

# NEDS ANALYTIC SUMMARY

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## Highlights

**Following treatment, marijuana use declined by about half, with greater reductions among clients aged 25 or older.**

## Treatment For Marijuana Use in the National Treatment Improvement Evaluation Study



### NEDS Analytic Summary Series

The Center for Substance Abuse Treatment (CSAT) works to improve the lives of those affected by alcohol and other substance abuse, and, through treatment, to reduce the ill effects of substance abuse on individuals, families, communities, and society at large. Thus, one important CSAT mission is to expand the knowledge about effective substance abuse treatment and recovery services. In support of these efforts, CSAT established the National Evaluation Data Services (NEDS) contract to provide a wide array of secondary data analysis products to the substance abuse treatment field.

Specifically, the NEDS project is focused upon providing CSAT with an analytic capability to use existing data to address policy- and practice-relevant topics as well as future research and evaluation activities. NEDS has developed several product lines designed to provide analytic findings to substance abuse treatment policy makers, service providers, services researchers and evaluators in a format that is most useful to the end user.

The Analytic Summary is one of the NEDS product lines. The purpose of the Analytic Summary is to provide a brief summary of analyses performed under NEDS written in non-technical language. Readers who find the Analytic Summary results of interest can contact the authors for more detailed information. Through this process, the NEDS Analytic Summaries provide information to the substance abuse treatment field and promote linkages among different areas in the field.

### This Analytic Summary

This Analytic Summary is based on analyses done by Dean R. Gerstein and Robert A. Johnson at the National Opinion Research Center (NORC). NORC prepared the summary under Contract No. 270-97-7016 for the Center for Substance Abuse Treatment. Information for obtaining additional copies is provided on the last page of this summary.

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# Treatment For Marijuana Use in the National Treatment Improvement Evaluation Study

Understanding treatment issues specific to marijuana users is vital to improving treatment outcomes for this special population. This analysis describes the demographic, pre-treatment, and treatment characteristics of 750 clients in treatment for the use of marijuana who participated in the National Treatment Improvement Evaluation Study (NTIES), and compares them to the 3,661 NTIES clients in treatment for other substances. The analysis also provides some estimates of the effectiveness of various modalities of substance abuse treatment in reducing marijuana and other substance use among clients in different treatment settings and with different pre-treatment profiles.

The goals of this analysis are:

- To describe and compare the demographic, pre-treatment substance use, and treatment characteristics of individuals in treatment for marijuana use and those in treatment for other substances
- To provide some estimates of the effectiveness of various types of substance abuse treatment in reducing marijuana use.

The following analysis describes the participants and outcomes of the NTIES project.

## The Research Sample

This analysis compares NTIES participants who reported they were in treatment primarily for problems of marijuana use with participants who said they were in treatment primarily for other substances. Data are reported with respect to:

- *Demographic* characteristics (sex, age, race/ethnicity)
- Other pre-treatment substance use *characteristics* (*primary* substance[s], age of first marijuana use, days of marijuana use per month in the year before entering treatment, reason for entering treatment)
- Treatment *service* characteristics (length of stay, treatment intensity, completion of treatment, and modality of treatment).

**Demographic Characteristics.** Exhibit 1 compares NTIES participants who were in treatment for marijuana, i.e., reported marijuana as one of their primary reasons for entering treatment, with those who were not in treatment for marijuana. Among those who were in treatment for marijuana, three groups are defined:<sup>1</sup>

- In treatment for marijuana only
- In treatment for marijuana with alcohol, but not for cocaine, crack, or heroin
- In treatment for marijuana with cocaine, crack, and/or heroin.

Exhibit 1 shows that individuals who reported marijuana as one of the primary substances that brought them into treatment comprised about 17 percent (N=750) of NTIES participants.<sup>2</sup> Of the 4,411 individuals in the NTIES analytical sample, 5 percent (N = 210) were in treatment for marijuana only, 5 percent (N = 219) were in treatment for marijuana with alcohol, and 7 percent (N = 321) were in treatment for marijuana together with cocaine, crack, or heroin. Exhibit 1 also shows that the great majority of those who were not in treatment for marijuana (N = 3,661) were in treatment for either alcohol alone (about 20%) or for heroin, crack, or cocaine, sometimes in combination with each other or with substances other than marijuana (71%).

NTIES participants who were in treatment for marijuana only and for marijuana with alcohol shared a distinctive demographic and pre-treatment profile. Compared to clients not in treatment for marijuana, these clients were more often male (82% / 85% versus 67%), non-Hispanic white (40% / 39% versus 25%), and younger than 25 years of age (67% / 68% versus 13%). The 7 percent of clients who entered treatment for marijuana together with cocaine, crack, or heroin were demographically more similar to non-marijuana users than to the 10 percent in treatment for marijuana alone or marijuana with alcohol.

<sup>1</sup> In addition to those who were in treatment only for marijuana and alcohol, the second group includes individuals who were also in treatment for substances other than marijuana, alcohol, cocaine, crack, and heroin. In addition to those who were in treatment only for marijuana and cocaine, crack, and/or heroin, the third group includes individuals who were also in treatment for alcohol and/or substances other than marijuana, alcohol, cocaine, crack, and heroin. Subsequent exhibits show that the majority (70%) of participants who used marijuana did not consider it one of their primary reasons for entering treatment.

<sup>2</sup> In addition to those who were in treatment only for marijuana, the first group includes individuals who were also in treatment for substances other than marijuana, alcohol, cocaine, crack, and heroin.

# Treatment For Marijuana Use in the National Treatment Improvement Evaluation Study (cont.)

**Exhibit 1**  
**Description of NTIES Sample by Primary Substance Marijuana versus Other Substances<sup>1</sup>**

	Primary Substance: Marijuana ("Mar") vs. Other Substances				
	All	Not Mar	Only Mar	Mar with alcohol	Mar with cocaine, crack, or heroin
<b>Number of cases</b>	4,411	3,661	210	219	321
<b>Male</b>	69%	67%	82%	85%	73%
<b>Race/Ethnicity</b>					
White non-Hispanic	26%	25%	40%	39%	21%
Black non-Hispanic	55%	58%	36%	29%	58%
Hispanic	15%	14%	19%	24%	19%
<b>Age at entry into treatment</b>					
less than 25 years	20%	13%	67%	68%	35%
25-34 years	41%	43%	26%	23%	47%
35 years or more	39%	44%	7%	9%	18%
<b>Primary substance<sup>1</sup></b>					
Alcohol only	16%	20%	0%	0%	0%
Marijuana or marijuana & alcohol	8%	0%	70%	90%	0%
Heroin, crack, or cocaine	65%	71%	0%	0%	89%
<b>First used marijuana before age 15</b>	44%	40%	66%	71%	57%
<b>Peak monthly marijuana use pre-treatment</b>					
0 days	45%	52%	7%	8%	10%
1 day	8%	8%	4%	3%	3%
2-10 days	21%	20%	29%	20%	23%
11 to 20 days	7%	6%	13%	14%	11%
21 days or more	20%	14%	47%	55%	52%
<b>Prior treatment episodes</b>					
None	39%	37%	64%	51%	42%
One	24%	24%	19%	25%	26%
Two or more	37%	39%	17%	25%	33%
<b>Criminal justice pressure</b>	72%	75%	45%	54%	74%
<b>Length of stay above the median</b>	48%	48%	51%	51%	49%
<b>Treatment intensity</b>					
More than one session per week	50%	50%	44%	52%	57%
<b>Completion of treatment</b>					
Still in treatment	6%	6%	8%	6%	7%
Completed treatment	39%	39%	36%	41%	33%
Treatment not completed	55%	55%	56%	53%	60%
<b>Type of treatment</b>					
Methadone	10%	11%	0%	0%	3%
Non-methadone outpatient	36%	35%	49%	38%	32%
Short-term residential	20%	21%	8%	14%	24%
Long-term residential	19%	18%	19%	24%	27%
Correctional	16%	15%	25%	24%	15%

<sup>1</sup> Because the percentages in this exhibit have been rounded, they may not sum to exactly equal 100 percent.

# Treatment For Marijuana Use in the National Treatment Improvement Evaluation Study (cont.)

**Substance Use Patterns.** NTIES participants who reported that they were in treatment primarily for marijuana use (alone or in combination with other substances), were relatively more likely to report:

- Their first use of marijuana was before age 15 (40% of not-marijuana v. 66% of marijuana only; 71% marijuana with alcohol; 57% marijuana with cocaine, crack or heroin)
- They used marijuana on more than 21 days during their peak month of marijuana use prior to treatment (14% of not-marijuana v. 47% of marijuana only; 55% marijuana with alcohol; 52% marijuana with cocaine, crack or heroin)
- They had no prior treatment episodes (37% of not-marijuana v. 64% of marijuana only; 51% marijuana with alcohol; 42% of marijuana with crack, cocaine or heroin).

Relatively fewer participants in the marijuana-only and marijuana-with-alcohol groups were in treatment due to criminal justice pressure (45% of marijuana only and 54% of marijuana with alcohol, versus 75% of not-marijuana).

**Treatment Services.** Despite their distinct demographic and pre-treatment profiles, participants in treatment for marijuana did not differ dramatically from other treatment participants in the type of treatment services received. With respect to the duration (i.e., length of stay), intensity, and completion of treatment, individuals in treatment for marijuana only were virtually as likely as other participants to stay in treatment for longer than the median duration, controlling for type of treatment (51% versus 48%).<sup>3</sup> The main difference was that the marijuana groups were much less likely than other participants to be in methadone facilities, which are of course designed for primary heroin users. The marijuana-only clients were also rarely placed in short-term residential treatment settings.

## The Effectiveness of Treatment

In this analysis, we address the following questions:

- How does the effectiveness of treatment in reducing marijuana use vary according to the type of treatment and, within types, according to the primary substance? (Exhibit 2)
- How does the effectiveness of treatment in reducing marijuana use vary according to the demographic and pre-treatment characteristics of individuals, (specifically, age and days of marijuana use per month before treatment) and do these effects interact with type of treatment? (Exhibit 3)
- How does the effectiveness of treatment in reducing marijuana use vary according to the duration and treatment intensity, and do these effects vary with type of treatment? (Exhibit 4)

In addressing these questions, the criterion for evaluation is the percentage of participants reporting past-year marijuana use. Changes in the percentage of clients reporting past-year marijuana use between the pre- and post-treatment periods were compared across subgroups defined by pre-treatment characteristics or services received. Selected from a much larger set of analyses, the results presented here focus on factors that were found to be most strongly associated with reduction in marijuana use.

Pre-treatment and service-related elements that are not presented in Exhibits 2-4 showed little if any association with treatment effectiveness. It is important to note that, after controlling for variables presented in Exhibits 2-4, there were no notable pre-to-post treatment changes in marijuana use:

- Between males and females
- Among non-Hispanic whites, blacks, and Hispanics
- Between individuals with one or more prior treatment episodes and those with none
- Between individuals who completed treatment plans and those who did not complete treatment or who were still in treatment.

<sup>3</sup> The overall median length of stay in the NTIES sample equals about 2 months. The median length of stay equals about 7 months in methadone facilities, 3 months in nonmethadone outpatient facilities, 1 month in short-term residential facilities, 2 months in long-term residential facilities, and 2 months in correctional facilities. Short-term residential facilities are defined as those with typical treatment plans of less than 2 months. Long-term residential facilities are defined as those with typical treatment plans of 2 months or longer.

# Treatment For Marijuana Use in the National Treatment Improvement Evaluation Study (cont.)

**Exhibit 2**  
**Percent Reporting Past-year Marijuana Use Pre- and Post-Treatment by Treatment Type and Primary Substance: Marijuana Versus Other Substances<sup>1</sup>**

Treatment Modality	Primary substance(s) reported as reason for entering treatment	Base N	Percent		Percent Change
			Pre-tx	Post-tx	
<b>Total Sample</b>	Not marijuana	3,661	48%	23%	-52%*
	Marijuana only	210	93%	51%	-45%*
	Marijuana with alcohol	219	92%	58%	-37%*
	Marijuana with cocaine/crack or heroin	321	89%	45%	-50%*
	<b>Total</b>	<b>4,411</b>	<b>56%</b>	<b>28%</b>	<b>-50%*</b>
<b>Methadone</b>	Not marijuana	413	46%	28%	-40%*
	Marijuana with cocaine/crack, or heroin	8	**	**	**
	<b>Total</b>	<b>422</b>	<b>47%</b>	<b>27%</b>	<b>-42%*</b>
<b>Non-Methadone Outpatient</b>	Not marijuana	1,278	42%	23%	-46%*
	Marijuana only	102	88%	62%	-30%*
	Marijuana with alcohol	84	87%	64%	-26%*
	Marijuana with cocaine/crack or heroin	102	85%	44%	-48%*
	<b>Total</b>	<b>1,566</b>	<b>50%</b>	<b>29%</b>	<b>-42%*</b>
<b>Short-term Residential</b>	Not marijuana	750	54%	22%	-59%*
	Marijuana only	16	94%	20%	-79%*
	Marijuana with alcohol	30	100%	47%	-53%*
	Marijuana with cocaine/crack or heroin	77	96%	53%	-45%*
	<b>Total</b>	<b>873</b>	<b>60%</b>	<b>26%</b>	<b>-57%*</b>
<b>Long-term Residential</b>	Not marijuana	662	51%	23%	-56%*
	Marijuana only	40	98%	56%	-42%*
	Marijuana with alcohol	53	96%	66%	-32%*
	Marijuana with cocaine/crack or heroin	86	94%	47%	-50%*
	<b>Total</b>	<b>841</b>	<b>60%</b>	<b>29%</b>	<b>-51%*</b>
<b>Correctional</b>	Not marijuana	558	56%	24%	-58%*
	Marijuana only	52	98%	36%	-63%*
	Marijuana with alcohol	52	92%	45%	-52%*
	Marijuana with cocaine/crack or heroin	47	77%	35%	-55%*
	<b>Total</b>	<b>709</b>	<b>63%</b>	<b>27%</b>	<b>-57%*</b>

\* Statistically significant pre-to-post treatment change based on two-tail paired t-test,  $\alpha = .05$ .

\*\* Results for groups with less than 10 cases are not displayed.

<sup>1</sup> Since the pre- and post-treatment percentages in this exhibit have been rounded, the percent change in the last column may not exactly equal  $100 \times (\text{post-treatment \% (not shown)} - \text{pre-treatment \%}) / \text{pre-treatment \%}$ .

The data presented in Exhibit 2 show large and statistically significant pre-to-post treatment reductions in past-year marijuana use in every type of treatment. Reductions did not seem to differ substantially across types of treatment. Moreover, within treatment types, the reductions in marijuana use did not seem to depend

strongly on whether participants reported that marijuana was a primary substance related to seeking treatment. Past-year marijuana use was cut in half among all NTIES participants. Little variation was found across types of treatment. The percent declines ranged from about 42 percent in methadone and nonmethadone out-

## Treatment For Marijuana Use in the National Treatment Improvement Evaluation Study (cont.)

patient services to about 57 percent in short-term residential and correctional services. Within each treatment type, marijuana use decreased substantially after treatment whether or not it was a primary reason for treatment and whether or not other substances were cited as primary along with marijuana. In each treatment type, pre-treatment levels of marijuana use were much higher (around 90%) among those who cited marijuana as a primary substance, but pre-treatment marijuana use levels were still fairly high among those who did *not* report marijuana as primary, clustering around 50 percent.

Some results however are suggestive of variations in treatment effectiveness related to age. Exhibit 3 shows that regardless of type of treatment, there were larger reductions in past-year marijuana use among NTIES participants who were 25 years or older than among those younger than 25. In addition, in each age group, treatment yielded greater reductions among those whose pre-treatment frequency of marijuana use was lower (1 to 10 days in the peak month of marijuana use during the year before entering treatment) than among those whose pre-treatment frequency was higher (11 or more days).

Among those who reported no marijuana use in the year before entering treatment, there were pre- to post-treatment *increases* in the percentage using marijuana. These increases were significantly smaller among participants 25 years or older than among those under 25. For example, within the group in nonmethadone outpatient facilities reporting no marijuana use in the year before treatment, about 23 percent of participants younger than 25 became users in the year after treatment, while only 12 percent of the older participants became users. This suggests a possible extension of the first finding stated above: treatment is more effective in reducing existing marijuana use and inhibiting new or re-onset of use among individuals aged 25 and over than among individuals younger than 25. On the other hand, treatment may only appear to be less effective among young persons, because initiating marijuana use is generally far more common among younger than among older persons.<sup>4</sup>

Exhibit 4 suggests that treatment is effective in reducing marijuana use, even if the duration of treatment is shorter than the median duration of treatments of the same type or if the treatment intensity is less than one counseling session per week. Regardless of treatment type, duration of treatment, or treatment intensity, reductions in past-year marijuana use are substantial and statistically significant. There are some indications in Exhibit 4 that treatments of longer duration and/or higher intensity might be more effective in reducing marijuana use, but there are no general patterns that hold across all treatment types. For example, in nonmethadone outpatient facilities, treatment intensity rather than treatment duration appears to have the largest effect on treatment effectiveness, while, in short-term and long-term residential programs, the opposite appears true. In correctional facilities, it is the combination of longer treatment duration and high treatment intensity that has the largest percent reduction in past-year marijuana use—about 72 percent versus about 53 percent for the other three combinations. In methadone facilities, surprisingly, the greatest percent reduction in marijuana use—about 54 percent—appears to be found among individuals with relatively short durations and low intensities of treatment.

The limited number of primary marijuana users in NTIES (fewer than 1,000) requires us to sound a cautionary note on generalizing too freely from the data reported here. We believe that the NTIES clients sampled from CSAT service delivery units are fundamentally representative of the public sector treatment population. Results from NTIES are therefore generalizable to this segment of the treatment population. However, this sample may not be fully representative of all treatment services and clients in the United States. Therefore, formal statistical inferences to the wider treatment population should not be drawn due to the non-probability nature of the sample. Other possible sources of bias in the results include nonresponse and measurement errors. However, response rates are appreciably higher than in other comparable evaluations and well above the typical threshold of concern in longitudinal studies; we have been able to perform some key tests of validity and reliability that reduce concern on these dimensions.

<sup>4</sup> See, for example, Robert A. Johnson, et al., *Trends in the Incidence of Drug Use in the United States*, Department of Health and Human Services, Substance Abuse and Mental Health Services Administration Publication No. (SMA) 96-3076, 1996.

# Treatment For Marijuana Use in the National Treatment Improvement Evaluation Study (cont.)

**Exhibit 3**  
**Percent Reporting Past-year Marijuana Use Pre- and Post-Treatment by Treatment Type, Age (Less than 25 vs. 25 and Older), and Peak Days of Marijuana Use per Month Before Entering Treatment (0, 1 -10, and 11 or more)**

Treatment Modality	Age	Peak Marijuana Use per Month	Base N	Percent		Stat. Signif. of Change <sup>1</sup>	
				Pre-tx	Post-tx		
<b>Total sample</b>	Less than 25 years	0 days	193	0%	23%	*	
		1-10	239	100%	47%	*	
		11 or more	442	100%	60%	*	
	25 years or older	0 days	1,776	0%	11%	*	
		1-10	998	100%	31%	*	
		11 or more	725	100%	40%	*	
	<b>Methadone</b>	Less than 25 years	0 days	7	**	**	**
			1-10	6	**	**	**
			11 or more	5	**	**	**
25 years or older		0 days	217	0%	11%	*	
		1-10	134	100%	45%	*	
		11 or more	53	100%	48%	*	
<b>Nonmethadone Outpatient</b>	Less than 25 years	0 days	93	0%	23%	*	
		1-10	102	100%	54%	*	
		11 or more	126	100%	73%	*	
	25 years or older	0 days	692	0%	12%	*	
		1-10	332	100%	33%	*	
		11 or more	213	100%	41%	*	
<b>Short-term Residential</b>	Less than 25 years	0 days	30	0%	24%	*	
		1-10	44	100%	30%	*	
		11 or more	68	100%	49%	*	
	25 years or older	0 days	323	0%	8%	*	
		1-10	231	100%	35%	*	
		11 or more	176	100%	37%	*	
<b>Long-term Residential</b>	Less than 25 years	0 days	30	0%	20%	*	
		1-10	46	100%	49%	*	
		11 or more	125	100%	64%	*	
	25 years or older	0 days	305	0%	11%	*	
		1-10	71	100%	22%	*	
		11 or more	157	100%	41%	*	
<b>Correctional</b>	Less than 25 years	0 days	33	0%	31%	*	
		1-10	41	100%	46%	*	
		11 or more	118	100%	47%	*	
	25 years or older	0 days	229	0%	10%	*	
		1-10	130	100%	18%	*	
		11 or more	126	100%	37%	*	

\* Statistically significant pre-to-post treatment change based on two-tail paired t-test,  $\alpha = .05$ .

\*\* Results for groups with less than 10 cases are not displayed.

<sup>1</sup> Only the significance level of the percent change is reported here, because all pre-treatment percentages are by definition either 100 or 0. When the pre-treatment percentage is 100, the percent change formula of  $100 \times (\text{post-treatment \% (not shown)} - \text{pre-treatment \%}) / \text{pre-treatment \%}$  reduces simply to  $(\text{post-treatment} - 100)$ . When the pre-treatment percentage is zero, the percent change formula is not meaningful, since one cannot divide by zero; but whether the percent post-treatment is significantly different from zero IS meaningful.

# Treatment For Marijuana Use in the National Treatment Improvement Evaluation Study (cont.)

**Exhibit 4**  
**Clients Reporting Past-Year Marijuana Use Pre- and Post-Treatment by Treatment Type, Duration of Treatment, and Treatment Intensity**

Treatment Type	Duration of Treatment <sup>1</sup>	Treatment Intensity	Base N	Percent		Percent Change
				Pre-tx	Post-tx	
<b>Total sample</b>	≤ median	≤ once/week	1,033	56%	32%	-44%*
		> once/week	1,259	59%	28%	-52%*
	> median	≤ once/week	1,155	50%	28%	-44%*
		> once/week	963	58%	23%	-60%*
<b>Methadone</b>	≤ median	≤ once/week	147	50%	23%	-54%*
		> once/week	52	62%	37%	-40%*
	> median	≤ once/week	181	43%	29%	-31%*
		> once/week	42	38%	22%	-42%*
<b>Nonmethadone Outpatient</b>	≤ median	≤ once/week	491	53%	32%	-40%*
		> once/week	252	55%	25%	-54%*
	> median	≤ once/week	530	44%	30%	-31%*
		> once/week	292	51%	23%	-55%*
<b>Short-term Residential</b>	≤ median	≤ once/week	132	62%	37%	-41%*
		> once/week	380	56%	25%	-57%*
	> median	≤ once/week	124	67%	26%	-62%*
		> once/week	237	59%	21%	-65%*
<b>Long-term Residential</b>	≤ median	≤ once/week	167	58%	32%	-44%*
		> once/week	225	64%	36%	-44%*
	> median	≤ once/week	203	58%	23%	-60%*
		> once/week	246	60%	27%	-56%*
<b>Correctional</b>	≤ median	≤ once/week	96	67%	32%	-52%*
		> once/week	350	60%	28%	-53%*
	> median	≤ once/week	117	62%	28%	-55%*
		> once/week	146	70%	20%	-72%*

\* Statistically significant pre- to post-treatment change based on two-tail paired test,  $\alpha = .05$ .

<sup>1</sup> Since the pre- and post-treatment percentages in this exhibit have been rounded, the percent change in the last column may not exactly equal  $100 \times (\text{post-treatment \% (not shown)} - \text{pre-treatment \%}) / \text{pre-treatment \%}$ . Due to missing data on treatment intensity, this exhibit is based on 4,410 cases rather than on the total sample of 4,411.

## Treatment For Marijuana Use in the National Treatment Improvement Evaluation Study (cont.)

### Conclusions

Every type of treatment examined showed large reductions in clients' post-treatment marijuana use. Marijuana use declined to about the same extent after treatment (by about half) whether or not marijuana was a primary substance. In each modality, treatment appeared to have a larger effect in reducing marijuana use among participants aged 25 or older than among younger participants, and in participants whose pretreatment level of marijuana use was lower rather

than higher. Even among young regular marijuana users (less than 25 years old, using marijuana 11 or more days per month before treatment), however, 40 percent did not use marijuana in the year after treatment. NTIES participants who reported entering substance abuse treatment due primarily to marijuana use were more frequently male, less than 25 years of age, non-Hispanic, and white, compared to participants who entered treatment primarily for other substances.

*For more information, please contact the National Evaluation Data Services analysis team at (703) 385-3200, or visit the NEDS Web site.*

**Find more on the web  
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### National Treatment Improvement Evaluation Study (NTIES)

This analysis was performed on data derived from the National Treatment Improvement Evaluation Study (NTIES). The NTIES was a national treatment services evaluation of the effectiveness of substance abuse treatment services delivered in comprehensive treatment demonstration programs supported by the Center for Substance Abuse Treatment (CSAT).

The NTIES project collected longitudinal data between FY 1992 and FY 1995 on a purposive sample of clients in treatment programs receiving demonstration grant funding from CSAT. Data were derived from client interviews conducted at three points in time: at treatment intake, at treatment exit, and 12 months after treatment exit.

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