

# The DASIS Report

July 11, 2003

## Planned Methadone Treatment for Non-Heroin Opiate Admissions

### In Brief

- Methadone treatment was planned for 19 percent of all non-heroin opiate admissions
- Non-heroin opiate admissions with planned methadone treatment were more likely to work full time (36 vs. 23 percent) than those with no planned methadone treatment
- Non-heroin opiate admissions with planned methadone treatment were almost twice as likely to have been self- or individually referred as similar admissions with no planned methadone treatment (81 vs. 43 percent)

While heroin is the illicit drug most often abused by persons admitted to drug treatment, other opiates—including non-prescription methadone, codeine, Dilaudid, morphine, Demerol, opium, oxycodone, and any other drug with morphine-like effects—may be abused, resulting in addiction or dependency. These opiates are commonly prescribed as pain-relieving medications. Morphine, for example, is prescribed to provide relief from acute pain resulting from wounds and surgery, while codeine is generally used for milder pain. Admissions with opiates other than heroin as a primary substance of abuse accounted for 26,900 (10 percent) of the 269,400 opiate admissions in the 2000 Treatment Episode Data Set (TEDS).

Methadone is one of the medications used to treat opiate addiction.<sup>1</sup> This report compares the 19 percent of non-heroin opiate admissions where methadone treatment was planned with those admissions where no methadone treatment was planned.<sup>2 3</sup>

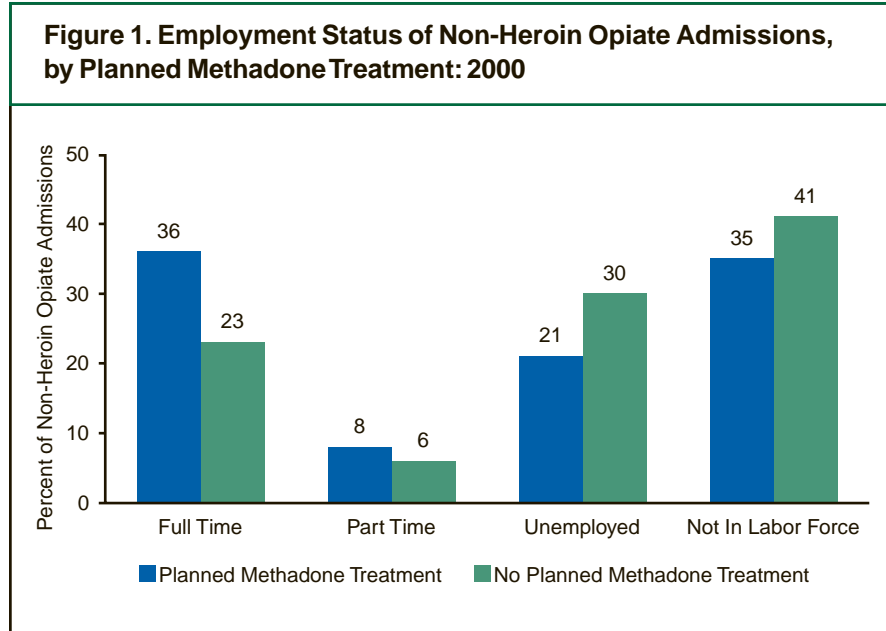
TEDS is an annual compilation of data on the demographic characteristics and substance abuse problems of those admitted for substance abuse treatment. The information comes primarily from facilities that receive some public funding. TEDS records represent admissions rather than individuals, as a person may be admitted to treatment more than once.

### Age at Admission and Sex

The average age of non-heroin opiate admissions where methadone treatment was planned was older than for admissions where methadone treatment was not planned (40 vs. 36 years old). The sex distribution was similar for admissions where methadone treatment was planned and where it was not planned: half male (about 53 percent) and a little less than half female (about 44 percent).

### Race/Ethnicity

The racial/ethnic distribution of non-heroin opiate admissions with planned methadone treatment was 76 percent White, 8 percent Black, 4 percent His-



Source: 2000 SAMHSA Treatment Episode Data Set (TEDS).

panic, 4 percent Asian/Pacific Islander, and 8 percent Other. In contrast, the racial/ethnic distribution of admissions with no planned methadone treatment was 84 percent White, 6 percent Black, 3.5 percent Hispanic, one-half percent Asian/Pacific Islander, and 6 percent Other.

Methadone treatment was planned for 66 percent of Asian/Pacific Islander non-heroin opiate admissions, and for 24 percent of Black, 20 percent of Hispanic, and 17 percent each of American Indian/Alaska Native and White non-heroin opiate admissions.<sup>4</sup>

### Employment Status

Non-heroin opiate admissions with planned methadone treatment were more likely to work full time (36 vs. 23 percent) or part time (8 vs. 6 percent) than admissions without planned

methadone treatment, and they were less likely to be unemployed (21 vs. 30 percent) or not in the labor force (35 vs. 41 percent) (Figure 1).

### Source of Referral

Self- or individual referral was almost twice as likely for non-heroin opiate admissions with planned methadone treatment as for admissions with no planned methadone treatment (81 vs. 43 percent) (Figure 2). However, referrals made by alcohol/drug abuse care providers (10 vs. 18 percent) and by the criminal justice system (2 vs. 16 percent) were less likely for admissions with planned methadone treatment than for admissions with no planned methadone treatment.

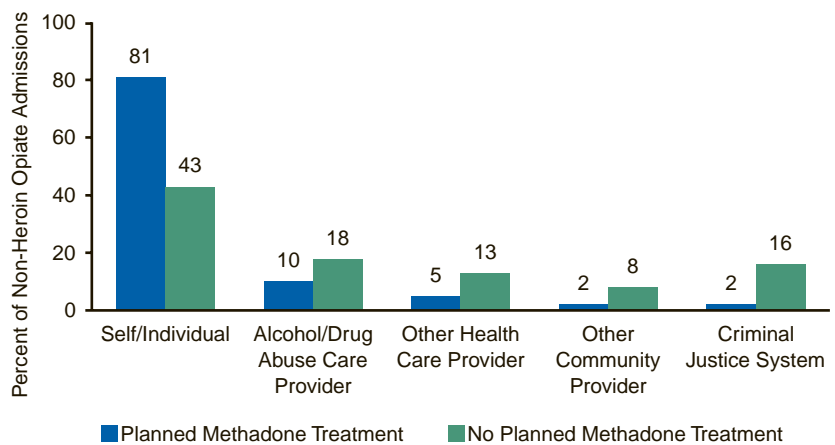
## Route of Administration

Since many non-heroin opiates occur in pill form, the most frequent route of administration for both groups, with and without planned methadone treatment, was oral (about 75 percent), followed by injection (about 14 percent) and smoking or inhalation (less than 10 percent).

## Difference Among States

The planned use of methadone to treat non-heroin opiate addiction varied by State. The four States with the highest proportion of non-heroin admissions planning methadone treatment were California (50 percent), Rhode Island (55 percent), Colorado (39 percent), and Alaska (39 percent).<sup>5</sup> In comparison, the four States with the highest proportion of heroin admissions planning methadone treatment were California (74 percent), Colorado (68 percent), Indiana (67 percent), and Hawaii (57 percent).

**Figure 2. Source of Referral for Non Heroin Opiate Admissions, by Planned Methadone Treatment: 2000\***



\*Sources of referral do not include school or employer because these sources referred so few admissions.

### End Notes

<sup>1</sup> The use of methadone treatment is regulated by SAMHSA under 42 CFR Part 8, as administered by the Center for Substance Abuse Treatment.

<sup>2</sup> TEDS collects data on whether, at the time of admission, methadone use was planned as part of treatment. Data to confirm that the plan was implemented and methadone was used are not available.

<sup>3</sup> For information on planned methadone treatment for heroin admissions, see Substance Abuse and Mental Health Services Administration (2003, June 13). *The DASIS Report. Planned Methadone Treatment for Heroin Admissions*. Rockville, MD: Author.

<sup>4</sup> Over two-thirds of Asian/Pacific Islander drug treatment admissions (69 percent) were in California. With the California Asian/Pacific Islander admissions removed, the proportion of Asian/Pacific Islander admissions with planned methadone treatment dropped to 39 percent.

<sup>5</sup> According to the American Association for the Treatment of Opioid Dependence, methadone treatment is not available in six States: Idaho, Mississippi, Montana, North Dakota, South Dakota, and Wyoming.

The Drug and Alcohol Services Information System (DASIS) is an integrated data system maintained by the Office of Applied Studies, Substance Abuse and Mental Health Services Administration (SAMHSA). One component of DASIS is the Treatment Episode Data Set (TEDS). TEDS is a compilation of data on the demographic characteristics and substance abuse problems of those admitted for substance abuse treatment. The information comes primarily from facilities that receive some public funding. Information on treatment admissions is routinely collected by State administrative systems and then submitted to SAMHSA in a standard format. Approximately 1.6 million records are included in TEDS each year. TEDS records represent admissions rather than individuals, as a person may be admitted to treatment more than once.

*The DASIS Report* is prepared by the Office of Applied Studies, SAMHSA; Synectics for Management Decisions, Inc., Arlington, Virginia; and RTI, Research Triangle Park, North Carolina.

**Information and data for this issue are based on data reported to TEDS through April 1, 2002.**

Access the latest TEDS reports at: <http://www.samhsa.gov/oas/dasis.htm>

Access the latest TEDS public use files at: <http://www.samhsa.gov/oas/SAMHDA.htm>

Other substance abuse reports are available at: <http://www.DrugAbuseStatistics.samhsa.gov>



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