Treatment Episode Data Set

The TEDS Report

July 1, 2010

Homeless Young Adult Treatment Admissions

Homelessness is a public health crisis in the United States, one which particularly threatens young adults.[1] Homeless young adults are susceptible to health and safety problems associated with inadequate housing, including violence, infectious disease, mental health problems, and substance abuse.[2] Substance abuse and homelessness present a complex set of problems not only for the persons suffering from them but also for public health services agencies.[3,4] Understanding the characteristics of homeless young adults in substance abuse treatment can help public health efforts aimed toward prevention, improving access to treatment, and treatment effectiveness with this population.

Data from the Treatment Episode Data Set (TEDS) for 2008 can be used to examine homelessness among admissions to substance abuse treatment. TEDS includes a Minimum Data Set collected by all States and a Supplemental Data Set collected by some States. Living arrangements is a Supplemental Data Set item. Only data from States with a response rate of 75 percent or higher on this item were used in this report.[5] This report compares the characteristics of homeless admissions aged 18 to 25 (hereafter referred to as "homeless young adult admissions") and other admissions the same age who, at the time of admission to treatment, reported that they resided in a dependent or independent living arrangement (hereafter referred to as "non-homeless young adult admissions"). Of the approximately 377,000 young adult admissions to substance abuse treatment with with a known living arrangement in the 48 States that met the response rate criteria in 2008, 7.1 percent (approximately 26,800) were homeless.

In Brief

- Heroin (26.9 percent) and alcohol (25.0 percent) were the most frequently reported primary substances of abuse among homeless young adult admissions in 2008
- Homeless young adult admissions were more likely than non-homeless young adult admissions to have had five or more treatment episodes (17.3 vs. 6.2 percent)
- Among homeless young adult admissions, individual/self referrals were the most common source of referral to treatment (41.5 percent); among non-homeless young adult admissions, the most common source of referral was the criminal justice system (50.6 percent)

Demographics

In general, demographic characteristics were similar between homeless and non-homeless young adult treatment admissions. The majority of both homeless and non-homeless young adult admissions were non-Hispanic White (65.7 vs. 67.8 percent) and

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male (61.0 vs. 66.8 percent), and more than two fifths had completed high school or obtained a GED (43.1 vs. 44.2 percent). However, there were slight age differences between the two types of admissions. Homeless young adults were more likely than non-homeless admissions to be older, with the majority being between the ages of 21 and 25 (75.9 vs. 68.5 percent).

Primary Substance of Abuse

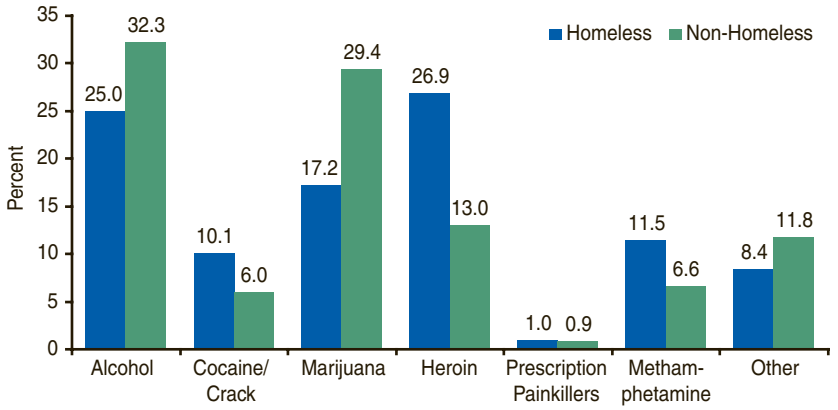
There were differences in the primary substances of abuse between homeless and non-homeless young adult admissions. Among homeless young adult admissions, heroin (26.9 percent) and alcohol (25.0 percent) were the most frequently reported primary substances of abuse (Figure 1). Among non-homeless young adult admissions, alcohol (32.3 percent) and marijuana (29.4 percent) were the most commonly reported primary substances of abuse.

Homeless young adult admissions were more likely than their non-homeless counterparts to report heroin (26.9 vs. 13.0 percent), cocaine/crack (10.1 vs. 6.0 percent), or methamphetamine (11.5 vs. 6.6 percent) as the primary substance of abuse. Non-homeless young adult admissions were more likely than homeless young adult admissions to report marijuana (29.4 vs. 17.2 percent).

Trends in Primary Substance of Abuse

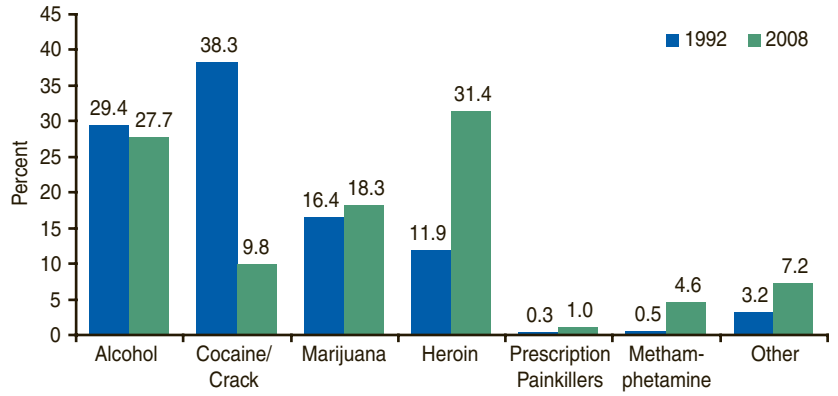
While the overall demographic differences between homeless and non-homeless young adult admissions did not change between 1992 and 2008, there was a substantive shift in their primary substances of abuse.[6] Among homeless young adult admissions, increasing proportions reported methamphetamine, prescription painkillers, heroin, or marijuana as the primary substance of abuse between 1992 and 2008 (Figure 2). Among these admissions, heroin and alcohol were the most commonly reported primary substances of abuse in 2008, while cocaine/crack and alcohol were the most commonly reported in 1992.

Figure 1. Homeless and Non-Homeless Admissions Aged 18 to 25, by Primary Substance of Abuse: 2008



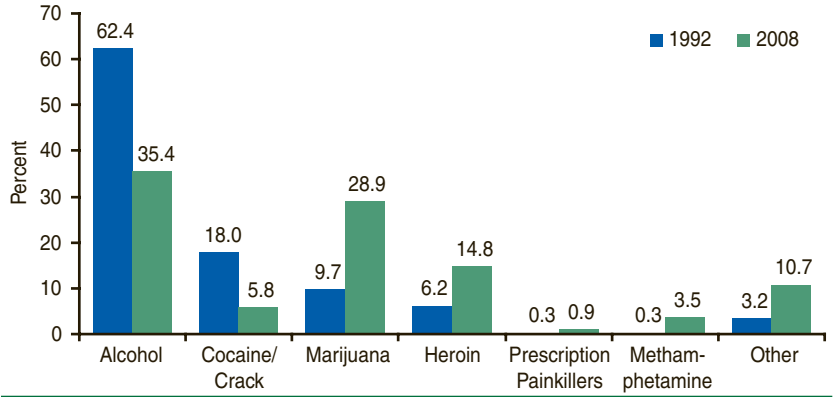
Note: Percentages may not sum to 100 percent due to rounding.
Source: SAMHSA Treatment Episode Data Set (TEDS), 2008.

Figure 2. Homeless Admissions Aged 18 to 25, by Primary Substance of Abuse: 1992 and 2008



Note: In this figure, primary substance data for 2008 differs from the primary substance data presented in Figure 1. See End Note 6 for details. Percentages may not sum to 100 percent due to rounding. Source: SAMHSA Treatment Episode Data Set (TEDS), 1992 and 2008.

Figure 3. Non-Homeless Admissions Aged 18 to 25, by Primary Substance of Abuse: 1992 and 2008



Note: In this figure, primary substance data for 2008 differs from the primary substance data presented in Figure 1. See End Note 6 for details. Percentages may not sum to 100 percent due to rounding. Source: SAMHSA Treatment Episode Data Set (TEDS), 1992 and 2008.

In both 1992 and 2008, alcohol was the most frequently reported primary substance of abuse among non-homeless young adult admissions, although by 2008 the rate at which alcohol was reported was about half of the 1992 rate (Figure 3). While reports of primary alcohol abuse decreased among non-homeless admissions during the 17-year period, reports of primary heroin, methamphetamine, prescription painkiller, and marijuana abuse increased.

In 1992 and 2008, non-homeless young adult admissions were more likely than homeless young adult admissions to report alcohol as a primary substance. In 1992, homeless young adults were more likely than their non-homeless counterparts to report marijuana, but by 2008, marijuana was reported more frequently by non-homeless young adults.

Number of Prior Treatment Admissions

There were also differences in the number of prior treatment episodes between homeless and non-homeless young adult admissions. Homeless young adults were more likely than their non-homeless counterparts to have been in treatment prior to the current treatment episode (61.4 vs. 47.6 percent). Homeless young adult admissions were also almost three times more likely than non-homeless admissions to have had five or more prior treatment episodes (17.3 vs. 6.2 percent).

Source of Referral

Principal sources of referral to treatment differed between homeless and non-homeless young adult admissions. Among homeless young adult admissions, individual or self-referrals were the most common source of referral (41.5 percent), followed by the criminal justice system (22.8 percent), substance abuse care providers (15.7 percent), and community organizations (13.6 percent) (Figure 4). Among non-homeless young adult admissions, the criminal justice system was the most common source of referral (50.6 percent), followed by individual/self referrals (25.3 percent), and community organizations (10.6 percent).

Discussion

These data highlight the fact that homeless and non-homeless young adults are first and foremost young adults, regardless of their living arrangement. However, these youths face challenges associated with substance addictions and require treatment tailored to their life situations.

Prevention and treatment providers need to be aware of the special needs of the homeless and non-homeless young adult populations in order to ensure that appropriate programs for outreach, engagement, initiation of treatment, and relapse prevention are in place. By understanding the ways in which homeless and non-homeless young adults find their way into treatment, policy makers, public health professionals, prevention specialists, and treatment providers can better focus their efforts toward improving access to treatment and public outreach.

End Notes

[1] Burt, M. R., Pollack, D., Sosland, A., Mikelson, K., Drapa, E., Greenwalt, K., et al. (2002). *Evaluation of continuums of care for homeless people: Final report.* U.S. Department of Housing and Urban Development, Office of Policy Development and Research. Retrieved February 23, 2010, from www.urban.org/url.cfm?ID=310553

[2] National Network for Youth. (n.d.). *NN4Y Issue Brief: Consequences of youth homelessness.* Retrieved February 23, 2010, from http://www.nn4youth.org/system/files/IssueBrief_Youth_Homelessness.pdf

[3] Zerger, S. (2002). *Substance abuse treatment: What works for homeless people? A review of the literature.* Nashville, TN: National Health Care for the Homeless Council. Retrieved February 23, 2010, from http://www.nhchc.org/Publications/SubstanceAbuseTreatmentLitReview.pdf

[4] Zerger, S., Strehlow, A. J., & Gundlapalli, A. V. (2008). Homeless young adults and behavioral health: An overview. *American Behavioral Scientist, 51*(6), 824-841.

[5] *Living arrangements* is a Supplemental Data Set item. The 48 States and jurisdictions in which it was reported for at least 75 percent of all admissions in 2008—AR, AZ, CA, CO, CT, DC, DE, FL, HI, IA, ID, IL, IN, KS, KY, LA, MA, MD, ME, MI, MN, MO, MS, MT, NC, ND, NE, NH, NJ, NM, NV, NY, OH, OK, OR, PR, RI, SC, SD, TN, TX, UT, VA, VT, WA, WI, WV, and WY—accounted for 95.3 percent of all substance abuse treatment admissions in 2008.

[6] Because living arrangements is a supplemental data item, comparisons between years require a different subset of data meeting the reporting criteria as explained in end note 5. For the comparison between 1992 and 2008, the living arrangements data used were from the 27 States and jurisdictions in which data were reported for at least 75 of all admissions in both years—CO, HI, IA, ID, IL, IN, KS, LA, MA, MD, ME, MI, MN, ND, NE, NH, NJ, NM, NV, NY, OH, OK, OR, RI, SD, TX, and WV; these States and jurisdictions accounted for 27.3 percent of all substance abuse treatment admissions in 1992 and 33.9 percent of all substance abuse treatment admissions in 2008. As a result, the primary substance data presented in Figure 1 is different from the data presented in Figures 2 and 3.

Suggested Citation

Substance Abuse and Mental Health Services Administration, Office of Applied Studies. (July 1, 2010). *The TEDS Report: Homeless Young Adult Treatment Admissions.* Rockville, MD.

Figure 4. Homeless and Non-Homeless Admissions Aged 18 to 25, by Principal Source of Referral: 2008

Note: Percentages may not sum to 100 percent due to rounding.
Source: SAMHSA Treatment Episode Data Set (TEDS), 2008.

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Research Findings from SAMHSA's Treatment Episode Data Set (TEDS) for 1992 and 2008

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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 aged 12 or older 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 1.9 million treatment admission records from 48 States, the District of Columbia, and Puerto Rico for 2008.

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 August 31, 2009.**

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