

## EXECUTIVE SUMMARY

The purpose of this study was to review trends in California's publicly funded Alcohol and Drug Programs (ADP), with an analysis of client characteristics, treatment provided, underserved populations, and possible areas of improvement. For this study, we analyzed ADP data from 1992-1998, and collected survey data from the individual ADP County Directors. Together, these data sources served as the foundation for this report and recommendations.

The analysis of data from the state office of Alcohol and Drug Programs revealed a rise in the number of clients served per year, between 1992-1998, from 260,528 to 286,725. In sum, during this period, 1,707,098 clients were served by California's publicly funded substance abuse treatment system. About half of these clients were Caucasian, one third were Hispanic, and about two-thirds were male. During this six-year time, there was a rise in the number of adolescents and baby-boomers (ages 46-64) served. A large percentage of the males (about 75%) and an even larger portion of the females (85%) were either unemployed or not considered as being in the work force. About one-third of the clients served were in the legal system.

About half of all clients considered themselves "self-referred" to treatment, with the next largest referral source coming from the justice system—about one-fourth of the males, and one-fifth of the females. Health care providers referred few clients. Although heroin as the primary drug of choice decreased over the period of interest, it remained the most frequently indicated drug of choice. Methamphetamine as the primary drug of choice rose, particularly for women, as did marijuana. Needle use decreased over the six-year period, but it was still the primary route of administration for almost 40% of the population. Both men and women were more likely to participate in outpatient drug-free programs, and women were more likely to utilize methadone outpatient and day treatment.

County AOD administrators reported that, in general, publicly funded treatment systems in California adequately serve most populations (both drug-specific and ethnic/racial). Several administrators did, however, suggest that adolescents, the elderly, and the homeless were not as adequately served. Administrators also felt that most services for different drug user groups were adequate, with heroin users and injections users services rated as slightly lower. In terms of services offered, the administrators indicated the least amount in use of psychological testing, placement criteria, children's counseling, and spirituality counseling. Current treatment approaches indicate a mixture of more traditional methods (use of 12 step programs) with newer ones (use of cognitive-behavioral therapy, relapse prevention work, and use of non-confrontational methods).

### Recommendations:

1. Increase the training, outreach, and resources for adolescent, elderly and homeless AOD users.
2. Provide an even stronger integration of employment services into AOD treatment, and follow employment as an outcome variable.
3. Provide aggressive training and outreach to medical providers regarding the recognition and the availability of AOD services.
4. Provide family-centered services, including services for children.
5. Continue collaborations with the justice system, Welfare to Work, child welfare services, and domestic violence services.
6. Support continued use of newer, empirically based treatment interventions, use of patient placement criteria, and development of appropriate outcome measures.
7. Encourage providers to gather data by completely filling out forms, and include the use of tobacco on the CADDSS form.

Areas for future research include:

1. Include unique identifiers in state data, as well as discharge data, so that individual use of treatment system can be determined (i.e., numerous times admitted to treatment, length of stay in treatment, and discharge status)
2. In-depth analysis of treatment utilization by underserved or potentially underserved groups: adolescents, elderly, Asian Americans, African-Americans, homeless.
3. In-depth analysis of treatment utilization by those demanding increased services from AOD treatment, such as met amphetamine users.
4. Survey/interview of county providers to determine what models and types of treatment are being utilized.

Investigate the impact of the justice system/drug courts on AOD services.