

# The DASIS Report

February 7, 2008

## Primary Methamphetamine/ Amphetamine Admissions to Substance Abuse Treatment: 2005

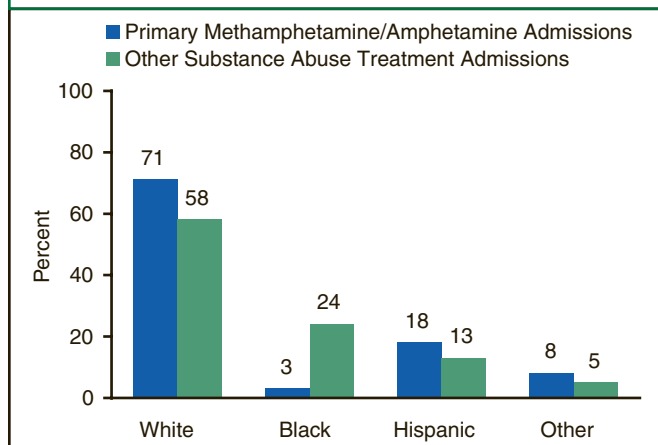
### In Brief

- In 2005, 169,500 admissions were for primary methamphetamine/amphetamine abuse, representing 9 percent of all admissions
- Primary methamphetamine/amphetamine admissions were more likely to be female than admissions for other primary substances (46 vs. 31 percent)
- The criminal justice system was the principal source of referral for 49 percent of primary methamphetamine/amphetamine admissions compared with 34 percent of other admissions

Methamphetamine and amphetamines are highly addictive central nervous system stimulants. Methamphetamine and amphetamine abuse can lead to serious health consequences, such as rapid or irregular heartbeats, dental problems, mood disturbances, impaired memory, and chronic psychiatric problems.<sup>1</sup> From 1995 to 2005, the percentage of substance abuse treatment admissions for primary abuse of methamphetamine/amphetamine more than doubled from 4 percent to 9 percent.<sup>2</sup>

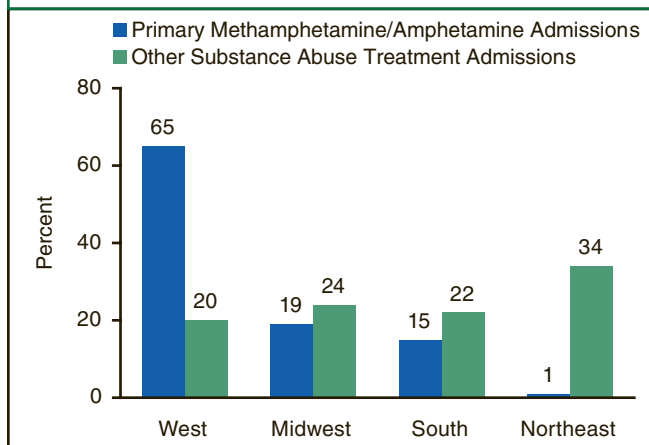
Admissions to substance abuse treatment for methamphetamine/amphetamine abuse can be monitored with the Treatment Episode Data Set (TEDS). TEDS is an annual compilation

**Figure 1. Primary Methamphetamine/Amphetamine Admissions, by Race/Ethnicity: 2005**



Source: 2005 SAMHSA Treatment Episode Data Set (TEDS).

**Figure 2. Primary Methamphetamine/Amphetamine Admissions, by Region: 2005**



Source: 2005 SAMHSA Treatment Episode Data Set (TEDS).

of data on the demographic characteristics and substance abuse problems of those admitted to substance abuse treatment, primarily at facilities that receive some public funding.<sup>3</sup> TEDS records represent admissions rather than individuals, as a person may be admitted to substance abuse treatment more than once during a single year.

This report examines the characteristics of substance abuse treatment admissions in which methamphetamine/amphetamine was the primary substance of abuse<sup>4</sup> and compares them with admissions in which other substances were primary. Methamphetamine/amphetamine admissions are discussed together because not all States and jurisdictions<sup>5</sup> in TEDS distinguished between these drugs as substances of abuse in 2005. However, for the States that did make this distinction, methamphetamine was the primary drug of abuse in 95 percent of primary methamphetamine/amphetamine admissions.

### Primary Methamphetamine/Amphetamine Admissions

Of the 1.8 million admissions to substance abuse treatment in 2005, 169,500 admissions were for primary methamphetamine/amphetamine abuse, representing 9 percent of all admissions. In addition, more than 80,000 admissions were for secondary or tertiary methamphetamine/amphetamine abuse, representing an additional 4 percent of all admissions.<sup>6</sup> Sixty-six percent of primary methamphetamine/amphetamine admissions reported use of other substances, including marijuana (41 percent), alcohol (34 percent), and cocaine (10 percent).

### Demographic Characteristics

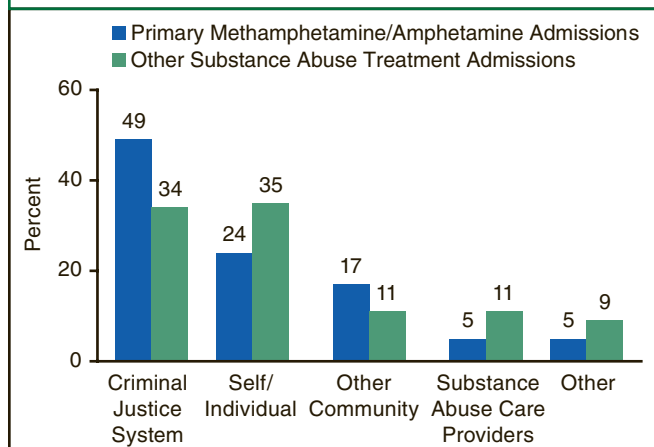
In 2005, admissions in which methamphetamine/amphetamine was the primary substance of abuse were, on average, 3 years younger than admissions in which other substances were primary (31 years vs. 34 years). Conversely, primary methamphetamine/

amphetamine admissions were an average of 3 years older than other admissions when they first used their primary substance (21 years vs. 18 years.) Taken together, these findings indicate that the duration of use of their primary drug before admission to treatment was, on average, 6 years less for persons admitted to treatment for primary methamphetamine/amphetamine abuse than it was for persons admitted for abuse of other primary substances.

Primary methamphetamine/amphetamine admissions were more likely to be female than admissions for other primary substances (46 vs. 31 percent).

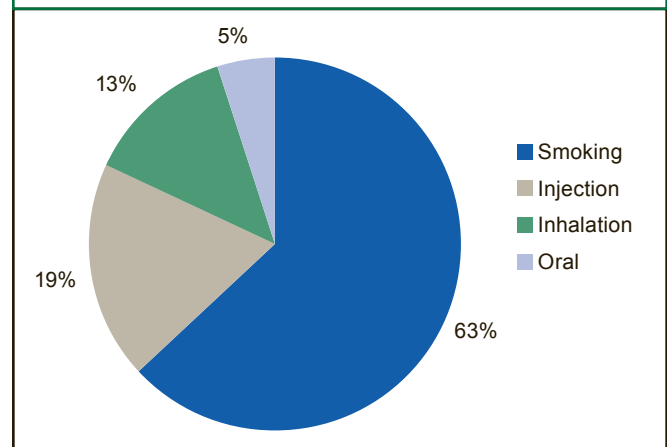
Nearly three quarters of primary methamphetamine/amphetamine admissions were White (71 percent) compared with 58 percent of other admissions (Figure 1). Hispanic admissions also accounted for a higher proportion of primary methamphetamine/amphetamine admissions than of other admissions (18 vs. 13 percent). In contrast, Black admissions accounted for a greater proportion

**Figure 3. Primary Methamphetamine/Amphetamine Admissions, by Referral**  
Source: 2005



Source: 2005 SAMHSA Treatment Episode Data Set (TEDS).

**Figure 4. Primary Methamphetamine/Amphetamine Admissions, by Route of Administration: 2005**



Source: 2005 SAMHSA Treatment Episode Data Set (TEDS).

of admissions for other primary substances than of primary methamphetamine/amphetamine admissions (24 vs. 3 percent).

## Geographic Region

Most primary methamphetamine/amphetamine substance abuse treatment admissions in 2005 were in the West (65 percent), followed by the Midwest (19 percent), South (15 percent), and Northeast (1 percent) (Figure 2).<sup>7</sup> In contrast, the highest proportion of admissions for other primary substances was in the Northeast (34 percent), followed by the Midwest (24 percent), South (22 percent), and West (20 percent).

## Source of Referral

In 2005, the criminal justice system was the principal source of referral<sup>8</sup> for 49 percent of primary methamphetamine/amphetamine substance abuse treatment admissions compared with 34 percent of admissions in which other substances were primary (Figure 3). Other community referrals<sup>9</sup> also accounted for

a higher proportion of primary methamphetamine/amphetamine admissions than of other admissions (17 vs. 11 percent). However, self/individual referrals accounted for a lower proportion of primary methamphetamine/amphetamine admissions than of other admissions (24 vs. 35 percent), as did substance abuse care providers (5 vs. 11 percent).

## Route of Administration

In 2005, the most frequent route of administration among primary methamphetamine/amphetamine substance abuse treatment admissions was smoking (63 percent) followed by injection (19 percent) (Figure 4). Thirteen percent of primary methamphetamine/amphetamine admissions reported inhalation and 5 percent reported oral consumption.

## End Notes

<sup>1</sup> National Institute on Drug Abuse. (2006). *NIDA research report series: Methamphetamine abuse and addiction* (NIH Publication No. 06-4210). Retrieved October 25, 2007, from <http://www.drugabuse.gov/ResearchReports/methamph/methamph.html>

<sup>2</sup> Substance Abuse and Mental Health Services Administration, Office of Applied Studies. (2007). *Treatment Episode Data Set (TEDS): 1995-2005. National admissions to substance abuse treatment services* (DASIS Series: S-37, DHHS Publication No. (SMA) 07-4234). Rockville, MD.

<sup>3</sup> In 2005, TEDS collected data on 1.8 million admissions to substance abuse treatment facilities. Four States and jurisdictions (AK, DC, NM, and WY) did not submit data for 2005.

<sup>4</sup> The *primary substance of abuse* is the main substance reported at the time of admission.

<sup>5</sup> In 2005, OR did not distinguish between amphetamine and methamphetamine.

<sup>6</sup> *Secondary/tertiary substances* are other substances of abuse also reported at the time of admission.

<sup>7</sup> The Northeast region of the United States is composed of nine States: CT, MA, ME, NH, NJ, NY, PA, RI, and VT. The Midwest region of the United States is composed of 12 States: IA, IL, IN, KS, MI, MN, MO, ND, NE, OH, SD, and WI. The West region of the United States is composed of 13 States: AK, AZ, CA, CO, HI, ID, MT, NM, NV, OR, UT, WA, and WY. The South region of the United States is composed of 17 States: AL, AR, DC, DE, FL, GA, KY, LA, MD, MS, NC, OK, SC, TN, TX, VA, and WV.

<sup>8</sup> *Principal source of referral* describes the person or agency referring the client to the alcohol or drug abuse treatment program. For this analysis, several of these referral sources were aggregated. "Other" source of referral includes "other health care provider," "school," and "employer."

<sup>9</sup> *Other community referral* includes community or religious organizations or any Federal, State, or local agency that provides aid in the areas of poverty relief, unemployment, shelter, or social welfare. Self-help groups, such as Alcoholics Anonymous (AA), Al-Anon, and Narcotics Anonymous (NA), and defense attorneys are also included in this category.

## Suggested Citation

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Research Findings from SAMHSA's 2005 Drug and Alcohol Services Information System (DASIS)

## Primary Methamphetamine/ Amphetamine Admissions to Substance Abuse Treatment: 2005

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- The criminal justice system was the principal source of referral for 49 percent of primary methamphetamine/amphetamine admissions compared with 34 percent of other 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 1.8 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).

**Information and data for this issue are based on data reported to TEDS through October 3, 2006.**

Access the latest TEDS reports at:  
<http://oas.samhsa.gov/dasis.htm>

Access the latest TEDS public use files at:  
<http://oas.samhsa.gov/SAMHDA.htm>

Other substance abuse reports are available at:  
<http://oas.samhsa.gov>



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