

# The DASIS Report

April 13, 2007

## Hispanic Female Admissions in Substance Abuse Treatment: 2005

### In Brief

- Hispanic female admissions were less likely than non-Hispanic females to report primary alcohol abuse (23 vs. 32 percent) and more likely to report primary opiate abuse (21 vs. 19 percent)
- Female admissions of Mexican origin were younger than female admissions of Puerto Rican, Cuban, or “other Hispanic” origin for the primary substances of alcohol, cocaine, and marijuana
- Hispanic female admissions were more likely than non-Hispanic female admissions to be younger than 18 years old (14 vs. 7 percent) and less likely to be 45 years or older (12 vs. 18 percent)

The population of Hispanic females in the United States has continued to increase steadily over the last 5 years. In 2005, Hispanic females accounted for 14 percent of the U.S. female population.<sup>1</sup> Hispanic females include a mixture of ethnic subgroups which differ widely in substance abuse patterns from the non-Hispanic female population and from each other. These differences are captured in the Treatment Episode Data Set (TEDS), an annual compilation of data on the demographic characteristics and substance abuse problems of those admitted to substance abuse treatment, primarily at facilities that receive some public funding. TEDS records represent admissions rather than individuals, as a person may be admitted to treatment more than once during a single year.<sup>2</sup>

This report uses 2005 TEDS data to examine substance abuse treatment admissions among females of Hispanic

origin. In TEDS, the term “Hispanic” is used to describe a population of known Central, South American, or any other Spanish cultural origin (including Spain), regardless of race. Hispanic admissions are classified into four subgroups—Mexican, Puerto Rican, Cuban, and “other Hispanic.”<sup>3,4</sup> In this report, comparisons are made between Hispanic and non-Hispanic female admissions of known race/ethnicity<sup>5</sup> as well as between ethnic subgroups within Hispanic female admissions.<sup>6</sup>

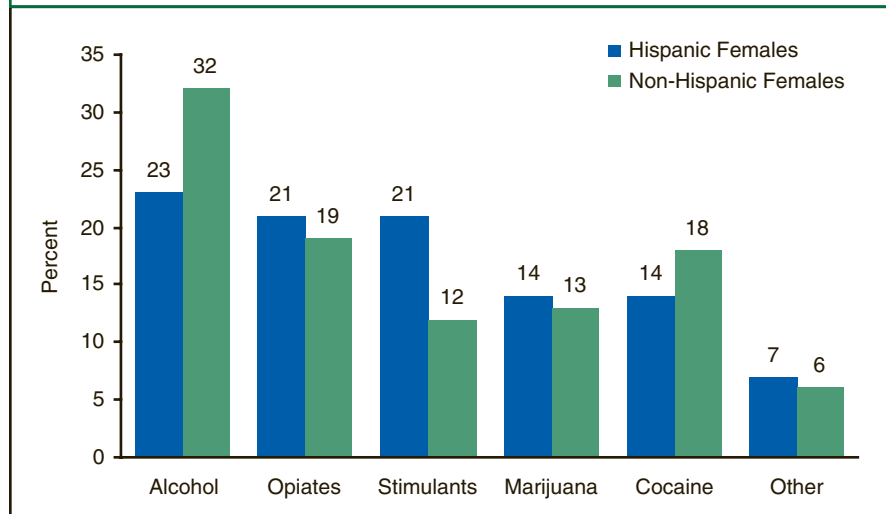
## Hispanic Female Admissions

In 2005, Hispanic females accounted for 10 percent of the female substance abuse treatment admissions reported to TEDS (approximately 61,000 admissions). Of these, 41 percent were of Mexican origin, 24 percent were of Puerto Rican origin, 4 percent were of Cuban origin, and 31 percent were identified as “other Hispanic.”

## Primary Substance of Abuse

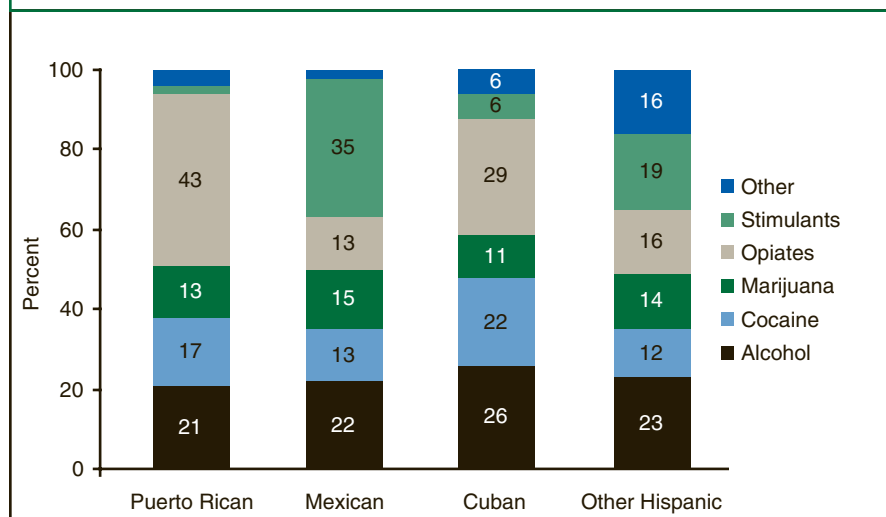
Alcohol and opiates were two of the three most frequently reported primary substances of abuse<sup>7</sup> for both Hispanic and non-Hispanic female admissions in 2005 (Figure 1). However, Hispanic female admissions were less likely than non-Hispanic females to report primary alcohol abuse (23 vs. 32 percent) and more likely to report primary opiate abuse (21 vs. 19 percent). Hispanic female admissions were also more likely to report stimulants as their primary substance (21 percent) than their non-Hispanic counterparts (12 percent).

**Figure 1. Hispanic and Non-Hispanic Female Admissions, by Primary Substance of Abuse: 2005**



Source: 2005 SAMHSA Treatment Episode Data Set (TEDS).

**Figure 2. Hispanic Female Admissions, by Primary Substance of Abuse and Ethnic Subgroup: 2005**



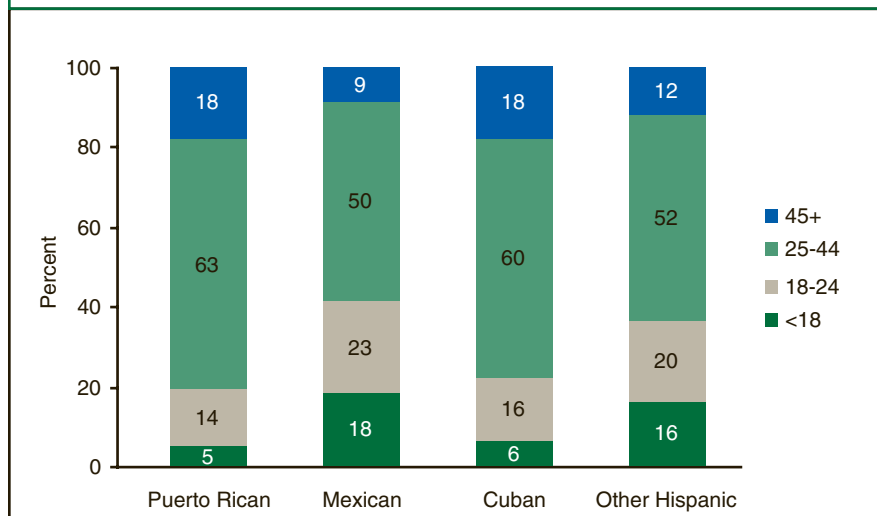
Source: 2005 SAMHSA Treatment Episode Data Set (TEDS).

There were also distinct patterns in the primary substance of abuse reported within Hispanic female ethnic subgroups (Figure 2). The most frequently reported primary substance of abuse was opiates among female admissions of Puerto Rican and Cuban origin (43 and 29 percent, respectively), stimulants among those of Mexican origin (35 percent), and alcohol among those of “other Hispanic” origin (23 percent).

## Age Characteristics

Over half of both Hispanic and non-Hispanic female admissions to substance abuse treatment in 2005 were aged 25 to 44 years (54 and 56 percent, respectively). Hispanic female admissions, however, were more likely than non-Hispanic female admissions to be younger than 18 years old (14 vs. 7 percent) and less likely to be 45 years or older (12 vs. 18 percent).

**Figure 3. Hispanic Female Admissions, by Age and Ethnic Subgroup: 2005**



Source: 2005 SAMHSA Treatment Episode Data Set (TEDS).

**Table 1. Average Age at Admission of Female Admissions, by Primary Substance of Abuse and Ethnicity: 2005**

Ethnicity	Average Age at Admission					
	Alcohol	Opiates	Cocaine	Stimulants	Marijuana	Other
Not Hispanic	37	34	36	30	25	33
Hispanic	34	37	33	27	22	29
Mexican	31	37	31	27	21	27
Cuban	39	33	37	29	23	34
Puerto Rican	38	37	36	29	24	31
Other Hispanic	33	35	33	27	22	28

Source: 2005 SAMHSA Treatment Episode Data Set (TEDS).

Within Hispanic subgroups, there were differences in age at admission. Female admissions of both Mexican and “other Hispanic” origin had the largest percentages of admissions in the younger age groups—younger than 18 and aged 18 to 24—and the smallest percentages in the older age groups—aged 25 to 44 and aged 45 or older (Figure 3). Conversely, female admissions of both Puerto Rican and Cuban origin had the smallest percentages of admissions in the younger age groups—younger than 18 and aged 18 to 24—and the

largest percentages in the older age groups—aged 25 to 44 and aged 45 or older.

### Age by Primary Substance of Abuse

Although the average age at admission to substance abuse treatment for Hispanic females was younger than for non-Hispanic females overall (31 vs. 34 years), this pattern was not consistent across all primary substances of abuse. In particular, Hispanic female admissions for

opiates were older than their non-Hispanic counterparts, with an average age at admission of 37 versus 34 years (Table 1).

There were also differences among the ethnic subgroups of female Hispanic admissions in average age at admission by the primary substance of abuse. For most of the primary substances of abuse (except opiates and stimulants), female admissions of Mexican origin were younger than female admissions of Puerto Rican, Cuban, and “other Hispanic” origin (e.g., alcohol—31 vs. 38, 39, and 33 years, respectively; cocaine—31 vs. 36, 37, and 33 years, respectively; marijuana—21 vs. 24, 23, and 22 years, respectively).

### End Notes

- <sup>1</sup> U.S. Census Bureau. (2006, May). *Annual estimates of the population by sex, race and Hispanic or Latino origin for the United States: April 1, 2000 to July 1, 2005 (NC-EST2005-03)*. Retrieved March 1, 2007, from <http://www.census.gov/popest/national/asrh/NC-EST2005-srh.html>
- <sup>2</sup> In 2005, TEDS collected data on 1.8 million admissions to substance abuse treatment facilities. Four States and jurisdictions (AK, DC, NM, and WY) did not submit data for 2005.
- <sup>3</sup> The category “other Hispanic” includes both admissions identified as being from Spanish-speaking countries, but without further classification, and those identified as Hispanic whose country of origin was other than the ones specified in TEDS (e.g., El Salvador, Guatemala, etc.).
- <sup>4</sup> In 2005, six States (LA, NE, NH, OK, WI, and WV) reported only “other Hispanic” subgroup admissions.
- <sup>5</sup> In 2005, four States (GA, RI, SD, and VT) reported ethnicity less than 75 percent of the time and one other State (AL) did not report ethnicity. Admissions where race is reported and ethnicity is missing are considered “non-Hispanic.”
- <sup>6</sup> For more information on patterns of Hispanic substance abuse, see: Substance Abuse and Mental Health Services Administration, Office of Applied Studies. (August 19, 2005). *The DASIS report: Hispanic substance abuse treatment admissions: 2003*. Rockville, MD.
- <sup>7</sup> The *primary substance of abuse* is the main substance reported at the time of admission.

### Suggested Citation

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Research Findings from SAMHSA's 2005 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 1.8 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>

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<http://www.oas.samhsa.gov/SAMHDA.htm>

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



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