

# Metro

BRIEF

St. Louis

## 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 St. Louis, Missouri-Illinois,<sup>2</sup> hereafter referred to as St. Louis.*

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 13,300 total substance abuse treatment admissions in St. Louis: 68 percent were male and 32 percent were female.

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

Figure 1. Treatment Admissions by Age: St. Louis: TEDS 2008

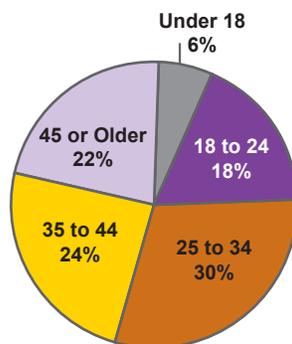
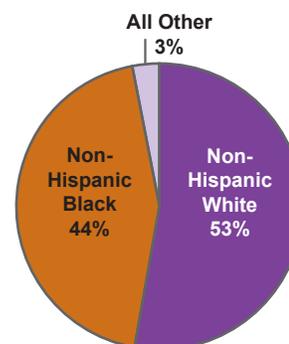


Figure 2. Treatment Admissions by Race/Ethnicity: St. Louis: TEDS 2008



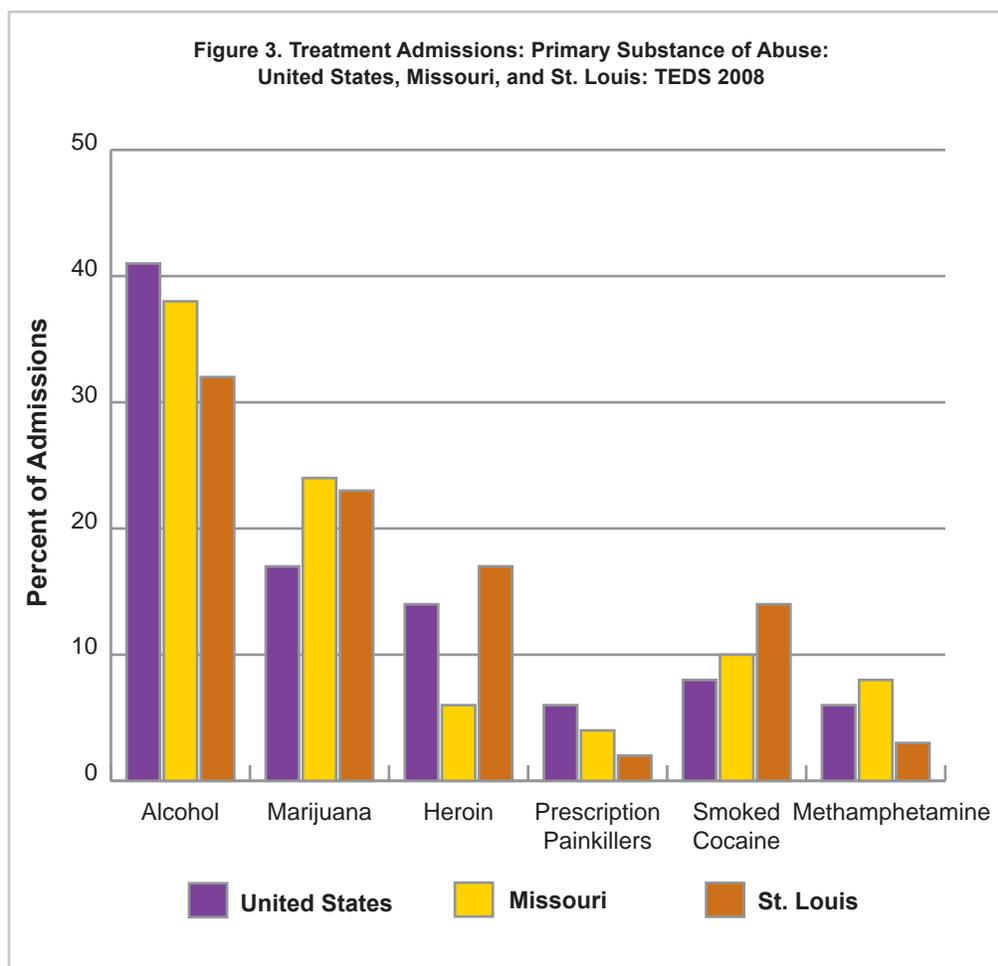
Source: Treatment Episode Data Set (TEDS) 2008



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

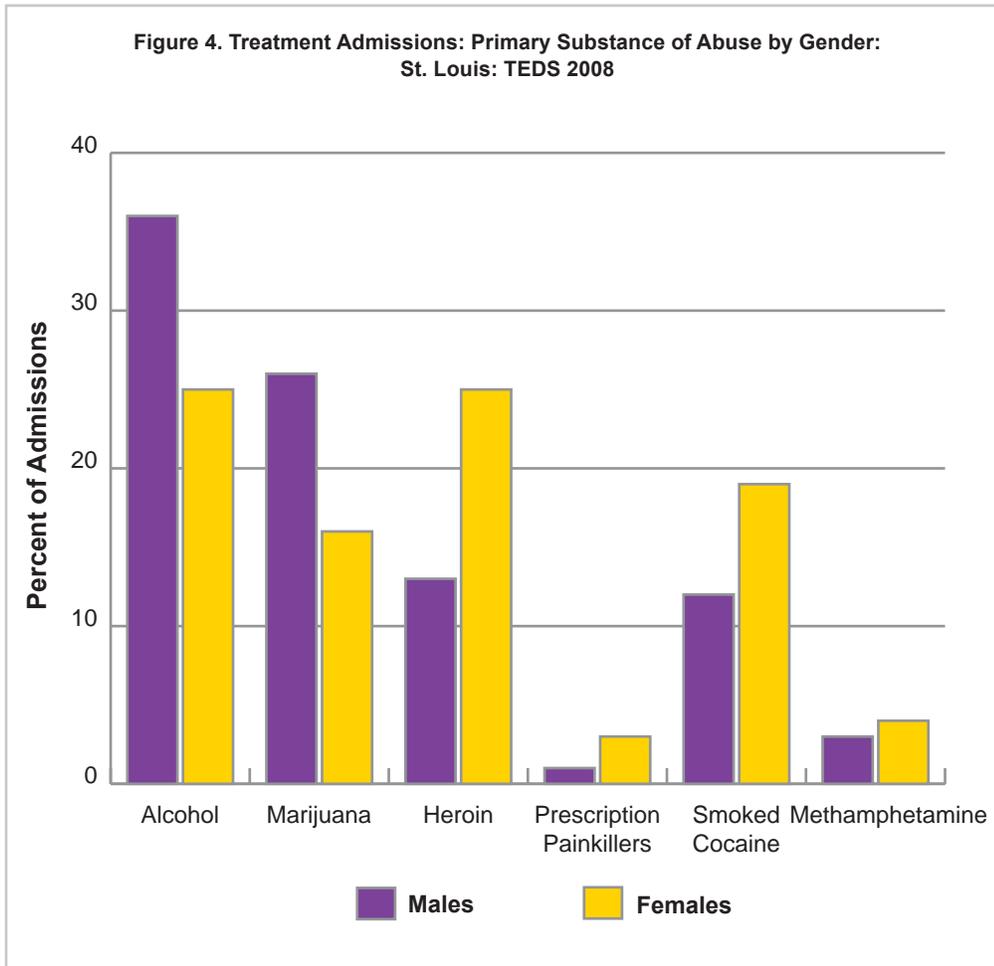
- Compared with the Nation as a whole and the State of Missouri, treatment admissions in St. Louis were:
  - more likely to report heroin and smoked cocaine,
  - less likely to report alcohol, prescription painkillers, and methamphetamine, and
  - more likely than all U.S. admissions but slightly less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



Source: Treatment Episode Data Set (TEDS) 2008

### By Gender

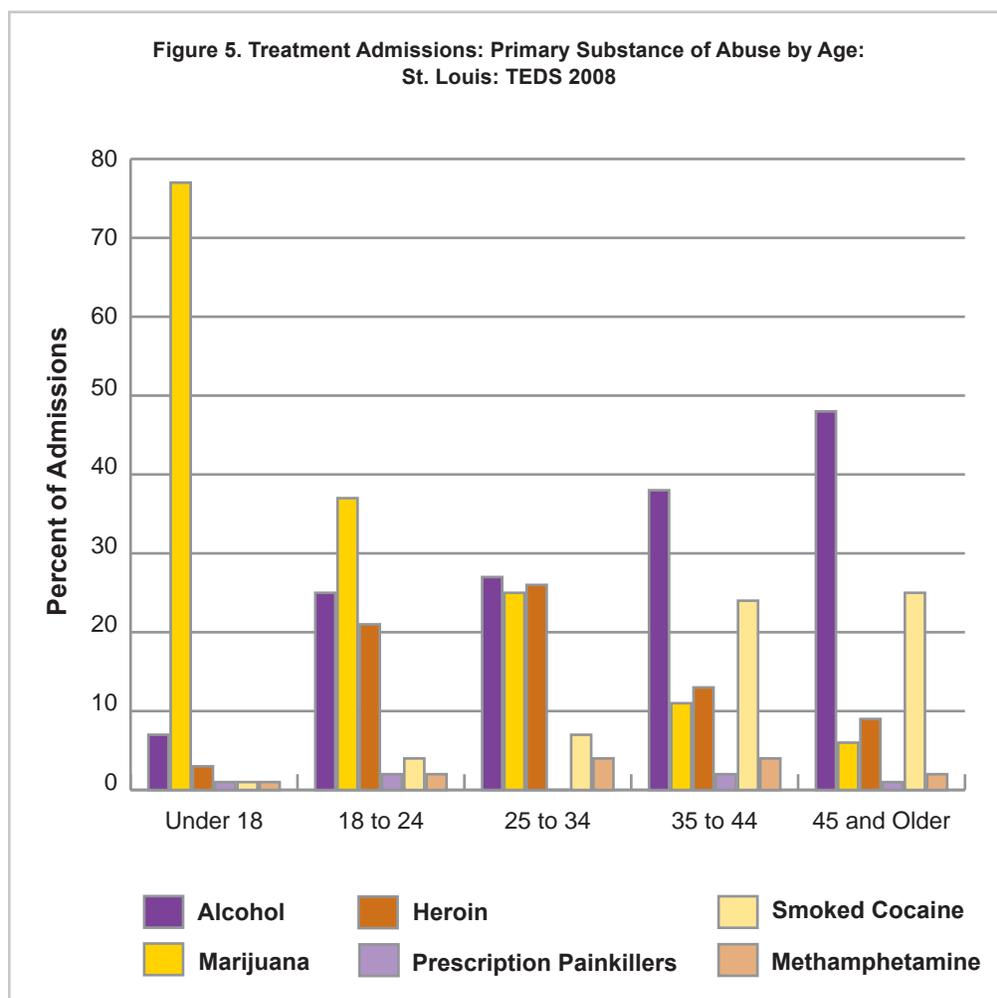
- Males were more likely than females to report alcohol and marijuana as their primary substances of abuse, and females were more likely to report heroin and smoked cocaine (Figure 4).



Source: Treatment Episode Data Set (TEDS) 2008

## By Age

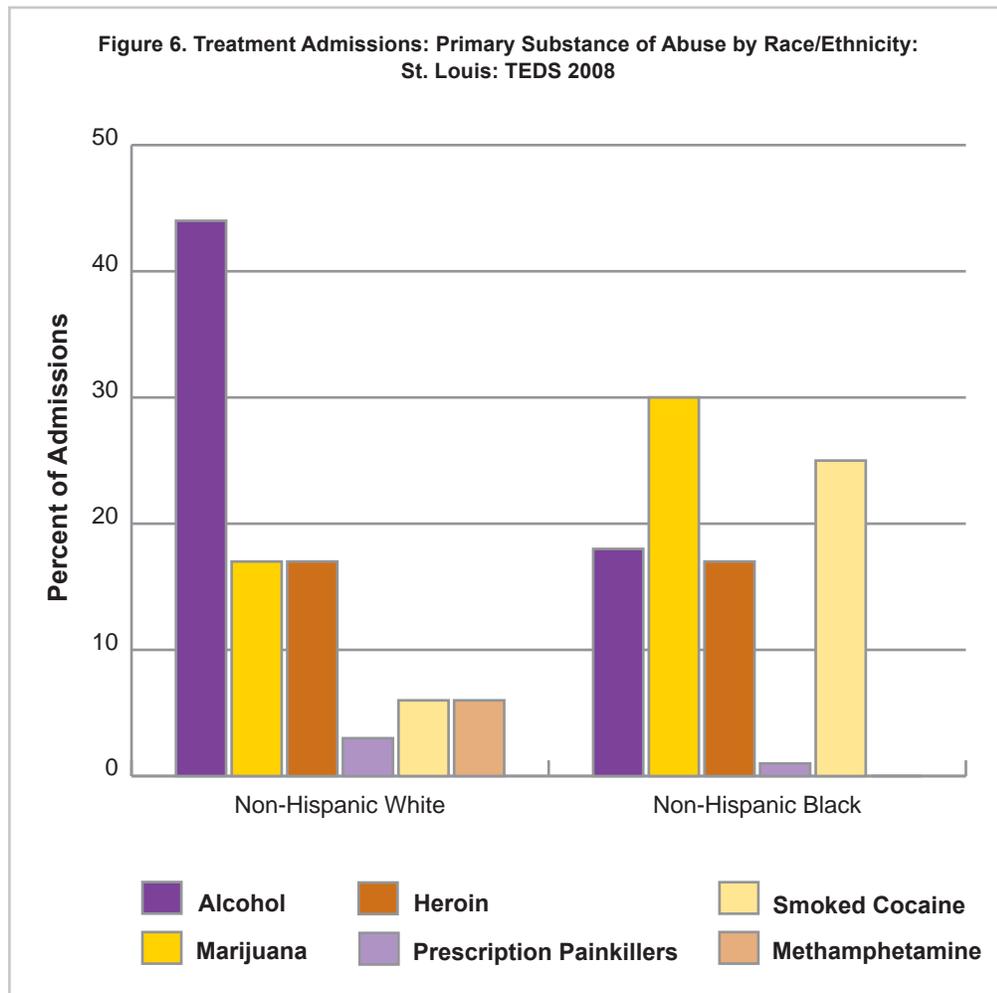
- Admissions under the age of 25 reported marijuana as their primary substance of abuse more often than other substances. Reports of marijuana decreased with age.
- Conversely, reports of alcohol and smoked cocaine increased with age. Alcohol was the most frequently reported primary substance of abuse among admissions aged 25 and older.
- Among admissions age 25 to 34, heroin was reported almost as often as alcohol.
- Among admissions aged 35 and older, smoked cocaine was the second most frequently reported substance (Figure 5).



Source: Treatment Episode Data Set (TEDS) 2008

### By Race/Ethnicity

- Non-Hispanic White admissions reported alcohol as their primary substance of abuse more often than other substances; non-Hispanic Black admissions reported marijuana, followed by smoked cocaine (Figure 6).



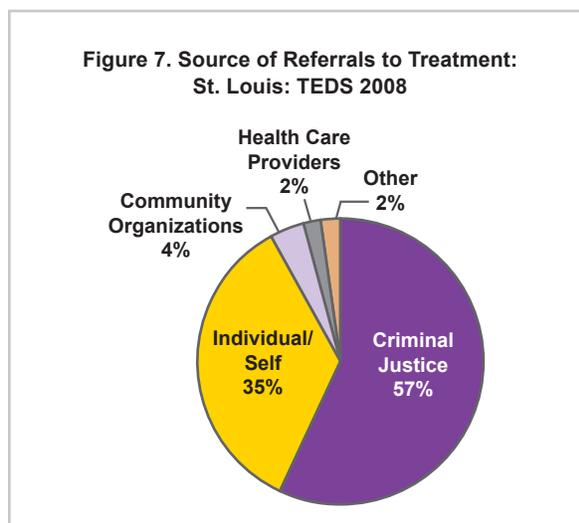
Source: Treatment Episode Data Set (TEDS) 2008

## Injection Drug Use

- Of the total admissions in St. Louis, 14 percent reported injection drug use.

## Sources of Referral

- The criminal justice system was the primary source of referral to treatment in St. Louis (57 percent), followed by individual/self-referral (35 percent), and community organizations (4 percent) (Figure 7).



Source: Treatment Episode Data Set (TEDS) 2008

## Substance Abuse Treatment Facilities

### Types of Care

- In 2008, 77 facilities in St. Louis offered substance abuse treatment services: 70 facilities offered outpatient care, 15 facilities offered non-hospital residential care, and 4 facilities offered hospital inpatient care. (Some facilities offered more than one type of care.)

### Outpatient Care

- Of the 70 facilities that offered outpatient substance abuse care, 54 percent provided intensive outpatient services, and 31 percent offered day treatment/partial hospitalization.
- Regular outpatient treatment services were offered by 90 percent of outpatient facilities.

### Residential Care

- Of the 15 residential facilities in St. Louis, 67 percent offered long-term residential treatment (more than 30 days), and 87 percent offered short-term residential treatment (30 days or less).

## Detoxification Programs

- A total of 14 facilities offered detoxification services. Of these facilities, 100 percent provided detoxification from opiates (heroin and prescription painkillers), 57 percent from cocaine, and 57 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, 7 of the 40 treatment facilities (18 percent) in St. Louis operated OTPs. On a typical day,<sup>6</sup> 2,023 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 St. Louis, Missouri-Illinois MSA includes the following counties in Missouri and Illinois: Missouri counties: Warren, St. Louis County, St. Louis City, St. Charles, Lincoln, Jefferson, Franklin, and Crawford. Illinois: St. Clair, Monroe, Madison, Macoupin, Jersey, Clinton, Calhoun, and Bond.
- <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.