

# The DASIS Report

September 23, 2005

## Treatment Admissions for Injection Drug Use: 2003

### In Brief

- In 2003, there were 237,000 admissions for injection drug use (13 percent of all admissions)
- Opiates accounted for 77 percent of admissions for injection drug use, followed by stimulants (16 percent) and cocaine (6 percent)
- Most admissions for injected opiates were self/individually referred to treatment (58 percent), while most admissions for injected stimulants were referred by the criminal justice system (44 percent)

Injection drug users are at high risk of blood-borne infections, including HIV/AIDS and hepatitis C, through the sharing of syringes and other injection paraphernalia.<sup>1,2,3</sup> In 2003, there were about 199,000 admissions reported to the Treatment Episode Data Set (TEDS) for which the primary drug of abuse<sup>4</sup> was injected. Injection drug use secondary to a non-injected substance was reported by an additional 38,000 admissions.<sup>5</sup>

This report presents characteristics of these 237,000 injection drug admissions (primary and secondary) to treatment. TEDS collects data on the approximately 1.8 million annual admissions to substance abuse treatment facilities, primarily those that receive some public funding.

Heroin and other opiates accounted for 77 percent of all admissions involving

**Table 1. Injection Drug Admissions, by Race/Ethnicity: 2003**

Race/Ethnicity	Number of Injection Admissions (000s)	Injection Drug				Total
		Opiates	Stimulants	Cocaine	Other	
		Percent				
Total*	236	77	16	6	1	100
White	154	72	21	6	1	100
Black	29	90	2	7	1	100
Hispanic	44	92	4	3	1	100
American Indian/ Alaska Native	4	52	38	8	2	100
Asian/Pacific Islander	1	77	16	5	2	100
Other	4	85	11	3	1	100

\*Includes only injection drug admissions where race/ethnicity was reported  
Source: 2003 SAMHSA Treatment Episode Data Set (TEDS).

injection drug use (Table 1). The other most commonly reported injected drugs were stimulants (16 percent) and cocaine (6 percent).

The number of admissions for any injection drug use increased by 18 percent between 1992 and 2003, while admissions not involving injection rose by 20 percent. Admissions for injected opiates rose 23 percent between 1992 and 2003. In the same period, the number of admissions for injected stimulants increased by 204 percent, and admissions for injected cocaine fell by 63 percent.

## Demographics

Racial/ethnic groups exhibited different injection drug admission patterns in 2003 (Table 1). While opiates were the most commonly reported injected substance for all racial/ethnic groups, Hispanics and Blacks reported the highest percentages (92 and 90 percent, respectively). The racial/ethnic groups reporting stimulant injection most frequently were American Indians/Alaska Natives (38 percent) and Whites (21 percent).

Looking at the demographic characteristics of types of injection drug users, admissions for injected opiates were 60 percent White,

14 percent Black, and 23 percent Hispanic. About one third of admissions for injected opiates (32 percent) were female.

Admissions for injected stimulants were predominantly White (89 percent), and a relatively large proportion (43 percent) was female.

Admissions for injected cocaine were 71 percent White, 15 percent Black, and 11 percent Hispanic; 34 percent were female.

## Frequency of Use

Frequency of use in 2003 was highest among admissions for injected opiates. Daily use in the month prior to admission was reported by 77 percent of admissions for injected opiates, 39 percent of admissions for injected stimulants, and 43 percent of admissions for injected cocaine.

## Duration of Use

Injection drug admissions tended to have used those drugs for many years before entering the treatment system.<sup>6</sup> Among admissions for injection drug use in 2003, admissions for injected opiates averaged 12 years of use before entering treatment for the first time, while admissions for injected stimulants averaged 11 years

of use, and admissions for injected cocaine averaged 12 years of use.

## Prior Treatment

Injection drug admissions often had a history of repeated treatment. Among injection drug admissions in 2003, 28 percent of admissions for injected opiates, 16 percent of admissions for injected cocaine, and 8 percent of admissions for injected stimulants had five or more prior treatment episodes. Only 20 percent of admissions for injected opiates were entering treatment for the first time compared with 29 percent of admissions for injected cocaine and 41 percent of admissions for injected stimulants.

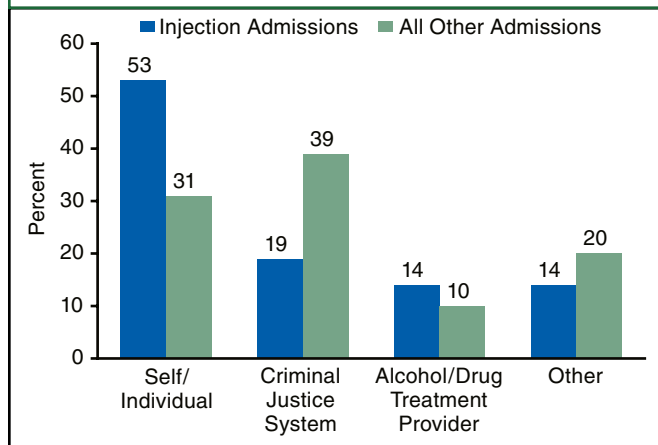
Overall, 24 percent of all injection drug admissions reported five or more treatment episodes (versus 8 percent of all other admissions), and 24 percent of all injection drug admissions were entering treatment for the first time (versus 45 percent of all other admissions).

## Source of Referral

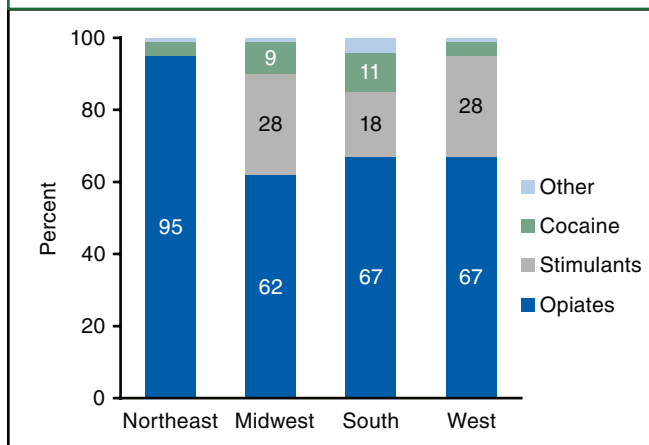
As a group, injection drug admissions were more likely to be self/individually referred to treatment than were other admissions (53 vs. 31 percent), and less likely to be referred by the criminal justice system (19 vs. 39 percent) (Figure 1).<sup>7</sup>

However, the sources of referral for injection drug admissions varied according to the particular drug involved. Among 2003 injection drug admissions, 58 percent of admissions for injected opiates were self/individually referred; only 14 percent were referred by the criminal justice system. By contrast, only 30 percent of admissions for injected stimulants were self/individually referred, and 44 percent were referred by the criminal justice system. Among admissions for injected cocaine, 38 percent were

**Figure 1. Injection Admissions vs. All Other Admissions, by Referral Source: 2003**



**Figure 2. Injection Drug Admissions, by Census Region: 2003**



self/individually referred, and 27 percent were referred by the criminal justice system.

## Injection of Multiple Drugs

Injection of more than one drug was reported for 19 percent of injection drug admissions in 2003.<sup>8</sup> Injection of both opiates and cocaine was most common, reported by 74 percent of all multiple drug injection admissions.

## Geographic Distribution

There were distinct regional<sup>9</sup> differences in the drug injected (Figure 2). In the Northeast in 2003, opiates were involved in 95 percent of injection drug admissions. Stimulant injection was most prevalent in the Midwest (28 percent) and West (28 percent). Cocaine injection was most prevalent in the South (11 percent) and Midwest (9 percent).

### End Notes

<sup>1</sup> Doherty, M. C., Garfein, R. S., Monterroso, E., Brown, D., & Vlahov, D. (2000). Correlates of HIV infection among young adult short-term injection drug users. *AIDS*, 14, 717-726.

<sup>2</sup> Sylvestre, D. L., Loftis, J. M., Hauser, P., Genser, S., Cesari, H., Borek, N., Kresina, T. F., Seeff, L., & Francis, H. (2004). Co-occurring hepatitis C, substance use, and psychiatric illness: Treatment issues and developing integrated models of care. *Journal of Urban Health: Bulletin of the New York Academy of Medicine*, 81, 719-734.

<sup>3</sup> Tien, P. C., Kovacs, A., Bacchetti, P., French, A. L., Augenbraun, M., Cole, S. R., Hessol, N., & Justman, J. (2004). Association between syphilis, antibodies to herpes simplex virus type 2, and recreational drug use and hepatitis B virus infection in the Women's Interagency HIV Study. *Clinical Infectious Diseases*, 39, 1363-1370.

<sup>4</sup> The primary substance of abuse is the main substance reported at the time of admission.

<sup>5</sup> TEDS records up to three substances of abuse and the route of administration of each substance. For admissions where two or more drugs were reported to be injected, this report focuses on characteristics of the injected drug (substance, frequency of use, duration of use) listed first for the admission.

<sup>6</sup> Duration of use of each reported substance is computed from the age of first use for that substance and the date of admission.

<sup>7</sup> "Other" referral sources in Figure 1 include other health care providers, schools, employers, and other community referrals.

<sup>8</sup> TEDS does not record whether the reported drugs were abused simultaneously or on separate occasions.

<sup>9</sup> The Northeast region of the United States is composed of nine States: CT, ME, MA, NJ, NY, NH, PA, RI, and VT. The Midwest region of the United States is composed of 12 States: IL, IN, IA, KS, MI, MN, MO, NE, ND, OH, SD, and WI. The West region of the United States is composed of 13 States: AK, AZ, CA, CO, HI, ID, MT, NV, NM, OR, UT, WA, and WY. The South region of the United States is composed of 17 States: AL, AR, DC, DE, GA, FL, KY, LA, MD, MS, NC, OK, SC, TN, TX, VA, and WV.

The Drug and Alcohol Services Information System (DASIS) is an integrated data system maintained by the Office of Applied Studies, Substance Abuse and Mental Health Services Administration (SAMHSA). One component of DASIS is the Treatment Episode Data Set (TEDS). TEDS is a compilation of data on the demographic characteristics 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 then submitted to SAMHSA in a standard format. TEDS records represent admissions rather than individuals, as a person may be admitted to treatment more than once. State admission data are reported to TEDS by the Single State Agencies (SSAs) for substance abuse treatment. There are significant differences among State data collection systems. Sources of State variation include completeness of reporting, facilities reporting TEDS data, clients included, and treatment resources available. See the annual TEDS reports for details. Approximately 1.8 million records are included in TEDS each year.

The DASIS Report is prepared by the Office of Applied Studies, SAMHSA; Synectics for Management Decisions, Inc., Arlington, Virginia; and by RTI International in Research Triangle Park, North Carolina (RTI International is a trade name of Research Triangle Institute).

Information and data for this issue are based on data reported to TEDS through April 11, 2005.

Access the latest TEDS reports at: <http://www.oas.samhsa.gov/dasis.htm>  
 Access the latest TEDS public use files at: <http://www.oas.samhsa.gov/SAMHDA.htm>  
 Other substance abuse reports are available at: <http://www.oas.samhsa.gov>



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