

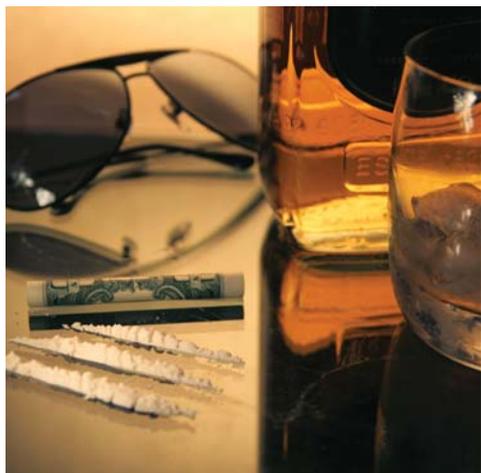
Metro

BRIEF



Substance Abuse Treatment in Metropolitan Areas

Office of Applied Studies



This report is one in a series of reports that provide a snapshot of substance abuse treatment in various metropolitan areas nationwide. This report focuses on substance abuse treatment admissions and treatment facilities in the Dallas, Texas area,¹ hereafter referred to as Dallas.

Data presented in this report are derived from the Treatment Episode Data Set (TEDS),² which collects information on the characteristics of persons admitted to substance abuse treatment, and the National Survey of Substance Abuse Treatment Services (N-SSATS),³ an annual survey of treatment facilities. Both TEDS and N-SSATS are conducted by the Office of Applied Studies, Substance Abuse and Mental Health Services Administration (SAMHSA).

Demographic Characteristics of Treatment Admissions

- In 2008, there were approximately 6,700 total substance abuse treatment admissions in Dallas: 55 percent were male and 45 percent were female.

The age and race/ethnicity of treatment admissions in the Dallas area are shown below in Figures 1 and 2.

Figure 1. Treatment Admissions by Age: Dallas: TEDS 2008

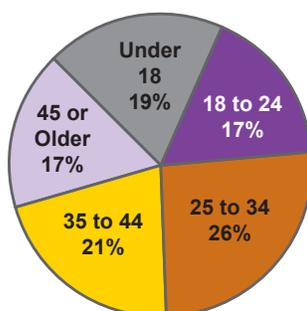
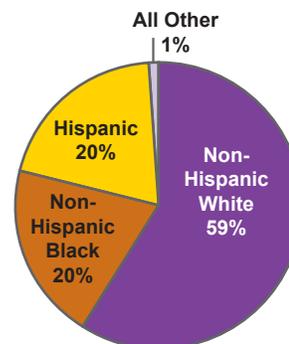


Figure 2. Treatment Admissions by Race/Ethnicity: Dallas: TEDS 2008



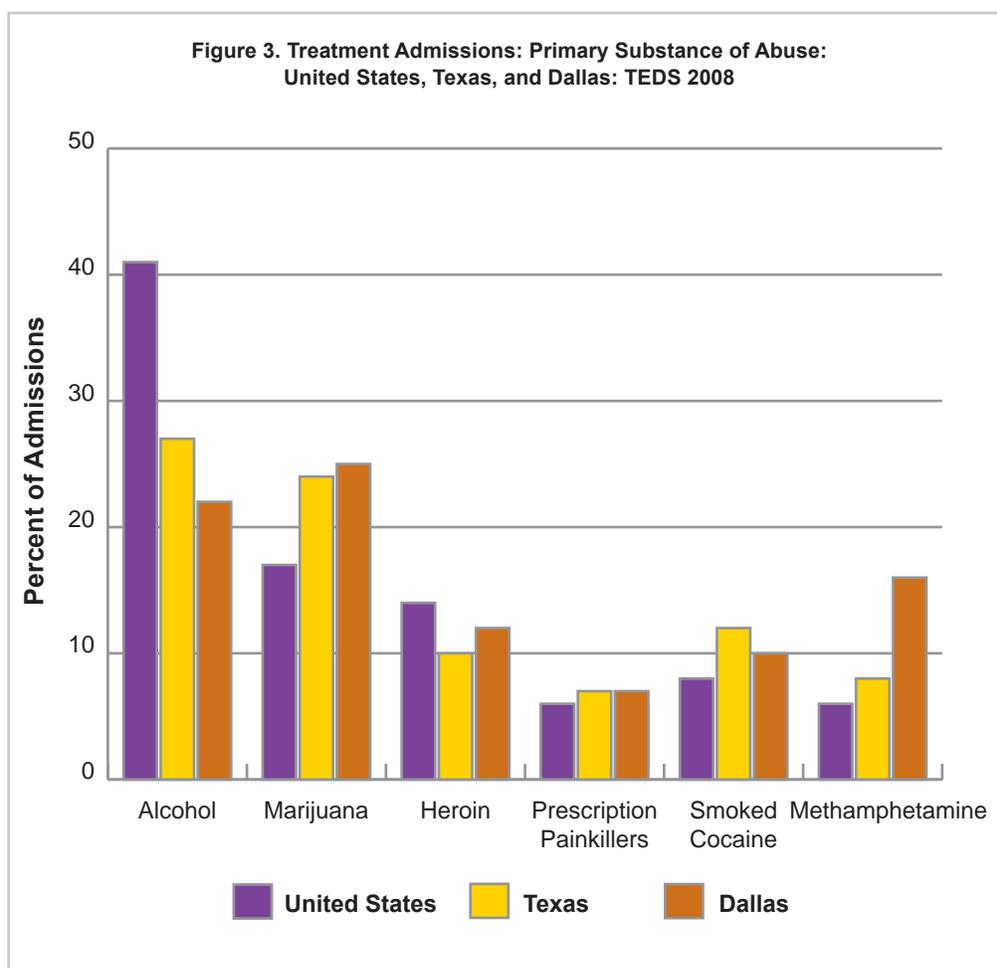
Source: Treatment Episode Data Set (TEDS) 2008



U.S. DEPARTMENT OF HEALTH AND HUMAN SERVICES
Substance Abuse and Mental Health Services Administration
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Primary Substance of Abuse⁴ Reported at Treatment Admission

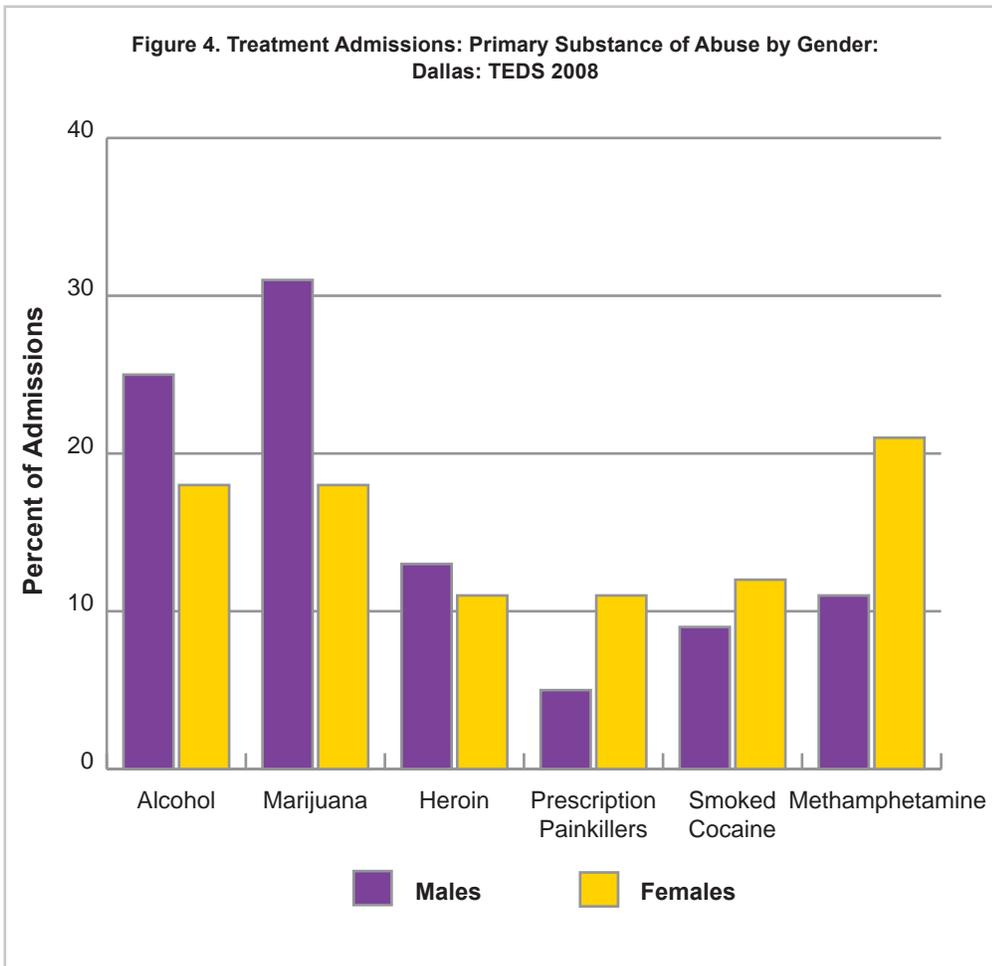
- Compared with the Nation as a whole and the State of Texas, treatment admissions in Dallas were:
 - less likely to report alcohol,
 - more likely to report methamphetamine,
 - slightly more likely than admissions in Texas as a whole and more likely than all U.S. admissions to report marijuana, and
 - slightly less likely than all U.S. admissions, but more likely than admissions in Texas as a whole, to report heroin (Figure 3).



Source: Treatment Episode Data Set (TEDS) 2008

By Gender

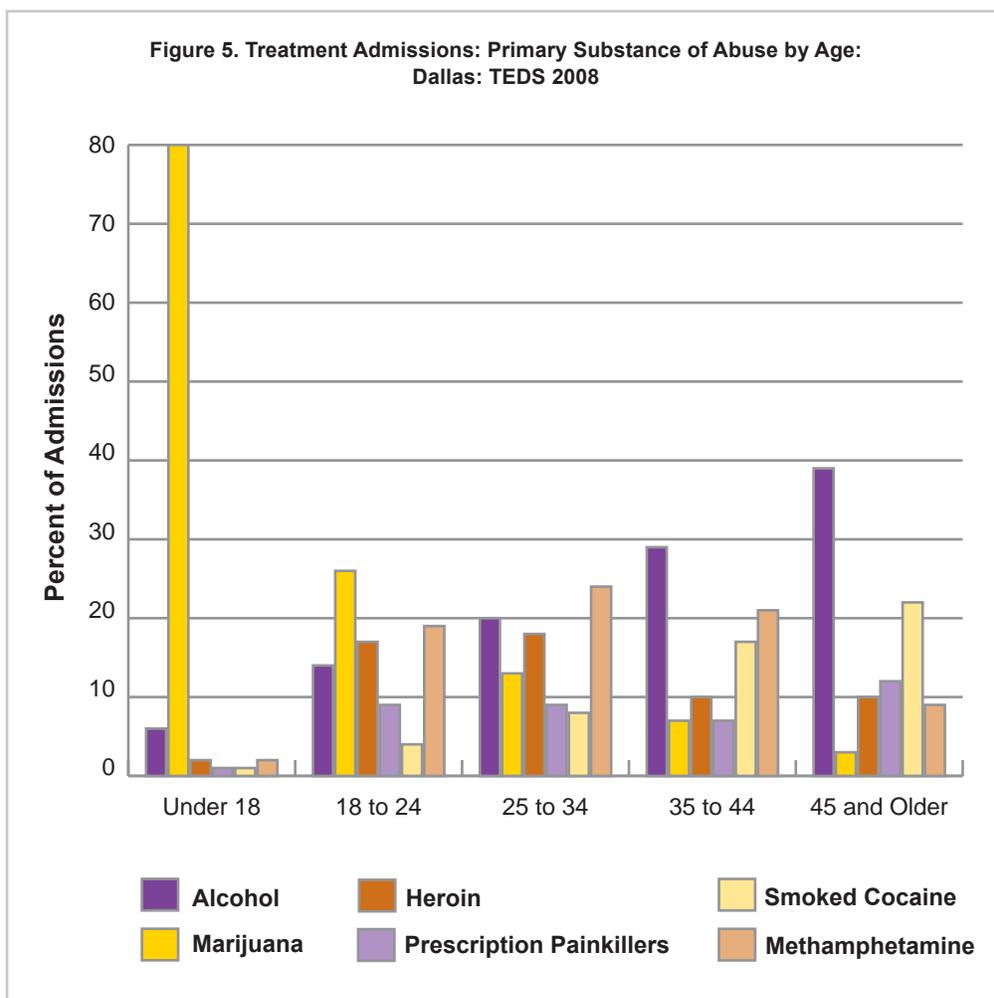
- Males reported marijuana and alcohol as their primary substances of abuse more often than other substances; females reported methamphetamine, followed by alcohol and marijuana.
- Compared with females, males were more likely to report alcohol, marijuana, and heroin, and less likely to report methamphetamine, prescription painkillers, and smoked cocaine (Figure 4).



Source: Treatment Episode Data Set (TEDS) 2008

By Age

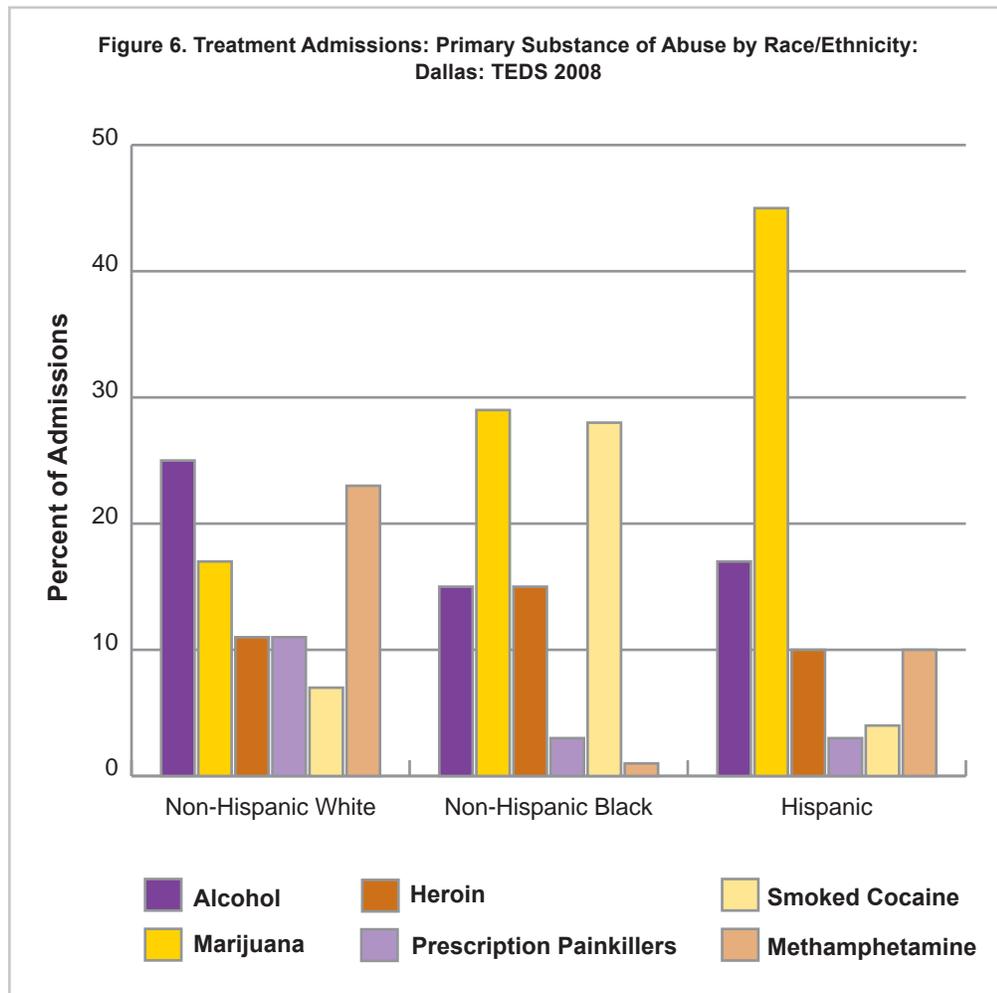
- Admissions under the age of 25 reported marijuana as their primary substance of abuse more often than other substances. Reports of marijuana decreased with age.
- Conversely, reports of alcohol and smoked cocaine increased with age.
- Admissions aged 35 and older reported alcohol as their primary substance of abuse more often than other substances and were more likely than other age groups to report smoked cocaine.
- Admissions aged 25 to 34 reported methamphetamine most often as their primary substance of abuse, followed by alcohol and heroin (Figure 5).



Source: Treatment Episode Data Set (TEDS) 2008

By Race/Ethnicity

- Hispanic admissions most frequently reported marijuana as their primary substance of abuse, Non-Hispanic White admissions reported alcohol and methamphetamine, and non-Hispanic Black admissions reported marijuana and smoked cocaine.
- Compared with admissions in all other race/ethnic groups, Hispanic admissions were most likely to report marijuana as a primary substance of abuse, non-Hispanic Black admissions were most likely to report smoked cocaine, and non-Hispanic White admissions were most likely to report alcohol, methamphetamine, and prescription painkillers (Figure 6).



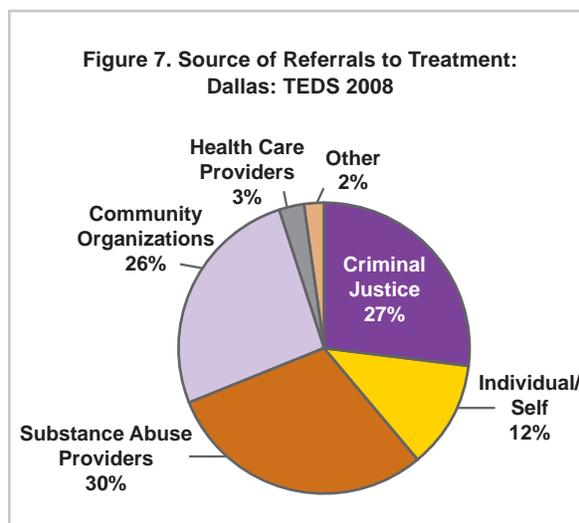
Source: Treatment Episode Data Set (TEDS) 2008

Injection Drug Use

- Of the total admissions in Dallas, 9 percent reported injection drug use.

Sources of Referral

- Substance abuse providers were the primary source of referral to treatment in Dallas (30 percent), followed by the criminal justice system (27 percent), community organizations (26 percent), and individual/self-referral (12 percent) (Figure 7).



Source: Treatment Episode Data Set (TEDS) 2008

Substance Abuse Treatment Facilities

Types of Care

- In 2008, 56 facilities in Dallas offered substance abuse treatment services: 52 facilities offered outpatient care, 12 facilities offered non-hospital residential care, and 3 facilities offered hospital inpatient care. (Some facilities offered more than one type of care.)

Outpatient Care

- Of the 52 facilities that offered outpatient substance abuse care, 77 percent provided intensive outpatient services and 21 percent offered day treatment/partial hospitalization.
- Regular outpatient treatment services were offered by 79 percent of outpatient facilities.

Residential Care

- Of the 12 residential facilities in Dallas, 75 percent offered long-term residential treatment (more than 30 days), and 58 percent offered short-term residential treatment (30 days or less).

Detoxification Programs

- A total of 16 facilities offered detoxification services. Of these facilities, 100 percent provided detoxification from opiates (heroin and prescription painkillers), 88 percent from alcohol, and 75 percent from cocaine.

Opioid Treatment Programs

Opioid treatment programs (OTPs) provide medication-assisted therapy with methadone and/or buprenorphine for the treatment of addiction to opiates such as heroin and prescription painkillers.

- In 2008, 10 of the 56 treatment facilities (18 percent) in Dallas operated OTPs. On a typical day,⁵ 1,464 clients at these OTPs were receiving medication-assisted opioid therapy with methadone or buprenorphine.⁶

References

U.S. Census Bureau. (2009). Metropolitan and micropolitan statistical areas. Retrieved on December 2, 2009, from <http://www.census.gov/population/www/metroareas/metrodef.html>

End Notes

¹ Data for Dallas were derived from the Federal Information Processing Standards codes (FIPS codes) for the following counties: Collin, Dallas, Denton, Ellis, Hunt, Kaufman, and Rockwall.

² The Treatment Episode Data Set (TEDS) is a compilation of data on the demographic 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 submitted to the Substance Abuse and Mental Health Services Administration (SAMHSA) in a standard format. TEDS records represent admissions rather than individuals, because a person may be admitted to treatment more than once. See the annual TEDS reports at <http://www.oas.samhsa.gov/dasis.htm#teds3>.

³ The National Survey of Substance Abuse Treatment Services (N-SSATS) is designed to collect information from all facilities in the United States, both public and private, that provide substance abuse treatment. N-SSATS does not collect information from the following three types of facilities: non-treatment halfway houses; jails, prisons, or other organizations that treat incarcerated clients exclusively; and solo practitioners.

⁴ TEDS collects information on up to three substances of abuse that lead to the treatment episode. The main substance abused by the client is known as the “primary substance of abuse.”

⁵ N-SSATS collected information on the number of clients in treatment at each facility on the survey reference date of March 31, 2008.

⁶ It is possible that the number of clients receiving treatment at opioid treatment programs (OTPs) on the N-SSATS reference date will appear relatively large in comparison with the number of annual treatment admissions based on data from TEDS. Reasons for this include: (1) persons receiving medication-assisted opioid therapy often remain in treatment for extended periods of time and thus do not show up in an annual count of admissions to treatment; and (2) some private for-profit OTPs do not report to TEDS but are surveyed in the N-SSATS.