

The DASIS Report

October 8, 2004

Characteristics of Homeless Female Admissions to Substance Abuse Treatment: 2002

Data on admissions to substance abuse treatment facilities with some public funding are submitted to the Treatment Episode Data Set (TEDS) each year. TEDS includes the

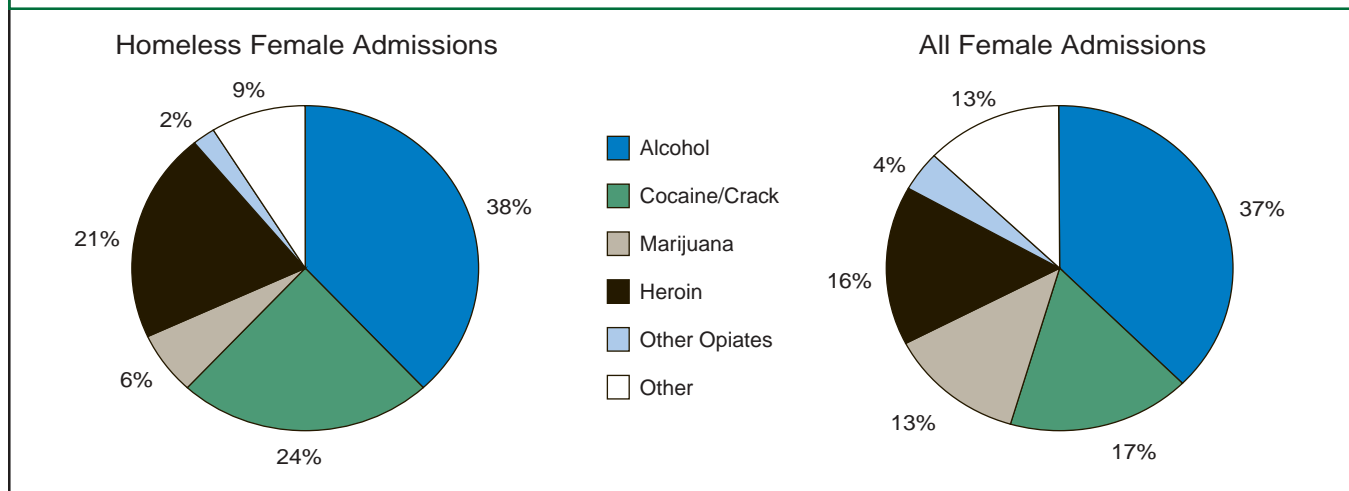
Minimum Data Set collected by all States and a Supplemental Data Set collected by some States. This issue focuses on living arrangement, a Supplemental Data Set item.¹ Only data on admissions for the 41 States with a response rate of 75 percent or higher on this data element in 2002 were used for this report.

Living arrangement was reported in three categories—homeless, dependent living, and independent living. In 2002, nearly 171,400, or 13 percent of admissions to substance abuse treatment for whom living arrangements were recorded, were homeless at the time of admission. Females comprised one-fifth of these admissions in 2002. Across the 26 States which have reported on living arrangements since 1992, the proportion of females among homeless admissions has declined slightly from 26 percent to 20 percent in 2002. During this same

In Brief

- Females comprised one-fifth of homeless admissions in 2002
- Homeless female admissions were more likely to report cocaine/crack (24 vs. 17 percent) or heroin (21 vs. 16 percent) than all female admissions
- Homeless female admissions were less likely than all female admissions to be referred to treatment by the criminal justice system (12 vs. 25 percent)

Figure 1. Homeless Female Admissions vs. All Female Admissions, by Primary Substance of Abuse: 2002



Source: 2002 SAMHSA Treatment Episode Data Set (TEDS).

time, all female admissions have increased from 28 percent of treatment admissions in 1992 to 30 percent in 2002.

Primary Substance of Abuse

While the proportion of homeless female admissions and all female admissions reporting alcohol as their primary substance of abuse was nearly the same (38 and 37 percent, respectively), homeless female admissions were more likely to report cocaine/crack (24 vs. 17 percent) or heroin (21 vs. 16 percent) than all female admissions in 2002 (Figure 1).

Demographic Characteristics

Females who were homeless at the time of admission were more likely than all female admissions to be Black (37 vs. 26 percent) and less likely to be White (49 vs. 62 percent). Homeless female admissions tended to be older than all female admissions (mean age 35 vs. 33 years old). While almost one-quarter of each group was between the ages of 20 and 29, a

larger proportion of homeless female admissions were over the age of 30 than of all female admissions (73 vs. 63 percent) (Figure 2). In States reporting both living arrangement and marital status,² homeless female admissions were slightly more likely to have never been married (56 vs. 52 percent), to be separated (10 vs. 8 percent), or to be divorced/widowed (25 vs. 23 percent) than all female admissions.

Socioeconomics Characteristics

Homeless female admissions were less likely to be employed than all female admissions.³ Nearly all homeless female admissions (94 percent) were either unemployed or not in the labor force⁴ compared with only 77 percent of all female admissions.

In States reporting both living arrangement and source of income,⁵ homeless female admissions were slightly more likely than all female admissions to be receiving public assistance as their primary source of income (17 vs. 15 percent). Almost one-half (48 percent) of homeless female admissions had no income

compared with one-quarter of all female admissions (Figure 3).

Treatment Characteristics

Homeless female admissions were less likely than all female admissions to be referred to treatment by the criminal justice system (12 vs. 25 percent) and more likely to be referred by an alcohol or drug abuse provider (18 vs. 13 percent) or by themselves or another individual (43 vs. 37 percent).

Prior treatment history varied among females. About half of both homeless female admissions (51 percent) and all female admissions (47 percent) had between one and four prior treatment episodes. While more than 40 percent of all female admissions were first-time admissions, only 29 percent of homeless female admissions had never been in treatment before. Homeless female admissions were more likely to have been in treatment on five or more occasions (20 percent) than all female admissions (11 percent).

The most prevalent service setting among homeless female admissions was detoxification (42 percent),

Figure 2. Homeless Female Admissions vs. All Female Admissions, by Age at Admission: 2002

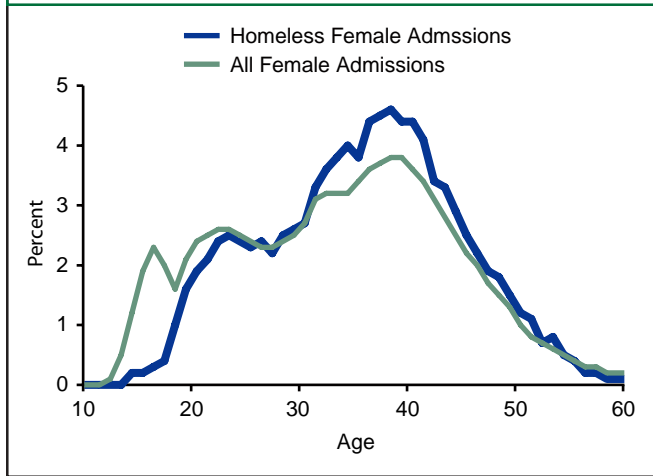
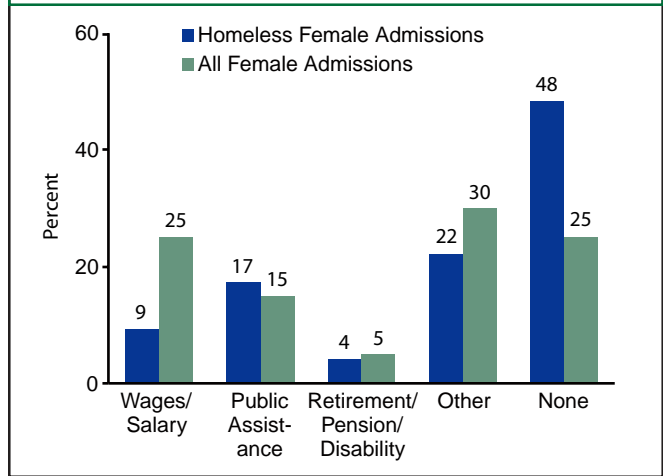
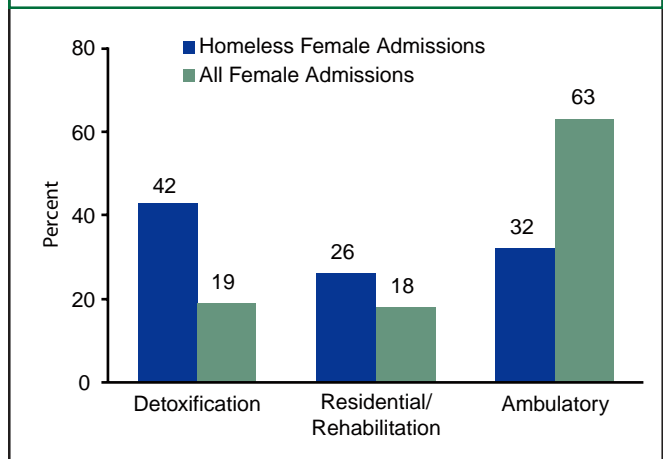


Figure 3. Homeless Female Admissions vs. All Female Admissions, by Primary Source of Income: 2002



followed by ambulatory settings (32 percent) and residential/rehabilitation (26 percent) (Figure 4). All female admissions, in contrast, were most commonly in ambulatory settings (63 percent), followed by detoxification (19 percent) and residential/rehabilitation (18 percent).⁶

Figure 4. Homeless Female Admissions vs. All Female Admissions, by Service Setting: 2002



End Notes

¹ The "living arrangement" data element in the TEDS Supplemental Data Set encompasses "dependent living" and "independent living" in addition to "homeless." The 41 States reporting this data element in 2002 were: AK, CO, DC, DE, GA, HI, IA, ID, IL, IN, KS, KY, LA, MA, MD, ME, MI, MN, MO, MS, NC, ND, NE, NH, NJ, NV, NY, OH, OK, OR, PR, RI, SC, SD, TN, TX, UT, VA, VT, WA, and WV.

² The "marital status" data element is in the TEDS Supplemental Data Set. These 38 States reported both the "living arrangement" and the "marital status" data elements at a 75 response level in 2002: AK, CO, DC, DE, GA, HI, IA, ID, IL, IN, KS, KY, LA, MA, MD, ME, MI, MN, MO, MS, NC, ND, NE, NH, NJ, NV, OH, OK, OR, PR, RI, SC, SD, TN, TX, UT, WA, and WV.

³ The "employment" data element in TEDS is only analyzed for admissions between the ages of 19 and 64.

⁴ "Not in labor force" is defined as individuals not seeking employment including students, homemakers, retired/disabled individuals, and others.

⁵ The "primary source of income" data element is in the TEDS Supplemental Data Set. These 26 States reported both the "living arrangement" and the "primary source of income" data elements at a 75 response level in 2002: AK, DE, GA, HI, IA, ID, KS, KY, LA, ME, MN, MO, MS, ND, NE, NH, NV, NY, OH, PR, RI, SC, SD, TX, UT, and WV.

⁶ Service settings are of three types: ambulatory, residential/rehabilitative, and detoxification. Ambulatory settings include intensive outpatient, non-intensive outpatient, and ambulatory detoxification. Residential/rehabilitative settings include hospital (other than detoxification), short-term (30 days or fewer), and long-term (more than 30 days). Detoxification includes 24-hour hospital inpatient and 24-hour free-standing residential.

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. TEDS records represent admissions rather than individuals, as a person may be admitted to treatment more than once. State admission data are reported to TEDS by the Single State Agencies (SSAs) for substance abuse treatment. There are significant differences among State data collection systems. Sources of State variation include completeness of reporting, facilities reporting TEDS data, clients included, and treatment resources available. See the annual TEDS reports for details. Approximately 1.9 million records are included in TEDS each year.

The DASIS Report is prepared by the Office of Applied Studies, SAMHSA; Synectics for Management Decisions, Inc., Arlington, Virginia; and by RTI International in Research Triangle Park, North Carolina (RTI International is a trade name of Research Triangle Institute).

Information and data for this issue are based on data reported to TEDS through March 1, 2004.

Access the latest TEDS reports at: <http://www.oas.samhsa.gov/dasis.htm>
 Access the latest TEDS public use files at: <http://www.oas.samhsa.gov/SAMHDA.htm>
 Other substance abuse reports are available at: <http://www.oas.samhsa.gov>



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