

Outpatient Versus Residential Treatment Comparison for Pregnant Substance Abusers

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Description

Many women suffer from chronic substance abuse, and major depressive disorder often co-occurs with substance abuse among women. These conditions are of particular concern for pregnant women. Previous research indicates that treatment can be effective for female substance abusers. However, little is known about which treatments are most effective. This study examined the comparative effectiveness of residential versus outpatient treatment for pregnant women with substance abuse problems. Results can directly inform the development of effective treatment programs and policies to improve care for women with substance abuse problems.

Specific Aims

1. Compare the prevalence of substance abuse and substance abuse treatment among pregnant women versus non-pregnant women.
2. Compare treatment setting (residential versus outpatient), the availability of these services, and treatment results among pregnant versus non-pregnant women.
3. Compare the effectiveness of residential versus outpatient treatment programs for pregnant women with substance abuse problems.
4. Estimate the impact of residential versus outpatient substance abuse treatment on occurrence of fetal alcohol spectrum disorders.
5. Disseminate the results to decision-makers and especially persons concerned about implications of substance abuse for minority women and children.

Findings

- Analyses examined 39,352 pregnant adult female discharges from outpatient (71%) or residential (29%) treatment at publicly funded facilities in 38 states during 2006–2008.

Main Objective

Compare the effectiveness of residential versus outpatient treatment for pregnant women with substance abuse problems.

Chronic Conditions Considered

Substance Abuse
Major Depressive Disorder

Study Design & Methods

Analytic epidemiologic study

Logistic regression, multi-level models, and non-linear instrumental variable approaches.

Data Sources & Sample Size

Nearly 1 million women discharged from either residential or outpatient treatment programs during 2006–2008. Data extracted from the following national datasets: Treatment Episode Data Set, the National Survey of Substance Abuse Treatment Services, the Alcohol and Drug Services Study, and the National Survey on Drug Use and Health.

Strategies Addressed from the HHS Strategic Framework on Multiple Chronic Conditions

- 1.F. Evaluate models of care, incentives, and other health system interventions
- 3.A. Identify best practices and tools
- 4.C. Increase clinical research

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- Methamphetamine/amphetamine (24%) was the most common primary substance problem, followed by marijuana (22%), heroin/opiates (19%), cocaine/crack (18%), and alcohol (15%).
- Slightly more than half the discharges across settings (56%) had an optimal completion of substance abuse treatment (e.g., successful graduation) versus sub-optimal treatment termination (e.g., left prematurely against professional advice).

Implications

Residential and outpatient substance abuse treatment setting had similar outcomes for pregnant women. Therefore, more costly residential substance abuse treatment offers no advantage over outpatient care for pregnant women with chemical dependency.

Publications (as of September 2013)

Publications currently under review.

Posters and Presentations

Kovas A, McFarland B. Comparative effectiveness of residential versus outpatient treatment for pregnant substance abusers. Poster presented at: Prevention and Wellness Across the Life Span. 140th Annual Meeting of the American Public Health Association; 2012 Oct 27–31; San Francisco, CA.

Kovas A, McFarland B. Comparative Effectiveness of Outpatient versus Residential Substance Abuse Treatment for Pregnant Women. Poster presented at: Annual Research Meeting of AcademyHealth; 2011 Jun 13; Seattle, WA.

