

The DASIS Report

October 25, 2002

Dually Diagnosed Female Substance Abuse Treatment Admissions: 1999

For this report, dual diagnosis refers to the co-occurrence of a substance abuse problem and a psychiatric disorder. Female drug abuse treatment admissions with and without a psychiatric disorder were compared using 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. TEDS records represent admissions rather than individuals, as a person may be admitted to treatment more than once.

TEDS includes a Minimum Data Set of variables collected by all States and a Supplemental Data Set of variables collected by some States. The variable on psychiatric problems is in the TEDS Supplemental Data Set. This report is based on female admissions

In Brief

- Almost half (46 percent) of dually diagnosed female admissions had alcohol as a primary substance of abuse compared with one-third of non-dually diagnosed female admissions (33 percent)
- Dually diagnosed female admissions were more likely to have had prior treatments than non-dually diagnosed female admissions (72 percent vs. 60 percent)
- Dually diagnosed female admissions were less likely to be in the labor force than non-dually diagnosed female admissions (39 percent vs. 48 percent)
- Dually diagnosed female admissions were less likely to have been referred by the criminal justice system than non-dually diagnosed female admissions (17 percent vs. 26 percent)

Figure 1. Primary Substance of Abuse for Female Admissions, by Psychiatric Diagnosis Status: 1999

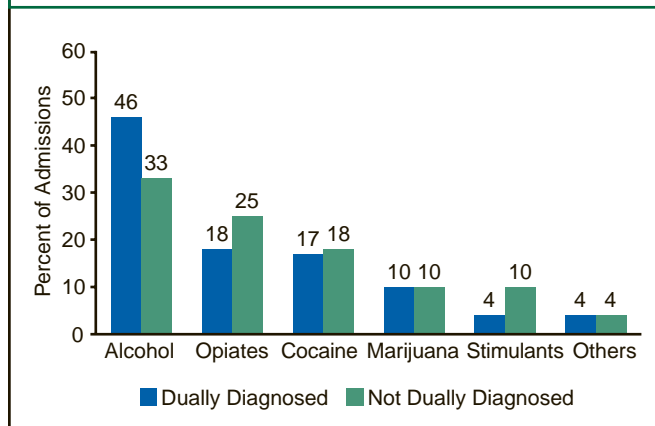
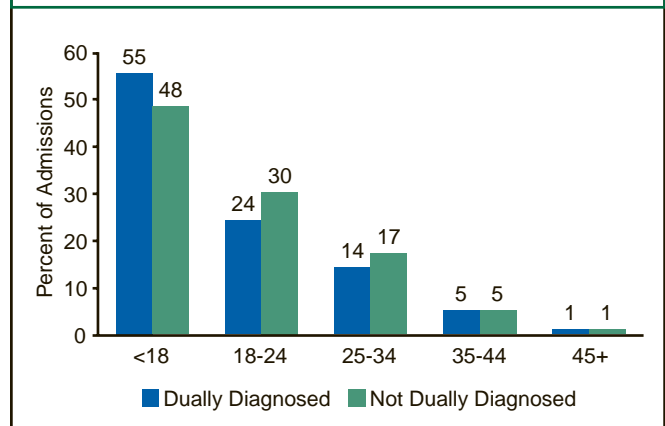


Figure 2. Age at First Use of Primary Substance of Abuse among Female Admissions, by Psychiatric Diagnosis Status: 1999



Source: 1999 SAMHSA Treatment Episode Data Set (TEDS).

in the 24 States with a response rate of 75 percent or higher for this data element.¹ These States represented 53 percent of TEDS admissions in 1999, and 55 percent of TEDS female admissions. Of the approximately 258,000 female admissions, about one-fifth (58,000) were dually diagnosed in 1999.

Primary Substance of Abuse

Female admissions with dual diagnoses were more likely than their counterparts without dual diagnoses to have alcohol as a primary substance of abuse (46 percent vs. 33 percent) (Figure 1). Dually diagnosed female admissions were less likely than non-dually diagnosed female admissions to have opiates (18 percent vs. 25 percent) or stimulants (4 percent vs. 10 percent) as their primary substance of abuse. Admissions rates for cocaine and marijuana were about equal.

Race/Ethnicity

The racial/ethnic distribution of dually diagnosed female admissions was 69 percent White, 20 percent Black, 8 percent Hispanic, and 3 percent Other (data not shown). In contrast, the racial/ethnic distribution of non-dually diagnosed female admissions was 54 percent White, 29 percent Black, 12 percent Hispanic, and 5 percent Other.

Age and Marital Status

Slightly over a third of both dually diagnosed and non-dually diagnosed female admissions were between 35 and 44 years old (data not shown).

Dually diagnosed and non-dually diagnosed female admissions were equally likely to be married (17 percent), but non-dually diagnosed female admissions were more likely to have never married (56 percent vs. 48 percent) (data not shown).²

Age at First Use and Duration of Abuse

For more than half (55 percent) of dually diagnosed female admissions, age at first use was younger than age 18, compared with less than half (48 percent) of non-dually diagnosed female admissions (Figure 2). Duration of abuse did not differ between dually diagnosed and non-dually diagnosed female admissions seeking treatment for the first time; both groups had an average duration of use of about 13 years (data not shown).

Number of Prior Treatment Episodes

Dually diagnosed female admissions were more likely to have had at least one prior treatment episode compared with non-dually diagnosed female admissions (72 percent vs. 60 percent) (Figure 3). In addition, they were almost twice as likely to have had five or more prior treatments (24 percent vs. 13 percent).

Figure 3. Number of Prior Treatment Episodes for Female Admissions, by Psychiatric Diagnosis Status: 1999

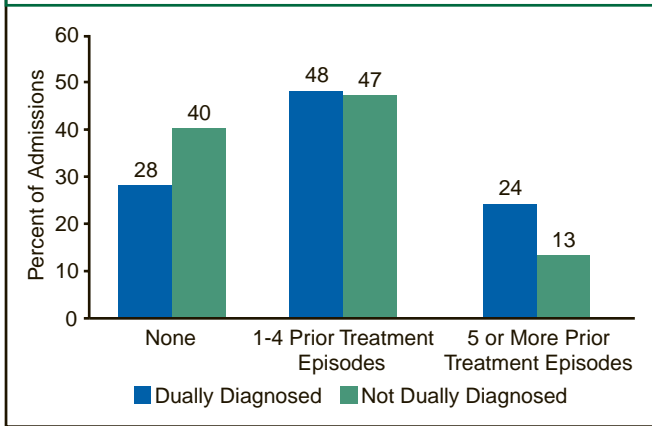


Table 1. Employment Characteristics by Psychiatric Diagnosis Status: 1999

Female Admissions	Dually Diagnosed		Non-Dually Diagnosed	
	Number	Percent	Number	Percent
Employed Full- or Part-Time	10,979	19.3	44,142	23.0
Unemployed	10,948	19.2	47,333	24.7
Not in Labor Force	35,026	61.5	100,355	52.3

*Number of admissions for which employment status was reported.

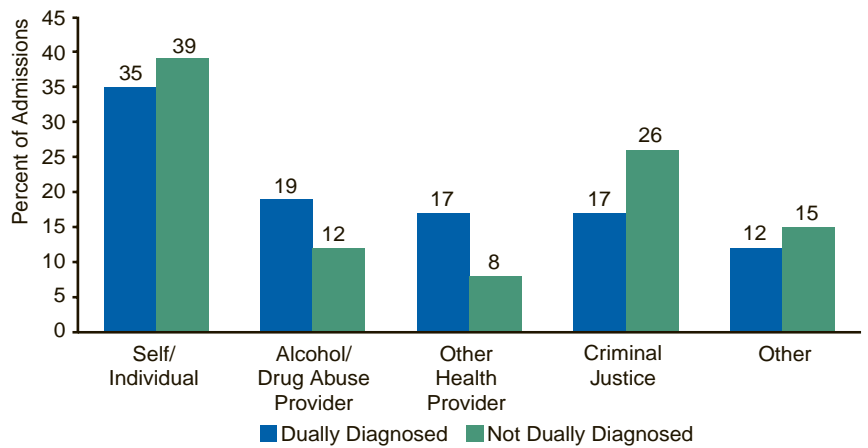
Employment Status

Dually diagnosed female admissions were less likely to be in the labor force, whether employed or unemployed, than non-dually diagnosed female admissions (39 percent vs. 48 percent) (Table 1). Approximately one-fifth of each group was employed either full- or part-time.

Referral Source

Dually diagnosed female admissions were more likely than non-dually diagnosed female admissions to have been referred by an alcohol/drug abuse care provider (19 percent vs. 12 percent) or by another health care provider (17 percent vs. 8 percent) (Figure 4). In contrast, non-dually diagnosed female admissions were more likely to have been referred by the criminal justice system (26 percent vs. 17 percent).

Figure 4. Referral Source for Female Admissions, by Psychiatric Diagnosis Status: 1999



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 16, 2001.

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>

End Notes

¹These 24 States or jurisdictions were CA, CO, DE, DC, GA, ID, IA, KS, KY, LA, ME, MD, MA, MS, MO, NV, NH, NJ, NY, ND, OK, RI, SC, and TN.

²Marital status is also a Supplemental Data Set item, reported in 1999 by all the above States except Georgia.

