

State of California
Department of Alcohol and Drug Programs
Office of Applied Research and Analysis



Indicators of Alcohol and Other Drug Abuse



Fiscal Year 2009-2010



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Table of Contents

INTRODUCTION	1-1
Additions.....	1-1
Deletions.....	1-1
Data Sources.....	1-2
Deletions.....	1-2
CONSUMPTION OF ALCOHOL AND OTHER DRUGS	2-1
Estimates of Past Month Substance Use, 2003-07.....	2-2
Per Capita Alcohol Consumption, California.....	2-3
CONSEQUENCES OF ALCOHOL AND OTHER DRUG ABUSE	3-1
Health Indicators.....	3-1
Diagnosed Cases of AIDS and Serum Hepatitis (Type B), 2003-07.....	3-2
Alcohol and Other Drug-related Hospitalizations.....	3-3
CRIMINAL JUSTICE	4-1
Alcohol and Other Drug-related Arrests, 2004-08.....	4-2
Drug Commitments to Department of Corrections and Rehabilitation, 2003-07.....	4-3
Drug Commitments to the Division of Juvenile Justice, 2003-07.....	4-4
Drug Enforcement Administration, Drug Seizures, California, 2003-07.....	4-5
MOTOR VEHICLE COLLISIONS	5-1
Alcohol-involved Motor Vehicle Collisions, 2004-08.....	5-1
ALCOHOL AND OTHER DRUG TREATMENT	6-1
Alcohol and Drug Treatment Admissions, 2003-08.....	6-1
Alcohol and Drug Treatment Discharges, 2003-08.....	6-6
POPULATION AND FISCAL DATA	7-1
Population Data.....	7-1
Public Funds Spent on Substance Abuse Treatment Services.....	7-2
ATTACHMENT	A-1
Summary Table of Indicators.....	A-1



INTRODUCTION

The Office of Applied Research and Analysis (OARA), of the Department of Alcohol and Drug Programs (ADP), as part of its data analysis activities has completed this annual report on California Indicators of Alcohol and Drug Abuse (IADA). Data included are for several years and focus on data available since the last report (2001-2005). The report provides a status of the alcohol and drug abuse problem in the State of California, including patterns of consumption and consequences, and meets the requirement for such information set forth in California Health and Safety Code section 11754 (o).

Modifications to the Indicators of Alcohol and Drug Abuse Report

There are two major sections to the report: the first section presents a brief explanation and analysis followed by statewide data in the form of charts and graphs; the second section is comprised of detailed statewide data tables.

The report generally covers a five-year period and is updated annually by eliminating the oldest year of data and related analysis and adding the next year to the report. For example, the updated report for 2009 includes years 2003 through 2007, but, in certain data tables, provides trend data from earlier and later years.

Further trend analysis of the information presented in this report is possible for the user by utilizing population data and calculating rates to account for the changes in the population. Population data is provided in the “Additional Data” section.

Additions

Alcohol and Other Drugs (AOD) related inpatient hospitalizations and AOD related Emergency Department (ED) visits among California residents.

Deletions

This report does not include drug- and alcohol-related deaths shown in prior years. ADP currently is reviewing the methodology used to extract this information from the dataset. It is anticipated that death data will be included in the IADA update later in 2010.

Data Sources

The data presented in the report were provided by the following California and federal agencies:

1. California Highway Patrol, California Department of Justice, California Department of Corrections and Rehabilitation, California Department of Public Health (Office of AIDS and Communicable Disease Control Surveillance and Statistics), California Department of Motor Vehicles, California Department of Alcohol and Drug Programs (ADP), California Board of Equalization, California De-

partment of Finance (Demographics Unit), Office of Statewide Health Planning and Development (OSHPD)

2. National Surveys on Drug Use and Health (NS-DUH), U.S. Drug Enforcement Administration.

Deletions

A count of DUI suspensions and revocations was not included in this year's report.



CONSUMPTION OF ALCOHOL AND OTHER DRUGS

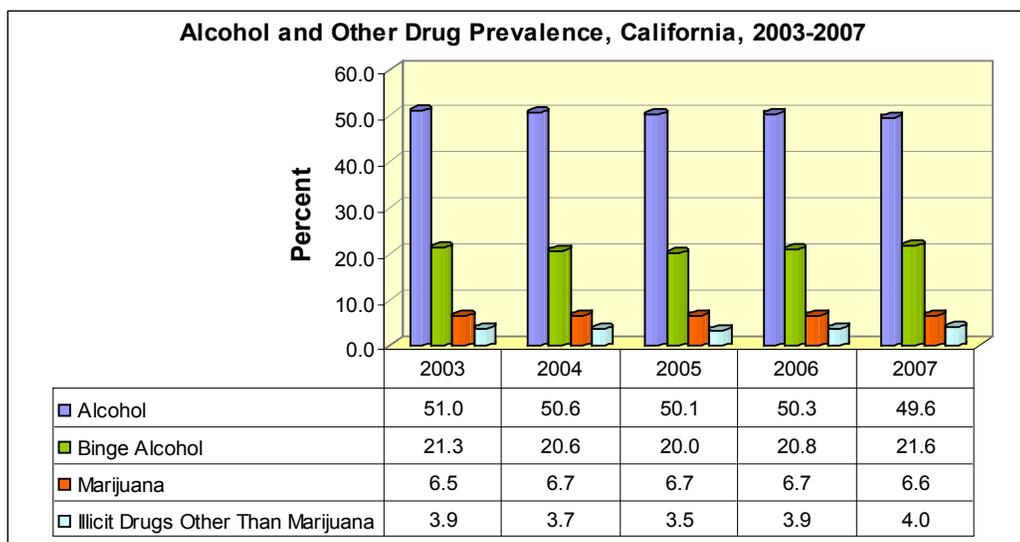
2006-07 STATE ESTIMATES OF PAST MONTH SUBSTANCE USE

California's past month alcohol and illicit drug use estimates are part of the National Survey on Drug Use and Health (NSDUH) survey. The survey collects information on alcohol use and nine different categories of illicit drug use (marijuana, cocaine, heroin, hallucinogens, inhalants, and non-medical use of prescription-type pain relievers, tranquilizers, stimulants, and sedatives).

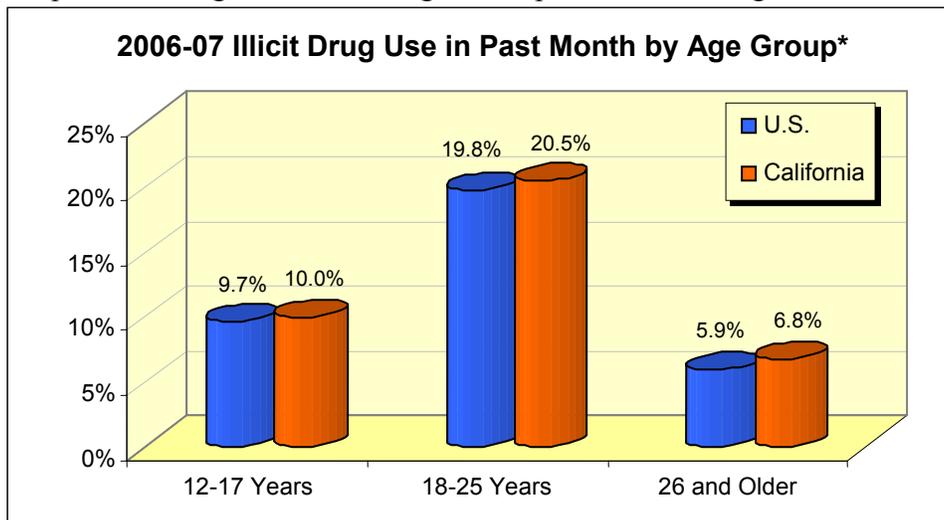
The NSDUH combines data from the sample of Californians across two years to improve the accuracy of estimates for the state and 15 substate regions. This data is analyzed here at the state level. Estimates are also available for California's 15 substate regions for the years 2004-2006 (<http://www.oas.samhsa.gov/substate2k8/StateFiles/CA.htm>).

HIGHLIGHTS

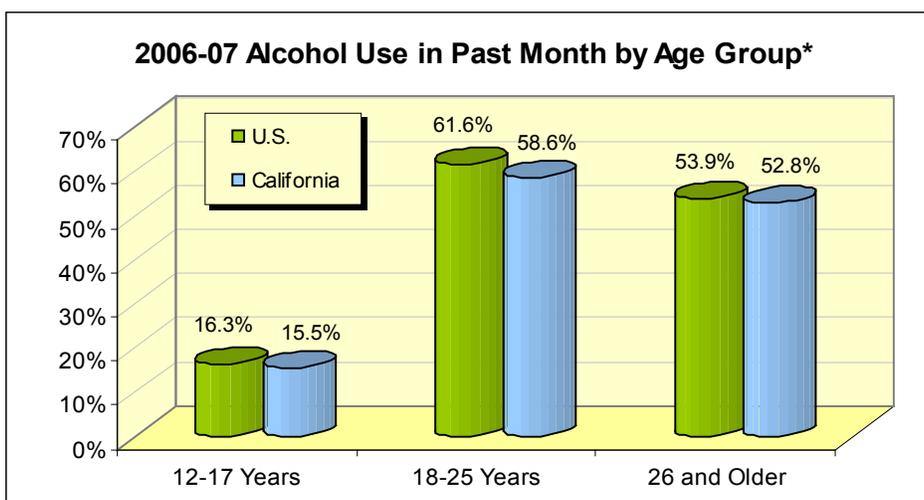
- ▶ The percentage of alcohol and other drug use did not change significantly over the period of observation.
- ▶ Californians consume alcohol more than other substances—both in terms of general consumption and in binge drinking. Marijuana is the most commonly consumed illicit substance.



- ▶ In 2006-07:
 - Nine percent of California’s population aged 12 or older had used an illicit drug in the past month.
 - Ten percent of those 12-17 years of age reported having used illicit drugs in the past month. Twenty one percent of those aged 18-25, and seven percent of 26 or older reported having used illicit drugs in the past month during 2006-07.



- Fifty percent of California’s population aged 12 or older had used alcohol in the past month compared to 51.4 percent of the same age group in the U.S.
- Sixteen percent of California juveniles, 59% of those between 18 and 25 years of age, and 53% of those 26 years or older reported having used alcohol in the past month. These use patterns are consistent with US averages.
- In general, past month use of alcohol and illicit drugs in California was consistent with U.S. use.

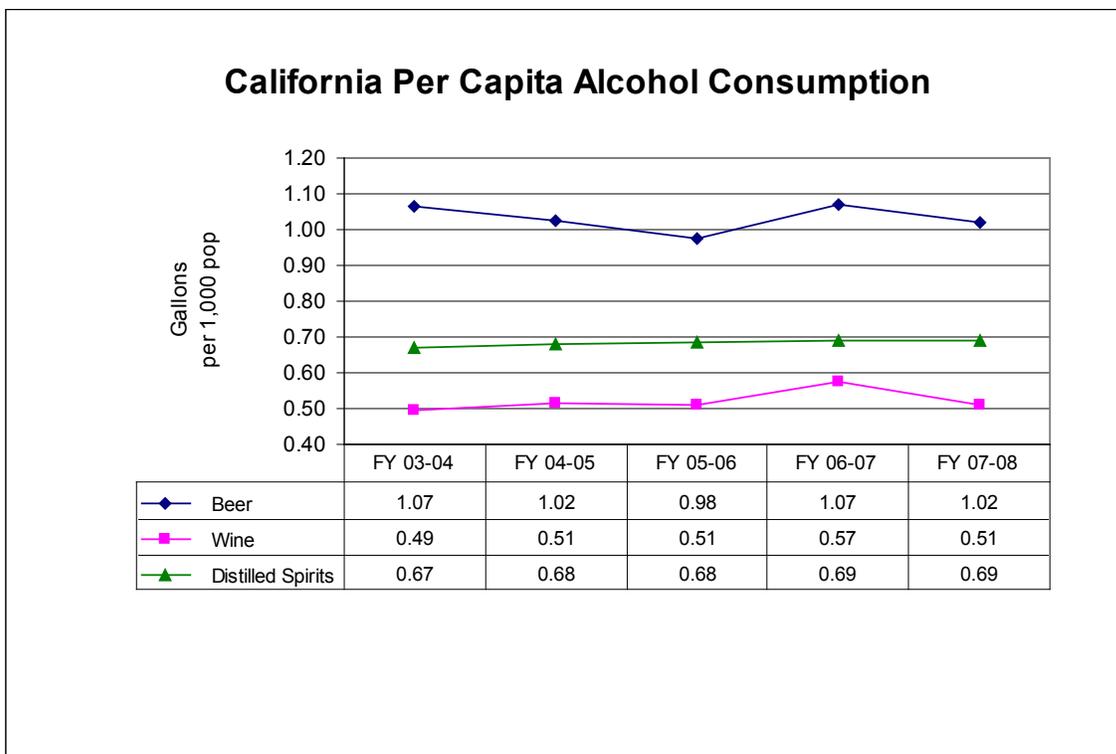


CALIFORNIA APPARENT PER CAPITA ETHANOL CONSUMPTION

Apparent per capita consumption of ethanol (pure alcohol) is estimated using sales and tax receipt data on alcoholic beverage sold by manufacturers, importers, or wholesalers in California for distribution within the state. The term apparent consumption is used because this measure does not capture when the retail sale is made or when the consumption of the alcoholic beverage occurs. An ethanol conversion coefficient (i.e. percent of ethanol for each beverage type) is applied to the number of gallons of beer, wine, and distilled spirits sold to determine the proportion of pure alcohol for each type of beverage. State population estimates for persons ages 14 and older are used as the denominator to calculate the per capita consumption figures.

HIGHLIGHTS

- ▶ Although beer has the lowest ethanol content, it is the largest source of ethanol consumption in California. Distilled spirits are the second largest source of consumption followed by wine.
- ▶ Over the period of observation, the pattern of beer, wine, and distilled spirits consumption in California remained relatively stable.
- ▶ California’s 2007-08 apparent per capita ethanol consumption beer has the lowest ethanol is similar to the U.S. value of 2.3 gallons.



3



CONSEQUENCES OF ALCOHOL AND OTHER DRUG ABUSE

AOD abuse typically leads to negative consequences. The personal toll of AOD abuse may lead to disease, drug overdoses, motor vehicle accidents resulting from intoxication, domestic violence and violence associated with involvement in the drug trade and, sometimes, even death. Major social tolls for substance abuse include substantial AOD-related costs involved with the criminal justice and health care system. The following data reflect selected consequence indicators for AOD use/abuse in California.

HEALTH INDICATORS

Diagnosed Cases of AIDS and Serum Hepatitis (Type B)

AIDS is a diagnosis associated with a set of symptoms and infections resulting from damage to the human immune system caused by a virus called the Human Immunodeficiency Virus (HIV).

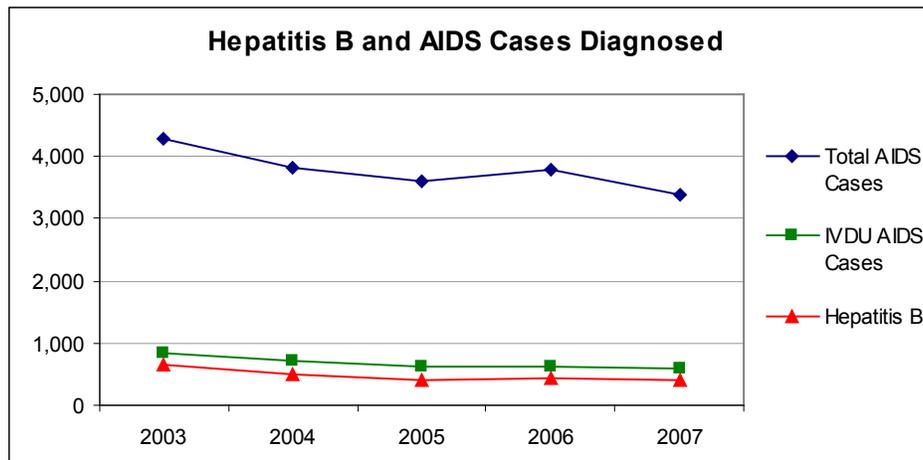
Serum Hepatitis (Type B) is an inflammation of the liver, usually accompanied by fever and other systemic manifestations. The reporting physician

makes a diagnosis of either Type A or B. Both homosexual males and users of illicit injectable drugs are among the groups acquiring the highest rate of Type B.

Intravenous drug users (IVDU) are at risk of HIV, (possibly leading to an AIDS diagnosis) and Hepatitis B infection, by sharing needles with infected persons. Non-intravenous drug users may acquire these diseases when they engage in risky behavior that they might not engage in while they are under the influence of alcohol or other drugs.

HIGHLIGHTS

- ▶ Total AIDS cases show a steady decrease from 2003 through 2007.
- ▶ IVDU AIDS cases decreased steadily from 2003 to 2007.
- ▶ Between 2003 and 2007, Hepatitis B cases declined before leveling off.
- ▶ Of the 3,400 AIDS cases in 2007, 18 percent were IVDU-related.



Source: Department of Public Health, Office of AIDS and Communicable Disease Control Surveillance and Statistics Unit.

ALCOHOL AND OTHER DRUG-RELATED HOSPITALIZATIONS

The California Department of Alcohol and Drug Programs (ADP) uses information collected by the Office of Statewide Health Planning and Development (OSHPD) to determine the number of Alcohol and Other Drugs (AOD) related inpatient hospitalizations among California residents.

OSHPD collects inpatient data from all licensed hospitals in California including general acute care, acute psychiatric, chemical dependency recovery, and psychiatric health facilities, and then produces annual Hospital Inpatient Discharge files. Each annual file includes a record for each hospital discharge. Thus the file may contain multiple records for the same individual if they were hospitalized more than once during the year. Each individual patient discharge record contains demographic, clinical, payer, and facility information.

The clinical information is recorded in a principal diagnostic code and up to 24 other diagnostic codes. The principal diagnosis is the condition established to be the chief cause of the patient's admission to the facility for care. The other diagnoses indicate other conditions that coexist at the time of admission or develop during the hospital stay that affect the treatment received or the length of the hospital stay. In addition, five external causes of injury codes (E-codes) describe the mechanism (cause, intent, and place of occurrence) that resulted in the injury, poisoning, or adverse effect. The principal E-code describes how the most severe injury, poisoning, or adverse effect occurred. The four other E-codes further describe the injury, poisoning, or adverse effect occurred.

The International Classification of Diseases, 9th Revision, Clinical Modification (ICD-9-CM) is used

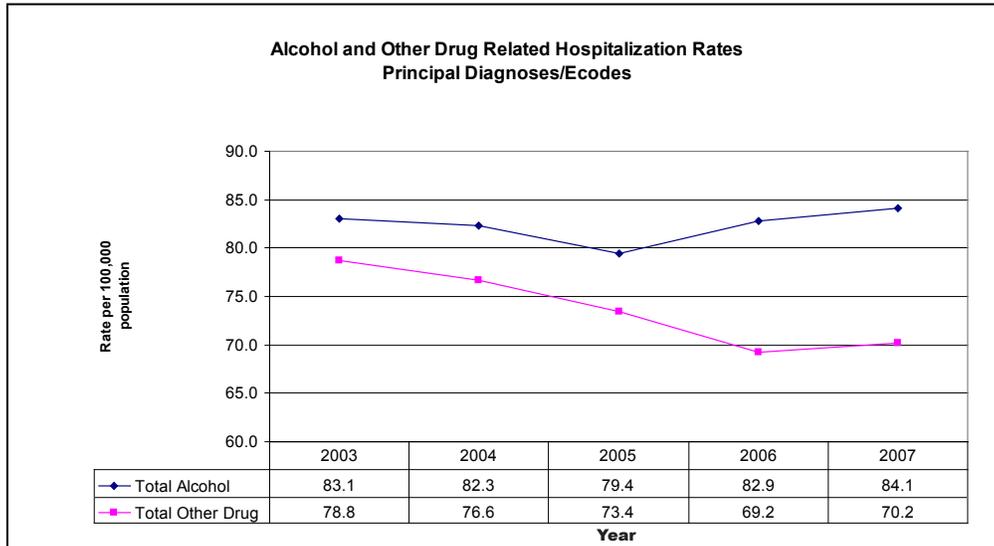
for coding both the diagnostic and E-codes. This coding system is designed to promote international standardization for data collection, processing, classification, and presentation of disease statistics. The ICD-9-CM defines broad categories of drugs and often the drugs patients use are not specified in the hospital discharge record. Therefore the data shown in this report do not fully describe the extent of the specific drug problems that exist in the hospital population.

“Principal Codes Analysis” of Hospitalizations

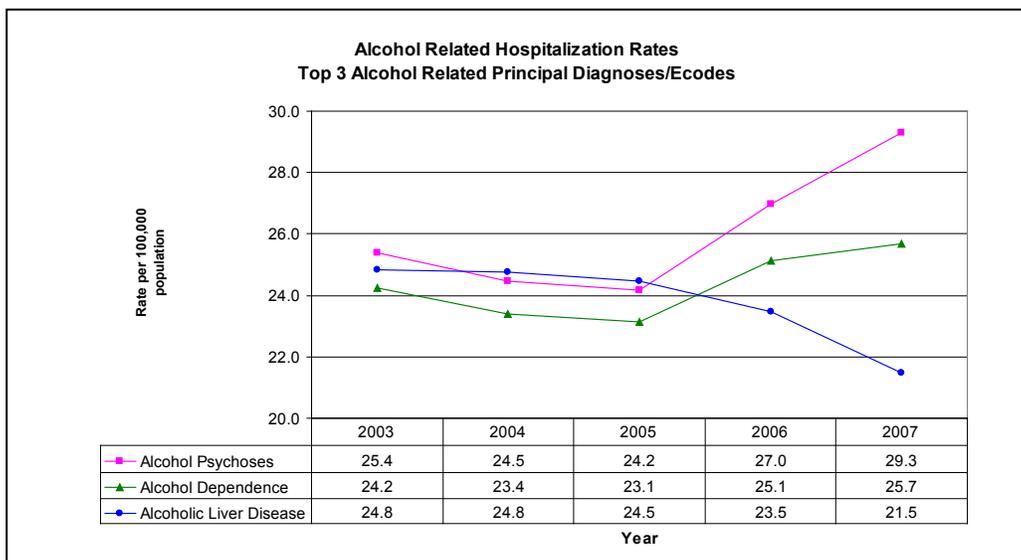
For the purpose of this analysis, alcohol and other drugs are defined as those with the potential for abuse and dependence. AOD related inpatient hospitalizations are included in this analysis if the patient record contains either a principal diagnostic code or principal E-code mention indicating the presence of alcohol or other drug abuse and dependence. The AOD related codes include mental/behavioral disorders, physical disorders, and poisonings. Psychotropic drugs used primarily for treating mental health problems (e.g. anti-depressants) are excluded. A small proportion of records have both a principal “Alcohol” and a principal “Other Drug” related ICD-9-CM code for the same hospital visit. These records are counted separately for each analysis. Using only the principal codes provide a conservative estimate of the number of hospitalizations related to AOD use. For example, if a patient is hospitalized for an opiate overdose (the principal diagnosis), the record is counted. However, if a patient is hospitalized with a principal diagnosis of a broken arm but is also drug dependent (one of the other diagnoses), the record is not counted.

HIGHLIGHTS

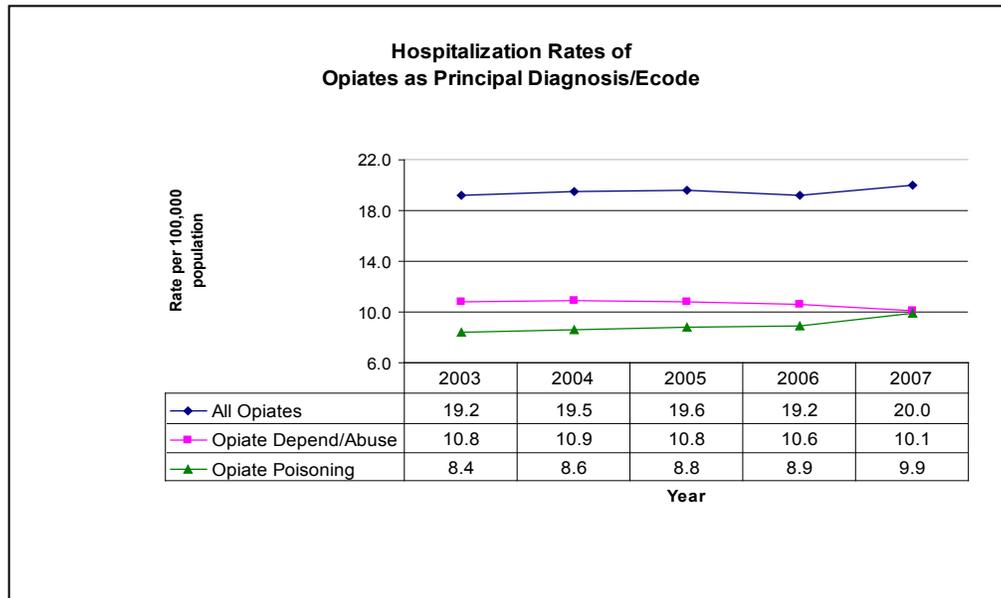
- ▶ From 2003 through 2007, the rates for alcohol-related hospitalizations are substantially higher than for other drugs.



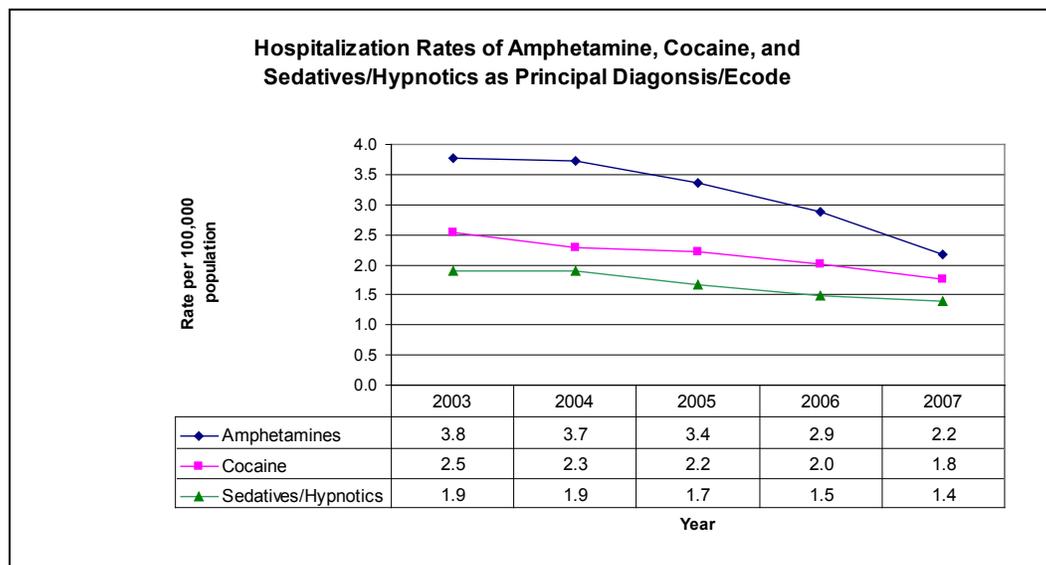
- ▶ The rate of hospitalizations related to alcohol psychoses and alcohol dependence increased while the rate of hospitalizations for alcoholic liver disease decreased from 2003 through 2007.



► Opiates make up the largest specific category of drugs other than alcohol. While the overall rate of hospitalizations due to opiates was fairly stable from 2003 through 2007, the rate of hospitalizations related to opiate poisonings increased while the rate of opiate dependence/abuse decreased.



► The rates of hospitalizations related to drug dependence, abuse, and poisoning decreased for most major drugs (other than opiates), especially for amphetamines which decreased 42% from 2003 to 2007.



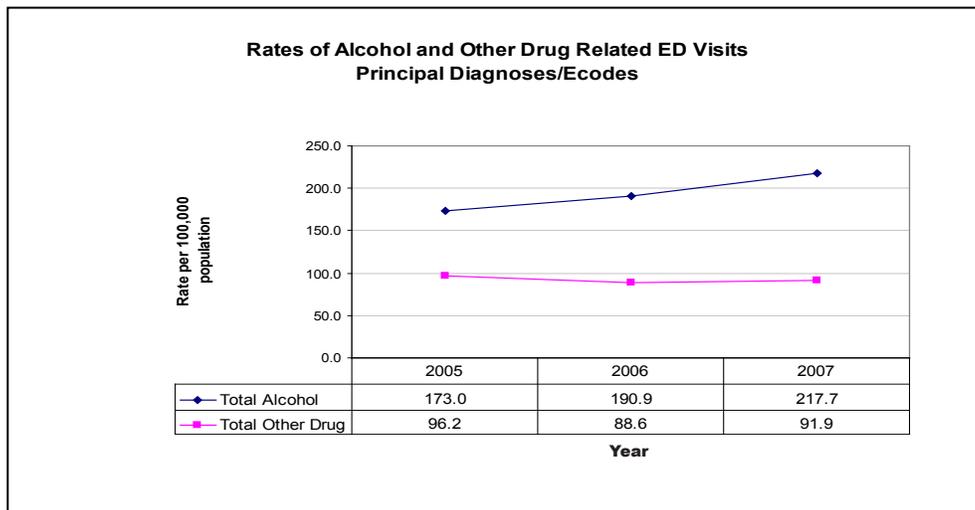
ALCOHOL AND OTHER DRUG-RELATED EMERGENCY DEPARTMENT (ED) VISITS

“Principal Codes Analysis” of ED Visits

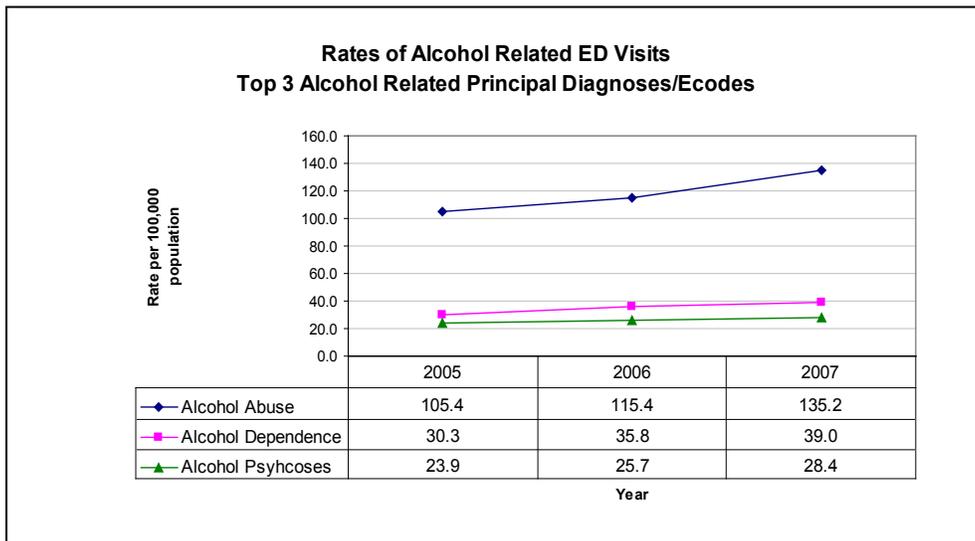
OSHPD began collecting ED data collection in 2005; therefore, only three years of trend data are shown. ADP used the same “Principal Codes Analysis” methodology used in the analysis of hospitalizations previously described for this analysis of ED visits data.

HIGHLIGHTS

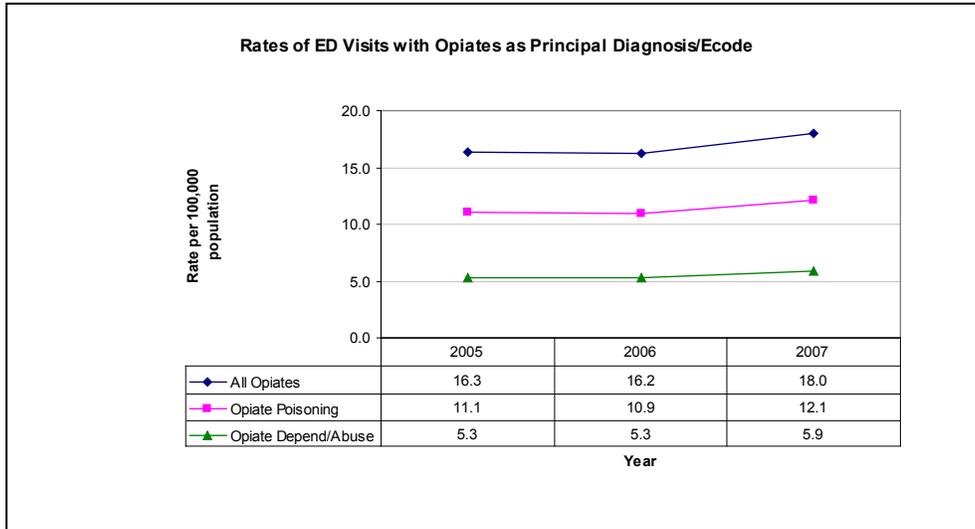
- ▶ From 2005 through 2007 the rate of alcohol-related ED visits is higher than the rate of other drug-related ED visits.



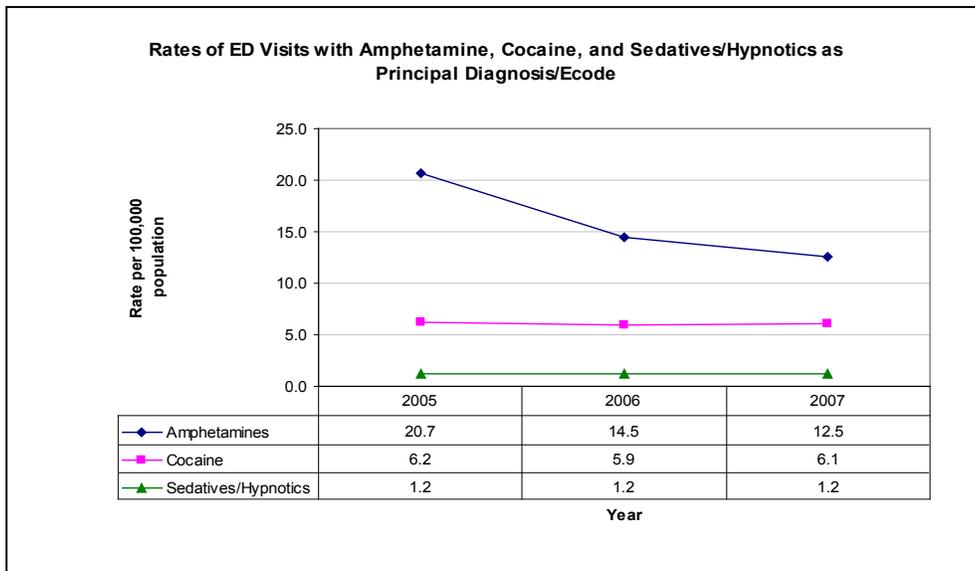
- ▶ From 2005 to 2007 the rate of ED visits related to alcohol abuse increased 28%, alcohol dependence increased 29%, and alcohol psychoses increased 19%.



- ▶ The overall rate of ED visits related to opiates increased 10% from 2005 to 2007, due to increases in both opiate dependence/abuse and opiate poisonings.



- ▶ The rate of ED visits for amphetamine dependence/abuse decreased 40% from 2005 to 2007 while the rates of ED visits for cocaine and sedatives/hypnotics dependence/abuse remained stable.



“All Mentions Analyses” of OSHPD Data

“Principal Codes Analysis” examines only the principal diagnostic/injury code in a patient’s record. The principal code represents the chief cause for the hospital/ED visit. Another method is being developed by ADP/ Public Health to analyze OSHPD data that examines other diagnostic/injury codes in the patient’s hospitalization/ED visit record. “All Mentions Analysis” examines every diagnosis (25 diagnoses) and every E-code (5 E-codes) to determine if any of these 30 codes are related to AOD abuse and dependence. This analysis technique provides an expanded count of the number of hospitalizations/ED visits related to AOD use as the record is counted if any drug is coded, even if it is not the principal diagnosis or principal E-code. For example, if a patient is hospitalized with a principal diagnosis of a fractured arm and has another diagnosis of opioid dependence, the record is counted.

Alcohol related hospitalizations are identified separately from the other drug related hospitalizations. A small proportion of records include both an “Alcohol” and an “Other Drug” related ICD-9-CM codes for the same hospital visit and thus these records are counted separately for each analysis.

This “All Mentions Analysis” results in approximately five times as many alcohol and drug related hospitalizations than with “Principal Codes Analysis”. For ED visits there were about twice as many alcohol and drug related ED visits using “All Mentions Analysis” than with “Principal Codes Analysis”. This analysis method is still in the preliminary evaluation phase; thus details of these analyses are not presented in this Indicator Report.

4



CRIMINAL JUSTICE

ALCOHOL AND OTHER DRUG-RELATED ARRESTS

AOD-related arrests occur when persons are taken into custody because they are believed to have violated alcohol or drug laws. Drug law violations include narcotics (heroin, opium, etc.), marijuana, dangerous drugs (barbiturates, phencyclidine, etc.), and other drugs. Alcohol law violations include driving-under-the-influence, public drunkenness, and liquor law infractions.

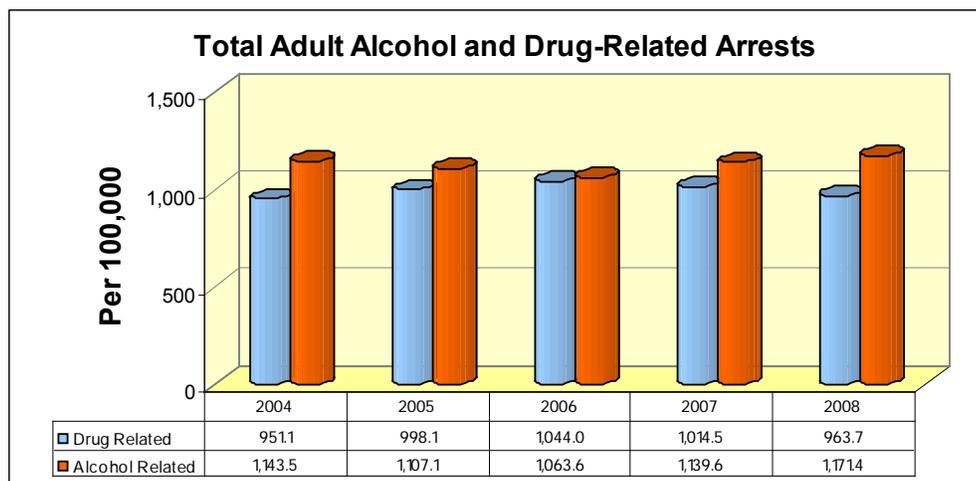
Arrests often reflect the level of resources (e.g. funding, staff) and attention (e.g. governmental) devoted to addressing a problem more than the underlying nature of the problem itself.

Arrests are divided into two major groups: adult arrests (18 years of age and older) and juvenile arrests (12-17 years of age).

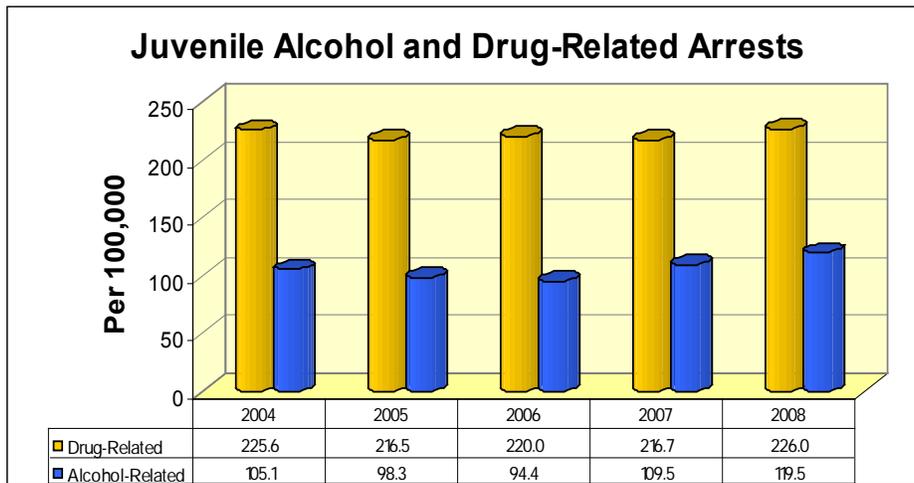
Source: California Department of Justice

HIGHLIGHTS

- ▶ From 2004 until 2006, the rates of drug arrests increased, but had decreased by 2008.
- ▶ Alcohol arrests increased from 2004 and 2008.



- ▶ Among juveniles, the rates of drug arrests were about two times greater than alcohol arrests.
- ▶ Juvenile drug arrests remained fairly steady between 2004 and 2008. The rates of juvenile arrests for alcohol offenses increased from 2004 to 2008.



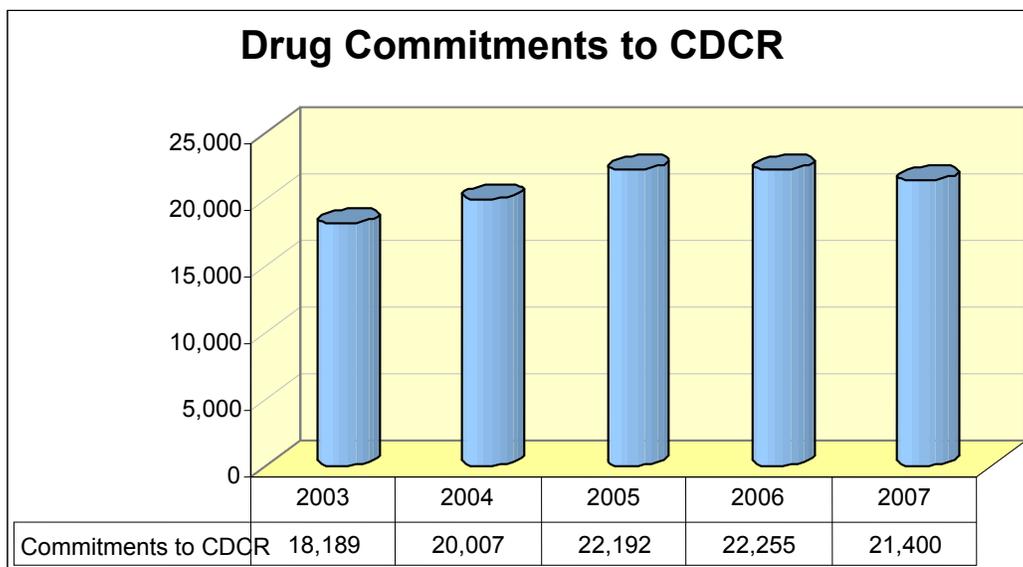
Source: Adult and Juvenile Arrests Reported, 2008; Criminal Justice Statistics Center, California Office of the Attorney General.

DRUG COMMITMENTS TO DEPARTMENT OF CORRECTIONS AND REHABILITATION

Drug commitments to the California Department of Corrections and Rehabilitation (CDCR) reflect a count of persons committed to correctional facilities for a felony drug conviction. First commitments for youth are sent to the Division of Juvenile Justice facilities for drug offenses. A youth falls into this category when they commit a felony drug offense.

HIGHLIGHTS

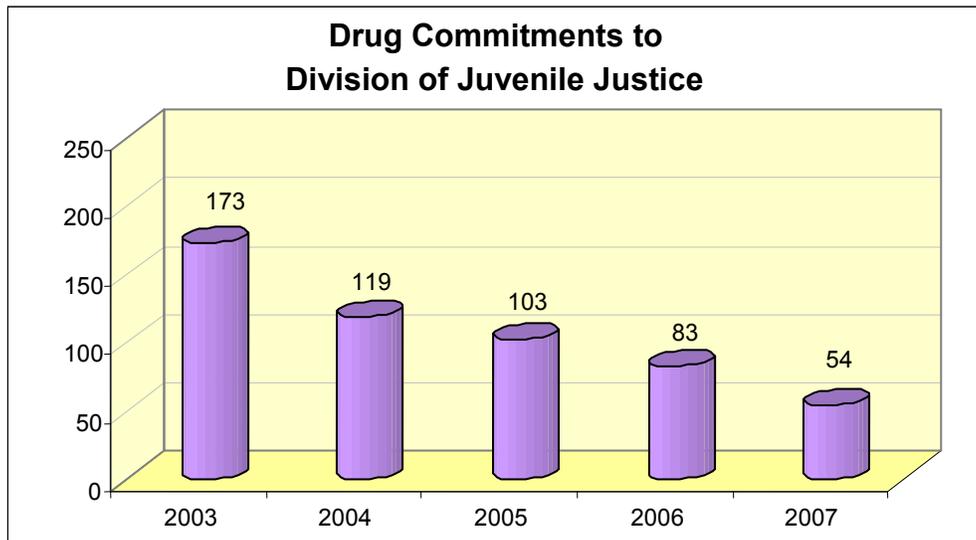
- ▶ The number of persons serving time in the CDCR increased 18% for 2003-2007.



Source: California Department of Corrections and Rehabilitation.

HIGHLIGHTS

- ▶ Drug commitments to the Division of Juvenile Justice declined 69% between 2003 and 2007.



Source: California Division of Juvenile Justice.

DRUG SEIZURES IN CALIFORNIA

Information about drug seizures in California by the U.S. Drug Enforcement Administration for a five-year period is presented below. Drug seizure data is important for a number of reasons. These data:

1. Provide an indication of the types, availability and distribution of various illicit substances.
2. May serve as a measure of drug-related public safety due to criminal activity associated with their distribution and sale.
3. May serve as an indication of potential public health concerns about drug-related poisonings and overdoses and the associated emergency department visits, hospitalizations, and deaths. Chemical analyses of the 'purity' of the drugs that are seized may indicate other public health concerns.
4. Provide information to law enforcement officials about the relative success of prevention and interdiction efforts and the production and distribution networks corresponding to particular types of

substances.

5. May help in state and local planning with respect to prevention, treatment, and recovery needs and the associated allocation of resources.

California has a diverse culture and a unique geography. Many issues can affect the amounts and types of illicit drugs in the state at any given time. Drugs such as cocaine and heroin are smuggled into the state via Mexico; however, most methamphetamine and marijuana are produced or cultivated in large quantities within the state. Likewise, year-to-year trends in drug seizure data can be influenced by a number of factors, including changes in drug enforcement policies and priorities, the amount of funding allocated to interdiction efforts, the success of prior year drug seizures, and other reasons.

The table below show the amount of drugs seized by DEA for four major drug types (heroin, methamphetamine, cocaine, and marijuana). Aside from marijuana, all other seized substances were manufactured. These data report on drug seizures by federal law enforcement agencies.

Drug Enforcement Administration Drug Seizures in Kilograms, California, 2003-2007

YEAR	Heroin	Methamphetamine	Cocaine	Marijuana
2003	194	1,698	4,489	371,948
2004	140	1,025	3,351	175,151
2005	105	1,772	8,123	218,541
2006	243	2,504	9,456	175,400
2007	215	1,569	7,315	199,377

Source: El Paso Intelligence Center, Drug Enforcement Administration; special data request, Summer 2009

HIGHLIGHTS

- ▶ The amount of marijuana seized by the authorities between 2003 and 2007 was greater than drug seizures for any other substance. Drug seizures for cocaine were second highest during this period.
- ▶ In 2006, drug seizures increased noticeably for heroin, methamphetamine, and cocaine. The following year, drug seizures dropped across the board, except for marijuana.

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MOTOR VEHICLE COLLISIONS

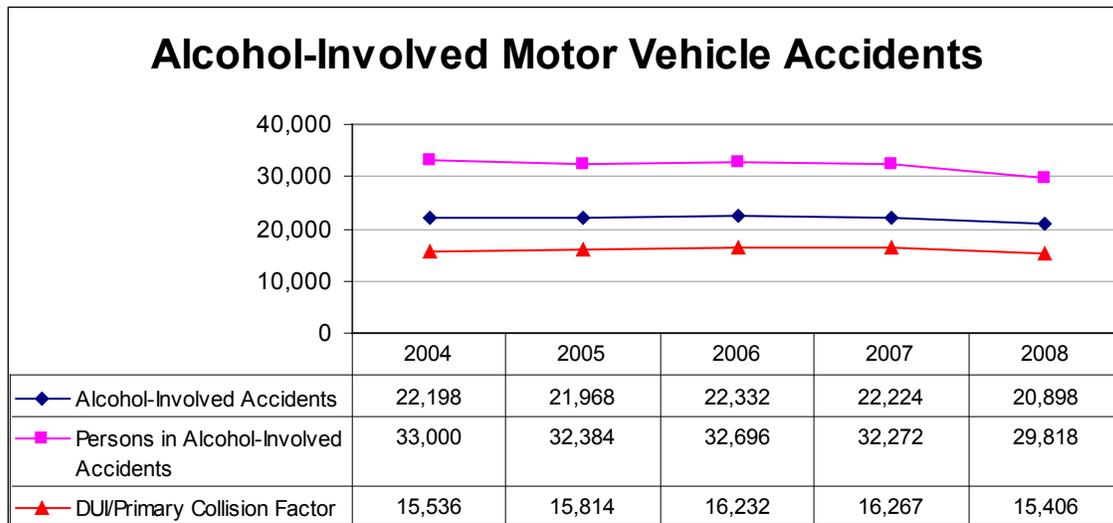
ALCOHOL-INVOLVED MOTOR VEHICLE COLLISIONS

These statistics show the number and percentage of all motor vehicle collisions and number of persons which involved the use of alcohol.

Source: California Highway Patrol

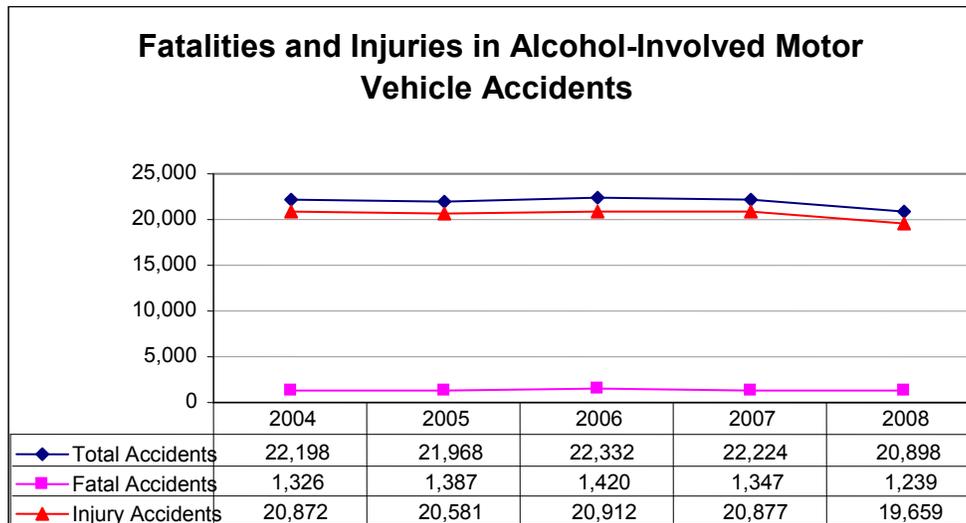
HIGHLIGHTS

- ▶ The number of alcohol-involved motor vehicle collisions, and number of persons in these motor vehicle collisions who were killed or injured, remained fairly level between 2004 and 2007, but had dropped by 2008.
- ▶ The number of motor vehicle collisions in which the driver was cited for driving under the influence of alcohol and/or other drugs increased between 2004 and 2007, but had dropped by 2008.



Source: 2007 Annual Report of Fatal and Injury Motor Vehicle Traffic Collisions; California Department of Highway Patrol. Retrieved from <http://www.chp.ca.gov/switrs/xls/2007-sec5.xls>

- ▶ The number of alcohol-involved motor vehicle fatal accidents and motor vehicle injury accidents decreased between 2004 and 2008.
- ▶ Between 2004 and 2008, about one of every 16 alcohol-involved motor vehicle accidents resulted in a fatality.



Source: 2007 Annual Report of Fatal and Injury Motor Vehicle Traffic Collisions; California Department of Highway Patrol. Retrieved from <http://www.chp.ca.gov/switrs/xls/2007-sec5.xls>



ALCOHOL AND OTHER DRUG TREATMENT

ALCOHOL AND DRUG TREATMENT

Information on persons receiving alcohol and other drug (AOD) treatment services through publicly funded programs or programs licensed by the State were collected using ADP's California Alcohol and Drug Data System (CADDs) and the subsequent California Outcomes Measurement System (CalOMS). The collected data includes both admission and discharge information. CalOMS replaced CADDs as the statewide system for collecting all treatment client data in SFY 2006-07. This change in data collection systems may create a discontinuity in treatment admission and discharge trends. In addition changes across years may be due to the occurrence of treatment program policy changes.

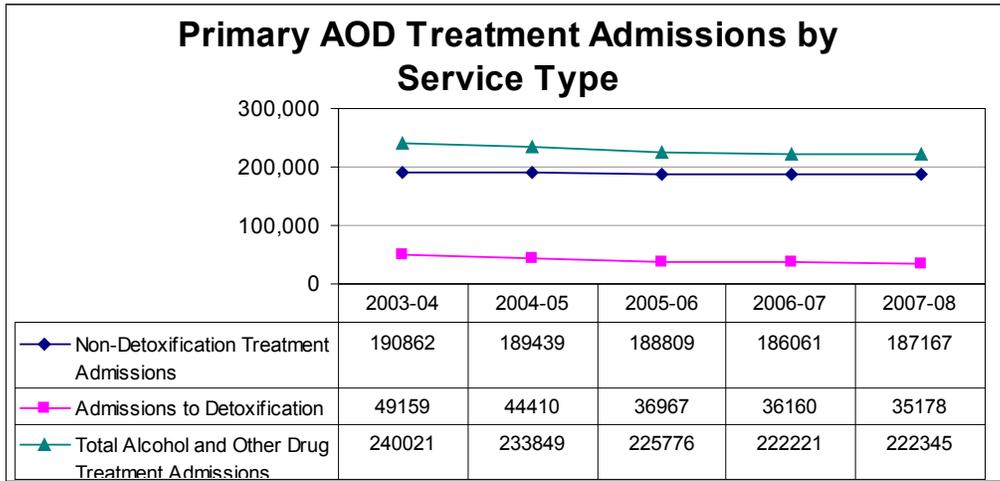
Admissions and discharge statistics are provided here, not unique client counts. A client may be admitted to and/or discharged from more than one service (e.g., outpatient or residential modality) during a given year.

AOD TREATMENT ADMISSIONS

The types of treatment services other than detoxification include: Outpatient Treatment, Intensive Outpatient Treatment, Residential/Inpatient Treatment, and Narcotic Replacement Treatment.

HIGHLIGHTS

- ▶ AOD admissions for treatment services—other than detoxification—remained relatively stable from 2003-04 through 2007-08.
- ▶ Admissions for detoxification services declined over the period of observation.
- ▶ The decrease in admissions for detoxification services is related to a number of factors. One major factor is the large increase over the period of observation in the proportion of clients referred from the criminal justice system. Criminal justice-referred clients are almost all admitted because of their abuse of an illicit substance rather than their abuse of alcohol. Detoxification services, however, are typically provided to clients whose primary drug of abuse is alcohol.



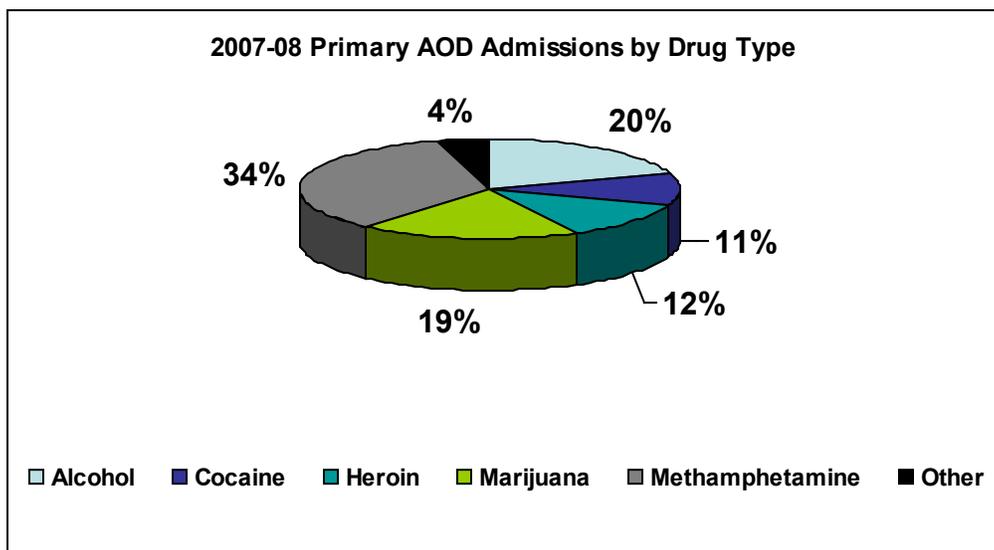
Source: Department of Alcohol and Drug Programs, California Outcomes Measurement System.

AOD TREATMENT CLIENT CHARACTERISTICS

Detoxification admissions are not included in the following summaries of treatment client characteristics. These admissions are for very short, often repeated services so inclusion would bias reported treatment client characteristics. Detoxification alone is insufficient treatment. Successful detoxification can be measured, in part, by whether an individual enters and remains in some form of treatment after detoxification.

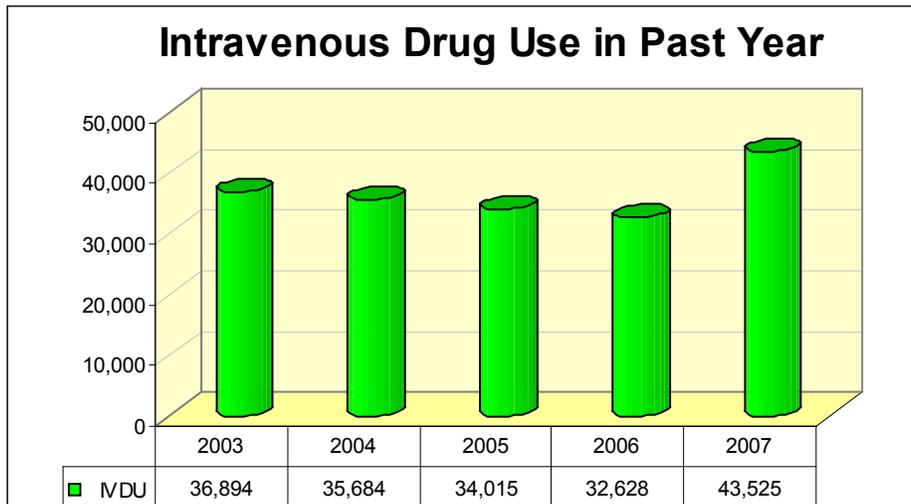
HIGHLIGHTS

- ▶ During 2007-08 the primary drugs reported at admission were methamphetamine (34%), alcohol (20%), marijuana (19%), heroin (12%) and cocaine (11%). Other Drugs accounted for the remaining 4 percent of admissions.



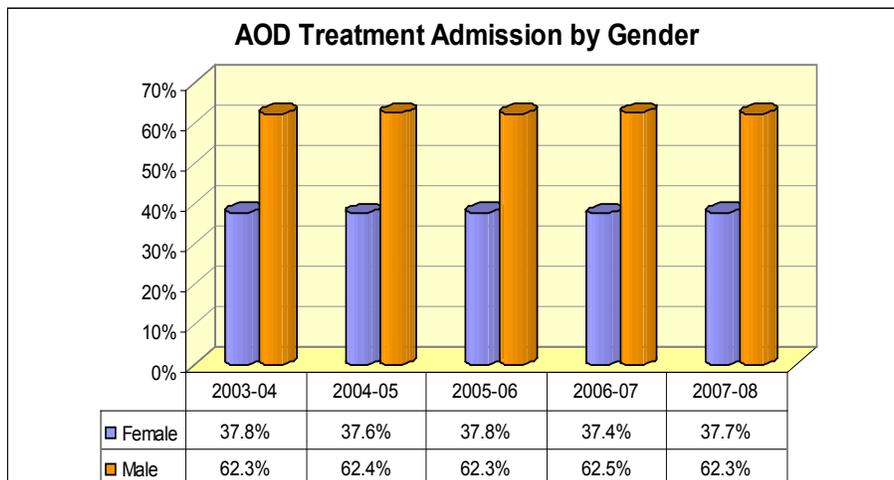
Source: Department of Alcohol and Drug Programs, California Outcomes Measurement System.

- ▶ The percentage of admissions for intravenous drug use decreased steadily between 2003 and 2006, then increased fairly robustly between 2006 and 2007.



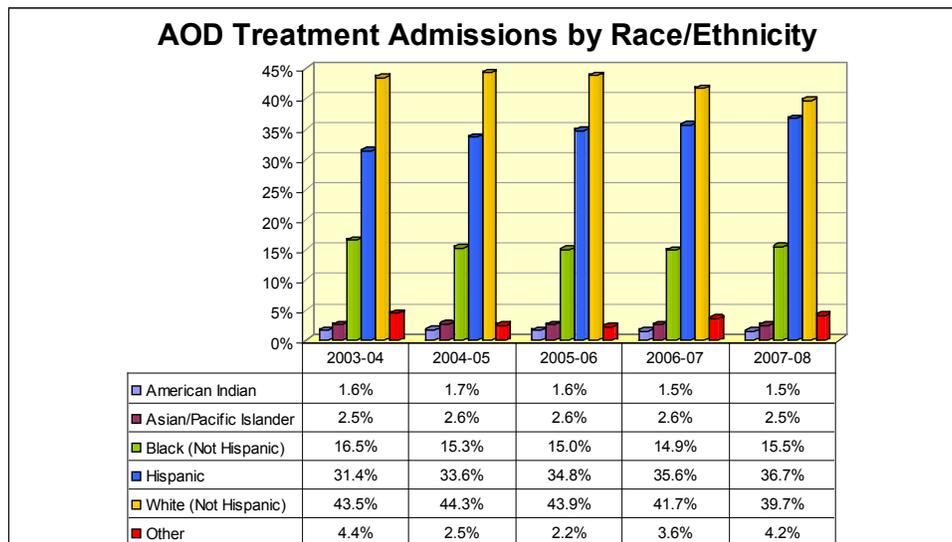
Source: Department of Alcohol and Drug Programs, California Outcomes Measurement System.

- ▶ The proportions of AOD treatment admissions for men and women remained relatively constant over the five-year period, with men being admitted over 1.5 times as often.



Source: Department of Alcohol and Drug Programs, California Outcomes Measurement System.

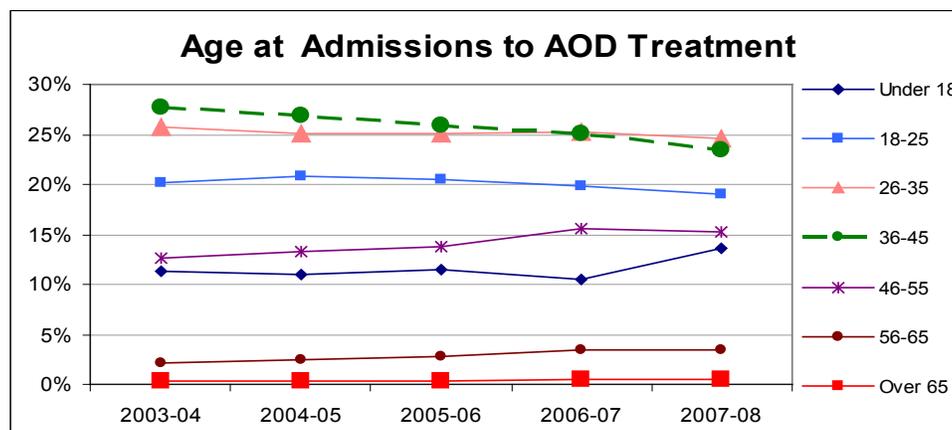
► Whites (non-Hispanic) have the highest percentage of admissions; however, their proportion of the total is decreasing. Hispanics have the second highest percentage and their proportion is increasing. Blacks (non-Hispanic) have the third highest percentage and their proportion remained relatively stable. Admissions for Asian / Pacific Islanders, and Other races, remained stable from 2003-04 through 2007-08. American Indian admissions decreased slightly during this period.



Source: Department of Alcohol and Drug Programs, California Outcomes Measurement System.

► Admissions for the 18-25 age group and the 36-45 age group declined slightly while the admissions for the Under 18 age group increased during the five-year period. The other age groups' admission counts remained fairly constant during this period.

► In SFY 2007-08 almost half of admissions were for clients ages 26 through 45. About one third of admissions were for clients 25 years and younger. Less than four percent of admissions were 56 years of age and older. About 19 percent were admissions for clients ages 46 through 55.



Source: Department of Alcohol and Drug Programs, California Outcomes Measurement System.

ALCOHOL AND OTHER DRUG TREATMENT DISCHARGES

The following statistics are based on individual service discharges, not unique client counts. A client may be discharged from more than one service (e.g., outpatient or residential modality) during a given year.

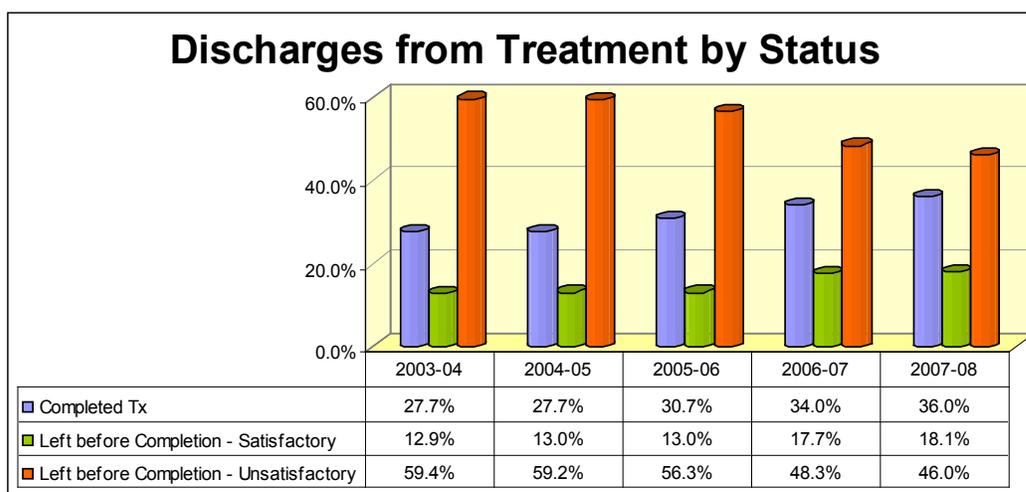
CalOMS replaced CADDs as the statewide system for collecting all treatment client data in SFY 2006-07. CalOMS has more discharge categories than CADDs, making direct comparisons of proportions completing treatment and leaving before completion difficult. For CADDs there was a separate discharge status category for “Referred or transferred for further drug/alcohol treatment/recovery” that is excluded in the analysis below. The small percentage of discharges in CalOMS with the status codes “incarcerated” or “died” were omitted from this analysis to improve comparability to CADDs categories (since these categories did not exist in CADDs).

For both CADDs and CalOMS, “completed” means the client completed the treatment goals for that service stay. “Left before completion with satisfactory

progress” means the client did not complete the treatment goals for that service stay, but made satisfactory progress towards those goals prior to leaving. “Left before completion with unsatisfactory progress” means the client did not complete the treatment goals for that service stay, and did not make satisfactory progress towards those goals prior to leaving. For CalOMS, regardless if the client was referred or not to another program after being discharged from the existing program, the client is counted in one of the three categories in the table below.

HIGHLIGHTS

- ▶ Over the past several years the percentage of discharges increased for those who completed the treatment goals for that service, and for those who left before completing treatment with satisfactory progress before leaving. Discharges have declined over the five year period for those who left before completing treatment and with unsatisfactory progress. Please note: changes in data collection systems may create a discontinuity in treatment discharge trends.



Source: Department of Alcohol and Drug Programs, California Outcomes Measurement System.

7



POPULATION AND FISCAL DATA

POPULATION AND FISCAL DATA

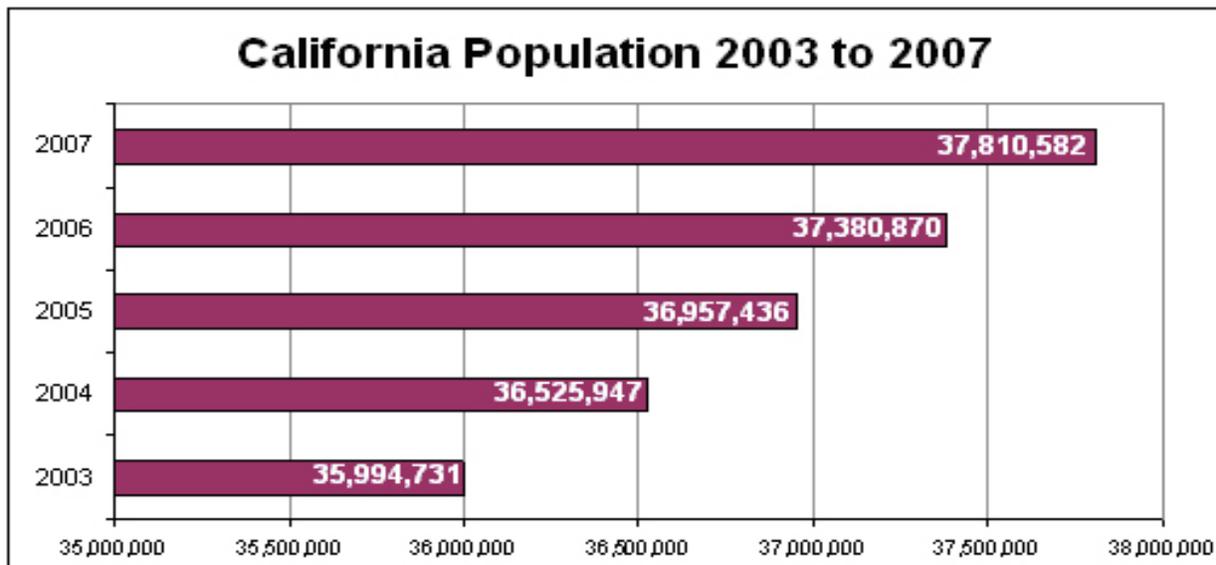
Population and public treatment funding data are not indicators of AOD use/abuse. However, these data are important in providing context to the problem in the state.

POPULATION DATA

The California annual population estimates provided by the Department of Finance allow users to calculate rates to examine rate-based trends. The chart reflects estimates made for the years 2003 to 2007.

HIGHLIGHTS

- ▶ California estimated population increased five percent or almost 2 million from 2003 to 2007.



Source: California Department of Finance, Demographics Unit.

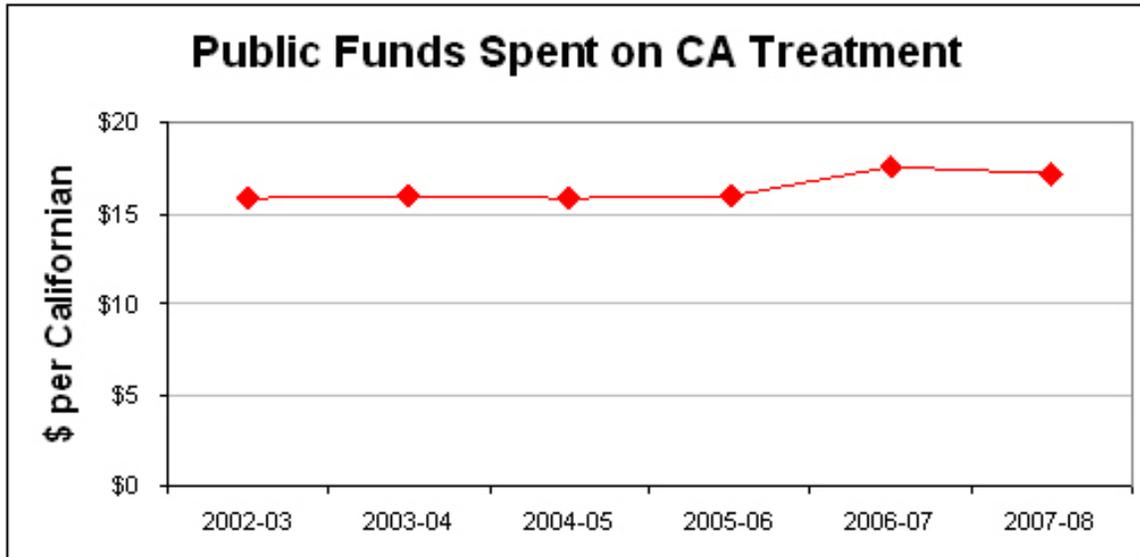
PUBLIC FUNDING FOR SUBSTANCE ABUSE TREATMENT SERVICES

Between SFY 2002-03 and 2007-08, ADP expended over \$3.2 billion in public funds on treatment services. Funds provided to California include four major sources: General Fund, federal funds,

reimbursements (e.g. Drug Medi-Cal), and special funds such as Substance Abuse Treatment Trust Fund (Prop 36).

HIGHLIGHTS

- ▶ From SFY 2002-03 to 2007-08 there was a gradual increase in public funds provided to ADP for AOD treatment services.



Source: California Department of Alcohol and Drug Programs.

Attachment

DEPARTMENT OF ALCOHOL AND DRUG PROGRAMS INDICATORS OF ALCOHOL AND DRUG ABUSE STATEWIDE

Drug Seizures in Kilograms	2003	2004	2005	2006	2007
Seizures by Type of Drug					
Heroin.....	194	140	105	243	215
Methamphetamine.....	1,698	1,025	1,772	2,504	1,569
Cocaine.....	4,489	3,351	8,123	9,456	7,315
Marijuana.....	371,948	175,151	218,541	175,400	199,377
Pharmaceuticals*.....	5,514,236	1,849,401	18,014	2,663,488	736,260

*Measured in Dose Units

AIDS Cases Diagnosed	2003	2004	2005	2006	2007
Total AIDS cases.....	4,285	3,824	3,597	3,758	3400
IVDU AIDS cases.....	826	701	632	589	603
Hepatitis (Type B)	657	506	412	427	402

AOD Related Hospitalizations - Principal Codes Analysis

Principal Diagnoses/E-codes	2003	2004	2005	2006	2007
Total Alcohol.....	29,900	30,069	29,358	30,622	31,787
Total Other Drug.....	28,346	27,994	27,142	25,732	25,959

Top 3 Alcohol Related Diagnoses/E-codes	2003	2004	2005	2006	2007
	N	N	N	N	N
Mental Disorder-Alc Psychoses	9,138	9,055	8,931	9,964	11,081
Mental Disorder-Alc Dependence	8,721	8,815	8,548	9,290	9,711
Physical Disorder-Alc Liver Disease	8,933	9,083	9,045	8,670	8,126

Opiates as Principal Diagnoses/E-codes	2003	2004	2005	2006	2007
	N	N	N	N	N
All Opiates	6,908	7,115	7,237	7,258	7,580
Opiates Dependence/Abuse	3,890	3,968	4,000	3,950	3,835
Opiate Poisoning	3,018	3,147	3,237	3,308	3,745

Sedatives/Hypnotics as Principal Diagnoses/E-codes	2003	2004	2005	2006	2007
	N	N	N	N	N
Amphetamines	1,355	1,359	1,240	1,068	817
Cocaine	911	832	818	749	664
Sedatives/Hypnotics	683	691	620	556	526

AOD Related Emergency Department Visits - Principal Codes Analysis

Principal Diagnoses/E-codes	2005	2006	2007
	N	N	N
Total Alcohol	63,947	70,565	80,450
Total Other Drug	35,542	32,740	33,974

Top 3 Alcohol Related Diagnoses/E-codes	2005	2006	2007
	N	N	N
Mental Disorder-Alc abuse	38,937	42,645	49,978
Mental Disorder-Alc dependence	11,203	13,237	14,414
Mental Disorder-Alc psychoses	8,818	9,516	10,483

Opiates as Principal Diagnoses/E-codes	2005	2006	2007
	N	N	N
All Opiates	6,041	5,995	6,652
Opiate Poisoning	4,089	4,033	4,483
Opiate Depend/Abuse	1,952	1,962	2,169

Sedatives/Hypnotics as Principal Diagnoses/E-codes	2005	2006	2007
	N	N	N
Amphetamines	7,654	5,368	4,634
Cocaine	2,279	2,186	2,252
Sedatives/Hypnotics	428	459	437

Criminal Justice	2004	2005	2006	2007	2008
Adult Drug-Related Arrests (Total)	289,471	285,975	282,068	272,168	250,087
Felony.....	144,437	153,856	148,769	138,193	123,570
Misdemeanor.....	125,034	132,119	133,299	133,975	126,517
Adult Alcohol-Related Arrests (Total)	298,896	291,342	316,833	330,828	348,871
Felony.....	5,617	5,963	6,162	6,257	5,969
Misdemeanor.....	293,279	285,379	310,671	324,571	342,902
Juvenile Drug-Related Arrests.....	21,568	21,978	21,686	22,604	
Juvenile Alcohol-Related Arrests....	9,831	9,472	11,008	12,000	

	2003	2004	2005	2006	2007
Drug Commitments to Dept. of Corrections.....		20,007	22,192	22,255	21,400
Juvenile Justice.....		119	103	83	54

Alcohol and Drug Treatment Indicators	2003-04	2004-05	2005-06	2006-07	2007-08
Total Admissions.....	190,862	189,439	188,809	186,061	187,167
Primary Drug Admissions					
Alcohol.....	37,328	33,987	32,748	33,074	37,119
Heroin.....	25,290	24,686	22,585	22,059	22,426
Cocaine.....	23,372	21,091	19,944	19,799	19,985
Methamphetamine.....	67,796	73,318	77,437	72,907	64,112
Marijuana/Hashish.....	29,630	29,796	30,034	31,441	35,221
Other Drugs.....	7,448	6,561	6,061	6,781	8,304
Number Injecting.....	36,894	35,684	34,015	32,628	43,525

Treatment Admissions by Gender	2003-04	2004-05	2005-06	2006-07	2007-08
Female.....	72,045	71,243	71,284	69,614	70,518
Male.....	118,817	118,196	117,525	116,334	116,566
Admission by Race/Ethnicity	2003-04	2004-05	2005-06	2006-07	2007-08
American Indian.....	3,037	3,217	3,092	3,459	2,717
Asian/Pacific Islander.....	4,800	4,979	4,808	5,346	4,696
Black (Not Hispanic).....	31,522	28,962	28,327	33,765	28,923
Hispanic.....	59,897	63,650	65,604	75,202	68,685
White (Not Hispanic).....	83,043	83,912	82,774	96,678	74,379
Other.....	8,472	4,642	4,178	7,771	7,767
Admission to Treatment by Age	2003-04	2004-05	2005-06	2006-07	2007-08
Under 18 Years.....	21,425	20,916	21,754	19,434	25,528
18-25 Years.....	38,349	39,390	38,709	36,882	35,696
26-35 Years.....	49,059	47,517	47,279	46,981	46,084
36-45 Years.....	52,941	50,945	48,958	46,624	43,918
46-55 Years.....	24,237	25,186	26,138	29,017	28,562
56-65 Years.....	4,201	4,795	5,217	6,266	6,443
Over 65 Years.....	650	690	754	857	935
Discharge from Treatment by Status	2003-04	2004-05	2005-06	2006-07	2007-08
Completed Tx	36,751	34,395	31,959	57,038	61,171
Left before Completion - Satisfactory	17,102	16,151	13,590	29,634	30,667
Left before Completion - Unsatisfactory	78,880	73,464	58,715	80,951	78,063
Traffic	2003	2004	2005	2006	2007
Alcohol-Involved Motor Vehicle Accidents.....	21,912	22,198	21,968	22,332	22,224
Fatal Accidents.....	1,274	1,326	1,387	1,420	1,347
Injury Accidents.....	20,638	20,872	20,581	20,912	20,877
Persons in Alcohol-Involved Accidents	32,785	33,000	32,384	32,696	32,272
Fatal.....	1,445	1,462	1,574	1,597	1,489

Injury.....	31,340	31,538	30,810	31,099	30,783
DUI/Primary Collision Factor	15,058	15,538	15,814	16,232	16,267
Fatal.....	748	829	857	841	786
Injury.....	14,310	14,707	14,957	15,391	15,481

Illicit Drug Use in Past Month by Age Group¹	12-17 Years	18-25 Years 26 & Older	
California.....	10.0%	20.5%	6.8%
United States.....	9.7%	19.8%	5.9%

Illicit Alcohol Use in Past Month by Age Group¹	12-17 Years	18-25 Years	26 & Older
California.....	13.5%	58.6%	52.8%
United States.....	16.3%	61.6%	53.9%

¹ 2005-06 Prevalence Data (frequency/pervasiveness of abuse) for California compared to the United States

California Apparent Per Capita Alcohol Consumption (Gallons)	2003-04	2004-05	2005-06	2006-07	2007-08
Beer	1.06	1.02	1.05	1.07	1.02
Wine	0.51	0.53	0.54	0.55	0.51
Distilled Spirits	0.67	0.68	0.70	0.72	0.69

State Population as of July 1.....	2003	2004	2005	2006	2007
Revised, Department of Finance 7/1/2007	35,994,731	36,525,947	36,957,436	37,380,870	37,810,582

Public Funding for Substance Abuse Treatment Services	2003-04	2004-05	2005-06	2006-07	2007-08
Treatment Expenditure (in millions)	\$511,112	\$508,493	\$522,206	\$583,018	\$584,629



State of California
Department of Alcohol and Drug Programs
Office of Applied Research and Analysis