

# The TEDS Report

June 24, 2010

## Gender Differences among American Indian Treatment Admissions Aged 18 to 25

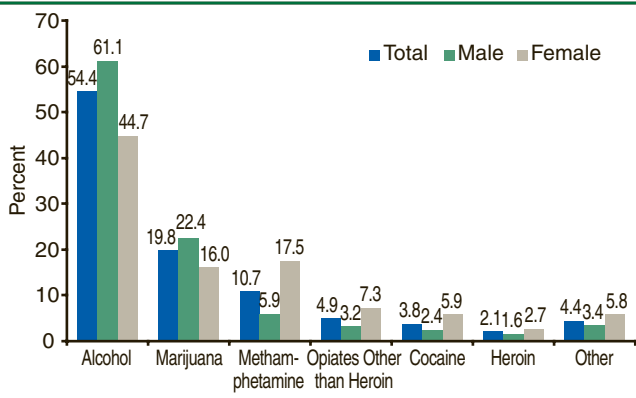
### In Brief

- Among American Indian substance abuse treatment admissions aged 18 to 25 in 2007, males were more likely than females to report alcohol (61.1 vs. 44.7 percent) or marijuana (22.4 vs. 16.0 percent) as the primary substance of abuse; however, young adult female American Indian admissions were almost three times more likely than their male counterparts to report primary methamphetamine abuse (17.5 vs. 5.9 percent)
- Over half of young adult American Indian male and female admissions (54.7 percent each) had been in treatment at least once before
- Among young adult American Indian admissions, only about one third (34.1 percent) of males and less than one fifth (19.3 percent) of females were employed

Substance abuse disorders disproportionately affect minority populations, making it important to understand the specific characteristics and substance use behaviors of these groups. Among American Indian communities, substance abuse is a serious health and social problem, especially among youth and young adults. Of the approximately 1.8 million substance abuse treatment admissions in 2007, 2.2 percent or about 40,000 were American Indian. Of these, 21.5 percent were young adults between the ages of 18 and 25.<sup>1</sup> Because young adult American Indians are transitioning from adolescence to adulthood and establishing important social, economic, and community relationships, understanding the characteristics and substance use behaviors of those in substance abuse treatment may assist in the development of more effective treatment and prevention options.

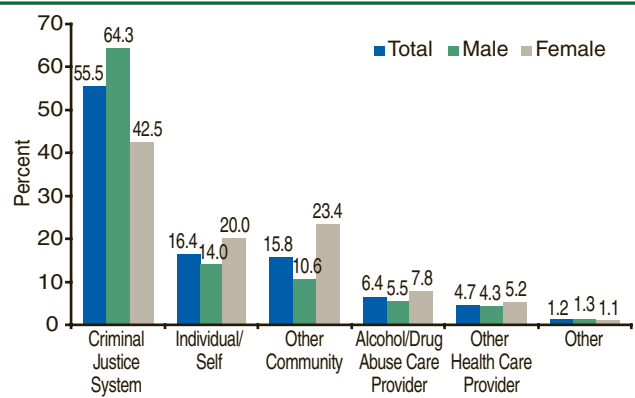
Data from the Treatment Episode Data Set (TEDS) for 2007 can be used to examine American Indian substance abuse treatment admissions aged 18 to 25 (hereafter referred to as “young adult American Indian admissions”). This report focuses on gender differences among this population. Of the approximately 8,600 young adult American Indian admissions in 2007, about 59.1 percent or 5,100 were male, and 40.9 percent or 3,500 were female.

**Figure 1. Primary Substance of Abuse among American Indian 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.

**Figure 2. Principal Source of Referral among American Indian Substance Abuse Treatment Admissions Aged 18 to 25, by Gender: 2007**



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## Primary Substance of Abuse

Alcohol was the most common primary substance of abuse reported among young adult American Indian admissions for both genders, with males more likely than females to have reported it as a primary substance of abuse (61.1 vs. 44.7 percent) (Figure 1). Male admissions were also more likely than female admissions to report primary marijuana abuse (22.4 vs. 16.0 percent). Female admissions, however, were almost three times more likely than their male counterparts to report methamphetamine as the primary substance of abuse (17.5 vs. 5.9 percent). In addition, primary methamphetamine abuse was more common among young adult American Indian female admissions than among non-Hispanic White (13.2 percent) or non-Hispanic Black (2.8 percent) female admissions of the same age. Young adult American Indian female admissions were also more than twice as likely as their male counterparts to report primary abuse of opiates other than heroin (7.3 vs. 3.2 percent) or cocaine (5.9 vs. 2.4 percent).

## Principal Source of Referral

Among young adult American Indian admissions, the most common source

of referral for both genders was the criminal justice system, with males more likely than females to be referred from that source (64.3 vs. 42.5 percent) (Figure 2). Female admissions were more likely than male admissions to be referred by other community organizations (23.4 vs. 10.6 percent) or to be self- or individually referred (20.0 vs. 14.0 percent).

## Type of Service and Number of Prior Treatment Episodes

There were few gender differences in the types of treatment received by young adult American Indian admissions. Similar proportions of both male and female admissions received ambulatory, nonintensive outpatient treatment (48.0 vs. 45.7 percent), ambulatory, intensive outpatient treatment (17.2 vs. 15.9 percent), short-term rehabilitation/residential treatment (11.7 vs. 13.4 percent), and detoxification (13.3 vs. 10.5 percent). There was more of a gender difference in the receipt of long-term rehabilitation/residential treatment. A higher proportion of young adult American Indian female admissions than male admissions received long-term rehabilitation/residential treatment (13.6 vs. 9.1 percent).

When examined by gender, the number of prior treatment episodes also did not differ among young adult American Indian admissions. Over half of both male and female admissions (54.7 percent each) had been in treatment at least once before.

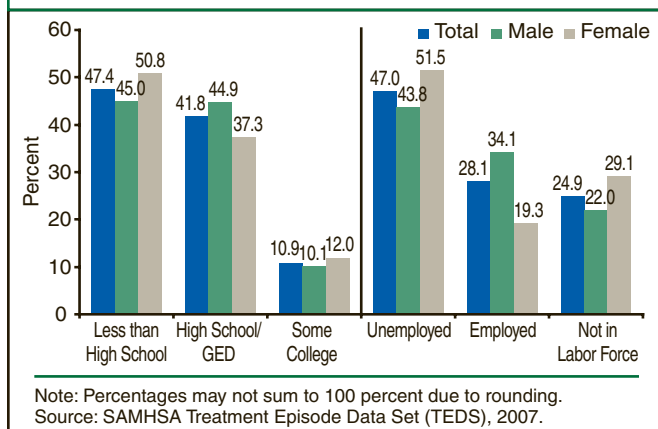
## Education, Employment, and Marital Status

A relatively small proportion of young adult American Indian admissions had some college education (males—10.1 percent vs. females—12.0 percent) (Figure 3). Half (50.8 percent) of female admissions and about two fifths (45.0 percent) of male admissions had less than a high school education.

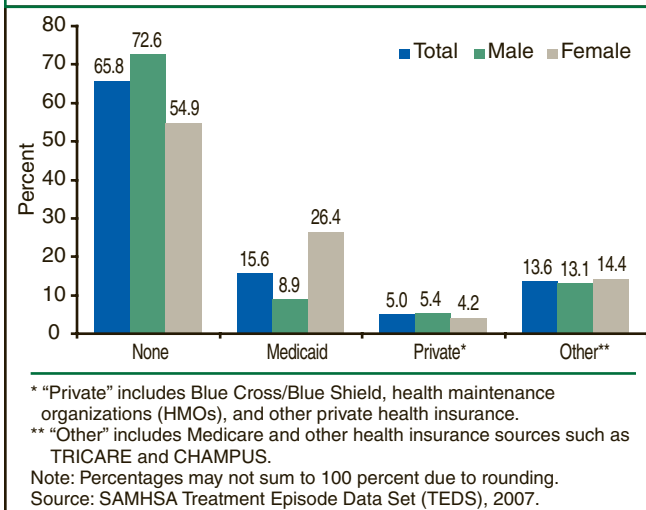
Most young adult American Indian admissions were either unemployed or not in the labor force regardless of gender. Only about one third (34.1 percent) of male admissions and less than one fifth (19.3 percent) of female admissions were employed.

Similarly, among American Indian admissions, most young adults were never married, although the proportion was higher among males than females (86.2 vs. 81.1 percent).<sup>2</sup> About 1 in 10 young adult American Indian admissions were married (males—10.8 percent vs. females—12.4 percent). Although the proportions were small, female admissions were twice as likely

**Figure 3. Education and Employment Status among American Indian Substance Abuse Treatment Admissions Aged 18 to 25, by Gender: 2007**



**Figure 4. Health Insurance among American Indian Substance Abuse Treatment Admissions Aged 18 to 25, by Gender: 2007**



as male admissions to be separated, divorced, or widowed at the time of admission (6.5 vs. 3.1 percent).

### Health Insurance

Among young adult American Indian admissions, nearly three quarters (72.6 percent) of males and over half (54.9 percent) of females had no health insurance (Figure 4).<sup>3</sup> Female admissions were nearly three times more likely than male admissions to have Medicaid coverage (26.4 vs. 8.9 percent). Similar proportions of male and female admissions had some type of private health insurance (5.4 vs. 4.2 percent).

### Co-occurring Disorder

Gender differences also were found in the prevalence of co-occurring mental health and substance use disorders. Among young adult American Indian admissions, females were more likely than males to report a co-occurring psychiatric disorder (25.3 vs. 16.3 percent).<sup>4</sup>

### Discussion

Substance abuse has long been recognized as a serious health and social problem facing American Indian

communities.<sup>5</sup> In order to provide the most effective interventions, prevention experts and treatment providers should understand the specific characteristics associated with American Indians between the ages of 18 and 25 and be prepared to meet those needs in culturally appropriate and gender-specific ways. For example, treatment providers need to be aware that while alcohol was the most common primary substance of abuse among both genders, almost one fifth of young adult American Indian female admissions reported primary methamphetamine abuse. Because methamphetamine abuse can have devastating individual and societal consequences, service providers need to be prepared to meet the mental and physical health and other ancillary needs of these young women. In addition, about half of young adult American Indian admissions had less than a high school education and most were either unemployed or not in the labor force, and over half had been in treatment at least once before. These findings suggest that young adult American Indians in treatment are in need of employment support services and job training, as well as on-going and culturally appropriate follow-up services to promote long-term recovery.

### End Notes

- <sup>1</sup> *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.
- <sup>2</sup> *Marital status* is a Supplemental Data Set item. The 39 States and jurisdictions in which it was reported for at least 75 percent of all admissions in 2007—AR, CO, DC, DE, FL, HI, IA, ID, IL, IN, KS, KY, LA, MA, MD, ME, MI, MN, MO, NC, ND, NE, NH, NJ, NM, NV, OH, OK, OR, PA, PR, RI, SC, SD, TN, TX, UT, WA, WY—accounted for 63 percent of all substance abuse treatment admissions in 2007.
- <sup>3</sup> *Health insurance* is a Supplemental Data Set item. The 30 States and jurisdictions in which it 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, WY—accounted for 45 percent of all substance abuse treatment admissions in 2007.
- <sup>4</sup> *Psychiatric problem in addition to alcohol or drug problem* is a Supplemental Data Set item. The 29 States and jurisdictions in which it was reported for at least 75 percent of all admissions in 2007—AR, CA, CO, DE, FL, IA, ID, IL, KS, KY, LA, MA, MD, ME, MI, MO, NC, ND, NE, NM, OH, OK, PR, RI, SC, SD, TN, UT, WY—accounted for 54 percent of all substance abuse treatment admissions in 2007.
- <sup>5</sup> National Congress of American Indians. (2000). *Resolution #STP-00-027. To Support and Recognize National Indian Advisory Board on Alcohol Substance Abuse*. Retrieved March 11, 2010, from <http://www.ncai.org/ncai/advocacy/hr/docs/027.htm>

### Suggested Citation

Substance Abuse and Mental Health Services Administration, Office of Applied Studies. (June 24, 2010). *The TEDS Report: Gender Differences among American Indian Treatment Admissions Aged 18 to 25*. Rockville, MD.

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

### Gender Differences among American Indian 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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