Characteristics of Homeless Female Admissions to Substance Abuse Treatment: 2002

Data on admissions to substance abuse treatment facilities with some public funding are submitted to the Treatment Episode Data Set (TEDS) each year. TEDS includes the Minimum Data Set collected by all States and a Supplemental Data Set collected by some States. This issue focuses on living arrangement, a Supplemental Data Set item. Only data on admissions for the 41 States with a response rate of 75 percent or higher on this data element in 2002 were used for this report.

Living arrangement was reported in three categories—homeless, dependent living, and independent living. In 2002, nearly 171,400, or 13 percent of admissions to substance abuse treatment for whom living arrangements were recorded, were homeless at the time of admission. Females comprised one-fifth of these admissions in 2002. Across the 26 States which have reported on living arrangements since 1992, the proportion of females among homeless admissions has declined slightly from 26 percent to 20 percent in 2002. During this same
time, all female admissions have increased from 28 percent of treatment admissions in 1992 to 30 percent in 2002.

Primary Substance of Abuse

While the proportion of homeless female admissions and all female admissions reporting alcohol as their primary substance of abuse was nearly the same (38 and 37 percent, respectively), homeless female admissions were more likely to report cocaine/crack (24 vs. 17 percent) or heroin (21 vs. 16 percent) than all female admissions in 2002 (Figure 1).

Demographic Characteristics

Females who were homeless at the time of admission were more likely than all female admissions to be Black (37 vs. 26 percent) and less likely to be White (49 vs. 62 percent). Homeless female admissions tended to be older than all female admissions (mean age 35 vs. 33 years old). While almost one-quarter of each group was between the ages of 20 and 29, a larger proportion of homeless female admissions were over the age of 30 than of all female admissions (73 vs. 63 percent) (Figure 2). In States reporting both living arrangement and marital status, homeless female admissions were slightly more likely to have never been married (56 vs. 52 percent), to be separated (10 vs. 8 percent), or to be divorced/widowed (25 vs. 23 percent) than all female admissions.

Socioeconomics Characteristics

Homeless female admissions were less likely to be employed than all female admissions. Nearly all homeless female admissions (94 percent) were either unemployed or not in the labor force compared with only 77 percent of all female admissions.

In States reporting both living arrangement and source of income, homeless female admissions were slightly more likely than all female admissions to be receiving public assistance as their primary source of income (17 vs. 15 percent). Almost one-half (48 percent) of homeless female admissions had no income compared with one-quarter of all female admissions (Figure 3).

Treatment Characteristics

Homeless female admissions were less likely than all female admissions to be referred to treatment by the criminal justice system (12 vs. 25 percent) and more likely to be referred by an alcohol or drug abuse provider (18 vs. 13 percent) or by themselves or another individual (43 vs. 37 percent).

Prior treatment history varied among females. About half of both homeless female admissions (51 percent) and all female admissions (47 percent) had between one and four prior treatment episodes. While more than 40 percent of all female admissions were first-time admissions, only 29 percent of homeless female admissions had never been in treatment before. Homeless female admissions were more likely to have been in treatment on five or more occasions (20 percent) than all female admissions (11 percent).

The most prevalent service setting among homeless female admissions was detoxification (42 percent),
followed by ambulatory settings (32 percent) and residential/rehabilitation (26 percent) (Figure 4). All female admissions, in contrast, were most commonly in ambulatory settings (63 percent), followed by detoxification (19 percent) and residential/rehabilitation (18 percent).6

End Notes
1 The “living arrangement” data element in the TEDS Supplemental Data Set encompasses “dependent living” and “independent living” in addition to “homeless.” The 41 States reporting this data element in 2002 were: AK, CO, DC, DE, GA, HI, IA, ID, IL, IN, KS, KY, LA, MA, MD, ME, MI, MN, MO, MS, NC, ND, NE, NH, NJ, NV, NY, OH, OK, OR, PR, RI, SC, SD, TN, TX, UT, VA, VT, WA, and WV.
2 The “marital status” data element is in the TEDS Supplemental Data Set. These 38 States reported both the “living arrangement” and the “marital status” data elements at a 75 percent response level in 2002: AK, CO, DC, DE, GA, HI, IA, IL, IN, KS, KY, LA, MA, MD, ME, MI, MN, MO, MS, NC, ND, NE, NH, NJ, NV, OH, OK, OR, PR, RI, SC, SD, TN, TX, UT, VA, WA, and WV.
3 The “employment” data element in TEDS is only analyzed for admissions between the ages of 19 and 64.
4 “Not in labor force” is defined as individuals not seeking employment including students, homemakers, retired/disabled individuals, and others.
5 The “primary source of income” data element is in the TEDS Supplemental Data Set. These 26 States reported both the “living arrangement” and the “primary source of income” data elements at a 75 percent response level in 2002: AK, DE, GA, HI, ID, KS, KY, LA, ME, MN, MO, MS, ND, NE, NH, NV, NY, OH, OR, PR, RI, SC, SD, TN, TX, UT, WA, and WV.
6 Service settings are of three types: ambulatory, residential/rehabilitative, and detoxification. Ambulatory settings include intensive outpatient, non-intensive outpatient, and ambulatory detoxification. Residential/rehabilitative settings include hospital (other than detoxification), short-term (30 days or fewer), and long-term (more than 30 days). Detoxification includes 24-hour hospital inpatient and 24-hour free-standing residential.