

# 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 Los Angeles-Long Beach-Glendale, California,<sup>1</sup> hereafter referred to as Los Angeles.*

Data presented in this report are derived from the Treatment Episode Data Set (TEDS),<sup>2</sup> which collects information on the characteristics of persons admitted to substance abuse treatment, and the National Survey of Substance Abuse Treatment Services (N-SSATS),<sup>3</sup> 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 49,000 total substance abuse treatment admissions in Los Angeles County: 66 percent were male admissions, and 34 percent were female admissions.

The age and race/ethnicity of treatment admissions in Los Angeles are shown below in Figures 1 and 2.

Figure 1. Treatment Admissions by Age: Los Angeles: TEDS 2008

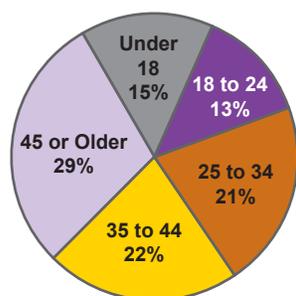
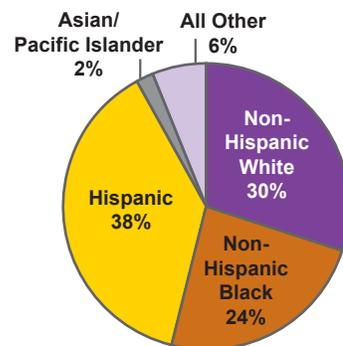


Figure 2. Treatment Admissions by Race/Ethnicity: Los Angeles: TEDS 2008



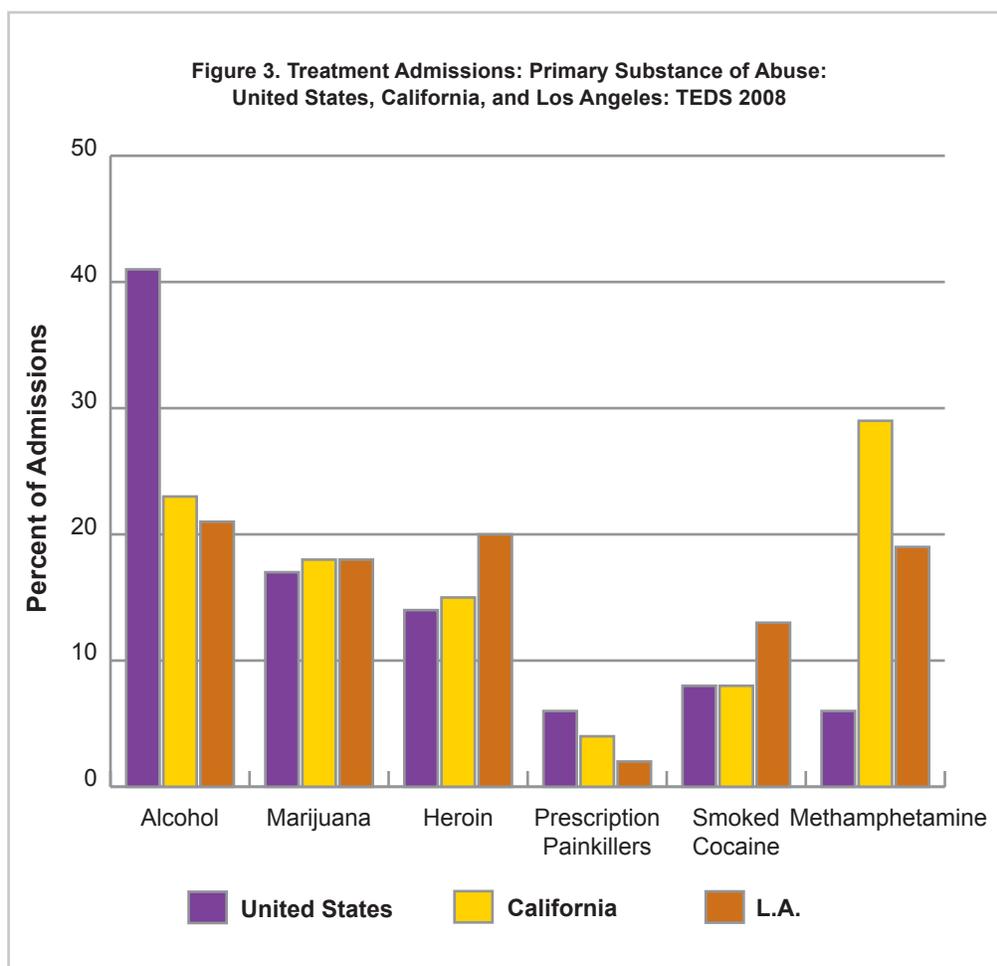
Source: Treatment Episode Data Set (TEDS) 2008



U.S. DEPARTMENT OF HEALTH AND HUMAN SERVICES  
Substance Abuse and Mental Health Services Administration  
[www.samhsa.gov](http://www.samhsa.gov)

## Primary Substance of Abuse<sup>4</sup> Reported at Treatment Admission

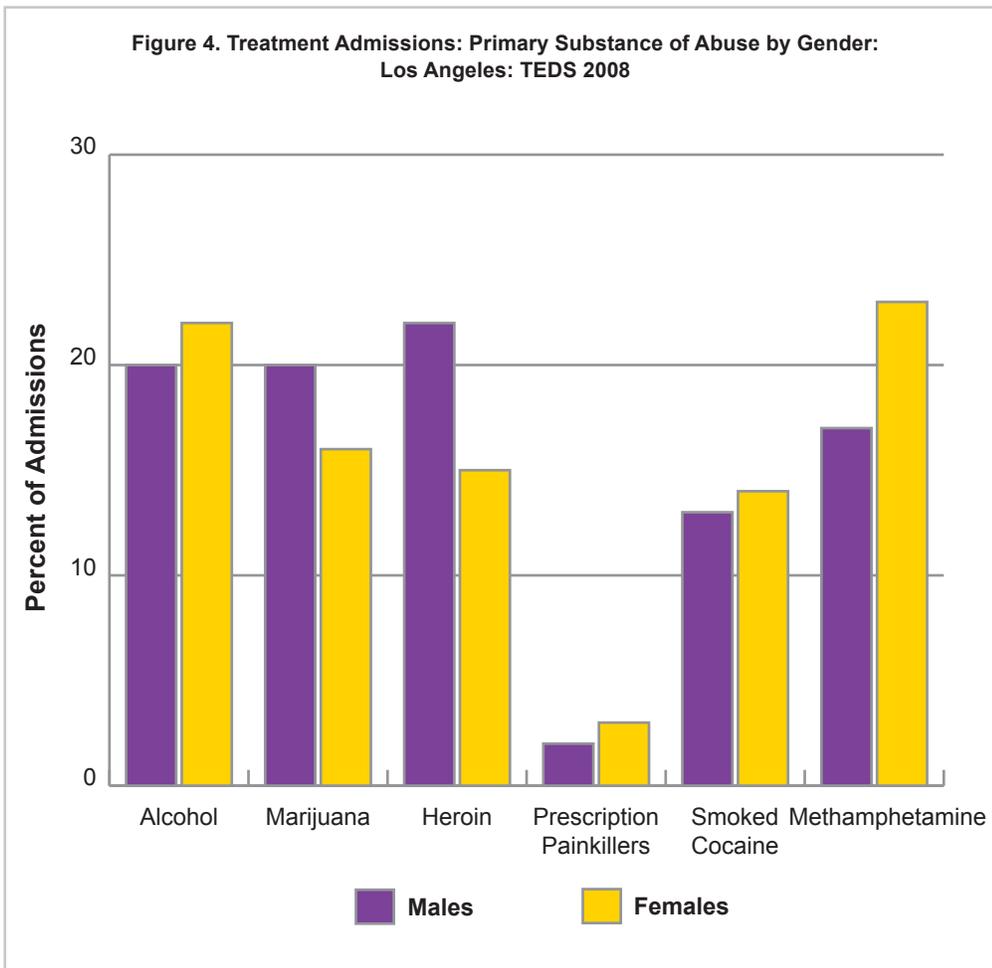
- Compared with the Nation as a whole and the State of California, treatment admissions in Los Angeles were:
  - more likely to report heroin and smoked cocaine as primary substances of abuse,
  - less likely to report alcohol and prescription painkillers,
  - about equally likely to report marijuana, and
  - less likely than admissions in California as a whole but more likely than all U.S. admissions to report methamphetamine. (Figure 3).



Source: Treatment Episode Data Set (TEDS) 2008

### By Gender

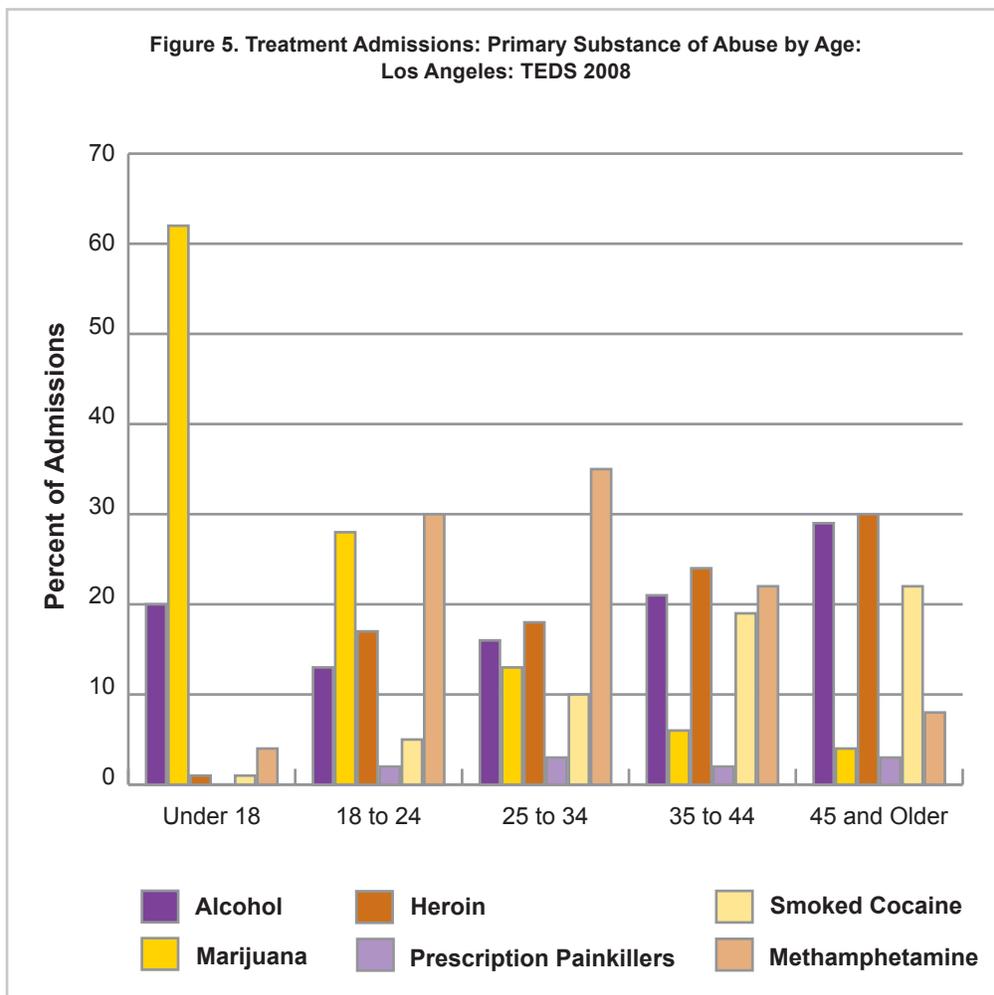
- Males reported heroin, alcohol, and marijuana as their primary substances of abuse more often than other substances.
- Females reported methamphetamine, followed by alcohol, marijuana, heroin, and smoked cocaine as their primary substances of abuse.
- Compared with males, females were more likely to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



Source: Treatment Episode Data Set (TEDS) 2008

## By Age

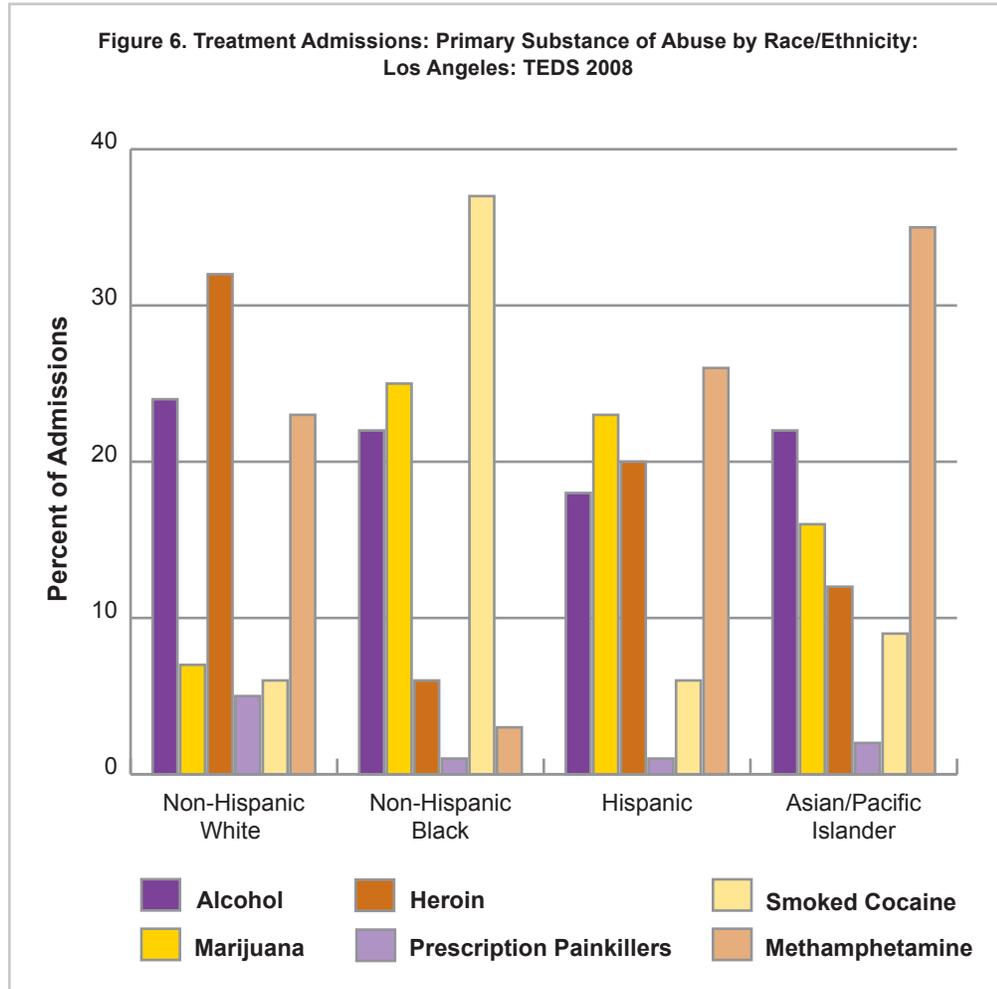
- Admissions under the age of 18 reported marijuana as their primary substance of abuse more often than other substances. Reports of marijuana decreased with age.
- Conversely, reports of heroin and smoked cocaine increased with age.
- Admissions aged 18 to 34 were most likely to report methamphetamine as a primary substance of abuse; those aged 35 and older were most likely to report heroin (Figure 5).



Source: Treatment Episode Data Set (TEDS) 2008

### By Race/Ethnicity

- Non-Hispanic Black admissions reported smoked cocaine as their primary substance of abuse more often than other substances. Asian/Pacific Islander and Hispanic admissions reported methamphetamine, and non-Hispanic White admissions reported heroin (Figure 6).



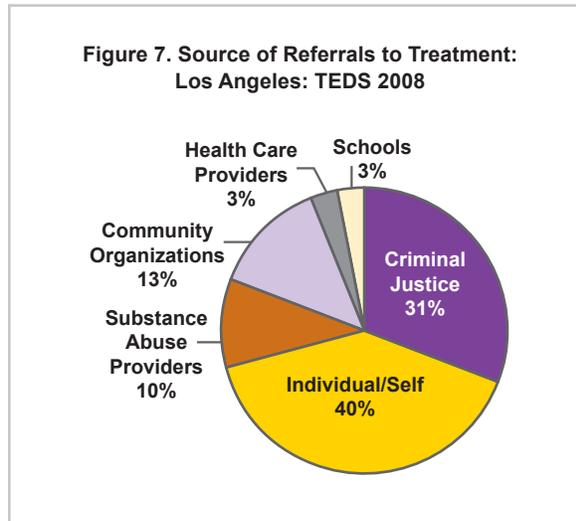
Source: Treatment Episode Data Set (TEDS) 2008

## Injection Drug Use

- Of the total admissions in Los Angeles, 19 percent reported injection drug use.

## Sources of Referral

- Individual/self-referrals were the primary source of referral to treatment in Los Angeles (40 percent), followed by the criminal justice system (31 percent), community organizations (13 percent), and substance abuse providers (10 percent) (Figure 7).



Source: Treatment Episode Data Set (TEDS) 2008

## Substance Abuse Treatment Facilities

### Types of Care

- In 2008, 479 facilities in Los Angeles offered substance abuse treatment services: 361 facilities offered outpatient care, 172 facilities offered non-hospital residential care, and 18 facilities offered hospital inpatient care. (Some facilities offered more than one type of care.)

### Outpatient Care

- Of the 361 facilities that offered outpatient substance abuse care, 59 percent provided intensive outpatient services and 24 percent offered day treatment/partial hospitalization.
- Regular outpatient treatment services were offered by 91 percent of outpatient facilities.

### Residential Care

- Of the 172 residential facilities in Los Angeles, 97 percent offered long-term residential treatment (more than 30 days) and 39 percent offered short-term residential treatment (30 days or less).

## Detoxification Programs

- A total of 100 facilities offered detoxification services. Of these facilities, 99 percent provided detoxification from opiates (heroin and prescription painkillers), 57 percent from cocaine, and 59 percent from alcohol.

## 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, 44 of the 479 treatment facilities (25 percent) in Los Angeles operated OTPs. On a typical day,<sup>5</sup> 7,135 clients at these OTPs were receiving medication-assisted opioid therapy with methadone or buprenorphine.<sup>6</sup>

## 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

- <sup>1</sup> Data for Los Angeles-Long Beach-Glendale, California were derived from the Federal Information Processing Standards codes (FIPS codes) and include Los Angeles County.
- <sup>2</sup> 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>.
- <sup>3</sup> 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.
- <sup>4</sup> 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.”
- <sup>5</sup> N-SSATS collected information on the number of clients in treatment at each facility on the survey reference date of March 31, 2008.
- <sup>6</sup> 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.