

The DASIS Report

June 10, 2005

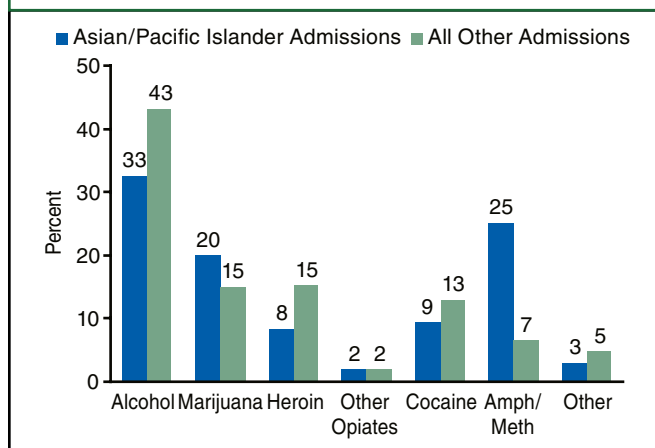
Substance Abuse Treatment Admissions among Asians and Pacific Islanders: 2002

In Brief

- Asian/Pacific Islander admissions were more likely than all other admissions to go into treatment for either marijuana or methamphetamine/amphetamine
- The mean age of admissions was slightly younger for Asian/Pacific Islander admissions (30 years old) compared to all other admissions (34 years old)
- Just over one third (38 percent) of Asian/Pacific Islander admissions had no health insurance compared to almost two thirds (61 percent) of all other admissions

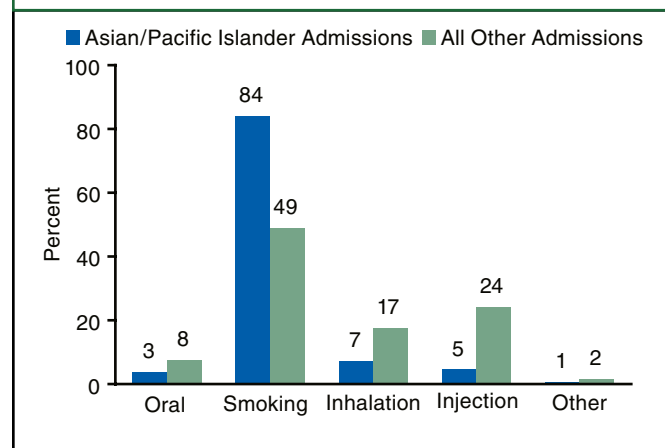
According to the U.S. census, Asians and Pacific Islanders made up 4.4 percent of the U.S. population in 2002, approximately 12.5 million people.¹ Less than 1 percent of all admissions to the Treatment Episode Data Set in 2002 involved Asians and Pacific Islanders. The Treatment Episode Data Set (TEDS) is an annual compilation of data on the demographic characteristics and substance abuse problems of substance abuse treatment admissions. There were approximately 16,700 Asian and Pacific Islander admissions in TEDS in 2002, more than half of which were in California and Hawaii.

Figure 1. Treatment Admissions, by Race and Primary Substance of Abuse: 2002



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

Figure 2. Primary Methamphetamine/Amphetamine Treatment Admissions, by Race and Route of Administration: 2002



Substance of Abuse

Asian/Pacific Islander admissions were less likely than all other treatment admissions to report alcohol, heroin or other opiates, or cocaine as their primary substance of abuse² (Figure 1). However, Asian/Pacific Islander admissions were more likely than all other admissions to go into treatment for either marijuana or methamphetamine/amphetamine.³

Substance of Abuse by Route of Administration

The route of administration used by primary alcohol, marijuana, and cocaine admissions did not vary by race/ethnicity; however, route of administration for methamphetamine/amphetamine and heroin did. Among primary methamphetamine/amphetamine admissions, those that were Asian/Pacific Islander were more likely to report smoking methamphetamine/amphetamine⁴ (84 percent) than all other admissions (49 percent) and less likely to use

any of the other routes of administration than all other admissions (Figure 2). Among primary heroin admissions, those that were Asian/Pacific Islander were less likely to report inhalation (18 percent) as their route of administration than all other admissions (33 percent) and more likely to report smoking (12 percent) or injection (67 percent) than all other admissions (2 and 62 percent, respectively).

Demographic and Socioeconomic Characteristics

Asian/Pacific Islander admissions to treatment were primarily male (72 percent) as were all other admissions (70 percent).

The mean age of admissions was slightly younger for Asian/Pacific Islander admissions (30 years old) compared to all other admissions (34 years old). A larger proportion of Asian/Pacific Islander admissions in 2002 were younger than 20 years old compared with all other admissions (Figure 3).

The distribution of employment status⁵ was similar among Asian/Pacific Islander admissions and all other admissions. Asian/Pacific Islander admissions (25 percent) were slightly more likely to have more than 12 years of schooling than all other admissions (21 percent) and slightly less likely to have between 9 and 11 years of schooling.⁶

Just over one third (38 percent) of Asian/Pacific Islander admissions had no health insurance⁷ compared to almost two thirds (61 percent) of all other admissions. Asian/Pacific Islander admissions were correspondingly more likely to have private insurance (16 percent), Medicaid (24 percent) or Medicare/Other (22 percent) than all other admissions to treatment (10, 16, and 13 percent, respectively).

Figure 3. Treatment Admissions, by Race and Age of Admission: 2002

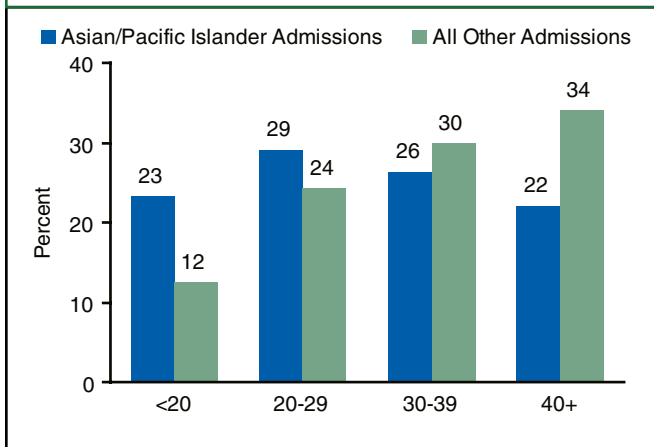
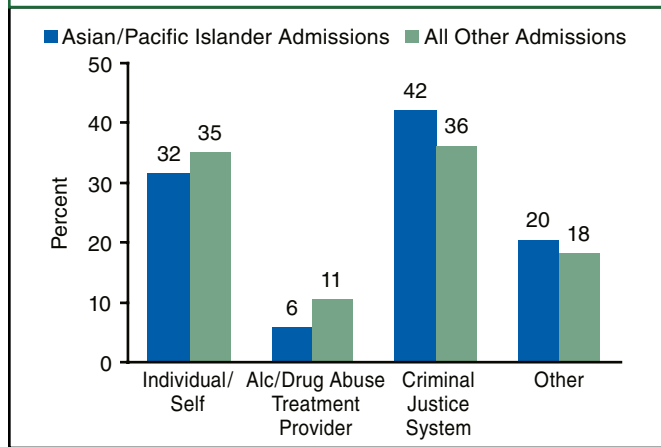


Figure 4. Treatment Admissions, by Race and Source of Referral: 2002



Source of Referral

Asian/Pacific Islander admissions were most frequently referred to substance abuse treatment by the criminal justice system (42 percent), a slightly higher percentage than among all other admissions (36 percent) (Figure 4).

End Notes

¹ U.S. Census Bureau. (May 2003). The Asian and Pacific Islander population in the United States: March 2002. Retrieved May 4, 2005, from <http://www.census.gov/prod/2003pubs/p20-540.pdf>

² The *primary substance of abuse* is the main substance reported at the time of admission.

³ In TEDS, some States do not list amphetamines and methamphetamine separately. For the purpose of this report, this group of drugs will be referred to as methamphetamine/amphetamine. The States that did not report methamphetamine separately from amphetamines in 2002 were Arkansas, Oregon, and Texas.

⁴ Smoked methamphetamine/amphetamine is sometimes referred to as "ice" or "crystal meth."

⁵ *Employment status* is evaluated only for admissions aged 19 to 64.

⁶ *Education* is evaluated only for admissions 19 years or older.

⁷ Health insurance, a Supplemental Data Set item, was reported for at least 75 percent of all admissions in 30 States and jurisdictions in 2002. These 30 States accounted for about 42 percent of all substance abuse treatment admissions in 2002. In 2002, these States were: AK, AR, AZ, CO, DC, DE, FL, GA, HI, ID, IL, IN, KS, KY, MA, MD, MO, MS, MT, NE, NH, NJ, NV, OK, OR, PA, SC, TX, UT, and WV.

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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