



# FACT SHEET

## ALCOHOL USERS IN TREATMENT

The treatment data in this fact sheet are based on admissions and discharges from publicly funded and/or monitored treatment services in California during state fiscal year (SFY) 2008/09 as reported in the California Outcome Measurement System - Treatment (CalOMS-Tx), unless otherwise noted.

### Fast Facts

- Alcohol — a colorless liquid produced by fermenting grains such as corn, rice, and barley — is one of the oldest drugs of abuse.
- In addition to causing a decrease in motor coordination, alcohol consumption also leads to slower reaction time and intellectual performance.
- Alcohol is easily purchased, widely available, inexpensive to buy, and easy to consume because it is taken orally.
- Alcohol is classified as a depressant because it slows down the central nervous system.
- Short-term effects include anxiety, slowed heart and respiratory rates, blurred vision, and poor motor coordination.
- Long-term effects include cirrhosis, cancers, cardiac diseases, and a number of other irreversible neurological and psychological health conditions.
- In the United States, any individual with a blood alcohol content (BAC) of .08 or higher is considered to be intoxicated, making it illegal to drive.

- One of the devastating affects of alcohol consumption is fetal alcohol spectrum disorder (FASD), which is a leading and preventable cause of mental retardation and birth defects. When a woman drinks alcohol anytime during her pregnancy, she increases the chances of her baby being born with FASD. People with FASD often have problems with learning, memory, attention span, vision, communication, hearing, or any combination of these<sup>1</sup>.

### CalOMS-Tx Data Collection

The data used for this fact sheet are based on client admissions and discharges, not unique client counts. A client is counted more than once if the client has more than one treatment admission and discharge during the selected reporting period. Admissions are for outpatient, residential, and detoxification services.

Detoxification by itself does not constitute complete substance abuse treatment. This service type is considered a precursor to treatment that addresses the physiological effects of stopping alcohol use. It is short-term (usually less than a week) and is often repeated numerous times. Including detoxification admissions and discharges could bias the client characteristics and discharge statistics of the population described since a large percentage of the admissions and discharges are for detoxification. For this discussion, unless

<sup>1</sup> Center for Disease Control and Prevention, National Center on Birth Defects and Developmental Disabilities.

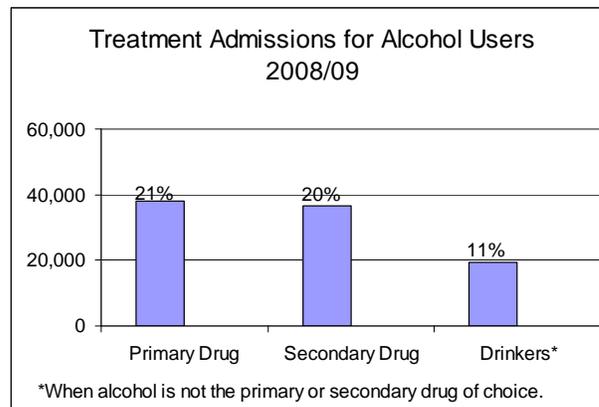
otherwise noted, detoxification admission and discharge results are not included. Data on clients' alcohol and other drug (AOD) abuse collected at admission are compared with data collected at discharge to measure client outcomes, treatment effectiveness, and the impact treatment had on the lives of clients.

### Admission Statistics

During state fiscal year 08/09, admissions with alcohol as the primary drug made up more than 21% of the 181,720 admissions to publicly funded and/or monitored treatment programs. Total treatment admissions include all admissions during the fiscal year, regardless of the number of times a client enters treatment.

Alcohol use is often underreported by clients entering treatment for other drug use. Clients who do not report alcohol as their primary or secondary drug are asked how often they used alcohol. The majority (52%) of clients admitted into AOD treatment (excluding detoxification services) during SFY 08/09 used alcohol. The following chart shows how alcohol use was reported:

- 21% reported alcohol as the primary drug.
- 20% reported alcohol as the secondary drug.
- 11% reported drinking alcohol in the 30 days prior to admission.

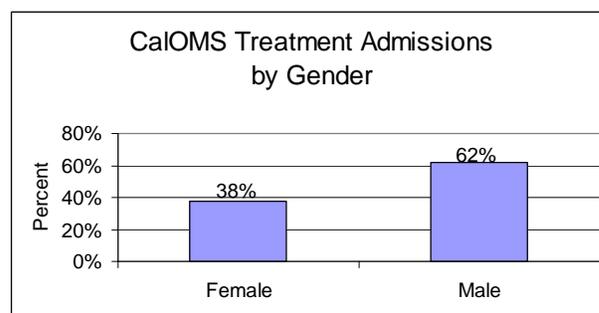


The following information displays data about the 38,094 alcohol admissions for clients that entered treatment during SFY 08/09. In this analysis, only treatment admissions where the primary drug was alcohol are included. Percentages may not add to 100 percent due to rounding.

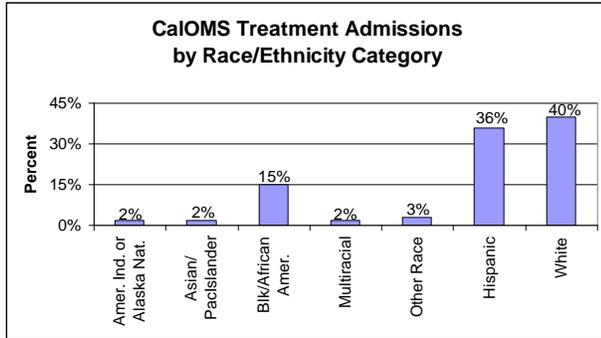
### Demographic and Other Client Characteristics

Of the total admissions for alcohol use:

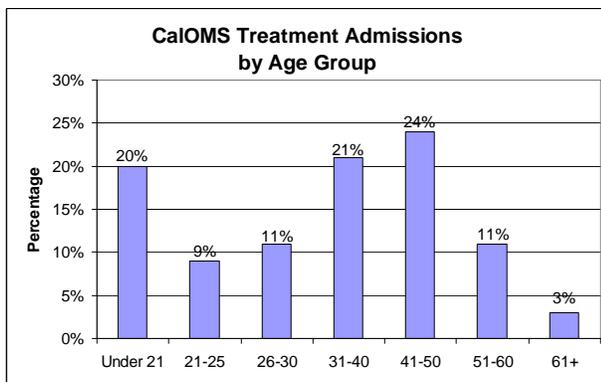
- 62% were male
- 38% were female



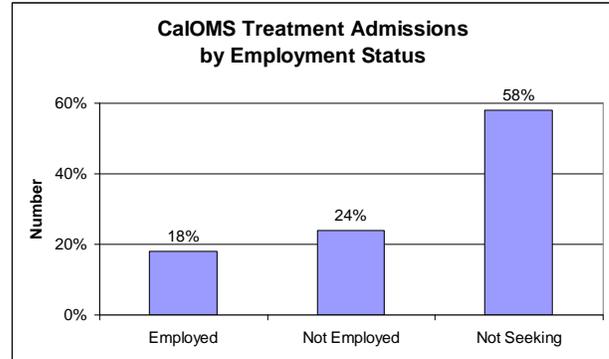
- 40% were White
- 36% were Hispanic
- 15% were Black/African American



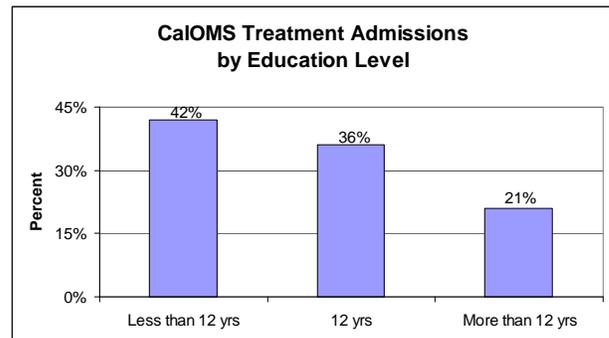
- 24% were 41-50 years old.
- 21% were 31 to 40 years old.
- 20% were under 21 years old (In California, the legal drinking age is 21.).



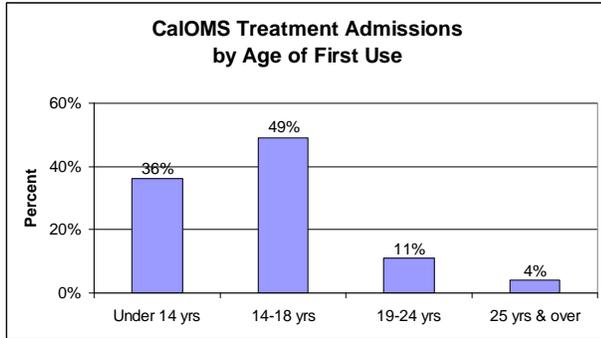
- The largest proportion (58%) was not seeking employment. This includes those who were not currently employed, never in the labor force, retired, or disabled.
- 24% were unemployed but looking for work.
- 18% were employed full- or part-time.



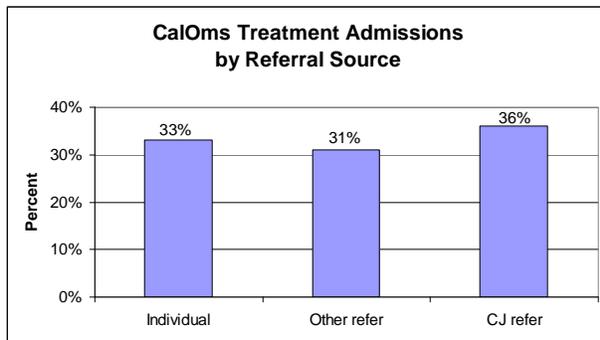
- 42% completed less than 12 years of education.
- 36% completed high school or received a General Educational Development (GED) certificate.
- 21% of alcohol abusers had more than 12 years of education.



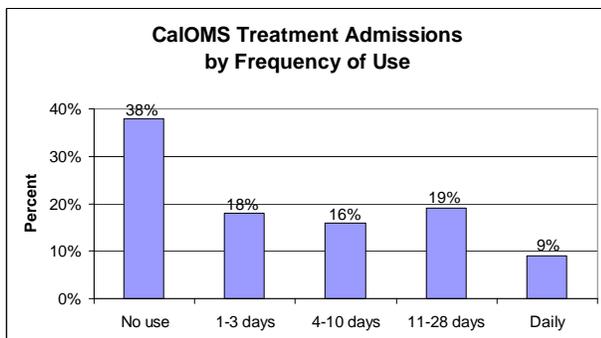
- 49% reported using alcohol for the first time when they were 14 to 18 years old.
- 36% reported using alcohol when they were younger than 14 years of age.



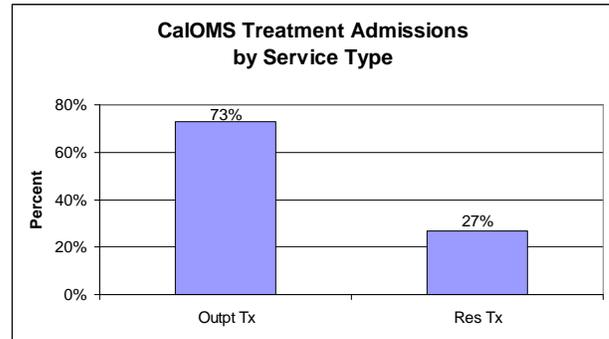
- 36% were referred by the criminal justice system, either by a court order or as a condition of parole.



- 38% reported no use of alcohol in the 30 days prior to admission. This is not surprising as most admissions were referred by the criminal justice system where clients are more likely to be closely monitored for substance abuse.



- Outpatient treatment services were the most common (73%) service type.

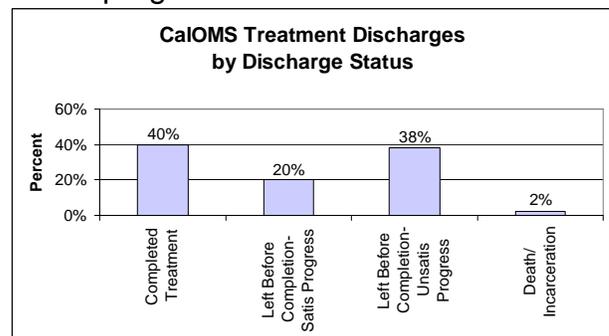


### Discharge Statistics

Discharge information is collected at the point when a client leaves the treatment service into which he/she was admitted. As with treatment admissions, clients are counted each time they are discharged from a treatment service during the fiscal year. In SFY 08/09, there were 34,710 discharges from alcohol treatment.

Of the total discharges for alcohol use:

- 40% completed their treatment plan for that service type with some referred to a different service type and others needing no additional treatment services.
- 38% left before completing their treatment plan with unsatisfactory progress.

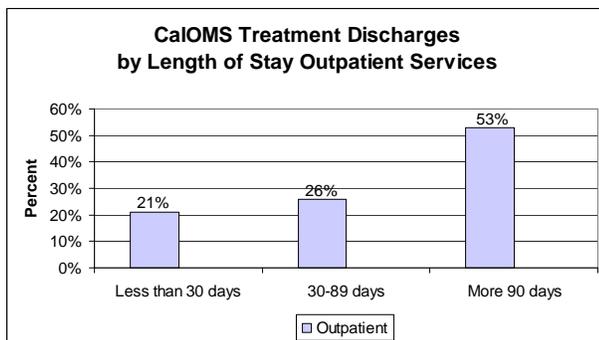


Generally, clients who stay in treatment for a longer period of time have more positive outcomes. For instance, research indicates that clients who remain in outpatient

programs for an average of 90 days are more likely to have positive outcomes at discharges and maintain recovery.

Although treatment duration is only shown here for outpatient services, it is the total time in treatment that is important. Treatment sometimes includes multiple types of treatment services starting with more intensive, costly services and then transferring to less intensive services. For example, clients who satisfactorily complete residential services are often referred to outpatient services.

- About 53% of clients discharged from outpatient services received 90 days or more of time in treatment.



### Changes During Treatment

Outcome data are collected at admission and compared with data collected at discharge to measure treatment effectiveness and the impact that treatment has on the lives of clients. The data in this section show how treatment has affected various aspects of a client's life. The results of matched admission-discharge records are aggregated and then the percentage change is calculated. A total of 18,578 records are included in the outcomes analysis. Records with a discharge status of Left before Completion and Not Referred, Death, and Incarceration are excluded due to inconsistent or lack of outcome data collection. The exclusion of data from these clients who did not

complete treatment may result in a bias in the results towards favorable outcomes.

The time span for the questions on frequency of use, arrests, and social support activities is the past 30 days. The situation at admission and discharge, rather than the 30 days prior, apply to the questions on employment/ job training and living arrangements.

- The largest change (95%) was the increase in abstinence.
- The second largest change (57%) was the increase in social support activities. Research indicates that these social support groups (e.g., 12-step or other self-help programs) help clients achieve and maintain abstinence and other healthy behaviors during and after treatment as they continue recovery.
- Changes in employment/job training increased 30%. This included part- or full-time employment or enrollment in a job training program.
- 16% more clients reported not being jailed.
- Living in a stable environment, such as a home or apartment, and contributing to the living costs, increased 11%.
- Overall health improved, with 11% more clients reporting they had no health problems.

