

The DASIS Report

July 9, 2004

Discharges from Detoxification: 2000

This report examines discharge data in the Treatment Episode Data Set (TEDS).¹ TEDS is comprised of two major components, the Admissions Data System and the Discharge Data System. Both admission and discharge data come primarily from facilities that receive some public funding.

In Brief

- About one half (52 percent) of detoxification episodes involved individuals who completed the episode, while 8 percent involved those who were transferred to further treatment
- The detoxification completion rate was highest, at 54 percent, for episodes where alcohol was the primary substance of abuse
- The median length of stay for completed detoxification episodes was 4 days

States are asked to submit data for all discharges from substance abuse treatment. In 2000, 18 States² submitted 347,923 records for clients discharged from treatment. Nearly all of these records (94 percent) could be linked to a TEDS admission record. These 326,750 linked admission/discharge records are referred to as treatment episodes. Of these episodes, over 99 percent (323,156) had a valid response for reason for discharge.

This report presents data on the 23 percent (73,564) of episodes that represent clients who received detoxification services (Table 1). Facilities offering detoxification services care for clients experiencing withdrawal. The large majority of detoxification discharges (95 percent) were from free-standing residential facilities; the remaining discharges were nearly evenly divided between ambulatory (3 percent) and hospital (2 percent) settings.³

Table 1. Discharges from Detoxification, by Reason for Discharge and Primary Substance at Admission: 2000

Primary substance at admission	Total	Reason for Discharge				
		Treatment Completed	Transferred to Further Treatment	Left Against Professional Advice	Terminated by Facility	Other
Alcohol	34,346	18,670	3,312	8,492	3,024	848
Opiates	25,643	12,634	541	10,273	1,898	297
Cocaine	8,632	4,335	817	1,927	1,466	87
Marijuana/Hashish	1,936	732	493	369	284	58
Stimulants	1,841	902	362	374	164	39
Other/Unknown	1166	487	293	241	100	45
Total	73,564	37,760	5,818	21,676	6,936	1,374

Source: 2000 SAMHSA Treatment Episode Data Set (TEDS).

Reasons for Discharge

Despite relatively short stays for this kind of service, only about half (52 percent) of detoxification episodes resulted in completion (Figure 1). An additional 8 percent of detoxification discharges transferred to further substance abuse treatment. The remaining detoxification episodes involved clients who left against professional advice (29 percent), whose services were terminated by the facility (9 percent), or who were discharged for other reasons (2 percent).

Primary Substance of Abuse

Alcohol was the most common primary substance of abuse⁴ in completed detoxification episodes, accounting for nearly half (49 percent) of such episodes (Figure 2).

Opiates were the primary substance in 34 percent of completed detoxification episodes. Among completed detoxification episodes, alcohol and

opiates were followed by cocaine (12 percent), stimulants (2 percent), marijuana (2 percent), and other substances (1 percent).

Detoxification Outcomes

The detoxification completion rate was highest, at 54 percent, for episodes involving alcohol as the primary substance of abuse (Figure 3). Completion rates for episodes involving cocaine, opiates, and stimulants were similar (51, 49, and 49 percent, respectively). Detoxification episodes involving marijuana/hashish as the primary substance were least likely to be completed, at 38 percent. This may in part reflect a higher rate of transfer to further treatment (25 percent) for marijuana than for other substances. Despite their 49 percent completion rate, detoxification episodes involving opiates as the primary substance were substantially more likely to end with the client leaving against medical advice (40 percent of opiate episodes) than was the case for all other substances (24 percent of all other episodes).

Median Length of Stay

Since detoxification services are specifically intended to treat withdrawal, the median length of stay is short. The median length of stay for completed detoxification episodes was 4 days, with the highest median length of stay for opiates (6 days) (Figure 4).

End Notes

¹ For an earlier report on TEDS discharges, see Substance Abuse and Mental Health Services Administration, Office of Applied Studies. *The DASIS report: Treatment completion in the Treatment Episode Data Set (TEDS)*. Rockville, MD. January 30, 2003.

² States included are CA, GA, HI, IA, IL, MA, MD, ME, MI, MN, MS, MT, NE, NM, OH, OK, UT, and WY.

³ Detoxification includes free-standing residential detoxification, ambulatory detoxification, and hospital detoxification. Residential detoxification facilities provide 24-hour per day services for safe withdrawal and transition to ongoing treatment in a non-hospital setting. Ambulatory detoxification facilities provide safe withdrawal in an ambulatory, i.e., non-24-hour setting. Hospital detoxification facilities provide 24-hour per day medical acute care services for persons with severe medical complications associated with withdrawal in a hospital setting. Because treatment completion rates and lengths of stay vary across modalities or types of treatment, reports on other modalities, including hospital inpatient, outpatient, intensive outpatient, short-term residential, and long-term residential treatment, are being presented in other DASIS reports.

⁴ The primary substance of abuse is the main substance reported at the time of admission.

Figure 1. Reasons for Discharge among Detoxification Discharges: 2000

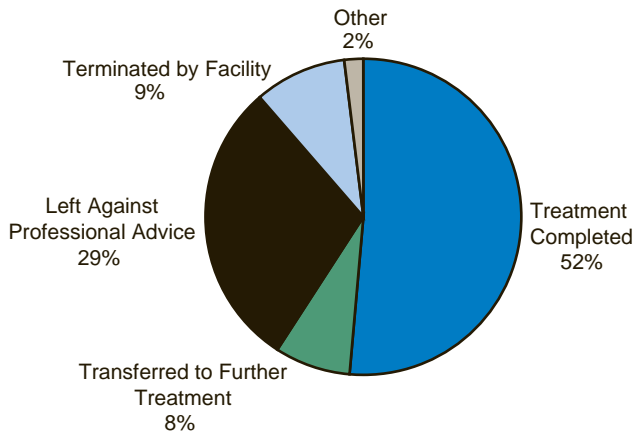


Figure 2. Primary Substances of Detoxification Completers: 2000

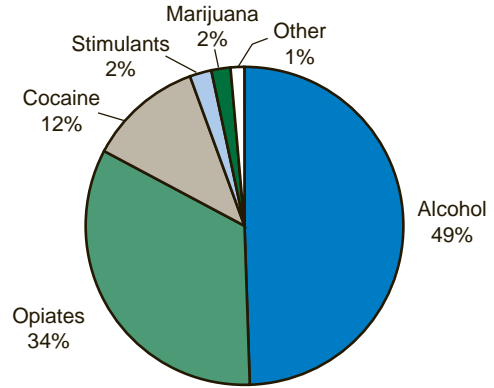


Figure 3. Reasons for Discharge from Detoxification, by Primary Substance of Abuse: 2000

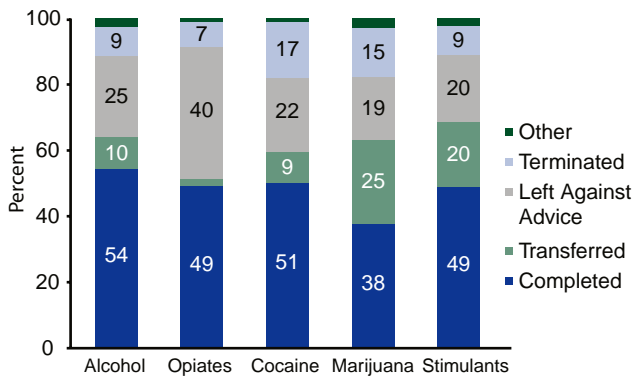
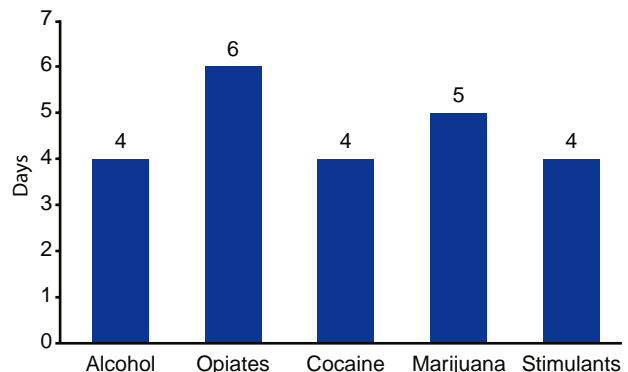


Figure 4. Median Length of Stay among Detoxification Completers, by Primary Substance of Abuse: 2000



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 1.7 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 1, 2002.

Access the latest TEDS reports at: <http://www.oas.samhsha.gov/dasis.htm>

Access the latest TEDS public use files at: <http://www.oas.samhsha.gov/SAMHDA.htm>

Other substance abuse reports are available at: <http://www.oas.samhsha.gov>



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