NDEWS National Drug Early Warning System

Funded at the Center for Substance Abuse Research by the National Institute on Drug Abuse

National Drug Early Warning System (NDEWS)

Sentinel Community Site Cross-Site Data Presentation:

Treatment Admissions for Substance Use Disorders

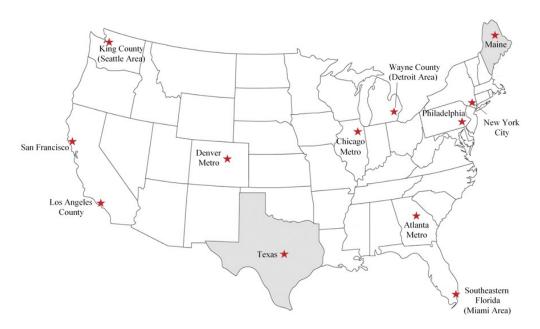
2016

November 2017

NDEWS Coordinating Center

NDEWS National Drug Early Warning System

Funded at the Center for Substance Abuse Research by the National Institute on Drug Abuse



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Sentinel Community Site Cross-Site Data Presentations

The National Drug Early Warning System (NDEWS) was launched in 2014 with the support of the National Institute on Drug Abuse (NIDA) to collect and disseminate timely information about drug trends in the United States. The Center for Substance Abuse Research (CESAR) at the University of Maryland manages the NDEWS Coordinating Center and has recruited a team of nationally recognized experts to collaborate on building NDEWS. Part of this team includes 12 Sentinel Community Epidemiologists (SCEs), representing 12 Sentinel Community Sites (SCSs). Site-specific data for the 12 NDEWS SCSs are available in the SCS Profile Reports. In addition, the NDEWS Coordinating Center prepares Cross-Site Data Presentations of selected indicators that are available and comparable for each of the 12 SCSs. Cross-Site Data Presentations are created on a rolling basis, as data are made available by their respective reporting agencies.

This publication, as well as detailed information about NDEWS, can be found on the NDEWS website at www.ndews.org.

Domain: Treatment for Substance Use Disorders

Indicator: Primary Substance Mentioned at Admission to Treatment

Data Source: State and Local Agencies

Time Period: 2016

Treatment admissions data provide indicators of the health consequences of drug use and their impact on the treatment system (NIDA 2014). Ten of the 12 NDEWS Sentinel Community Epidemiologists (SCEs) were able to provide the NDEWS Coordinating Center with 2016 treatment admissions data from their local sources (data were not available for Atlanta Metro and Chicago Metro SCSs). Note that the definition of the populations covered by each local treatment data source varies; however, the majority are based on admissions to programs receiving public funds. (See *Overview & Limitations of Treatment Admissions Data from Local Sources* for site-specific definitions of admissions, catchment areas, drug terms, and data sources.) Primary admissions by drug are compiled as counts and percentages of all admissions.

Highlights

- Alcohol and heroin were the two most highly ranked primary drugs of use among treatment clients across the 10 NDEWS Sentinel Community Sites (SCS) with available data for 2016 admissions.
 - Alcohol ranked first or second in all sites with available data except Los Angeles County, where it ranked 3rd. (Table 3)
 - The proportion of persons entering treatment that mentioned **alcohol** as a primary substance ranged from a high of 37.1% in the Denver Metro area to a low of 16.9% in Los Angeles County in 2016. (Figure 3a)
 - Heroin ranked first or second in 8 sites; in Southeastern Florida (Miami Area) it ranked 3rd and in Texas heroin ranked 4th. (Table 3)
 - Primary heroin admissions ranged from a high of 42.9% in Wayne County (Detroit Area) to a low of 14.0% in Texas. (Figure 3b)
- Marijuana was the next most highly ranked primary drug among treatment clients in the 10 NDEWS SCSs with available data for 2016.
 - Marijuana ranked second, third, or fourth in all sites with available data except San Francisco, where it ranked 6th. (Table 3)
 - Primary marijuana admissions ranged from a high of 22.8% in Texas to a low of 4.6% in San Francisco. (Figure 3c)
- Primary **methamphetamine** admissions ranked higher in all 4 western NDEWS sites and 1 southern NDEWS site (Texas) than in the Northeast and Midwest NDEWS sites. (Table 3)
 - Among the NDEWS sites where primary methamphetamine admissions ranked among top 3 drugs, the proportion of persons entering treatment that mentioned **methamphetamine** as a primary substance ranged from a high of 29.0% in Los Angeles County to a low of 12.1% in King County (Seattle Area). (Figure 3d)
 - Among the 5 NDEWS sites where it ranked low (below 5), less than 1.0% of treatment admissions in each of the sites mentioned methamphetamine as a primary drug. (Figure 3d)

- The proportion of treatment admissions that mentioned **cocaine/crack** as a primary drug of use ranged from a high of 11.2% in Philadelphia to a low of 3.2% in Maine (Figure 3e) and ranked between 3rd and 6th in the 10 NDEWS SCSs with available data for 2016 admissions. (Table 3)
- The proportion of treatment admissions that mentioned **prescription opioids** as a primary drug of use ranged from a high of 23.4% in Maine to a low of 2.6% in New York City (Figure 3f) and ranked between 3rd and 7th in the 10 NDEWS SCSs with available data for 2016 admissions. (Table 3)
- Primary **benzodiazepine** admissions ranked between 6th and 8th in all 10 NDEWS sites with available data. (Table 3) The proportion of treatment admissions that mentioned **benzodiazepines** as a primary drug of use was less than 2% in the 10 NDEWS SCSs with available data for 2016 admissions (data not shown).
- Data on primary admissions for MDMA were reported for 7 NDEWS SCSs and was ranked 8th or higher in all 7 sites. (Table 3) The proportion of treatment admissions that mentioned MDMA as a primary drug of use was less than 1% in the 7 NDEWS SCSs with available data for 2016 MDMA admissions (data not shown).

Table 3: Ranking* of Primary Drugs Reported at Admission** to Substance Use Disorder Treatment Programs Among Residents of the 12 NDEWS Sentinel Community Sites (SCS)^, by U.S. Region and SCS Site, 2016

Based on Number of Admissions with Selected Substances Cited as Primary Substance of Use

| | Primary Substance of Use | | | | | | | | | | |
|--|----------------------------------|-------------------|--------|-------------------------|----------------------|-----------|----------------------|----------------------|-------------------------|---------------------------|----------------------------|
| SCS^ and U.S. Region | Alcohol | Cocaine/ Crack | Heroin | Prescription Opioids | Meth- amphetamine | Marijuana | Benzo- diazepines | MDMA | Synthetic Stimulants | Synthetic Cannabinoids | Other Drugs/ Unknown |
| Northeast Region | | | | | | | | | | | |
| Maine | 1 | 5 | 2 | 3 | 6 | 4 | 7 | unavail ⁺ | 8 | unavail ⁺ | 9 |
| New York City** | 1 | 4 | 2 | 5 | 8 | 3 | 7 | 10 | 11 | 9 | 6 |
| Philadelphia | 2 | 4 | 1 | 6 | 8 [†] | 3 | 7 | unavail | unavail | unavail | 5 |
| Midwest Region | | | | | | | | | | | |
| Chicago Metro | 2016 Data Not Available for Site | | | | | | | | | | |
| Wayne County (Detroit Area) | 2 | 3 | 1 | 5 | 8 | 4 | 6 | unavail | 9 | unavail | 7 |
| South Region | | | | | | | | | | | |
| Atlanta Metro | 2016 Data Not Available for Site | | | | | | | | | | |
| Southeastern Florida (Miami Area) ^ | 1 | 5 | 3 | 4 | 7 | 2 | 8¢ | 8\$ | 8\$ | 8\$ | 6 |
| Texas | 1 | 5 | 4 | 7 | 3 [†] | 2 | 8 | 10 | unavail | 9 | 6 |
| West Region | | | | | | | | | | | |
| Denver Metro**^ | 1 | 6 | 2 | 5 | 3 | 4 | 8 | 10 ^{††} | 9 | unavail | 7 |
| King County (Seattle Area)** | 2 | 5 | 1 | 6 | 3 | 4 | unavail | 8\$ | 8* | 8¢ | 7 |
| Los Angeles County** | 3 | 5 | 2 | 6 | 1 | 4 | 8 | 9 | unavail | unavail | 7 |
| San Francisco | 2 | 4 | 1 | 5 | 3 | 6 | 8 | 9 | 10 ^{\$} | 10 [◊] | 7 |

NOTES:

SOURCE: Adapted by data provided by the NDEWS SCEs and their local data sources. See Overview & Limitations section for site-specific sources of the local treatment data.

^{*}Ranking: Based on number of treatment admissions. In a tie (i.e., two or more drugs have the same number of admissions), drugs are assigned the same ranking.

^{**}Admissions: Each admission does not necessarily represent a unique individual because some individuals are admitted to treatment more than once in a given period. Data on treatment admissions were provided to the NDEWS Coordinating Center by the Sentinel Community Epidemiologist (SCE) for each NDEWS SCS. The definitions of the types of treatment programs, admissions, and substance categories may vary across jurisdictions. Most sites report on publicly funded admissions. However, **Denver Metro** includes admissions (excluding detox and DUI) to all licensed programs; **King County (Seattle Area)** did not have full calendar year 2016 data available—2016 figures are estimates based on doubling preliminary numbers reported from July—December 2016; **Los Angeles County** includes all admissions to programs receiving any public funds OR to programs providing narcotic replacement therapy; and **New York City** includes only noncrisis admissions. See *Overview & Limitations* section for site-specific definitions of admissions population, terms, catchment area, and sources of the local treatment data.

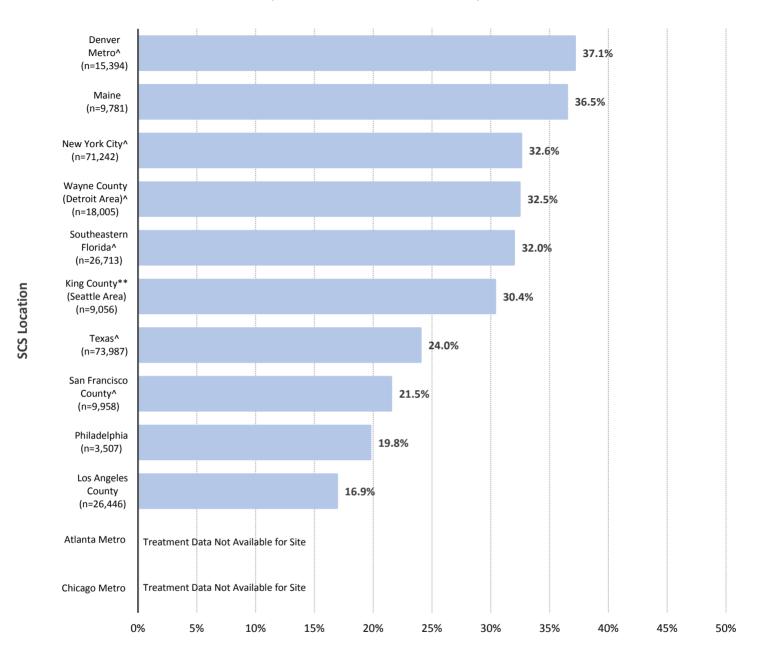
[^]SCS: See Overview & Limitations section for complete definition of each site's catchment area. **Southeastern Florida (Miami Area):** Miami MSA (3 counties); and **Denver Metro:** Denver Metro Area (9 counties).

[†]Methamphetamine: In Philadelphia and Texas, the methamphetamine category includes both amphetamines and methamphetamine.

^{††}MDMA: In Denver Metro MDMA is coded as "club drugs" which are mostly MDMA.

^{*}Rank is based on zero admissions reported for specified drug; unavail: Data were unavailable; unavail*: Data were unavailable because counts <10 were suppressed.

Figure 3a: Percentage of Treatment* Admissions Citing Alcohol as Primary Substance of Misuse, by NDEWS Sentinel Community Site (SCS)^, 2016



[^]Denver Metro: Denver Metro Area (9 counties)

Each admission does not necessarily represent a unique individual because some individuals are admitted to treatment more than once in a given period.

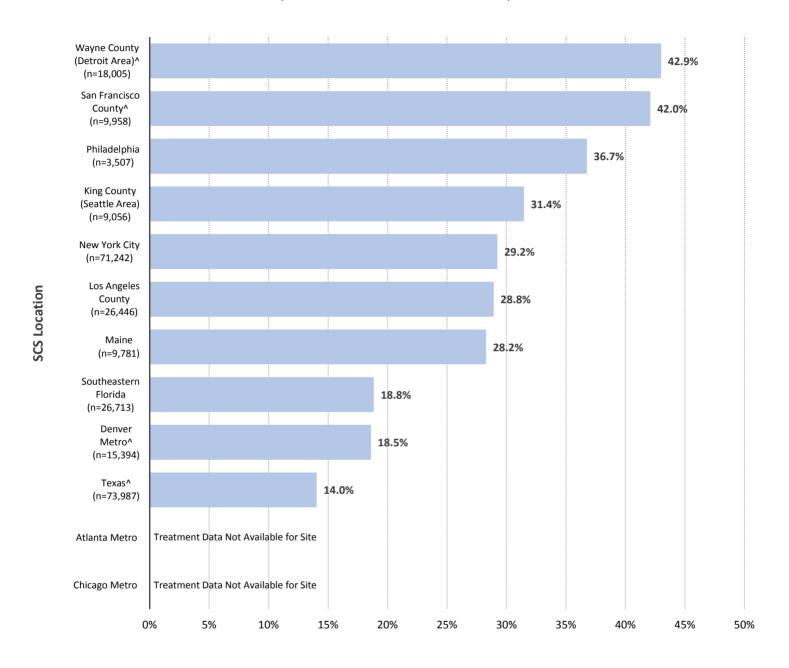
[^]New York City: Includes noncrisis admissions to outpatient, inpatient, residential, and methadone maintenance treatment programs licensed in the State

[^]Southeastern Florida: Miami MSA (3 counties)

^{*}Treatment Data: Data on treatment admissions were provided to the NDEWS Coordinating Center by the SCE for each NDEWS SCS. The definitions of the types of treatment programs, admissions, and substance categories may vary across jurisdictions. Please see *Overview & Limitations* section for site-specific definition of terms, catchment area, and sources of the local treatment data.

^{**}King County (Seattle Area): 2016 data presented for King County (Seattle Area) are estimates based on doubling preliminary July-December 2016 figures.

Figure 3b: Percentage of Treatment* Admissions Citing Heroin as Primary Substance of Misuse, by NDEWS Sentinel Community Site (SCS)^, 2016



[^]Denver Metro: Denver Metro Area (9 counties)

Each admission does not necessarily represent a unique individual because some individuals are admitted to treatment more than once in a given period.

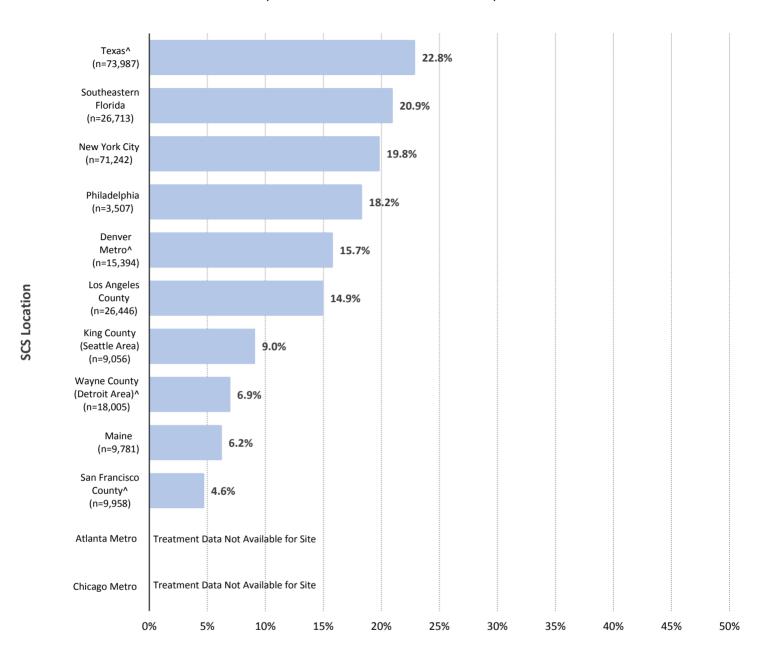
[^]New York City: Includes noncrisis admissions to outpatient, inpatient, residential, and methadone maintenance treatment programs licensed in the State

[^]Southeastern Florida: Miami MSA (3 counties)

^{*}Treatment Data: Data on treatment admissions were provided to the NDEWS Coordinating Center by the SCE for each NDEWS SCS. The definitions of the types of treatment programs, admissions, and substance categories may vary across jurisdictions. Please see *Overview & Limitations* section for site-specific definition of terms, catchment area, and sources of the local treatment data.

^{**}King County (Seattle Area): 2016 data presented for King County (Seattle Area) are estimates based on doubling preliminary July-December 2016 figures.

Figure 3c: Percentage of Treatment* Admissions Citing Marijuana as Primary Substance of Misuse, by NDEWS Sentinel Community Site (SCS)^, 2016



[^]Denver Metro: Denver Metro Area (9 counties)

Each admission does not necessarily represent a unique individual because some individuals are admitted to treatment more than once in a given period.

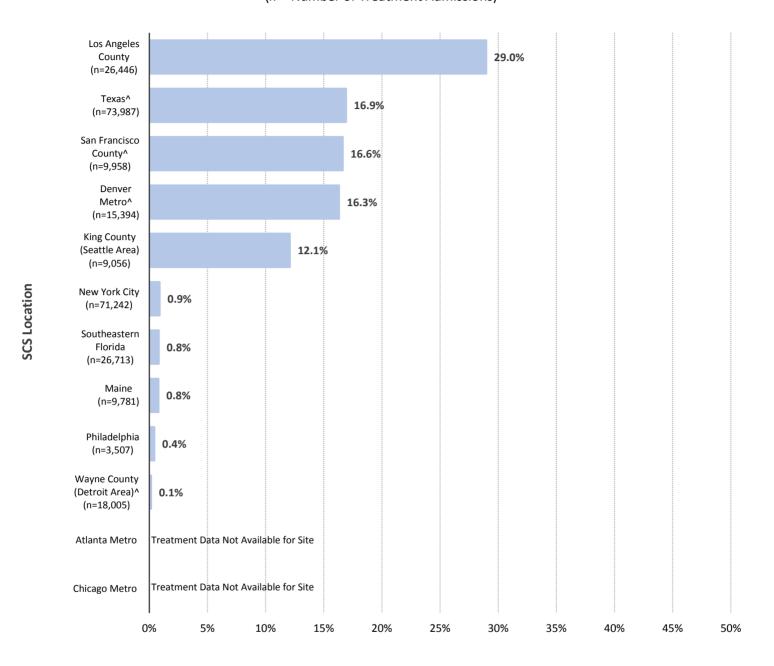
[^]New York City: Includes noncrisis admissions to outpatient, inpatient, residential, and methadone maintenance treatment programs licensed in the State

[^]Southeastern Florida: Miami MSA (3 counties)

^{*}Treatment Data: Data on treatment admissions were provided to the NDEWS Coordinating Center by the SCE for each NDEWS SCS. The definitions of the types of treatment programs, admissions, and substance categories may vary across jurisdictions. Please see *Overview & Limitations* section for site-specific definition of terms, catchment area, and sources of the local treatment data.

^{**}King County (Seattle Area): 2016 data presented for King County (Seattle Area) are estimates based on doubling preliminary July-December 2016 figures.

Figure 3d: Percentage of Treatment* Admissions Citing Methamphetamine as Primary Substance of Misuse, by NDEWS Sentinel Community Site (SCS)^, 2016



[^]Denver Metro: Denver Metro Area (9 counties)

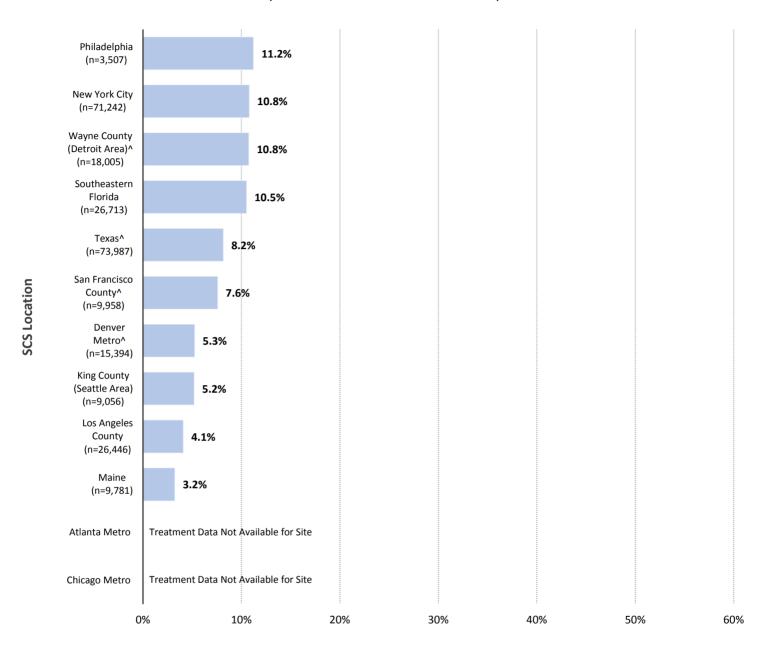
Each admission does not necessarily represent a unique individual because some individuals are admitted to treatment more than once in a given period.

[^]New York City: Includes noncrisis admissions to outpatient, inpatient, residential, and methadone maintenance treatment programs licensed in the State ^Southeastern Florida: Miami MSA (3 counties)

^{*}Treatment Data: Data on treatment admissions were provided to the NDEWS Coordinating Center by the SCE for each NDEWS SCS. The definitions of the types of treatment programs, admissions, and substance categories may vary across jurisdictions. Please see *Overview & Limitations* section for site-specific definition of terms, catchment area, and sources of the local treatment data.

^{**}King County (Seattle Area): 2016 data presented for King County (Seattle Area) are estimates based on doubling preliminary July-December 2016 figures.

Figure 3e: Percentage of Treatment* Admissions Citing Cocaine/Crack as Primary Substance of Misuse, by NDEWS Sentinel Community Site (SCS)^, 2016



[^]Denver Metro: Denver Metro Area (9 counties)

Each admission does not necessarily represent a unique individual because some individuals are admitted to treatment more than once in a given period.

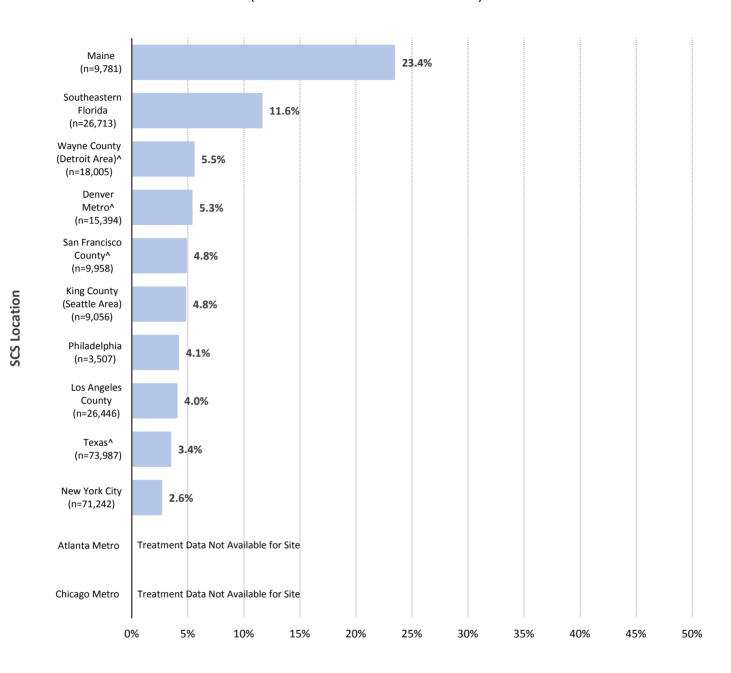
[^]New York City: Includes noncrisis admissions to outpatient, inpatient, residential, and methadone maintenance treatment programs licensed in the State

[^]Southeastern Florida: Miami MSA (3 counties)

^{*}Treatment Data: Data on treatment admissions were provided to the NDEWS Coordinating Center by the SCE for each NDEWS SCS. The definitions of the types of treatment programs, admissions, and substance categories may vary across jurisdictions. Please see *Overview & Limitations* section for site-specific definition of terms, catchment area, and sources of the local treatment data.

^{**}King County (Seattle Area): 2016 data presented for King County (Seattle Area) are estimates based on doubling preliminary July-December 2016 figures.

Figure 3f: Percentage of Treatment* Admissions Citing Prescription Opioids as Primary Substance of Misuse, by NDEWS Sentinel Community Site (SCS)^, 2016



[^]Denver Metro: Denver Metro Area (9 counties)

Each admission does not necessarily represent a unique individual because some individuals are admitted to treatment more than once in a given period.

[^]New York City: Includes noncrisis admissions to outpatient, inpatient, residential, and methadone maintenance treatment programs licensed in the State ^Southeastern Florida: Miami MSA (3 counties)

^{*}Treatment Data: Data on treatment admissions were provided to the NDEWS Coordinating Center by the SCE for each NDEWS SCS. The definitions of the types of treatment programs, admissions, and substance categories may vary across jurisdictions. Please see *Overview & Limitations* section for site-specific definition of terms, catchment area, and sources of the local treatment data.

^{**}King County (Seattle Area): 2016 data presented for King County (Seattle Area) are estimates based on doubling preliminary July-December 2016 figures.

Overview and Limitations of Treatment Admissions Data from Local Sources

Treatment admissions data provide indicators of the health consequences of drug use and their impact on the treatment system.^a The data can provide some indication of the types of drugs being used in geographic areas and can show patterns of use over time. However, it is important to note that treatment data only represent use patterns of individuals entering treatment programs and the availability of particular types of treatment in a geographic area will influence the types of drugs being reported. Also, most sites report only on admissions to publicly funded treatment programs; thus, information on individuals entering private treatment programs may not be represented by the data. It should also be noted that each admission does not necessarily represent a unique individual because some individuals are admitted to treatment more than once in a given period.^b

Treatment admissions data are reported to the NDEWS Coordinating Center by the NDEWS Sentinel Community Epidemiologist for each SCS, when available. Calendar year 2016 data were available for 10 of 12 NDEWS SCSs; data were not available for the Atlanta Metro and Chicago SCSs. See below for site-specific information about the data.

Site-Specific Notes about 2016 Treatment Data and Sources of the Data

Atlanta Metro

Data Availability: Calendar year 2015 and 2016 data are not available; therefore data for 2012–2014 are presented in the Atlanta Metro SCS Data Tables and Snapshot.

Catchment Area: Includes residents of: Barrow, Bartow, Butts, Carroll, Cherokee, Clayton, Cobb, Coweta, Dawson, DeKalb, Douglas, Fayette, Forsyth, Fulton, Gwinnett, Haralson, Heard, Henry, Jasper, Lamar, Meriwether, Morgan, Newton, Paulding, Pickens, Pike, Rockdale, Spalding, and Walton counties.

Notes & Definitions:

Admissions: includes admissions to publicly-funded programs.

<u>Marijuana/Synthetic Cannabinoids:</u> the data do not differentiate between marijuana and synthetic cannabinoids.

Source: Data provided to the Atlanta Metro NDEWS SCE by the Georgia Department of Human Resources.

Chicago Metro

Data Availability: Calendar Year (CY) data are not available for the Chicago SCS so fiscal year data are presented. Data for 2016 were also not available at this time so FY2012-2015 are presented.

Catchment Area: Data were only available for residents of Chicago, not for the entire Chicago MSA.

Notes & Definitions:

<u>Admissions</u>: Includes admissions to publicly funded programs. Each admission does not necessarily represent a unique individual because some individuals are admitted to treatment more than once in a given period.

Declines in overall treatment admissions are due to several factors, including budget cuts and changes in providers and payers that affect the reporting of these data (e.g., the expansion of Medicaid under the ACA to cover some forms of drug treatment).

<u>Prescription Opioids</u>: Includes oxycodone/hydrocodone, nonprescription methadone, and other opiates.

Source: Data provided to the NDEWS Chicago SCE by the Illinois Department of Human Services, Division of Alcoholism and Substance Abuse (DASA).

Denver Metro

Catchment Area: Includes admissions data for residents of Adams, Arapahoe, Boulder, Broomfield, Clear Creek, Denver, Douglas, Gilpin, and Jefferson counties.

Notes & Definitions:

Admissions: Includes admissions (excluding detox and DUI) to all Colorado alcohol and drug treatment agencies licensed by the Colorado Department of Human Services, Office of Behavioral Health (OBH). Each admission does not necessarily represent a unique individual because some individuals are admitted to treatment more than once in a given period. Treatment data presented in this year's report differ from data presented in previous SCS reports due to a change in access to treatment data and/or a change in query search terms.

<u>Prescription Opioids</u>: Includes nonprescription methadone and other opiates and synthetic opiates.

MDMA: Coded as "club drugs," which are mostly MDMA.

Other Drugs/Unknown: Includes inhalants, over-the-counter, and other drugs not specified.

Source: Data provided to the Denver Metro NDEWS SCE by the Colorado Department of Human Services, Office of Behavioral Health (OBH), Drug/Alcohol Coordinated Data System (DACODS).

King County (Seattle Area)

Notes & Definitions:

Data Availability: 2016 figures are estimates based on doubling preliminary numbers reported for July-December 2016.

<u>Treatment authorizations</u>: Includes admissions to outpatient, opioid treatment programs and residential modalities of care in publicly funded programs. Each admission does not necessarily represent a unique individual because some individuals are admitted to treatment more than once in a given period.

<u>Prescription Opioids</u>: Includes hydromorphine, other opiates and synthetics, and oxycodone.

Source: Data provided to the King County (Seattle Area) NDEWS SCE by the Washington State Department of Social and Health Services (DSHS) and King County Behavioral Health and Recovery Division for July-Dec 2016.

Los Angeles County

Notes & Definitions:

Admissions: Includes all admissions to programs receiving any public funds or to programs providing narcotic replacement therapy, as reported to the California Outcomes Monitoring System (CalOMS). An admission is counted only after all screening, intake, and assessment processes have been completed, and all of the following have occurred: 1) the provider has determined that the client meets the program admission criteria; 2) if applicable, the client has given consent for treatment/recovery services; 3) an individual recovery or treatment plan has been started; 4) a client file has been opened; 5) the client has received his/her first direct recovery service in the facility and is expected to continue participating in program activities; and 6) in methadone programs, the client has received his/her first dose. Each admission does not necessarily represent a unique individual because some individuals are admitted to treatment more than once in a given period.

<u>Prescription Opioids</u>: Includes drug categories labeled "oxycodone/OxyContin" and "other opiates or synthetics."

Source: Data provided to the Los Angeles NDEWS SCE by the California Department of Health Care Services, Mental Health Services Division, Office of Applied Research and Analysis, CalOMS (2013–2016 data) and the California Department of Drug and Alcohol Programs (2012 data).

Maine

Notes & Definitions:

<u>Admissions:</u> includes all admissions to programs receiving state funding.

Source: Data provided to the Maine NDEWS SCE by the Maine Office of Substance Abuse.

❖ New York City

Notes & Definitions:

<u>Non-Crisis Admissions</u>: Includes non-crisis admissions to outpatient, inpatient, residential, and methadone maintenance treatment programs licensed in the state.

<u>Crisis Admissions</u>: Includes detox admissions to all licensed treatment programs in the state Each admission does not necessarily represent a unique individual because some individuals are admitted to treatment more than once in a given period.

<u>Prescription Opioids</u>: Includes nonprescription methadone, buprenorphine, other synthetic opiates, and OxyContin.

Benzodiazepines: Includes benzodiazepines, alprazolam, and rohypnol.

<u>Synthetic Stimulants</u>: Includes other stimulants and a newly created category, synthetic stimulants (created in 2014).

Source: Data provided to the New York City NDEWS SCE by the New York State Office of Alcoholism and Substance Abuse Services (OASAS), Client Data System accessed May 24, 2017 from Local Governmental Unit (LGU) Inquiry Reports.

Philadelphia

Notes & Definitions:

<u>Admissions</u>: Includes admissions for uninsured and underinsured individuals admitted to any licensed treatment programs funded through the Philadelphia Department of Behavioral Health and Intellectual disAbility Services (DBHIDS). Each admission does not necessarily represent a unique individual because some individuals are admitted to treatment more than once in a given period.

<u>2015 and 2016 Data:</u> Pennsylvania expanded Medicaid coverage under the Affordable Care Act and more than 100,000 additional individuals became eligible in 2015. As individuals who historically have been uninsured become insured, the number of individuals served through the BHSI (Behavioral Health Special Initiative) program has declined; thus treatment admissions reported by BHSI declined from 8,363 in 2014 to 3,507 in 2016. However, similar patterns of substance use were observed among those seeking treatment in 2014 and in 2015.

Beginning in FY2015, services funded by the Pennsylvania Department of Drug and Alcohol Programs and tracked by BHSI for OAS are required to report through an Internet portal. This new reporting system does not require drug of choice in the data collection. The impact of this change in reporting protocol resulted in an increase in the proportion of "unknown" drug of choice in subsequent years.

Methamphetamine: Includes both amphetamines and methamphetamine.

<u>Other Drugs</u>: May include synthetics, barbiturates, and over-the-counter drugs. Synthetic Stimulants and Synthetic Cannabinoids are not distinguishable from "Other Drugs" in the reporting source.

Source: Data provided to the Philadelphia NDEWS SCE by the Philadelphia Department of Behavioral Health and Intellectual disAbility Services (DBHIDS), Office of Addiction Services, Behavioral Health Special Initiative.

San Francisco County

Notes & Definitions

<u>Admissions</u>: Treatment episodes include clients admitted in prior years who are still receiving services in a particular year (e.g., methadone maintenance clients). Each admission does not necessarily represent a unique individual because some individuals are admitted to treatment more than once in a given period.

Source: Data provided to the San Francisco NDEWS SCE by the San Francisco Department of Public Health (SFDPH), Community Behavioral Health Services Division.

Southeastern Florida (Miami Area)

Catchment Area: Includes the three counties of the Miami MSA—Broward, Miami-Dade, and Palm Beach counties.

Notes & Definitions:

<u>Admissions</u>: Includes admissions of all clients in programs receiving any public funding located in Miami-Dade, Broward and Palm Beach counties as provided by the Florida Department of Children and Families Office of Substance Abuse and Mental Health. Each admission does not necessarily represent a unique individual because some individuals are admitted to treatment more than once in a given period. 2012–2013: Data for Palm Beach County is not available for 2012–2013, therefore, data for 2012–2013 only includes data for Broward and Miami-Dade counties.

Source: Data provided to the Southeastern Florida NDEWS SCE by the Florida Department of Children and Families, Office of Substance Abuse and Mental Health.

❖ Texas

Notes & Definitions:

<u>Admissions</u>: Includes all admissions reported to the Clinical Management for Behavioral Health Services (CMBHS) of the Texas Health and Human Services Commission, Behavioral Health Services (HHSC BHS). Each admission does not necessarily represent a unique individual because some individuals are admitted to treatment more than once in a given period.

Methamphetamine: Includes amphetamines and methamphetamine.

Please Note: Treatment data presented in this year's report differ from data presented in previous NDEWS reports because the treatment data for Texas have been revised.

Source: Data provided to the Texas NDEWS SCE by the Texas Health and Human Services Commission, Behavioral Health Services (HHSC BHS).

❖ Wayne County (Detroit Area)

Notes & Definitions:

<u>Admissions</u>: Admissions whose treatment was covered by Medicaid or Block Grant funds; excludes admissions covered by private insurance, treatment paid for in cash, and admissions funded by the Michigan Department of Corrections. Each admission does not necessarily represent a unique individual because some individuals are admitted to treatment more than once in a given period.

<u>Synthetic Stimulants</u>: Includes amphetamines and synthetic stimulants; data suppressed to protect confidentiality.

Source: Data provided to the Wayne County (Detroit Area) NDEWS SCE by the Michigan Department of Health and Human Services, Bureau of Behavioral Health and Developmental Disabilities, Division of Quality Management and Planning, Performance Measurement and Evaluation Section.

Sources

Data Sources: Adapted by the NDEWS Coordinating Center from data provided by NDEWS SCEs listed above.

Overview/Methods/Limitations Sources: Adapted by the NDEWS Coordinating Center from:

^aNational Institute on Drug Abuse; National Institutes of Health; U.S. Department of Health and Human Services, Assessing Drug Abuse Within and Across Communities, 2nd Edition. 2006. Available at: https://www.drugabuse.gov/publications/assessing-drug-abuse-within-across-communities

^bNational Institute on Drug Abuse; National Institutes of Health; U.S. Department of Health and Human Services, Epidemiologic Trends in Drug Abuse, Proceedings of the Community Epidemiology Work Group, Highlights and Executive Summary, June 2014. Available at: https://www.drugabuse.gov/sites/default/files/cewgjune2014.pdf