

The DASIS Report

May 27, 2005

Treatment Admissions Receiving Public Assistance: 2002

The Treatment Episode Data Set (TEDS) is a compilation of data on the demographic characteristics and substance abuse problems of those admitted for substance abuse treatment in the

United States and its jurisdictions. The data come primarily from facilities that receive some public funding.

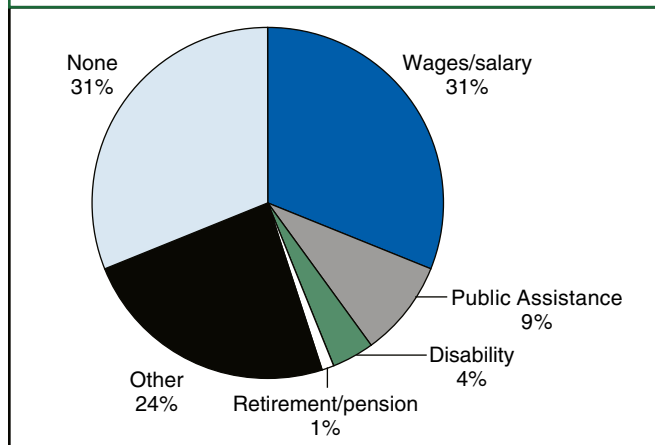
This report focuses on admissions receiving public assistance as their primary source of income/support¹ and compares them to all other admissions with known sources of income or support. The primary source of income or support identifies the principal source of financial support reported at admission. For admissions younger than 18 years old, this measure indicates the parents' primary source of income/support.

Of the 860,000 admissions in 2002 with known income or support sources, 79,000 (9 percent) reported public assistance as the primary source of income (Figure 1). Other primary income sources were wages/salary (31 percent), disability (4 percent),

In Brief

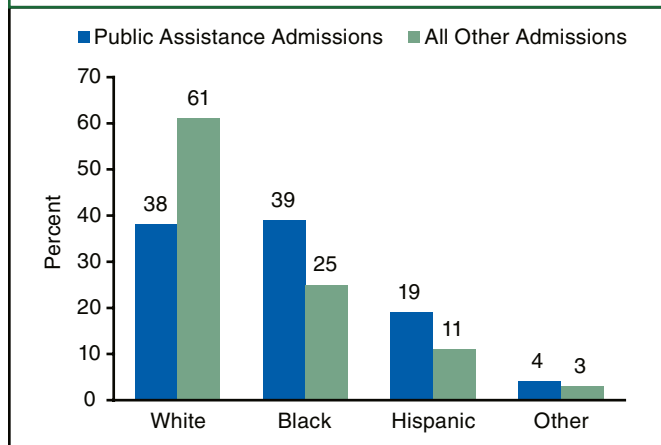
- Public assistance admissions were more likely to be female than were other admissions (43 vs. 28 percent)
- Public assistance admissions were more likely to report opiates (20 vs. 13 percent) than all other admissions
- Self- or individual referrals were the most common referral source for public assistance admissions (31 percent)

Figure 1. Primary Source of Income for Treatment Admissions: 2002



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

Figure 2. Race/Ethnicity of Treatment Admissions, by Primary Source of Income: 2002



retirement/pension (1 percent), other (24 percent), and none (31 percent).²

Demographic Characteristics

Public assistance admissions were more likely to be female than were other admissions (43 vs. 28 percent); they were more likely to be Black (39 vs. 25 percent) than other admissions and less likely to be White (38 vs. 61 percent) (Figure 2). The average age of public assistance admissions was slightly older than that of all other admissions (36 vs. 34 years old).

Primary Substance of Abuse

Both public assistance admissions and other admissions reported alcohol as the most common primary substance of abuse³ (44 and 45 percent, respectively) (Figure 3). Public assistance admissions were more likely to report opiates (20 vs. 13 percent) than all other admissions. Marijuana was reported as the primary substance

of abuse less frequently among public assistance admissions than among other admissions (11 vs. 17 percent). Public assistance admissions were as likely as other admissions to report stimulants (3 and 4 percent, respectively) or other substances (5 and 6 percent) as the primary substance of abuse.

Source of Referral

Self- or individual referrals were the most common referral source for public assistance admissions (31 percent), while self- or individual referrals and criminal justice system referrals (34 percent each) were the most frequent sources for all other admissions (Figure 4). Public assistance admissions were more likely to be referred by alcohol or drug treatment providers (22 vs. 13 percent) or by community referrals (20 vs. 9 percent), and less likely to be referred by the criminal justice system (18 vs. 34 percent) than other admissions.

Service Setting

The distribution of service settings (ambulatory, rehabilitation/residential, or detoxification) among public assistance admissions was about the same as among all other admissions.⁴ However, primary heroin admissions reporting public assistance as their main source of income were more likely to have their treatment plan include methadone⁵ than were primary heroin admissions with other income sources (46 vs. 22 percent).

Prior Treatment

Public assistance admissions were more likely than other admissions to have five or more prior admissions to treatment (18 vs. 10 percent), or to have between one and four prior admissions to treatment (57 vs. 47 percent). They were correspondingly less likely to have never received treatment before (25 vs. 43 percent).

Figure 3. Primary Substance of Abuse of Treatment Admissions, by Primary Source of Income: 2002

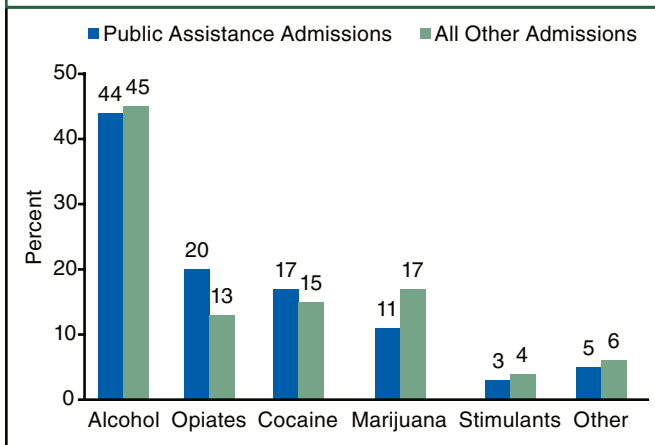
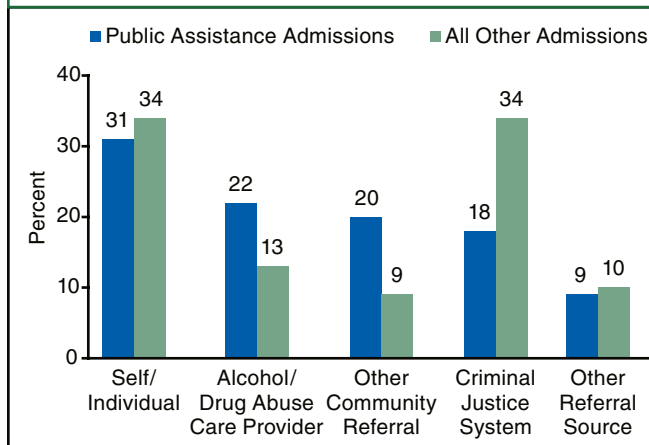


Figure 4. Source of Referral for Treatment Admissions, by Primary Source of Income: 2002



Employment

Public assistance admissions were less likely to be employed, either full or part time, than all other admissions (6 vs. 33 percent).⁶ Public assistance admissions were about as likely to be unemployed (22 vs. 24 percent) as other admissions, and were more likely to not be in the labor force (72 vs. 43 percent).⁷

End Notes

¹ TEDS includes a Minimum Data Set collected by all States and jurisdictions and a Supplemental Data Set collected by some States. *Source of income/support*, a Supplemental Data Set item, was reported in 2002 for at least 75 percent of all respondents in 28 States, including AK, DE, FL, GA, HI, IA, ID, KS, KY, LA, ME, MN, MO, MS, ND, NE, NH, NV, NY, OH, PA, PR, RI, SC, SD, TX, UT, and WV. These 28 States accounted for about 40 percent of all substance abuse treatment admissions in 2002.

² Other primary income sources may include family/friends, alimony/child support, investments/savings, unemployment insurance, veteran's compensation, or illegal activities. See Substance Abuse and Mental Health Services Administration, Office of Applied Studies. (October, 2004). Treatment Episode Data Set: State-by-state crosswalk of State system data to TEDS. <http://www.icpsr.umich.edu/SAMHDA/PDF/tedswalk04.pdf>

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

⁴ *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.

⁵ The use of methadone treatment is regulated by SAMHSA under 42 CFR Part 8, as administered by the Center for Substance Abuse Treatment. TEDS collects data on whether, at the time of admission, methadone use was planned as part of treatment. Data to confirm that the plan was implemented and methadone was used are not available.

⁶ *Employment status* is evaluated only for admissions aged 19 to 64.

⁷ *Not in the labor force* includes those not looking for work during the past 30 days or a student, homemaker, disabled, retired, or an inmate of an institution.

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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