

The TEDS Report

May 20, 2010

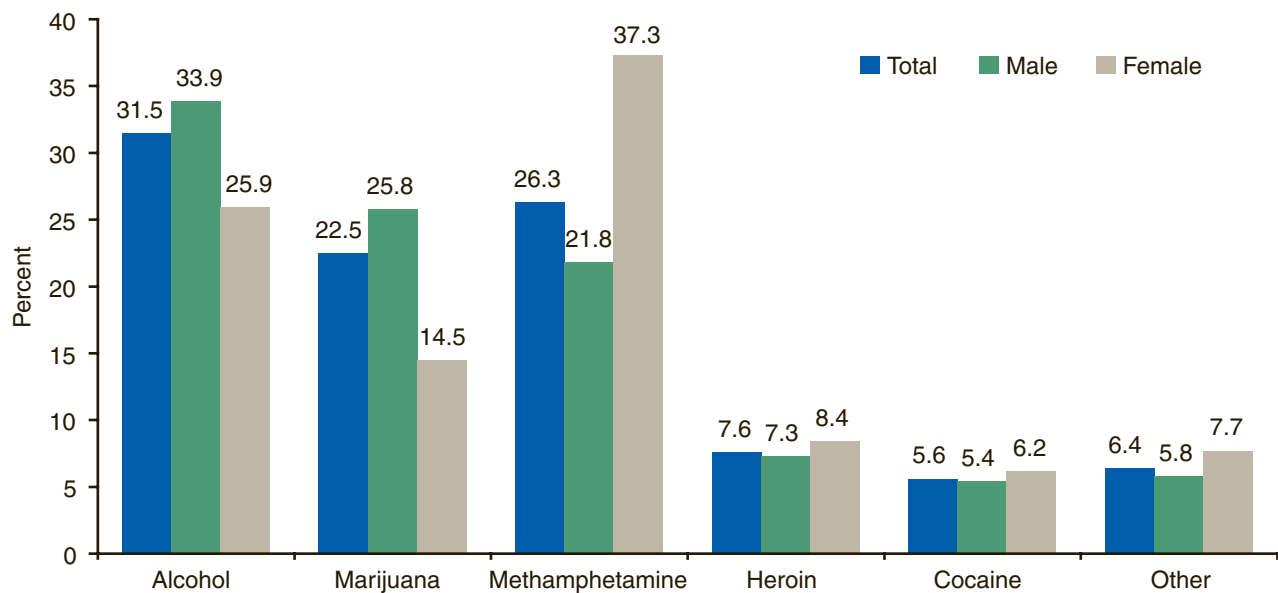
Gender Differences among Asian and Pacific Islander Treatment Admissions Aged 18 to 25

In Brief

- Among Asian or Pacific Islander treatment admissions aged 18 to 25 in 2007, more than one third of females (37.3 percent) and one fifth of males (21.8 percent) reported methamphetamine as the primary substance of abuse
- Nearly two thirds (65.0 percent) of young adult Asian/Pacific Islander male admissions were referred to treatment by the criminal justice system, as were more than two fifths (44.3 percent) of their female counterparts
- Overall, more than one third (39.2 percent) of young adult Asian admissions had been in treatment at least once before, including 38.1 percent of males and 42.1 percent of females

Understanding the specific substance use behaviors and other characteristics of racial/ethnic minority groups is of particular importance as the proportion of these populations within the United States continues to increase. The number of non-Hispanic Asians, Native Hawaiians, and other Pacific Islanders (hereafter referred to as “Asians”) in the United States increased from about 11.2 million in 2000 to 14.1 million in 2008.¹ Moreover, the Asian population is projected to grow from approximately 5.6 percent of the total population in 2010 to approximately 7.5 percent by 2025, and to approximately 11.2 percent by 2050.²

Although Asians accounted for only about 1 percent of substance abuse treatment admissions to publicly funded treatment programs in 2007,³ that proportion is expected to increase as the Asian population in the United States increases. Asian adults aged 18 to 25 are of particular interest. According to combined data from the 2007 and 2008 National Surveys on Drug Use and Health

Figure 1. Primary Substance of Abuse among Asian or Pacific Islander Treatment Admissions Aged 18 to 25, by Gender: 2007

Note: Percentages may not sum to 100 percent due to rounding.
Source: SAMHSA Treatment Episode Data Set (TEDS), 2007.

(NSDUHs), among Asians, adults between the ages of 18 and 25 have the highest rates of past month illicit drug use (9.1 percent) and past month binge alcohol use (25.7 percent) compared with other age groups.⁴

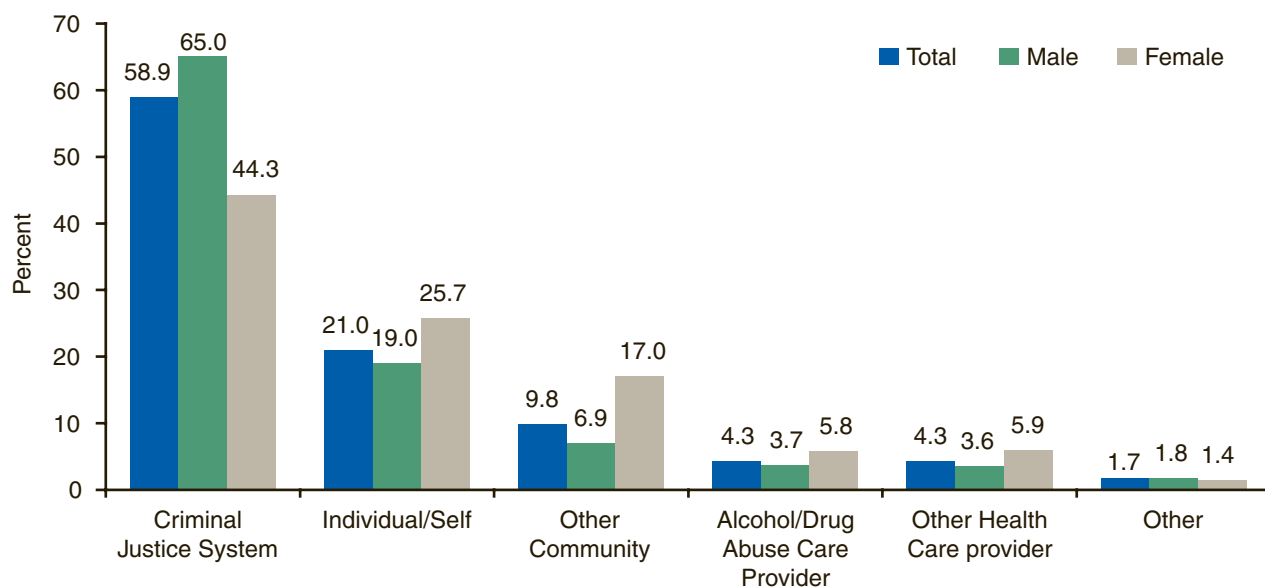
Data from the Treatment Episode Data Set (TEDS) for 2007 can be used to examine Asian or Pacific Islander substance abuse treatment admissions aged 18 to 25 (hereafter referred to as “young adult Asian admissions”). This report focuses on gender differences among this population. Of the approximately 4,100 young adult Asian admissions in 2007, about 2,900 (70.6 percent) were male, and 1,200 (29.4 percent) were female.

Primary Substances of Abuse

Among young adult Asian admissions, alcohol was the most common primary substance of abuse reported by males, and methamphetamine was the most common primary substance of abuse reported by females. Males were more likely than females to have reported primary alcohol abuse (33.9 vs. 25.9 percent) or primary marijuana abuse (25.8 vs. 14.5 percent) (Figure 1). However, young adult Asian female admissions were more likely than their male counterparts to have reported primary methamphetamine abuse (37.3 vs. 21.8 percent).

Among all young adult female admissions, Asians were more likely to have reported primary methamphetamine abuse than non-Hispanic Whites, non-Hispanic Blacks, and Hispanics (37.3 vs. 13.2, 2.8, and 28.7 percent, respectively). Similarly, young adult Asian males were more likely than their non-Hispanic White, non-Hispanic Black, and Hispanic counterparts to have reported methamphetamine as a primary substance (21.8 vs. 5.7, 1.1, and 13.2 percent, respectively).

Figure 2. Principal Source of Referral among Asian or Pacific Islander Substance Abuse Treatment Admissions Aged 18 to 25, by Gender: 2007



Note: Percentages may not sum to 100 percent due to rounding.
 Source: SAMHSA Treatment Episode Data Set (TEDS), 2007.

Principal Source of Referral

For both genders, the most common source of referral among young adult Asian admissions was the criminal justice system, although males were more likely than females to be referred from that source (65.0 vs. 44.3 percent) (Figure 2). Among young adult Asian admissions, females were more likely than males to be referred by community organizations (17.0 vs. 6.9 percent) or to be self or individually referred (25.7 vs. 19.0 percent).

Type of Service and Number of Prior Treatment Admissions

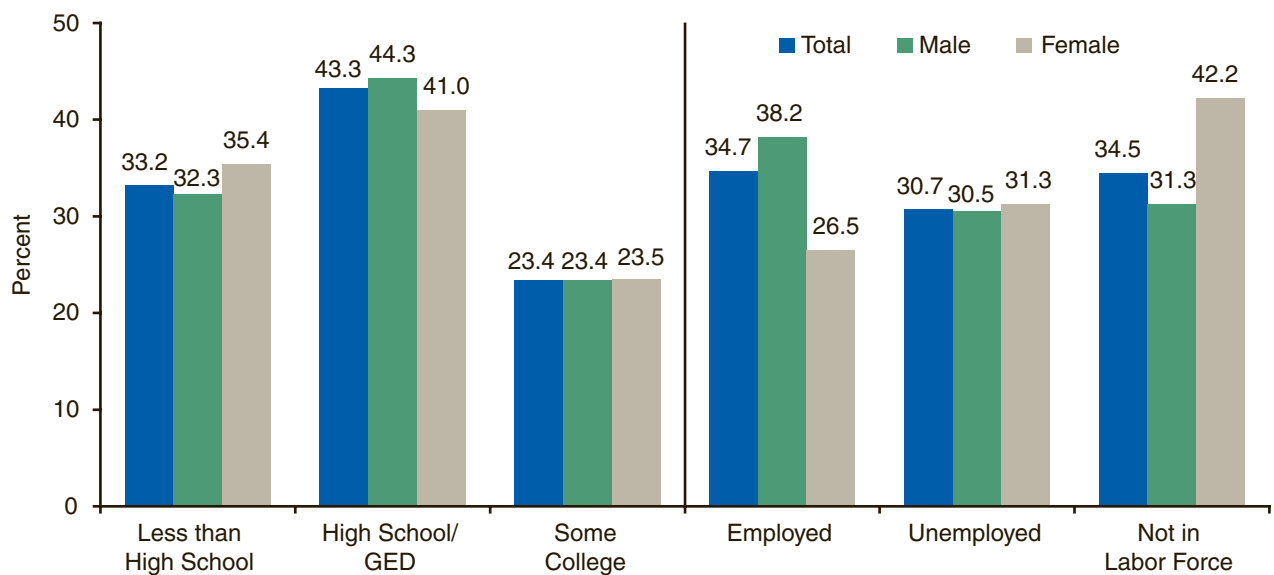
Among young adult Asian admissions, similar proportions of both males and females received short-term rehabilitation/residential treatment (4.9 vs. 5.4 percent) or detoxification (13.1 vs. 11.5 percent). However, male admissions were more likely to receive ambulatory, nonintensive outpatient treatment (55.4 vs. 48.2 percent), while females were more likely to receive ambulatory, intensive outpatient treatment (19.6 vs. 15.5 percent) or long-term rehabilitation/residential treatment (15.0 vs. 11.1 percent).

When examining the number of prior treatment admissions among young adult Asian admissions, there was little difference by gender. Overall, more than one third (39.2 percent) of young adult Asian admissions had been in treatment at least once before, including 38.1 percent of males and 42.1 percent of females.

Education and Employment

The educational level of young adult Asian admissions was similar among males and females. About one third had less than a high school education (32.3 percent males vs. 35.4 percent females) and nearly one fourth had some college (23.4 percent males vs.

Figure 3. Education and Employment Status among Asian or Pacific Islander Substance Abuse Treatment Admissions Aged 18 to 25, by Gender: 2007



Note: Percentages may not sum to 100 percent due to rounding.
 Source: SAMHSA Treatment Episode Data Set (TEDS), 2007.

23.5 percent females) (Figure 3). Almost one third of male and female young adult Asian admissions were unemployed (30.5 percent males and 31.3 percent females). However, males were more likely than females to be employed (38.2 vs. 26.5 percent) and were less likely to not be in the labor force (31.3 vs. 42.2 percent).

Health Insurance

The majority of young adult Asian admissions had no health insurance including nearly two thirds (64.2 percent) of males and nearly half (49.3 percent) of females (Figure 4).⁵ Female admissions were more than twice as likely as male admissions to have had Medicaid coverage (35.2 vs.

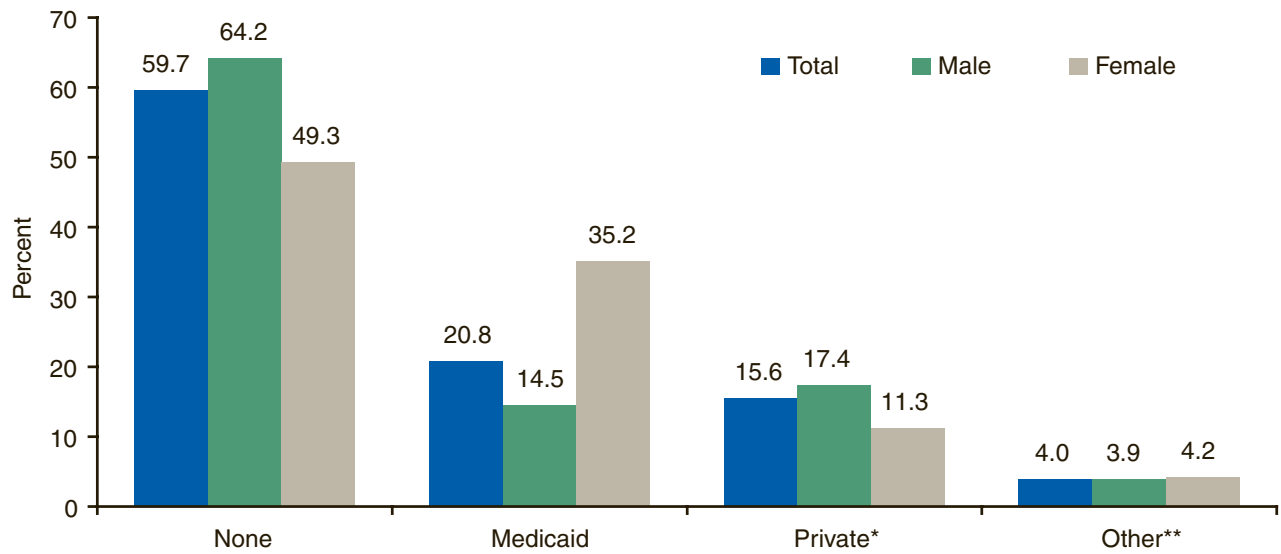
14.5 percent), while males were more likely than females to have had some type of private health insurance (17.4 percent vs. 11.3 percent).

Discussion

In order to provide the most effective treatment, it is important that prevention experts and treatment providers understand the specific characteristics associated with Asians between the ages of 18 and 25 and be prepared to meet those needs in culturally appropriate and gender-specific ways. In particular, treatment providers need to be aware that more than one third of young adult Asian female admissions and more than one fifth of young adult Asian male

admissions reported primary methamphetamine abuse—a higher proportion than reported among non-Hispanic Whites, non-Hispanic Blacks, and Hispanics. Methamphetamine is a highly addictive stimulant that can cause a variety of health problems.⁶ Given the serious health implications associated with methamphetamine abuse, service providers need to be prepared to meet the physical health needs of these young adults and provide ongoing support and ancillary services needed to sustain recovery.

Figure 4. Health Insurance among Asian or Pacific Islander Substance Abuse Treatment Admissions Aged 18 to 25, by Gender: 2007



* "Private" includes Blue Cross/Blue Shield, health maintenance organizations (HMOs), and other types of private health insurance.
 ** "Other" includes Medicare and other health insurance sources such as TRICARE and CHAMPUS.
 Note: Percentages may not sum to 100 percent due to rounding.
 Source: SAMHSA Treatment Episode Data Set (TEDS), 2007.

End Notes

¹ The 2000 estimated Asian population of the United States comprises 10.7 million persons who are Asian alone and 0.5 million who are Native Hawaiian or Other Pacific Islander alone. The 2008 estimated Asian population of the United States comprises 13.5 million persons who are Asian alone and 0.6 million who are Native Hawaiian or Other Pacific Islander alone. Please see the following resources: Population Division, U.S. Census Bureau. (2009, May 14). *Table 4: Annual estimates of the Asian alone resident population by sex and age for the United States: April 1, 2000 to July 1, 2009* (NC-EST2008-04-AA). Washington, DC: Author. [Available at <http://www.census.gov/popest/national/asrh/NC-EST2008-asrh.html>] Population Division, U.S. Census Bureau. (2009, May 14). *Table 4: Annual estimates of the Native Hawaiian and Other Pacific Islander alone resident population by sex and age for the United States: April 1, 2000 to July 1, 2009* (NC-EST2008-04-NA). Washington, DC: Author. [Available at <http://www.census.gov/popest/national/asrh/NC-EST2008-asrh.html>]

² The 2010 projected population of the United States is 5.4 percent Asian alone and 0.2 percent Native Hawaiian or Other Pacific Islander alone. The 2025 projected population of the United States is 7.3 percent Asian alone and 0.2 percent Native Hawaiian or Other Pacific Islander alone. The 2050 projected population of the United States is 10.9 percent Asian alone and 0.3 percent Native Hawaiian or Other Pacific Islander alone. Population Division, U.S. Census Bureau. (2008, August 14). *Table 5. Percent distribution of the projected population by sex, race and Hispanic origin for the United States: 2010 to 2050* (NP2008-T5). Washington, DC: Author. [Available at <http://www.census.gov/population/www/projections/summarytables.html>]

³ *Treatment Episode Data Set (TEDS)* [Data file]. Rockville, MD: Substance Abuse and Mental Health Services Administration, Office of Applied Studies. Data for 2007 based on data received through October 6, 2008.

⁴ Substance Abuse and Mental Health Services Administration, Office of Applied Studies. (2009). [2007 and 2008 NSDUH data on substance use, treatment need, and receipt of treatment, by the total population and Asians among persons aged 18 or older]. Unpublished raw data [e-mailed to J. M. Greene, RTI International, November 10, 2009].

⁵ *Health insurance* is a Supplemental Data Set item. The 30 States and jurisdictions in which health insurance was reported for at least 75 percent of all admissions in 2007—AR, AZ, CO, DE, HI, ID, IL, IN, KS, KY, LA, MA, MD, ME, MT, ND, NE, NH, NJ, NM, NV, OK, OR, PA, PR, SC, SD, TX, UT, and WY—accounted for 44.7 percent of all substance abuse treatment admissions in 2007.

⁶ National Institute on Drug Abuse (NIDA). (2009, July). *NIDA InfoFacts: Methamphetamine*. Retrieved February 16, 2010, from <http://www.drugabuse.gov/Infofacts/methamphetamine.html>

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

Gender Differences among Asian and Pacific Islander Treatment Admissions Aged 18 to 25

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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. 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 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.

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 data reported to TEDS through October 6, 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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