

# The TEDS Report

July 23, 2009

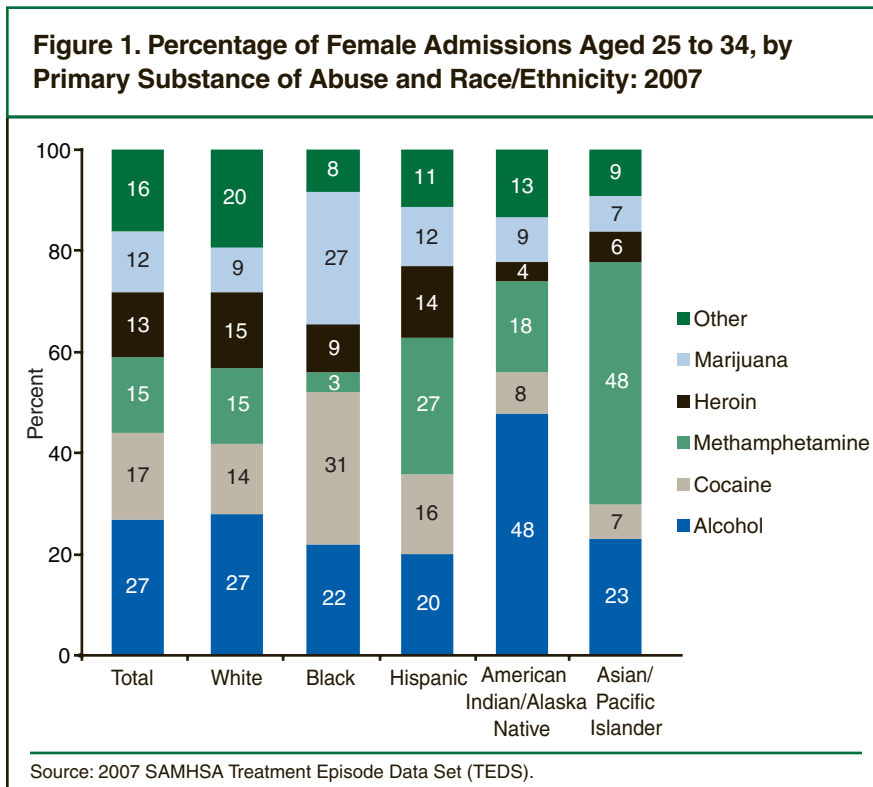
## Race/Ethnicity of Female Substance Abuse Treatment Admissions Aged 25 to 34

### In Brief

- In 2007, American Indian/Alaska Native female admissions aged 25 to 34 were more likely than other female admissions the same age to report primary alcohol abuse
- Among female admissions aged 25 to 34, Black admissions were more likely to report primary marijuana abuse and primary cocaine abuse, and Asian/Pacific Islander admissions were more likely to report primary methamphetamine abuse, than other female admissions
- Black and Hispanic female admissions aged 25 to 34 were more likely than other female admissions the same age to have not completed a high school education
- Regardless of race/ethnicity, about a quarter or less of female admissions aged 25 to 34 were employed

Substance use patterns and treatment needs vary among women. Among women entering substance abuse treatment, those aged 25 to 34 are of particular interest because they most likely have finished their formal education, are part of the workforce, and are in the midst of what are considered the prime childbearing years. Because race/ethnicity has been found to be a predictor of treatment completion or transfer to further treatment, it is also important to understand the racial/ethnic diversity of women aged 25 to 34 who enter treatment.<sup>1</sup> Such an understanding may help providers meet the varying needs of women aged 25 to 34 from different racial/ethnic groups.

Using the Treatment Episode Data Set (TEDS), this report examines primary substance of abuse, type of treatment received, educational level, employment status,



marital and pregnancy status, and principal source of referral among the approximately 163,300 female admissions aged 25 to 34 to substance abuse treatment in 2007 with known race and ethnicity. In 2007, these female admissions accounted for 28 percent of all female substance abuse treatment admissions. Of them, 67 percent were White, 15 percent were Black, 12 percent were Hispanic, 3 percent were American Indian/Alaska Native, and 3 percent were Asian/Pacific Islander or other race/ethnicity.

Results are presented for the female age group as a whole and by racial/ethnic group. This report is the second in a series that

examines female substance abuse treatment admissions by age and race/ethnicity; the first report examined female substance abuse treatment admissions aged 18 to 24 in 2006.

### Primary Substance of Abuse

The most frequently reported primary substance of abuse among females aged 25 to 34 was alcohol (27 percent), followed by cocaine (17 percent), methamphetamine (15 percent), heroin (13 percent), and marijuana (12 percent) (Figure 1). However, there was variation by race/ethnicity:

- American Indian/Alaska Native female admissions were more likely than other

female admissions to report primary alcohol abuse (48 vs. 27 percent or less).

- Black females were more likely than females from other racial/ethnic groups to report primary marijuana abuse (27 percent vs. 12 percent or less).
- Black female admissions were almost twice as likely as Hispanic and White female admissions (31 vs. 16 and 14 percent) and about four times as likely as Asian/Pacific Islander (7 percent) and American Indian/Alaska Native (8 percent) female admissions to report primary cocaine abuse.
- Asian/Pacific Islander female admissions were more likely than other female admissions to report primary methamphetamine abuse (48 vs. 27 percent or less).

### Treatment Type

Outpatient treatment was the most common type of treatment among female admissions aged 25 to 34 overall (50 percent) and across the racial/ethnic groups (45 to 57 percent) (Table 1). Detoxification was the second most common type of treatment among White and Hispanic

**Table 1. Percentage of Female Admissions Aged 25 to 34, by Type of Treatment Received and Race/Ethnicity: 2007**

Race/Ethnicity	Outpatient	Intensive Outpatient	Long-Term Residential	Short-Term Residential	Hospital Inpatient	Detoxification
Total	50	13	9	11	<1	17
White	50	13	8	11	<1	18
Black	48	17	10	11	<1	14
Hispanic	57	11	11	7	<1	14
American Indian/ Alaska Native	45	15	11	13	1	15
Asian/Pacific Islander	45	18	21	4	<1	12

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

admissions, while intensive outpatient treatment was the second most common type of treatment among Black, American Indian/Alaska Native, and Asian/Pacific Islander admissions. Among female admissions aged 25 to 34, a higher percentage of American Indian/Alaska Native admissions received short-term residential treatment than female admissions from other races or ethnicities (13 vs. 11 percent or less). Asian/Pacific Islander female admissions were more likely to receive long-term residential treatment than other female admissions in this age group (21 vs. 11 percent or less).

### Educational Level and Employment Status

Among female admissions aged 25 to 34, more than a third (34 percent) had not completed high school and

more than a quarter (27 percent) had some college (Table 2). Less than a quarter (24 percent) of female admissions this age were employed and more than two thirds were either unemployed or not in the labor force (40 and 36 percent, respectively). When examined by race/ethnicity, there were some variations:

- Black and Hispanic female admissions were more likely than female admissions from other racial/ethnic groups to have not completed high school (47 and 48 vs. 41 percent or less).
- White and Asian/Pacific Islander female admissions were more likely than other female admissions to have some college (31 and 28 vs. 22 percent or less).
- In no racial/ethnic group were more than 26 percent

of female admissions employed.

- A third or more of Black, American Indian/Alaska Native, White, and Hispanic female admissions were unemployed.

### Marital Status and Pregnancy

Overall, more than half of female admissions aged 25 to 34 had never been married (58 percent), although there was some variation by race/ethnicity (Figure 2).<sup>2</sup> Black admissions were more likely than admissions from other racial or ethnic groups never to have been married (79 vs. 63 percent or less), while Hispanic admissions were more likely than other female admissions to be married at the time of admission (21 vs. 19 percent or less). White

**Table 2. Percentage of Female Admissions Aged 25 to 34, by Educational Level, Employment Status, and Race/Ethnicity: 2007**

Race/Ethnicity	Educational Level			Employment Status		
	Less than High School	High School/ GED	Some College	Employed	Unemployed	Not in Labor Force
Total	34	39	27	24	40	36
White	28	41	31	26	41	33
Black	47	36	17	16	44	40
Hispanic	48	34	18	21	34	45
American Indian/ Alaska Native	41	37	22	21	49	30
Asian/Pacific Islander	27	45	28	24	32	44

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

female admissions were slightly more likely than their counterparts from other racial/ethnic groups to be divorced or separated (27 vs. 25 percent or less).

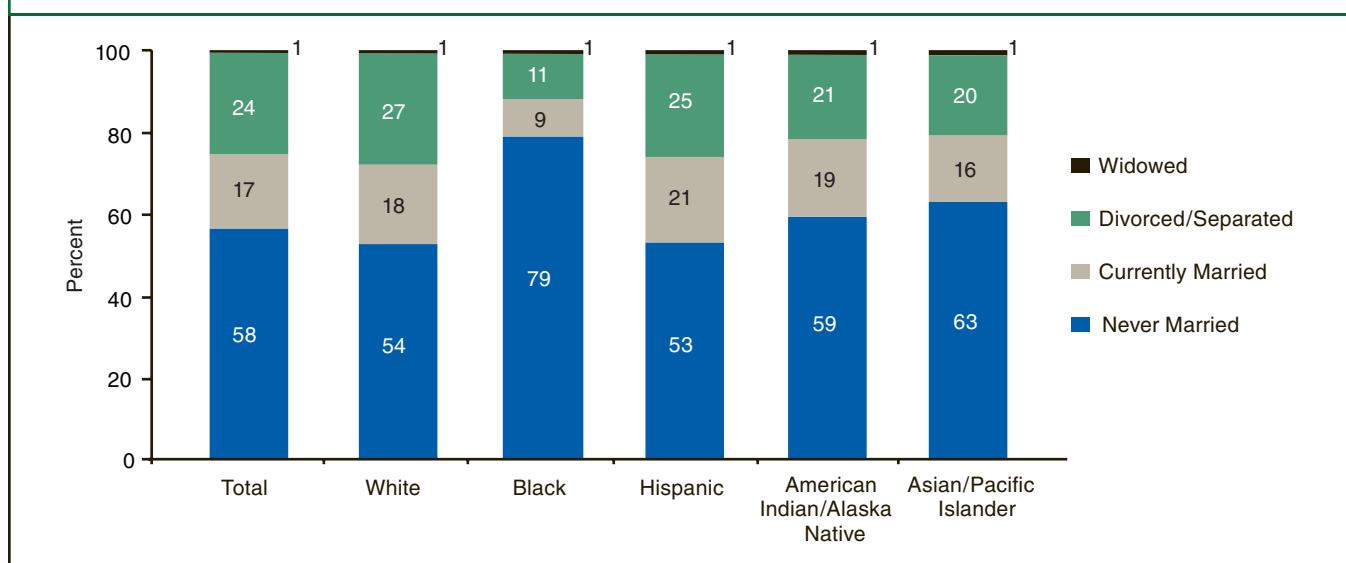
About 6 percent of female admissions aged 25 to 34 were pregnant at the time of admission, and there

was little variation by race/ethnicity.<sup>3</sup> White female admissions were slightly less likely than Black, Hispanic, American Indian/Alaska Native, or Asian/Pacific Islander female admissions to be pregnant at the time of admission (5 vs. 7 or 8 percent each).

### Principal Source of Referral

The most frequently reported principal source of referral among females aged 25 to 34 was self/individual (33 percent), followed by the criminal justice system (30 percent) and referrals from

**Figure 2. Percentage of Female Admissions Aged 25 to 34, by Marital Status and Race/Ethnicity: 2007**



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

**Table 3. Percentage of Female Admissions Aged 25 to 34, by Principal Source of Referral and Race/Ethnicity: 2007**

Race/Ethnicity	Self/ Individual	Criminal Justice System	Community Organizations/ Agencies	Alcohol/Drug Care Providers	Other
Total	33	30	19	11	7
White	34	29	17	12	8
Black	29	28	26	10	7
Hispanic	30	33	23	9	5
American Indian/ Alaska Native	23	41	21	8	7
Asian/Pacific Islander	27	42	19	6	6

Source: 2007 SAMHSA Treatment Episode Data Set (TEDS)

community or religious organizations or government agencies providing aid or social services (19 percent) (Table 3). Similar patterns were exhibited across the racial/ethnic groups, though some differences were present.

American Indian/Alaska Native and Asian/Pacific Islander admissions were more likely than female admissions from other racial/ethnic groups to be referred to treatment by the criminal justice system (41 and 42 percent, respectively, vs. 33 percent or less). White female admissions were slightly more likely than other female admissions the same age to be self/individual referrals (34 vs. 30 percent or less). More than a fifth of Black, Hispanic, and American Indian/Alaska Native female admissions aged 25 to 34

were referred to treatment by community organizations or agencies providing religious or other social services.

## Discussion

Findings from this report indicate that regardless of race/ethnicity only a small proportion of female admissions aged 25 to 34 were employed. In addition, Black and Hispanic female admissions were more likely than female admissions from other racial/ethnic groups not to have completed a high school education. Understanding the differences and similarities among female admissions by race/ethnicity may assist treatment program managers and provide adult education programs, to women in this age group. Appropriately targeted services may lead to higher substance abuse treat-

ment completion rates and a reduced likelihood for relapse and future substance use.

## End Notes

<sup>1</sup> Substance Abuse and Mental Health Services Administration, Office of Applied Studies. (February 26, 2009). *The TEDS Report: Predictors of substance abuse treatment completion or transfer to further treatment, by service type*. Rockville, MD: Author.

<sup>2</sup> *Marital status* is a Supplemental Data Set item. The 39 States and jurisdictions in which it was reported for at least 75 percent of all applicable admissions in 2007—AR, CO, DC, DE, FL, HI, IA, ID, IL, IN, KS, KY, LA, MA, MD, ME, MI, MN, MO, NC, ND, NE, NH, NJ, NM, NV, OH, OK, OR, PA, PR, RI, SC, SD, TN, TX, UT, WA, and WY—accounted for 63 percent of substance abuse admissions in 2007.

<sup>3</sup> *Pregnancy status* is a Supplemental Data Set item. The 44 States and jurisdictions in which it was reported for at least 75 percent of all applicable admissions in 2007—AR, AZ, CA, CO, CT, DE, FL, HI, IA, ID, IL, IN, KS, KY, LA, MA, MD, ME, MI, MN, MO, MT, NC, ND, NE, NJ, NV, NY, OH, OK, OR, PA, PR, RI, SC, SD, TN, TX, UT, VA, VT, WA, WI, and WY—accounted for 99 percent of all applicable admissions in 2007.

## Suggested Citation

Substance Abuse and Mental Health Services Administration, Office of Applied Studies. (July 23, 2009). *The TEDS Report: Race/Ethnicity of Female Substance Abuse Treatment Admissions Aged 25 to 34*. Rockville, MD.

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## 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 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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