

# The TEDS Report

January 21, 2010

## Gender Differences among Black Treatment Admissions Aged 18 to 25

### In Brief

- In 2007, among non-Hispanic Black substance abuse treatment admissions aged 18 to 25, males were more likely than females to report marijuana as the primary substance of abuse (62.8 vs. 49.5 percent); however, females were three times more likely than males to report smoked cocaine as the primary substance of abuse (12.6 vs. 4.2 percent)
- More than two thirds (69.5 percent) of young adult Black male admissions were referred to treatment by the criminal justice system, compared to only about one third (35.7 percent) of female admissions
- More than half of all young adult Black admissions had not completed high school or obtained a GED (50.9 percent for males and 55.1 percent for females) and most were either unemployed (42.5 percent for males and 43.4 percent for females) or not in the labor force (30.1 percent for males and 38.4 percent for females)

As the proportion of racial/ethnic minority groups within the United States continues to increase, it is important that public health professionals understand the specific characteristics and substance abuse behaviors of these populations. Of particular interest are non-Hispanic Blacks (hereafter referred to as “Blacks”), who are the second largest racial/ethnic minority group in the United States. Although they comprise approximately 12.2 percent of the total population, this group represented more than one fifth (20.7 percent) of substance abuse treatment admissions with known race/ethnicity that were in publicly funded treatment programs in 2007.<sup>1,2</sup> Combined 2007-2008 National Survey on Drug Use and Health (NSDUH) data indicate that among Blacks, adults between the ages of 18 and 25 have the highest rates of past month illicit drug use (19.7 percent) and past year need for

treatment (15.2 percent) compared to other age groups.<sup>3,4</sup> Among Blacks aged 18 to 25 who were in need of substance abuse treatment in the past year, only 5.5 percent received treatment at a specialty facility.

Data from the 2007 Treatment Episode Data Set (TEDS) can be used to examine Black substance abuse treatment admissions. This report focuses on gender differences for admissions aged 18 to 25 (hereafter referred to as “young adult”). Of the approximately 48,500 Black admissions in this age group, about 34,000 were male and 14,500 were female.

### Primary Substances of Abuse and Co-occurring Disorders

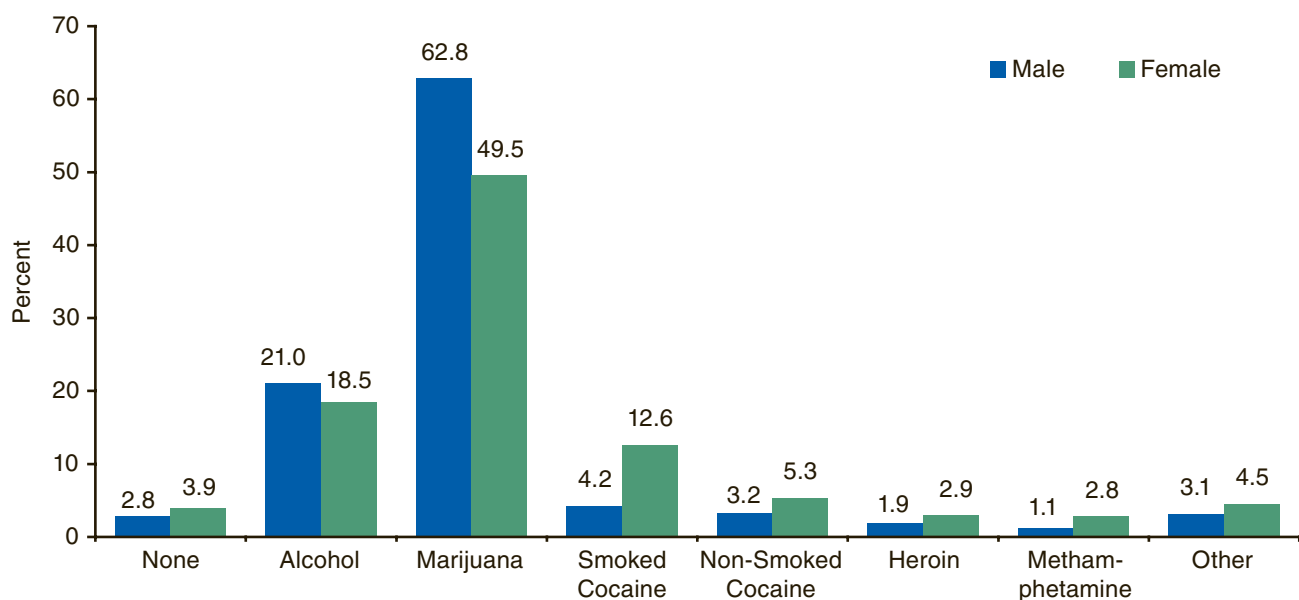
Among young adult Black admissions, marijuana was the most common primary substance of abuse for both genders though males were more likely than females to report primary marijuana abuse (62.8 vs. 49.5 percent) (Figure 1). Female admissions, however, were three times as likely as males to report smoked cocaine as the primary substance of abuse (12.6 vs. 4.2 percent). About one fifth of both male (21.0 percent) and female (18.5 percent) admissions reported primary alcohol abuse.

Gender differences also were found in the prevalence of co-occurring mental health and substance use disorders. Among young adult Black admissions, males were less likely than females to report a co-occurring psychiatric disorder (17.4 vs. 25.6 percent).<sup>5</sup>

### Principal Source of Referral

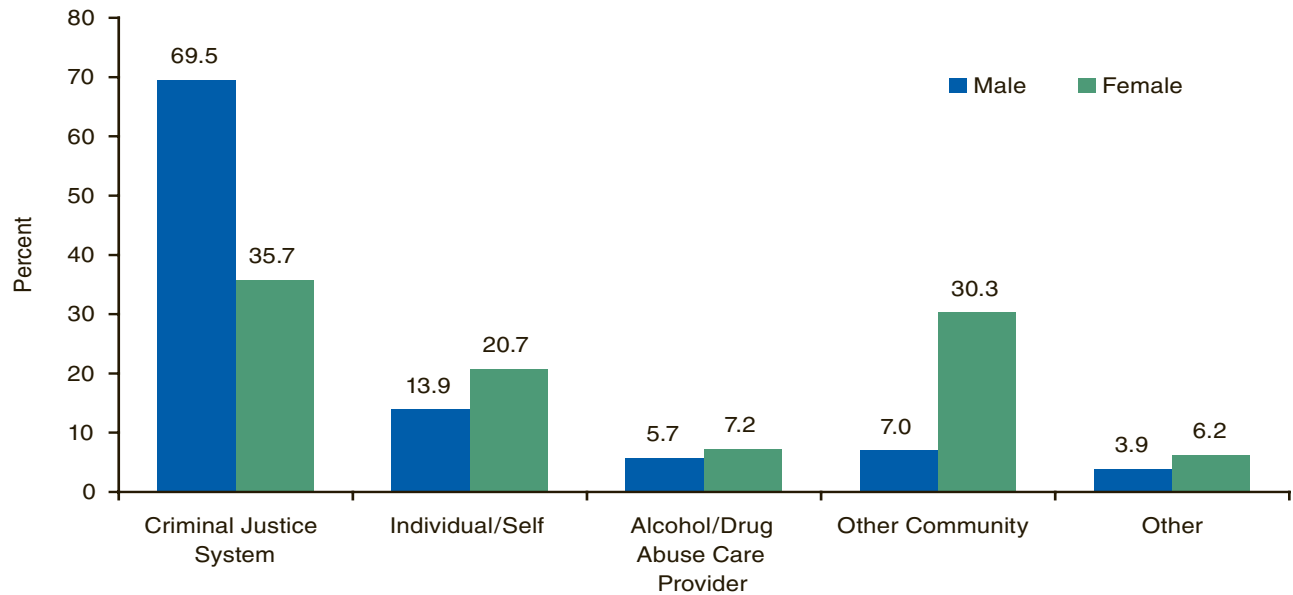
While the criminal justice system was the most common source of referral among young adult Black admissions for both genders, males were almost twice as likely as females to be referred from that source (69.5 vs. 35.7 percent) (Figure 2). Criminal

**Figure 1. Primary Substance of Abuse among Non-Hispanic Black Substance Abuse Treatment Admissions Aged 18 to 25, by Gender: 2007**



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

**Figure 2. Principal Source of Referral among Non-Hispanic Black Substance Abuse Treatment Admissions Aged 18 to 25, by Gender: 2007**



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

justice referrals were more common among Black males between the ages of 18 and 25 than among non-Hispanic White males (51.3 percent) or Hispanic males (62.4 percent) the same age. Among young adult Black admissions, males were less likely than females to be referred by “other community” organizations (7.0 vs. 30.3 percent) or to be self or individual referrals (13.9 vs. 20.7 percent).

### Type of Treatment and Number of Prior Treatment Admissions

Among young adult Black admissions, similar proportions of both males and females received short-term residential treatment (7.1 vs. 8.8 percent), long-term residential treatment (7.8 vs. 8.4 percent), or detoxification (7.0 vs. 8.9 percent). However, there were variations by gender in the receipt of outpatient treatment. Male admissions were more likely than female admissions to receive regular outpatient treatment (64.9 vs. 56.2 percent) but less likely to receive intensive outpatient treatment (13.1 vs. 17.6 percent).

When examining the number of prior treatment admissions among young adult Black admissions, there was little difference by gender. Approximately 43.7 percent of males and 42.0 percent of females had been in treatment at least once before.

### Education and Employment

More than half of all young adult Black admissions had not completed high school or obtained a GED (50.9 percent for males and 55.1 percent for females) (Figure 3). Males were more likely than females to have finished high school (38.7

vs. 33.5 percent) and similar proportions of male and female admissions had some college (10.4 vs. 11.4 percent). Regardless of gender, most young adult Black admissions were either unemployed or not in the labor force, although males were more likely than females to be employed (27.4 vs. 18.2 percent).

### Health Insurance and Source of Income

The majority of young adult Black admissions had no health insurance, including more than three quarters (76.3 percent) of males and more than half (54.2 percent) of females (Figure 4).<sup>6</sup> Male admissions were less likely than female admissions to have Medicaid

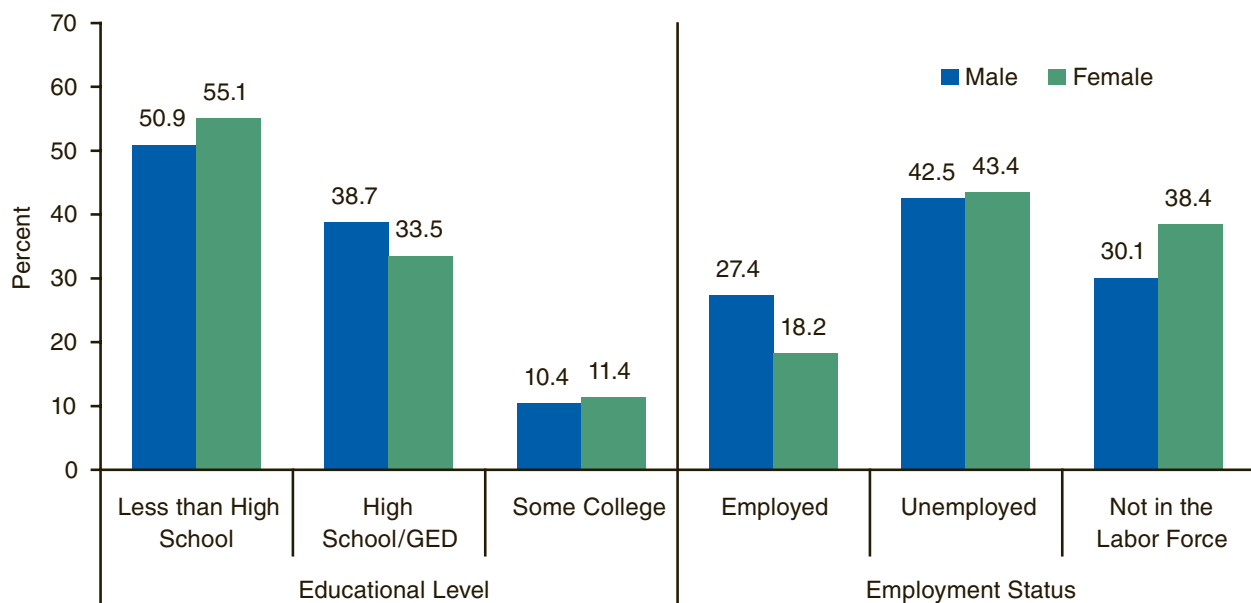
coverage (9.6 vs. 34.4 percent). A very small proportion of male and female admissions had private health insurance (8.2 vs. 4.7 percent).

There were also distinct differences in source of income among young adult Black admissions by gender. More than one third of male (41.9 percent) and female (35.1 percent) admissions reported no source of income.<sup>7</sup> Male admissions were more likely than female admissions to report wages or salary as the main source of income (28.8 vs. 19.5 percent), but less likely to report receiving public assistance (5.0 vs. 18.9 percent). About one quarter of male (24.3 percent) and female (26.6 percent) admissions reported a main source of income other than wages/salary or public assistance.

### Discussion

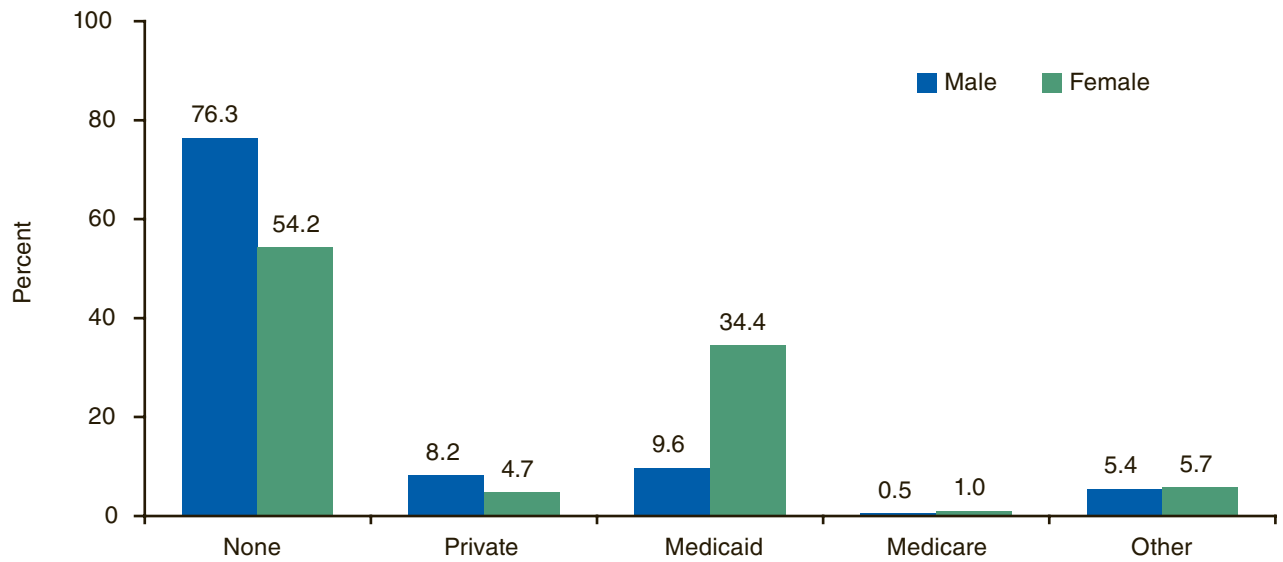
To meet the substance abuse treatment needs of Blacks between the ages of 18 and 25, it is important that prevention experts and treatment providers understand the specific characteristics associated with this population and be prepared to meet those needs in culturally appropriate and gender-specific ways. In particular, treatment providers need to be aware that young adult Black female admissions reported smoked cocaine as the primary substance of abuse at three times the rate of their male counterparts. Given the serious health implications associated with cocaine abuse, service providers need to be prepared to meet the

**Figure 3. Educational Level and Employment Status among Non-Hispanic Black Substance Abuse Treatment Admissions Aged 18 to 25, by Gender: 2007**



Source: 2007 SAMHSA Treatment Episode Data Set (TEDS).

**Figure 4. Health Insurance among Non-Hispanic Black Substance Abuse Treatment Admissions Aged 18 to 25, by Gender: 2007**



Source: 2007 SAMHSA Treatment Episode Data Set (TEDS).

ancillary needs of these women, especially because they may be pregnant or have children. In addition, findings in this report indicate that young adult Black males in treatment are in need of specific support services in the areas of education, job training, and employment.

**End Notes**

<sup>1</sup> Population Division, U.S. Census Bureau. *Table 3: Annual Estimates of the Resident Population by Sex, Race, and Hispanic Origin for the United States: April 1, 2000 to July 1, 2008 (NC-EST2008-03)*. Released May 14, 2009. The 2008 estimated total population of the United States is composed of the following: 65.6 percent non-Hispanic White, 15.4 percent Hispanic, 12.2 percent non-Hispanic Black, 4.5 percent Asian or Pacific Islander, 0.8 percent American Indian or Alaska Native, and 1.5 percent two or more races of non-Hispanic ethnicity.

<sup>2</sup> *2007 Treatment Episode Data Set (TEDS)* [Data file]. Rockville, MD: Substance Abuse and Mental Health Services Administration, Office of Applied Studies. Data received through October 6, 2008.

<sup>3</sup> Substance Abuse and Mental Health Services Administration, Office of Applied Studies, unpublished 2007-2008 NSDUH data on substance use, treatment need, and receipt of treatment, by the total population and blacks among persons aged 18 or older, via e-mail to J. M. Greene, RTI International, November 10, 2009.

<sup>4</sup> NSDUH classifies persons as needing treatment for an illicit drug problem if they met the criteria for illicit drug dependence or abuse or if they received treatment for illicit drug use at a specialty facility in the past year. NSDUH defines dependence on or abuse of illicit drugs using criteria specified in the *Diagnostic and Statistical Manual of Mental Disorders (DSM-IV)*. For details, see the following resource: American Psychiatric Association. (1994). *Diagnostic and statistical manual of mental disorders* (4th ed.). Washington, DC: Author. Specialty substance use treatment is defined as treatment received at drug or alcohol rehabilitation facilities (inpatient or outpatient), hospitals (inpatient services only), and mental health centers. Specialty substance use treatment excludes treatment in an emergency room, private doctor's office, self-help group, prison or jail, or hospital as an outpatient.

<sup>5</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, and WY—accounted for 54 percent of all substance abuse treatment admissions in 2007.

<sup>6</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, and WY—accounted for 45 percent of all substance abuse treatment admissions in 2007.

<sup>7</sup> *Source of income support* 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, CO, DE, FL, HI, IA, ID, IL, KS, KY, LA, ME, MN, MO, ND, NE, NH, NV, NY, OH, OR, PA, PR, RI, SC, SD, TN, TX, UT, and WY—accounted for 60 percent of all substance abuse treatment admissions in 2007.

**Suggested Citation**

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

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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 admissions 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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