

The TEDS Report

January 7, 2010

Trends in Adult Female Substance Abuse Treatment Admissions Reporting Primary Alcohol Abuse: 1992 to 2007

In Brief

- Between 1992 and 2007, the proportion of adult female substance abuse treatment admissions that reported primary alcohol abuse declined from 47.4 percent to 33.4 percent; of these, there were declines in the proportion who reported only alcohol abuse (from 28.2 to 18.5 percent) and those who reported secondary or tertiary abuse of other substances (from 19.2 to 14.9 percent)
- Between 1992 and 2007, the proportion of adult female alcohol admissions aged 25 to 34 decreased from 43.2 to 23.2 percent, while the proportion aged 45 to 54 almost tripled from 9.4 to 24.1 percent
- The proportion of adult female admissions that reported primary alcohol abuse and the secondary or tertiary abuse of other substances increased from 40.5 percent in 1992 to 44.6 percent in 2007

Alcohol abuse affects millions of women every year, increasing their risk for physical and mental health problems and their risk of being victims of violent and sexual assaults.¹ Additionally, women's alcohol abuse may have profound effects on their children and families, including injuries and deaths caused by motor vehicle accidents, child abuse and neglect, and fetal alcohol syndrome.^{1,2}

According to data from the National Survey on Drug Use and Health (NSDUH), 5.1 percent of adult women (approximately 5.9 million) were in need of alcohol treatment in 2008—a percentage that has remained relatively stable since 2002.³ In addition to monitoring trends in the need for alcohol treatment among women, it is also important to understand how the numbers and characteristics of women in treatment for alcohol abuse have changed over time as this may help treatment providers improve services for such women.

Data from the Treatment Episode Data Set (TEDS) can be used to examine primary alcohol abuse among female substance abuse treatment admissions and discharges aged 18 or older (hereafter referred to as “adult female admissions”). The first section of this report presents trends in the proportion of adult female admissions reporting primary alcohol abuse between 1992 and 2007. Subsequent sections examine how the characteristics of adult female admissions reporting primary alcohol abuse have changed over time. The final section presents 2007 data on treatment outcomes or reasons for discharge from treatment for this population.

Trends in Alcohol Admissions

The proportion of all adult substance abuse treatment admissions that were female increased between 1992 and 2007, from 27.4 percent to 32.5 percent. While the

proportion of adult female admissions increased, the proportion of adult female admissions reporting alcohol as the primary substance of abuse declined, from 47.4 percent in 1992 to 33.4 percent in 2007 (Figure 1). Of these, the proportion that reported only alcohol as a substance of abuse declined (from 28.2 to 18.5 percent), as did the proportion that reported primary alcohol abuse with secondary or tertiary abuse of other substances (from 19.2 to 14.9 percent).

Demographic Characteristics

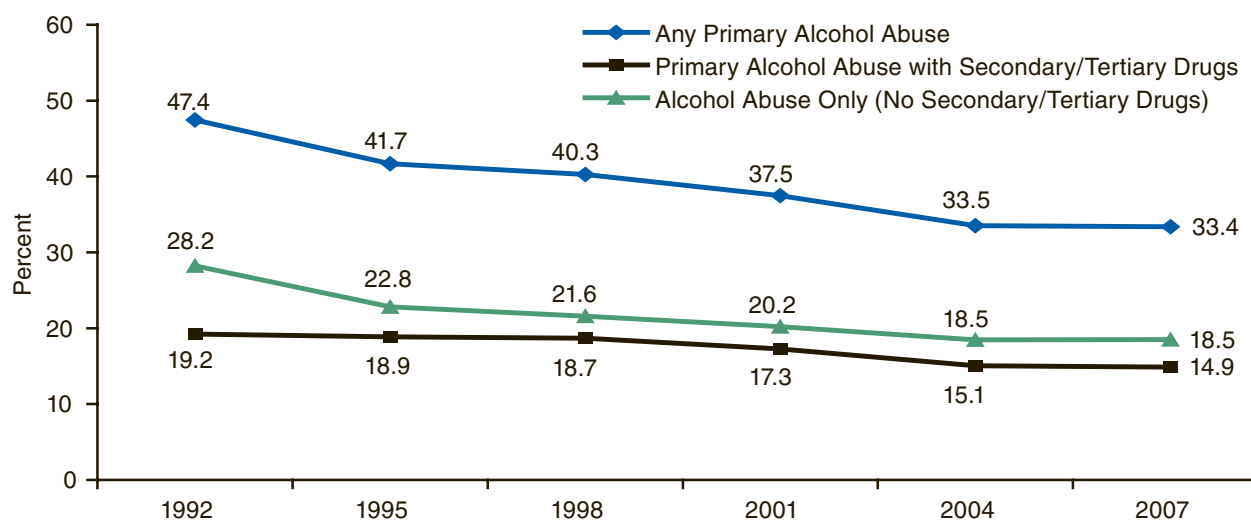
Overall, adult female admissions reporting primary alcohol abuse were younger on average in 1992 than in 2007 (with a mean age at admission of 34.1 vs. 37.9 years). Between 1992 and 2007, the proportion of adult female primary alcohol admissions aged 25 to 34 decreased from 43.2 to 23.2 percent, while the proportion aged 45 to 54 almost tripled from 9.4 to

24.1 percent (Table 1).

There was little change in the racial/ethnic composition of adult female alcohol admissions. While the majority were non-Hispanic White in both years (71.3 and 70.9 percent), the proportion that were non-Hispanic Black decreased slightly from 19.2 percent in 1992 to 15.0 percent in 2007.

Between 1992 and 2007, there were notable changes in marital status, educational level, employment status, and the primary source of income among adult female admissions that reported primary alcohol abuse (Table 2). There were increases in the proportion of adult female primary alcohol admissions that never married (from 35.4 to 45.1 percent),⁴ had some college education (from 24.0 to 34.9 percent), or were unemployed (from 26.5 to 33.0 percent). In both 1992 and 2007, slightly less than one third of adult female primary alcohol admissions reported wages or salary as the primary source of income (32.7 and 31.0 percent).⁵

Figure 1. Trends in Female Substance Abuse Treatment Admissions Aged 18 or Older Reporting Primary Alcohol Abuse: 1992 to 2007



Note: Percentages may not sum to totals because of rounding.
Source: 1992 to 2007 SAMHSA Treatment Episode Data Set (TEDS).

Principal Source of Referral

Among these adult female admissions, there was little change in the principal sources of referral between 1992 and 2007. The most common sources were individual or self-referrals and referrals from the criminal justice system (Table 3). The proportion of criminal justice system referrals increased slightly between 1992 and 2007 (from 27.8 to 32.2 percent) and alcohol or drug abuse care provider referrals decreased slightly (from 14.6 to 11.5 percent).

While the proportion of adult female primary alcohol admissions referred to treatment by the criminal justice system overall changed only slightly between 1992 and 2007, the proportion referred by specific criminal justice venues and programs changed substantially during this time.⁶ Specifically, there were decreases in the proportion referred by State or Federal courts (from 24.0 to 15.0 percent), driving under the influence/driving while intoxicated (DUI/DWI) programs (from 35.5 to 18.4 percent), and other recognized legal entities, such as local law enforcement, corrections, or youth agencies (from 12.7 to 2.7 percent). However, the portion referred from courts outside the State and Federal court systems increased between 1992 and 2007 (from 1.8 to 18.7 percent).

Secondary/Tertiary Substances of Abuse

Among adult female admissions that reported primary alcohol abuse in 1992, approximately 40.5 percent also reported the secondary or tertiary abuse of other substances. By 2007, the proportion increased slightly to 44.6 percent.

Table 1. Percent Distribution of Female Substance Abuse Treatment Admissions Aged 18 or Older Reporting Primary Alcohol Abuse, by Age and Race/Ethnicity: 1992 and 2007

Age and Race/Ethnicity	1992	2007
Total	100.0	100.0
Age		
18 to 24	15.4	15.1
25 to 34	43.2	23.2
35 to 44	27.7	31.5
45 to 54	9.4	24.1
55 or Older	4.3	6.2
Race/Ethnicity		
White, non-Hispanic	71.3	70.9
Black, non-Hispanic	19.2	15.0
Hispanic	4.7	7.8
American Indian/Alaska Native	4.0	4.1
Asian/Pacific Islander	0.3	0.6
Other	0.4	1.6

Note: Percentages may not sum to totals because of rounding.
Source: 1992 and 2007 SAMHSA Treatment Episode Data Set (TEDS).

Table 2. Percent Distribution of Female Substance Abuse Treatment Admissions Aged 18 or Older Reporting Primary Alcohol Abuse, by Other Demographic Characteristics: 1992 and 2007

Other Demographic Characteristics	1992	2007
Total	100.0	100.0
Marital Status		
Never Married	35.4	45.1
Married	21.6	18.5
Separated or Divorced	38.9	33.1
Widowed	4.1	3.2
Educational Level		
High School/GED	41.3	40.7
Less than High School	34.7	24.4
Some College	24.0	34.9
Employment Status		
Employed	32.5	31.6
Unemployed	26.5	33.0
Not in Labor Force	41.0	35.5
Primary Source of Income		
Wages or Salary	32.7	31.0
Public Assistance	32.7	11.0
Retirement/Pension/Disability	6.2	5.9
Other	18.0	25.6
None	10.5	26.6

Note: Percentages may not sum to totals because of rounding.
Source: 1992 and 2007 SAMHSA Treatment Episode Data Set (TEDS).

Among these admissions, secondary or tertiary marijuana abuse remained relatively unchanged between 1992 and 2007 (from 49.0 to

48.2 percent) (Figure 2). During this time, secondary or tertiary cocaine abuse decreased from 56.6 percent to 48.4 percent as did secondary or

tertiary abuse of stimulants other than methamphetamine (from 5.7 to 1.7 percent). However, the proportion of admissions reporting secondary or tertiary abuse of opiates other than heroin more than tripled (from 2.8 to 8.8 percent) and the proportion reporting secondary or tertiary abuse of methamphetamine nearly tripled (from 3.9 to 11.0 percent).

Co-occurring Psychological Disorders and Pregnancy Status

Reports of psychiatric problems at treatment admission are a voluntary item in the TEDS data system. Nevertheless, using a consistent cohort of 17 States, the data show that among adult female admissions reporting alcohol abuse, the proportion also reporting a psychiatric disorder nearly doubled between 1992 and 2007 (from 17.7 percent to 33.6 percent).⁷

Pregnancy status is also a voluntary item in the TEDS data system.

Table 3. Percent Distribution of Female Substance Abuse Treatment Admissions Aged 18 or Older Reporting Primary Alcohol Abuse, by Principal Source of Referral and Detailed Criminal Justice Referral: 1992 and 2007

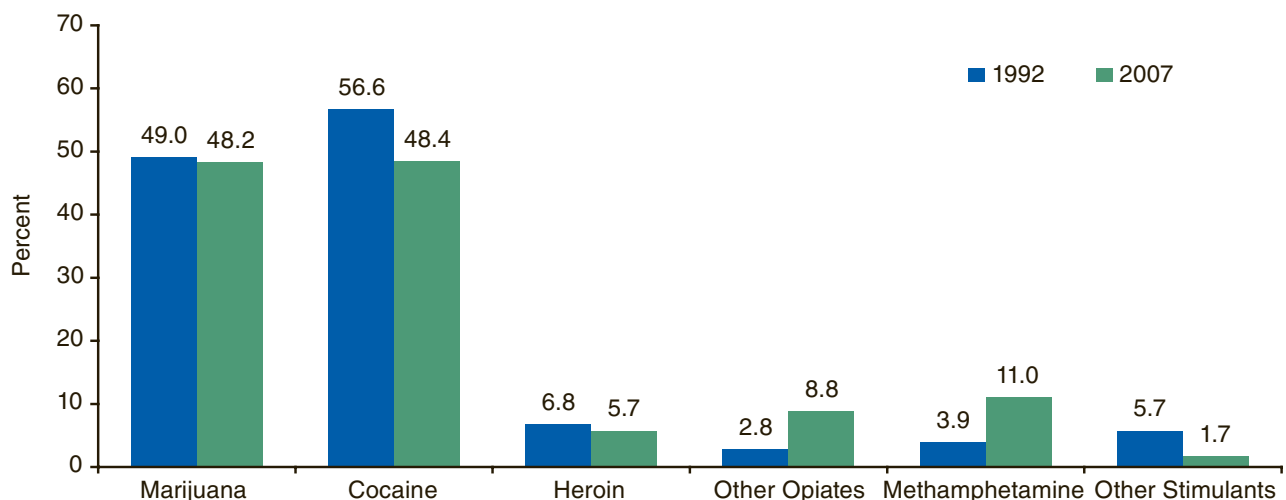
Source of Referral	1992	2007
Total	100.0	100.0
Principal Source of Referral		
Self or Individual	34.0	32.3
Criminal Justice System	27.8	32.2
Alcohol or Drug Abuse Care Provider	14.6	11.5
Other Community Referral	11.3	13.5
Other Health Care Provider	10.5	9.7
Other	1.8	0.9
Detailed Criminal Justice Referral		
Driving Under the Influence/Driving While Intoxicated (DUI/DWI) Program	35.5	18.4
State/Federal Court	24.0	15.0
Probation/Parole	20.1	23.7
Other Recognized Legal Entity	12.7	2.7
Other Court	1.8	18.7
Diversionary Program	1.9	3.2
Prison	1.5	1.0
Other	2.5	17.3

Note: Percentages for the Detailed Criminal Justice Referral variable represent the percentages of criminal justice referrals only and not all adult female primary alcohol admission referrals. Percentages may not sum to totals because of rounding.
Source: 1992 and 2007 SAMHSA Treatment Episode Data Set (TEDS).

Based on 26 States reporting pregnancy status in both 1992 and 2007, the data show that among

adult female admissions reporting alcohol abuse, the proportion that were pregnant at the time of

Figure 2. Secondary or Tertiary Substances of Abuse among Female Substance Abuse Treatment Admissions Aged 18 or Older Reporting Primary Alcohol Abuse and Secondary or Tertiary Drugs of Abuse: 1992 and 2007



Note: Percentages sum to more than 100 percent because an admission could report more than one additional substance.
Source: 1992 and 2007 SAMHSA Treatment Episode Data Set (TEDS).

admission changed little between 1992 and 2007 (2.8 vs. 1.9 percent).⁸

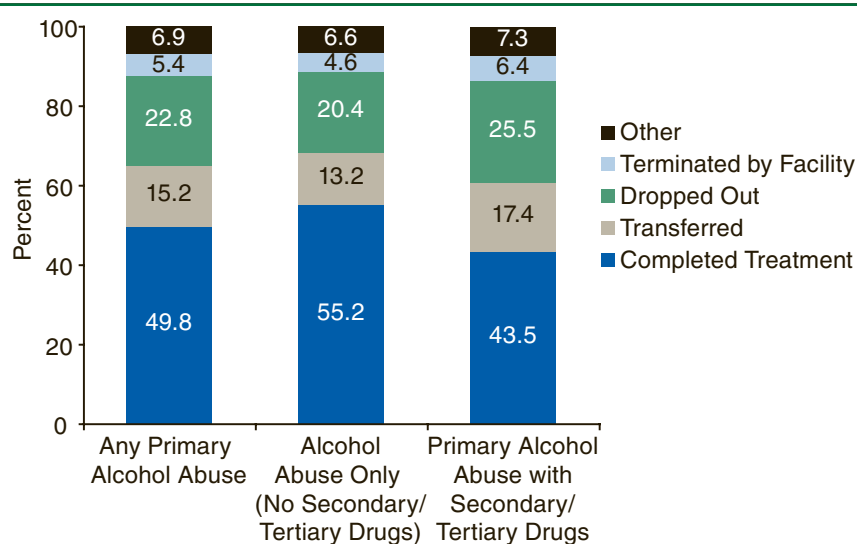
Treatment Outcomes

Completing treatment or transferring to another level of care are both important predictors of longer-term positive outcomes. In 2007, nearly two thirds of adult female discharges with primary alcohol abuse completed treatment (49.8 percent) or transferred to another level of care (15.2 percent) (Figure 3). Treatment completion was higher among adult female discharges reporting only alcohol abuse than among those reporting primary alcohol abuse with the secondary or tertiary abuse of other substances (55.2 vs. 43.5 percent).

Discussion

The data from TEDS suggest several areas which should be of concern to treatment, primary care, and other health providers. First, while the number of adult female substance abuse treatment admissions has increased over time, the number and proportion of admissions for primary alcohol abuse have declined even though the prevalence of this problem has remained relatively stable. Second, the treatment cohort for this type of admission is aging. Third, the data show an increasing prevalence of the abuse of methamphetamine and opiates as secondary substances. Taken singly or in combination, these findings strongly suggest the need for additional screening for alcohol and drug abuse in multiple settings, the application of gender-sensitive and age-appropriate outreach and engagement strategies, and a therapeutic approach which addresses not only the abuse of alcohol but also any underlying polydrug abuse.

Figure 3. Reason for Discharge among Female Substance Abuse Treatment Discharges Aged 18 or Older Reporting Primary Alcohol Abuse: 2007



Note: Percentages may not sum to 100 percent because of rounding.
Source: 2007 SAMHSA Treatment Episode Data Set (TEDS).

End Notes

- ¹ National Institute on Alcohol Abuse and Alcoholism, National Institutes of Health. (Revised 2008). *Alcohol: A women's health issue* (NIH Publication No. 03 4956). Washington, DC: U.S. Department of Health and Human Services.
- ² Widom, C. S., & Hiller-Sturmhofel, S. (2001, Winter). Alcohol abuse as a risk factor for and consequence of child abuse. *Alcohol Research and Health, 25*(1), 52-57.
- ³ National-level detailed tables for the 2002 through 2008 National Surveys on Drug Use and Health are available online at <http://oas.samhsa.gov/WebOnly.htm#NSDUHtabs>.
- ⁴ *Marital status* is a Supplemental Data Set item. The 33 States and jurisdictions in which it was reported for at least 75 percent of all admissions in both 1992 and 2007—AR, CO, FL, HI, IA, ID, IL, IN, KS, LA, MA, MD, ME, MI, MN, MO, NC, ND, NE, NH, NJ, NM, NV, OH, OK, OR, PA, RI, SC, SD, TN, TX, and WY—accounted for 60.9 percent of all substance abuse treatment admissions in 1992 and for 58.2 percent of all substance abuse treatment admissions in 2007.
- ⁵ *Source of income support* is a Supplemental Data Set item. The 15 States and jurisdictions in which it was reported for at least 75 percent of all admissions in both 1992 and 2007—HI, IA, ID, IL, KS, ME, MN, ND, NE, NV, NY, OH, PA, RI, and SD—accounted for 32.1 percent of all substance abuse treatment admissions in 1992 and 37.3 percent of all substance abuse treatment admissions in 2007.

- ⁶ *Detailed criminal justice referral* is a Supplemental Data Set item. The 15 States and jurisdictions in which it was reported for at least 75 percent of all admissions in both 1992 and 2007—CO, FL, HI, IL, KS, MA, MD, ND, NJ, NV, NY, OH, OR, RI, and TX—accounted for 50.1 percent of all substance abuse treatment admissions in 1992 and 49.0 percent of all substance abuse treatment admissions in 2007.
- ⁷ *Psychiatric problem in addition to alcohol or drug problem* is a Supplemental Data Set item. The 17 States and jurisdictions in which it was reported for at least 75 percent of all admissions in both 1992 and 2007—CA, CO, IA, ID, KS, LA, MA, MD, ME, MO, ND, NE, NM, OK, RI, SC, and TN—accounted for 33.4 percent of all substance abuse treatment admissions in 1992 and for 35.2 percent of all substance abuse treatment admissions in 2007.
- ⁸ *Pregnancy status* is a Supplemental Data Set item. The 26 States and jurisdictions in which it was reported for at least 75 percent of all admissions in both 1992 and 2007—CA, CO, CT, HI, IA, ID, IL, IN, KS, MA, MD, ME, MI, MN, MT, NC, ND, NE, NV, NY, OH, OK, OR, PA, SD, and WI—accounted for 68.5 percent of all substance abuse treatment admissions in 1992 and for 73.5 percent of all substance abuse treatment admissions in 2007.

Suggested Citation

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Research Findings from the SAMHSA 1992 to 2007 Treatment Episode Data Sets (TEDS)

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The Treatment Episode Data Set (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 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. TEDS received approximately 1.8 million treatment admission records from 45 States, the District of Columbia, and Puerto Rico for 2007. Discharge data for 2007 are preliminary but include approximately 1.5 million discharge records from 46 States, the District of Columbia, and Puerto Rico.

Definitions for 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 admissions data reported to TEDS through October 6, 2008, and discharge data reported through November 30, 2008.**

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