

# The TEDS Report

May 5, 2010

## Differences in Substance Abuse Treatment Admissions between Mexican-American Males and Females

**A**s the proportion of racial/ethnic minority groups within the United States continues

to increase, it is important that public health professionals understand the specific characteristics and substance abuse behaviors of these populations. Hispanics not only account for almost 15 percent of the nation's population,<sup>1</sup> but also comprise 15 percent of all substance abuse treatment admissions.<sup>2</sup> Of particular interest are Hispanics of Mexican origin, who represent the majority (64.0 percent) of the nation's Hispanic population.

The Treatment Episode Data Set (TEDS) collects information on the race/ethnicity of substance abuse treatment admissions, including the ethnic origin of those who report that they are Hispanic. Using data from TEDS for 2007, this report focuses on Hispanic substance abuse treatment admissions of Mexican origin (hereafter referred to as "Mexican") and highlights gender differences within this population.

### In Brief

- Among Mexican admissions, males reported alcohol as their primary substance of abuse more often than other substances, and females most commonly reported methamphetamine
- The majority of Mexican admissions reported that they first used their primary substance of abuse before the age of 18 (60.7 percent for males and 56.1 percent for females); overall, 7.4 percent reported using their first substance before the age of 12
- About three quarters of Mexican admissions had no health insurance (78.8 percent for males and 71.5 percent for females), a substantially higher proportion than non-Mexican admissions (62.6 percent for males and 50.9 percent for females)

## Demographics

In 2007, there were approximately 266,900 Hispanic admissions to substance abuse treatment, 110,400 of which were of Mexican origin.<sup>3</sup> The majority (72.5 percent) were male, and there were slight differences in the age distribution by gender. Males were more likely than females to be aged 45 or older (17.9 vs. 10.7 percent), and females were more likely than males to be between the ages of 18 and 34 (52.8 vs. 45.2 percent) (Table 1).

Approximately half of all Mexican admissions aged 18 or older had not completed high school or obtained a GED (49.7 percent for males and 50.2 percent for females).

Among Mexican admissions aged 16 or older, 65.7 percent were either unemployed or not in the labor force, although males were twice as likely as females to be employed (39.8 vs. 19.6 percent).

## Primary Substance of Abuse and Co-occurring Disorders

There were differences in the primary substances of abuse reported by male and female admissions. Among Mexican admissions, males reported alcohol (40.1 percent) as their primary substance of abuse more often than other substances, and females most commonly reported methamphetamine (33.5 percent) (Figure 1). Compared with males, females were more likely

to report methamphetamine or cocaine/crack as their primary substance and less likely to report alcohol, marijuana, or heroin.

Co-occurring mental health and substance use disorders also differed between males and females. Among Mexican admissions, females were more likely than males to report a co-occurring mental health disorder (10.9 vs. 6.8 percent).<sup>4</sup>

## Number of Prior Treatment Admissions and Age of First Use

The majority of Mexican admissions (62.8 percent) had no prior

treatment episodes. However, 18.1 percent of this population had been in treatment once before, and 19.1 percent had been in treatment two or more times before the current treatment episode. This pattern did not vary by gender.

Age of first use was also similar between males and females. The majority of admissions reported that they first used their primary substance of abuse before the age of 18 (60.7 percent for males and 56.1 percent for females) (Figure 2). Overall, 7.4 percent reported using their first substance before the age of 12.

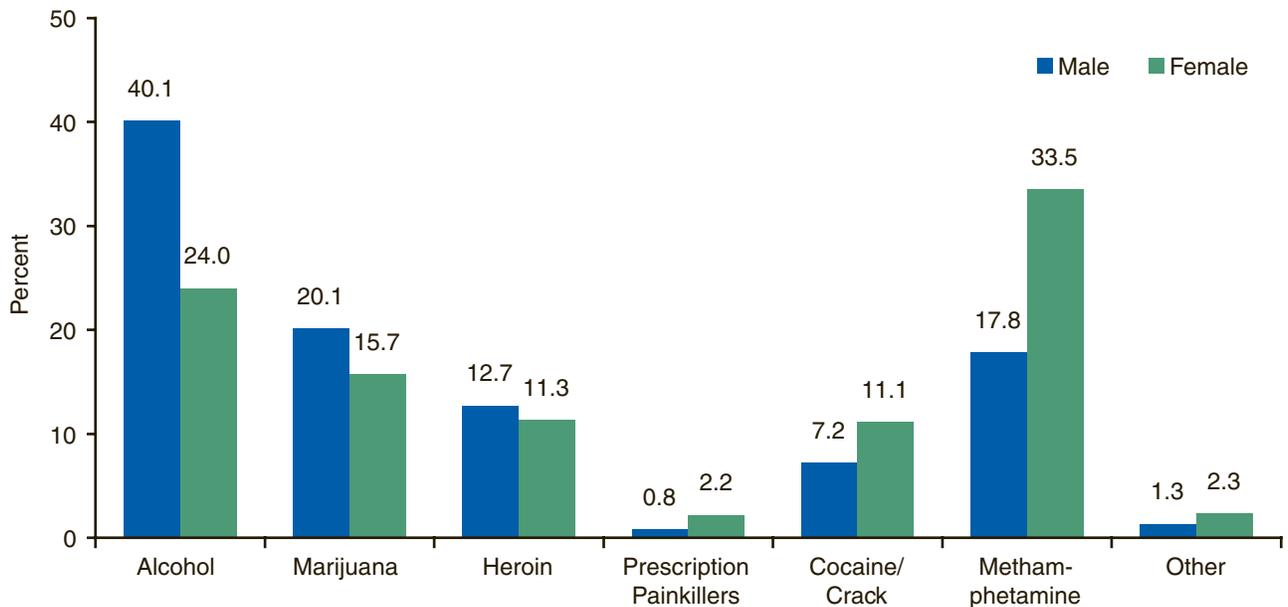
**Table 1. Percent Distribution of Hispanic Admissions of Mexican Origin, by Demographic and Socioeconomic Characteristics: 2007**

Sociodemographic and Treatment Characteristics	Male	Female
<b>Total</b>	<b>100.0</b>	<b>100.0</b>
<b>Age</b>		
17 or Younger	15.7	16.5
18 to 24	18.4	21.9
25 to 34	26.8	30.9
35 to 44	21.2	20.0
45 or Older	17.9	10.7
<b>Educational Level</b>		
Less than High School	49.7	50.2
High School/GED	39.2	36.0
Some College	11.1	13.8
<b>Employment Status</b>		
Full Time	29.9	11.1
Part Time	10.0	8.5
Unemployed	27.8	28.9
Not in Labor Force	32.3	51.5

Note: Educational level is evaluated only for admissions 18 years or older; employment status is evaluated only for admissions 16 years or older. Percentages may not sum to 100 percent due to rounding.

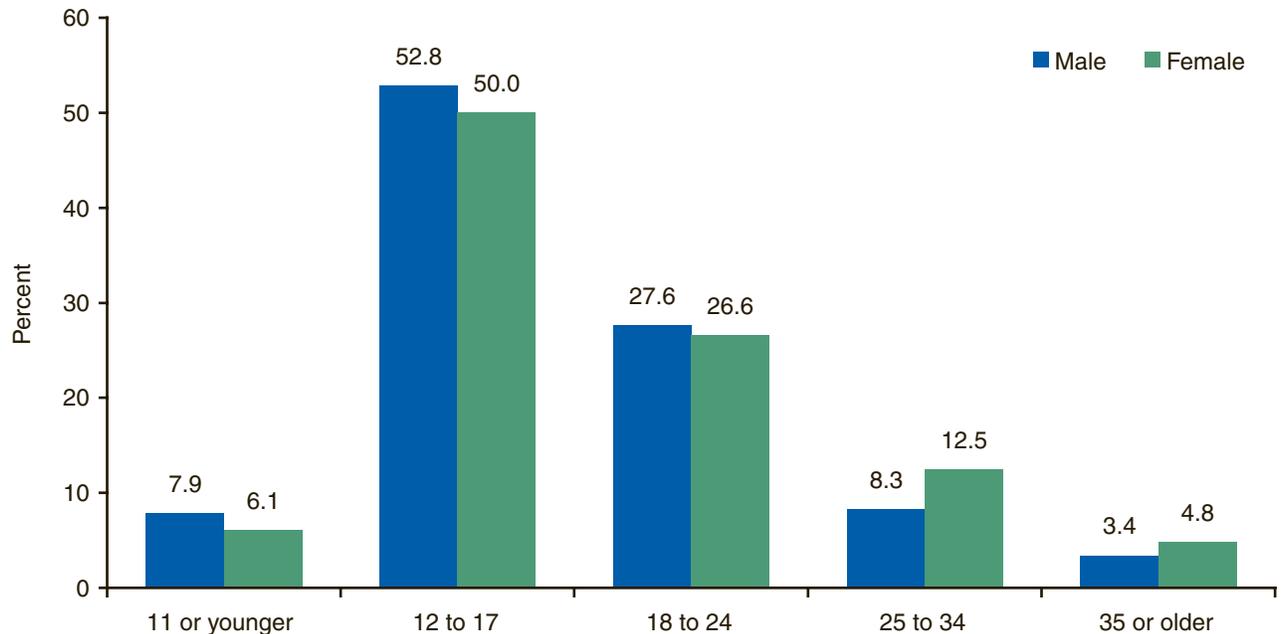
Source: SAMHSA Treatment Episode Data Set (TEDS), 2007.

**Figure 1. Mexican Substance Abuse Treatment Admissions, by Gender and Primary Substance of Abuse: 2007**



Note: Percentages may not sum to 100 percent due to rounding.  
 Source: SAMHSA Treatment Episode Data Set (TEDS), 2007.

**Figure 2. Mexican Substance Abuse Treatment Admissions, by Gender and Age of First Use: 2007**



Note: Percentages may not sum to 100 percent due to rounding.  
 Source: SAMHSA Treatment Episode Data Set (TEDS), 2007.

## Principle Source of Referral

Although the criminal justice system was the most common source of referral to treatment among Mexican males and females, male admissions were more likely than female admissions to be referred to treatment from that source (52.8 vs. 38.3 percent) (Figure 3). Female admissions were more likely than male admissions to be referred to treatment by community organizations (21.6 vs. 12.5 percent).

## Health Insurance

About three quarters of Mexican admissions had no health insurance (78.8 percent for males

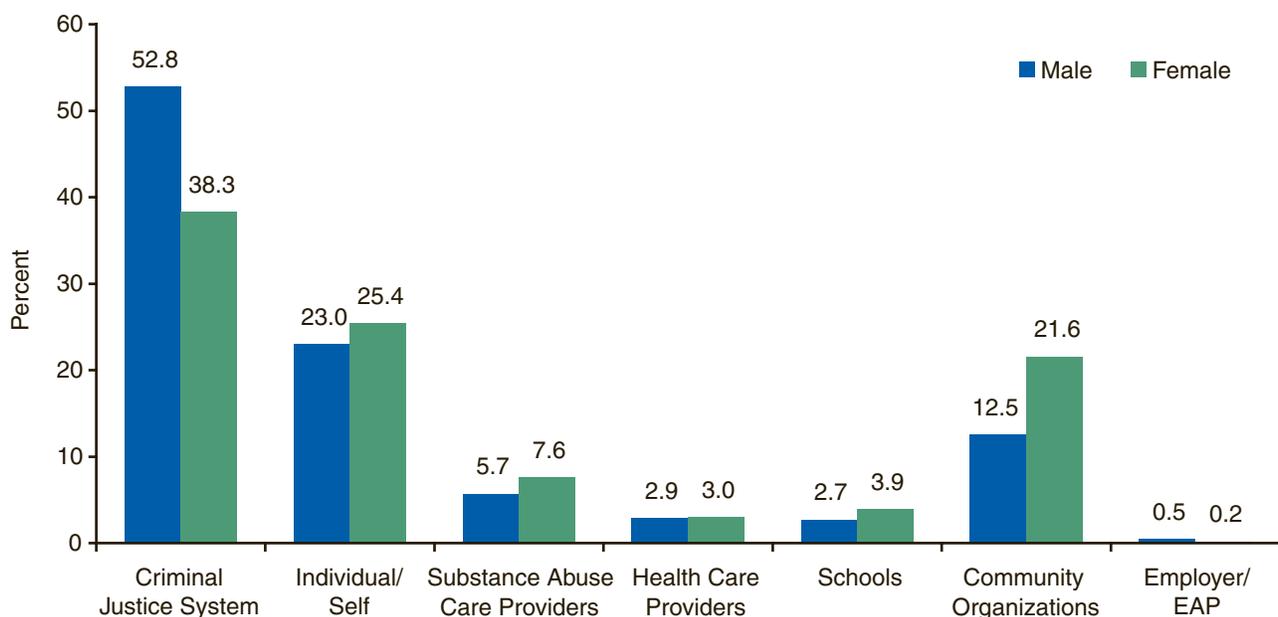
and 71.5 percent for females) (Figure 4), a substantially higher proportion than non-Mexican admissions (62.6 percent for males and 50.9 percent for females).<sup>5</sup> Compared with male Mexican admissions, female Mexican admissions were more likely to have Medicaid coverage (13.4 vs. 4.6 percent) and less likely to have private insurance (9.5 vs. 12.9 percent).

## Discussion

Understanding that male and female Mexican treatment admissions may differ in socioeconomic characteristics, primary substances of abuse, and how they are referred to treatment highlights the need

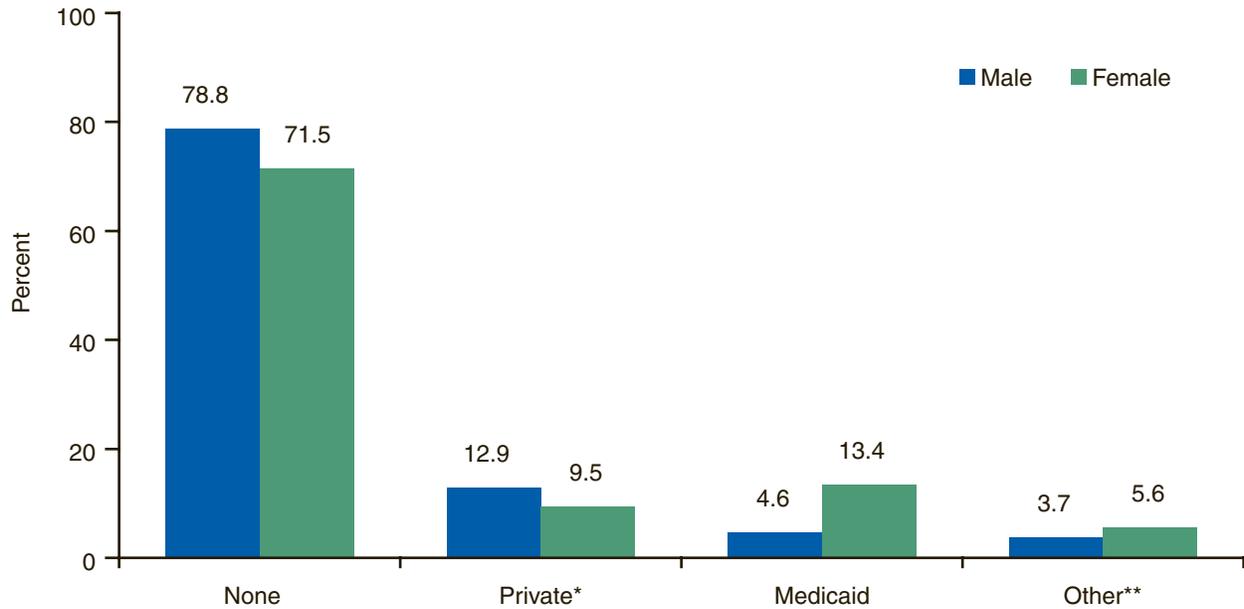
for culturally sensitive, gender specific prevention, intervention, and outreach programs. Understanding the characteristics of Mexican individuals who struggle with addiction problems may ensure that appropriate measures are in place to identify those individuals with substance abuse problems, provide them with recovery and prevention support, and help them to continue with aftercare services which sustain a healthy life, especially in the areas of education, job training, and employment.

**Figure 3. Mexican Substance Abuse Treatment Admissions, by Gender and Principal Source of Referral: 2007**



Note: Percentages may not sum to 100 percent due to rounding.  
Source: SAMHSA Treatment Episode Data Set (TEDS), 2007.

**Figure 4. Mexican Substance Abuse Treatment Admissions, by Gender and Health Insurance: 2007**



Note: \* "Private" includes private insurance, Blue Cross/Blue Shield, and health maintenance organizations (HMOs).  
 \*\* "Other" includes Medicare and other health insurance sources such as TRICARE and CHAMPUS.  
 Source: SAMHSA Treatment Episode Data Set (TEDS), 2007.

**End Notes**

- <sup>1</sup> Population Division, U.S. Census Bureau. (n.d.). *Hispanics in the United States*. Retrieved January 11, 2010, from [http://www.census.gov/population/www/socdemo/hispanic/hispanic\\_pop\\_presentation.html](http://www.census.gov/population/www/socdemo/hispanic/hispanic_pop_presentation.html)
- <sup>2</sup> Data available on the Substance Abuse and Mental Health Data Archive website at: <http://www.icpsr.umich.edu/cocoon/SAMHDA/DAS3/00056.xml>
- <sup>3</sup> Valid TEDS ethnicity codes included "Mexican," "Puerto Rican," "Cuban," "Other specific Hispanic," "Hispanic (specific origin not specified)," and "Not of Hispanic origin." Approximately 1.3 percent of all TEDS admissions did not have a valid ethnicity code. In addition, TEDS admissions from New Hampshire were excluded from the analysis for this report because of miscoding in their ethnicity data, and admissions were not reported for 2007 by Alabama, Alaska, Georgia, Mississippi, or West Virginia. Moreover, five States (Arizona, where Hispanics of Mexican origin account for approximately one fifth of the population, as well as Louisiana, Oklahoma,

Rhode Island, and Wisconsin) report admissions to TEDS as Hispanic or not Hispanic but do not report Hispanic ethnicity by subgroup. Data from these five States were included in the analysis, with admissions from these States classified as not identified as Mexican. Therefore, this total is likely to underestimate the actual number of Hispanic admissions of Mexican origin.

- <sup>4</sup> *Psychiatric problem in addition to alcohol or drug problem* is a Supplemental Data Set item. The 29 States and jurisdictions in which it was reported for at least 75 percent of all admissions in 2007—AR, CA, CO, DE, FL, IA, ID, IL, KS, KY, LA, MA, MD, ME, MI, MO, NC, ND, NE, NM, OH, OK, PR, RI, SC, SD, TN, UT, and WY—accounted for 54 percent of all substance abuse treatment admissions in 2007.
- <sup>5</sup> *Health insurance* is a Supplemental Data Set item. The 29 States and jurisdictions in which it was reported for at least 75 percent of all admissions in 2007—AR, AZ, CO, DE, HI, ID, IL, IN, KS, KY, LA, MA, MD, ME, MT, ND, NE, NJ, NM, NV, OK, OR, PA, PR, SC, SD, TX, UT, and WY—accounted for 44 percent of all substance abuse treatment admissions in 2007.

**Suggested Citation**

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## Research Findings from SAMHSA's Treatment Episode Data Set (TEDS) for 2007

### Differences in Substance Abuse Treatment Admissions between Mexican-American Males and Females

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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 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 1.8 million treatment admission records from 45 States, the District of Columbia, and Puerto Rico for 2007.

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 October 6, 2008.**

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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