

STATE RESOURCES AND SERVICES  
Related to  
ALCOHOL AND DRUG ABUSE PROBLEMS  
Fiscal Year 1987

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An Analysis of State Alcohol and Drug Abuse  
Profile Data

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A Report for the  
National Institute on Alcohol Abuse and Alcoholism  
and the  
National Institute on Drug Abuse

U.S. Department of Justice  
National Institute of Justice

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Profile Data

by  
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A Report for the  
National Institute on Alcohol Abuse and Alcoholism  
and the  
National Institute on Drug Abuse

## ACKNOWLEDGEMENTS

We wish to express our appreciation and to gratefully acknowledge the contributions of the alcohol and drug agencies in all 50 States, the District of Columbia, Guam and Puerto Rico that provided the data and other information on which this document is based. Without the cooperation of these agencies, all of which voluntarily contributed time and effort, it would not have been possible to develop this report. A list of the State Alcohol and Drug Abuse Agency Directors and State Contact Persons for the State Alcohol and Drug Abuse Profile (SADAP) is provided on the following page.

In addition, we wish to acknowledge the advice and assistance of staff persons at the National Institute on Drug Abuse (NIDA) and the National Institute on Alcohol Abuse and Alcoholism (NIAAA) who reviewed and provided comments on various drafts of this document. We especially wish to thank the Project Officers, Mr. David Sanchez from NIAAA, and Mrs. Ann Blanken from NIDA, who provided ongoing support, assistance and constructive suggestions for improvement.

We also appreciate the invaluable computer programming assistance of Mr. Theodore C. Lutterman who produced the many tables and figures included in this document. Some of the other individuals who provided important assistance include Ms. Glenda Knight, Ms. Barbara Stevenson, Ms. Katharine Ross and our project consultants, Mr. Donald Patterson and Dr. Louise G. Richards.

Finally, we wish to thank our NASADAD Project Secretary Ms. Lynette Greenwood for her many contributions. We most especially appreciate her assistance in compiling some of the data and her perseverance in accurately word processing this document under tight time deadlines.

STATE ALCOHOL AND DRUG ABUSE AGENCY DIRECTORS  
AND CONTACT PERSONS FOR THE  
1987 STATE ALCOHOL AND DRUG ABUSE PROFILE (SADAP)

STATE

DIRECTORS

CONTACT PERSONS

ALABAMA	MARY LEE RICE	MOLLY BROOMS
ALASKA	MATTHEW FELIX	GEORGE MUNDELL
ARIZONA (ALCOHOL)	GWEN SMITH	GWEN SMITH
ARIZONA (DRUG)	EDWARD ZBOROWER	EDWARD ZBOROWER
ARKANSAS	PAUL BEHNKE	WILLIAM E. BOHANNON
CALIFORNIA	CHAUNCEY VEATCH III	SUSAN NISENBAUM
COLORADO	ROBERT AUKERMAN	HAROLD MEADOWS
CONNECTICUT	DONALD MCCONNELL	JULIANNE KONOPKA
DELAWARE	NEIL MEISLER	BARBARA MELVILLE
DISTRICT OF COLUMBIA	SIMON HOLLIDAY	CHARLES W. AVERY
FLORIDA	LINDA N. LEWIS	LINDA N. LEWIS
GEORGIA	PATRICIA REDMOND	MARGARET TAYLOR
GUAM	JOSEPH S. CAMERON	ANICETO S. DIGNADICE
HAWAII	JOYCE INGRAM-CHINN	JOYCE INGRAM-CHINN
IDAHO	RAY WINTEROWD	RAY WINTEROWD
ILLINOIS	WILLIAM T. ATKINS	LINDA HARGNETT
INDIANA	JOSEPH E. MILLS III	JOSEPH E. MILLS III
IOWA	JANET ZWICK	JANET ZWICK
KANSAS	ANDREW O'DONOVAN	DON POUND
KENTUCKY	MICHAEL TOWNSEND	HUGH SPALDING
LOUISIANA	LOUIS GIBSON	GWENDA MCKENZIE
MAINE	NEILL MINER	CATHERINE ST. PIERRE.
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MASSACHUSETTS	DAVE MULLIGAN	DEBORAH MUTSCHLER
MICHIGAN	DR. ROBERT BROOK	RICHARD CALKINS
MINNESOTA	DR. CYNTHIA TURNURE	DR. CYNTHIA TURNURE
MISSISSIPPI	ANNE D. ROBERTSON	ANNE D. ROBERTSON
MISSOURI	LOIS OLSON	GEORGIANN M. HASLAG
MONTANA	ROBERT ANDERSON	DARRYL L. BRUNO
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NEVADA	RICHARD HAM	PAUL RICHEY
NEW HAMPSHIRE	GERALDINE SYLVESTER	ALAN J. PARENT
NEW JERSEY (ALCOHOL)	RILEY REGAN	RILEY REGAN
NEW JERSEY (DRUG)	RICHARD J. RUSSO	RICHARD J. RUSSO
NEW MEXICO	KENT MCGREGOR	KENT MCGREGOR
NEW YORK (ALCOHOL)	MARGUERITE T. SAUNDERS	DR. EDWARD J. DEFRANCO
NEW YORK (DRUG)	JULIO MARTINEZ	JOHN S. GUSTAFSON
NORTH CAROLINA	THOMAS F. MIRIELLO	MARGUERITE DAVIS
NORTH DAKOTA	JOHN J. ALLEN	JOHN J. ALLEN
OHIO	SUZANNE C TOLBERT	LARRY ISCH
OKLAHOMA	TOM STANITIS	STEVE WEST
OREGON	JEFFREY KUSHNER	JEFFREY KUSHNER
PENNSYLVANIA	JEANNINE PETERSON	JEANNINE PETERSON
PUERTO RICO	ISABEL SULIVERES DE MARTINEZ	ISABEL SULIVERES DE MARTINEZ
RHODE ISLAND	WILLIAM PIMENTEL	WILLIAM PIMENTEL
SOUTH CAROLINA	WILLIAM J. MCCORD	NED SELF
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TENNESSEE	DR. THOMAS J. WOOLRIDGE	RICK BRADLEY
TEXAS	BOB DICKSON	JANE MAXWELL
UTAH	LEON POVEY	AMANDA SINGER
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VIRGINIA	WAYNE THACKER	WAYNE THACKER
WASHINGTON	KEN STARK	MILO KURLE
WEST VIRGINIA	JACK CLOHAN, JR.	MARY S. PESETSKY
WISCONSIN	LARRY W. MONSON	CLEM JAUQUET
WYOMING	JEAN DEFRATIS	JEAN DEFRATIS

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## HIGHLIGHTS

The State Alcohol and Drug Abuse Agencies voluntarily submit a broad spectrum of fiscal, client and other service data on an annual basis to the National Association of State Alcohol and Drug Abuse Directors, Inc. (NASADAD). These data are submitted via the State Alcohol and Drug Abuse Profile (SADAP) data collection effort. With financial support from the National Institute on Alcohol Abuse and Alcoholism (NIAAA) and the National Institute on Drug Abuse (NIDA), NASADAD staff have prepared a detailed analysis of these data. The findings for Fiscal Year (FY) 1987 as reported by the States and analyzed by NASADAD follow.

The financial and client data provided by the State Alcohol and Drug Abuse Agencies apply to only those units and programs which received at least some funds administered by the State Alcohol/Drug Agency". All fifty States, the District of Columbia, Guam and Puerto Rico participated in the FY 1987 State Alcohol and Drug Abuse Profile (SADAP).

Highlights from the FY 1987 SADAP study indicate that:

- o Expenditures for alcohol and drug abuse treatment and prevention services totaled over \$1.8 billion.
- o Of the total expenditures, States provided \$924.1 million or 51.1 percent, while Federal sources provided \$324.3 million or 17.9 percent, county or local sources contributed \$164.8 million or 9.1 percent and other sources (e.g., private health insurance, court fines, client fees or assessments for treatment imposed on intoxicated drivers) contributed \$396.5 million or 21.9 percent.
- o Approximately 76.5 percent of the total monies were expended for treatment services; 12.5 percent for prevention services; and 10.9 percent for other activities (e.g., training, research, administration).
- o A total 6,632 alcohol and/or drug treatment units received funds administered by the State Alcohol and Drug Abuse Agencies in FY 1987. Of the total units, 2,083 were identified as alcohol units, 1,428 as drug units and 3,109 were identified as combined alcohol/drug treatment units.
- o The total alcohol client treatment admissions reported by 50 States, the District of Columbia, Guam and Puerto Rico were over 1.3 million; nearly 85 percent of the client admissions were to non-hospital treatment units; alcohol client admissions were 76.2 percent male; 27.4

percent between the ages of 25-34; and 69.7 percent White, 15.6 percent Black and 5.5 percent Hispanic.

- o A total of 47 States, the District of Columbia, Guam and Puerto Rico reported total drug client admissions of 450,553. Also, 70.0 percent of the client admissions were for outpatient services; 61.3 percent were male; 14.3 percent under the age of 18; 48.3 percent White; 20.7 percent Black; and 9.8 percent Hispanic.
- o Heroin was identified in overall reporting as the leading primary drug of abuse as in FYs 1985 and 1986. Over the two-year period from FY 85 to FY 87, cocaine admissions more than doubled.
- o For the second time, States were asked to provide estimates relating to intravenous (IV) drug abuse. Estimates of the number of IV drug abuser client treatment admissions by a total of 44 respondents ranged from a high of 25,441 in California to a low of 4 in South Dakota and 0 in Guam. The total number of IV drug abuser client admissions identified was 126,673.
- o A total of 37 respondents provided data on the total number of IV drug abusers in their State. The highest estimates of IV drug abusers were provided by New York (260,000), California (222,000) and Texas (180,700). The total number of IV drug abusers estimated by all 37 respondents was 1,394,553.
- o In response to a request for the top three policy issues, States identified needs for new or expanded treatment services; needs for funding and resource allocation; needs for prevention and treatment services for youth; and needs for services specifically related to AIDS and IV drug users.
- o Narrative responses received from the 44 States, the District of Columbia, Guam and Puerto Rico confirmed that there were major needs in the areas of prevention and/or treatment for which adequate resources were not available. States identified many needs to meet the requirements of special populations, such as youth, women, dually-diagnosed clients, IV drug users with AIDS, minorities, the homeless and the elderly.
- o Significant changes in services that occurred during FY 1987 and were reported by the States related primarily to required new services for AIDS and IV drug user populations; client and drug use trends; changes in availability of financial resources for services; and changes in youth, prevention and treatment services.

## EXECUTIVE SUMMARY

In September of 1987, the National Institute on Alcohol Abuse and Alcoholism (NIAAA), with support from the National Institute on Drug Abuse (NIDA), entered into a second three year contractual relationship with the National Association of State Alcohol and Drug Abuse Directors, Inc. (NASADAD) to ensure the continued availability and analysis of data from the States. The contract provides support for the analysis of data voluntarily submitted by the States from existing sources of information on alcohol and drug abuse funding and services. This cooperative Federal-State effort responds to Congressional mandates and ensures that the Institutes and the Alcohol, Drug Abuse and Mental Health Administration (ADAMHA) have the information necessary to exercise a strong national leadership role in cooperation with States with regard to alcohol and drug abuse program needs and services.

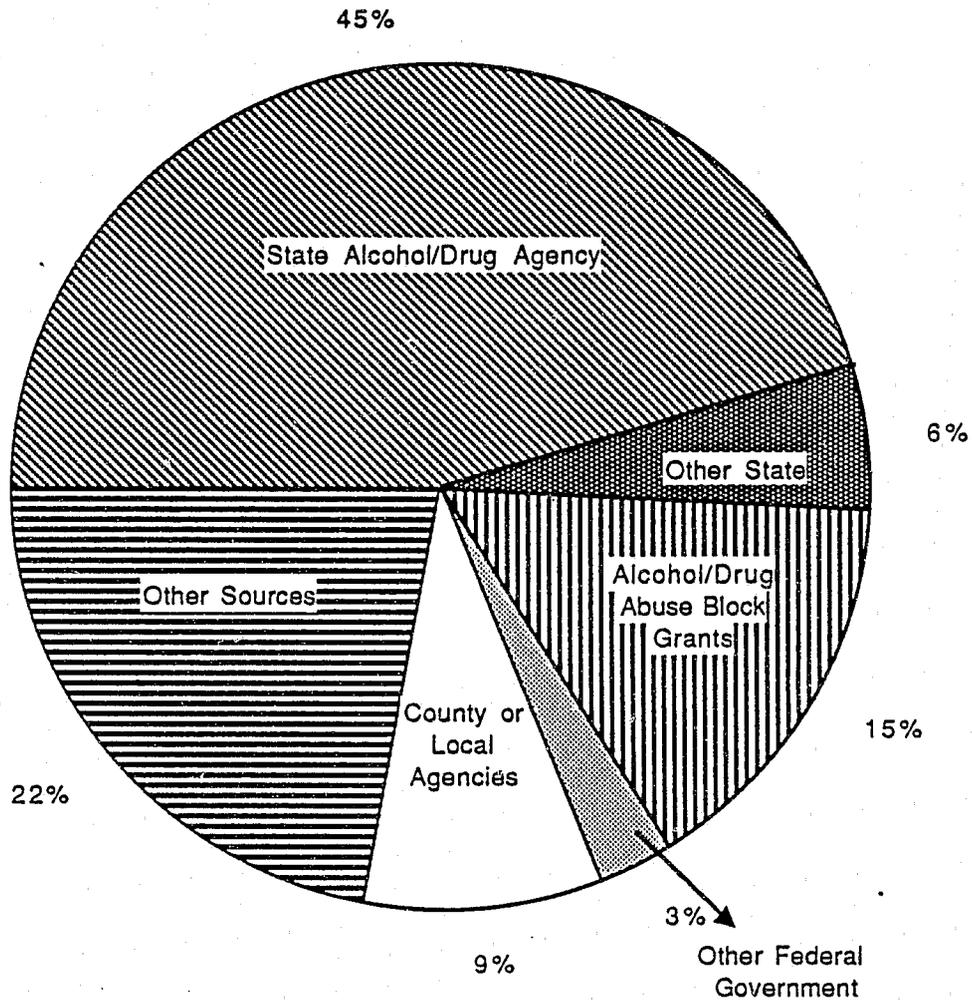
Under the State Alcohol and Drug Abuse Profile (SADAP) contract relevant data is collected from all of the States and Territories. With the cooperation of both Federal and State officials, the SADAP data collection format and process have been continually refined and improved over the past four years.

This report presents and analyzes the results of the State Alcohol and Drug Abuse Profile (SADAP) data for the States' 1987 Fiscal Year (FY). All 50 States, the District of Columbia, Guam and Puerto Rico cooperated and contributed information on resources, services and needs related to alcohol and drug abuse problems within their States. The remaining information is categorized into the following eight areas: funding levels and sources; client admission characteristics; intravenous (IV) drug abuse; State model product availability; lead staff contacts for AIDS, data collection, drunk driving, evaluation and homeless programs; top policy issues; major unmet needs; and significant changes in treatment and/or prevention services.

### Funding Levels and Sources

The total reported expenditures within 50 States, the District of Columbia, Guam and Puerto Rico for alcohol and drug services in those programs receiving at least some State administered funds during the State's 1987 Fiscal Year (FY) were over \$1.8 billion. As illustrated in Figure 1, this total includes \$819.8 million (45.3 percent) from State Alcohol and Drug Agency sources, \$104.3 million (5.8 percent) from other State agency sources, \$272.6 million (15.1 percent) from Alcohol and Drug Abuse Block Grants, \$51.8 million (2.9 percent) from other Federal government sources, \$164.8 million (9.1 percent) from county or local agency sources, and \$396.5 million (21.9 percent) from other sources (e.g., reimbursements from private

**FIGURE 1  
EXPENDITURES FOR STATE SUPPORTED ALCOHOL  
AND DRUG ABUSE SERVICES BY FUNDING SOURCE  
FOR FISCAL YEAR 1987**



Total alcohol and drug expenditures for FY 1987 were \$1,809,749,013.

NOTE: The "Other Sources" category includes funding from sources such as client fees, court fines and reimbursements from private health insurance.

SOURCE: State Alcohol and Drug Abuse Profile, FY 1987; data are included for "only those programs which received at least some funds administered by the State Alcohol/Drug Agency during the State's Fiscal Year 1987".

health insurance, client fees, court fines or assessments for treatment imposed on intoxicated drivers).

It should be emphasized that the data provided do not include information on those programs that did not receive any funding from the State Alcohol and Drug Agencies in FY 1987. These programs would include most, if not all, private for-profit programs; some private not-for-profit programs, some county and local government programs; and most Federal government programs such as the Veterans' Administration. Therefore, the overall fiscal data contained in this report are conservative in nature, and, to some degree, underestimate funding expenditures by other departments of State and Federal government and by private, non-State Agency supported alcohol and drug abuse treatment and prevention programs.

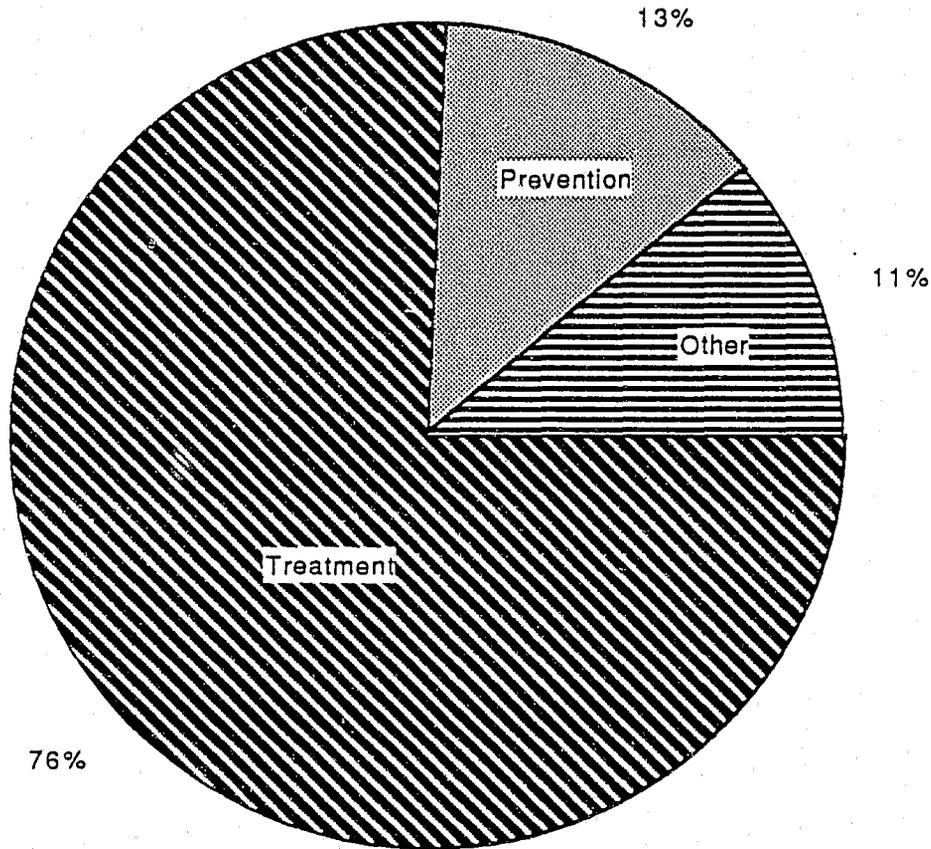
Although the specific levels of fiscal support contributed by different sources vary considerably among the States, the single largest source of funding during FY 1987 for alcohol and drug services was State monies. In 39 States and Territories, State Alcohol and Drug Agency monies constituted the largest source of funding, while in three States and in the District of Columbia, other State revenues were the largest source of support. The Alcohol and Drug Block Grants from the Federal Government were the largest revenue source in six States and Territories. Among the remaining States, county and local monies constituted the largest source of funds in one State and other sources (e.g., private health insurance) constituted the largest revenue source in three States.

Approximately 76.5 percent of the funds were expended for treatment services, 12.6 percent for prevention services, and 10.9 percent for other activities (e.g., training, research, administration) (See Figure 2).

Comparisons of financial expenditures reported by the States in this year's SADAP with data collected for FYs 1985 and 1986 are provided (See Figure 3). Although some other revenue sources have experienced larger percentage increases due to their smaller base, the bar graph data shown in Figure 3 clearly demonstrate that State Alcohol and Drug Agency funds have been and continue to be the largest revenue source for alcohol and drug prevention services. Comparisons with data collected in earlier FYs are not appropriate. Such comparisons would be misleading since there were changes instituted in the specific wording of questions related to States' fiscal resources (e.g., a change from "allocations" to "expenditures").

The State Agencies identified a total of 6,632 alcohol and/or drug treatment units to which they provided at least some funding in FY 1987. In terms of treatment orientation, 3,109 of the units provided combined alcohol/drug treatment services, while 2,083 focused on alcoholism services and 1,428 concentrated on drug dependency services.

**FIGURE 2**  
**EXPENDITURES FOR STATE SUPPORTED ALCOHOL**  
**AND DRUG ABUSE SERVICES BY TYPE OF**  
**PROGRAM ACTIVITY FOR FISCAL YEAR 1987**

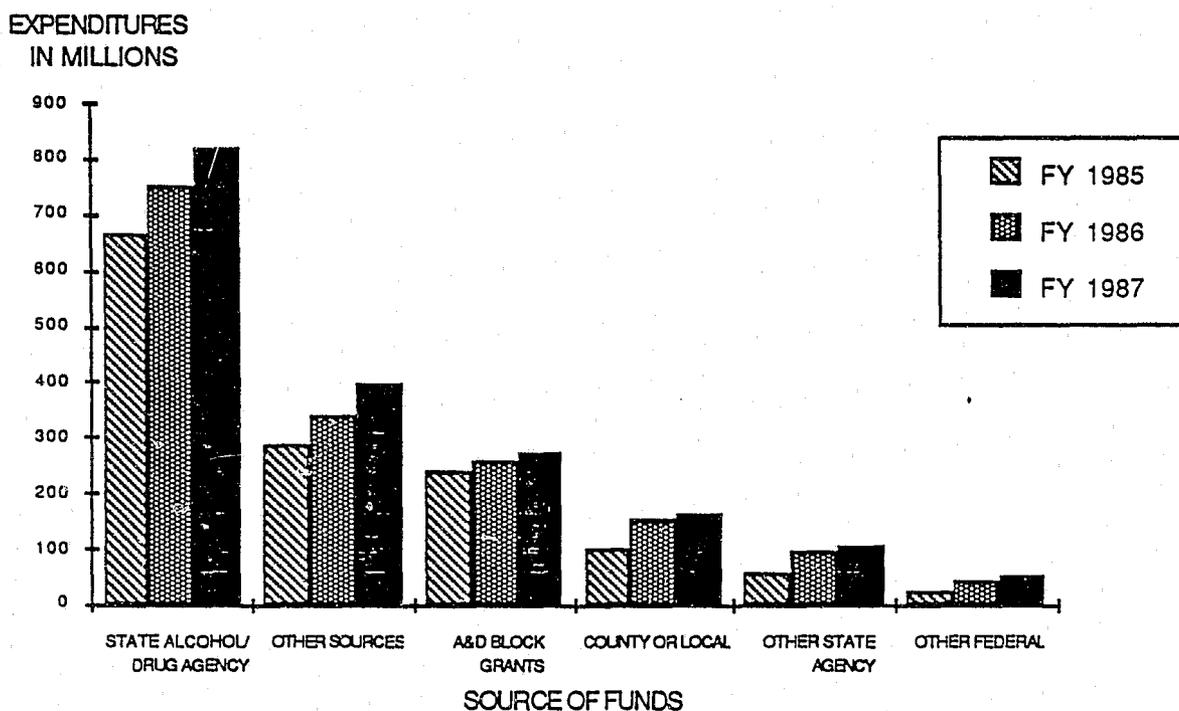


Total alcohol and drug expenditures for FY 1987 were \$1,809,749,013

NOTE: The "Other" category includes expenditures for program activities such as administration, research and training.

SOURCE: State Alcohol and Drug Abuse Profile, FY 1987; data are included for "only those programs which received at least some funds administered by the State Alcohol/Drug Agency during the State's Fiscal Year 1987".

**FIGURE 3**  
**COMPARISON OF EXPENDITURES FOR STATE SUPPORTED**  
**ALCOHOL AND DRUG ABUSE SERVICES BY FUNDING SOURCE**  
**FOR FISCAL YEARS 1985, 1986, AND 1987**



NOTE: Some of the apparent increases in expenditures may be related to an improvement in the State's ability to collect and provide data from different funding sources.

NOTE: The "Other Sources" category includes funding from sources such as client fees, court fines and reimbursements from private health insurance.

SOURCE: State Alcohol and Drug Abuse Profile, FY 1987; data are included for "only those programs which received at least some funds administered by the State Alcohol/Drug Agency during the State's Fiscal Year 1987".

## Client Admission Characteristics

The total alcohol client treatment admissions reported by 50 States, the District of Columbia, Guam and Puerto Rico exceeded 1.3 million (1,317,473), including 1,114,334 (84.6%) client admissions to non-hospital treatment units. Hospitals were used by nearly 17 percent of those client admissions who required detoxification services and by just over 17 percent of those client admissions who required rehabilitation/residential treatment services. Nearly 95 percent of client admissions for outpatient services were to non-hospital facilities. In the 50 States and the District of Columbia which reported admissions data by sex, over 76 percent of the alcohol client admissions were male. Other alcohol client admissions characteristics in terms of age were as follows: 4.1 percent under age 18; 4.1 percent 18-20; 10.7 percent 21-24; 27.4 percent 25-34; 21.7 percent 35-44; 9.7 percent 45-54; 5.3 percent 55-64; 1.8 percent age 65 and over; and 15.3 percent not reported. In terms of race/ethnicity, alcohol client admissions were as follows: 69.7 percent White, not of Hispanic origin; 15.6 percent Black, not of Hispanic origin; 5.5 percent Hispanic; .2 percent Asian or Pacific Islander; 3.6 percent Native American (American Indian or Alaskan Native); .3 percent Other; and 5.2 percent not reported.

The total drug client treatment admissions reported by 47 State Agencies, the District of Columbia, Guam and Puerto Rico were 450,553. With regard to drug client admissions that could be categorized by environment, State Agencies reported 30,251 (6.7%) admissions to hospitals, 83,542 (18.5%) to residential facilities, and 315,328 (70.0%) to outpatient environments. The 21,432 admissions not specified as to environment represent 4.8% of total admissions. In terms of treatment modality, 66,900 client admissions were for detoxification, 43,599 were for maintenance and 313,902 for drug-free types of treatment services. Of 48 States, the District of Columbia and Puerto Rico which reported admissions data by sex, over 61 percent of the drug client admissions were male. Other drug client admissions characteristics in terms of age were as follows: 14.3 percent under age 18; 7.2 percent 18-20; 12.3 percent 21-24; 33.5 percent 25-34; 12.6 percent 35-44; 2.3 percent 45-54; .7 percent 55-64; .3 percent age 65 and over; and 16.8 percent not reported.

In terms of race/ethnicity, drug client admissions, as reported by 46 States, the District of Columbia, Guam and Puerto Rico, were as follows: 48.3 percent White, not of Hispanic origin; 20.7 percent Black, not of Hispanic origin; 9.8 percent Hispanic; .4 percent Asian or Pacific Islander; .9 percent Native American; .2 percent Other; and 19.8 percent not reported.

With regard to primary drug of abuse at admission to treatment the findings for the lead drugs were as follows: heroin, 98,549 admissions; cocaine, 84,707 admissions; marijuana/hashish, 63,740 admissions; amphetamines, 16,952 admissions; other opiates/synthetics (beyond heroin and non

treatment use of methadone), 10,431; and PCP 8,454. There exists tremendous variability in drug use and client treatment admission patterns across States and over time. However, one finding that deserves mention is the continuing growth in drug client treatment admissions related to cocaine. From FY 1985 to FY 1987 cocaine admissions in comparable States increased from 39,827 to 84,222 constituting an 111.5% increase in just two years.

#### Intravenous (IV) Drug Abuse

States were asked for the second year in a row to provide estimates relating to intravenous (IV) drug abuse for Fiscal Year 1987 for the total number of client admissions to treatment and for the total number of IV drug abusers in the State. There were 44 State Agency responses on the total number of drug treatment admissions, which ranged from a high of 25,441 in California to a low of 4 in South Dakota and 0 in Guam, and totaled 126,673.

Thirty-seven States and Territories provided data on the total number of IV drug abusers in the State. The highest estimates of IV drug abusers were provided by New York (260,000), California (220,000) and Texas (180,700). The total number of IV drug abusers across the country as estimated by respondents from 35 States, the District of Columbia and Guam is 1,394,553.

#### State Model Product Availability

In order to identify current model product availability within each State, the Agencies were asked to list products that would be of interest to other States and that could possibly either be replicated or used in other States. A total of 48 State Agencies responded and reported major product categories which include: prevention plans; treatment plans; counselor certification/licensure and training standards; program certification/licensure/accreditation standards; program monitoring systems; and needs assessment survey methodologies.

#### Lead Staff Contracts for AIDS, Data Collection, Drunk Driving, Evaluation and Homeless Programs

In order to facilitate future contacts with appropriate experts within the States, the State Alcohol and Drug Abuse Agency Directors were asked to provide the name, title and telephone number for their lead staff persons in each of the following areas: AIDS; data collection/information management; drunk driving; evaluation; and homeless programs.

#### Top Policy Issues

Forty-eight States, the District of Columbia, Guam and Puerto Rico identified policy questions and issues currently being considered at the State level. The most frequently mentioned policy issues fell into the following categories: need for new or expanded treatment services (45 States); funding and

mentioned policy issues fell into the following categories: need for new or expanded treatment services (45 States); funding and resource allocation (21 States); prevention and treatment services for youth (16 States); and AIDS and IV drug users (16 States).

#### Major Unmet Needs

Forty-four States, the District of Columbia, Guam and Puerto Rico indicated that major needs were identified through their most recent State planning process for which resources were not adequate to meet those needs. Most States submitted narrative responses describing these unmet needs. In addition to the need for a general increase in funds to support treatment and prevention services, the States indicated other specific needs including increased services to youth and women, as well as for a variety of special population groups including dually-diagnosed clients, intravenous drug abusers diagnosed as having AIDS, ethnic minorities, the homeless and the elderly. In addition, many States identified the following needs: to expand prevention and early intervention services; to increase program staff positions, provide training and raise salaries; and to design and provide detoxification services.

#### Significant Changes in Treatment and/or Prevention Services

The State Alcohol and Drug Agencies were also asked to provide a narrative description of any significant changes in services that occurred during FY 1987 and the reasons for such changes. A total of 47 narrative responses were received. The scope of the narrative comments related to: required new programs and services for AIDS and IV drug user populations; client and drug use trends (e.g., increases in cocaine and heroin admissions); changes in financial resources; changes in services directed to youth; prevention program services; changes in treatment admissions; and other significant developments.

## I. INTRODUCTION

Alcohol and drug abuse and dependency constitute major public health problems for the nation. During 1983, the most recent year for which cost data are available, the economic costs of these problems totaled over \$176 billion (1). These enormous problems must be addressed at all levels of government. At a Federal level, the Alcohol, Drug Abuse and Mental Health Administration (ADAMHA), the National Institute on Alcohol Abuse and Alcoholism (NIAAA), the National Institute on Drug Abuse (NIDA), and the Office of Substance Abuse Prevention (OSAP) have been given the responsibility to provide national leadership on alcohol and drug issues. A significant portion of this responsibility focuses on the task of monitoring various indicators of alcohol and drug abuse, including information on treatment and prevention services and funding resources.

At a State level, the State Alcohol and Drug Agencies have administrative responsibility for the allocation and effective utilization of Federal and State monies specifically targeted for alcohol and drug treatment and prevention services. In order to effectively and efficiently carry out these tasks, each State Agency collects relevant information on needs, services and resources. This information assists the States in their ongoing planning, monitoring and service delivery functions.

Prior to 1982, NIAAA and NIDA were the repositories of detailed information from States and programs on Federally funded alcohol and drug treatment and prevention services and clients. Data were reported to the Federal level by the States and/or individual programs as a condition of receipt of the Federal alcohol and drug formula grant and project grant funds. However, when the Alcohol, Drug Abuse and Mental Health Services (ADMS) Block Grant was authorized by Public Law 97-35 in 1981, the requirement for the provision of detailed data from the States and individual programs was no longer mandated.

Nevertheless, the continued importance and need for some national data on alcohol and drug treatment and prevention programs, services and clients was recognized at both the Federal and State levels. The Senate Committee on Labor and Human Resources included language in its report on the Alcohol and Drug Abuse Amendments of 1983 that referred to data collection as "an important national leadership responsibility of the Institutes". The Committee specifically encouraged the Institutes to acquire "alcoholism and drug program data from information systems in each State". The Congress eventually directed the Secretary of the Department of Health and Human Services, through the Administrator of ADAMAHA to:

- (1) Harwood, H.J., Napolitano, D.M., Kristiansen, P., and Colins, J.J.: Economic Cost to Society of Alcohol, Drug Abuse and Mental Illness: 1983. Research Triangle Institute.

"conduct data collection activities with respect to such programs, including data collection activities concerning the types of alcoholism, alcohol abuse, drug abuse and mental health treatment and prevention activities conducted under such part, the number and types of individuals receiving services under such programs and activities, and the sources of funding (other than funding provided under such part) for such programs and activities". (Section 1920) (42 U.S.C. 300 x)

Part B, Title XIX of the Public Health Services Act further requires that:

"The Secretary, in consultation with appropriate national organizations, shall develop model criteria and forms for the collection of data and information with respect to services provided under this part in order to enable States to share uniform data and information with respect to the provision of such services."

In order to meet the Congressional mandates for continuing data collection activities and to be able to respond knowledgeably to questions regarding the availability of prevention, intervention and treatment resources to deal with alcohol and drug abuse, the Federal government has sought to maintain minimal data which are accurate and updated on a regular basis.

Since 1982, the National Association of State Alcohol and Drug Abuse Directors, Inc. (NASADAD) has demonstrated its capability to effectively and efficiently gather, analyze and present uniform information on alcohol and drug abuse treatment and prevention resources and clients. Necessary data have been provided by the States and these activities have been supported by NIAAA, NIDA and the States. The States' willingness to provide NASADAD with information on alcohol and drug treatment and prevention services, resources and clients is evidenced by the successful outcome of previous contract efforts which included State data from Fiscal Years (FYs) 1983, 1984, 1985 and 1986.

On September 30, 1987, NIAAA and NIDA again entered into a contractual relationship with NASADAD to continue support of a cooperative Federal/State national data strategy (Contract No. ADM 281-87-0007). As a key part of this contract, NASADAD is working with ADAMHA, the Institutes and the States to assess, define and voluntarily provide information on alcohol and drug abuse services, programs, resources, and needs. The data being collected and analyzed by NASADAD are already in existence at the State level. The major tasks being performed by NASADAD are the definition and collection of information in a uniform format from

its members, the analysis of the data submitted by each State, the development of meaningful comparisons of data across States and over time, the provision of a comprehensive report on the findings, and the conduct of two special studies per year.

Last year, data on alcohol and drug abuse services, programs, resources and needs during FY 1986 were collected, analyzed and presented in a comprehensive report. The current effort analyzes data from FY 1987 and provides comparisons with data from previous fiscal years.

## II. STUDY PURPOSE AND METHODOLOGY

The overall purpose of this study and report is to ensure the continued availability of selected service and resource information from already existing State sources throughout the United States and the Territories. The specific data elements include, but are not limited to, financial, program, and client data that States are willing to voluntarily submit to assist NIAAA and NIDA in assessing the type of treatment and prevention resources and services provided to persons throughout the country who are dependent upon or abusing alcohol and/or other drugs.

The major study objectives are:

- o To provide continued support for the implementation of a joint Federal/State national data strategy, through collaboration on the State Alcohol and Drug Abuse Profile (SADAP) and the National Drug and Alcohol Treatment Utilization Survey (NDATUS). State representatives are involved by providing consultation in examining options and developing recommendations for appropriate refinements and changes in the scope and content of existing and future efforts to acquire data from the States.
- o To annually compile secondary data from the States relating to alcohol and drug abuse services, clients and resources.
- o To automate the editing, storage and analysis of data acquired from the States in prior and current fiscal years.
- o To aggregate and analyze the data that are voluntarily submitted by each State, including the development of comparisons and analyses within and across States.

The overall study methodology was defined within a performance plan comprised of four major tasks and related sub-tasks, including the design of data acquisition and analysis plans; development of support materials and procedures; implementation of data acquisition and analysis; and the preparation of numerous project reports.

Subsequent to a meeting in August of 1987 with State and Institute representatives to solicit input and recommendations for the 1987 SADAP form, NASADAD staff developed all necessary support materials. Data collection procedures were implemented in October of 1987 when those support materials were distributed to the State Alcohol and Drug Agency Directors along with a data request letter signed by NASADAD's President. Attached as Appendix A is a copy of the cover letter, information collection format, and glossary of terms that were sent to each State Alcohol and Drug Abuse Agency Director. This material was

written communications to States reminding them of the importance of voluntarily submitting the data. Telephone calls were then made to any Directors who had not submitted information within the requested time frame.

The Directors of the State Alcohol and Drug Agencies from 50 States, the District of Columbia, Guam, and Puerto Rico voluntarily submitted information in response to the request from NASADAD. The data received are summarized and analyzed within the remaining sections of this report. Each State Director was provided a draft copy of the data tables and requested to review and verify the accuracy of all information from his/her State.

### III. FUNDING OF ALCOHOL AND DRUG SERVICES

In October of 1987, each State Alcohol and Drug (A/D) Agency was asked to provide data on total expenditures for alcohol and drug services by source of funding and type of program activity within the State for that State's Fiscal Year (FY) 1987. Fifty States, the District of Columbia, Guam and Puerto Rico responded to this request.

Before presenting and analyzing the findings, it is important to note that, as with any data, these data have a number of inherent limitations. They should not be utilized without an appreciation of the qualifications that apply to them. One major qualification is that the States were asked to report total expenditures for "only those programs which received at least some funds administered by the State Alcohol/Drug Agency during the State's Fiscal Year 1987." The data presented do not include information on those programs that did not receive any funding from the State A/D Agency (e.g., most, if not all, private for-profit programs; some private not-for-profit programs; and some public programs). As a result, the overall fiscal estimates contained herein are conservative in nature and, to varying degrees, underestimate funding expenditures by other departments of State government, by Federal agencies such as the Veteran's Administration, and by private, non-State Agency supported alcohol and drug abuse treatment and prevention programs.

The financial and related data collected from States for FY 1987 are organized within four major subsections:

- o Financial Expenditures by State and Funding Source;
- o Financial Expenditures by Type of Program Activity;
- o Comparison of Financial Expenditures for Fiscal Years 1985, 1986 and 1987 by Total Expenditures, Funding Source and Type of Program Activity; and
- o Total Number and Percent of Treatment Units Which Received Funds Administered by the State Alcohol/Drug Agency in Fiscal Year 1987.

Information on each of these areas follows:

1. Financial Expenditures by State and Funding Source  
(Table 1)

This subsection provides information on expenditures for alcohol and drug services within each State during that State's 1987 Fiscal Year. It should be noted that two States, Alabama and Michigan, and the District of Columbia have Fiscal Years directly comparable to the Federal Government (October 1 to September 30), while 46 States and Puerto Rico have Fiscal Years

from July 1 to June 30, one State (New York) has a Fiscal Year from April 1 to March 31, and one State (Texas) has a Fiscal Year from September 1 to August 31. The data are categorized and presented on both a State-by-State basis and by funding source, including State Alcohol and Drug Agency funds, other State monies, the alcohol and drug portion of the Alcohol, Drug Abuse and Mental Health Services (ADMS) and the Emergency Alcohol and Drug Treatment and Rehabilitation (ADTR) Block Grants, other Federal monies, County and local funds, and monies from other sources. Also, total expenditures are reported for each of the 50 States, the District of Columbia, Guam and Puerto Rico and for each funding source (see Table 1).

The total monies expended within all 50 States, the District of Columbia, Guam, and Puerto Rico for alcohol and drug services in those programs receiving at least some State administered funds during each State's 1987 Fiscal Year (FY) were \$1,809,749,013. This total includes \$819.8 million (45.3 percent) from State A/D Agency sources, \$104.3 million (5.8 percent) from other State agency sources, \$272.6 million (15.1 percent) from the ADMS Block Grant, \$51.8 million (2.9 percent) from other Federal government sources, \$164.8 million (9.1 percent) from county or local agency sources, and \$396.5 million (21.9 percent) from other sources (e.g., reimbursements from private health insurance, client fees, court fines or assessments for treatment imposed on intoxicated drivers).

Caution needs to be exercised in utilizing and interpreting these data. As noted earlier, the data include information only on those programs "which received at least some funds administered by the State Alcohol/Drug Agency during the State's Fiscal Year 1987". In some States complete information is not available on all funding sources, even for State Alcohol/Drug (A/D) Agency supported programs. In most instances where such information is not presented, the amount of such funding, if any, is probably minimal. However, since in some instances such funding may be substantial, the percents presented in Table 1 should be used only as gross estimates of the overall level of funding from various sources. It is likely that the "Other State", "Other Federal", "County or Local" and particularly, the "Other Sources" categories actually contribute more funds and higher percents than the figures indicate.

The specific levels of fiscal support contributed by the different sources vary considerably among the States. It is clear, however, that for all States combined and for most States individually, the single largest source of funding during FY 1987 for alcohol and drug services was State revenues. In 38 States and Puerto Rico the State A/D Agency funds constituted the single largest source of funding. The largest revenue source in five States and Guam was the Federal government, primarily through the alcohol and drug abuse share of the Alcohol, Drug Abuse and Mental Health Services (ADMS) Block Grant, but also partially through the new Part C, Emergency Alcohol and Drug Treatment and

TABLE 1

EXPENDITURES FOR STATE SUPPORTED ALCOHOL AND DRUG ABUSE SERVICES  
BY STATE AND BY FUNDING SOURCE FOR FISCAL YEAR 1987

STATE	STATE ALCOHOL/ DRUG AGENCY	OTHER STATE AGENCY	ALCOHOL/ DRUG ABUSE BLOCK GRANTS	OTHER FEDERAL GOVERNMENT	COUNTY OR LOCAL AGENCIES	OTHER SOURCES	GRAND TOTAL
Alabama	2,695,411	N/A	3,927,275	680,414	N/A	N/A	7,303,100
Alaska	12,661,000	715,000	2,064,100	2,538,000	2,150,000	1,400,000	21,528,100
Arizona	8,956,984	574,541	5,291,161	N/A	N/A	7,554,951	22,377,637 AB
Arkansas	2,615,596	0	2,439,726	984,279	615,326	0	6,654,927
California	78,255,000	1,497,000	34,051,000	3,619,000	34,534,000	69,116,000	221,072,000 A
Colorado	11,590,676	949,871	3,834,124	263,674	3,904,702	4,903,171	25,446,218
Connecticut	17,551,722	0	4,449,498	2,438,193	0	16,026,802	40,466,215
Delaware	2,719,750	162,056	1,097,252	19,245	0	8,427	4,006,730
District of Col	128,468	23,242,311	1,776,200	206,455	N/A	1,225,751	26,579,185
Florida	33,801,984	1,095,000	20,942,288	289,138	18,653,311	N/A	74,781,721
Georgia	24,433,091	N/A	3,925,110	156,211	701,268	2,930,194	32,145,874
Guam	N/A	N/A	209,937	N/A	41,956	N/A	251,893
Hawaii	1,872,722	N/A	1,243,880	N/A	20,347	1,212,309	4,349,258
Idaho	1,727,100	N/A	642,800	32,300	N/A	3,700	2,405,900
Illinois	52,939,400	100,000	11,456,300	1,014,200	N/A	0	65,509,900
Indiana	4,957,827	10,879,167	2,798,747	2,675,225	N/A	N/A	21,310,966
Iowa	7,504,361	1,151,507	2,319,161	192,194	1,315,417	2,155,263	14,637,903
Kansas	5,439,948	1,445,000	1,644,652	489,000	2,200,000	650,000	11,868,600
Kentucky	6,424,666	432,817	2,646,979	N/A	867,063	N/A	10,371,525
Louisiana	4,781,469	N/A	5,958,309	327,863	N/A	271,759	11,339,400
Maine	4,702,828	1,075,174	1,532,942	N/A	N/A	N/A	7,310,944
Maryland	26,174,940	0	4,172,301	1,040,082	1,160,671	9,817,619	42,365,613
Massachusetts	39,510,423	N/A	9,400,000	N/A	N/A	N/A	48,910,423
Michigan	29,057,429	N/A	11,784,533	3,146,094	8,119,634	28,750,167	80,857,857
Minnesota	2,279,758	N/A	3,099,054	N/A	N/A	N/A	5,378,812
Mississippi	2,449,962	0	1,047,511	2,029,886	N/A	N/A	5,527,359
Missouri	10,200,885	N/A	5,117,343	790,412	266,384	N/A	16,375,024
Montana	503,643	1,984,506	971,190	840,832	1,572,653	3,990,532	9,863,356
Nebraska	4,672,559	0	1,540,230	0	567,118	838,602	7,618,509
Nevada	2,338,443	0	1,241,056	0	157,161	2,263,171	5,999,831 C
New Hampshire	1,376,037	N/A	1,015,121	N/A	N/A	15,075	2,406,233
New Jersey	21,985,000	0	10,171,000	987,000	2,015,000	3,500,000	38,658,000
New Mexico	2,461,248	707,135	1,706,508	0	0	9,065,277	13,940,168 A
New York	190,213,527	4,657,900	35,874,500	8,331,900	33,429,300	178,015,215	450,522,342 ADE
North Carolina	12,860,884	N/A	3,933,569	322,977	17,733,189	N/A	34,850,619
North Dakota	1,235,977	0	1,559,620	0	0	0	2,795,597
Ohio	16,603,294	3,251,365	8,558,398	2,009,863	1,491,494	4,847,535	36,761,949
Oklahoma	4,510,066	4,988,744	1,974,736	108,270	N/A	N/A	11,581,816
Oregon	7,217,339	20,345,307	3,461,952	1,476,700	5,256,582	2,413,698	40,171,578
Pennsylvania	30,475,690	6,746,377	12,081,562	154,000	6,261,976	18,493,976	74,213,581
Puerto Rico	14,601,022	2,384,789	3,969,492	467,994	0	0	21,423,297
Rhode Island	7,407,973	N/A	1,924,373	N/A	N/A	N/A	9,332,346 FG
South Carolina	8,224,370	4,167,536	2,479,164	1,322,780	4,180,000	3,702,138	24,075,988
South Dakota	422,763	514,158	956,272	51,938	658,323	1,373,429	3,976,883 F
Tennessee	6,480,412	1,620,366	3,176,803	1,072,414	3,391,608	4,110,775	19,852,378
Texas	4,337,251	N/A	9,001,730	688,495	N/A	N/A	14,527,476 H
Utah	6,105,571	1,172,441	2,099,714	760,830	2,592,114	4,386,968	17,117,638
Vermont	2,751,140	167,000	1,114,620	0	0	1,408,703	5,441,463
Virginia	14,295,104	N/A	4,248,498	693,176	7,695,950	4,606,291	31,539,019
Washington	19,713,486	N/A	4,249,712	748,403	N/A	N/A	24,711,601
West Virginia	2,636,497	1,169,522	1,422,697	226,881	115,558	2,229,348	7,800,503
Wisconsin	17,702,567	7,114,253	4,498,443	8,570,000	2,921,724	5,164,125	65,971,112
Wyoming	2,742,561	0	467,487	0	252,598	N/A	3,462,646
TOTALS	819,807,824	104,310,843	272,570,630	51,766,318	164,842,427	396,450,971	1,809,749,013
PERCENT OF TOTAL	45.3%	5.8%	15.1%	2.9%	9.1%	21.9%	100.0%

A = Figures represent allocated funds rather than expenditures.

B = Alcohol/Drug Abuse Block Grant includes \$324,272 Alcohol and Drug Treatment and Rehabilitation (ADTR) Block Grant monies.

C = County or Local Agencies category includes required matching funds.

D = Other Sources category includes Medicaid, client fees, Juvenile Justice Prevention Funds.

E = Other State Agency category includes lab revenues, methadone registry, capital construction, Medicaid MIS and suballocations from Dept. of Social Services.

F = Figures represent an estimate of expenditures.

G = State Alcohol/Drug Agency category includes substance abuse detox facility, LLI program and TASC.

H = Other Federal category includes ADTR Block Grant Funds.

N/A = Information not available

Cautionary Note: In a number of States complete information is not available on all funding sources for State supported programs. In most instances where such information is not presented the amount of such funding, if any, is probably minimal. However, since in some instances such funding may be substantial, the percents presented at the bottom of this table should be used only as gross estimates of the overall levels of funding from various sources. It is likely that the "Other State", "Other Federal", "County or Local" and "Other Sources" categories actually contribute more monies and higher percents than the figures shown.

Source: State Alcohol and Drug Abuse Profile, FY 1987; data are included for "only those programs which received at least some funds administered by the State Alcohol/Drug Agency during the State's Fiscal Year 1987".

Rehabilitation (ADTR) Block Grant. In three States and the District of Columbia, other State agency monies were the major source of support, in another three States, other sources constituted the largest funding source and within one State, North Carolina, county or local agencies provided the largest source of fiscal support for alcohol and drug abuse services.

2. Financial Expenditures by Type of Program Activity  
(Table 2)

Within this subsection information is provided on the amount of monies expended during FY 1987 for different types of alcohol and drug program activities. Data are presented on a State-by-State basis for three program activities including treatment, prevention, and other. Total expenditures are reported for each State and for each program activity category (see Table 2).

As noted previously, the total monies expended within the 50 States, the District of Columbia, Guam and Puerto Rico during FY 1987 in those programs which received at least some State A/D Agency funds were \$1.8 billion. All but one of these States and Territories were able to report the breakout of the funds into the different types of alcohol and drug program activities. Of the total approximately \$1.4 billion (76.5 percent) was expended for treatment activities, \$224.2 million (12.6 percent) for prevention activities, and \$194.4 million (10.9 percent) for other activities (e.g., training, research, and administration). Only one State was unable to report the breakout of monies by type of program activity.

Over the past several years, many States have substantially increased their commitment to and financial expenditures for prevention programs. However, within every State Agency except for Guam, the expenditures for treatment remain much higher than those for prevention. Overall, the expenditures for treatment are over six times as great as for prevention.

3. Comparison of Financial Expenditures for Fiscal Years 1985, 1986 and 1987 by Total Expenditures, Funding Source and Type of Program Activity (Tables 3, 4, 5)

Detailed comparisons of financial expenditures reported by States in this year's State Alcohol and Drug Abuse Profile (SADAP) with SADAP data collected for FYs 1985 and 1986 are provided in this subsection. However, comparisons with fiscal data collected in FYs 1982-1984 are not appropriate. Such comparisons would be misleading since there were changes instituted in the specific wording of questions related to States' fiscal resources.

In fiscal years 1982, 1983 and 1984, States were asked to "estimate" their current year's fiscal allocation while they were still in the middle of the FY. Thus, the States could only provide "estimates" of dollar allocations for all alcohol and

TABLE 2

EXPENDITURES FOR STATE SUPPORTED ALCOHOL AND DRUG ABUSE SERVICES  
BY STATE AND BY TYPE OF PROGRAM ACTIVITY FOR FISCAL YEAR 1987

STATE	TYPE OF PROGRAM ACTIVITY			TOTAL
	TREATMENT	PREVENTION	OTHER	
Alabama	6,089,157	751,365	462,578	7,303,100
Alaska	13,721,500	5,842,500	1,964,100	21,528,100
Arizona	20,088,213	1,596,622	692,802	22,377,637 A
Arkansas	5,627,807	596,203	430,917	6,654,927
California	156,032,000	32,839,000	32,201,000	221,072,000 A
Colorado	20,395,555	3,486,440	1,564,223	25,446,218
Connecticut	33,082,662	3,040,958	4,342,595	40,466,215
Delaware	2,989,029	231,956	785,745	4,006,730
District of Col	20,811,317	1,129,253	4,638,615	26,579,185
Florida	68,293,843	6,319,401	168,477	74,781,721
Georgia	30,391,265	785,022	969,587	32,145,874
Guam	85,024	108,086	58,783	251,893
Hawaii	3,450,156	511,017	388,085	4,349,258
Idaho	2,079,500	135,500	190,900	2,405,900
Illinois	54,150,800	5,358,400	6,000,700	65,509,900
Indiana	19,017,428	1,495,986	797,552	21,310,966
Iowa	12,028,466	2,609,437	0	14,637,903
Kansas	8,998,914	1,806,216	1,063,470	11,868,600
Kentucky	8,644,457	1,086,914	640,154	10,371,525
Louisiana	8,543,168	1,641,121	1,155,111	11,339,400
Maine	5,999,542	783,067	528,335	7,310,944
Maryland	38,306,552	1,062,530	2,996,531	42,365,613
Massachusetts	37,030,181	5,179,393	6,700,849	48,910,423
Michigan	58,895,864	13,554,896	8,407,097	80,857,857
Minnesota	3,399,024	1,025,783	954,005	5,378,812
Mississippi	4,274,317	223,042	1,030,000	5,527,359
Missouri	14,524,828	812,945	1,037,251	16,375,024
Montana	8,847,686	700,947	314,723	9,863,356
Nebraska	6,455,183	846,640	316,686	7,618,509
Nevada	5,094,070	299,715	606,046	5,999,831
New Hampshire	1,430,691	580,955	394,587	2,406,233
New Jersey	28,911,000	7,002,000	2,745,000	38,658,000
New Mexico	12,899,675	968,548	71,945	13,940,168 A
New York	356,563,836	58,912,506	35,046,000	450,522,342 A
North Carolina	2,675,117	862,507	31,312,995	34,850,619
North Dakota	2,551,087	97,113	147,397	2,795,597
Ohio	26,640,460	4,595,901	5,525,588	36,761,949
Oklahoma	10,701,915	469,136	410,765	11,581,816
Oregon	27,511,392	11,147,811	1,512,375	40,171,578
Pennsylvania	54,801,483	12,450,078	6,962,020	74,213,581
Puerto Rico	13,781,163	2,245,910	5,396,224	21,423,297
Rhode Island	7,980,013	772,175	580,158	9,332,346
South Carolina	15,532,386	6,975,115	1,568,487	24,075,988
South Dakota	3,251,871	338,744	386,268	3,976,883
Tennessee	12,585,331	4,414,815	2,852,232	19,852,378
Texas	8,250,992	3,340,949	2,935,535	14,527,476
Utah	11,167,699	5,217,395	732,544	17,117,638
Vermont	3,889,139	871,164	681,160	5,441,463
Virginia	N/A	N/A	N/A	31,539,019 B
Washington	22,676,269	865,000	1,170,332	24,711,601
West Virginia	6,386,672	1,067,256	346,575	7,800,503
Wisconsin	49,509,626	4,492,257	11,969,229	65,971,112
Wyoming	2,546,660	648,597	267,389	3,462,646
TOTALS	1,359,591,985	224,196,287	194,421,722	1,809,749,013
PERCENT OF TOTAL	76.5%	12.6%	10.9%	

A = Figures represent allocated funds rather than expenditures.

B = State was unable to differentiate among program categories.

N/A = Information not available.

NOTE: "OTHER" category includes other activities beyond treatment or prevention services, e.g., training, research and administration.

Source: State Alcohol and Drug Abuse Profile, FY 1987; data are included for "only those programs which received at least some funds administered by the State Alcohol/Drug Agency during the State's Fiscal Year 1987".

drug services within their States. In 1984, two major refinements were made to the data collection effort: States were asked to report actual allocations for their most recently completed fiscal year (FY 1984) and to provide fiscal information for "only those programs which received at least some funds administered by the State alcohol/drug agency during Fiscal Year 1984". In 1985, a third refinement was added: States were asked to report actual total "expenditures" for FY 1985 rather than "allocations".

A comparison of total expenditures for all funding sources for alcohol and drug abuse services from FY 1985 to FY 1987 in the 53 State Agencies reporting data for all three years, reflects a total dollar increase from FY 1985 to FY 1987 of \$430,266,246 or a 31.2 percent increase (see Table 3). While this reflects a positive growth in the overall national fiscal environment, eight State Agencies reported a decrease in total expenditures from FY 1985 to FY 1987. Also, in a few States, the increase in expenditures may reflect not a true increase in services but an improvement in the reporting or data collection system. In addition, it may be worth noting that the dollar increase from FY 1985 to FY 1986 was 19.0 percent, while the increase from FY 1986 to FY 1987 was only 10.2 percent.

A comparison of expenditures by funding source from FY 1985 to FY 1987 is also provided (see Table 4). All categories of funding sources reveal significant increases in expenditures from FY 1985 to FY 1987. Caution needs to be exercised when comparing these financial data, however, as some of the apparent increases may be related in part to an improvement in the State's ability to collect and provide data. A comparison of these expenditure data from FY 1985 to FY 1987 document the following increases: "State Alcohol/Drug Agency" (22.8 percent); "Other State Agency" (75.6 percent); "Alcohol/Drug Abuse Block Grants" (14.6 percent); "Other Federal Government" (105.8 percent); "County or Local Agencies" (62.2 percent) and "Other Sources" (37.6 percent), for an overall total increase from FY 1985 to FY 1987 of 31.2 percent. Figure 3, included earlier within the Executive Summary of this document, presents this data in a bargraph format.

Overall expenditures by types of Program Activity for the State Agencies able to report such data for FY 1985 through FY 1987 (see Table 5) reflect a significant growth in expenditures for each program activity. Total expenditures for treatment increased by \$327,504,665 (31.7 percent) from FY 1985 to FY 1987; total expenditures for prevention activities increased by \$67,400,025 (43.0 percent) for these three years and expenditures for other activities increased by \$35,361,556 (18.6 percent).

TABLE 3

EXPENDITURES FOR STATE SUPPORTED ALCOHOL AND DRUG ABUSE SERVICES  
BY STATE FOR FISCAL YEARS 1985, 1986 AND 1987

STATE	TOTAL ALCOHOL AND DRUG ABUSE SERVICE EXPENDITURES			1985 to 1987 CHANGE
	FY 1985	FY 1986	FY 1987	
Alabama	5,915,793	6,628,533	7,303,100	23.5%
Alaska	19,511,863	18,866,700	21,528,100	10.3%
Arizona	20,218,120	21,273,146	22,377,637	10.7%
Arkansas	5,403,542	5,770,019	6,654,927	23.2%
California	201,933,720	211,861,000	221,072,000	9.5%
Colorado	16,219,222	24,498,392	25,446,218	56.9%
Connecticut	27,087,735	36,290,844	40,466,215	49.4%
Delaware	3,756,902	3,496,879	4,006,730	6.6%
District of Col	18,897,677	23,756,425	26,579,185	40.6%
Florida	42,891,735	62,217,740	74,781,721	74.3%
Georgia	23,797,742	29,029,176	32,145,874	35.1%
Hawaii	3,673,124	4,533,022	4,349,258	18.4%
Idaho	2,822,875	2,878,325	2,405,900	-14.8%
Illinois	47,356,816	61,155,276	65,509,900	38.3%
Indiana	17,683,691	21,893,125	21,310,966	20.5%
Iowa	12,281,053	14,938,060	14,637,903	19.2%
Kansas	8,402,000	9,951,855	11,868,600	41.3%
Kentucky	7,900,941	9,497,100	10,371,525	31.3%
Louisiana	12,814,939	14,840,614	11,339,400	-11.5%
Maine	8,632,814	6,398,023	7,310,944	-15.3%
Maryland	28,149,997	40,803,832	42,365,613	50.5%
Massachusetts	35,934,301	34,588,516	48,910,423	36.1%
Michigan	65,545,875	77,031,584	80,857,857	23.4%
Minnesota	5,009,800	5,327,587	5,378,812	7.4%
Mississippi	6,826,300	6,094,081	5,527,359	-19.0%
Missouri	11,402,338	13,389,238	16,375,024	43.6%
Montana	8,060,073	9,175,393	9,863,356	22.4%
Nebraska	6,183,667	6,836,388	7,618,509	23.2%
Nevada	6,552,090	5,548,531	5,999,831	-8.4%
New Hampshire	2,335,190	2,251,114	2,406,233	3.0%
New Jersey	22,307,000	44,058,000	38,658,000	73.3%
New Mexico	13,571,286	16,357,200	13,940,168	2.7%
New York	309,368,481	370,369,815	450,522,342	45.6%
North Carolina	29,179,850	28,753,576	34,850,619	19.4%
North Dakota	1,777,000	2,827,269	2,795,597	57.3%
Ohio	35,960,797	68,441,833	36,761,949	2.2%
Oklahoma	5,923,068	10,984,639	11,581,816	95.5%
Oregon	10,915,230	11,324,766	40,171,578	268.0%
Pennsylvania	65,712,000	69,570,000	74,213,581	12.9%
Puerto Rico	17,503,724	17,956,398	21,423,297	22.4%
Rhode Island	7,292,084	7,496,722	9,332,346	28.0%
South Carolina	12,512,296	20,356,999	24,075,988	92.4%
South Dakota	4,015,716	3,479,520	3,976,883	-1.0%
Tennessee	10,100,800	14,194,276	19,852,378	96.5%
Texas	20,433,115	14,389,108	14,527,476	-28.9%
Utah	12,929,062	15,377,966	17,117,638	32.4%
Vermont	3,778,941	4,957,943	5,441,463	44.0%
Virginia	27,027,873	29,490,704	31,539,019	16.7%
Washington	21,666,028	22,288,236	24,711,601	14.1%
West Virginia	7,447,581	6,851,015	7,800,503	4.7%
Wisconsin	52,724,554	67,863,733	65,971,112	25.1%
Wyoming	3,882,453	3,290,280	3,462,646	-10.8%
TOTALS	1,379,230,874	1,641,500,516	1,809,497,120	31.2%

N/A = Information not available.

NOTE: Totals for this table may differ from Tables 1 and 2 because data in this table are only depicted for those State and Territorial Agencies that reported all three years. American Samoa, Guam, and the Virgin Islands are excluded from this table.

Source: State Alcohol and Drug Abuse Profile, FY 1987; data are included for "only those programs which received at least some funds administered by the State Alcohol/Drug Agency during the State's Fiscal Year 1987".

TABLE 4

COMPARISON OF EXPENDITURES FOR ALCOHOL AND  
DRUG ABUSE SERVICES BY FUNDING SOURCE  
FOR FISCAL YEARS 1985, 1986 AND 1987

FUNDING SOURCE	FY 1985	1985-1986 CHANGE	FY 1986	1986-1987 CHANGE	FY 1987	1985 TO 1987 CHANGE
STATE ALCOHOL/ DRUG AGENCY	667,351,584	12.6%	751,389,473	9.1%	819,807,824	22.8%
OTHER STATE AGENCY	59,408,503	60.7%	95,491,625	9.2%	104,310,843	75.6%
ALCOHOL/DRUG ABUSE BLOCK GRANTS	237,648,522	8.0%	256,561,753	6.2%	272,360,693	14.6%
OTHER FEDERAL GOVERNMENT	25,157,896	78.0%	44,777,552	15.6%	51,766,318	105.8%
COUNTY OR LOCAL AGENCIES	101,581,588	50.9%	153,335,470	7.5%	164,800,471	62.2%
OTHER SOURCES	288,082,781	18.0%	339,944,643	16.6%	396,450,971	37.6%
GRAND TOTAL	1,379,230,874	19.0%	1,641,500,516	10.2%	1,809,497,120	31.2%

TABLE 5

COMPARISON OF EXPENDITURES FOR ALCOHOL AND  
DRUG ABUSE SERVICES BY TYPE OF PROGRAM  
ACTIVITY FOR FISCAL YEARS 1985, 1986 AND 1987

TYPE OF ACTIVITY	FY 1985	1985-1986 CHANGE	FY 1986	1986-1987 CHANGE	FY 1987	1985 TO 1987 CHANGE
TREATMENT	1,032,002,296	16.7%	1,204,408,668	12.9%	1,359,506,961	31.7%
PREVENTION	156,688,166	19.8%	187,693,298	19.4%	224,088,191	43.0%
OTHER **	190,540,412	30.9%	249,398,550	-9.4%	225,901,968	18.6%
GRAND TOTAL	1,379,230,874	19.0%	1,641,500,516	10.2%	1,809,497,120	31.2%

\*\* "OTHER" Type of Activity category includes activities such as training, research, and activities that States were unable to report by specific categories.

NOTE: Totals for these tables may differ from Tables 1 and 2 because data in these tables are only depicted for those State and Territorial Agencies that reported all three years. American Samoa, Guam, and the Virgin Islands are excluded from this table.

Source: State Alcohol and Drug Abuse Profile, FY 1987; data are included for "only those programs which received at least some funds administered by the State Alcohol/Drug Agency during the State's Fiscal Year 1987".

4. Total Number and Percent of Treatment Units Which Received Funds Administered by the State Alcohol/Drug Agency in Fiscal Year 1987 (Tables 6,7)

Within this subsection information is provided on the total number of treatment units which received funds administered by the State A/D Agency in FY 1987. The data are presented by primary orientation of the treatment units: alcohol, drug, or combined alcohol/drug. An estimate is also provided indicating the percent of treatment units in the State in FY 1987, that received any funds administered by the State A/D Agency.

The State Agencies identified a total of 6,632 alcohol and/or drug treatment units which received funds administered by the State A/D Agency in FY 1987. With regard to the orientation of the treatment units, 2,083 (31.4 percent) were identified as alcohol units, 1,428 (21.5 percent) as drug units and 3,109 (46.9 percent) were identified as combined alcohol/drug treatment units (see Table 6).

An estimate of the percent of total alcohol and/or drug treatment units in the State that received any funds administered by the State A/D Agency in FY 1987 was provided by 47 States, the District of Columbia, Guam and Puerto Rico. The estimate ranged from a low of 17 percent in Minnesota to a high of 100 percent in Guam and Puerto Rico (see Table 7).

Included as Appendix B of this report are State-by-State population, per capita income, population density and State revenue figures to aid in further analyses and interpretation of the financial data. Population data are for July 1, 1986; the population density data are for Calendar Year 1986; the per capita income data are for Calendar Year 1987 and the State revenues reflect each State's Fiscal Year 1986.

TABLE 6

NUMBER OF ALCOHOL AND/OR DRUG TREATMENT UNITS WHICH RECEIVED FUNDS  
ADMINISTERED BY THE STATE ALCOHOL/DRUG AGENCY FOR FY 1987

STATE	ALCOHOL TREATMENT UNITS	DRUG TREATMENT UNITS	COMBINED ALCOHOL/ DRUG TREATMENT UNITS	TOTAL ALCOHOL/ DRUG TREATMENT UNITS
Alabama	13	5	16	46 A
Alaska	0	2	45	47
Arizona	38	18	122	178
Arkansas	5	4	19	28
California	635	249	N/A	884
Colorado	63	7	23	93
Connecticut	31	27	42	100
Delaware	5	2	6	13
District of Col	4	9	2	15
Florida	55	76	42	173
Georgia	0	0	43	43
Guam	0	0	1	1
Hawaii	3	2	17	22
Idaho	0	0	20	20
Illinois	318	93	26	437
Indiana	0	0	42	42
Iowa	0	0	29	29
Kansas	0	0	65	65
Kentucky	0	0	132	132
Louisiana	0	0	43	43
Maine	0	0	34	34
Maryland	62	42	20	124
Massachusetts	33	11	254	298
Michigan	13	4	248	265
Minnesota	1	2	43	46
Mississippi	50	1	22	73
Missouri	3	5	80	88
Montana	1	2	27	30
Nebraska	0	0	127	127
Nevada	2	1	25	28
New Hampshire	6	2	17	25
New Jersey	121	50	17	188
New Mexico	22	11	20	53
New York	300	513	27	840
North Carolina	23	1	41	65
North Dakota	0	0	7	7
Ohio	92	47	42	181
Oklahoma	0	0	48	48
Oregon	52	9	39	100
Pennsylvania	40	26	459	525
Puerto Rico	8	160	5	173 B
Rhode Island	19	7	4	30
South Carolina	2	0	38	40
South Dakota	0	0	18	18
Tennessee	1	2	51	54
Texas	0	3	72	75
Utah	5	0	65	70
Vermont	0	0	27	27
Virginia	20	6	64	90
Washington	37	27	60	124
West Virginia	0	0	29	29
Wisconsin	0	2	322	324
Wyoming	0	0	22	22
TOTALS	2,083	1,428	3,109	6,632
PERCENT OF TOTAL	31.4%	21.5%	46.9%	100.0%

A = Includes 12 prevention units.

B = Total includes 91 private day treatment units.

N/A = Information not available.

Source: State Alcohol and Drug Abuse Profile, FY 1987; data are included for only those programs "which received funds administered by the State Alcohol/Drug Agency" during Fiscal Year 1987.

TABLE 7

ESTIMATE OF PERCENT OF TOTAL ALCOHOL AND/OR DRUG TREATMENT  
 UNITS IN THE STATE THAT RECEIVED ANY FUNDS ADMINISTERED BY  
 THE STATE ALCOHOL/DRUG AGENCY FOR FY 1987

STATE	ESTIMATE OF PERCENT OF TOTAL TREATMENT UNITS FUNDED BY STATE AGENCY
Alabama	51
Alaska	82
Arizona	67
Arkansas	61
California	60
Colorado	34
Connecticut	64
Delaware	50
District of Col	60
Florida	80
Georgia	N/A
Guam	100
Hawaii	80
Idaho	64
Illinois	45
Indiana	20
Iowa	53
Kansas	40
Kentucky	40
Louisiana	33
Maine	58
Maryland	51
Massachusetts	N/A
Michigan	49
Minnesota	17
Mississippi	75
Missouri	42
Montana	75
Nebraska	78
Nevada	40
New Hampshire	36
New Jersey/Alcohol	50
New Jersey/Drug	90
New Mexico	N/A
New York/Alcohol	81
New York/Drug	65
North Carolina	73
North Dakota	25
Ohio	45 A
Oklahoma	50
Oregon	53
Pennsylvania	68
Puerto Rico	100
Rhode Island	70
South Carolina	60
South Dakota	64
Tennessee	60
Texas	26
Utah	77
Vermont	90
Virginia	75
Washington	44
West Virginia	85
Wisconsin	80
Wyoming	85

A = Alcohol units only.

N/A = Information not available.

Source: State Alcohol and Drug Abuse Profile, FY 1987.

#### IV. CLIENT ADMISSIONS TO ALCOHOL AND DRUG TREATMENT SERVICES

Each State Alcohol and Drug Agency was asked to provide information on client admissions to treatment units that received funds administered by the State Agency during Fiscal year 1987. All but four of the States have combined alcohol and other drug abuse treatment responsibilities within one agency. A number of these agencies have established combined (e.g., substance abuse, chemical dependency) treatment systems and/or client reporting systems and preferred to report combined alcohol and drug client data. However, in response to a specific request from NIAAA and NIDA (each of which have a distinct mandate), NASADAD asked the States separate questions relating to alcohol and other drug abuse treatment services. This was done to obtain data that would be generally consistent with past data collection efforts and to be responsive to those States that have separate alcohol and drug agencies.

In reviewing and interpreting the data in this section of the report, it is important to recognize that the client admissions figures are limited to those treatment units that received at least "some funds administered by the State Alcohol and Drug Agency" during the State's Fiscal Year (FY) 1987. However, States reporting client information on those treatment units that received only partial funding from the State Agency were instructed to report data on all client admissions to the program, not just data on those client admissions supported by State Agency funds. The data presented do not include client admissions to treatment units that did not receive any funds administered by the State Alcohol or Drug Agency during FY 1987. It is also important to recognize that the total number of client admissions reported in the following tables may not always be equal since, in a few cases, the State may have been unable to provide client admissions for all of the categories specified (e.g., some States use different age categories).

The remainder of this section on client admissions to treatment services is organized within two major subsections including:

- o Client Admissions to Treatment Services for Alcohol Abuse and Alcoholism; and
  - o Client Admissions to Treatment Services for Drug Abuse and Dependency.
1. Client Admissions to Treatment Services for Alcohol Abuse and Alcoholism (Tables 8, 9, 10, 11, 12)

This subsection includes client data organized under two topic headings including:

- o Client admissions data by environment and type of care; and
- o Client admissions data by sex, age and race/ethnicity.

Information on each of these areas is presented within the following paragraphs.

a. Client Admissions Data by Environment and Type of Care

Each State Alcohol (and combined Alcohol and Drug) Agency was asked to provide data on the "number of ALCOHOL treatment client admissions during FY 1987" in all units that received some funds administered by the State Alcohol Agency. The information requested included client admissions data organized by environment (hospital or non-hospital) and by type of care (detoxification, rehabilitation/residential, or outpatient) (see Table 8).

All 50 State Agencies, the District of Columbia, Guam and Puerto Rico provided at least some data on the number of total alcohol client treatment admissions during FY 1987 (see the last column in Table 8). The total of reported alcohol client treatment admissions was over 1.3 million. Of these admissions, approximately 84.6 percent (1,114,334 admissions) were to non-hospital units. However, three States that reported admissions to non-hospital units did not have data available on admissions to hospital units and so the actual number and percent of hospital admissions is likely to be higher than indicated. Forty-six States, the District of Columbia, Guam and Puerto Rico reported a total of 142,777 client admissions to hospital-based treatment units.

Most States also reported data on alcohol client treatment admissions by type of care (detoxification, rehabilitation/residential, or outpatient), as well as by environment (hospital or non-hospital) (see the first six columns of Table 8). Hospitals were used by 16.8 percent of those clients who required detoxification services, and 17.1 percent of those clients who received rehabilitation/residential services. However, the proportions of hospital to non-hospital admissions are even lower for those clients who required outpatient services. With regard to outpatient services, hospital facilities were used for only 5.1 percent of the client admissions, while 94.9 percent of outpatient services were delivered in a non-hospital setting. Since some of the State Agencies reported data in some categories but not in others, caution should be exercised in the interpretation and use of the percent information noted above.

TABLE 8

NUMBER OF ALCOHOL CLIENT TREATMENT ADMISSIONS BY TYPE OF ENVIRONMENT,  
TYPE OF CARE, AND STATE FOR FISCAL YEAR 1987

STATE	DETOXIFICATION		REHAB/RESIDENTIAL		OUTPATIENT		TOTAL ADMISSIONS BY TYPE OF ENVIRONMENT			TOTAL ADMISSIONS
	HOSPITAL	NON-HOSPITAL	HOSPITAL	NON-HOSPITAL	HOSPITAL	NON-HOSPITAL	HOSPITAL	NON-HOSPITAL	NOT REPORTED	
Alabama	0	0	0	3,018	0	2,386	0	5,404	0	5,404
Alaska	242	1,178	295	1,683	0	5,553	537	8,414	0	8,951
Arizona	12	2,316	0	4,250	0	14,052	12	20,618	0	20,630
Arkansas	0	1,280	0	4,345	0	2,213	0	7,838	0	7,838
California	0	81,100	0	20,100	0	23,000	0	124,200	0	124,200 AD
Colorado	54	36,833	0	3,247	0	11,983	54	52,063	0	52,117
Connecticut	1,109	5,336	430	2,840	869	3,026	2,408	11,202	0	13,610 C
Delaware	0	2,659	0	498	0	908	0	4,065	0	4,065
District of Col	0	3,052	0	1,060	0	1,491	0	5,603	0	5,603
Florida	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	62,661	62,661
Georgia	9,553	7,545	0	1,970	0	22,112	9,553	31,627	0	41,180
Guam	0	2	0	0	0	38	0	40	0	40
Hawaii	2	0	0	354	0	700	2	1,054	0	1,056
Idaho	36	809	0	689	0	3,403	36	4,901	0	4,937
Illinois	N/A	30,933	N/A	7,201	N/A	31,006	N/A	69,140	0	69,140
Indiana	0	4,863	647	1,871	0	5,660	647	12,394	0	13,041
Iowa	0	160	0	1,051	0	17,197	0	18,408	0	18,408
Kansas	0	2,722	0	1,308	0	6,532	0	10,568	0	10,568
Kentucky	802	2,250	593	1,413	0	8,250	1,395	11,913	0	13,308
Louisiana	20	669	0	436	0	5,485	20	6,590	0	6,610
Maine	535	1,280	617	3,060	891	12,481	2,043	16,821	0	18,864 D
Maryland	0	1,243	0	4,537	0	14,380	0	20,160	0	20,160
Massachusetts	0	60,134	0	6,330	0	20,392	0	86,856	0	86,856
Michigan	0	5,417	0	6,595	0	25,465	0	37,477	0	37,477
Minnesota	0	38,565	3,159	1,354	0	781	3,159	40,700	0	43,859
Mississippi	5	86	121	4,099	0	2,823	126	7,008	0	7,134
Missouri	108	11,336	0	4,878	0	5,391	108	21,605	0	21,713
Montana	1,322	313	2,150	902	0	4,233	3,972	5,448	0	9,420
Nebraska	234	7,082	548	2,222	796	8,406	1,578	17,710	0	19,288
Nevada	0	8,991	0	884	0	621	0	10,496	0	10,496
New Hampshire	0	398	0	430	0	1,978	0	2,806	0	2,806
New Jersey	8,242	4,038	243	3,695	1,775	7,688	10,260	15,421	0	25,681
New Mexico	0	N/A	0	5,553	0	5,965	0	11,518	0	11,518 E
New York	35,876	31,620	10,806	7,599	24,405	40,264	71,087	79,483	0	150,570 F
North Carolina	7,142	510	0	2,201	0	9,506	7,142	12,217	0	19,359
North Dakota	N/A	N/A	N/A	N/A	N/A	1,151	N/A	1,151	0	1,151
Ohio	N/A	7,902	N/A	1,586	N/A	9,277	N/A	18,765	0	18,765
Oklahoma	0	2,366	1,071	1,145	584	3,284	1,655	6,795	0	8,450
Oregon	0	5,310	0	2,776	0	22,562	0	30,648	0	30,648
Pennsylvania	6,999	5,036	478	6,276	0	20,763	7,477	32,075	0	39,552
Puerto Rico	0	0	314	137	0	2,778	314	2,915	0	3,229
Rhode Island	3,644	0	85	539	117	1,807	3,846	2,346	0	6,192
South Carolina	0	4,164	859	1,302	0	18,325	859	23,791	0	24,650
South Dakota	0	895	0	179	0	3,795	0	4,869	0	4,869
Tennessee	0	28	288	2,330	0	5,589	288	7,947	0	8,235
Texas	1,012	4,751	4,510	3,810	0	11,892	5,522	20,453	0	25,975
Utah	4	3,523	0	2,489	0	5,550	4	11,562	0	11,566
Vermont	0	610	0	769	0	2,269	0	3,648	0	3,648
Virginia	N/A	4,777	1,866	2,629	489	32,953	2,355	40,359	0	42,714
Washington	0	9,164	0	5,704	0	25,915	0	40,783	(2,299)	38,484 G
West Virginia	0	124	0	1,616	184	7,102	384	8,842	0	9,226
Wisconsin	4,457	2,195	1,477	2,439	0	53,948	5,934	58,582	0	64,516
Wyoming	0	0	0	633	0	6,402	0	7,035	0	7,035 H
TOTALS	81,910	405,565	30,557	148,032	30,310	560,731	142,777	1,114,334	60,362	1,317,473
PERCENT OF TOTAL	16.8%	83.2%	17.1%	82.9%	5.1%	94.9%	10.8%	84.6%	4.6%	100.0%

A = Alcohol client admissions data are estimated.

B = Environment categories are residential and non-residential instead of hospital and non-hospital.

C = Data are for number of clients served instead of client admissions.

D = Includes both alcohol and drug admissions; approximately 76% of total admissions are alcohol and 24% drug.

E = Residential rehabilitation and detoxification are combined.

F = All client admissions data are for calendar year 1986 and are estimated.

G = "Not Reported" column includes 2,299 duplicate admissions already contained in other columns.

H = Includes both alcohol and drug admissions.

N/A = Information not available.

Source: State Alcohol and Drug Abuse Profile, FY 1987; data are included for only those programs "which received some funds administered by the State Alcohol Agency" during Fiscal Year 1987.

b. Client Admissions Data by Sex, Age and Race/Ethnicity

Each State Alcohol (and combined Alcohol and Drug) Agency was asked to provide data on the "the number of ALCOHOL treatment client admissions during FY 1987" in all units "which received some funds administered by the State Alcohol Agency" in each of a number of specific sex, age, and race/ethnicity categories. All fifty States and the District of Columbia, reported alcohol client admissions data by sex (see Table 9). Approximately 76.2 percent of the alcohol client admissions were male, and 19.8 percent were female. Data on sex were not reported for 4.0 percent of the alcohol client admissions.

Forty-eight States, Guam, and the District of Columbia were able to report data by all or at least some of the age categories requested (see Table 10). The percent of client admissions that fell within each of the age range categories requested were as follows:

<u>Age</u>	<u>Percent of Admissions</u>
Under 18	4.1%
18-20	4.1%
21-24	10.7%
25-34	27.4%
35-44	21.7%
45-54	9.7%
55-64	5.3%
65 and over	1.8%
Not reported	15.3%

With regard to alcohol client treatment admissions information by age and by sex, a total of 42 State Agencies and the District of Columbia reported at least some relevant data (see Table 11). A number of States have established different age range categories and they were not able to retrieve or report client information according to some or all of the specific categories requested by NASADAD. The data shown indicate a male/female mix of 66 percent/34 percent in the lowest age group of under 18 and increasing to 84 percent male in the highest age group of 65 and over.

With regard to alcohol client treatment admissions information by race/ethnicity, a total of 49 State Agencies, the District of Columbia, Guam, and Puerto Rico provided at least partial data (see Table 12). Among the States reporting data, the percents of client admissions that fell within the race/ethnicity categories specified were as follows:

TABLE 9

NUMBER OF ALCOHOL CLIENT TREATMENT ADMISSIONS  
BY SEX AND STATE FOR FISCAL YEAR 1987

STATE	SEX			TOTAL
	MALE	FEMALE	NOT REPORTED	
Alabama	3,922	1,482	0	5,404
Alaska	6,712	2,239	0	8,951
Arizona	15,700	4,930	0	20,630
Arkansas	6,741	1,097	0	7,838
California	100,900	23,300	0	124,200 A
Colorado	35,001	6,226	10,890	52,117
Connecticut	10,931	2,679	0	13,610
Delaware	3,449	612	4	4,065
District of Col	4,482	1,121	0	5,603
Florida	48,613	14,048	0	62,661
Georgia	33,521	7,659	0	41,180
Guam	N/A	N/A	40	40
Hawaii	776	280	0	1,056
Idaho	3,848	1,089	0	4,937
Illinois	55,470	13,138	532	69,140
Indiana	9,962	3,079	0	13,041
Iowa	14,574	3,834	0	18,408
Kansas	8,885	1,681	2	10,568
Kentucky	11,036	2,272	0	13,308
Louisiana	5,136	1,474	0	6,610
Maine	14,108	4,756	0	18,864 B
Maryland	16,701	3,459	0	20,160
Massachusetts	71,108	15,748	0	86,856
Michigan	29,660	7,599	218	37,477
Minnesota	36,765	6,647	447	43,859
Mississippi	6,121	925	88	7,134
Missouri	18,266	3,447	0	21,713
Montana	5,493	3,927	0	9,420
Nebraska	14,649	4,639	0	19,288
Nevada	2,423	578	7,495	10,496
New Hampshire	1,969	791	46	2,806
New Jersey	20,263	5,418	0	25,681
New Mexico	9,316	2,188	14	11,518
New York	109,916	40,654	0	150,570 C
North Carolina	16,442	2,917	0	19,359
North Dakota	829	322	0	1,151
Ohio	14,412	4,353	0	18,765
Oklahoma	5,733	1,465	1,252	8,450
Oregon	23,532	7,116	0	30,648
Pennsylvania	31,712	7,840	0	39,552
Puerto Rico	3,068	161	0	3,229
Rhode Island	5,072	1,120	0	6,192
South Carolina	19,709	4,011	930	24,650
South Dakota	3,389	1,480	0	4,869
Tennessee	6,373	1,862	0	8,235
Texas	4,982	1,557	19,436	25,975
Utah	9,942	1,624	0	11,566
Vermont	2,624	1,024	0	3,648
Virginia	36,392	6,322	0	42,714
Washington	30,710	7,774	0	38,484
West Virginia	7,606	1,620	0	9,226
Wisconsin	39,946	13,077	11,493	64,516 D
Wyoming	5,062	1,973	0	7,035 E
<b>TOTALS</b>	<b>1,003,952</b>	<b>260,634</b>	<b>52,887</b>	<b>1,317,473</b>
<b>PERCENT OF TOTAL</b>	<b>76.2%</b>	<b>19.8%</b>	<b>4.0%</b>	<b>100.0%</b>

A = Alcohol client admissions data are estimated.

B = Includes both alcohol and drug admissions; approximately 76% of total admissions are alcohol and 24% are drug.

C = All client admissions data are for calendar year 1986 and are estimated.

D = "Not Reported" column represents duplicate admissions.

E = Includes both alcohol and drug admissions.

N/A = Information not available.

Source: State Alcohol and Drug Abuse Profile, FY 1987; data are included for only those programs "which received some funds administered by the State Alcohol Agency" during Fiscal Year 1987.

TABLE 10

## NUMBER OF ALCOHOL CLIENT TREATMENT ADMISSIONS BY AGE AND STATE FOR FISCAL YEAR 1987

STATE	AGE								NOT REPORTED	TOTAL
	UNDER AGE 18	18 TO 20	21 TO 24	25 TO 34	35 TO 44	45 TO 54	55 TO 64	AGE 65 AND OVER		
Alabama	73	157	522	2,206	1,297	650	292	70	137	5,404
Alaska	352	975	1,216	2,465	2,014	1,522	361	46	0	8,951
Arizona	817	536	2,199	7,124	5,423	2,735	1,275	484	37	20,630
Arkansas	131	603	N/A	N/A	N/A	N/A	N/A	182	6,922	7,838
California	2,150	2,850	8,300	42,950	39,600	17,600	9,050	1,700	0	124,200 A
Colorado	883	1,820	4,406	14,696	10,223	5,487	2,702	1,010	10,890	52,117
Connecticut	350	350	1,815	4,779	3,259	N/A	N/A	807	2,250	13,610 B
Delaware	119	164	372	1,361	949	615	308	173	4	4,065
District of Col	0	224	504	2,185	1,457	840	336	57	0	5,603
Florida	1,823	4,043	5,390	18,840	18,840	8,243	4,113	1,369	0	62,661
Georgia	534	1,010	3,103	12,463	11,347	7,565	3,942	1,216	0	41,180
Guam	0	2	6	25	5	2	0	0	0	40
Hawaii	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	1,056	1,056
Idaho	944	N/A	3,993	4,937						
Illinois	3,580	N/A	N/A	N/A	N/A	N/A	N/A	1,192	64,368	69,140
Indiana	1,018	1,009	1,850	4,401	2,805	1,253	583	116	6	13,041
Iowa	1,245	2,094	3,113	6,084	3,149	1,347	711	257	408	18,408
Kansas	314	745	1,741	4,069	2,090	1,020	456	131	2	10,368
Kentucky	601	1,563	1,698	4,420	1,726	1,220	424	327	1,329	13,308
Louisiana	609	428	868	2,465	1,256	614	306	64	0	6,610
Maine	3,371	532	1,379	5,666	4,341	1,679	1,310	333	253	18,864 C
Maryland	1,439	1,142	2,929	7,463	4,071	2,021	875	220	0	20,160
Massachusetts	154	4,717	30,460	27,209	14,060	7,008	3,248	N/A	0	86,856 D
Michigan	1,822	2,167	5,003	14,995	7,940	3,466	1,438	428	218	37,477
Minnesota	2,001	2,326	3,986	13,042	10,068	6,443	3,738	1,808	447	43,859
Mississippi	151	366	1,091	2,785	1,568	704	306	75	88	7,134
Missouri	495	997	2,357	7,075	5,520	3,305	1,653	307	4	21,713
Montana	1,048	595	1,027	1,294	3,309	1,123	748	276	0	9,420
Nebraska	1,811	1,391	2,071	5,527	3,991	2,401	1,795	301	0	19,288
Nevada	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	10,496	10,496
New Hampshire	139	248	440	1,002	587	233	81	30	46	2,806
New Jersey	1,477	1,349	3,097	9,959	5,866	2,429	1,204	274	26	25,681
New Mexico	943	N/A	N/A	N/A	N/A	N/A	N/A	215	10,360	11,518
New York	6,136	4,524	17,662	41,347	55,711	12,045	10,540	2,605	0	150,570 E
North Carolina	249	624	1,634	6,158	5,087	3,377	1,750	480	0	19,359
North Dakota	70	76	154	417	249	118	48	19	0	1,151
Ohio	1,220	1,032	2,177	7,205	4,053	1,914	920	244	0	18,765
Oklahoma	289	404	850	2,587	1,576	917	445	130	1,252	8,450
Oregon	3,739	2,149	2,974	9,197	6,220	2,974	2,974	421	0	30,648
Pennsylvania	1,865	2,094	4,819	14,368	9,170	4,446	2,159	631	0	39,552
Puerto Rico	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	3,229	3,229
Rhode Island	145	130	340	1,016	507	205	108	24	3,717	6,192
South Carolina	1,356	1,493	2,634	8,097	5,845	3,088	1,498	570	69	24,650
South Dakota	773	429	634	1,296	877	479	271	110	0	4,869
Tennessee	607	465	1,056	2,998	1,786	869	338	116	0	8,235
Texas	90	316	722	2,580	1,606	794	356	75	19,436	25,975
Utah	306	708	1,250	4,296	2,688	1,359	701	155	103	11,566
Vermont	316	213	485	1,282	751	347	183	51	20	3,648
Virginia	1,699	2,325	5,545	13,569	9,852	6,056	2,879	789	0	42,714
Washington	N/A	2,249	5,941	11,966	9,437	5,174	2,500	1,063	154	38,484
West Virginia	816	525	1,191	3,042	1,925	986	567	174	0	9,226
Wisconsin	2,949	N/A	N/A	N/A	N/A	N/A	N/A	2,198	59,369	64,516
Wyoming	732	N/A	N/A	2,399	1,698	890	459	N/A	857	7,035 DF
TOTALS	53,751	54,159	141,011	360,370	285,799	127,563	69,951	23,323	201,546	1,317,473
PERCENT OF TOTAL	4.1%	4.1%	10.7%	27.4%	21.7%	9.7%	5.3%	1.8%	15.3%	100.0%

A number of the States which have the N/A designation collect age related information but not in these specific categories.

A = Alcohol client admissions data are estimated.

B = Age 65 and over category contains age 60 and over.

C = Alcohol and drug client admissions are combined; approximately 76% of total admissions are alcohol and 24% drug. Also, estimates are provided for the four age groups from 25 to 64.

D = Age 55 to 64 category contains age 55 and over.

E = All client admissions data are for calendar year 1986 and are estimated.

F = Includes both alcohol and drug admissions.

N/A = Information not available.

Source: State Alcohol and Drug Abuse Profile, FY 1987; data are included for only those programs "which received some funds administered by the State Alcohol Agency" during Fiscal Year 1987.

TABLE 11

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## NUMBER OF ALCOHOL CLIENT TREATMENT ADMISSIONS BY AGE, BY SEX, AND BY STATE FOR FISCAL YEAR 1987

STATE	UNDER AGE 18			18 TO 20			21 TO 24			25 TO 34			35 TO 44		
	MALE	FEMALE	NR	MALE	FEMALE	NR	MALE	FEMALE	NR	MALE	FEMALE	NR	MALE	FEMALE	NR
Alabama	43	30		122	35		398	124		1,558	648		978	319	
Alaska	264	82		731	244		912	304		1,849	616		1,510	504	
Arizona	490	327		394	142		1,684	515		5,313	1,811		4,164	1,259	
Arkansas	N/A	N/A	131	N/A	N/A	603	N/A	N/A		N/A	N/A		N/A	N/A	
California	1,450	700		2,000	850		6,000	2,300		33,650	9,300		33,350	6,250	A
Colorado	665	218		1,540	280		3,640	766		12,180	2,516		8,785	1,438	
Connecticut	238	112		259	91		1,374	441		3,800	979		2,690	569	B
Delaware	82	37		147	17		295	77		1,098	263		843	106	
District of Col	0	0		179	45		403	101		1,747	438		1,166	291	
Florida	N/A	N/A	1,823	N/A	N/A	4,043	N/A	N/A	5,390	N/A	N/A	18,840	N/A	N/A	18,840
Georgia	417	117		827	183		2,451	652	0	9,951	2,512		9,352	1,995	
Guam	N/A	N/A		N/A	N/A	2	N/A	N/A	6	N/A	N/A	25	N/A	N/A	5
Hawaii	N/A	N/A		N/A	N/A		N/A	N/A		N/A	N/A		N/A	N/A	
Idaho	726	218		N/A	N/A		N/A	N/A		N/A	N/A		N/A	N/A	
Illinois	2,411	1,169		N/A	N/A		N/A	N/A		N/A	N/A		N/A	N/A	
Indiana	N/A	N/A	1,018	N/A	N/A	1,009	N/A	N/A	1,850	N/A	N/A	4,401	N/A	N/A	2,805
Iowa	801	444		1,609	485		2,588	525		4,858	1,226		2,507	642	
Kansas	231	83		613	132		1,466	275		3,418	651		1,773	317	
Kentucky	469	132		1,326	237		1,415	283		3,645	775		1,415	311	
Louisiana	352	257		327	101		706	162		1,964	501		993	263	
Maine	2,400	971		388	144		1,008	371		4,191	1,475		3,269	1,072	C
Maryland	1,070	369		966	176		2,406	523		6,155	1,308		3,431	640	
Massachusetts	86	68		3,687	1,030		24,601	5,859		22,355	4,854		11,753	2,307	D
Michigan	1,131	691		1,797	370		4,114	889		11,973	3,022		6,286	1,654	
Minnesota	1,362	639		1,828	498		3,180	806		10,899	2,143		8,737	1,331	
Mississippi	116	35		317	49		963	128		2,425	360		1,355	213	
Missouri	281	214		781	216		1,871	486		5,852	1,223		4,699	821	
Montana	581	467		386	209		642	385		738	556		1,843	1,466	
Nebraska	1,099	712		1,019	372		1,554	517		4,019	1,508		3,134	857	
Nevada	N/A	N/A		N/A	N/A		N/A	N/A		N/A	N/A		N/A	N/A	
New Hampshire	90	48	1	179	65	4	325	113	2	719	266	17	391	187	9
New Jersey	1,010	467		1,065	284		2,382	715		7,760	2,199		4,772	1,094	
New Mexico	N/A	N/A	943	N/A	N/A										
New York	3,290	2,846		3,304	1,220		13,190	4,477		30,777	10,570		40,669	15,042	E
North Carolina	193	56		511	93		1,347	287		5,133	1,025		4,350	737	
North Dakota	41	29		47	29		104	50		306	111		179	70	
Ohio	937	283		793	239		1,672	505		5,533	1,672		3,123	930	
Oklahoma	176	113		333	71		684	166		2,053	534		1,242	334	
Oregon	N/A	N/A	3,739	N/A	N/A	2,149	N/A	N/A	2,974	N/A	N/A	9,197	N/A	N/A	6,220
Pennsylvania	1,274	591		1,689	405		3,805	1,014		11,468	2,900		7,477	1,693	
Puerto Rico	N/A	N/A		N/A	N/A		N/A	N/A		N/A	N/A		N/A	N/A	
Rhode Island	101	44		91	39		252	88		764	252		377	130	
South Carolina	963	374	19	1,198	235	60	2,118	406	110	6,586	1,234	277	4,600	968	277
South Dakota	393	380		302	127		471	163		931	365		635	242	
Tennessee	455	152		364	101		818	238		2,297	701		1,388	398	
Texas	73	17		196	120		491	231		1,860	720		1,310	296	
Utah	224	82		601	107		1,064	186		3,684	612		2,301	387	
Vermont	171	145		158	55		348	137		988	294		504	267	
Virginia	1,196	503		2,008	317		4,741	804		11,533	2,036		8,500	1,352	
Washington	N/A	N/A	N/A	N/A	N/A	2,249	N/A	N/A	5,941	N/A	N/A	11,966	N/A	N/A	9,437
West Virginia	576	240		432	93		988	203		2,556	486		1,624	301	
Wisconsin	1,803	1,146		N/A	N/A		N/A	N/A		N/A	N/A		N/A	N/A	
Wyoming	527	205		N/A	N/A		N/A	N/A		1,775	624		1,206	492	F
TOTALS	30,258	15,819	7,674	34,530	9,506	10,119	98,471	26,267	16,273	250,361	65,286	44,723	198,681	49,525	17,593

A number of the States which have the N/A designation collect age related information but not in these specific categories.

See footnotes at the bottom of next page.

N/A = Information not available.

Source: State Alcohol and Drug Abuse Profile, FY 1987; data are included for only those programs which received some funds administered by the State Alcohol Agency during Fiscal Year 1987.

TABLE 11

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## NUMBER OF ALCOHOL CLIENT TREATMENT ADMISSIONS BY AGE, BY SEX, AND BY STATE FOR FISCAL YEAR 1987

STATE	45 to 54			55 to 64			65 and OVER			AGE NOT REPORTED			TOTALS			
	MALE	FEMALE	NR	MALE	FEMALE	NR	MALE	FEMALE	NR	MALE	FEMALE	NR	MALE	FEMALE	NR	TOTAL
Alabama	478	172		205	87		56	14		84	53	0	3,922	1,482	0	5,404
Alaska	1,141	301		271	90		34	12		0	0	0	6,712	2,239	0	8,951
Arizona	2,154	581		1,064	211		406	78		31	6		15,700	4,930	0	20,630
Arkansas	N/A	N/A		N/A	N/A		N/A	N/A	182	N/A	N/A	6,922	6,741	1,097	0	7,838
California	15,200	2,400		7,750	1,300		1,500	200		0	0	0	100,900	23,300	0	124,200 A
Colorado	4,865	622		2,416	286		910	100		N/A	N/A	10,890	35,001	6,226	10,890	52,117
Connecticut	N/A	N/A		N/A	N/A		653	154		1,917	333		10,931	2,679	0	13,610 B
Delaware	546	69		281	27		157	16		N/A	N/A	4	3,449	612	4	4,065
District of Col	672	168		269	67		46	11		0	0	0	4,482	1,121	0	5,603
Florida	N/A	N/A	8,243	N/A	N/A	4,113	N/A	N/A	1,369	0	0	0	48,613	14,048	0	62,661
Georgia	6,277	1,288		3,225	717		1,021	195		0	0	0	33,521	7,659	0	41,180
Guam	N/A	N/A	2	N/A	N/A		N/A	N/A		0	0	0	N/A	N/A	40	40
Hawaii	N/A	N/A		N/A	N/A		N/A	N/A		776	280	0	776	280	0	1,056
Idaho	N/A	N/A		N/A	N/A		N/A	N/A		3,122	871	0	3,848	1,089	0	4,937
Illinois	N/A	N/A		N/A	N/A		1,028	164		52,031	11,405	532	55,470	13,138	532	69,140
Indiana	N/A	N/A	1,253	N/A	N/A	583	N/A	N/A	116	N/A	N/A	6	9,962	3,079	0	13,041
Iowa	1,080	267		604	107		219	38		308	100	0	14,574	3,834	0	18,408
Kansas	859	161		414	42		111	20		N/A	N/A	2	8,585	1,681	2	10,568
Kentucky	1,037	183		351	63		265	62		1,103	226	0	11,036	2,272	0	13,308
Louisiana	479	135		257	49		58	6		0	0	0	5,136	1,474	0	6,610
Maine	1,381	298		1,056	254		277	56		138	155	0	14,108	4,756	0	18,864 C
Maryland	1,712	309		761	114		200	20		0	0	0	16,701	3,459	0	20,160
Massachusetts	5,898	1,110		2,728	520		N/A	N/A		0	0	0	71,108	15,748	0	86,856 D
Michigan	2,817	649		1,190	248		352	76		N/A	N/A	218	29,660	7,599	218	37,477
Minnesota	5,801	642		3,331	407		1,627	181		0	0	0	36,765	6,647	447	43,859
Mississippi	600	104		275	31		70	5		0	0	88	6,121	925	88	7,134
Missouri	2,986	319		1,499	154		294	13		3	1	0	18,266	3,447	0	21,713
Montana	681	442		454	294		168	108		0	0	0	5,493	3,927	0	9,420
Nebraska	1,951	450		1,607	188		266	35		0	0	0	14,649	4,639	0	19,288
Nevada	N/A	N/A		N/A	N/A		N/A	N/A		2,423	578	7,495	2,423	578	7,495	10,496
New Hampshire	167	62	4	51	27	1	18	12		27	11	8	1,969	791	46	2,806
New Jersey	2,008	421		1,020	184		225	49		21	5	0	20,263	5,418	0	25,681
New Mexico	N/A	N/A		N/A	N/A		N/A	N/A	215	N/A	N/A	10,360	9,316	2,188	14	11,518
New York	8,793	1,252		7,694	2,846		2,199	406		0	0	0	109,916	40,654	0	150,570 E
North Carolina	2,930	447		1,545	205		413	67		0	0	0	16,442	2,917	0	19,359
North Dakota	94	24		41	7		17	2		0	0	0	829	322	0	1,151
Ohio	1,470	444		706	214		178	66		0	0	0	14,412	4,353	0	18,765
Oklahoma	750	167		377	68		118	12		N/A	N/A	1,252	5,733	1,465	1,252	8,450
Oregon	N/A	N/A	2,974	N/A	N/A	2,974	N/A	N/A	421	N/A	N/A	0	23,532	7,116	0	30,648
Pennsylvania	3,681	765		1,801	358		517	114		0	0	0	31,712	7,840	0	39,552
Puerto Rico	N/A	N/A		N/A	N/A		N/A	N/A		N/A	N/A	3,229	3,068	161	0	1,229
Rhode Island	153	52		94	14		18	6		3,222	495	0	5,072	1,120	0	6,192
South Carolina	2,513	502	73	1,247	211	40	484	81	5	N/A	N/A	69	19,709	4,011	930	24,650
South Dakota	369	110		200	71		88	22		0	0	0	3,389	1,480	0	4,869
Tennessee	675	194		275	63		101	15		0	0	0	6,373	1,862	0	8,235
Texas	674	120		311	45		67	8		N/A	N/A	19,436	4,982	1,557	19,436	25,975
Utah	1,200	159		634	67		142	13		92	11	0	9,942	1,624	0	11,566
Vermont	263	84		147	36		31	20		14	6	0	2,624	1,024	0	3,648
Virginia	5,254	802		2,477	402		683	106		0	0	0	36,392	6,322	0	42,714
Washington	N/A	N/A	5,174	N/A	N/A	2,500	N/A	N/A	1,063	N/A	N/A	154	N/A	N/A	38,484	38,484
West Virginia	803	183		479	88		148	26		0	0	0	7,606	1,620	0	9,226
Wisconsin	N/A	N/A		N/A	N/A		1,552	646		36,591	11,285	0	39,946	13,077	11,493	64,516
Wyoming	606	284		357	102		N/A	N/A		N/A	N/A	857	5,062	1,973	0	7,035 F
TOTALS	91,018	18,822	17,723	49,476	10,264	10,211	16,717	3,235	3,371	101,903	26,221	61,522	973,242	252,860	91,371	1,317,473

A number of the States which have the N/A designation collect age related information but not in these specific categories.

A = Alcohol client admissions data are estimated.

B = 65 and over category represents age 60 and over.

C = Alcohol and drug client admissions are combined; approximately 76% of total admissions are alcohol and 24% drug. Also, estimates are provided for the four age groups from 25 to 64.

D = 55 - 64 category represents age 55 and over.

E = All client admissions data are for calendar year 1986 and are estimated.

F = Alcohol and drug client admissions are combined.

N/A = Information not available

NR = Not Reported

Source: State Alcohol and Drug Abuse Profile, FY 1987; data are included for only those programs "which received some funds administered by the State Alcohol Agency" during Fiscal Year 1987.

TABLE 12

NUMBER OF ALCOHOL CLIENT TREATMENT ADMISSIONS BY RACE/ETHNICITY  
AND STATE FOR FISCAL YEAR 1987

STATE	WHITE, NOT OF HISPANIC ORIGIN	BLACK, NOT OF HISPANIC ORIGIN	HISPANIC	ASIAN OR PACIFIC ISLANDER	NATIVE AMERICAN	OTHER	NOT REPORTED	TOTAL
Alabama	3,959	1,300	N/A	N/A	N/A	8	137	5,404
Alaska	4,525	152	106	23	4,145	0	0	8,951
Arizona	12,131	735	2,901	N/A	4,724	84	55	20,630
Arkansas	6,385	1,387	N/A	N/A	N/A	N/A	66	7,838
California	83,150	24,400	12,350	750	3,400	150	0	124,200 A
Colorado	28,116	2,103	9,276	N/A	1,608	124	10,890	52,117
Connecticut	9,801	2,607	1,162	N/A	N/A	38	2	13,610
Delaware	3,001	971	81	N/A	N/A	N/A	12	4,065
District of Col	392	4,930	112	46	16	57	50	5,603
Florida	50,034	9,626	2,782	50	169	0	0	62,661
Georgia	27,648	13,366	72	21	28	45	0	41,180
Guam	10	2	0	28	0	0	0	40
Hawaii	542	26	47	354	10	0	77	1,056
Idaho	4,340	23	355	0	219	0	0	4,937
Illinois	44,160	19,933	3,766	52	293	277	659	69,140
Indiana	10,873	1,978	137	10	10	33	0	13,041
Iowa	17,163	491	245	27	236	32	214	18,408
Kansas	8,230	1,188	607	25	464	22	32	10,568
Kentucky	11,251	949	2	N/A	N/A	N/A	1,106	13,308
Louisiana	4,357	2,071	152	13	17	0	0	6,610
Maine	17,431	75	N/A	19	1,075	N/A	264	18,864 B
Maryland	13,541	6,380	152	32	55	0	0	20,160
Massachusetts	75,828	6,311	2,752	98	296	1,556	15	86,856
Michigan	30,283	5,508	771	33	723	62	97	37,477
Minnesota	29,665	2,634	853	58	9,573	63	1,013	43,859
Mississippi	4,435	2,574	N/A	N/A	81	11	33	7,134
Missouri	15,897	5,410	173	19	214	0	0	21,713
Montana	7,741	23	121	9	1,521	5	0	9,420
Nebraska	14,114	901	614	14	3,599	32	14	19,288
Nevada	2,631	161	98	4	95	12	7,495	10,496
New Hampshire	2,746	10	9	4	13	1	33	2,806
New Jersey	16,025	7,629	1,905	57	51	0	14	25,681
New Mexico	3,425	172	5,051	12	2,840	18	0	11,518
New York	102,387	32,373	13,551	452	1,054	753	0	150,570 C
North Carolina	13,023	5,954	18	N/A	336	17	11	19,359
North Dakota	1,029	3	2	0	99	2	16	1,151
Ohio	14,749	3,734	226	19	37	0	0	18,765
Oklahoma	5,451	612	130	6	977	25	1,249	8,450
Oregon	25,097	927	1,522	92	3,010	0	0	30,648
Pennsylvania	28,650	9,958	843	23	78	0	0	39,552
Puerto Rico	N/A	N/A	3,229	N/A	N/A	N/A	N/A	3,229
Rhode Island	2,299	109	24	4	8	53	3,695	6,192
South Carolina	17,477	6,981	71	15	34	2	70	24,650
South Dakota	3,678	19	0	0	1,121	51	0	4,869
Tennessee	6,945	1,252	2	3	14	19	0	8,235
Texas	4,161	1,140	1,196	4	36	0	19,438	25,975
Utah	8,604	214	1,147	75	1,183	146	197	11,566
Vermont	N/A	N/A	N/A	N/A	N/A	N/A	3,648	3,648
Virginia	27,337	11,533	427	128	43	N/A	3,246	42,714
Washington	31,231	2372	1,732	196	2,678	121	2,722	38,484
West Virginia	8,682	536	5	1	2	0	0	9,226
Wisconsin	47,632	3,382	853	73	1,083	0	11,493	64,516
Wyoming	5,839	211	703	N/A	N/A	N/A	282	7,035 D
TOTALS	918,101	204,954	72,333	2,653	47,268	3,819	68,345	1,317,473
PERCENT OF TOTAL	69.7%	15.6%	5.5%	.2%	3.6%	.3%	5.2%	100.0%

A = Alcohol client admissions data are estimated.

B = Alcohol and drug client admissions are combined; approximately 76% of total admissions are alcohol and 24% drug.

C = All client admissions data are for calendar year 1986 and are estimated.

D = Alcohol and drug admissions are combined.

N/A = Information not available.

Source: State Alcohol and Drug Abuse Profile, FY 1987; data are included for only those programs "which received some funds administered by the State Alcohol Agency" during Fiscal Year 1987.

<u>Race/Ethnicity</u>	<u>Percent of Admissions</u>
White not of Hispanic origin	69.7%
Black, not of Hispanic origin	15.6%
Hispanic	5.5%
Asian of Pacific Islander	.2%
Native American (American Indian or Alaskan Native)	3.6%
Other	.3%
Not Reported	5.2%

Since some of the State Agencies reported data in some categories but not in others caution should be exercised in the interpretation and use of the percent information noted above for both age and race/ethnicity.

2. Client Admissions to Treatment Services for Drug Abuse and Dependency (Tables 13, 14, 15, 16, 17, 18)

This subsection includes client data organized under three topic headings including:

- o Client admissions data by environment and modality;
- o Client admissions data by sex, age and race/ethnicity; and
- o Client admissions data by primary drug of abuse.

Information on each of these areas is presented within the following paragraphs.

a. Client Admissions Data by Environment and Modality

Each State Drug (and combined Alcohol and Drug) Agency was asked to provide data on the "number of DRUG treatment client admissions" in all units which received at least "some funds administered by the State Drug Agency during the State's FY 1987". The information requested included client admissions data organized by environment (hospital, residential, or outpatient) and by modality (detoxification, maintenance, or drug-free) (See Table 13).

A total of 47 State Agencies, the District of Columbia, Guam and Puerto Rico provided at least partial data on drug client treatment admissions by modality and environment. The total of drug client treatment admissions during FY 1987 for these State Agencies was 450,553. Of the drug client admissions, 30,251 (6.7%) were to hospitals, 83,542 (18.5%) to residential facilities, 315,328 (70.0%) to outpatient programs and 21,432 (4.8%) admissions were not specified as to environment.

TABLE 13

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NUMBER OF DRUG CLIENT TREATMENT ADMISSIONS BY TYPE OF ENVIRONMENT,  
TYPE OF MODALITY AND STATE FOR FISCAL YEAR 1987

STATE	DETOXIFICATION				MAINTENANCE			
	HOSPITAL	RESIDENTIAL	OUTPATIENT	TOTAL	HOSPITAL	RESIDENTIAL	OUTPATIENT	TOTAL
Alabama	0	0	0	0	0	0	0	0
Alaska	0	0	20	20	0	0	125	125
Arizona	6	164	57	227	0	0	1,085	1,085
Arkansas	0	145	0	145	0	0	0	0
California	0	1,456	22,344	23,800	0	16	4,955	4,971 A
Colorado	0	0	N/A	0	N/A	N/A	773	773 B
Connecticut	803	0	694	1,497	0	7	581	588
Delaware	872	0	0	872	0	0	181	181
District of Col	206	0	703	909	0	0	590	590
Florida	0	799	133	932	0	0	1,599	1,599
Georgia	1,940	2,273	9	4,222	0	0	619	619
Guam	0	0	0	0	0	0	0	0
Hawaii	0	0	37	37	0	0	6	6
Idaho	0	167	0	167	0	0	0	0
Illinois	N/A	N/A	N/A	N/A	N/A	131	1,943	2,074
Indiana	0	1,748	0	1,748	0	0	275	275
Iowa	0	4	61	65	0	1	118	119
Kansas	21	682	0	703	0	0	0	0
Kentucky	229	428	0	657	0	0	93	93
Louisiana	7	345	0	352	0	0	0	0
Maine	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A C
Maryland	11	1	1,117	1,129	12	0	1,929	1,941
Massachusetts	0	1,523	0	1,523	0	0	1,678	1,678
Michigan	0	2,098	108	2,206	0	0	1,409	1,409
Minnesota	0	0	0	0	0	0	12	12
Mississippi	0	0	3	3	0	0	0	0
Missouri	21	819	7	847	0	0	337	337
Montana	190	6	0	196	0	0	0	0
Nebraska	32	112	0	144	0	0	68	68
Nevada	0	300	0	300	0	0	290	290
New Hampshire	0	0	0	0	0	0	0	0
New Jersey	60	524	4,878	5,462	0	0	1,514	1,514
New Mexico	0	120	0	120	0	0	276	276
New York	386	0	1,555	1,941	0	747	11,811	12,558 D
North Carolina	0	0	121	121	0	0	22	22
North Dakota	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
Ohio	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
Oklahoma	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
Oregon	0	32	0	32	0	0	702	702
Pennsylvania	5,367	1,330	11	6,708	0	0	2,002	2,002
Puerto Rico	0	2,094	283	2,377	0	0	2,022	2,022
Rhode Island	323	0	100	423	0	0	340	340
South Carolina	0	1,231	68	1,299	0	0	40	40
South Dakota	0	213	0	213	0	0	0	0
Tennessee	0	36	0	36	0	0	366	366
Texas	0	2,649	16	2,665	4	1	2,538	2,543
Utah	6	155	13	174	0	28	166	194
Vermont	0	92	0	92	0	0	0	0
Virginia	249	983	N/A	1,232	N/A	N/A	500	500
Washington	0	700	0	700	0	0	1,858	1,858
West Virginia	0	0	0	0	0	0	0	0
Wisconsin	562	79	0	641	172	0	436	608
Wyoming	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A E
TOTALS	11,291	23,308	32,338	66,900	188	931	42,486	43,599
PERCENT OF TOTAL	16.9%	34.8%	48.3%	100.1%	.4%	2.1%	97.4%	100.0%

See footnotes at the bottom of next page.

N/A = Information not available.

Source: State Alcohol and Drug Abuse Profile, FY 1987; data are included for only those programs "which received some funds administered by the State Drug Agency" during Fiscal Year 1987.

TABLE 13

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NUMBER OF DRUG CLIENT TREATMENT ADMISSIONS BY TYPE OF ENVIRONMENT,  
TYPE OF MODALITY AND STATE FOR FISCAL YEAR 1987

STATE	DRUG FREE				TOTALS				
	HOSPITAL	RESIDENTIAL	OUTPATIENT	TOTAL	HOSPITAL	RESIDENTIAL	OUTPATIENT	NOT REPORTED	TOTAL
Alabama	0	286	1,987	2,273	0	286	1,987	0	2,273
Alaska	0	647	584	1,231	0	647	729	0	1,376
Arizona	0	743	4,228	4,971	6	907	5,370	0	6,283
Arkansas	0	878	1,372	2,250	0	1,023	1,372	0	2,395
California	0	5,585	24,024	29,609	0	7,057	51,323	584	58,964 A
Colorado	0	284	2,611	2,895	0	284	3,384	0	3,668 B
Connecticut	0	1,111	2,231	3,342	803	1,118	3,506	0	5,427
Delaware	0	90	826	916	872	90	1,007	0	1,969
District of Col	0	403	2,400	2,803	206	403	3,693	0	4,302
Florida	0	2,797	7,991	10,788	0	3,596	9,723	0	13,319
Georgia	0	1,315	9,767	11,082	1,940	3,588	10,395	0	15,923
Guam	0	0	21	21	0	0	21	0	21
Hawaii	0	136	335	471	0	136	378	0	514
Idaho	0	228	1,137	1,365	0	395	1,137	0	1,532
Illinois	N/A	1,969	4,478	6,447	N/A	2,100	6,421	0	8,521
Indiana	265	783	2,326	3,374	265	2,531	2,601	0	5,397
Iowa	0	457	3,688	4,145	0	462	3,867	0	4,329
Kansas	0	711	1,373	2,084	21	1,393	1,373	0	2,787
Kentucky	0	550	2,477	3,027	229	978	2,570	0	3,777
Louisiana	0	236	2,834	3,070	7	581	2,834	0	3,422
Maine	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A C
Maryland	3	664	12,537	13,204	26	665	15,583	0	16,274
Massachusetts	9,231	1,157	10,982	15,757	9,231	2,680	1,678	0	13,589
Michigan	0	4,775	10,982	15,757	0	6,873	12,499	0	19,372
Minnesota	1,779	1,519	712	4,010	1,779	1,519	724	0	4,022
Mississippi	506	54	749	1,309	506	54	752	0	1,312
Missouri	0	1,996	3,367	5,363	21	2,815	3,711	0	6,547
Montana	292	246	1,132	1,670	482	252	1,132	0	1,866
Nebraska	83	590	1,152	1,825	115	702	1,220	0	2,037
Nevada	0	448	360	808	0	748	650	0	1,398
New Hampshire	0	92	659	751	0	92	659	0	751
New Jersey	0	1,115	5,047	6,162	60	1,639	11,439	0	13,138
New Mexico	0	93	1,458	1,551	0	213	1,734	0	1,947
New York	0	9,842	48,987	58,829	386	10,589	62,353	0	73,328 D
North Carolina	0	394	3,012	3,406	0	394	3,155	0	3,549
North Dakota	N/A	N/A	890	890	N/A	N/A	890	0	890
Ohio	N/A	N/A	N/A	N/A	N/A	N/A	N/A	20,848	20,848
Oklahoma	N/A	N/A	N/A	N/A	267	1,634	2,003	0	3,904
Oregon	0	725	3,765	4,490	0	757	4,467	0	5,224
Pennsylvania	981	5,576	12,128	18,685	6,348	6,906	14,141	0	27,395
Puerto Rico	0	1,853	5,085	6,938	0	3,947	7,390	0	11,337
Rhode Island	0	156	1,759	1,915	323	156	2,199	0	2,678
South Carolina	296	136	3,474	3,906	296	1,367	3,582	0	5,245
South Dakota	0	0	1,171	1,171	0	213	1,171	0	1,384
Tennessee	666	1,265	2,715	4,646	666	1,301	3,081	0	5,048
Texas	3,743	2,992	14,886	21,621	3,747	5,642	17,440	0	26,829
Utah	0	569	1,285	1,854	6	752	1,464	0	2,222
Vermont	0	114	1,020	1,134	0	206	1,020	0	1,226
Virginia	481	678	8,121	9,280	730	1,661	8,621	0	11,012
Washington	0	699	5,548	6,247	0	1,399	7,406	0	8,805
West Virginia	179	381	933	1,493	179	381	933	0	1,493
Wisconsin	0	331	8,104	8,435	734	410	8,540	0	9,684
Wyoming	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A E
TOTALS	18,505	57,669	237,728	313,902	30,251	83,542	315,328	21,432	450,553
PERCENT OF TOTAL	5.9%	18.4%	75.7%	100.0%	6.7%	18.5%	70.0%	4.8%	100%

A = The Not Reported column includes clients in other modalities including naltrexon programs.

B = Colorado's outpatient detoxification client admissions are included within the outpatient maintenance category.

C = See alcohol admissions table; it includes both alcohol and drug client admissions data. About 24% of Maine's client admissions are primarily users of drugs other than alcohol.

D = New York's Drug Maintenance category does not include 2,708 methadone admissions to non-funded programs.

E = See alcohol admissions table; it includes both alcohol and drug client admissions data.

N/A = Information not available.

Source: State Alcohol and Drug Abuse Profile, FY 1987; data are included for only those programs "which received funds administered by the State Drug Agency" during Fiscal Year 1987.

In terms of treatment modality, 66,900 drug client admissions were for detoxification, 43,599 for maintenance and 313,902 for drug-free types of treatment services. Within each of these three types of treatment modalities, the type of environment most often utilized was outpatient. The outpatient environment was utilized for 48.3 percent of the detoxification admissions, 97.4 percent of the maintenance admissions, and 75.7 percent of the drug-free admissions.

In interpreting the client admissions data, it is important to note that the figures include only those programs that received some State Drug Agency funds. The data do not include facilities that received no State Drug Agency administered funds during FY 1987. It is also important to note that some States were not able to report the information in the format requested.

b. Client Admissions Data by Sex, Age and Race/Ethnicity

Each State Drug (and combined Alcohol and Drug) Agency was asked to provide data on "the number of DRUG treatment client admissions during FY 1987" in all units "which received some funds administered by the State Drug Agency" in each of a number of specific sex, age and race/ethnicity categories.

Forty-eight States, the District of Columbia and Puerto Rico reported drug client admissions data by sex (See Table 14). Overall 61.3 percent of the drug client admissions were male, 31.2 percent were female, and data on sex were not reported for 7.5 percent of the drug client admissions.

Forty-three State Agencies, the District of Columbia, Guam and Puerto Rico provided at least partial information on drug client admissions by age (See Table 15). The proportions of client admissions that fell within the age-range categories requested were as follows:

<u>Age</u>	<u>Percent of Admissions</u>
Under 18	14.3%
18-20	7.2%
21-24	12.3%
25-34	33.5%
35-44	12.6%
45-54	2.3%
55-64	.7%
65 and over	.3%
Not reported	16.8%

However, these specific percents should be interpreted with caution since several States reported admissions by some but not all of the age categories specified.

TABLE 14  
NUMBER OF DRUG CLIENT TREATMENT ADMISSIONS  
BY SEX AND STATE FOR FISCAL YEAR 1987

STATE	SEX			TOTAL
	MALE	FEMALE	NOT REPORTED	
Alabama	1,383	890	0	2,273
Alaska	1,031	345	0	1,376
Arizona	4,059	2,224	0	6,283
Arkansas	1,732	663	0	2,395
California	35,805	23,159	0	58,964
Colorado	2,493	1,078	97	3,668
Connecticut	3,883	1,544	0	5,427
Delaware	1,434	535	0	1,969
District of Col	3,270	1,032	0	4,302
Florida	9,780	3,539	0	13,319
Georgia	11,184	4,739	0	15,923
Guam	N/A	N/A	21	21
Hawaii	382	132	0	514
Idaho	905	627	0	1,532
Illinois	5,901	2,508	112	8,521
Indiana	4,123	1,274	0	5,397
Iowa	2,918	1,411	0	4,329
Kansas	2,134	653	0	2,787
Kentucky	2,756	1,019	0	3,777
Louisiana	2,369	1,053	0	3,422
Maine	N/A	N/A	N/A	N/A A
Maryland	12,644	3,630	0	16,274
Massachusetts	8,867	4,722	0	13,589
Michigan	11,924	7,315	133	19,372
Minnesota	3,046	976	0	4,022
Mississippi	921	369	22	1,312
Missouri	4,946	1,601	0	6,547
Montana	1,284	582	0	1,866
Nebraska	1,345	792	0	2,037
Nevada	840	558	0	1,398
New Hampshire	496	244	11	751
New Jersey	9,257	3,881	0	13,138
New Mexico	1,344	594	9	1,947
New York	43,374	29,954	0	73,328
North Carolina	2,551	998	0	3,549
North Dakota	631	259	0	890
Ohio	14,106	6,742	0	20,848
Oklahoma	2,105	1,262	537	3,904
Oregon	3,178	2,046	0	5,224
Pennsylvania	17,894	9,501	0	27,395
Puerto Rico	2,398	229	8,710	11,337
Rhode Island	1,741	937	0	2,678
South Carolina	3,638	1,607	0	5,245
South Dakota	1,018	366	0	1,384
Tennessee	3,112	1,936	0	5,048
Texas	4,813	1,487	20,529	26,829
Utah	1,501	664	57	2,222
Vermont	797	429	0	1,226
Virginia	7,756	3,256	0	11,012
Washington	5,468	3,337	0	8,805
West Virginia	1,044	449	0	1,493
Wisconsin	4,667	1,527	3,490	9,684
Wyoming	N/A	N/A	N/A	N/A B
<b>TOTALS</b>	<b>276,150</b>	<b>140,675</b>	<b>33,728</b>	<b>450,553</b>
<b>PERCENT OF TOTAL</b>	<b>61.3%</b>	<b>31.2%</b>	<b>7.5%</b>	<b>100.0%</b>

A = See alcohol admissions table; it includes both alcohol and drug client admissions data. About 24% of Maine's client admissions are primarily users of drugs other than alcohol.

B = See alcohol admissions table; it includes both alcohol and drug client admissions data.

N/A = Information not available.

Source: State Alcohol and Drug Abuse Profile, FY 1987; data are included for only those programs "which received some funds administered by the State Drug Agency" during Fiscal Year 1987.

TABLE 15

## NUMBER OF DRUG CLIENT TREATMENT ADMISSIONS BY AGE AND STATE FOR FISCAL YEAR 1987

STATE	AGE								NOT REPORTED	TOTAL
	UNDER AGE 18	18 TO 20	21 TO 24	25 TO 34	35 TO 44	45 TO 54	55 TO 64	AGE 65 AND OVER		
Alabama	85	149	211	851	397	80	47	73	380	2,273
Alaska	194	151	316	426	192	78	15	4	0	1,376
Arizona	1,029	692	692	1,780	1,780	126	126	44	14	6,283
Arkansas	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	2,395	2,395
California	3,860	4,167	8,683	28,104	11,523	2,060	507	60	0	58,964
Colorado	376	319	489	1,564	655	122	32	14	97	3,668
Connecticut	558	271	1,012	2,522	889	N/A	N/A	25	150	5,427 A
Delaware	170	167	327	875	347	57	16	10	0	1,969
District of Col	0	301	516	1,634	1,075	645	86	45	0	4,302
Florida	2,529	1,330	2,263	5,460	1,464	188	63	22	0	13,319
Georgia	738	1,201	2,960	7,776	2,389	572	216	71	0	15,923
Guam	0	6	10	2	3	0	0	0	0	21
Hawaii	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	514	514
Idaho	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	1,532	1,532
Illinois	1,648	N/A	N/A	N/A	N/A	N/A	N/A	11	6,862	8,521
Indiana	422	418	765	1,821	1,160	521	241	49	0	5,397
Iowa	606	671	740	1,579	494	90	30	38	81	4,329
Kansas	190	294	604	1,331	330	26	3	9	0	2,787
Kentucky	267	408	528	1,391	520	211	24	176	252	3,777
Louisiana	594	274	572	1,381	409	131	48	13	0	3,422
Maine	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A B
Maryland	2,162	1,554	3,007	6,834	2,299	340	67	11	0	16,274
Massachusetts	1,861	1,011	2,120	6,168	2,027	304	77	21	0	13,589
Michigan	1,962	1,176	2,475	8,805	3,780	703	228	110	133	19,372
Minnesota	89	470	957	1,854	539	83	20	10	0	4,022
Mississippi	53	103	240	557	211	76	39	11	22	1,312
Missouri	336	789	1,520	2,986	758	127	24	6	1	6,547
Montana	324	270	382	359	468	35	23	5	0	1,866
Nebraska	394	230	333	749	233	58	30	10	0	2,037
Nevada	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	1,398	1,398
New Hampshire	119	92	138	287	82	11	1	2	19	751
New Jersey	814	918	1,956	6,749	2,456	197	42	6	0	13,138
New Mexico	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	1,947	1,947
New York	31,083	7,379	7,178	19,067	7,181	1,088	166	29	157	73,328
North Carolina	372	347	555	1,714	487	46	15	13	0	3,549
North Dakota	96	134	169	302	114	40	23	11	1	890
Ohio	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	20,848	20,848
Oklahoma	355	343	675	1,485	410	71	24	4	537	3,904
Oregon	956	479	717	1,785	979	152	152	4	0	5,224
Pennsylvania	2,655	2,259	4,273	12,378	4,707	810	249	64	0	27,395
Puerto Rico	222	252	658	1,183	267	29	15	1	8,710	11,337
Rhode Island	324	215	432	1,314	339	45	5	4	0	2,678
South Carolina	998	449	769	2,166	668	115	33	47	0	5,245
South Dakota	330	175	254	450	131	34	9	1	0	1,384
Tennessee	556	463	871	2,288	647	130	62	31	0	5,048
Texas	800	510	1,128	2,732	915	175	36	4	20,529	26,829
Utah	246	207	390	895	323	59	29	8	65	2,222
Vermont	123	196	221	368	195	115	4	4	0	1,226
Virginia	1,531	942	1,747	5,014	1,438	198	65	77	0	11,012
Washington	1,619	666	1,259	3,555	1,426	218	39	23	0	8,805
West Virginia	433	133	194	455	174	66	22	16	0	1,493
Wisconsin	345	N/A	N/A	N/A	N/A	N/A	N/A	257	9,082	9,684
Wyoming	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A C
TOTALS	64,424	32,581	55,306	150,996	56,881	10,232	2,953	1,454	75,726	450,553
PERCENT OF TOTAL	14.3%	7.2%	12.3%	33.5%	12.6%	2.3%	.7%	.3%	16.8%	100.0%

A number of the States which have the N/A designation collect age related information but not in these specific categories.

A = 65 and over category represents age 60 and over.

B = See alcohol admissions table; it includes both alcohol and drug client admissions data. About 24% of Maine's client admissions are primarily users of drugs other than alcohol.

C = See alcohol admissions table; it includes both alcohol and drug client admissions data.

N/A = Information not available.

Source: State Alcohol and Drug Abuse Profile, FY 1987; data are included for only those programs "which received some funds administered by the State Drug Agency" during Fiscal Year 1987.

In comparing total drug admissions by age with total alcohol client admissions, it is clear that the drug clients tend to be much younger, while the alcohol clients tend to be older (e.g., 21.5% of drug clients are under 21 years of age compared to only 8.2% of alcohol clients).

With regard to drug client treatment admissions by age and sex, a total of 39 States, the District of Columbia and Puerto Rico provided at least partial data according to the age categories specified (See Table 16). A number of States encountered problems in reporting client admissions data by age and sex combined. The increased male ratio with increased age did not appear as strongly as with alcoholism clients. In fact, male drug client admissions represented 61.5 percent of those over age 65, while male alcohol client admissions represented 83.8 percent of alcohol admissions over age 65.

With regard to drug client treatment admissions information by race/ethnicity, a total of 46 States, the District of Columbia, Guam and Puerto Rico provided at least partial data (See Table 17). Among the States reporting data, the percents of client admissions that fell within the race/ethnicity categories specified were as follows:

<u>Race/Ethnicity</u>	<u>Percent of Admissions</u>
White, not of Hispanic origin	48.3%
Black, not of Hispanic origin	20.7%
Hispanic	9.8%
Asian or Pacific Islander	.4%
Native American (American Indian or Alaskan Native)	.9%
Other	.2%
Not Reported	19.8%

A comparison of total drug client admissions with total alcohol client admissions in terms of race/ethnicity, indicates that drug clients include a higher proportion of Blacks, Hispanics, and Asian or Pacific Islanders. The alcohol clients include more Whites (69.7 percent compared to 48.3 percent among drug clients) and Native Americans (3.6 percent as compared to .9 percent among drug client admissions).

c. Client Admissions Data by Primary Drug of Abuse

Each State Drug (and combined Alcohol and Drug) Agency was asked to provide information on the number of client admissions by the primary drug of abuse. Forty-one States, the District of Columbia, Guam and Puerto Rico provided at least partial data in response to this question (See Table 18). The totals indicate that, overall, heroin admissions

TABLE 16

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## NUMBER OF DRUG CLIENT TREATMENT ADMISSIONS BY AGE, BY SEX, AND BY STATE FOR FISCAL YEAR 1987

STATE	UNDER AGE 18			18 TO 20			21 TO 24			25 TO 34			35 TO 44		
	MALE	FEMALE	NR	MALE	FEMALE	NR	MALE	FEMALE	NR	MALE	FEMALE	NR	MALE	FEMALE	NR
Alabama	50	35	0	103	46	0	138	73	0	527	324	0	252	145	0
Alaska	146	48	0	113	38	0	237	79	0	319	107	0	144	48	0
Arizona	698	331	0	486	206	0	486	206	0	1,095	685	0	1,095	685	0
Arkansas	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
California	2,714	1,146	0	2,613	1,554	0	4,782	3,901	0	15,755	12,349	0	7,862	3,661	0
Colorado	274	102	0	244	75	0	329	160	0	1,052	512	0	459	196	0
Connecticut	414	144	0	208	63	0	684	328	0	1,790	732	0	665	224	0
Delaware	133	37	0	143	24	0	232	95	0	594	281	0	272	75	0
District of Col	0	0	0	234	67	0	294	222	0	1,274	360	0	849	226	0
Florida	1,864	665	0	1,065	265	0	1,731	532	0	3,862	1,598	0	1,065	399	0
Georgia	537	201	0	877	324	0	2,039	921	0	5,394	2,382	0	1,778	611	0
Guam	N/A	N/A	0	N/A	N/A	6	N/A	N/A	10	N/A	N/A	2	N/A	N/A	J
Hawaii	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
Idaho	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
Illinois	1,161	487	0	N/A	N/A	N/A									
Indiana	N/A	N/A	422	N/A	N/A	418	N/A	N/A	765	N/A	N/A	1,821	N/A	N/A	1,160
Iowa	399	207	0	477	194	0	523	217	0	1,085	494	0	326	168	0
Kansas	154	36	0	230	64	0	457	147	0	1,022	309	0	248	82	0
Kentucky	197	70	0	309	99	0	401	127	0	1,000	391	0	372	148	0
Louisiana	368	226	0	196	78	0	419	153	0	989	392	0	275	134	0
Maine	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
Maryland	1,536	626	0	1,334	220	0	2,391	616	0	5,233	1,601	0	1,804	495	0
Massachusetts	1,146	715	0	712	299	0	1,370	750	0	4,053	2,115	0	1,346	681	0
Michigan	1,249	713	0	851	325	0	1,631	844	0	5,435	3,370	0	2,308	1,472	0
Minnesota	53	36	0	352	118	0	707	250	0	1,420	434	0	433	106	0
Mississippi	32	21	0	75	28	0	179	61	0	390	167	0	150	61	0
Missouri	234	102	0	608	184	0	1,204	316	0	2,209	777	0	563	195	0
Montana	235	89	0	196	74	0	266	116	0	229	130	0	326	142	0
Nebraska	268	126	0	156	74	0	228	105	0	431	318	0	130	103	0
Nevada	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
New Hampshire	74	45	0	61	31	0	89	48	1	195	90	2	60	22	0
New Jersey	654	160	0	654	264	0	1,346	610	0	4,508	2,241	0	1,904	552	0
New Mexico	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
New York	15,375	15,708	0	4,416	2,963	0	4,491	2,687	0	12,473	6,594	0	5,489	1,692	0
North Carolina	292	80	0	255	92	0	383	172	0	1,202	512	0	377	110	0
North Dakota	50	46	0	102	32	0	125	44	0	211	91	0	83	31	0
Ohio	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
Oklahoma	245	110	0	244	99	0	432	243	0	886	599	0	257	153	0
Oregon	N/A	N/A	956	N/A	N/A	479	N/A	N/A	717	N/A	N/A	1,785	N/A	N/A	979
Pennsylvania	1,809	846	0	1,575	684	0	2,602	1,671	0	8,087	4,291	0	3,231	1,476	0
Puerto Rico	210	12	0	232	20	0	601	57	0	1,055	128	0	257	10	0
Rhode Island	201	123	0	159	56	0	279	153	0	838	476	0	235	104	0
South Carolina	664	334	0	341	108	0	528	241	0	1,524	642	0	472	196	0
South Dakota	200	130	0	136	39	0	208	46	0	354	96	0	94	37	0
Tennessee	385	171	0	332	131	0	565	306	0	1,382	906	0	365	282	0
Texas	607	193	0	404	106	0	841	287	0	2,047	685	0	735	180	0
Utah	175	71	0	149	58	0	266	124	0	605	290	0	224	99	0
Vermont	80	43	0	146	50	0	149	72	0	245	123	0	99	96	0
Virginia	1,190	341	0	749	193	0	1,168	579	0	3,350	1,664	0	1,047	391	0
Washington	N/A	N/A	1,619	N/A	N/A	666	N/A	N/A	1,259	N/A	N/A	3,555	N/A	N/A	1,426
West Virginia	304	129	0	97	36	0	143	51	0	319	136	0	115	59	0
Wisconsin	211	134	N/A	N/A	N/A	N/A									
Wyoming	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
TOTALS	36,588	24,839	2,997	21,631	9,381	1,569	34,944	17,610	2,752	94,439	49,392	7,165	37,766	15,547	3,568

A number of the States which have the N/A designation collect age related information but not in these specific categories.

N/A = Information not available.  
NR = Not Reported.

Source: State Alcohol and Drug Abuse Profile, FY 1987; data are included for only those programs which received some funds administered by the State Drug Agency during Fiscal Year 1987.

TABLE 16

NUMBER OF DRUG CLIENT TREATMENT ADMISSIONS BY AGE, BY SEX, AND BY STATE FOR FISCAL YEAR 1987

STATE	45 to 54			55 TO 64			65 and OVER			AGE NOT REPORTED			TOTALS			TOTAL
	MALE	FEMALE	NR	MALE	FEMALE	NR	MALE	FEMALE	NR	MALE	FEMALE	NR	MALE	FEMALE	NR	
Alabama	38	42	0	24	23	0	19	54	0	232	148	0	1,383	890	0	2,273
Alaska	58	20	0	31	4	0	3	1	0	0	0	0	1,031	345	0	1,376
Arizona	80	46	0	80	46	0	29	15	0	10	4	0	4,059	2,224	0	6,283
Arkansas	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	2,395	1,732	663	0	2,395
California	1,604	456	0	423	84	0	52	8	0	0	0	0	35,805	23,159	0	58,964
Colorado	95	27	0	30	2	0	10	4	0	N/A	N/A	97	2,493	1,078	97	3,668
Connecticut	N/A	N/A	N/A	N/A	N/A	N/A	19	6	0	103	47	0	1,883	1,544	0	5,427 A
Delaware	46	11	0	7	9	0	7	3	0	0	0	0	1,434	535	0	1,969
District of Col	509	136	0	68	18	0	42	3	0	0	0	0	3,270	1,032	0	4,302
Florida	133	55	0	44	19	0	16	6	0	0	0	0	9,780	3,539	0	13,319
Georgia	368	204	0	137	79	0	54	17	0	0	0	0	11,184	4,739	0	15,923
Guam	0	0	0	0	0	0	0	0	0	0	0	0	N/A	N/A	21	21
Hawaii	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	382	132	0	382	132	0	514
Idaho	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	905	627	0	905	627	0	1,532
Illinois	N/A	N/A	N/A	N/A	N/A	N/A	11	0	0	4,729	2,021	112	5,901	2,508	112	8,521
Indiana	N/A	N/A	521	N/A	N/A	241	N/A	N/A	49	0	0	0	4,123	1,274	0	5,397
Iowa	40	50	0	8	22	0	19	19	0	41	40	0	2,918	1,411	0	4,329
Kansas	17	9	0	1	2	0	5	4	0	0	0	0	2,134	653	0	2,787
Kentucky	156	55	0	17	7	0	122	54	0	184	68	0	2,758	1,019	0	3,777
Louisiana	86	45	0	28	20	0	8	5	0	0	0	0	2,369	1,053	0	3,422
Maine	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A B
Maryland	282	58	0	56	11	0	8	3	0	0	0	0	12,644	3,630	0	16,274
Massachusetts	187	117	0	43	34	0	10	11	0	0	0	0	3,867	4,722	0	13,589
Michigan	328	375	0	79	149	0	43	67	0	N/A	N/A	133	11,924	7,315	133	19,372
Minnesota	61	22	0	16	4	0	4	6	0	0	0	0	3,046	976	0	4,022
Mississippi	57	19	0	30	9	0	8	3	0	N/A	N/A	22	921	369	22	1,312
Missouri	107	20	0	18	6	0	5	1	0	1	0	0	4,945	1,601	1	6,547
Montana	18	17	0	12	11	0	2	3	0	0	0	0	1,284	582	0	1,866
Nebraska	23	35	0	8	22	0	1	9	0	0	0	0	1,245	792	0	2,037
Nevada	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	840	558	0	840	558	0	1,398
New Hampshire	7	3	1	0	1	0	0	2	0	10	2	7	496	244	11	751
New Jersey	156	41	0	31	11	0	4	2	0	0	0	0	9,257	3,881	0	13,138
New Mexico	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	1,947	1,344	594	9	1,947
New York	889	199	0	128	38	0	21	8	0	92	65	0	43,374	29,954	0	73,328
North Carolina	30	16	0	8	7	0	4	9	0	0	0	0	2,551	998	0	3,549
North Dakota	32	8	0	20	3	0	8	3	0	0	1	0	631	259	0	890
Ohio	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	20,848	14,106	6,742	0	20,848
Oklahoma	33	38	0	7	17	0	1	3	0	0	0	0	2,105	1,262	537	3,904
Oregon	N/A	N/A	152	N/A	N/A	152	N/A	N/A	4	N/A	N/A	N/A	3,178	2,046	0	5,224
Pennsylvania	464	346	0	105	144	0	21	43	0	0	0	0	17,894	9,501	0	27,395
Puerto Rico	27	2	0	15	0	0	1	0	0	N/A	N/A	8,710	2,398	229	8,710	11,337
Rhode Island	24	21	0	3	2	0	2	2	0	0	0	0	1,741	937	0	2,678
South Carolina	63	52	0	15	18	0	11	16	0	0	0	0	3,638	1,607	0	5,245
South Dakota	22	12	0	3	6	0	1	0	0	0	0	0	1,018	366	0	1,384
Tennessee	48	82	0	23	39	0	12	19	0	0	0	0	3,112	1,936	0	5,048
Texas	147	28	0	29	7	0	3	1	0	N/A	N/A	20,529	4,813	1,487	20,529	26,829
Utah	47	12	0	24	5	0	7	1	0	4	4	57	1,501	664	57	2,222
Vermont	74	41	0	3	1	0	1	3	0	0	0	0	797	429	0	1,226
Virginia	154	44	0	54	11	0	44	33	0	0	0	0	7,756	3,256	0	11,012
Washington	N/A	N/A	218	N/A	N/A	39	N/A	N/A	23	0	0	0	N/A	N/A	8,805	8,805
West Virginia	45	21	0	13	9	0	8	8	0	0	0	0	1,044	449	0	1,493
Wisconsin	N/A	N/A	N/A	N/A	N/A	N/A	182	75	0	4,274	1,318	0	4,667	1,527	1,490	9,684
Wyoming	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A C
TOTALS	6,555	2,785	892	1,621	900	432	848	530	76	11,807	5,035	55,394	270,681	137,338	42,534	450,553

A number of the States which have the N/A designation collect age related information but not in these specific categories.

A = 65 and over category represents age 60 and over.

B = See alcohol admissions table: it includes both alcohol and drug client admissions data. About 24% of Maine's client admissions are primarily users of drugs other than alcohol.

C = See alcohol admissions table: it includes both alcohol and drug client admissions data.

N/A = Information not available.

NR = Not Reported.

Source: State Alcohol and Drug Abuse Profile, FY 1987; data are included for only those programs "which received some funds administered by the State Drug Agency" during Fiscal Year 1987.

TABLE 17

NUMBER OF DRUG CLIENT TREATMENT ADMISSIONS BY RACE/ETHNICITY  
AND STATE FOR FISCAL YEAR 1987

STATE	WHITE, NOT OF HISPANIC ORIGIN	BLACK, NOT OF HISPANIC ORIGIN	HISPANIC	ASIAN OR PACIFIC ISLANDER	NATIVE AMERICAN	OTHER	NOT REPORTED	TOTAL
Alabama	1,485	406	N/A	N/A	N/A	2	380	2,273
Alaska	1,018	130	31	5	192	0	0	1,376
Arizona	4,214	409	1,328	N/A	296	30	6	6,283
Arkansas	1,869	512	N/A	N/A	N/A	0	0	2,395
California	30,482	8,923	18,130	977	434	0	18	58,964
Colorado	2,500	250	750	N/A	36	35	97	3,668
Connecticut	3,028	1,464	905	N/A	N/A	29	1	5,427
Delaware	1,039	875	55	0	0	0	0	1,969
District of Col	344	3,828	86	6	10	0	28	4,302
Florida	8,657	3,063	1,199	21	31	0	348	13,319
Georgia	9,347	6,524	31	3	6	12	0	15,923
Guam	5	2	0	10	0	4	0	21
Hawaii	259	13	22	169	4	0	47	514
Idaho	1,463	8	40	0	21	0	0	1,532
Illinois	4,308	3,280	523	8	11	20	371	8,521
Indiana	4,500	818	56	5	5	13	0	5,397
Iowa	3,874	324	57	10	32	9	23	4,329
Kansas	2,039	616	70	3	40	6	13	2,787
Kentucky	3,158	347	2	N/A	N/A	1	269	3,777
Louisiana	2,101	1,228	79	7	7	0	0	3,422
Maine	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A A
Maryland	7,906	8,267	55	20	26	0	0	16,274
Massachusetts	10,215	1,885	1,298	30	30	131	0	13,589
Michigan	10,888	7,961	252	21	117	49	84	19,372
Minnesota	2,851	398	55	11	685	18	4	4,022
Mississippi	903	398	2	1	3	0	5	1,312
Missouri	4,262	2,216	36	4	29	0	0	6,547
Montana	1,607	17	31	6	198	7	0	1,866
Nebraska	1,728	154	52	4	92	6	1	2,037
Nevada	998	306	56	11	11	16	0	1,398
New Hampshire	716	14	7	0	2	1	11	751
New Jersey	7,068	4,296	1,725	24	23	0	2	13,138
New Mexico	736	56	907	4	229	15	0	1,947
New York	18,375	14,527	8,765	53	90	387	31,131	73,328
North Carolina	2,368	1,121	6	N/A	46	5	3	3,549
North Dakota	828	3	4	0	44	3	8	890
Ohio	N/A	N/A	N/A	N/A	N/A	N/A	20,848	20,848
Oklahoma	2,587	477	44	7	247	9	533	3,904
Oregon	4,638	262	125	24	175	0	0	5,224
Pennsylvania	17,148	9,020	1,144	42	41	0	0	27,395
Puerto Rico	2	0	2,624	0	1	0	8,710	11,337
Rhode Island	2,329	222	69	0	10	48	0	2,678
South Carolina	3,474	1,743	26	1	1	0	0	5,245
South Dakota	1,003	13	0	0	344	24	0	1,384
Tennessee	3,748	1,278	1	6	3	12	0	5,048
Texas	2,692	888	2,681	8	22	0	20,538	26,829
Utah	1,737	105	230	14	50	3	83	2,222
Vermont	N/A	N/A	N/A	N/A	N/A	N/A	1,226	1,226
Virginia	7,048	2,973	110	33	11	0	837	11,012
Washington	7,044	1,158	281	92	230	0	0	8,805
West Virginia	1,391	101	0	0	1	0	0	1,493
Wisconsin	5,565	395	100	8	126	0	3,490	9,684
Wyoming	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A B
TOTALS	217,545	93,274	44,050	1,648	4,012	895	89,115	450,553
PERCENT OF TOTAL	48.3%	20.7%	9.8%	.4%	.9%	.2%	19.8%	100.0%

A = See alcohol admissions table; it includes both alcohol and drug client admissions data. About 24% of Maine's client admissions are primarily users of drugs other than alcohol.

B = See alcohol admissions table; it includes both alcohol and drug client admissions data.

N/A = Information not available.

Source: State Alcohol and Drug Abuse Profile, FY 1987; data are included for only those programs "which received some funds administered by the State Drug Agency" during Fiscal Year 1987.

TABLE 18

PAGE 1 OF 2

NUMBER OF DRUG CLIENT TREATMENT ADMISSIONS IN STATE SUPPORTED FACILITIES BY PRIMARY DRUG OF ABUSE  
AND STATE FOR FISCAL YEAR 1987

STATE	HEROIN	NON-RX METHADONE	OTHER OPIATES/ SYNTHETICS	BARBITURATES	TRANQUILIZERS	OTHER SEDATIVES/ HYPNOTICS	AMPHETAMINES	COCAINE
Alabama	346	N/A	N/A	22	N/A	N/A	45	239 A
Alaska	130	6	54	3	8	12	16	589
Arizona	1,799	19	193	46	79	53	344	1,569
Arkansas	274	N/A	N/A	73	99	94	270	448 B
California	32,301	67	641	124	167	116	4,499	12,066 C
Colorado	543	11	196	14	68	11	204	821
Connecticut	2,527	21	75	72	19	2	9	1,389 D
Delaware	397	10	25	6	32	6	197	731
District of Col	775	153	N/A	51	N/A	N/A	219	1,536
Florida	1,220	0	666	106	120	133	93	6,926
Georgia	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
Guam	0	0	0	2	4	2	0	0
Hawaii	108	3	8	4	1	2	4	97
Idaho	60	3	37	7	16	10	189	233
Illinois	3,376	N/A	N/A	N/A	N/A	174	222	1,608 E
Indiana	190	N/A	242	N/A	600	600	552	700
Iowa	472	4	91	85	127	80	348	816
Kansas	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
Kentucky	73	0	159	142	110	46	109	275
Louisiana	52	9	204	73	74	58	165	1,273
Maine	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A F
Maryland	5,342	102	302	56	146	30	193	3,034 G
Massachusetts	5,206	39	356	48	145	41	52	3,309 H
Michigan	2,935	65	750	70	186	85	167	7,519
Minnesota	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
Mississippi	10	3	46	18	33	28	31	192
Missouri	844	16	269	77	137	72	317	1,198
Montana	46	0	85	24	70	24	234	343
Nebraska	108	2	66	33	51	39	167	370
Nevada	378	9	35	10	13	10	143	607
New Hampshire	40	N/A	8	2	20	2	17	324
New Jersey	7,568	118	315	158	92	39	526	3,193
New Mexico	53	3	499	10	8	8	61	86
New York	15,812	527	477	158	352	146	231	13,899
North Carolina	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
North Dakota	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
Ohio	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
Oklahoma	246	17	172	78	94	62	527	485
Oregon	1,134	10	167	21	44	23	1,316	876
Pennsylvania	5,843	124	1,454	412	591	226	3,189	8,287
Puerto Rico	1,331	N/A	5	2	9	1	1	131
Rhode Island	745	43	123	28	115	31	57	1,010
South Carolina	485	7	249	85	159	62	117	2,055
South Dakota	2	N/A	5	N/A	7	8	25	40
Tennessee	88	7	758	129	95	130	99	1,194 I
Texas	1,736	6	118	67	19	37	1,034	925
Utah	441	5	150	43	41	25	165	557
Vermont	36	2	42	12	27	21	10	527
Virginia	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
Washington	2,709	37	303	28	69	50	298	1,534
West Virginia	28	5	188	75	137	65	61	253
Wisconsin	740	30	898	96	348	97	429	1,443
Wyoming	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
TOTALS	98,549	1,483	10,431	2,570	4,532	2,761	16,952	84,707

See footnotes at bottom of next page.

"N/A" = Information not available.

Source: State Alcohol and Drug Abuse Profile, FY 1987; data are included for only those programs "which received some funds administered by the State Drug Agency" during Fiscal Year 1987.

NUMBER OF DRUG CLIENT TREATMENT ADMISSIONS IN STATE SUPPORTED FACILITIES BY PRIMARY DRUG OF ABUSE  
AND STATE FOR FISCAL YEAR 1987

STATE	MARIJUANA/ HASHISH	PCP	OTHER HALLUCINOGENS	INHALANTS	OVER- THE- COUNTER	OTHER	NOT REPORTED	TOTAL
Alabama	228	N/A	5	N/A	8	1,000	380	2,273 A
Alaska	521	0	24	8	0	5	0	1,376
Arizona	1,560	14	58	84	12	453	0	6,283
Arkansas	1,044	N/A	N/A	22	N/A	71	0	2,395 B
California	4,321	3,508	224	87	40	787	16	58,964 C
Colorado	1,221	4	72	96	14	296	97	3,668
Connecticut	408	1	20	2	1	682	199	5,427 D
Delaware	351	24	10	4	1	23	152	1,969
District of Col	N/A	1,239	N/A	N/A	N/A	N/A	329	4,302
Florida	3,884	2	52	40	10	67	0	13,319
Georgia	N/A	N/A	N/A	N/A	N/A	N/A	15,923	15,923
Guam	10	0	0	0	0	3	0	21
Hawaii	136	0	1	2	0	4	144	514
Idaho	536	0	15	11	4	411	0	1,532
Illinois	2,497	N/A	108	N/A	N/A	536	0	8,521 E
Indiana	1,961	186	232	N/A	N/A	134	N/A	5,397
Iowa	2,126	5	86	37	7	45	0	4,329
Kansas	N/A	N/A	N/A	N/A	N/A	N/A	2,787	2,787
Kentucky	679	222	45	14	29	1,696	178	3,777
Louisiana	1,356	57	21	13	13	53	1	3,422
Maine	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A F
Maryland	4,217	1,771	101	87	20	873	0	16,274 G
Massachusetts	1,651	53	104	15	14	2,556	0	13,589 H
Michigan	3,451	62	144	34	9	2,935	960	19,372
Minnesota	N/A	N/A	N/A	N/A	N/A	N/A	4,022	4,022
Mississippi	344	5	6	7	3	270	316	1,312
Missouri	2,978	347	76	65	12	139	0	6,547
Montana	937	8	48	25	0	22	0	1,866
Nebraska	841	3	50	35	3	269	0	2,037
Nevada	165	9	11	4	1	3	0	1,398
New Hampshire	285	1	16	N/A	N/A	23	13	751
New Jersey	710	145	145	13	13	103	0	13,138
New Mexico	530	8	11	37	2	325	306	1,947
New York	6,699	284	257	27	67	34,337	55	73,328
North Carolina	N/A	N/A	N/A	N/A	N/A	N/A	3,549	3,549
North Dakota	N/A	N/A	N/A	N/A	N/A	N/A	890	890
Ohio	N/A	N/A	N/A	N/A	N/A	N/A	20,848	20,848
Oklahoma	900	151	35	123	6	130	878	3,904
Oregon	1,528	7	40	46	3	8	1	5,224
Pennsylvania	3,924	173	230	81	40	166	2,655	27,395
Puerto Rico	1,114	N/A	1	32	N/A	N/A	8,710	11,337
Rhode Island	421	5	60	6	21	12	1	2,678
South Carolina	1,683	3	50	101	31	158	0	5,245
South Dakota	181	N/A	10	24	N/A	1,053	29	1,384
Tennessee	990	12	17	59	13	626	831	5,048 I
Texas	1,706	5	48	345	2	131	20,650	26,829
Utah	535	N/A	21	21	4	100	114	2,222
Vermont	417	N/A	15	N/A	6	3	108	1,226
Virginia	N/A	N/A	N/A	N/A	N/A	N/A	11,012	11,012
Washington	2,458	12	51	11	10	1,235	0	8,805
West Virginia	439	37	38	86	81	0	0	1,493
Wisconsin	1,797	91	165	30	30	0	3,490	9,684
Wyoming	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
TOTALS	63,740	8,454	2,723	1,734	530	51,743	99,644	450,553

A = Alabama's "Other" drug category includes mixed or polydrug abuse where a single primary drug of abuse is not specified.

B = Arkansas' drug treatment client admissions for "Non-Rx Methadone" and "Other Opiates/Synthetics" are included within its "Heroin" category and its admissions for "PCP", "Other Hallucinogens" and "Over-The-Counter" are included within the "Other" category.

C = California's "Other" drug category includes 685 drug treatment admissions where alcohol is the primary drug of abuse.

D = Connecticut's "Other" drug category includes 682 drug treatment admissions where alcohol is the primary drug of abuse.

E = Illinois' "Heroin" drug category includes all narcotics, the "Other Sedatives/Hypnotics" category includes all sedatives and hypnotics, and the "Other Hallucinogens" category includes all hallucinogens.

F = See alcohol admissions table; it includes both alcohol and drug client admissions data. About 24% of Maine's client admissions are primarily users of drugs other than alcohol.

G = Maryland's "Other" drug category includes 800 drug treatment admissions where alcohol is the primary drug of abuse.

H = Massachusetts' "Other" drug category includes admissions where alcohol is the primary drug of abuse if other drugs are a secondary problem.

I = Tennessee's "Other" drug category includes 464 drug treatment admissions where alcohol is the primary drug of abuse.

N/A = Information not available.

Source: State Alcohol and Drug Abuse Profile, FY 1987; data are included for only those programs "which received some funds administered by the State Drug Agency" during Fiscal Year 1987.

still constitute the primary drug of abuse for the highest number of treatment admissions during FY 1987, a total of 98,549 admissions. However, the total of cocaine admissions increased substantially and numbered 84,707. The third highest number of treatment admissions during FY 1987 by primary drug of abuse was for marijuana/hashish at 63,740 admissions. The fourth, fifth and sixth highest primary drugs of abuse related to treatment admissions were respectively, amphetamines at 16,952 admissions, other opiates/synthetics (beyond heroin and non treatment methadone) at 10,431 admissions and PCP at 8,454 admissions. Although the national statistics on primary drug of abuse as related to treatment admissions are as noted above, it is important to recognize that there exists tremendous variance among States as to the primary drug of abuse. For example, among the 44 States and Territories which reported relevant data, the findings with regard to the specific primary drug of abuse, excluding the other and not reported categories, the drugs which ranked highest in each State were as follows:

- o Marijuana/hashish was the primary drug of abuse related to treatment admissions within 18 States and Guam;
- o Cocaine was the primary drug of abuse related to treatment admissions within 12 States and the District of Columbia;
- o Heroin was the primary drug of abuse related to treatment admissions within 11 States and Puerto Rico; and
- o No other single drug of abuse was ranked first among treatment admissions in any State.

A careful review of Table 18 demonstrates that different States have very different drug abuse patterns, at least as related to the primary drug of abuse for client treatment admissions.

3. Comparisons of Client Admissions Data for Fiscal Years 1985, 1986 and 1987

This subsection includes comparisons of alcohol and drug client treatment admissions data reported for FY 1987 with that reported for FY 1985 and FY 1986. This material is organized under two topic headings as follows:

- o Comparisons of alcohol client admissions data; and
- o Comparisons of drug client admissions data.

Information on each of these areas is presented within the following paragraphs. Data analyses are included in this subsection only for those States that provided data for all three fiscal years.

a. Comparisons of Alcohol Client Admissions Data

For those State Agencies that provided alcohol client admissions information for FYs 1985, 1986 and 1987, a number of data comparisons were conducted. Forty-eight States, the District of Columbia and Puerto Rico were able to provide information for all three years. The total alcohol client treatment admissions for these State Agencies rose from 1,159,425 in FY 1985 to 1,212,552 in FY 1986 and to 1,301,948 in FY 1987, an increase of 142,523 admissions or nearly 12.3 percent over two years. However, there exists considerable variability in admissions levels across individual States.

Among the 50 States and Territories that provided data for all three years, admissions were down between FY 1985 and FY 1987 for 22 reporting entities, while admissions were up for 28 reporting entities. Also, among some of the States that reported major increases in alcohol client admissions from FY 1985 to FY 1987 (e.g., New York, Texas, and Virginia), the changes may be related as much to the utilization of more comprehensive and complete reporting systems as to actual increases in the numbers of clients admitted to services. Therefore, considerable caution should be exercised in the interpretation of these data.

b. Comparisons of Drug Client Admissions Data

A number of comparisons were conducted on data provided by those State Agencies that submitted drug client admissions information for FYs 1985, 1986 and 1987. Most of these analyses were similar to the alcohol client comparisons. Forty-seven States, the District of Columbia and Puerto Rico were able to provide some relevant information for all three years. The total drug client admissions figures for these State Agencies rose from 295,159 in FY 1985 to 387,916 in FY 1986, and to 446,628 in FY 1987 (an increase of 151,469 admissions or over 51.3 percent during this two year period). However, these data reveal considerable variability across States in terms of increases and/or decreases in drug client admissions. The overall trend of significant increases in the number of drug client admissions is confirmed by the fact that most of the States and Territories that have comparable drug client treatment admissions data reported an increase in admissions. However, a number of the States have begun to utilize more comprehensive reporting systems. Therefore, considerable caution should be exercised in the interpretation of these data, since it is likely that the

increased levels of drug admissions reported by States may be related not only to increased numbers of actual drug clients being admitted to treatment, but also to more complete reporting now possible through more comprehensive and complete data systems (e.g., the addition in some States of drug clients served through the community mental health center service system whose client admissions were not reported in earlier years).

Another comparison of drug client treatment admissions over FYs 1985, 1986 and 1987 focused on the primary drugs of abuse. An analysis was conducted on roughly comparable data provided by 47 States, the District of Columbia and Puerto Rico on the top three primary drugs of abuse (i.e., heroin, cocaine and marijuana/hashish). The findings were as follows:

CLIENT TREATMENT ADMISSIONS  
BY TOP THREE PRIMARY DRUGS OF ABUSE

FISCAL YEAR	Heroin	Cocaine	Marijuana/ Hashish
1985	89,456	39,827	62,225
1986	86,907	57,868	76,888
1987	98,303	84,222	62,830

It is clear that the above data exhibit considerable variation from year to year and caution must be exercised in attempting to extract trend data from only a three year period. However, the increases in client treatment admissions related to cocaine as a primary drug of abuse are clear and compelling. The data demonstrate an increase of 18,041 admissions or 45.3 percent from FY 1985 to FY 1986 and an increase of 26,354 admissions or 45.5 percent from FY 1986 to FY 1987. Client treatment admissions with cocaine specified as the primary drug of abuse from FY 1985 to FY 1987 increased by 44,395 admissions or 111.5 percent. Over that same two year period client admissions related to heroin increased by 9.9 percent, while admissions related to marijuana/hashish were nearly the same in FY 1987 as in FY 1985.

V. INTRAVENOUS (IV) DRUG ABUSE (Tables 19, 20)

Each State Alcohol and Drug Agency was asked to provide estimates relating to IV drug abuse for Fiscal Year (FY) 1987 for the total number of client admissions to treatment and the total number of IV drug abusers in the State. For the latter question, State Agencies were asked to indicate the basis for their estimate of the total number of IV drug abusers (i.e., direct measure, indirect measure, and/or informed "guesstimate"). Agencies within a total of 43 States, the District of Columbia, Guam and Puerto Rico were able to provide an estimate for at least one of the two questions (See Table 19).

There were 44 responses to the question on the total number of drug treatment client admissions in State-funded programs during FY 1987 who were reported as IV drug abusers. The number of IV drug abuser client treatment admissions ranged from a high of 25,441 in California to a low of 4 in South Dakota and 0 in Guam. The total number of IV drug abuser client treatment admissions reported by the 44 respondents for FY 1987 was 126,673.

Thirty-five (35) States, the District of Columbia and Guam were able to provide estimates on the total number of IV drug abusers in the State. The highest estimates of IV drug abusers were provided by New York, California, and Texas, in that order. New York estimated 260,000, California estimated 222,000, and Texas estimated 180,700 IV drug abusers in the State. The total number of IV drug abusers across the country as estimated by the 37 State Agency respondents is 1,394,553.

State Agency representatives were also asked to report the basis for their estimates of the total IV drug abuser population. The largest number of responding States, twenty (20), reported that their estimates were based upon "informed guesstimates"

State Alcohol and Drug Agency representatives were also asked to indicate whether or not they had "any information on Human Immunodeficiency (HIV) infection rates among IV drug abusers". Respondents from 23 States indicated that they did have some relevant data. Representatives from these States were then asked to provide relevant information on the range of HIV infection rates among IV drug abusers. Among the 23 respondents the lowest rate ranging from 0 to 1.0 percent was reported by the State of Minnesota, while the highest rate and largest range from a low of 2.0 percent to a high of 60.0 percent was reported by the State of New Jersey. Other high HIV infection rates among IV drug abusers were also reported by Massachusetts at 30.0 percent and Florida at 26.0 percent. Also, the States of Maryland and Connecticut reported average HIV infection rates among IV drug abusers in some cities at 25.0 percent and 20.0 percent, respectively.

TABLE 19

INTRAVENOUS (IV) DRUG ABUSER CLIENT TREATMENT ADMISSIONS TO STATE  
FUNDED PROGRAMS AND ESTIMATES OF TOTAL IV ABUSERS BY STATE FOR FISCAL YEAR 1987

STATE	NUMBER OF ADMISSIONS		TOTAL NUMBER	
	WHO WERE IV DRUG ABUSERS	BASIS OF ESTIMATE	IV DRUG ABUSERS IN STATE	BASIS OF ESTIMATE
Alabama	N/A	N/A	N/A	N/A
Alaska	200	G	1,000	IG
Arizona	1,800	G	29,433	IG A
Arkansas	50	G	1,000	INM A
California	25,441	IND	222,000	INM
Colorado	800	IND	12,000	INM
Connecticut	4,932	IND	51,216	INM
Delaware	1,324	INM	5,500	IG
District of Col	2,194	G	8,000	IG
Florida	7,272	G	41,184	IND
Georgia	N/A	N/A	N/A	N/A
Guam	0	G	0	IG
Hawaii	37	G	4,000	IG
Idaho	522	G	N/A	N/A
Illinois	5,000	IND	100,000	INM
Indiana	800	G	7,000	IG
Iowa	275	IND	27,660	IND
Kansas	900	G	N/A	N/A
Kentucky	264	G	5,000	IG
Louisiana	171	G	N/A	N/A
Maine	471	G	4,800	IG
Maryland	5,946	IND	50,000	INM
Massachusetts	7,846	IND	40,000	IG
Michigan	5,200	IND	50,000	INM
Minnesota	1,000	G	4,500	IG
Mississippi	N/A	N/A	N/A	N/A
Missouri	3,000	IND	22,000	IG
Montana	600	G	2,500	IG
Nebraska	40	G	N/A	N/A
Nevada	500	G	N/A	N/A
New Hampshire	289	IND	9,367	INM
New Jersey	7,809	IND	40,000	IND
New Mexico	N/A	N/A	4,000	INM
New York	14,108	IND	260,000	INM B
North Carolina	N/A	N/A	N/A	N/A
North Dakota	N/A	N/A	N/A	N/A
Ohio	N/A	N/A	N/A	N/A
Oklahoma	N/A	N/A	N/A	N/A
Oregon	2,147	IND	13,089	IG
Pennsylvania	12,325	IND	111,000	INM
Puerto Rico	1,578	G	N/A	N/A
Rhode Island	N/A	N/A	7,900	IG
South Carolina	800	G	N/A	N/A
South Dakota	4	G	N/A	N/A
Tennessee	1,716	IND	3,000	IG
Texas	2,886	IND	180,700	INM
Utah	14	IND	7,125	IG
Vermont	25	IND	63	IG
Virginia	2,270	G	22,756	INM
Washington	3,385	IND	25,000	INM
West Virginia	20	G	60	IG
Wisconsin	612	IND	21,000	INM
Wyoming	100	G	700	IG
<b>TOTALS</b>	<b>126,673</b>		<b>1,394,553</b>	

G = Guesstimate of number of admissions who were IV drug abusers.

IND = Individual client data used to determine numbers of admissions who were IV drug abusers.

IG = Informed guesstimate of total number of IV drug abusers in the State.

INM = Indirect measure or indicator data used to determine total number of IV drug abusers in the State.

A = Guesstimate of numbers of admissions who were IV drug abusers is based on the number of heroin abusers admitted to treatment.

B = Number of admissions does not include 2,268 IV drug abusers admitted to non-funded programs.

N/A = Information not available.

Source: State Alcohol and Drug Abuse Profile, FY 1987; data are included for only those programs "which received some funds administered by the State Drug Agency" during Fiscal Year 1987.

TABLE 20

HUMAN IMMUNODEFICIENCY VIRUS (HIV) INFECTION RATES  
 AMONG INTRAVENOUS (IV) DRUG USERS BY STATE FOR FISCAL YEAR 1987

STATE	DATA AVAILABLE	RANGE OF INFECTION RATES BY PERCENT		AVERAGE PERCENT OF IV DRUG USERS INFECTED
		LOW	HIGH	
Alaska	Y	7.0	14.0	N/A
Arizona	Y	N/A	N/A	0.13
California	Y	1.0	3.1	2.03
Colorado	Y	3.0	4.01	N/A
Connecticut	Y	N/A	N/A	20.0
Delaware	Y	4.0	7.0	N/A
Florida	Y	25.0	26.0	26.0
Louisiana	Y	1.0	2.0	N/A
Maryland	Y	N/A	N/A	25.0
Massachusetts	Y	12.0	30.0	N/A
Michigan	Y	0	15.0	N/A
Minnesota	Y	0	1.0	N/A
Missouri	Y	0.5	1.0	N/A
New Hampshire	Y	N/A	N/A	3.1
New Jersey	Y	2	60.0	N/A A
New Mexico	Y	1	N/A	N/A
New York	Y	N/A	N/A	N/A B
Ohio	Y	N/A	N/A	N/A C
Oregon	Y	N/A	N/A	3.0
Rhode Island	Y	N/A	N/A	10.0
Utah	Y	N/A	N/A	2.5
Washington	Y	3.0	8.0	N/A
Wyoming	Y	1.0	3.0	N/A

Y = Yes, data is available on HIV infection rates among IV drug abusers in the State for FY 1987.

A = New Jersey's percent of HIV infection among IV drug users varies according to geographic location; the low 2 percent infection rate is in the Southern area of the State, whereas the high 60 percent infection rate is in the Northern part of the State, particularly the area close to New York City.

B = New York did not provide estimates of HIV infection among IV drug users; however, the respondent indicated that 35 percent of adult AIDS cases in the State consist of IV drug users and 80 percent of the State's pediatric AIDS cases are related to IV drug use.

C = Ohio did not provide estimates of HIV infection among IV drug users; however, the respondent indicated that as of 11/2/87 a total of 14 percent of the State's AIDS cases were related to IV drug use.

N/A = Information not available.

Source: State Alcohol and Drug Abuse Profile, FY 1987; data are included for only those programs "which received some funds administered by the State Drug Agency" during Fiscal Year 1987.

Since many of the figures provided on HIV infection rates are estimates based on limited data, they should be interpreted with extreme caution. Nevertheless, at least two significant conclusions are evident. First, it is clear that many States already have relatively high rates of HIV infection among IV drug abusers. However, it is also clear that the rates of HIV infection vary tremendously not only across different States, but also within the same State (e.g., the range of 2.0 percent to 60.0 percent in New Jersey). This fact is significant because it means that there still exists the opportunity to prevent further spread of the infection. The provision of expanded and more intensive drug treatment services, together with other appropriate prevention programs, can still prevent or at least reduce the further spread of HIV and AIDS.

## VI. STATE MODEL PRODUCT AVAILABILITY

In order to identify current model product availability within each State, the State Alcohol and Drug Agency representatives were asked to list products that would be of interest to other States and that could possibly either be replicated or used by other State Agencies. A total of 48 State Agency representatives responded to this question. See Appendix C for a summary of the State-by-State data provided.

The majority of product categories reported by the States included: prevention plans; treatment plans; program certification/licensure/accreditation standards; counselor certification/licensing and training standards; program monitoring systems; and needs assessment survey methodologies. Other materials mentioned by State Agency representatives ranged from information on resource allocation models to DWI screening, from the availability of curricula to utilization review strategies.

Twenty-nine State Agencies, including Guam and Puerto Rico reported the availability of prevention oriented programming and planning materials. A total of 46 prevention products were reported, 14 of which are youth oriented. Other materials mentioned range from data on community based efforts to information on serving Native Americans and the deaf. School curricula were reported by 10 States.

Twenty-one State Agency respondents identified at least one treatment program model product. The model treatment services included services for youth, women, elderly, and services to children of alcoholics. In addition, services for clients with AIDS and the homeless were specified by six State respondents.

Twenty-two State Agencies identified at least one product relating to counselor certification/licensing standards. Also, 21 States provided information on program certification/licensure/accreditation standards, including treatment programming within penal institutions.

A total of 19 program monitoring systems were mentioned by representatives from 11 State Agencies. These included quality assurance protocols and criteria and client oriented data collection systems.

Needs assessments and surveys were reported by eight State Agencies. Issues specified included incidence and prevalence, treatment follow-up, and training. Statewide youth alcohol and drug surveys, were also reported.

VII. LEAD STAFF CONTACTS FOR AIDS, DATA COLLECTION, DRUNK DRIVING, EVALUATION AND HOMELESS PROGRAMS

Each State Alcohol and Drug Agency representative was asked to provide the name, title and telephone number for the lead staff persons for each of the following programmatic areas:

- o AIDS;
- o Data Collection/Information Management;
- o Drunk Driving;
- o Evaluation; and
- o Homeless.

The specific information provided by each State respondent is included within this report as Appendix D. All 50 States, the District of Columbia, Guam and Puerto Rico submitted relevant data in response to this question.

VIII. TOP THREE POLICY ISSUES FROM A STATE ALCOHOL AND DRUG AGENCY PERSPECTIVE (Table 21)

In order to identify the policy questions and issues that are currently being considered at the State level, the State Alcohol and Drug Agency representatives were asked to list their top three policy issues. Fifty-one State Agencies, including the District of Columbia, Guam, and Puerto Rico responded to this question (See Table 21 for a summary of the State-by-State responses).

In compiling the results from the responses to the question it was determined that four policy issues were mentioned by at least 16 State Agencies. These lead policy issues can be categorized as follows:

- o Treatment Services Systems;
- o Funding and Resource Allocation;
- o Prevention and Treatment Services for Youth; and
- o AIDS and IV Drug Users.

A further analysis of each of these areas follows:

1. Treatment Services Systems

Forty-five State Agency representatives identified the need for additional services or expansion of existing treatment services as major policy issues. Expansion of service systems to reduce waiting lists and increase services were mentioned by respondents from seven State Agencies including the District of Columbia, Delaware, Florida, New York, Guam, West Virginia and Wyoming. Specific services for dually diagnosed clients was identified as an important need by five States, including Mississippi, North Dakota, Oregon, Tennessee and Texas. In addition, services for family members were top issues for three States including Colorado, Indiana, and Missouri. Other State Agencies mentioned treatment services in more general terms.

2. Funding and Resource Allocation

Twenty-one State Agency representatives identified the need to seek increased funding for treatment and prevention services and/or to improve the allocation of resources as at least one or more of their top three policy issues. Ten State Agency respondents mentioned in general terms, the need to develop funding policies for maintaining existing services or to expand services to meet increasing needs. Those States included Colorado, Delaware, Florida, Idaho, Indiana, Louisiana, Maine, South Carolina, Vermont, and Wisconsin. Three State representatives addressed the allocation of funds as a major issue; they included Montana, Nebraska, and Utah. Two State

## TOP THREE POLICY ISSUES BY STATE ALCOHOL AND DRUG AGENCIES

STATE			
ALASKA	1. YOUTH PREVENTION/TREATMENT	2. PUBLIC/PRIVATE INSURANCE PAYMENT	3. REDUCTION IN CONSUMPTION OF ALCOHOL/DRUGS
ARIZONA	1. SUBSTANCE ABUSING/DELINQUENT YOUTH	2. TREATMENT MODALITIES FOR YOUTH	3. DIAGNOSED CHRONIC MENTALLY ILL CLIENTS
ARKANSAS	1. TREATMENT SERVICES FOR ADOLESCENTS	2. HOMELESS RECOVERING ALCOHOL/DRUGS	3. DRUGS OTHER THAN ALCOHOL & MINORITIES
CALIFORNIA A	1. SUBSTANTIAL SERVICES FOR YOUTH	2. ALCOHOL PROBLEM AMONG THE HOMELESS	3. MAINTENANCE OF INTEGRITY OF ALCOHOL SERVICES
CALIFORNIA D	1. EXPAND SERVICES FOR IV-DRUG USERS	2. OBTAINING RESOURCES FOR HOMELESS	3. DRUG PREVENTION FOR YOUTH
COLORADO	1. ELIGIBILITY FOR PUBLICLY FUNDED	2. FUNDING FOR PREVENTION/TREATMENT	3. REIMBURSEMENT TO FAMILY MEMBERS
CONNECTICUT	1. AIDS	2. REGIONAL PLANNING	3. SERVICES TO ETHNIC MINORITY GROUPS
DELAWARE	1. OBTAINING ADDITIONAL STATE FUNDS	2. INCREASING DETOXIFICATION CAPACITY	3. STOPPING AND INAPPROPRIATE ADMISSIONS
DIST. OF COL.	1. IMPLEREN. OF SUBSTANCE ABUSE MODEL	2. EXPANSION VERSUS ENHANCING	3. DEVELOPING LEVEL OF TREATMENT
FLORIDA	1. FUNDING ALCOHOL/DRUG/AIDS CLIENTS	2. PREVENTION/EARLY INTERVENTION	3. EXPANSION OF TREATMENT TO REDUCE WAITING LIST
GUAM	1. INCREASE DELIVERY SERVICES FOR A/B.	2. INCREASE STAFF SKILLS AND EXPERTISE	3. BUILD NEW FREE-STANDING DEPT. OF HW/SA
HAWAII	1. THIRD PARTY REIMBURSEMENT	2. PROGRAM ACCREDITATION	3. PROGRAM PLANNING ACROSS STATE DEPARTMENTS
IDAHO	1. LONG-TERM FUNDING	2. ADOLESCENT RESIDENTIAL TREATMENT	3. FUNDING FOR SCHOOL-BASED PREVENTION PROGRAM
ILLINOIS	1. AIDS	2. CONSOLIDATED LICENSURE	3. REIMBURSEMENT METHODS
INDIANA	1. STATE FUNDING FOR TREATMENT SYSTEM	2. THIRD PARTY REIMBURSEMENT	3. FAMILY TREATMENT
IOWA	1. ADDITIONAL FUNDING	2. TREATMENT OF JUVENILES	3. AIDS
KANSAS	1. SERVICES FOR INDIGENT YOUTH	2. COMPREHENSIVE PREVENTION SERVICES	3. UPGRADE INDIGENT ADULT TREATMENT SERVICES
KENTUCKY	1. MEDICARE REIMBURSEMENT	2. APPROPRIATE ASSESSMENT & REFERRAL	3. PREVENTION EVALUATION
LOUISIANA	1. UNIFORM FEE POLICY	2. DWI/CRIMINAL JUSTICE PATIENT	3. APPROPRIATE SERVICES TO ADOLESCENTS
MAINE	1. GRAMM RUDMAN AND OTHER BUDGET CUTS	2. IMPROVING SERVICE TO DUI OFFENDERS	3. INCREASING SERVICE PROVIDER ACCOUNTABILITY
MARYLAND	1. CERTIFICATE OF NEED	2. ADDICTION COUNSELORS CREDENTIALING	3. ZONING PROBLEMS
MASSACHUSETTS	1. SERVING AIDS PATIENTS	2. HANDICAPPED AND DISABLED CLIENTS	3. WOMEN, MINORITIES AND HOMELESS
MICHIGAN	1. PREVENTION OF ALCOHOL PROBLEMS	2. COST-EFFECTIVE PURCHASING POLICY	3. AIDS
MINNESOTA	1. CONSOLIDATED LG TREATMENT FUND	2. AIDS PREVENTION	3. IMPROVED SERVICES FOR SPECIAL POPULATIONS
MISSISSIPPI	1. AIDS/IV TREATMENT POLICIES	2. OUTPATIENT COMMITMENT LAWS	3. SERVICES TO DUALY DIAGNOSED CLIENTS
MISSOURI	1. ADOLESCENT TREATMENT	2. SERVICES TO FAMILIES	3. QUALITY OF CARE

## TOP THREE POLICY ISSUES BY STATE ALCOHOL AND DRUG AGENCIES

STATE			
MONTANA	1. MAINTAIN QUALITY TREATMENT SERVICES	2. ALLOCATING FEDERAL & STATE FUNDS	3. ENSURE COMMUNITIES ROLE IN PREVENTION
NEBRASKA	1. FUNDING LEVEL AND DISTRIBUTION	2. EVALUATION OF TREATMENT OUTCOMES	3. COUNSELOR CERTIFICATION REQUIREMENTS
NEVADA	1. MANAGEMENT OF AIDS CLIENTS	2. ANTI-DRUG ABUSE ACT COORDINATION	3. CONTINUATION OF ADTA FUNDING
NEW HAMPSHIRE	1. EDUCATION, JUSTICE, AND PREVENTION	2. AIDS (PUBLIC HEALTH, OADAP)	3. CHRONIC MENTAL HEALTH/SUBSTANCE ABUSE
NEW JERSEY	1. MANDATORY DRUG INSURANCE & MEDICAID	2. DRUG TREATMENT/REHABILITATION	3. ADULT & JUVENILE RESIDENTIAL SERVICES
NEW MEXICO	1. TRACKING AND EVALUATION PROGRAM	2. COMPREHENSIVE SERVICE SYSTEM	3. DEVELOP APPROPRIATE ASSESSMENT INSTRUMENTS
NEW YORK A	1. COMPREHENSIVE NEEDS ASSESSMENT	2. FISCAL VIABILITY AND QUALITY	3. STATEWIDE POLICY FOR PREVENTION OF ALCOHOL
NEW YORK B	1. AIDS EPIDEMIC	2. HOMELESSNESS IV DRUG USERS	3. EXPANDING NETWORK TREATMENT & PREVENTION
NORTH CAROLINA	1. IMPLEMENT SERVICES FOR ADOLESCENTS	2. STATEWIDE PREVENTION NETWORK	3. INVOLUNTARY SUBSTANCE ABUSE COMMITMENT
NORTH DAKOTA	1. PREVENTION POLICY/PROGRAMMING	2. SERVICES TO YOUTH, ELDERLY/WOMEN	3. SERVICES FOR THE DUAL-DIAGNOSED
OHIO	1. SOCIAL IMOCULATION OF YOUNG PEOPLE	2. PROVISION OF CARE FOR INDIGENTS	3. MERGER OF ALCOHOL & DRUG ABUSE SYSTEMS
OKLAHOMA	1. AIDS POLICY	2. NONE	3. NONE
OREGON	1. CORRECTIONAL TREATMENT PROGRAM	2. WOMEN'S TREATMENT PROGRAM	3. DUAL DIAGNOSIS TREATMENT PROGRAMS
PENNSYLVANIA	1. MEDICAL ASSISTANCE REIMBURSEMENT	2. CASE MANAGEMENT	3. PERFORMANCE/NEEDS BASED ALLOCATION SYSTEM
PUERTO RICO	1. T.C. WRITTEN CONCEPTUAL FRAME	2. PRIM. & SECON. PREVENTION CONCEPT	3. PURSUE THERAPEUTIC COMMUNITY CONCEPT
RHODE ISLAND	1. EXPAND PREVENTION & TREATMENT	2. SERVICES TO UNDERSERVED POPULATIONS	3. MAINTAINING & EXPANDING AIDS-RELATED SERVICES
SOUTH CAROLINA	1. POLICY ON ALCOHOL TAXES AND ADV.	2. FUNDING FOR ALCOHOL & DRUG ABUSE	3. PREVENTION OF SPREAD OF AIDS
SOUTH DAKOTA	1. TRANSITIONAL CARE FOR ADOLESCENTS	2. PREVENTION SERVICES FOR YOUTH	3. RESIDENTIAL TREATMENT FOR MEDICALLY INDIGENT
TENNESSEE	1. DEVELOPMENT, STATEWIDE AIDS POLICY	2. TREATMENT FOR DUAL DIAGNOSED ADO/WH	3. TREATMENT FOR JUVENILE JUSTICE ADOLESCENTS
TEXAS	1. SERVICES FOR CRIMINAL JUSTICE	2. SERVICES FOR DUALY DIAGNOSED	3. DEFINING CONTINUUM OF CARE MODEL PROGRAMMING
UTAH	1. YOUTH TREATMENT RESOURCES	2. COORDINATION OF STATE A&D	3. FUNDING FORMULA DEVELOPMENT
VERMONT	1. FUNDING OF ELIGIBLE CLIENTS	2. FACILITATE EARLY TREATMENT	3. MANAGING A TREATMENT SYSTEM OF CARE
VIRGINIA	1. EVALUATION OF COMMUNITY SERVICES	2. HEALTH CARE FOR SUBSTANCE ABUSERS	3. SERVICES TO MENTALLY ILL SUB. ABUSING CLIENTS
WASHINGTON	1. PROVIDE SERVICES TO INDIGENT	2. MENTALLY ILL ALCOHOLIC OR ADDICT	3. DETOR. AND INVOLUNTARY TREATMENT
WEST VIRGINIA	1. IMPROVE PROGRAM MONITORING	2. TREATMENT FOR CHRONIC SUBSTANCE AB.	3. EXPANSION OF ADOLESCENT PREVENTION/TREATMENT
WISCONSIN	1. SUBSTANCE ABUSE AS A DISEASE	2. FUNDING FULL ARRAY OF SERVICES	3. STRATEGY TO NEEDS OF UNDERSERVED
WYOMING	1. ADOLESCENT SERVICES	2. RESIDENTIAL COMMUNITY TREATMENT	3. INTENSIVE OUTPATIENT SERVICE DEVELOPMENT

respondents (Maine and Nevada) mentioned Federal laws (e.g., Gramm-Rudman-Hollings budget cuts and the Anti-Drug Abuse Act of 1986) as major policy issues.

3. Prevention and Treatment Services for Youth

The expansion of prevention and treatment services for youth was identified as a major policy issue by 16 State Agency respondents including Alaska, Arizona, Arkansas, California (Alcohol Agency respondent and Drug Agency respondent), Idaho, Iowa, Kansas, Louisiana, Missouri, North Carolina, Ohio, South Dakota, Tennessee, Utah, and Wyoming. Specific issues mentioned ranged from treatment modalities for youth, funding for adolescent programs, services for indigent youth, to overall prevention services for youth.

4. AIDS and IV Drug Users

The AIDS epidemic was specifically identified as a major policy issue by 16 of the reporting State Agencies. The broad geographic distribution of States, coast to coast, urban and rural, demonstrates the extent and the severity with which the State Agencies perceive this problem. With one State Agency (Oklahoma), it was the only major policy issue reported. The remaining 15 State Agency representatives which mentioned the issue included California (Drug), Connecticut, Florida, Illinois, Iowa, Massachusetts, Michigan, Minnesota, Mississippi, Nevada, New Hampshire, New York (Drug), Rhode Island, South Carolina, and Tennessee. California and New York respondents specifically addressed the need for expanded services for IV drug users, while Minnesota and South Carolina representatives specifically mentioned the need for prevention services related to AIDS.

IX. MAJOR NEEDS FOR WHICH RESOURCES WERE NOT ADEQUATE IN FISCAL YEAR 1987

Each State Alcohol and Drug Abuse Agency was asked to indicate whether there were any major needs identified through the State's most recent planning process for which there were inadequate resources to meet those needs. The State representatives were asked to provide a brief description of those major needs and to identify the types of resources that would be required. Detailed State-by-State information on the major needs and resources identified is included as Appendix E.

Responses to this question were received from 44 States and the District of Columbia, Guam, and Puerto Rico. All of the respondents indicated that major needs existed in their service delivery systems for which resources were not adequate during FY 1987.

Narrative responses received from the 47 State Agencies confirmed that there were major needs in the areas of prevention and/or treatment for which there were not adequate resources. While the scope of the narrative comments and information retrieved was broad, many of the respondents stated that additional resources need to be obtained to support the development and maintenance of a variety of treatment and prevention services, but particularly those for youth and women. In addition, States identified the following needs: to provide services to meet the needs of other special populations such as children, elderly, dually-diagnosed, the incarcerated, the handicapped, and persons with AIDS; to expand resources for adequate detoxification services and facilities; to increase funding for program staff positions, training and salaries; to expand outpatient services; and to create and improve prevention services in both schools and communities.

The major need most frequently mentioned in the FY 1985, 1986 and the current 1987 SADAP effort was the development of prevention and treatment services for youth and women. For FY 1987, a number of States reported specific needs for additional residential beds, as well as for an increase in staff positions and child care services in women's programs. All the reporting States mentioned that additional overall funding would aid in reconciling the distance between needs and the existing service levels.

Other service needs that were identified by some States included the following: long-term shelters for homeless alcoholics; outreach and outpatient services, particularly in rural areas; additional facilities, treatment "slots" and staff to reduce the backlog of clients on waiting lists for treatment; training programs in specific areas (e.g., to work with clients with particular problems which complicate the recovery process, such as the mentally ill); and the need to upgrade treatment facilities to meet State standards.

Highlights from the States' narrative reports have been organized into the following five categories:

- o Youth and Women;
- o Other Special Populations;
- o Prevention and Early Intervention;
- o Staff Positions, Training, and Salaries; and
- o Detoxification Services.

1. Youth and Women

A majority of the States identified a need to expand treatment and/or prevention services to youth, with four State Agency representatives specifically mentioning children.

While many States indicated a variety of needs in the area of prevention and treatment for alcohol and drug abusing youth, 16 State Agency representatives specifically mentioned the expansion or establishment of residential treatment programs and facilities for youth. Several of these States are: California (drug), Idaho, Iowa, Louisiana, New Jersey, Ohio, Oklahoma, Montana, and West Virginia. Other States referred to youth needs in general terms such as "adolescent services". Some of these States include Arizona, Arkansas, Florida, Georgia, Hawaii, Illinois, Kansas.

Kentucky's representative mentioned the need for intensive treatment and intervention services for adolescents including detoxification, rehabilitation and transitional services. Louisiana's representative reported that there were only 40 publicly funded treatment beds for youth in the entire State and no extended care beds for this population. Utah's representative cited a need to support programs for youth ages 10 to 12 that range from early intervention to residential services.

Nine State Agency respondents specifically cited a need for resources for services for women. They include the following: Florida, Georgia, Kentucky, Maryland, Massachusetts, Minnesota, Montana, New Hampshire, and Oregon. Several State representatives also mentioned the need for child care services for women in treatment; they included California (alcohol), Kentucky, New Hampshire, and Wisconsin.

2. Other Special Populations

State Agency representatives from Georgia, Kentucky and New Hampshire specifically mentioned service needs for the elderly, including outreach and treatment. Also, Delaware, Maine, Massachusetts, Rhode Island, and West Virginia representatives

cited unmet needs of the chronic alcoholic. A need for resources for children's services, other than child care, were identified by respondents from Florida, Georgia, Kentucky, and Montana.

Alcohol and drug abusing offenders who are in need of a full continuum of treatment services, both inside and outside the correctional facility, were identified as requiring additional resources by representatives from Georgia, Kentucky, South Dakota, and Ohio. Dually-diagnosed and handicapped individuals were indicated in need of specialized services by respondents from 10 State Agencies including the following: Colorado, Hawaii, Illinois, Maryland, Massachusetts, Missouri, Nevada, New Hampshire, New Jersey, and Oregon. The need for AIDS education, training and support groups was mentioned by representatives from Maryland, Minnesota, Pennsylvania, Rhode Island and Wisconsin.

### 3. Prevention and Early Intervention

Additional resources for prevention and early intervention services for the general population, including members of special populations, were identified as a need by respondents from nine State Agencies including the following: Colorado, Illinois, Kansas, Maryland, Montana, New Jersey, North Dakota, Ohio, and South Dakota. Colorado's representative indicated a need for prevention services for all ages; Illinois' respondent cited a need for prevention funding and coordination of State and Federal initiatives; Maryland and North Dakota representatives cited Prevention Resource Center developments; and South Carolina's respondent noted a need for the expansion of primary prevention services, including the expansion of Teen Institute programs.

State Agency representatives from both Colorado and Ohio indicated a need for intervention services through Employee Assistance Programs. Kansas' respondent indicated a need for the completion of regionalization of prevention programming; and Montana's representative cited the lack of prevention and educational programs for communities and networking caused by the need for additional financial resources for staffing. Ohio's respondent indicated a need in both public and private schools, from elementary grades through universities, for prevention and educational programs for youth and their families.

### 4. Staff Positions, Training and Salaries

Several State Agency representatives identified a need to increase the number of program staff positions, or to increase the level of staff salaries. The need to provide or expand staff training programs was also cited.

Respondents from seven State Agencies including Florida, Hawaii, Guam, Illinois, Maryland, North Dakota and Puerto Rico reported a need to increase staff in the area of prevention and treatment services.

Additional resources to adequately compensate workers in the substance abuse field was stated as a significant need by representatives from the States of Connecticut, Hawaii, Illinois, Rhode Island, and South Carolina.

Additional staff training was cited as an important need by representatives from the State Agencies in Montana, South Carolina, and Vermont. The training assistance needed was especially directed toward treatment personnel.

Kansas' respondent cited the need for legislation for mandatory staff credentialing.

#### 5. Detoxification Services

Eleven State Agency representatives cited a specific need for additional resources to meet the demand for detoxification services. These respondents included persons from the following States: Alaska, Arizona, California (alcohol), Colorado, Delaware, Georgia, Illinois, Montana, Nevada, New Hampshire, and Washington. Alaska's respondent noted a need for this service particularly in rural areas; Arizona's representative reported an overall need for detoxification services for chronic, indigent alcoholics; Delaware's and Colorado's respondents mentioned that additional resources were necessary to expand detoxification beds, as did representatives from Illinois and Montana.

Washington's State Agency representative cited a need for legislative changes in State statutes to require drug detoxification and to permit involuntary commitment of drug addicts. The State respondent noted that amendments that would establish such programs had been introduced, but were then withdrawn by legislators because of the expense of such programs.

X. SIGNIFICANT CHANGES IN ALCOHOL AND/OR DRUG PREVENTION AND TREATMENT SERVICES IN FISCAL YEAR 1987

Each State Alcohol and Drug Abuse Agency was requested to provide information on changes that had occurred in treatment and/or prevention services during Fiscal Year (FY) 1987. A total of 47 responses were received to this question, representing 44 States, the District of Columbia, Guam, and Puerto Rico. The specific narrative information obtained from each respondent is contained in Appendix F.

The narrative comments provided by the State Agency representatives addressed a broad range of significant topics and functions. However, there were sufficient commonalities in the State responses to cluster their replies into the following seven categories:

- o New Programs and Services for AIDS and IV Drug User Populations;
- o Client and Drug Use Trends;
- o Changes in Financial Resources;
- o Changes in Services and Programs for Youth;
- o Prevention Programs and Services;
- o Changes in Admissions to Treatment; and
- o Other Significant Developments.

Information from the States has been reviewed and is summarized according to the foregoing categories. An analysis of the data provided within each of these seven categories follows.

1. New Programs and Services for AIDS and IV Drug User Populations

Narrative comments from 16 State Agencies referred to the need to increase the availability of services to IV drug users to help prevent the spread of the HIV infection and AIDS. Those State Agencies include: California, Connecticut, the District of Columbia, Florida, Idaho, Iowa, Maryland, Massachusetts, Maine, Nevada, New Hampshire, New Jersey, New York, Oregon, Rhode Island and Vermont.

Several States mentioned changes in methadone emergency regulations in order to ease admission criteria and encourage entry of IV drug users into treatment to help prevent this source of AIDS. The majority of States reporting increased services for AIDS and IV drug users mentioned an expansion of services to accommodate the potentially affected population.

In New Jersey, services for AIDS prevention and education included distribution of materials, lectures and presentations, an AIDS hotline and additional treatment beds.

The State of Maryland reported a significant expansion of street outreach and prevention programs targeted at the IV drug user. Education and outreach measures were also reported by Idaho, Nevada, and New Hampshire, to name a few.

The New York State Division of Substance Abuse Services reported that the growing AIDS crisis, along with the spread of cocaine, placed an unprecedented strain on an already overburdened treatment system in the State, particularly in New York City.

The State of Rhode Island initiated several activities in response to the AIDS crisis. They included the establishment of alternative HIV antibody test sites for IV drug users, expanded methadone maintenance services, and outpatient methadone detoxification.

In Oregon, the State Agency has initiated AIDS outreach efforts targeted at IV drug users in the four largest counties.

Other comments by State Agencies included the following:

- o District of Columbia - Office of AIDS Activity was established, and budget for AIDS prevention was increased by 109%.
- o Illinois - Reported a significant increase in IV drug users (69%) admitted to treatment.
- o Massachusetts - Both methadone services and drug free services targeting needle users are increasing due to the spread of AIDS.

## 2. Client and Drug Use Trends

The increased use of crack and other forms of cocaine that was emphasized by representatives from 11 State Agencies is requiring some changes in services. These States included Arizona, California, Colorado, District of Columbia, Florida, Idaho, Iowa, New Hampshire, New York, Oregon, and Texas. In addition, these State respondents mentioned increases in heroin admissions.

New York's State Agency representative cited the strain on an overburdened treatment system by the intensified spread of the use of crack and cocaine. Oregon also reported a significant increase in supplies of cocaine and amphetamines causing problems in the human services systems.

New Mexico's State Agency representative reported a significant increase in treatment of children under the age of 18 (100% in alcohol admissions) and an alarming increase in "Mexican Brown" heroin causing many overdoses. Texas reports an increase in heroin addicts seeking treatment as a result of "Black Tar" heroin coming in from Mexico. Texas also reports an increase in admissions for crack.

Other States that mentioned drug use and client trends included:

- o Arizona - This State reported a 5.7% increase for cocaine as a reason for treatment in FY 87. Heroin, non-prescription methadone, and other opiate admissions accounted for a 4% increase in treatment admissions.
- o California - The California State Drug Agency reported a reorientation by drug programs to deal with cocaine, especially crack, client admissions to treatment.
- o Colorado - Reports of major occurrences of cocaine and heroin admissions and emergency room admissions increases were included in this State's report.
- o Idaho - This State reported an increase in young, working women (ages 19 through mid-30's) using amphetamines and cocaine intravenously. Adolescents are being referred to treatment at younger ages due to referrals from schools, health care professionals and social service staff.

- o Iowa - Iowa mentioned an increase in cocaine admissions for primary treatment as well as an increase in cocaine arrests. The State Agency also reported an increase in females seeking treatment.

### 3. Changes in Financial Resources

Narrative comments by representatives from 10 State Agencies referred to specific financial changes during the last fiscal year, FY 87. Some of these remarks were directly related to the new emergency Alcohol and Drug Treatment and Rehabilitation (ADTR) Block Grant program, authorized by the Anti-Drug Abuse Act of 1986 (P.L.99-570). Due to the timing of the release of the Emergency ADTR funds from the Federal Government, the States' ability to immediately utilize the funds varies due to individual State codes, regulations and circumstances. Therefore, some State Agencies were able to report the impact of the ADTR funds in this FY and others were not.

- o Alabama - The State reported an increase in outpatient and day care services due to the receipt of the ADTR funds. Substance abuse day treatment increased 177% from the first quarter to the fourth quarter (36 persons to 100 persons served).
- o Arkansas - The State Agency mentioned a statewide network of Chemical-Free Living Centers offering services to homeless recovering alcohol and other substance abusers through the use of ADTR monies.

- o Kentucky - In the State fiscal year, Kentucky reported a reduction in federal funds and an increase in State appropriated monies that enabled the State Agency to contract for additional drug clients and alcohol clients.
- o Louisiana - The State initiated additional women's services in compliance with the ADM Block Grant, Part B.
- o New York - The New York General Assembly enacted legislation that granted Medicaid provider status to non-hospital based inpatient alcoholism treatment providers which allows them to be reimbursed for Medicaid eligible clients.
- o Rhode Island - The State reported that ADTR funds allowed for the initiation of a number of new programs.
- o South Dakota - The emergency treatment funds enabled the State Agency to support increased intensive outpatient program capacity, expand outreach efforts for special populations, and initiate a women's halfway house.

Comments received from several State Agencies concerned ADTR funds which will not have an impact on program services until FY 1988 due to planning and implementation processes.

It is apparent that the States are working under different conditions with a variety of financial situations. Some States are improving services with new increased levels of funding, others are reallocating resources, and several are coping with reduced funding.

#### 4. Changes in Services and Programs for Youth

Youth services received specific mention by representatives from a number of State Agencies in FY 1987. Expansion of prevention and treatment capacity was frequently stated by the Agencies.

Specific program initiatives by the States included:

- o California - The State has expanded prevention services with youth drug prevention as a priority.
- o Maryland - The State Agency expanded the number of adolescent residential treatment beds.
- o New Hampshire - The State increased services to youth within the school systems through the placement of Student Assistance Specialists.
- o New Mexico - The State reported a significant increase of treatment services to children under the age of 18. Alcohol treatment for this age group increased 100%.

Several other States mentioned an expansion of youth prevention and treatment services that include a variety of program types such as Student Assistance Programs, Adolescent Services Plans, and "Be Smart! Don't Start!" prevention campaigns.

#### 5. Prevention Programs and Services

In addition to the previously discussed prevention services directed toward youth, a number of State Agencies identified prevention programs in general as a significant area of change during FY 1987.

Several examples of States' prevention activities included:

- o Kentucky - The Governor initiated the Champions Against Drugs program to establish community based

prevention in 17 geographic regions. The group networks with community resources in planning and initiating programs.

- o Maryland - The State established drug and alcohol education and prevention services in the Baltimore City Jail.
- o Nevada - Education and prevention activities were focused on grades K-4 to respond to public demands for earlier education of children.
- o North Dakota - The establishment of a Prevention Resource Center was planned during FY 1987 with the opening anticipated in FY 1988.
- o Oregon - This State initiated a statewide prevention resources center.
- o Virginia - With funding via the Virginia Office of Juvenile Justice and Delinquency Prevention, the State established five new prevention and intervention programs.
- o West Virginia - Prevention and early intervention services were intensified by the State Agency.

6. Changes in Admissions to Treatment

Several State Agencies emphasized changes in drug and alcohol admissions. The reasons for the admission changes vary from State to State. Some examples of State Agency reports included the following:

- o Delaware - Drug admissions increased from 18% to 34% from FY 1986 to FY 1987, while alcohol admissions decreased from 82% to 55% during the same time period.
- o Idaho - This State reported an increase in women voluntarily admitting themselves for detoxification and residential services. Younger adults and teenagers are also voluntarily entering the treatment system.
- o Illinois - The State reported a major increase in IV drug users into the treatment system (69% of all drug admissions) and a significant increase of alcohol outpatient admissions (48% increase over FY 1986).
- o Iowa - The State Agency reported an increase in females seeking treatment.
- o Kansas - This State reported an increase in admissions to treatment (26%) due to additional private treatment programs, an emphasis on outpatient services and increased public awareness.
- o New Hampshire - The State Agency mentioned increased outreach and treatment services for women.
- c South Carolina - This State reported increases in alcohol admissions (+13%) and cocaine (+89%) and declines in admissions for heroin (-10%) and marijuana (-24%).

Increases were the greatest among outpatient services, Employee Assistance Programs, detoxification, and drinking driver programs.

7. Other Significant Developments

Changes in Driving While Intoxicated (DWI) and Driving Under the Influence (DUI) legislation and increased cooperative planning were included by State Agencies among new developments. Some specific examples follow:

- o Alaska - Decreased funding for enforcement resulted in fewer DWI arrests and convictions and persons entering the treatment systems from DWI.
- o Arizona - New DWI legislation requiring that fines be assessed specifically for evaluation and treatment was passed and the regulations were prepared.
- o Guam - This Agency mentioned an increased intoxicated driver enforcement by the Guam police.
- o Illinois - Following the enactment of new DUI legislation, there were 4,500 DUI referrals during the first six months of 1986.
- o Massachusetts - This State Agency reported that the first offender drunk driver program was changed from an eight week education model to a twenty week counseling model.
- o Montana - This State mentioned an increase in DUI court school admissions due to increased efforts by law enforcement and judges.

o Ohio

- This State passed new DWI legislation that provides for persons convicted under municipal statutes for DWI to pay \$75.00 for a license reinstatement.

Several States reported increased cooperative planning efforts at the State and local levels. They included Georgia, Maine, Montana, New York (drug), Oregon, and Utah. The enactment of the Anti-Drug Abuse Act of 1986 was cited by some States as the reason for the intensified cooperative planning.

APPENDIX A

STATE ALCOHOL AND DRUG ABUSE PROFILE  
COVER LETTER, INFORMATION COLLECTION FORMAT AND GLOSSARY  
OF TERMS



National Association of State Alcohol and Drug Abuse Directors

October 28, 1987

*President*

Chauncey L. Veatch III  
California

*First Vice President*

Luceille Fleming  
Pennsylvania

*Vice President for Alcohol Abuse Issues*

Wayne Lindstrom  
Ohio

*Vice President for Drug Abuse Issues*

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Mississippi

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Lois Olson  
Missouri

Robert Aukerman  
Colorado

Joyce Ingram-Chinn  
Hawaii

Jeffrey N. Kushner  
Oregon

*Executive Director*

William Butynski

Director's Name  
Agency Name  
Street Address  
State

Dear :

I am writing to request your continued participation in the National Association's information collection activities. Recently we entered into a new three year contract with the National Institute on Alcohol Abuse and Alcoholism (NIAAA) and the National Institute on Drug Abuse (NIDA) to continue operation of the State Alcohol and Drug Abuse Profile (SADAP).

Since 1982 the State and Territorial Directors have unanimously expressed their willingness to participate in a NASADAD voluntary data collection effort. All 50 States, the District of Columbia, American Samoa, Puerto Rico and the Virgin Islands participated in the 1986 SADAP. The information collected on alcohol and drug abuse services through SADAP is of considerable value and interest to the States, the Federal Government and the U.S. Congress, all of whom increasingly recognize the need for ongoing data collection.

The attached form, which I ask that you complete and submit to the NASADAD office by December 8, 1987, is the result of many hours of effort by a State consultant group made up of your peers and staff that met in August of this year. The format for the 1987 SADAP has been updated but maintains the key elements from prior years. One major change this year is the addition of four questions on the new emergency supplemental treatment monies as the last section of SADAP. This information will be of special interest to the U.S. Congress.

October 28, 1987

Page 2

Responses to the attached form should be gathered from secondary information sources already existing at the State level. As in previous years, a report displaying the information collected through the SADAP effort on a national and State-by-State basis will be made available to you once it is completed. Also, in recognition of the substantial contribution that you and your staff make to SADAP, we will include both your name and that of your data person in the final SADAP report.

Although the SADAP format has been designed to be simple and straightforward, a few brief instructions may assist your staff in completing the form. First, an updated glossary of terms has been included to assist in resolving any questions regarding definitions. The glossary of terms should be reviewed by your staff before responding to the questions on the SADAP form. Second, most questions request information only on those programs that received at least some funds administered by the State Alcohol/Drug Agency. For those programs, please provide information on all alcohol and drug resources and clients in such programs, not just the services or clients which are supported by State Alcohol/Drug Agency administered funds. Third, this year we are again requesting information on actual expenditures of funds. However, if you cannot provide actual expenditures in the timeframe given, please note this fact and provide your most recent allocation figures.

Finally, I urge you to give special attention to the two questions which request a narrative response on service needs and significant changes in alcohol and/or drug services (questions 13 and 14). In the past, information derived from the States' responses to these questions has proven invaluable to NASADAD and the Federal Government in demonstrating to the Congress and the Administration the major needs of the States. If you have any questions or require clarification on any of the requested items, please do not hesitate to contact Diane Canova, Project Manager of SADAP.

On behalf of the NASADAD Board of Directors and myself, I thank you for your ongoing cooperation and participation in our information collection efforts.

Sincerely,

Chauncey L. Vesich III  
President

DC/lg

Enclosures

NASADAD  
STATE ALCOHOL AND DRUG ABUSE PROFILE FOR FY 1987

State: \_\_\_\_\_ State Contact: \_\_\_\_\_ Telephone: ( ) \_\_\_\_\_

Please complete and return this form by December 8, 1987 to: NASADAD, 444 North Capitol Street, N.W., Suite 520, Washington, D.C. 20001. REFER TO GLOSSARY OF TERMS FOR APPROPRIATE DEFINITIONS.

I. FUNDING INFORMATION

1. Report the total dollar expenditures for alcohol and drug abuse services by source of funding and type of activity for only those programs which received at least some funds administered by the State Alcohol/Drug Agency during the State's Fiscal Year (FY) 1987. (NOTE: All boxes must be filled in with: (1) a dollar amount; (2) a zero "0" denoting that no funds from that funding source are expended for the particular activity; or (3) an "N/A" indicating that the information is not available.)

Funding Source

Type of Activity

	Treatment	Prevention	Other*	TOTAL
A. ADMS Block Grant				
B. Other Federal				
C. State A/D Agency				
D. Other State				
E. County or Local				
F. Other Sources				
G. TOTAL				

\* Includes State Alcohol/Drug Agency costs for administration, research, training, and other non-treatment and non-prevention categories).

2. Indicate the number of each of the following types of treatment units which received funds administered by the State Alcohol/Drug Agency in FY 1987:

- A. combined alcohol/drug treatment units \_\_\_\_\_.
- B. alcohol only treatment units \_\_\_\_\_.
- C. drug only treatment units \_\_\_\_\_.

3. Of all known alcohol and drug abuse treatment units in the State in FY 1987, regardless of funding source, estimate the percent that received any funds administered by the State Alcohol/Drug Agency \_\_\_\_\_.

II. ALCOHOL CLIENT INFORMATION

NOTE: All information in this section is to be based on alcohol client admissions to those treatment units (reported in item 2 above) which received some funds administered by the State Alcohol Agency during the State's FY 1987.

4. Enter the number of ALCOHOL treatment client admissions during FY 1987.

ENVIRONMENT	TYPE OF CARE			
	Detoxification	Rehabilitation/ Residential	Outpatient	TOTAL
Hospital				
Non-Hospital				
TOTAL				

5. Enter the number of ALCOHOL treatment client admissions during FY 1987 in each of the age, sex and race/ethnicity categories below. If unable to provide data on age by sex, provide totals for age and sex categories.

A.

SEX AGE	NO. OF CLIENTS		TOTAL
	MALE	FEMALE	
UNDER 18 yrs.			
18 - 20			
21 - 24			
25 - 34			
35 - 44			
45 - 54			
55 - 64			
65 and over			
Missing/Unknown Information			
TOTAL			

B.

CLIENT RACE/ETHNICITY	NO. OF CLIENTS
White, not of Hispanic Origin	
Black, not of Hispanic Origin	
Hispanic	
Asian or Pacific Islander	
Native American	
Other	
Missing/Unknown Information	
TOTAL	

(NOTE: Grand totals in Questions 4, 5A and 5B should agree.)

III. DRUG CLIENT INFORMATION

**NOTE:** All information in this section is to be based on drug client admissions to those treatment units (reported in item 2 above) which received some funds administered by the State Drug Agency during the State's FY 1987.

6. Enter the number of DRUG treatment client admissions during FY 1987.

ENVIRONMENT	TYPE OF CARE			TOTAL
	Detoxification	Maintenance	Drug Free	
Hospital				
Residential				
Outpatient				
TOTAL				

7. For the DRUG treatment client admissions noted in item 6 above, enter the number of client admissions in each of the primary drug of abuse categories below:

Heroin	_____	Other Sedatives and Hypnotics	_____	Other Hallucinogens	_____
Non-RX Methadone	_____	Amphetamines	_____	Inhalants	_____
Other Opiates and Synthetics	_____	Cocaine	_____	Over-the- Counter	_____
Barbiturates	_____	Marijuana/ Hashish	_____	Other	_____
Tranquilizers	_____	PCP	_____	Missing/ Unknown	_____
				<u>TOTAL</u>	_____

8. Enter the number of DRUG treatment client admissions during FY 1987 in each of the age, sex and race/ethnicity categories below. If unable to provide data on age by sex, provide totals by age and sex categories.

A.

AGE	SEX	NO. OF CLIENTS		TOTAL
		MALE	FEMALE	
UNDER 18 yrs.				
18 - 20				
21 - 24				
25 - 34				
35 - 44				
45 - 54				
55 - 64				
65 and over				
Missing/Unknown Information				
TOTAL				

B.

CLIENT RACE/ETHNICITY	NO. OF CLIENTS
White, not of Hispanic Origin	
Black, not of Hispanic Origin	
Hispanic	
Asian or Pacific Islander	
Native American	
Other	
Missing/Unknown Information	
TOTAL	

(NOTE: Grand totals in Questions 6, 7, 8A and 8B should agree.)

IV. OTHER INFORMATION

9. Intravenous (IV) Drug Abuse

A. Enter the total number of DRUG treatment client admissions in State funded programs during FY 1987 who were IV drug abusers: \_\_\_\_\_. Please indicate whether this number is based on: individual client data \_\_\_\_\_ or is a guesstimate \_\_\_\_\_.

B. Estimate the total number of IV drug abusers in your State: \_\_\_\_\_.

Check basis of estimate for item B:

- Direct measure e.g., prevalence study       Indirect measures or indicator data       Informed guesstimate

C. Do you have any information on Human Immunodeficiency (HIV) infection rates among IV drug users in your State? Yes \_\_\_\_\_ No. If "Yes" please provide information on the range of infection rates: \_\_\_\_\_ % to \_\_\_\_\_ % and append any available relevant data to this form.

10. Please list products currently available in your State that would be of interest and could possibly be replicated or used in other States, e.g., counselor and/or program certification/licensing standards, descriptions of innovative or model programs, model prevention and/or treatment plans, needs assessment survey methodologies, program monitoring systems or evaluation reports, resource allocation methodologies. After each product include name of contact person.

- A. \_\_\_\_\_
- B. \_\_\_\_\_
- C. \_\_\_\_\_
- D. \_\_\_\_\_
- E. \_\_\_\_\_

11. Please provide the name, title and telephone number of your lead staff persons for each of the following areas:

	<u>Name</u>	<u>Title</u>	<u>Telephone Number</u>
AIDS:	_____	_____	_____
Data Collection/ Information Management:	_____	_____	_____
Drunk Driving:	_____	_____	_____
Evaluation:	_____	_____	_____
Homeless:	_____	_____	_____

12. Please identify your State Agency's top three policy issues.

- A. \_\_\_\_\_
- B. \_\_\_\_\_
- C. \_\_\_\_\_

13. Were there any major needs identified through your recent State planning process for which resources were not adequate to meet those needs? Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, please provide a brief narrative description of those major needs and the types of resources required (e.g., staff, funds, facilities, technology, etc.).

14. Briefly describe any significant changes in alcohol and/or drug prevention and treatment services delivered within your State in FY 1987 and the reasons for these changes (e.g., AIDS, impact of funding changes; increased intoxicated driver enforcement efforts; voluntary group activities; and/or changes in drug abuse trends such as an increase or decrease in the use of cocaine).

V. ALCOHOL AND DRUG TREATMENT AND REHABILITATION (ADTR)  
EMERGENCY SUPPLEMENTAL BLOCK GRANT TREATMENT FUNDS

Special instructions for all four questions in this section:

- o Total ADTR allocations include both the 45% and the 55% awards.
- o When clients are abusing both alcohol and drugs, classify by primary substance of abuse.
- o If you are unable to break out ADTR-funded client admissions by alcohol and drug, please put the total number of admissions in the "Both" column.

15. Report total allocations, both actual and planned, of all Federal FY 1987 ADTR monies as follows:

<u>Services</u>	<u>Alcohol</u>	<u>Drug</u>	<u>Both</u>
Expand Treatment/Rehabilitation	\$ _____	\$ _____	\$ _____
Expand Outreach	\$ _____	\$ _____	\$ _____
Expand Vocational Services	\$ _____	\$ _____	\$ _____
Administration (maximum 2%)	\$ _____	\$ _____	\$ _____
Other: specify _____	\$ _____	\$ _____	\$ _____
_____	\$ _____	\$ _____	\$ _____
TOTAL	\$ _____	\$ _____	\$ _____

Comments

16. Report client treatment admissions, both actual and planned, supported by all Federal FY 1987 ADTR monies as follows:

<u>Treatment Modality</u>	<u>Admissions Supported by ADTR Monies</u>		
	<u>Alcohol</u>	<u>Drug</u>	<u>Both</u>
Detoxification	_____	_____	_____
Methadone Maintenance	_____	_____	_____
Residential	_____	_____	_____
Outpatient	_____	_____	_____
Hospital Inpatient	(statutorily prohibited)		
Other: specify	_____	_____	_____
TOTAL	_____	_____	_____

17. Report allocations, both actual and planned, of all Federal FY 1987 ADTR monies targetted to specific drugs of abuse as follows:

<u>Drug of Abuse</u>	<u>ADTR Monies</u>
Alcohol	\$ _____
Opiates (all)	\$ _____
Cocaine	\$ _____
Marijuana/hashish	\$ _____
PCP	\$ _____
Inhalants	\$ _____
Other drugs: specify	
_____	\$ _____
_____	\$ _____

18. Report allocations, both actual and planned, of all Federal FY 1987 ADTR monies targetted to special populations as follows:

<u>Special Population</u>	<u>ADTR Monies</u>
AIDS Initiatives	\$ _____
Youth (under 18)	\$ _____
Women	\$ _____
Homeless	\$ _____
Criminal Justice	\$ _____
Dually Diagnosed	\$ _____
Minority Groups: specify	
_____	\$ _____
_____	\$ _____
Other: specify	
_____	\$ _____
_____	\$ _____
_____	\$ _____

Comments (attach or include a brief description here of the services provided for the specified population(s))

SADAP - 1987  
Glossary of Terms

ADMS Block Grant - Federal funds awarded to the State via the Alcohol, Drug Abuse and Mental Health Services Block Grant program, including the Part C, Emergency Alcohol and Drug Treatment and Rehabilitation (ADTR) Funds, and used to support the provision of alcohol and/or drug treatment or prevention services.

Client Admissions - Individuals admitted to and provided services in appropriate treatment settings according to State definitions.

County or Local Monies - Funds that are provided by county or local governments to support the provision of alcohol and/or drug treatment or prevention services.

Detoxification (Alcohol) - Restoration of client sobriety through medical or non-medical means under the supervision of trained personnel. Includes detoxification services provided in an inpatient or outpatient setting.

Detoxification (Drug) - Planned withdrawal from drug dependency supported by use of a prescribed medication.

Drug Free - A treatment regimen that does not include any chemical agent or medication as the primary part of the drug treatment. It is the treatment modality for withdrawal without medication. Temporary medication may be prescribed in a drug free modality, e.g., short-term use of tranquilizers, but the primary treatment method is counseling, not chemotherapy.

Hospital - An institution that provides 24-hour services for the diagnosis and treatment of patients through an organized medical or professional staff and permanent facilities that include inpatient beds, medical and nursing services. Clients should be counted if they are receiving detoxification or treatment services primarily for alcoholism and/or other drug abuse.

Maintenance - The continued administering and/or dispensing of methadone, L-alpha acetylmethadol (LAAM), or propoxyphene napsylate (Darvon-N), in conjunction with provision of appropriate social and medical services, at relatively stable dosage levels for a period in excess of 21 days as an oral substitute for heroin and other morphine-like drugs, for an individual dependent on heroin. This category also includes those clients who are being withdrawn from maintenance treatment.

Native American - The race/ethnicity group including Alaskan Natives, American Indians and Native Hawaiians.

Other (Type of Activity) - Other activities beyond treatment or prevention services, e.g., training, research and administration. All State Agencies have some administration costs and these should be shown in this category.

Other Federal - All Federal funds used for support of alcohol and/or drug treatment or prevention services other than the ADMS Block Grant monies. These could include funds provided through Federal programs such as the Social Services Block Grant, Medicare, the Federal share of Medicaid, Veterans Administration, Indian Health Service, Department of Education, and Department of Justice.

Other Sources - All funds used for support of alcohol and/or drug treatment or prevention services other than monies from the ADMS Block Grant program, Other Federal, State A/D Agency, Other State, County or Local sources. These funds could include reimbursement from private health insurance, client fees, court fines or assessments for treatment imposed on intoxicated drivers.

Other State - State revenues appropriated to State governmental units or programs other than the State Alcohol and/or Drug Agency which are used to support alcohol and/or drug treatment or prevention services. These funds may or may not eventually be administered by the State Alcohol and/or Drug Agency. These funds would include the State share of Medicaid funds provided for treatment services unless the Medicaid share is provided by the State Alcohol and/or Drug Agency's State appropriation.

Outpatient Alcohol - Evaluation and treatment, or assistance services, provided on a short-term basis to clients who reside elsewhere.

Outpatient Drug - Treatment provided by a unit where the client resides outside the facility. The client participates in a treatment program with or without medication according to a pre-determined schedule that includes counseling and other supportive care services. For the purpose of this effort, day care should be included in this category.

Outreach - Activities with objectives to increase the level of awareness of an agency's services in the community and among specific professionals to form linkages with referral, support and aftercare services. These activities may be in the form of public education, training, promotions, participation in coordination bodies, and other activities.

Prevention - Those activities that are designed to prevent individuals and groups from becoming dependent on the regular use of alcohol and/or licit or illicit drugs. Available services may vary widely but are generally associated with information, education, alternatives, and primary and early intervention activities, and may also encompass services such as literature distribution, media campaigns, clearinghouse activities, speaker's bureau, and school or peer group situations. These services may be directed at any segment of the population. When reporting allocation of ADMS Block Grant funds, early intervention services may be included within this category.

Rehabilitation/Residential (Alcohol) - An approach which provides in a hospital or non-hospital (including a halfway house) setting, a planned program of professionally directed evaluation, treatment or rehabilitation services for alcoholism and alcohol abuse.

Residential (Drug) - An environment where the client resides in a treatment unit other than a hospital. Drug treatment halfway houses, inpatient rehabilitation units, sanctuaries and therapeutic communities are included in this environment.

State A/D Agency Funds - State revenues, earmarked taxes or seized assets specifically appropriated to the State Alcohol and/or Drug Agency for support of alcohol and/or drug treatment, prevention or other related services.

Treatment - A broad range of formal organized services (including diagnostic assessment, detoxification, counseling, medical, psychiatric, psychological, social service, vocational services, outreach and aftercare support) for persons who have abused alcohol and/or drugs. These services are designed to alter specific physical, mental or social functions of persons under treatment by reducing client disability or discomfort, ameliorating the signs or symptoms caused by alcohol and/or drug abuse and influencing the behavior of such individuals in a positive way toward identified objectives/goals and improved functioning.

Treatment Unit - Discrete location, building or stand alone facility where alcohol and/or drug treatment services are provided by specially trained staff. In the case of outreach services, count only the permanent base of operations.

Vocational Services - Structures and consistent activities with an ultimate expectation of full or partial employment, including, but not limited to: job readiness training, vocational training, on-the-job training, apprenticeships, employment services, job search services. These services are not to be confused with formal academic or school activities.

APPENDIX B

STATE-BY-STATE POPULATION,  
PER CAPITA INCOME, POPULATION DENSITY AND STATE  
REVENUE FIGURES

STATE-BY-STATE POPULATION, PER CAPITA INCOME,  
POPULATION DENSITY AND STATE REVENUE FIGURES

STATE	CIVILIAN POPULATION JULY 1, 1987	1987 PER CAPITA PERSONAL INCOME	POP. DENSITY (per sq. mile)	FY 1986 STATE GENERAL EXPEND. (in millions)
ALABAMA	4,058,000	11,780	79.9	5,895.7
ALASKA	501,000	17,886	0.9	3,888.5
AMERICAN SAMOA	32,395	N/A	419.0	N/A A
ARIZONA	3,359,000	14,030	29.6	4,688.3
ARKANSAS	2,378,000	11,343	45.7	3,132.8
CALIFORNIA	27,354,000	17,661	175.0	50,791.2
COLORADO	3,251,000	15,862	31.4	4,375.6
CONNECTICUT	3,196,000	20,980	656.0	5,403.8
DELAWARE	639,000	16,238	330.7	1,318.7
DISTRICT OF COL	615,000	20,303	9,761.9	2,938.2
FLORIDA	11,918,000	15,241	220.1	12,967.4
GEORGIA	6,153,000	14,098	106.0	7,973.7
GUAM	105,816	N/A	506.3	N/A A
HAWAII	1,024,000	15,366	159.4	2,241.3
IDAHO	992,000	11,820	12.0	1,322.9
ILLINOIS	11,544,000	16,347	207.5	16,108.1
INDIANA	5,524,000	13,834	153.7	7,111.0
IOWA	2,833,000	14,191	50.6	4,450.7
KANSAS	2,452,000	14,852	30.0	3,239.5
KENTUCKY	3,694,000	11,950	93.1	5,372.5
LOUISIANA	4,430,000	11,362	99.5	7,150.8
MAINE	1,177,000	13,720	38.0	1,913.8
MARYLAND	4,480,000	17,722	455.4	7,153.7
MASSACHUSETTS	5,842,000	18,926	746.7	11,445.4
MICHIGAN	9,189,000	15,330	161.3	15,602.3
MINNESOTA	4,244,000	15,783	53.4	7,858.3
MISSISSIPPI	2,602,000	10,204	55.1	3,483.4
MISSOURI	5,087,000	14,537	73.8	6,063.5
MONTANA	805,000	12,255	5.5	1,396.3
NEBRASKA	1,581,000	14,341	20.6	2,121.9
NEVADA	997,000	15,958	9.1	1,538.8
NEW HAMPSHIRE	1,052,000	17,133	117.0	1,158.5
NEW JERSEY	7,651,000	20,067	1,024.5	13,615.6
NEW MEXICO	1,483,000	11,673	12.2	3,098.4
NEW YORK	17,796,000	18,055	375.6	36,363.7
NORTH CAROLINA	6,308,000	13,155	129.1	8,649.5
NORTH DAKOTA	661,000	13,061	9.5	1,426.5
OHIO	10,771,000	14,543	262.7	15,372.0
OKLAHOMA	3,239,000	12,520	47.2	4,801.3
OREGON	2,722,000	13,887	28.3	4,232.7
PENNSYLVANIA	11,919,000	14,997	265.5	16,320.6
PUERTO RICO	3,187,570	N/A	931.8	N/A A
RHODE ISLAND	980,000	15,355	928.9	1,924.9
SOUTH CAROLINA	3,360,000	11,858	111.2	4,812.2
SOUTH DAKOTA	702,000	12,511	9.2	1,029.2
TENNESSEE	4,834,000	12,738	117.5	5,670.9
TEXAS	16,645,000	13,764	63.5	18,918.1
UTAH	1,674,000	11,246	20.4	2,793.2
VERMONT	548,000	14,061	59.1	1,014.1
VIRGIN ISLANDS	95,591	N/A	724.2	N/A A
VIRGINIA	5,727,000	16,322	144.2	8,238.9
WASHINGTON	4,480,000	15,444	67.4	8,100.5
WEST VIRGINIA	1,897,000	10,959	78.7	3,065.3
WISCONSIN	4,805,000	14,659	88.3	8,423.7
WYOMING	486,000	12,759	5.0	1,475.9
UNITED STATES	245,080,372	15,340		379,457.8

N/A - Information not available.

A - Data based on 1986 population figures.

APPENDIX C

STATE MODEL PRODUCTS AVAILABLE AND CONTACT PERSONS

STATE MODEL PRODUCTS AVAILABLE AND CONTACT PERSONS

ALABAMA:

- o Leff Resource Allocation Model - Greg Carlson (Research & Planning)
- o Substance Abuse Day Treatment - Mary Lee Rice (Division Director)
- o Pre-Admission and Concurrent Utilization Review for Substance Abuse - Ingram Gomillion

ALASKA:

- o Alaska Natives and Alcohol Bibliography - Matt Felix
- o Alcoholism Treatment and Client Functioning - Matt Felix
- o Alaska Counselor Certification Standards - Jim McMichael
- o "Here's Looking At You" School Curriculum Implementation - Matt Felix
- o DWI Screening, Referral, and Followup Services - Emily McKenzie

ARKANSAS:

- o Chemical-Free Living Centers (Live-in and Work Programs) - John Chmielewski
- o Early Intervention Programs - Bill Davis
- o Treatment Program Accreditation Standards - William Bohannon

CALIFORNIA (ALCOHOL):

- o Friday Night Live - Paul Wyatt
- o Needs Assessment - Phil Rankin
- o Administrative Review Standards - Jenny Puga
- o Framework for Community Initiatives - Karen Stroud
- o Alcohol Credentialing Task Force - Final Report - Noralee Bradley

CALIFORNIA (DRUG):

- o Third-Party Payments Manual - Bob Gonzales
- o Standards for Drug Treatment Programs - Don Dooley
- o County Review Manual - Don Dooley
- o Program Review Manual - Don Dooley
- o Certification Review Instrument - Don Dooley
- o Methadone Regulations, California Administrative Code, Title 9 - Jean Brinkley
- o Methadone Review Instrument - Jean Brinkley
- o Prevention Standards - Queen Watson

COLORADO:

- o Colorado State Epidemiology Work Group Reports - Bruce Mendelson
- o Colorado Drug Use Trends - Bruce Mendelson
- o Colorado Prescription Drug Trends - Bruce Mendelson
- o Colorado Fiscal Policies and Criteria for Reimbursement - Marcia Gladstune

CONNECTICUT:

- o Establish an HIV Education and Testing Program Within Substance Abuse Programs - Robert Savage

DELAWARE:

- o Program Licensing Standards - Marcia Fernandez-Hermo
- o Contract/Program Monitoring Protocol - Marcia Fernandez-Hermo
- o Fee-for-service Contract Mechanism - Harris Taylor
- o Model Public/Private Program Effort - Harris Taylor

DISTRICT OF  
COLUMBIA:

- o Health's In (Storefront Health Promotion) - Marita Kizzie

DISTRICT OF  
COLUMBIA (con't):

- o PARADE (Community Mobilization) - Susan Meehan
- o Kennilworth Parkside (Housing Project) - Dr. Alice Murray
- o Living Stage (Drama Group) - George McFarland

FLORIDA:

- o Florida Statewide Epidemiology Work Group - Linda Lewis
- o State Alcohol and Drug Abuse Licensing Standards- Linda Lewis
- o ALPHA/BETA Programs (School Based Programs for Children At Risk) - Linda Lewis
- o Development of Statewide AIDS Task Force - Frank Nelson

GUAM:

- o Model Prevention Plans - Barbara S. N. Benavente
- o Innovative Programs - Richard Hartendorp
- o Counselor Participation - Vicky Duenas
- o Model Treatment Plans - Robert Borger
- o Program Monitoring and Evaluation - A. S. Dignadice

HAWAII:

- o Counselor Certification - Pat Hunter
- o State Employee Assistance Program - John McCarthy
- o Third Party Reimbursement Legislation Struggle - Pat Hunter
- o Use of VISTA workers for Community Prevention - Roger Messner

IDAHO:

- o Re-Drafting State Standards for Licensure, Rules & Regulations, for Treatment Facilities - Shelly Rust

IDAHO (con't):

- o Revised Alcohol/Drug Abuse Evaluators Rules, Regulations & Minimum Standards - Shelly Rust
- o Standardized DUI Evaluation Reporting Form - Shelly Rust
- o 6th Grade Learning Unit - Shelly Rust

ILLINOIS:

- o Quality Assurance Manual
- o Street Drug Dictionary
- o Generic Drug Listings
- o Trade Name Drug Listings for Schedule II Designated Product Prescription Drugs which require the Triplicate Form
- o DUI Regulations
- o Consolidated Licensure

INDIANA:

- o Certification Standards
- o Prevention Resource Center & District Coordinating Office System for Prevention
- o Training Models for Direct Service Staff

IOWA:

- o Correctional Licensure Standards - G. Dean Austin
- o Elderly Prevention Project - Cynthia Kelly

KANSAS:

- o Kansas Regional Prevention Plan - Elaine Brady Rogers
- o Kansas Minimal Needs and State-of-the-Art Continuum Plan - Larry Hinton
- o Treatment Program Licensing/Certification Standards- David Chapman
- o Kansas School Team Training - Elaine Brady Rogers
- o Grants Management System - Michael Flyzik

KANSAS (con't):

- o Information Resources Systems - Larry Hinton
- o ADAPT Program. (Treatment within Penal Institutions)-  
Ron Miller

KENTUCKY:

- o State Plan - Hugh Spalding
- o Champions Against Drugs (Prevention Program) - Dianne  
Shuntich
- o Substance Abuse Non-Medical Licensure Standards - Carol  
Sauers
- o State Methadone Protocol - Carol Sauers
- o DUI Program Report - Don Thurber

LOUISIANA:

- o Licensing Standards for Alcohol & Drug Abuse Programs-  
Steve Phillips
- o Guidelines for Rehabilitation Programs for Operating a  
Vehicle While Intoxicated - Stanford Hawkins

MARYLAND:

- o COPYIR - Counseling and Outreach Program for Youth in  
Resects - Howard B. Silverman
- o Quality Assurance Program - James Reagan
- o Substance Abuse Management Information System - William  
Rusinke

MICHIGAN:

- o Fundamentals of Substance Abuse Counseling - Judith  
Pasquarella
- o Effective Substance Abuse Counseling with Specific  
Population Groups - Judith Pasquarella
- o Michigan Model for Comprehensive School Health  
Education - Ilona Milke
- o Purchasing Substance Abuse Treatment: Toward a System  
for Enhancing Positive Outcome - Jarl Nischan

MINNESOTA:

- o Drug and Alcohol Normative Evaluation System - Carl Haerle
- o Video Tapes on CD and Hearing Impaired - Phil Brekken
- o Criteria for Assessment and Placement of Clients - Lee Gartner
- o Curriculum for Assessment Training - Karen Edens

MISSISSIPPI:

- o K-9 Statewide Prevention Program; - June Milam

MISSOURI:

- o Certification Standards Regarding Adolescent Programs- Robert McClain
- o Steps to Counteract Maldistribution of Services- Robert McClain
- o Statewide Training Needs Assessment Process - Richard Hayton
- o School/Community Team Training Model - Richard Hayton
- o Regional Teen Institute Model - Richard Hayton
- o Cooperation: A Tradition in Action. Self-Help Involvement of Clients in Missouri Alcohol and Drug Abuse Treatment Programs - Gerrit DenHartog
- o REP for MIPS - Randolph Hodill
- o Regional Managers Audit Guide - Michael Couty

MONTANA:

- o Counselor Certification Standards
- o Treatment Program Approval and Evaluation Standards
- o Alcohol and Drug Client Information System
- o Standards for Minors in Possession (MIP) Educational Programs
- o Standards for Driving Under the Influence (DUI) Educational Programs

NEBRASKA:

- o Program Certification Standards - Romeo Guerra
- o School Curriculum/Teacher Training - Gordon Tush
- o Five Year State Systems Plan - Gordon Tush
- o Community Organization Retreat Module - Youth and Adult Steve McElravy

NEVADA:

- o Personnel Certification/Program Accreditation Standards Mary Jenkins
- o AIDS Course for Alcohol Drug Counselors/Administrators Richard Ham
- o Innovative Recreational Prevention Programs - Kathy Bartosz
- o Federal Funding for Municipal EAP's - Sharyn Peal
- o Statewide Prevention Task Forces - Richard Ham
- o Joint Projects with Youth Detention Facilities - Mary Jenkins

NEW HAMPSHIRE:

- o Outward Bound Adolescent Treatment Program - Denise Devlin
- o Woman's Halfway House and J.T.P.A. Project - Denise Devlin

NEW JERSEY:

- o Mandatory Drug Treatment Reimbursement Legislation
- o Residential Alcohol Treatment Facilities - Cost Account and Rate Evaluation Guide
- o Alcohol Education Rehabilitation and Enforcement Fund Legislation (Designated Beverage Tax)
- o Statewide Community Organization Program (SCOP)
- o Certification of Drug and Alcohol Counselors

NEW MEXICO:

- o Governor's Alliance Against Drugs (11/86 Report)  
Contains Model Prevention Plans, Model Treatment Plans  
and Policies, - Kent McGregor
- o Student Drug Use Incidence and Prevalence Survey and  
Findings - (10/86 Report) Kent McGregor
- o Models for an Outpatient Alcohol Detoxification and  
Intensive Outpatient Rehabilitation (one to six hours  
day treatment) - Mela Salazar

NEW YORK (ALCOHOL):

- o Standards for the Operation of Various Treatment  
Settings, Including Community Residences, Youth  
Residential Progrms, and Inpatient and Outpatient  
Alcoholism Facilities - William T. Tyrell
- o "Community Action" Multi-Media Campaign (TV, Radio,  
Brochures, Posters, etc.) - Betsy Comstock
- o "High Risk, Low Risk Drinking" Multi-Media Campaign -  
Betsy Comstock
- o "Early Warning Signs and Symptoms" Multi-Media Campaign  
- Betsy Comstock
- o "High Risk Groups" Multi-Media Campaign - Betsy  
Comstock
- o Posters
  - "Wine-Coolers"
  - "Beer is a Drug"
  - "Alcohol-It Takes all Kinds of People"
  - Contact - Betsy Comstock
- o "Q's and A's" - Basic Informational Brochure on Alcohol  
Abuse - Betsy Comstock
- o Trainer's Manuals: Alcoholism Counseling: Core  
Curriculum (Cost outside the alcoholism field and out  
of State) - Bureau of Professional Development
- o Primer on Alcoholism (Cost out of State and for  
multiple copies) - Bureau of Professional Development
- o Guidelines for Development of Alcoholism and Alcohol  
Abuse Programs (Description of Model Programs) Robert  
S. Ball

NEW YORK (ALCOHOL) (con't):

- o 1987 Update to Five-Year Comprehensive Plan for Alcoholism Services in New York State 1984-1989- Focus on Research, Planning and Professional Development (Comprehensive Need Methodology) - Robert S. Ball
- o 1988 Update to Five-Year Comprehensive Plan for Alcoholism Services in New York State 1984-1989 - Focus on Treatment and Rehabilitation (Treatment Program Guidelines) - Robert S. Ball

NEW YORK (DRUG):

- o AIDS Institute, Narcotic and Drug Research, Inc. - John Randall
- o Homeless Emergency Assistance Referral and Treatment (HEART Project) - John Gustafson

NORTH DAKOTA:

- o Licensing of Counselors - John J. Allen
- o Licensing of Treatment Facilities - John J. Allen
- o Youth Alcohol & Drug Survey (grades 7-12) - John J. Allen

OHIO:

- o Driver Intervention Program Cost Reimbursement System- Walter Hull
- o Teenage Institute on Alcohol and Other Drugs - Rob Steele
- o Ohio Drug and Alcohol Studies Institute - Etolia Rowe
- o Program Certification Standards Process - Louis Haynes
- o Management and Fiscal Information System - Walter Hull and Larry Isch
- o Prevention Professional Credential/Certification Program - Frank Underwood, BAAAR
- o Ohio Prevention and Education Conference - Sharon Wilson, BuDA
- o Statewide "Just Say No" Poster Contest/Walk Against Drug Abuse - Sharon Wilson, BuDA

OHIO (con't):

- o AIDS Information and Training Project for Substance Abuse Programs - Terre Welshon, BuDA
- o Substance Abuse and the Hearing Impaired: Developing Strategies for Treatment and Prevention - Terre Welshon, BuDA
- o Ohio Drug and Alcohol Studies Institute - Terre Welshon, BuDA
- o Prevention Resource Center - Sharon Wilson, BuDA
- o "Be Smart/Don't Start" Statewide Campaign - Sharon Wilson, BuDA
- o High Risk Youth Demonstration Grants - Frank Underwood, BAAAR
- o Monitoring/Evaluating the 45% and 55% ADTR - Sarah-Jane Workman, BuDA

OKLAHOMA:

- o Oklahoma Mental Health Information System (OMHIS)
- o Standards and Criteria Manual for Alcohol and Drug Program Certification
- o Women's Halfway House that Includes their Children
- o State Wide Training Model

OREGON:

- o Revised Methadone Regulations - Vern Madison
- o Revised Residential Treatment Program Regulations - Clark Campbell
- o Program Concepts for Alcohol and Other Drug Treatment in Minimum Security Correctional Units - Jeff Kushner
- o 2nd Biennial Adolescent Survey - Jeff Kushner
- o Alcohol Treatment Longitudinal Follow-up Survey - Marilyn Wachal
- o Dual Diagnosis Report and Recommendations - Patricia Saenz

PENNSYLVANIA:

- o Teen Pregnancy/Parenting Program - Joyce Robertson
- o Student Assistance Programs - Joyce Robertson
- o Treatment Alternatives to Street Crimes - Gloria Martin-Payne
- o Underage Drinking Program - Velitta Prather
- o Absenteeism Programs - Joyce Robertson

PUERTO RICO:

- o Project (RED) Interagency Network for Prevention - Ana I. Emmanuelli
- o Program of Preventive Orientation and Counseling to Parents of Students in the Public Schools of Puerto Rico - Ana I. Emmanuelli
- o Alcoholism Treatment Modules for Imprisoned Alcoholics or Alcohol Abusers in Penal Institutions - Alejandrina Lugo
- o Implemenation of Therapeutic Community Concept in Drug Treatment for Minors - Lizzie Torres (809) 763-8570
- o Regulations to Evaluate and License Institutions, Facilities or Diagnosis Centers - Nadina Rentas
- o Regulations to Evaluate and License Institutions, Facilities or Centers for Prevention - Nadina Rentas

RHODE ISLAND:

- o 1987 Harvard University Needs Assessment: Drug Abuse Treatment & Prevention Plan for R.I. - E. Koch
- o 1985 Brown Needs Assessments: a) Substance Abuse Treatment in R.I.--Population Needs & Program Development; b) Care for the Chronic Inebriate - E. Koch
- o 1987 Legislation - Insurance Coverage for Treatment of Substance Abuse - E. Koch
- o Bramley Bill (Legislation which provides funding for municipal prevention programs through directing revenues from motor vehicle violation penalties into a restricted receipt account specifically for funding drug prevention programs) - E. Koch

RHODE ISLAND (con't):

- o Model "School Substance Abuse Policy Guide" (K-12)- David Hamel
- o Model "Children of Alcoholics Prevention Program (Redhouse Program - ages 3-18) - David Hamel
- o Driving While Intoxicated (DWI) Legislation: - Jo-Ann Cotnoir
- o Bridge Aftercare Project (Peer Support for Recovering Addicts) - Kerry O'Neil
- o Counselor Certification Standards - David Hamel
- o Transitional/Long-Term Care Model for Chronic Inebriates - Erika Koch
- o Human Ecology Program (K-12 Substance Abuse Curriculum) - David Hamel
- o Peer Education Program - David Hamel

SOUTH CAROLINA:

- o Credentialing Criteria - Counselor, Intervention Specialist, Prevention Specialist - J. Trent
- o Treatment Standards for Subcontractors - James Neal
- o "On a Pedestal" - Original Skits on Alcohol, Drug, and Women - Judith Miller
- o Women's Alcohol Education Package - Gaye Christmas
- o Trainer's Manual for "Identification and Referral of Substance Abusing Youth" - Moses Rabb

SOUTH DAKOTA:

- o Accreditation Standards
- o Counselor Certification
- o High School Survey

TENNESSEE:

- o Counselor Certification - Sharon Shaw
- o Licensing-Programmatic Monitoring Systems-Evaluation Reports - Herb Stone

TENNESSEE (con't):

- o Prevention-Early Intervention - Kay Wilson
- o Innovative Prevention Programs - Kay Wilson, Mike Herrmann

UTAH

- o Funding Formula Development Process - Jan Pierce, Chairperson State Board
- o Youth Programs - PRIDE and IMPROV - Laurie Hargraves, West High; Mary Lou Emerson-Bozich, State Education
- o Weber Youth Treatment Assessment - Harold Morrill, Director
- o Summit County Project (Prevention) - Susan Carcelli, Director

VERMONT:

- o Counselor Approval Regulations
- o Standards for Treatment Programs
- o Quality Assurance Protocols and Criteria

VIRGINIA:

- o Training Manual for Staff at Social Setting Detox Programs - Ken Howard
- o Community Services Board Evaluations - Shep Zeldin
- o Resource Allocations - Randy Koch

WEST VIRGINIA:

- o Counselor Certification Standards - Mary Pesetsky
- o Adolescent Substance Abuse Resource Manual - Bruce Clay
- o West Virginia Adolescent Substance Abuse Services Plan  
Bruce Clay

WISCONSIN:

- o Program Standards - Dan Grossman
- o Counselor Certification Standards - Lowell Jenkins

WISCONSIN (con't):

- o Needs Assessment Evaluation System - Mike Quirke
- o Allocation Methods - Clem Jauquet
- o AIDS/IV Drug Use Training - Deborah Powers
- o Model Programs - Prevention - Lou Oppor
- o Model Programs - Treatment - Dorothy Houden
- o Model Programs - Native American - Clem Jauquet
- o Model Programs - Other Minorities - Kathy O'Connor

WYOMING:

- o Intensive Outpatient Demonstration Project - Carol Day

APPENDIX D

NAME, TITLE AND TELEPHONE NUMBERS OF LEAD STATE STAFF  
PERSONS BY STATE ON SPECIFIC TOPIC AREAS INCLUDING:

- o AIDS
- o DATA COLLECTION/INFORMATION MANAGEMENT
- o DRUNK DRIVING
- o EVALUATION
- o HOMELESS PROGRAMS

NAME, TITLE AND TELEPHONE NUMBER OF LEAD STATE  
STAFF PERSONS

	NAME	TITLE	TELEPHONE NUMBER
<b>ALABAMA</b>			
Data Collection/ Information Management:	Larry Williams	Analyst	(205) 271-9271
Evaluation:	Howard Blalock	Chief, Evaluation	(205) 271-9277
Homeless:	Jay Muller	Chief, Program Development	(205) 271-9261
<b>ALASKA</b>			
AIDS:	Roslyn Reeder	Health Facility Surveyor	(907) 561-4213
Data Collection/ Information Management:	Peter Kinney	Management Analyst	(907) 586-6201
Drunk Driving:	Emily McKenzie	Program Coordinator	(907) 264-0735
Evaluation:	Jim McMichael	Regional Coordinator	(907) 561-4213
Homeless:	George Mundell	Regional Coordinator	(907) 586-6201
<b>ARIZONA</b>			
AIDS:	John Migliaro	Inspection Team Leader	(602) 255-1175
Data Collection/ Information Management:	Tom Bradbeer	Management Analyst	(602) 255-1160
Drunk Driving:	Toni Bland	Program Representative	(602) 255-1170
Evaluation:	Kendis Stake	Executive Consultant	(602) 255-1140
Homeless:	Cheryl Fanning	Health Planning Consultant	(602) 255-1144

OLD ALBANY

AIDS:	Bonnie Smith	AIDS Coordinator	(501) 681-2000
Data Collection/ Information Management:	Paula Teeters	Data Specialist	(501) 682-6661
Drunk Driving:	Georgia Swearigen	Public Safety	(501) 371-1101
Evaluation:	William Bohannon	Planning Specialist	(501) 682-6655
Homeless:	John Chmielewski	Management Project Analyst	(501) 682-6657

CALIFORNIA

AIDS:	Kurt Klemencic	AIDS Coordinator	(916) 323-2058
Data Collection/ Information Management:	Susan Nisenbaum	Research Manager	(916) 323-2008
Drunk Driving:	Joy Jarfors	Manager, DDP	(916) 322-2964
Evaluation:	Lois Lane Lowe	Research Specialist	(916) 323-2036
Homeless:	Sherry Conrad	Manager, Quality Assurance Branch	(916) 322-2911

COLORADO

AIDS:	Danelle Young	Treatment Program Director	(303) 331-8237
Data Collection/ Information Management:	Bruce Mendelson	Planning & Evaluation Director	(303) 331-8222
Drunk Driving:	Bud Meadows	Associate Division Director	(303) 331-8207
Evaluation:	Bruce Mendelson	Planning & Evaluation Director	(303) 331-8222
Homeless:	Danelle Young	Treatment Program Director	(303) 331-8237

CONNECTICUT

AIDS:	Robert Savage	Assistant to Executive Director	(203) 566-3123
Data Collection/ Information Management:	Allan M. Duran	Director, Planning and Development	(203) 566-4522

CONNECTICUT

Drunk Driving:	John Rimetz	DWI Coordinator	(203) 566-4414
Evaluation:	Allan H. Duran	Director, Planning and Development	(203) 566-4622
Homeless:	Julie Lonopla	Planning Analyst	(203) 566-4622

DELAWARE

AIDS:	Fran Didomenicis	Training Officer	(302) 421-6109
Data Collection/ Information Management:	Charles Reilly	M.I.S. Supervisor	(302) 421-6101
Drunk Driving:	Jack A. Yeatman	Quality Assurance	(302) 421-6101
Evaluation:	Barbara Melville	Program Evaluation Specialist	(302) 421-6101
Homeless:	Judith Johnston	Planner	(302) 421-6101

DISTRICT OF COLUMBIA

AIDS:	Jane Silver	Chief, Office of AIDS Activity	(202) 673-3679
Data Collection/ Information Management:	Charles W. Avery	Public Health Analyst	(202) 724-5637
Drunk Driving:	Charles W. Avery	Public Health Analyst	(202) 724-5637
Evaluation:	Vernell Roberts	Chief, Monitoring and Evaluation	(202) 724-5641
Homeless:	David Hooper	Homeless Coordinator	(202) 673-7700

FLORIDA

AIDS:	Linda Lewis/ Frank Nelson	Program Administrator/ Program Supervisor	(904) 488-0900
Data Collection/ Information Management:	Naomi Meness	Data Information and Coordinator	(904) 488-0900
Drunk Driving:	Charles Rabaut	Senior Human Service Program Specialist	(904) 488-0900

HOUSTON

Evaluation:	Naomi Hennes	Data Information and Coordinator	(904) 488-9900
Homeless:	Frank Nelson	Program Supervisor	(904) 488-0900

FLORIDA

AIDS:	Nancy Record	Director, Special Projects	(404) 894-5321
Data Collection/ Information Management:	Margaret Taylor	Special Assistant	(404) 894-6351
Drunk Driving:	Tony LaSalata/ Jane Martin		(404) 894-5031 (404) 894-4218
Evaluation:	Margaret Taylor	Special Assistant	(404) 894-6351
Homeless:	Margaret Taylor	Special Assistant	(404) 894-6351

GUAM

Data Collection/ Information Management:	Joseph P. Claveria	Planner	(671) 646-9261-9
Drunk Driving:	Robert Borger	Alcohol Therapist	(671) 646-9261-9
Evaluation:	Aniceto Dignadice	QA Coordinator	(671) 646-9261-9

HAWAII

AIDS:	John McCarthy	Program Specialist	(808) 548-4280
Data Collection/ Information Management:	Janice Roberts	Program Specialist	(808) 548-4280
Evaluation:	Joyce Ingram-Chinn	Chief, ADAB	(808) 548-4280
Homeless:	Joyce Ingram-Chinn	Chief, ADAB	(808) 548-4290

IDAHO

AIDS:	Pat Balistreri	Area Specialist	(208) 334-5935
Data Collection/ Information Management:	Tim Schaaf	Micro Program	(208) 334-5935

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Alaska (cont.)

Drunk Driving:	Pat. Balistreri	Area Specialist	(208) 334-5935
Evaluation:	Pat. Balistreri	Area Specialist	(208) 334-5935
Homeless:	Pat. Balistreri	Area Specialist	(208) 334-5935

ILLINOIS

AIDS:	L. Hargnett	Deputy Director	(312) 917-2300
Data Collection/ Information Management:	J. Woodruff	Administrator	(217) 782-0685
Drunk Driving:	M. Bishop	Administrator	(312) 917-6387
Evaluation:	L. Hargnett	Deputy Director	(312) 917-2300
Homeless:	J. Bixler	Administrator	(217) 782-5262

INDIANA

AIDS:	Joseph E. Mills, III	Director	(317) 232-7818
Data Collection/ Information Management:	Edward Ward	Director MIS	(317) 232-7816
Drunk Driving:	Joseph E. Mills, III	Director	(317) 232-7818
Evaluation:	Robert Tybur ski	Director, Central Office	(317) 232-7818
Homeless:	Joseph E. Mills, III	Director	(317) 232-7818

IOWA

AIDS:	Janet Zwick	Director, Division of Substance Abuse	(515) 281-4417
Data Collection/ Information Management:	Larry Coghlan	Chief, Bureau of Data Processing	(515) 281-3583
Drunk Driving:	Louise Lex, Ph.D.	Administrator, Office of Health Planning	(515) 281-4346

INDIANA

AIDS:	Kate Ames-Oliver	Licensing Consultant	(913) 296-3925
Data Collection/ Information Management:	Larry Hinton	Administrator	(913) 296-3925
Drunk Driving:	Ron Miller	Administrator	(913) 296-3925
Evaluation:	Larry Hinton	Administrator	(913) 296-3925
Homeless:	Larry Hinton	Administrator	(913) 296-3925

ILLINOIS

AIDS:	Richard Miller	Criminal Justice Liaison	(502) 564-2880
Data Collection/ Information Management:	Hugh Spalding	Manager	(502) 564-3487
Drunk Driving:	Don Thurber	DUI Administrator	(502) 564-3487
Evaluation:	Hugh Spalding	Manager	(502) 564-3487
Homeless:	Terry Adair	Program Coordinator	(502) 564-3487

LOUISIANA

AIDS:	Theresa Harris	Program Officer	(504) 922-0713
Data Collection/ Information Management:	Annie Chapman	Management Analyst	(504) 922-0712
Drunk Driving:	Sanford Hawkins	Program Officer	(504) 922-0727
Evaluation:	Gwenda McKenzie	Program Officer	(504) 922-0711
Homeless:	Gwenda McKenzie	Program Officer	(504) 922-0711

MAINE

AIDS:	Catherine St. Pierre	Research & Evaluation Specialist	(207) 289-2781
Data Collection/ Information Management:	Catherine St. Pierre	Research & Evaluation Specialist	(207) 289-2781
Drunk Driving:	Dorothy Mitchee	Prevention Specialist	(207) 289-2781

UNITED STATES

Evaluation: Sylvia Lund Supervisor, Quality Assurance (207) 289-2781

Homeless: Nellie Pinner Director, OADAP (207) 289-2781

MASSACHUSETTS

AIDS: Stephen Goldklang Assistant Director ASA (301) 225-6872

Data Collection/  
Information Management: William Kusinko Chief, MIS (301) 225-6886

Drunk Driving: Wayne Kempke Chief, Criminal Justice (301) 225-6563

Evaluation: Charles Alexander Chief, Certification (301) 225-0902

Homeless: William Lowey Chief, Special Population (301) 225-6551

MASSACHUSETTS

AIDS: Jo-ann Kwass AIDS Coordinator (617) 727-1960

Data Collection/  
Information Management: Dennis McCarty Director, Planning & Evaluation (617) 727-8614

Drunk Driving: Janice Hayes Assistant to Director (617) 727-8614

Evaluation: Phil Carrozza Manager, Evaluation (617) 727-1960

Homeless: Joe Valiely Program Coordinator (617) 727-8614

MICHIGAN

AIDS: Cliff Allo Chief, Quality Assurances & Operations (517) 335-8855

Data Collection/  
Information Management: Richard Calkins Chief, Evaluation (517) 335-8833

Drunk Driving: Mark Steinberg Senior Policy Analyst (517) 335-8833

Evaluation: Richard Calkins Chief, Evaluation (517) 335-8833

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NEW MEXICO

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NEW YORK (DRUG)

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Data Collection/  
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Drunk Driving: John J. Allen Director (701) 224-2769

Evaluation: John J. Allen Director (701) 224-2769

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APPENDIX E

STATE NARRATIVE REPORTS ON MAJOR UNMET NEEDS

STATE NARRATIVE REPORTS  
ON MAJOR UNMET NEEDS

ALASKA:

- o Increased and improved services for intoxicated persons in rural areas has been identified as a major need in Alaska and will require additional staff, funds, and facilities.

ARIZONA:

- o No new, stable, funding for the needed expansion of substance abuse youth. A State task force has just completed a report describing needs and funding estimates, and legislation is being drafted for consideration in the current legislative session.
- o Detoxification facilities, primarily for chronic, indigent alcoholics, have insufficient local support to supplement state funding. Facilities need modernizing and increased medical staff is necessary.

ARKANSAS:

- o Expansion of existing treatment services are necessary:
  - For adolescents;
  - For homeless;
  - To increase treatment "slots."

CALIFORNIA (ALCOHOL):

- o Additional detox beds -- increased staffing and facilities.
- o Additional recovery beds -- increased staffing and facilities.
- o Child care in women's services -- increased staffing, funding, facilities, and training.

CALIFORNIA (DRUG):

- o Residential services to youth need to be increased. ADP is encouraging all California counties to increase the services by increasing facility capacities and opening new programs.

COLORADO:

- o Additional funds to reimburse for expanded detoxification capacity in Colorado Springs.
- o Reimbursement to cover services to family members.
- o Funding for prevention programs to reach all age and special need populations--Asians, elderly, physically handicapped.
- o Funds and training for specialized services for the dually-diagnosed, criminal justice clients and the angry, resistive and dangerous clients.
- o An employee assistance program for workers in the substance abuse field.

CONNECTICUT:

- o Supplemental funding for existing treatment services.
- o Supplemental funding to upgrade compensation of workers in non-profit community agencies.
- o Additional staffing for existing treatment services.
- o Supplemental funding to expand outpatient chemical free services.
- o Supplemental funding to expand residential treatment services.
- o Reimbursement to cover services to family members.

DELAWARE:

- o Residential treatment program for chronic alcoholics (long-term program for approximately six (6) months. Need facility and funds for staffing and other operating expenses.
- o Additional detoxification bed capacity. Need to expand the number of beds and funds for staffing and related operating costs.

DISTRICT OF COLUMBIA:

- o Community opposition continues to delay program development and the expansion outpatient and residential drug treatment slots to meet the level of need.

DISTRICT OF COLUMBIA (con't):

- o The development of program advisory boards to enhance community involvement and acceptance is planned.

FLORIDA:

- o Need repair, renovation and construction of facilities which meet state standards.
- o Need to reduce staff to client ratios.
- o Need to expand treatment capacity.
- o Need resources for women's services
- o Need resources for children's services

GEORGIA:

- o Several groups of people have service needs that have not been adequately addressed by the Regional Plan, and now call for special attention in treatment services.
  - People who return to detoxification programs three to five (3-5) times or more each year have not been successfully engaged in a recovery program following discharge.
  - Women are under-represented in many treatment programs due to the special stigma associated with addiction for women and the isolation women feel in treatment programs where they are few in number.
  - Elderly people are also under-represented in treatment and need the support of their age peers in recovery programs.
  - Adolescents, whose needs are of concern to many Divisions within the Department, still receive fragmented and inadequate services for substance abuse as well as for other problems.

Alcohol and drug dependent offenders are in need of the full continuum of treatment services, both within and outside the correctional setting.

GUAM:

- o There are currently two Drug and Alcohol staff in the Department. Given Guam's population and the increasing number of Drug and Alcohol clients seeking treatment, it is obvious that more staff will be needed. The biggest problem lies in the recruitment of qualified personnel, the lack of funding, and the totally inadequate facility currently occupied by the Department.

HAWAII:

- o Adolescent Services - all resources needed.
- o Services for physically, hearing, visual handicapped- all resources needed.
- o Coordination of planning, evaluation and delivery of services - funding for staff.

IDAHO:

- o The closure of the State Hospital North adolescent alcohol/drug program left a major need for the provision of residential treatment specific to the needs of adolescents. There is a lack of funding resources to support a major facility appropriate for statewide utilization and referral. The issue is currently being reviewed by the Department and auxiliary committees for a resolution. There are currently trained staff and programming expertise available. A site location within the State and a building structure appropriate for a treatment facility need to be identified. This priority-need represents a significant increase in the numbers of adolescents entering treatment programs.

ILLINOIS:

- o Increased outpatient and residential treatment services capacity.
- o Increased availability of services for the dually diagnosed (alcohol/drug abuse and mentally ill).
- o Stabilized funding systems and maintenance funding/COLA adjustments.
- o Increased detoxification services capacity.
- o Increased funding for additional positions and salary upgrades.

ILLINOIS (con't):

- o Additional treatment resources for adolescents.
- o Additional treatment capacity to decrease drug/alcohol treatment waiting lists.
- o Prevention funding and coordination of State and Federal initiatives.

IOWA:

- o Additional outpatient and residential treatment beds for adults.
- o Specific juvenile outpatient and residential program.

KANSAS:

- o Major needs include continuum services for indigent youth, completion of regionalized prevention programming and upgrading of existing treatment programs and facilities. Funding is needed to expand the programming, repair or replace facilities, upgrade staff and technology. Legislation is needed for mandatory staff credentialing.

KENTUCKY:

- o Several special populations were identified as needing more intensive treatment and intervention services. Adolescents (detoxification, rehabilitation, transitional), elderly, women, public inebriate, perpetrators and victims of domestic violence are in need of a full continuum of care. Child care services for women clients has been identified as an unmet need. Housing for homeless alcoholics is receiving more attention. Student assistance programs in the public and private school systems are needed. Improved technology in criminal justice assessment and referral is also needed. Financial resources to reach a greater number of the population is needed for both prevention and treatment.

LOUISIANA:

- o Louisiana does not presently have the necessary inpatient and halfway house treatment capabilities to meet the alcohol and drug abuse treatment needs of the adolescents. There are over 1.3 million children and adolescents in Louisiana, but only 40 public beds to care for the number one recognized health hazard to young people - alcoholism and drug abuse. There are no beds to provide extended care for our young people.

MAINE:

- o Expanded services to indigent clients.
- o Adjustments, improvements to the adolescent services system (better training of gatekeepers; more comprehensive assessments, family oriented treatment; and expanded capacity).
- o Gaps: funding/available pool of qualified service providers.

MARYLAND:

- o Staffing supplement for residential cocaine dependency program.
- o Additional methadone maintenance slots.
- o AIDS education/support group for 15 methadone programs.
- o Adolescent and adult ICF beds for the dually diagnosed.
- o Women's recovery house for 15 women and 10 dependent children.
- o One hundred eighty (180) alcohol outpatient counseling slots.
- o Six hundred (600) outpatient counseling slots for chemically dependent adolescents.
- o Two (2) prevention resource centers for western and southern Maryland.

MASSACHUSETTS:

- o Need treatment services for IV needle users. Resources needed are staff, funds, and facilities.
- o Need treatment services for deaf and hard of hearing clients. Resources required are staff, funds, facilities, and technology
- o Need treatment services for physically disabled clients. Resources necessary are staff, funds, and facilities.
- o Need treatment services for the chronically impaired homeless substance abuser. Resource required are staff, funds, and facilities.

MASSACHUSETTS (con't):

- o Need treatment services for women, especially detoxification and mandated care. Resources needed are staff, funds, and facilities.

MINNESOTA:

- o Facilities and methods for providing child care for women in need of treatment.
- o Improved access for women to enter and stay in treatment.
- o AIDS education and training for special population groups (e.g., minorities).
- o Improved coordination and services for mentally ill and chemically dependent population.

MISSOURI:

- o The recent state planning process revealed several major needs across the State. These needs reflect both long-standing and emerging issues:
- o Expansion of services and regional parity: Currently only 34 percent of the target population is being served through Division-funded programs. There is also a great deal of variance in the per capita expenditures for services across regions, ranging from a low of \$2.26 to a high of \$4.48. Funds are needed to increase services statewide and to add services to regions which lag behind others in expenditures.
- o Services to special populations: Services for those needs cannot be met by the Division's standard programs constitute a great concern. Minimum programs for adolescents are needed in two (2) of the six (6) regions. Domiciliary care programs exist in only two (2) of the regions. Services for family members of substance abusers are virtually nonexistent. Programs need to be developed for both the dually-diagnosed and public inebriates. Funds required to develop these services would tend to be greater because of their specialized nature.

MONTANA:

- o Lack of detoxification and inpatient beds for the eastern Montana population (funds).

MONTANA (con't):

- o Lack of transitional living or extended care beds including specific facilities for youth and women targeted to the special needs of women (funds, staff and facilities).
- o Lack of outreach and outpatient services in Montana's rural towns and communities - (funds).
- o Lack of prevention and educational programs for communities, and the networking of existing programs- (funds, staff).
- o Maintenance of existing levels of service with decreasing public funds - (funds).
- o Staff training - (funds, staff).
- o A need for development and expansion of community-based and school-based prevention activities in the rural areas.
- o Expand prevention efforts from schools to parents and other community groups.

NEVADA:

- o The primary need is additional financial resources for state funded treatment providers. Women's transitional beds are completely lacking. There are also insufficient funds for medical detoxification. Combined mental health and alcohol and drug abuse treatment beds are difficult to provide because of medical base and psychiatric component needed.

NEW HAMPSHIRE:

Needs:

- o Detox capability for indigent and non-insured.
- o Increased residential treatment for drug abusers.
- o Programs for single mothers and children.
- o Residential programs for psychiatric and substance abuse problem individuals.
- o Outreach for the elderly.
- o All of the preceding would require additional funding.

NEW HAMPSHIRE (con't):

- o The first need could be met by a cost-sharing mechanism for detox services for the indigent and uninsured. This would involve general hospitals with discrete detox units.
- o The second and third would require facilities and staffing.
- o The fourth would require counselors from the mental health and alcohol and drug disciplines who were cross-trained to work with this unique population.
- o The last would require outreach workers to bring educational information and intervention skills and training to the elderly in their living environment.

NEW JERSEY:

The major programmatic areas in need of substantial funding resources are:

- o Homeless/chronic debilitated alcoholics and drug addicts in need of residential extended care services.
- o Teenage substance abusers in need of primary and residential services.
- o Substance abusers who have an additional simultaneous condition including AIDS, mental illness and hearing loss in need of specialized treatment services.
- o Indigent clients who are unable to pay for treatment services.
- o Enhanced Prevention and Educational services statewide.

NEW MEXICO:

- o Our most pressing needs are clinical evaluations and assessment and tracking for appropriate referral. We feel this type of interagency work is most appropriately handled at the State Agency level. In order for us to provide the instruments, technology, and staff for this project, we must have adequate funding and support services at the Federal level.

NEW YORK (ALCOHOL):

- o The alcoholism service delivery system reaches approximately eight per cent (8%) of the population in need. Almost all existing inpatient and outpatient alcoholism treatment services report excessive waiting time for entry into service. In many communities the most fundamental services do not exist.

NEW YORK (DRUG):

- o As a general rule, there is a greater demand for services in all areas than there are services in place.

NORTH DAKOTA:

- o Agency staff - minimal - need funds and space.
- o Prevention Resource Center - need staff and facility.
- o Programs for special populations - need funds, personnel and facilities.

OHIO:

- o State alcohol funding in Ohio continues to fall dramatically short of the need for services. The current ratio of the annual cost of Ohioans to the annual State funds expended for such services is over 700 to one (1).
- o Ohio continues to experience an increase in the incidence and prevalence of alcoholism and other drug abuse problems, which has resulted in a demand for more prevention, intervention, and treatment services throughout the state. Needs assessments continue to document the demand for alcohol and other drug abuse services.
- o Both public and private schools, from elementary grades through universities, are voicing the need for various alcohol and drug abuse services which include the following: prevention and education programs for students; education programs for parents and family members of high risk and/or drug involve youth; training programs for staff and other personnel (e.g., school bus drivers); and intervention and treatment programs in the community for students and staff already involved with alcohol and other drug abuse problems.
- o Both the adult and juvenile criminal justice systems need a number of services: alcohol and drug abuse screenings and evaluations; short-term intervention in

OHIO (con't):

house treatment services; community-base treatment services and driver interventions programs to serve in lieu of incarceration for persons convicted a drunk driving.

- o A growing number of employers and labor organizations have identified a problem with alcohol and other drug abuse among members of Ohio's workforces and are actively seeking intervention/resolution of the problem. They realize that for those who are employed and have alcohol or other drug abuse problems, a significant economic price is paid in reduced production, increased absenteeism, product waste, accidents, medical costs and disciplinary encounters. In 1984, Ohio established for its 55,000 employees and Employee Assistance Program to address the needs of this group.
- o Providing residential services for indigent or underinsured clients, especially youth, continues to be a problem in all areas of the State. The Bureau's, along with the Governor's Office of Advocacy for Recovery Services and the Governor's Council on Recovery Services, intend to actively explore alternative funding approaches to address this need.

OKLAHOMA:

- o Expand alcohol/drug services to youth  

A great majority of adolescents in residential treatment come from families where parents or other family members abuse chemicals. Returning an adolescent to an environment devoid of supportive care increases the risk of relapse. Estimates indicate 50% of persons who complete residential treatment need the supportive environment of a transitional living facility/halfway house rather than return home.
- o Expand and initiate alcohol/drug outpatient and placement services to the general population where these services do not currently exist. These services will allow clients to receive therapeutic and supportive services designed to facilitate re-integration into independent living in the community. These services will reduce re-admission to intensive treatment facilities and result in lower cost.

OKLAHOMA (con't):

- o Expand and initiate alcohol/drug short-term, intensive residential treatment in the Comprehensive Treatment Center to be located in the Western Region. These services shall include non-medical detoxification as well as residential service for the general population.
- o Expand alcohol and other drug services to special populations, including assessment/referral and aftercare services to the Native American population statewide. The Department will place 10 trained counselors at selected Indian Health Services' facilities to provide therapy and networking to facilitate appropriate care for this population.

OREGON:

- o The following programatic areas have need for increased staff capacity, funds, facilities and technologies: Correctional treatment programs, women's treatment program, dual-diagnosis treatment programs, youth-at-risk, particularly with alcohol and drug problems or potential problems.

PENNSYLVANIA:

- o Adolescent treatment services.
- o Adult/adolescent treatment services.
- o AIDS training - there is a core of trainers in the ODAP training system who have gone through the NIDA training program for risk reduction/health promotion. Need to target programs with at-risk populations.

PUERTO RICO:

- o Due the characteristics of the clientele (multiple drug use, diversification in education levels and legal problems) the Agency needs more specialized personnel and physical resources.
- o There is a need of additional funds for prevention to cover the recruitment of additional specialized personnel and to acquire more audiovisual equipment and materials for the design and production of mass media campaigns oriented towards the different group populations.

PUERTO RICO (con't):

- o Funding to maintain current level of funding for the treatment network.
- o Funding to continue operation of residential alcohol treatment services for women.
- o Funding to continue methadone maintenance services targeted at individuals at-risk of contacting AIDS.
- o Cost of living increases.
- o Funding to continue AIDS initiative implemented via ADTR funding.
- o Operating expense for implementing transitional/longterm care program for chronic inebriates.
- o Capital and operating funds for a male adolescent drug treatment program.
- o Funding for Medicaid match.

SOUTH CAROLINA:

- o Funding to provide improved salaries for county alcohol and drug abuse personnel to establish and maintain competitive salary structures.
- o Expanded primary prevention services, including expansion to Teen Institute Program.
- o Additional funding to increase training offerings, treatment consultation capability, and information technology capabilities at the state and county levels.
- o Full staffing of drinking-drivers and school intervention programs.
- o Funding of full implementation of the 1986 Involuntary Commitment Act for Alcoholics and Drug Addicts.

SOUTH DAKOTA:

- o Two (2) governmental bodies have recently affirmed that the correctional system lacks adequate facilities, staff, funding and programmatic expertise to provide the level and nature of chemical dependency services required by inmates of the correctional system who are either chemically dependent or chemically abusive.

TENNESSEE:

- o During FY 86-87, a Four-Year Statewide Comprehensive alcohol and Drug Abuse Plan was developed for prevention, intervention, treatment, training, and evaluation.
- o For children, the plan calls for additional services, including more targeted education programs, family intervention programs and both residential and intensive outpatient treatment services.
- o For adults, the plan recommends additional outreach services, a pilot program for pregnant substance abusers, and increases in slots for residential rehabilitation and intensive outpatient services.

TEXAS:

- o Because of budget decreases in past years, there was a dearth of potential contractors who were readily available to take the ADTR funds and begin to provide treatment quickly. In many areas, totally new programs had to be developed, which caused a 6-10 month lag in providing services.

UTAH:

- o A statewide survey conducted by this Division and local alcohol and drug authorities identified 13,000 youth with moderate to severe alcohol and drug problems in need of treatment. State funds in the amount of \$4.5 million have been requested. Needed services would range from early intervention to residential in specifically designed modalities for a population from ages 10 to 12. No funds for program development have been available for a number of years. In 1987, 1,398 youth were treated in public-funded agencies, most of these were in outpatient environments.

VERMONT:

- o The State needs to develop more focused intervention type groups that would facilitate the entry into treatment of individuals who are early in the course of their addiction. Resources needed include funding and technology.
- o Although the State has developed a residential treatment program for adolescents, we still need to assure that treatment available in less intensive settings. Training is the most need resource.

VIRGINIA:

- o The Virginia Department of MH/MR/SAS is requesting an appropriation of \$18 million during the 1988-90 budget biennium to provide staff and funds for expanding community residential treatment programs and funding for substance abuse screening, intervention, alternatives and diversion programs.

WASHINGTON:

Unfunded needs:

- o The State's alcoholism statutes provide for detoxification and involuntary commitment of alcoholics. We are reasonably funded for meeting part of the need for alcoholics. However, the drug abuse statute does not require drug detoxification nor permit involuntary commitment of drug addicts. Amendments establishing such programs were withdrawn by the legislature during the last legislative session because of the expense of these programs.
- o The primary obstacle is funding. We also need a way to make better estimates of client volume and costs before we develop realistic cost estimates.

WEST VIRGINIA:

- o Expanded specialized services for adolescents, particularly residential treatment.
- o Expanded day treatment programs for adults and adolescents.
- o Expanded outpatient and aftercare services for adults.
- o Improvement of public inebriate shelter services system.
- o Sufficient increase in funds would provide staff and facilities to develop the above.

WISCONSIN:

- o Child care for women seeking treatment.
- o AIDS prevention for IV drug use.
- o Services to underserved populations, i.e., minorities, women, and physically disabled.
- o Services for high risk youth.

WYOMING:

- o The State continues to have inadequate programs of adult and adolescent primary residential treatment. In order to improve this area, we need additional funds, staff and facilities.

APPENDIX F

STATE NARRATIVE REPORTS  
OF SIGNIFICANT CHANGES IN SERVICES DURING FISCAL YEAR 1987

STATE NARRATIVE REPORTS  
OF SIGNIFICANT CHANGES IN SERVICES DURING FISCAL YEAR 1987

ALABAMA:

- o Outpatient and day treatment services were significantly expanded due to the receipt of the ADTR Part C funds. The number of outpatient alcohol clients seen in the 4th quarter of FY 87 was 51% higher than in the 1st quarter. Almost 350 more persons were treated. Drug outpatient services saw a jump of 14% (120 more drug clients were treated). For substance abuse day treatment, the increase from the 1st to the 4th quarter was 177%. There were 100 persons receiving this service at the end of the year compared to only 36 at the beginning of the year.

ALASKA:

- o Alaska is in the process of increasing its capacity for prevention and treatment services for youth.
- o Decreased funding for enforcement has resulted in fewer DWI arrests and convictions and fewer persons entering the treatment system as a result of a DWI conviction.

ARIZONA:

- o In FY 87, detoxification facilities, primarily serving alcoholics, were urged through licensing reviews to strengthen the medical screening and response to their programs; this pressure brought requests for increased funding that was difficult to comply with.
- o New DWI legislation requiring that fines be assessed specifically for evaluation and treatment was passed; regulations were prepared; the impact of the unknown number of new referrals from the courts has not yet been felt; only limited assessments have been forwarded to the Department to date.
- o Cocaine was stated as the reason treatment was sought by 14.3% of all clients served by state-supported facilities in FY 86; by the end of FY 87 that figure was 20%.
- o Heroin, non-prescription methadone, and other opiates accounted for approximately 32% of all clients seen for treatment in FY 86; in FY 87, that figure rose to 36%.

ARKANSAS:

- o Provision of Statewide Drug Detoxification Services on a direct (a part of the SSA) rather than on a contracted (purchased) basis. Reason - Economically more efficient to expand upon existing alcohol detoxification services.
- o Provision of a statewide network of Chemical-Free Living Centers offering services to Homeless Recovering Alcohol and Other Drug Abusers made possible by the Alcohol and Drug Abuse Treatment and Rehabilitation (ADTR) Block Grant.

CALIFORNIA (ALCOHOL):

- o No significant changes in FY 1986/87.

CALIFORNIA (DRUG):

- o Methadone emergency regulations have been established to ease the admission criteria and get more IV-drug users into treatment to help prevent the spread of AIDS.
- o There has been an expansion of prevention services with youth drug prevention a priority.
- o The use of cocaine and its derivative, crack, has increased in California. When this increase began, many drug programs were not equipped to deal with this type of drug abuse; and programs now have the ability to counsel cocaine addicts.

COLORADO:

- o The new Colorado Governor instituted a major substance abuse initiative called Communities for a Drug Free Colorado. The effort emphasizes local planning and action and a partnership with the private sector.
- o The major occurrence of cocaine abuse both in treatment admissions and emergency room mentions continues.
- o Emergency room mentions of heroine increased.
- o Data that indicates the possible diversion and misuse of Schedule II Controlled substance showed a decreasing trend over the last 3 years.

CONNECTICUT:

- o Transfer of three major public inpatient alcohol and drug treatment programs from the Department of Mental Health to the Connecticut Alcohol and Drug Abuse Commission.
- o Implementation of a new long term care program for the chronic alcoholic, modelled after an existing state program, designed to reduce the inappropriate use of more costly services.
- o Increase in the availability of services to the IV drug user through the establishment of additional methadone clinics in areas where programs previously did not exist and through the expansion of current capacities. This program expansion was implemented to impact the AIDS problem.

DELAWARE:

- o Services increased to drug abusers, versus individuals with alcohol abuse problems. Reason: Individuals with primary problem at admission of drug abuse increased from 18 to 34% of total admissions from FY 1986 to FY 1987 (with a corresponding decrease of alcohol admissions from 82% to 66% from FY 1986 to FY 1987).

DISTRICT OF COLUMBIA:

- o Office of AIDS Activity established; budget for AIDS prevention up 109%.
- o Appropriated budget for Alcohol and Drug Services up 13%.
- o Drug Abuse Trends:
  - increase in use of cocaine and PCP.
  - juvenile arrests (drug charges) up 49%.
  - escalating rate of drug related homicides.
  - criminal justice drug admissions up to 58% of total admissions.

FLORIDA:

- o Increased public and governmental attention to alcohol and drug abuse issues due to crack cocaine use and increase of intravenous drug abuse related AIDS.

GEORGIA:

- o Continued implementation of statewide and regional plan in 4th, 5th and 6th of 8 regions of the state. Two remaining regions will implement plan in FY'88. Plan involves development of community-based detox, 28-day, and long term residential services for substance abusers.

GUAM:

- o A separate Drug and Alcohol Unit was established in FY 1987. There are two (2) D&A therapists assigned to this Unit whose responsibilities include prevention and treatment of drug and alcohol abusers. Currently, we have an alcohol program similar to AA which meets once a week. There is increased intoxicated driver enforcement by the Guam Police Department.

IDAHO:

- o There has been an increase in women admitting voluntarily for detox and residential services as primary clients. The increase reflects additional services and program focus on women's issues in treatment. With the lead roles assumed by Betty Ford and Nancy Reagan, there is less stigmatism perceived by women in recovery. Younger adults and teenagers are entering treatment centers voluntarily both for detoxification and to request assistance and referral information. Younger adults are perceived by treatment staff as being more knowledgeable concerning alcoholism and the disease process.
- o Outpatient treatment staff report an increase in young, working women (ages 19 through mid-30's) using amphetamines and cocaine intravenously. Adolescents are being assessed and referred into treatment at younger ages. Referrals are originating from a broader base of health care professionals including school teachers and social service agencies. School based peer-support groups and family-oriented programs for teen-in-recovery have been developed.
- o All treatment components report an increase in numbers of drug clients using cocaine and amphetamines as primary drugs of choice. There has been an increase in requests for written material, training films and in-service staff training on AIDS. An AIDS Task Force is being developed to coordinate planning on a statewide basis.

ILLINOIS:

- o A significant increase in the percentage of drug treatment admissions whose route of administration was intravenous (IV) (69% of all drug admissions). This included a significant number of IV cocaine users.
- o There was a major increase in the number of alcohol outpatient admissions, indicating increased pressures on the system's ability to provide treatment services. (48% increase over Fiscal Year 86 Alcohol outpatient).
- o There were 4500 DUI referrals during the first six months of 1986 following enactment of new DUI legislation (6% of total alcohol admissions).

IOWA:

- o Increase in individuals admitted for primary treatment of cocaine (more arrests for cocaine).
- o Increase in females seeking treatment (no apparent reason).
- o More programs setting up intensive outpatient treatment programs (need to treat clients on an outpatient basis).

KANSAS:

- o Implementation of comprehensive regionalized prevention programming was implemented based on state-of-the-art research and planning. Admissions to treatment increased 26% due to proliferation of private treatment programs, increased emphasis on outpatient programming, new State funded programs, and public awareness.

KENTUCKY:

- o In state Fiscal Year 1987 Kentucky experienced a \$158,400 reduction in federal funds. Fortunately, the General Assembly increase state funds by \$757,700 for a net increase of \$599,300. With these funds 700 additional drug clients and 1,300 additional alcohol clients were admitted by contracted providers in Fiscal Year 1987 over Fiscal Year 1986 levels to a 12% increase). There was a 50% increase in youth admissions from Fiscal Year 1986 to Fiscal Year 1987.
- o During Fiscal Year 1987 Governor Martha Layne Collins initiated the Champions Against Drugs program to establish community based prevention in 17 geographic regions in Kentucky. Each region has a regional action group led by concerned citizens. Each group networks

KENTUCKY (con't):

with community resources, planning and initiating prevention programs. The Teen Leadership Conference was a major initiative supported by the Champions Against Drugs organization.

LOUISIANA:

- o Have modified outpatient treatment services to provide a stronger treatment component and to conform to new federal funding criteria.
- o Initiate additional focus on women's services in compliance with ADAMHS Block Grant - Part B.

MAINE:

- o Planned service expansion (result of new treatment Block Grant) in the following areas:
  - Shelter/detox Region III
  - Day Treatment
  - Outpatient, Region II
  - Better financing for residential programs
- o WIP at DEEP for Multiple Offenders as a result of study of service needs by OUI Committee, HSDI, legislature studies and DEEP staff recognition of service gap.
- o Increased cooperative/collaborative efforts with other Departments, including the following State agencies:
  - Housing Authority
  - Medical Services
  - ADPC members
  - Public Safety
  - General Assistance
- o Collaborative/cooperative efforts have been undertaken because of increased awareness by others of the problem and efforts to establish strong ties. The result has been expanded application of other resources to the needs of clients served by field

MARYLAND:

- o Significant expansion of AIDS street outreach and prevention program targeted at IV and other substance abusers.
- o Expansion of adolescent residential ICF and group home beds.

MARYLAND (con't):

- o Established 150 slot intensive outpatient counseling program for PCP abusers.
- o Expanded rapid medical intake capacity for admission of IV drug abusers in Baltimore City.
- o Established drug/alcohol education/prevention program in Baltimore City jail.

MASSACHUSETTS:

- o The Divisions continued their merger process of drug and alcohol services through a statewide RFP.
- o Both methadone services and drug free services targeting needle users are increasing due to the spread of AIDS.
- o Our network of first offender drunk driver programs was intensified from an eight week educational model to a twenty week counseling model.

MINNESOTA:

- o Gearing up training systems development for consolidated CD Treatment Fund (placed all public treatment money in one fund under new "competitive" model).
- o Implementation of statewide assessment and referral criteria for all public clients.
- o More training and attention to AIDS.

MISSOURI:

- o Statutes enacted in 1987 require state certified alcohol and drug education programs for minors convicted of the possession or use of alcohol or drugs. Similar programs are required for first offenders of small amounts of marijuana. A statewide system of such educational programs will be implemented in 1988.
- o Adopted School/Community Team training model as result of funds available from Anti-Drug Abuse Act of 1987.

MONTANA:

- o Strong emphasis within programs to provide services to Adult Children of Alcoholics.

MONTANA (con't):

- o Increase in prevention efforts because of the passage of the Anti-Drug Act of 1986.
- o Increase in DUI court school admissions - increased efforts of law enforcement and judges.
- o Continued decline in earmarked tax revenue which is Montana's primary source of public funding for treatment programs due to declining sale of liquor, beer and wine - increased awareness, prevention efforts, DUI laws, increase in legal drinking age, etc. This would have resulted in elimination of some services if not for increases in service revenue collections and federal funds.
- o Increased cooperation between agencies for the provision of prevention services (e.g., treatment programs, law enforcement, educational system) because of a better understanding of use and abuse.

NEVADA:

- o In 1987 there was some consolidation of services. This occurred through mergers of community based grantees and grantees trading services in order to specialize in a particular modality. Certification standards were improved to provide for required continuing education credits for certification and also authority for the assessment of fees to help cover the costs of certification. A legislative task force was formed to study assessment of DUI offenders. The continued increase of the incidence of AIDS in the IV drug community has caused a statewide effort to provide education to the drug using population in the State. Increased attention to K-4 prevention activities are being developed to respond to the public demand for earlier education of our children.

NEW HAMPSHIRE:

- o Cocaine use in New Hampshire did slow in growth but had become so pronounced that a sizable problem still presents itself. Alcohol though returned to a dominant role on the New Hampshire scene as many abusers turn to it. Marijuana remains ever present and when all the other drugs available are put together they present a problem as difficult as the aforementioned three.

NEW HAMPSHIRE (con't):

- o Increased training opportunities provided for staff at Alcohol and Drug treatment facilities on the issue of HIV, risk assessment counseling and testing, and health promotion (due to HIV infection grant from Public Health).
- o Increased outreach to and treatment services for women made possible through increased funding from State which allowed different focus with block grant monies.
- o Increased services to youth within the school systems through placement of two Student Assistance Specialists in outpatient settings (increase in State funding).
- o Expanding of part-time crisis intervention services to 24-hour sobriety maintenance programming.

NEW JERSEY:

- o Services for AIDS prevention and education have expanded;
  - Five Task Forces are formed and functioning;
  - 758,256 pieces of materials have been distributed;
  - Approximately 211 lectures and presentations have been given;
  - 4,334 calls have been logged from the AIDS hotline and coverage has been extended to include the hours of 4:30 to 8:30 p.m.;
  - Providers of all types of services have been targeted;
  - Added 100 youth alcohol and drug treatment residential beds.

NEW MEXICO:

- o There has been a significant increase of treatment services to children (under 18 years of age), (in alcohol this has increased by 100%). We have expanded our prevention services by approximately 10%. New Mexico has seen an alarming increase in the use of Mexican brown heroin (at varying concentrations or purity) causing many overdoses. This is a new problem caused by relatively low drug cost and geographic proximity.

NEW YORK (ALCOHOL):

- o Legislation was enacted that granted Medicaid provider status to non-hospital based inpatient alcoholism treatment agencies which allows them to collect from Medicaid clients. Also, this legislation established the rate setting authority for the Division.
- o The 1987 Update to the Division's Comprehensive Five-Year Plan was concerned with three major areas: Planning, Research and Professional Development. Planning describes the services conducted by the Division to define the components of the model alcoholism service delivery systems, interrelationships between the components, and the "flow" of clients through the treatment system. Research presents a conceptual framework for future directions in research and identifying specific areas for investigation. Professional Development describes the process for ensuring an adequate supply of trained, qualified health professionals for the service delivery system and to increase the number of trained human service professionals who are capable of identifying, intervening and/or diagnosing alcoholic persons.

NEW YORK (DRUG):

- o The intensified spread of crack and cocaine, along with the growing AIDS crisis, have placed an unprecedented strain upon the already overburdened system of treatment and prevention services across the State and particularly in the City of New York.

NORTH DAKOTA:

- o Federal funding to this Agency and other state agencies as a result of the Omnibus Act of 1986 resulted in cooperative approach to prevention and treatment.
- o Planning for the establishment of one Prevention Resource Center was accomplished in FY 87. Center to open June 1988.

OHIO:

- o The significant change in 1987 in Ohio was the increase in DWI funds as the result of new legislation passed in the last Ohio General Assembly. The new legislation essentially provides for persons convicted under municipal statute for DWI to pay \$75 for a license reinstatement fee. The funds, however, will not be received until state fiscal year 1988. Also, the new federal emergency funds for alcohol and drug abuse (P.L. 99-570) have impacted upon programming. Again

OHIO (con't):

since these funds were received late in FY 87, funds will be allocated in FY 88. Ohio continues to see a steady decline in liquor revenues, and this will in turn impact on our ability to maintain existing services, especially since Federal funds are earmarked for expanding services and are not to be used to supplant any state or local reductions in funding.

- o Also, the Ohio Department of Health received an award from the U.S. Department of Education in April of 1987 (the Drug-Free Schools and Communities Act of 1986) to be administered by the Bureau of Drug Abuse (ODMH) and the Bureau on Alcohol Abuse and Alcoholism Recovery (ODH). This award enables the State of Ohio to provide funding in the area of prevention and education activities. (1) High-Risk Youth Prevention Demonstration Programs; (2) Department of Youth Services Intervention and Referral Programs; (3) Ohio Training Center for Schools and Communities, and (4) VISTA Volunteer Teenager Institute Coordinators. Because of the slow start-up process that usually accompanies a sudden influx of funds, the largest share of these dollars will be allocated in State Fiscal Year 1989. The Department of Youth Services, however, has begun utilizing most of their funding in State Fiscal year 1988.

OKLAHOMA:

- o There is a growing awareness of the impact of alcohol and other drugs on the mentally ill. There is a concurrent awareness developing on the issue of alcohol/drug clients having other disorders in depression, anxiety etc. A State wide training program is scheduled to meet these needs and help providers expand their own parameters.

OREGON:

- o Significantly increased coordination between all state agencies has taken place with considerable joint programming.
- o The state initiated a statewide prevention resource center.
- o Adolescent prevention, intervention, and treatment services have been extensively increased.
- o Planning for alcohol and drug abuse correctional treatment programs has occurred with implementation projected for 1988.

OREGON (con't):

- o Increased use of Title XIX Medicaid has been initiated in the treatment system.
- o Mandatory server intervention programming has occurred under auspices of Oregon Liquor Control Commission.
- o AIDS outreach program has been initiated targeted at IV drug users in four largest counties.
- o Significant increase in supplies of cocaine and methamphetamine are causing problems throughout human service systems.

PENNSYLVANIA:

- o Mandatory Alcohol Insurance (Act 64 of 1986)
- o "Here's Looking at You 2000"

PUERTO RICO:

- o Design and implementation of a Mobile Clinics Project as a new modality for serving clientele who live in places with high incidence of drug addiction, alcoholism and criminality. These types of addicts and alcoholics never ask for treatment services through direct appointments due to their lack of motivation, and treatment must be made more readily accessible.

RHODE ISLAND:

- o Intensive lobbying in FY'87 led to the passage of legislation requiring substance abuse health insurance coverage for various treatment services (effective 1/88).
- o There has been some initial activity in response to the AIDS crisis, (e.g., establishment of alternate test sites for IV drug users, expanded methadone maintenance services, outpatient methadone detox.). Further efforts were initiated at the beginning of FY'88 with the allocation of ADTR funds to AIDS initiatives-- impact will be realized in current fiscal year.
- o Rhode Island has seen a sharp increase in use of heroin and crack. Funding has been requested to address specialized treatment needs, prevention and AIDS programs related to these drugs.
- o A Student Assistance Program has been implemented in various communities as a result of funding realized from prevention legislation passed the previous year.

RHODE ISLAND (con't):

- o ADTR funding has allowed for initiation of a number of new programs throughout the state.
- o The State continues to experience problems with recruitment and retention of quality staff (both on state and community level) as a result of inadequate funds for personnel costs.

SOUTH CAROLINA:

- o During FY 87, total alcohol and drug admissions to county programs increased by 12% principal increases were for alcohol problems (13%) and cocaine (89%); there were declines in admissions for heroin (10%) and marijuana (24%). Programmatically, increases were greatest among outpatient (26%), EAP (24%), detoxification (13%), and drinking-driver (11%) admissions. Service hours increased by 19%, and detoxification days by 21%.
- o Increased services were made possible by increased funding for adolescent counselors, additional inpatient beds for adolescents, increased funding for implementation of a revised involuntary commitment law, and designated funding for counseling positions for women's services. The revised Involuntary Commitment Law has resulted in increased utilization of inpatient beds for involuntarily committed patients, increase utilization of detoxification services, the establishment of intensive outpatient programs in nine locations, and additional counselor positions to serve involuntary commitment cases.

SOUTH DAKOTA:

- o The most significant change in the alcohol and drug prevention and treatment services delivered within the state during FY 87 were those made possible by the receipt of the emergency treatment supplement to the ADMS Block Grant. To date those funds have been used primarily to support an increased structured, intensive outpatient program capacity throughout the State, to expand outreach efforts for special populations, and to participate in the funding necessary to initiate a women's halfway house.

TENNESSEE:

o Treatment

- The Anti-Drug Abuse Act of 1986 provided three (3) additional adolescent residential treatment programs (20 beds each) to a total of six (6) programs (115 beds).
- Two (2) additional adolescent day treatment programs (12 slots each) for a total of four (4) programs (54 slots).

o TDMHMR Custody

- Effective January 1, 1987, the Department began receiving custody of adolescents requiring treatment, and care for mental/emotional illness, mental retardation and/or alcohol and drug dependency.
- Juvenile Justice youth needing services provided by the Department are priority for placements in our treatment programs.
- The Division has designed the first comprehensive alcohol and drug program for the Department of Correction.
- There are eight (8) pilot projects for intensive outpatient programming: Five (5) for women and three (3) "traditional" outpatient setting.
- Funding a pilot minority program to provide alcohol and drug education and referral information to difficult to reach minority population.
- Additional early intervention programs as a result of the Drug Free Schools and Community Act.
- Increased efforts in integrating prevention services between the Division of Alcohol and Drug Abuse Services, Department of Education and law enforcement.

TEXAS:

- o During Fiscal Year 1987, we began to see an increase in heroin addicts seeking treatment as a result of the "Block Tar" heroin coming in from Mexico. Admissions for crack also increased, which reflects the spread of crack into Texas. The use of crack by Blacks has increased most noticeably.

UTAH:

- o Major changes have been evident in the number and types of agencies funded by Anti-Drug Abuse Act of 1986. Greater coordination occurs at the local level which needs also to be carried out at the State level. AIDS has impacted service in the urban areas where cases represent 17% of 91 total cases in the state. Need for staff training and policy development occurs as AIDS crises emerge, primarily in urban street drug user clinics.
- o Funding reductions by the State has forced local programs to cut back on services; increased enforcement of driving-under-the-influence program increases court referrals for treatment. Women's services expansion has been limited particularly in rural areas. Voluntary groups, particularly the Utah Federation for Drug Free Youth, have expanded into a viable, strong State network with a more recent positive move to coordinate with existing State and county systems. A two-year expansion effort in school based K-12 alcohol and drug programs and community prevention projects resulted in new identification of youth treatment needs which remain the first priority for program development.

VERMONT:

- o In FY 87 the State began implementing a new funding system for treatment services. Historically, funds had always been used to support programs with outpatient and residential treatment capacities. With the new system, 75% of the funds appropriated for treatment must be used to fund services for eligible clients. An eligible client is any person in need who does not have insurance or Medicaid coverage. The remaining 25% will be directed at supporting programs for special populations, e.g., women, youth, corrections clients, etc. There was a significant decrease in the number of people participating in and completing drinking driver rehabilitation programs. The reason for this change are being investigated.

VIRGINIA:

- o Establishment of five new prevention and intervention programs in Virginia via funding from the Office of Juvenile Justice and Delinquency Prevention, through Virginia's Department of Criminal Justice Services.

VIRGINIA (con't):

- o Increased emphasis on training and treatment related to the mentally ill/substance abusing dually diagnosed population in Virginia.

WASHINGTON:

- o The State implemented landmark legislature, the Alcoholism and Drug Addiction Treatment and Support Act (ADATSA). The purpose of the Act was twofold; a) to halt the rapid increase in the number of alcoholics and addicts being enrolled in the State's relatively generous welfare program and b) provide rehabilitative treatment (or shelter, where treatment is rejected) for the eligible indigent willing to enroll in the treatment and shelter program.
- o In July 1987, 6,500 alcoholics and addicts were receiving welfare checks. To date, approximately 2,000 have accepted treatment and 200 have been placed in shelters. Only 1,500 are still receiving welfare and these will be converted to the treatment and shelter program by July 1988.
- o The State legislature provided \$25.6 million of former welfare funds to the alcohol and drug program to pay for client assessment, treatment and shelter.

WEST VIRGINIA:

- o Services to adolescents have been expanded through the placement of specialized staff in the various service regions of the State. An Adolescent Services Plan has been developed, and a Resource Manual distributed statewide.
- o Prevention/early intervention services were intensified through participation in the "Be Smart! Don't Start!" prevention campaign.

WYOMING:

- o Funding reductions have curtailed some services resulting in development of "waiting lists" and reduction in service availability.
- o Adolescent service needs have become a high priority due to the awareness generated by the Anti-Drug Abuse Act of 1986.
- o Wyoming's economic situation has experienced numerous setbacks in recent years - resulting in funding reductions across all service areas.