Drug and Alcohol Services Information System

The DASIS Report

January 7, 2005

Smoked Methamphetamine/ Amphetamines: 1992-2002

Amphetamines and methamphetamine are central nervous system stimulants. They[1] were the primary substance of abuse in more than 125,000 substance abuse treatment admissions in 2002 (almost 7 percent of all admissions) reported to the Treatment Episode Data Set (TEDS).[2] TEDS is an annual compilation of data on the demographic characteristics and substance abuse problems of those admitted for substance abuse treatment.

Methamphetamine/amphetamines can be consumed by smoking, inhalation, or injection. Smoked methamphetamine is often referred to as "ice" or "crystal meth." This report will look at the characteristics of those whose primary route of administration was smoking the drug.

In Brief

- In 2002, 50 percent of primary methamphetamine/amphetamine admissions reported smoking the drug, up from 12 percent in 1992
- The proportion of smoked methamphetamine/amphetamine admissions aged 30 or older increased from 34 percent in 1992 to 47 percent in 2002
- The proportion of methamphetamine/amphetamine admissions reporting smoking the drug increased in many states across the country between 1992 and 2002

Primary Methamphetamine/ Amphetamine Admissions

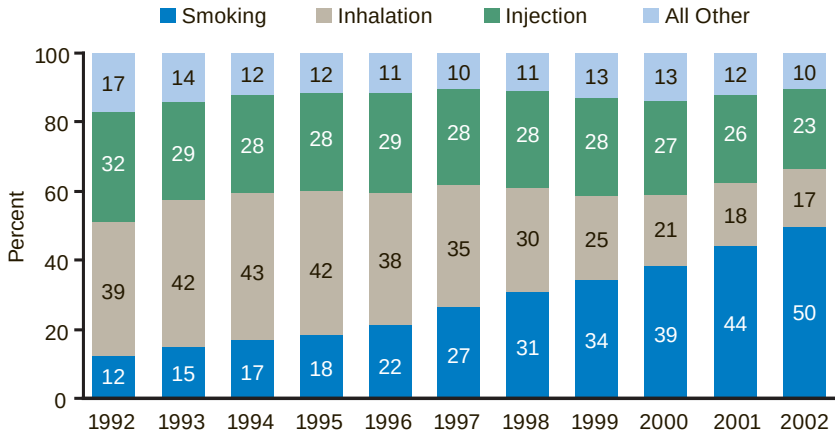
In 1992, 39 percent of primary methamphetamine/amphetamine treatment admissions inhaled the substance, 32 percent injected, and 12 percent smoked

The DASIS Report is published periodically by the Office of Applied Studies, Substance Abuse and Mental Health Services Administration (**SAMHSA**).

it (Figure 1). By 2002, this distribution had changed substantially—only 17 percent inhaled, 23 percent injected, and 50 percent of primary methamphetamine/amphetamine admissions reported smoking.

In 1992, smoked methamphetamine/amphetamine admissions reported alcohol (40 percent) or marijuana/hashish (38 percent), smoked cocaine (crack) (7 percent), and other forms of cocaine (5 percent) as secondary substances of abuse. In 2002, the secondary substances of abuse among this group did not change substantially.

Figure 1. Methamphetamine/Amphetamine Treatment Admissions, by Route of Administration: 1992-2002



Source: 2002 SAMHSA Treatment Episode Data Set (TEDS).

Demographics

Among admissions who smoked methamphetamine/amphetamines, the proportion of males declined slightly from 58 percent in 1992 to 55 percent in 2002.

The mean age at admission for smoked methamphetamine/amphetamine admissions increased from 27 years old in 1992 to 29 years old in 2002. In addition, the distribution by age changed. In 1992, 66 percent of admissions were younger than 30 years old, and 34 percent were aged 30 or older at the time of admission. In 2002, the majority of cases were still younger than 30 (53 percent), but the proportion of admissions aged 30 or older had increased to 47 percent of admissions.

In both 1992 and 2002, the majority of smoked methamphetamine/amphetamine admissions were White (Figure 2). In 1992, the distribution of other race/ethnicities was relatively even among Blacks, Asian/Pacific Islanders, and Mexicans.[3] By 2002, the proportion of admissions declined for Blacks and Asian/Pacific Islanders, while Mexicans increased to 17 percent.

Employment

In 1992, 21 percent of smoked methamphetamine/amphetamine admissions reported being employed (either part or full time).[4] By 2002, employment was reported by 25 percent of these admissions.

Source of Referral

In 1992, 36 percent of smoked methamphetamine/amphetamine admissions were referred to treatment by the criminal justice system (Figure 3). By 2002, the criminal justice system was the source of referral in 55 percent of the smoked admissions.

Geographic Distribution

The proportion of methamphetamine/amphetamine admissions reported smoking as the primary route of administration increased in many states between 1992 and 2002 (Table 1).[5]

End Notes

[1] While most States that report data to TEDS record methamphetamine and other amphetamines separately, some States do not. The States that did not report methamphetamine separately in 2002 were AR, OR, TN, and TX. For the purposes of this analysis, these two substances have been combined.

[2] The primary substance of abuse is the main substance reported at the time of admission.

[3] Detailed ethnicity (i.e., Mexican, Puerto Rican, Cuban, etc.) is requested of all States; however, some do not report this variable. In 2002, five States (AL, DC, NM, SD, and WI) did not report detailed ethnicity for 50 percent or more of their admissions.

[4] Unemployed includes those seeking work as well as those considered not to be in the labor force (i.e., retired, student, etc.). Analysis of this variable included admissions aged 19 to 64.

[5] Only States with 100 or more primary methamphetamine/amphetamine admissions were included in this analysis. In 1992, that group comprised 24 States, in 2002, 40 States.

Figure 2. Smoked Methamphetamine/ Amphetamine Treatment Admissions, by Race/ Ethnicity: 1992 and 2002

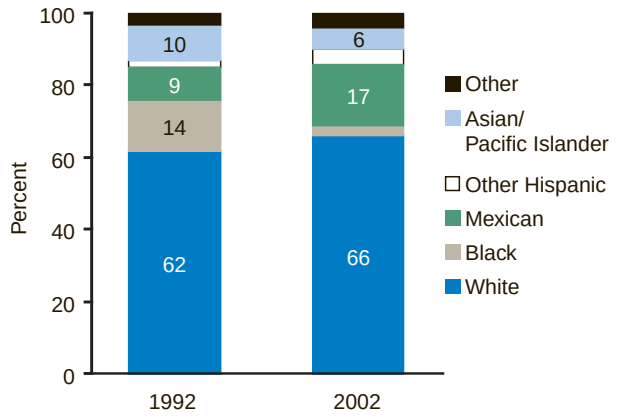


Figure 3. Smoked Methamphetamine/ Amphetamine Treatment Admissions, by Referral Source: 1992 and 2002

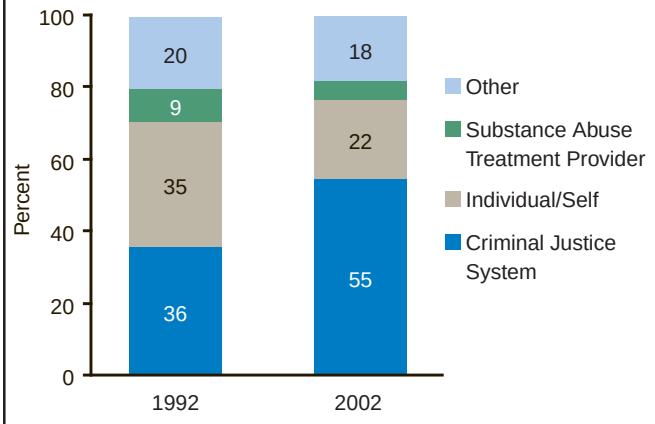


Table 1. Proportion of Methamphetamine/ Amphetamine Treatment Admissions that Smoked the Drug, by State: 1992 and 2002

	1992	2002
United States	12%	50%

	1992	2002		1992	2002
Northeast			**Midwest**		
New Jersey	2%	11%	Illinois	26%	58%
New York	18%	26%	Indiana	*	53%
Pennsylvania	4%	12%	Iowa	4%	54%
Rhode Island	0%	*	Kansas	5%	35%
South			Michigan	12%	37%
Alabama	*	49%	Minnesota	4%	44%
Arkansas	3%	33%	Missouri	9%	33%
Florida	23%	38%	Nebraska	*	40%
Georgia	*	36%	North Dakota	*	37%
Kentucky	*	43%	Ohio	50%	16%
Louisiana	8%	24%	South Dakota	*	31%
Maryland	*	17%	Wisconsin	*	38%
Mississippi	*	46%	**West**		
North Carolina	*	35%	Arizona	*	48%
Oklahoma	1%	21%	California	13%	61%
South Carolina	*	31%	Colorado	5%	51%
Tennessee	*	50%	Hawaii	92%	97%
Texas	2%	26%	Idaho	*	39%
Virginia	*	17%	Montana	1%	26%
			Nevada	10%	51%
			Oregon	4%	34%
			Utah	10%	59%
			Washington	6%	58%
			Wyoming	*	38%

* Data excluded from table: Either fewer than 100 admissions were reported or the route of administration for the cases was not reported. The following states were not included in this table: CT, ME, MA, NH, VT, DE, DC, WV, AK, and NM.

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 1.9 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 March 1, 2004.

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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