Drug and Alcohol Services Information System

The DASIS Report

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Discharges from Hospital Inpatient Treatment: 2000

In Brief

- More than half (55 percent)
 of hospital inpatient treatment
 episodes involved individuals
 who completed treatment
 and another 25 percent
 involved those who were
 transferred to further
 treatment
- The hospital inpatient treatment completion rate was highest, at 59 percent, for episodes involving alcohol as the primary substance of abuse
- The median length of stay for completed hospital inpatient treatment episodes was 13 days

his report examines substance abuse treatment discharge data in the Treatment Episode Data Set (TEDS). TEDS is comprised of two major components, the Admissions Data System and the Discharge Data System. Both admissions and discharge data come primarily from substance abuse treatment facilities that receive some public funding.

States are asked to submit data for all discharges from substance abuse treatment. In 2000, 18 States² submitted 347,923 records for clients discharged from treatment. Nearly all of these records (94 percent) could be linked to a TEDS admission record. These 326,750 linked admission/discharge records are referred to as treatment episodes. Of these episodes, over 99 percent (323,156) had a valid response for reason for discharge.

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Table 1. Hospital Inpatient Treatment, by Reason for Discharge and Primary Substance at Admission: 2000

Primary substance at admission	Total	Reason for Discharge				
		Treatment Completed	Transferred to Further Treatment	Left Against Professional Advice	Terminated by Facility	Other
Alcohol	4,522	2,661	1,137	456	156	112
Opiates	352	189	59	71	27	6
Cocaine	742	398	156	108	57	23
Marijuana/Hashish	1,301	632	414	123	80	52
Stimulants	454	225	139	53	16	21
Other/Unknown	423	177	73	110	25	38
Total	7,794	4,282	1,978	921	361	252

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

This report presents data on the 2 percent (7,794) of these treatment episodes that represent clients who received hospital inpatient treatment³ (Table 1). Clients discharged from detoxification treatment are not included in this report.⁴

Reasons for Discharge

More than half (55 percent) of hospital inpatient treatment episodes involved individuals who completed treatment and another 25 percent involved those who were transferred to further treatment (Figure 1). The remaining hospital inpatient treatment episodes involved clients who left against professional advice (12 percent), whose treatment was terminated by the facility (5 percent), or who were discharged for other reasons (3 percent).

Primary Substance

Alcohol was the primary substance of abuse⁵ in 63 percent of the completed hospital inpatient treatment episodes, followed by marijuana (15 percent), cocaine (9 percent), stimulants (5 percent), opiates (4 percent), and other substances (4 percent) (Figure 2).

Completion of Hospital Inpatient Treatment

The hospital inpatient treatment completion rate was highest, at 59 percent, for episodes involving alcohol as the primary substance of abuse (Figure 3). For hospital inpatient treatment episodes with opiates or cocaine as the primary substance, the completion rate was 53 percent. The hospital inpatient treatment completion rate for episodes where the primary substance was stimulants was 49 percent. Hospital inpatient treatment episodes involving

marijuana as the primary substance were least likely to be completed, at 48 percent.

Median Length of Stay

The median length of stay for completed hospital inpatient treatment episodes was 13 days, ranging from 8 days for opiates to 15 days for marijuana (Figure 4).

End Notes

- For an earlier report on TEDS discharges, see Substance Abuse and Mental Health Services Administration, Office of Applied Studies. *The DASIS report: Treatment completion in the Treatment Episode Data Set (TEDS)*. Rockville, MD. January 30, 2003.
- ² States included: CA, GA, HI, IA, IL, MA, MD, ME, MI, MN, MS, MT, NE, NM, OH, OK, UT, and WY.
- ³ Twenty-four hour per day medical care in a hospital facility in conjunction with treatment services for alcohol and other drug abuse and dependency. Excludes detoxification for persons with severe medical complications associated with withdrawal.
- ⁴Because treatment completion rates and lengths of stay vary across modalities or types of treatment, reports on other modalities, including outpatient, intensive outpatient, short-term residential, long-term residential, and detoxification treatment are being presented in other DASIS reports.
- The primary substance of abuse is the main substance abused at the time of admission.

Figure 1. Reasons for Discharge among Hospital Inpatient Treatment Discharges: 2000

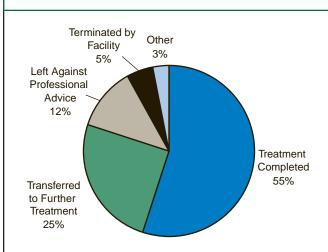


Figure 2. Primary Substances of Hospital Inpatient Treatment Completers: 2000

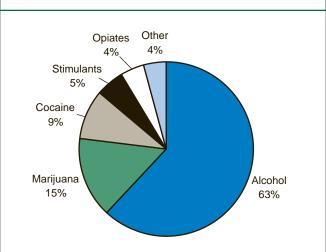


Figure 3. Reasons for Discharge from Hospital Inpatient Treatment, by Primary Substance of Abuse: 2000

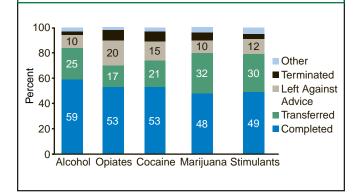
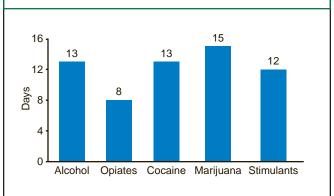


Figure 4. Median Length of Stay among Hospital Inpatient Treatment Completers, by Primary Substance of Abuse: 2000



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 1.7 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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