

Trends in Kansas Methamphetamine Treatment Admissions

Methamphetamine is a powerful synthetic stimulant that affects the central nervous system and frequently has debilitating effects on the user. Chronic use of methamphetamine can result in severe structural and functional brain damage in addition to increased heart rate, extreme weight loss, and severe dental problems.¹ Methamphetamine use can also lead to violence and psychotic behavior such as paranoia, hallucinations, and out-of-control rages.²

The negative impacts of methamphetamine use and addiction are not restricted to the user. According to a national study, methamphetamine manufacturing and use cost the United States \$23.4 billion yearly.³ Expenses stem from crime, criminal justice, treatment, loss of productivity, and children removed from their homes. Societal impacts associated with the manufacture and use of methamphetamine include:

- Increased crimes including property crimes, assaults and domestic violence
- Sexually transmitted diseases including HIV, Hepatitis C, and other infectious diseases
- Properties contaminated by the toxic chemicals used in the manufacturing process
- Abuse and neglect of children
- Infants born exposed to the drug
- Safety risks to law enforcement and other first responders

Methamphetamine Addiction

Methamphetamine use causes a significant release of dopamine, a chemical naturally manufactured in the brain's limbic reward system that generates feelings of pleasure. With continued methamphetamine use, the dopamine reuptake valves become blocked and, over time, the dopamine becomes toxic to the neural tissue. The methamphetamine user loses the ability to experience pleasure naturally and begins to require methamphetamine to avoid depression and a complete absence of pleasure. Evidence suggests the chronic methamphetamine use significantly compromises brain activity and may cause brain damage. In some cases, improvements in brain functioning are not seen until two years after the last use of methamphetamine.

When methamphetamine use is stopped, withdrawal symptoms include depression, anxiety, fatigue, paranoia, aggression, and intense cravings for the drug. Triggers may arise when an individual is faced with people, places, things, and emotional states they identify with methamphetamine manufacturing or use. Triggers lead to thoughts about drug use, cravings for drugs, and ultimately, can lead to drug use.

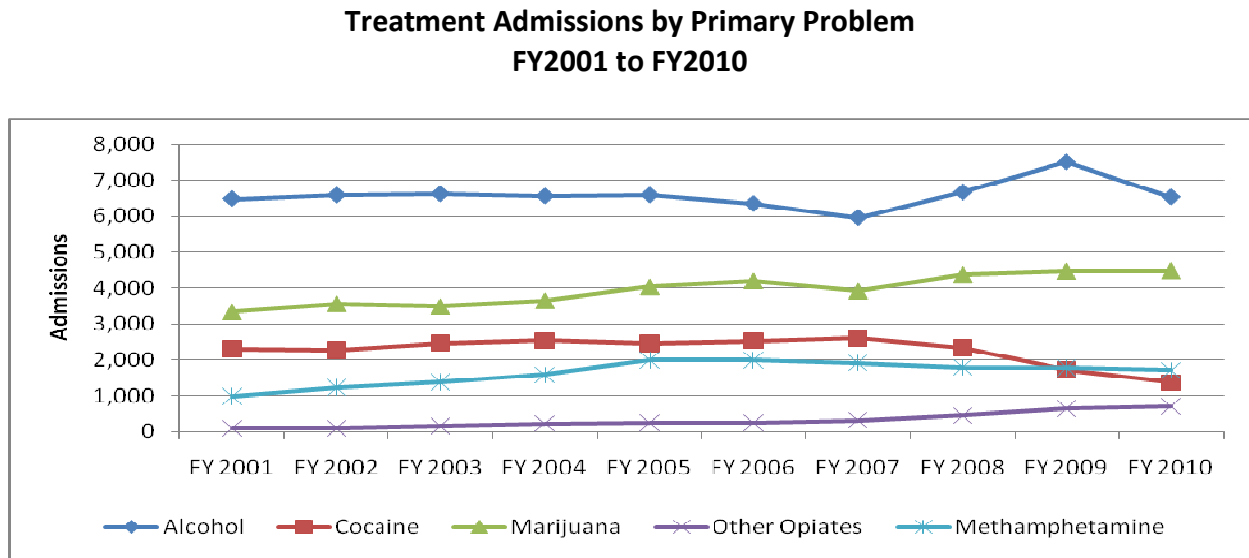
Possible triggers for those addicted to methamphetamine include:⁴

- Methamphetamine ingredients
- Drug paraphernalia
- Cold medicine packaging
- Woods and rural areas
- Money, ATMs and writing checks
- Other users, manufacturers, friends
- Boredom, stress, anxiety
- Sex

Kansas Methamphetamine Treatment Data

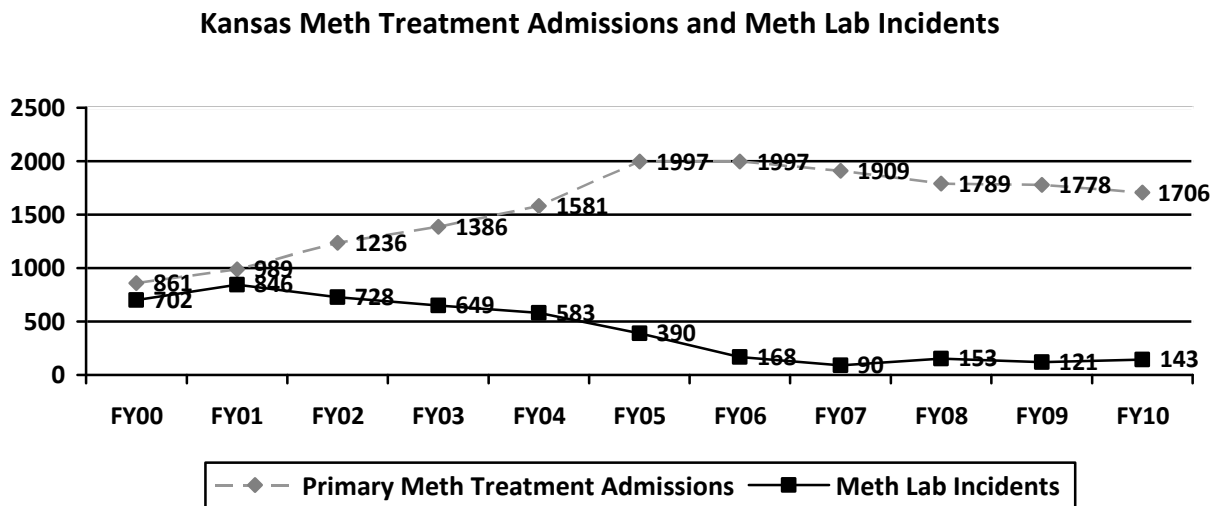
During the last decade Kansas experienced a significant increase in the number of residents entering treatment with methamphetamine as their primary problem at admission. According to data provided by Kansas Social and Rehabilitation Services (SRS) Disability and Behavioral Health Services Division, Policy Evaluation Research and Training, Kansas experienced a 98% increase in methamphetamine treatment admissions between FY00 and FY10.

Figure 1.



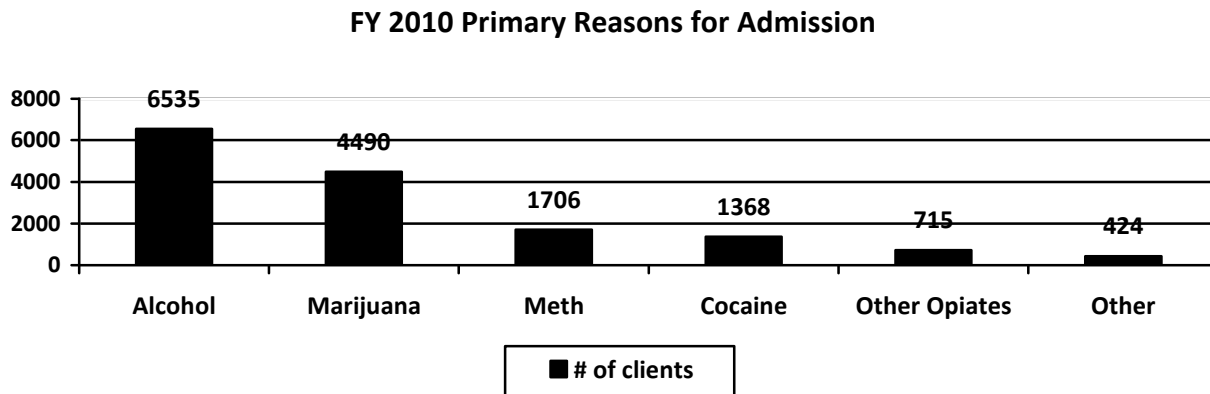
Methamphetamine treatment admissions in Kansas peaked in FY05 and FY06 when 1,997 methamphetamine treatment admissions were recorded each year (Figure 2). Despite a dramatic reduction in methamphetamine laboratory seizures beginning in 2005, treatment admissions have slowed more gradually, indicating that the number of lab seizures is not directly related to the number of individuals who are using and seeking treatment for methamphetamine.

Figure 2.



In FY10, methamphetamine was the third most common reason for admission with 1,706 admissions primarily attributed to methamphetamine (Figure 3). Methamphetamine accounted for 11% of all admissions, significantly more than the national average of 7.5% of primary admissions attributed to methamphetamine.⁵

Figure 3.



This data does not present the complete picture of methamphetamine treatment admissions in Kansas. Data provided by SRS includes only admissions to state-funded treatment agencies and not to private organizations which also provide methamphetamine treatment. Valley Hope, the largest private treatment organization in Kansas with three residential programs and two outpatient programs, recorded 2,990 admissions in FY10. Valley Hope staff estimate that 598 of admissions were primarily attributed to methamphetamine, accounting for 20% of all admissions. If Valley Hope treatment admissions were to be added to state funded treatment admissions, the FY10 total would be 2,304 primary admissions attributed to methamphetamine in Kansas.

Special Considerations

Women

In FY10 methamphetamine was the third leading primary cause of admission for females. Thirty-six percent of all female treatment admissions were for alcohol, 24% were for marijuana and 16% were attributed to methamphetamine. In FY10 women accounted for 33% (5,037) of all treatment admissions, but women accounted for 47% of admissions primarily attributed to methamphetamine (Figure 4). The only other drug category in which women accounted for a higher percentage of admissions was “other opiates” in which 57% of admissions were female (Figure 5).

Figure 4.

**Methamphetamine Treatment Admissions by Gender
FY2001 to FY2010**

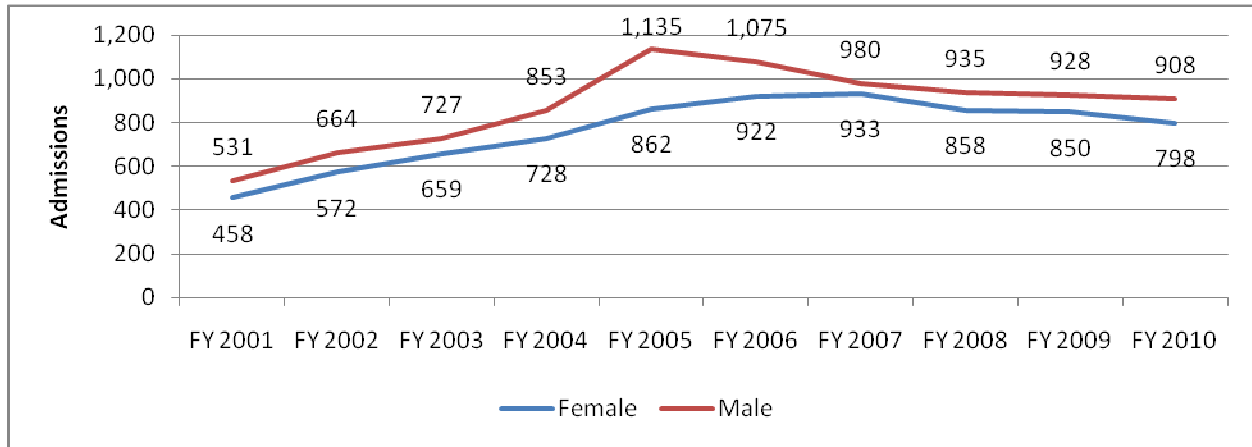
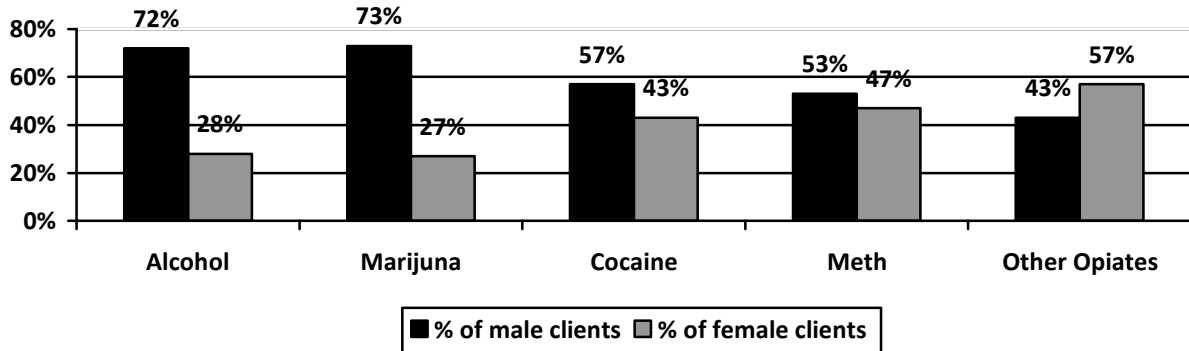


Figure 5.

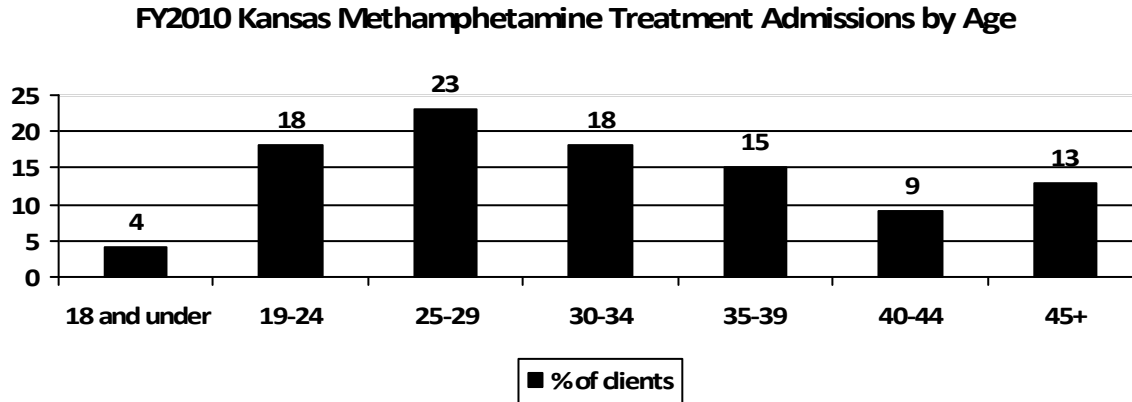
FY 2010 Kansas Treatment Admissions by Gender



Young Adults

The age at which individuals are entering treatment for methamphetamine addiction is a telling indicator of the ongoing methamphetamine problem in Kansas. Between FY01 and FY07 there was an 85% increase in methamphetamine treatment admissions for young adults ages 24 and under. In FY10, 45% of clients entering treatment for methamphetamine addiction were under the age of 30 (Figure 6). There is no way to quantify the number of young adults in need of methamphetamine treatment who are not accessing services. However, national estimates indicate that 80% of individuals in need of substance abuse treatment do not access these services⁶ and young adults aged 18-25 represent the largest group who do not access the substance abuse treatment they need.⁷

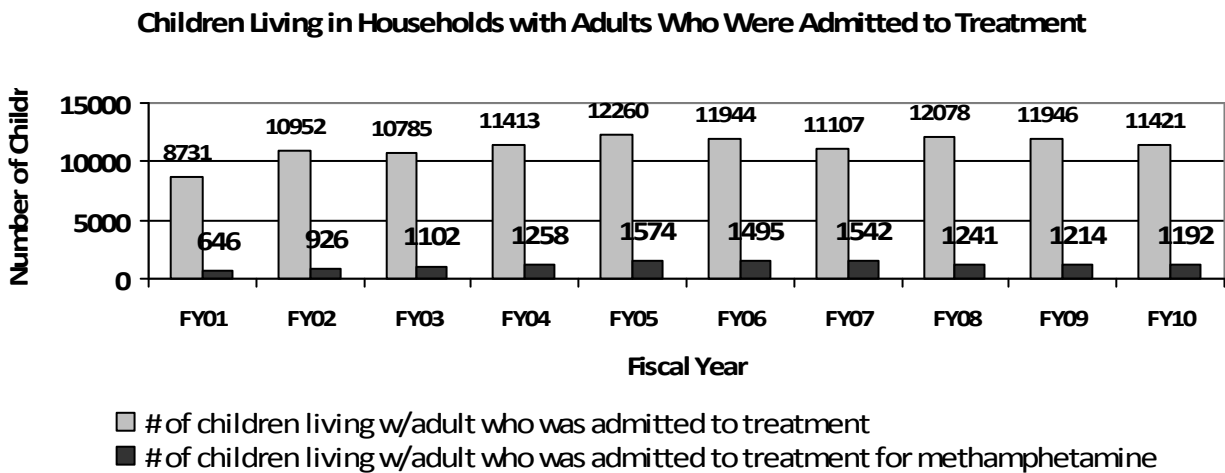
Figure 6.



Impact on Children

A significant number of children are impacted by living in homes with adults admitted to substance abuse treatment. In FY10, 11,421 children under the age of 18 lived in homes with adults who were admitted to treatment. Of these children, 10% (or 1,192) lived with adults who were primarily admitted for methamphetamine.

Figure 7.



Infants can be impacted when their mothers use methamphetamine while pregnant. Fifty-two (52) pregnant women were admitted to treatment for methamphetamine in FY10, representing 17% of all pregnant women admitted for treatment.

Rural Areas

The need for treatment services in rural areas of the state remains high. In FY10, the percentage of people entering treatment primarily for methamphetamine was highest in two rural regions of the state—Southeast and South Central (Figure 8). The lowest percentage of methamphetamine

admissions (below the state average) were in the two most populated regions—Wichita and Kansas City Metro. The prevalence of methamphetamine treatment admissions in rural regions is striking when compared to a graph of cocaine admissions in the same SRS regions (Figure 9). Admissions for cocaine are highest in the Wichita and Kansas City Metro regions and are below the state average in all other regions.

Figure 8.

FY2010 Methamphetamine Treatment Admissions by SRS Region

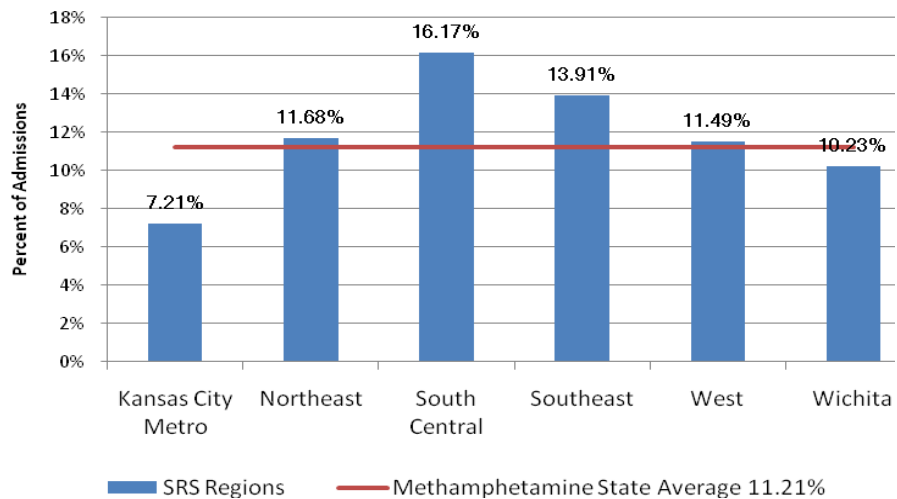
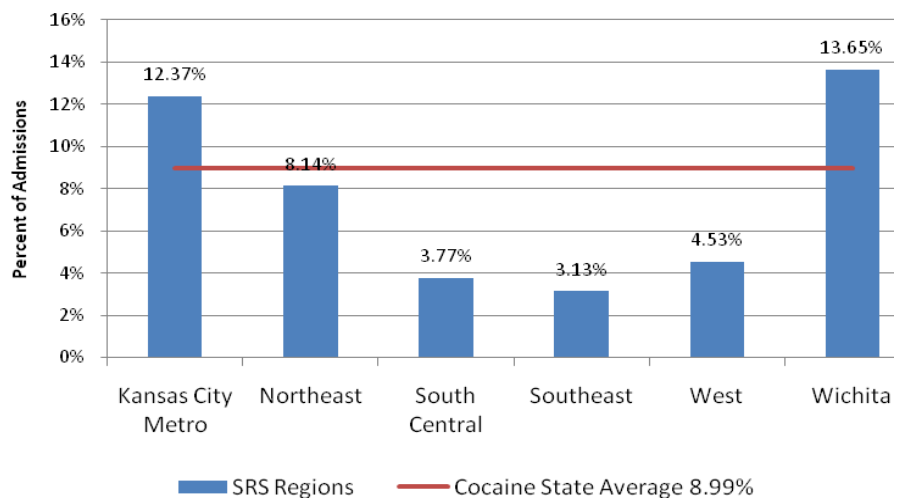


Figure 9.

FY2010 Cocaine Treatment Admissions by SRS Region



References

Data source for all graphs: Kansas Social and Rehabilitation Services, Disability and Behavioral Health Services Division, Policy Evaluation Research and Training, 2010

¹ “NIDA InfoFacts: Methamphetamine.” (March 2010) *National Institute on Drug Abuse*. 29 March 2011. <<http://www.nida.nih.gov/Infofacts/methamphetamine.html>>.

² Freese, T. (13 March 2009) “*Methamphetamine: What do we know?*” 29 March 2011. <<http://www.uclaisap.org/slides/methamphetamine/2009/Wisconsin%20ATR%202009-03-13.ppt>>.

³ Nicosia, Nancy, Rosalie Liccardo Pacula, Beau Kilmer, Russell Lundberg, and James Chiesa. “The Economic Cost of Methamphetamine Use in the United States, 2005.” *RAND Corporation*. Copyright 2009. Meth Project Foundation and the National Institute on Drug Abuse. 29 March 2011 < <http://www.rand.org/pubs/monographs/MG829.html>>.

⁴ Freese, T. (13 March 2009) “*Methamphetamine: What do we know?*” 29 March 2011. <<http://www.uclaisap.org/slides/methamphetamine/2009/Wisconsin%20ATR%202009-03-13.ppt>>.

⁵ Substance Abuse and Mental Health Services Administration. (17 March 2009). *Highlights for 2007 Treatment Episode Data Set* (Office of Applied Studies, Treatment Episode Data Set (TEDS)). 29 March 2011. <<http://oas.samhsa.gov/TEDS2k7highlights/toc.cfm>>.

⁶ Substance Abuse and Mental Health Services Administration. (10 Sept. 2009). *Results from the 2008 National Survey on Drug Use and Health: National Findings* (Office of Applied Studies, NSDUH Series H-36, HHS Publication No. SMA 09-4434). Rockville, MD. <<http://www.oas.samhsa.gov/nsduh/2k8nsduh/2k8Results.cfm>>.

⁷ Substance Abuse and Mental Health Services Administration. (3 June 2008). *2003 State Estimates of Person Needing but Not Receiving Treatment* (Office of Applied Studies, NSDUH 2003). Rockville, MD. <<http://www.oas.samhsa.gov/2k3State/ch5.htm>>.