

# The TEDS Report

July 22, 2010

## Employed Female Admissions to Substance Abuse Treatment

Substance use disorders cost employers billions of dollars every year in lost productivity, absenteeism, workplace injuries, and increased health care costs.<sup>1</sup> Among workers with substance use problems, women are of particular interest

because the number and proportion who are in the labor force continues to increase. In 2008, a record 68 million women were employed in the United States.<sup>2</sup> Understanding the characteristics of employed female substance abuse treatment admissions may help treatment providers better meet their needs thereby reducing the economic burden on families, communities, and employers.

The Treatment Episode Data Set (TEDS) can be used to examine the characteristics and substance use behaviors of employed females admitted to substance abuse treatment. This report examines female admissions aged 18 or older that were employed either full-time or part-time at the time of admission (hereafter referred to as “employed female admissions”) in 2008. Select comparisons are made with female admissions that were unemployed or not in the labor force (hereafter referred to as “other female admissions”). In 2008, approximately 564,300 substance abuse treatment admissions or 32.2 percent of all admissions aged 18 or older were female. Of these female admissions whose employment status was known, approximately 127,900 or 22.9 percent were employed.<sup>3</sup>

### In Brief

- In 2008, less than one quarter (22.9 percent) of female substance abuse treatment admissions aged 18 or older were employed
- Alcohol was the most commonly reported primary substance of abuse among employed female admissions (47.3 percent)
- Employed female admissions were about half as likely as other female admissions to have reported primary heroin abuse (8.0 vs. 17.2 percent) or primary cocaine abuse (9.1 vs. 17.3 percent)
- Employed female admissions were more likely than other female admissions to have been referred to treatment by the criminal justice system (41.5 vs. 26.3 percent)

### Demographic Characteristics

The majority of employed female admissions were aged 18 to 44 (80.4 percent) and non-Hispanic White (75.1 percent) (Table 1). Overall, employed female admissions were more educated than other

**Table 1. Percent Distribution of Female Substance Abuse Treatment Admissions Aged 18 or Older, by Demographic Characteristics: 2008**

Demographic Characteristic	Employed Female Admissions	Other Female Admissions
<b>Total</b>	<b>100.0</b>	<b>100.0</b>
<b>Age Group</b>		
18 to 25	27.8	23.2
26 to 34	27.8	26.7
35 to 44	24.8	27.5
45 to 54	16.5	18.5
55 to 64	3.0	3.5
65 or Older	0.2	0.6
<b>Race/Ethnicity</b>		
Non-Hispanic White	75.1	61.8
Non-Hispanic Black	11.8	22.0
Hispanic	8.3	10.5
American Indian/Alaska Native	2.2	2.6
Asian/Pacific Islander	0.8	0.8
Other	1.8	2.4
<b>Education</b>		
Less than High School	21.6	36.9
High School/GED	41.4	38.8
Some College	37.0	24.3

Note: Percentages may not sum to 100 percent due to rounding.  
Source: SAMHSA Treatment Episode Data Set (TEDS), 2008.

**Table 2. Percent Distribution of Female Substance Abuse Treatment Admissions Aged 18 or Older, by Principal Source of Referral and Detailed Criminal Justice Referral\*: 2008**

Source of Referral	Employed Female Admissions	Other Female Admissions
<b>Total</b>	<b>100.0</b>	<b>100.0</b>
<b>Principal Source of Referral</b>		
Criminal Justice System	41.5	26.3
Self or Individual	30.2	35.8
Other Community Referral	13.2	16.2
Alcohol or Drug Abuse Care Provider	7.7	13.6
Other Health Care Provider	6.0	7.8
Employer/EAP	1.2	0.0
Other	0.2	0.3
<b>Detailed Criminal Justice Referral</b>		
Probation/Parole	35.6	40.1
State/Federal Court	13.6	12.8
Other Court	16.4	16.3
DUI/DWI Program	14.3	4.7
Diversionary Program	3.5	3.8
Other Recognized Legal Entity	3.2	4.7
Prison	0.4	3.0
Other	13.0	14.6

\* Percentages for the Detailed Criminal Justice Referral variable represent the percentages of criminal justice referrals only and not all adult female admission referrals.  
Note: Percentages may not sum to 100 percent due to rounding.  
Source: SAMHSA Treatment Episode Data Set (TEDS), 2008.

female admissions. More than one third (37.0 percent) had some college compared with less than one quarter (24.3 percent) of their counterparts without jobs.

### Primary Substance of Abuse and Frequency of Use

The two most common primary substances of abuse reported by employed female admissions were alcohol and marijuana (Figure 1). These admissions were more likely than other female admissions to have reported primary alcohol abuse (47.3 vs. 31.6 percent). However, they were about half as likely as other female admissions to have reported primary heroin abuse (8.0 vs. 17.2 percent) or primary cocaine abuse (9.1 vs. 17.3 percent).

In general, employed female admissions used their primary substance of abuse less frequently than other female admissions. Approximately one quarter (27.1 percent) of employed female admissions used their primary substance of abuse on a daily basis compared with 41.7 percent of other female admissions.

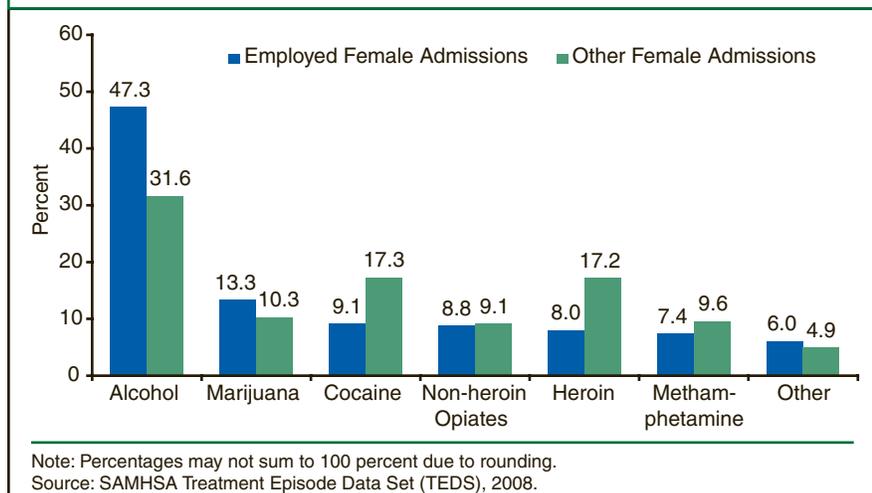
### Principal Source of Referral

The most common sources of referral to treatment among employed female admissions were the criminal justice system and self- or individual referrals (Table 2).<sup>4</sup> Employed female admissions were more likely than other female admissions to have been referred

by the criminal justice system (41.5 vs. 26.3 percent). Nearly one third (30.2 percent) of employed female admissions were self- or individual referrals and only a very small proportion were referred to treatment by their employer or an employee assistance program (EAP) (1.2 percent).

Among adult female admissions referred to treatment by the criminal justice system, there were few differences between employed female admissions and other female admissions in the referral patterns by specific criminal justice venues and programs (Table 2). The most notable difference was among admissions referred through driving under the influence/driving while intoxicated (DUI/DWI) programs, with employed female admissions being 3 times more likely than other

**Figure 1. Primary Substance of Abuse among Female Substance Abuse Treatment Admissions Aged 18 or Older, by Employment Status: 2008**



female admissions to have been referred by this source (14.3 vs. 4.7 percent).

### Service Type and Prior Treatment Admissions

The majority (63.3 percent) of employed female admissions received ambulatory, nonintensive outpatient substance abuse treatment. Approximately 14.9 percent received ambulatory, intensive outpatient treatment, and 12.6 percent received detoxification. Smaller proportions of employed female admissions received short-term rehabilitation/residential treatment (6.2 percent), long-term rehabilitation/residential treatment (2.7 percent), and rehabilitation/residential hospital services (0.3 percent).

Almost half (49.4 percent) of employed female admissions had been in treatment at least once before compared with almost two thirds of other female admissions (61.7 percent). Employed female admissions were half as likely as other female admissions to have had five or more prior treatment admissions (6.8 vs. 14.5 percent).

### Health Insurance

Slightly less than half (44.3 percent) of employed female admissions had health insurance coverage.<sup>5</sup> Approximately 21.6 percent had private insurance, 14.1 percent had Medicaid, and 8.5 percent reported having other types of health insurance coverage.

### Discussion

Less than one quarter of adult females in treatment were employed. While the most frequently reported primary substance of abuse among employed female admissions was alcohol, employed females were only about half as likely as unemployed females to have reported primary heroin or primary cocaine abuse. While alcohol abuse can interfere with work, this finding indicates that substances other than alcohol may have an even greater impact on a woman’s work status and ability to maintain employment.

Employed female admissions were more likely to be referred to treatment by the criminal justice system than by any other referral source. More specifically, employed

female admissions were more likely to receive a criminal justice referral from DUI/DWI programs than other female admissions. Furthermore, EAPs referred a very small percentage of employed female admissions to treatment. These findings indicate the need for outreach efforts focused on reducing drinking and driving among these women and highlight the opportunity for employers and EAPs to be more involved in substance abuse education and referral. Greater involvement by employers and EAPs could lead to earlier identification of need and could result in economic savings for employers, employees, and the general community.

### End Notes

<sup>1</sup> Center for Substance Abuse Treatment. (2008). *Issue brief #7 for employers: What you need to know about the cost of substance abuse* (SMA 08-4350). Rockville, MD: Substance Abuse and Mental Health Services Administration.

<sup>2</sup> U.S. Department of Labor, Bureau of Labor Statistics. (2009, January). Household data: Annual averages. 2. Employment status of the civilian noninstitutional population 16 years and over by sex, 1973 to date. *Employment & Earnings*. Retrieved April 14, 2010, from <http://www.bls.gov/opub/ee/empearn200901.pdf>

<sup>3</sup> Among the 127,900 employed female substance abuse treatment admissions, 14.6 percent were employed full-time and 8.4 percent were employed part-time.

<sup>4</sup> *Detailed criminal justice referral* is a Supplemental Data Set item. The 32 States and jurisdictions in which it was reported for at least 75 percent of all admissions in 2008—AL, AR, CA, CO, DE, FL, HI, IL, IN, KS, KY, LA, MA, MD, MO, MS, ND, NH, NJ, NV, NY, OH, OK, OR, PA, PR, RI, SD, TX, UT, WV, WY—accounted for 76 percent of substance abuse treatment admissions aged 12 or older in 2008.

<sup>5</sup> *Health insurance* is a Supplemental Data Set item. The 35 States and jurisdictions in which it was reported for at least 75 percent of all admissions in 2008—AL, AR, AZ, CO, DC, DE, HI, ID, IL, IN, KS, KY, LA, MA, MD, ME, MO, MS, MT, ND, NE, NH, NJ, NM, NV, OK, OR, PA, PR, SC, SD, TX, UT, WV, WY—accounted for 47 percent of substance abuse treatment admissions aged 12 or older in 2008.

### Suggested Citation

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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 Office of Applied Studies, 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.

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 Office of Applied Studies, SAMHSA; Synectics for Management Decisions, Inc., Arlington, Virginia; and by RTI International in Research Triangle Park, North Carolina (RTI International is the trade name of Research Triangle Institute). **Information and data for this issue are based on data reported to TEDS through August 31, 2009.**

Access the latest TEDS reports at:  
<http://oas.samhsa.gov/dasis.htm>

Access the latest TEDS public use files at:  
<http://oas.samhsa.gov/SAMHDA.htm>

Other substance abuse reports are available at:  
<http://oas.samhsa.gov>



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