**STFIPS: CENSUS STATE FIPSCODE**

State FIPS codes consistent with those used by the U.S. Bureau of the Census.

1 ALABAMA 6,373 0.4%

2 ALASKA 6,081 0.4%

4 ARIZONA 22,334 1.6%

5 ARKANSAS 7,403 0.5%

6 CALIFORNIA 157,277 11.1%

8 COLORADO 53,119 3.7%

9 CONNECTICUT 60,752 4.3%

10 DELAWARE 5,463 0.4%

11 DISTRICT OF COLUMBIA 5,666 0.4%

12 FLORIDA 25,824 1.8%

13 GEORGIA 16,646 1.2%

15 HAWAII 8,997 0.6%

16 IDAHO 7,834 0.6%

17 ILLINOIS 24,043 1.7%

18 INDIANA 21,657 1.5%

19 IOWA 26,831 1.9%

20 KANSAS 1,308 0.1%

21 KENTUCKY 47,129 3.3%

22 LOUISIANA 9,228 0.6%

23 MAINE 9,022 0.6%

24 MARYLAND 25,316 1.8%

25 MASSACHUSETTS 72,200 5.1%

26 MICHIGAN 37,843 2.7%

27 MINNESOTA 49,166 3.5%

28 MISSISSIPPI 3,556 0.3%

29 MISSOURI 51,705 3.6%

30 MONTANA 6,590 0.5%

31 NEBRASKA 8,831 0.6%

32 NEVADA 7,679 0.5%

33 NEW HAMPSHIRE 4,608 0.3%

34 NEW JERSEY 61,251 4.3%

35 NEW MEXICO 1,537 0.1%

36 NEW YORK 272,407 19.2%

37 NORTH CAROLINA 35,809 2.5%

38 NORTH DAKOTA 1,061 0.1%

39 OHIO 37,142 2.6%

40 OKLAHOMA 12,660 0.9%

42 PENNSYLVANIA 23,743 1.7%

44 RHODE ISLAND 11,546 0.8%

46 SOUTH DAKOTA 12,558 0.9%

47 TENNESSEE 13,110 0.9%

48 TEXAS 31,634 2.2%

49 UTAH 14,793 1.0%

50 VERMONT 10,852 0.8%

51 VIRGINIA 19,875 1.4%

53 WASHINGTON 57,530 4.1%

55 WISCONSIN 5,903 0.4%

56 WYOMING 4,801 0.3%

72 PUERTO RICO 1,623 0.1%

**STATE EXCLUSIONS**

The following states did not report sufficient data and are excluded for the given year.

Year States

2015 Oregon, South Carolina, West Virginia

|  |
| --- |
| **AGE: AGE (RECODED)** |
| Calculated from date of birth and date of admission and categorized. |
| Code AGE Value |
| 1. 12-14 |
| 2 . 15-17 |
| 3 . 18-20 |
| 4 . 21-24 |
| 5 . 25-29 |
| 6 . 30-34 |
| 7 . 35-39 |
| 8 . 40-44 |
| 9 . 45-49 |
| 10. 50-54 |
| 11 . 55-64 |
| 12 . 65 and older |
|  |

• Minimum: 1

• Maximum: 12

**SERVICES\_D: SERVICE SETTING AT DISCHARGE**

Value Label Frequency %

1 DETOX, 24 HR, HOSPITAL INPATIENT 41,012 2.9%

2 DETOX, 24 HR, FREE-STANDING RESIDENTIAL 261,485 18.4%

3 REHAB/RES, HOSPITAL (NON-DETOX) 3,268 0.2%

4 REHAB/RES, SHORT TERM (30 DAYS OR FEWER) 154,795 10.9%

5 REHAB/RES, LONG TERM (MORE THAN 30 DAYS) 112,673 7.9%

6 AMBULATORY, INTENSIVE OUTPATIENT 189,229 13.3%

7 AMBULATORY, NON-INTENSIVE OUTPATIENT 641,964 45.2%

8 AMBULATORY, DETOXIFICATION 15,890 1.1%

Total 1,420,316 100%

• Minimum: 1

• Maximum: 8

Describes the type of service the client was receiving prior to discharge.

• DETOXIFICATION, 24-HOUR SERVICE, HOSPITALINPATIENT:

24 hour per day medical acute care services in hospital setting for detoxification of persons with severe medical

complications associated with withdrawal.

• DETOXIFICATION, 24-HOUR SERVICE, FREE-STANDINGRESIDENTIAL:

24 hour per day services in non-hospital setting providing for safe withdrawal and transition to ongoing treatment.

• REHABILITATION/RESIDENTIAL - HOSPITAL (OTHER THANDETOX):

24 hour per day medical care in a hospital facility in conjunction with treatment services for alcohol and other drug use

and dependency.

• REHABILITATION/RESIDENTIAL - SHORT TERM (30 DAYS OR FEWER):

Typically, 30 days or less of non-acute care in a setting with treatment services for alcohol and other drug use and

dependency.

• REHABILITATION/RESIDENTIAL - LONG TERM (MORE THAN 30 DAYS):

Typically, more than 30 days of non-acute care in a setting with treatment services for alcohol and other drug use and

dependency; this may include transitional living arrangements such as halfway houses.

• AMBULATORY - INTENSIVEOUTPATIENT:

As a minimum, the client receives treatment lasting two or more hours per day for three or more days per week.

• AMBULATORY - NON-INTENSIVE OUTPATIENT:

Ambulatory treatment services including individual, family, and/or group services, and may include pharmacological

therapies.

• AMBULATORY - DETOXIFICATION:

Outpatient treatment services providing for safe withdrawal in an ambulatory setting (pharmacological or

non-pharmacological).

Important. There is a difference btw SUB1-A (admission) and SUB1\_D(discharge), it will present whether the client had an access to drugs in treatment (and what kind of drugs) or if he passed away, was it caused by suicide or overdose.

**SUB1: SUBSTANCE USE AT ADMISSION OR DISCHARGE (PRIMARY drug of choice)**

This field identifies the client's primary substance use at admission or discharge.

(1) NONE

(2) ALCOHOL

(3) COCAINE/CRACK

(4) MARIJUANA/HASHISH: Includes THC and any other cannabis sativa preparations.

(5) HEROIN

(6) NON-PRESCRIPTION METHADONE

(7) OTHER OPIATES AND SYNTHETICS: Includes buprenorphine, codeine, hydrocodone, hydromorphone,

meperidine, morphine, opium, oxycodone, pentazocine, propoxyphene, tramadol, and any other drug with

morphine-like effects.

(8) PCP: Phencyclidine

(9) OTHER HALLUCINOGENS: Includes LSD, DMT, STP, hallucinogens, mescaline, peyote, psilocybin, etc.

(10) METHAMPHETAMINE

(11) OTHER AMPHETAMINES: Includes amphetamines, MDMA, phenmetrazine, and other unspecified amines and

related drugs.

(12) OTHER STIMULANTS: Includes methylphenidate and any otherstimulants.

(13) BENZODIAZEPINES: Includes alprazolam, chlordiazepoxide, clonazepam, clorazepate, diazepam, flunitrazepam,

flurazepam, halazepam, lorazepam, oxazepam, prazepam, temazepam, triazolam, and other unspecified

benzodiazepines.

(14) OTHER NON-BENZODIAZEPINE TRANQUILIZERS: Includes meprobamate, tranquilizers,etc.

(15) BARBITURATES: Includes amobarbital, pentobarbital, phenobarbital, secobarbital,etc.

(16) OTHER NON-BARBITURATE SEDATIVES OR HYPNOTICS: Includes chloral hydrate, ethchlorvynol,

glutethimide, methaqualone, sedatives/hypnotics,etc.

(17) INHALANTS: Includes chloroform, ether, gasoline, glue, nitrous oxide, paint thinner, etc.

(18) OVER-THE-COUNTER MEDICATIONS: Includes aspirin, cough syrup, diphenhydramine and other

anti-histamines, sleep aids, and any other legally obtained non-prescription medication.

(19) OTHER: Includes diphenylhydantoin/phenytoin, GHB/GBL, ketamine,etc.

-9 MISSING/UNKNOWN/NOT COLLECTED/INVALID

**SUB2: SUBSTANCE USE AT ADMISSION OR DISCHARGE (SECONDARY drug of choice)**

This field identifies the client's secondary substance use at admission or discharge.

(1) NONE

(2) ALCOHOL

(3) COCAINE/CRACK

(4) MARIJUANA/HASHISH: Includes THC and any other cannabis sativa preparations.

(5) HEROIN

(6) NON-PRESCRIPTION METHADONE

(7) OTHER OPIATES AND SYNTHETICS: Includes buprenorphine, codeine, hydrocodone, hydromorphone,

meperidine, morphine, opium, oxycodone, pentazocine, propoxyphene, tramadol, and any other drug with

morphine-like effects.

(8) PCP: Phencyclidine

(9) OTHER HALLUCINOGENS: Includes LSD, DMT, STP, hallucinogens, mescaline, peyote, psilocybin, etc.

(10) METHAMPHETAMINE

(11) OTHER AMPHETAMINES: Includes amphetamines, MDMA, phenmetrazine, and other unspecified amines and

related drugs.

(12) OTHER STIMULANTS: Includes methylphenidate and any otherstimulants.

(13) BENZODIAZEPINES: Includes alprazolam, chlordiazepoxide, clonazepam, clorazepate, diazepam, flunitrazepam,

flurazepam, halazepam, lorazepam, oxazepam, prazepam, temazepam, triazolam, and other unspecified

benzodiazepines.

(14) OTHER NON-BENZODIAZEPINE TRANQUILIZERS: Includes meprobamate, tranquilizers,etc.

(15) BARBITURATES: Includes amobarbital, pentobarbital, phenobarbital, secobarbital,etc.

(16) OTHER NON-BARBITURATE SEDATIVES OR HYPNOTICS: Includes chloral hydrate, ethchlorvynol,

glutethimide, methaqualone, sedatives/hypnotics,etc.

(17) INHALANTS: Includes chloroform, ether, gasoline, glue, nitrous oxide, paint thinner, etc.

(18) OVER-THE-COUNTER MEDICATIONS: Includes aspirin, cough syrup, diphenhydramine and other

anti-histamines, sleep aids, and any other legally obtained non-prescription medication.

(19) OTHER: Includes diphenylhydantoin/phenytoin, GHB/GBL, ketamine,etc.

(-9) MISSING/UNKNOWN/NOT COLLECTED/INVALID

**DETCRIM: DETAILED CRIMINAL JUSTICE REFERRAL**

1 STATE/FEDERAL COURT 58,334 4.1%

2 FORMAL ADJUDICATION PROCESS 37,283 2.6%

3 PROBATION/PAROLE 105,260 7.4%

4 OTHER RECOGNIZED LEGAL ENTITY 22,257 1.6%

5 DIVERSIONARY PROGRAM 10,862 0.8%

6 PRISON 7,474 0.5%

7 DUI/DWI 28,741 2.0%

8 OTHER 44,826 3.2%

-9 MISSING/UNKNOWN/NOT COLLECTED/INVALID 1,105,279 77.8%

**NOPRIOR: PREVIOUS SUBSTANCE USE TREATMENT EPISODES**

Indicates the number of previous treatment episodes the client has received in any drug or alcohol program.

This field measures the substance use treatment history of the client only.

This does not include or pertain to the client’s mental health treatment history.

0 NO PRIOR TREATMENT EPISODE 478,131 33.7%

1 ONE AND MORE PRIOR TREATMENT EPISODES 825,883 58.1%

-9 MISSING/UNKNOWN/NOT COLLECTED/INVALID 116,302 8.2%

Total 1,420,316 100%

**PSOURCE: REFERRAL SOURCE**

Describes the person or agency referring the client to the alcohol or drug use treatment program:

1 INDIVIDUAL (INCLUDES SELF-REFERRAL): Includes the client, a family member, friend, or any other

individual who would not be included in any of the following categories. Includes self-referral due to pending DWI/

DUI.

2 ALCOHOL/DRUG USE CARE PROVIDER: Any program, clinic, or other health care provider whose principal

objective is treating clients with substance of use, or a program whose activities are related to alcohol or other

drug use prevention, education, or treatment.

3 OTHER HEALTH CARE PROVIDER: A physician, psychiatrist, or other licensed health care professional; or

general hospital, psychiatric hospital, mental health program, or nursinghome.

4 SCHOOL (EDUCATIONAL): A school principal, counselor, or teacher; or a student assistance program (SAP),

the school system, or an educational agency.

5 EMPLOYER/EAP: A supervisor or an employee counselor.

6 OTHER COMMUNITY REFERRAL: Community or religious organization or any federal, state, or local agency

that provides aid in the areas of poverty relief, unemployment, shelter, or social welfare. Self-help groups such

as Alcoholics Anonymous (AA), Al-Anon, and Narcotics Anonymous (NA) are also included in this category.

Defense attorneys are also included in this category.

7 COURT/CRIMINAL JUSTICE REFERRAL/DUI/DWI: Any police official, judge, prosecutor, probation officer, or

other person affiliated with a federal, state, or county judicial system. Includes referral by a court for DWI/DUI,

clients referred in lieu of or for deferred prosecution, or during pretrial release, or before or after official

adjudication. Includes clients on pre-parole, pre-release, work or home furlough, or TASC. Client need not be

officially designated as "on parole". Includes clients referred through civil commitment.

-9 MISSING/UNKNOWN/NOT COLLECTED/INVALID

**ARRESTS: NUMBER OF ARRESTS IN 30 DAYS PRIOR**

0 NONE

1 ONCE

2 TWO OR MORE TIMES

-9 MISSING/UNKNOWN/NOT COLLECTED/INVALID

**RACE: RACE**

Specifies the client's race:

1 ALASKA NATIVE (ALEUT, ESKIMO, INDIAN): Origins in any of the original people of Alaska.

2 AMERICAN INDIAN (OTHER THAN ALASKA NATIVE): Origins in any of the original people of North America and

South America (including Central America) and who maintain cultural identification through tribal affiliation or community

attachment.

3 ASIAN OR PACIFIC ISLANDER: Origins in any of the original people of the Far East, the Indian subcontinent,

Southeast Asia, or the Pacific Islands.

4 BLACK OR AFRICAN AMERICAN: Origins in any of the black racial groups of Africa.

5 WHITE: Origins in any of the original people of Europe, North Africa, or the Middle East.

6 ASIAN: Origins in any of the original people of the Far East, the Indian subcontinent, or Southeast Asia, including, for

example, Cambodia, China, India, Japan, Korea, Malaysia, Philippine Islands, Thailand, and Vietnam.

7 OTHER SINGLE RACE: Use this category for instances in which the client is not classified in any category above or

whose origin group, because of area custom, is regarded as a racial class distinct from the above categories. (Do not

use this category for clients indicating multiple races.)

8 TWO OR MORE RACES: Use this code when the State data system allows multiple race selection and more than

one race is indicated.

9 NATIVE HAWAIIAN OR OTHER PACIFIC ISLANDER: Origins in any of the original peoples of Hawaii, Guam,

Samoa, or other Pacific Islands.

-9 MISSING/UNKNOWN/NOT COLLECTED/INVALID 23,944 1.7%

**ETHNIC: HISPANIC OR LATINO ORIGIN (ETHNICITY)**

Identifies client's specific Hispanic or Latino origin, if applicable.

1 PUERTO RICAN: Of Puerto Rican origin, regardless of race.

2 MEXICAN: Of Mexican origin, regardless of race.

3 CUBAN: Of Cuban origin, regardless of race.

4 OTHER SPECIFIC HISPANIC OR LATINO: Of known Central or South American or any other Spanish cultural origin

(including Spain), other than Puerto Rican, Mexican, or Cuban, regardless of race.

5 NOT OF HISPANIC OR LATINO ORIGIN

6 HISPANIC, SPECIFIC ORIGIN NOT SPECIFIED: Of Hispanic or Latino origin, but specific origin not known or not

specified.

-9 MISSING/UNKNOWN/NOT COLLECTED/INVALID

**GENDER: SEX**

This field identifies the client's biologic sex.

1 MALE

2 FEMALE

-9 MISSING/UNKNOWN/NOT COLLECTED/INVALID

**EDUC: EDUCATION**

Specifies the highest school grade (number of school years) completed by the client.

1 8 YEARS OR LESS 99,316 7.0%

2 9-11 319,974 22.5%

3 12 (GED) 599,173 42.2%

4 13-15 260,562 18.3%

5 16 OR MORE 79,830 5.6%

-9 MISSING/UNKNOWN/NOT COLLECTED/INVALID 61,461 4.3%

**EMPLOY: EMPLOYMENT STATUS**

Designates the client's employment status at the time of admission.

1 FULL TIME: Working 35 hours or more each week; including active duty members of the uniformedservices.

2 PART TIME: Working fewer than 35 hours each week.

3 UNEMPLOYED: Looking for work during the past 30 days or on layoff from a job.

4 NOT IN LABOR FORCE: Not looking for work during the past 30 days or a student, homemaker, disabled, retired,

or an resident of an institution. Clients in this category are further defined in the supplemental data set item "Detailed

Not in Labor Force" (DETNLF).

-9 MISSING/UNKNOWN/NOT COLLECTED/INVALID

**METHUSE: MEDICATION-ASSISTED OPIOID THERAPY**

This field identifies whether the use of opioid medications such as methadone or buprenorphine will be part of

the client’s treatment plan.

1 YES

2 NO

-9 MISSING/UNKNOWN/NOT COLLECTED/INVALID

**PSYPROB: PSYCHIATRIC PROBLEM IN ADDITION TO ALCOHOL/DRUG PROBLEM**

Indicates whether the client has a psychiatric problem in addition to his or her alcohol or drug use problem.

1 YES

2 NO

-9 MISSING/UNKNOWN/NOT COLLECTED/INVALID

**PREG: PREGNANT AT TIME OF ADMISSION**

Specifies whether the client was pregnant at the time of admission.

Guidelines: All male respondents were recoded to missing for this variable due to the item being not applicable.

1 YES

2 NO

-9 MISSING/UNKNOWN/NOT COLLECTED/INVALID

**VET: VETERAN STATUS**

Specifies whether the client has served in the uniformed services (Army, Navy, Air Force, Marines, Coast Guard,

Public Health Service Commissioned Corps, Coast and Geodetic Survey, etc.).

Guidelines: A veteran is a person 16 years or over who has served (even for a short time), but is not currently serving,

on active duty in the US Army, Navy, Marine Corps, Coast Guard, or Commissioned Corps of the US Public Health

Service or National Oceanic and Atmospheric Administration, or who served as a Merchant Marine seaman during

World War II.

1 YES

2 NO

-9 MISSING/UNKNOWN/NOT COLLECTED/INVALID

**LIVING ARRANGEMENTS BEFORE AND AFTER THE TREATMENT(**this will give us information such us:

whether the client went back to the same place where he was possibly using

whether the client went back to a safe environment

whether the client passed away in treatment (we will have to look at other columns to confirm that)

**LIVARAG: LIVING ARRANGEMENTS AT ADMISSION**

Identifies whether the client is homeless, a dependent (living with parents or in a supervised setting), or living

independently on his or her own.

1 HOMELESS: Clients with no fixed address; includes shelters.

2 DEPENDENT LIVING: Clients living in a supervised setting, such as a residential institution, halfway house or group

home, and children (under age 18) living with parents, relatives, or guardians, or in foster care.

3 INDEPENDENT LIVING: Clients living alone or with others without supervision. Includes adult children (age 18 and over) living with parents.

-9 MISSING/UNKNOWN/NOT COLLECTED/INVALID

**LIVARAG\_D: LIVING ARRANGEMENTS AT DISCHARGE**

Identifies whether the client is homeless, a dependent (living with parents or in a supervised setting), or living

independently on his or her own.

• HOMELESS: Clients with no fixed address; includes shelters.

• DEPENDENT LIVING: Clients living in a supervised setting, such as a residential institution, halfway house or group

home, and children (under age 18) living with parents, relatives, or guardians, or in foster care.

• INDEPENDENT LIVING: Clients living alone or with others without supervision. Includes adult children (age 18 and over)

living with parents.

**PRIMINC: SOURCE OF INCOME/SUPPORT**

Identifies the client's principal source of financial support. For children under 18, this field indicates the parent's primary

source of income/support.

Value Label Frequency %

1 WAGES/SALARY

2 PUBLIC ASSISTANCE

3 RETIREMENT/PENSION, DISABILITY

4 OTHER

5 NONE

-9 MISSING/UNKNOWN/NOT COLLECTED/INVALID

**HLTHINS: HEALTH INSURANCE**

Health Insurance should be reported, if collected, whether or not it covers behavioral health

treatment.

1 PRIVATE INSURANCE, BLUE CROSS/BLUE SHIELD, HMO

2 MEDICAID

3 MEDICARE, OTHER (E.G. TRICARE, CHAMPUS)

4 NONE

-9 MISSING/UNKNOWN/NOT COLLECTED/INVALID

**PRIMPAY: EXPECTED/ACTUAL PRIMARY SOURCE OF PAYMENT**

This field identifies the primary source of payment for this treatment episode anticipated at the time of

admission.

Guidelines: States operating under a split payment fee arrangement between multiple payment sources are to

default to the payment source with the largest percentage. When payment percentages are equal, the state can

select either source. Reporting of this field is optional.

1 SELF-PAY 45,108

2 PRIVATE INSURANCE (BLUE CROSS/BLUE SHIELD, OTHER

HEALTH INSURANCE, WORKERS COMPENSATION)

3 MEDICARE

4 MEDICAID

5 OTHER GOVERNMENT PAYMENTS

6 NO CHARGE (FREE, CHARITY, SPECIAL RESEARCH, TEACHING)

7 OTHER

-9 MISSING/UNKNOWN/NOT COLLECTED/INVALID

**DETNLF: DETAILED 'NOT IN LABOR FORCE' CATEGORY AT ADMISSION**

This field gives more detailed information about those clients who are coded as "not in the labor force" in the Minimum

Data Set field for "Employment Status at Admission" (EMPLOY).

RESIDENT OF INSTITUTION: Resident of institution or persons receiving services from institutional facilities such as

hospitals, jails, prisons, etc.

1 HOMEMAKER

2 STUDENT

3 RETIRED, DISABLED

4 RESIDENT OF INSTITUTION

5 OTHER

-9 MISSING/UNKNOWN/NOT COLLECTED/INVALID

**MARSTAT: MARITAL STATUS**

Describes the client's marital status.

1 NEVER MARRIED: Includes clients who are single or whose only marriage was annulled.

2 NOW MARRIED: Includes married couples, those living together as married, living with partners or cohabitating.

3 SEPARATED: Includes those separated legally or otherwise absent from spouse because of marital discord.

4 DIVORCED, WIDOWED

-9 MISSING/UNKNOWN/NOT COLLECTED/INVALID

**DAYWAIT: DAYS WAITING TO ENTER TREATMENT**

Indicates the number of days from the first contact or request for service until the client was admitted and the

first clinical service was provided.

Guidelines: This item is intended to capture the number of days the client must wait to begin treatment because

of program capacity, treatment availability, admissions requirements, or other program requirements. It should

not include time delays caused by client unavailability or client failure to meet any requirement or obligation.

0 0

1 1-7

2 8-14

3 15-30

4 31 and more

-9 MISSING/UNKNOWN/NOT COLLECTED/INVALID

**REASON: REASON FOR DISCHARGE**

Indicates the outcome of treatment or the reason for transfer or discontinuance of treatment.

1 TREATMENT COMPLETED: All parts of the treatment plan or program were completed.

2 LEFT AGAINST PROFESSIONAL ADVICE: Client chose not to complete program, with or without specific

advice to continue treatment. Includes clients who "drop out" of treatment for unknown reason and clients who

have not received treatment for some time and are discharged for "administrative"reasons.

3 TERMINATED BY FACILITY: Treatment terminated by action of facility, generally because of client

non-compliance or violation of rules, laws, or procedures (not because client dropped out of treatment, client

incarcerated, or other client motivated reason).

4 TRANSFERRED TO ANOTHER SUBSTANCE use TREATMENT PROGRAM OR FACILITY: Client was

transferred to another substance use treatment program, provider or facility within an episode of treatment.

5 INCARCERATED: This code is to be used for all clients whose course of treatment is terminated because the

client has been incarcerated. Includes jail, prison, and house confinement.

6 DEATH

7 OTHER: Moved, illness, hospitalization, or other reason somewhat out of client'scontrol.

8 UNKNOWN: Client status at discharge is not known because for example, discharge record is lost or

incomplete.

**LOS: LENGTH OF STAY**

Describes the length of the treatment episode (in days). Length of stay was computed using the date of

admission and the date of last contact. One day is added to all outpatient discharges, so that the first day and

last day of outpatient treatment are counted.

• 1 to 30: Data values in the 1-30 range represent the actual computed number of days the client spent in

treatment.

• 31: Length of stay is between 31 and 45days.

• 32: Length of stay is between 46 and 60days.

• 33: Length of stay is between 61 and 90days.

• 34: Length of stay is between 91 and 120 days.

• 35: Length of stay is between 121 and 180 days.

• 36: Length of stay is between 181 and 365 days.

37 MORE THAN A YEAR

-9 MISSING/UNKNOWN/NOT COLLECTED/INVALID

**ROUTE1: USUAL ROUTE OF ADMINISTRATION (PRIMARY)**

This field identifies the usual route of administration of the primary substance (SUB1).

1 ORAL

2 SMOKING

3 INHALATION

4 INJECTION (IV OR INTRAMUSCULAR)

5 OTHER

-9 MISSING/UNKNOWN/NOT COLLECTED/INVALID

**FREQ1: FREQUENCY OF USE AT ADMISSION (PRIMARY)**

Specifies the frequency of use of the primary substance at admission (SUB1).

1 NO USE IN THE PAST MONTH

2 SOME USE

3 DAILY USE

-9 MISSING/UNKNOWN/NOT COLLECTED/INVALID

**FREQ1\_D: FREQUENCY OF USE AT DISCHARGE (PRIMARY)**

Specifies the frequency of use of the primary substance at discharge (SUB1\_d).

Value Label Frequency %

1 NO USE IN THE PAST MONTH

2 SOME USE

3 DAILY USE

-9 MISSING/UNKNOWN/NOT COLLECTED/INVALID

**FRSTUSE1: AGE AT FIRST USE (PRIMARY)**

For drugs other than alcohol, this field identifies the age at which the client first used the substance identified as

the primary substance (SUB1). For alcohol, this field records the age of the first intoxication.

1 11 AND UNDER

2 12 TO 14 YEARS

3 15 TO 17 YEARS

4 18 TO 20 YEARS

5 21 TO 24 YEARS

6 25 TO 29 YEARS

7 30 AND OVER

-9 MISSING/UNKNOWN/NOT COLLECTED/INVALID

**NUMSUBS: NUMBER OF SUBSTANCES REPORTED by client AT ADMISSION**

0 0

1 1

2 2

3 3

**DSMCRIT: DSM DIAGNOSIS**

Client’s diagnosis is used to identify the substance of use that provides the reason for client encounter or

treatment. This can be reported by using either the Diagnostic and Statistical Manual of Mental Disorders

(DSM) from the American Psychiatric Association or the International Classification of Diseases (ICD), from the

World HealthOrganization.

The discrete diagnosis codes have been recoded into categories related to use of and dependence on specific

substances, mental health conditions, and other conditions.

Value Label Frequency %

1 ALCOHOL-INDUCED DISORDER

2 SUBSTANCE-INDUCED DISORDER

3 ALCOHOL INTOXICATION

4 ALCOHOL DEPENDENCE

5 OPIOID DEPENDENCE

6 COCAINE DEPENDENCE

7 CANNABIS DEPENDENCE

8 OTHER SUBSTANCE DEPENDENCE

9 ALCOHOL ABUSE

10 CANNABIS ABUSE

11 OTHER SUBSTANCE ABUSE

12 OPIOID ABUSE

13 COCAINE ABUSE

14 ANXIETY DISORDERS

15 DEPRESSIVE DISORDERS

16 SCHIZOPHRENIA/OTHER PSYCHOTIC DISORDERS

17 BIPOLAR DISORDERS

18 ATTENTION DEFICIT/DISRUPTIVE BEHAVIOR DISORDERS

19 OTHER MENTAL HEALTH CONDITION

-9 MISSING/UNKNOWN/NOT COLLECTED/INVALID/NO OR

DEFERRED DIAGNOSIS when the clinical and laboratory picture cannot be explained by any known disease entity after a minimum of 5 days hospitalization.)

**PSYPROB: PSYCHIATRIC PROBLEM IN ADDITION TO ALCOHOL/DRUG PROBLEM**

Indicates whether the client has a psychiatric problem in addition to his or her alcohol or drug use problem.

1 YES

2 NO

-9 MISSING/UNKNOWN/NOT COLLECTED/INVALID