



Fact Sheet

Alcohol Users in Treatment



The data in this fact sheet are based on admissions¹ and discharges from publicly funded alcohol and narcotic treatment services in California during State Fiscal Year 2007-08 as reported in the California Outcome Measurement System - Treatment (CalOMS-TX), unless otherwise noted.

The Affects of Alcohol

Alcohol, one of the oldest drugs of abuse, is a colorless liquid produced by fermenting grains such as corn, rice, and barley.

Alcohol is classified as a depressant because it slows down the central nervous system; alcohol consumption causes a decrease in motor coordination, reaction time and intellectual performance. Short-term effects include anxiety, slowed heart and respiratory rates, blurred vision, and poor motor coordination. Long-term effects include cirrhosis, cancers, cardiac diseases, and a number of other irreversible neurological and psychological health conditions.

In the United States any individual with a Blood Alcohol Content (BAC) of .08 or higher is considered to be intoxicated. In California it is illegal to drive while intoxicated.

One of the devastating affects of alcohol consumption is Fetal Alcohol Spectrum Disorder (FASD) a leading—and preventable—cause of mental retardation and birth defects. When a woman drinks alcohol anytime during her pregnancy, she risks her baby being born with FASD. Over their lifetimes people with FASD have problems with learning, memory, attention span, vision,

communication, hearing, or any combination of these.²

National and Statewide Alcohol Use

Nationwide surveys on drug use and health in 2005 and 2006 reported that more than half (51.3%) of Americans surveyed aged 12 or older used alcohol in the 30 days prior to taking the survey. In California 50% of those surveyed aged 12 or older used alcohol in the 30 days prior to taking the survey. Almost four percent of Californians aged 12 or older developed alcohol dependency in the year prior to taking the survey (based on annual average of combined 2005 and 2006 survey data).

Based on the same survey, about 8% of the State's population aged 12 or older needed but did not receive treatment for alcohol abuse/addiction.³

The Substantial Cost of Alcohol Related Problems in California

Researchers at the Marin Institute in California studied the annual cost of alcohol problems in the State by calculating expenditure in the health care and criminal justice systems, as well as lost productivity, illness, injury, and death. According to the study:⁴

- The total economic cost of alcohol abuse is \$38 billion annually in California.

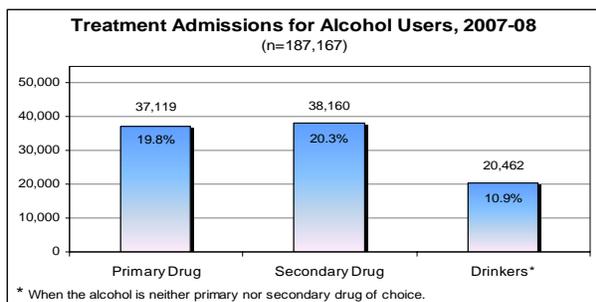
- This translates roughly to \$1,000 per California resident or \$3,000 per family each year.

Alcohol Abusers in Treatment

The following section focuses on those who were admitted to treatment for abusing alcohol as the drug of choice between July 1, 2007 and June 30, 2008. The following data are not based on unique client counts.

In State Fiscal Year (SFY) 2007-08, of 187,167 total admissions to treatment:

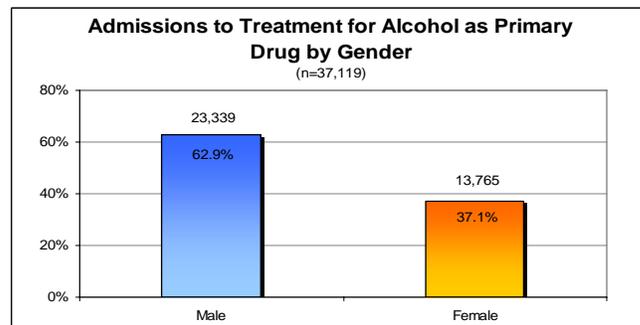
- 19.8% (37,119) reported alcohol as the primary drug of choice.
- 20% (38,160) reported alcohol as secondary drug of choice. An Additional 11% (20,462) reported drinking alcohol without indicating primary or secondary drug of choice.



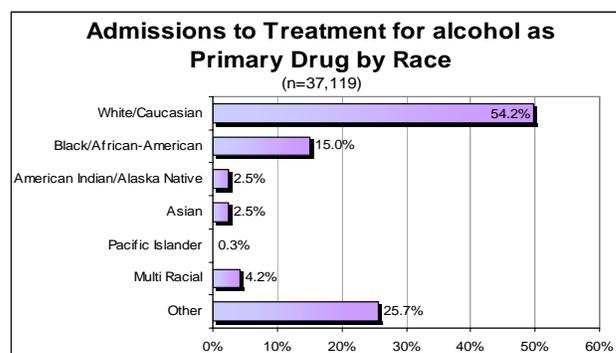
Demographics

In SFY 2007-08, males accounted for 63% (23,339) of all alcohol admissions to treatment in California.

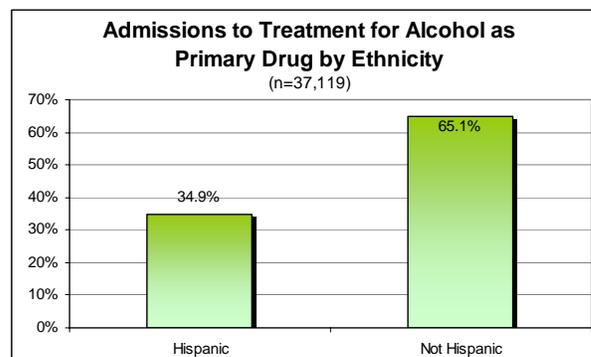
Among women admitted to treatment, 3.5% (493) were pregnant at the time of admission.



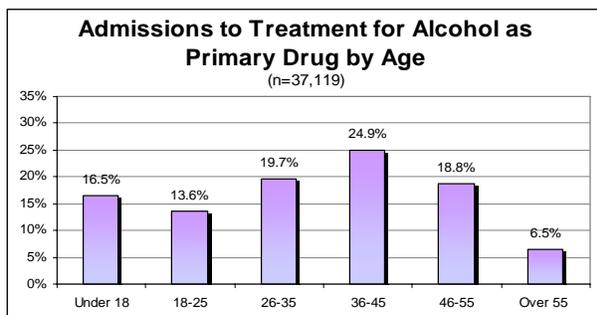
More than half of alcohol admissions to treatment identified themselves as White/Caucasian. African-Americans account for 15% of alcohol admissions.



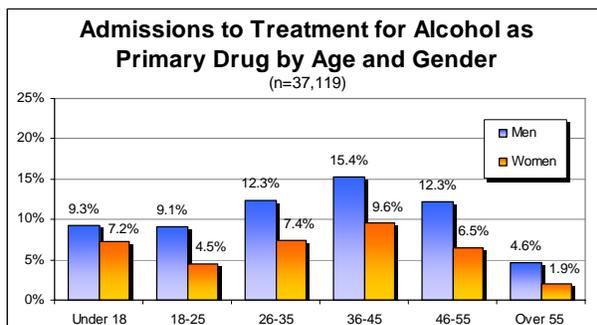
In SFY 2007-08, 65.1% of those admitted to treatment were Non-Hispanic. Hispanic clients totaled 34.9%. ("Hispanic" is defined as clients identifying one of the following ethnicities at admission to treatment: Mexican-American, Cuban, Puerto Rican, or other Hispanics.)



Almost two-thirds (63.4%) of alcohol admissions to treatment were 26 to 55 years old. 30% were adolescents and young adults (persons aged 25 or younger).

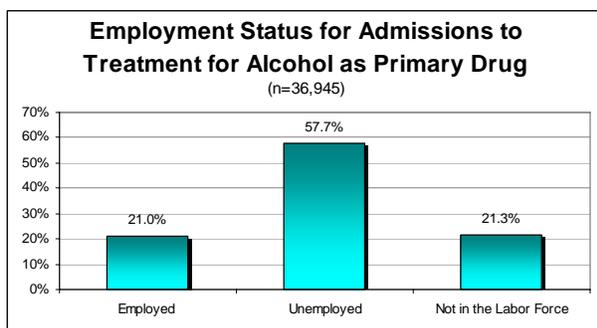


The percentage of admissions for men and women under 18 years is most similar when compared to other age groups.

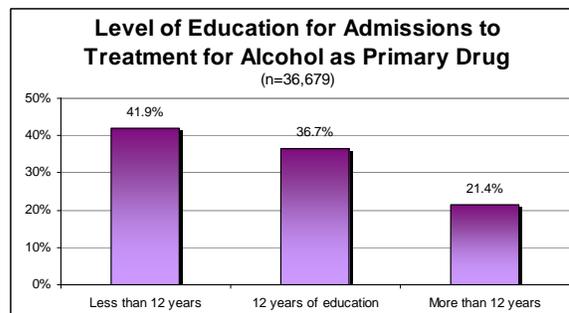


Employment Characteristics

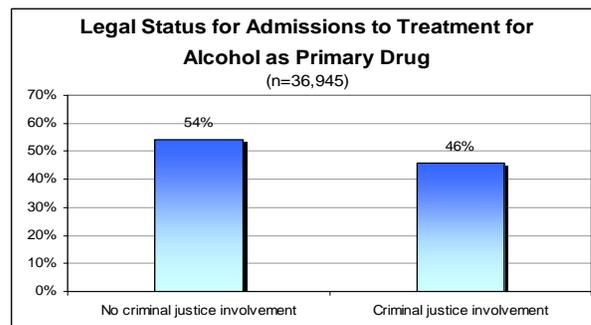
Almost 80% of alcohol admissions to treatment were either unemployed or not in the labor force (not previously employed and not seeking work).



42% reported less than 12 years of formal education; 36.7% had 12 years of education; 21.4% reported some college education.



46% reported some involvement with the criminal justice system within 30 days prior to admission. For example they were arrested or served time in jail or prison.

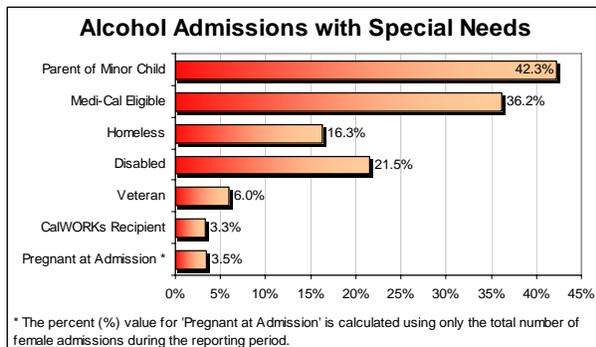


Special needs

Those admitted to treatment with a primary alcohol problem, reported the following special needs: (*Note: clients may report more than one special need, making the total exceed 100%.*)

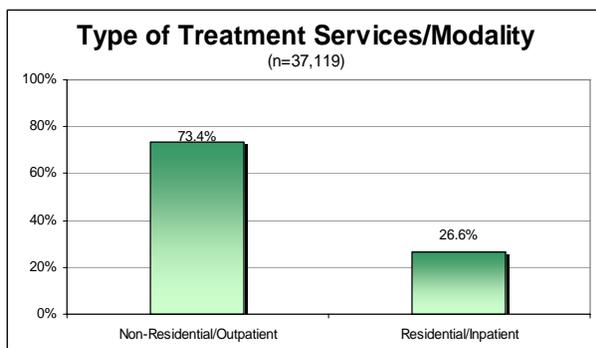
- 42% were parents of minor children.
- 36% were Medi-Cal eligible.
- A little over 16% were homeless.
- 20% reported one or more disabilities.
- 6% identified themselves as veterans.

- 3% reported being CalWORK recipients.
- 3.5% of female clients reported being pregnant.



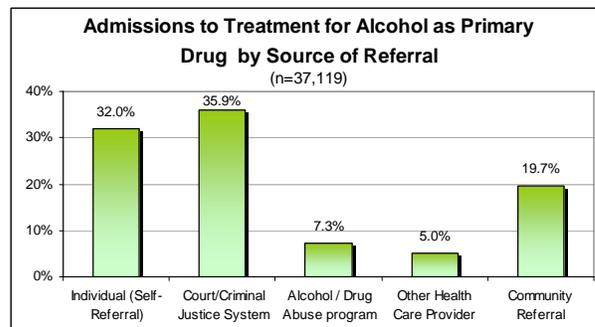
Treatment Services and Modalities

The majority of admissions for clients with a primary alcohol problem were referred to non-residential/outpatient treatment programs (73.4%). Almost 27% were referred to residential/inpatient treatment.



Source of Referral

Almost 36% of those admitted with a primary alcohol problem were referred by the court/criminal justice system. Self-referred was the next highest source of referral at 32%. More than 19% were referred by community programs.



Discharges from Treatment

This section reports discharges from individual treatment services with a discharge date between July 1, 2007, and June 30, 2008. Depending on the type of service, client needs, and client progress, length of treatment varies from a number of days to several years.. Discharges reported in this section may have admission dates in prior years.

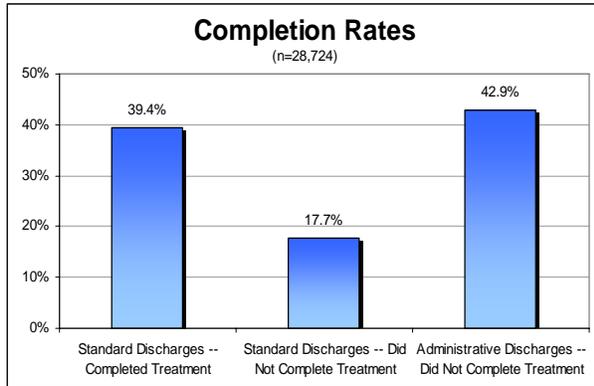
A client is counted more than once if discharged more than once during the reporting period.

Discharges from treatment are grouped into two categories:

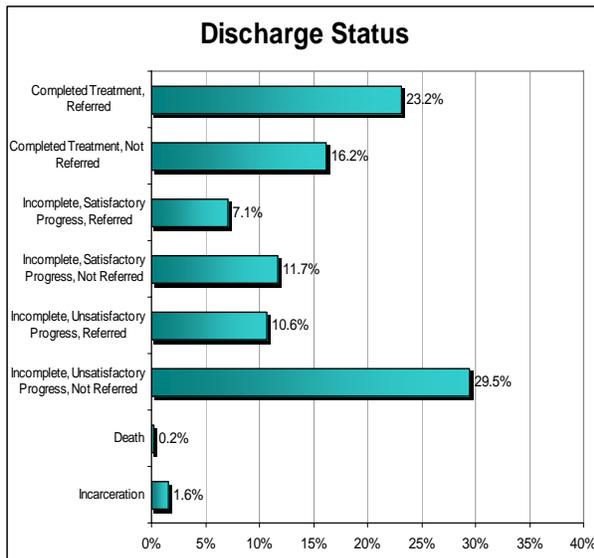
1. *“Standard discharge” occurs when clients are asked all the CalOMS questions at discharge and outcomes information are measured.*
2. *“Administrative discharge” occurs when the clients are not available to answer CalOMS questions at discharge, i.e., they stopped attending treatment sessions, were incarcerated, or died.*

In SFY 2007-08, among the 28,724 discharges for clients admitted with a primary alcohol problem, the majority (57%) were standard discharges. These include 39.4% that completed treatment

and 17.7% that did not complete treatment, but were referred or transferred to other treatment programs.



Almost 43% were administrative discharges that did not complete treatment and were not referred to other treatment programs.



Retention Rates

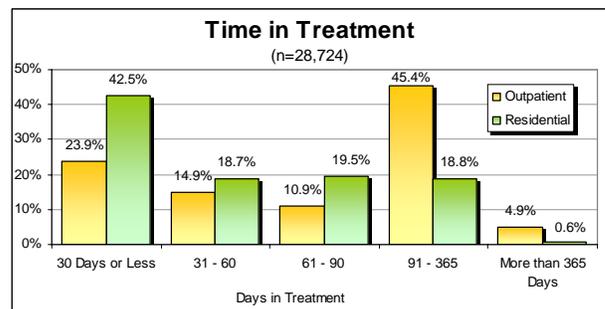
Research indicates that clients enrolled in longer treatment stays are more likely to experience positive outcomes, such as abstinence from alcohol and other drug use. Retention rates are calculated for individual service stays. If a client uses several treatment modalities –

individual service stays—in an episode of care, individual service times are used to calculate retention, not the total time in treatment.

Of the total number of clients in residential treatment services:

- 42.5% stayed in treatment less than 30 days
- 38.2% stayed 31 to 90 days

Most clients in residential treatment go on to outpatient services; therefore time shown in residential treatment is kept to a minimum.



Changes During Treatment

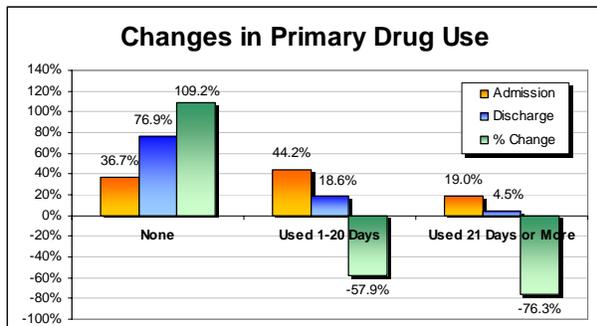
This section summarizes changes in the lives of clients in treatment from date of admission to date of discharge.

For this section 14,173 standard discharge records were used.

The information provided by CalOMS-Tx measures the changes between 30 days prior to admission and 30 days prior to discharge in key life domains.

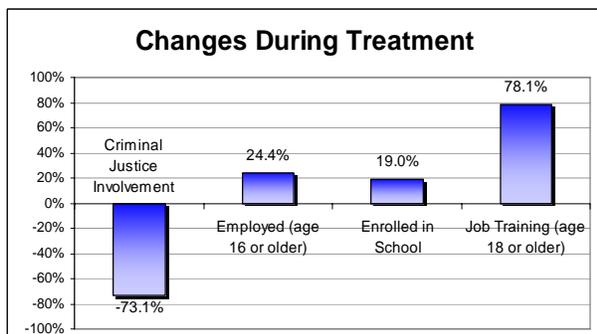
For the question “how many days in the past 30 days did you use your primary drug” (asked both at admission and discharge), clients responses indicate that abstinence increased 109%.

Data showed other clients had significant reduction in alcohol use (58% fewer used 1-20 days and 76% fewer used 21-30 days).

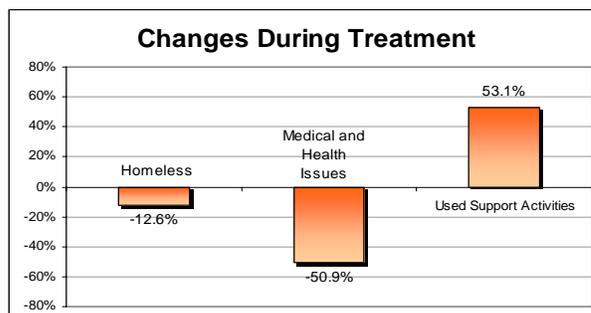


Comparing the 30 days prior to admission and 30 days prior to discharge the following changes were reported:

- Criminal justice involvement decreased 73.1%.
- Employment increased more than 24%.
- Enrollment in school increased by 19%.
- Enrollment in job training increased by 78%.



- Almost 13% of those who were homeless at admission obtained housing by discharge.
- Medical and health issues decreased by 51%. (This reduction may be attributed to clients gaining access to medical health services while in treatment.)
- The number of days in social support recovery activities increased by 53.1%. (Research indicates that participating in social support is important to long term client recovery after treatment. Social support recovery activities include 12-step meetings, other self-help meetings, religious/ faith recovery meetings, and interactions with family members and friends in support of recovery.)



¹ Admissions- Individual clients may have multiple admissions to treatment during a year. This accounts for a difference between the number of admissions and the number of clients. These figures include admissions to outpatient, day care rehabilitative, detoxification (detox), and residential services.

² Center for Disease Control and Prevention, National Center on Birth Defects and Developmental Disabilities.

³ SAMHSA, Office of Applied Studies, National Survey on Drug Use and Health 2005 and 2006.

⁴ Marin Institute, *Annual Catastrophe of Alcohol in California*, 2008.