoxication and withdrawal from alcohol and/or drugs. Managing the detox process can help reduce or eliminate possible life-threatening physical complications if the individual tried to stop using substances on his or her own. Detox services help reduce the *intensity* of the substance dependence, and for some people, is the first step in the recovery process.

Detox is very different from treatment and rehabilitation services which focus on the recovery process by addressing the psychological, social and behavioral issues related to the addiction. Detox services have three goals:

1. **Evaluation.** Evaluation involves assessing the level and type of substances in the person’s system, co-occurring physical or mental conditions, and the individual’s social and environmental situation. Evaluation guides the managed withdrawal as well as the treatment plan for after the physical detox process is completed.

2. **Stabilization.** Stabilization involves helping the person through both the psychological and medical processes to become substance-free. Medications like buprenorphine (for opioid withdrawal) or benzodiazepines (for alcohol withdrawal) may be used to help alleviate the physical symptoms of withdrawal.

3. **Facilitate entry into treatment.** Because detoxification does not address the long-standing behavioral, social and psychological issues related to addiction, a primary goal of detox is to engage the person in committing to follow-up treatment services, often in a residential rehabilitation program and sometimes in an outpatient program.

Source: Center for Substance Abuse Treatment. Detoxification and Substance Abuse Treatment. Treatment Improvement Protocol (TIP) Series 45. DHHS Publication No. (SMA) 06-4131. Rockville, MD: Substance Abuse and Mental Health Services Administration, 2006.

Publicly Funded Detox Services in Allegheny County

Detox services are available in an inpatient setting or a non-hospital setting.* Both services help people through the withdrawal process. These services should make efforts to motivate and assist the person in seeking treatment after detox.

◆ **Inpatient detox** provides 24-hour medically directed evaluation and detoxification in an acute care setting. People needing inpatient services have acute withdrawal problems that are severe enough to require primary medical and nursing care facilities. The facility has the ability to address co-occurring acute biomedical or other emotional/psychological conditions that could jeopardize recovery.

◆ **Non-hospital residential detox** provides professionally directed evaluation and detoxification in a residential facility. People do not need the full resources of a hospital.

For more information on the different admission criteria for these two services, please see the Pennsylvania Client’s Placement Criteria (PCPC) at the Pennsylvania Department of Health website, www.dsf.health.state.pa.us.

During 2005, HealthChoices (Medicaid) and Allegheny County paid for detox services for 1,958 people. Table 1 shows the race, gender and age characteristics of people using detox services during 2005. A higher proportion were Caucasian and male. About one half were under 35 years, and 42% were 36-50 years; a small proportion (8%) were over 50 years.

Table 1. Demographic Characteristics of People who Used Detox Services In 2005

		# of people	% of people
Race	African-American	371	19%
	Caucasian	1114	57%
	Not reported*	450	23%
	Other	23	1%
Gender	Female	692	35%
	Male	1266	65%
Age	16-25 yrs.	463	24%
	26-35 yrs.	515	26%
	36-50 yrs.	815	42%
	Over 50 yrs.	165	8%
Total		1958**	100%

* Race is not a required reporting field for County data.
 ** Some people had more than one detox stay during 2005. However, only their first stay during 2005 is represented in the tables (so each person is counted once in each category above).

* Outpatient detox services are not included in this report.

Prior Treatment, Diagnoses, and Jail History for People who Used Detox Services

In looking at 2005 detox utilization, we found that people come to detox with complex histories. Many people had been in treatment within the two years before their 2005 detox admission (see Table 2). For others, detox was their first connection with publicly funded treatment services within the last two years. For those accessing services, the average length of stay for people receiving inpatient detox was 3.3 days, and the average for people receiving non-hospital detox was 2.6 days.

- ◆ 61% of people had some amount of substance abuse treatment in the two years before their 2005 detox admission.
- ◆ 39% of people did not use substance abuse services in the two years before their 2005 detox admission.
- ◆ Many had a period of outpatient services (37%) and/or rehabilitation treatment (29%).
- ◆ Close to one third had a prior detox admission (22% with a prior non-hospital and 8% with a prior inpatient admission).
- ◆ 27% had spent time in the Allegheny County jail in the two years before their detox admission.

People needed detox for three primary conditions: opioid (45%), alcohol (21%), or multiple substance (10%) addictions. Non-hospital providers treated a higher proportion of people with opioid dependence.* Many people (62%) have a co-occurring mental health diagnosis.

During 2005, detox services for Allegheny County residents were available through six primary providers (see Table 3). People are referred to detox through different channels. According to the providers interviewed for this report, people call or show up asking for services. Insurance companies, behavioral health providers, counties, and sometimes family members will also call wanting to make a referral. Many people are referred to Braddock Hospital, the only area inpatient detox unit, from area emergency rooms, psychiatric units, and the Diagnostic Emergency Center (DEC) at Western Psychiatric Institute and Clinic.

The intake and admission process varies by provider. For example, at Braddock, people will be assessed and admitted immediately. At White Deer Run, people are assessed at their outpatient program because their detox services are located outside Allegheny County. While admissions usually occur within a day, they are not immediate.

*Most of the individuals without a diagnosis provided were from one provider in particular, who clarified they more often treat alcohol withdrawal and dependence.

Table 2. Diagnoses, Treatment Use, and Jail History During Two Years Prior to 2005 Detox Services

	# of people	% of people	
Any substance abuse treatment within 2 years before detox	1190	61%	
No substance abuse treatment within 2 years before detox	768	39%	
Total	1958	100%	
Use of services during two years before 2005 detox*	Outpatient drug/alcohol	721	37%
	Non-hospital rehabilitation	559	29%
	Non-hospital detox	437	22%
	Inpatient detox	160	8%
<i>* Note: an individual may be represented in more than one row if he or she used multiple types of services during this time period.</i>			
Diagnoses for 2005 detox services	Opioid	871	45%
	Alcohol	410	21%
	No diagnosis provided	281	14%
	Multiple substances	189	10%
	Other diagnoses	207	10%
Total	1958	100%	
Has Allegheny County jail history within 2 years before detox	529	27%	
Has co-occurring mental health diagnosis	1219	62%	

Table 3. Providers of Detox Services in Allegheny County, 2005

Provider Network	Type of service	% of people
UPMC Braddock	Inpatient	31%
Gateway Rehabilitation Center	Non-hospital	12%
Greenbriar Treatment Center	Non-hospital	5%
Pyramid Healthcare	Non-hospital	12%
Western Psychiatric Institute and Clinic	Non-hospital	14%
White Deer Run/Cove Forge	Non-hospital	22%
Other providers	Both	4%
Total		100%

Connecting to Treatment After 2005 Detox Services

Half of the people using publicly funded detox during 2005 in Allegheny County went immediately to follow-up services, which were almost always residential rehabilitation programs (see Table 4). An additional 20% had follow-up treatment within a month. According to providers, their transfer rates varied significantly, from 25% to 90%, for several reasons:

- ◆ **Provider location.** When people are away from their environments, it can be easier for them to stay in treatment. Also, when rehabilitation services are in the same location, moving from detox to rehab is easier.
- ◆ **Admission process.** Providers who have a delay between the intake and the actual admission lose clients who change their minds before they are even admitted, while providers who admit people directly may have a similar number clients who leave against medical advice (AMA) or refuse follow-up treatment.
- ◆ **Complexity of addiction and co-occurring disorders.** People who need inpatient detox may often have more severe addictions, psychiatric conditions, and physical health issues compounding the difficulties of engaging in treatment.

Providers reported that most people remain with their services when they leave non-hospital detox for rehab. Providers reported that there is more variation in where people choose to go for follow-up services after rehab; they also report having lower rates for these follow-up services.

Despite the differences in the immediate transfer rates, providers had similar proportions of people who had relapses within two years (as indicated by another detox admission, see Table 5). Also, one third of people were incarcerated in the follow-up period after detox. Many also did seek treatment either through the substance abuse or mental health system.

Provider Practices Designed to Increase Retention in Services

In the individual discussions, providers described different protocols they use for detox and the techniques they use to engage people in follow-up treatment. For example:

- ◆ Providers use medications like buprenorphine to assist in detox. Using medications can substantially alleviate the side effects of withdrawal and help decrease the odds of a person leaving against medical advice.
- ◆ Co-locating non-hospital detox and residential rehab programs can help engage people early in treatment. Providers have people attend rehab programming as soon as they are feeling better, often several days before they finish the detox process.
- ◆ Providers arrange for people who are doing well in the rehab program to visit with people on detox to offer encouragement and support.

Providers also use motivational interviewing to engage people in treatment. Despite these efforts, 17% of people in 2005 left detox against medical advice. Providers describe how many people are not ready to make a change and are in detox to feel better or get their habit under control. While addiction is an illness, individual treatment outcomes are greatly improved when people actively participate in their treatment.

Table 4. Treatment Immediately After 2005 Detox Services

- ◆ 50% of people went to follow-up treatment within one day of detox
- ◆ 10% of people went to follow-up treatment within one week, and another 9% within a month
- ◆ 10% never received publicly funded services within two years after the 2005 detox admission

Table 5. Outcomes within Two Years After 2005 Detox Services

Service	# People	% People
Inpatient detox	287	15%
Non-hospital detox	796	41%
Allegheny County Jail	607	31%

Note: if the same person used both types of detox services and/or jail during this two year period, they will be represented in multiple rows above.



444 Liberty Ave., Suite 240
Pittsburgh, PA 15222
Phone: 412-325-1100
Web: www.ahci.org

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