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## Healthcare utilization savings following private residential treatment for substance abuse and Mental Health Disorders

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Health care costs associated with individuals who abuse drugs and alcohol are higher than those for the general populations. Of the \$216 billion dollars paid by federal and state government for health care costs for persons abusing alcohol, drug and tobacco 98% represents medical consequences of substance abuse and only 2% represents direct spending for substance abuse treatment (National Center on Addiction and Substance Abuse at Columbia University, 2009). Chronic drug users utilize 30% more emergency healthcare services than the general population (McGeary & French 2000). Opiate users often receive care in emergency rooms, one of the most expensive points of entry to the healthcare system (Shanahan, Beers, Alford, Brigandi, & Samet, 2010). The risks of inpatient care and ER visits in bipolar patients are associated with key co-morbidities including substance abuse (Guo, Keck, Li, Jang and Kelton, 2008). Individuals who abuse drugs and alcohol have higher rates of mental and physical illnesses and use more expensive forms of acute care Clark, O'Connell and Samnaliev, 2010).

**Methods:** This study examined the pre and post treatment health care utilization patterns of individuals receiving private, residential substance abuse and mental health treatment using questions from the Treatment Service Review (McLellan, Alterman, Cacciola, Metzger and O'Brien, 1992). Patients reported hospital admissions and emergency room visit frequency for medical, mental health and substance abuse issues at intake and again at six and twelve months post discharge. Costs of ER visits and overnight stays were estimated (CDC, 2012; Oh, 2012) and savings relative to pretreatment were calculated.

**Results:** Greater than 65% of the population responded to the survey and significant savings were noted for the entire responding population including patients who reported relapse.

**Conclusions:** Attending treatment to address substance abuse and mental health issues can play a significant role in reducing the use of expensive acute care such as ER visits as well as reduce the number of overnight stays in hospitals.

### Biography

Brian Bride is Professor and Director of the School of Social Work at Georgia State University. His research and teaching interests are in the areas of behavioral health care, primary and secondary traumatic stress, health services research, HIV/AIDS, and workforce well-being. Dr. Bride's work has appeared in leading journals such as *Social Work*, *Social Work Research*, *Research on Social Work Practice*, *Health & Social Work*, *Journal of Substance Abuse Treatment*, *Substance Use & Misuse*, and *Drug and Alcohol Dependence*. He has received funding support from the National Institutes of Health, the Substance Abuse and Mental Health Services Administration, the Health Resources and Services Administration, and the Children's Bureau. Dr. Bride is the developer of the Secondary Traumatic Stress Scale and has received a number of honors as a result of his research on secondary traumatic stress, including the Creative Research Medal from the University of Georgia, was named a Distinguished Scholar by the Center for Social Research at the University at Buffalo, and had an article identified in the *British Journal of Social Work* as the sixth most influential social work article in the prior decade. Dr. Bride currently serves as Editor-in-Chief of *Traumatology: An International Journal*, published by the American Psychological Association. He received his M.S.W. from Florida State University, his M.P.H. from Harvard School of Public Health, and his Ph.D. from the University of Georgia.

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