

The DASIS Report

Homeless Admissions to Substance Abuse Treatment: 2004

In 2004, more than 175,300 admissions to substance abuse treatment facilities were homeless at time of admission. These homeless admissions

comprised 13 percent of all admissions in 2004 for which living arrangements were recorded in the Treatment Episode Data Set (TEDS). This was an increase from the 10 percent of admissions reported to be homeless in 2000.¹

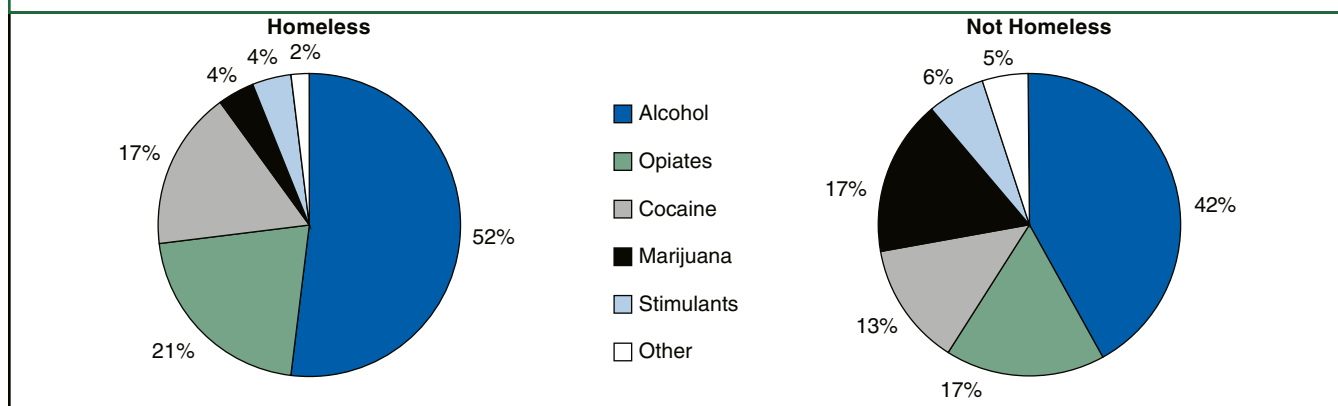
In Brief

- Homeless admissions comprised 13 percent of admissions with known living arrangement
- Alcohol was the primary substance of abuse for more than half of the homeless admissions (52 percent), followed by opiates (21 percent) and cocaine (17 percent)
- Homeless admissions were more likely than admissions who were not homeless to refer themselves for treatment (48 vs. 33 percent)

TEDS includes a Minimum Data Set collected by all States and a Supplemental Data Set collected by some States. Living arrangement is a Supplemental Data Set item.² Only data on admissions for the 41 States with a response rate of 75 percent or higher on this item in 2004 were used for this report.

TEDS is an annual compilation of data on the demographic characteristics and substance abuse problems of substance abuse treatment admissions. The information comes primarily from facilities that receive some public

Figure 1. Primary Substance of Abuse, by Homeless Status: 2004



Source: 2004 SAMHSA Treatment Episode Data Set (TEDS).

funding. TEDS records represent admissions rather than individuals, as a person may be admitted to treatment more than once.

Primary Substance of Abuse

Alcohol was the primary substance of abuse³ for more than half of the homeless admissions (52 percent), followed by opiates (21 percent) and cocaine (17 percent) (Figure 1). Use of marijuana, however, was much less frequent among homeless admissions compared to admissions who were not homeless (4 vs. 17 percent).

In all racial/ethnic groups, alcohol was the most common primary substance of abuse for homeless admissions, ranging from a low of 38 percent for Asians/Pacific Islanders to a high of 78 percent for American Indians/Alaska Natives (Table 1). The distribution of other primary substances of abuse by race/ethnicity varied. Homeless Black admissions were more likely to report primary abuse of cocaine (32 percent) than all other racial/ethnic groups (proportions ranging from 5 to 12 percent). Similarly, homeless Hispanic admissions

reported opiates as their primary substance at a higher rate (36 percent) than all other racial/ethnic groups. Reporting of stimulants was proportionately higher among homeless Asian and Pacific Islander admissions (35 percent) than all other racial/ethnic groups.

The largest differences between homeless admissions and those who were not homeless regarding primary substance of abuse were found among American Indians/Alaska Natives. The proportion of homeless American Indian/Alaska Native admissions reporting alcohol abuse was 20 percentage points higher than the proportion for the comparable admissions who were not homeless (78 vs. 58 percent, respectively).

For all primary substances, homeless admissions were more likely than other admissions to have used the substance daily and less likely to record no use in the past month.

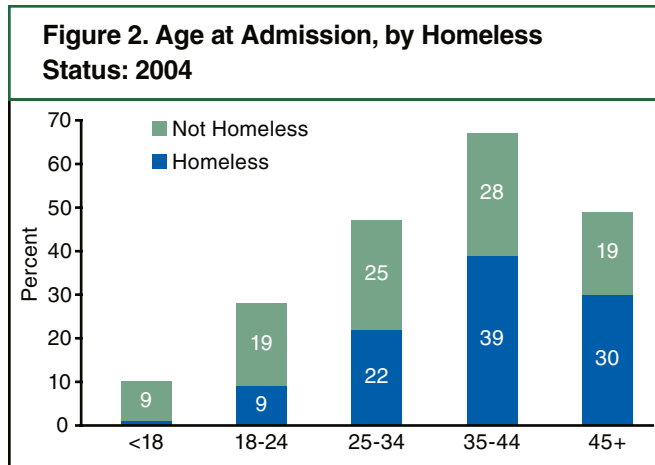
Sociodemographics

Among homeless admissions, 33 percent were Black and 47 percent were White; among admissions who were not homeless, 23 percent were Black and 62 percent were

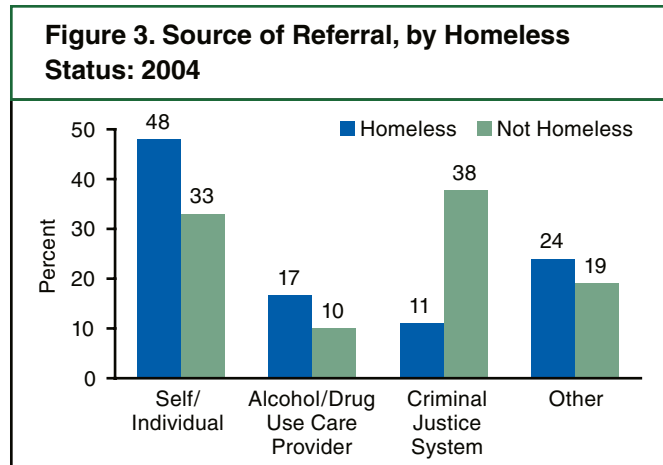
White. The proportions of homeless admissions and those who were not homeless were similar for all other groups: Asians/Pacific Islanders (1 percent each); Hispanic (15 vs. 11 percent); American Indians/Alaska Natives (3 vs. 2 percent); and other races/ethnicities (1 percent each).

Homeless admissions were older than admissions who were not homeless. The average age of homeless admissions was 39 years old compared to 34 for those admissions who were not homeless. In addition, 39 percent of homeless admissions were aged 35 to 44 and 30 percent were 45 years or older, while these proportions among admissions who were not homeless were 28 and 19 percent, respectively (Figure 2).

Males constituted over three quarters (78 percent) of homeless admissions, surpassing the proportion of male admissions who were not homeless (68 percent). Also, homeless admissions were almost twice as likely to be veterans (9 vs. 5 percent) than those who were not homeless in the 28 States reporting both living arrangement and veteran status.⁴



Source: 2004 SAMHSA Treatment Episode Data Set (TEDS).



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Treatment Characteristics

Homeless admissions were more likely than admissions who were not homeless to refer themselves for treatment (48 vs. 33 percent). In contrast, the criminal justice system was the principal source of referral⁵ for other admissions (38 percent) (Figure 3).

Homeless admissions and those that were not homeless had between one and four prior treatment episodes in nearly equal proportions (49 vs. 47 percent). However, homeless admissions were more than twice as likely as admissions who were not homeless to have had five or more previous treatment episodes (21 vs. 9

percent). Admissions who were not homeless were more likely to have not been in treatment previously than those with homeless status (44 vs. 30 percent).

Homeless admissions were more likely than admissions who were not homeless to receive detoxification services (56 vs. 17 percent) or treatment in residential/rehabilitation (21 vs. 16 percent) service settings but less likely to receive treatment in ambulatory service settings (23 vs. 67 percent).⁶

End Notes

¹ Substance Abuse and Mental Health Services Administration, Office of Applied Studies. (August 8, 2003). *The DASIS report: Characteristics of homeless admissions to substance abuse treatment: 2000*. Rockville, MD.

² *Living arrangement*, a Supplemental Data Set item, was reported for at least 75 percent of

all admissions in 41 States and jurisdictions in 2004. These States were: AK, CO, CT, DE, GA, HI, IA, ID, IL, IN, KS, KY, LA, MA, MD, ME, MI, MN, MO, MS, NC, ND, NE, NH, NJ, NM, NV, NY, OH, OK, OR, PR, RI, SC, SD, TN, TX, VA, VT, WA, and WV. These 41 States accounted for 77 percent of all substance abuse treatment admissions in 2004.

³ The *primary substance of abuse* is the main substance reported at the time of admission.

⁴ *Veteran status*, a Supplemental Data Set item, was reported for at least 75 percent of all admissions in 2004 by 28 States of the 41 States reporting *living arrangement* in 2004: CO, CT, DE, GA, HI, IA, ID, IL, IN, KS, KY, LA, MA, ME, MI, MN, MO, MS, NC, ND, NE, NV, OH, OK, PR, SC, SD, and TN.

⁵ *Principal source of referral* describes the person or agency referring the client to the alcohol or drug abuse treatment program. For the purposes of this analysis, several of these referral sources were aggregated. "Other" source of referral includes "other health care provider," "school," "employer," and "other community referral."

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.

Table 1. Homeless/Not Homeless Admissions, by Race/Ethnicity and Primary Substance of Abuse: 2004

Race/Ethnicity	Alcohol		Cocaine		Opiates		Stimulants		Other	
	Homeless	Not Homeless	Homeless	Not Homeless	Homeless	Not Homeless	Homeless	Not Homeless	Homeless	Not Homeless
<i>Percent of Admissions</i>										
White	54	45	11	9	21	16	7	8	7	22
Black	46	32	32	25	16	18	<1	<1	6	25
Hispanic	50	39	9	11	36	27	1	3	4	20
AI/AN	78	58	5	6	6	7	5	8	6	21
API	38	40	11	6	10	8	35	20	6	26
Other	46	45	12	11	25	16	10	5	7	23

Note: AI/AN=American Indian/Alaska Native, API=Asian/Pacific Islander.
Source: 2004 SAMHSA Treatment Episode Data Set (TEDS).

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Research Findings from SAMHSA's 2004 Drug and Alcohol Services Information System (DASIS)

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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 February 1, 2006.

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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