As 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, but also comprise 15 percent of all substance abuse treatment admissions. 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.
Demographics

In 2007, there were approximately 266,900 Hispanic admissions to substance abuse treatment, 110,400 of which were of Mexican origin. 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).

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

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). 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 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
2 Data available on the Substance Abuse and Mental Health Data Archive website at: http://www.icpsr.umich.edu/coocoon/SAMHDA/DAS3/00056.xml
3 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 mismoding 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.
4 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.
5 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
Research Findings from SAMHSA’s Treatment Episode Data Set (TEDS) for 2007

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

- 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).

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