

The TEDS Report

August 13, 2009

Substance Abuse Treatment Admissions Referred by the Criminal Justice System

In 2007, the criminal justice system was the largest single source of referrals to the substance abuse treatment system, comprising 37 percent of all admissions in the Treatment Episode Data Set (TEDS) (approximately 670,500

of the 1.8 million admissions). Moreover, the majority of these referrals were from parole and probation offices (44 percent of criminal justice admissions where detailed criminal justice source information is known). Understanding the impact of these admissions on the treatment system is critical for program planners and policy makers at all levels of government. Using TEDS, this report examines substance abuse treatment admissions referred by the criminal justice system and compares their characteristics with admissions referred by other sources.

In Brief

- In 2007, criminal justice system referral admissions were more likely than all other referral admissions to be employed either full or part-time (42 vs. 22 percent) and less likely to not be in the labor force (26 vs. 42 percent)
- Criminal justice system referral admissions were less likely than all other referral admissions to drop out treatment (22 vs. 27 percent)
- The fastest growth in criminal justice system referrals has been among admissions younger than 18 and admissions for primary marijuana and primary methamphetamine abuse

Demographic Characteristics

In 2007, criminal justice system referral admissions and all other referral admissions showed little or no difference for some demographic characteristics but were more sharply differentiated for others. The racial/ethnic composition of both groups

Table 1. Percentage of Substance Abuse Treatment Admissions, by Referral Source and Demographic Characteristics: 2007

Demographic Characteristic	Criminal Justice System Referrals	All Other Referrals
Race/Ethnicity		
White, non-Hispanic	60	59
Black, non-Hispanic	19	22
Hispanic	15	14
American Indian/Alaska Native	3	2
Asian/Pacific Islander	1	1
Other	2	2
Gender		
Male	75	64
Female	25	36
Age Group		
Younger than Age 18	10	6
Aged 18 to 24	24	15
Aged 25 to 34	27	24
Aged 35 to 44	22	28
Aged 45 to 54	14	21
Aged 55 or Older	3	6
Employment Status (Aged 25 or Older)		
Employed	42	22
Unemployed	32	36
Not in the Labor Force	26	42

Source: 2007 SAMHSA Treatment Episode Data Set (TEDS).

Treatment Characteristics

Five primary substances of abuse accounted for 96 percent of all substance abuse treatment admissions in 2007: alcohol, opiates (including heroin and prescription painkillers), marijuana, cocaine, and methamphetamine. Criminal justice system referral admissions were more likely than all other referral admissions to report primary alcohol abuse, primary marijuana abuse, and primary methamphetamine abuse and less likely to report primary opiate abuse (Figure 1). The high rate of criminal justice system referral admissions younger than 18 years old may have contributed significantly to the high rate of admissions with marijuana as a primary substance of abuse.

Criminal justice system referral admissions were more likely than all other referral admissions to report entering treatment for the first time (51 vs. 40 percent). Conversely, admissions referred by the criminal justice system were less likely than all other referral admissions to have had five or more treatment episodes (6 vs. 15 percent).

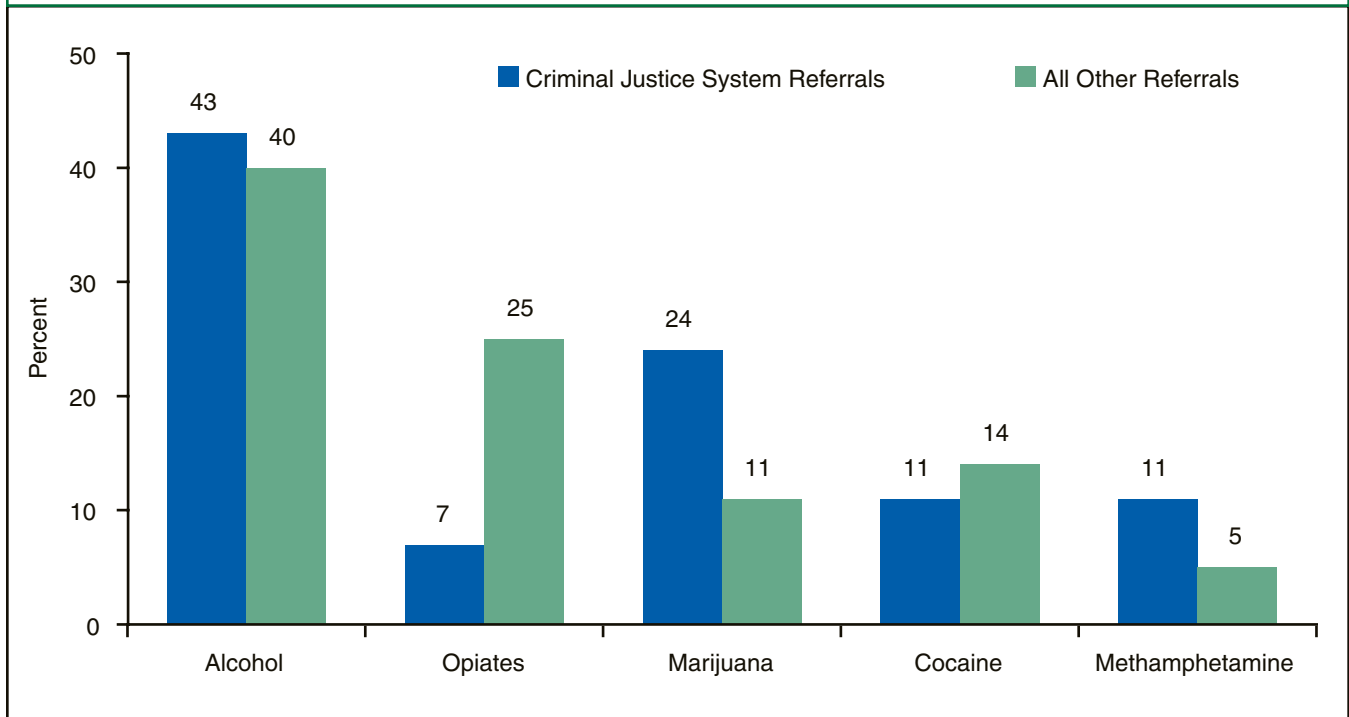
were similar with about three fifths of admissions non-Hispanic White (60 and 59 percent, respectively) and about a fifth non-Hispanic Black (19 and 22 percent, respectively); in addition, similar percentages of both groups were Hispanic (15 and 14 percent, respectively) (Table 1). When criminal justice system referral admissions were examined by gender, male admissions outnumbered female admissions at a ratio of 3 to 1.

While criminal justice system referral admissions were more likely than all other referral admissions to be younger than 25, the impact of this source of referrals was most pronounced

among the youngest treatment admissions, those younger than 18. In fact, 10 percent of criminal justice referrals were for admissions younger than age 18 compared with 6 percent of other referrals for the same age group.

Limiting consideration to admissions aged 25 or older (i.e., those most likely to be in the workforce), criminal justice system referral admissions were more likely than all other referral admissions to be employed either full or part-time at admission (42 vs. 22 percent) and less likely to not be in the labor force (26 vs. 42 percent).

Figure 1. Percentage of Substance Abuse Treatment Admissions, by Referral Source and Selected Primary Substance of Abuse: 2007



Source: 2007 SAMHSA Treatment Episode Data Set (TEDS).

Treatment Outcomes

Since completing treatment and transferring to another level of care are both important predictors of longer term positive treatment outcomes, it is important to note that criminal justice system referral admissions were slightly more likely than all other referral admissions to complete treatment in 2007 (49 vs. 46 percent) and about equally likely to be transferred to another level of care (13 vs. 14 percent) (Figure 2). It is also important to note that criminal justice system referrals were less likely than all other referral admissions to drop out of treatment (22 vs. 27 percent).

Taken together, 62 percent of discharges referred to treatment by the criminal justice system completed treatment or transferred to further treatment.

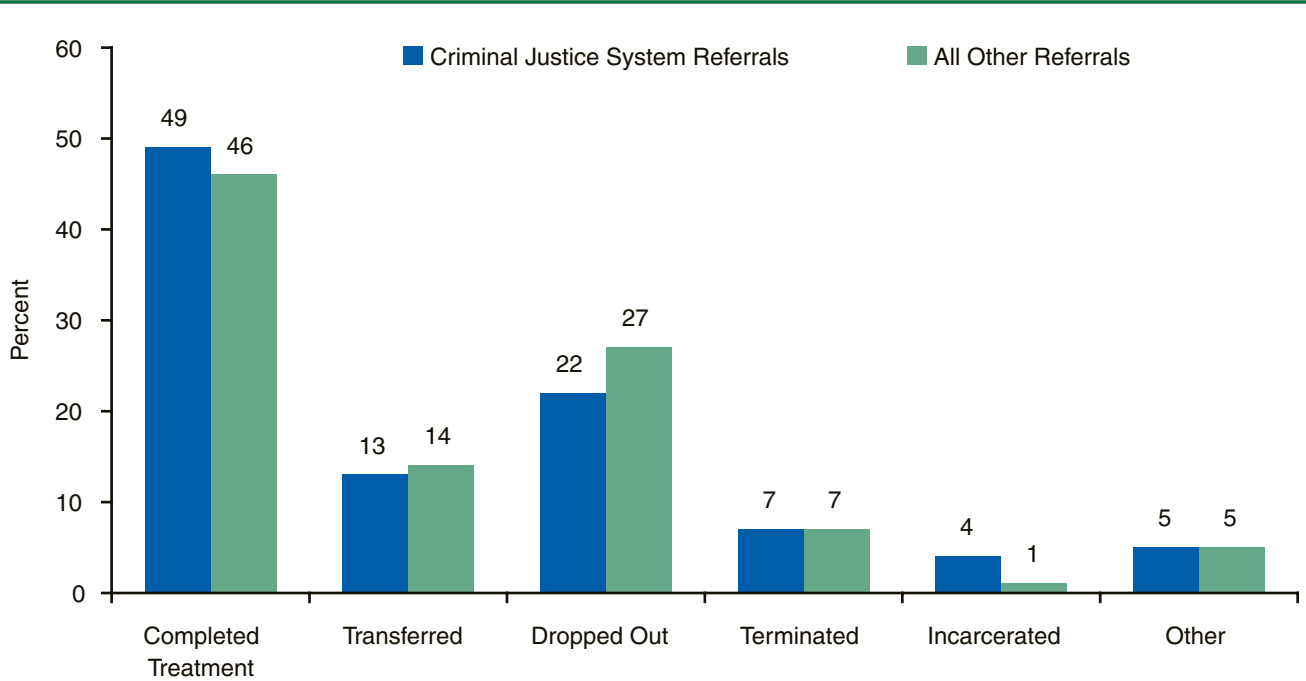
Trends in Criminal Justice Referrals

The proportion of substance abuse treatment admissions referred by the criminal justice system increased from 33 percent in 1992 to 37 percent in 2007 (Figure 3). Trends in referrals among admissions younger than 18 followed a different pattern, with the proportion of treatment admissions referred by the criminal justice system increasing sharply between 1995

and 2001 (from 40 to 50 percent) and then leveling off.

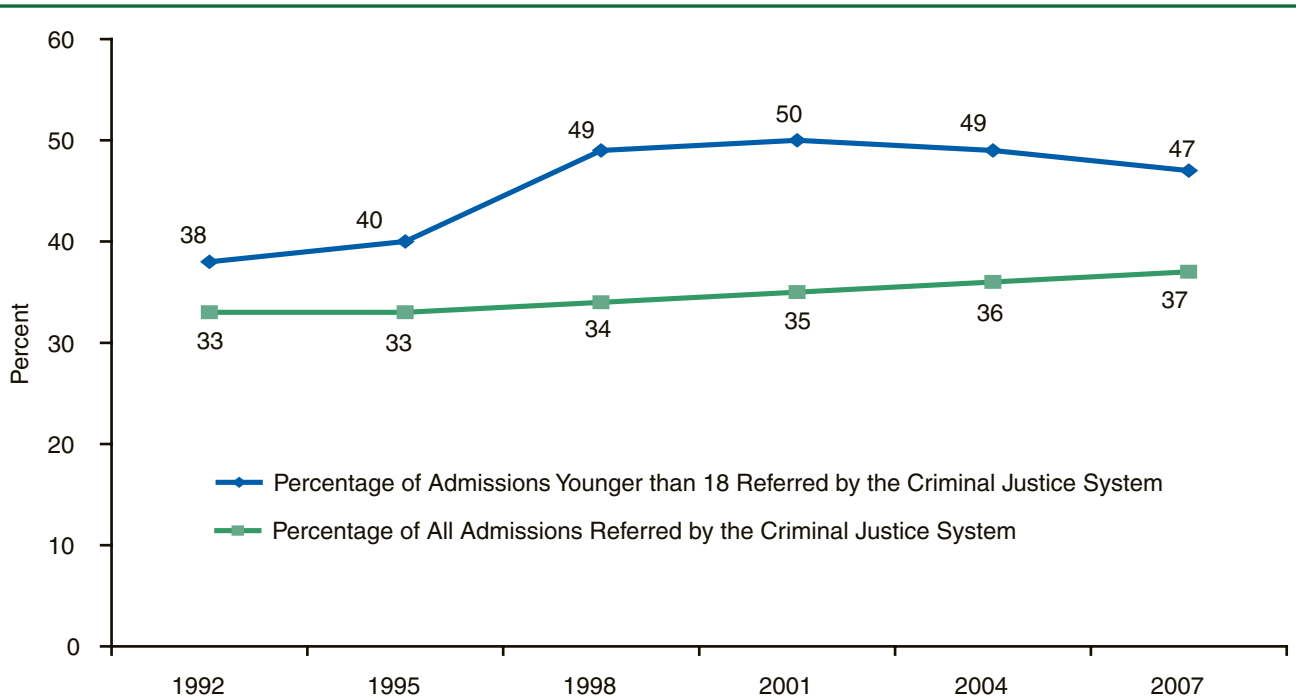
To some extent, TEDS data reflect trends in the use and abuse of alcohol and various illicit substances as individuals with specific primary substances are admitted to treatment. In this case, from 1992 to 2007 admissions referred by the criminal justice system show marked stability in the proportions admitted for primary abuse of alcohol, cocaine, or opiates but also a marked upswing in the proportions admitted for primary marijuana abuse (from 48 to 56 percent) or primary methamphetamine abuse (from 37 to 57 percent) (Figure 4).

Figure 2. Percentage of Substance Abuse Treatment Discharges, by Referral Source and Reason for Discharge: 2007



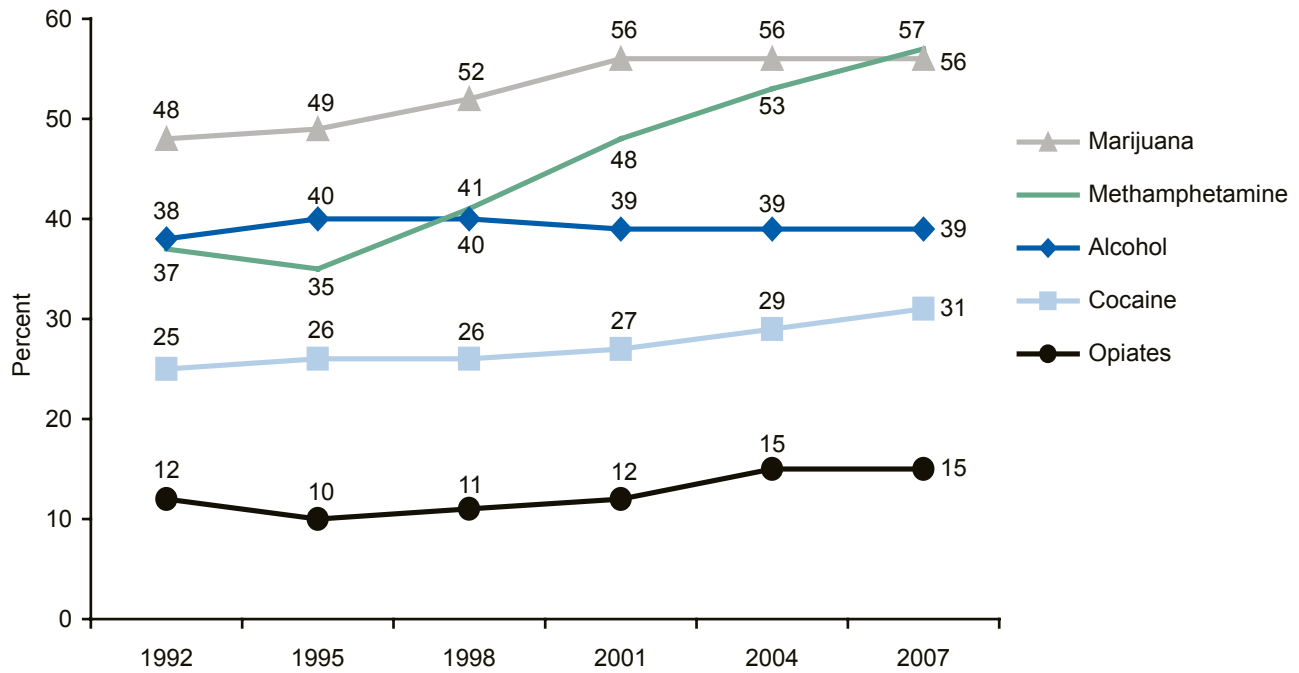
Source: 2007 SAMHSA Treatment Episode Data Set (TEDS).

Figure 3. Trends in Criminal Justice System Referral Admissions: 1992 to 2007



Source: 2007 SAMHSA Treatment Episode Data Set (TEDS).

Figure 4. Trends in Criminal Justice System Referral Admissions, by Primary Substance of Abuse: 1992 to 2007



Source: 2007 SAMHSA Treatment Episode Data Set (TEDS).

Discussion

Individuals may be referred to substance abuse treatment through the criminal justice system either as part of a diversionary program before formal adjudication or as part of a formal sentencing program. Treatment providers whose admissions derive from the criminal justice system need to understand the ancillary needs of these admissions and ensure that their programs are prepared to offer appropriate assistance. Similarly, both public policy makers and funders need to ensure that, as the proportion of such referrals grows, adequate

resources are available to meet the needs of referrals from the criminal justice system.

Suggested Citation

Substance Abuse and Mental Health Services Administration, Office of Applied Studies. (August 13, 2009). *The TEDS Report: Substance Abuse Treatment Admissions Referred by the Criminal Justice System*. Rockville, MD.

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Research Findings from SAMHSA's 2007 Treatment Episode Data Set (TEDS)

Substance Abuse Treatment Admissions Referred by the Criminal Justice System

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The Treatment Episode Data Set (TEDS) is one component of the Drug and Alcohol Services Information System (DASIS), an integrated data system maintained by the Office of Applied Studies, Substance Abuse and Mental Health Services Administration (SAMHSA). 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. TEDS received approximately 1.8 million treatment admission records from 45 States, the District of Columbia, and Puerto Rico for 2007. Discharge data for 2007 are preliminary but include approximately 1.5 million discharge records from 46 States, the District of Columbia, and Puerto Rico.

Definitions for demographic, substance use, and other measures mentioned in this report are available in the following publication: Substance Abuse and Mental Health Services Administration, Office of Applied Studies. (December 11, 2008). *The TEDS Report: TEDS Report Definitions*. Rockville, MD.

The TEDS 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 the trade name of Research Triangle Institute). **Information and data for this issue are based on admissions data reported to TEDS through October 6, 2008, and discharge data reported through November 30, 2008.**

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

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

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



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