

# Metro

BRIEF



New York

## 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 New York City, New York area,<sup>1</sup> hereafter referred to as New York City.*

Data presented in this report are derived from the Treatment Episode Data Set (TEDS),<sup>2</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>3</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 153,400 total substance abuse treatment admissions in New York City: 79 percent were male admissions and 21 percent were female admissions.

The age and race/ethnicity of treatment admissions in New York City are shown below in Figures 1 and 2.

Figure 1. Treatment Admissions by Age: New York City: TEDS 2008

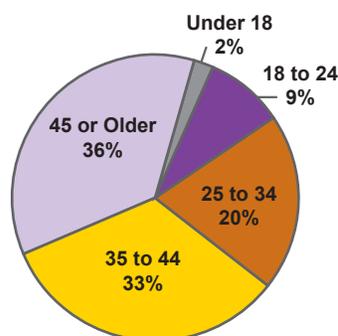
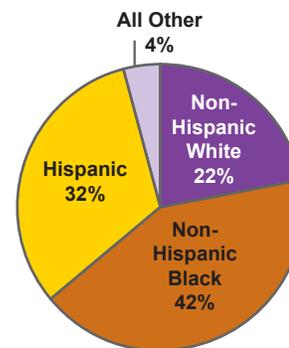


Figure 2. Treatment Admissions by Race/Ethnicity: New York City: TEDS 2008



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>4</sup> Reported at Treatment Admission

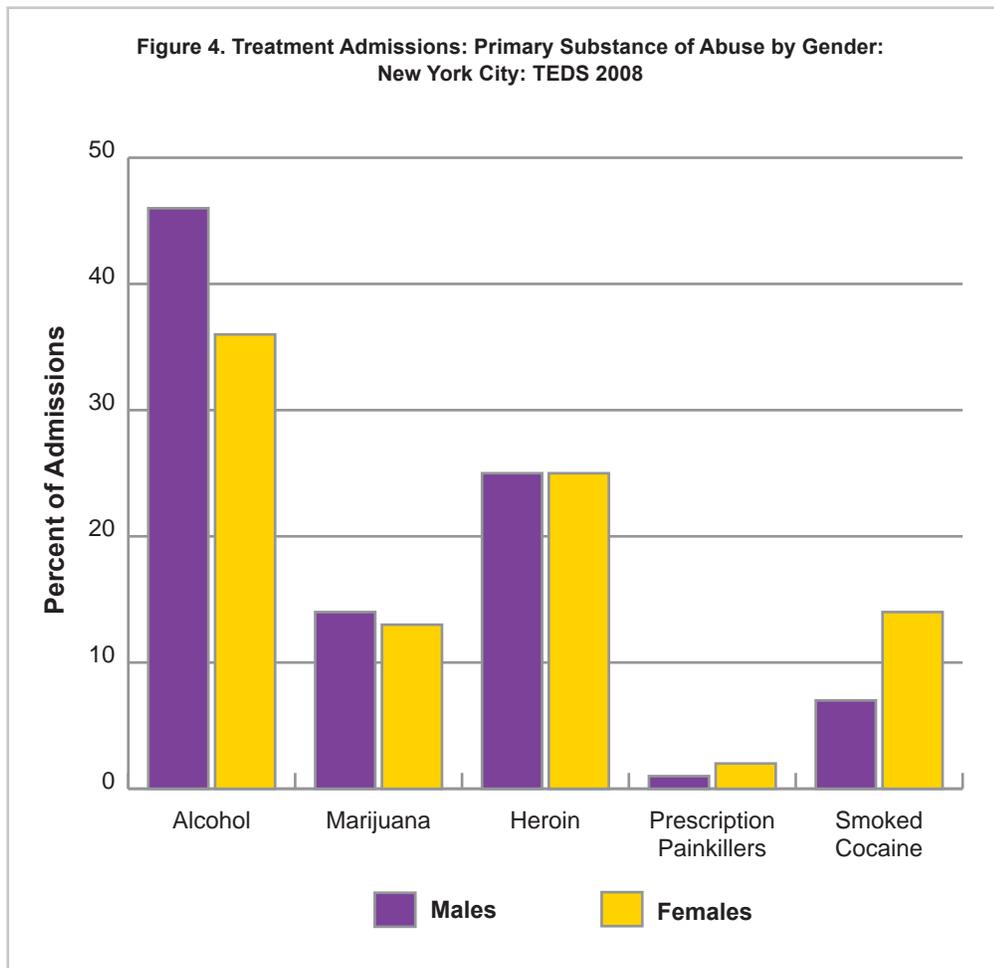
- Compared with the Nation as a whole and the State of New York, treatment admissions in New York City were:
  - slightly less likely to report marijuana, but more likely to report heroin,
  - less likely to report prescription painkillers,
  - about equally likely to report smoked cocaine, and
  - slightly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



Source: Treatment Episode Data Set (TEDS) 2008

### By Gender

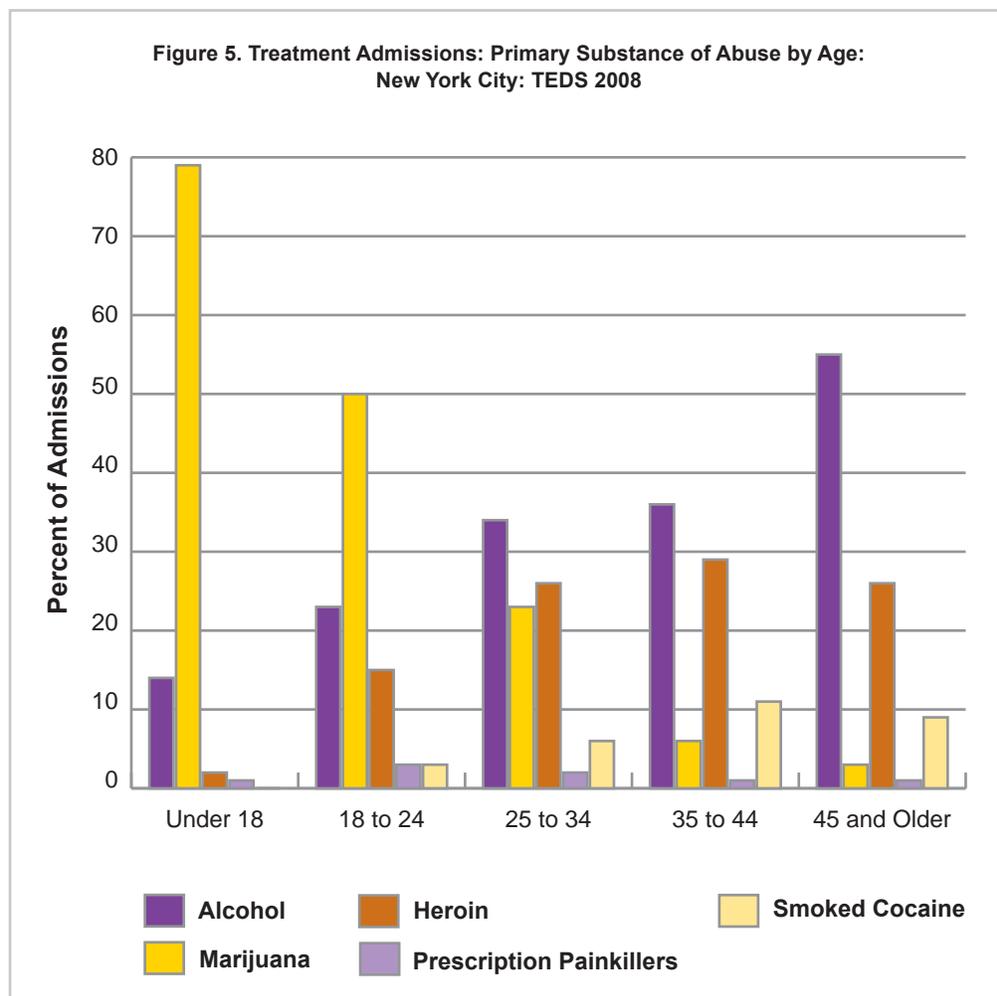
- Males and females reported alcohol as their primary substance of abuse more than any other substance, followed by heroin.
- Compared with males, females were less likely to report alcohol as their primary substance of abuse, about equally likely to report heroin and marijuana, and more likely to report smoked cocaine (Figure 4).



Source: Treatment Episode Data Set (TEDS) 2008

## By Age

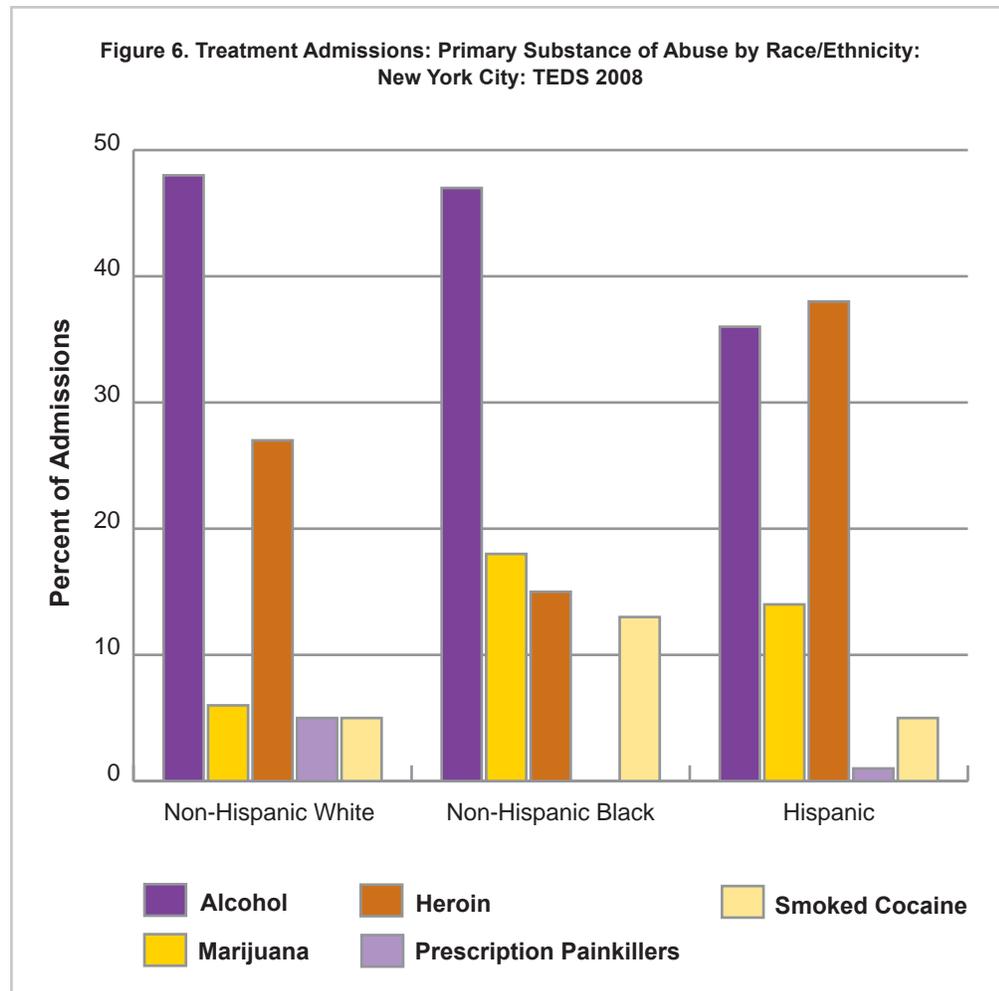
- Admissions under the age of 25 reported marijuana as their primary substance of abuse more often than other substances. Reports of marijuana decreased with age.
- Conversely, reports of alcohol increased with age. Alcohol was the most prevalent substance of abuse among admissions aged 25 and older, followed by heroin.
- Smoked cocaine was the third most commonly reported substance among admissions aged 35 and older (Figure 5).



Source: Treatment Episode Data Set (TEDS) 2008

### By Race/Ethnicity

- Alcohol was the most frequently reported primary substance of abuse among non-Hispanic White and non-Hispanic Black admissions; Hispanic admissions most frequently reported heroin, followed by alcohol.
- Second to alcohol, non-Hispanic White admissions most frequently reported heroin, and non-Hispanic Black admissions most frequently reported marijuana, followed by heroin and smoked cocaine (Figure 6).



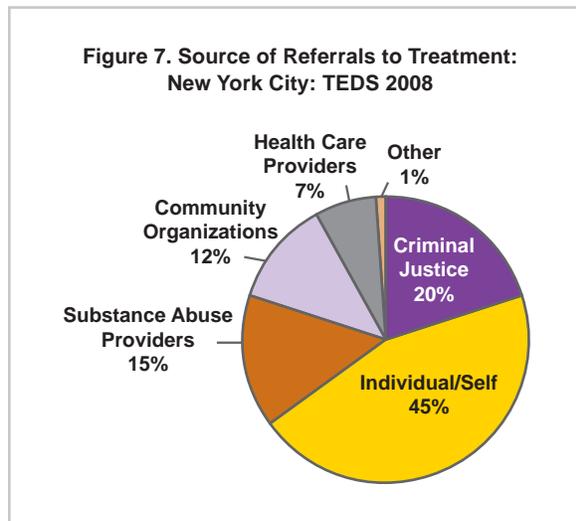
Source: Treatment Episode Data Set (TEDS) 2008

## Injection Drug Use

- Of New York City's total admissions, 14 percent reported injection drug use.

## Sources of Referral

- Individual/self-referral was the primary source of referral to treatment (45 percent), followed by the criminal justice system (20 percent), substance abuse providers (15 percent), community organizations (12 percent), and health care providers (7 percent) (Figure 7).



Source: Treatment Episode Data Set (TEDS) 2008

## Substance Abuse Treatment Facilities

### Types of Care

- In 2008, 436 facilities in New York City offered substance abuse treatment services: 335 facilities offered outpatient care, 97 facilities offered non-hospital residential care, and 46 facilities offered hospital inpatient care. (Some facilities offered more than one type of care.)

### Outpatient Care

- Of the 389 facilities that offered outpatient substance abuse care, 50 percent provided intensive outpatient services and 18 percent offered day treatment/partial hospitalization.
- Regular outpatient treatment services were offered by 85 percent of outpatient facilities.

### Residential Care

- Of the 97 residential facilities in New York City, 80 percent offered long-term residential treatment (more than 30 days) and 21 percent offered short-term residential treatment (30 days or less).

## Detoxification Programs

- A total of 91 facilities offered detoxification services. Of these facilities, 92 percent provided detoxification from opiates (heroin and prescription painkillers), 61 percent from alcohol, and 41 percent from cocaine.

## 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, 133 of the 436 treatment facilities (31 percent) in New York City operated OTPs. On a typical day,<sup>5</sup> 33,311 clients at these OTPs were receiving medication-assisted opioid therapy with methadone or buprenorphine.<sup>6</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> Data for New York City were derived from the Federal Information Processing Standards codes (FIPS codes) for the following counties: Bronx, Kings, New York, Putnam, Queens, Richmond, Rockland, and Westchester.
- <sup>2</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>3</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>4</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>5</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>6</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.