

# Addiction Therapy-2014

Chicago, USA

August 4 - 6, 2014



Adi Jaffe

# Not Ashamed but Still Too Poor

Longitudinal changes in  
barriers to treatment entry  
for online treatment seekers

Adi Jaffe, PhD



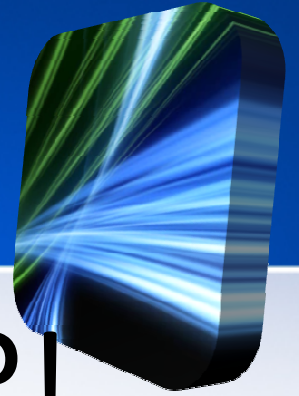
**Alternatives**  
ADDICTION TREATMENT

# Background



- 24 million U.S. residents meet substance use disorders (SUD) criteria
- Only 10% enter treatment (SUDTx) annually
  - Additional 1.1 million indicate they needed Tx but could not obtain it.
- Treatment effectiveness is moderate
  - 20% - 40% for more effective approaches
  - With such low penetration, actual effective rate of success is low
    - $10\% * 20\%-40\% = 2\% - 4\%$
- Improving Tx is important
- Improving penetration might be more important

# Barriers



- Why aren't they coming?!
- Reasons for delaying or avoiding SUDTx (Cunnigham et. al. 1993):
  - Cost
  - stigma of seeking information regarding SUDTx.
  - Location/information/time-commitment (inconvenience)
  - Enjoying using

# CUNNINGHAM, SOBELL. SOBELL, AGRAWAL, & TONEATTO - 1993



| Reason                                                   | % Endorsing reason <sup>a</sup> |              | Mean (SD) rating of how much the reason affected or influenced decision to delay seeking treatment <sup>b</sup> |                         |
|----------------------------------------------------------|---------------------------------|--------------|-----------------------------------------------------------------------------------------------------------------|-------------------------|
|                                                          | Alcohol abusers                 | Drug abusers | Alcohol abusers                                                                                                 | Drug abusers            |
| Embarrassment/pride                                      | 42.5                            | 44.6         | 3.6(0.9)                                                                                                        | 3.5(1.0)                |
| No problem perceived/no help needed/no need to seek help | 23.6                            | 20.0         | 4.3(0.8) <sup>e</sup>                                                                                           | 4.4(0.7) <sup>d</sup>   |
| Unable to share problems                                 | 54.3                            | 60.0         | 3.7(0.9) <sup>e</sup>                                                                                           | 3.9(1.0) <sup>f</sup>   |
| Stigma                                                   | 54.3                            | 49.2         | 3.7(0.9)                                                                                                        | 3.4(1.0)                |
| Wanted to handle problem on own                          | 17.3                            | 9.2          | 4.7(0.5) <sup>e</sup>                                                                                           | 3.8(0.5) <sup>h,i</sup> |
| Negative attitude toward treatment                       | 36.2                            | 40.0         | 3.5(0.9) <sup>e</sup>                                                                                           | 3.4(0.9)                |
| Monetary costs involved                                  | 18.9                            | 9.2          | 3.6(1.1)                                                                                                        | 3.5(1.6)                |
| Ignorance of treatment availability <sup>j</sup>         | 2.4                             | 0.0          | 5.0(0.0) <sup>e</sup>                                                                                           | na <sup>j</sup>         |
| Barriers to treatment <sup>k</sup>                       | 5.5                             | 4.6          | 4.0(0.6)                                                                                                        | 3.5(0.7) <sup>e</sup>   |
| Enjoyment of drinking <sup>l</sup>                       | 5.5                             | 0.0          | 4.0(0.0) <sup>f</sup>                                                                                           | na <sup>j</sup>         |
| Reasons not determinable                                 | 11.8                            | 6.2          | 4.6(0.5) <sup>e</sup>                                                                                           | 4.3(0.6) <sup>e</sup>   |

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# CUNNINGHAM, SOBELL. SOBELL, AGRAWAL, & TONEATTO - 1993



Table 1. Demographic characteristics

| Variable                                                  | Drug abusers           |                         | Alcohol abusers                              |                                      |
|-----------------------------------------------------------|------------------------|-------------------------|----------------------------------------------|--------------------------------------|
|                                                           | Outpatient<br>(n = 65) | Outpatient<br>(n = 127) | Resolved<br>without<br>treatment<br>(n = 92) | Untreated<br>nonresolved<br>(n = 62) |
| % Male <sup>c</sup>                                       | 78.5                   | 80.3                    | 81.5                                         | 74.2                                 |
| Mean (SD) Age                                             | 32.6 (6.3)             | 37.9 (9.7)              | 43.3 (10.5)                                  | 38.8 (11.6)                          |
| % with some<br>postsecondary<br>education <sup>c</sup>    | 35.9                   | 54.4                    | 19.6                                         | 29.0                                 |
| Length of primary<br>drug problem: <sup>c</sup>           |                        |                         |                                              |                                      |
| 0–5 years (%)                                             | 54.9                   | 21.6                    | 13.0                                         | 3.2                                  |
| 6–10 years (%)                                            | 19.6                   | 20.7                    | 32.6                                         | 37.1                                 |
| >10 years (%)                                             | 25.5                   | 57.8                    | 54.3                                         | 59.7                                 |
| First time sought<br>formal help/<br>treatment<br>(% Yes) | 63.1                   | 54.0                    |                                              |                                      |
| Referral source<br>(%): <sup>c</sup>                      |                        |                         |                                              |                                      |
| Self                                                      | 64.1                   | 65.9                    |                                              |                                      |
| Other                                                     | 21.9                   | 21.4                    |                                              |                                      |
| Legal                                                     | 14.1                   | 12.7                    |                                              |                                      |

# The CALDAR Pilot



- Our study examined
  - User characteristics
  - Barriers to Tx entry
  - Service utilization
- What happens once people being seeking for treatment (online)?



# Methods



- We recruited treatment-seekers through organic (i.e., unpaid) online searches.
- Inclusion criteria included:
  - Treatment-seeking for self (i.e., not for another)
  - expected treatment entry within six months
  - Access to a *computer, the internet*, and an email account
  - Availability for four online assessments within six months.

# Methods



- Assessments utilized:
  - CAATS Online Assessment
  - ASI – Employment and Criminal Engagement Subscale
  - ASSIST
  - Drug Avoidance Checklist
  - Recovery Assessment Survey
  - Relapse Triggers Checklist
  - Treatment Effectiveness Assessment
  - Website Usability Questions

# Participant flow



355 screened

244 excluded

111 Provided emails

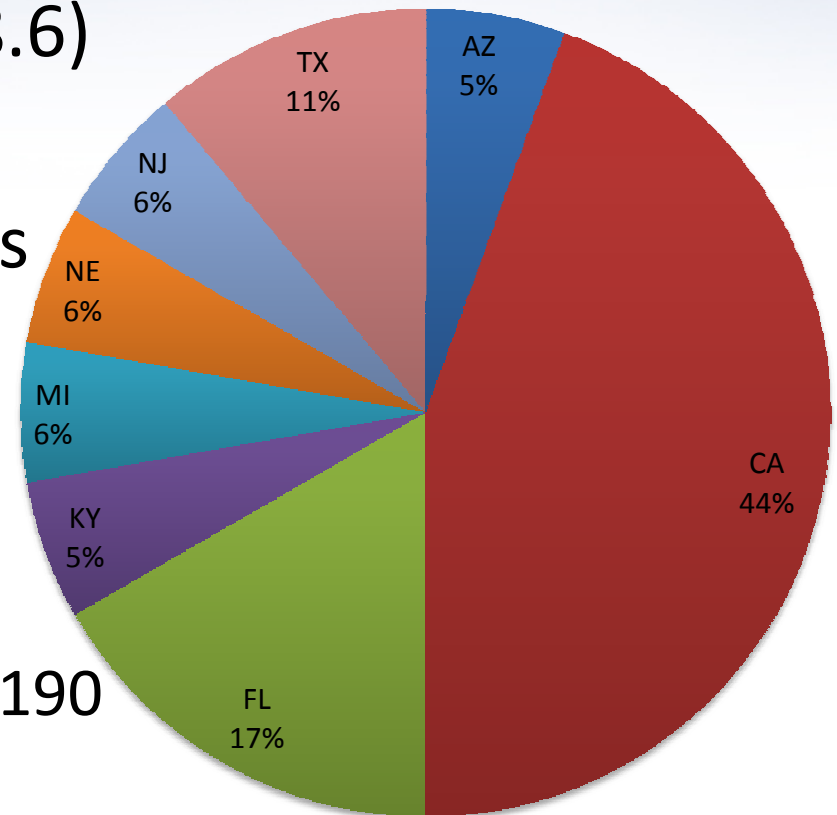
44 Completed initial baseline

33 (75%) Followed up

# Sample - demographics



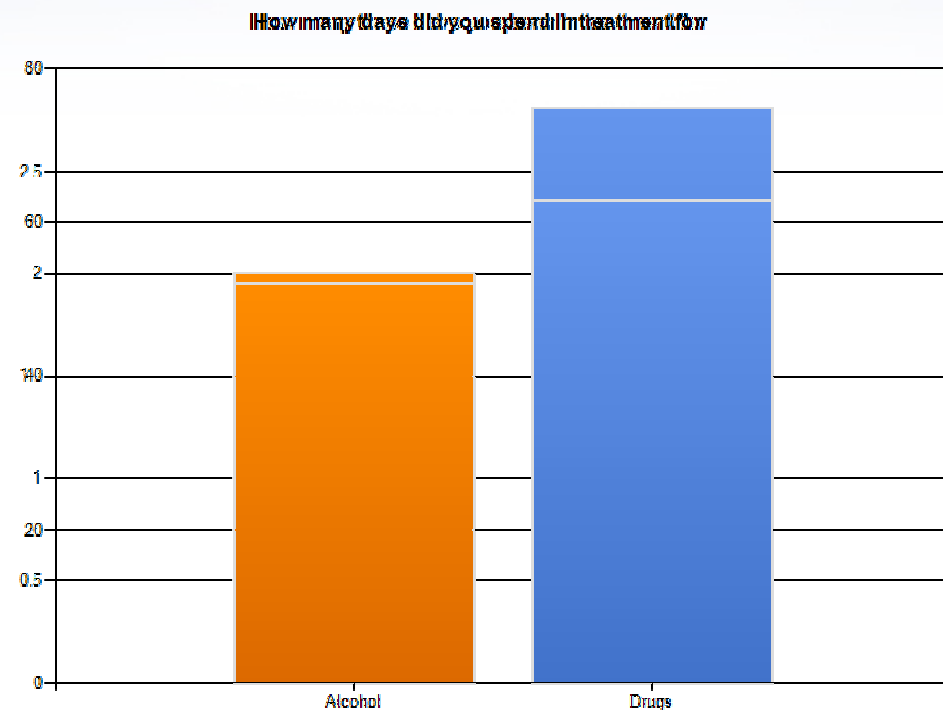
- **Gender** – 60% female
- **Mean Age** = 35 years ( $SD = 8.6$ )
- 60% employed in past year
- 68% Reported High-School as highest degree attained
- 60% reported having health insurance
  - Minimal available additional contribution to Tx costs  $M = \$190$  ( $SD = \$300$ )
- 53% reported previous arrest or convictions



# Sample – Seeking & Entering



- 70% of participants have previously sought Tx ( $M = 2.0$  for alcohol, 2.8 for drugs)
- 53% have ever entered Tx



# CUNNINGHAM, SOBELL. SOBELL, AGRAWAL, & TONEATTO - 1993



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Our sample - 40%

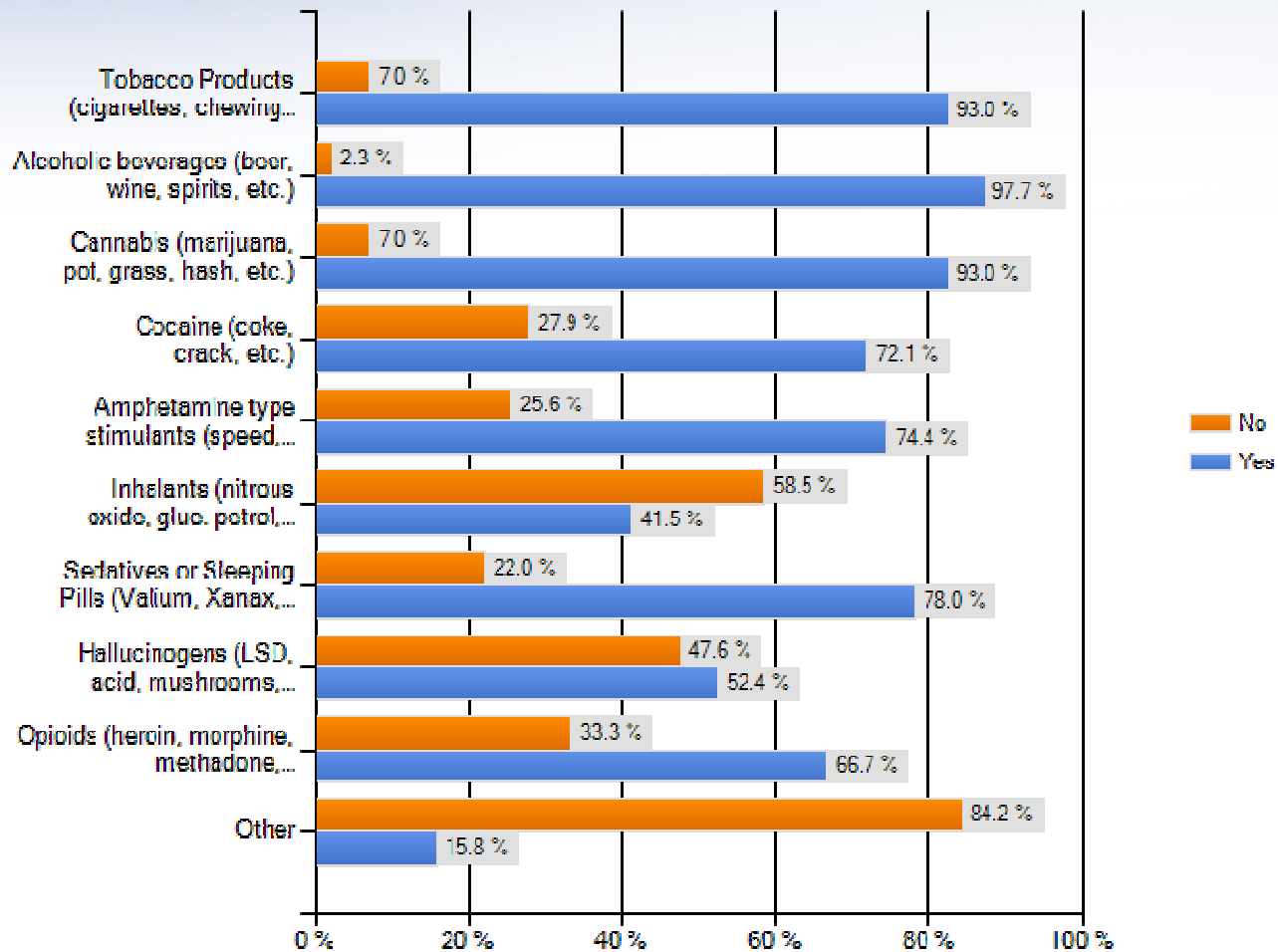
Our sample - 32%

Our sample - 30%

# Sample – drug/alcohol use



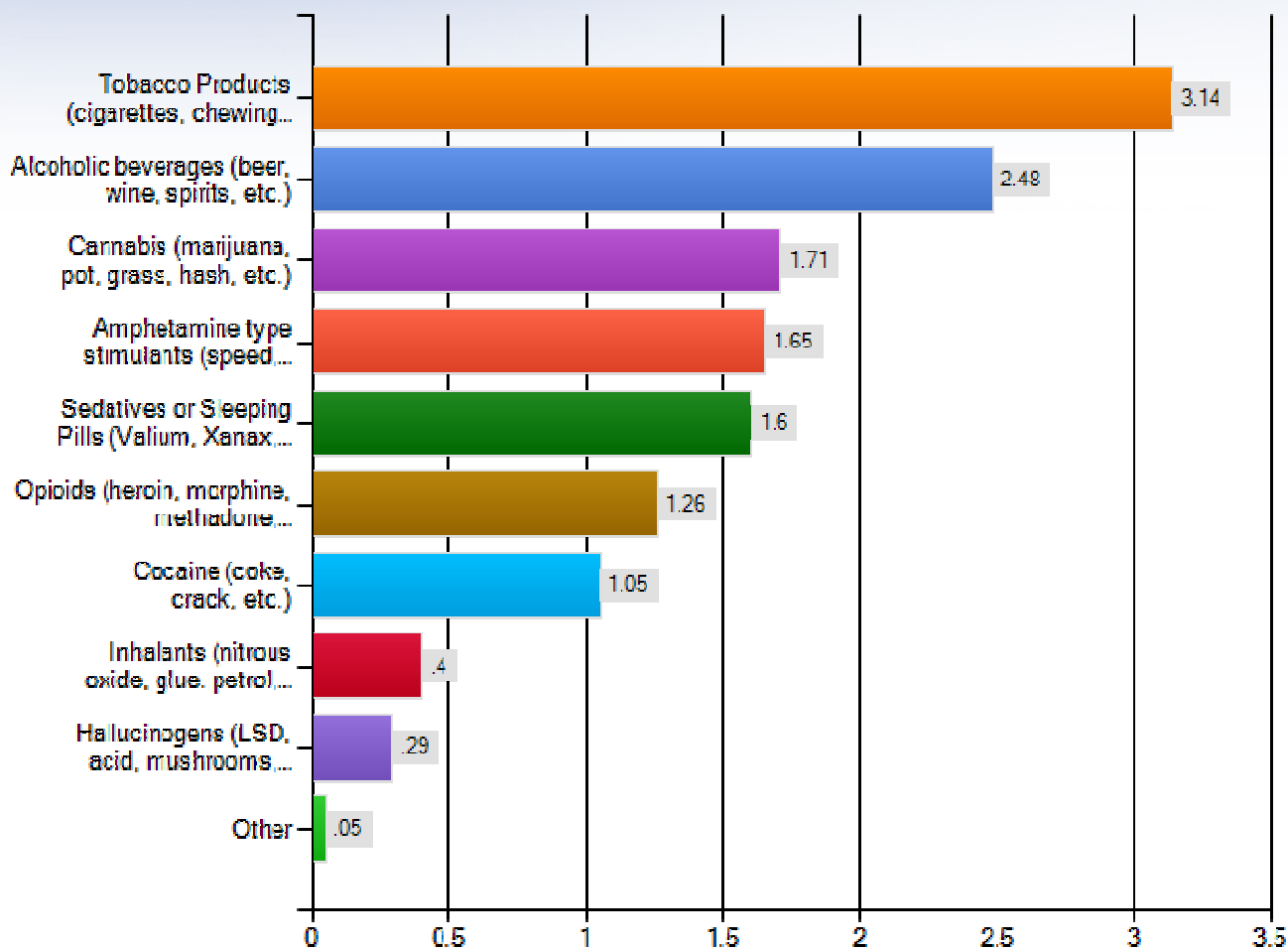
Lifetime Drug Use



# Sample – drug/alcohol use



Past 90 Days drug use



## % Daily

69%

29%

22%

28%

17%

21%

12%

2.4%

0%

4-daily

3-weekly

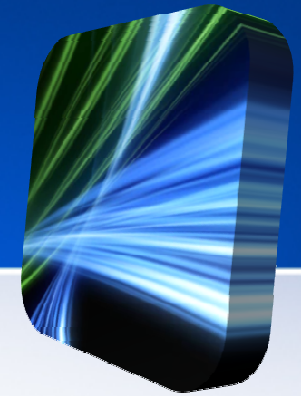
2-Monthly

1-Once/Twice

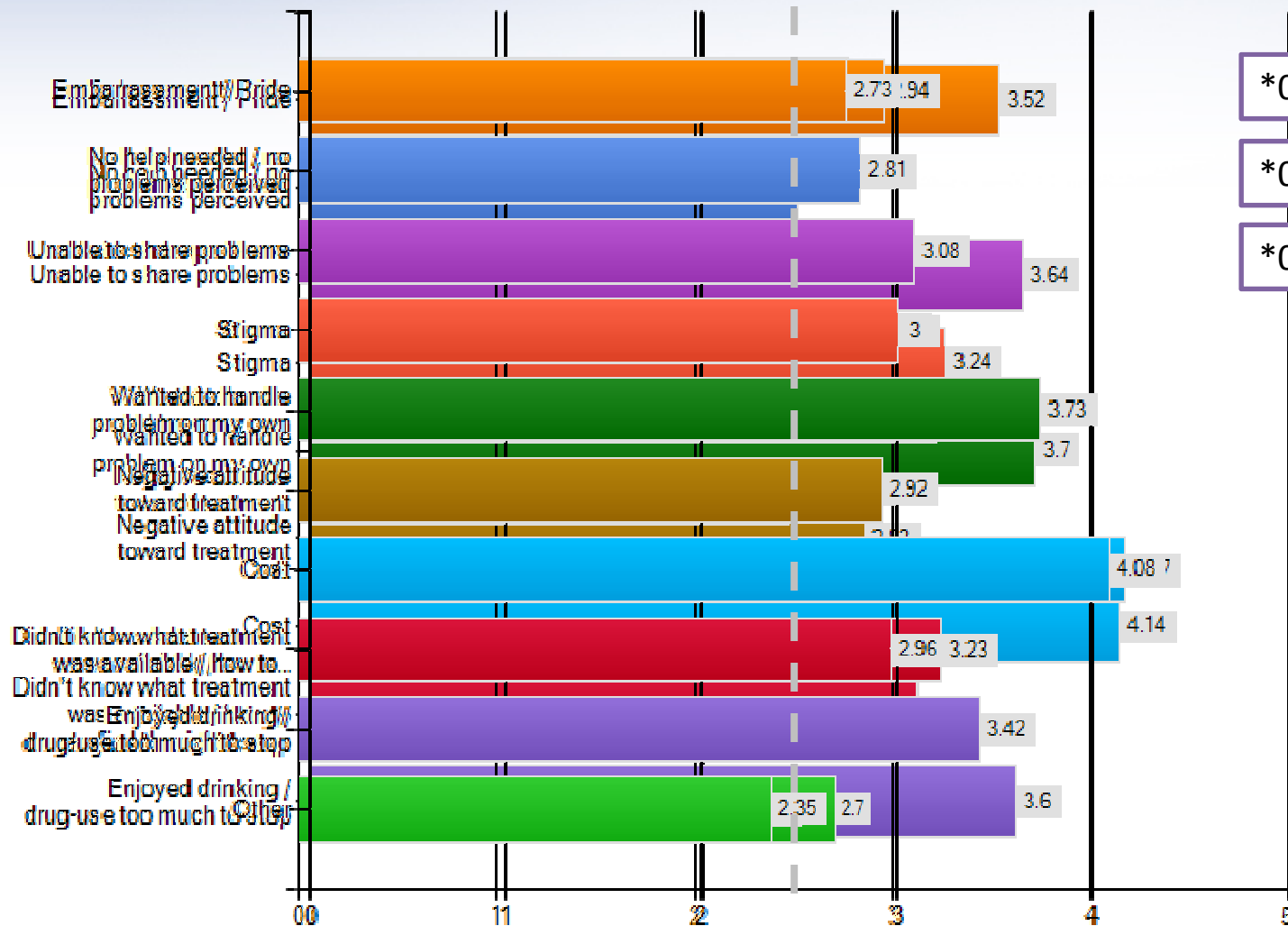
0-Never



# Tada! Barriers to Tx Entry



1-Week to 6+ Months Barriers



\*0.8 reduction

\*0.4 increase

\*0.6 reduction

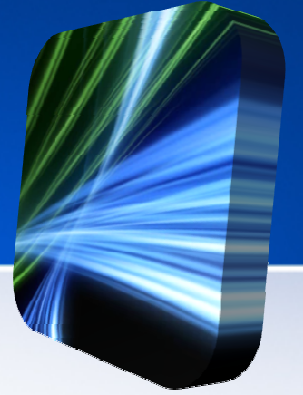
# Stigma



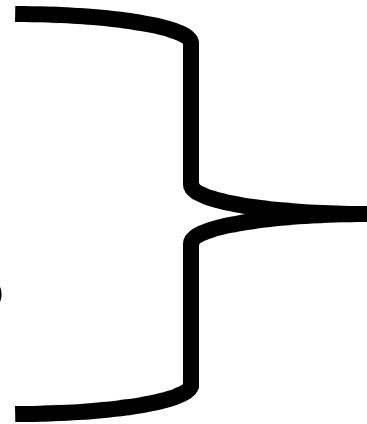
- Seems to matter more early in the tx-seeking process.
  - Later on, logistics, cost and not wanting to stop are more important.
- Suggests seeking alone helps
- Need to target seekers differently



# Easy to address?

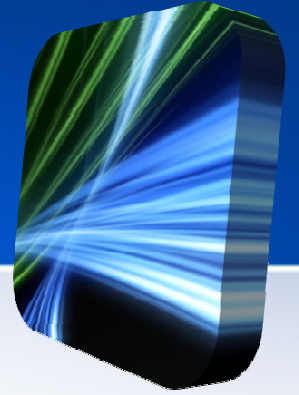


- Cost?
- Accessibility?
- Early Stigma?
- Not wanting to quit?



**Come See My  
Poster!**

# Take away(s)



- Barriers to treatment entry are key
- Improving penetration improves effectiveness
- We need to stop blaming the addicts
  - Address the needs
- Cost, early shame and not wanting to quit are top barriers later in seeking

# Acknowledgment



- UCLA Integrated Substance Abuse Programs
  - Yih-Ing Hser, Ph.D.
  - Debra Murphy, Ph.D.
- My research assistant
  - Tariq Shaheed
  - Adam Colman
  - Will Strahl





The End

# Changing the help we give



- How much does stigma matter?
- What barriers can we address easily?
- **What about helping those on the fence?**

# On the fence?



- Not want to stop = Don't want help ?!
- Abstinence only treatment would suggest so
  - At least not ready (pre-contemplation, denial, etc.)
- Harm reduction and MI disagree
  - “Meet the client where s/he is at”
- Participants are tx-seeking



# Non-abstinence Tx

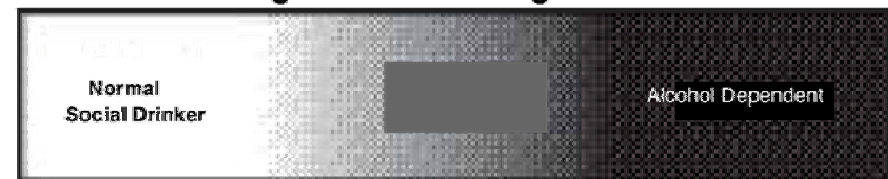


- A small number of U.S. providers
  - Mostly on east-coast
  - Often serve low-SES clients
  - What about the rest?
- At Alternatives we find many are looking for help without abstinence

The Drinking World According to AA



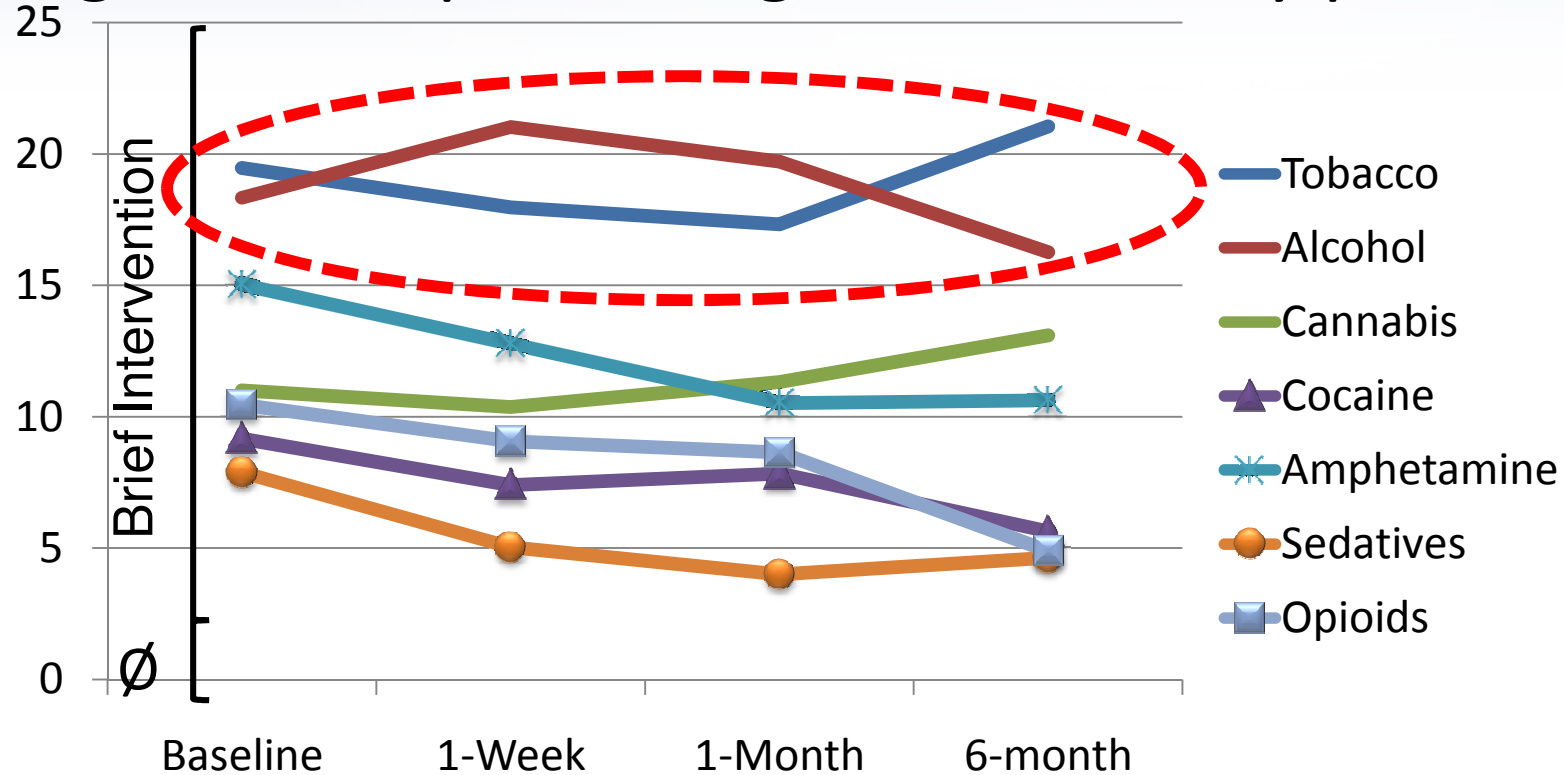
The Drinking World According to ALTERNATIVES



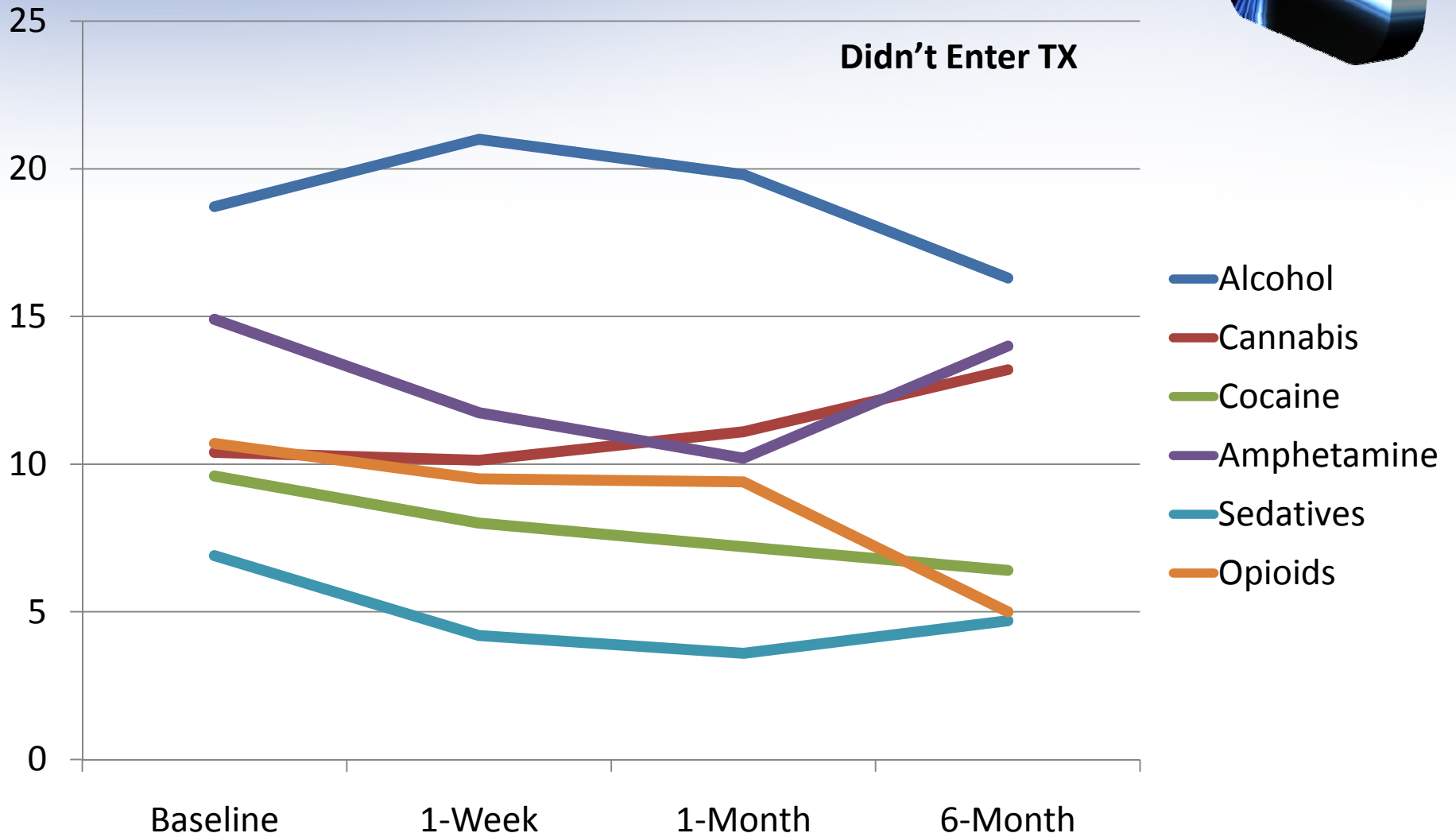
# Results – Drug use patterns



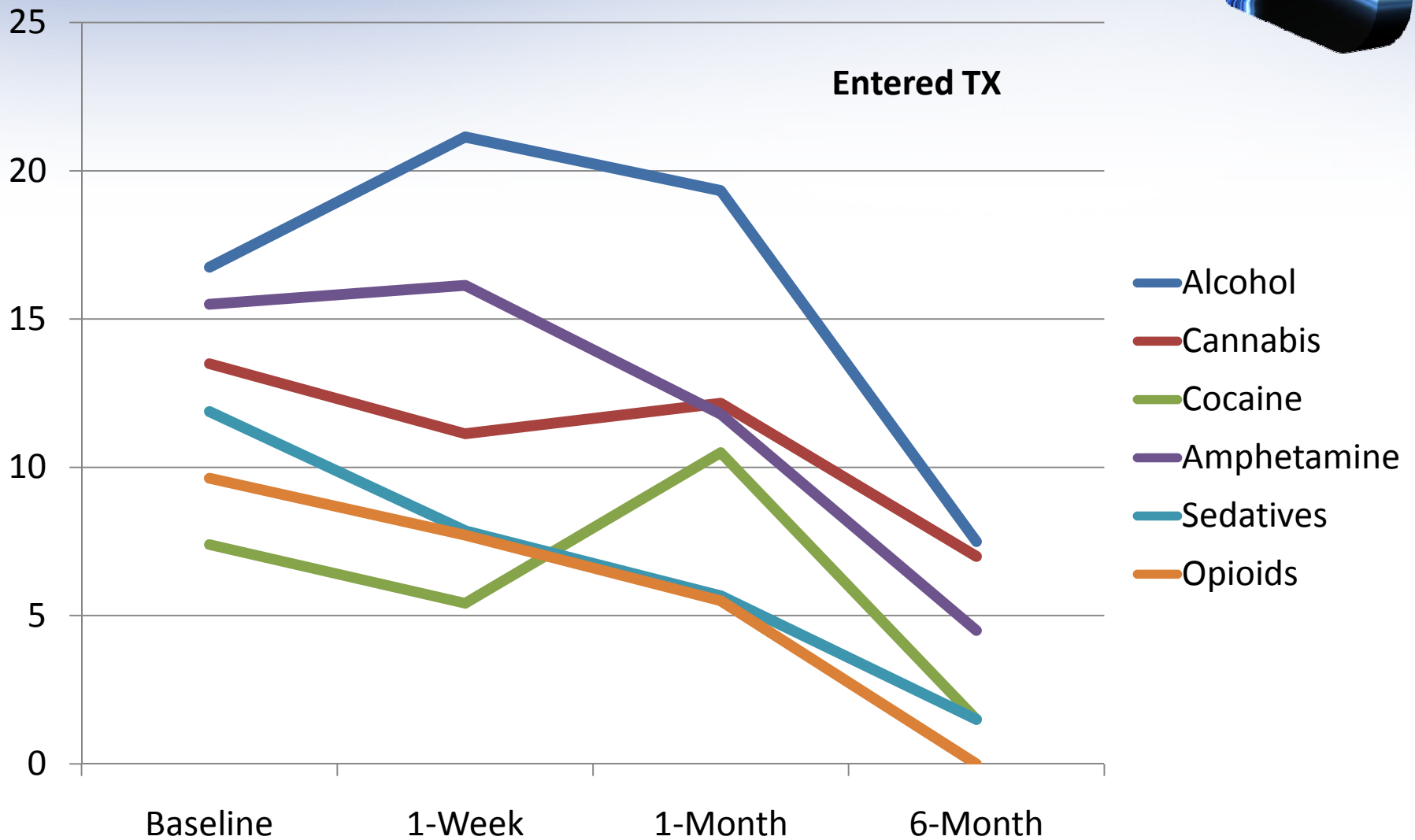
- Assist scores – *some* moderate & gradual change for sample throughout the study period



# Tx Entry moderated Drug use



# Tx Entry moderated Drug use



# Conclusions



- Seeking treatment online (or at least online treatment seekers) seem to experience reduced shame through searching alone.
- A minority of online-Tx seekers enter treatment
  - But those who do utilize online information
- No substantial change in drug use behavior among seekers who do not enter
  - But Tx-entry does seem to produce change

# Implications/Recommendations



- Specific effort required to address the special makeup and needs of online Tx seekers
- Time since beginning Tx search relevant for barriers and possibly other needs/behaviors
- Tx seeking alone is not a good indicator of behavioral change





Meet the eminent gathering once again at

# Addiction Therapy-2015

Florida, USA

August 3 - 5, 2015

Addiction Therapy – 2015 Website:

[addictiontherapy.conferenceseries.com](http://addictiontherapy.conferenceseries.com)