

The DASIS Report

September 3, 2004

Pregnant Women in Substance Abuse Treatment: 2002

In Brief

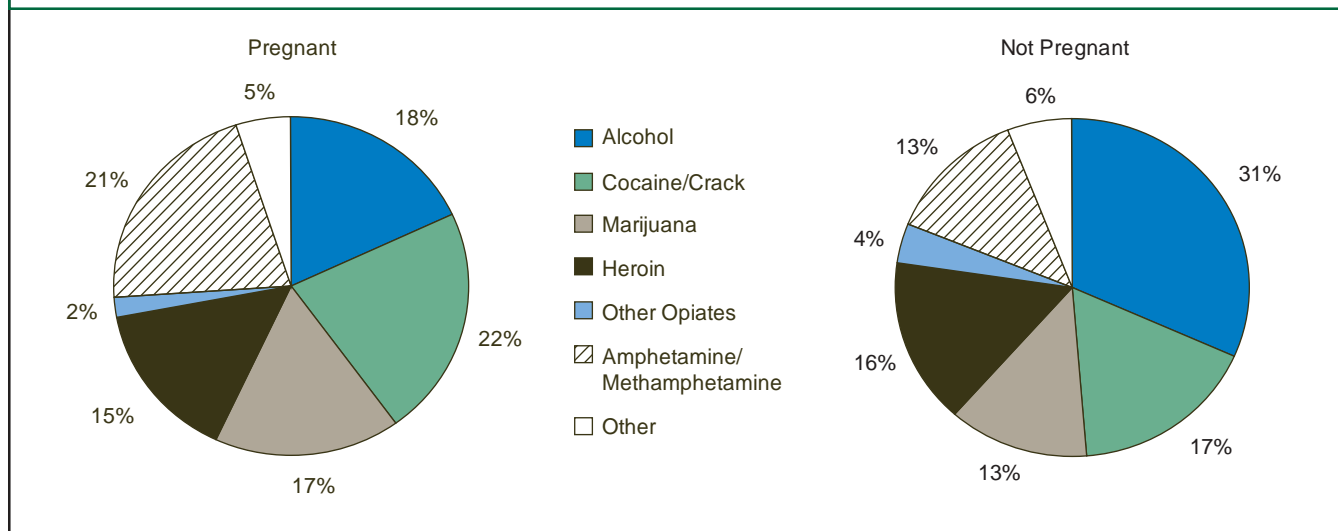
- In 2002, 4 percent of 363,000 treatment admissions of women aged 15 to 44 were pregnant at the time of admission
- Pregnant admissions were less likely to report alcohol as a primary substance of abuse (18 percent) than nonpregnant admissions (31 percent)
- Pregnant admissions were more likely to have never been married (65 percent) than nonpregnant admissions (56 percent)

Forty-four States reported the pregnancy status of substance abuse treatment admissions to the Treatment Episode Data Set (TEDS) in 2002.¹ Out of the more than 363,000 treatment admissions of women of childbearing age (15 to 44 years old) for which pregnancy status was recorded, 15,300 (4 percent) were pregnant at the time of admission. This number does not include women who became pregnant or became aware of their pregnancies during the course of their treatment episode. This report will examine the pregnant admissions between the ages of 15 and 44 in comparison to the 348,000 nonpregnant female admissions in the same age range in the 44 States which reported pregnancy status.

Substances of Abuse

Compared to nonpregnant admissions, pregnant women aged 15 to 44 entering treatment were more likely to report cocaine/crack (22 vs. 17 percent), amphetamine/methamphetamine² (21 vs. 13 percent), or marijuana (17 vs. 13 percent) as their primary substance of abuse³ (Figure 1). Alcohol was the primary substance of abuse among almost one-third of women aged 15 to 44 (31 percent) who were not

Figure 1. Primary Substance of Abuse Among Women Aged 15 to 44 Admitted to Treatment, by Pregnancy Status: 2002



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

pregnant at the time of admission. In contrast, only 18 percent of pregnant admissions reported alcohol as their primary substance of abuse.

In terms of recency of use, pregnant admissions were more likely than nonpregnant admissions to report not having used their primary (38 vs. 26 percent), secondary (49 vs. 37 percent), or tertiary (72 vs. 55 percent) substance of abuse in the last month (Figure 2). Further, pregnant admissions were less likely to report recent daily use of their primary (33 vs. 41 percent), secondary (20 vs. 26 percent), or tertiary (8 vs. 16 percent) substance of abuse than nonpregnant admissions.

Socioeconomic Characteristics

While pregnant admissions were more likely to have never been married (65 percent) than nonpregnant admissions (56 percent), 15 percent of both pregnant and nonpregnant admissions were

married and almost equal proportions were separated (7 vs. 8 percent) at the time of admission. Twelve percent of pregnant admissions and 20 percent of nonpregnant admissions were divorced or widowed.

Among women aged 19 to 44⁴ (pregnant and nonpregnant), more than three-quarters were either unemployed or not in the labor force. However, more nonpregnant admissions reported part- or full-time employment (23 percent) than pregnant admissions (13 percent).

Age of Admission

Pregnant women aged 15 to 44 entering treatment were, on average, younger than nonpregnant women in the same age group (mean age 27 vs. mean age 31). The majority (53 percent) of pregnant women entering treatment were between the ages of 20 and 29 years old, while the largest proportion of nonpregnant admissions was between the ages of 30 and 39 (40 percent of nonpregnant women).

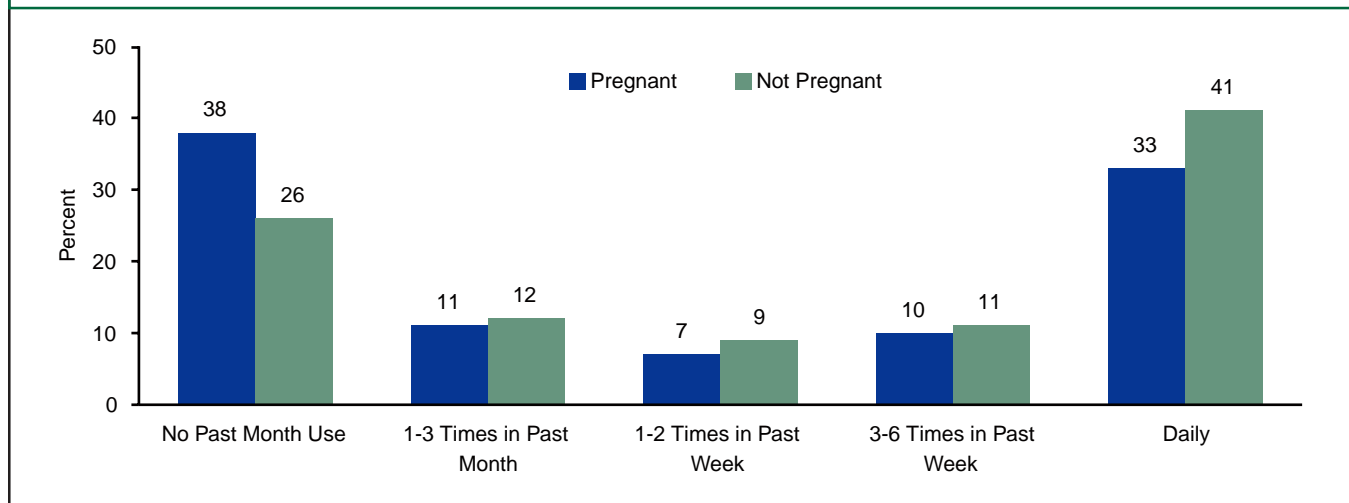
Health Insurance

Many women aged 15 to 44 who entered treatment in 2002 had no health insurance⁵: 38 percent of pregnant women and 54 percent of nonpregnant women were not insured (Figure 3). Pregnant women were more likely than nonpregnant women to be covered by Medicaid (47 vs. 25 percent, respectively).

Service Setting

Although the majority of women aged 15 to 44 entered ambulatory treatment settings (66 percent), the distribution of service settings⁶ for pregnant and nonpregnant women differed. Pregnant women were less likely than nonpregnant women to enter detoxification services (7 vs. 16 percent). However, pregnant women were more likely to enter residential/rehabilitative (22 vs. 18 percent) and ambulatory service settings (71 vs. 66 percent) than nonpregnant women.

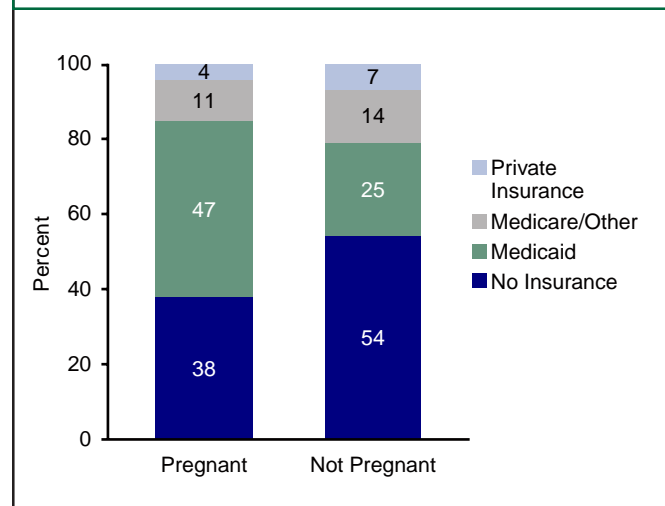
Figure 2. Frequency/Recency of Use of Primary Substance Among Women Aged 15 to 44 Admitted to Treatment, by Pregnancy Status: 2002



End Notes

- ¹ TEDS, a compilation of State administrative data, consists of a Minimum Data Set collected by nearly all States, and a Supplemental Data Set collected by some States. Pregnancy status is a Supplemental Data Set item. It was reported in 2002 for at least 75 percent of admissions of women aged 15 to 44 by the following 44 States: AK, AL, AZ, CA, CO, CT, DC, DE, GA, HI, IA, ID, IL, IN, KS, KY, LA, MA, MD, ME, MI, MN, MO, MS, MT, NC, ND, NH, NJ, NM, NV, OH, OK, OR, PA, SC, SD, TN, TX, UT, VT, WA, WI, and WV.
- ² While most of the States that report data to TEDS list amphetamine and methamphetamine separately, some States do not. For the purposes of this report, these two substances have been combined.
- ³ The primary substance of abuse is the main substance reported at the time of admission. Secondary and tertiary substances are other substances of abuse also reported at the time of admission.
- ⁴ Analysis of the employment variable excludes women aged 15 to 18 because they are typically not in the labor force.
- ⁵ Health Insurance is a Supplemental Data Set item. It was reported in 2002 by 27 of the 44 States reporting pregnancy status: AK, AZ, CO, DC, DE, GA, HI, ID, IL, IN, KS, KY, MA, MD, MO, MS, MT, NH, NJ, NV, OK, OR, PA, SC, TX, UT, and WV.
- ⁶ 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.

Figure 3. Health Insurance Status Among Women Aged 15 to 44, by Pregnancy Status: 2002



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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