Blending Policy and Research: 
The California Outcomes Study

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As the chairman of the Pioneer and Founders Panel at the Summer Institute for the California Addiction Training Center, directed by Dr. David A. Deitch, I had the honor of participating in the historical gathering of the founders and architects in the field of addiction treatment and rehabilitation. The meeting of these experts represented three decades of tremendous development and advancement in the treatment of and rehabilitation from alcohol and other drug abuse. More importantly, this gathering represented the future of therapeutic intervention and the call to the four major treatment modalities to transcend their parallel paths and collectively join together to provide a family of services which can in turn create holistic environments where recovery and healing can occur.

A generation of researchers and policymakers has lamented the lack of connection between social research and public policy. Martin Rein (1983) describes the research-policy alliance as an "uneasy marriage" that threatens the credibility and responsibility of both the researcher and policymaker. Rein proposes that the primary problem results from the role of each party: the researcher's role is to examine and present facts, while the policymaker's task is to forge a course of action that is acceptable to groups representing many competing interests and goals. The dilemma that results sees researchers attempting to be value-free and policymakers crafting the compromises by which prevailing societal values are expressed.

Societal values have traditionally condemned and stigmatized those addicted to alcohol and other drugs (AOD). In addition, personal opinions about these substances are often strongly held and may present barriers to using even the best analyses available to policymakers.

At the same time, the field of AOD studies has been repeatedly criticized for not producing research that is readily accepted by policymakers. However, when studies have emerged documenting the success of AOD treatment, they have been largely ignored in the political process. This fact seems borne out by the observations of Weiss and Bucavalos (1980), who found that 75% of the public officials in their study stated that they ignore research that is not consistent with their personal opinions.

CALIFORNIA COMMISSIONS STUDY OF TREATMENT EFFECTIVENESS

The California Drug and Alcohol Treatment Assessment (CALDATA), a major study of treatment effectiveness Commissioned by the California Department of Alcohol and Drug Programs, provides a great deal of useful data on these issues (Gerstein et al. 1994). For state and local policymakers around the nation, the CALDATA study challenges both researchers and policymakers to try to narrow the chasm across which they often seem to work.

CHALLENGE FOR RESEARCHERS

For researchers, the challenge is to ground their studies in a real-world concern, for the enormous impact of alcohol and other drug abuse on society. Researchers must recognize that a study that isolates its variables for research "purity" may miss, for example, the deep connection between alcohol and other drug policy, and policy affecting children and families in our other health and social service systems. Working in either of these fields is demanding; working across them, while more complicated, is imperative at a time when more than four out of five families entering the child welfare system and the majority of those involved in criminal justice cases are there as a result of substance abuse of some kind.

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CHALLENGE FOR POLICYMAKERS
For policymakers, the challenge is equally great. Their need is for a willingness to face the implications of the research in both financial and political terms, which means confronting ineffective options. As a disease with strong links to family, addiction must be treated with the best possible services and community supports, and we are building a solid body of data to help policymakers be specific about what those are.

At a time of greatly increased concern about the effectiveness of public spending, knowing which kinds of treatment are effective is an important policy tool that can increase the overall accountability of the alcohol and other drug treatment system. However, these new data are useful only if policy makers approach them from a primary concern with the overall health of society, rather than the personalized stigma attached to alcohol and other drug abuse. Clear-headed thinking about what kinds of treatment will pay society a fiscal dividend is what we believe the CALDATA study provides, and it is gratifying to see that policymakers across the nation have begun to take this evidence seriously.

CALIFORNIA OUTCOME STUDY SHOWS TREATMENT SAVES MONEY AND REDUCES ALCOHOL AND OTHER DRUG USE
A landmark California outcome study on effectiveness, costs and benefits of recovery services for substance abuse treatment shows that treatment has a significant impact on reducing costs to society, mainly from reductions in crime and hospitalizations related to alcohol and other drug use. These findings come from the California Drug and Alcohol Treatment Assessment (CALDATA), an initiative launched in 1992 to determine the epidemiology of substance abuse and the outcomes of substance abuse treatment.

"Good addiction treatment provides a high return for each dollar invested by taxpayers," notes Andrew M. Mecca, Dr.P.H., Director of the California Department of Alcohol and Drug Programs. He cites three major findings from CALDATA:

- Treatment is very cost-beneficial to taxpayers. The cost-benefit averages a $7 return for every dollar invested.
Criminal activities significantly declined after treatment, with the largest savings due to reductions in crime. Significant improvements in health and corresponding reductions in hospitalizations were found during and after treatment.

CALDATA's primary source of information was a voluntary survey given to a random sample of 1,900 participants in California's treatment programs. Follow-up interviews were conducted 15 months after treatment, with the longest interval being 24 months. Participants were drawn from a sampling of four types of treatment programs (residential, residential social model, outpatient and outpatient methadone models).

**MAJOR FINDINGS**

The major findings from the CALDATA study are described below:

**Crime**
Treatment had a marked effect on the amount of criminal activity among participants. The level of criminal activity declined by two-thirds from before treatment to after treatment. Prior to treatment, almost 74% of participants had been involved in criminal activities, while only 20% participated in such activities after treatment. Regardless of modality, reductions in criminal activity were substantial and statistically significant (see Figure 1). Also noteworthy, in light of recent attempts to reduce benefit limits on the length of recovery treatment, is the finding that the magnitude of the treatment effect increased with the length of time spent in treatment.

**Health and Health Care Utilization**
Without exception, treatment for substance abuse improved health and reduced health care utilization. Overall, hospitalizations declined by at least 38% across all modalities, with non-methadone outpatient and residential showing the greatest declines (43.2% and 40.1% respectively). The percentage of substance abusers hospitalized declined most among participants who spent four or more months in treatment (50.5%). There were corresponding significant improvements in other health indicators. For example, emergency room admissions were reduced by one-third following treatment, hospital days were reduced by 25% and doctor visits were reduced by nearly 15%. The same patterns of improved health and reduced health care utilization appeared in essentially every subclass of every control variable.

**Alcohol and Other Drug Use**
Declines of approximately two-fifths occurred in the use of alcohol and other drugs after treatment, compared with before treatment. These reductions occurred across the board in the treatment population. There also were clear differences among modalities in their effectiveness with respect to alcohol and other drug use. The residential modalities generally had greater effects, and these effects increased with length of stay. Outpatient, non-methadone programs were less effective than other modalities, and length-of-stay effects were inconsistent.
Benefits of Substance Abuse Treatment System Outweigh the Costs for Taxpaying Citizens
The cost of treating approximately 150,000 participants represented by the CALDATA study sample in 1992 was $209 million. The benefits received during treatment and in the first year afterwards were worth approximately $1.5 billion in savings to taxpaying citizens, due mostly to reductions in crime. Crime-related costs (i.e., police protection, adjudication, corrections, victim losses and theft losses) constituted 70% of the costs to taxpaying citizens.

The benefits of alcohol and other drug treatment out weighed the costs of treatment by ratios of from 4:1 to greater than 12:1 depending on the type of treatment (see Figure 2). The ratio was highest for discharged methadone participants, and lowest—but still clearly economically favorable—for participants in residential programs, including social model recovery houses.

Implications
This outcome study has brought rigorous science to the evaluation of a substance abuse treatment system and documented that treatment and recovery programs are a good investment. It has implications for every state in the nation, with regard to shaping an effective national policy for recovery services.

REFERENCES
