

Chapter 4

Short-Term Residential Treatment Discharges Aged 12 and Older: 2009

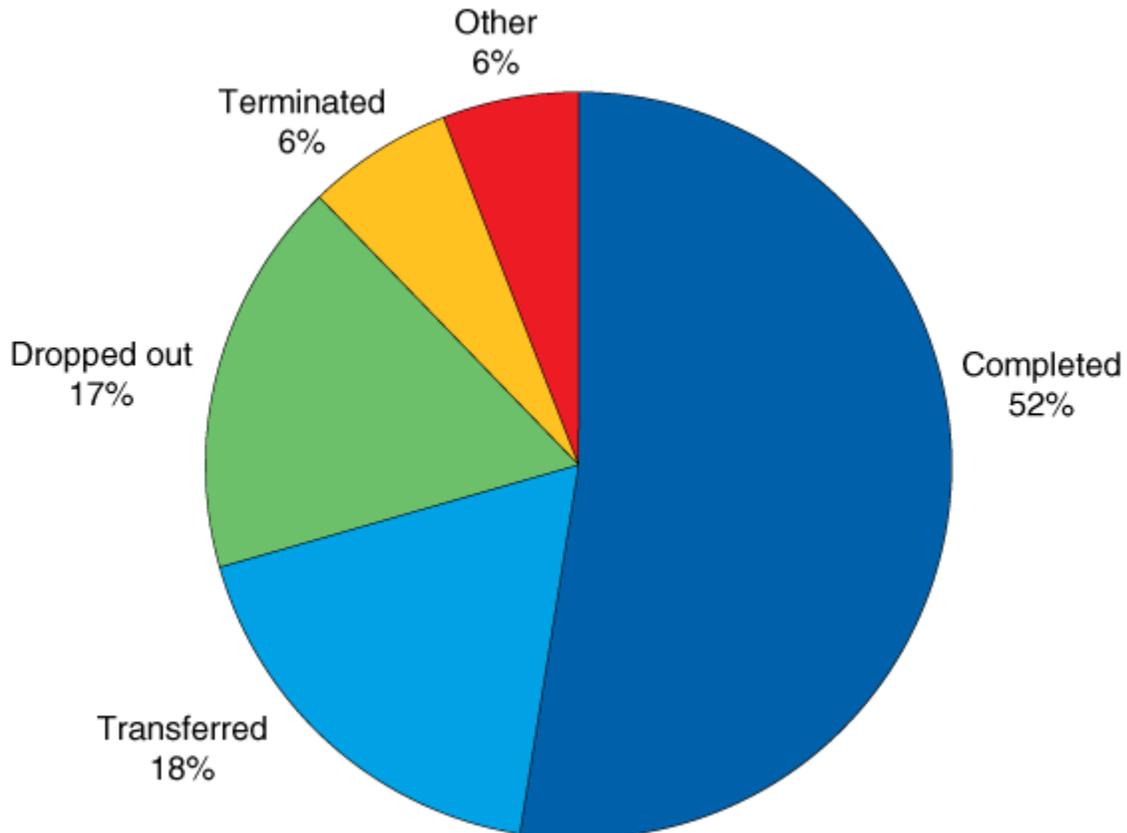
Chapter 4 presents data on the reason for discharge and median length of stay (LOS) in treatment for the 178,808 discharges aged 12 and older from short-term residential treatment in 2009. Forty-three of the 45 reporting States and jurisdictions had discharges from this type of service [Table 4.1].

Reason for Discharge

Table 4.1 and Figure 4.1. Of the 178,808 discharges aged 12 and older from short-term residential treatment in 2009¹:

- 52 percent (n = 92,418) completed treatment
- 18 percent (n = 32,909) were transferred to further treatment
- 17 percent (n = 31,210) dropped out of treatment
- 6 percent (n = 11,526) had treatment terminated by the facility
- 6 percent (n = 10,745) failed to complete treatment for other reasons

Figure 4.1
Reason for discharge from short-term residential treatment: 2009



SOURCE: Center for Behavioral Health Statistics and Quality, Substance Abuse and Mental Health Services Administration, Treatment Episode Data Set (TEDS). Data received through 10.10.11.

¹ Percentages do not sum to 100 percent because of rounding.

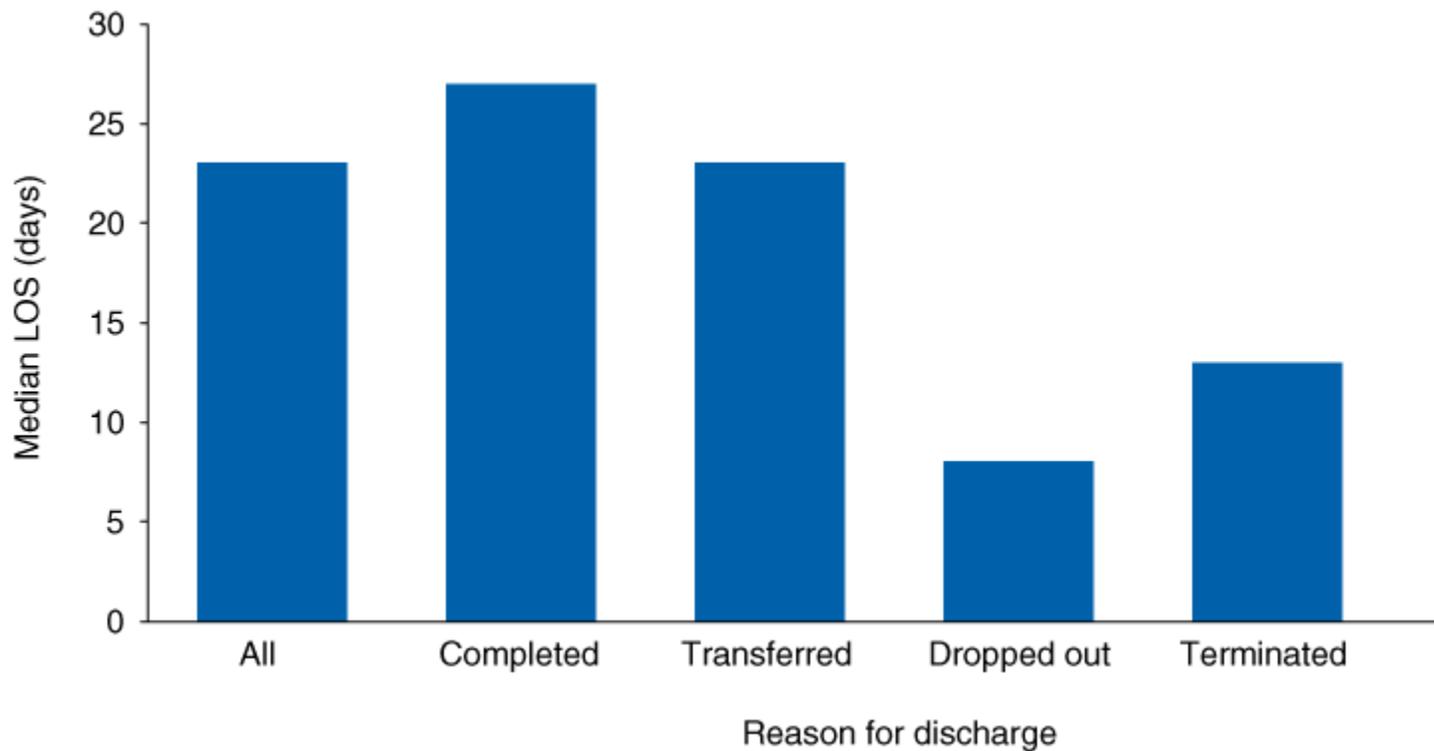
Median Length of Stay (LOS)

Table 1.4 and Figure 4.2. The median LOS in 2009 for short-term residential treatment discharges aged 12 and older was 22 days. By reason for discharge, the median LOS for short-term residential treatment discharges was:

- 27 days among those who completed treatment
- 23 days among those who transferred to further treatment
- 8 days among those who dropped out of treatment
- 13 days among those whose treatment was terminated by the facility
- 23 days among those who failed to complete treatment for other reasons

Figure 4.2

Median length of stay (LOS) in short-term residential treatment, by reason for discharge: 2009



SOURCE: Center for Behavioral Health Statistics and Quality, Substance Abuse and Mental Health Services Administration, Treatment Episode Data Set (TEDS). Data received through 10.10.11.

Characteristics at Admission

Table 1.6. Short-term residential discharges aged 12 and older displayed some major differences from all discharges aged 12 and older combined. Of short-term residential discharges aged 12 and older:

- 14 percent reported cocaine as the primary substance of abuse compared to 10 percent of all discharges
- 52 percent reported daily use of the primary substance in the month before treatment entry compared to 38 percent of all discharges; 13 percent reported no substance use in the month before treatment entry compared to 29 percent of all discharges
- 66 percent reported one or more prior treatment episodes compared to 58 percent of all admissions
- 46 percent were referred to treatment by health care or community sources compared to 29 percent of all discharges; 23 percent were referred through the criminal justice system compared to 38 percent of all discharges
- 86 percent were unemployed or not in the labor force compared to 76 percent of all discharges

Treatment Completion

Tables 4.2 and 4.3. Table 4.2 enumerates the characteristics at admission of discharges aged 12 and over from short-term residential treatment by reason for discharge. Table 4.3 is based on Table 4.2. It presents two related proportions: a) the percent distribution of characteristics at admission among discharges completing treatment or transferring to further treatment compared to those who did not complete treatment, and b) the combined rate of completion or transfer to further treatment by characteristic at admission. Table 4.3 also provides the median LOS among short-term residential treatment discharges aged 12 and over that completed treatment.

Completion/Transfer Rates and Characteristics at Admission

The overall combined treatment completion/transfer rate among short-term residential treatment discharges aged 12 and over was 70 percent.

- Among variables whose categories represented a continuum—age, frequency of use, number of prior treatment episodes, and level of education—higher completion/transfer rates among short-term residential treatment discharges were associated with:
 - Older age—the completion/transfer rate fell from 77 percent among discharges older than 50 years to 66 percent among discharges aged 12 to 20 years
 - Less frequent use—the completion/transfer rate fell from 74 percent among discharges who reported no substance use in the month before treatment entry to 68 percent among those who reported daily substance use

- Number of prior treatment episodes—the completion/transfer rate increased from 67 percent of discharges with no prior treatment to 72 percent of those with one or more treatment episodes
- Higher educational level—75 percent of discharges with more than 12 years of education completed treatment or transferred to further treatment; the rate fell to 67 percent among discharges with fewer than 12 years of education
- Among other characteristics (race/ethnicity, primary substance, treatment referral source, employment status), the completion/transfer rate among short-term residential treatment discharges aged 12 and over ranged from:
 - 67 percent among Hispanic discharges to 72 percent among discharges of race/ethnicities other than Hispanic, White, or Black
 - 64 percent among discharges who reported opiates as the primary substance to 76 percent among those who reported alcohol as the primary substance
 - 66 percent of discharges who were self- or individually referred to treatment to 76 percent of discharges who were referred to treatment through the criminal justice system
 - 69 percent among discharges who were unemployed or not in the labor force to 79 percent among discharges who were employed

Median LOS among Discharges Completing Treatment

The overall median LOS in 2009 among discharges aged 12 and older completing short-term residential treatment was 27 days. For all characteristics at admission, the median LOS was between 24 days and 28 days.

[To Tables](#)

Chapter 5

Long-Term Residential Treatment Discharges Aged 12 and Older: 2009

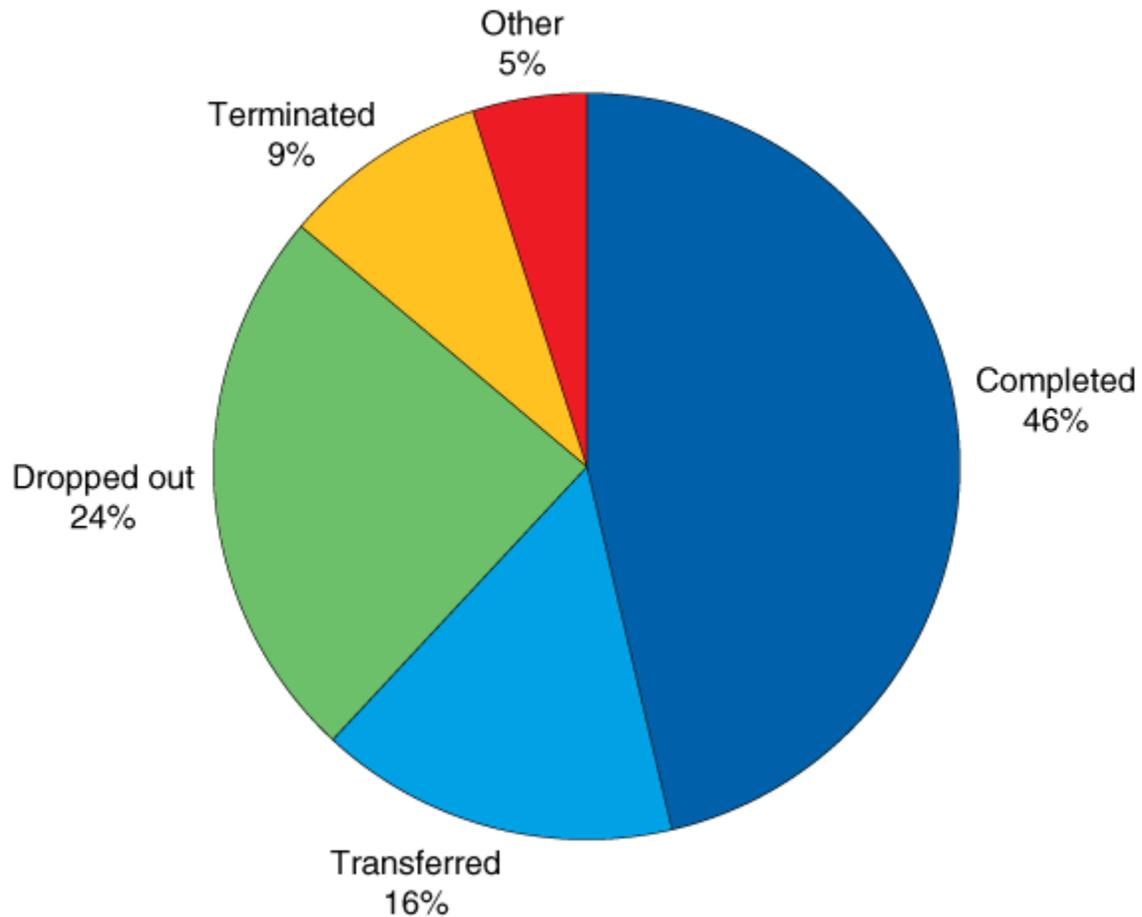
Chapter 5 presents data on the reason for discharge and median length of stay (LOS) in treatment for the 135,390 discharges aged 12 and older from long-term residential treatment in 2009. Forty-four of the 45 reporting States and jurisdictions had discharges from this type of service [Table 5.1].

Reason for Discharge

Table 5.1 and Figure 5.1. Of the 135,390 discharges aged 12 and older from long-term residential treatment in 2009:

- 46 percent (n = 62,570) completed treatment
- 16 percent (n = 21,136) were transferred to further treatment
- 24 percent (n = 32,836) dropped out of treatment
- 9 percent (n = 12,138) had treatment terminated by the facility
- 5 percent (n = 6,710) failed to complete treatment for other reasons

Figure 5.1
Reason for discharge from long-term residential treatment: 2009



SOURCE: Center for Behavioral Health Statistics and Quality, Substance Abuse and Mental Health Services Administration, Treatment Episode Data Set (TEDS). Data received through 10.10.11.

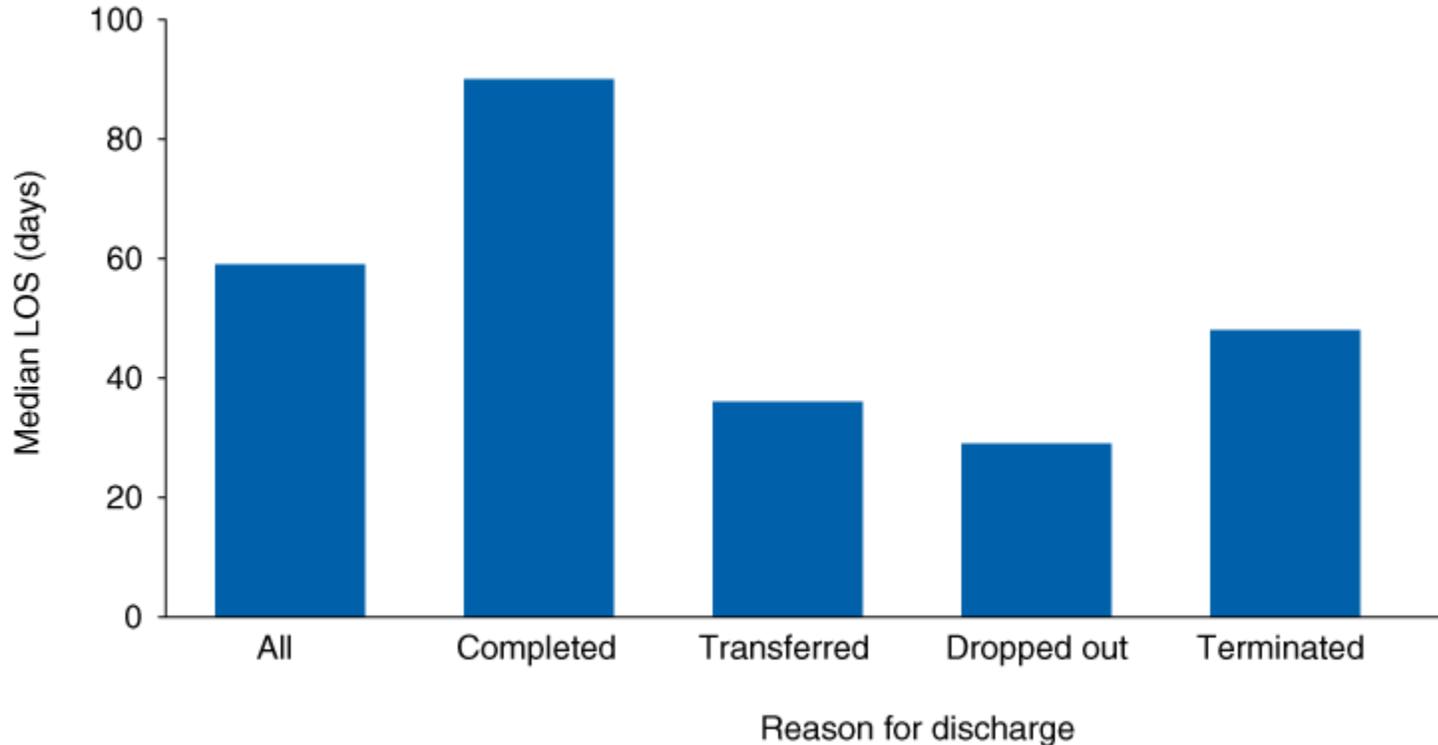
Median Length of Stay (LOS)

Table 1.4 and Figure 5.2. The median LOS in 2009 for long-term residential treatment discharges aged 12 and older was 59 days. By reason for discharge, the median LOS for long-term residential treatment discharges was:

- 90 days among those who completed treatment
- 36 days among those who transferred to further treatment
- 29 days among those who dropped out of treatment
- 48 days among those whose treatment was terminated by the facility
- 40 days among those who failed to complete treatment for other reasons

Figure 5.2

Median length of stay (LOS) in long-term residential treatment, by reason for discharge: 2009



SOURCE: Center for Behavioral Health Statistics and Quality, Substance Abuse and Mental Health

Services Administration, Treatment Episode Data Set (TEDS). Data received through 10.10.11.

Characteristics at Admission

Table 1.6. Long-term residential discharges aged 12 and older displayed some major differences from all discharges aged 12 and older combined. Of long-term residential discharges aged 12 and older:

- 17 percent reported cocaine as the primary substance of abuse compared to 10 percent of all discharges; 15 percent reported stimulants compared to 7 percent of all discharges; 31 percent reported alcohol compared to 42 percent of all discharges
- 69 percent had been in treatment one or more times compared to 58 percent of all discharges
- 26 percent were self- or individually referred to treatment compared to 33 percent of all discharges
- 93 percent were unemployed or not in the labor force compared to 76 percent of all discharges

Treatment Completion

Tables 5.2 and 5.3. Table 5.2 enumerates the characteristics at admission of discharges aged 12 and over from long-term residential treatment by reason for discharge. Table 5.3 is based on Table 5.2. It presents two related proportions: a) the percent distribution of characteristics at admission among discharges completing treatment or transferring to further treatment compared to those who did not complete treatment, and b) the combined rate of completion or transfer to further treatment by characteristic at admission. Table 5.3 also provides the median LOS among long-term residential treatment discharges aged 12 and over that completed treatment.

Completion/Transfer Rates and Characteristics at Admission

Tables 5.2 and 5.3. The overall combined treatment completion/transfer rate among long-term residential treatment discharges aged 12 and over was 62 percent.

- Among variables whose categories represented a continuum—age, frequency of use, number of prior treatment episodes, and level of education—higher completion/transfer rates among long-term residential treatment discharges aged 12 and over were associated with:
 - Older age—the completion/transfer rate fell from 69 percent among discharges older than 50 years to 59 percent among discharges aged 12 to 30
 - Less frequent use—the completion/transfer rate fell from 65 percent among discharges who reported no substance use in the month before treatment entry to 56 percent among discharges who reported daily substance use
 - No prior treatment episodes—the completion/transfer rate was 66 percent among discharges with no prior treatment episodes compared to 60 percent among discharges with one or more prior treatment episodes
 - Higher educational level—65 percent of discharges with more than 12 years of education completed treatment or transferred to further treatment; the rate fell to 59 percent among discharges with fewer than 12 years of education
- Among other characteristics (race/ethnicity, primary substance, treatment referral source, employment status), the completion/transfer rate among long-term residential treatment discharges aged 12 and over ranged from:
 - 57 percent among non-Hispanic Black discharges to 66 percent among discharges of race/ethnicities other than Hispanic, White, or Black
 - 54 percent among discharges who reported opiates as the primary substance to 72 percent among those who reported stimulants as the primary substance
 - 58 percent of discharges who were referred to treatment by a health care or community provider to 67 percent of discharges who were referred to treatment through the criminal justice system
 - 61 percent among discharges who were unemployed or not in the labor force to 72 percent among discharges who were employed

Median LOS among Discharges Completing Treatment

The overall median LOS in 2009 among discharges aged 12 and older completing long-term residential treatment was 90 days.

- The median LOS was longest among non-Hispanic Black discharges (107 days) and among discharges who reported opiates as the primary substance (104 days)
- The median LOS was shortest (60 days) among discharges who were employed at admission or who were self- or individually referred (64 days)

[To Tables](#)

Chapter 1

Discharge Data Description and Data Overview for All Types of Service: 2009

[Data Definitions](#)

[Data Overview](#)

[Reason for Discharge by Type of Service](#)

[Median LOS by Type of Service and Reason for Discharge](#)

[Characteristics at Admission](#)

[Treatment Completion or Transfer to Further Treatment](#)

This report presents data from the Treatment Episode Data Set (TEDS) for discharges from treatment in 2009. It is a companion to the reports *Treatment Episode Data Set (TEDS): 1999-2009 National Admissions to Substance Abuse Treatment* and *Treatment Episode Data Set (TEDS): 1999-2009 State Admissions to Substance Abuse Treatment*. These reports provide information on the demographic and substance abuse characteristics of substance abuse treatment admissions and discharges aged 12 and older in facilities that report to individual State administrative data systems.¹ Data in this report include records for discharges during calendar year 2009 that were received and processed through October 10, 2011.²

¹ Includes only discharges aged 16 and above for employment status and aged 18 and older for years of education.

² For researchers interested in more detailed analysis, TEDS public use files are available for online data analysis or download at the Substance Abuse and Mental Health Data Archive, which can be accessed at <http://www.datafiles.samhsa.gov>.

Summary data for individual States that have submitted the full year of data are available online through the Quick Statistics website at <http://www.dasis.samhsa.gov/webt/NewMapv1.htm>.

TEDS does not include all admissions to substance abuse treatment. It includes admissions to facilities that are licensed or certified by a State substance abuse agency to provide substance abuse treatment (or are administratively tracked for other reasons). In general, facilities reporting TEDS data are those that receive State alcohol and/or drug agency funds (including Federal Block Grant funds) for the provision of alcohol and/or drug treatment services. Additional information on the history and methodology of TEDS and this report as well as important issues related to State data collection systems are detailed in Appendix A.

TEDS is an admission-based system, and TEDS admissions do not represent individuals. Thus, for example, an individual admitted to and discharged from treatment twice within a calendar year would be counted as two discharges.

Data in this report are presented for specific service types rather than for treatment episodes, which can involve treatment in multiple service types. States are asked to submit a record for each initial admission to a treatment service, for each transfer from one service to another, and for a discharge corresponding to each admission or transfer. The linked pairs of admission/transfer and discharge records enable analyses of treatment completion and length of stay (LOS) in treatment in specific service types.

This chapter describes the discharge data and provides an overview of the linked admission/discharge records for discharges aged 12 and older in 2009. Some tables in this report present data by State or jurisdiction. It is important to note that comparisons between and across States and jurisdictions should be made with caution. There are many factors (e.g., facilities included, clients included, ability to track multi-service episodes, services offered, and completeness and timeliness of reporting) that can affect comparability. See Appendix A for a full discussion.

Data Definitions

Type of Service

Data are presented for each of eight different types of service (listed below). The first six service types exclude records where medication-assisted (i.e., with methadone or buprenorphine) opioid therapy or detoxification was planned as part of treatment; the other two service types include only medication-assisted opioid therapy or detoxification records:

- Outpatient treatment—Includes individual, family, and/or group services
- Intensive outpatient treatment—A minimum of 2 or more hours per day for 3 or more days per week
- Short-term residential treatment—Typically, 30 days or fewer of non-acute care in a setting with treatment services for substance abuse and dependency
- Long-term residential treatment—Typically, more than 30 days of non-acute care in a setting with treatment services for substance abuse and dependence; may include transitional living arrangements such as halfway houses
- Hospital residential treatment—24-hour per day medical care in a hospital facility in conjunction with treatment services for substance abuse and dependence; excludes detoxification
- Detoxification—Includes free-standing residential detoxification (78 percent of detoxification discharges), hospital detoxification (18 percent), and outpatient detoxification (4 percent)
 - Free-standing residential detoxification—24-hour per day services in a non-hospital setting providing for safe withdrawal and transition to ongoing treatment
 - Hospital detoxification—24-hour per day acute medical care services in a hospital setting for persons with severe medical complications associated with withdrawal

- Outpatient detoxification—Treatment services providing for safe withdrawal in an outpatient setting
- Outpatient medication-assisted opioid therapy—Outpatient or intensive outpatient treatment services (93 percent and 7 percent of outpatient medication-assisted opioid therapy discharges, respectively) where medication-assisted therapy with methadone or buprenorphine was planned
- Medication-assisted opioid detoxification—Detoxification services where medication-assisted therapy with methadone or buprenorphine was planned; includes outpatient detoxification, free-standing residential detoxification, and hospital detoxification (58 percent, 24 percent, and 18 percent of medication-assisted opioid detoxification discharges, respectively)

Medication-assisted opioid therapy discharges from short- and long-term residential treatment and hospital residential treatment represented less than 1 percent of all records. They are excluded from this report.

Reason for Discharge

The reasons for discharge from substance abuse treatment tabulated in this report include:

- Completed treatment—All parts of the treatment plan or program were completed
- Transferred to another substance abuse program or facility—Client was transferred to another substance abuse treatment program, provider, facility, or service type within an episode of treatment; the client may or may not have reported to that program
- Dropped out—Client chose not to complete the treatment program, with or without specific advice to continue treatment; includes clients who dropped out for unknown reason and clients who had not received treatment for some time and received administrative discharges
- Terminated by facility—Treatment was terminated by the action of the facility, generally because of client non-compliance or violation of rules, laws, or procedures
- Incarcerated—Treatment was terminated because the client was incarcerated (jail, prison, house confinement)
- Death
- Other—Client left treatment for other specified reasons (e.g., change of residence, illness, hospitalization, or other reason unrelated to treatment compliance)

Because both treatment completion and transfer to further treatment represent positive conclusions to a treatment episode or component of a treatment episode, their rates are combined in some of the analyses.

Length of Stay (LOS) in Treatment

The length of stay (LOS) in days was calculated for each record by subtracting the date of admission from the date of last contact. For all outpatient service types, one day was added so that both the day of admission and the day of last contact were counted as days on which services were delivered. For hospital and residential service types, this was not done, and records where

the date of admission and the date of last contact were the same (LOS = 0 days) were excluded from the analysis. The measure of LOS used in this report is the median—the number of days at which half of all discharges had taken place.

Linkage of discharge records from 2009 to admission records from 2000 to 2009 means that the maximum LOS in treatment included in this report is 10 years. However, outpatient medication-assisted opioid therapy can have a much longer duration. Indeed, some admissions may receive this form of treatment for an indefinite period. Because this report includes data only on discharges, it will underestimate LOS in treatment for those receiving outpatient medication-assisted opioid therapy. Similarly, the number and proportion of treatment completers will reflect only those who have been discharged because treatment is complete and not those who successfully remain in long-term outpatient medication-assisted opioid therapy. In addition, the characteristics at admission of those admitted to and discharged from outpatient medication-assisted opioid therapy within 10 years may differ from those of admissions who remain in outpatient medication-assisted opioid therapy for longer than 10 years.

Data Overview

Forty-five States and jurisdictions submitted 1,804,858 eligible records for clients aged 12 and older discharged in 2009. (Georgia, the District of Columbia, Mississippi, New Mexico, North Carolina, Pennsylvania, and West Virginia submitted no data or incomplete data for 2009 and are excluded from this report.)

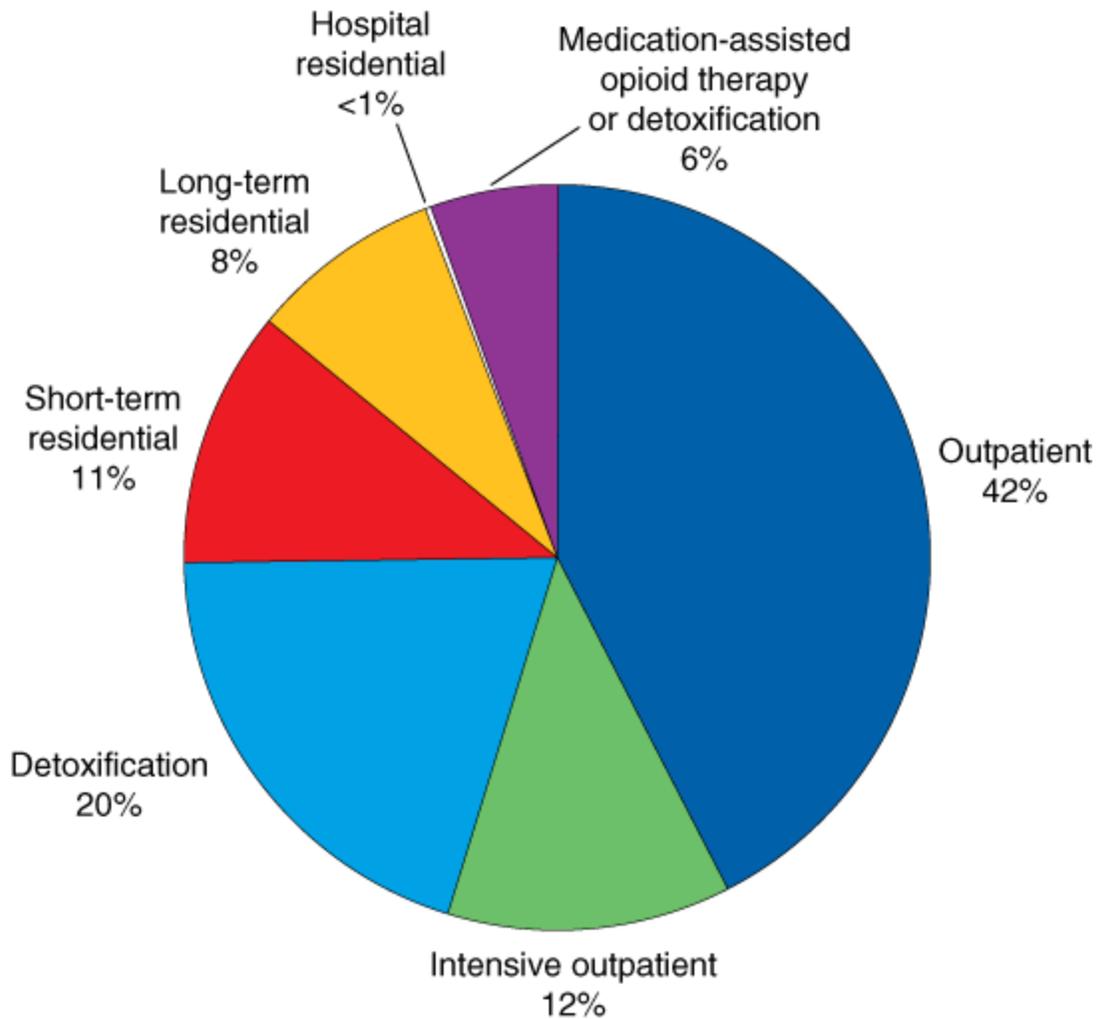
Tables 1.1a-b. Of the 1,804,858 eligible discharge records, 90 percent (n = 1,620,588) could be linked to a TEDS admission or transfer record from 2000 through 2009. These 1,620,588 records form the basis of this report. Most of the 2009 discharge records linked to an admission or transfer occurring in 2009 (69 percent of the total discharge records). Nineteen percent linked to an admission or transfer occurring in 2008; 2 percent linked to records from 2000 to 2007.

Type of Service

Tables 1.2a-b. These tables present type of service at discharge by State for 2009 discharges aged 12 and older. There was considerable State-to-State variability in the combination of service types available and in the proportions discharged from each of these service types.

Figure 1.1 illustrates the overall distribution of service type among all 2009 discharges aged 12 and over: the majority were discharged from an outpatient service type—42 percent from outpatient treatment and 12 percent from intensive outpatient treatment, 20 percent were from detoxification, 11 percent were from short-term residential treatment, 8 percent were from long-term residential treatment, 6 percent were from medication-assisted opioid therapy or detoxification, and less than 1 percent were from hospital residential treatment.³

Figure 1.1
Type of service at discharge: 2009



SOURCE: Center for Behavioral Health Statistics and Quality, Substance Abuse and Mental Health

Services Administration, Treatment Episode Data Set (TEDS). Data received through 10.10.11.

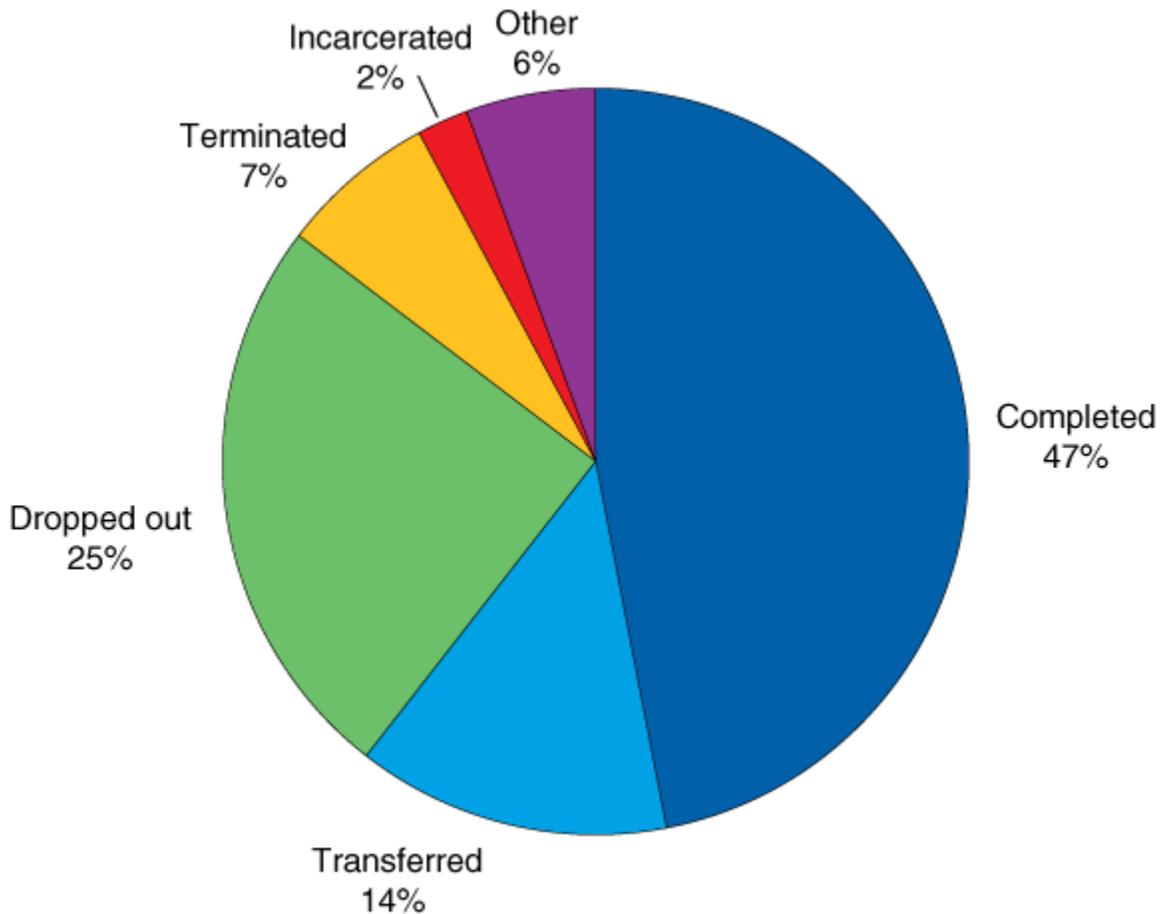
Reason for Discharge

Tables 1.3a-b. These tables present reason for discharge by State or jurisdiction. *Figure 1.2* illustrates the overall distribution of reason for discharge among 2009 discharges aged 12 and over.

Almost half (47 percent) of all discharges aged 12 and over completed treatment. Another 14 percent were transferred to further substance abuse treatment. Twenty-five percent dropped out of treatment, 7 percent had their treatment terminated at the facility's request, 2 percent were incarcerated during treatment, and 6 percent failed to complete treatment for other reasons.³

³ Percentages do not sum to 100 percent because of rounding.

Figure 1.2
Reason for discharge: 2009



SOURCE: Center for Behavioral Health Statistics and Quality, Substance Abuse and Mental Health

Services Administration, Treatment Episode Data Set (TEDS). Data received through 10.10.11.

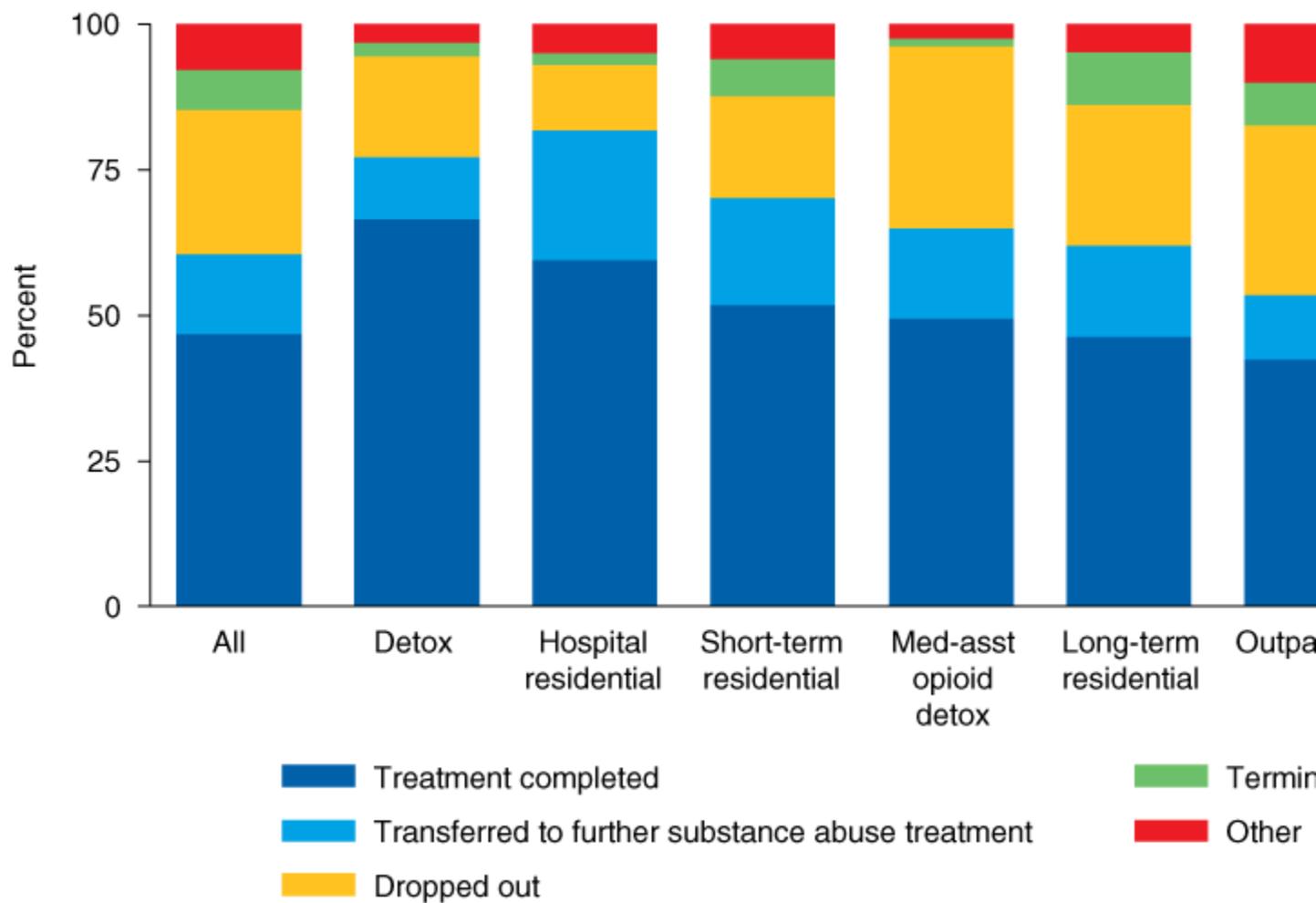
Reason for Discharge by Type of Service

Table 1.4 and Figure 1.3 present reason for discharge by type of service. The treatment completion rate was highest among discharges aged 12 and older from detoxification (66 percent). The rates for residential services were lower—59 percent for hospital residential treatment, 52 percent for short-term residential treatment, and 49 percent for medication-assisted opioid detoxification. The completion rate for long-term residential treatment was 46 percent. Completion rates were lower in less structured settings: 42 percent for outpatient treatment, 35 percent for intensive outpatient treatment, and 14 percent for outpatient medication-assisted opioid therapy treatment.

Transfer to further substance abuse treatment was most common among discharges aged 12 and older from hospital residential treatment (22 percent) followed by intensive outpatient treatment (20 percent), short-term residential treatment (18 percent), outpatient medication-assisted opioid therapy (17 percent), and medication-assisted opioid detoxification (16 percent).

Treatment dropout was highest among discharges aged 12 and older from outpatient medication-assisted opioid therapy (42 percent) and medication-assisted opioid detoxification (31 percent).

Figure 1.3
Reason for discharge, by type of service: 2009



SOURCE: Center for Behavioral Health Statistics and Quality, Substance Abuse and Mental Health

Services Administration, Treatment Episode Data Set (TEDS). Data received through 10.10.11.

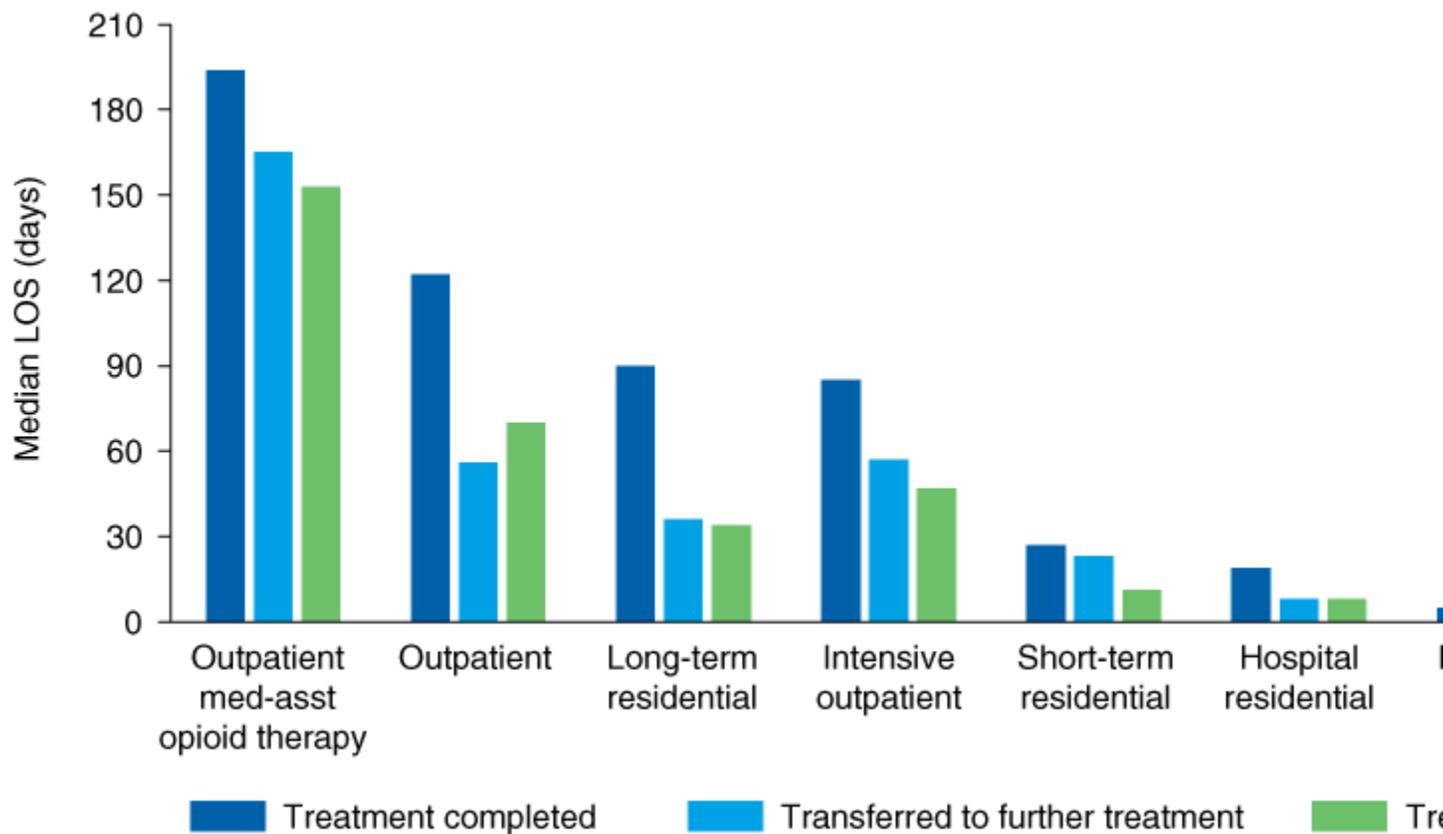
Median LOS by Type of Service and Reason for Discharge

Table 1.4. The median LOS was longest for discharges aged 12 and older from outpatient medication-assisted opioid therapy (161 days), followed by outpatient treatment (92 days),

intensive outpatient treatment (60 days), and long-term residential treatment (59 days). The median LOS for all discharges from short-term residential treatment was 22 days; from hospital residential treatment; 13 days, from medication-assisted opioid detoxification, 6 days; and from detoxification, 4 days.

Figure 1.4. In all service types except medication-assisted opioid detoxification, the median LOS for discharges aged 12 and older who completed treatment was longer than or equal to those who transferred to further treatment or who did not complete treatment. Among discharges aged 12 and older completing treatment, the median LOS was longest for outpatient medication-assisted opioid therapy (197 days), followed by outpatient treatment (124 days), long-term residential treatment (90 days), and intensive outpatient treatment (85 days). The median LOS for treatment completers in short-term residential treatment was 27 days; in hospital residential treatment, 19 days; for medication-assisted opioid detoxification, 5 days; and in detoxification, 4 days.

Figure 1.4
Median length of stay (LOS), by reason for discharge and type of service: 2009



SOURCE: Center for Behavioral Health Statistics and Quality, Substance Abuse and Mental Health

Services Administration, Treatment Episode Data Set (TEDS). Data received through 10.10.11.

Characteristics at Admission

Tables 1.5 and 1.6 summarize the number and percent distribution of selected characteristics at admission for all discharges aged 12 and older and for discharges aged 12 and older by service type. Summary findings of the admission characteristics of all discharges aged 12 and older combined include:

- 68 percent of all discharges were male
- The age groups 21 to 30 years, 31 to 40 years, and 41 to 50 years each represented about one-quarter of all discharges while the age groups 12 to 20 and over age 50 represented 14 percent and 11 percent of discharges, respectively
- 59 percent of all discharges were non-Hispanic White
- Alcohol was the most common primary substance of abuse, reported by 42 percent of all discharges
- 38 percent of all discharges reported daily use of the primary substance in the month before treatment entry; 29 percent reported no use in the past month
- 58 percent of all discharges had been in treatment at least once prior to the current episode
- 38 percent of all discharges were referred to treatment through the criminal justice system; 33 percent were self- or individual referrals
- 76 percent of all discharges were unemployed or not in the labor force
- 76 percent of all discharges reported completing 12 years of education or fewer

Characteristics at Admission by Type of Service

Table 1.6. Although the characteristics at admission of discharges aged 12 and older varied by service type, some general observations can be made.

- Discharges aged 12 and older from outpatient and intensive outpatient treatment, compared to discharges aged 12 and older from other service types, were generally younger, more likely to be entering treatment for the first time, and more likely to be employed. They were more likely to report marijuana and less likely to report opiates as the primary substance. They were more likely to have been referred to treatment through the criminal justice system and to have used the primary substance less than daily in the month before treatment entry.
- Discharges aged 12 and older from detoxification, outpatient medication-assisted opioid therapy, and medication-assisted opioid detoxification, compared to discharges aged 12 and older from other service types, were generally older and more likely to be of Hispanic origin. They were more likely to be self- or individual referrals to treatment and less likely to be referred by the criminal justice system, and to report opiates as the primary substance. (A high proportion of discharges from detoxification also reported alcohol.) They were more likely to report daily use of the primary substance in the month before treatment entry and to have one or more prior treatment episodes.
- Discharges aged 12 and older from short-term and long-term residential treatment, compared to discharges aged 12 and older from other service types, were more likely to report cocaine as the primary substance and to be unemployed or not in the labor force. They were more likely to have been in treatment before, and to have been referred to treatment through a health care or community provider.

- Discharges aged 12 and older from hospital residential treatment, compared to discharges aged 12 and older from other service types, were generally older, more likely to be non-Hispanic White, to have more than 12 years of education, and to be unemployed or not in the labor force. They were more likely to report alcohol as the primary substance and to report daily use of the primary substance in the month before treatment entry.

Treatment Completion or Transfer to Further Treatment

Table 1.7 presents the percentage of discharges aged 12 and older either completing treatment or transferring to further treatment by selected characteristics at admission, for all discharges and by service type. For all service types combined, the combined treatment completion/transfer rate was 60 percent.

Completion/transfer rates were generally similar within admission characteristics, but varied widely by service type. Treatment completion/transfer rates ranged from 30 percent among discharges aged 12 and older from outpatient medication-assisted opioid therapy to 82 percent among discharges aged 12 and older from hospital residential treatment, while the largest variation by admission characteristic was for primary substance, ranging from 33 percent for opiates to 68 percent for alcohol.

Some general observations can be made about the completion/transfer rate for all discharges aged 12 and older combined:

- The treatment completion/transfer rate increased with education
- For known primary substance of abuse, the treatment completion/transfer rates were highest for alcohol (68 percent), followed by stimulants and cocaine (62 percent and 57 percent, respectively)
- The treatment completion/transfer rate was higher among those who were employed than among those who were unemployed or not in the labor force
- The treatment completion/transfer rate was lower among non-Hispanic Blacks and those of Hispanic origin than among non-Hispanic Whites