

The DASIS Report

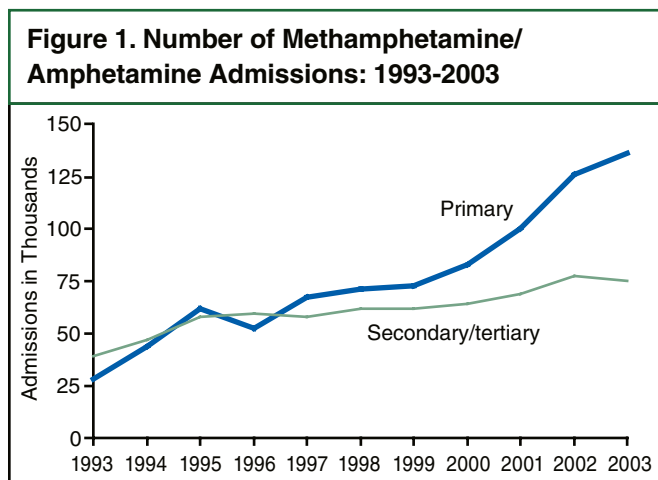
Trends in Methamphetamine/ Amphetamine Admissions to Treatment: 1993-2003

In Brief

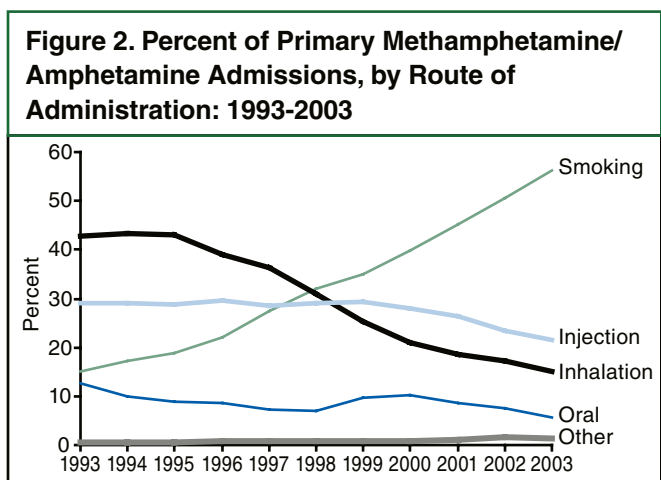
- Nationally, from 1993 to 2003, the rate of treatment admissions for primary methamphetamine/amphetamine abuse increased from 13 to 56 admissions per 100,000 population aged 12 or older
- In 2003, there were 18 States with methamphetamine/amphetamine treatment rates higher than the national average of 56 admissions per 100,000 population 12 or older
- The proportion of primary methamphetamine/amphetamine admissions referred to treatment by the criminal justice system increased from 36 percent in 1993 to 51 percent in 2003

Amphetamines and methamphetamine are central nervous system stimulants. They were the primary substances of abuse¹ in nearly 136,000 admissions to the Treatment Episode Data Set (TEDS) in 2003. TEDS is an annual compilation of data on the demographics and substance abuse problems of those admitted to substance abuse treatment. Methamphetamine/amphetamine admissions are discussed together because 3 of the 52 States² and jurisdictions in TEDS do not distinguish between these drugs as substances of abuse. However, for the States that make this distinction, methamphetamine was the primary drug of abuse in 86 percent of primary methamphetamine/amphetamine admissions in 2003.

Between 1993 and 2003, there were substantial increases in methamphetamine/amphetamine treatment admissions nationally. This report will examine these admissions and some of the changes that took place during this 11-year period.



Source: 2003 SAMHSA Treatment Episode Data Set (TEDS).



Methamphetamine/Amphetamine Abuse

In 1993, treatment admissions for methamphetamine/amphetamine abuse were relatively rare. These drugs were the primary substance of abuse for approximately 28,000 admissions (nearly 2 percent of the total 1.6 million treatment admissions) and for slightly more—approximately 39,000 admissions (over 2 percent of total admissions)—as a secondary or tertiary substance of abuse³ (Figure 1). By 2003, there were almost 136,000 treatment admissions for primary methamphetamine/amphetamine abuse (over 7 percent of the total 1.8 million treatment admissions) and close to 75,000 admissions with these drugs as a secondary substance of abuse (4 percent of total admissions).

Geographic Distribution

The increase in primary methamphetamine/amphetamine treatment admissions seen nationally did not occur in all States or jurisdictions.⁴ Nationally, from 1993 to 2003, the rate of treatment admissions for primary methamphetamine/amphetamine abuse increased from 13 to 56 per 100,000 population

aged 12 or older (Table 1). The nine States in the Northeast had a relatively low rate of treatment admissions for primary methamphetamine/amphetamine abuse in 1993, and the rates remained low in 2003. Among the 17 States in the South, the admission rate for primary methamphetamine/amphetamine abuse increased in the majority of States between 1993 and 2003. However, only two States exceeded the national rate in 2003. In 1993, only 1 State of the 12 in the Midwest had a primary methamphetamine/amphetamine admission rate in excess of the national rate. By 2003, six States exceeded the national rate and two of those had rates more than twice the national rate.

The West had the largest number of States exceeding the national average in both 1993 and 2003. Of the 13 States considered part of the West, only 3 did **not** exceed the national average in 1993 or 2003. In 2003, two States in the West had rates of primary methamphetamine/amphetamine admissions more than four times the national rate, four States had rates more than three times the national rate, and two States had rates twice the national rate.

Demographics

Primary methamphetamine/amphetamine treatment admissions were more likely to be male (53 percent in 1993; 55 percent in 2003). The mean age at admission increased between 1993 and 2003 from 28.7 years old to 30.6 years old.

Between 1993 and 2003, the proportion of primary methamphetamine/amphetamine admissions that were White declined from 83 to 73 percent while the proportion that were Hispanic increased from 9 to 16 percent.⁵ The largest part of this increase was among admissions of Mexican origin or ancestry (7 percent in 1993 to over 12 percent in 2003). The proportion that were of other Hispanic origin (including Puerto Rican, Cuban, or Other Hispanic origin) increased from 2 to over 3 percent during this time period. In both 1993 and 2003, Blacks were 3 percent of primary methamphetamine/amphetamine admissions and American Indians/Alaska Natives were 2 percent, while Asians/Pacific Islanders were 2 percent in 1993 and 3 percent in 2003, and those of other races increased from 1 percent in 1993 to 3 percent in 2003.

Route of Administration

TEDS collects information on the route of administration for each reported substance. In 1993, the most frequent route of administration used by primary methamphetamine/amphetamine admissions was inhalation (42 percent), followed by injection (29 percent), smoking (15 percent), oral (13 percent), and other (1 percent) (Figure 2). By 2003, the most frequent route of administration was smoking (56 percent), followed by injection (22 percent), inhalation (15 percent), oral (6 percent), and other (1 percent).

Other Characteristics

Between 1993 and 2003, the proportion of primary methamphetamine/amphetamine admissions where the principal source of referral⁶ was the criminal justice system increased from 36 to 51 percent.⁷ In contrast, self/individual referrals decreased from 35 to 25 percent, referrals by substance abuse care providers decreased from 7 to 5 percent, and referrals from other sources declined from 22 percent of admissions to 19 percent.

In 2003, almost two thirds (65 percent) of primary methamphetamine/amphetamine admissions entered ambulatory treatment settings⁸ (52 percent non-intensive outpatient, 13 percent intensive outpatient, and 0.1 percent detoxification). One quarter of admissions entered residential treatment settings, and the remaining 10 percent entered detoxification settings. These proportions were comparable to the proportion of primary methamphetamine/amphetamine admissions in each setting in 1993.

Table 1. Primary Methamphetamine/Amphetamine Admission Rates per 100,000 Population Aged 12 or Older, by State: 1993 and 2003

	1993	2003	1993	2003
United States	13	56		
Northeast			Midwest	
Connecticut	1	4	Illinois	1 19
Maine	2	5	Indiana	3 28
Massachusetts	<1	2	Iowa	13 213
New Hampshire	<1	2	Kansas	15 65
New Jersey	3	2	Michigan	2 7
New York	2	4	Minnesota	8 100
Pennsylvania	3	2	Missouri	7 84
Rhode Island	2	2	Nebraska	8 117
Vermont	5	4	North Dakota	3 44
South			Ohio	3 3
Alabama	1	45	South Dakota	5 90
Arkansas	13	130	Wisconsin	<1 5
Delaware	2	2	West	
District of Columbia	--	2	Alaska	4 13
Florida	2	7	Arizona	-- 36
Georgia	3	39	California	66 212
Kentucky	--	20	Colorado	18 86
Louisiana	4	21	Hawaii	52 241
Maryland	1	3	Idaho	20 72
Mississippi	--	23	Montana	30 133
North Carolina	<1	4	Nevada	59 176
Oklahoma	19	117	New Mexico	7 10
South Carolina	1	9	Oregon	98 251
Tennessee	*	6	Utah	16 186
Texas	7	17	Washington	18 143
Virginia	1	4	Wyoming	15 209
West Virginia	<1	--		

* Less than 0.05 percent.

-- No data available.

Note: Percentages in boldface exceed the national rate for that year.

End Notes

¹ The *primary substance of abuse* is the main substance reported at the time of admission.

² AR, OR, and TX do not distinguish between amphetamine and methamphetamine.

³ *Secondary/tertiary substances* are other substances of abuse also reported at the time of admission.

⁴ As States vary in population size, comparisons among States can only be made using rates of admission per 100,000 population.

⁵ *Race/ethnicity* categories are determined by combining responses from two questions. In TEDS, respondents identifying themselves as Hispanic and as White or Black or of unknown race are assigned to the Hispanic group. Respondents identifying themselves as Hispanic and as American Indian/Alaska Native, Asian/Pacific Islander, or two or more races are assigned to the "other" group. Respondents identifying themselves as non-Hispanic are grouped according to their racial identification. Ethnicity is requested of all States; however, some do not report this variable. In 1993, NC, NV, PR, and SD did not report ethnicity for 75 percent or more of their admissions. In 2003, AL, DC, SD, and WV did not report ethnicity for 75 percent or more of their admissions. Approximately 4 percent of admissions did not have a reported ethnicity in 2003.

⁶ *Principal source of referral* describes the person or agency referring the client to the alcohol or drug abuse treatment program. For this analysis, several of these referral sources were aggregated. "Other" source of referral includes "other health care provider," "school," "employer," and "other community referral."

⁷ Criminal justice referrals to substance abuse treatment may be affected by legislation. For example, the California Substance Abuse and Crime Prevention Act, enacted in November 2000, diverts drug offenders to treatment. For further information on the impact of this legislation, see: Longshore, D., Urada, D., Evans, E., Hser, Y., Prendergast, M., & Hawken, A. (2005, July 22). *Evaluation of the Substance Abuse and Crime Prevention Act: 2004 report*. University of California Los Angeles Integrated Substance Abuse Programs. Retrieved January 20, 2006, from <http://www.uclaisap.org/prop36/reports.htm>

⁸ *Service settings* are of three types: ambulatory, residential/rehabilitative, and detoxification. Ambulatory settings include intensive outpatient, non-intensive outpatient, and ambulatory detoxification. Residential/rehabilitative settings include hospital (other than detoxification), short-term (30 days or fewer), and long-term (more than 30 days). Detoxification includes 24-hour hospital inpatient and 24-hour free-standing residential.

Research Findings from SAMHSA's 2003 Drug and Alcohol Services Information System (DASIS)

Trends in Methamphetamine/Amphetamine Admissions to Treatment: 1993-2003

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The Drug and Alcohol Services Information System (DASIS) is an integrated data system maintained by the Office of Applied Studies, Substance Abuse and Mental Health Services Administration (SAMHSA). One component of DASIS is the Treatment Episode Data Set (TEDS). TEDS is a compilation of data on the demographic characteristics and substance abuse problems of those admitted for substance abuse treatment. The information comes primarily from facilities that receive some public funding. Information on treatment admissions is routinely collected by State administrative systems and then submitted to SAMHSA in a standard format. TEDS records represent admissions rather than individuals, as a person may be admitted to treatment more than once. State admission data are reported to TEDS by the Single State Agencies (SSAs) for substance abuse treatment. There are significant differences among State data collection systems. Sources of State variation include completeness of reporting, facilities reporting TEDS data, clients included, and treatment resources available. See the annual TEDS reports for details. Approximately 1.8 million records are included in TEDS each year.

The DASIS Report is prepared by the Office of Applied Studies, SAMHSA; Synectics for Management Decisions, Inc., Arlington, Virginia; and by RTI International in Research Triangle Park, North Carolina (RTI International is a trade name of Research Triangle Institute).

Information and data for this issue are based on data reported to TEDS through April 11, 2005.

Access the latest TEDS reports at:
<http://www.oas.samhsa.gov/dasis.htm>

Access the latest TEDS public use files at:
<http://www.oas.samhsa.gov/SAMHDA.htm>

Other substance abuse reports are available at:
<http://www.oas.samhsa.gov>



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Substance Abuse and Mental Health Services Administration
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