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studies are needed in order to identify critical factors associated with successful client engagement, a constructive process that promotes client retention and explanatory information regarding client disengagement with counseling services against medical advice.

### **B. Recruitment and Retention of Addicted African American Women**

Addicted African American Women (often with young children) are one of most vulnerable populations in our region, with noticeably low participation in D&A services. Although drug and alcohol researchers have documented disparities in health outcomes for ethnic and racial minority groups, knowledge of these disparities in itself has not led to significant improvements in reducing the disparities in racial and ethnic health service access. This is due in part to the fact that the causes of and contributing factors to these inequalities are not well understood. For instance, little is known about the role that various aspects of effective prevention programs play in contributing to racial and ethnic health disparities, such as the quality of communication between a provider and a patient, the quality of screening, the timeliness of follow-up, and the appropriateness and effectiveness of interventions (U.S. Department of Health and Human Services, 2000).

### **C. Development of Specialized Treatment Track**

As noted above, the disparity in health outcome calls for more empirically based information. Thus, developmental research is needed in order to generate specialized treatment tracks (for example, based on gender and race of client, dual diagnosis, and history of addiction, etc.). To improve the health status of racial and ethnic minority populations, interventions need to acknowledge and incorporate the culture of the people they serve. The extent to which individuals and organizations who design and deliver health interventions respect the cultural values, traditions, and customs of their target audience and successfully affirm these values will determine the appropriateness and acceptability of the health care services in the eyes of the recipients (Gaston et al., 1997). Lack of understanding regarding interaction effects between contextual/cultural and intervention strategies, which contribute to disparities in minority health indicators, constitute a continuum of opportunity for development of specialized intervention tracks for uniquely different D&A client groups.

### **D. Enhancement of Access to Other Supportive Services**

No single organization can meet all of the needs of D&A clients. All human service organizations need an interagency collaboration system with shared vision, formal and informal agreement, adequate communication and coordination, and established

ground rules. This notion is well supported by significant number of D&A clients who are in need of auxiliary services, including housing, childcare, job training, primary health care, transportation, and other services. Research studies are needed in order to specify a collaboration system that will work with efficiency and effectiveness. Such an arrangement should not only transform the current independent and isolated human service system to a more comprehensive, holistic, and well-coordinated service system that can provide numerous services to D&A clients and their family members in an organized and timely manner. A refined collaboration system should also reduce duplication of services and contribute directly toward successful client outcomes.

### **E. Enhanced Client Orientation to Methadone Treatment**

Misconceptions regarding methadone treatment are not prevalent only among traditional D&A service providers but also among drug dependent clients. Research-based information regarding how methadone interacts with other drugs and nutritional food intake are scarcely available and understood among D&A counselors and their clients. Understanding what health care providers communicate with patients regarding how to maximize positive effectiveness of methadone treatment is critical to making progress in the reduction of D&A relapse and promotion of effective healthy recovery. The dialogue that occurs between the physician and the patient has been shown to have an impact on patient satisfaction and patient compliance with physician recommendations as well as on health outcomes (Roter and Hall, 1992). However, very little is understood about the potential relationship between knowledge of the best ways to maximize benefits of methadone treatment and actual treatment outcomes.

### **Summary**

Reciprocal resource sharing and collaboration between Tadiso and the University of Pittsburgh School of Social Work create a synergistic learning opportunity that promises production of useful research products. The Research Center's major mission is to generate new knowledge and techniques that can be readily applied in services to D&A clients. To achieve continual improvement in service quality and effectiveness, the Research Center is responsible for conducting empirical assessments designed to optimize clinical and counseling effectiveness and to analyze client outcomes. The Research Center is headed by Marlene Burks (CEO, Tadiso, Inc.) and Hide Yamatani, (Interim Associate Dean for Research, School of Social Work, University of Pittsburgh). This unique research system provides the University an opportunity to exercise its social responsibility through collaborative production of locally and nationally relevant research products. Tadiso also welcomes an opportunity to continually access the latest empirical information that is directly

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relevant to the optimization of D&A services. Such benefits cannot be realized without a research system that is configured to start by asking the right questions.

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## PROGRAM SPOTLIGHT

## Adult Treatment for Methamphetamine

Methamphetamine use is an epidemic sweeping from west to east across the United States, according to Alan Leschner, PhD, Director of the National Institute on Drug Abuse (NIDA). As stated at the October 1998 Iowa Town Meeting on Drug Abuse, use of methamphetamine (also called “meth”) has been especially prevalent in the midwest. Iowa, for example, has seen a tremendous increase in arrests, treatment admissions, seizure of laboratories, and drug convictions related to methamphetamine abuse.

In response to the alarming statistics presented at the Town Meeting, the Iowa Department of Public Health, using Targeted Capacity Expansion grants awarded in October 1999, contracted with the Gateway Center, House of Mercy, Powell III, and Bernie Lorenz to provide residential, halfway house, outpatient, and other services to methamphetamine abusers in central Iowa. This effort became commonly known as the Adult Treatment for Methamphetamine Project. This article provides an overview of the project and its accomplishments.

### The Emerging Need and Its Impact

The effects of methamphetamine on its users are numerous. Central nervous system side effects from even small amounts of methamphetamine may include initial euphoria, increased alertness, paranoia, decreased appetite, and increased physical activity. It can also lead to athetosis (slow involuntary writhing movements of the hands), irritability, nervousness, insomnia, confusion, tremors, anxiety, aggression, incessant talking, hypothermia, and convulsions that sometimes can result in death.

Cardiovascular side effects of methamphetamine use may include chest pain, accelerated heartbeat, elevated blood pressure, and irreversible damage to blood vessels in the brain. Psychological effects of prolonged methamphetamine use may include anger, panic, paranoia, auditory and visual hallucinations, repetitive behavior patterns, and formication (sensation of something small crawling over the skin).

Sometimes called “the poor man’s cocaine,” methamphetamine is being used by a growing number of Iowa men and women. The NIDA says methamphetamine users are typically white, male, high school graduates, and 20 to 35 years of age. The Iowa Department of Public Health, Division of Substance Abuse and Health Promotion, reports a growing number of women are using methamphetamine in the State’s cities and rural areas. Central Iowa has the most significant need, with 24.4 percent of current treatment admissions being treated for methamphetamine abuse. Moreover, Des Moines (Iowa’s capital) was designated as one of eight “Methamphetamine Model Cities” in the United States in 2000.

When methamphetamine began invading Iowa, it hit with practically no advance warning. This is unlike most trends in drug use that start on one United States coast or the other and takes months or even years to work their way to the midwest. However, abuse accelerated in Iowa because methamphetamine traffickers discovered that rural Iowa was a relatively new market where they would not face a lot of competition.

In spite of its devastating impact on so many people, many factors appear to contribute to its popularity. It is inexpensive, provides a long-lasting high (compared to cocaine), readily accessible for purchase, and can be made at home. Being uninformed may also be a factor, especially among teenagers. During a focus group, an Iowa high school senior said “Teens have heard of methamphetamine, but we still don’t know what it is.”

The 1997 Governor’s Alliance on Substance Abuse survey of recovering Iowa methamphetamine users highlights the importance of drug education in home, schools, and the community. The top two reasons survey respondents gave for using methamphetamine are (1) friends using methamphetamine, and (2) curiosity.

The Iowa Medical Classification Center, the substance abuse assessment checkpoint for all incoming inmates into the Iowa prison system, reports a rise in methamphetamine use. In fact, methamphetamine has surpassed marijuana as the number two primary drug of choice (behind alcohol) for incoming inmates; 20.6 percent reported methamphetamine to be their primary drug of choice. This represents a 30 percent increase in methamphetamine as the primary drug over prior years.

### Treatment Strategies and Community Support: A Cooperative State Effort

Several new and enhanced initiatives to fight methamphetamine abuse were put in place in 1998. Legislative efforts included the following:

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- ✍ Drug-free workplace law to expand drug-testing options in the private sector
- ✍ Drugged-driving law that applies drunken-driving penalties to methamphetamine and other illicit drugs
- ✍ Denial of appeal bonds for convicted methamphetamine offenders
- ✍ Mandatory sentencing for convicted methamphetamine dealers, unless they cooperate with prosecutors
- ✍ Stiffer prison sentences for possession of illegal drugs, making a third offense a felony
- ✍ Judicial authority to deny State and Federal benefits to convicted drug users and dealers

In 1999, legislative efforts aimed at curbing methamphetamine abuse included the following:

### Expansion of methamphetamine prevention efforts

- ✍ Methamphetamine education program for Women, Infants, and Children (WIC) Program
- ✍ Expansion of Strengthening the Families Program
- ✍ Increase the length of time in treatment
- ✍ Tougher sentences
- ✍ Increased narcotics enforcement efforts
- ✍ Development of youth leadership model programs
- ✍ Drug court pilot programs
- ✍ Treatment for juvenile delinquents in the State training school

Polk County, which has the highest concentration of methamphetamine use in the State, established a drug court that combines intensive supervision and substance abuse treatment services for drug-affected offenders. Treatment Alternatives to Street Crime (TASC) liaisons monitor offender's adherence to treatment plans, and frequent drug tests are administered to detect any drug use so that the court can quickly intervene. The third and fourth judicial districts have received drug court planning grants from the United States Department of Justice.

However, there is still concern among public health and other health care officials, law enforcement officials, treatment providers, and researchers that capacity and average lengths of stay for methamphetamine abusers are inadequate in the region. The following barriers continue to impede treatment to methamphetamine abusers:

- ✍ Waiting lists
- ✍ Program staff who are unaware of referral sources
- ✍ Lack of a seamless transition from drug court and other corrections programs to admission
- ✍ Mandatory sentences for some offenders
- ✍ A reluctance of some clinicians to try new strategies in working with methamphetamine clients
- ✍ Childcare

- ✍ Funding
- ✍ Staffing shortages
- ✍ Transportation

The Adult Treatment of Methamphetamine Project was established to either resolve or reduce the impact of these issues on methamphetamine abusers in Iowa.

**Project Goal:** *To increase the overall period of treatment and provide residential, extended residential, intensive outpatient, extended outpatient, halfway house, and continuing care to Iowa residents. In addition, to provide case coordination between clients and local agencies as well as accept referrals from other agencies.*

In order to successfully accomplish this goal, members of the Adult Treatment for Methamphetamine Project developed the following treatment program:

- ✍ **Step One.** The methamphetamine client is assessed to determine if treatment is needed. If so, the American Society of Addiction Medicine Patient Placement Criteria (ASAM PPCII) is used to determine the appropriate level of care.
- ✍ **Step Two.** The client is then assigned a counselor or case manager who will transition with the client through all levels of care. Treatment for the client is tailored to individual needs.
- ✍ **Step Three.** For the first few days to two weeks, treatment is geared towards immediate health and safety needs whether the client is in an inpatient or outpatient environment. Most clients start the program with residential care. The program is getting away from traditional treatment as recommended in TIPS Series Number 33 guidelines.
- ✍ **Step Four.** After those immediate needs are met, the client is placed in more intense treatment if appropriate. Assessment is continuous to determine the correct level of treatment intensity for the client.

### Program Strengths

Some of the program's strengths include the following:

- ✍ The amount of data available in addition to the GPR data (Government Performance and Results Act)
- ✍ The 80-item questionnaire related specifically to the Criminal Justice Cluster Group
- ✍ The Substance Abuse Reporting System, a State data collection instrument
- ✍ The "Mini" (Mini International Neuro-psychiatric Interview), a mental health program used as a screener for clients at admission and sixty days post admission.

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