

The TEDS Report

August 9, 2012

A Comparison of Female Substance Abuse Treatment Admissions by Criminal Justice Referral

In Brief

- Of the 625,235 female admissions to substance abuse treatment in 2009, 29.5 percent (or 184,747 admissions) were referred to treatment by the criminal justice system
- When compared with other female admissions, female criminal justice admissions reported more primary abuse of alcohol (39.5 vs. 33.1 percent), marijuana (19.8 vs. 12.8 percent), or stimulants (i.e., methamphetamine or amphetamines; 13.2 vs. 6.6 percent)
- In general, both groups of female admissions aged 12 or older began using their primary substance of abuse as adolescents: 51.9 percent of criminal justice admissions and 44.7 percent of other admissions reported initiating their primary substance of abuse between the ages of 12 and 17

Substance abuse treatment offers one of the best strategies for interrupting the intertwined cycles of substance abuse and criminal involvement.¹

While the relationship between crime and substance abuse is well accepted, according to a recent study, substance abuse is strongly related to female offender recidivism in particular.² Gaining a better understanding of females referred to substance abuse treatment by the criminal justice system and comparing them with other female admissions may help inform enhancements to new and existing interventions and treatment protocols that can more effectively treat this population.

This report uses 2009 data from the Treatment Episode Data Set (TEDS) to explore characteristics of female substance abuse treatment admissions referred to treatment by the criminal justice system (hereafter referred to as “criminal justice admissions”) and compares these admissions with female admissions who were referred to treatment by other sources

(hereafter referred to as “other female admissions”). Of the 625,235 female admissions to substance abuse treatment in 2009 aged 12 or older, 29.5 percent (or 184,747 admissions) were referred to treatment by the criminal justice system.

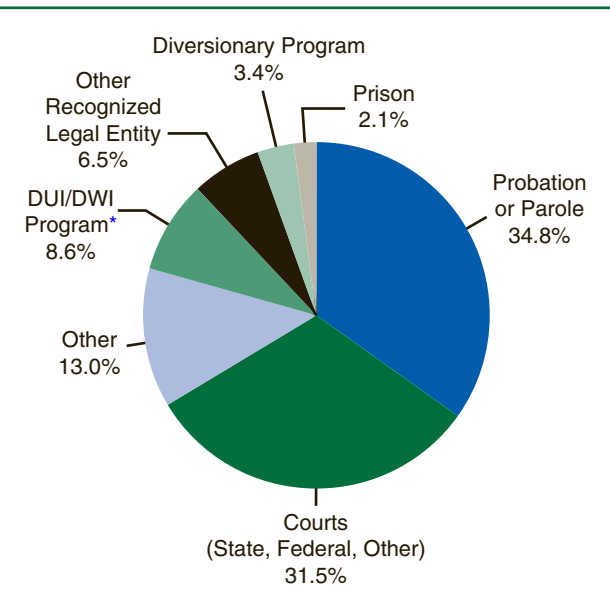
Types of Criminal Justice Referrals

Criminal justice referrals to treatment can come from a variety of different criminal justice agencies. Within TEDS, “detailed criminal justice referral” is a Supplemental Data Set item that classifies known criminal justice system referrals into the following categories: probation/parole, courts, driving under the influence/driving while impaired (DUI/DWI) programs, other recognized legal entity, diversionary program, prison, or other. In 2009, there were 137,896 out of 184,747 female criminal justice admissions for which detailed information on their criminal justice referral was available. Of this subset, about one third of female criminal justice admissions were referred to treatment by the probation or parole system (34.8 percent) or by the court system (31.5 percent), which includes Federal, State, or other types of courts (Figure 1). For some context behind these numbers, the Bureau of Justice Statistics (BJS) reported that the total U.S. criminal justice population was 7.1 million in 2010, of which over 5 million offenders were on parole or probation, with drug offenses being common among both parolees and probationers.^{3,4} Meanwhile, court processing statistics from BJS show that drug defendants comprise the largest group of felony cases in the nation’s 75 largest counties, ranging from 34 to 37 percent.⁵

Demographic Characteristics

There were few demographic differences between female criminal justice admissions and other female admissions. Both groups were predominately non-Hispanic White (65.7 and 64.7 percent, respectively) and never married⁶

Figure 1. Distribution of Referral Type among Female Criminal Justice Admissions Aged 12 or Older: 2009



* DUI/DWI = driving under the influence/driving while impaired.
 Note: Percentages may not sum to 100 percent due to rounding.
 Source: SAMHSA Treatment Episode Data Set (TEDS), 2009.

(59.1 and 57.1 percent, respectively). On average, female criminal justice admissions were 31.9 years of age and other female admissions were 34.1 years of age.

There was some variation between the two groups by health insurance and employment status (Table 1). Almost three fifths (58.0 percent) of female criminal justice admissions aged 12 or older did not have health insurance compared with half (49.6 percent) of other female admissions.⁷ Although Medicaid was the most common health insurance reported by both groups, female criminal justice admissions were less likely than other female admissions to report having Medicaid coverage (19.4 vs. 31.1 percent). In comparison with other female admissions, a greater proportion of female criminal justice admissions reported being employed (27.2 vs. 16.4 percent) and were therefore also more likely to report wages or salary as their primary source of income (32.9 vs. 19.9 percent).⁸

Table 1. Socioeconomic Characteristics of Female Criminal Justice and Other Female Admissions Aged 12 or Older: 2009

	Female Criminal Justice Admissions (Percent)	Other Female Admissions (Percent)
Education (Aged 18 or Older)		
8 Years or Fewer	8.0	8.6
9 to 11 Years	26.2	24.2
High School/GED	40.2	38.9
Some College	25.6	28.3
Employment (Aged 16 or Older)		
Unemployed	36.9	40.5
Full-time Employment	16.2	9.5
Part-time Employment	11.0	6.9
Not in Labor Force	35.9	43.0
Primary Income Source		
Wages/Salary	32.9	19.9
No Income	32.1	33.0
Public Assistance	8.4	12.8
Disability	5.2	7.8
Retirement/Pension	0.7	0.9
Other	20.5	25.7
Health Insurance		
None	58.0	49.6
Medicaid	19.4	31.1
Private	6.7	4.2
HMO	2.7	2.6
Blue Cross/Blue Shield	2.1	3.1
Medicare	1.3	1.7
Other	9.8	7.8

Note: Percentages may not sum to 100 percent due to rounding.
 Source: SAMHSA Treatment Episode Data Set (TEDS), 2009

Primary Substance of Abuse and Patterns of Use

Female admissions referred to treatment by the criminal justice system and female admissions referred by other sources differed by primary substances of abuse (Figure 2). Female criminal justice admissions were more likely than other

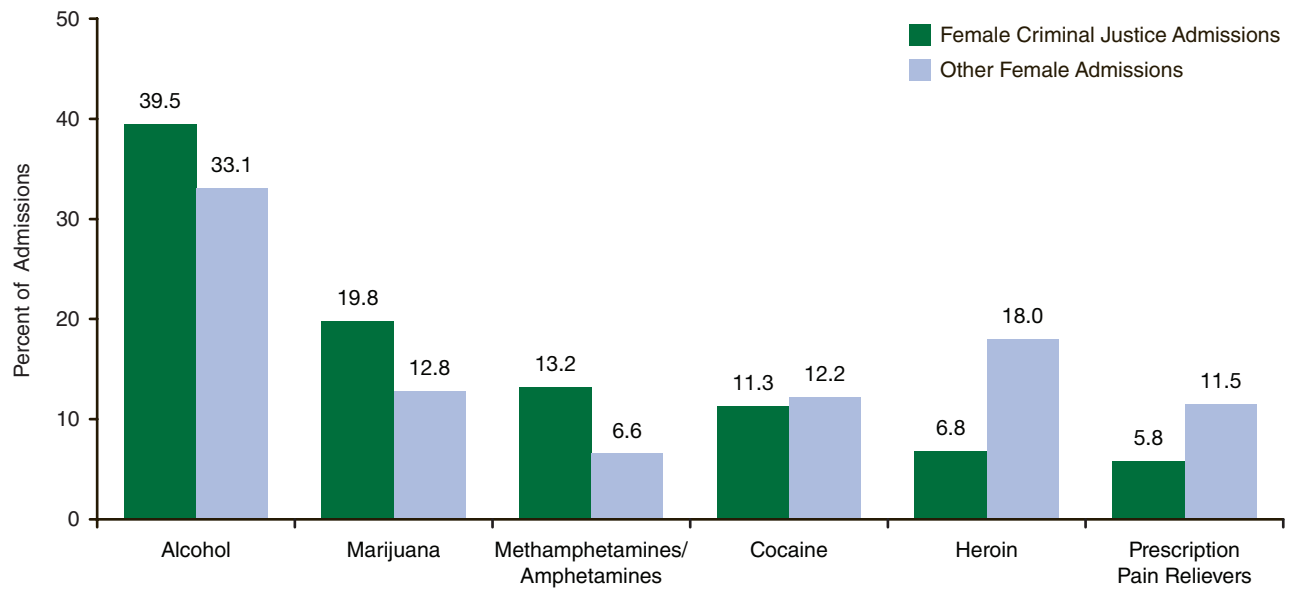
admissions to report primary abuse of alcohol (39.5 vs. 33.1 percent), marijuana (19.8 vs. 12.8 percent), or stimulants (i.e., methamphetamine or amphetamines; 13.2 vs. 6.6 percent). However, female criminal justice admissions had a lower percentage of primary heroin abuse at treatment entry than other female admissions (6.8 vs. 18.0 percent). Over one half of both groups reported multiple substances of abuse at treatment entry (52.2 percent for criminal justice admissions; 56.2 percent for other admissions).

In general, both groups of female admissions began using their primary substance of abuse as adolescents. Specifically, 51.9 percent of criminal justice admissions and 44.7 percent of other admissions reported initiating their primary substance of abuse between the ages of 12 and 17 (Figure 3). The average age at first use was 18.2 years for female criminal justice admissions and 19.4 years for other female admissions. The duration of primary substance use was also similar for both groups (13.6 years for female criminal justice admissions and 14.7 years for other female admissions).

Treatment History, Co-Occurring Disorders, and Living Arrangement

There were differences in the substance abuse treatment histories, mental health status, and living arrangements between the two female admissions groups.⁹ Almost half of the female criminal justice admissions reported no prior treatment episodes compared with about two fifths percent of other female admissions (48.5 vs. 41.1 percent). Nearly one third of female criminal justice treatment admissions reported a co-occurring mental health problem (32.8 percent), which was a lower percentage than that of other female admissions (41.5 percent). Homelessness was less common among female criminal justice admissions than among other female admissions (5.6 vs. 11.6 percent).

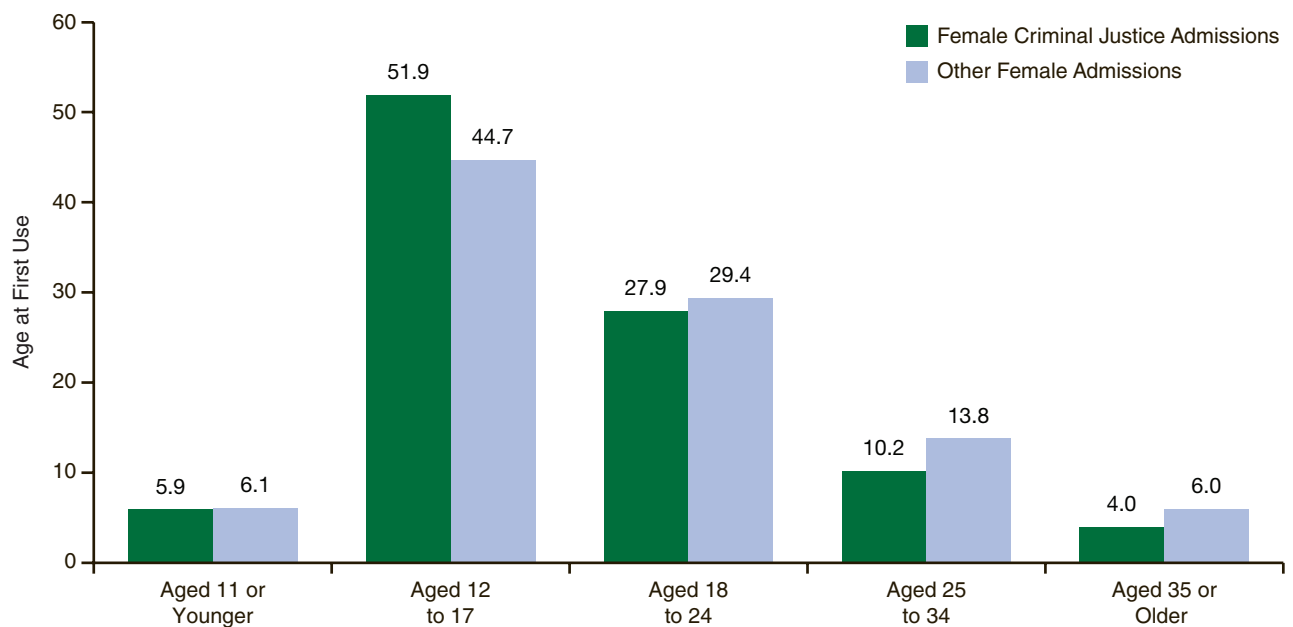
Figure 2. Primary Substance of Abuse among Female Criminal Justice and Other Female Admissions Aged 12 or Older: 2009



Note: Percentages do not sum to 100 percent because not all substances are presented.

Source: SAMHSA Treatment Episode Data Set (TEDS), 2009.

Figure 3. Age of First Use of Primary Substance among Female Criminal Justice and Other Female Admissions Aged 12 or Older: 2009



Note: Percentages may not sum to 100 percent because not all substances are presented.

Source: SAMHSA Treatment Episode Data Set (TEDS), 2009.

Discussion

Substance abuse treatment programs represent key opportunities to introduce needed services and provide stability to people whose lives have been disrupted by substance abuse.¹ These services may be especially important for reducing recidivism among criminal justice system-referred clients. This report finds that the two female treatment admissions groups shared a relatively similar demographic profile, yet differed by primary substance of abuse. Programs treating females may need to address multiple substances of abuse and place particular emphasis on alcohol, marijuana, and stimulants for female criminal justice admissions.

Criminal justice admissions face unique challenges that need to be taken into account at treatment entry. For example, the high rates of unemployment across both admission groups underscore the importance of employment services to facilitate an economic stability that will in turn support long-term recovery. However, additional employment services may be needed to help female criminal justice admissions overcome complications stemming from their criminal justice system involvement (e.g., guidance on interview questions regarding a criminal record and assistance locating employers who are willing to hire offenders).

The high occurrence of co-occurring mental health problems coupled with the low rates of health care insurance coverage among both female admissions groups suggests that substance abuse treatment may also represent a key gateway to mental health services. Criminal justice agencies that suspect or detect mental health problems may consider targeted referrals to treatment programs that address both problems. To that end, several resources have been developed for effectively screening, assessing, and treating criminal justice

populations.¹⁰ Finally, the early age of initiation across both female admissions groups points to the continued need for prevention efforts to discourage underage alcohol and drug use and address problematic alcohol and drug-related behaviors before they escalate to negative consequences such as dependence, abuse, and possible criminal justice involvement.

End Notes

- ¹ U.S. Department of Health and Human Services, National Institutes of Health, National Institute on Drug Abuse. (2009). Principles of drug addiction treatment: A research-based guide (2nd ed.; NIH Publication No. 09-4180). Retrieved from http://www.drugabuse.gov/sites/default/files/podat_0.pdf
- ² Andrews, D. A., Guzzo, L., Raynor, P., Rowe, R. C., Rettinger, L. J., Brews, A., & Wormith, J. S. (2012). Are the major risk/need factors predictive of both female and male reoffending?: A test with the eight domains of the level of service/case management inventory. *International Journal of Offender Therapy and Comparative Criminology*, 56(1), 113-133.
- ³ Glaze, L. E. (2011). *Correctional population in the United States, 2010* (NCJ 236319). Washington, DC: U.S. Department of Justice, Office of Justice Programs, Bureau of Justice Statistics. Retrieved from <http://bjs.ojp.usdoj.gov/content/pub/pdf/cpus10.pdf>
- ⁴ Glaze, L. E., & Bonczar, T. P. (2011). *Probation and parole in the United States, 2010* (NCJ 236019). Washington, DC: U.S. Department of Justice, Office of Justice Programs, Bureau of Justice Statistics. Retrieved from <http://bjs.ojp.usdoj.gov/content/pub/pdf/ppus10.pdf>
- ⁵ Cohen, T. H. & Kyckelhahn, T. (2010). *BJS Bulletin: Felony defendants in large urban counties, 2006* (NCJ 228944). Washington, DC: U.S. Department of Justice, Office of Justice Programs, Bureau of Justice Statistics. Retrieved from <http://bjs.ojp.usdoj.gov/content/pub/pdf/dluc06.pdf>
- ⁶ *Marital status* is a TEDS Supplemental Data Set item.
- ⁷ *Health insurance* is a TEDS Supplemental Data Set item.
- ⁸ All employment-related analyses were restricted to admissions aged 16 or older.
- ⁹ *Living arrangements* and *psychiatric problem in addition to alcohol or drug problem* are TEDS Supplemental Data Set items.
- ¹⁰ The Substance Abuse and Mental Health Services Administration (SAMHSA) has developed guides that summarize evidence-based practices for screening, assessing, and treating criminal justice populations. These guides include (1) SAMHSA. (2005). *Treatment Improvement Protocol (TIP) 44: Substance abuse treatment for adults in the criminal justice system*. Retrieved from <http://store.samhsa.gov/product/TIP-44-Substance-Abuse-Treatment-for-Adults-in-the-Criminal-Justice-System/SMA09-4056>; (2) SAMHSA. (2006). *Quick guide for clinicians based on TIP 44: Substance abuse treatment for adults in the criminal justice system*. Retrieved from http://www.kap.samhsa.gov/products/tools/cl-guides/pdfs/QGC_44.pdf; (3) SAMHSA. (2006). *KAP keys based on TIP 44: Substance abuse treatment for adults in the criminal justice system*. Retrieved from http://www.kap.samhsa.gov/products/tools/keys/pdfs/KK_44.pdf

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Findings from SAMHSA's Treatment Episode Data Set (TEDS) for 2009

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The Treatment Episode Data Set (TEDS) is an administrative data system providing descriptive information about the national flow of admissions aged 12 or older to providers of substance abuse treatment. TEDS intends to collect data on all treatment admissions to substance abuse treatment programs in the United States receiving public funds. Treatment programs receiving any public funds are requested to provide TEDS data on publicly and privately funded clients.

TEDS is one component of the Behavioral Health Services Information System (BHSIS), maintained by the Center for Behavioral Health Statistics and Quality (CBHSQ), Substance Abuse and Mental Health Services Administration (SAMHSA). TEDS records represent admissions rather than individuals, as a person may be admitted to treatment more than once. Information on treatment admissions is routinely collected by State administrative systems and then submitted to SAMHSA in a standard format.

There are significant differences among State data collection systems. Sources of State variation include the amount of public funding available and the constraints placed on the use of funds, facilities reporting TEDS data, clients included, services offered, and completeness and timeliness of reporting. See the annual TEDS reports for details. TEDS received approximately 2.0 million treatment admission records from 49 States and Puerto Rico for 2009.

Definitions for demographic, substance use, and other measures mentioned in this report are available in Appendix B of the annual TEDS report on national admissions (see latest report at <http://www.samhsa.gov/data/DASIS/teds09/TEDS2k9NAppB.htm>).

The TEDS Report is prepared by the Center for Behavioral Health Statistics and Quality, SAMHSA; Synectics for Management Decisions, Inc. (Arlington, VA); and RTI International (Research Triangle Park, NC). **Information and data for this issue are based on data reported to TEDS through November 3, 2010.**

Latest TEDS reports:

<http://www.samhsa.gov/data/DASIS.aspx#TEDS>

Latest TEDS public use files and variable definitions:

<http://www.icpsr.umich.edu/icpsrweb/SAMHDA/>

Other substance abuse reports:

<http://www.samhsa.gov/data/>



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