

# The DASIS Report

May 20, 2005

## A Comparison of Female and Male Treatment Admissions: 2002

In 2002, females accounted for 30 percent (565,400) of the 1.9 million treatment admissions to the Treatment Episode Data Set (TEDS). This proportion of females to males is quite different from the proportion of females

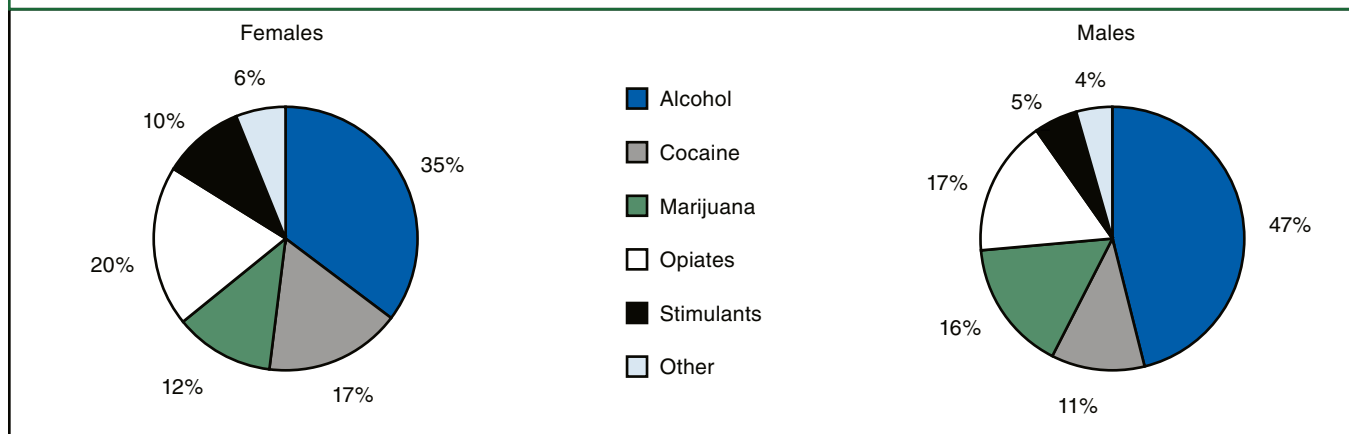
to males in the United States. In 2002, 51 percent of the U.S. population was female and 49 percent was male.<sup>1</sup> According to the 2003 National Survey on Drug Use and Health (NSDUH), among persons aged 12 or older, an estimated 61 percent of females used alcohol during the past year and 12 percent used an illicit drug, while approximately 70 percent of males used alcohol during the past year and 17 percent an illicit drug.<sup>2</sup>

Female and male treatment admissions were similar in some respects. Approximately 60 percent of both females and males admitted to substance abuse treatment in 2002 were White, and both were most likely to enter treatment between the ages of 35 to 44 (about 32 percent each). In addition, about 44 percent of females and males were entering treatment for the first time. However, there were important differences.

### In Brief

- In 2002, females accounted for 30 percent of substance abuse treatment admissions
- The average age at admission for female admissions was slightly younger than male admissions (33.3 vs. 34.2 years)
- Females were less likely than males to be in detoxification (18 vs. 24 percent)

**Figure 1. Primary Substance of Abuse among Female and Male Treatment Admissions: 2002**



Source: 2002 SAMHSA Treatment Episode Data Set (TEDS).

### Primary Substance of Abuse

Female admissions were more likely than male admissions to be in treatment for opiates or cocaine, and less likely to be in treatment for alcohol or marijuana abuse (Figure 1). Alcohol was the most frequent primary substance of abuse<sup>3</sup> for both females and males entering treatment in 2002, but females were less likely to report alcohol as their primary substance compared with males (35 vs. 47 percent, respectively). Cocaine, however, was reported as the primary substance of abuse by 17 percent of females entering treatment compared with 11 percent of males. Females were also more likely than males to report primary stimulant abuse (10 vs. 5 percent).

### Age

The average age at admission for female admissions was slightly younger than male admissions (33.3 years vs. 34.2 years). However, females initiated substance use at an older age compared with males. The average age of first use<sup>4</sup> of drugs or alcohol for females was almost 20 years old compared with 18 years old for males.

### Source of Referral

Female admissions entered the treatment system through different referral sources than did male admissions (Figure 2). For females, the most frequent source of referral to treatment was via self/individual referral (36 percent). Males, however, were most frequently referred through the criminal justice system: 40 percent of male admissions entered treatment through criminal justice referrals compared with 27 percent of female admissions.

### Service Setting

Both female and male admissions were most frequently in an ambulatory service setting (64 and 59 percent, respectively), and female and male admissions were equally likely to be in a residential/rehabilitative setting (18 and 17 percent).<sup>5</sup> Females were less likely than males to be in detoxification (18 vs. 24 percent).

### Employment

Females entering treatment were less likely than males to be employed<sup>6</sup> and more likely not to be in the labor force.<sup>7</sup> About

23 percent of females reported being employed full- or part-time while about 34 percent of male admissions were employed full- or part-time. Almost half (44 percent) of females entering treatment were not in the labor force compared with 37 percent of males. Additionally, 33 percent of females were unemployed compared to 29 percent of males.

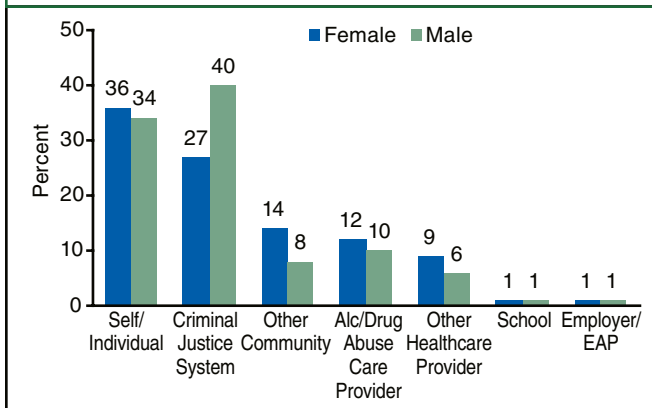
### Expected Source of Payment

The expected source of payment<sup>8</sup> for female admissions was equally distributed between self-payment, Medicaid/Medicare, and other government payments (about 25 percent each). In contrast, the expected source of payment for male admissions was most frequently self-payment (34 percent) or other government payments (28 percent) (Figure 3).

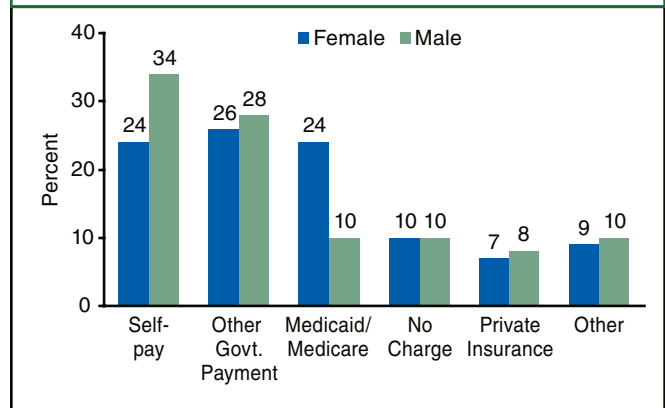
### Marital Status

Females and males were similar in their proportions of currently married admissions (19 and 21 percent, respectively). However, females were more likely to be separated, divorced, or widowed (39 vs. 30 percent)<sup>9</sup> and less likely

**Figure 2. Primary Source of Referral of Treatment Admissions, by Sex: 2002**



**Figure 3. Expected Source of Payment of Treatment Admissions, by Sex: 2002**



to be single (42 vs. 49 percent) than males.

## Living Arrangement

The living arrangements of female treatment admissions varied from those of male treatment admissions.<sup>10</sup> Slightly more than two thirds (67 percent) of female admissions reported independent living arrangements, indicating they lived alone or with others without supervision, compared with 63 percent of male admissions. Female and males admitted to treatment reported similar proportions of dependent living arrangements (living in a supervised setting such as a residential institution, halfway house, or group home) (24 and 23 percent, respectively). Female admissions were less likely (9 percent) than male admissions (14 percent) to report being homeless.

### End Notes

<sup>1</sup> U.S. Census Bureau, Current Population Reports, retrieved March 25, 2005 from <http://www.census.gov/prod/2004pubs/03statab/pop.pdf>. Population estimate is from 2002.

<sup>2</sup> Substance Abuse and Mental Health Services Administration, Office of Applied Studies. (2004). *The NSDUH report: Gender differences in substance dependence and abuse*. Rockville, MD. October 29, 2004.

<sup>3</sup> The *primary substance of abuse* is the main substance reported at the time of admission.

<sup>4</sup> *Age of first use* is analyzed for the *primary substance of abuse*. TEDS defines "age of first use" differently for alcohol than for drugs. For alcohol, age of first use signifies age of first intoxication. For drugs, age of first use identifies the age at which the respective drug was first used.

<sup>5</sup> *Service settings* are of three types: ambulatory, residential/rehabilitative, and detoxification. Ambulatory settings include intensive outpatient, non-intensive outpatient, and ambulatory detoxification. Residential/rehabilitative settings include hospital (other than detoxification), short-term (30 days or fewer), and long-term (more than 30 days). Detoxification includes 24-hour hospital inpatient and 24-hour free-standing residential.

<sup>6</sup> Analysis of *employment status* includes admissions 19 to 64.

<sup>7</sup> *Not in the labor force* includes those not looking for work during the past 30 days or a student, homemaker, disabled, retired, or an inmate of an institution.

<sup>8</sup> *Expected source of payment*, a Supplemental Data Set item, was reported for at least 75

percent of all admissions in 24 States and jurisdictions in 2002. These States were: AK, CO, DE, DC, GA, HI, ID, IA, KS, KY, LA, MS, MO, NV, NH, NJ, ND, OH, PA, RI, SC, UT, VT, and WV.

<sup>9</sup> *Marital Status*, a Supplemental Data Set item, was reported for at least 75 percent of all admissions in 43 States and jurisdictions in 2002. These States were: AL, AK, AZ, AR, CO, DE, DC, FL, GA, HI, ID, IL, IN, IA, KS, KY, LA, ME, MD, MA, MI, MN, MS, MO, NE, NV, NH, NJ, NC, ND, OH, OK, OR, PA, RI, SC, SD, TN, TX, WA, UT, WV, and WY. Since *marital status* is associated with *age*, analysis is restricted to admissions aged 24 or older.

<sup>10</sup> *Living arrangement*, a Supplemental Data Set item, was reported for at least 75 percent of all admissions in 41 States and jurisdictions in 2002. These States were: AK, CO, DC, DE, GA, HI, IA, ID, IL, IN, KS, KY, LA, MA, MD, ME, MI, MN, MO, MS, NC, ND, NE, NH, NJ, NV, NY, OH, OK, OR, PR, RI, SC, SD, TN, TX, UT, VA, VT, WA, WV. For children (younger than age 18), dependent living includes living with parents, relatives, or guardians, or in foster care.

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. 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. Approximately 1.9 million records are included in TEDS each year.

*The DASIS 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 a trade name of Research Triangle Institute).

Information and data for this issue are based on data reported to TEDS through March 1, 2004.

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



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