

The DASIS Report

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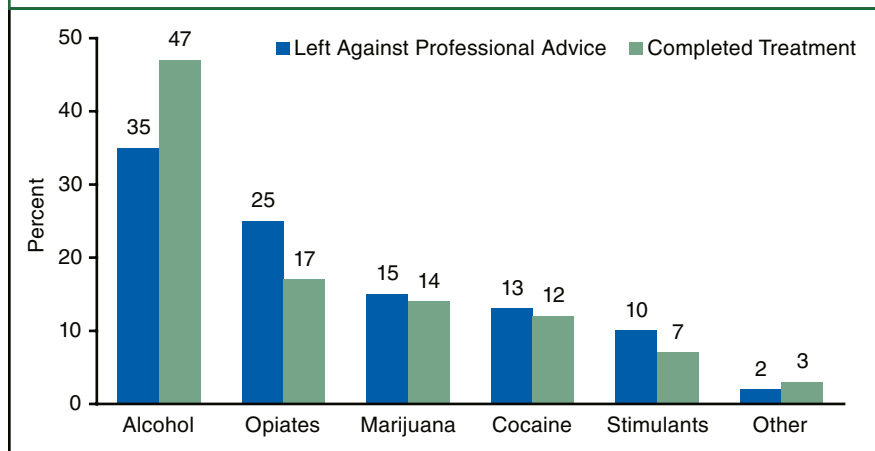
Discharges Who Left Against Professional Advice: 2003

In Brief

- Clients who left treatment against professional advice were more likely than those who completed treatment to report opiates as the primary substance of abuse (25 vs. 17 percent)
- Those who completed treatment were more likely than were those who left against professional advice to be White (63 vs. 55 percent)
- Clients who left against professional advice were more likely than those who completed treatment to have been self- or individually referred to treatment (40 vs. 34 percent)

This report examines discharge data in the Treatment Episode Data Set (TEDS).¹ TEDS is an annual compilation of data on the demographic characteristics and substance abuse problems of those admitted for substance abuse treatment, and it comprises two major components, the Admissions Data Set and the Discharge Data Set. Both admission and discharge data come primarily from facilities that receive some public funding. In 2003, TEDS received approximately 1.8 million treatment admission records from all 50 States, the District of Columbia, and Puerto Rico, and more than 937,000 treatment discharge records from 26 States.² More than 888,000 of the discharge records (95 percent) could be linked to an admission record to describe a complete treatment episode. Of these episodes, more than 821,000 (92 percent) had a valid response for reason

Figure 1. Primary Substance of Abuse, by Type of Discharge: 2003



Source: 2003 SAMHSA Treatment Episode Data Set (TEDS).

for discharge. This report presents data on the more than 226,000 treatment episodes (28 percent) where the reason for discharge was the client leaving against professional advice (dropped out) and compares them with the approximately 361,000 episodes (44 percent) where the client completed treatment. The remaining treatment episodes were terminated by the facility (9 percent), transferred to another substance abuse treatment program or facility (11 percent), or discharged for other reasons (8 percent).

All clients who chose not to complete treatment, for known or unknown reasons, are considered to have left treatment against professional advice. Clients who were terminated by the facility, were incarcerated, died, or were discharged by the facility for other or unknown reasons are not included as dropouts.

Primary Substance of Abuse

The distribution of the primary substance of abuse³ was different among clients who left against professional advice than among clients who completed treatment. Clients who dropped out were less likely to have reported alcohol as the primary substance of abuse (35 vs. 47 percent) (Figure 1) than those who completed treatment and were more likely to have reported opiates (25 vs. 17 percent) than those who completed treatment. Clients who left against professional advice were slightly more likely to have reported stimulants as the primary substance of abuse (10 vs. 7 percent) than those who completed treatment. There were only small differences between those who left against professional advice and those who completed treatment in the percentage of those who reported cocaine, marijuana, or other drugs as the primary substance of abuse.

Demographics

Clients who left against professional advice were more likely to be female than those who completed treatment (33 vs. 29 percent). Those who dropped out were less likely to be White than those who completed treatment (55 vs. 63 percent) (Figure 2). Clients who left against professional advice were similar in age to those who completed treatment. Clients who dropped out were more likely to never have been married⁴ than were clients who completed treatment (63 vs. 57 percent). There was only a small difference between those who dropped out and those who completed treatment in the proportion that were currently married (15 vs. 18 percent) and in the proportion that were formerly married (23 vs. 26 percent).

Education

Clients who left treatment against professional advice were more likely than those who completed treatment to have less than a high school education⁵ (36 vs. 29 percent), and they were less likely than those who completed treatment to have some college education (18 vs. 24 percent). Clients who left against professional advice and clients who completed treatment were similar in the percentage of those who graduated from high school (46 vs. 47 percent).

Employment

Clients who dropped out of treatment were more likely to be looking for work⁶ than those

who completed treatment (38 vs. 33 percent), and less likely to be employed (full- or part-time) than those who completed treatment (26 vs. 32 percent). There was only a small difference between clients who dropped out and clients who completed treatment in the percentage of those who were not in the labor force.

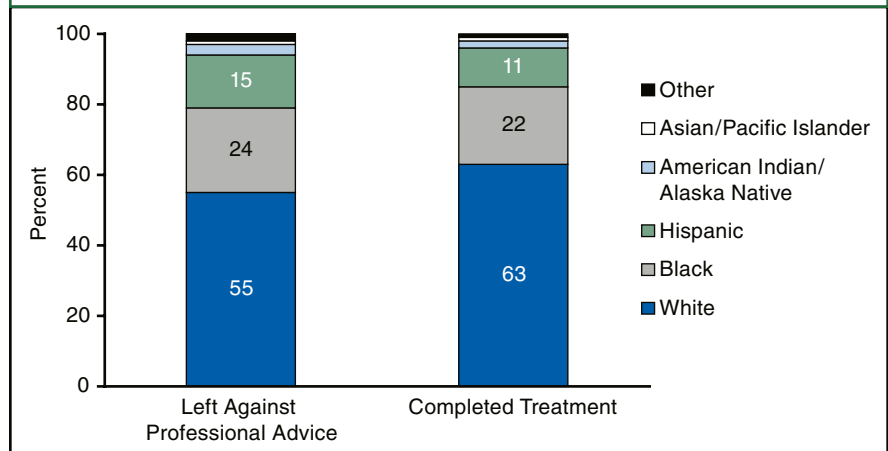
Type of Service

Clients who left against professional advice were more likely to have been in outpatient treatment⁷ (52 vs. 46 percent) or methadone treatment (9 vs. 2 percent) than were clients who completed treatment (Figure 3). Clients who left against professional advice were less likely to have been in detoxification (25 vs. 30 percent) or residential treatment (14 vs. 20 percent) than those who completed treatment.

Referral Source

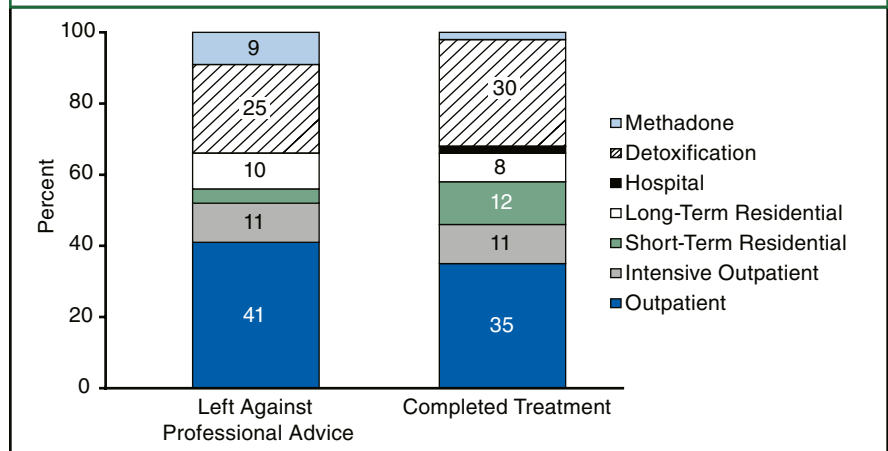
Clients who left against professional advice were less likely to have been referred to treatment by the criminal justice system than were those who completed treatment (29 vs. 39 percent). Clients who left against professional advice were more likely than those who completed treatment to have been self- or individually referred (40 vs. 34 percent). Clients who dropped out and clients who completed treatment had the same percentage (16 percent) of referrals by substance abuse or health care providers. Clients who left against professional advice were more likely than clients who completed treatment to have been community referrals (15 vs. 11 percent).

Figure 2. Race/Ethnicity, by Type of Discharge: 2003



Source: 2003 SAMHSA Treatment Episode Data Set (TEDS).

Figure 3. Type of Service, by Type of Discharge: 2003



Source: 2003 SAMHSA Treatment Episode Data Set (TEDS).

End Notes

- ¹ See also: Substance Abuse and Mental Health Services Administration, Office of Applied Studies. (2006). *Treatment Episode Data Set (TEDS): 2003. Discharges from Substance Abuse Treatment Services* (DASIS Series: S-30, DHHS Publication No. SMA 06-4139). Rockville, MD.
- ² States submitting 2003 discharge data included AZ, CA, CO, CT, GA, HI, IA, IL, KS, MA, MD, ME, MI, MN, MO, MT, NE, NJ, OH, OK, RI, SC, TN, TX, UT, and WY.
- ³ The *primary substance of abuse* is the main substance reported at the time of admission.
- ⁴ *Marital status* is a TEDS Supplemental Data Set item. Among the States reporting discharge data in 2003, these 23 States also reported *marital status* with a 75 percent or higher response rate: CO, CT, GA, HI, IA, IL, KS, MA, MD, ME, MI, MN, MO, NE, NJ, OH, OK, RI, SC, TN, TX, UT, and WY.
- ⁵ *Education* is evaluated only for those aged 18 or older.
- ⁶ *Employment status* is evaluated only for discharges aged 16 or older. *Not in the labor force* includes those not looking for work during the past 30 days, students, homemakers, disabled or retired persons, or inmates of an institution.
- ⁷ Discharge data are presented by *type of service* (rather than by the *service settings* used with Admissions data). All clients for whom methadone treatment was planned are included in the methadone classification. Similarly, all detoxification clients are classified as detoxification. The other five service types—outpatient, intensive outpatient, short-term residential (30 days or fewer), long-term residential (more than 30 days), and hospital—therefore exclude all methadone and detoxification clients.

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Research Findings from SAMHSA's 2003 Drug and Alcohol Services Information System (DASIS)

Discharges Who Left Against Professional Advice: 2003

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- Clients who left against professional advice were more likely than those who completed treatment to have been self- or individually referred to treatment (40 vs. 34 percent)

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 1.8 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 April 11, 2005.

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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