

An Examination of Substance Use Disorder and Treatment Outcomes

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Introduction

Individuals who experience substance use disorders SUD have experienced pain, have low self- efficacy, been exposed to a drug and alcohol environment as children, or experimented with drugs before it began to be a problem. These individuals are ostracized from their families, people, and communities. With SUD comes addictive behaviors, and with addictive behaviors comes a very large spectrum of problems.

Substance use becomes a social norm and continues cycles of intergenerational use and cultural acceptance making drug use a social status and a lifestyle.



Treatment is often sentenced to individuals who have their children removed, individuals with drug related charges, and individuals who are charged with DWI

Purpose

The intent of this research is to understand the gap between individuals who need treatment and the treatment services that they actually receive.

In 2018, there were 70,303 total substance use treatment patients across all included datasets in New Mexico, with treatment most often provided for opioid misuse/use disorder and alcohol use disorder (Kunkel, 2020).

RESEARCH QUESTION:

What is the gap between substance use disorder (SUD) and treatment outcomes?

Method

The goal of this study is to discover the phenomenology between substance use disorder treatment and long-term recovery, to understand the intersectionality's between professionals and practices, and gain insight from real life learned experiences of professionals who work in the substance use disorder fields, and individuals who suffer substance use disorders. Through qualitative methods and personal interviews, gaps between both treatment and rehabilitation were identified that effect success in recovery.

Results

Insight into real experiences, issues, and gaps relevant to substance use disorder was obtained through conducting three different personal interviews. One participant was a former Permanency Placement Worker with CYFD, an individual who experienced SUD, and a current substance abuse counselor.

Participant 1 reported:

- ❖ reported 95% of cases found substantiated are related to substance use disorder
- ❖ Many parents come from intergenerational drug use, and they were exposed to those kinds of environments, which later leads to repeating the cycle with their children
- ❖ many individuals who need help, need to get into the system like having their children removed, or be arrested and enter into the judicial/criminal system, otherwise they don't usually seek help, and if they do they need a court referral
- ❖ Clients' major medical insurance most commonly are Medicaid and Medicare, they do not pay for most treatment services
- ❖ This is a burn out job

Results Continued

Participant 2 reported:

- ❖ sold drugs for income and survival purposes, and later became addicted to cocaine.
- ❖ reported he was court ordered to treatment, because he had Medicare, he had to pay out of pocket, and he struggled to survive because he couldn't afford it.
- ❖ "you have to get in trouble and mess your life up to get help."



Participant 3 reported:

- ❖ Many of the patients who receive services have childhood trauma, such as; abuse, sexual abuse, witnessing deaths of close family, and being exposed to drugs as children.
- ❖ some of these individuals receive maybe 5 hours of counseling a year, and there is a very long waiting list to get in the program
- ❖ There is often turn-over for counselors. Many counselors experience burn out due to the expectation versus the actual performance
- ❖ Many patient's need to pay \$10.00 a day for their medication and services

Discussion

After the research interviews were conducted, PI found that there are the following themes for substance use disorder that are common:

I. Intergenerational trauma, II. Intergenerational drug exposure, which does fall under the Adverse Childhood Experience (ACE) scale.

Discussion

Individuals who have at least three ACEs are high risk and likely to become addicted to alcohol and/ or substances, and self- medicate for depression and anxiety.

Common gaps between substance use disorder and treatment here in Northern New Mexico are:

I. Insurances; Medicaid and Medicare are most major medical insurances, and they do not pay for all services,

II. The amount of individuals who need treatment are not a realistic ratio for providers to give the best/ effective treatment possible.

The outcome of the research was different than anticipated. According to most sources in the literature review, NM is thought to be known for SUD associated for socio-culture relevance. The truth is there are many gaps like a shortage on providers (medical, and behavioral), and the disadvantages of major medical insurance to receive treatment.

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