THE HEARTT BASELINE REPORT: MATRIX METHAMPHETAMINE OUTPATIENT TREATMENT IN SAN DIEGO COUNTY

MARCH 2003

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ABSTRACT

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ABSTRACT:	The current report provides information regarding San Diego's implementation and management of the Methamphetamine Treatment Project (MTP), as well as a detailed description of study participants. Funded by the Center for Substance Abuse Treatment (CSAT), the purpose of this large-scale study was to replicate the Matrix outpatient treatment model and compare it to "Treatment as Usual" (TAU) at eight national sites. In San Diego, treatment services were provided by the EYE's Family Recovery Center (FRC), and the evaluation was conducted by SANDAG. Future reports will be prepared which include site-specific information on treatment services received, as well as results of client follow-up interviews conducted up to one year after treatment began.

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EXECUTIVE SUMMARY

EXECUTIVE SUMMARY

INTRODUCTION AND PROJECT BACKGROUND

Methamphetamine is a highly addictive stimulant that poses risks to the user as well as the entire community. Methamphetamine use puts the entire community at risk because it is often produced in clandestine labs with the use of extremely toxic substances. Negative side effects of methamphetamine use include paranoia, memory loss, insomnia, hypertension, convulsions, and heart spasms. Used most frequently in the West and Southwest, national statistics show that its use is continuing to spread eastward.

Acknowledging the seriousness of the problem, in 1998, the Center for Substance Abuse Treatment (CSAT) solicited cooperative agreement applications to participate in a study of the clinical and cost effectiveness of a methamphetamine-specific outpatient treatment model (Matrix). As part of the peer-review process, eight treatment sites, including San Diego, and a Coordinating Center were selected to participate in this originally three-year cross-site replication and evaluation project.

The grantee for the current project was the San Diego Association of Governments (SANDAG), who conducted both the process and impact evaluations. The EYE's Family Recovery Center (FRC) in Oceanside was contracted to provide drug treatment services to clients as part of the "HEARTT" project (Helping Every Addict Recover Through Treatment). HEARTT clients either received treatment according to the Matrix model or treatment as usual (TAU) with the underlying philosophy provided by the Minnesota model. This abstinence-based program was specifically designed for female clients. The Matrix treatment model was originally developed in response to the cocaine epidemic of the 1980s. This treatment is a directive, nonconfrontational approach that focuses on current issues and behavior change.

RESEARCH METHODOLOGY

To ensure that this cross-site replication project included a rigorous evaluation, the Coordinating Center approved a final research design in the Fall of 1998. This original design included the random assignment of 150 clients at each site to one of three treatment conditions: TAU, Matrix 8-weeks, or Matrix 16-weeks. TAU was defined differently at each site and the Matrix conditions followed a standard protocol. Client randomization began in April 1999 and 12-month client follow-up was completed in San Diego in June 2002. Due to a number of reasons, including slower-than-expected start-up, randomization to the 8-week condition was discontinued at all sites in June 1999.

Client data were collected by trained research assistants using 19 instruments, and urine samples. The instruments measured a number of factors including drug use history, criminal history, mental health, and family relationships. Data collection occurred at intake, weekly visits throughout treatment, exit, and 6- and 12-month follow-ups.

PROCESS EVALUATION

In January 1999, the initial treatment and research staff for the San Diego Methamphetamine Treatment Project (MTP) site were hired by the FRC and SANDAG and then trained by the Coordinating Center for the project. Some staff turnover occurred as anticipated. Throughout the course of the project, the respective roles of the two groups were emphasized and coordination was facilitated through regular communication.

A great deal of time and energy was expended on client recruitment, with the research team taking on the primary role for outreach as the project progressed. Efforts to inform law enforcement, service providers, and the community about the HEARTT project and the opportunity for free outpatient treatment included presentations, the distribution of promotional materials, paid advertisements, and the airing of a public service announcement (PSA). Some of the most common client referral sources included other clients, the court system, and social service agencies.

Clients were randomized to treatment conditions between April 1999 and June 2001. Participation was limited to adults addicted to methamphetamine who were willing and able to participate in the research process and did not require a higher level of service. Of the 203 individuals screened, 148 were randomized. Those who were not eligible were referred to other treatment options.

During treatment, clients attended group either on Tuesday and Thursday nights (TAU) or Monday, Wednesday, and Friday nights (Matrix) and met with a research assistant on a weekly basis. Weekly drawings for small prizes were implemented to encourage client participation in this component of the research. Keeping in touch with clients during treatment also facilitated later follow-up. The overall follow-up rate of 83 percent was achieved through the collection and updating of client locator information, interviewing clients in jail and prison, and providing incentives to family and friends who offered assistance locating clients to the researchers.

CLIENT PROFILE AT INTAKE

The majority of clients enrolled in the San Diego MTP were White females who were currently single. The high proportion of females in the study was related to the fact that gender was an initial selection criterion. Most had received a high school degree or GED and reported having some type of profession or skill. However, less than one-half had a reliable form of transportation and two-thirds reported that someone else contributed to their support in some way.

Many of the clients participating in this study reported a lengthy history of methamphetamine use (mean 8.8 years, with a range of 1 to 32 years) and almost all had used the drug in the past 30 days prior to intake. The usual route of administration for these individuals was most often smoking, followed by injection. Clients began to use the drug because of peer pressure or for the desired effects (energy or to get high), but frequently experienced negative side-effects, including family problems, sleeplessness, legal problems, weight loss, and financial problems. Almost two-thirds reported previously receiving some type of drug treatment and many reported that their biological relatives, including parents and siblings, had substance abuse problems.

When asked about their criminal history, almost three-quarters of the clients were on probation or parole or currently awaiting charges, trial, or sentence, and over one-half had previously been incarcerated. The most common arrest charges included drug offenses, probation or parole violations, burglary, and shoplifting or vandalism.

While the majority of clients reported that their current health status was excellent, very good, or good, many also said that their activity level was affected by their health in some way. Around one-third reported having a chronic medical problem and about two in five had experienced some type of medical problem in the past 30 days. In regard to mental health, one-fifth reported that they had been hospitalized for a psychiatric illness. About one-quarter of the clients put themselves at risk for the HIV virus by injecting drugs, many of whom also shared drug paraphernalia. In addition, most of the clients reported having sex without the use of a barrier method in the past 30 days. Almost all reported experiencing serious physical violence during their lifetime.

CHAPTER 1
INTRODUCTION AND PROJECT BACKGROUND

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INTRODUCTION AND PROJECT BACKGROUND

INTRODUCTION

The current report provides information regarding San Diego's implementation and management of the Methamphetamine Treatment Project (MTP) between 1999 and 2002. Specifically, the project background is presented, as well as a description of the treatment provider and conditions. In addition, site-specific information on project implementation and development are described and statistics regarding the clients randomized into the study are shared. Future reports will be prepared which will include site-specific information on treatment services received, as well as the results of client follow-up interviews conducted up to one year after treatment began.

THE METHAMPHETAMINE PROBLEM

Methamphetamine is the most widely abused form of amphetamine in the United States. Highly addictive, amphetamines alleviate fatigue and produce feelings of mental alertness and well-being. Methamphetamine, which is cheaper than cocaine and results in a high that lasts longer, can be smoked, snorted, orally ingested, or injected. While users may initially use the drug because of the feelings of euphoria, increased energy, and self-confidence that accompany it, they are often confronted with both short- and long-term negative side effects. These include paranoia, memory loss, insomnia, hypertension, convulsions, and heart spasms. Prolonged use may lead to brain damage or death.

Methamphetamine is typically produced in clandestine labs using ephedrine or pseudoephedrine and several possible types of chemicals such as hydriodic acid, red phosphorous, freon, lithium, and anhydrous ammonia. Because these chemicals are highly toxic, their use poses a risk to the community, as well as anyone in the area of a lab, including children.

In general, national statistics show that methamphetamine is most common in the Western and Southwestern states, but its use is growing and the trend is moving eastward. For example, the most recent results from the National Household Survey on Drug Abuse (which samples the civilian, non-institutionalized population of the United States age 12 and older) show that the number of new methamphetamine users increased from 164,000 in 1990 to 344,000 in 2000. Similarly, treatment admission data collected by Substance Abuse and Mental Health Services Administration (SAMHSA) have shown an increase in admissions for methamphetamine, with high rates seen in most states west of the Mississippi. Specifically, there was a 250 percent or higher increase between 1993 and 1999 for 14 states and an increase of 100 to 249 percent in 10 others. Consistent with these figures, the most recent DAWN (Drug Abuse Warning Network) statistics on drug-related episodes from hospital emergency departments reveal that methamphetamine accounts for the largest share of emergency department mentions of all club drugs, at almost 15,000 in 2001. While these mentions remain concentrated in Western metropolitan areas including Los Angeles, Phoenix, San Diego, San Francisco, and Seattle, the next highest city is Minneapolis.

PROJECT BACKGROUND

Federal Solicitation

The Center for Substance Abuse Treatment (CSAT) is one of the three centers under the federal Substance Abuse and Mental Health Services Administration (SAMHSA). CSAT's mission is to improve the lives of individuals and families affected by alcohol and drug abuse by ensuring access to clinically sound, cost-effective addiction treatment that reduces the health and social costs to our communities and the nation. One of the mechanisms for achieving these goals includes the knowledge and application program that supports applied studies of the clinical and cost effectiveness of various substance abuse treatment methods in community settings.

In 1998, CSAT solicited cooperative agreement applications to participate in a study of the clinical- and cost-effectiveness of a specific methamphetamine treatment model. This action was associated with (1) epidemiological data that showed methamphetamine was a growing community problem; (2) the fact that there was no rigorously tested and validated method of methamphetamine treatment; and (3) that the Matrix Center in Los Angeles had recently completed a preliminary study of their manualized cognitive-behavioral outpatient treatment model for cocaine users with methamphetamine users. The goals of the resulting Guidance for Applicants (GFA) (TI 98-002) entitled "Cooperative Agreement for Replication of Effective Treatment for Methamphetamine Dependence and Improvement of Cost-Effectiveness of Treatment" included:

- conducting a scientifically rigorous study of the clinical effectiveness of the Matrix model for treatment of methamphetamine abuse;
- comparing the effectiveness of the Matrix model to other locally available outpatient treatments for methamphetamine abuse;
- establishing the clinical and cost effectiveness of the Matrix approach, compared to the locally available treatments; and
- exploring the replicability of the Matrix model and problems involved in technology transfer.

As part of the peer-review grant selection process, eight treatment sites and a Coordinating Center were selected to participate in this originally three-year project (a no-cost extension added a fourth year to the project), which is, to date, the largest study ever conducted on methamphetamine treatment. In addition to San Diego, the other treatment sites included Billings, Montana; Honolulu, Hawaii; and Concord, Costa Mesa, Hayward, and San Mateo, California. The University of California, Los Angeles, Drug Abuse Research Center (DARC) was selected as the Coordinating Center.

Components of the Cross-Site Project

To ensure that such a large-scale project was implemented and managed successfully, cooperation and constant communication were essential. In addition to the oversight and technical assistance provided by CSAT, the Coordinating Center, Steering Committee, Scientific Advisory Board, and Community Advisory Board worked together throughout the course of this project.

Coordinating Center

The Coordinating Center played an essential role in this project by assuming the responsibilities of developing the multi-site design, providing clinical and scientific input to the study, and cleaning and analyzing multi-site data. In addition, Coordinating Center staff also were responsible for training and continually monitoring the Matrix-trained therapists, as well as the research assistants. Finally, they also were tasked with logistical items, including developing products from the study (e.g., presentations, publications, and manuals), coordinating and participating in meetings and conference calls, and managing meeting logistics.

Steering Committee

The Steering Committee was composed of the principal investigator, lead evaluator, and other staff from each study site, as well as key staff from the Coordinating Center and CSAT. With each site, the Coordinating Center, and CSAT having one vote each, this group served as the governing body for the collaborative study. Throughout the course of the project, the group met three times a year and also had monthly conference calls. Responsibilities of the group included developing a final study design, agreeing on study measures and protocols, identifying the need for additional resources and technical assistance, monitoring implementation, and developing final products for the study.

Scientific and Community Advisory Boards

These two Boards were created by the Coordinating Center. The Scientific Advisory Board, which was composed of national experts in conducting substance abuse treatment studies, provided guidance on such topics as design, instrumentation, implementation, and data analysis. The Community Advisory Board represented individuals from the communities served by the study sites who were able to share their knowledge about methamphetamine abuse and treatment.

SAN DIEGO SITE DESCRIPTION

Overview

The grantee for the current project was the San Diego Association of Governments (SANDAG). The Criminal Justice Research Division of SANDAG has extensive experience conducting both process and impact evaluations and serves as the local clearinghouse for criminal justice information in the region. The EYE was contracted to provide drug treatment services. Both organizations collaborated on the original grant proposal that was submitted in June 1998. San Diego County submitted an application under this solicitation due to the extent of methamphetamine abuse in the San Diego region. At the time of the grant proposal, methamphetamine was the most common primary drug of addiction for those seeking treatment in the County – surpassing even alcohol and cocaine.

The goals of the project outlined in the original proposal included:

- replicating the Matrix models of treatment (8- and 16-week) and documenting what adaptations were made;
- evaluating the cost-effectiveness of the two Matrix models;
- documenting the model of existing treatment (TAU, or Treatment as Usual);
- comparing the two Matrix models to the ongoing treatment program;
- documenting problems involved in replication and technology transfer; and
- contributing to the knowledge of nonresidential treatment of methamphetamine dependent individuals.

The first meeting between SANDAG and the EYE after the grant was funded occurred in October 1998. Both groups also participated as members on the project's Steering Committee. At the first meeting of this group in the Fall of 1998, a number of decisions were made by the Committee that affected the original design. Other changes to the research design came about as the project developed. Specifically, all of the sites agreed to random assignment, which prohibited the original San Diego design of having the different treatment conditions provided at three different locations in the County. In addition, it was agreed that the Coordinating Center would document adaptations made to the Matrix treatment protocol and that an outside consultant would be hired to conduct the cost-effectiveness portion of the evaluation. As later discussed, the Steering Committee also decided to limit client randomization to only one of the two Matrix conditions (16-week).

Family Recovery Center

The treatment site for this project was the EYE[1] Family Recovery Center (FRC) located in Oceanside, California. The FRC is a private not-for-profit clinic established in 1994 to assist women and children in breaking the cycle of substance abuse. The FRC serves pregnant and parenting women, as well as their children through the age of 10. In 1999, approximately two-thirds (69%) of the residential clients were White, the average age was 29, and 95 percent reported living below the poverty level.

At the time the project began, the FRC's treatment program had four major components: residential treatment services, day treatment, transitional services, and the child development center. For residential treatment services, the FRC is licensed to house 90 women and children who live in the Oceanside facility. In addition to drug treatment, the FRC offers parenting classes, life skills, and a variety of vocational and educational support to residential clients. Day treatment is available for women who live in off-site, safe environments and involves participation in daily treatment at the facility for a minimum of 30 hours each week (6 hours per day, Monday through Friday). Transitional services are provided for women who successfully complete the treatment program and are working or enrolled in an educational or training program. The child development center enrolls infants through preschool-age children. At the time this project began, the FRC child development center was the only licensed day care program serving high-risk children in North San Diego County.

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[1] As of 2002, Mental Health Systems, Inc., operates the FRC.

Treatment as Usual

As part of the current project, outpatient Treatment as Usual (TAU) groups were offered on Tuesday and Thursday evenings from 5:30 - 7:30 p.m. at the FRC. The Minnesota model provided the underlying philosophy for this abstinence-based treatment modality that was specifically designed for female clients.

The components of the TAU group included check-ins, family sessions, educational workshops, group sessions, individual sessions, life skills sessions, psychological education, recovery/support network, referrals to medical and psychological services, referrals to ancillary services, relapse prevention, 12-step program involvement, and urinalysis testing. Other specialized groups were developed based upon the needs expressed by the clients. Some examples included stress management, conflict management, budgeting and financial planning, as well as vocational education. Recreation activities included walking on the pier and beach, going to a coffee house, and attending a Padres baseball game. Outreach groups involved clients posting flyers locally for the project. Other special groups included poetry reading on grief and loss and a family group that involved a barbecue at the beach. Other group topics included communication styles such as assertiveness training and reflective listening techniques, and how to find solutions to problems resulting from personal fears.

For the first 30 minutes of the TAU group, which was referred to as the "process portion," discussion centered on clients' current issues, such as precipitating stressors that may have led to any dangerous situations in which a client could potentially relapse. During these discussions, group members gave each other feedback on ways of handling these situations. Other issues were dealt with as they arose, including domestic violence, parenting, and personal loss.

The treatment counselor focused on the specific needs of the clients at the time of the group. The therapeutic approach of the TAU group was to foster the relationship between the client, the counselor, and the other group members. It was these relationships that allowed the client to establish trust. It was important that the individual members bonded with each other in addition to bonding with the counselor. The most important outcome of these relationships was that the clients continued to return to group on an outpatient basis. The groups also were designed to be fun, in order to increase the clients' desire to return.

In addition to attending groups twice a week, the TAU clients received individual counseling sessions. These sessions occurred at entry into the program, once a week in the beginning, and then as needed throughout treatment. The duration of treatment was determined by the completion of treatment goals that the counselor and the client developed together. Treatment goals were documented on a treatment plan.

When a client graduated, the group participated in a "closure group" at which time each client expressed to the graduate their "appreciations" - a spiritual gift from the heart. For example, a client might say, "My gift to you is my sober support." The TAU group remained relatively small (fewer than 10 clients), which many clients reported to be beneficial. When there were more than 10 clients enrolled, two groups were established. Further documentation of the efficacy of the treatment provided will be shared in future report(s).

Matrix

Outpatient Matrix treatment groups were offered three times a week, on Monday, Wednesday, and Friday evenings from 5:30 - 7:30 p.m. at the FRC. Originally, clients were randomized to either an 8-week or a 16-week condition. However, due to concerns regarding low enrollment figures and counselor feedback, the last San Diego client was randomized to the 8-week group in June 1999.

The Matrix treatment model was originally developed in response to the cocaine epidemic of the 1980s. The program consists of relapse prevention groups, education groups, social support groups, individual counseling, and urine analysis testing delivered in a structured manner over a 16-week period. The treatment is a directive, non-confrontational approach that focuses on current issues and behavior change.

The organizing principles for the Matrix treatment model include creating explicit structure and expectations for the clients. Structure, which is achieved through time schedules, attending 12-step meetings, exercise, and attending school, work, or church, is important because it reduces accidental relapse and anxiety and encourages self-reliance. Another key component of the model is establishing positive, collaborative relationships with the clients while teaching information and cognitive-behavioral concepts. Therapists provide positive reinforcement of desired behavior change, as well as corrective feedback when necessary. The therapist acts as an advocate for the client and is more directive than in general therapy, and the client's behavior is seen as more important than the reason behind it. The model also is less confrontational than inpatient programs and focus is placed on the present, while "core issues" are not immediately addressed. Providing information about such topics as the effect of methamphetamine on the brain and the stages of recovery is essential in that it reduces confusion and guilt and aids the acceptance of addiction. Family education also is provided for the family regarding stimulant abuse recovery.

In San Diego, as well as the other sites, individual sessions with clients (three 45-minute sessions) supplemented two types of group sessions that were held over the 16-weeks. These included early recovery groups and relapse prevention groups. The purpose of the early recovery group is to teach patients how to use cognitive tools to reduce craving, how to schedule their time, about the need to discontinue use of secondary substances, and to connect patients with community support services. The relapse prevention group, which is the central component of the Matrix package, entails open groups covering a total of 32 topics that are focused on behavior change, changing the client's cognitive/affective orientation and dealing with connecting clients to 12-step support systems. In addition, the Wednesday session was dedicated to interactive family education sessions (for a period of 12 weeks) using slide presentations, videotapes, panels, and group discussions. Topics covered during these sessions included the biology of addiction, conditioning and addiction, medical effects of stimulant use, and addiction and the family. Twelve-step meeting attendance and other recovery activities were encouraged on the other days of the week.

SUMMARY

In 1998, the San Diego Association of Governments (SANDAG), in cooperation with the EYE, sought funding from the Center for Substance Abuse Treatment (CSAT) for a project to implement and evaluate the Matrix outpatient model of substance abuse treatment in San Diego County. The region became one of eight sites participating in this cross-site study that was managed by the University of California, Los Angeles (UCLA), Drug Abuse Research Center (DARC) in the role of the Coordinating Center. Treatment as Usual (TAU) and the Matrix model were provided at the Family Recovery Center (FRC) in Oceanside. The Minnesota model provided the underlying philosophy for the "Treatment as Usual" (TAU) condition. This abstinence-based program was specifically designed for female clients. The Matrix treatment model was originally developed in response to the cocaine epidemic of the 1980s. This treatment is a directive, non-confrontational approach that focuses on current issues and behavior change.

CHAPTER 2
RESEARCH METHODOLOGY

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RESEARCH METHODOLOGY

INTRODUCTION

Because this cross-site replication project involved a rigorous evaluation component, it was essential that each site maintain the same protocols throughout client randomization and follow-up. The current chapter includes an overview of the research design, as well as a description of the data collection instruments.

RESEARCH DESIGN

Under the direction of the Metamphetamine Treatment Project (MTP) Steering Committee, a research design was finalized in the Fall of 1998. A basic goal of this process was to create a design that was scientifically rigorous but that also would accommodate "real world issues" involved in technology transfer and providing treatment in actual settings.

As noted in Chapter 1, each of the eight sites agreed to a design that involved the random assignment of 150 clients to one of three treatment conditions. This design element was extremely important because it ensured that clients in each group were identical, overall, at the beginning of the study and that any later differences were the result of treatment and not some inherent differences. In addition, the Steering Committee agreed that other project objectives concerning the cost-benefit analysis and research to practice implications would be phased in at a later point in the study.

The three treatment conditions included Treatment as Usual (TAU), a Matrix 8-week condition, and a Matrix 16-week condition. TAU was defined differently at each site and the Matrix conditions followed a standardized protocol. Randomization began in April 1999 and continued through June 2001, with a no-cost extension from the funding agency due to the slower-than-expected start-up in client recruitment. Client follow-up was completed in June 2002. Also associated with initial recruitment problems was the decision to discontinue randomizing to the Matrix 8-week condition study-wide in June 1999 because randomizing to three conditions, rather than two, resulted in very small groups. Other possible changes to the research design, such as adding locations or extending recruitment for an even longer period of time were not feasible. In addition, concern had been expressed that an 8-week outpatient session did not offer enough treatment, even though this had not been empirically tested.

Research assistants that were trained and certified by the Coordinating Center were responsible for collecting all of the project data and all research protocol was approved by an Institutional Review Board (IRB) at each of the sites.

DATA COLLECTION MEASURES

To ensure that common data elements were collected in a reliable manner across the study sites, the Steering Committee also agreed on which instruments would be used to collect client data at which points in time. As Table 2.1 shows, data were collected at client intake, on a weekly basis, at program exit, and at 6- and 12-month follow-ups. None of the data that were collected, with the exception of the urinalysis test results and the results of the Addiction Severity Index (for the TAU counselor only), were given to the treatment counselors for their records.

Table 2.1
DATA COLLECTION MEASURES
San Diego Methamphetamine Treatment Project, April 1999 – June 2002

Measures	Intake	Weekly	Exit	Follow-Up (6 and 12 Month)
Telephone Inquiry	X			
Methamphetamine Screen/Treatment Admission Form	X			
DSM-IV Methamphetamine Dependence Checklist	X			
Inclusion/Exclusion Criteria Form	X			
Addiction Severity Index (ASI) with GPRA Addendum	X		X	X
Abstinence Questionnaire				X
Brief Symptom Inventory (BSI)	X		X	X
Beck Depression Scale	X		X	X
Craving Frequency, Intensity, and Duration Estimate (CFIDE)	X	X	X	X
DATCAP (Client Version)		Weeks 2 and 4		
Abuse and Violence Questionnaire	X		X	X
AIDS Risk Assessment	X		X	X
Substance Use Inventory (SUI)	X	X	X	X
SF-36 Health Status Survey	X		X	X
Treatment Services Review (TSR)		X	X	X
Treatment Tracking		X		
Treatment Termination Form			X	
Client Satisfaction Questionnaire (CSQ)			X	
Service Evaluation (SSS-30)			X	
Urine Sample	X	X	X	X

A description of each of these instruments is provided below.

- **Telephone Inquiry:** A telephone inquiry was completed with all individuals who contacted the FRC or research assistants with an interest in receiving treatment for their methamphetamine addiction. General questions were asked prior to scheduling an intake interview to ensure the potential client was seeking treatment for his/her methamphetamine use.

- **Methamphetamine Screen/Treatment Admission Form:** This form was the first one administered during the intake process (following the potential client giving his/her informed consent). Questions on this six-page instrument pertained to health history and status, as well as methamphetamine use history.

- **DSM-IV Methamphetamine Dependence Checklist:** Following the administration of the Screen/Admission Form, the research assistant completed the DSM-IV Screen to determine if the potential client met clinical standards for a diagnosis of methamphetamine dependence.

- **Inclusion/Exclusion Criteria Form:** The Inclusion/Exclusion form was then completed to determine if the potential client should continue the intake process. As described in more detail in Chapter 3, there were six inclusion criteria and six exclusion criteria. In defining what these would be, the Steering Committee felt that it was important to exclude individuals who needed a higher level of service than outpatient treatment, as well as those who would not or could not participate in the research process. If a client was excluded from the current project, s/he was referred to another treatment program that could better meet his/her needs. The determination for inclusion or exclusion in the study was made by the clinical staff.

- **Addiction Severity Index:** The Addiction Severity Index (ASI) also was completed during the initial intake. In addition, a follow-up version was administered during client exit and follow-up interviews. The ASI is a structured clinical interview that reviews seven areas of life functioning, including medical status, employment status, drug/alcohol use, family history, family and social relationships, legal status, and psychiatric status.

- **Abstinence Questionnaire:** The Abstinence Questionnaire was completed at the 6- and 12-month follow-ups. This form asks clients to estimate their longest period of abstinence and the proportion of days they used since their exit interview.

- **Brief Symptom Inventory:** The Brief Symptom Inventory (BSI) is a standardized instrument that measures psychological problems. The BSI, which includes 53 questions requiring the client to rate how distressed they are on a 5-point scale (where 0 is "Not at all" and 4 is "Extremely"), was administered at intake, exit, and during both follow-up interviews. As an example, the first question on the instrument asks "How much were you distressed by nervousness or shakiness inside during the past seven days?"

- **Beck Depression Scale:** The Beck Depression Scale is another standardized tool used to measure psychological problems. On this questionnaire, clients are asked to rate how they felt overall in the past 30 days. For example, the first question includes four statements and the client is asked to pick the most appropriate: "I do not feel sad," "I feel sad," "I am sad all the time and I can't snap out of it," or "I am so sad or unhappy that I can't stand it." Each of the 21 items is scored by a research assistant and a score of 16 or higher would result in a referral to a trained counselor.

- **Craving Frequency, Intensity, and Duration Estimate:** The Craving Frequency, Intensity, and Duration Estimate (CFIDE) was administered at intake, weekly, at exit, and at both follow-ups. Five questions are included on this instrument regarding how strong any cravings for methamphetamine were, how often they occur, and how long they last. Craving is defined as an urgent desire, longing, or yearning, and not just a passing thought.

- **DATCAP Client Version:** The Drug Abuse Treatment Cost Analysis Program (DATCAP) was administered to clients at weeks two and four of treatment. This instrument was used to estimate the amount of time and money clients spent to attend the program and the data will be used as part of the cost-analysis.

- **Abuse and Violence Questionnaire:** The Abuse and Violence questionnaire included a subset of items from the Women's Interagency HIV Study, which was used to assess the occurrence of exposure to domestic violence. It includes questions related to both physical and sexual abuse.

- **AIDS Risk Assessment:** The AIDS Risk Assessment was administered at intake, exit, and follow-up and examined client exposure to HIV-risk behavior, including sharing needles and other paraphernalia, as well as unsafe sexual practices.

- **Substance Use Inventory:** The Substance Use Inventory (SUI) was administered at each of the data collection points to ask clients about their use (how many days and mode of use) of 7 specific drugs, as well as any others, during a specific timeframe. At intake, this timeframe was 7 days, weekly it was 7-14 days, and at exit and follow-up it was 7 days.

- **SF-36 Health Status Survey:** The SF-36 Health Status Survey was administered at intake, exit, and follow-up and was used to determine clients' own perceptions of their overall physical and mental health.

- **Treatment Services Review:** The Treatment Services Review (TSR) is a standardized instrument completed weekly with clients to ascertain what services were received in the preceding week of treatment using the same seven dimensions measured by the ASI.

- **Treatment Tracking:** Research assistants used the Treatment Tracking form to review clients' clinical charts to determine the types of clinical services delivered each week.

- **Treatment Termination Form:** Research assistants used the Treatment Termination form to document when clients were terminated from treatment.

- **Client Satisfaction Questionnaire and Service Evaluation:** These two instruments were administered at exit and asked clients to share their perception of the treatment received. To ensure anonymity, clients completed these instruments themselves and returned them to the research assistants to be mailed to the Coordinating Center in sealed envelopes.

- **Urine Samples:** A urine sample was collected from each client at each of the data collection points. Temperature strips were used to monitor validity. During the weekly sessions, the day that urine was collected was randomly determined. Urinalysis testing included amphetamines, cocaine, opiates, cannabinoids, and benzodiazepeines.

SUMMARY

As part of this cross-site project, the Coordinating Center approved a rigorous research design that involved random assignment of clients at each site and data collection at intake, weekly during treatment, exit, and 6- and 12-month follow-up. Client randomization began in April 1999 and initially involved three conditions: TAU, Matrix 8-week, and Matrix 16-week. However, randomization to the 8-week condition was discontinued in June 1999. Data collected from the 12 instruments administered at intake are presented in Chapter 4.

CHAPTER 3
PROCESS EVALUATION RESULTS

CHAPTER 3
PROCESS EVALUATION RESULTS

INTRODUCTION

In the current chapter, information is presented regarding project implementation. This includes staffing and training, the process of outreach and client recruitment, and how clients were randomized into the study. Information regarding how data were collected on a weekly basis and strategies for follow-up also are shared.

STAFFING AND TRAINING

Staffing

Treatment Staff

In January 1999, the FRC identified and/or hired the initial personnel that would provide the outpatient treatment services to eligible clients in the Matrix conditions, as well as Treatment as Usual (TAU). As Table 3.1 shows, administrative treatment staff on the project included the director of the treatment center, the treatment coordinator, and the program manager. At any given time, there were either one or two individuals serving as a counselor in the treatment conditions. For Matrix, there were initially two Matrix conditions (8- and 16-weeks). For TAU, at one point two counselors shared the group, and at another two groups were run simultaneously. Over the course of the project, six individuals served as TAU counselors and four served as Matrix counselors. All of the Matrix counselors were trained and certified by the Coordinating Center for the project. Treatment support staff included a driver and child care workers so that free transportation and child care could be provided to clients to support their attendance at group.

Research Staff

Throughout the course of the project, there were three to five SANDAG research assistants assigned to the project. Research assistants were responsible for conducting intake interviews, collecting treatment data, and conducting follow-up interviews, as well as for outreach and recruitment. Each researcher had a specified day or days of the week assigned to work on the project. This daily change in staff required coordination between the research team through written and oral communication. As the project progressed, one dedicated research assistant was assigned to work at the treatment center almost entirely full-time. Bi-monthly meetings were held with all the research assistants to discuss project issues.

Table 3.1
TREATMENT PROVIDER STAFFING
San Diego Methamphetamine Treatment Project, January 1999 – June 2002

	Number of Staff Holding Position at a Given Time	Total Number of Staff in the Position During Project
Treatment Program Director	1	2
Treatment Coordinator	1	1
Project Manager	1	2
Treatment Counselor - TAU	1 - 2	6
Treatment Counselor - Matrix	1 - 2	4
Support Staff		
Driver	1	5
Child Care Worker	2	2
Receptionist	1	4
Intake Counselor	1	3
Psychologist	1	1

Table 3.2
RESEARCH STAFFING
San Diego Methamphetamine Treatment Project, January 1999 – June 2002

	Number of Staff Holding Position at a Given Time	Total Number of Staff in the Position During Project
Principal Investigator	2	2
Project Manager	1	2
Research Assistant	3 - 5	8

Training

Four staff members from both the FRC and SANDAG attended the initial project training conducted by the Coordinating Center in January 1999. At this training, staff from the eight sites met. The treatment and the research staff began and ended the training together and the importance of the roles of both the treatment provider and researcher was stressed. The training fostered the idea that all staff must respect and appreciate their respective roles, and lines of communication were clearly defined. For example, treatment staff were informed that they could freely discuss clients with research staff and research staff were informed that the only information they could give the program staff was urine test results and BOI scores. Treatment staff were trained to implement the Matrix treatment model. Research staff were trained to administer the data collection instruments, tested, and certified.

Ongoing training for all the sites was conducted when new staff joined the project and through regularly scheduled conference calls with all the sites and the Coordinating Center. There were separate calls for treatment and research staff. The Coordinating Center organized and led these conference calls to help each site implement the project and address questions and issues as they arose. In addition to conference calls, the Coordinating Center staff were available to respond to site-specific issues via phone and e-mail. The Coordinating Center staff also made periodic site visits to review the quality of research data and treatment protocols.

The San Diego site conducted ongoing training as well. Every two weeks, the research team met for training related to the research component of the project. Also, the research and the treatment teams met bi-monthly for training and support. At these meetings, the treatment staff informed the research staff about clients and other treatment issues, and the research staff had the opportunity to interface with the counselors. The research assistants did not discuss the clients specifically, but did ask for help with ancillary services, such as transportation and child care.

OUTREACH AND CLIENT RECRUITMENT

The project goal was for each site to randomize 150 clients into outpatient treatment, starting in April 1999. A great deal of time and energy were expended on informing the community that free outpatient treatment services were available through the CSAT grant. However, despite these efforts, recruitment became an ongoing challenge for San Diego, as well as for many of the other sites. Locally, this challenge was at least partially due to the fact that the treatment provider was well known for its provision of perinatal residential treatment services and less well known for the provision of outpatient services.

In San Diego, meetings were held before the project was underway to identify the roles of various agencies with respect to outreach and recruitment. Attendees included staff from the treatment center, the research team, and a representative from Alcohol and Drug Services (ADS) with the Health and Human Services Agency (HHSA). Initially, the role of the treatment provider was established as one of the active partners in doing outreach and referring potential appropriate clients to the outpatient treatment groups. The role of ADS also was to refer appropriate clients for this treatment. However, as time progressed, roles were redefined and the research team became more active in the area of recruitment and the treatment provider focused on meeting the treatment needs of the clients and providing child care and transportation. While ADS continued to support the program and added the program to their referral listings, they were not directly responsible for any recruiting efforts.

The treatment provider gave the project a name so that, as outreach began, prospective clients and the community would know what program was providing free outpatient treatment specifically for methamphetamine addiction. The project was named HEARTT (Helping Every Addict Recover Through Treatment). Over time, the project became known throughout San Diego County specifically by this name.

A number of events were held to get the word out to the community. To kick off the project, an open house was held at the FRC in March of 1999. The event was attended by local service providers, elected officials, and clients and family members of clients of the treatment center, as well as Dr. Richard Rawson, the Principal Investigator for the cross-site study. At the annual Drug

Summit in May 2000, a combined team from the research and treatment agencies made a presentation to raise local awareness of the project. A Community Town Hall meeting on methamphetamine during the same year was another channel of communication. Ongoing efforts also were directed at reminding referral sources that the program was available.

In addition, various forms of advertising were used as recruitment strategies. The treatment provider procured mugs and rolodex cards with the program information on them and the research team purchased pens, post-it notes, and flyers. These materials were distributed to local service providers, criminal justice agencies, and local businesses. The research team also arranged for radio and newspaper advertisements during the latter part of 2000 and obtained a copy of a public service announcement (PSA) that was produced for the Hawaii MTP site. This PSA was aired by a number of local TV stations.

Other outreach and recruitment methods used during the course of the project included:

- monthly presentations to male inmates at the Vista Jail in the northern region of San Diego County and to female inmates at the Las Colinas Detention Facility in East San Diego County;

- research staff arranged to go on ride-alongs with a local Oceanside police officer familiar with many of the local addicts to inform known methamphetamine users of the treatment options available in their community;

- placement of advertisements on the back of grocery store receipts, inside buses, and on movie screens in local theaters;

- contacted local media outlets, including newspapers, television, and cable stations to request they do stories on the program;

- established a direct toll-free telephone line for the program so that clients could reach the research staff or leave a message around the clock; and

- offered free transportation and child care.

As time progressed, it was determined that the best referral source was the clients themselves (Table 3.3). To increase referrals, clients who enrolled in the HEARTT program were offered two movie passes (a value of $10) for each person they referred and who was randomized into the study. Other common referral sources included the court system and social service agencies.

Table 3.3
CLIENT REFERRAL SOURCES
San Diego Methamphetamine Treatment Project, December 1999 – June 2001

Other client	21%
Court	19%
Social service agency	18%
Law enforcement agency	10%
Jail presentation	10%
Flyer	7%
Family or friend	6%
Newspaper or radio story/ad	5%
Other	4%
TOTAL	**121**

NOTE: Cases with missing information not included.

CLIENT RANDOMIZATION

Client randomization for the project took place between April 1999 and June 2001. When a potential client was referred to the HEARTT program, a research assistant completed an initial screening form (either over the phone or in person) and scheduled a face-to-face intake interview. At this interview, the research assistant reviewed with the client an informed consent to participate in the research. All research protocols (including outreach methods) were approved by an Institutional Review Board (IRB). In addition, the researchers received a Certificate of Confidentiality from the Department of Health and Human Services to ensure the protection of clients' identity. Upon agreeing to participate in the research as part of their treatment experience, the client was given a signed copy of the informed consent form and the research assistant continued to complete an admissions and eligibility form with the client. These forms were then given to a representative of the treatment staff to assess if the client was eligible.

Participant inclusion and exclusion criteria were as follows. To be included, candidates:

- could be of either gender (at the FRC, initially only females were eligible; as of February 2000, males also were admitted to the study);
- were at least 18 years of age;
- were methamphetamine-dependent, as determined by the DSM-IV checklist;
- were willing to complete forms and provide urine samples;
- understood scales and instructions;
- understood and signed informed consent;
- understood English; and
- were able to participate in all aspects of either treatment condition.

Exclusion criteria included:

- having a medical and/or psychiatric impairment precluding safe participation and/or primary treatment focus on methamphetamine dependence;
- requiring medical detoxification from opiates, alcohol, or other drugs;
- not having used methamphetamine in past 30 days, unless in a controlled environment and/or having been enrolled in another treatment program in the past 30 days for at least 7 days; and
- having medical, legal, housing, or transportation issue(s) precluding safe and/or consistent participation.

When a client met the eligibility criteria and agreed to participate in the research, as determined by a treatment counselor, the client then completed the remainder of the intake interview, provided a urine specimen, and was then randomized into one of the treatment groups. The entire intake process took up to three hours and could take place during one or more appointments within a two-week time period. If more than two weeks lapsed and the client returned to complete the intake, the entire process started over, beginning with the informed consent.

Due to the in-depth nature of the intake interview, research assistants sometimes became aware that a client might be a harm to him/herself or have other serious safety issues, such as domestic violence. When these situations arose, the research staff would immediately refer the client to a counselor. Research staff were trained to assess the severity of possible suicide, but only to the extent that they knew when to involve a trained counselor to intervene. After the client met with the counselor, the research assistant documented that the client had received services for any suicide ideation.

The client randomization forms were provided in sealed envelopes by the Coordinating Center so that neither the research participant nor the researcher knew what group the client would be assigned to until the client opened the sealed envelope. When each client opened the envelope with their treatment group identified on a randomization sheet, the research assistant told the client that both groups were equally beneficial.

At the end of the randomization period, 203 potential clients had been screened for eligibility. Of these, 148 clients had completed the intake process and been successfully randomized to one of the three original treatment conditions – 5 to the Matrix 8-week condition, 70 to the Matrix 16-week condition, and 73 to the TAU group.

WEEKLY DATA COLLECTION

After completing the intake interview and being randomized into treatment, the client was introduced by the research assistant to their treatment counselor. In the situation where their counselor was not available, an appointment for them to meet was scheduled. During the first week of treatment, the client met with his/her counselor for a one-on-one appointment and then met with the treatment group. All new clients began the first week of treatment on the Monday or Tuesday after they were randomized.

Clients met weekly with a research assistant to collect data and a urine specimen. The researchers collected weekly data the first time the client attended a group each week. The day of the week that the client was asked to provide a urine sample was determined on a random basis. Neither the researcher nor the client knew when the client would be scheduled to provide their weekly urine specimen until a chart was posted for the week by the project manager. Urine specimens were picked up and tested by an outside laboratory. The results from the urine screening were faxed to the program and the research assistants provided this information to the treatment counselor for both conditions.

To encourage clients to provide their weekly data, the research team instituted an incentive program. Every client that provided their weekly data and urine specimen was entered into a weekly drawing to win two movie passes (valued at $10). This incentive encouraged clients to visit the research staff. In addition, because the researchers would be tasked with locating clients for follow-up, it became a priority to try to keep in touch with clients even if they were not coming to their groups. One strategy employed by the research team was to provide a newsletter to all active clients. In addition to handing out the newsletters at groups, research assistants drove by the homes of the clients who were not attending group to hand deliver the newsletter and, at the same time, encourage clients to return to their treatment group. Researchers also reminded the clients when they would be eligible for follow-up interviews.

CLIENT FOLLOW-UP

Client follow-up was conducted between August 1999 and July 2002. Follow-up interviews were conducted with clients when they exited the program, and 6 and 12 months after they were randomized into the program. For each of the three follow-up interviews, there was a designated window of time that the client was eligible to complete the interview. For the exit interview, the follow-up window was one month, and for the 6- and 12-month follow-up interviews, it was three months. Incentives for completing these interviews were provided to the clients in the form of grocery gift certificates ($10 for exit, $15 for 6-month, and $25 for 12-month).

Follow-up was very challenging and required many innovative strategies. The project goal was to complete a minimum of 80 percent of the follow-up interviews. The final overall follow-up rate for the San Diego site was 83 percent. The lowest follow-up rate for completed interviews was for the exit interviews (74%), due primarily to the shorter follow-up window. The rate increased for the 6-month interviews (84%) and was highest for the 12-month follow-up interviews (92%).

When attempting to locate clients for follow-up, research assistants used the locator form completed by the client at intake to contact the client's friends, relatives, work, and social service and/or criminal justice agencies. The researcher would state they were trying to locate someone for a "health study." To protect the client's confidentiality, no mention was made of the client's participation in a drug treatment program. In many instances, research assistants would be tasked with trying to contact other treatment programs, local service providers, or criminal justice agencies with similar confidentiality requirements. To try to get assistance from other agencies, the research assistants would emphasize that the client had signed an agreement as a participant in the health study to allow us to attempt to locate them for future follow-up.

The high follow-up rates were achieved through a variety of strategies. Some of the strategies employed to locate clients for follow-up included:

- having all clients complete a locator form with detailed contact information at intake;
- reviewing locators and confirming the accuracy of information provided by the client;
- completing a new locator form with clients at each follow-up interview;
- sending reminder postcards;
- sending birthday cards to clients to keep in touch;
- regularly checking local jail screens and completing interviews in the jails when necessary;
- driving by addresses provided on the locator and leaving a reminder letter and/or talking to friends and neighbors for information to help locate the client;
- offering incentives in the form of movie passes or gift certificates to anyone who provided help locating a client that resulted in a completed follow-up interview;
- receiving assistance from the Coordinating Center in looking up credit reports and Department of Motor Vehicle records for new addresses;
- participating in bi-monthly research team meetings to review all the clients due for follow-up and assign action items; and
- doing extensive documentation of all follow-up activities.

As noted above, accessing clients that were incarcerated locally occurred routinely. SANDAG established a transfer agreement with the San Diego County Sheriff to obtain access to clients in local detention facilities. With five of the eight sites located in California, it was a study-wide issue to obtain authorization to access clients being held in custody in the California State prison system. The Coordinating Center took responsibility for submitting a request for this authorization. After a lengthy process, the authorization was secured and the San Diego site completed follow-up interviews at a number of California State prisons. The San Diego site had one client that became a federal prisoner. The researchers obtained the clearance to access this client and completed all three of this client's follow-up interviews while he was in federal custody.

SUMMARY

The final research design for the Methamphetamine Treatment Project (MTP) involved the randomization of eligible clients to either a Matrix 16-week condition or to Treatment as Usual (TAU). All treatment services were provided at the Family Recovery Center (FRC) in Oceanside. As program documentation presented shows, there was variability in the level of staff turnover during the course of the project. Communication and coordination between and within the treatment and research staff were facilitated by the efforts of the Coordinating Center, as well as locally through bi-monthly meetings. Outreach and client recruitment represented challenges to all of the sites and led to the implementation of a number of creative efforts. Between April 1999 and June 2001, 203 individuals were screened for the program and 148 eligible clients were randomized. Data were collected from these individuals on a weekly basis, as well as through follow-up. San Diego successfully completed client follow-up, with an overall completion rate of 83 percent for the exit, 6-month, and 12-month interviews.

CHAPTER 4
CLIENT PROFILE AT INTAKE

CHAPTER 4
CLIENT PROFILE AT INTAKE

INTRODUCTION

Client information presented in this chapter was collected during intake interviews using the instruments described in Chapter 2. When similar information was collected from more than one instrument, a note is provided regarding the source of the information. In addition to providing client demographic statistics, including employment history, information also is shared regarding drug use history, criminal history, medical and mental health, family history and social relationships, and client history of violence and abuse. Because clients were randomized to conditions and there were no significant differences between the groups on any of the measures reported here, no distinction is currently made between Matrix or Treatment as Usual (TAU) clients. Future reports will include impact evaluation information regarding the effectiveness of the two treatment models, which will be related back to these client characteristics at intake.

CLIENT DEMOGRAPHICS

Because the San Diego site originally accepted only females (from April 1999 – January 2000), only around one-quarter (29%) of eligible clients were male (Table 4.1). The average age of these clients was 33.3 (range 18 to 53), and around two-thirds (63%) were White. The majority were either separated or divorced (46%) or reported that they had never been married (43%).

Other information collected regarding the client at intake included:

- Around three-quarters (76%) reported having obtained a high school degree or GED. The average number of years of education received was 12.2 (range 8 to 19). One-half (50%) reported completing training or technical education.

- One-half (50%) reported living with family or friends and around one-third (39%) reported having their own home. Six percent reported having no current address and five percent lived in some type of group housing situation.

- More than one-half (56%) of the clients reported having a valid driver's license and 44 percent reported having an automobile available for their use.

- About two-thirds of the clients reported their religious affiliation as Protestant (35%) or Catholic (33%). Around one-quarter (28%) reported not having a religious preference.

- Around one-third (37%) reported that children lived with them and nine percent reported current involvement with Child Protective Services (CPS).

- Almost three-quarters (71%) of clients reported that they had *not* been in a controlled environment in the past 30 days prior to intake. Twenty-six percent (26%) reported having been in jail during this time (not shown).

Table 4.1
CLIENT DEMOGRAPHIC INFORMATION
San Diego Methamphetamine Treatment Project, April 1999 – June 2001

Gender[1]	
Female	71%
Male	29%
Average Age[1]	33.3
Ethnicity[1]	
White	63%
Hispanic	19%
Black	5%
Multi-Ethnic	5%
Other	7%
Marital Status[2]	
Separated/divorced	46%
Never married	43%
Married	11%
Widowed	1%
TOTAL	**148**

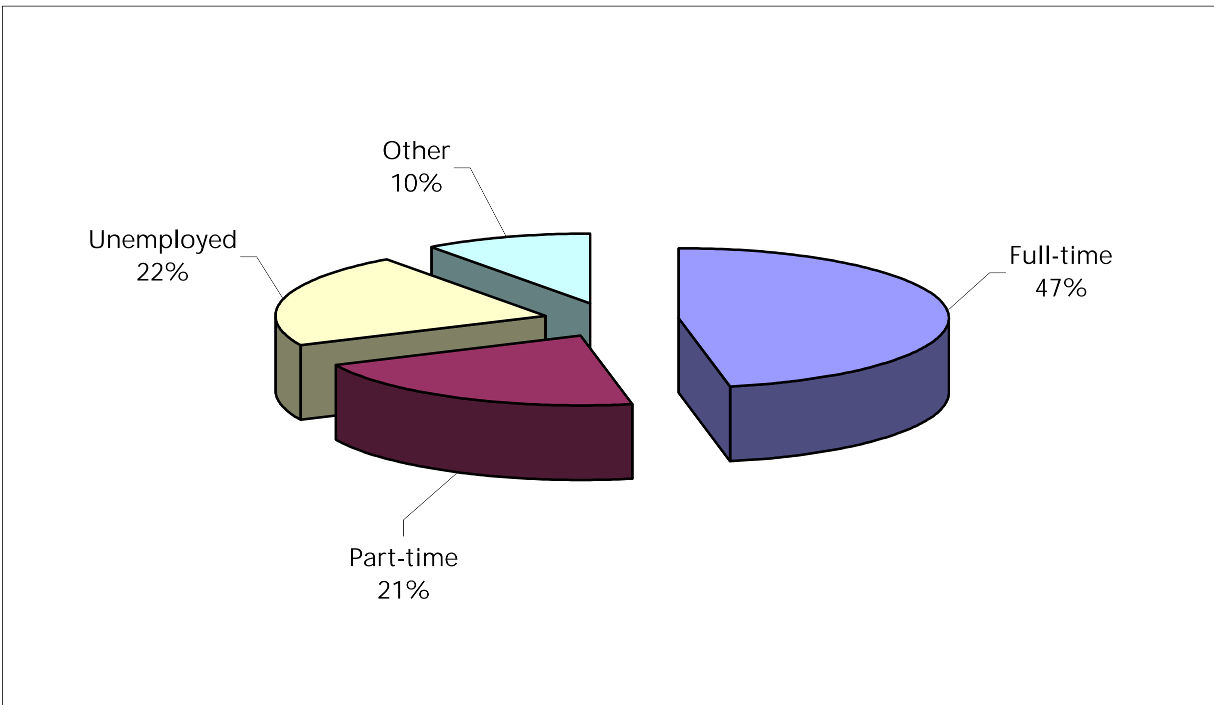
[1] *Information taken from the Methamphetamine Screen/Admission Form.*
[2] *Information taken from the ASI.*

NOTE: Percentages may not equal 100 due to rounding.

EMPLOYMENT HISTORY

Around three-quarters (76%) of the clients reported having a profession, trade, or skill. When asked to indicate the longest length of time they had worked at a full-time job, the mean was around four years (range 0 to 25 years) (not shown). Almost one-half (47%) of the clients reported that their usual employment pattern over the past three years was full-time (40 hours per week) (Figure 4.1). Slightly less than one-quarter (22%) reported being unemployed during this time and 21 percent reported working part-time, regular or irregular hours. Other patterns included being a student, retired, or living in a controlled environment.

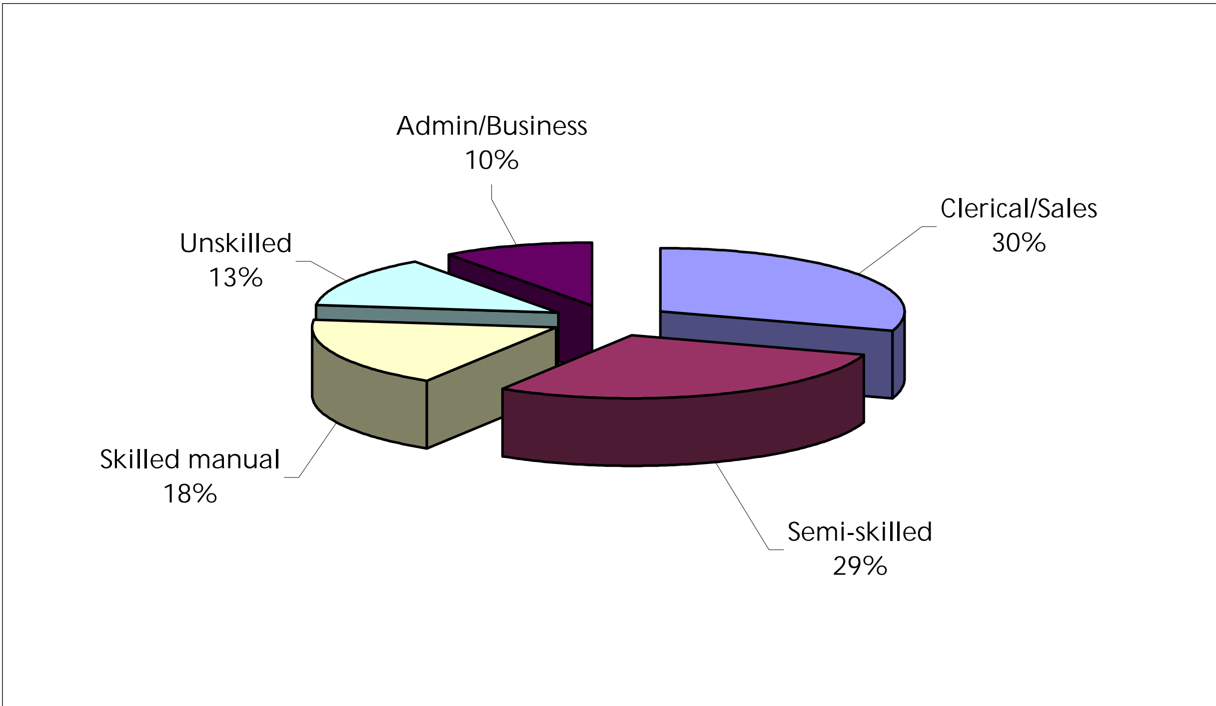
Figure 4.1
CLIENT USUAL EMPLOYMENT PATTERN FOR THE PAST THREE YEARS AT INTAKE
San Diego Methamphetamine Treatment Project, April 1999 – June 2001



Total = 148

When asked to indicate what their "usual or last" job was, the most common response was a clerical or sales position (30%) or some type of semi-skilled position (29%) (e.g., painter, waiter) (Figure 4.2). Other clients reported being employed in a skilled manual position (e.g., repairman), an unskilled position (e.g., janitor), or in an administrative or business position.

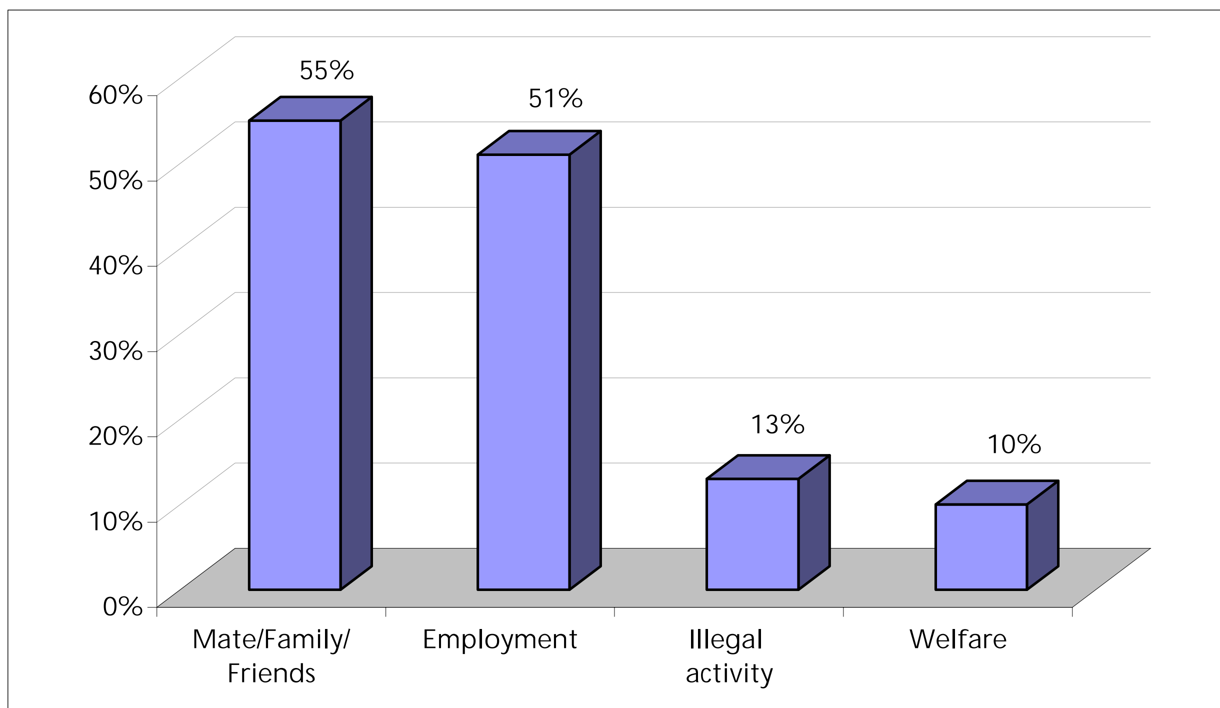
Figure 4.2
CLIENT USUAL OR MOST RECENT OCCUPATION AT INTAKE
San Diego Methamphetamine Treatment Project, April 1999 – June 2001



Total = 148

Two-thirds (66%) of the clients reported that someone else contributed to their support in some way, and 69 percent reported that this constituted the majority of their support (not shown). Figure 4.3 shows the different sources of support received by clients during the past 30 days. Just over one-half (55%) reported receiving support from a mate, family, or friends, and 51 percent reported income from employment. Not shown in the figure are the percentages that received a pension (5%) or unemployment (2%). Around one-third (37%) of the clients reported that others were dependent on them for their support (not shown).

Figure 4.3
CLIENT SOURCE OF INCOME DURING THE PAST 30 DAYS AT INTAKE
San Diego Methamphetamine Treatment Project, April 1999 – June 2001



Total = 148

NOTE: Percentages based upon multiple responses.

According to data collected from the ASI, 51 percent of clients reported having employment problems in the past 30 days. For these 75 individuals, the average number of days that problems were experienced was 16.5 (not shown).

DRUG USE HISTORY

Methamphetamine Use History

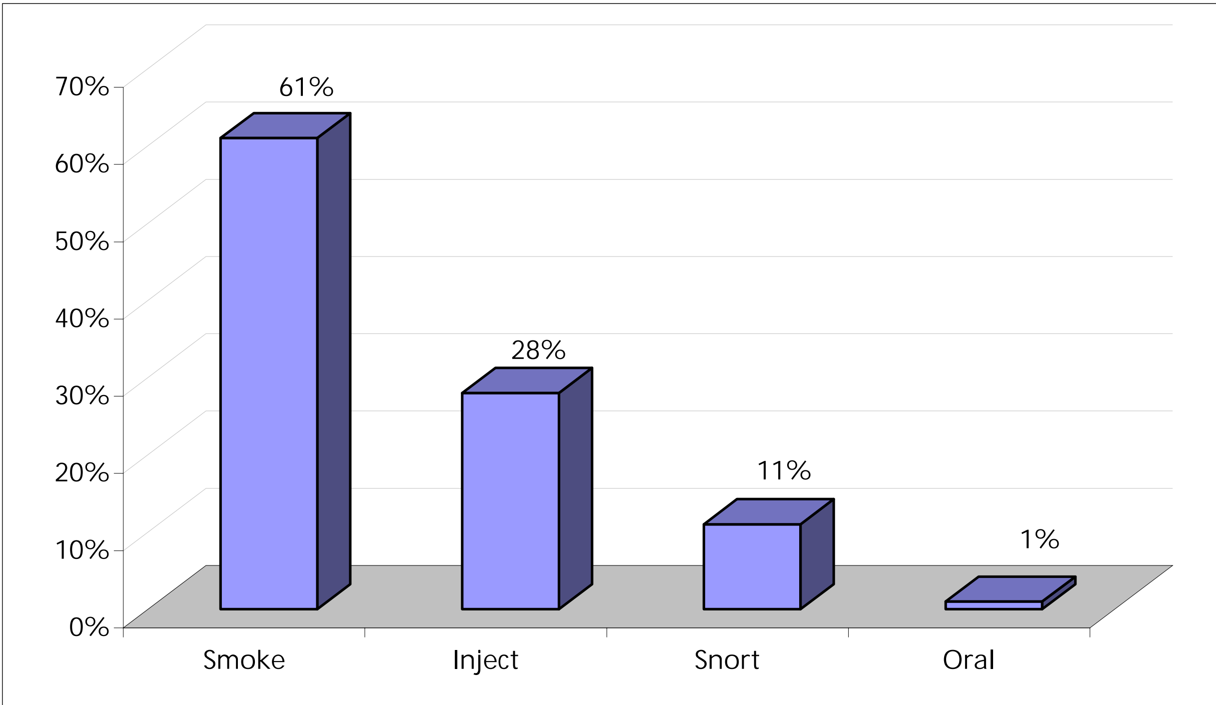
Clients randomized into the San Diego Methamphetamine Treatment Project had a lengthy history of methamphetamine use at intake, with an average of 8.8 years of use (range 1 to 32) in their lifetime. Eighty-nine percent (89%) reported using methamphetamine in the past 30 days and the average number of days used for these clients was 13.9 (range 1 to 30). Clients who did not report use in the past 30 days had been in a controlled environment. On average, clients reported using the drug 4.8 times per day (range 0 to 40) and 88 percent reported that they were addicted to the drug (not shown).

When asked the length of the longest run they had without using methamphetamine in the last 12 months, the average response was 85.9 days (range 2 to 365). When asked why they went this long without using the drug, the most common responses were that they wanted to change/improve their life (26%) or that they were in jail (25%) (not shown).

Almost all (92%) of the clients reported that their major substance problem was only methamphetamine. Of the others, five percent reported it was methamphetamine as well as some other type of drug, two percent reported alcohol and methamphetamine, and two percent reported some other type of substance as their major problem (one person said alcohol and one said heroin) (not shown).

As Figure 4.4 shows, the majority (61%) of San Diego clients reported that their usual route of administration was smoking, with about one-quarter (28%) injecting it and 11 percent snorting it. One percent reported that they ingested it orally. This pattern of use is consistent with other locally collected data.

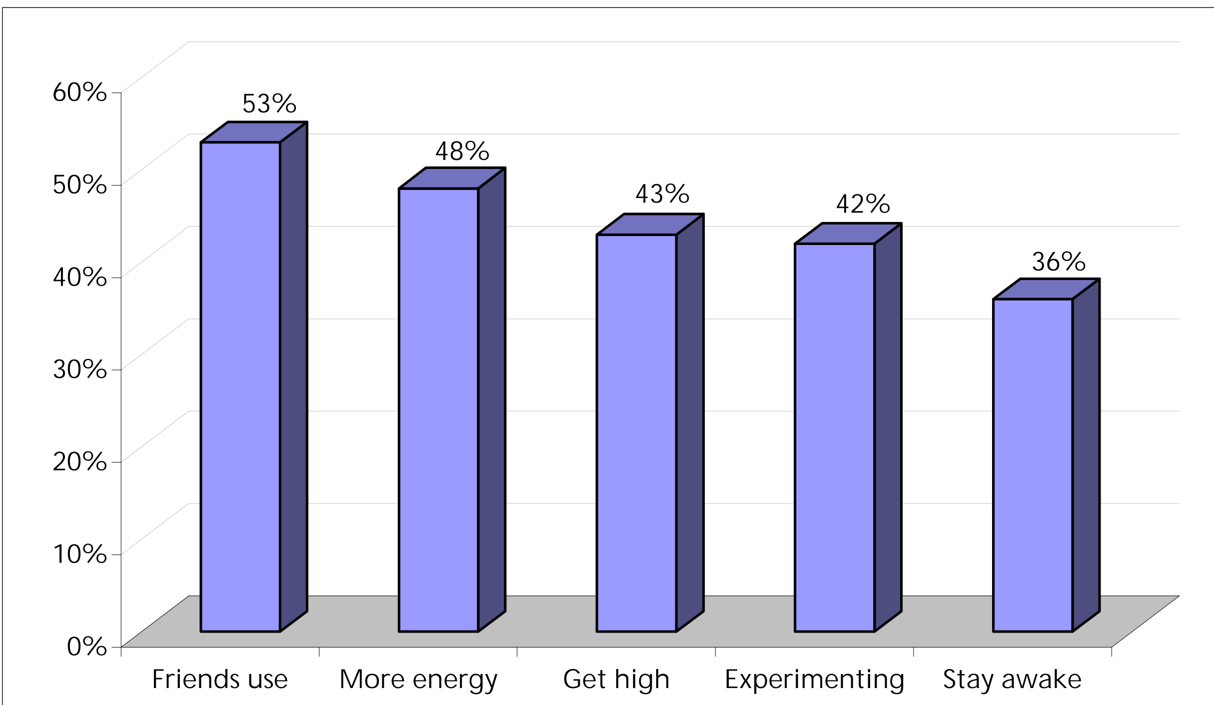
Figure 4.4
CLIENT USUAL ROUTE OF METHAMPHETAMINE ADMINISTRATION AT INTAKE
San Diego Methamphetamine Treatment Project, April 1999 – June 2001



Total = 148

Clients were most likely to report that they began using methamphetamine because their friends were using it, they wanted more energy, they wanted to get high, they were experimenting, and they wanted to stay awake (Figure 4.5). One-third to one-fourth of clients also reported using the drug because they wanted to escape reality (32%), lose weight (29%), relieve depression (25%), or work more hours (24%) (not shown).

Figure 4.5
CLIENTS' REASONS FOR WHY THEY STARTED TO USE METHAMPHETAMINE
San Diego Methamphetamine Treatment Project, April 1999 – June 2001

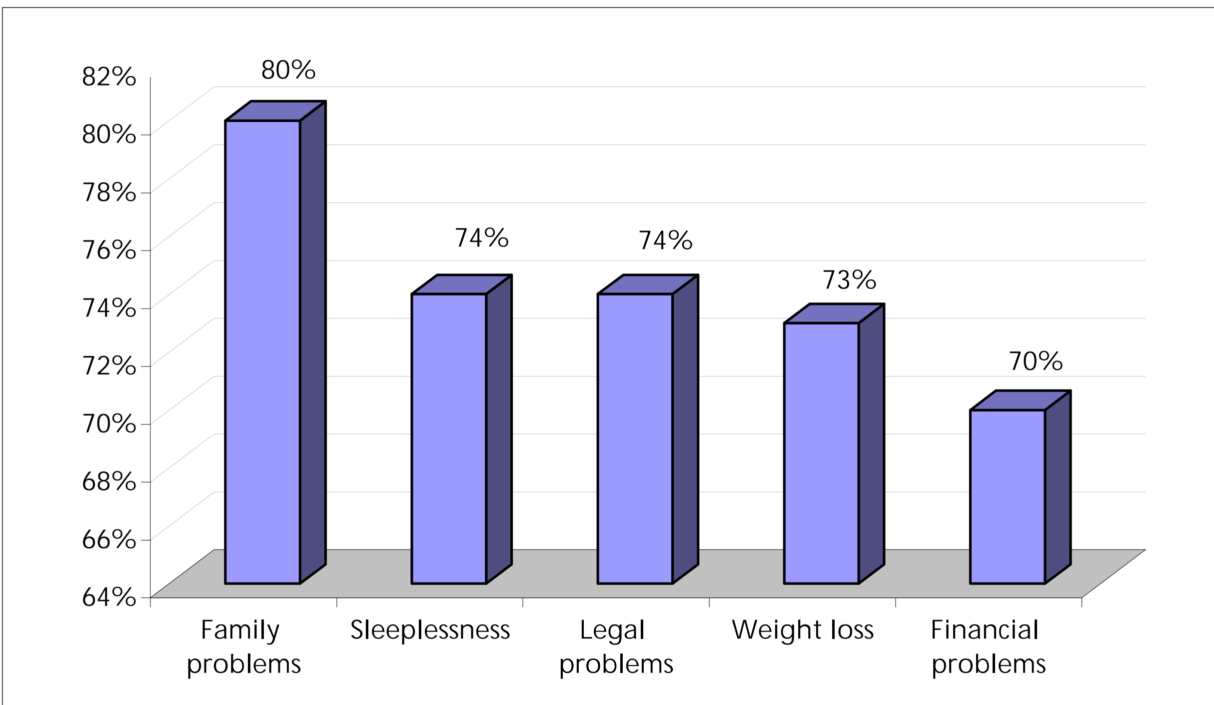


Total = 148

NOTE: Percentages based upon multiple responses.

Clients were likely to report a number of negative side-effects they had experienced as a result of their methamphetamine use. These included family problems, sleeplessness, legal problems, weight loss, and financial problems (Figure 4.6). Other effects included work problems (56%), dental problems (52%), skin problems (46%), paranoia (37%), violent behavior (30%), and hallucinations (30%) (not shown).

Figure 4.6
CLIENT REPORTED EFFECTS OF METHAMPHETAMINE USE
San Diego Methamphetamine Treatment Project, April 1999 – June 2001



Total = 148

NOTE: Percentages based upon multiple responses.

According to data collected through the DSM-IV Screening Instrument, almost all (97%) of the clients reported that they had previously (in the last 12 months) tried to cut down on their use of methamphetamine (Table 4.2). In addition, three-quarters or more also reported that they often ended up using more methamphetamine than they expected (89%), that they have had withdrawal symptoms (80%), that they had to use more methamphetamine over time to get the same high (79%), that they spent a lot of time using methamphetamine or attempting to obtain it (76%), and that their methamphetamine use took them away from other activities (75%).

Table 4.2
CLIENT AFFIRMATIVE RESPONSES TO THE DSM-IV SCREEN
FOR METHAMPHETAMINE DEPENDENCE
San Diego Methamphetamine Treatment Project, April 1999 – June 2001

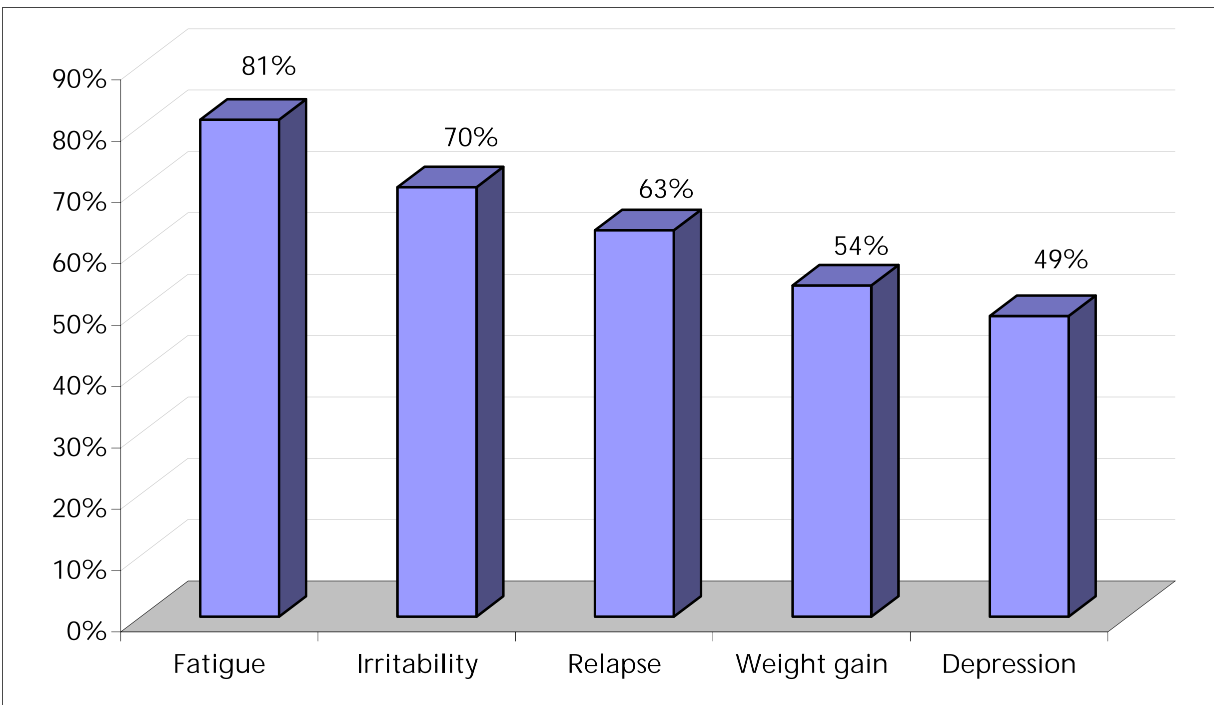
Persistent desire or unsuccessful efforts to cut down or control use	97%
Used in larger amounts or over a longer period than was intended	89%
Experienced withdrawal symptoms	80%
Increased tolerance	79%
Spent a lot of time using methamphetamine or trying to obtain it	76%
Important social, occupational, or recreational activities given up or reduced	75%
Use continued despite knowledge of a physical or psychological problem caused or exacerbated by use	68%
TOTAL	**148**

NOTE: Percentages based upon multiple responses.

Another measure of dependence administered during intake was the Craving Frequency, Intensity, and Duration Estimate (CFIDE) questionnaire. According to data collected with this instrument, slightly less than one-half (47%) of the clients reported having experienced a craving for methamphetamine the day before the intake interview and 76 percent had experienced a craving in the past seven days. Of the individuals who had craved the drug in the past day, the average length of time that cravings were experienced was 128.8 minutes (range 1 to 1,440), and these individuals rated the intensity of the craving on a 100-point scale (where 100 was most intense) at an average of 51.6 (range 5 to 100) (not shown).

When asked what happened when they stopped taking methamphetamine, the most frequent responses included that they were more tired or fatigued, irritable, relapsed, gained weight, or became depressed (Figure 4.7). Other common responses included having severe cravings (48%), remembering past usage (45%), having emotional problems (43%), experiencing physical withdrawal symptoms (38%), and experiencing trauma or stress (34%) (not shown).

Figure 4.7
CLIENT REPORTED EFFECTS OF DISCONTINUING METHAMPHETAMINE USE
San Diego Methamphetamine Treatment Project, April 1999 – June 2001



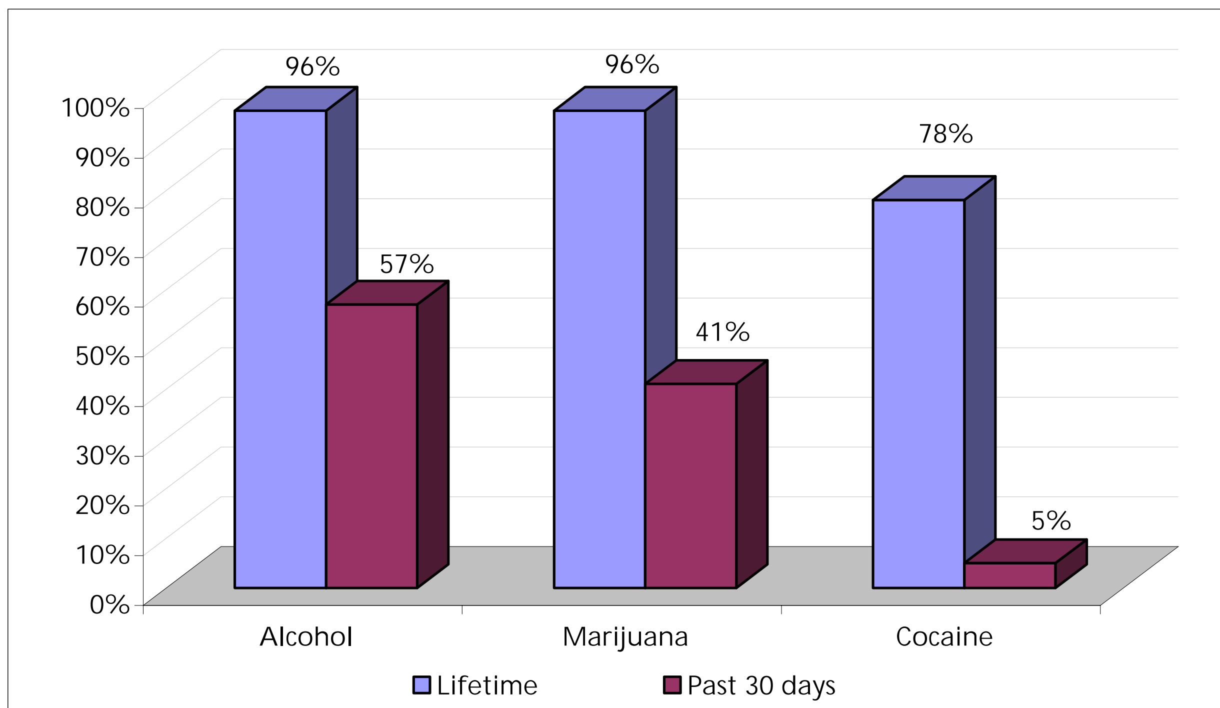
Total = 148

NOTE: Percentages based upon multiple responses.

Use of Alcohol and Other Drugs

As Figure 4.8 shows, the clients randomized into this study reported having used a number of other substances, in addition to methamphetamine, during their lifetimes, as well as in the past 30 days[1]. Almost all of the clients (96%) reported using alcohol in their lifetime, and 57 percent reported use during the past 30 days. Ninety-six percent (96%) also reported using marijuana in their lifetime, and about two in five (41%) had used it in the past 30 days. Slightly more than three-quarters (78%) of the clients had used cocaine in their lifetime, but only five percent had used it in the past 30 days. Seventy percent (70%) of clients reported using alcohol with methamphetamine and 63 percent reported using marijuana with it (not shown).

Figure 4.8
CLIENT LIFETIME AND RECENT USE OF ALCOHOL AND OTHER DRUGS AT INTAKE
San Diego Methamphetamine Treatment Project, April 1999 – June 2001



Total = 148

NOTE: Percentages based upon multiple responses.

[1] Lifetime use data were collected from the Methamphetamine Screen/Treatment Admission Form and questions regarding use in 30 days were taken from the ASI.

Few clients reported that they had received alcohol treatment in the past (12%), but almost two-thirds (61%) did report previously receiving some type of drug treatment. In addition, one-third (33%) reported receiving some type of outpatient treatment for alcohol or drugs, including Narcotics Anonymous (NA) and Alcoholics Anonymous (AA), in the past 30 days (not shown).

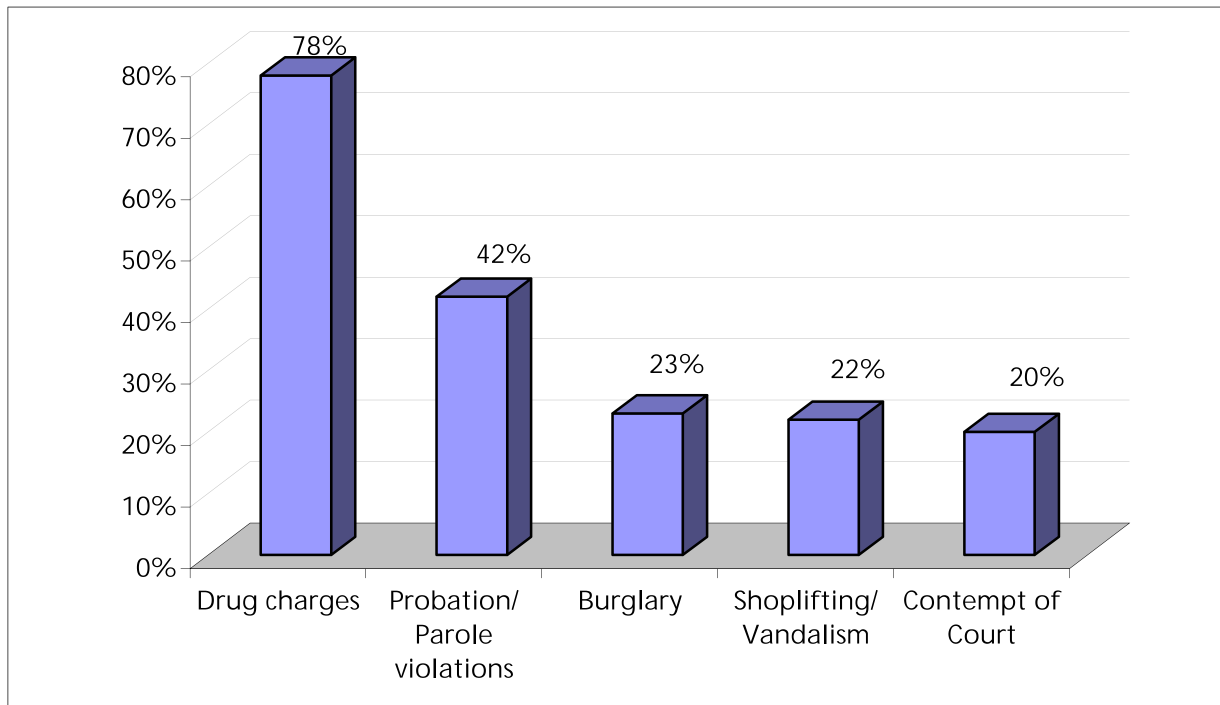
When asked if they had experienced any problems with alcohol in the past 30 days, nine percent of the clients responded affirmatively. A greater proportion of clients (81%) reported experiencing problems with drugs in the past 30 days (not shown).

CRIMINAL JUSTICE HISTORY

Around one-half (53%) of the clients reported that their admission into the program was prompted or suggested by the criminal justice system, 65 percent reported that they were currently on parole or probation, and 26 percent reported they were currently awaiting charges, trial, or sentencing. Around three-quarters (76%) of the clients reported that they had ever been convicted of an offense and over one-half (57%) reported ever being incarcerated. When asked the length of their most recent incarceration, the average response was about six months (range 1 to 42). Twenty-eight percent (28%) reported that they had been detained or incarcerated during the past 30 days (not shown).

When asked what types of crimes they had ever been arrested and charged with, the most common responses included drug charges (78%), probation or parole violations (42%), burglary (23%), shoplifting or vandalism (22%), and contempt of court (20%) (Figure 4.9). In addition, about one in five reported being arrested for assault, weapons-related offenses, forgery, robbery, and arson. In a separate question, almost two-thirds (63%) reported being charged previously with a major driving violation and one-third (33%) with driving while intoxicated (not shown).

Figure 4.9
CLIENT ARREST HISTORY BY TYPE OF CHARGE AT INTAKE
San Diego Methamphetamine Treatment Project, April 1999 – June 2001



Total = 148

NOTE: Percentages based upon multiple responses.

When clients were asked to rate how serious their present legal problems were, the average rating was 2.2 (range 0 to 4). The average rating for how important counseling or a referral was for these legal problems was also 2.2. Interviewer rating of how much a client needed legal counseling was 4.4 (range 0 to 8) (not shown).

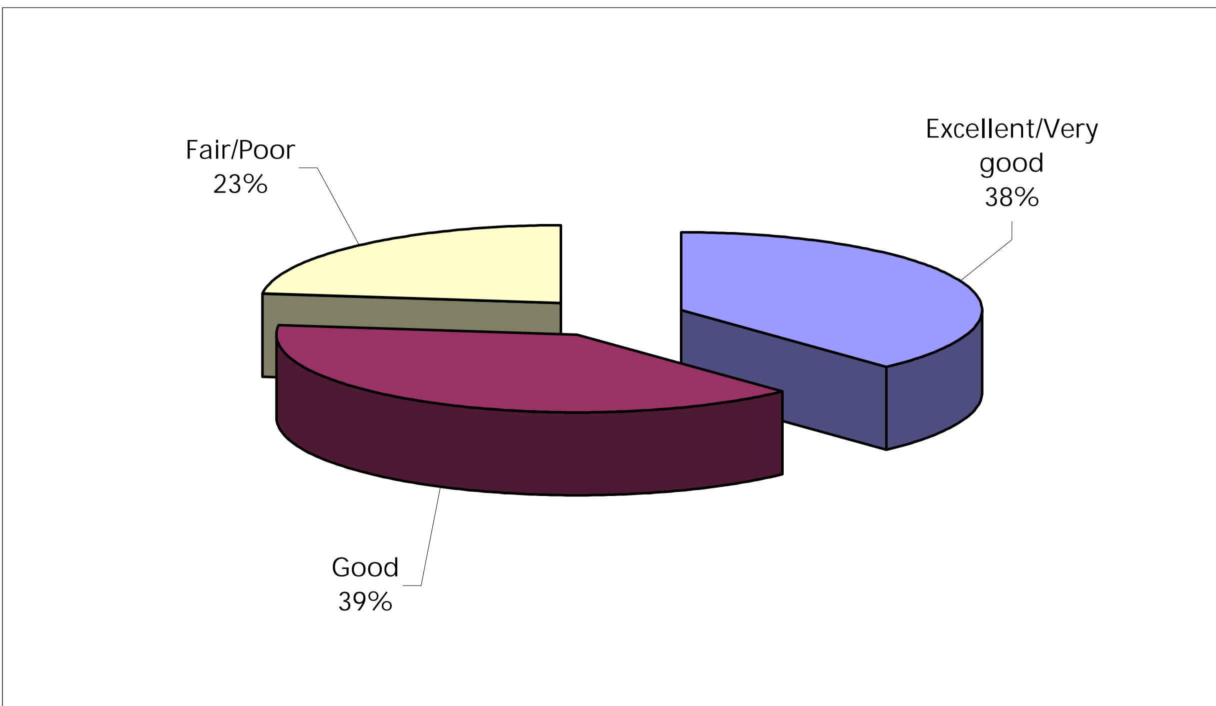
MEDICAL AND MENTAL HEALTH HISTORY

Medical History

Overall Health

As Figure 4.10 shows, 38 percent of the clients who completed the Health Status Survey rated their current health status as "Excellent" or "Very good," 39 percent said it was "Good," and 23 percent said it was "Fair" or "Poor." When asked to compare the current status to their health one year ago, 37 percent said it was better, 43 percent said it was the same, and 20 percent said it was worse. Around one-half (53%) said that their health currently limits the amount of vigorous activity in which they partake, and 22 percent said that it limits their participation in moderate activities (not shown).

Figure 4.10
CLIENT REPORTED HEALTH RATING AT INTAKE
San Diego Methamphetamine Treatment Project, April 1999 – June 2001



Total = 125

NOTE: Cases with missing information not included.

Past and Current Medical Problems

Information regarding medical problems was collected using the ASI and the Methamphetamine Screen/Treatment Admission Form. Over one-half (59%) of the clients interviewed reported that they had been hospitalized for a medical problem in their lifetime and around one-third (32%) reported having a chronic medical problem. Fourteen percent (14%) said that they currently were taking a prescribed medication for a physical problem (not shown).

Client self-report also revealed that 43 percent had experienced a medical problem in the past 30 days. For these 63 individuals, the average number of days a problem was experienced was 13.1. (not shown).

When asked on the Screen/Treatment Admission Form if they were experiencing any headaches, 52 percent responded affirmatively. In addition, 22 percent reported having chest pains, 9 percent loss of consciousness, and 4 percent had experienced seizures (not shown).

Drug and Sexual Risk Behaviors

On one of the questionnaires completed during the intake process, clients were asked specifically about drug use and sexual behaviors that would put them at risk for the HIV virus. Eighty-six percent (86%) of the clients reported that they ever had been tested for AIDS (not shown).

Slightly less than one-quarter (23%) of clients reported that they had injected drugs in the past six months. Of these 34 individuals, 41 percent reported sharing dirty needles and 59 percent reported sharing the same cooker, cotton, or rinse water (not shown). "Dirty needles" were defined in the question as needles or syringes that someone else had used and which were not sterilized or cleaned with bleach before the client used them.

Ninety-four percent (94%) of clients reported having sexual intercourse in the past six months. The mean number of partners for these individuals was 3.1 (range 1 to 150). About one-third (32%) of these individuals reported having sex *without* using a latex condom or barrier with someone who was *not* their spouse or primary partner, 24 percent with someone who shoots drugs with a needle, and 4 percent reported having sex with someone who gave them drugs, money, or gifts. Of the 114 individuals who reported having sex in the past 30 days, 91 percent reported having vaginal sex, 70 percent oral sex, and 8 percent anal sex *without* the use of a latex condom or barrier (not shown).

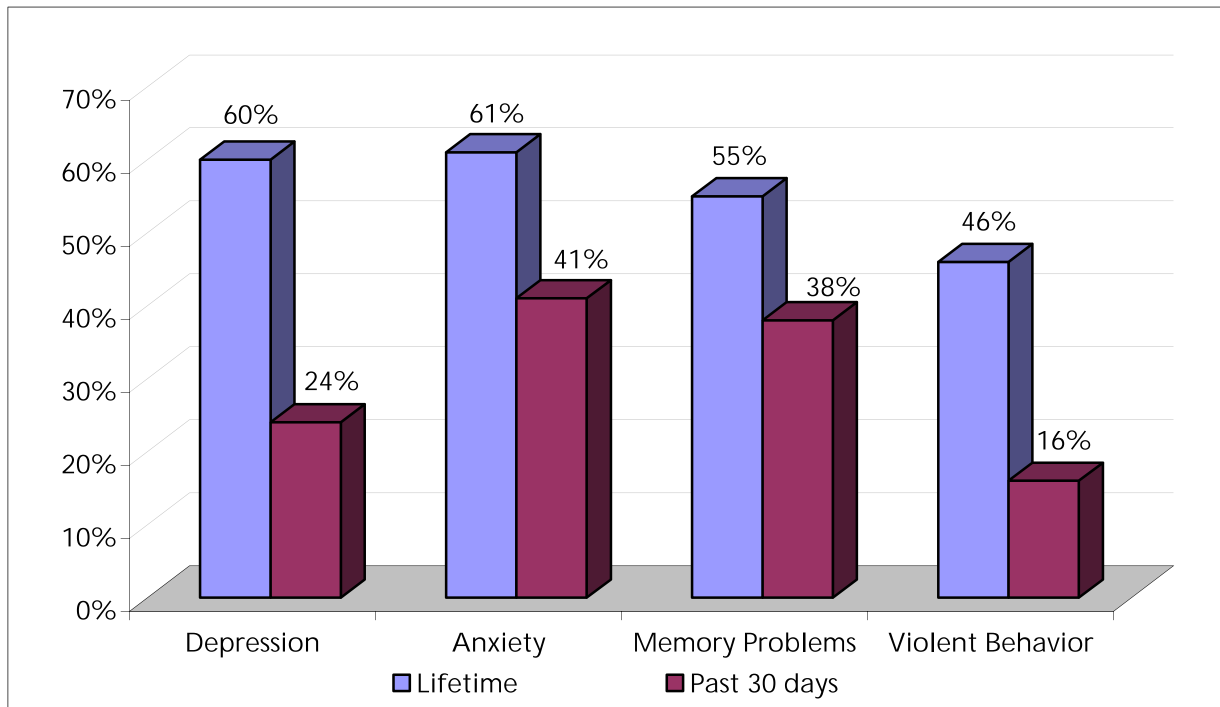
Mental Health History

Information regarding client mental health was collected using a variety of different instruments, including the Addiction Severity Index (ASI), Brief Symptom Inventory (BSI), and the Beck Depression Scale.

One in every five clients (20%) reported that they had ever been hospitalized for a psychiatric illness or treated for a psychiatric problem and 15 percent reported that they felt like they currently had a psychiatric problem. About one-fifth (18%) of clients reported that they had attempted suicide (not shown).

Clients were asked on the ASI if they had ever, or in the past 30 days, experienced serious depression, anxiety or tension, trouble understanding, concentrating, or remembering, or trouble controlling violent behavior, that was not a result of drug/alcohol use. As Figure 4.11 shows, around one-half or more reported experiencing these types of psychological problems in their lifetime. In addition, more than two out of every five reported serious anxiety and over one-third (38%) reported having memory problems in the past 30 days.

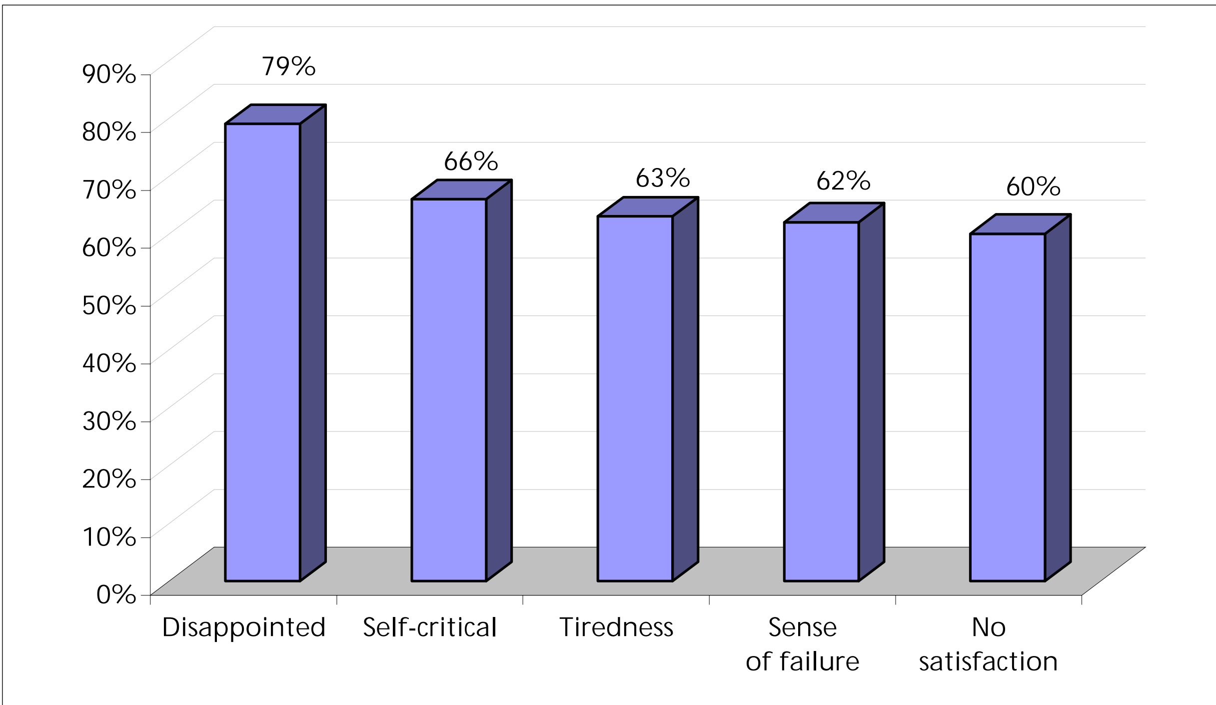
Figure 4.11
CLIENT HISTORY OF PSYCHOLOGICAL PROBLEMS IN LIFETIME AND PAST 30 DAYS
San Diego Methamphetamine Treatment Project, April 1999 – June 2001



Total = 148

Information collected from the Beck Depression Scale revealed that the average score on this 21-item questionnaire was 13.4 (range 0 to 38), with 37 percent having a score of 16 or higher, which indicated the need to refer the client to a counselor (not shown). As Figure 4.12 shows, the five items clients were most likely to rate negatively included being disappointed in themselves, being self-critical, feeling extremely tired, feeling like a failure, and not getting the same level of satisfaction out of things.

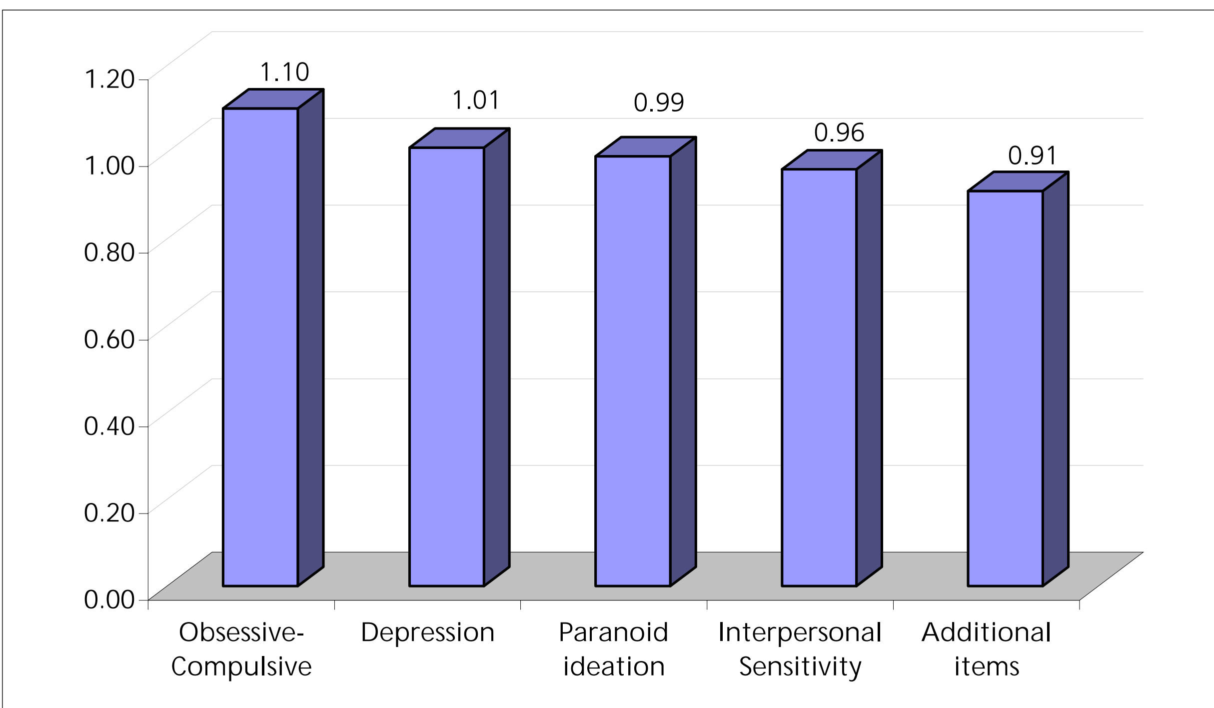
Figure 4.12
BECK DEPRESSION SCALE ITEMS WITH MOST SEVERE CLIENT RATINGS AT INTAKE
San Diego Methamphetamine Treatment Project, April 1999 – June 2001



Total = 148

Data collected from the 53-item BSI was used to rate clients on eleven different domains with a possible range of scores from 0 to 4 on each domain. As Figure 4.13 shows, the domains with the highest mean scores, indicating more severe symptomology, included being obsessive-compulsive (e.g., trouble remembering things, checking or rechecking things, or having difficulty making decisions), depression (e.g., feeling lonely or blue), paranoid ideation (e.g., feeling others can't be trusted or feelings of being watched), interpersonal sensitivity (e.g., feeling that others are unkind), and additional items (e.g., poor appetite or trouble falling asleep).

Figure 4.13
BRIEF SYMPTOM INVENTORY DOMAINS WITH MOST SEVERE SYMPTOMOLOGY AT INTAKE
San Diego Methamphetamine Treatment Project, April 1999 – June 2001



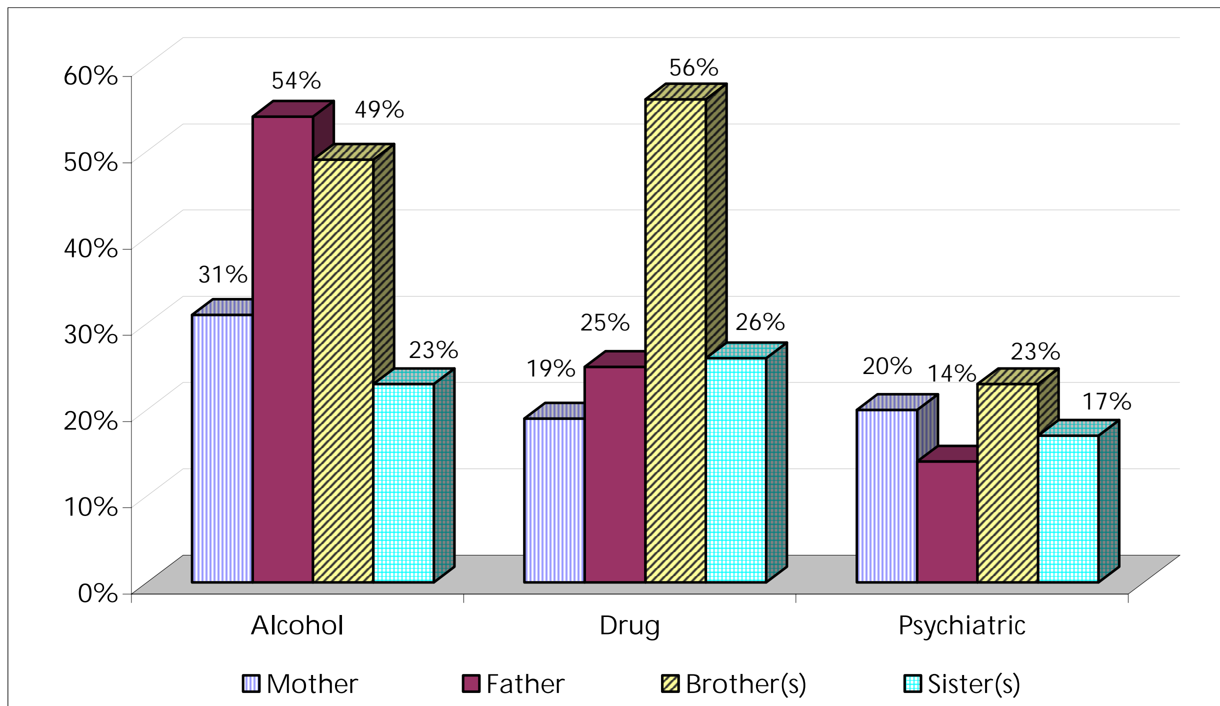
Total = 148

FAMILY HISTORY AND RELATIONSHIPS

Family History of Problems

As part of the ASI, clients were asked if any of their biological relatives had a significant drinking, drug, or psychiatric problem that did or should have led to treatment. Figure 4.14 presents the percent of clients that responded affirmatively to this question in regard to their mother, father, brother(s), or sister(s). Clients were most likely to report that their father (54%) or brother(s) (49%) had an alcohol problem. In addition, almost one-third (31%) reported that their mother had a drinking problem. In terms of drug problems, over one-half (56%) of the clients reported that their brother(s) had a drug problem, with about one-quarter or less reporting the same problem for their father, sister(s), or mother. Less than one-quarter (23%) of clients reported that someone in their close biological family had a psychiatric problem.

Figure 4.14
CLIENTS' BIOLOGICAL RELATIVES WITH
ALCOHOL, DRUG, OR PSYCHIATRIC PROBLEMS AT INTAKE
San Diego Methamphetamine Treatment Project, April 1999 – June 2001



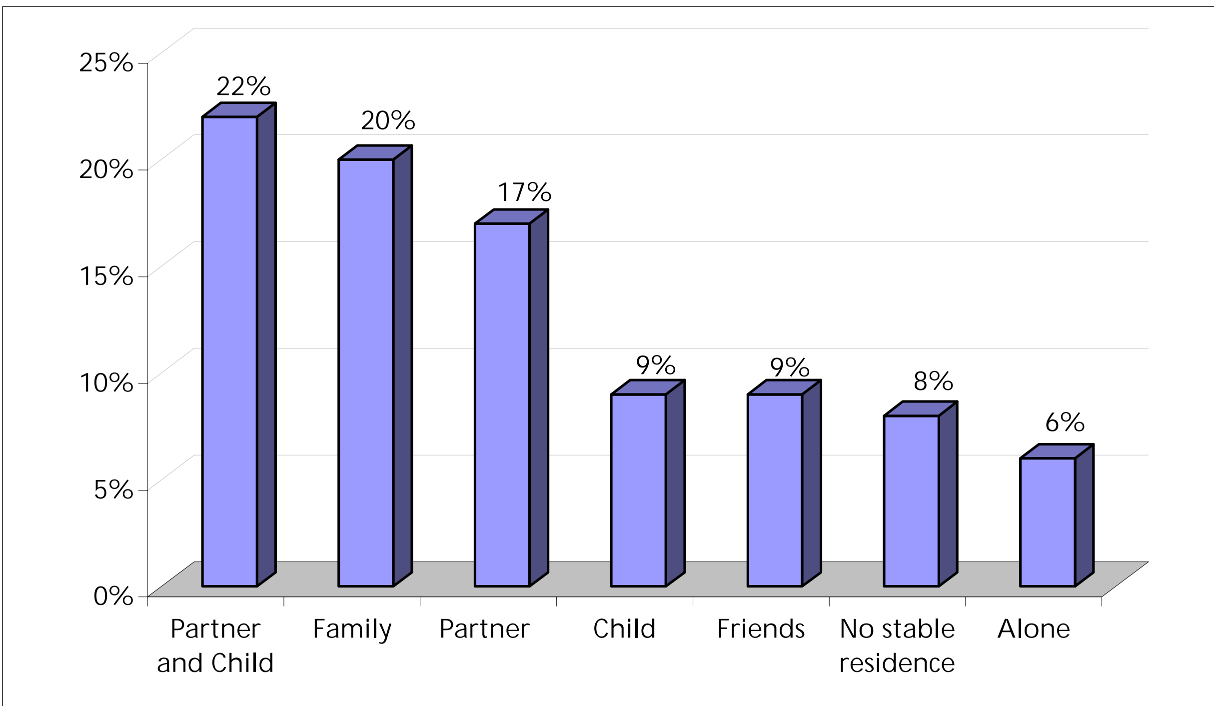
Total = 107 – 142

NOTE: Percentages based upon multiple responses. Cases with missing information not included.

Family and Social Relationships

In another section of the ASI, clients were asked to describe the nature of their family and social relations. When asked what their usual living arrangement for the past three years was, the most common responses included living with a sexual partner and children (22%) or living with family (20%). Others described themselves as living with just a sexual partner (17%), just their children (9%), or with friends (9%) (Figure 4.15). Not shown are the five percent who reported living in a controlled environment and the three percent who reported living with their parents. Forty-five percent (45%) of clients reported that they were satisfied with their living arrangement and around one in five clients reported living with someone who had an alcohol problem (19%) or a drug problem (22%) (not shown).

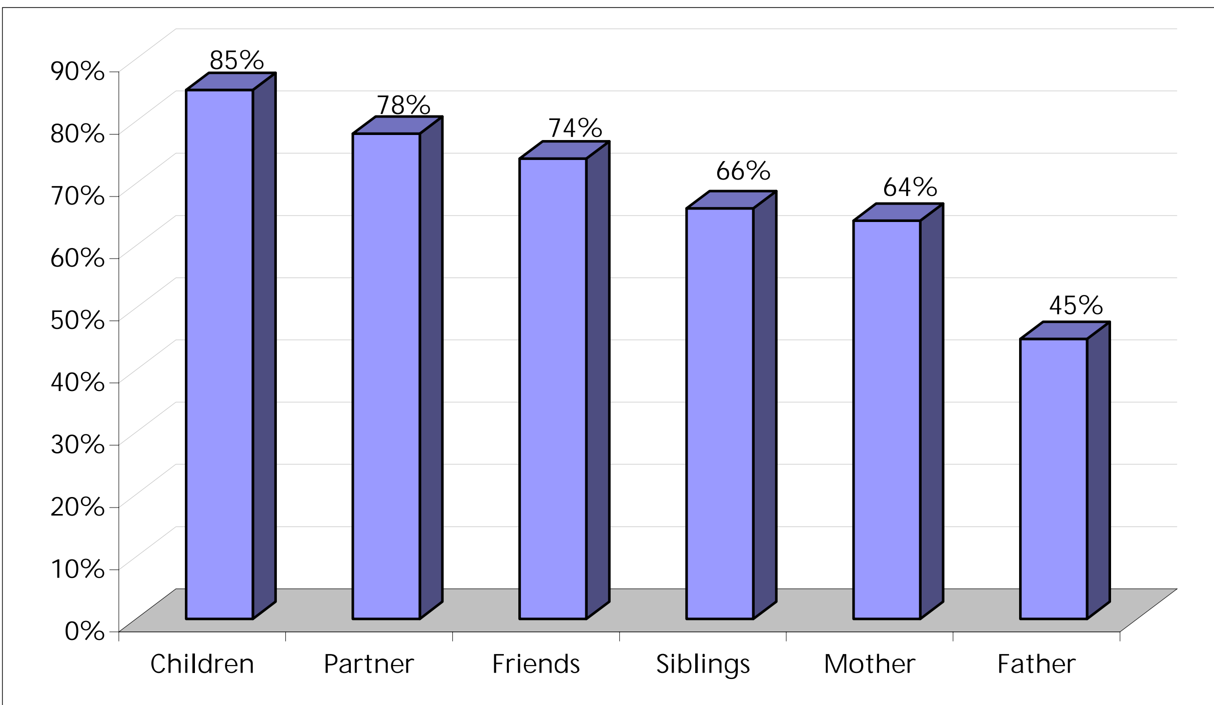
Figure 4.15
CLIENT USUAL LIVING ARRANGEMENTS FOR THE PAST THREE YEARS AT INTAKE
San Diego Methamphetamine Treatment Project, April 1999 – June 2001



Total = 148

In another set of questions, clients were asked if they had ever had a close, long lasting, personal relationship with another person in their life. As Figure 4.16 shows, the greatest proportion reported having a close relationship with their children (85%), a partner (78%), or with friends (74%). Around two-thirds each reported having a close relationship with their mother or siblings and less than one-half (45%) reported ever being close to their father.

Figure 4.16
PERCENT OF CLIENTS REPORTING HAVING CLOSE PERSONAL RELATIONSHIPS AT INTAKE
San Diego Methamphetamine Treatment Project, April 1999 – June 2001



Total = 111-148

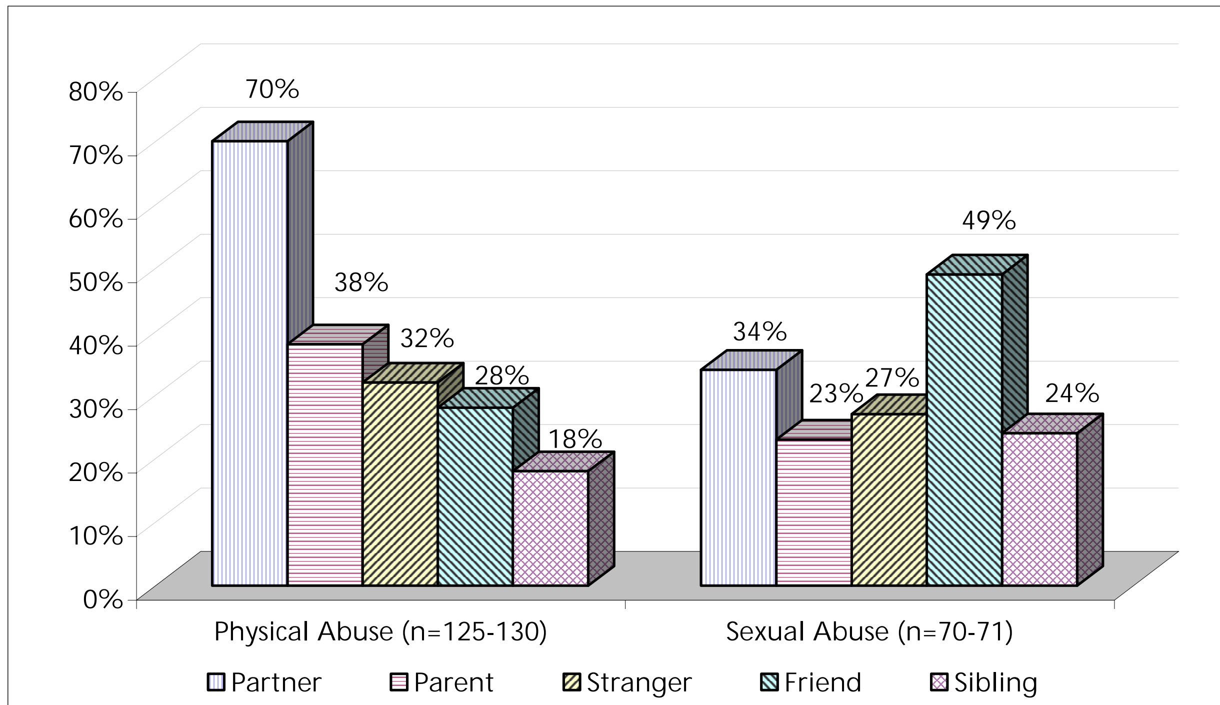
NOTE: Percentages based upon multiple responses. Cases with missing information not included.

When asked with whom they spent most of their free time, the most common response was family (41%), followed by friends (32%), and being alone (26%). When asked if they were satisfied with how they spend their free time, almost two-thirds (63%) said yes (not shown).

HISTORY OF VIOLENCE AND ABUSE

More than four out of five clients (84%) reported that they had ever experienced serious physical violence during their lifetime and 42 percent reported that they had been sexually abused. As Figure 4.17 shows, the individual(s) responsible for these acts included the clients' partners, parents, siblings, friends, and strangers or others. All of the clients abused by a stranger or sibling reported that this violence no longer was occurring, as did 94 percent of those abused by a parent or partner, and 92 percent of those abused by a friend (not shown).

Figure 4.17
PERCENT OF CLIENTS PHYSICALLY OR SEXUALLY ABUSED
BY FAMILY, FRIENDS, AND OTHER INDIVIDUALS AT INTAKE
San Diego Methamphetamine Treatment Project, April 1999 – June 2001



NOTE: Percentages based upon multiple responses.

Clients also were asked specific questions about abusive actions that may have been taken against them by current or previous partners. Almost one-half (49%) reported that a partner had threatened to hurt or kill them. In addition, a number of clients reported that a partner had attempted to control them by preventing them from leaving or entering the house or seeing or talking to friends (55%) and by preventing them from getting or keeping a job or continuing their education (33%). Sixteen percent (16%) reported that a partner had previously prevented them from seeking medical or drug treatment (not shown).

SUMMARY

Data included in this baseline report describe the Methamphetamine Treatment Project (MTP) San Diego client profile. Overall, these individuals were predominantly female (due to the initial gender screening criteria), White, in their 30s, and not currently married. Most had completed high school and reported having some type of occupation or skill. However, only one-half reported working full-time. Many presented themselves at intake with a lengthy history of methamphetamine use and most had used the drug in the past month (unless incarcerated) and described themselves as addicted to the drug. In addition, many clients reported that biological family members also had alcohol or other drug use problems. About two-thirds had previously received some type of drug treatment and about one-half were currently enrolled in treatment because of a referral from the criminal justice system. Almost two-thirds were currently on probation or parole. Many reported experiencing medical problems and participating in drug use or sexual behavior that placed them at risk for becoming infected with the HIV virus. About one in five reported a history of a psychiatric problem and more than four out of five reported a history of physical abuse. Future reports on these clients will include impact evaluation information regarding the effectiveness of the two treatment models, which will be related back to these client characteristics at intake.