Alcohol and Drug Services Study (ADSS), 1996-1999: [United States]

Bibliographic Description

Title:	Alcohol and Drug Services Study (ADSS), 1996-1999: [United States]
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Scope of Study

Summary:	The Alcohol and Drug Services Study (ADSS) was a national study of substance abuse treatment facilities and clients. The study was designed to develop estimates of the duration and costs of treatment and to describe the post-treatment status of substance abuse clients. ADSS continues and extends upon data collected in the Drug Services Research Survey, 1990: [United States] and the Services Research Outcome Study, 1995-1996: [United States] with a more complete sampling frame, an enhanced sampling design, and more detailed measures of treatment services provided, the costs of treatment, and clients in treatment. ADSS was implemented in three phases. In Phase I, a nationally representative sample of treatment facilities was surveyed to assess characteristics of treatment services and clients including treatment type, costs, program capacity, the number of clients served, waiting lists, and services provided to special populations. In Phase II, records were abstracted from a sample of clients in a subsample of Phase I facilities. This phase included four sub-components: (1) the Main Study, an analysis of abstracted records to assess the treatment process and characteristics of discharged clients, (2) the Incentive Study, which assessed the impact of varying financial payments on follow-up interview participation among non-methadone outpatient clients, (3) the In-Treatment Methadone Client study (ITMC), which assessed the treatment process of methadone maintenance, and (4) the comparison study of Early Dropout clients (EDO), which provided a proxy comparison group of records from substance abusers that went untreated. Phase III involved follow-up personal interviews with Phase II clients who could be located. This interview sought to determine post-treatment status in terms of substance use, economic condition, criminal justice involvement, and further substance abuse treatment episodes. Urine testing was conducted to validate self-reported drug use. Drugs included in the survey were alcohol, marijuana, cocaine, crack cocaine, heroin, barbiturates, benzodiazepines, amphetamines, non-prescribed use of prescription medications, abuse of over-the-counter medications, and other drugs. ADSS also included a cost study, which involved obtaining additional financial information from the Phase II facilities. A computerized desktop audit was used in the cost study to conduct consistency and accuracy checks on selected questionnaire data from Phases I and II. Variables were subsequently updated to represent the most accurate data available. Additional analysis variables were then created using combinations of the revised Phase I and II data.

Subject Term(s):	AIDS, alcohol abuse, drug abuse, drug treatment, health care services, HIV, intervention, methadone maintenance, substance abuse, substance abuse treatment, treatment compliance, treatment outcome, treatment programs
Geographic Coverage:	United States
Time Period:	1996 - 1999
Date(s) of Collection:	-
Unit of Observation:	facilitytreatment clienttreatment modality

Universe: (1) Substance abuse treatment facilities in the United States registered in the Substance Abuse and Mental Health Services Administration's National Master Facility Inventory of known facilities. (2) Clients engaged in substance abuse treatment in these facilities.

Data Type: survey data

Data Collection Notes: The study was conducted by the Schneider Institute for Health Policy, Brandeis University. Westat, Inc. collected and prepared the data.

ADSS files underwent disclosure analysis by SAMHDA in order to ensure that the identities of facilities and clients were protected. This involved reviewing the data files for potential risks as well as examining any external threats to confidentiality, such as other data sources that could be linked to ADSS. Such external data sources were found. To address this problem while still creating a public use file of the greatest utility possible, micro-aggregation of certain variables was performed. This involved identifying the problematic variables, sorting records by the first problematic variable, grouping records into three based on their value for this variable, averaging the values for each grouping, and applying the average to the records in each group. This was repeated for each of the problematic variables, which included client count and financial data. Geographic identifiers were also removed. The overall impact of these protection procedures was small and should not affect most analytic uses of the data.

The Phase I facility public use file includes 2,394 of the original 2,395 records. One facility's record was deleted due to the presence of outlying data.

Client records can be matched between corresponding Phase II and Phase III abstract and follow-up data files using the CASEID variable. Facility data can be matched across the Phase I-III and cost study data files using the FACID variable.

The unit of analysis for the Phase I facility (Part 1) and Phase II administrator (Part 2) data is the facility. Data from the Phase II and III abstract and follow-up files (Parts 3-8) are analyzed at the client level. Analyses for the cost study (Part 12) are conducted at the modality or "type of care" level within facilities.

Please note that the unit of time for some variables in the facility file is specified in a separate variable, and these units are distinctly different from each other. For example, to analyze length of treatment, the researcher needs to examine two variables: QUANTITY VAR NAME and UNIT VAR NAME. QUANTITY specifies the "quantity" of treatment length while UNIT specifies the unit of QUANTITY such as days, weeks, months, years, or sessions.

The Finite Population Correction Factor and the two Stratified Jackknife Factor data files are provided for use with the WesVar and SUDAAN statistical software, and are not intended for use with other statistical packages. WesVar was developed by Westat Incorporated and SUDAAN is a product of the Research Triangle Institute. These three files are being distributed as received from the principal investigator and have not been tested by SAMHDA.

The data from the follow-up Incentive Study in Phase III are not released as part of this public use collection.

Methodology

Sample: The Alcohol and Drug Services Study utilized a complex multistage sampling strategy. In Phase I, 2,395 substance abuse treatment facilities were selected from the Substance Abuse and Mental Health Services Administration's (SAMHSA) National Master Facility Inventory (NMFI) of known facilities. The sample was stratified to reflect the types of care offered within the nation's substance abuse treatment system. Selection strata included: (1) hospitals, (2) non-hospital residential treatment facilities, (3) outpatient-predominantly methadone treatment facilities, (4) outpatient-nonmethadone treatment facilities, (5) outpatient combined methadone and nonmethadone treatment, (6) facilities serving predominantly alcohol abusing clients, and (7) facilities whose type of care could not be determined based on existing information at the time of sampling. Excluded from the sampling frame were halfway houses lacking paid counselors, solo practitioners, treatment programs in jails and/or correctional facilities, Department of Defense and Indian Health Service facilities, and facilities that were prevention or intake and referral only. Selection was based on probability proportional to size (PPS), with a minimum of 300 facilities to be selected per stratum. Sampling in Phase II consisted of several stages. First, the country was partitioned into approximately 400 geographic primary sampling units (PSUs) from which a representative sample of 62 were selected on the basis of demographic and economic characteristics. Within these 62 PSUs, a stratified subsample of Phase I facilities (n = 306) was selected using PPS. The subsample utilized exclusionary criteria that eliminated 12 facilities: (a) facilities that had ceased operation prior to March 1, 1997, (b) facilities designated as hospitals (i.e., stratum 1), and (c) facilities in which 100 percent of clients were treated for alcohol abuse only. To ensure adequate sample size, sampled facilities were matched with "shadow" facilities. Shadow facilities were then used to replace 46 refusing facilities, producing a final sample size of 280. Shadows were not used for facilities found to be ineligible (e.g., closed). Following interviews with administrators in the participating facilities, two types of client records were randomly sampled: (1) clients who were discharged for any reason at least one day after their date of treatment initiation, and (2) clients still actively engaged in methadone treatment. Persons whose treatment episode was clearly limited to mental health, family counseling, or other non-substance abuse services were not considered substance abuse treatment clients and were excluded from the sampling frame, even if they had prior history of substance abuse treatment. The client must have been the substance abuser him- or herself and not a family member or other person receiving treatment in relation to the substance abuser. In addition to the random sample, a non-probability convenience sample of early dropout discharges (EDO) from outpatient programs was drawn as the comparison group. Early dropout clients were defined as clients who had been through assessment or an intake battery but completed no more than one day or one session of treatment. The comparison group was selected from cooperating facilities, to serve as a proxy for untreated substance abusers. In Phase III, clients randomly selected in the previous phase were approached for interview. Discharged clients younger than 18 years old at the time of interview and clients in the main study discharged group who were classified as methadone patients were excluded from this phase. The cost study included facilities from Phase II, and the design included splitting data by modality for facilities with more than one type of care (multi-modality).

Mode of Data collection: record abstracts, mail questionnaire, telephone interview

Extent of Processing: Performed consistency checks. Standardized missing values. Created online analysis version with question text. Performed recodes and/or calculated derived variables. Checked for undocumented or out-of-range codes.

Access and Availability

Note: Some instruments administered as part of this study may contain contents from copyrighted instruments. Reproductions of the instruments are provided solely as documentation for the analysis of the data associated with this collection. Please contact the data producers for information on permissions to use the instruments for other purposes.

Restrictions: Users are reminded by the United States Department of Health and Human Services that these data are to be used solely for statistical analysis and reporting of aggregated information and not for the investigation of specific individuals or organizations.

Original Release: 2002-02-22

Version History: The last update of this study occurred on 2009-04-01.

2009-04-01 - Question text was added into the codebooks for parts 1 through 8. The SAS transport (XPORT) and SPSS portable files were replaced with a SAS CPORT and SPSS system file. Additionally, a tab-delimited excel data file was included for download for each dataset.

2007-07-17 - New files were added to one or more datasets. These files included one or more of the following: Stata setup, SAS transport, SPSS portable, Stata system, SAS supplemental syntax, and Stata supplemental syntax files. This process affected some column locations, as a result, codebooks were updated to reflect correct new column locations.

2006-06-09 - The frequency output and metadata LRECL number corrected for Part 1: Phase 1 Facility Data

2005-11-04 - On 2005-03-14 new files were added to one or more datasets. These files included additional setup files as well as one or more of the following: SAS program, SAS transport, SPSS portable, and Stata system files. The metadata record was revised 2005-11-04 to reflect these additions.

2004-06-10 - The ADSS cost study data (Part 12) were added to the ADSS public use collection with a separate codebook.

2003-11-03 - Three new data files were added to the ADSS collection: Phase I Finite Population Correction Factors (Part 9), Phase I Stratified Jackknife Factors (Part 10), and Phase II/III Stratified Jackknife Factors (Part 11). These factor files are intended for use with the WesVar and SUDAAN statistical software only. These three files are being distributed as received from the principal investigator and have not been tested by SAMHDA. Minor revisions were made to the Phase I facility codebook.

Dataset(s): DS1: Phase I Facility Interview

DS2: Phase II Administrator Interview

DS3: Phase II Main/Incentive Abstract

DS4: Phase II In-Treatment Methadone Abstract

DS5: Phase II Early Dropout Abstract

DS6: Phase III Main Study Follow-Up

DS7: Phase III In-Treatment Methadone Follow-Up

DS8: Phase III Early Dropout Follow-Up

DS9: Phase I Finite Population Correction Factors

DS10: Phase I Stratified Jackknife Factors

DS11: Phase II/III Stratified Jackknife Factors

DS12: Cost Study