Drug and Alcohol Services Information System

The DASIS Report

September 17, 2004

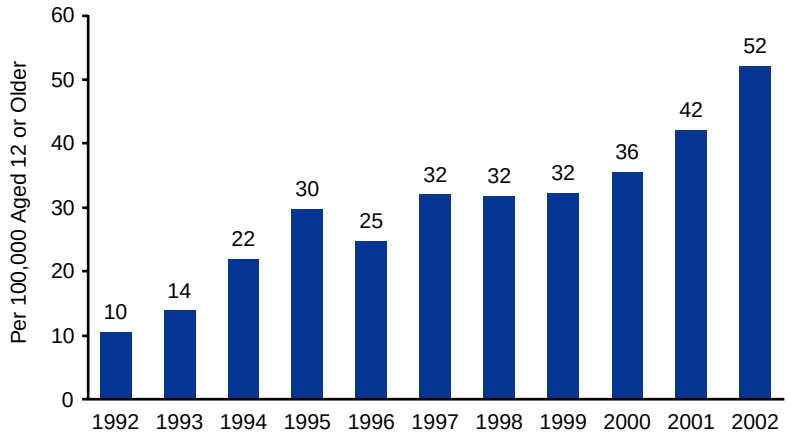
Primary Methamphetamine/ Amphetamine Treatment Admissions: 1992-2002

In Brief

- Between 1992 and 2002, the primary methamphetamine/ amphetamine admission rate in the United States increased from 10 to 52 admissions per 100,000 population aged 12 or older
- In 1992, 12 percent of primary methamphetamine/amphetamine admissions reported smoking as the primary route of administration, but by 2002, 50 percent did (Smoked methamphetamine/amphetamine is often referred to as "ice.")
- In 2002, 19 States had rates in excess of the national rate (52 admissions per 100,000 population), and 12 had primary methamphetamine/amphetamine admission rates of more than twice the national rate—104 or more admissions per 100,000 population

Amphetamines and methamphetamine are central nervous system stimulants. They were the primary substance of abuse[1] in more than 124,000 substance abuse treatment admissions in 2002 (almost 7 percent of all admissions). Methamphetamine was the primary drug of abuse reported in more than 90 percent of these admissions in 2002. However, since some States do not list amphetamines and methamphetamine separately,[2] for the purpose of this report, this group of drugs will be referred to as methamphetamine/ amphetamine. This report will focus on changes in treatment admissions reported to the Treatment Episode Data Set (TEDS) between 1992 and 2002 in which the primary substance of abuse was methamphetamine/amphetamine.[3] TEDS is an annual compilation of data on the demographic characteristics and substance abuse problems of those admitted for substance abuse treatment.

Figure 1. Methamphetamine/Amphetamine Treatment Admission Rate per 100,000 Population Aged 12 or Older: 1992-2002



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

Table 1. Methamphetamine/Amphetamine Admission Rates per 100,000 Population Aged 12 or Older, by State: 1992 and 2002

	1992	2002		1992	2002
United States	10.4	52.1			
Northeast			**Midwest**		
Connecticut	1.0	3.8	Illinois	2.0	13.4
Maine	1.5	3.5	Indiana	1.6	22.8
Massachusetts	1.1	1.3	Iowa	9.2	*198.1*
New Hampshire	0.3	7.0	Kansas	9.8	*61.3*
New Jersey	2.6	1.9	Michigan	2.1	5.1
New York	1.8	3.4	Minnesota	4.6	*77.6*
Pennsylvania	2.5	2.3	Missouri	5.2	*86.2*
Rhode Island	2.1	2.4	Nebraska	6.8	*102.2*
Vermont	4.7	4.3	North Dakota	2.3	*65.4*
South			Ohio	5.3	1.9
Alabama	1.3	35.9	South Dakota	4.0	*68.9*
Arkansas	7.2	*124.9*	Wisconsin	0.4	3.5
Delaware	2.1	1.8	**West**		
District of Columbia	*	3.6	Alaska	4.2	15.0
Florida	1.5	5.3	Arizona	*	27.7
Georgia	1.9	22.2	California	*48.6*	*200.1*
Kentucky	*	13.3	Colorado	*14.0*	*67.7*
Louisiana	3.9	18.4	Hawaii	*32.8*	*217.2*
Maryland	1.5	2.6	Idaho	9.7	*116.2*
Mississippi	*	17.5	Montana	*33.5*	*118.6*
North Carolina	1.1	3.2	Nevada	*34.6*	*156.8*
Oklahoma	*15.5*	*118.8*	New Mexico	4.9	4.5
South Carolina	1.3	6.7	Oregon	*72.4*	*323.6*
Tennessee	0.1	9.3	Utah	10.0	*115.2*
Texas	7.2	13.0	Washington	*11.4*	*150.4*
Virginia	0.9	3.2	Wyoming	*15.2*	*166.9*
West Virginia	1.4	0.5			

* Incomplete data.
Blue italics indicate rates above the national rate for that year.

Methamphetamine/ Amphetamine: 1992-2002

In 1992, substance abuse treatment admissions involving either methamphetamine or amphetamines as their primary substance of abuse were relatively rare, making up just over 1 percent of admissions to TEDS—or approximately 10 admissions per 100,000 population aged 12 or older (Figure 1).[4] By 2002, the proportion of TEDS admissions reporting primary methamphetamine/amphetamine had increased to almost 7 percent—or 52 admissions per 100,000 population.

Methamphetamine/amphetamines can be injected, inhaled, taken orally, or smoked. Smoked methamphetamine/amphetamine is often referred to as "ice." In 1992, 39 percent of primary methamphetamine/amphetamine treatment admissions inhaled the substance, while 12 percent smoked it (Figure 2). By 2002, this distribution had changed substantially—only 17 percent inhaled and 50 percent of primary methamphetamine/amphetamine admissions reported smoking. Other routes of administration changed slightly or remained stable during this time.

Characteristics: 1992-2002

Between 1992 and 2002, the demographics of methamphetamine/amphetamine treatment admissions changed slightly. The distribution of males remained stable at around 55 percent of admissions. The mean age at admission increased from 29 years old in 1992 to 31 years old in 2002.

The proportion of primary methamphetamine/amphetamine admissions of each race/ethnicity changed somewhat during this time. In 1992, the majority of primary

methamphetamine/amphetamine admissions were White (83 percent). While Whites were still the majority in 2002, their proportion declined to 74 percent of admissions. Also of note, the proportion of primary methamphetamine/amphetamine admissions involving those who identified themselves as Hispanic (specifically Mexican)[5] increased during this time (from 6 percent of primary methamphetamine/amphetamine admissions in 1992 to 12 percent in 2002).

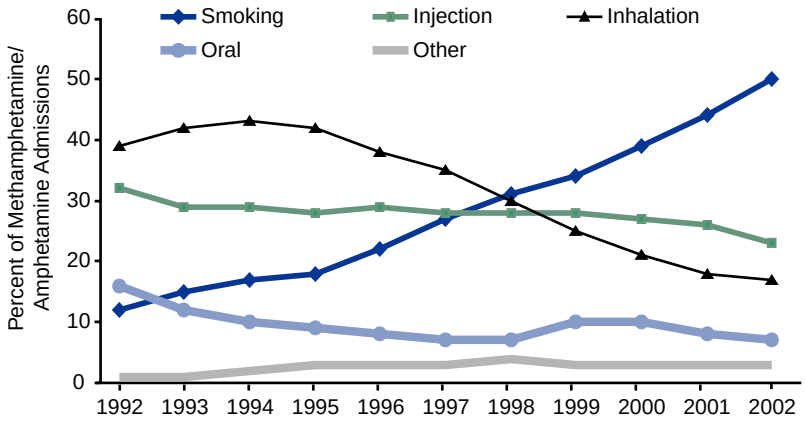
The source of referral to treatment changed between 1992 and 2002. In 1992, 38 percent of these admissions were referred to treatment by the criminal justice system. By 2002, the criminal justice system was the source of referral in more than 50 percent of the primary methamphetamine/amphetamine treatment admissions.

Geographic Distribution: 1992-2002

In 1992, nine States had rates above the national rate (10 admissions per 100,000 population aged 12 or older), but none exceeded 75 admissions per 100,000 (Table 1). All but one of these States were in the West (exception Oklahoma). Oregon had the highest rate in 1992—72 admissions per 100,000 population. Four States (New Hampshire, Tennessee, Virginia, and Wisconsin) had rates less than 1 admission per 100,000.

By 2002, 19 States had rates in excess of the national rate (52 admissions per 100,000 population), and 12 had primary methamphetamine/amphetamine admission rates of more than twice the national rate—104 or more admissions per 100,000 population. Ten of the 19 States were in the West, 7 were in the Midwest, and 2 in the South. Again, the highest primary methamphetamine/amphetamine admission rate was in Oregon—324 admissions per 100,000.

Figure 2. Methamphetamine/Amphetamine Treatment Admissions, by Route of Administration: 1992-2002



End Notes

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

[2] The States that did not report methamphetamine separately from amphetamines in 2002 were Arkansas, Oregon, Tennessee, and Texas. For the purposes of this analysis, these two substances have been combined.

[3] For a previous report on amphetamine treatment admissions, see Substance Abuse and Mental Health Services Administration, Office of Applied Studies. *The DASIS report: Characteristics of primary amphetamine treatment admissions: 2001*. Rockville, MD. April 30, 2004.

[4] National rates were calculated using admissions from States reporting primary substance of abuse for 1992 and 2002 and the combined population aged 12 or older in the reporting States.

[5] Detailed ethnicity is requested of all States; however, some do not report this variable. In 2002, five States (Alabama, DC, New Mexico, South Dakota, and Wisconsin) did not report detailed ethnicity for 50 percent or more of their admissions.

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). This issue was co-written by Jane C. Maxwell, Ph.D., School of Social Work, University of Texas at Austin.

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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