

The DASIS Report

August 8, 2003

Characteristics of Homeless Admissions to Substance Abuse Treatment: 2000

In 2000, more than 120,000 admissions to substance abuse treatment facilities were homeless at time of admission. These admissions comprised

10 percent of admissions for whom living arrangements were recorded, a proportion which has remained consistent since 1997.

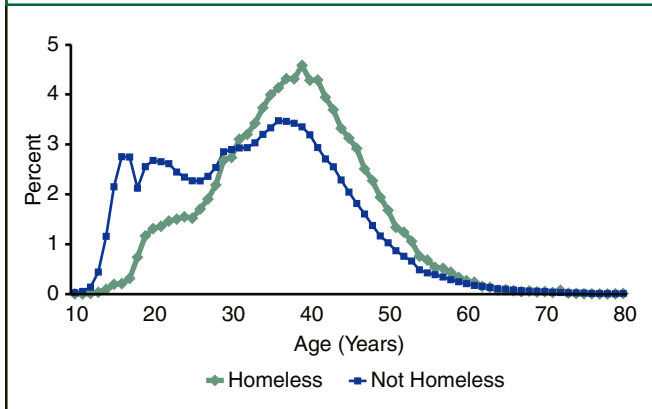
Admissions to substance abuse treatment facilities are tracked in the Treatment Episode Data Set (TEDS). TEDS is an annual compilation of data on the demographic characteristics and substance abuse problems of those admitted for substance abuse treatment. The information comes primarily from facilities that receive some public funding. TEDS records represent admissions rather than individuals, as a person may be admitted to treatment more than once.

TEDS includes a Minimum Data Set collected by all States and a Supplemental Data Set collected by some States. Living arrangement is a Supplemental Data Set item. Only data on admissions for the 41 States with a response rate of 75 percent or higher on this data element in 2000 were used for this report.¹

In Brief

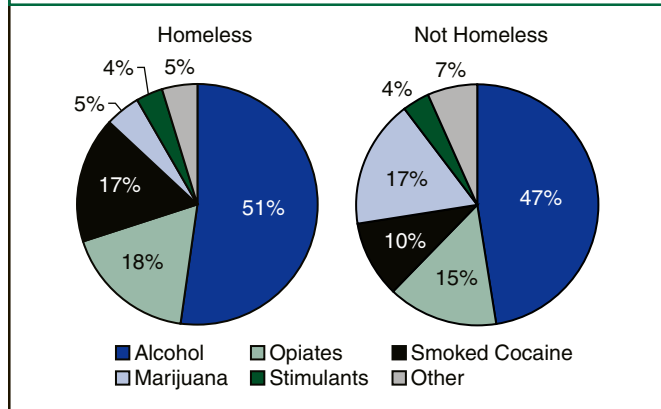
- Homeless admissions were older than admissions who were not homeless
- Alcohol was the primary substance of abuse for a majority of homeless admissions (51 percent), followed by opiates (18 percent) and smoked cocaine (17 percent)
- Homeless admissions were more likely than admissions who were not homeless to refer themselves for treatment (43 vs. 30 percent)

Figure 1. Age at Admission, by Homeless Status: 2000



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

Figure 2. Primary Substance of Abuse, by Homeless Status: 2000



Demographic Characteristics

Homeless admissions were older than admissions who were not homeless (Figure 1). The average age of homeless admissions was 38 compared with 33 for those admissions not homeless. The proportion of homeless admissions over age 45 was 23 percent compared with 15 percent of those not homeless.

Three-quarters (76 percent) of homeless admissions were male, a larger proportion than among admissions who were not homeless (70 percent). Homeless admissions were also more likely to be veterans than those who were not homeless (10 vs. 6 percent) in the 27 States reporting both living arrangement and veteran status.²

Homeless admissions were 53 percent White and 30 percent Black, whereas admissions who were not homeless were 59 percent White and 24 percent Black. There were no differences among other racial/ethnic groups.

Primary Substance

Alcohol was the primary substance of abuse for more than half (51 percent) of homeless admissions, compared with 47 percent of admissions who were not homeless (Figure 2). Homeless admissions were also more likely to be admitted for smoked cocaine abuse than those who were not homeless (17 vs. 10 percent), but, being an older population, were less likely to be admitted for marijuana abuse (5 vs. 17 percent).

However, there were large differences in the distribution of primary substance of abuse by race/ethnicity among homeless admissions (Table 1). Alcohol was most frequently reported as the primary substance of abuse for homeless admissions in all racial/ethnic groups except Blacks. Alcohol, in fact, accounted for 80 percent of American Indian/Alaska Native admissions. For homeless Black admissions, however, smoked cocaine and alcohol were equal, at 37 percent, as primary substance. Homeless Hispanic admissions exceeded other racial/ethnic groups in the abuse of opiates at 33 percent, while homeless Asian and Pacific Islander admissions ex-

ceeded other racial/ethnic groups in the abuse of stimulants, at 21 percent.

The largest differences between homeless admissions and admissions who were not homeless in regard to primary substance of abuse were found among Blacks and among American Indians/Alaska Natives. More than one-third (37 percent) of homeless Blacks abused smoked cocaine compared with less than one-quarter (23 percent) of Blacks who were not homeless. Four-fifths of homeless American Indians/Alaska Natives (80 percent) abused alcohol compared with two-thirds (67 percent) of those not homeless.

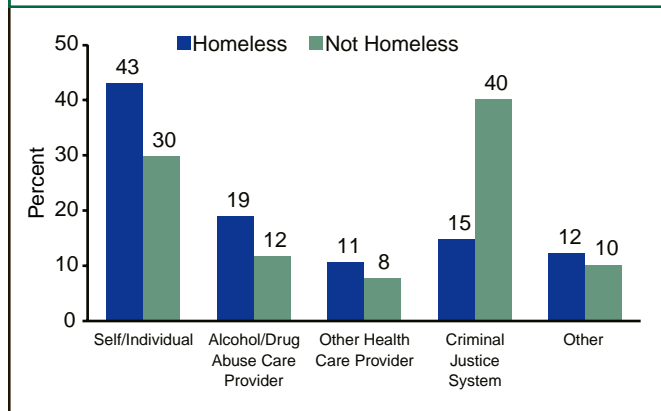
Co-Occurring Disorders

Co-occurring disorders refer to the co-occurrence of a substance abuse problem and a psychiatric disorder. In States reporting on both living arrangements and psychiatric problems, almost one-quarter (23 percent) of homeless admissions had co-occurring disorders compared with one-fifth (20 percent) of admissions who were not homeless.³

Table 1. Homeless Admissions, by Race/Ethnicity and Primary Substance of Abuse: 2000

	White	Black	Hispanic	AI/AN*	API**	Other
	<i>Percent of Homeless Admissions</i>					
Alcohol	61	37	48	80	45	41
Smoked Cocaine	8	37	9	4	9	27
Marijuana	4	6	4	4	9	6
Opiates	17	15	33	7	13	17
Stimulants	6	0	1	3	21	4
Other	4	5	5	2	3	5
Total	100	100	100	100	100	100

Figure 3. Sources of Referral for Admissions, by Homeless Status: 2000



Source of Referral

Homeless admissions were more likely to seek treatment themselves than those who were not homeless (43 vs. 30 percent), while they were much less likely to be referred by the criminal justice system (15 vs. 40 percent) (Figure 3).

Prior Treatment

Homeless admissions were more likely than admissions who were not homeless to have been in treatment previously (72 vs. 54 percent).

Table 2. Treatment Setting, by Homeless Status: 2000

	Homeless	Not Homeless
	<i>Percent of Admissions</i>	
Detoxification (24-hour service)	45	14
Residential Rehabilitation	27	16
Outpatient	28	70

Treatment Setting

Homeless admissions were more likely than admissions who were not homeless to receive detoxification (45 vs. 14 percent) or residential rehabilitation (27 vs. 16 percent) services (Table 2). They were less likely to receive outpatient services (28 vs. 70 percent).

End Notes

¹ The "living arrangements" data element in the TEDS Supplemental Data Set encompasses "dependent living" and "independent living" in addition to "homeless." The 41 States reporting on this data element in 2000 were: AL, AK, AZ, CO, DE, FL, GA, HI, ID, IL, IN, IA, KS, KY, LA, ME, MD, MA, MI, MN, MS, MO, NE, NV, NH, NJ, NY, NC, ND, OH, OK, OR, RI, SC, SD, TN, TX, UT, VT, VA, and WA.

² The "veteran status" data element is in the TEDS Supplemental Data Set. These 27 States reported both the "living arrangements" and the "veteran status" data elements at a 75 percent response level: AL, AK, CO, DE, GA, HI, ID, IN, IA, KS, KY, LA, ME, MA, MI, MN, MS, MO, NV, NY, ND, OH, OK, SC, SD, TN, and WA.

³ The "psychiatric problem" data element is in the TEDS Supplemental Data Set. These 26 States reported both the "living arrangements" and "psychiatric problem" data elements at a 75 percent response level: AL, CO, DE, GA, ID, IA, KS, KY, LA, ME, MD, MA, MI, MS, MO, NV, NH, NJ, NY, NC, ND, OH, OK, RI, SC, and TN.

Table Notes

*AI/AN = American Indian Alaska Native;
**API = Asian and Pacific Islander

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 1.6 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.samhsa.gov/oas/dasis.htm>
 Access the latest TEDS public use files at: <http://www.samhsa.gov/oas/SAMHDA.htm>
 Other substance abuse reports are available at: <http://www.DrugAbuseStatistics.samhsa.gov>



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