STATISTICAL PERSPECTIVES ON DRUG ABUSE TREATMENT IN NEW JERSEY, 1985

New Jersey Department of Health
Alcohol, Narcotic and Drug Abuse
Office of Data Analysis and Epidemiology
CN 362
Trenton, NJ 08625-0362

NEW JERSEY DEPARTMENT OF HEALTH

ETTER STATE OF HEALTH

Prepared November, 1986

112538

PREFACE

Substance abuse is the leading cause of morbidity and mental health problems in New Jersey, as in the rest of the nation, according to the National Institute on Mental Health. The problem affects the individual abusers, family members, friends, coworkers, employers, and crime victims with untold psychological suffering.

In addition to psychological costs, the social and economic costs of drug abuse are a major burden on the citizens of the State. In 1982, we estimated that the costs of drug treatment and prevention programs, hospitalizations due to drug related illnesses, lost employment opportunities, and costs to the criminal justice system, totaled $750 million in New Jersey. This did not include the costs of cases of Acquired Immune Deficiency Syndrome (AIDS) known to be related to drug abuse. We can now estimate these at over $300,000 per victim from the time of diagnosis to death. This includes hospital and outpatient care and lost productivity. Since two thirds of New Jersey's 1,000 AIDS cases (by December 31, 1985) were related to drug abuse, either directly or through transmission of the viral infection from the abuser to sex partners or offspring in utero or in the birth process, the additional cost for 1985 can be estimated at another $300 million. This cost can be expected to approximately double each year.

With prospects for either a vaccine or a cure for AIDS dim before 1991, according to a recent report from the National Academy of Sciences, we must increase our efforts at drug abuse prevention and treatment, which has been shown to reduce the prevalence of the problem and its associated psychological and social costs.

This report is about drug abuse treatment: who enters it and how they do. We welcome your comments.

Richard J. Russo
Assistant Commissioner
Alcohol, Narcotic and Drug Abuse

TABLE OF CONTENTS

INTRODUCTION

Drug abuse presents a serious problem in New Jersey. Drug abuse not only impairs the physical and mental health of the users, but imposes immense social burdens on our health care, education, law enforcement, and judicial systems. It can involve either the use of illegal drugs and chemicals such as heroin, marijuana, L.S.D., and P.C.P., or the abuse of legal prescription drugs such as tranquilizers or barbiturates.

There are biological and social consequences for the abuser, family members, and society at large. Some drugs, such as methamphetamine and phenecyclidine (PCP), can produce bizarre and often violent behavior, with tremendous impact on the user and those close to him. Unsterile and shared hypodermic needles are the mode of transmission for a variety of diseases, including AIDS and hepatitis type B. It is estimated that medical costs for drug abusers (other than for treatment of the abuse itself) are as much as four times higher than those for the general population.

While the cause or causes of drug abuse are unknown, a variety of social, psychological, and biological factors have been investigated in connection with it. Confirmed findings with respect to psychological factors are few. One of these, depression, has received considerable attention recently. While drug addicts in treatment report higher levels of depression prior to treatment than do members of the general population, no one has demonstrated prospectively that the depression causes the initial drug use.

The recent discovery of endorphins, or morphine-like substances which occur naturally in the brain, produced a flurry of excitement over the possibility that a major cause of addiction had been discovered. Several studies have now indicated that there is no simple relationship between concentrations of endorphins or the number of receptor sites and individual susceptibility to addiction. Nevertheless, basic research in addiction is one of the most exciting areas for contemporary biological investigators, who are focusing on more subtle aspects of receptor mechanisms.

Sociological research has shown that each drug of abuse has its own set of social correlates. Benzodiazepines (such as Valium) are more frequently abused by middle and lower-middle class females in their mid-twenties to mid-thirties. Marijuana is most frequently abused by males in their late teens and early twenties. Cocaine has established a strong foothold among middle to upper-middle class males, often those in high-stress work situations. Heroin and other narcotics are most frequently abused by lower-class males, particularly those belonging to minority groups. Young people have demonstrated great inventiveness in finding substances to abuse. Recent trends include sniffing solvent-based typing correction fluids, and the nitrous oxide propellant used in pressurized whipped cream containers. The discovery of these demographic correlates must not be confused with the discovery of the cause of addiction in social factors.

Drug abuse has geographic patterns as well as sociological, biological, and psychological ones. In New Jersey, heroin abuse is most prevalent in the northern counties, as is the abuse of Doriden. Dilaudid, Preludin, and Ritalin are more

heavily abused in the Camden area. In Mercer County, more than elsewhere in New Jersey, marijuana is sometimes soaked in a mixture of PCP and embalming fluid; users claim it enhances the marijuana "high." Methamphetamine use is highly prevalent in the southern counties; cocaine use has reached epidemic proportions throughout the State.

Multiple drug abuse is the rule rather than the exception. A 1980 national Alcoholics Anonymous survey shows that over 60 percent of members aged 30 or below were also addicted to other drugs, most noticeably benzodiazepines or marijuana. Tobacco and caffeine dependence are also very highly associated with the use of other drugs. The complexities of these issues are compounded by the difficulty in defining substance abuse.

The Division of Narcotic and Drug Abuse Control (DNDAC) of the New Jersey State Department of Health was established to help New Jersey citizens cope with the problem of drug abuse in the State. DNDAC's main mission is:

> to promote the behavioral health of the residents of New Jersey by addressing the problem of drug abuse/addiction through the development and coordination of activities that provide education, prevention, training, intervention, treatment and the development and dissemination of knowledge; and by regulating the manufacture, distribution and sale of controlled dangerous substances and other drugs.

Drug abuse treatment programs in New Jersey collect and report information on their clients through a Statewide client data system called the Client Oriented Data Acquisition Process (CODAP). Compiled by DNDAC, the data are highly useful for monitoring Statewide and local drug abuse treatment admissions and discharges. Further, these data are fowarded to the National Institute on Drug Abuse for their use in national level analyses.

Currently 73 drug abuse treatment units are serving New Jersey. About 88 percent of these clinics are oriented exclusively toward treatment of drug abuse; the remaining 12 percent provided treatment services for both drug abuse and alcoholism.

This pamphlet, which provides information about New Jersey drug treatment programs and the clients they serve, was prepared by Atiba Akili-Obika of the Office of Data Analysis and Epidemiology. The information in it is based on 1985 data from CODAP. The pamphlet attempts to provide brief answers to the following commonly asked questions about drug abuse, drug abusers, and drug abuse treatment.

- What types and patterns of drug abuse are treated?
- Where does drug abuse occur?
- What are the characteristics of drug abusers entering treatment?
- How many enter treatment?
- Are there more drug abusers entering treatment today than in the past?
- What types of treatment are available?
- Do drug abusers volunteer for treatment?

- How long do people use drugs before they enter treatment?
- How many people complete their treatment programs?
- Do drug abusers return to drug use after treatment?
- How does drug abuse differ for different groups of people and different types of drugs?
- Who pays for drug treatment?

The extent of drug abuse is one question which interests many people but is difficult to answer with certainty. This is because drug abuse is an illegal activity and people don't do it openly. They are often reluctant to answer questions about it unless these are part of carefully designed and expensive studies.

One such study, conducted in New York, can be used to estimate prevalence of drug use in New Jersey since the populations of the two states are demographically comparable. Some of the highlights of these results follow for the population aged 12 years or older:

Almost 900,000 New Jersey residents (12% of all residents) have illicitly used one or more drugs in the last six months.

Of these, 154,000 (2% of all residents) are categorized as substantial or extensive users and should be considered in need of drug abuse treatment.

The drugs most frequently used during the last six months are:

	Household Residents	Percent
Marijuana	746,000	10
Stimulants	208,000	3
Cocaine	206,000	3

Cocaine and marijuana are the most frequently used combination of drugs, although the combination of alcohol (not considered a drug) with marijuana is substantially higher. For recent use (six months), the most frequently used combinations are:

	Household Residents	Percent
Marijuana & Alcohol	584,000	8
Cocaine & Marijuana	140,000	2
Cocaine & Alcohol	114,000	2

Among current users, the most frequently used drugs are marijuana, stimulants, and cocaine. Over half a million people, or almost one-tenth of the population, have used marijuana in the past 30 days. More than 100,000 people have used cocaine, and 130,000 have used stimulants in the last 30 days.

There are 47,000 persons whose use patterns are intensive enough to indicate a very high risk for health problems, and an additional 107,000 substantial users in a somewhat lower, but still important risk state. Based on frequency and type of drug used, there are 154,000 New Jersey residents in immediate need of drug abuse treatment.

For the most frequently treated drug of abuse, heroin, however, household surveys are perhaps less reliable. Experts have devised several methods of estimating the numbers of abusers of this drug. These methods involve the study of hospital emergency room overdoses, arrests, capture-recapture methods, and prior treatment admissions. One new method used in New Jersey estimates the number from the proportions of AIDS cases reported to the State Health Department who either have or have not previously been in a drug treatment program. These methods all seem to indicate that there are about 40,000 heroin addicts in the State.

WHAT ARE THE PATTERNS OF DRUG ABUSE?

Drug abuse patterns are determined by the specific type of drug and its availability, as well as by the users needs. Five patterns of use, defined by the National Commission on Marihuana and Drug Abuse[1] are discussed below:

Experimental use. Experimental use is defined as short-term, non-patterned trials of drugs with varying intensity and with a maximum frequency of 100 times. These users are primarily motivated by curiosity about the drugs and a desire to experience the anticipated effects. Experimental use is generally in social settings and among close friends.

Social-recreational use. Social-recreational drug use generally occurs in social settings among friends or acquaintances who wish to share an experience perceived by them as acceptable and pleasurable. Such use is primarily motivated by social factors and does not tend to escalate to more individually oriented patterns of use. Unlike experimental use, which is limited to a few episodes, social use tends to be repeated in weekly or bi-weekly episodes.

Circumstantial-situational use. This pattern of drug use is defined as a task-specific, self-limited use which is variably patterned, differing in frequency, intensity and duration. It is motivated by a perceived need or desire to achieve a known and anticipated drug effect deemed desirable to cope with a specific condition or situation. Such use may occur in four or five episodes per week.

Intensified use. This is defined as long-term patterned drug use at least once a day. Such use is motivated chiefly by a perceived need to achieve relief from a persistent problem or stressful situation or a desire to maintain a certain self-prescribed level of performance.

Compulsive use. This pattern is characterized by high frequency and intensity of drug use of relatively long duration, producing some degree of dependence. The compulsive patterns are usually associated with a preoccupation with drug-seeking and drug-taking behavior to the relative exclusion of other types of behavior. The motivation to continue compulsive drug use is primarily related to a need to elicit the acute drug effects in the face of increasing tolerance and incipient withdrawal effects.

A new form of compulsive use that has emerged in the 1980s, called "binges" or "runs," refers to continous periods of repeated drug-taking, during which users consume substantial dosages of drugs. During binges, which can interrupt any pattern of drug use, users may assume some of the behavioral characteristics of compulsive users, but they may also adopt other patterns of use when they are not binging. This form of drug use appears to be motivated by a desire to maximize pleasurable drug effects and is usually associated with some degree of toxicity.

---

1. National Commission on Marihuana and Drug Abuse, Drug Use in America: Problem in Perspective, Second Report (Washington, D.C., Government Printing Office, 1983).

Individuals engaged in these different patterns of use of drugs have different needs for treatment. Those whose use never progresses beyond the social-recreational type are not candidates for treatment, while those who engage in compulsive use clearly could benefit from it. Between these extremes, circumstantial/situational, and intensified users might benefit from drug treatment along or in combination with other forms of treatment designed to help them solve their underlying problems. Binge users may also benefit from treatment if their drug use seriously disturbs family or work life.

WHAT TYPES OF DRUG ABUSE ARE TREATED?

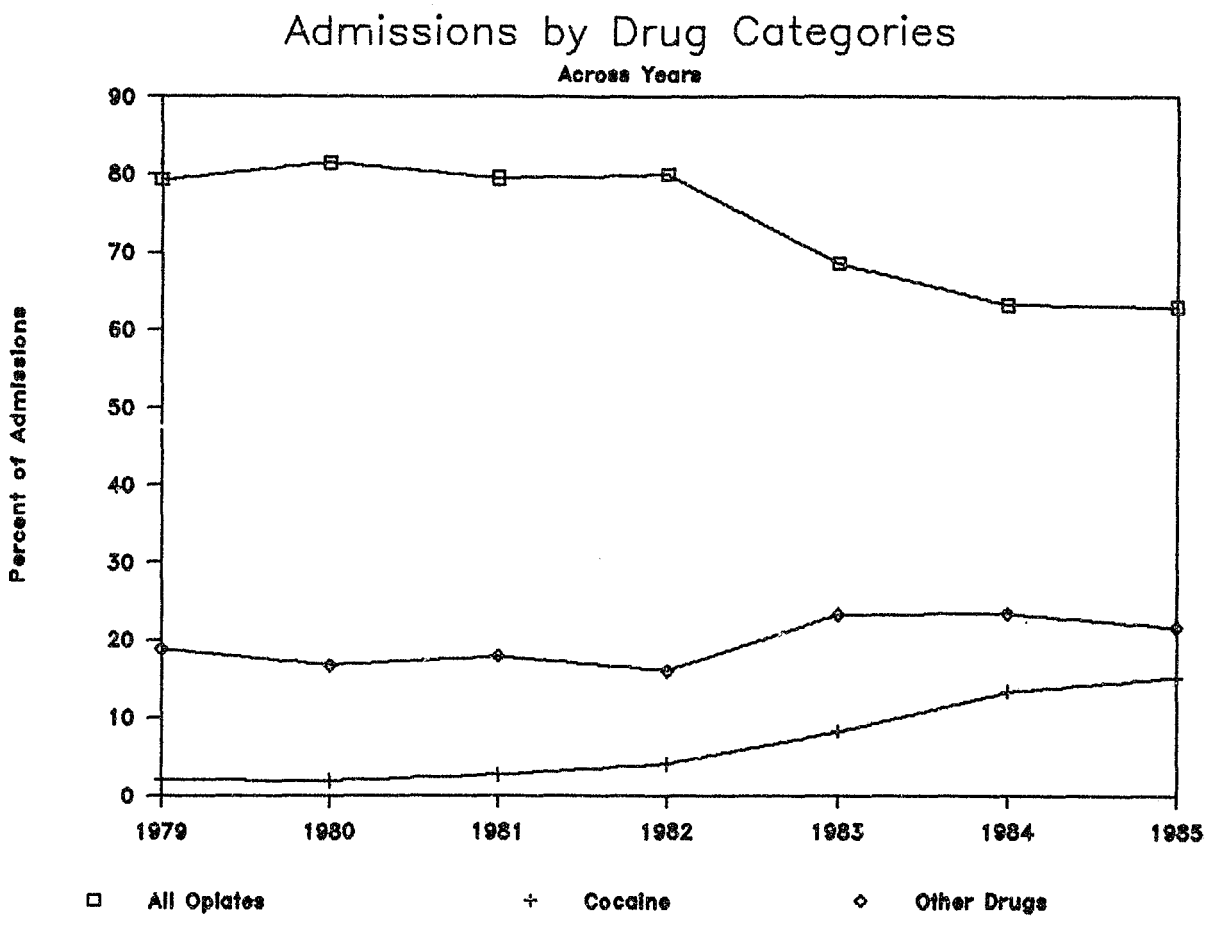
Clients admitted to drug abuse treatment clinics in New Jersey have problems with a wide range of drugs and chemicals, including improperly used prescribed drugs, as well as illegal substances. The CODAP reporting system classifies drugs into 14 categories:

- Heroin
- Other opiates (non-prescription methadone, opium, morphine, codeine, Demerol, Dilaudid, etc.)
- Marijuana/hashish (includes THC, "hash oil," other cannabis preparations)
- Barbiturates (phenobarbital, Seconal, Nembutal, etc.)
- Amphetamines (Benzedrine, Dexedrine, methamphetamine, "speed," and related compounds such as Preludin, Ritalin, etc.)
- Alcohol
- Cocaine
- PCP
- Hallucinogens (LSD, mescaline, psilocybin, MCA, DMT, mushrooms, peyote, etc.)
- Tranquilizers (Librium, Valium, Miltown, etc.)
- Other sedatives or hypnotics (methaqualone, chloral hydrate, Placidyl, Doriden, etc.)
- Inhalants (glue, nitrous oxide, organic solvents, etc.)
- Over-the-counter (legally obtained, non-prescription drugs)
- Other (any drug not falling into one of the above categories)

The number of clients with more than one major drug problem at the time of admission has been steadily increasing in recent years. Currently, polydrug users represent two-thirds of all admissions. Drug combinations such as cocaine and heroin, cocaine and marijuana, tranquilizers and alcohol, hallucinogens and cocaine contributed to an increase of 1,125 polydrug admissions over the previous year.

Heroin, along with other opiates such as codeine and morphine, continues to be a very serious drug problem in New Jersey. Clients treated for abuse of and, more often, addiction to these opiates account for two-thirds of Statewide admissions. Even so, admission data indicate that rates of new admissions in all opiate groups, particularly heroin, have been on a decline. Cocaine, though, is the fastest growing abused drug in New Jersey. During the period from 1979 to 1983 cocaine use rose to slightly more than 8 percent of admissions. In 1984 cocaine admissions increased by 63 percent in one year's time to account for 13 percent of Statewide admissions. In 1985, primary cocaine admissions represented 1,993 clients or 15 percent of Statewide admissions. An additional 3,992 clients entered

treatment with cocaine as a secondary drug problem--making cocaine the most popular secondary drug used by newly admitted clients. Nearly one-half of all polydrug users indicated cocaine use in addition to the use of their primary drug of abuse.



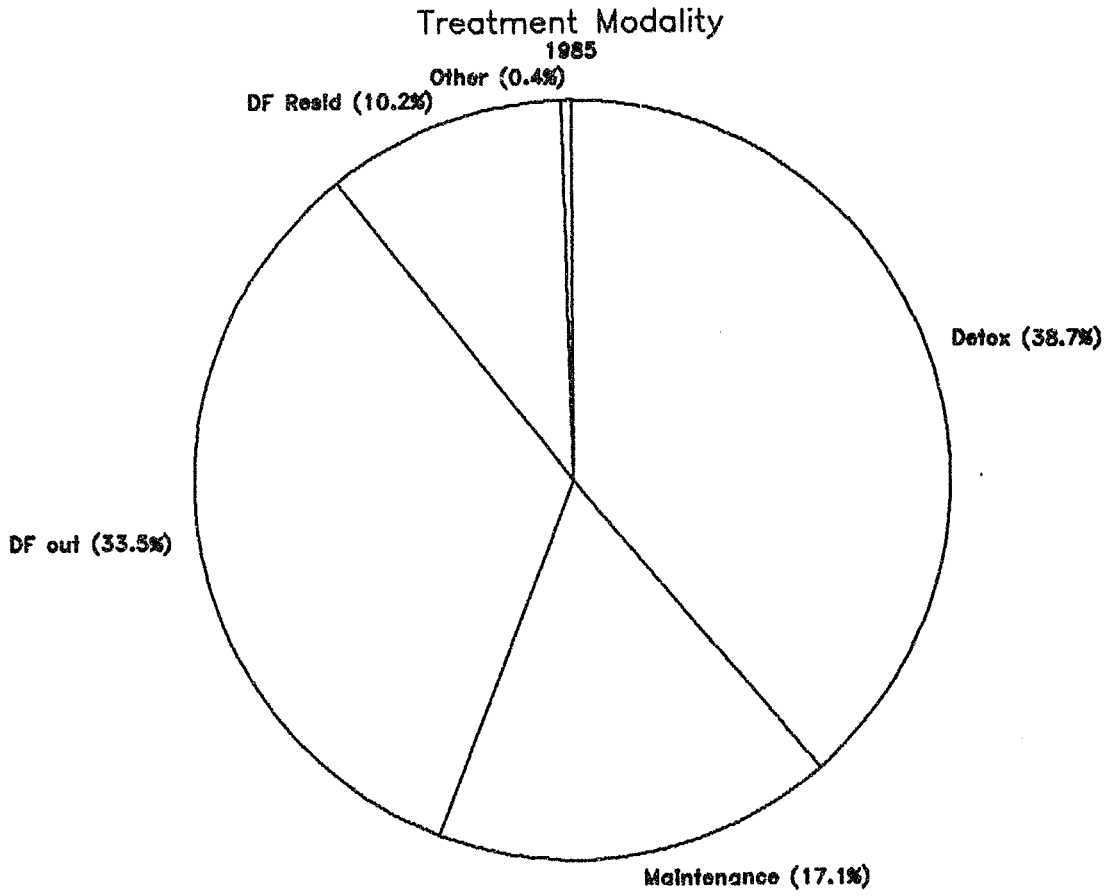
WHAT TYPES OF THERAPY ARE PROVIDED AT THE CLINICS?

The three major types, or modalities, of therapy provided are:

1. Drug-free
2. Detoxification
3. Maintenance

1. Drug-free - About 45 percent of the clients in New Jersey's drug abuse treatment programs are treated in a drug-free modality. Drug-free treatment does not include the use of any chemical agent or medication as an integral part of the treatment regimen. However, drugs may be used as an adjunct to treatment or to treat any medical problems the client may have. Drug-free programs consist of two types: outpatient and residential. In 1985, 34 percent, or 4,464 Statewide admissions received treatment in outpatient programs. Their average age was 26.3. Residential drug-free programs admitted 1,344 users, or 10 percent of all admissions. The average age of these residential clients was 26.4.

The sex ratio in drug-free modalities was 2.8 males to every 1 female for outpatient programs and 3.6 males to every 1 female in the residential programs. An interesting contrast in characteristics of clients entering the drug-free programs appears between outpatient and residential admissions. While 54 percent of all outpatient clients had no health insurance coverage (35% had private insurance) those clients receiving residential care without any health coverage comprised 83 percent of residential admissions (11% had private insurance). Over one-third of the clients in both drug-free outpatient and residential care were admitted for cocaine abuse.



2. Detoxification - Persons treated in a detoxification ("detox") modality are primarily opiate abusers and represent about 38 percent of all admissions or 5,005 clients. In the planned withdrawal of a client from a drug, prescribed medication or decreasing doses of the problem drug are used as the primary element. The detoxification period does not exceed 21 days when methadone is prescribed for opiate addicts. Detoxification from non-opiate substances, such as barbiturates, other sedative-hypnotics or tranquilizers, may take longer.

In 1985, the male to female ratio in detoxification programs was 1.8 to 1. The average age of the detox client in 1985 was 30.9, which was slightly higher than the overall Statewide average of 29.1 years. Regarding health coverage, 54

percent of detox clients entered treatment without any insurance. Twenty-one percent had either Blue Cross or some other type of private insurance coverage. Another 22 percent of all detox clients had Medicaid coverage. Clients are referred to other treatment modalities at the end of their prescribed detoxification treatment plan.

3. Maintenance - At any given time slightly over 40 percent of all active clients in treatment are treated in a maintenance modality. In maintenance programs, persons are treated with drugs (methadone, L-alpha-acetylmethadol (LAAM)) to achieve stabilization. The goal is to have all maintenance patients detoxified from the maintenance drug until complete abstinence is achieved.

Clients treated in a maintenance modality are mostly users of heroin and are generally treated with methadone. In 1985, the sex ratio for clients in this treatment modality was 1.7 males to every 1 female. Maintenance clients are generally older than those in other modalities, with an average age of 32.3. Nearly 1,200 clients, or 54 percent of maintenance admissions, had no health coverage. Private insurance, including Blue Cross, covered 24 percent, or 524 admissions. Another 20 percent (442 clients) had Medicaid at the time of admission.

On very few occasions the primary treatment modality assigned to a client is other than those specified above. It may be with or without medication and includes acupuncture, chemotherapy, and transcendental meditation.

In 1985, 33 of the 56 clients that were treated in this 'other' modality were cocaine users. The average age of these 56 clients was 26.6 and the sex ratio was 3.3 males to 1 female. Sixty-four percent entered this type of treatment without any health coverage while 20 percent had private insurance (including Blue Cross). Medicaid covered 11 percent of admissions in this modality.

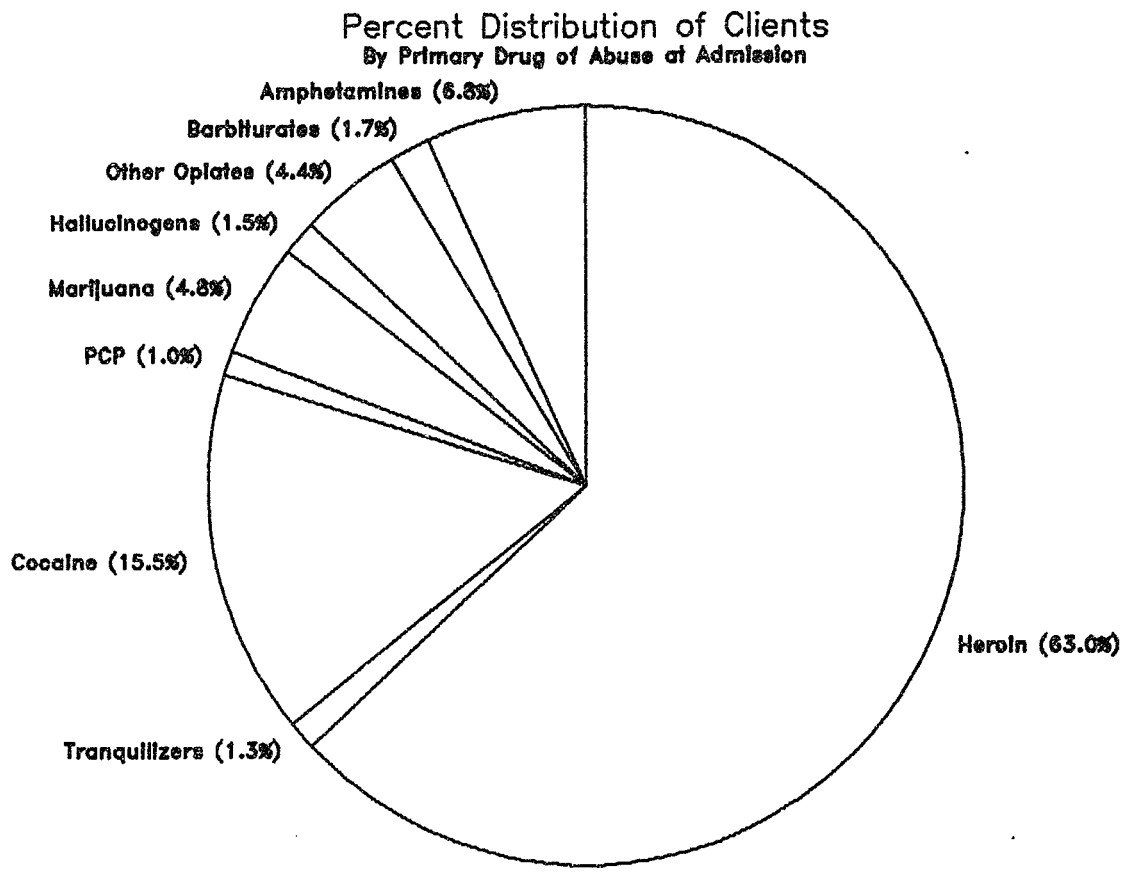
HOW MANY PEOPLE RECEIVE TREATMENT FOR DRUG ABUSE?

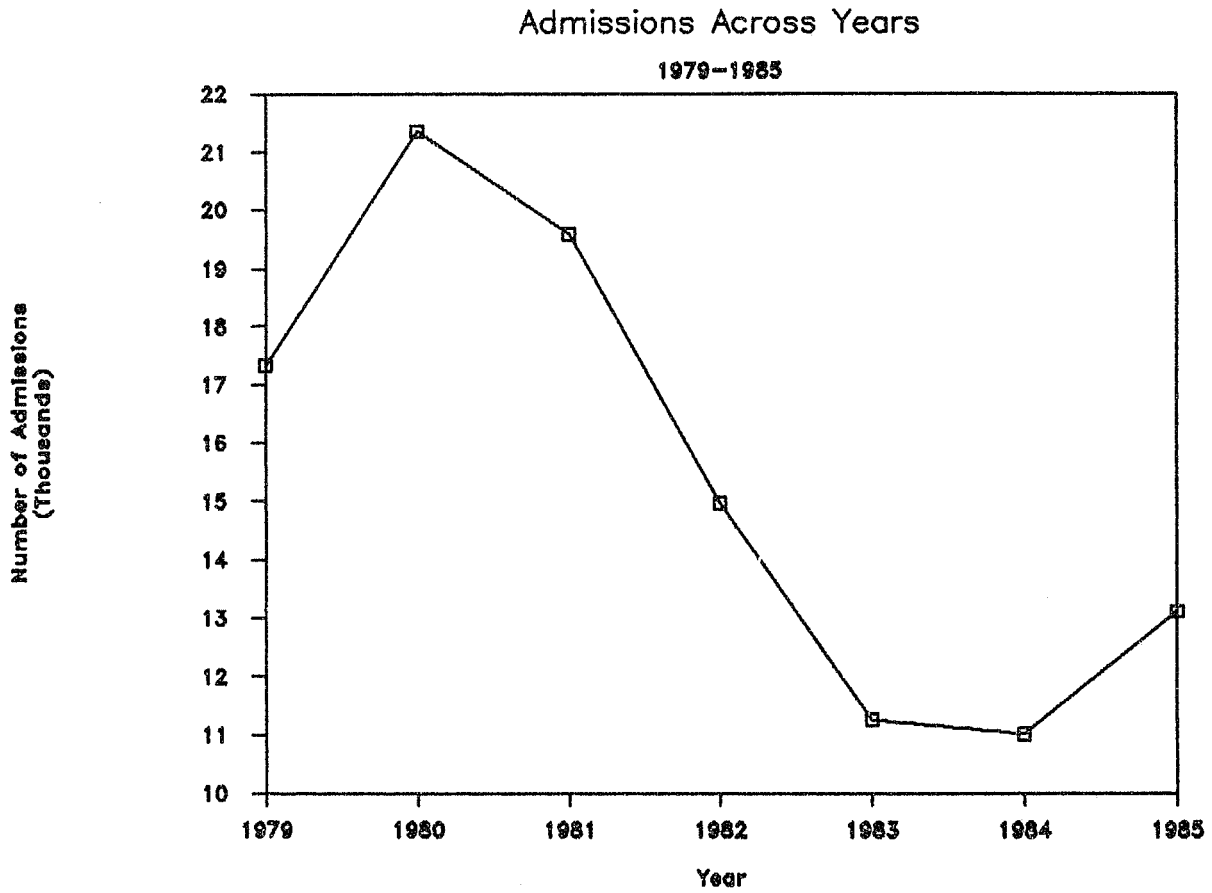
During 1985, 13,077 persons were admitted to treatment in clinics which participate in the CODAP reporting system, while a comparable number (12,564) were discharged during the year. In recent years, New Jersey has continued a trend in admitting the third highest number of clients into treatment in the country--behind New York and California. At any point in time, about 8,000 clients are receiving treatment.

While the number of treatment clinics has declined from 82 in 1984 to 73 in 1985, the number of drug abusers admitted to treatment has increased by nearly 20 percent. The number of active clients (clients in treatment at any given point in time) has increased by 14 percent since 1984.

HOW HAVE ADMISSIONS CHANGED OVER TIME?

Treatment admissions have changed greatly over time. This is in response to a number of factors. Perhaps the chief among these is the number of heroin admissions, since these account for the largest percentage (62%) of admissions among all drug types. Heroin admissions are influenced by the prevalence of heroin use, which is influenced in turn by several factors. Of major importance among these is the availability of heroin.


Percent Distribution of Clients
By Primary Drug of Abuse at Admission
Amphetamines (6.8%)
Barbiturates (1.7%)
Other Opiates (4.4%)
Hallucinogens (1.5%)
Marijuana (4.8%)
PCP (1.0%)
Cocaine (15.5%)
Tranquilizers (1.3%)
Heroin (63.0%)

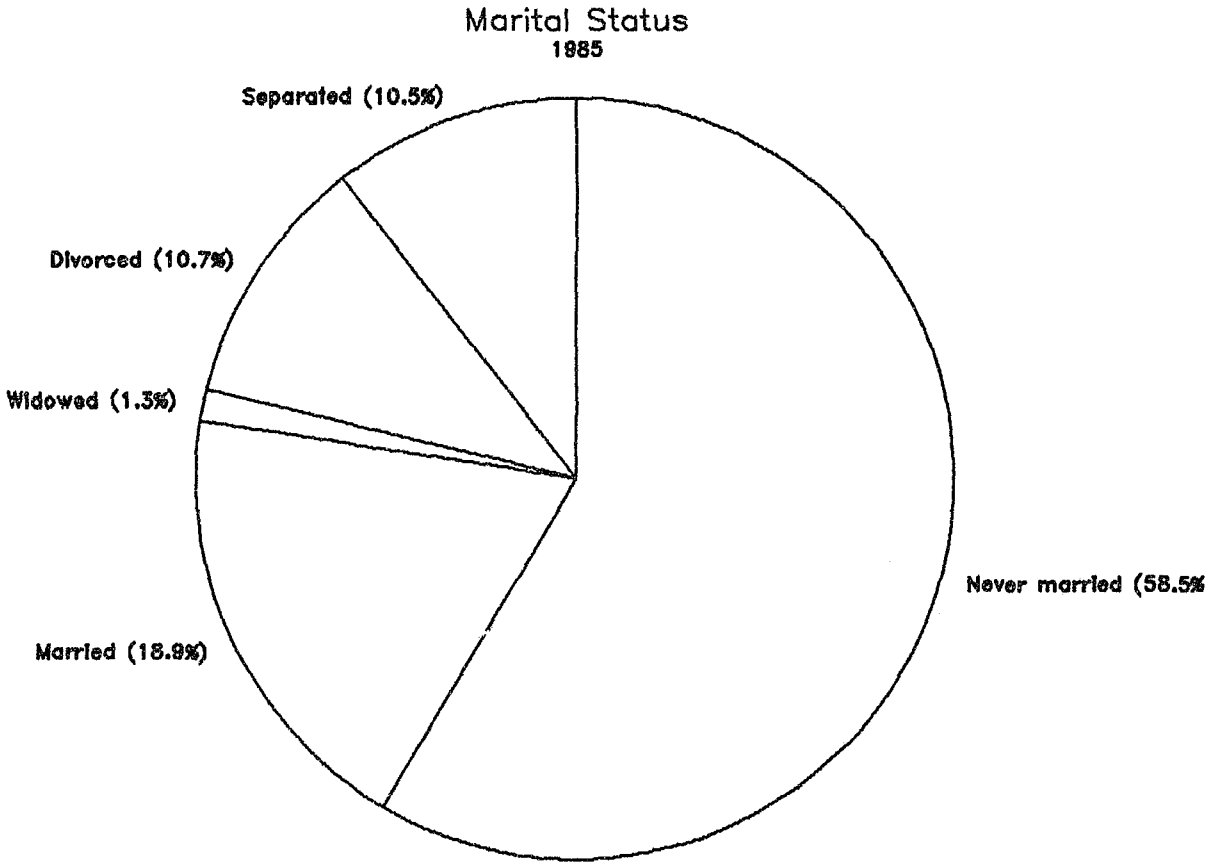

Admissions Across Years
1979-1985
Number of Admissions (Thousands)
22
21
20
19
18
17
16
15
14
13
12
11
10
1979
1980
1981
1982
1983
1984
1985
Year

Factors other than heroin admissions which influence overall treatment admissions are levels of funding, the opening and closing of treatment facilities, and the increase in cocaine use. Specific peaks and valleys on the graph below can be accounted for as follows:

- The 1978 drop and 1979 increase resulted from the closing of a 700 client facility in the earlier year and readmission of these clients to another facility in the latter year.
- In 1980, there was an increase in heroin use, thus driving admissions up.
- In 1981, funding was decreased for drug treatment, and admissions fell.
- In the same year, initial attempts to make up for reduced funding resulted in establishing client fees in a few clinics. By 1982 all clinics were required to include cost sharing (through client fees) in their budgets and as a result, admissions dropped sharply as noted in the graph below.
- In 1985, admissions began to increase again, due to the increase in prevalence of cocaine usage and entry into treatment of those whose use of the drug became unmanageable.

WHAT TYPES OF PEOPLE ARE TREATED FOR DRUG ABUSE IN NEW JERSEY?

Persons admitted to New Jersey clinics in 1985 were from all backgrounds, including different social, educational, and economic levels. Married persons accounted for nearly one out of every five clients admitted to treatment. An

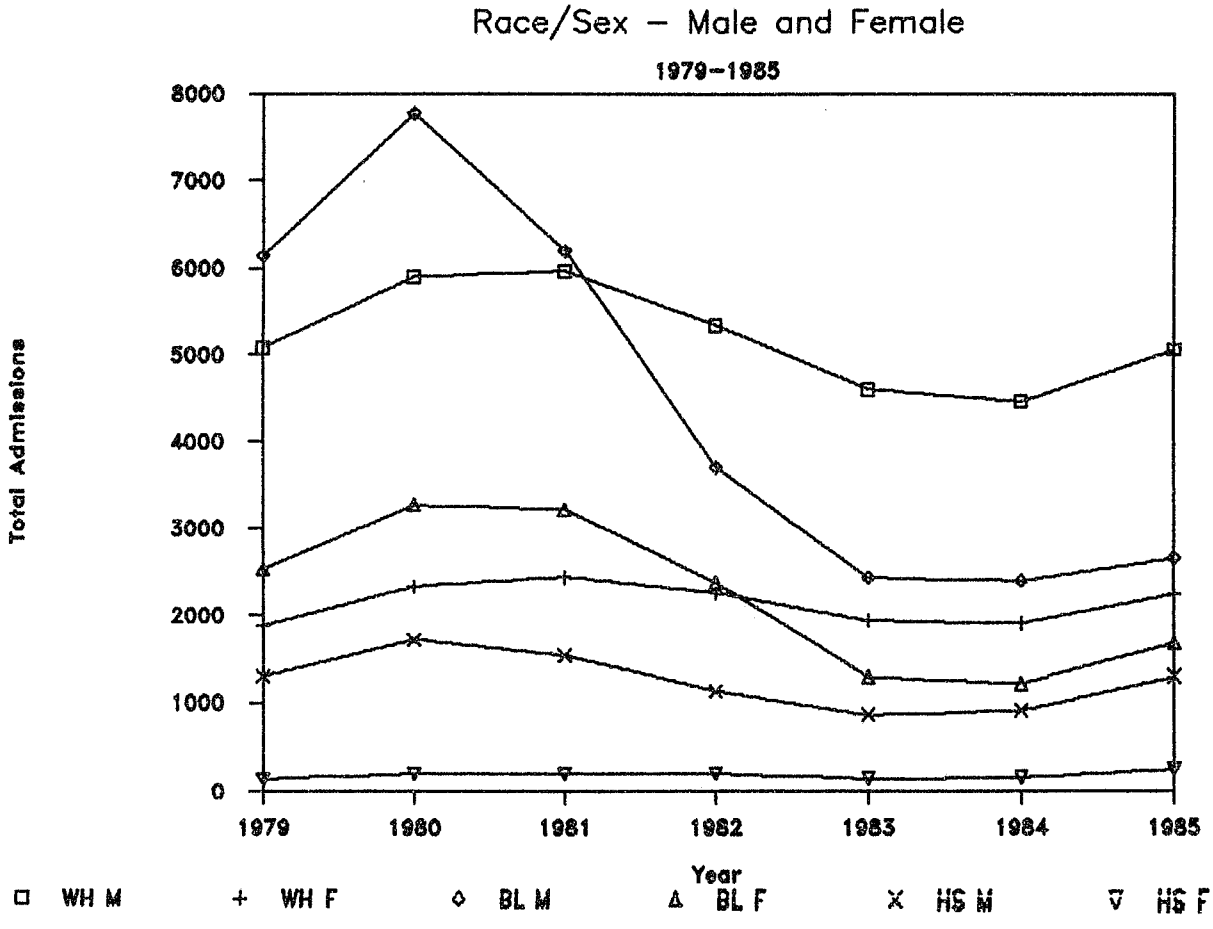


additional one-fifth of the clients were either divorced or separated at the time of admission. Educationally, 56 percent of admissions had achieved a high school level of education or higher. Three percent of admissions possessed undergraduate or postgraduate degrees. Slightly more than half (56%) were unemployed at the time of admission. Included in the total rate of unemployed admissions were 11 percent who were seeking work--unlike the remaining 44 percent, who were unemployed and not seeking work. One out of every four clients had private insurance coverage, while 18 percent were covered by public insurance and an additional 57 percent reported no insurance coverage.

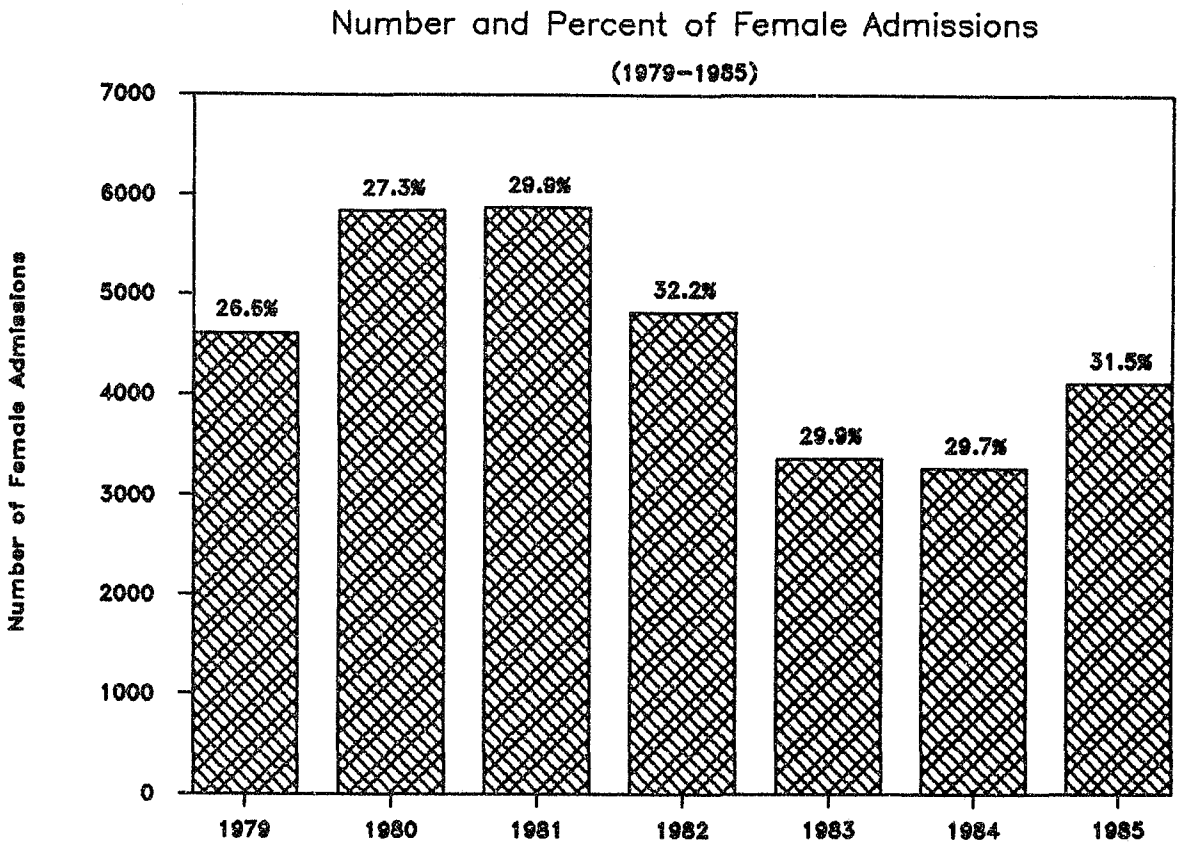
Counties that had the lowest percentages of white residents in treatment were Essex (23.7%), Atlantic (37.4%), and Passaic (39.0%). One-fourth of all Hispanic clients resided in Hudson, while another 19 percent lived in Passaic at the time of admission.

DO WOMEN DIFFER FROM MEN IN THE DRUGS THAT THEY ABUSE?

Admission rates for females have varied over the years. Female drug treatment admissions increased from 25 percent of Statewide admissions in 1976 and remained constant at 27 percent for the next three years. Beginning in 1980 an increase in white female admissions started to occur. This resulted in an upswing in the overall female admission rates. By 1982 females represented 32 percent of admissions. The next two years (1983-4) showed female admission rates at 29 percent each. In 1985 admission rates among females once again reached their peak at 32 percent, although the client population in the New Jersey treatment system remained predominantly male. Female admissions represented 4,108 users.



Forty-four percent of all female drug users entering treatment were admitted to detoxification programs in 1985. Comparably, the rate of detox admissions among males was 36 percent. When considering rates of admission among females and males entering methadone maintenance treatment, females entered at a slightly greater rate. Twenty percent of all females entered methadone maintenance while 16 percent of all males entered a maintenance program. Drug-free outpatient care admitted 30 percent of all female admissions. Another 290 female clients (or 7% of female admissions) were admitted to drug-free residential care.



Most female drug users entered treatment between the ages 26 and 30. These females represented 36 percent of all admissions within that particular age group. Juvenile female drug users, those between the ages of 11 and 17, comprised 26 percent of the admissions in the juvenile age group. Seventy-eight females entering treatment were between the ages 46 and 79.

A higher rate of white females, in comparison with females of other races, entered treatment in 1985 with no prior treatment experience. Of "first-time" female admissions, white females comprised 56 percent of admissions while blacks and Hispanics represented 36 percent and 8 percent respectively. Nineteen percent of females entering treatment for the first time used their primary drug of abuse for a year or less before entering treatment. Another 19 percent of females who

were entering treatment for the first time had already used their primary drug of abuse between 3 and 4 years before coming into treatment. One-half of all females entering treatment for the first time used their primary drug 5 or more years before seeking treatment. Heroin admissions accounted for 43 percent of females entering treatment for the first time. Cocaine and amphetamine admissions represented 18 percent and 12 percent, respectively, of first-time female users who entered treatment in 1985.

Female admissions made up various proportions of each drug category. Hallucinogen users had the lowest rate of females entering treatment. Fifteen percent of admissions for hallucinogen abuse, or 29 females Statewide, sought treatment in 1985. On the high end of the admission scale, tranquilizer abusers completely dominated female admissions. Two out of every three (67%) tranquilizer users who entered treatment were females. White female users comprised 84 percent of all female primary tranquilizer admissions in 1985. On the other hand, black and Hispanic female users accounted for 13 percent and 3 percent of female tranquilizer admissions respectively. Female tranquilizer users also had a high rate of prior drug treatment. Of the 107 female tranquilizer admissions, 69 users or 64 percent had received drug treatment previously. Considering the fastest growing drug of abuse, cocaine, female users comprised 20 percent of those admitted for this drug.

Females comprised 34 percent of all users who inhaled (snorted) heroin. One of every five heroin snorters was a black female. Black females were the only race-sex group that had a higher frequency of users entering treatment for smoking cocaine than for smoking marijuana. Also particularly unique among black females was the fact that more black females smoked cocaine than snorted it. One-third of all drug users who used needles (8,346--either intravenously or intramuscularly) to administer their primary drug of abuse were females. The ratio of female admissions who used needles, to female admissions using other routes of administration, was 2 to 3, which was almost identical with that of males. The monitoring of needle use is particularly important because sharing needles increases the risk of contracting the HIV virus which causes AIDS. Also, administering a drug intramuscularly (IM) is considered the penultimate step before intravenous (IV) use of the drug and is monitored closely, particularly among new heroin users. Of all IM heroin users, 49 percent were females, 36 percent of whom were white females.

A look at the educational status of females entering treatment in 1985 shows that 1,765 users or 43 percent of all female admissions entered treatment without a high-school-level education. The rate of admission for clients who had not completed high school was about the same within both sex groups. It should be noted, however, that this figure included 162 clients who were between the ages of 11 and 17 who are legally required to be enrolled in school. While females comprised 31 percent of all clients who have earned Bachelor's degrees (or a 4 year post-high school education) they also represented 36 percent of clients who have attained post-graduate levels of education.

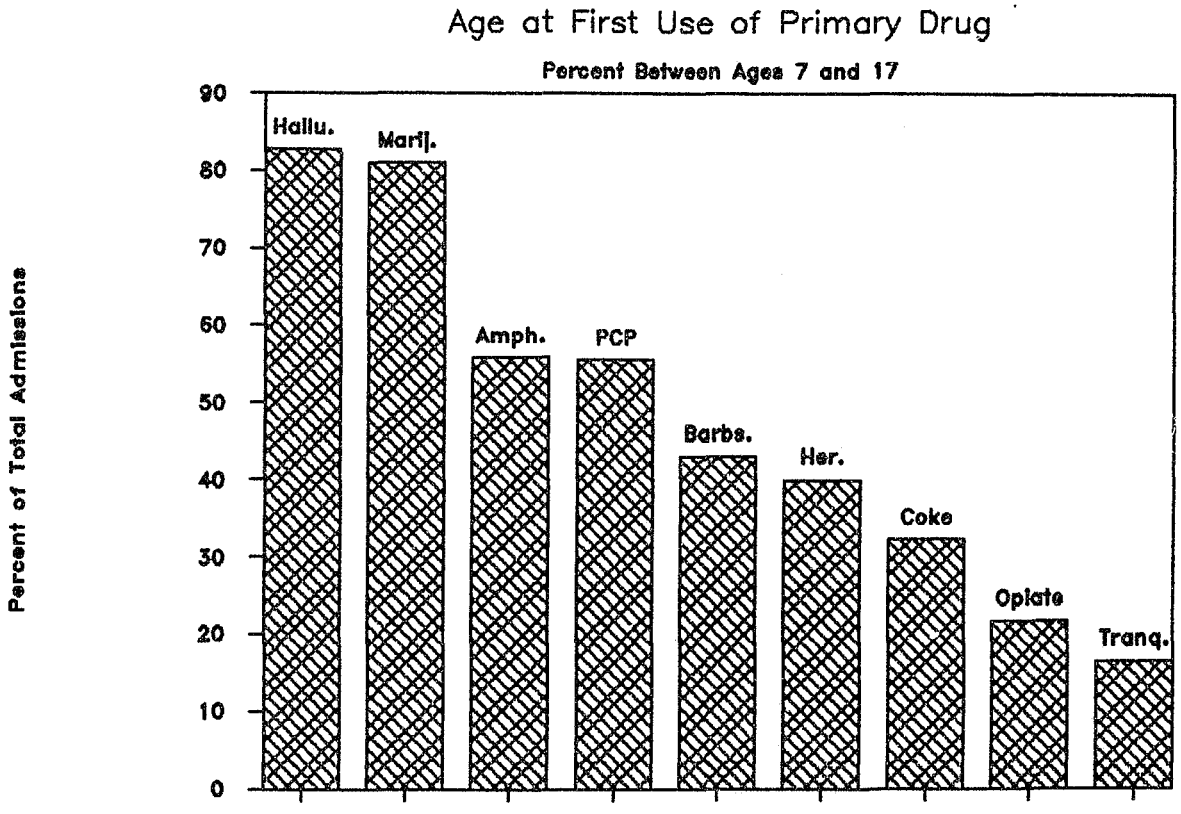
Female drug users with no health coverage at the time of admission accounted for 44 percent of all female clients. Of those females with health coverage, 23 percent had Blue Cross insurance compared to 54 percent for males. Nearly 2 out of every 3 females who had some health coverage had Medicaid.

Marital status at the time of admission indicated that 16 percent of all females were married while another 26 percent were separated or divorced. An additional 56 percent of the females were single at the time of admission.

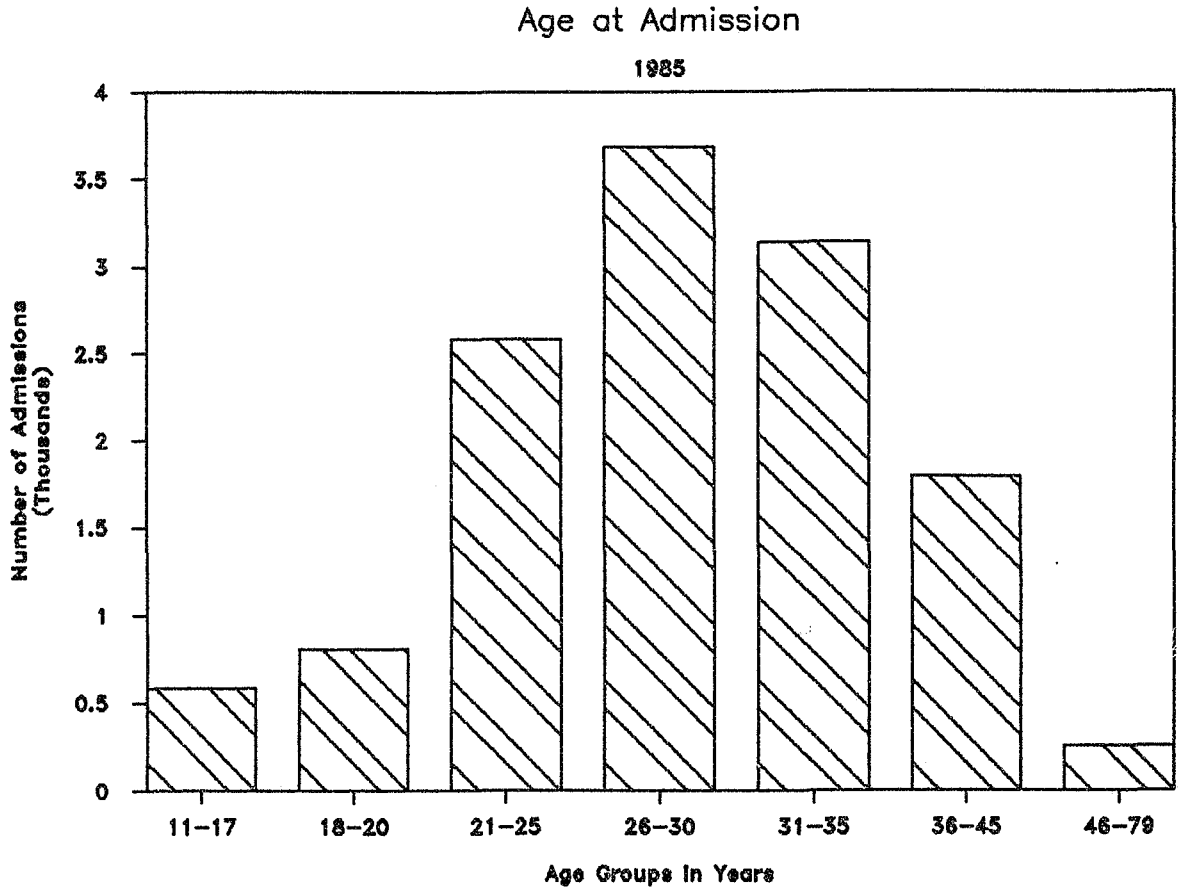
WHAT ARE THE AGES OF PEOPLE TREATED FOR DRUG ABUSE?

In recent years drug use among young people in New Jersey has steadily increased. The percentage of clients who initiate drug use after the age of 25 is very low (12%) when compared to other age groups represented in New Jersey's treatment system. Many young people first begin experimenting with drugs before reaching 18. Over two-fifths of our clients began using their primary drug of abuse before reaching the age of 18. Due to external social pressures, a lack of recognition of their drug problem, or lack of treatment availability, many young people who should be in treatment are not. Treatment data indicate that most instances of early teenage drug use and abuse continue until early adulthood before treatment is seriously considered. By the time of admission, only 11 percent of the clients were under 21 years of age.

One-half of 1985 admissions were between 21 and 30 when they entered treatment. Clients older than 30 accounted for 40 percent of all 1985 admissions; included are 263 clients who were between 46 and 79. Blacks were over-represented among clients admitted age 46 and over. Fifty-seven percent of those clients 46 and over were blacks; they outnumbered their white counterparts by a margin of nearly 2 to 1.



Considering age groups in different drug categories, primary hallucinogen and marijuana clients had the highest rate of adolescent users, (between ages 11 and 17) entering treatment. Adolescent users comprised nearly 45 percent of hallucinogen admissions in 1985. Of those entering treatment for heroin and other opiates, about 20 percent were age 36 and older. However, tranquilizer admissions recorded the highest rate of clients entering treatment age 36 and older--those clients represented 36 percent of primary tranquilizer admissions in 1985.



IN WHAT AREAS OF THE STATE ARE DRUGS USED MOST?

The four northeast counties, Bergen, Essex, Hudson, and Union, contributed 50 percent of drug treatment program admisions in 1985. Part of the reason for this is the fact that these counties have a large proportion of the State's population or 37 percent. But this is not the only reason, since these counties contribute more than a proportionate share of drug treatment admissions. A possible additional reason is that these areas also have the highest concentrations of those segments of the population who are known to abuse specific drugs, such as middle and upper-middle class males in high-stress work situations, who abuse cocaine, and lower-class males, particularly minority males, who abuse heroin. An additional factor is very likely the availability of large volumes of drugs at wholesale prices in the known distribution areas in and around New York City.

The southwestern counties of Burlington, Camden, Gloucester and Mercer, which comprise 19 percent of New Jersey residents, are also within a less than 30-minute car ride to another large drug market--Philadelphia. Admissions from these counties represented 17 percent of New Jersey's admissions in 1985 and accounted for 40 percent of all primary amphetamine clients.

COUNTY OF RESIDENCE OF CLIENTS IN TREATMENT
(Including Out-of-State Residence)

Client's County of Residence	Whites No.	Whites Row (%)	Blacks No.	Blacks Row (%)	Hispanics No.	Hispanics Row (%)	Others No.	Others Row (%)	County Totals No.	County Totals Col (%)
Atlantic	195	37.4%	273	52.4%	51	9.8%	2	0.4%	521	4.0%
Bergen	1206	82.5%	188	12.9%	63	4.3%	4	0.3%	1461	11.2%
Burlington	252	84.3%	33	11.0%	9	3.0%	5	1.7%	299	2.3%
Camden	437	63.9%	148	21.6%	95	13.9%	4	0.6%	684	5.2%
Cape May	80	79.2%	18	17.8%	3	3.0%	0	0.0%	101	0.8%
Cumberland	40	48.8%	13	15.9%	29	35.4%	0	0.0%	82	0.6%
Essex	631	23.7%	1763	66.1%	272	10.2%	2	0.1%	2668	20.5%
Gloucester	326	88.8%	37	10.1%	2	0.5%	2	0.5%	367	2.8%
Hudson	969	50.8%	546	28.6%	392	20.5%	2	0.1%	1909	14.6%
Hunterdon	110	97.3%	3	2.7%	0	0.0%	0	0.0%	113	0.9%
Mercer	390	48.4%	300	37.2%	115	14.3%	1	0.1%	806	6.2%
Middlesex	586	73.4%	128	16.0%	82	10.3%	2	0.3%	798	6.1%
Monmouth	471	65.8%	209	29.2%	35	4.9%	1	0.1%	716	5.5%
Morris	197	87.9%	13	5.8%	14	6.3%	0	0.0%	224	1.7%
Ocean	198	90.0%	13	5.9%	8	3.6%	1	0.5%	220	1.7%
Passaic	384	39.8%	320	33.2%	260	26.9%	1	0.1%	965	7.4%
Salem	33	86.8%	4	10.5%	1	2.6%	0	0.0%	38	0.3%
Somerset	192	91.9%	13	6.2%	3	1.4%	1	0.5%	209	1.6%
Sussex	13	92.9%	0	0.0%	1	7.1%	0	0.0%	14	0.1%
Union	307	53.5%	213	37.1%	54	9.4%	0	0.0%	574	4.4%
Warren	34	94.4%	1	2.8%	1	2.8%	0	0.0%	36	0.3%
New York State	13	30.2%	10	23.3%	20	46.5%	0	0.0%	43	0.3%
Pennsylvania	157	86.3%	11	6.0%	12	6.6%	2	1.1%	182	1.4%
Delaware	3	27.3%	6	54.5%	2	18.2%	0	0.0%	11	0.1%
State Totals	7224	55.4%	4263	32.7%	1524	11.7%	30	0.2%	13041	100.0%

WHAT ARE THE SOURCES OF REFERRALS INTO THE TREATMENT SYSTEM?

Voluntary

Approximately 75.2 percent of New Jersey clients entered treatment on their own in 1985. Nearly 54 percent of these voluntary admissions were self referred. Concerned family members and friends referred nearly another 10 percent or 1,193 of the clients who entered treatment for drug abuse problems. Oftentimes, it is those individuals who are close to drug users who first recognize the need for the user to seek professional help for their problem and urge them into a treatment facility. Community service and mental health agencies can quickly and correctly diagnose a social and/or mental health problem of an individual as having origins in illicit drug use. For example, a cocaine user having problems in meeting his legal financial obligations or a PCP user experiencing acute psychosis is more likely to have these problems as a consequence of drug use. In 1985, 7 percent, or over 900 admissions, had accepted recommendations from professionals in community service and mental health agencies and entered New Jersey's treatment programs. Medical hospitals, where many drug users may go or be referred to after a traumatic drug experience, referred another 2 percent of admissions, or over 220 clients, to treatment in 1985.

While current concerns regarding drug use in the school and work place are of a high priority to parents and employers, those users who were referred to treatment by either school or employer accounted for only 1 percent of admissions or slightly over 130 clients who entered treatment programs in 1985.

Involuntary

In 1981, the rate of involuntary admissions was 15 percent. The next few years showed a steady increase in the rate of clients being lawfully compelled to enter a program for treatment. In 1985 one out of every four admissions or over 3,200 clients were ordered to receive treatment in New Jersey's clinics through federal, State, and local criminal justice systems. A primary reason that many of these individuals came into contact with the law was the illegal use or possession of drugs. Parole and probation agencies throughout the State compelled over 1,450 users, or 20 percent of all admissions, to enter treatment for help with their drug problem. New Jersey's Treatment Alternatives to Street Crime programs (TASC) referred over 400 clients to treatment. These accounted for 3.2 percent of all Statewide admissions.

The breakdown of referrals by drug categories is presented in the individual drug categories below in this publication. However, all of the major drug categories except the opiates (including heroin) and tranquilizers had involuntary admissions rates of at least 40 percent.

HOW LONG DO PEOPLE WAIT BEFORE ENTERING TREATMENT?

Since the early 1980's there has been a steady increase in the rate of new clients seeking admission to treatment. Approximately 5,000 of the 13,077 persons admitted to treatment were never in a treatment program previously. Of those new clients almost 20 percent sought treatment within 12 months of their first use of the drug. Three out of every ten new clients used drugs for 2 to 4 years before

seeking treatment. Thus one-half of all new drug clients had entered a New Jersey treatment program within 4 years of their first "try." One-fifth of New Jersey's drug treatment clients continued use of their primary drug between 5 and 7 years before entering a treatment program. The highest rate of new users was recorded for clients who did not enter treatment until after 10 years of use. Over 1,100 clients (23 percent of new admissions) did not enter treatment at all during a period of 10 years of drug use. One-third of new clients admitted within a year of first use were females. The rate of female to male admissions declined as the time span between the time of first use and entry into treatment increased. One-fourth of all clients admitted with over 10 years of drug use were female.

Considering the time elapsed from clients' year of first use and year of admission, there was an interesting contrast among the opiate users. Thirty-eight percent of heroin users used their drug for more than ten years before entering treatment for the first time. This is the largest rate among all drug categories of new users entering treatment after having used their primary drug over a period of ten years. The category of other opiates had 19 percent of its new clients enter treatment after using the drug for over 10 years. One-fifth, or 288, new cocaine clients entered treatment within their first year of use. An additional 236 clients, or 17 percent, of cocaine admissions had used the drug for 2 years before entering treatment. Another one-fifth each had used cocaine 3 to 4 years and 5 to 7 years before entering treatment. Cocaine clients who had used the drug over a period of 10 years accounted for only 10 percent of the drug group's admissions.

DO MANY PEOPLE COMPLETE THEIR TREATMENT PROGRAMS?

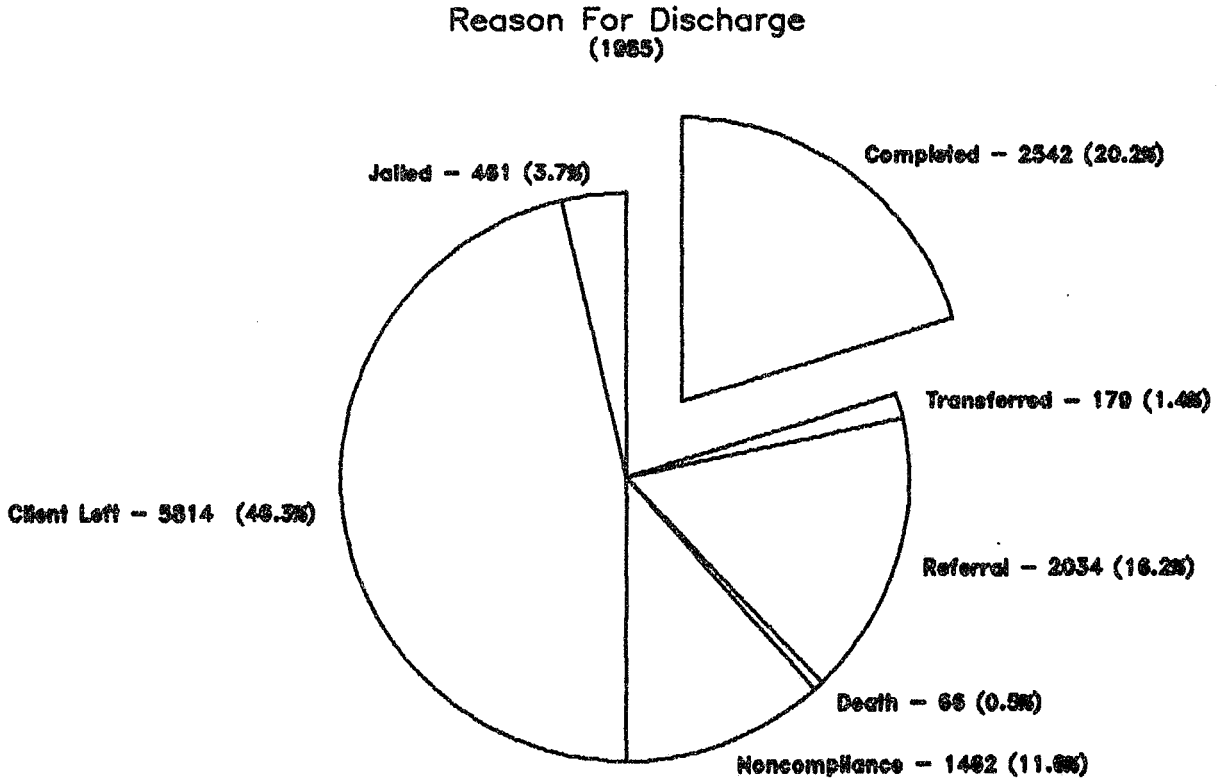
In 1985, 12,564 clients were discharged from New Jersey's drug treatment programs. Of those who were discharged over the year, 2,542 users, or 20 percent of all discharges, had completed their recommended treatment plan.

Considering drug categories, amphetamine users (who comprised 7% of all Statewide discharges) had the highest rate of completion of their treatment plan. Over one-third (34%) percent of all primary amphetamine users had completed their treatment plan before being discharged in 1985. This same group represented 11 percent of all treatment-completed discharges over the course of the year. The other drug categories which had relatively high rates of completion were marijuana (33%), tranquilizers (28%), and cocaine (27%) users. While tranquilizer users who had completed their treatment plan comprised 28 percent within the tranquilizer category, they only represented 1.3 percent of Statewide discharges and 2 percent of all discharges who had completed their treatment plan. Heroin users represented 64 percent of Statewide discharges. They had the second lowest rate (after PCP users) of successful completion of their treatment plans. Because of the large number of heroin users in treatment, heroin users comprised one-half of all clients who completed treatment. Forty-six percent of 1985 discharges left treatment programs on their own before they had completed their treatment plan. PCP users had the highest rate (59%) of discharges leaving treatment prematurely.

Over one-half (54%) of completed treatment discharges were from drug-free outpatient modalities. Residential drug-free programs added another 6 percent. The detox modality, which treats mostly heroin and other opiate clients,

represented 32 percent of completed treatment discharges among the modalities. Over three-quarters (51 users) of the clients whose discharge was due to a death rather than treatment completion, were in a maintenance treatment modality. These deaths occurred while the client was outside the treatment setting.

The percentage of persons completing treatment programs is not impressively large--dependence on drugs is not easy to overcome. It should be kept in mind, though, that slightly over three-fifths (61%) of all persons admitted have participated previously in treatment. While many clients may not complete their first treatment program, they may be more successful in subsequent treatment experiences. Furthermore, followup studies have shown that even clients who did not complete treatment showed signs of improvement over their pretreatment drug abuse activity.

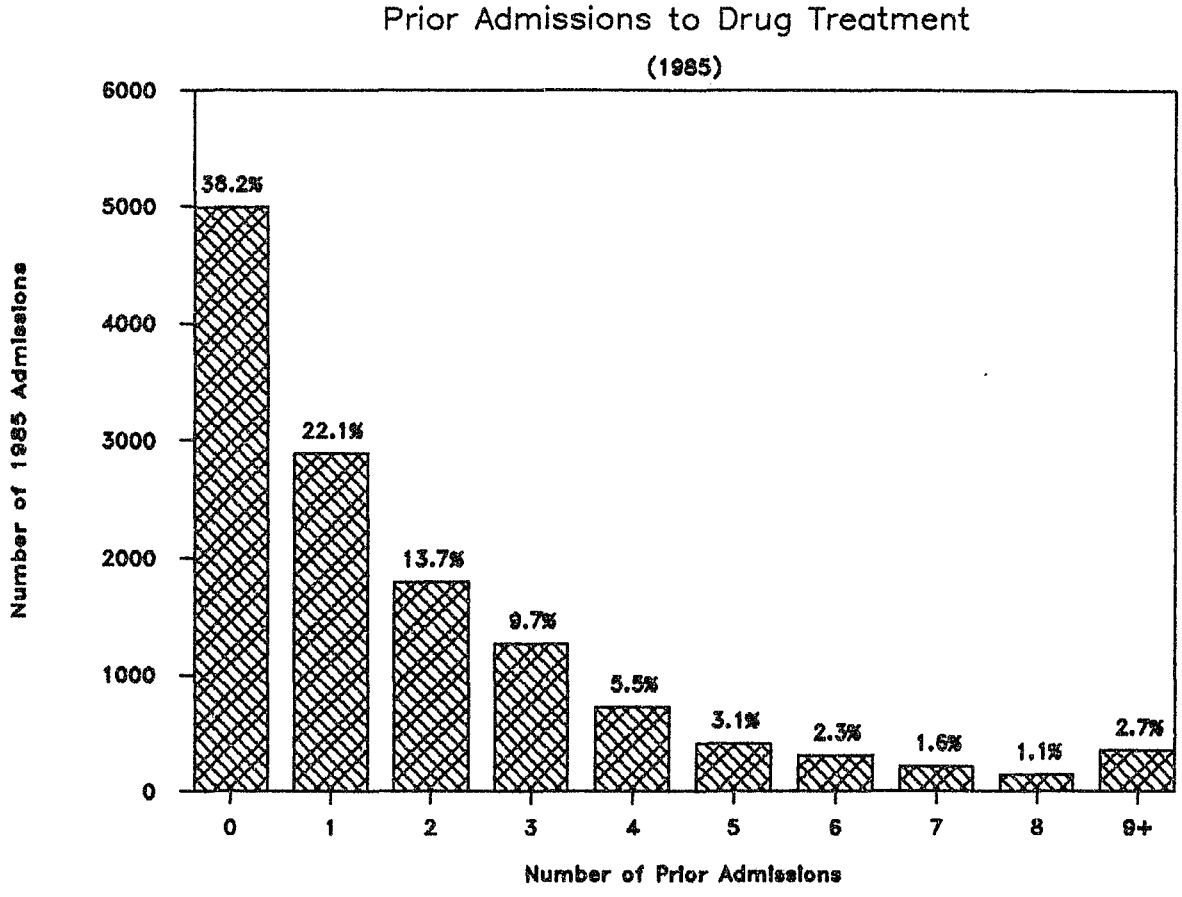


DO MANY PEOPLE RETURN TO DRUG ABUSE TREATMENT PROGRAMS?

Oftentimes, because of users' immediate living environments, pressure from their peers, or just their desire to continue use after a period of 'rest,' abstention from drug use, even after completion of a treatment plan is not successful the first time. For example, heroin clients have very high rates of prior admissions. Due to the highly physically addictive properties of opiates (including heroin) many former heroin and other opiate clients are readmitted many times. Other drugs

may produce lesser physiological addiction, but show greater evidence of producing psychological compulsion for continued abuse. These drugs exhibit the same consequences of re-addiction after use following treatment.

Repeat admissions are most common among the opiate users. Over three-fourths of heroin admissions had been in treatment before. Sixty-eight percent of those who used other opiates were treated for drug abuse prior to their index admission in 1985. Nearly one-half (48%) of primary heroin readmissions had three or more previous treatment episodes. Repeat admissions were least common for persons with marijuana problems. Seventy-three percent of marijuana users had no previous treatment and only 8 percent had participated in two or more programs previously.



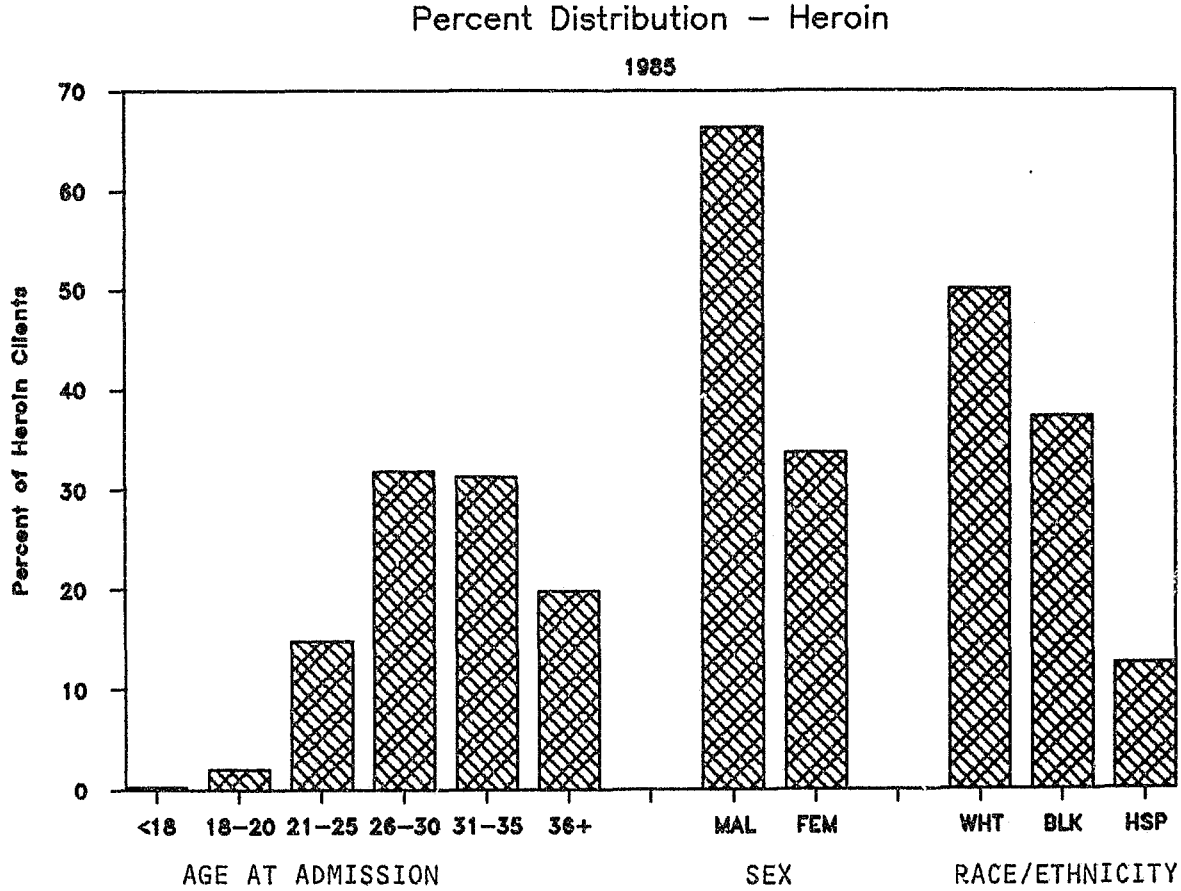
HEROIN AND OTHER OPIATES

Heroin

New Jersey clinics admitted 8,090 heroin users for treatment in 1985. Heroin admissions represented an increase of 1,268 users over the 1984 figure. Detoxification and maintenance treated 57 and 26 percent of these admissions respectively. Although there was an increase in the number of heroin users admitted to treatment, the heroin category remained at 1984's rate of 62 percent

of total drug treatment admissions. Heroin users entering treatment for the first time represented 23 percent of heroin admissions. Seven of every ten of the 6,208 heroin users who had received treatment previously had been in treatment three times or more.

Sixty-three percent of heroin admissions entered treatment between the ages of 26 and 35. The average age of the heroin user entering treatment was 31.1 years. Juvenile admissions (between ages 11 and 17) accounted for 20 percent of admissions, while at the other end of the spectrum, adults aged between 46 and 79 years accounted for 179 (22%) of the heroin admissions. The majority of heroin users, though, began use between 15 and 20 years of age. Heroin users who began using the drug between the ages of 7 and 15 accounted for 12.3 percent of heroin admissions. Initial use of the drug began for 28 percent while they were in the age group 15 through 17. Another 28 percent began between the ages of 18 and 20. An additional 22 percent initiated heroin use between the ages of 21 and 26. Of the total heroin admissions, 56 percent used the drug for 10 years or more before entering a treatment program in 1985. Of those with no prior treatment history, 51 percent had used the drug for 8 years or more. Only 1 out of 10 new clients sought treatment within their first year of use.



Heroin users who administered the drug through inhalation (snorting) accounted for 6 percent, or 475 users. Intravenous use of heroin accounted for 93 percent of heroin admissions—a decline of 2 percent from the previous year. Ninety percent of admissions used the drug on a daily basis, including 80 percent who used the drug two or more times daily. Fifty-eight percent of admissions indicated use of a secondary drug at the time of admission. Of those heroin clients who indicated poly-drug use problems, 72 percent cited cocaine as their secondary problem. The use of cocaine by heroin users represented the highest percentage of secondary drugs used by a drug group.

Of all drug categories, heroin users indicated the highest rate of voluntary entry into treatment (89%). Seven of every ten heroin admissions entered treatment on their own, as self referrals. This is a 4 percent increase over last year when 66 percent sought treatment on their own. Referrals from voluntary agencies and groups such as hospitals, community service and mental health facilities, family, friends, employers and schools comprised 19 percent of admissions. While 23 percent of the heroin admissions reported one arrest in the past 2 years, 61 percent entered treatment without any prior arrest in the same time period.

Heroin users with less than a high school education comprised 43 percent of all heroin admissions in 1985. An almost equal percentage, or 41 percent, completed high school, while an additional 1,321 or 17 percent had completed the equivalent of one or more years of college. At the time of admission, 41 percent were employed full or part-time. While one-fourth of the users were divorced or separated at the time of admission, 52 percent were never married. Married heroin clients represented 22 percent of primary heroin admissions.

Other Opiates

Users of opiates other than heroin comprised 4.3 percent of drug treatment admissions in 1985. The 561 opiate users who entered treatment were admitted in all four major treatment modalities. The drug-free outpatient modality admitted 200 users, or 36 percent of primary opiate admissions. Opiate clients who required detoxification comprised one-third of admissions while the maintenance modality admitted 23 percent. The remaining 8 percent of admissions entered drug-free residential care.

Whites comprised 75 percent of all primary opiate admissions. Almost 3 of every 10 opiate admissions were white females. White females also accounted for 40 percent of all white opiate users. Black males and females each represented 10 percent of opiate admissions. Hispanic males and females accounted for 3 percent and 1 percent of the opiate admissions respectively.

Admission rates among juveniles (aged 11 through 17) and young adults (aged 18 through 20) accounted for 1 percent and 3 percent respectively. Admissions in the age group 21 through 25 accounted for about one-fifth of the primary opiate users entering treatment. Most of the opiate users entered treatment between the ages of 26 and 35, which accounted for 57 percent of admissions. Sixteen percent of all primary opiate users admitted to treatment were between 36 and 45. The average age of the opiate admissions was 30.4

Sixty-eight percent (or 381) of primary opiate admissions had received drug treatment previously. One-third of prior admissions had been in treatment only one other time, one-fourth had had two prior treatment experiences, another one-third had been treated for drug abuse 3 to 5 times previously. Of the opiate users who were entering treatment for the first time, 23 percent sought treatment within the first year of use. Opiate users have the third highest rate of new admissions within the first year of use, after hallucinogen (44%) and tranquilizer (32%) users.

One-fourth of the first-time opiate admissions used their primary drug of abuse 2 to 4 years before seeking professional treatment. One-third of new admissions entered treatment after 5 to 10 years of opiate use, while nearly one-fifth (19.4%) continued to use drugs for more than 10 years before receiving treatment for the first time.

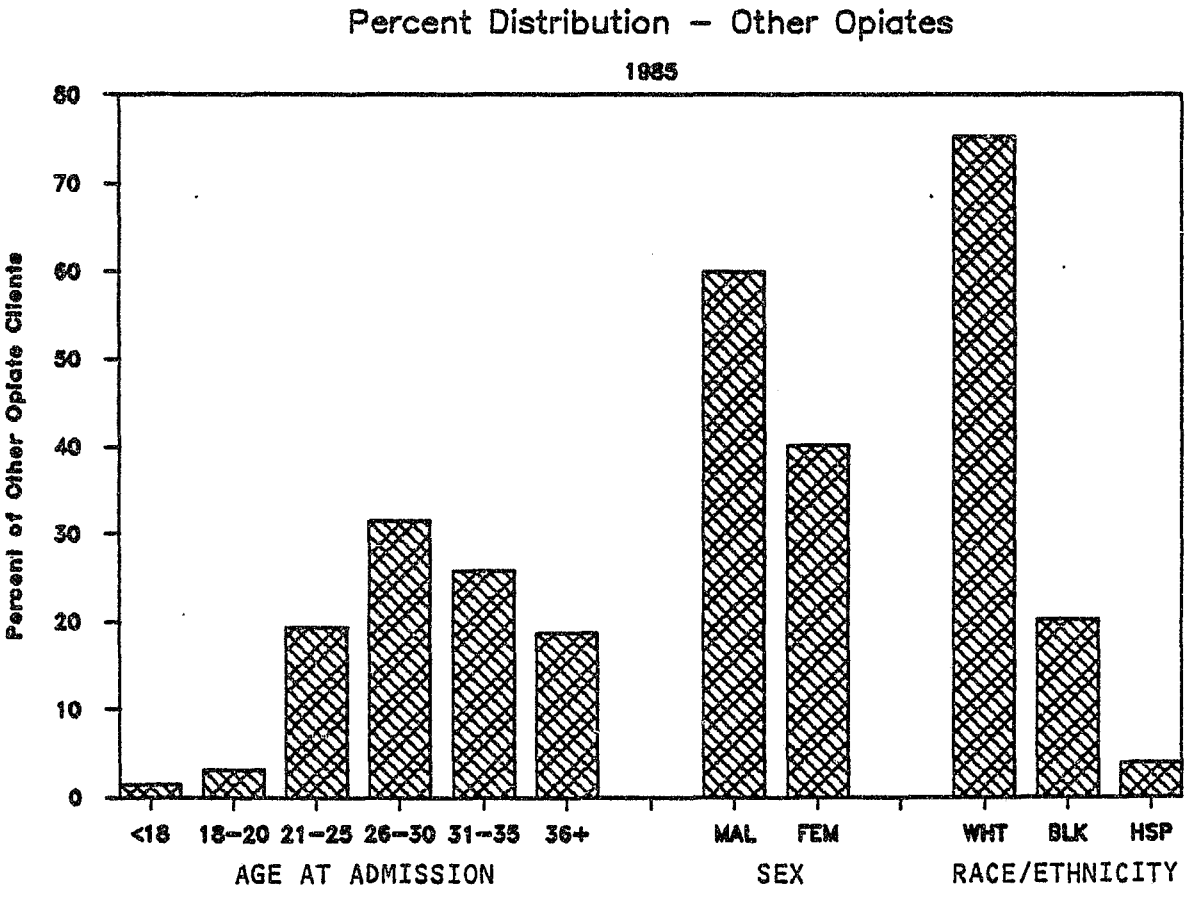
Of all the drug categories, opiate users had the lowest rate of drug initiation between the ages of 7 and 15. Those who first used the drug before they were 15 accounted for 5 percent of primary opiate admissions. Ninety-one users or 16 percent of admissions used opiates for the first time between the ages of 15 and 17. Almost one-fourth (24%) of admissions used the drug the first time between the ages of 18 and 20, while another 22 percent began using between the ages of 21 to 25. Unlike most of the other drug categories, initiation into opiate use continued to occur at a relatively high rate among first time users 26 and older. While 18 percent started using opiates between 26 and 30, 16 percent of the primary opiate admissions were between 31 and 65 when they started use. Both of the aforementioned age groups ranked second behind tranquilizers in their age specific rates of admissions.

Because of their high potential for physiological dependence and relatively short duration of action, opiates tend to be used frequently. Two out of every three admissions used opiates daily before entering treatment. The various types of opiates were taken orally by 87 percent of the clients, while 11 percent took the drugs intravenously. Less than 1 percent of clients used opiates in each of the following ways: smoking, inhalation, and intramuscular.

Seven out of every ten opiate users were admitted to treatment with polydrug problems. The use of various secondary drugs scaled a wide range for opiate users. Heroin use among primary opiate users accounted for 23 percent of the clients with polydrug problems. Barbiturates and other sedatives comprised 10 percent and 20 percent of polydrug admissions among opiate users respectively. Cocaine and alcohol represented 12 percent and 9 percent respectively.

Eight out of every ten opiate users entered treatment voluntarily. Of the 442 primary opiate clients who entered voluntarily, 62 percent sought treatment directly on their own. Opiate users ranked low among drug categories in the rate of referrals received from family and friends. Family and friends of opiate users referred 9 percent to treatment. Forty-five percent of the involuntary referrals had treatment imposed on them by probation offices Statewide. Forty percent of opiate clients reported at least one arrest within the previous 24 month period.

Considering socioeconomic characteristics, opiate admissions had the lowest rate (32%) of users who had not finished high school among all major drug categories. The 45 percent of admissions who completed a high school level of education was the highest among drug categories. The 3 percent of admissions recorded for completing 4 years of college level education ranked second after the tranquilizer category. However, the high unemployment rate of opiate admissions mirrors that of most of the other drug categories. Fifty-seven percent of primary opiate admissions were unemployed at the time of admission. While 24 percent of the clients were married when they entered treatment, 21 percent were divorced or separated.



COCAINE

New Jersey's treatment system admitted 1,993 drug users in 1985 whose primary problem was cocaine use.

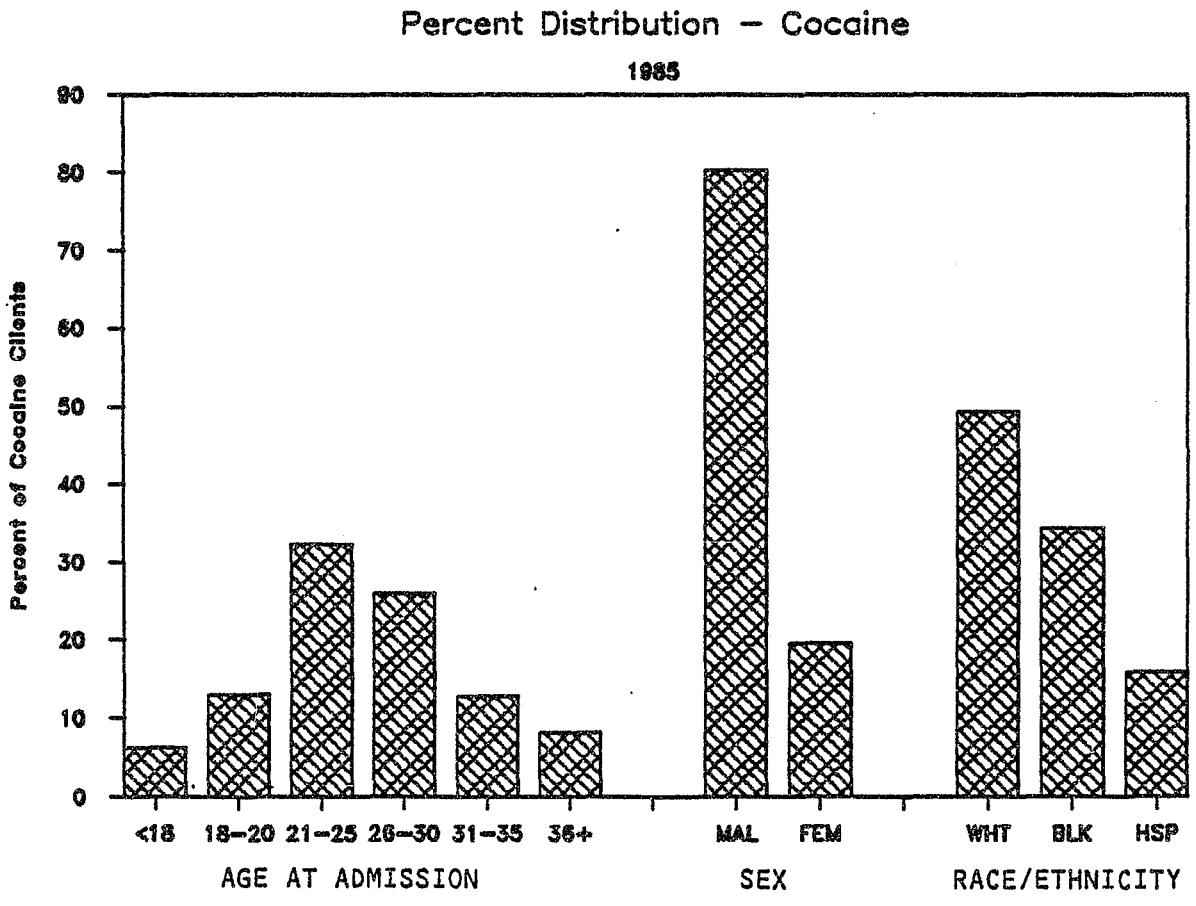
Four out of every ten primary cocaine admissions were white males. The ratio of white males to white females was 4 to 1. White females comprised 9 percent of primary cocaine admissions and a little over one-quarter (26%) of admissions were black males. The ratio of males to females among blacks was 3 to 1 with black females comprising 8 percent of all primary cocaine admissions. Hispanics represented a total of 317 cocaine users or 26 percent of cocaine admissions in 1985.

Drug-free outpatient treatment programs admitted 71 percent of the 1,993 cocaine users. Twenty-four percent, however, were treated in drug-free residential care.

Of the 1985 cocaine admissions, 22 percent were returning for repeated treatment. Of the 1,363 who had no prior treatment history, 21 percent had used the drug for one year or less before seeking treatment.

An additional 37 percent used the drug for 2 to 4 years before seeking treatment for cocaine abuse. Cocaine users who entered treatment for the first time in 1985 and had used the drug for a period over eight years represented 14 percent of the total cocaine admissions.

One of every ten cocaine admissions had their very first use of the drug betwen the ages of 7 and 14. An additional 22 percent began cocaine use by the age of 17. Half of the primary cocaine users initiated their first use of the drug between the ages of 18 and 25. The years after age 25 showed a declining rate of initiation of cocaine use. Eleven percent began cocaine use during the ages 26 and 30 while 7 percent initiated use after age 30.



Juvenile admissions accounted for 125 users, or 6.3 percent of primary cocaine admissions. Admissions of users aged 18 through 20 were 13 percent of primary cocaine admissions. Nearly one-third of cocaine users were between the ages of 21 and 25 when they entered treatment in 1985. An additional 26 percent entered treatment at age 26 through 30. Considering cocaine admissions over 30, 13 percent were between 31 and 35 while another 8.2 percent were between 36 and 46. Admissions of clients over the age of 45 comprised 26 users, or 1.3 percent of primary cocaine admissions. The average age of primary cocaine admissions was 26.3.

Of the three popular forms for the administration of cocaine among drug users, the most popular is snorting. Snorting, or nasal inhalation of the powdered substance, accounted for 64 percent of cocaine admissions. This is a 3 percent decline from 1984 and a nearly 6 percent decline since 1983. In recent years there has also been a decline in intravenous cocaine users seeking treatment. Injecting cocaine is still the second most popular form of administering cocaine for primary cocaine admissions. In 1984, the treatment system treated one-quarter of primary cocaine admissions for IV use of the drug. 1985 witnessed a decrease in IV use of 4 percent to account for 21 percent of primary cocaine admissions. Smoking cocaine or "Crack" use has continued its skyrocketing increase. Cocaine smoking increased from 3 percent of cocaine admissions in 1983 to 13 percent in 1985. A notable and new observation concerning the route of administration for cocaine is taking the drug orally. Taking cocaine by swallowing the drug in its hydrochloride (powder) form accounted for 26 treatment admissions in 1985.

Eight of every ten cocaine users were admitted with multiple drug problems requiring treatment. Forty-four percent of polydrug users in treatment for primary cocaine abuse used marijuana as a preferred secondary drug. Another 18 percent entered treatment with alcohol as the secondary drug of abuse. Heroin and amphetamine use among primary cocaine users with poly-addictions accounted for 16 percent and 7 percent respectively. Barbiturates and hallucinogens accounted for 4 percent and 3 percent respectively, totaling 126 clients. The use of PCP and tranquilizers among cocaine users represented 40 and 34 clients respectively.

While 29 percent of cocaine admissions used the drug on a 'casual' basis of one or fewer doses per week, 36 percent used the drug daily. Another 35 percent of the clients reported using cocaine several times per week. Those who used cocaine several times per week increased 8 percent since 1984 to 25 percent of cocaine admissions in 1985.

In 1985, 467 users, or 23 percent of cocaine admissions sought treatment voluntarily on their own. One out of every ten admissions was referred to treatment by concerned family members and friends. Community mental health and other community service agencies referred 168 clients, or 9 percent of the primary cocaine admissions. Involuntary admissions, which include referrals from the judicial system, accounted for 52 percent of admissions. Admissions totaling 633 cocaine users (nearly one-third of all cocaine admissions) were referred to treatment by probation offices throughout the State. Sixty-two percent of cocaine admissions reported at least one arrest in the past 2 years. And one-fourth of admissions were arrested two or more times in the past 2 years.

The educational status of cocaine users entering treatment has not changed much for the past three years. Cocaine users with a high school or a higher level of education represented 58 percent of cocaine admissions. There were 58 cocaine users who had achieved post-graduate levels of education and an additional 288 users had obtained up to 3 years of post high school education before entering treatment. Cocaine users continue to show the highest employment rate of drug users admitted to treatment. In sharp contrast to other drug categories, 51 percent of cocaine users were employed at the time of their admission. The rate of users married at admission declined 3 percent from the previous year's rate to 14 percent in 1985. Primary cocaine admissions who were divorced or separated increased by 2 percent to represent 15 percent of all cocaine admissions.

MARIJUANA

New Jersey clinics in 1985 experienced increases in drug users seeking treatment for marijuana use. In 1984, 362 or 3 percent of all drug users entered treatment for marijuana abuse. 1984 admissions data represented a slight increase over 1983 marijuana admissions. In 1985, 617 primary marijuana users were admitted to treatment. These users represented 5 percent of all 1985 drug admissions.

Of the 99 percent of primary marijuana users who were treated in a drug-free modality, 21 clients entered residential care. In 1985 there was an increase in older users seeking treatment. The rate of admissions for marijuana users between the ages of 11 and 20 dropped by 12 percent from 1984 to 30 percent in 1985. A 2 percent decrease also occurred with users between 18 and 20 years old at the time of admission. While admissions between 18 and 20 years old accounted for 16 percent in 1985, an increasing 28 percent were between 21 and 25. The average age of marijuana admissions was 22.3.

Repeat admissions reflected an increase of 10 percent over 1984 to 27 percent of marijuana clients in 1985. Of the 617 marijuana users who were admitted, 451 were entering treatment for the first time. Users who were in prior treatment increased from 17 percent of marijuana admissions in 1984 to 27 percent in 1985.

Age at first use data indicates a decline in users initiating marijuana use between the ages 7 and 14. In 1985, by the age of 14, 46 percent of marijuana users had already tried the drug. The previous year (1984) the rate was slightly over one-half for the same category. In 1985, 217 users or 35 percent of admissions stated that they began use between 15 and 17 years of age.

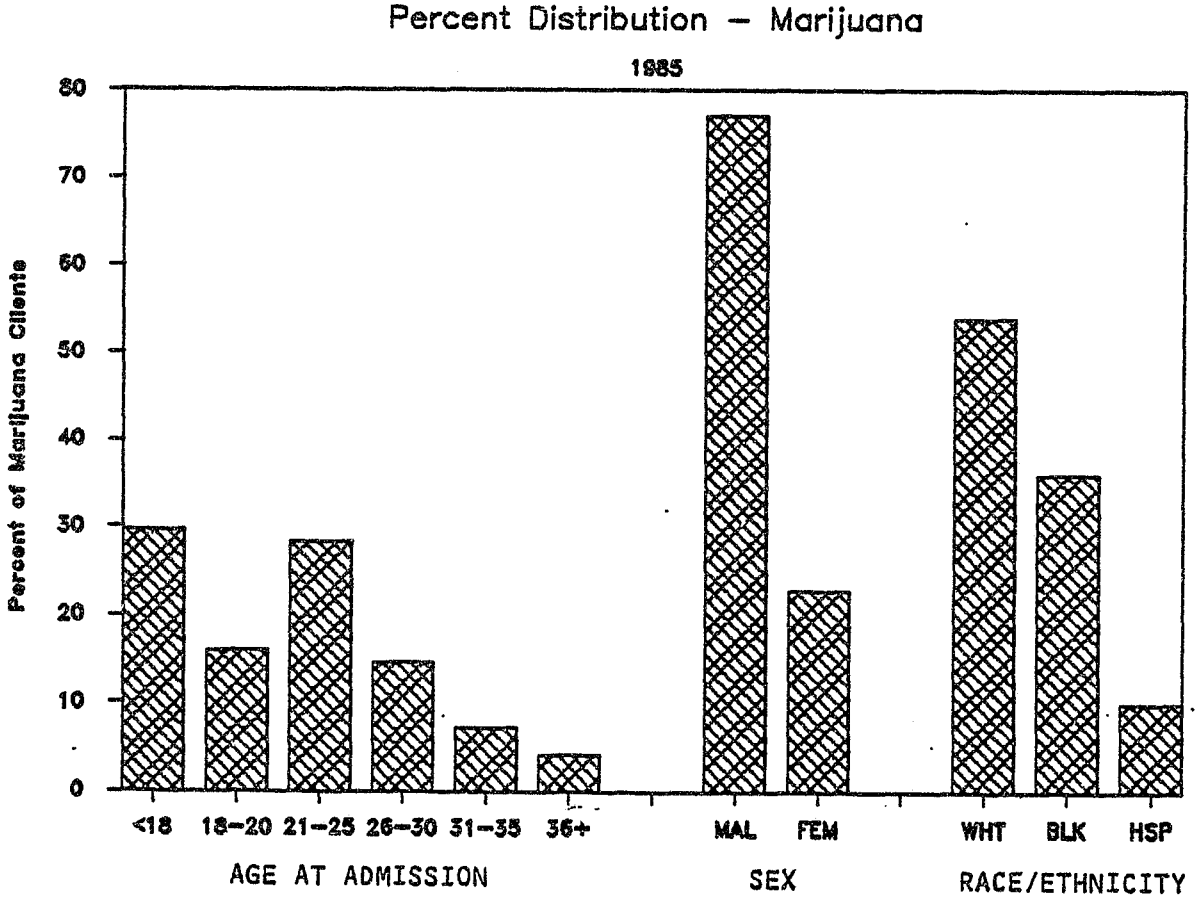
Thirty-six percent of users who reported no prior admissions entered treatment only after 8 years or more of abuse and 19 percent of the marijuana admissions entered treatment for the first time after 10 years of use. First year users accounted for 16 percent of admissions.

Since 1984 the daily frequency of use among marijuana users has declined for those entering treatment. Admissions in 1984 indicated that nearly 40 percent used marijuana on a daily basis. 1985 showed a drop to one-third of admissions who used the drug daily.

At the time of admission, one-half of the primary marijuana admissions with polydrug problems indicated alcohol as their secondary drug problem. An additional 23 percent of the marijuana clients entered treatment with cocaine abuse problems. While 8 percent of primary marijuana admissions also used amphetamines, another 7 percent used hallucinogens. An additional 15 percent primary marijuana users reported using PCP in various combinations with marijuana.

Voluntary admissions comprised four out of every ten marijuana admissions. The rate of self referral has decreased to 15 percent and referrals by family members or friends to 8 percent. Compared to 1984, self referral and family/friend referral, each accounted for 16 percent. Community service and local mental health agencies accounted for a total of 8 percent of referrals. One-third of all admissions were involuntarily referred to treatment by probation offices throughout the State. One out of every ten marijuana admissions was referred to treatment after being released from a correctional institution by the State parole system.

One out of every five primary marijuana admissions was arrested between two and four times while 39 percent were arrested once within the 24 month period prior to entering treatment. Since 46 percent of marijuana admissions were of legal school age, other socioeconomic indicators are skewed. For instance, 61 percent reported less than a high school level of education while 85 percent were not married at the time of admission. Marijuana users who were employed at admission were about the same percent as most other drug categories regardless of age.



BARBITURATES

In 1985, New Jersey's drug treatment clinics admitted 222 persons, 1.7 percent of all admissions, for barbiturate abuse. Over three years the barbiturate admission rate has declined from 3.2 percent in 1983. Drug-free outpatient programs admitted 150 or 68 percent of barbiturate users while 30 percent entered drug-free residential care.

Most of the barbiturate users were entering treatment for the first time. Sixty-four percent of barbiturate admissions reported no prior treatment experience, while 32 percent had attempted treatment one or two times previously. The remaining 6 percent had treatment experiences between 3 to 5 times previously.

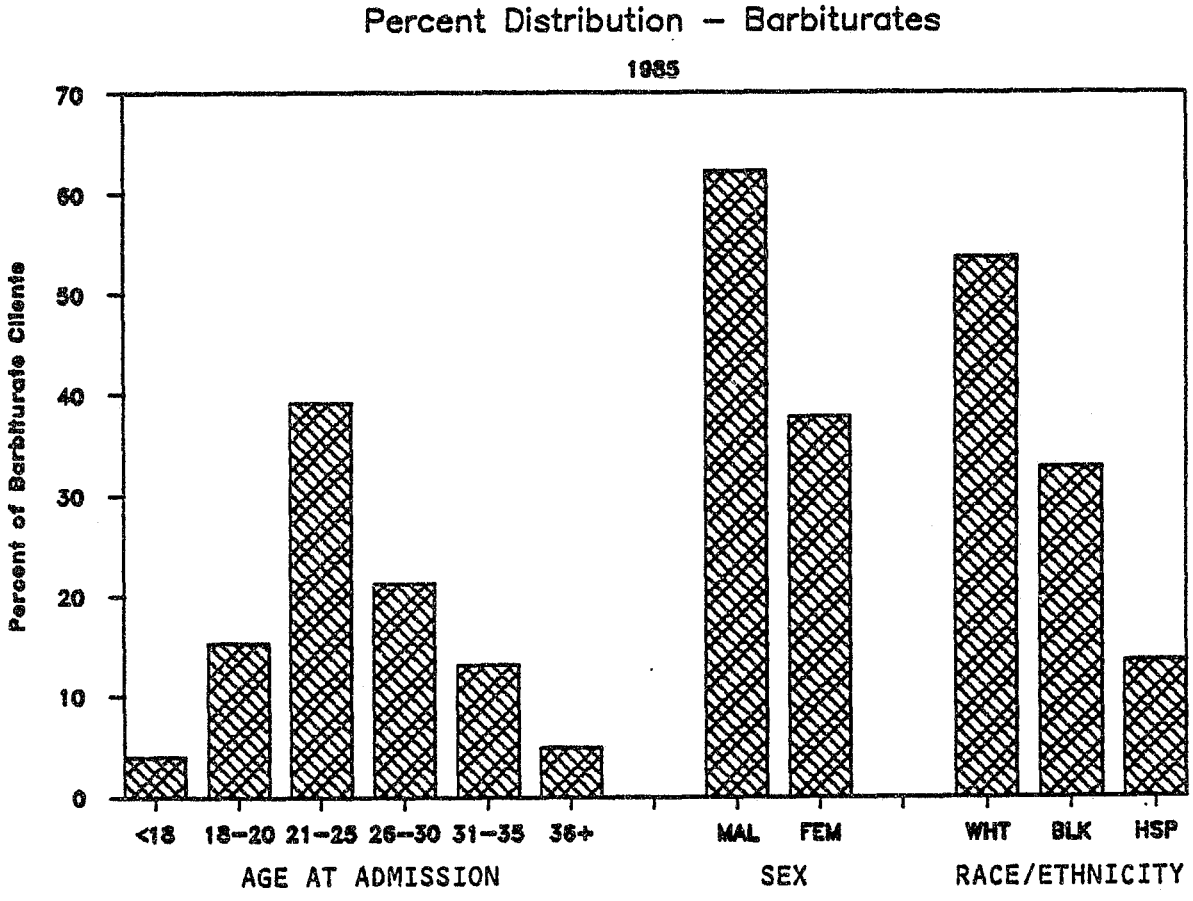
At the time of admission, 30 percent of barbiturate users were between the ages of 21 and 25. Another 21 percent were between 26 and 30. Juvenile admissions, ages 11 through 17, accounted for 4 percent of admissions. The average age for primary barbiturate admissions was 25.8. Nineteen percent of barbiturate admissions had first used the drug by the age of 14. Another 24 percent first used the drug between the ages of 15 and 17. The high risk age group is 18 through 20, where 28 percent of admissions first began barbiturate drug use. Of those who were entering treatment for the first time, 27 percent had used barbiturates for 5 to 7 years before seeking treatment. Only 1 out of every 10 new admissions entered treatment within their first year of drug use. Clients who waited over 10 years before entering treatment accounted for 17 percent of new admissions.

Barbiturates were administered orally, in pill form, by 97 percent of the users. Forty percent of admissions reported they used barbiturates several times per week. Another 40 percent, however, used the drug on a daily basis, including 25 percent who used 2 or more times per day.

Ninety-one percent of primary barbiturate admissions entered treatment with a secondary drug problem. One-third of those barbiturate users also used marijuana. The next most popular drug for poly-drug barbiturate users was cocaine. The number and rate of barbiturate users using cocaine as a second drug doubled from 1984 to 44 admissions, or 22 percent. The use of barbiturates and alcohol accounted for 14 percent of barbiturate admissions.

Of those users entering treatment voluntarily, 19 percent were self-referred and 13 percent were referred to treatment by family, friends, or community service and mental health agencies. Involuntary admissions imposed by the various judicial agencies accounted for 47 percent, an increase of 3 percent over the previous year.

Forty percent of barbiturate admissions indicated no arrest in the previous 2 year period. Barbiturate users arrested 2 or more times accounted for 28 percent. Fifty-one percent of admissions had less than a high school level of education. Those users with education levels beyond completion of high school numbered 30 or 14 percent of barbiturate admisions. Barbiturate users who entered treatment while employed represented 30 percent of barbiturate admissions. Seven out of every ten barbiturate admissions were never married. The rate of users who were divorced or separated at the time of admission increased 3 percent from 1984 to 14 percent of barbiturate admissions in 1985.



TRANQUILIZERS

In 1985, 161 persons entered New Jersey's clinics for the treatment of tranquilizer abuse. While 73 percent of tranquilizer users were admitted into drug-free programs, 17 percent required inpatient detoxification. Tranquilizer users had the third highest rate (after heroin and other opiate users) of detox admissions among all drug users.

Unlike the other drug categories, tranquilizer admissions consisted mainly of female users. Female users accounted for 2 out of every 3, or 67 percent of all primary tranquilizer admissions. White females accounted for 56 percent of the total tranquilizer admissions. In addition, white females comprised 7 out of every 10 white tranquilizer users who entered treatment. Black females accounted for 9 percent of all tranquilizer users and represented 8 out of every 10 black primary tranquilizer admissions. The sex ratio of Hispanics, when compared to the ratio of blacks and whites, however, was reversed. Hispanic women comprised only 2 percent of the total tranquilizer admissions and represented 2 out of every 10 Hispanic primary tranquilizer admissions. Eight out of every ten admissions were white, while blacks and Hispanics accounted for 11 and 9 percent of primary tranquilizer admissions respectively.

Tranquilizer users are generally older at the time of first use. Tranquilizer admissions who began use between the ages 7 and 17 recorded the lowest rates among all drug categories. This group represented 16 percent of tranquilizer admissions in 1985. Between the ages of 21 and 25 a 10 percent increase occurs over the 18 through 20 age group, to account for 23 percent of tranquilizer admissions. Twenty-one percent were between 26 and 30 at the time of first use. The highest rate of admissions (28%) was found among users who had first used tranquilizers after age 30.

Three out of every four tranquilizer users in 1985 were 30 or older at the time of admission. One of every four admissions was between 36 and 45. This was the highest rate of admissions for any drug considering clients in this age bracket. Tranquilizer users also had the highest rate of admissions for clients older than 46. More than three times that of other drug categories, 11 percent of primary tranquilizer admissions were 46 or older. The average age of tranquilizer admissions was 32.7.

Tranquilizer users who had been in treatment previously accounted for 39 percent of tranquilizer admissions. While 61 percent of prior admissions had received treatment one or two times, 32 percent had been treated between 3 and 5 times previously. Tranquilizer users entering treatment for the first time represented 61 percent of all primary tranquilizer admissions. Thirty-two percent of the new tranquilizer admissions entered treatment within a year of their first abuse. The rate of new users seeking treatment within their first year of tranquilizer abuse ranked third after PCP and hallucinogens. In the second year of abuse, 11 percent of new tranquilizer admissions entered treatment. In the third and fourth years of abuse, new tranquilizer admissions increased to 15 percent followed by 2 percent for users who had used tranquilizers between 8 to 10 years. One out of every five new admissions had used tranquilizers for 10 years or more before entering treatment.

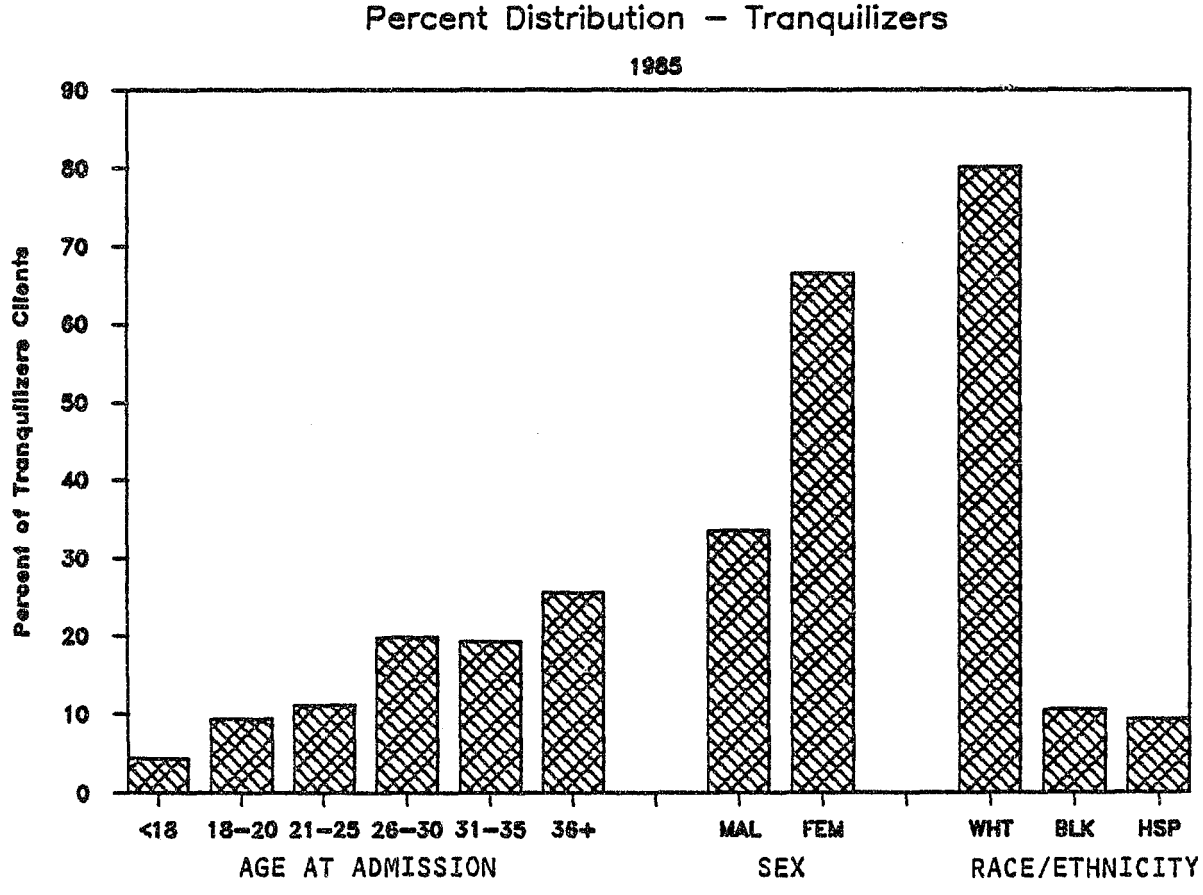
Tranquilizers were taken orally by all users. Most users took the drug one or more times per day. These users accounted for 2 out of every 3 admissions. Twenty-six percent of tranquilizer clients used tranquilizers on a weekly basis.

Two out of every three tranquilizer users entered treatment voluntarily. Users who sought treatment directly, on their own, accounted for 27 percent of all tranquilizer admissions. Tranquilizer users represented the highest rate of community mental health and services referrals among all the drug categories; 17 percent of the tranquilizer admissions sought help through such local agencies. Next to barbiturates, tranquilizer users also had the highest rate of admissions referred to treatment by family or friends. Treatment by probation officers accounted for only 1 out of every 10 admissions.

Compared to the other opiates drug category, tranquilizer admissions were better educated. Only one-third of tranquilizer admissions had less than a high school level of education at the time of admission. Forty-two percent had completed high school. Ten (6%) of the tranquilizer admissions had completed four years of college level education while another 4 clients (3%) had gone beyond undergraduate

studies. However, tranquilizer users also had the highest rate of unemployment among drug groups. Six out of every ten admissions were unemployed at the time of admission. This is directly related to the high proportion of female users.

Marital status at admission indicates that tranquilizer clients had the highest rates of marriage, divorce and separation; 35 percent were married and 28 percent were either divorced or separated.



AMPHETAMINES

Amphetamine users entering treatment in 1985 accounted for 7 percent of the total statewide admissions. While 93 percent of amphetamine users were admitted into drug free programs, 61, or 7 percent required residential detoxification treatment. Continuing past years' trends, whites comprised 95 percent of amphetamine admissions, 63 percent of these admissions were white males.

Of the 879 users who entered treatment, 542, or 62 percent were entering treatment for the first time. Those with one prior admission accounted for 208 of the users, or 61.7 percent of previously admitted clients. Clients with 2 to 5 prior treatment experiences totalled 126 admissions.

Amphetamine use began very early in life for many amphetamine users. Twenty-three percent had their first experience with the drug between the ages 7 and 14. The high risk age group appears to be between 15 and 17, when 283, or 32 percent of amphetamine users initiated their first use of the drug. An additional 20 percent had used the drug by the age of 20. 139 clients, or 16 percent of admissions first tried the drug between 21 and 25.

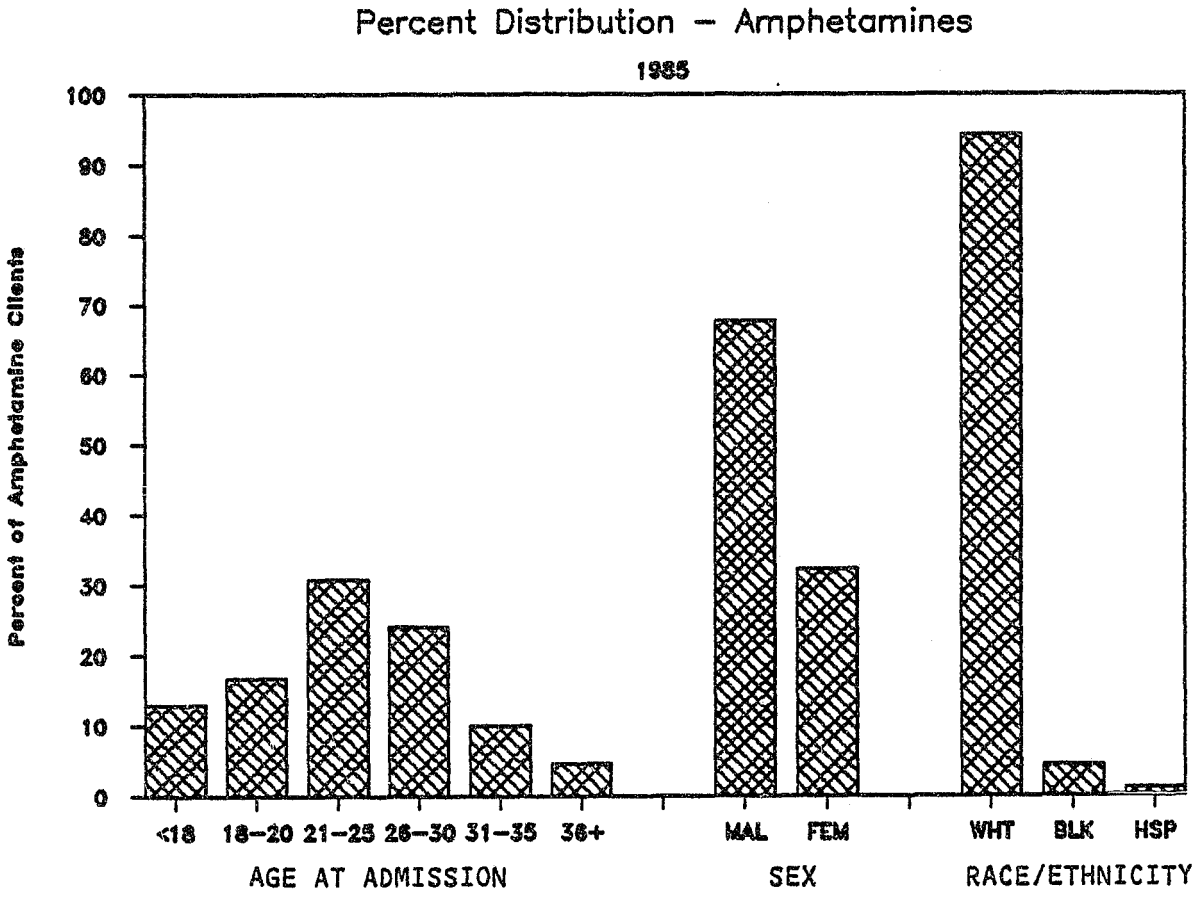
At the time of admission 13 percent were of school age (11 through 17). Admissions between the ages of 18 and 25 accounted for 417 users, or 47 percent. Between the ages of 26 and 30 another 24 percent entered treatment for amphetamine use. The average age at admissions for amphetamine users was 24.6. After one year of using amphetamines, one out of every five new admissions entered a program for treatment. The second year of use is when the fewest new amphetamine users enter treatment. Only 10 percent of the new admissions entered treatment after two years of use. The 5th and 7th years of use showed the highest frequency of new users entering treatment. Twenty-three percent (127 admissions) sought treatment after 5 to 7 years of amphetamine use. However, 27 percent of new admissions used the drug for 8 years or more before seeking treatment.

Snorting, or inhalation, was the most popular form of administration of amphetamines. Forty-five percent of the users snorted amphetamines and 30 percent injected the drug intravenously. Another 23 percent took the drug orally. Of the amphetamine users who entered treatment with polydrug problems, one-half used marijuana. One-fifth of the polydrug users reported the use of alcohol as their secondary problem while 18 percent reported cocaine use. Although 12 percent of amphetamine users used the drug less than once a week the highest frequency of use was several times per week. Thirty-six percent reported using the drug several times per week. This is almost double the number reporting this frequency of use the previous year. Clients who used the drug daily increased 8 percent to represent 32 percent of all primary amphetamine admissions.

Included in the 53 percent of the amphetamine users who entered treatment voluntarily are 21 percent who sought treatment directly on their own. Another 12 percent were referred to treatment by family members or friends. Thirty percent of the amphetamine admissions were sent to treatment programs by probation officers throughout the State. Compared to 1984, a 9 percent decline occurred in the rate of clients who reported no arrest. In 1985, 36 percent of amphetamine admissions reported no arrest in the prior 24 month period. Another 36 percent reported one arrest, while 23 percent were arrested two to four times in the 24 month period preceding admission.

Educationally, 52 percent of amphetamine admissions had completed high school; 1 percent (or 9 users) had obtained a four year college level of education. The employment rate of amphetamine admissions increased from 46 percent in 1984 to 54 percent in 1985.

The rate of married users who entered treatment increased slightly by 2 percent to represent 14 percent of amphetamine admissions in 1985. Divorced or separated clients increased by 1 percent, to 18 percent of admissions in 1985.



PCP

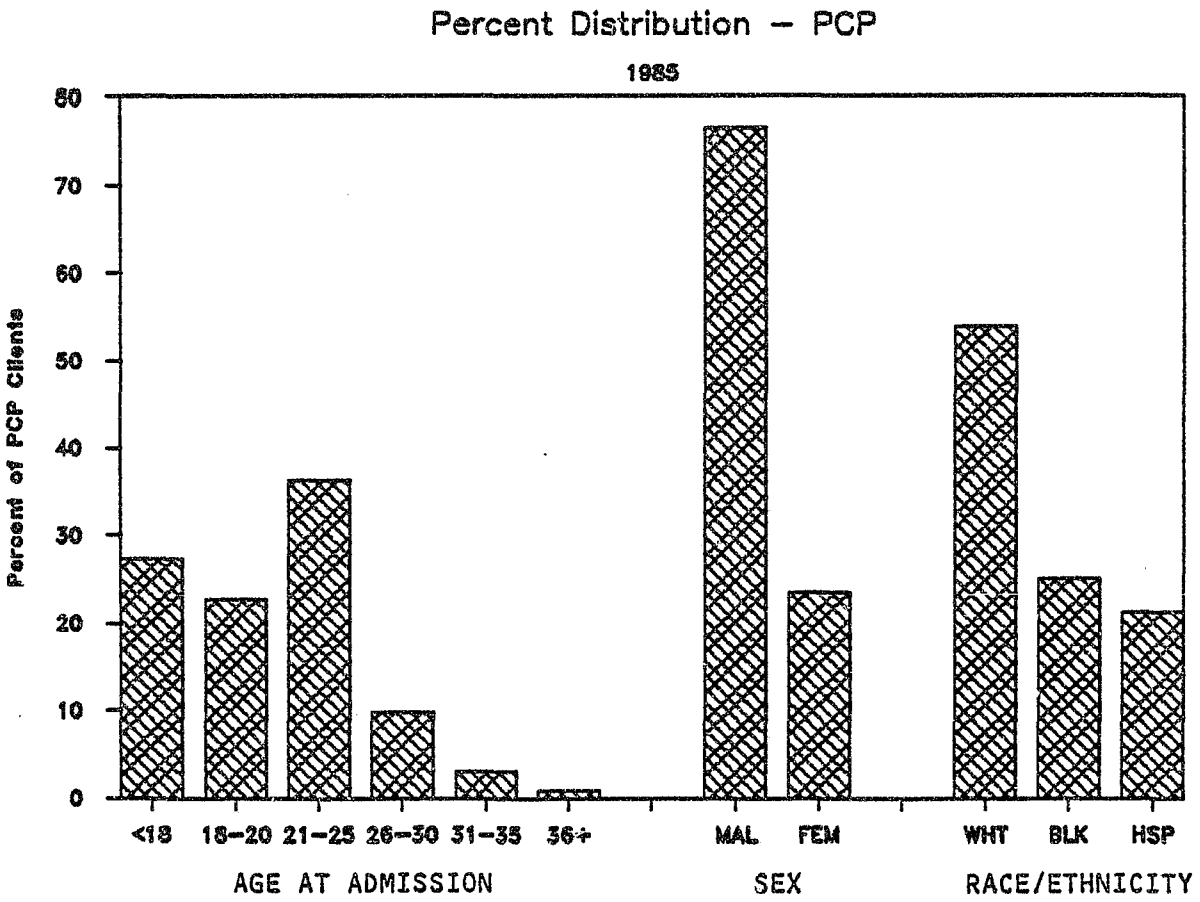
In 1985, 132 primary PCP users were admitted to New Jersey's clinics for drug treatment. Almost all PCP users were admitted to drug free programs. Seven out of every ten admissions entered outpatient care while 28 percent entered residential care.

PCP users had the second highest rate of adolescent admissions, after marijuana admissions. Thirty-six PCP clients, who comprised 27 percent of the total of primary PCP admissions, were between 11 and 17 years of age at the time of admission. In the age group 18 through 20, a drop occurred in the number of admissions over last year's report to a rate of 23 percent of PCP admissions. Age group admission rates peaked for users between 21 and 25 to account for 36 percent of PCP admissions. PCP clients over 26 years old accounted for 13 percent of admissions. The average age of the PCP user at the time of admission was 21.1.

Compared to other drug categories a higher rate of first time PCP users entered treatment within their initial year of PCP use. Of the 73 PCP admissions who had no prior treatment history, 36 percent sought treatment within a year of

their first use of the drug. Most PCP users who entered treatment began use of the drug between the ages of 15 and 17. Forty-five percent of admissions had received prior drug treatment. One-third of PCP users admitted had two or more prior drug treatment episodes. PCP users who used the drug between 2 and 4 years accounted for 37 percent of the primary PCP admissions who were entering treatment for the first time. While 10 percent of new PCP admissions had used the drug for 5 years, 18 percent had used the drug for over 8 years before entering treatment.

Nine of every ten PCP admissions smoked PCP while the remainder took the drug orally. Occasional PCP users who used the drug less than once a week accounted for 19 percent of primary PCP admissions. While 58 percent of PCP admissions used the drug on a weekly basis, another 23 percent used it daily. The most popular method of administering PCP is lacing the drug on marijuana and smoking it. This is reflected in the high rate of polydrug clients who reported marijuana use as the secondary drug of abuse. Forty-five percent of the polydrug clients used marijuana at the time of admission. Twenty-two percent indicated that their secondary drug problem was alcohol. The use of cocaine in conjunction with PCP represented 15 percent of all primary PCP admissions in 1985. The use of amphetamines and tranquilizers by primary PCP admissions accounted for 5 percent and 4 percent respectively.



Of the nine major drug categories for which users sought treatment, PCP users had the third lowest rate of self-referrals. (Hallucinogen and marijuana users recorded the lowest rates of self-referral.) Self-referrals among PCP users accounted for 16 percent of primary PCP admissions. Community service agencies referred one of every ten PCP users to treatment. The total rate of voluntary admissions among PCP users entering treatment was 38 percent. Three out of every ten primary PCP users were required to enter treatment by the various probation agencies across the State. PCP users recorded the highest arrest rates among all drug categories. PCP users who had been arrested one or more times within the 24 months prior to entering treatment accounted for 77 percent of the total primary PCP admissions. PCP admissions also had a much higher rate of users arrested 2 to 4 times and 5 or more times within the 24 months prior to admission. Forty-three percent were arrested between 2 and 4 times while those users arrested 5 or more times accounted for 11 percent of PCP admissions. Each of the two aforementioned arrest categories among PCP users doubles that of most other drug groups.

PCP clients had the highest unemployment rate among all drug admissions. PCP clients unemployed at the time of admission accounted for 67 percent of the total primary PCP admissions. Primary PCP users who had received a high school level of education represented 35 percent of admissions. Fifty-seven percent of PCP admissions was comprised of clients with less than a high school education. Ten PCP users or 8 percent of admissions had achieved up to 3 years of education beyond high school. Nine out of every 10 PCP admissions were never married.

WHO PAYS FOR DRUG ABUSE TREATMENT?

The funding for New Jersey's drug abuse treatment units comes from a large number of sources, including federal agencies, State and local governments, churches and charitable organizations, clients fees, and public or private health insurance.

New Jersey's drug abuse treatment units spend over $16.7 million to provide treatment services. The federal government provides $6.3 million, accounting for 37.7 percent of the funding. The State government provides a total of $10.4 million, or 62.3 percent of all treatment costs. Of the total $16.7 federal and State funds allocated, $10.4 million goes to the clinics for drug abuse treatment, including $385,500 for AIDS treatment related services, $3.8 million for prevention and $2.2 million for support services. Client fees, health insurance coverage, charitable donations and other program income generate approximately $3.5 million.

A total of 5,851 treatment "slots" were funded in 1985. A treatment slot is a space in a treatment program sufficient to serve one client for one year. Due to great demand for treatment, there were actually 7,138 individuals in treatment in State funded programs at any given time in 1985. This means that the programs collectively operated at 22 percent over funded capacity.

In FY 1984 the State relinquished direct control over the daily operations and administration of all State treatment facilities to private non-profit health care practitioners. These drug treatment programs have since proved to be very successful in providing necessary treatment to the abuser population while recovering a major part of operational costs through their client fees.

WHERE CAN MORE INFORMATION ABOUT DRUG ABUSE TREATMENT BE OBTAINED?

For further information about drug abuse treatment in New Jersey contact the Division of Narcotic and Drug Abuse Control, Office of Treatment and Rehabilitation at the New Jersey State Department of Health, 129 East Hanover Street, CN 362, Trenton, NJ 08625-0362 or telephone (609) 292-7232. You may also contact any of the clinics on the attached treatment facility listing.

ALPHABETICAL LISTING OF TREATMENT FACILITIES

NAME OF FACILITY	TELEPHONE	COUNTY
Alpha Center (NEDAC)	201-783-6322	Essex
Alpha House (Straight and Narrow)	201-345-6000	Passaic
Bayshore Youth Services Bureau	201-290-9040	Monmouth
Beacon Hall	609-767-3000	Camden
Bergen County Narcotic Clinic	201-967-4217	Bergen
Bridge, The	201-228-3000	Essex
Burlington Comprehensive Counseling, Inc.	609-267-9553 and 3610	Burlington
Cape May County (Operation Junction)	609-729-1404	Cape May
Cedar Outpatient (Straight and Narrow)	201-345-6000	Passaic
Center for Addictive Diseases (Turning Point, Lakeland)	609-228-4200 Ext. 10	Camden
Center for Addictive Diseases (Turning Point, Collingswood)	609-854-1222	Camden
Center for Mental Health	201-383-1533	Sussex
City of East Orange Alcohol and Drug Abuse Control Program	201-266-5200	Essex
City of Orange	201-266-4173	Essex
Community Guidance Center of Mercer County	609-587-7044	Mercer
Cooper Medical Arts Building	609-342-3272	Camden
Corner House	609-924-8018	Mercer
Counseling & Referral Service of the Brick Area	201-458-7511	Ocean
C.U.R.A., Inc.	201-622-3570	Essex
Damon House, Inc.	201-828-3988	Middlesex
Damon House, Inc.	201-828-6002	Middlesex
Damon House, Inc.	201-279-5563	Passaic
Discovery Institute for Addictive Diseases	201-946-9444	Monmouth
Dismas House (Straight and Narrow)	201-345-6000	Passaic
ESCAPE (Perth Amboy Addiction Center)	201-442-3700 Ext. 2171	Middlesex
Essex Substance Abuse Treatment Center, Inc.	201-623-6100	Essex
Faith Farm	609-455-6145	Salem
Family Guidance Center of Warren County	201-689-4470	Warren
Family Service and Child Guidance Center	201-675-3817	Essex
Hispanic Health and Mental Health (La Esperanza)	609-963-3736	Camden
Hunterdon County Drug Program	201-782-2121 Ext. 341	Hunterdon
Hunterdon Drug Awareness Program	201-788-1900	Hunterdon
Hope House	201-361-5555	Morris

NAME OF FACILITY	TELEPHONE	COUNTY
Institute for Human Development	609-345-4035	Atlantic
Integrity House, Inc.	201-623-0600	Essex
Integrity House, Inc.	201-322-2110	Union
Intercounty Council on Drug and Alcohol Abuse	201-997-4000	Hudson
Jersey Shore Addiction Services, Inc. (Asbury Park)	201-988-8877	Monmouth
Jersey Shore Addiction Services, Inc. (Toms River)	201-341-8630	Ocean
Kids of Bergen County, Inc.	201-487-4100	Bergen
La Esperanza (Hispanic Health & Mental Health Association of Southern NJ)	609-963-3736	Camden
L & L Clinics	201-373-2010	Essex
Medically Induced Drug Addiction Center	609-342-3272	Camden
Monmouth Chemical Dependency Treatment Center, Inc.	201-222-5190	Monmouth
Mt. Carmel Guild Narcotic and Rehabilitation Center	201-596-4000	Essex
Mt. Carmel Hospital (Straight and Narrow)	201-345-6000	Passaic
NEDAC (Alpha and WHO)	201-783-6655	Essex
Newark Renaissance	201-483-2884	Essex
New Brunswick Counseling Center	201-246-4025	Middlesex
New Horizon Treatment Services, Inc.	609-394-8988	Mercer
New Well	201-242-0715	Essex
Northeast Life Skills Associates, Inc.	201-777-2962	Passaic
Ocean City Resource Center	609-398-4200	Cape May
Operation Junction (Cape May County)	609-729-1404	Cape May
Overlook Hospital Drug Treatment Program	201-522-2837	Union
Paterson Counseling Center, Inc.	201-523-8316	Passaic
Perth Amboy Addiction Center (ESCAPE)	201-442-3700 Ext 2171	Middlesex
Plainfield Treatment Center, Inc.	201-757-8450	Union
Post House	609-894-4292	Burlington
Princeton House	609-921-7700 Ext 421	Mercer
PROCEED	201-351-7727	Union
Raymond E. Banta Valley Center	201-445-4357	Bergen
Reality House, Inc. (Cherry Hill)	609-428-1300	Camden
Reality House, Inc. (Woodbury)	609-848-0035	Gloucester
Red Bank Outreach	201-842-2000	Monmouth
Resource Center for the Chemically Dependent, Inc.	201-267-2066	Morris

NAME OF FACILITY	TELEPHONE	COUNTY
Salem Outreach Center (SODAT)	609-769-2126 Ext 22	Salem
SODAT	609-845-6363	Gloucester
Somerset Drug Clinic	201-722-4406	Somerset
Soul-O-House	201-643-3888	Essex
South Jersey Drug Treatment Ctr.	609-455-5441	Cumberland
Spectrum Health Care	201-860-6100	Hudson
Straight and Narrow (Alpha House, Cedar Outpatient, Dismas, Mt. Carmel Hospital, The Guild))	201-345-6000	Passaic
Suburban Clinic	201-687-7190	Union
Substance Abuse Center of Southern Jersey, Inc.	609-757-9190	Camden
Together, Inc.	609-881-7045	Gloucester
Toms River Outreach Center	201-244-1600	Ocean
Turning Point (Center for Addictive Diseases	609-228-4200 Ext 10	Camden
Union County Program for the Prevention of Drug Abuse and Narcotic Addiction	201-527-4854	Union
Veterans Administration Hospital (East Orange)	201-676-1000	Essex
Veterans Administration Hospital (Newark)	201-645-2420	Essex
Vocational Adjustment Center	201-223-5112	Ocean
Wayne Drug Abuse Program	201-694-1234	Passaic
West Orange Family Youth Service	201-325-4141	Essex
Women's Resource and Survival Center	201-264-4111	Monmouth
Woodbridge Action for Youth	201-634-7910	Middlesex

P8746