

The DASIS Report

June 13, 2003

Planned Methadone Treatment for Heroin Admissions

In Brief

- Methadone treatment was planned for 40 percent of all heroin admissions
- Heroin admissions with planned methadone treatment were twice as likely as admissions with no planned methadone treatment to be employed full time (25 vs. 12 percent)
- Heroin admissions with planned methadone treatment were more likely to have been referred by an individual than heroin admissions with no planned methadone treatment (84 vs. 51 percent)

Heroin was the leading illicit drug among treatment admissions in 2000, accounting for 243,500 (15 percent) of the 1.6 million admissions in the Treatment Episode Data Set (TEDS). It also accounted for 90 percent of TEDS admissions with opiates as a primary substance of abuse.¹ Methadone is an opioid agonist medication used to treat opiate addiction.² An opioid agonist reduces the craving for heroin by blocking the receptor sites that are affected by heroin. This report compares heroin admissions where methadone treatment was planned with the 60 percent of heroin admissions where methadone treatment was not planned.³

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.

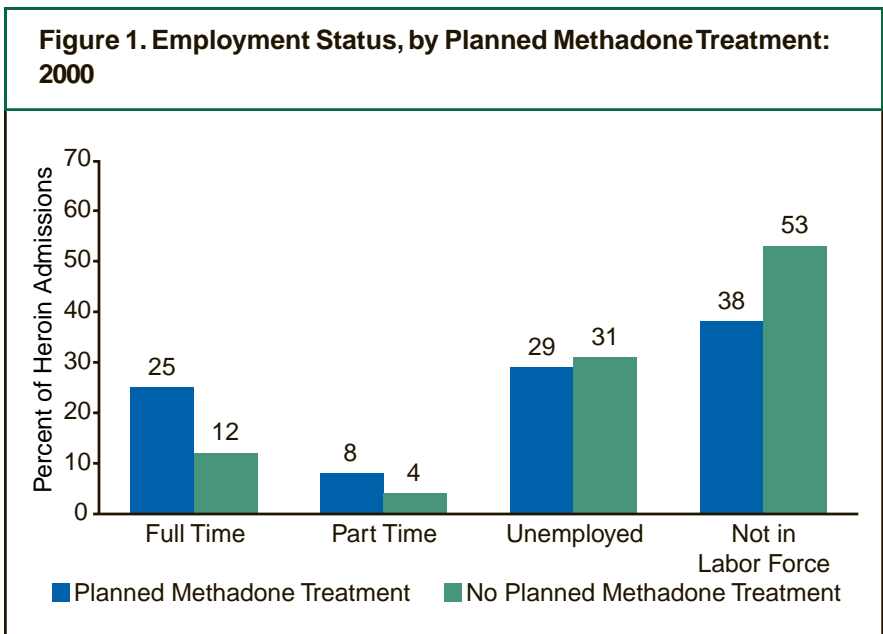
Age at Admission and Sex

The average age of heroin admissions where methadone treatment was planned was older than for admissions where methadone treatment was not planned (39 vs. 34 years old). The sex distribution was similar for admissions where methadone treatment was planned and where it was not planned: two-thirds male (about 67 percent) and one-third female (about 33 percent).

Race/Ethnicity

The racial/ethnic distribution of admissions with planned methadone treatment was 43 percent White, 22 percent Black, 30 percent Hispanic, and 5 percent Other. In contrast, the racial/ethnic distribution of admissions with no planned methadone treatment was 48 percent White, 26 percent Black, 22 percent Hispanic, and 4 percent Other.

Nearly half of all Hispanic heroin admissions had methadone use as part of their treatment plan (47 percent). Slightly more than a third of White and Black heroin admissions had planned methadone treatment (37 and 36 percent, respectively).



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

Employment Status

Heroin admissions with planned methadone treatment were twice as likely to work full time as admissions without planned methadone treatment (25 vs. 12 percent), were twice as likely to work part time (8 vs. 4 percent), and were more likely to be in the labor force (62 vs. 47 percent) (Figure 1).

Source of Referral

Individual referrals were higher for admissions with planned methadone treatment than for admissions with no planned methadone treatment (84 vs. 51 percent) (Table 1). In contrast, the proportion of criminal justice referrals was lower for admissions with planned methadone treatment than for admissions with no planned methadone treatment (3 vs. 19 percent). Alcohol/drug use provider referrals (7 vs. 16 percent), other community

referrals (2 vs. 7 percent), and other health care referrals (3 vs. 6 percent) were also lower among admissions with planned methadone treatment than among admissions with no planned methadone treatment.

Route of Administration

Heroin admissions with planned methadone treatment were more likely to report injection as the route for heroin administration (70 percent) than heroin admissions with no planned methadone treatment (59 percent). Conversely, heroin admissions with no planned methadone treatment were more likely than those with planned methadone treatment to report inhalation as their usual route of administration (35 vs. 25 percent) (Figure 2).

Differences Among States

The planned use of methadone to treat heroin addiction varied by State. The nine States with the highest proportion of planned methadone treatment among admissions with heroin as the primary substance of abuse were: California (74 percent), Colorado (68 percent), Indiana (67 percent), Hawaii (57 percent), Iowa (54 percent), Ohio (51 percent), Alaska (48 percent), North Carolina (44 percent), and New Jersey (43 percent).⁴

End Notes

¹ "Opiates" include heroin, non-prescription use of methadone, codeine, Dilaudid, morphine, Demerol, opium, oxycodone, and any other drug with morphine-like effects.

² The use of methadone treatment is regulated by SAMHSA under 42 CFR Part 8, as administered by the Center for Substance Abuse Treatment.

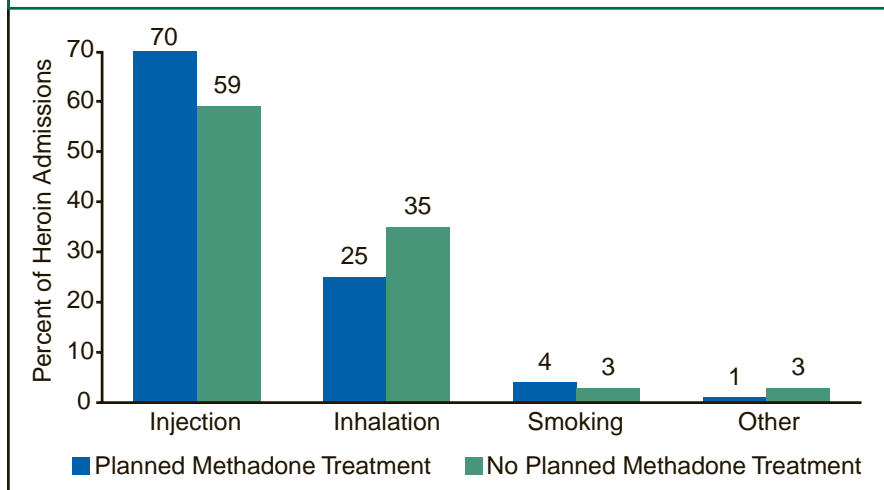
³ TEDS collects data on whether, at the time of admission, methadone use was planned as part of treatment. Data to confirm that the plan was implemented and methadone was used are not available.

⁴ According to the American Association for the Treatment of Opioid Dependence, methadone treatment is not available in six states: Idaho, Mississippi, Montana, North Dakota, South Dakota, and Wyoming.

Table 1. Sources of Referral for Heroin Admissions, by Planned Methadone Treatment: 2000

Sources of Referral	Percent	
	Planned Methadone Treatment	No Planned Methadone Treatment
Individual	84	51
Alcohol/Drug Abuse Provider	7	16
Criminal Justice	3	19
Other Health Care Referral	3	6
Other Community Referral	2	7
Other	1	1

Figure 2. Route of Administration, by Planned Methadone Treatment: 2000



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>

