

The Meth Epidemic in America

Two New Surveys of U.S. Counties:
“The Effect of Meth Abuse on Hospital Emergency Rooms”
“The Challenges of Treating Meth Abuse”



January 2006

NACO *National Association of Counties*

Counties Care for America



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National Association of Counties

Founded in 1935, the National Association of Counties (NACo) is the only national organization in the country that represents county governments. With headquarters on Capitol Hill in Washington, D.C., NACo's primary mission is to ensure that the county government message is heard and understood in the White House and in the halls of Congress.

NACo's purpose and objectives are to:

- Serve as a liaison with other levels of government;
- Improve public understanding of counties;
- Act as a national advocate for counties; and
- Help counties find innovative methods for meeting the challenges they face.

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Executive Summary

In an effort to better understand the effect of methamphetamine abuse in America, the National Association of Counties (NACo) conducted two national surveys in late 2005 to gauge the impact on health services. The surveys are titled, “The Effect of Meth on Hospital Emergency Rooms” and “The Challenges of Treating Meth Abuse.”

The results of these surveys show that the methamphetamine epidemic has a broad impact on county provided services and continues to devastate America’s communities. Two key results support these conclusions. The first survey showed that there are more meth-related emergency room visits than for any other drug. The second survey showed that the need for treatment programs for meth addiction is growing dramatically.

The meth epidemic in the U.S. began in the Western part of the country and is moving East. The increasingly widespread production, distribution and use of meth are now affecting urban, suburban and rural communities nationwide. County governments across America are on the front lines in responding to the methamphetamine crisis.

For counties, meth abuse causes legal, medical, environmental and social problems. In an alarming number of meth arrests, there is a child living in the home. These children many times suffer from neglect and abuse, which may manifest as a medical issue. County governments and their citizens must pay for investigating and closing meth labs and cleaning up lab sites, making arrests, holding lawbreakers in jails and then trying them, meeting the medical needs of users and providing treatment for those addicted to the drug.

In addition, there are many health consequences of methamphetamine use. Side effects include convulsions, dangerously high body temperature, stroke, cardiac arrhythmia, heart attacks, bone and tooth loss, stomach cramps, and shaking. Chronic methamphetamine abuse can lead to psychotic behavior including intense paranoia, visual and auditory hallucinations, and out-of-control rages that can result in violent episodes. Long-term use of methamphetamine may result in anxiety, insomnia, and addiction.

The meth epidemic is a complex problem that is not easily solved. In July 2005, NACo released the results of two surveys it conducted on the impact of methamphetamine on various county services. The surveys reported responses from county sheriffs and child welfare officials. The survey of county sheriffs showed that meth abuse is the top drug problem facing counties in America.

For the most recent surveys, the data collection by telephone was done by Research, Inc. of Washington, D.C. For the emergency room survey, the research firm contacted county public hospital or regional hospital emergency rooms in 48 states. Two hundred responses were received from hospital emergency room officials in 39 states. Seventy nine percent of the hospitals included in NACo’s survey were county owned, 47% were county operated and 14% were county contracted. Fifty five percent were partially county funded and 7% had no relationship with their home county.

For the treatment program survey, county behavioral health directors in 35 states were contacted. These directors are charged with responsibility for the planning and delivery of mental health, developmental disabilities and substance abuse services. They were asked about drug treatment programs in their counties. Two hundred responses were received from behavioral health directors in 26 states and Washington, DC.

The Effect of Meth on Hospital Emergency Rooms

- **There are more meth-related emergency rooms visits than any other drug.** *Forty-seven percent* of 200 responding hospitals say that methamphetamine is the top illicit drug involved in presentations at their hospitals. The next highest involvement reported is marijuana (16%).
- **The vast majority of responding hospitals have experienced increases in meth-related visits over the last 5 years.** *Seventy three percent* of hospital officials report that emergency room presentations involving methamphetamine have increased over the last 5 years, and *68%* reported continuing increases during the last three years.
- **These patients rarely have health insurance.** *Eighty three percent* of the emergency room officials in this survey report that people presenting at their hospitals with a meth related emergency are often uninsured.
- **As a result, hospitals have seen costs rise.** *Fifty six percent* of hospitals report that costs have increased at their facilities because of the growing use of methamphetamine.

The Challenges of Treating Meth Abuse

The second questionnaire surveyed behavioral health officials in 35 states and asked about drug treatment programs and how they have been affected by the methamphetamine epidemic.

- **The need for treatment programs for methamphetamine addiction is growing.** *Sixty nine percent* of responding officials report an increase in the need for programs in their counties because of the growing use of meth.
- **Treatment for meth addiction is different from other drugs.** *Fifty four percent* of the officials report that the success rate is different and *44%* report that the length of time in the program is longer for meth addicts. Meth users seeking treatment require special protocols and longer treatment periods than users of other drugs. If treatment programs feature usual methods, the recidivism rate of meth users is higher than for other drugs.
- **Only a few counties have sufficient capacity to meet the needs for meth treatment.** *Sixty three percent* of officials feel that they do not have sufficient capacity in their county programs to treat meth addicts and *57%* say the reason is lack of funding.



Survey I

Emergency Rooms

In recent years, uninsured and underinsured individuals presenting at county hospitals have been a constant drain on county budgets. In the most recent fiscal downturn, one of the fastest growing elements of the budgets in many counties has been its public health facilities, its hospitals and its funding for payments for uninsured residents. By state law, many counties are the providers of last resort for people who need medical help, have no insurance and have no other place to go. This uncompensated care is growing in many communities and is becoming an increasingly large component of county budgets.

Emergency Room Visits Increase

Seventy three percent of the respondents to the survey indicate increases in emergency room visits involving methamphetamine in the last 5 years, with 45% indicating continuing growth in the last year. Ninety four percent of the hospitals in counties in the population range between 50,000 and 100,000 report increases in the last five years, and 90% of the hospitals in counties with populations below 10,000 report increases in the last year.

According to recent data collected by Gannett News Services, the most common reason for emergency room visits of the general public is chest pain, coming in at 4.6% of total visits. As the methamphetamine epidemic has grown, so have the visits to emergency rooms that involve methamphetamine. Although, according to recent data, about .5% of emergency rooms visits are the result of a drug overdose, 14% of the respondents to this recent survey estimate that up to 20% of their presentations involve meth, while 71% report that up to 10% of their presentations involve the drug. Meth visits can take many forms-from severe burns because of home lab explosions to malnutrition because the user just forgot to eat. A frequent cause of hospital visits can be heart attack-like symptoms or strokes produced by the increased heart rate and blood pressure that is a common side effect of the drug. Convulsions, injuries from fights and beatings due to the aggressiveness that comes with meth use and insomnia and mental confusion all can send people to emergency rooms.

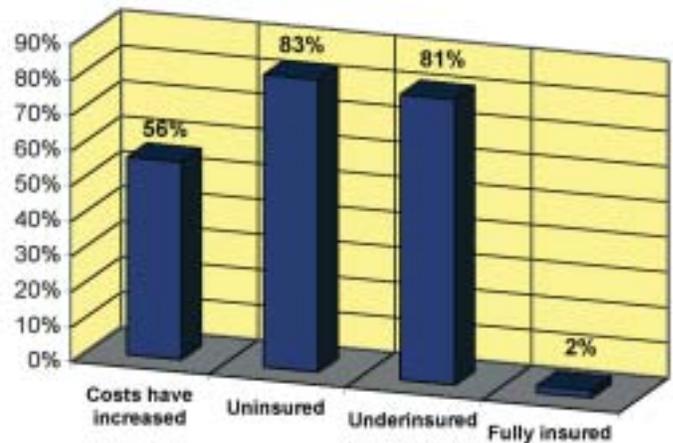
Ninety four percent of responding hospital emergency rooms in Nebraska estimate up to 10% of their presentations involve methamphetamine, followed by Kansas and Minnesota, with 83% of their hospitals reporting that up to 10% of their visits involve the drug. In fact, 80% of the responding hospital emergency rooms in the Upper Midwest and 70% of the hospitals in the Midwest report that same statistic. Both of these regions represent areas particularly hard hit by the growing methamphetamine epidemic.

Impact of Emergency Room Visits

Hospital emergency room officials were asked about the impact of methamphetamine on their day-to-day administration experiences and 83% report that during the last three years persons presenting with a meth related emergency were uninsured and 81% report that if they had insurance they were often underinsured. In addition, 56% of the officials state that hospital costs have increased because of the continuing methamphetamine related presentations at their emergency rooms. More hospital officials in Arkansas (78%),

Indiana and Idaho (71%), and Michigan and Washington (67%) report these same higher hospital costs. Only 2% of responding hospitals indicate that people with meth related presentations are fully insured.

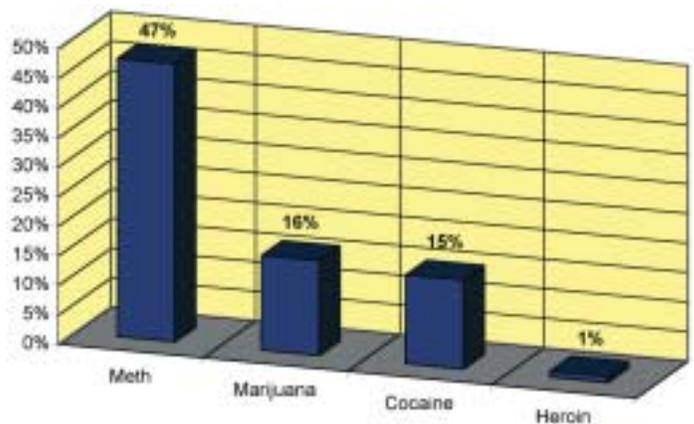
Impact on Emergency Rooms



Drug Involved Presentations

More than 47% of emergency room officials say that methamphetamine is the top illicit drug seen in presentations at their emergency rooms. Marijuana at 16% and cocaine at 15% were distant seconds. Only 1% says that heroin is seen in emergency room presentations. In the Northwest nearly 57% of emergency rooms officials say that they see more methamphetamine presentations than any other of the top illicit drugs. At the same time 52% of the officials in the Southwest and 51% of the officials in the Upper Midwest report the same information. The emergency room officials in the states of Colorado (75%), Indiana and Missouri (64%) also report higher occurrences of methamphetamine presentations.

Drug Involved Presentations



What do emergency rooms do when they see a presentation that they determine was caused by the patient's use of methamphetamine? Fifty eight percent say that they refer them to a private treatment program, 53% percent refer them to a hospital treatment program and 39% refer them to a county treatment program. Only 4% report that they make no referrals.



Survey II

Drug Treatment Programs

Drug treatment programs and prevention have been described as the only real answers to solving the methamphetamine epidemic. But what kinds of treatment programs are available for people who are addicted to meth?

Behavioral health directors were asked about the drug treatment programs available in their counties. A variety of programs are available in many counties. **Eighty-two percent** of the directors report that they have programs that are partially county funded, **77%** have privately operated programs and **74%** have county contracted treatment programs. **Thirty eight percent** of the counties also report having state owned and funded programs, **36%** have county owned programs and **37%** have county operated programs.

Getting Patients to Treatment

Treatment facilities acquire patients in a number of ways. More than **90%** of the counties get them through voluntary admissions, referral from courts, referrals from hospitals and medical facilities, law enforcement, child welfare, schools, employers, jails and correctional facilities and other treatment agencies. Clergy referrals (**88%**) and Drug Courts (**70%**) also account for a large number of people who seek treatment.

Types of Treatment

One hundred percent of the behavioral health directors report that their counties have outpatient treatment facilities, **98%** provide information and referral and **96%** provide recovery support. In addition, **59%** have residential treatment facilities and **55%** have medical detoxification programs. Only **35%** report the presence of social detoxification programs in their counties.

Growing Need for Treatment Programs

Overall, **69%** of directors report that there has been an increased need for drug treatment programs in their counties because of the growing use of methamphetamine. In some states, the need was even greater. **Ninety percent** of the directors in Texas, **86%** of the directors in Maryland, and North Carolina, **85%** of the directors in Ohio and **80%** of the directors in Michigan and Utah report an increased need.

Treating Methamphetamine Addiction

Fifty one percent of the directors estimate that up to 10% of treatment in 2002 was for methamphetamine, and **13%** estimate that between 10% and 20% of treatment was for meth during that same period.

In **2003**, **18%** of directors estimate that between 10% and 20% of treatment was for meth addiction, while **7%** of directors estimate that between 20% and 30% of all treatment sought was for meth.

Ten percent of directors report that in **2004**, between 20% and 30% of all treatment was for meth, while **16%** estimate that between 10% and 20% of all treatment provided was for meth addiction.

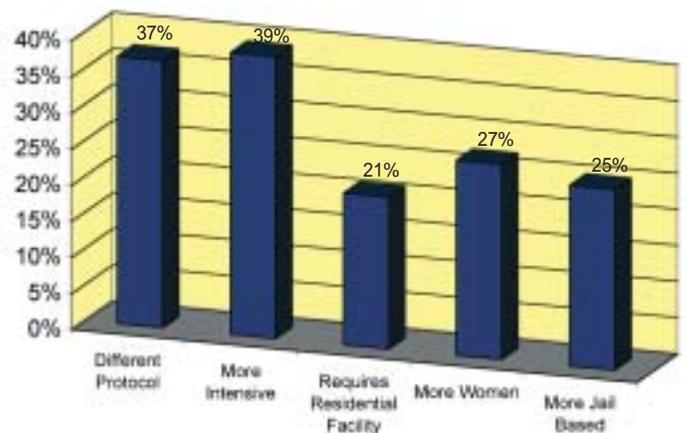
More than half of the directors (**54%**) report that the success rate in methamphetamine treatment is different from other drug users and **44%** say that the average length of time in the treatment program is longer for these addicts. **Thirty four percent** say that the treatment models that they use for meth users is significantly different from other drug treatment.

Treatment Capacity

Lack of funding was the reason cited by **57%** of the directors as to why county operated or funded treatment programs did not have sufficient capacity. **Thirty seven percent** of the directors report that they do have sufficient capacity, but **33%** report that they do not have sufficient trained staff to run the treatment programs that they need. Only 20% of directors in Texas and 25% of directors in Missouri report that they have sufficient capacity, both areas with growing meth problems.

Treatment for methamphetamine can be different from treatment for other drug users. **Thirty nine percent** of the directors report that the treatment is more intensive and **37%** say that it requires different protocols than other drug treatment. **Twenty seven percent** of the directors report that they are seeing more women seeking treatment than other drugs, **25%** report that they are providing jail based treatment programs and **21%** believe that successful treatment requires a residential facility.

Why Treating Meth is Different



Emergency Room Survey Responses

By Population

Below 10,000	62
10,000 - 24,999	66
25,000 - 49,999	33
50,000 - 99,999	16
100,000 - 249,999	10
250,000 - 499,999	4
500,00 and above	9
TOTAL	200

By Region

Northeast	4
Southeast	15
Upper Midwest	100
Lower Midwest	43
Northwest	23
Southwest	17

Responding States

AK	1
AL	3
AR	9
AZ	3
CA	6
CO	4
GA	5
IA	17
ID	4
IL	2
IN	14
KS	23
KY	3
LA	2
MD	1
MI	3
MN	6
MO	11
MS	12
MT	1

NC	8
ND	2
NE	17
NM	2
NV	2
NY	1
OH	1
OK	3
OR	2
PA	3
SC	6
SD	3
TN	3
TX	8
UT	1
WA	3
WI	1
WV	1
WY	3
TOTAL	200

Treatment Program Survey Respondents

By Population

unknown	2
Below 10,000	2
10,000 - 24,999	14
25,000 - 49,999	32
50,000 - 99,999	33
100,000 - 249,999	51
250,000 - 499,999	30
500,00 and above	36
TOTALS	200

Responding States

AL	11
AR	2
CA	16
DC	1
DE	1
FL	2
IA	6
IL	7
KS	7
MA	2
MD	7
MI	10
MN	8
MO	1
NC	7
NE	1
NY	18
OH	20
OR	8
PA	25
SC	4
TX	10
UK	1
UT	5
VA	9
WA	5
WI	6
TOTAL	200

The Effect of Meth Abuse on Hospital Emergency Rooms

1. What is your hospital's relationship to your county?

County owned – 79%	County operated – 47%
County contracted – 14%	Partially County funded – 55%
Fully County funded – 3%	No relationship – 7%

2. Have hospital presentations where methamphetamine was involved increased at your hospital's emergency room?

Yes, in the last 5 years – 73%	Yes, in the last 3 years – 68%
Yes, in the last year – 45%	

3. In your best estimate, what percentage of total presentations in your hospital's emergency room in the last two years is methamphetamine related?

0 to 10 percent – 71%	10 to 20 percent – 14%
20 to 30 percent – 1%	30 to 40 percent
40 to 50 percent	50 to 75 percent
75 to 100 percent	

4. Based on presentations involving methamphetamine during the three years, which of the following statements are true? (Check any that apply)

Hospital costs have increased because of meth – 56%
Persons presenting with a meth related emergency are often uninsured – 83%
Persons presenting with a meth related emergency are often underinsured – 81%
Persons presenting with a meth related emergency are often fully insured – 2%

5. In your opinion, what is the top illicit drug seen in presentations at your hospital's emergency room?

Cocaine – 15%	Heroin – 1%
Marijuana – 16%	Methamphetamine – 47%
Others	

6. How does your hospital handle methamphetamine related presentations?

Refer to hospital treatment program – 53%
Refer to county treatment program – 30%
Refer to private treatment program – 58%
No referrals – 4%
Other – 31%

Methamphetamine Survey
The Challenges of Treating Meth Abuse

1. Who operates the drug treatment program /facility(ies) in your county? (Check all that apply).

State owned and funded 38% County owned 36%
 County operated 37% County contracted 74%
 Partially County funded 82% Fully County funded 10%
 Privately operated 77% No drug treatment program or facility 0

2. How does the treatment facility acquire its patients? (Check all that apply)

Referral from courts – 94% Referral from hospitals and medical facilities – 99%
 Drug Courts – 70% Clergy – 88%
 Employers – 94% Other Treatment Agencies – 96%
 Law Enforcement – 94% Schools – 92%
 Child Welfare – 96% Jails and correctional facilities – 95%
 Voluntary – 99% Other (explain) – 17%

3. Which of the following apply to the treatment program/facility(ies) in your county? (Check all that apply.)

Residential treatment facility – 59% Outpatient treatment facility – 100%
 Information and referral – 98% Social Detox – 35%
 Medical Detox – 55% Recovery Support – 96%

4. Has there been an increase in the need for drug treatment in your county because of the growing use of methamphetamine?

Yes – 69% No – 29%

5. In your best estimate, what percentage of the total drug treatment patients in the last 3 years have been because of methamphetamine use?

Percentages	2002	2003	2004
0 to 10%	51%	44%	40%
10 to 20%	13%	18%	16%
20 to 30%	1%	7%	10%
30 to 40%	<1%	7%	7%
40 to 50%	<1%	<1%	<1%
50 to 75%	<1%	<1%	<1%
75 to 100%	0	<1%	<1%
Cannot provide	19%	19%	18%

6. Which of the following statements about methamphetamine treatment are true in your county? (Check all that apply)

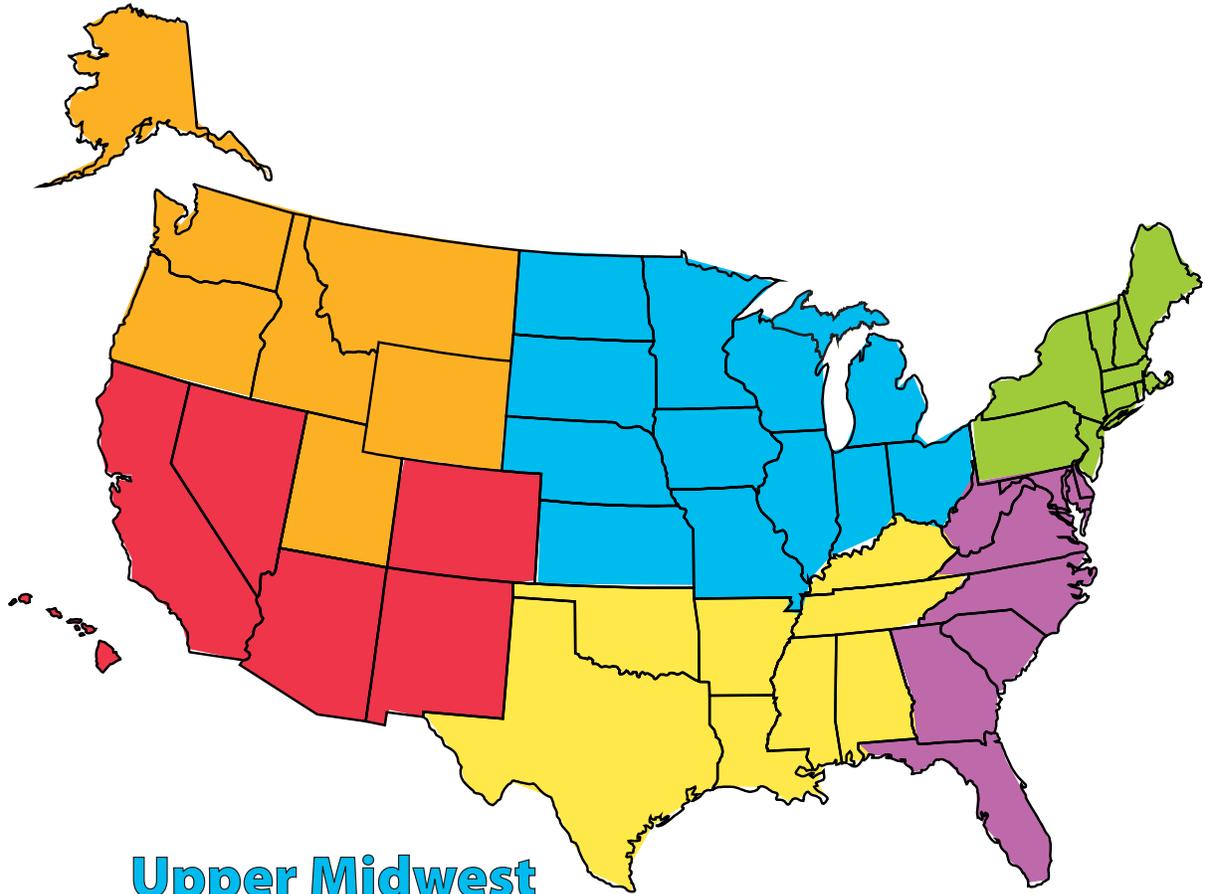
Success rate in treatment is different from other drug users – 54% Average length of stay is longer – 44%
 Treatment models for meth users are significantly different – 34% None

7. Does your county treatment program/facility(ies) have sufficient capacity to meet the needs for methamphetamine treatment? (Check any that apply)

Yes 37% No, lack of political will 29%
 No, lack of funding 57% No, lack of sufficient trained staff 33%
 Don't know

8. Has the recent methamphetamine epidemic created changes in treatment methods in your program/facility (ies)? (Check any that apply.)

Yes, requires different protocols from other drugs – 37% Yes, treatment is more intensive – 39%
 Yes, treatment requires a residential facility – 21% Yes, more women are seeking treatment – 27%
 Yes, we are providing more jail based treatment – 25% No



Upper Midwest

Northeast

Northwest

Lower Midwest

Southeast

Southwest