

# The TEDS Report

January 20, 2011

## Substance Abuse Treatment Admissions Receiving Public Assistance

### In Brief

- In 2008, 7.5 percent of substance abuse treatment admissions aged 18 to 54 reported public assistance as their main source of income
- Public assistance admissions were more likely than others to report primary abuse of heroin (19.0 vs. 13.7 percent) or cocaine (17.7 vs. 12.4 percent)
- These admissions were more likely than other admissions to have a psychiatric disorder in addition to their substance use problem (41.3 vs. 28.6 percent)
- Public assistance discharges were less likely than other discharges in 2007 to have completed treatment (39.2 vs. 48.8 percent) and were more likely to have dropped out of treatment (28.3 vs. 20.5 percent)

An estimated 3.5 million individuals who receive public assistance also have substance abuse problems.<sup>1</sup> For this population, substance abuse problems add to and intensify challenges associated with transitioning from public assistance to financial self-sufficiency. Knowing the characteristics of public assistance recipients who enter substance abuse treatment may help treatment providers tailor programs that meet the complex needs of this population through integrated treatment approaches that focus on addiction and social services needs.

This report uses data from the Treatment Episode Data Set (TEDS) for 2008 to examine the characteristics of substance abuse treatment admissions aged 18 to 54 who reported public assistance as their main source of

income (hereafter referred to as “public assistance admissions”). This report draws comparisons between public assistance admissions and those admissions of the same age who reported another main source of income (hereafter referred to as “other admissions”); other admissions include those whose main source of income was wages/salary, disability, and unspecified other, as well as those with no source of income. Admissions whose main source of income was a pension or retirement plan are excluded from this report. Of the approximately 1.04 million admissions who were aged 18 to 54 and whose main source of income support was not a pension or retirement plan, approximately 78,280 (7.5 percent) were public assistance admissions.

TEDS includes a Minimum Data Set collected by all States and a Supplemental Data Set collected by some States. Source of income support is a Supplemental Data Set item. Only data on substance abuse treatment admissions aged 18 to 54 with a known source of income support from the 35 States or jurisdictions with a response rate of 75 percent or higher on this item were used in this report.<sup>2</sup>

### Demographic Characteristics

In 2008, the majority of the approximately 78,280 public assistance admissions were aged 35 to 54 (57.9 percent) (Table 1).

**Table 1. Percent Distribution of Substance Abuse Treatment Admissions Aged 18 to 54 That Reported Public Assistance as the Main Source of Income, by Demographic Characteristic: 2008**

Demographic Characteristic	Public Assistance Admissions	Other Admissions
<b>Total</b>	<b>100.0</b>	<b>100.0</b>
<b>Age</b>		
18 to 25	16.9	25.1
26 to 34	25.2	26.3
35 to 44	32.5	27.5
45 to 54	25.4	21.0
<b>Gender</b>		
Male	53.9	69.6
Female	46.1	30.4
<b>Race/Ethnicity</b>		
Non-Hispanic White	45.1	63.0
Non-Hispanic Black	32.6	20.3
Hispanic	16.8	12.3
American Indian	2.6	2.1
Asian/Pacific Islander	1.1	0.7
Other*	1.8	1.6
<b>Marital Status</b>		
Never Married	59.1	58.8
Currently Married	12.6	16.6
Divorced	19.1	17.7
Separated	7.6	5.7
Widowed	1.6	1.2

\*Includes Alaska Natives. Alaska did not report TEDS data for 2008.  
 Note: “Other Admissions” excludes admissions that reported pension or retirement as the main source of income. Percentages may not sum to 100 percent due to rounding.  
 Source: SAMHSA Treatment Episode Data Set (TEDS), 2008.

Public assistance admissions were less likely than other admissions to be aged 18 to 25 (16.9 vs. 25.1 percent) and more likely to be aged 35 to 44 (32.5 vs. 27.5 percent). Compared with other admissions, public assistance admissions were more likely to be female (46.1 vs. 30.4 percent), less likely to be non-Hispanic White (45.1 vs. 63.0 percent), and more likely to be non-Hispanic Black (32.6 vs. 20.3 percent). Both groups were equally likely to have never married (public assistance admissions 59.1 percent and other admissions 58.8 percent).<sup>3</sup>

### Economic Characteristics

Over one half of public assistance admissions were not in the labor force (not employed and not looking for work) (52.0 percent) (Table 2). As expected, they were more likely than other admissions to be unemployed (not employed and looking for work) (43.5 vs. 37.3 percent). Generally, public assistance admissions were less educated than other admissions. Compared with other admissions, public assistance admissions were more likely to

have not completed high school (44.2 vs. 32.6 percent) and less likely to have completed some education after high school (17.6 vs. 24.6 percent).

Overall, public assistance admissions were more likely than other admissions to have some type of health insurance coverage. Medicaid, a program that helps pay medical costs for certain low-income individuals, was the most commonly reported type of health insurance. These admissions were more than 3 times as likely as other admissions to have Medicaid coverage (48.2 vs. 13.3 percent).<sup>4</sup> Slightly more than one quarter of public assistance admissions had no health insurance coverage (27.5 percent) compared with two thirds of other admissions (66.0 percent). Additionally, these admissions were less likely than other admissions to have private health insurance (5.0 vs. 11.2 percent).

### Substances of Abuse

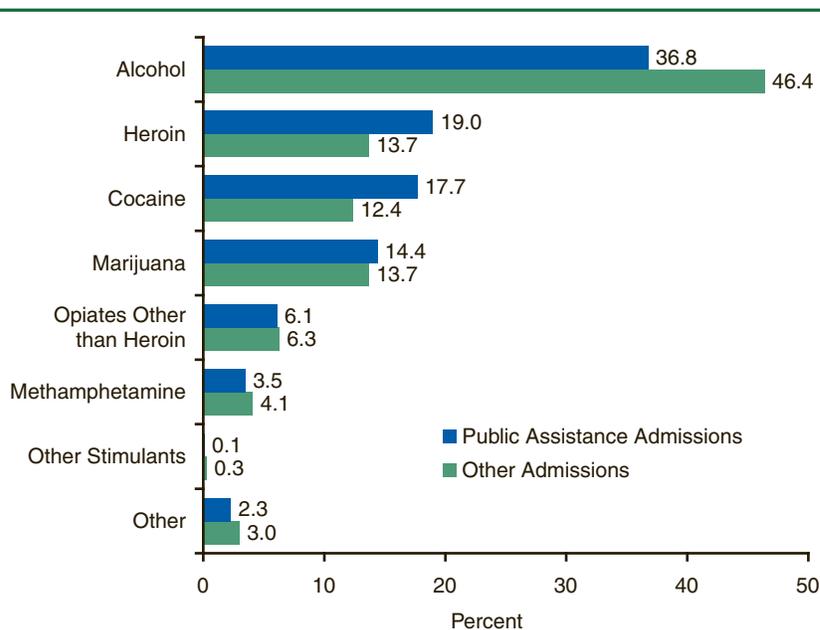
TEDS collects data on the primary substance of abuse at the time of admission to treatment and up to two additional substances of abuse at admission. The most frequently reported primary substance of abuse among public assistance admissions was alcohol, although these admissions were less likely than others to report alcohol as their primary substance (36.8 vs. 46.4 percent) (Figure 1). Public assistance admissions were more likely than other admissions to report primary abuse of heroin

**Table 2. Percent Distribution of Substance Abuse Treatment Admissions Aged 18 to 54 That Reported Public Assistance as the Main Source of Income, by Economic Characteristic: 2008**

Economic Characteristic	Public Assistance Admissions	Other Admissions
<b>Total</b>	<b>100.0</b>	<b>100.0</b>
<b>Employment</b>		
Employed	4.5	32.2
Unemployed	43.5	37.3
Not in Labor Force	52.0	30.5
<b>Education</b>		
Less than High School	44.2	32.6
High School or GED	38.2	42.8
More than High School	17.6	24.6
<b>Health Insurance</b>		
None	27.5	66.0
Private*	5.0	11.2
Medicaid	48.2	13.3
Medicare	2.4	1.0
Other	16.8	8.5

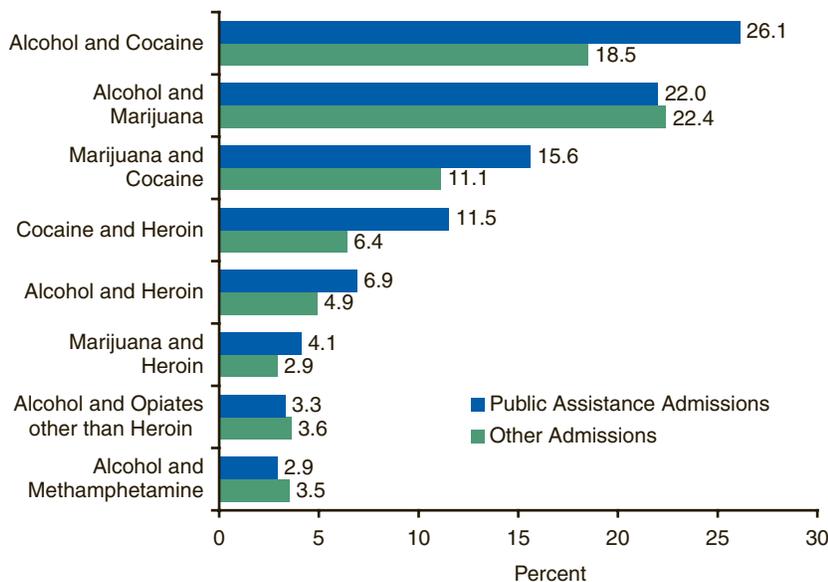
\*Includes Blue Cross/Blue Shield, Health Maintenance Organizations, and other private health insurance.  
 Note: "Other Admissions" excludes admissions that reported pension or retirement as the main source of income. Percentages may not sum to 100 percent due to rounding.  
 Source: SAMHSA Treatment Episode Data Set (TEDS), 2008.

**Figure 1. Substance Abuse Treatment Admissions Aged 18 to 54 That Reported Public Assistance as the Main Source of Income, by Primary Substance of Abuse: 2008**



Note: "Other Admissions" excludes admissions that reported pension or retirement as the main source of income. Percentages may not sum to 100 percent due to rounding.  
 Source: SAMHSA Treatment Episode Data Set (TEDS), 2008.

**Figure 2. Substance Abuse Treatment Admissions Aged 18 to 54 That Reported Public Assistance as the Main Source of Income, by Selected Combinations of Substances of Abuse: 2008**



Note: "Other Admissions" excludes admissions that reported pension or retirement as the main source of income. Admissions can report up to three substances of abuse at admission, so some admissions may be counted in more than one combination of substances category.  
 Source: SAMHSA Treatment Episode Data Set (TEDS), 2008.

(19.0 vs. 13.7 percent) or cocaine (17.7 vs. 12.4 percent).

Compared with other admissions, public assistance admissions were more likely to report multiple substances of abuse (64.4 vs. 55.1 percent) and to report the following combination of substances: alcohol and cocaine (26.1 vs. 18.5 percent), marijuana and cocaine (15.6 vs. 11.1 percent), and cocaine and heroin (11.5 vs. 6.4 percent) (Figure 2).

### Treatment Characteristics

The proportion of admissions with prior treatment experience was higher among public assistance admissions than

among other admissions (73.0 vs. 58.0 percent). They were also more likely than other admissions to have been in treatment five or more times prior to the current treatment episode (21.1 vs. 13.8 percent).

Self-referrals were the most common source of referral among public assistance admissions (30.9 percent); a similar proportion of other admissions were also self-referred (32.1 percent). Public assistance admissions were more likely than other admissions to be referred to treatment by alcohol or drug abuse care providers (17.7 vs. 11.9 percent) or other community sources (21.6 vs. 11.0 percent), but they were less likely to be referred to treatment by the

criminal justice system (22.5 vs. 37.7 percent).

Among public assistance admissions, 41.3 percent had a psychiatric disorder in addition to an alcohol or drug problem.<sup>5</sup> In comparison, 28.6 percent of other admissions had a co-occurring psychiatric disorder.

### Treatment Outcomes

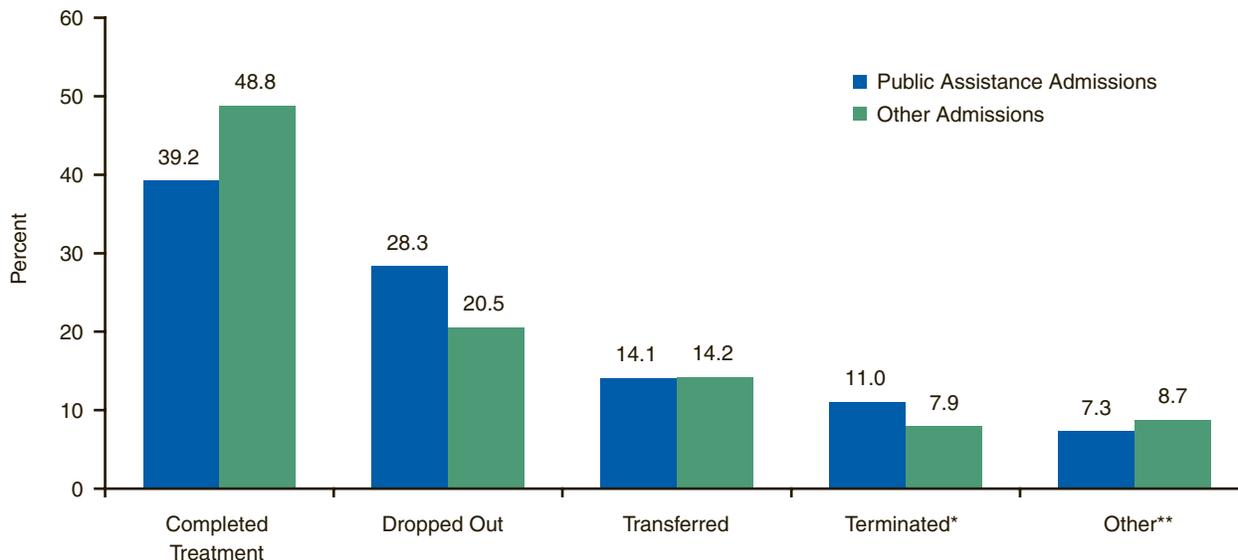
Completing treatment is an important predictor of long-term positive outcomes. In 2007, public assistance discharges were less likely than other discharges to complete treatment (39.2 vs. 48.8 percent) and more likely than other admissions to drop out of treatment (28.3 vs. 20.5 percent) (Figure 3).<sup>6</sup>

### Discussion

The data in this report clearly demonstrate that nearly all public assistance admissions have needs which go beyond their use or abuse of alcohol and other drugs. Most were either unemployed or not in the labor force, and more than 40 percent had not completed high school. Many of these admissions also had a co-occurring psychiatric disorder. Additionally, these admissions were more likely than other admissions to report abuse of substances that are particularly difficult to treat (such as heroin and cocaine) or to report abuse of more than one substance.

A continuum of care with a variety of integrated supportive

**Figure 3. Substance Abuse Treatment Discharges Aged 18 to 54 That Reported Public Assistance as the Main Source of Income, by Reason for Discharge: 2007**



\* Clients may be terminated from a treatment program by a facility for a variety of reasons, such as refusing to follow the prescribed treatment program, failing to follow facility rules and procedures, and exhibiting violent behavior.

\*\* Other reasons for discharge include incarceration, death, or other factors external to the treatment regimen (i.e., client moved, was hospitalized, or some other reason out of the client's control).

Note: "Other Admissions" excludes admissions that reported pension or retirement as the main source of income. Percentages may not sum to 100 percent due to rounding.

Source: SAMHSA Treatment Episode Data Set (TEDS), 2007.

and ancillary services (e.g., mental health care, employment and educational counseling, medical care, child care, assistance with housing and transportation) that address the multiple needs of this population may improve their chances of recovery and attainment of self-sufficiency. The substance abuse treatment system provides an opportunity to connect public assistance admissions to needed supportive services in a holistic and multifaceted way.

**End Notes**

<sup>1</sup> Substance Abuse and Mental Health Services Administration, Office of Applied Studies. (2009). [2004-2008 NSDUH data on substance dependence or abuse, by the total population receiving government assistance among persons aged 18 or older]. Unpublished raw data.

<sup>2</sup> *Source of income support* is a Supplemental Data Set item. The 35 States and jurisdictions in which it was reported for at least 75 percent of all admissions aged 12 or older in 2008—AR, CO, DC, DE, FL, HI, IA, ID, IL, KS, KY, LA, MA, ME, MN, MO, MS, MT, ND, NE, NH, NV, NY, OH, OR, PA, PR, RI, SC, SD, TN, TX, UT, WV, WY—accounted for 66 percent of all such substance abuse treatment admissions in 2008.

<sup>3</sup> *Source of income support and marital status* are Supplemental Data Set items. The 33 States and jurisdictions in which both were reported for at least 75 percent of all admissions aged 12 or older in 2008—AR, CO, DC, DE, FL, HI, IA, ID, IL, KS, KY, LA, MA, ME, MN, MO, MS, MT, ND, NE, NH, NV, OR, PA, PR, RI, SC, SD, TN, TX, UT, WV, WY—accounted for 44 percent of all such substance abuse treatment admissions in 2008.

<sup>4</sup> *Source of income support and health insurance* are Supplemental Data Set items. The 28 States and jurisdictions in which both were reported for at least 75 percent of all admissions aged 12 or older in 2008—AR, CO, DC, DE, HI, ID, IL, KS, KY, LA, MA, ME, MO, MS, MT, ND, NE, NH, NV, OR, PA, PR, SC, SD, TX, UT, WV, WY—accounted for 37 percent of all such substance abuse treatment admissions in 2008.

<sup>5</sup> *Source of income support and psychiatric problem in addition to alcohol or drug problem* are Supplemental Data Set items. The 24 States and jurisdictions in which both were reported for at least 75 percent of all admissions aged 12 or older in 2008—AR, CO, DE, FL, IA, ID, IL, KS, KY, LA, ME, MO, MS, MT, ND, NE, OH, PR, RI, SC, SD, TN, UT, WY—accounted for 31 percent of all such substance abuse treatment admissions in 2008.

<sup>6</sup> *Reason for discharge, transfer, or discontinuance of treatment* is a Discharge Data Set item. It was analyzed for the 30 States and jurisdictions in which *source of income support*, a Supplemental Data Set item, was reported for at least 75 percent of all admissions aged 12 or older in 2007—AR, CO, DE, FL, HI, IA, ID, IL, KS, KY, LA, ME, MN, MO, MS, ND, NE, NH, NV, NY, OH, OR, PR, RI, SC, SD, TN, TX, UT, WY; these States accounted for 60 percent of the total discharge records that could be linked to an admission or transfer record in 2007.

**Suggested Citation**

Substance Abuse and Mental Health Services Administration, Center for Behavioral Health Statistics and Quality. (January 20, 2011). *The TEDS Report: Substance Abuse Treatment Admissions Receiving Public Assistance*. Rockville, MD.

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## Findings from SAMHSA's Treatment Episode Data Set (TEDS) for 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 Center for Behavioral Health Statistics and Quality, 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. TEDS discharge data for 2007 include approximately 1.6 million linked discharge records from 44 States, the District of Columbia, and Puerto Rico.

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 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 August 31, 2009.**

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