

# The TEDS Report

October 1, 2009

## Trends in Methamphetamine Admissions to Treatment: 1997-2007

**M**ethamphetamine is a highly addictive stimulant that can cause a variety of health problems, including cardiovascular disease, psychotic symptoms, memory loss, violent behavior, and mood disturbances. Recent

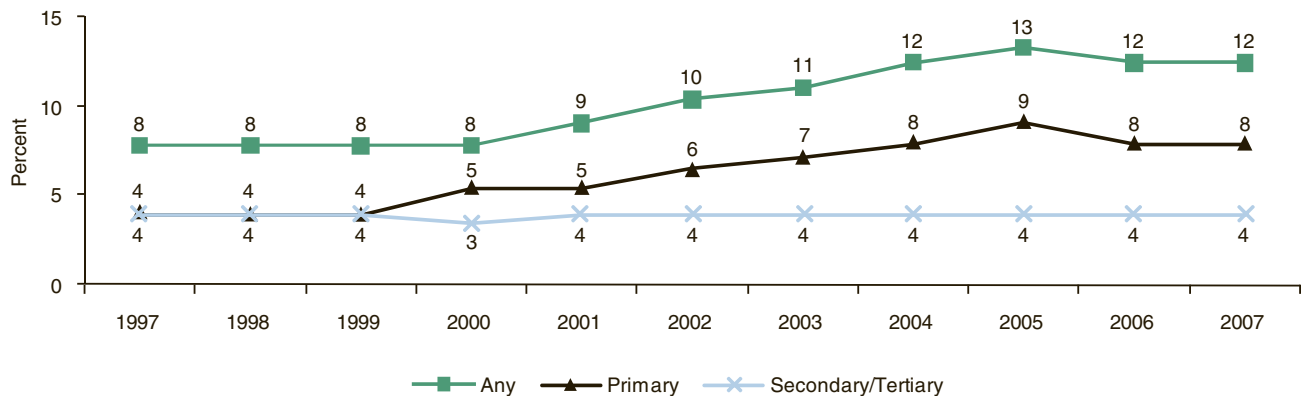
### In Brief

- Admissions for primary methamphetamine abuse were more than twice as likely in 2007 to be aged 40 or older (23 percent) compared with admissions in 1997 (10 percent)
- The percentage of primary methamphetamine admissions that were Hispanic more than doubled from 1997 (9 percent) to 2007 (21 percent)
- The percentage of primary methamphetamine admissions who smoked the drug increased each year from 1997 to 2007 and increased overall from 27 percent in 1997 to 67 percent in 2007

data from the National Survey on Drug Use and Health (NSDUH) indicate that the prevalence of past year methamphetamine use decreased from 2006 to 2007 for all age groups. Nevertheless, in 2007, 1.3 million persons aged 12 or older had used methamphetamine in the past year.<sup>1,2</sup> Understanding the characteristics of admissions to substance abuse treatment for primary methamphetamine abuse and how these characteristics have changed over time may help treatment providers identify and tailor treatment programs for this population, leading to improved treatment outcomes.

Using data from the Treatment Episode Data Set (TEDS), this report examines trends in substance abuse treatment admissions for abuse of methamphetamine<sup>3</sup> from 1997 to 2007. TEDS collects data on the primary

**Figure 1. Percentage of Admissions Reporting Methamphetamine Abuse: 1997 to 2007**



Source: 1997 to 2007 SAMHSA Treatment Episode Data Set (TEDS).

substance of abuse at the time of admission to substance abuse treatment and up to two additional substances of abuse at admission.

### Admissions for Any Methamphetamine Abuse

From 1997 to 2000, the percentage of admissions who reported any abuse of methamphetamine remained stable. However, this percentage began to increase in 2001 and peaked at 13 percent in 2005, with a slight decline to 12 percent in 2006 and 2007 (Figure 1). A similar pattern was observed for admissions involving primary abuse of methamphetamine.

### Demographic Characteristics

Admissions for primary methamphetamine abuse were more than twice as likely in 2007 to be aged 40 or older (23 percent) compared with admissions in 1997 (10 percent) (Table 1). Concurrently, the percentage of these admissions younger than age 20 decreased from 12 percent in 1997 to 6 percent in 2007.

Among admissions reporting primary methamphetamine abuse, non-Hispanic White admissions declined from 81 percent in 1997 to 65 percent in 2007. Over this same period, the percentage of Hispanic admissions more than doubled, from 9 percent in 1997 to 21 percent in 2007.

In each year from 1997 to 2007, the majority of primary methamphetamine admissions were located in the West (ranging from 64 to 76 percent). In contrast, only 1 percent of such admissions were in the Northeast during the same time period.

### Route of Administration

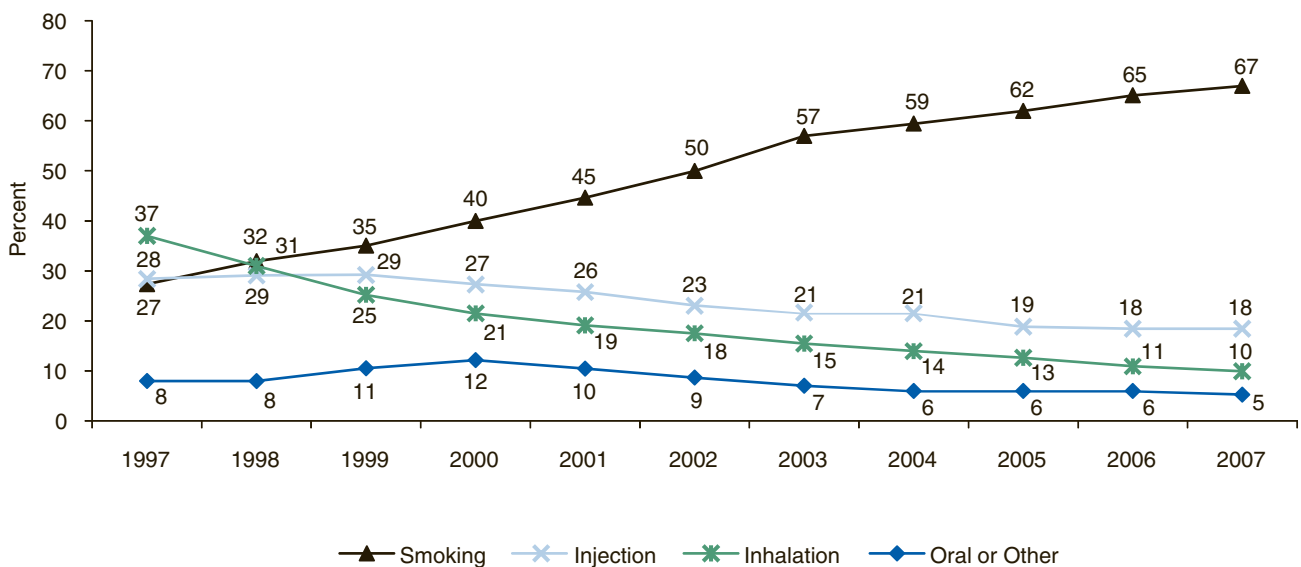
The percentage of primary methamphetamine admissions who reported smoking as the usual route of administration increased each year and more than doubled over the 11-year period, from 27 percent in 1997 to 67 percent in 2007 (Figure 2). Although the percentage of admissions who reported injection has decreased since 1997, nearly 1 in 5 reported injection

**Table 1. Percentage of Primary Methamphetamine Admissions, by Demographic Characteristic: 1997 to 2007**

Demographic Characteristic	1997	1998	1999	2000	2001	2002	2003	2004	2005	2006	2007
<b>Age Group</b>											
Younger than 20 Years	12	11	9	10	10	10	10	10	10	8	6
20 to 24 Years	17	17	17	18	19	19	21	21	21	20	18
25 to 29 Years	24	22	21	19	18	18	18	19	20	21	22
30 to 34 Years	21	21	21	20	19	19	18	17	16	16	16
35 to 39 Years	16	17	18	18	17	16	15	14	14	14	15
40 to 44 Years	7	8	9	10	11	11	11	11	11	11	12
45 Years or Older	3	4	5	5	6	7	7	8	8	10	11
<b>Race/Ethnicity</b>											
Non-Hispanic White	81	80	80	78	76	74	73	72	71	68	65
Non-Hispanic Black	2	2	2	2	3	3	3	3	3	3	3
Hispanic	9	10	11	11	12	15	16	16	18	19	21
American Indian/Alaska Native	3	3	2	3	3	2	2	2	2	3	3
Asian/Pacific Islander	3	3	3	4	3	3	3	3	3	3	3
Other	2	2	2	2	3	3	3	4	3	4	5
<b>Region</b>											
West	73	75	76	72	69	71	68	66	64	70	73
Midwest	16	15	13	15	17	16	17	19	19	17	15
South	10	9	10	12	13	12	14	14	16	12	11
Northeast	1	1	1	1	1	1	1	1	1	1	1

Source: 1997 to 2007 SAMHSA Treatment Episode Data Set (TEDS).

**Figure 2. Percentage of Primary Methamphetamine Admissions, by Route of Administration: 1997 to 2007**



Source: 1997 to 2007 SAMHSA Treatment Episode Data Set (TEDS).

as the usual route of administration in 2007. Altogether, 85 percent of these admissions in 2007 reported a route of administration (smoking or injection) that produces a very rapid uptake of the drug by the body.

### Principal Source of Referral

Primary methamphetamine admissions referred to treatment by the criminal justice system increased from 38 percent in 1997 to 56 percent in 2007 (Figure 3). During this same time, self/individual referrals decreased from 32 percent in 1997 to 21 percent in 2007.

### Secondary and Tertiary Drugs of Abuse

Most primary methamphetamine admissions in 1997 and 2007 also involved abuse of other substances (Figure 4). However, the percentage of these admissions reporting no other substances of abuse increased from 1 in 4 admissions in 1997 to more than 1 in 3 admissions in 2007.

In 1997 and 2007, alcohol and marijuana were the most commonly reported secondary or tertiary substances of abuse among primary methamphetamine admissions. In 2007, 31 percent also reported secondary

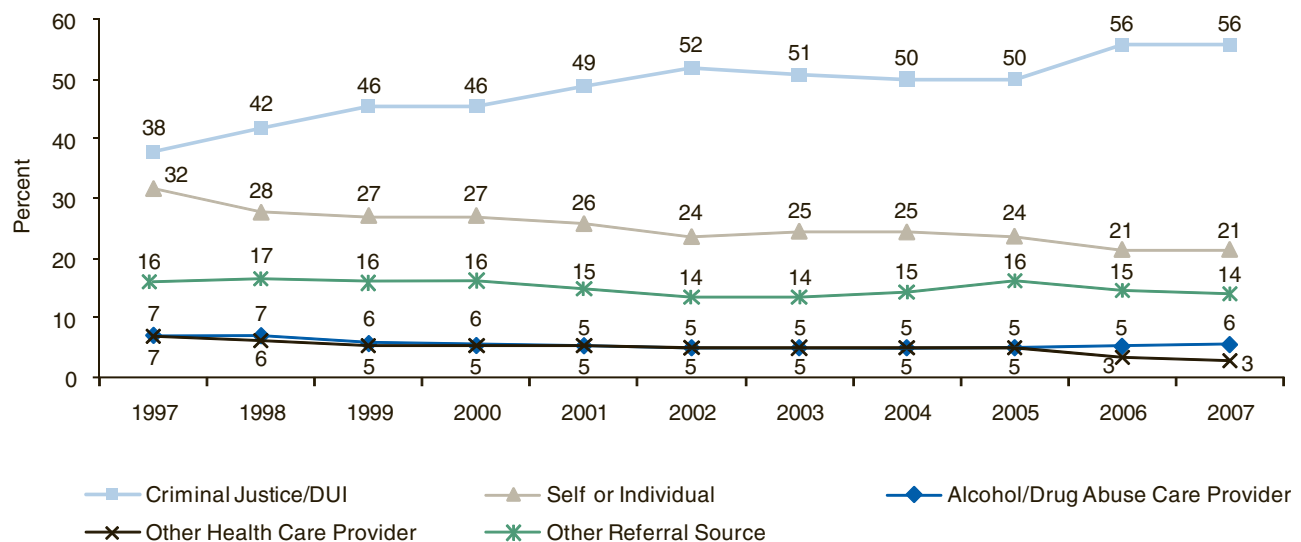
or tertiary abuse of alcohol, and 37 percent reported secondary or tertiary abuse of marijuana.

### Discussion

The percentages of total admissions for methamphetamine abuse have decreased since 2005. Continued monitoring of methamphetamine use in both the general population and among treatment admissions is important for assessing the lag time between initiation and entrance into formal substance abuse treatment, and thus for projecting future treatment needs for this population.

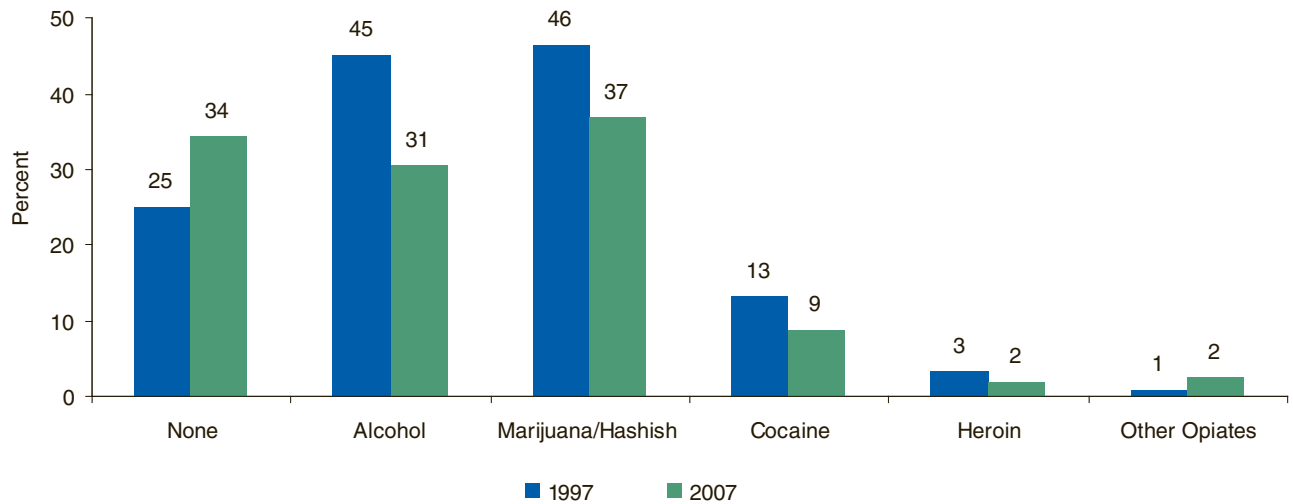
The more than twofold

**Figure 3. Percentage of Primary Methamphetamine Admissions, by Principal Source of Referral: 1997 to 2007**



Source: 1997 to 2007 SAMHSA Treatment Episode Data Set (TEDS).

**Figure 4. Percentage of Primary Methamphetamine Admissions Reporting Other Substances of Abuse, by Secondary/Tertiary Substance of Abuse: 1997 and 2007\***



\* Percentages sum to more than 100 percent because an admission could report more than one additional substance.  
 Source: 1997 and 2007 SAMHSA Treatment Episode Data Set (TEDS).

increase in the percentage of Hispanic methamphetamine admissions over the period from 1997 to 2007 suggests that providers may need to accommodate language or cultural needs of these clients and also to engage in Hispanic community outreach. Further, the likelihood that treatment providers will increasingly encounter methamphetamine abusers who take the drug via smoking or injection (thereby further increasing its addiction potential and also increasing clients' risk for HIV infection) could pose challenges for successful treatment outcomes for these clients.

**End Notes**

- <sup>1</sup> Substance Abuse and Mental Health Services Administration, Office of Applied Studies. (2008). *Results from the 2007 National Survey on Drug Use and Health: Detailed tables*. Rockville, MD.
- <sup>2</sup> Dependence or abuse are defined for categories of drugs such as stimulants but not for specific drugs such as methamphetamine that fall within a category. See American Psychiatric Association. (2000). *Diagnostic and statistical manual of mental disorders. Fourth edition. Text revision (DSM-IV-TR)*. Washington, DC: Author.
- <sup>3</sup> In 1997, Arkansas, Connecticut, Oregon, and Texas did not distinguish between methamphetamine and amphetamine admissions. In 2007, only Oregon submitted combined methamphetamine/amphetamine data. For the States that make this distinction, methamphetamine constitutes about 95 percent of combined methamphetamine/amphetamine admissions.

**Suggested Citation**

Substance Abuse and Mental Health Services Administration, Office of Applied Studies. (October 1, 2009). *The TEDS Report: Trends in Methamphetamine Admissions to Treatment: 1997-2007*. Rockville, MD.

For change of address, corrections, or to be removed from  
this list please e-mail: [shortreports@samhsa.hhs.gov](mailto:shortreports@samhsa.hhs.gov).

## Research Findings from SAMHSA's 2007 Treatment Episode Data Set (TEDS)

### Trends in Methamphetamine Admissions to Treatment: 1997-2007

- Admissions for primary methamphetamine abuse were more than twice as likely in 2007 to be aged 40 or older (23 percent) compared with admissions in 1997 (10 percent)
- The percentage of primary methamphetamine admissions that were Hispanic more than doubled from 1997 (9 percent) to 2007 (21 percent)
- The percentage of primary methamphetamine admissions who smoked the drug increased each year from 1997 to 2007 and increased overall from 27 percent in 1997 to 67 percent in 2007

The Treatment Episode Data Set (TEDS) is a compilation of data on the demographic characteristics and substance abuse problems of those admitted for substance abuse treatment. TEDS is one component of the Drug and Alcohol Services Information System (DASIS), an integrated data system maintained by the Office of Applied Studies, Substance Abuse and Mental Health Services Administration (SAMHSA). TEDS 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. In 2007, TEDS received approximately 1.8 million treatment admission records from 45 States, the District of Columbia, and Puerto Rico.

Definitions for demographic, substance use, and other measures mentioned in this report are available in the following publication: Substance Abuse and Mental Health Services Administration, Office of Applied Studies. (December 11, 2008). *The TEDS Report: TEDS Report Definitions*. Rockville, MD.

*The TEDS 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 the trade name of Research Triangle Institute). **Information and data for this issue are based on data reported to TEDS through October 6, 2008.**

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

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

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



U.S. DEPARTMENT OF HEALTH AND HUMAN SERVICES  
Substance Abuse and Mental Health Services Administration  
Office of Applied Studies  
[www.samhsa.gov](http://www.samhsa.gov)