



FACT SHEET PRESCRIPTION OPIOID 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) starting July 1, 2010 through June 30, 2011. The data are reported in the California Outcome Measurement System - Treatment (CalOMS-Tx) unless otherwise noted. For additional information on CalOMS-Tx data collection, refer to the CalOMS-Tx Data Collection Guide or the CalOMS-Tx Data Dictionary, available on the CalOMS-Tx web page: <http://www.adp.ca.gov/CalOMS/CalOMSmain.shtml>.

Background

Opioids are medications prescribed to relieve pain. They include hydrocodone (e.g., Vicodin), oxycodone (e.g., OxyContin, Percocet), morphine (e.g., Kadian, Avinza), and codeine.

Hydrocodone is often prescribed to relieve dental and injury-related pain. Morphine is used before and after surgical procedures to alleviate severe pain. Codeine is prescribed for mild pain. Some opioids can also be used to relieve coughs and severe diarrhea.

These drugs work by attaching to receptors in the brain, spinal cord, and other organs in the body to reduce the perception of pain. Side effects include confusion, drowsiness, nausea, constipation, and impaired breathing.

Opioids can be used safely and effectively when taken as directed by a physician; however, a single large dose can have serious consequences such as respiratory depression or death. Regular and prolonged use of opioids can lead to physical dependence and addiction.

The following statistics illustrate the impact of opioid use and/or abuse in the United States:

- According to the 2010 National Survey on Drug Use and Health, about 12 million Americans (age 12 and older) used prescription pain killers for non-medical purposes in the past year.
- Opioid analgesics were the cause of more than 40% of the drug poisoning deaths in the United States in 2008, according to the Centers for Disease Control and Prevention.
- Emergency department visits resulting from the misuse or abuse of narcotic pain relievers represented 137.4 visits per 100,000 population—nearly double the rate of 72.6 visits per 100,000 population for heroin use, according to the 2010 Drug Abuse Warning Network.

Treatment Data Collection

The data used for this fact sheet are based on client admissions and discharges, not unique client counts. A client is counted each time he/she is admitted to or discharged from a treatment service during the reporting period. A client may receive treatment for several different service types (i.e., outpatient, residential, and detoxification) or receive treatment for one service type multiple times.

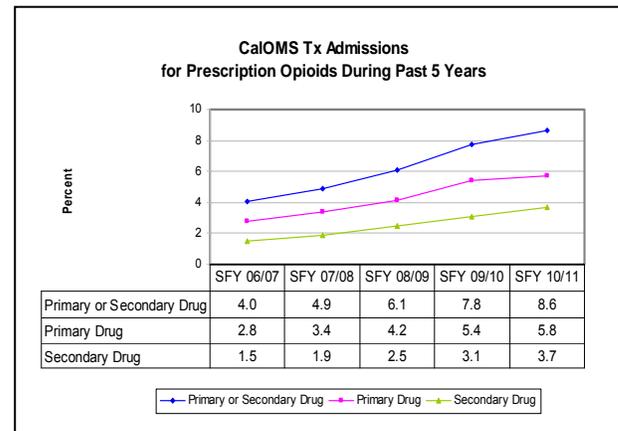
CalOMS-Tx collects information on the primary and secondary drug(s) used that led a client to seek treatment; however, secondary drug use is not consistently reported by all service providers. Clients may report prescription opioids as both their primary and secondary drug. The CalOMS-Tx drug codes that capture prescription opioid drug use include:

- Non-Prescription Use of Methadone
- OxyContin/Oxycodone
- Other Opiates or Synthetics

This fact sheet includes data from clients who reported prescription opioid use as either a primary or secondary drug. Because secondary drug use is under-reported, the number of prescription opioid users in treatment described in this fact sheet is conservative.

Trends in Prescription Opioid Treatment

The following chart shows the trend in annual prescription opioid admissions over the past five years. The percentage of admissions for prescription opioid use more than doubled from 4.0% in SFY 2006-07 to 8.6% in 2010-11.



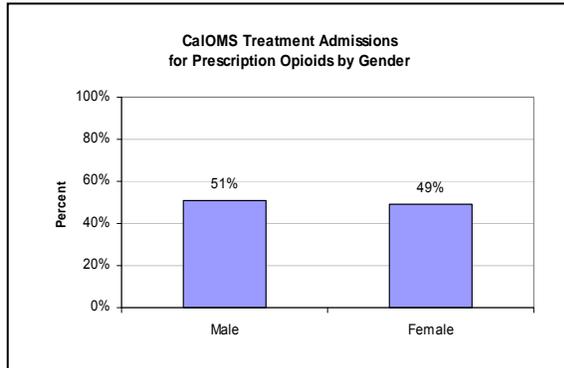
Admission Statistics

The data in the next sections of this fact sheet show only the most recent year and exclude detoxification services because detoxification by itself does not constitute complete substance abuse treatment. It is considered a precursor to treating the physiological effects of stopping alcohol or other drug use. Detoxification is short term (usually less than a week) and is often repeated numerous times. If detoxification services are included in these analyses, it could bias the client characteristics and other treatment statistics—particularly if a large percentage of clients receive these services. About 30% of clients admitted in SFY 2010/11 received detoxification services for prescription opioid use and are excluded from these analyses. However, approximately 23% of these clients transferred to an outpatient or residential treatment service within 14 days of discharge from detoxification services, so they are included in the analyses.

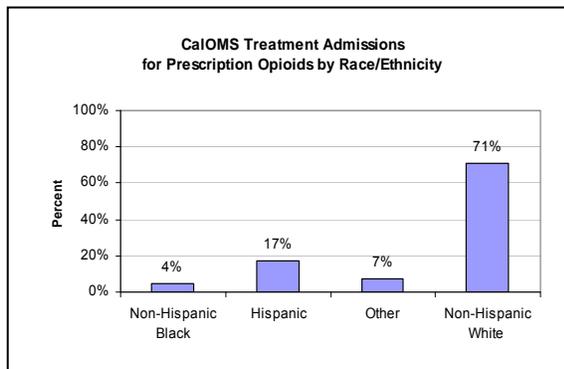
This section has information about the 10,850 clients admitted to non-detoxification services for prescription opioid use (prescription opioids are reported as the primary or secondary drug) during SFY 2010/11. Percentages may not add to 100% due to rounding.

Client Characteristics

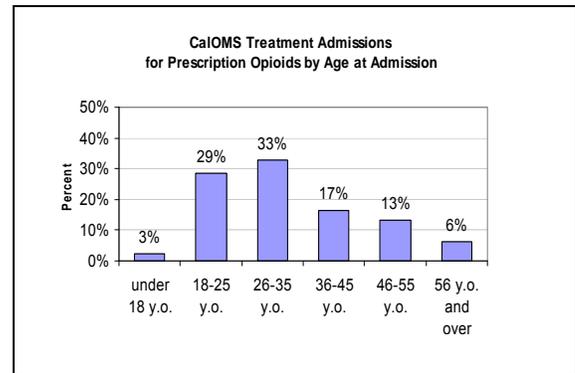
- As shown in the chart below, more males (51%) receive treatment services than females (49%). Clients who identified their gender as "other" make up less than 0.2% and thus are not shown in this chart.



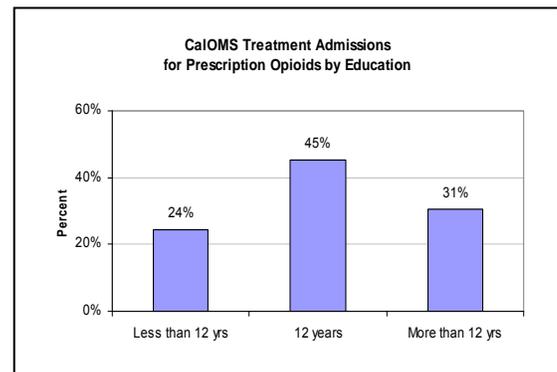
- Whites make up the largest proportion (71%) of clients admitted into treatment followed by Hispanics (17%) and Blacks (4%). All other race/ethnic groups (i.e., American Indians/Alaskan Natives, Asians, Pacific Islanders, Multiracial, and Other) make up the remaining 7%.



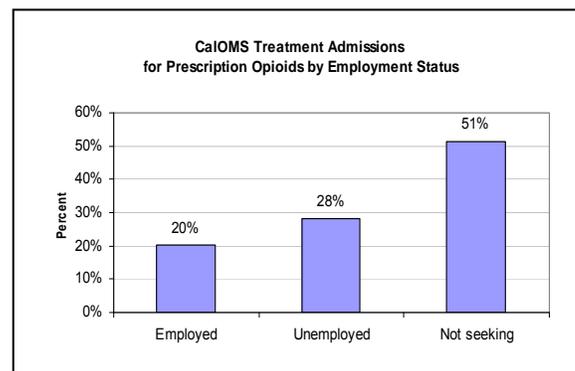
- Clients 26 to 35 years of age make up the largest proportion (33%) of treatment admissions; 18- to 25-year-olds make up the second largest group (29%). The median (the middle number in a sorted list of numbers) age at admission is 30 years old.



- 45% of clients admitted into treatment completed high school or an equivalent; another 31% completed some college; and 24% had less than 12 years of education.

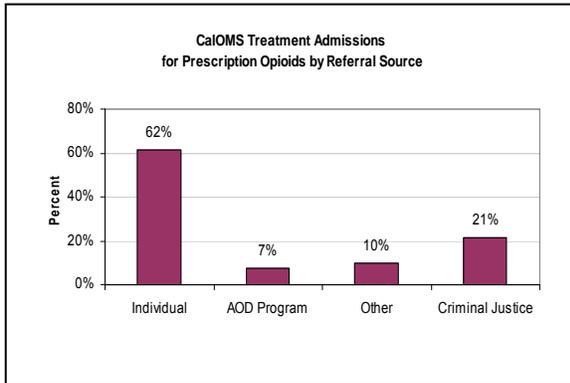


- The majority of clients are not seeking employment (51%). This includes persons not currently employed who retired, were disabled, or were never in the labor force; 28% of the clients are unemployed but looking for work; 20% are employed full-or part-time.

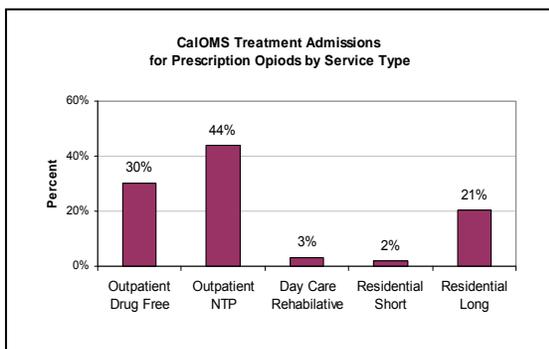


Substance Use and Treatment Characteristics

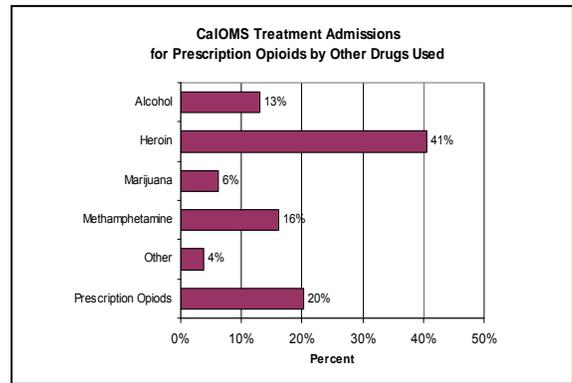
- The majority of clients admitted into treatment for prescription opioid use (62%) are referred by an individual (i.e., by oneself, a family member, or a friend); 21% are referred by the criminal justice system—by a court order and/or as a condition of parole or probation.



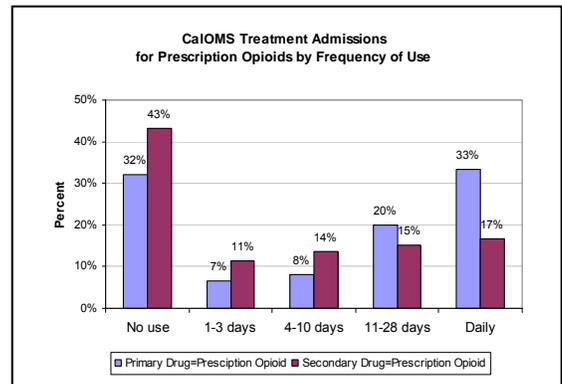
- 44% percent of clients are admitted into outpatient narcotic treatment programs (NTP). Outpatient drug free treatment makes up the second largest type of treatment service (30%), followed by long-term residential services (21%).



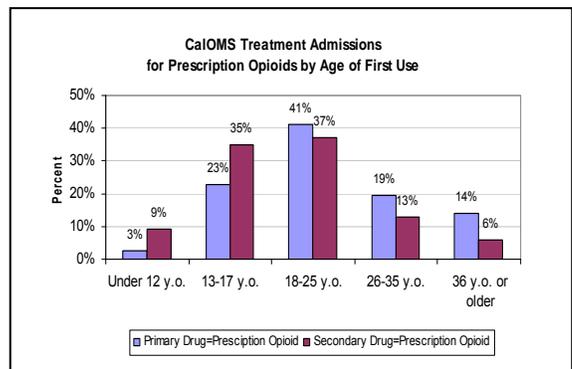
- Among clients who report prescription opioids as their secondary drug, the most common (41%) primary drug is heroin; 20% report another prescription opioid as their primary drug; and 16% report methamphetamines.



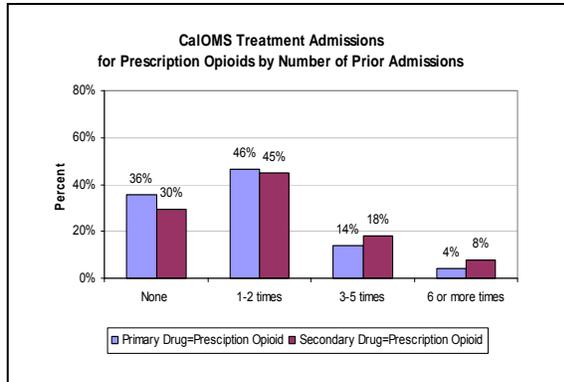
- 33% of clients whose primary drug is a prescription opioid use it daily, compared to 17% of clients whose secondary drug is prescription opioids.



- The age of first use is 18-25 years of age for 41% of clients whose primary drug is prescription opioids and 37% for clients whose secondary drug is prescription opioids. More clients (44%) started using prescription opioids before the age of 18 when it is their secondary drug compared with 26% who first started using it as their primary drug.



- For clients whose primary drug is prescription opioids, 36% have never received treatment services compared to 30% of the clients with prescription opioids as their secondary drug.

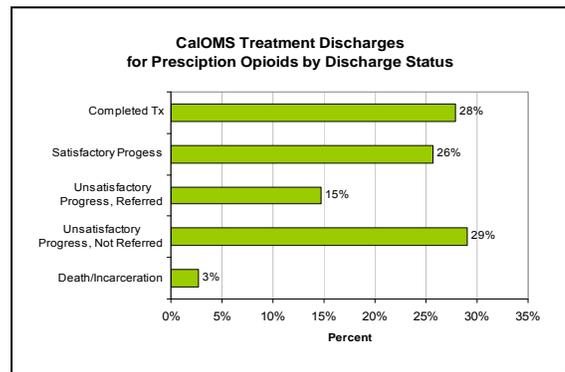


For clients with no prior admissions, the number of years of drug use prior to obtaining treatment can be calculated by subtracting the age of first use from the age at admission. For clients whose primary drug or secondary drug is prescription opioids, the median number of years of drug use prior to obtaining treatment is 5 and 6 years, respectively.

Discharge Statistics

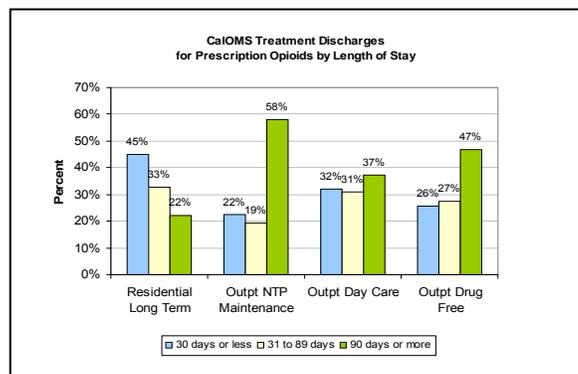
Discharge information is collected when a client leaves the treatment service into which he/she was admitted. As with treatment admissions, clients are counted each time they are discharged from a treatment service during the fiscal year and detoxification services are excluded. In SFY 2010/11 there were 9,320 discharges for prescription opioid treatment.

- 28% of the clients completed their treatment/recovery plans for that service and another 26% made satisfactory progress.



Research shows that longer treatment stays are associated with positive outcomes. However, time in treatment varies by type of service and client needs. Also some treatment services have time limitations. For example, Day Care Rehabilitative services are limited to 365 days. The following chart shows treatment duration for various service types that exceed 30 days. It excludes detoxification and short-term residential services where 100% of the stays are for 30 days or less.

- Clients who receive outpatient NTP and outpatient drug free services have the highest percentage of stays lasting 90 days or more (58% and 47%, respectively).



Although treatment duration is shown here by service type, it is the total time in treatment that is important. Treatment can include multiple types of treatment starting with more intensive, costly services and

then clients transfer to less intensive services. For example, clients who satisfactorily complete residential services can transfer to outpatient services. This explains why fewer clients stay in residential treatment services for 90 days or more compared with outpatient treatment services.

Changes After Treatment (Outcomes)

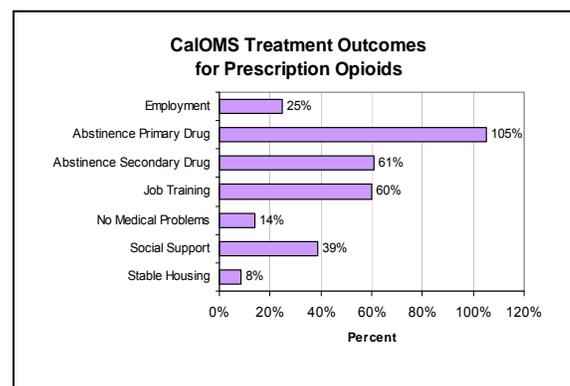
The outcome information presented in this section show how treatment affects various aspects of a client's life (e.g., drug use frequency, employment, etc.). Data on client functioning are collected at admission and discharge. The results of all matched admission-discharge records are then combined and the percentage change in client functioning is calculated. A total of 5,285 records are included in the outcomes analysis for SFY 2010/11. Detoxification services are excluded from these outcomes analyses for the reasons stated earlier.

Clients who were discharged with a "Left before Completion" status may not have answered the client functioning questions at discharge and are excluded from these outcomes analyses. Also, outcome data were not collected from clients who were incarcerated or died. The missing data from these clients may bias the results towards favorable outcomes. In order to reduce this bias, CalOMS-Tx was modified in Fall 2011 to collect more complete client functioning data from clients with a discharge status of "Left before Completion."

The time span for the questions on frequency of drug use, medical problems, and social support activities is 30 days prior to admission or discharge. The "current situation" applies to questions on employment, job training and living arrangements.

The following bullets and chart highlight the changes seen in several areas of clients' lives, their families, and communities.

- The largest changes in client functioning are seen in abstinence from prescription opioid use as the primary and secondary drug (105% and 61%, respectively).
- A positive change (39%) is also seen in the participation in social recovery activities (i.e., 12-step or other self-help programs). Research indicates that these social support groups help to achieve and maintain abstinence and other healthy behaviors during and after treatment.
- There is a 14% increase in "no reported medical problems." When a high percentage of clients (71%) report no medical problems at admission it is difficult to effect change during treatment.
- A slight positive change (8%) is seen in stable living arrangements –when a client contributes financially to the cost of living.



In summary, this data supports the fact that drug treatment has a positive impact on clients and society as a whole.