Centrum för socialvetenskaplig alkohol och drogforskning

Decentralisation and integration of addiction treatment – Does it make any difference?

The 2007 APHA Annual Meeting, Washington, D.C., November 3-7, 2007

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Background

- Two systems for addiction treatment in Sweden: municipal social services and county mental health care
- Different politicians, professions and data protection rules
- In Stockholm county (2 mill inhab.) on any day 50 % in each system

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Problems

- Much treatment (ca 350 hospital beds, numerous rehabilitations centres, ca 45 outpatient units), but traditional emphases on inpatient treatment – costs – and availability?
- Treatment affordable but repelling? – ”for marginalised only” – attractiveness, earlier interventions?
- 2/3 of clients/patients in both systems – integration?

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Reform

- In 1998 municipal/county decision to integrate social service and mental health care addiction treatment, decentralise resources from inpatient to local outpatient units

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Goals of reform

- towards one system with common guidelines and body of knowledge
- continuity and planning in treatment
- local availaibility of treatment
- responsiveness to less developed problems, vulnerable groups
- less inpatient treatment - savings

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Possibiities for quasi-experimental situation

- Implemented in the north of the county
- Resistance in the south

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Data: Women and men in Swedish alcohol and drug treatment (Room et al. 2003)

- Study of the role and function of treatment (the treatment system) for a given population started 2000
- Representative sample of clients/patients in Stockholm county health care and social service addiction treatment units. Structured interview (ca 1 hour) with ca 1 800 person baseline, one year follow-up, now 5 year follow up
- Linked to registers
- Interviews in general population at baseline and one year follow-up, and with staff at baseline

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General characteristics of baseline sample

- 28 % women
- Mean age 43 years
- 80 % born in Sweden
- 24 % live with partner
- 1/4 no stable housing situation
- 1/4 working
- 60% alcohol dependent, 1/3 drug dependent (ICD-10, 3+ criteria)

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Questions

Catchment: How well does the decentralised versus not so decentralised system reach individuals with less severe problems, and weak groups with barriers to treatment?

Costs: Does the decentralisation affect consumption of inpatient treatment (costs)?

Quality: Is the decentralised treatment pecieved as more coherent and available?

Outcome: Is the 1-year outcome (ASI medical status and psychiatric status, alochol and drug life area problems and ICD-10 dependence) better in a decentralised system?

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The reality of comparisons

- Great diversity within the North and within the South – solution to make comparisons between the whole North and South and also between Model Sites
- Differences in the population base: South more immigrants and lower mean income, but probably no great differences in prevalence of heavy alcohol use or drug use

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Results: Catchment 1 ("high threshold groups")

Intregrated system recruits:
More immigrants (but still too few)
More persons with lower education
More people who live alone
More without stable housing situation

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Some demographic characteristics of clients at baseline

		North: Decentr.	South: Central.	Sig.	North: Model	South: Model	Sig.
	n	714	885		206	261	
Born in Sweden [a]	1275	**77**	**82**	**	**64**	**75**	**
Married/live together with partner (compared to alone) [a]	370	24	23	ns	**27**	**13**	***
Have children under 18 [a]	500	**28**	**35**	**	41	43	ns
Lived with partner or child, 3 yrs [a]	641	**35**	**44**	**	35	39	ns
Live with alcohol or drug abuser [a]	197	**14**	**11**	*	17	14	ns
Main housing last 30 days [a]							
Own place to live	878	53	57	ns	42	36	(*)
Arranged by authorities	195	13	11		18	19	
Homeless	200	13	12		15	22	
Education [a]							
(Not finished) elementary	97	**8**	**5**	*	13	8	(*)
University (incl. without degree)	292	18	18		7	10	
Occupation work, last 30 days [a]							
Work/other	385	24	24	ns	**28**	**18**	*
Sick-leave/retired	581	36	37		22	28	
Unemployed	495	31	31		39	36	

*** $p \leq 0.001$; ** $p \leq 0.01$; * $p \leq 0.05$, (*) $p \leq .10$

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Results: Catchment 2 ("less developed substance abuse problems")

- 29 % in both parts had received addiction treatment the year before first interview
- ¾ in both parts had experienced informal pressure to go to treatment, 45 % formal pressure
- integrated system recruited more patients with less frequent use of 12+ units of alcohol
- no differences in days of drug use (of last 30) or number of alcohol and drug dependency criteria

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Treatment history, self-choice and pressure to enter treatment

		North: Decentr.	South: Central.	Sig.	North: Model	South: Model	Sig.
	n	714	885		206	261	
Been in tx last year[a]	1267	82	79	ns	**83**	**89**	*
Own idea come to tx[a]	1275	83	80	ns	81	75	ns
Informal pressure 1+[a]	1160	73	74	ns	**71**	**85**	***
Formal pressure 1+[a]	1140	45	44	ns	**53**	**71**	***

*** $p \leq 0.001$; ** $p \leq 0.01$; * $p \leq 0.05$, (*) $p \leq .10$

[a] Chi-square test, 2-sided was used for test of difference in categorical variables.

[b] T-test, independent sample test, 2 sided was used for test of difference in means for continuous variables

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Results: Consumption of treatment between baseline and follow-up

- no difference in consumption of outpatient between T1 and T2 (mean 63 days)
- no difference in consumption of inpatient treatment between T1 and T2 measured as number of days
- True also if you control for alcohol and drug dependence criteria

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Results: Clients' perception of treatment

- Patients/clients from integrated system finds it easier to get into treatment and experiences treatment as more coherent and continous
- This holds true controlling for drug dependence and drug related life area problems
- As a whole about 85 % says that they have someone in the treatment system they can turn to with their problems

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Client perception of treatment

	n	North: Decentr.	South: Central.	Sig.	North: Model	South: Model	Sig.
	n	714	885		206	261	
How easy to get into baseline tx, at T1 [a]							
Very easy	699	***73***	***61***	***	**78**	**58**	**
Somewhat easy	182	***15***	***19***		**12**	**14**	
Somewhat difficult	121	***9***	***13***		**8**	**20**	
Very difficult	55	***3***	***7***		**3**	**8**	
Coherent/continuous treatment between T1-T2, rating 1-5 (most coherent) [a]							
1	159	*17*	*17*	***	*13*	*19*	***
2	121	*10*	*15*		*6*	*23*	
3	188	*16*	*24*		*15*	*24*	
4	200	*24*	*20*		*22*	*15*	
5	263	*33*	*25*		*44*	*19*	
Have person/unit in addiction tx can go to for alc/drug problems [a]		87	81		89	85	ns
Satisfaction with baseline treatment, 1-5, m[std.dev] [b]		3.5	3.4	ns	3.6	3.3	(*)

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[a] Chi-square test, 2-sided was used for test of difference in categorical variables.

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Results: Outcomes

- ASI medical status: South Model area more positive change between baseline and follow up
- ASI psychiatric status: integrated system less negative changes in no of days with problems of last 30, but South Model more positive change
- Dependence: no differences, ¼ showed positive change in no of alcohol dependency criteria, ca 15 % in drug dependency criteria

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Some outcome measures

areas (weighted).

	n	North: Decentr.	South: Central.	Sig.	North: Model	South: Model	Sig.
	n	489	604		139	152	
ASI MEDICAL STATUS:							
No of days with problems, 30 [a]							ns
Bothered [a]							
Negative change	268	26	23	ns	**29**	**22**	**
No change	535	48	51		**57**	**50**	
Positive change	281	26	26		**14**	**29**	
Important to get help [a]							ns
ASI PSYCHIATRIC STATUS:							
No of days with problems, 30 [a]							
Negative change	214	**16**	**23**	**	**20**	**27**	*
No change	378	**40**	**32**		**42**	**26**	
Positive change	478	**44**	**45**		**38**	**48**	
Bothered [a]							ns
Important to get help [a]							ns

*** $p \leq 0.001$; ** $p \leq 0.01$; * $p \leq 0.05$, (*) $p \leq .10$ [a] Chi-square test, 2-sided was used for test of difference in categorical variables.

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Summary

- decentralised/integrated treatment may attract some groups with higher threshold
- not clear that it attracts more persons with "less developed" problems
- no signs of less inpatient treatment in the decentralised/integrated system - no cost differencies?
- clients/patients perceive integrated and decentralised treatment as more available and coherent
- no clear signs of better outcome with either system
- the greater consumer satisfaction, and particularly if the catchment seems to be broader, may, if supported by further analyses, be an argument for a decentralised and integrated system - at least in Sweden

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The irony

- No possibilities for repeated studies: politicians decided – withour proper evaluation - to integrate the two systems in 2004

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