The treatment data in this fact sheet are based on admissions and discharges from publicly funded and/or monitored treatment services in California during the 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.

Background

- Methamphetamine is a highly addictive central nervous system stimulant that increases energy, suppresses appetite, and elevates mood. Negative short-term effects include rapid/irregular heartbeat and elevated body temperature.

- Methamphetamine is classified as a Schedule II stimulant, meaning it has a high potential for addiction and is only available with a prescription. The drug, however, is easily made in clandestine laboratories using inexpensive over-the-counter ingredients such as ephedrine or pseudoephedrine.

- Methamphetamine is a white, odorless, bitter-tasting crystalline powder that is easily dissolved in water or alcohol. It comes in pill form, capsules, powder, and chunks. Some street names for methamphetamine are “speed”, “meth”, and “chalk.” “Ice” refers to the crystallized chunk form.

- The drug can be smoked, snorted, injected, or taken orally. Smoking methamphetamine results in a very fast uptake of the drug to the brain. The effects are stronger and longer lasting than other methods.

- Prolonged use of methamphetamine can lead to addiction, psychoses (e.g., paranoia, hallucinations or delusions), as well as changes in the structure and functioning of the brain. It also increases the risk of stroke, which can result in irreversible brain damage.

Treatment Data Collection

The data used for this fact sheet are based on client admissions and discharges, not unique client counts. A client may receive treatment for several different service types or receive treatment for one service type multiple times. A client is counted each time he/she is admitted to or discharged from a treatment service during the reporting period. Admissions and discharges 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, designed to treat the physiological effects of stopping drug use. It is short term (usually less than a week).
and is often repeated numerous times. If detoxification services are included in the analyses, it could bias the client characteristics and other treatment statistics—particularly if a large percentage of clients receive these services. In SFY 2010/11, however, only 8% of clients received detoxification services for methamphetamine use. Therefore detoxification services are included in the admission and discharge data presented in this fact sheet.

Trends in Methamphetamine Treatment
The chart below shows the trend in annual methamphetamine admissions over the past nine years. Data from the California Alcohol and Drug Data System (C ADDS) were used from SFY 2002/03 through SFY 2005/06 until CalOMS-Tx was implemented in SFY 2006/07. The data from SFY 2010/11 show that the decline in the proportion of methamphetamine admissions, which began in SFY 2006/07, has leveled off.

Methamphetamine is still the most commonly reported primary drug in publicly funded and/or monitored treatment programs in California. Admissions with methamphetamine as the primary drug comprised 27% of the 179,332 admissions in SFY 2010/11.

Admission Statistics
The following information reflects data about the 48,277 admissions for clients that entered treatment during SFY 2010/11 for methamphetamine use. Only treatment admissions where the primary drug was methamphetamine are included in this analysis. Percentages may not add to 100% due to rounding.

Demographic and Other Client Characteristics
- As shown in the chart below, more males (54%) receive treatment services than females (46%). Clients who identified their gender as "other" are not included in this chart.

- Whites (47%) make up the largest proportion of clients admitted into treatment followed by Hispanics (39%). Admissions for all other races and multiple races make up the remaining 14%.
• Clients 26 to 35 years of age make up the largest proportion (38%) of treatment admissions. Those 36 to 45 years of age make up the second largest group (26%), followed by 18 to 25 year olds (19%).

![CalOMS Treatment Admissions by Age Group]

• The majority of clients are not seeking employment (52%). This includes persons not currently employed who retired, were disabled, or were never in the labor force. 35% of the clients are unemployed but looking for work. Only 13% are employed full- or part-time.

![CalOMS Treatment Admissions by Employment Status]

• About 60% of the clients admitted into treatment have children who were under 18 years of age. These children may or may not have lived with the client. About 36% of the clients have children who were younger than 6 years old.

![CalOMS Treatment Admissions by Education Level]

• 44% of the clients admitted into treatment completed high school or an equivalent. Another 40% had less than 12 years of education.

Substance Use and Treatment Characteristics

• 49% of the clients admitted into treatment used methamphetamine for the first time before the age of 18.

![CalOMS Treatment Admissions by Age of First Use]
• More than three-fourths (76%) of the clients admitted into treatment smoked methamphetamine.

• 86% of the clients report not being arrested 30 days prior to admission.

• The majority of clients admitted into treatment for methamphetamine use (59%) are referred by the criminal justice system, either by a court order or as a condition of parole.

• Almost half of the clients admitted into treatment (47%) report no use of methamphetamine in the 30 days prior to admission. This is reasonable as most admissions are referred by the criminal justice system. These clients typically reside in controlled environments (e.g. jail, prison) where drug use is not allowed.

• Nearly two-thirds (64%) of the clients receive outpatient services while 28% receive residential services for methamphetamine treatment.

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. In SFY 2010/11 there were 45,196 discharges from methamphetamine treatment.
• 41% of the clients discharged from treatment completed their treatment/recovery plan goals. Another 15% left before completing treatment, but made satisfactory progress.

Although treatment duration is shown here by service type, it is the total time in treatment that is important. Treatment frequently 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. 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, employment, arrests, 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 25,648 records are included in the outcomes analysis for SFY 2010/11.

Detoxification services are excluded from these outcomes analyses as this service type is short-term and considered a precursor to treatment, designed to treat the physiological effects of stopping drug use. Also, some clients with a discharge status of “Left before Completion” may not have answered the client functioning questions at discharge and are excluded from these outcomes analyses. Data on client functioning were not collected from clients who were incarcerated or had died. The missing data from these clients may result in a bias in the results toward favorable outcomes. To reduce some of this bias, CalOMS-Tx was modified in Fall 2011 to collect client functioning data from more clients with a discharge status of “Left before Completion.”

- Clients who receive outpatient and day program intensive services have the highest percentage of stays lasting 90 days or more (48% and 39%, respectively). 38% of clients receiving long-term residential services stay 30 days or less.

Research shows that longer treatment stays are associated with positive outcomes. However, time in treatment varies by type of service and client needs, and some treatment services have time limitations. For example, Day Program Intensive services are limited to 365 days.

The following chart shows treatment duration for various methamphetamine treatment service types that exceed 30 days. The chart excludes detoxification and short-term residential services where 100% of the stays are for 30 days or less.
The time span for the questions on frequency of use, arrests, and social support activities is during the past 30 days. The current situation applies to the questions on employment/job training and living arrangements.

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

- The largest change (60%) in client functioning is an increase in full- or part-time employment.

- A positive change (54%) is also seen in the participation in social recovery activities such as 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 53% increase in abstinence of methamphetamine use from admission to discharge.

- A modest positive change (14%) is seen in stable living arrangements—where a client lives independently in a home or apartment, and contributes financially to the cost of living.

- A 13% change is seen in having no arrests. With a high percentage of clients with no arrests at admission (86%), effecting improvement during treatment is difficult.

In summary, this data supports that drug treatment positively impacts many areas of our clients’ lives.