

The Department of Mental Health and Addiction Services

John G. Rowland
Governor

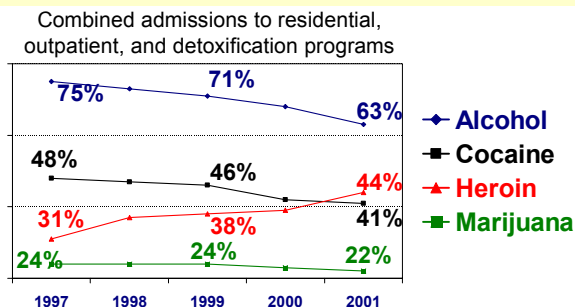
A Healthcare Service Agency

Thomas A. Kirk Jr., Ph.D.
Commissioner

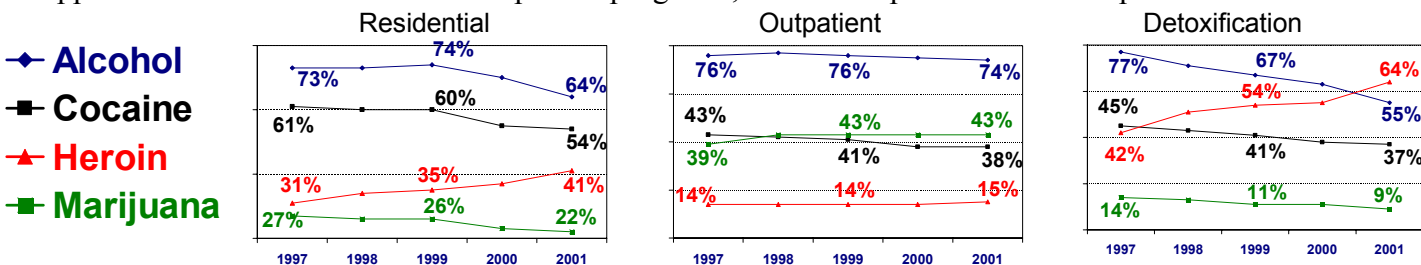
Problem Substance Q and A

Quality must be the defining characteristic of the DMHAS public/private system of care. Providing quality services to persons whose needs are not being well met in the current system is thus an important DMHAS consideration in allocating available resources. This requires that information from many sources be continually reviewed. One such information source is DMHAS' "substance abuse treatment information system" and one of the many data items tracked is "the type of substance a person entering treatment is using". Of 47,067 admissions in 2001, 58% were made up of people using two or more substances. Substances which are used most commonly by persons entering treatment in Connecticut are alcohol, cocaine, heroin, and marijuana.

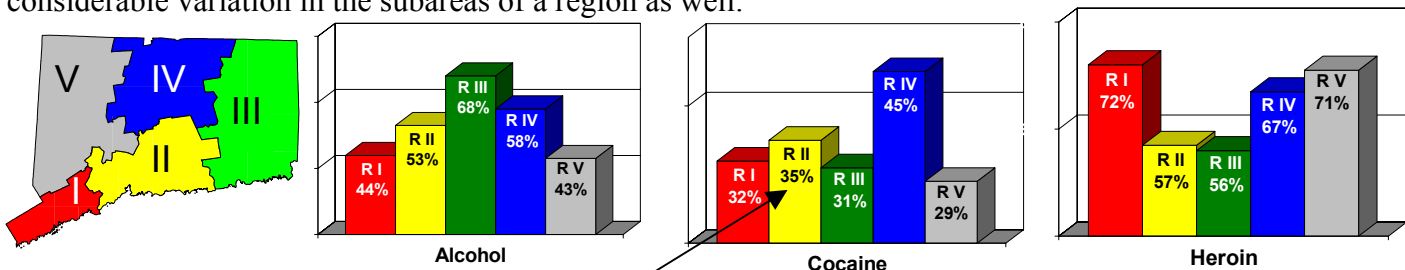
Q. What is the percentage of treatment admissions in which each substance is identified, and has this changed during the past five years? **A.** The graph on the right indicates that the percentage of admissions in which heroin is identified as a problem substance has risen from 31% in 1997 to 44% in 2001. Alcohol is still the most commonly identified substance at 63% in 2001.



Q. Does the type of substance a person uses affect the treatment setting (e.g. outpatient, detoxification, residential) the person is likely to be in? **A.** Generally, all the substances will be found among the treatment population of each setting, but persons who use certain substances are more likely to be found in particular settings as these programs are currently designed. In 2001, 41% of admissions to residential rehabilitation, as opposed to 15% of admissions to outpatient programs, involved a person who has a problem with heroin.



Q. Within a particular treatment setting, do the rates at which different substances show up vary by the geographic area in which the person in treatment lives? **A.** Yes. The charts below show the regional variation in substance use among people who were in detoxification programs in 2001. In fact, there is considerable variation in the subareas of a region as well.



Each bar identifies the % of persons who were admitted to residential detox in 2001, for whom the indicated substance is recorded as a problem substance. For example, 35% of persons admitted from Region II had cocaine as a problem substance.