

# 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 Metropolitan Statistical Area (MSA)<sup>1</sup> of Raleigh-Cary, North Carolina,<sup>2</sup> hereafter referred to as Raleigh.*

Data presented in this report are derived from the Treatment Episode Data Set (TEDS),<sup>3</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>4</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 2,400 total substance abuse treatment admissions in Raleigh: 63 percent were male and 37 percent were female.

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

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

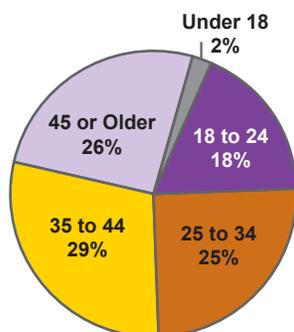
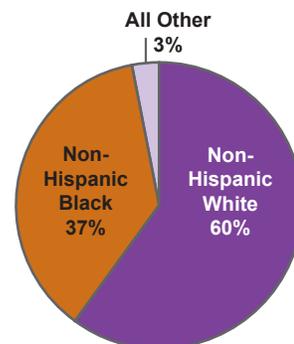


Figure 2. Treatment Admissions by Race/Ethnicity: Raleigh: TEDS 2008



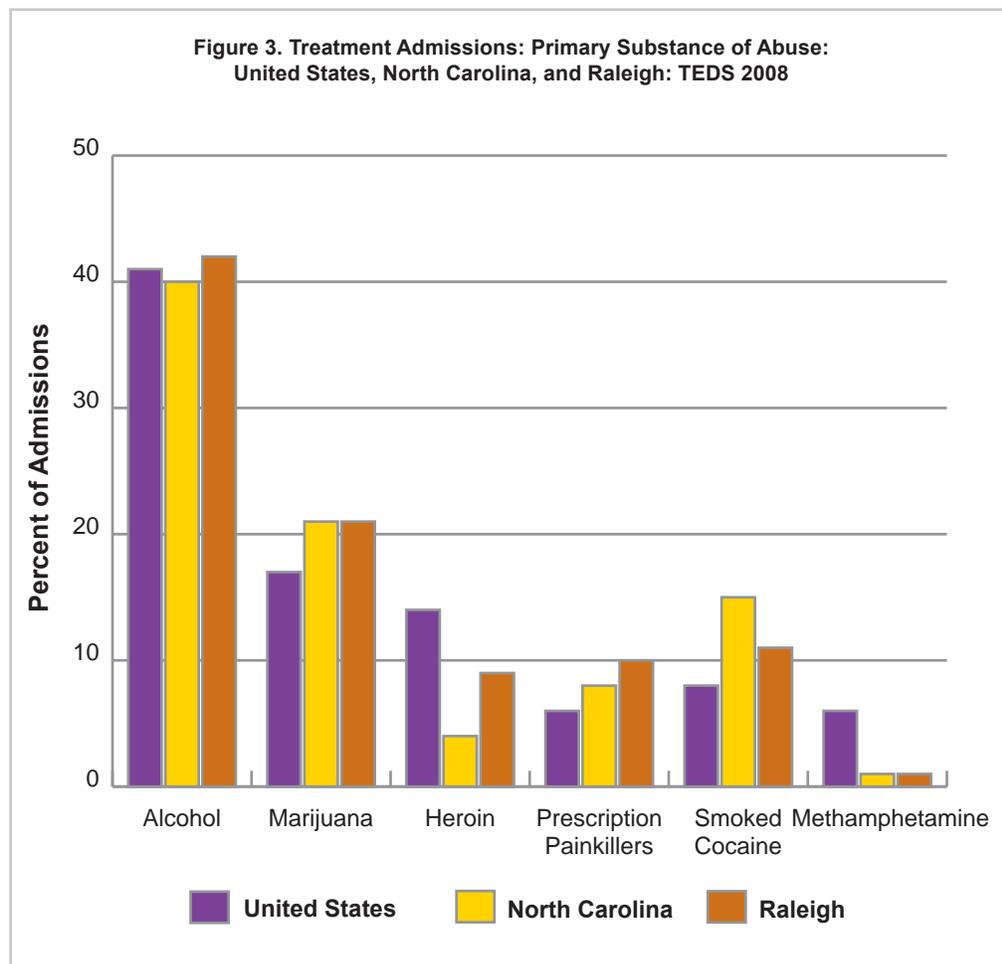
Source: Treatment Episode Data Set (TEDS) 2008



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>5</sup> Reported at Treatment Admission

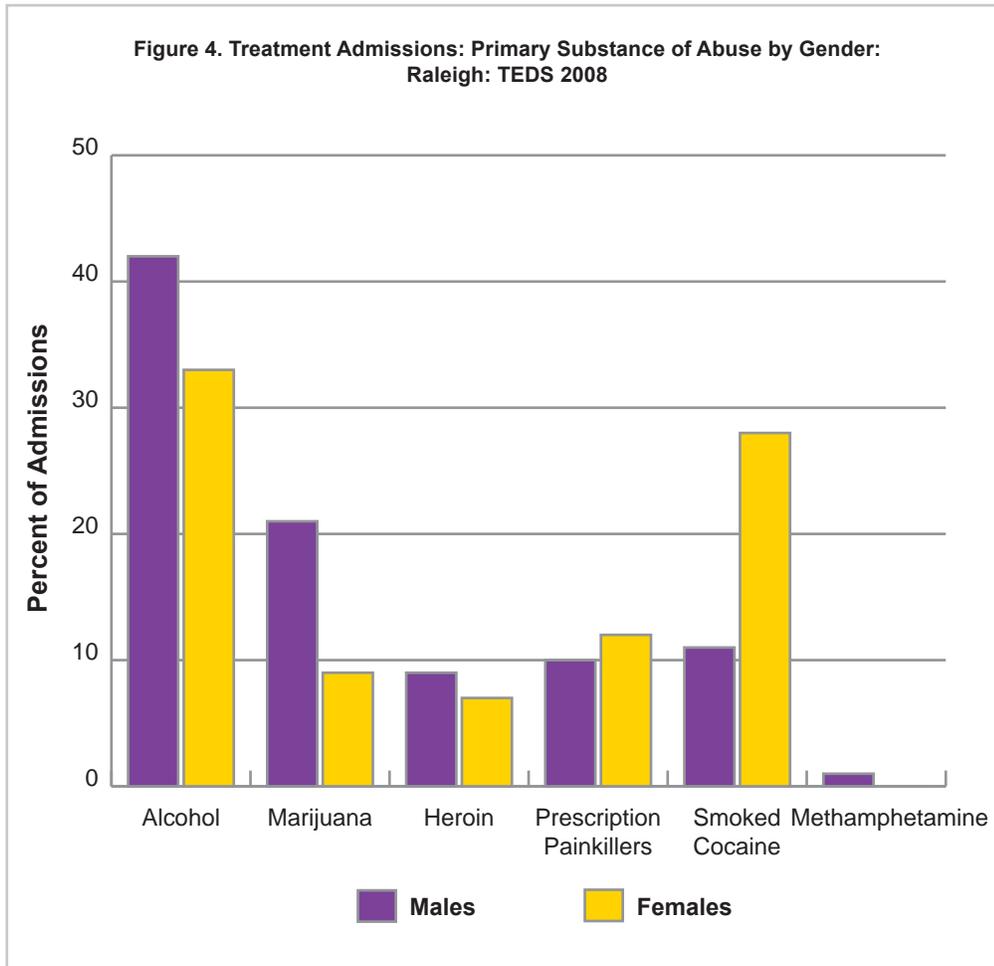
- Compared with the Nation as a whole and the State of North Carolina, treatment admissions in the Raleigh were:
  - slightly more likely to report prescription painkillers,
  - less likely than all U.S. admissions and more likely than admissions in North Carolina as a whole to report heroin,
  - more likely than all U.S. admissions but less likely than admissions in North Carolina as a whole to report smoked cocaine, and
  - equally likely as admissions in North Carolina as a whole but slightly more likely than all U.S. admissions to report marijuana (Figure 3).



Source: Treatment Episode Data Set (TEDS) 2008

## By Gender

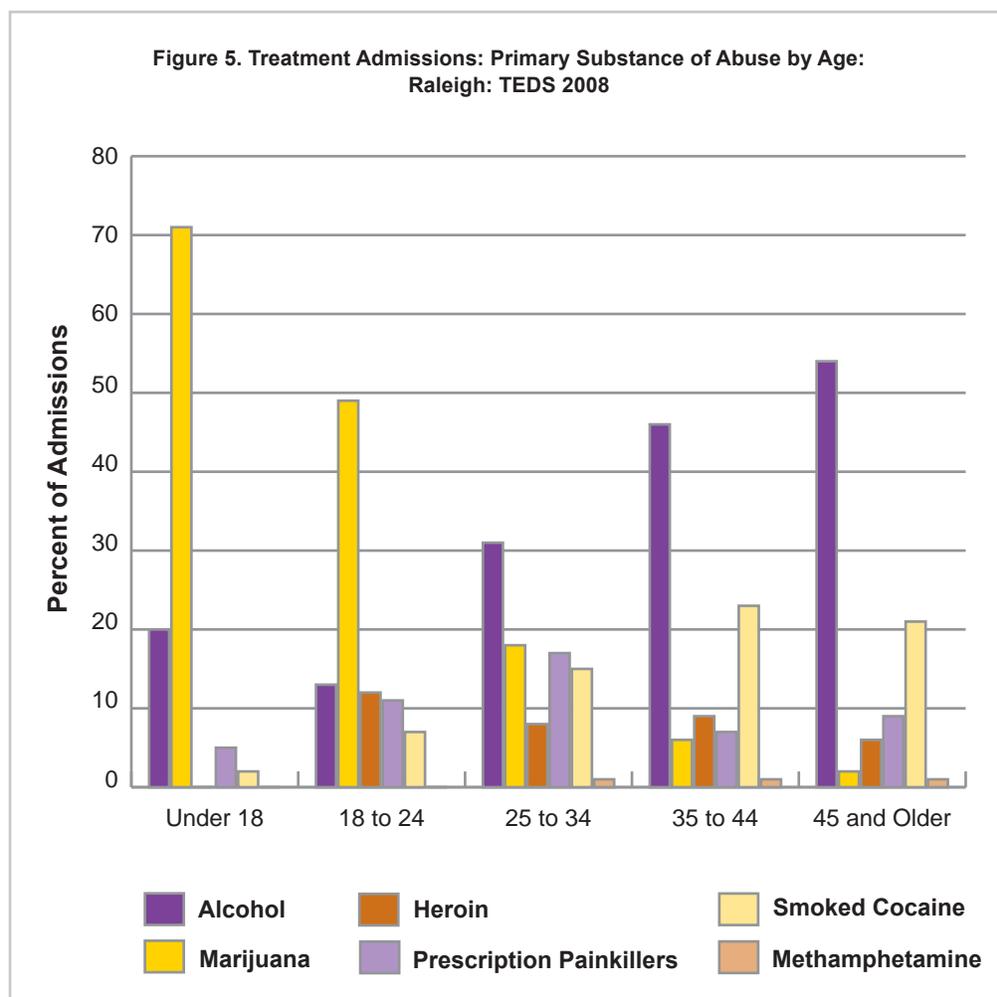
- Males and females reported alcohol as their primary substance of abuse more often than other substances.
- Compared with males, females were more likely than males to report smoked cocaine, but less likely to report alcohol, marijuana, and heroin (Figure 4).



Source: Treatment Episode Data Set (TEDS) 2008

## By Age

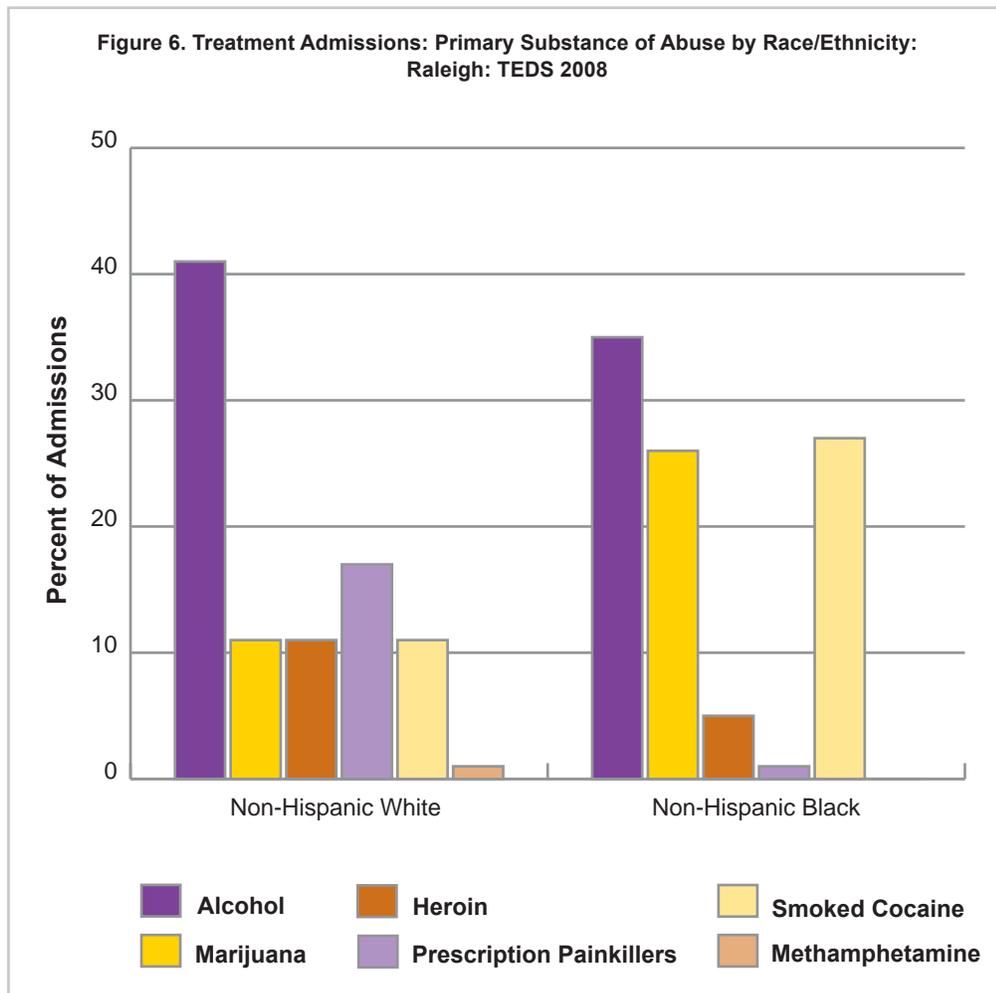
- Marijuana was the most prevalent primary substance of abuse among admissions under the age of 25. Reports of marijuana decreased with age.
- Second to alcohol, admissions aged 35 and older reported smoked cocaine as their primary substance of abuse more often than other substances.
- Second to alcohol, admissions aged 25 to 34 reported marijuana followed by prescription painkillers and smoked cocaine more often than other substances (Figure 5).



Source: Treatment Episode Data Set (TEDS) 2008

### By Race/Ethnicity

- Alcohol was the most prevalent primary substance of abuse among non-Hispanic Black and non-Hispanic White admissions.
- Second to alcohol, non-Hispanic Black admissions most frequently reported marijuana and smoked cocaine; non-Hispanic White admissions most frequently reported prescription painkillers (Figure 6).



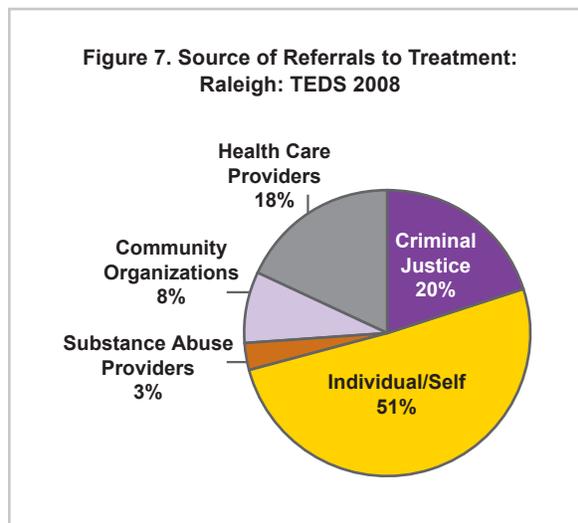
Source: Treatment Episode Data Set (TEDS) 2008

## Injection Drug Use

- Of Raleigh's total admissions, 9 percent reported injection drug use.

## Sources of Referral

- Individual/self-referral was the primary source of referral to treatment in Raleigh (51 percent), followed by the criminal justice system (20 percent), and health care providers (18 percent) (Figure 7).



Source: Treatment Episode Data Set (TEDS) 2008

## Substance Abuse Treatment Facilities

### Types of Care

- In 2008, 29 facilities in Raleigh offered substance abuse treatment services: 28 facilities offered outpatient care, 4 facilities offered non-hospital residential care, and 2 facilities offered hospital inpatient care. (Some facilities offered more than one type of care.)

### Outpatient Care

- Of the 28 facilities that offered outpatient substance abuse care, 43 percent provided intensive outpatient services, and 7 percent offered day treatment/partial hospitalization.
- Regular outpatient treatment services were offered by 93 percent of outpatient facilities.

### Residential Care

- Of Raleigh's 4 residential facilities, 75 percent offered long-term residential treatment (more than 30 days), and 25 percent offered short-term residential treatment (30 days or less).

## Detoxification Programs

- A total of 6 facilities offered detoxification services. Of these facilities, 100 percent provided detoxification from opiates (heroin and prescription painkillers), 60 percent from alcohol, and 40 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, 2 of the 29 treatment facilities (7 percent) in Raleigh operated OTPs. On a typical day,<sup>6</sup> 636 clients at these OTPs were receiving medication-assisted opioid therapy with methadone or buprenorphine.<sup>7</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> MSAs are geographic entities used by Federal statistical agencies to collect, analyze, and publish Federal statistics, and are defined by the U.S. Office of Management and Budget.

<sup>2</sup> The Raleigh-Cary, North Carolina MSA includes the following counties: Johnston, Franklin, and Wake.

<sup>3</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>4</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>5</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>6</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>7</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.