

# The TEDS Report

February 12, 2009

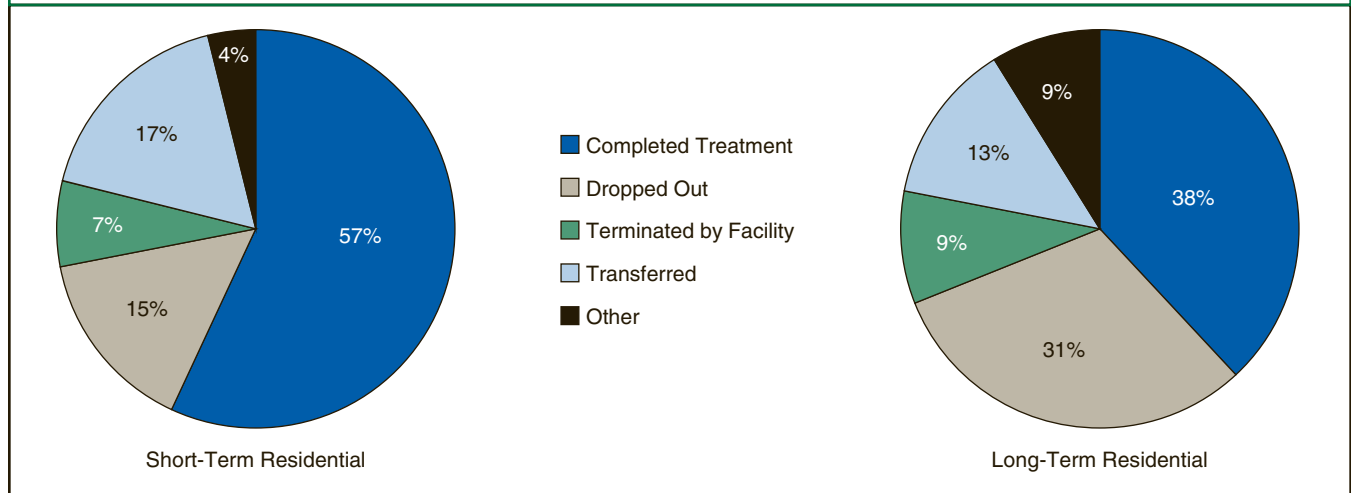
## Treatment Outcomes among Clients Discharged from Residential Substance Abuse Treatment: 2005

### In Brief

- In 2005, clients discharged from short-term residential treatment were more likely to complete treatment and less likely to drop out of treatment than clients discharged from long-term residential treatment
- Treatment completion among clients discharged from short-term residential treatment was highest among those who reported primary alcohol abuse (66 percent) and lowest among those who reported primary stimulant abuse (46 percent)
- Treatment completion among clients discharged from long-term residential treatment was also highest among those reporting primary alcohol abuse (46 percent), but lowest among those reporting primary cocaine abuse (33 percent) or primary opiate abuse (35 percent)
- As educational level increased, the proportion of client discharges completing either short-term or long-term residential treatment increased

Treatment completion is an important predictor of improved outcomes, such as long-term abstinence, among clients admitted to treatment for substance abuse and dependence. Type of treatment, drug use patterns, gender, and education are associated with completion and dropout rates. Dropout rates, in turn, are associated with relapse and return to substance use. Understanding the characteristics of clients discharged from short-term and long-term residential services who completed treatment, dropped out of treatment, or were terminated by the facility may lead to improved completion rates. This understanding may also assist in providing appropriate services for clients who are in need of residential services but at a higher risk for failing to complete treatment.

**Figure 1. Percentage of Discharges from Short-Term and Long-Term Residential Substance Abuse Treatment, by Reason for Discharge: 2005**



Source: 2005 SAMHSA Treatment Episode Data Set (TEDS).

Using data from the Treatment Episode Data Set (TEDS), an annual compilation of data on the demographic characteristics and substance abuse problems of those admitted for substance abuse treatment, this report examines the characteristics of clients discharged from short-term (30 days or fewer) and long-term (more than 30 days) residential treatment.<sup>1</sup> In particular, this report examines those clients who completed treatment, dropped out, or whose treatment was terminated by the facility.<sup>2</sup> Of the 1.37 million client discharges in 2005 who reported a reason for discharge, a total of 601,000 or 44 percent completed treatment, 343,000 or 25 percent dropped out of treatment, and 115,000 or 8 percent had their treatment terminated by the facility.<sup>3,4</sup> Of these three groups, nearly 10 percent (101,281 discharges) were from short-term and almost 9 percent

(91,639 discharges) were from long-term residential treatment.

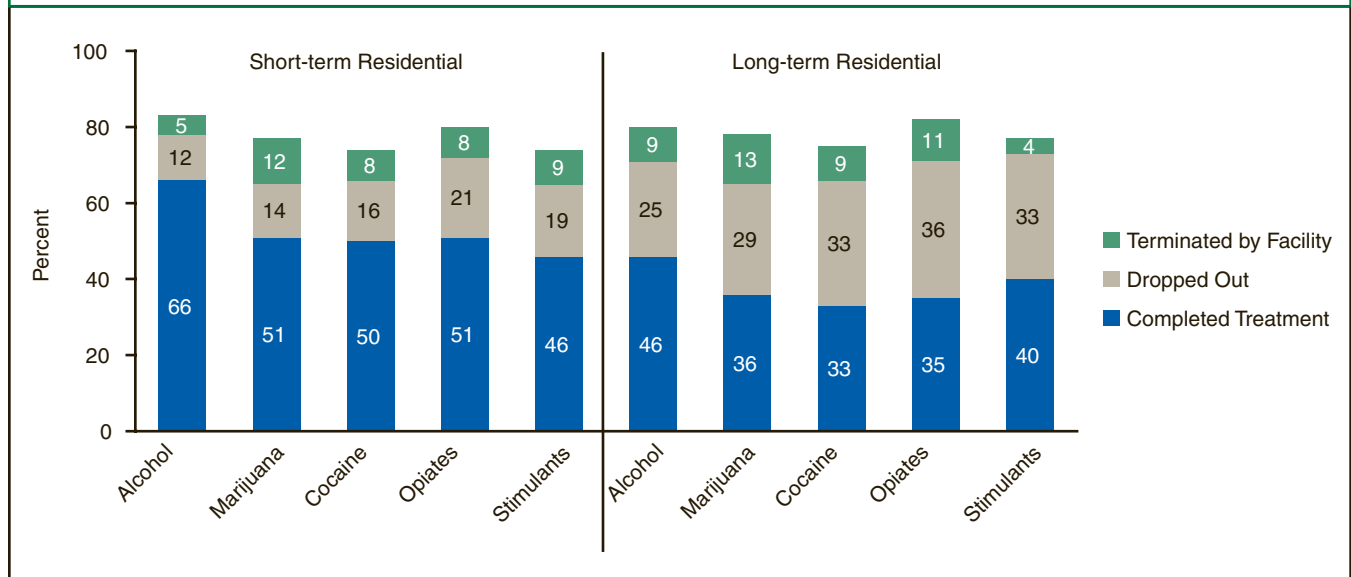
### Treatment Completion, Dropping Out, and Termination by a Facility

In 2005, clients discharged from short-term residential treatment were more likely to complete treatment than clients discharged from long-term residential treatment (57 vs. 38 percent) and less likely to drop out of treatment (15 vs. 31 percent) (Figure 1). Similar percentages of clients discharged from short-term residential and long-term residential treatment were terminated by the facility (7 and 9 percent).

### Primary Substance of Abuse

Clients discharged from short-term residential treatment in 2005 were more likely to complete treatment than drop out or be terminated by the facility regardless of the primary substance of abuse. Among clients discharged from short-term residential service settings, treatment completion was highest among those reporting primary alcohol abuse (66 percent) and lowest among those reporting primary stimulant abuse (46 percent) (Figure 2). The proportion of clients discharged from short-term residential treatment who dropped out of treatment was highest among those reporting primary opiate (21 percent) or primary stimulant (19 percent) abuse. The proportion of discharges from short-term residential service settings who were terminated by the

**Figure 2. Percentage of Discharges from Short-term and Long-term Residential Substance Abuse Treatment, by Primary Substance of Abuse and Reason for Discharge: 2005**



Source: 2005 SAMHSA Treatment Episode Data Set (TEDS).

facility ranged from 5 percent of those reporting primary alcohol abuse to 12 percent of those reporting primary marijuana abuse.

Among clients discharged from long-term residential service settings, treatment completion was highest among those reporting primary alcohol abuse (46 percent); treatment completion was lowest among those reporting primary cocaine abuse (33 percent) or primary opiate abuse (35 percent). Clients discharged from long-term residential treatment who reported primary cocaine abuse were equally likely to complete treatment or drop out of treatment (33 percent each); similarly, clients discharged from long-term residential treatment who reported primary opiate abuse were almost equally likely to

complete treatment or drop out of treatment (35 and 36 percent). Clients discharged from long-term residential treatment who reported primary stimulant abuse were less likely than those who reported other primary substances to be terminated by the facility (4 vs. 9 to 13 percent).

### Gender

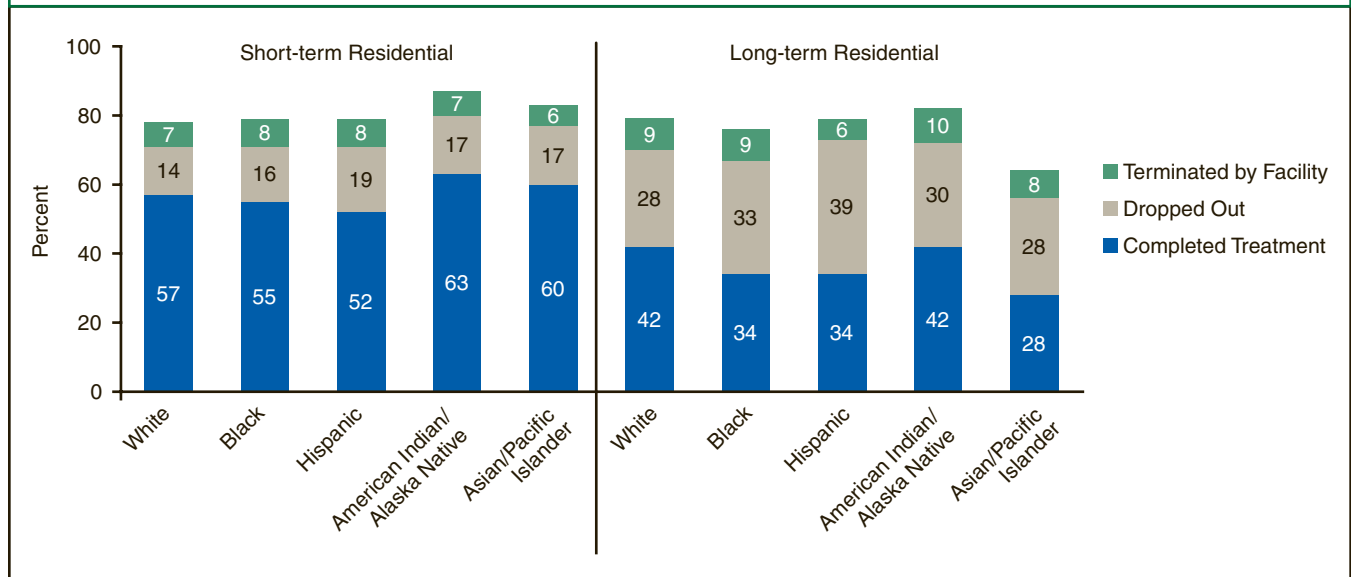
Among clients discharged from short-term residential treatment in 2005, males were more likely than females to complete treatment (58 vs. 52 percent). However, among clients discharged from long-term residential service settings, males and females were about equally likely to complete treatment (39 and 38 percent). Similar proportions of male and female clients discharged from short-term and long-term residential

service settings dropped out of treatment (short-term—15 and 17 percent; long-term—31 and 30 percent) or were terminated by the facility (short-term—7 percent each; long-term—9 and 8 percent).

### Race/Ethnicity

Clients discharged from short-term residential treatment in 2005 were more likely to complete treatment than drop out or be terminated by the facility regardless of race or ethnicity. A higher proportion of American Indian/Alaska Native and Asian/Pacific Islander short-term residential discharges completed treatment than short-term residential discharges of other races or ethnicities (63 and 60 percent vs. 57 percent or lower) (Figure 3). The proportions of clients discharged from short-term

**Figure 3. Percentage of Discharges from Short-term and Long-term Residential Substance Abuse Treatment, by Race/Ethnicity and Reason for Discharge: 2005**



Source: 2005 SAMHSA Treatment Episode Data Set (TEDS).

residential treatment who dropped out of treatment ranged from 14 percent of Whites to 19 percent of Hispanics. The proportion of clients discharged from short-term residential treatment who were terminated by the facility were similar across the racial and ethnic groups (ranging from 6 to 8 percent).

In comparison, a higher proportion of White and American Indian/Alaska Native clients discharged from long-term residential treatment completed treatment than long-term residential discharges of other races or ethnicities (42 percent each vs. 34 percent or lower). Similar proportions of Blacks discharged from long-term residential treatment completed or dropped out (34 and 33 percent), as did Asian/Pacific Islander discharges

(28 percent each). Hispanics were the only group in which a lower proportion completed long-term residential treatment than dropped out of treatment (34 vs. 39 percent). The proportions of long-term residential clients who were terminated by the facility ranged from 6 percent of Hispanics to 10 percent of American Indians/Alaska Natives.

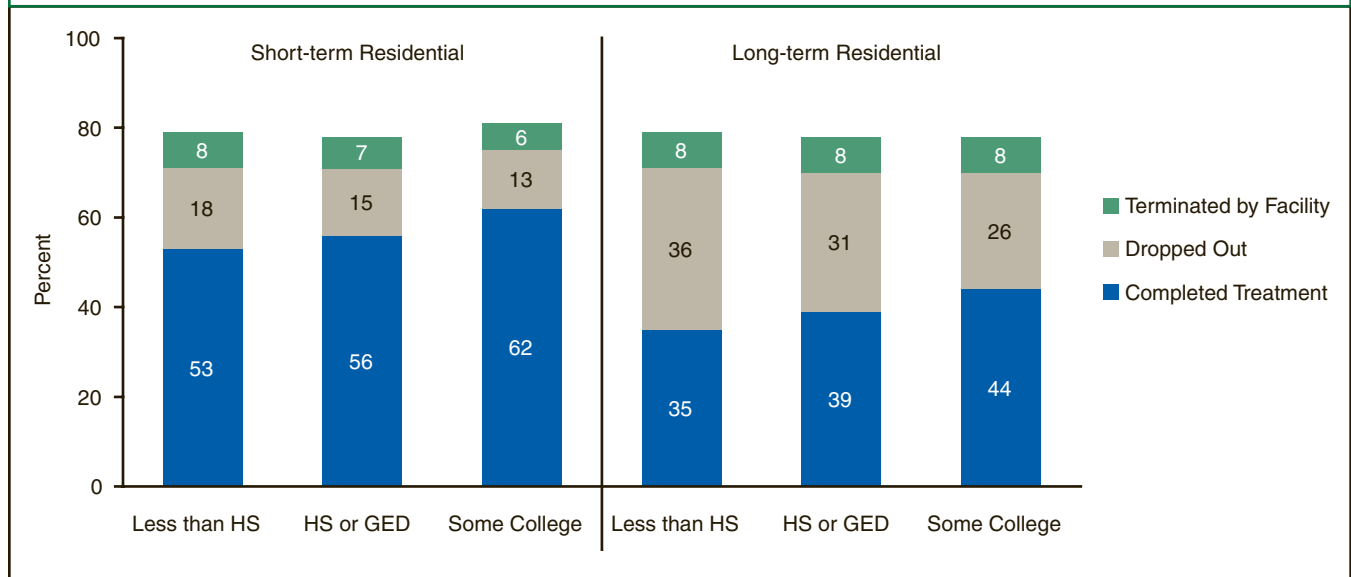
### Educational Level

Among clients discharged from short-term residential treatment, treatment completion increased from 53 percent of clients with less than a high school education to 62 percent of those with some college (Figure 4).<sup>5</sup> The proportion of short-term residential clients who dropped out of treatment decreased as educational level increased, from 18 percent of

clients with less than a high school education to 13 percent of those with some college. The proportion of clients discharged from short-term residential treatment who were terminated by the facility varied only slightly by educational level (ranging from 6 percent of those with some college to 8 percent of those with less than a high school education).

Treatment completion increased as educational level increased among clients discharged from long-term residential treatment, from 35 percent of those with less than a high school education to 44 percent of those with some college. Like short-term residential discharges, the proportion of clients discharged from long-term residential treatment who dropped out of treatment decreased as educational

**Figure 4. Percentage of Discharges from Short-term and Long-term Residential Substance Abuse Treatment, by Educational Level and Reason for Discharge: 2005**



Source: 2005 SAMHSA Treatment Episode Data Set (TEDS).

level increased (from 36 percent of clients with less than a high school education to 26 percent of clients with some college). Long-term residential discharges across the educational levels were equally likely to be terminated by the facility (8 percent each).

## Discussion

In 2005, clients discharged from short-term residential treatment were more likely than clients discharged from long-term residential treatment to complete treatment and less likely to drop out of treatment. In addition, certain client characteristics, such as primary alcohol abuse and higher educational level, were associated with treatment completion regardless of the type of residential treatment received. Understanding the client characteristics associated

with treatment completion, dropping out, and termination in various service settings may help program managers and treatment providers design treatment programs that maximize treatment completion rates for specific at-risk populations.

### End Notes

<sup>1</sup> In 2005, 34 States submitted discharge data, including AR, AZ, CA, CO, CT, FL, GA, HI, IA, ID, IL, KS, MA, MD, ME, MI, MN, MO, MS, MT, NE, NH, NJ, NY, OH, OK, OR, RI, SC, SD, TN, TX, UT, and VA.

<sup>2</sup> Clients may be terminated from a treatment program by a facility for a variety of reasons, such as refusing to follow the prescribed treatment program, failing to follow facility rules and procedures, and exhibiting violent behavior. Other reasons for discharge include transfer to another substance abuse program or facility, incarceration, death, or other factors external to the treatment regimen (i.e., client moved, was hospitalized, or some other reason out of the client's control).

<sup>3</sup> Of the 1.52 million discharges in 2005, 1.37 million or 90 percent reported a reason (i.e., completed treatment, dropped out, was terminated) for discharge.

<sup>4</sup> This report excludes from the 1.37 million the approximately 311,000 (53,000 residential) clients discharged for reasons other than completing treatment, dropping out of treatment, or being terminated by a facility. Clients who transferred to another substance abuse program or facility are excluded because the outcome is unknown (i.e., unknown whether they reported to the next program and if the referred treatment was

completed). Clients who died, moved, or were hospitalized or incarcerated are excluded because failure to complete treatment was caused by factors external to the treatment regimen. Clients discharged from methadone treatment are also excluded.

<sup>5</sup> Education is evaluated only for discharges 18 years or older.

### Suggested Citation

Substance Abuse and Mental Health Services Administration, Office of Applied Studies. (February 12, 2009). *The TEDS Report: Treatment Outcomes among Clients Discharged from Residential Substance Abuse Treatment: 2005*. Rockville, MD.

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## Research Findings from SAMHSA's 2005 Drug and Alcohol Services Information System (DASIS)

### Treatment Outcomes among Clients Discharged from Residential Substance Abuse Treatment: 2005

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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.

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 3, 2006.**

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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