



Alcohol detoxification completion, acceptance of referral to substance abuse treatment, and entry into substance abuse treatment among Alaska Native people



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HIGHLIGHTS

- Higher GAF scores, longer LOS, and older ages of first alcohol use were associated with detoxification completion.
- A secondary drug diagnosis was associated with detoxification incompleteness.
- Those with legal problems and LOS were more likely to accept a referral to substance abuse treatment.
- Women were less likely than men to accept a referral to treatment.
- LOS was the only variable associated with substance abuse treatment entry.

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ABSTRACT

Background: Little is known about factors associated with detoxification treatment completion and the transition to substance abuse treatment following detoxification among Alaska Native people. This study examined 3 critical points on the substance abuse continuum of care (alcohol detoxification completion, acceptance of referral to substance abuse treatment, entry into substance abuse treatment following detoxification).

Methods: The retrospective cohort included 383 adult Alaska Native patients admitted to a tribally owned and managed inpatient detoxification unit. Three multiple logistic regression models estimated the adjusted associations of each outcome separately with demographic/psychosocial characteristics, clinical characteristics, use related behaviors, and health care utilization.

Results: Seventy-five percent completed detoxification treatment. Higher global assessment functioning scores, longer lengths of stay, and older ages of first alcohol use were associated with completing detoxification. A secondary drug diagnosis was associated with not completing detoxification. Thirty-six percent accepted a referral to substance abuse treatment following detoxification. Men, those with legal problems, and those with a longer length of stay were more likely to accept a referral to substance abuse treatment. Fifty-eight percent had a confirmed entry into a substance abuse treatment program at discharge. Length of stay was the only variable associated with substance abuse treatment entry.

Conclusions: Services like motivational interviewing, counseling, development of therapeutic alliance, monetary incentives, and contingency management are effective in linking patients to services after detoxification. These should be considered, along with the factors associated with each point on the continuum of care when linking patients to follow-up services.

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1. Introduction

The detoxification process has 3 elements: evaluation of medical, psychological, and social conditions, stabilization of the patient through the withdrawal process, and facilitation of substance abuse treatment entry following detoxification (Miller & Kipnis, 2006). This paper focuses on 3 points on the continuum of care critical to substance abuse treatment entry following detoxification: detoxification completion,

acceptance of referral to substance abuse treatment, and substance abuse treatment entry. A sample of Alaska Native patients admitted to detoxification is used to study these 3 points.

Nationally, 10% of patients discharged from residential, hospital, or outpatient detoxification facilities transition to substance abuse treatment (Substance Abuse and Mental Health Services Administration, 2010). This suggests improved connections from detoxification services to substance abuse treatment programs are needed (Mark, Dilonardo, Clalk, & Coffey, 2002). Readmission to detoxification is not uncommon, among the general population one year rates ranging from 27% to 48% (Callaghan, 2003; Li, Sun, Marsh, & Anis, 2008; Mark, Vandivort-Warren, & Montejano, 2006). The one year readmission rate for Alaska Native people is 42% (Running Bear et al., 2014). These high rates imply a failure by the health care system to provide adequate services to detoxification patients. At the patient level, age, gender, unemployment, homelessness, patient functioning, a preferred substance of alcohol, and Medicaid coverage are associated with readmission to detoxification (Callaghan, 2003; Carrier et al., 2011; Li et al., 2008; Mark et al., 2006; Running Bear et al., 2014).

Recovery from substance abuse is an important concern for Alaska Native people. Of the 12 Indian Health Service (IHS) service areas, the Alaska Area ranks second highest for alcohol-related deaths (Indian Health Service, Office of Public Health Support, and Division of Program Statistics, 2008). The Alaska Area age-adjusted alcohol death rate is 10 times higher than the US death rate: 72.8 versus 6.9 per 100,000 (IHS, 2008). Among rural Alaska Natives, 48% of the men and 24% of women had alcohol problems (Seale, Shellenberger, & Spencer, 2006). High rates of suicide, violence, and health problems are associated with alcohol use among Alaska Native people (Allen, Levintova, & Mohatt, 2011; Hesselbrock, Segal, & Hesselbrock, 2000; Segal, 1998). Although alcohol use disorders and related problems among Alaska Native people have been studied, (Hesselbrock, Hesselbrock, & Segal, 2003; Hesselbrock et al., 2000; Parks, Hesselbrock, Hesselbrock, & Segal, 2001; Segal, 1998) little is known about factors associated with alcohol detoxification treatment completion and transition to substance abuse treatment.

A careful review of the literature revealed these 3 critical points on the care continuum are typically examined independently, rather than a series of steps. Consequently, we present the literature in 3 distinct sections: detoxification completion, acceptance of referral to substance abuse treatment, and substance abuse treatment entry.

1.1. Detoxification treatment completion

Nationwide among the general population, detoxification treatment completion rates range from 66%–88% (Araujo et al., 1996; Armenian, Chutuape, & Stitzer, 1999; Blondell, Amadasu, Servoss, & Smith, 2006; Gordon et al., 2001; Martinez-Raga, Marshall, Keaney, Ball, & Strang, 2002; San, Cami, Peri, Mata, & Porta, 1989; Wiseman, Henderson, & Briggs, 1997). Incomplete detoxification, rather than complete, is often studied and defined as withdrawal from treatment by discharge against medical advice or transfer to other facility for medical reasons. Demographic factors, use-related behaviors, withdrawal symptoms, and psychiatric disorders are associated with an incomplete detoxification (Armenian et al., 1999; de los Cobos, Trujols, Ribalta, & Casas, 1997; Martinez-Raga et al., 2002). Those admitted at a younger age are less likely to complete detoxification (Armenian et al., 1999; Martinez-Raga et al., 2002). Drug use 30 days prior to admission for alcohol detoxification, fewer months of abstinence, withdrawal symptoms (nausea/vomiting), and psychiatric disorders are associated with an incomplete detoxification (de los Cobos et al., 1997; Gordon et al., 2001; Martinez-Raga et al., 2002). On the other hand, a longer length of stay (LOS) and being married are associated with successfully completing detoxification (de los Cobos et al., 1997; San et al., 1989). Among Canadian Aboriginal people, females were less likely to complete detoxification than males (Li, Sun, Marsh, & Anis, 2013).

Two studies among the general population reported referral to treatment rates, each provided a distinct definition of referred to treatment. One found 96% were referred to treatment, defined as appointments given for outpatient services and admissions to inpatient facilities (Wiseman et al., 1997). The second study identified 60% accepted a referral and also arrived at their treatment facility (Smart, Finley, & Funston, 1977). Factors associated with acceptance of referral to substance abuse treatment following detoxification were not reported in these studies.

1.2. Substance abuse treatment entry

Among the general population studies report substance abuse treatment entry, defined as treatment initiation, engagement, or transfer to treatment following detoxification (Blondell, Smith, Canfield, & Servoss, 2006; Campbell et al., 2010; Castaneda, Lifshutz, Galanter, Medalia, & Franco, 1992; Franken & Hendriks, 1999; Gordon et al., 2001; Hien & Scheier, 1996; Kleinman, Millery, Scimeca, & Polissar, 2002; Mark, Dilonardo, Chalk, & Coffey, 2003; McCusker, Bigelow, Luippold, Zorn, & Lewis, 1995; Millery, Kleinman, Polissar, Millman, & Scimeca, 2002; Stein, Orlando, & Sturm, 2000; Stein, Kogan, & Sorbero, 2009). Substance abuse treatment entry rates following detoxification range from 26%–79%, the latter for those with managed care (McCusker et al., 1995; B. Stein et al., 2000). A range of factors were associated with substance abuse treatment entry following detoxification. A high school education, 6 months or more of employment, longer LOS, and a history of detoxification hospitalizations were associated with entering treatment after detoxification (Campbell et al., 2010; Castaneda et al., 1992; Hien & Scheier, 1996; McCusker et al., 1995). Homelessness, severe drug use problems, severe medical issues, and mental health conditions were associated with not entering substance abuse treatment following detoxification (Blondell, Smith, et al., 2006; Franken & Hendriks, 1999).

In the current study, data from an adult Alaska Native inpatient detoxification unit provided a unique opportunity to study the 3 phases as a series of steps on the continuum of care. Independent variables fell into 4 categories: demographic/psychosocial characteristics, clinical factors, use-related behaviors, and health care utilization. Based upon the detoxification literature, we hypothesized detoxification treatment completion would be associated with being married, male, older at admission, longer LOS, and 30 days of abstinence prior to last use, while a secondary drug diagnosis and psychiatric disorders would be associated with not completing detoxification. Absent a relevant literature, our analyses explored factors associated with the acceptance of referral to substance abuse treatment following detoxification. We hypothesized that a high school education or greater, employment, longer LOS, and previous admissions to detoxification would be related to substance abuse treatment entry following detoxification, while homelessness, secondary drug diagnosis, medical conditions and diagnosed psychiatric disorders would be associated with not entering substance abuse treatment following detoxification. We explored the relationship of all other variables to each outcome.

2. Material and methods

2.1. Study sample

The sample derived from an inpatient, tribally owned, medically managed 6-bed detoxification unit in Southcentral Alaska. The unit was funded through the Indian Health Service (IHS) and served almost exclusively Alaska Native/American Indian (AN/AI) people. Non-AI/ANs were admitted on a case-by-case basis; admitted based upon available bed space. The detoxification unit was part of comprehensive substance abuse treatment services/programs that have a long history of incorporating cultural components. A therapeutic village of care approach was used for substance abuse treatment (excluding detoxification) that

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