

# The DASIS Report

September 21, 2001

## Coerced Treatment Among Youths: 1993 to 1998

### In Brief

- The number of youths entering treatment increased 46 percent between 1993 and 1998
- The increase was largely driven by marijuana-involved admissions referred through the criminal justice system
- By 1998, almost half of all youth treatment admissions were through the criminal justice system

Growing numbers of youths entered substance abuse treatment in the 1990s. There was a 46 percent increase between 1993 and 1998 in the number of youths aged 12 to 17 admitted to treatment in publicly funded facilities.

The increase in youth admissions was driven largely by an increase in admissions referred through the criminal justice system. Interest in the effectiveness of “coerced” treatment and in the related ethical and policy issues has been growing.<sup>1-3</sup>

The Treatment Episode Data Set (TEDS) provides information on the primary treatment referral sources for youths entering substance abuse treatment in the public sector. These referral sources are defined as follows:

*Criminal justice system*—police official, judge, prosecutor, probation officer, or other person affiliated with a Federal, State, or county judicial system; court referral for driving while impaired/intoxicated or driving under the influence (DWI/DUI); referrals in lieu of or for deferred prosecution, during pretrial release, or before or after adjudication; pre-parole, pre-release, work or home furlough, Treatment Alternatives to Street Crime (TASC), or civil commitment

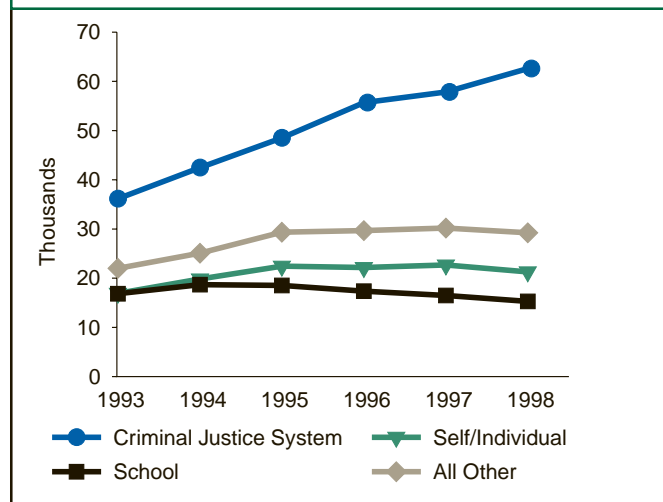
*Self- or individual referral*—self-referral; family member, friend, or other individual

*School*—school principal, counselor, or teacher; student assistance program, school system, or educational agency

**Table 1. Youth Treatment Admissions, by Substance of Abuse: 1993-1998**

	1993	1994	1995	1996	1997	1998
<i>No. of Admissions (Thousands)</i>	95	109	123	130	132	138
<i>Percent Distribution</i>						
Both Alcohol and Marijuana	45.4	47.4	47.3	50.5	50.1	51.2
Alcohol, No Marijuana	24.4	17.8	12.6	10.7	9.7	9.3
Marijuana, No Alcohol	11.9	17.0	22.7	23.7	24.4	24.9
Other	10.6	11.1	11.2	8.9	9.9	10.0
None Reported	7.9	6.7	6.3	6.3	6.0	5.1

**Figure 1. Youth Treatment Admissions, by Referral Source: 1993-1998**



Source: 1998SAMHSA Treatment Episode Data Set (TEDS).

Other referral sources include substance abuse and other health care providers, and community, religious, or governmental organizations or agencies that provide social services.

### Trends in Referral Source

In 1998, 138,000 youths aged 12 to 17 were admitted to substance abuse treatment (Table 1). This represents an increase from 95,000 admissions in 1993. In 1998, half (51 percent) of all youth admissions involved the use of both alcohol and marijuana.

The most common referral sources for youth treatment admissions (the criminal justice system, self- or individual referral, and schools) together accounted for about three quarters of all youth admissions. The number of admissions from the criminal

justice system increased every year from 1993 to 1998 (Figure 1). However, admissions from other referral sources were relatively stable.

By 1998, almost half (49 percent) of all youth treatment admissions were through the criminal justice system. This represented a significant increase from the 39 percent referred through the criminal justice system in 1993.

### Referral Source and Marijuana Involvement

The use of marijuana was associated with the increase in criminal justice referrals. There may be several factors involved, including increased use of marijuana, increased resources for treatment of youth marijuana use, and increased referral to

treatment instead of jail for marijuana-related offenses.

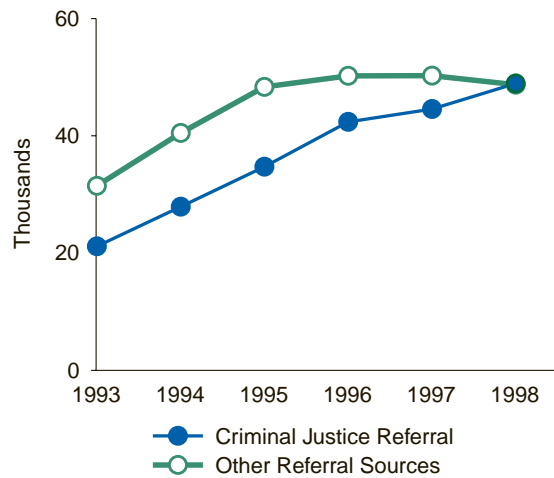
Admissions involving the use of marijuana as either a primary or secondary drug increased among both criminal justice and other referral sources from 1993 to 1995 (Figure 2). However, marijuana-involved criminal justice referrals continued to increase, while admissions referred through other sources stabilized.

Admissions not involving marijuana, on the other hand, remained relatively stable from 1993 to 1998 (Figure 3), regardless of referral source.

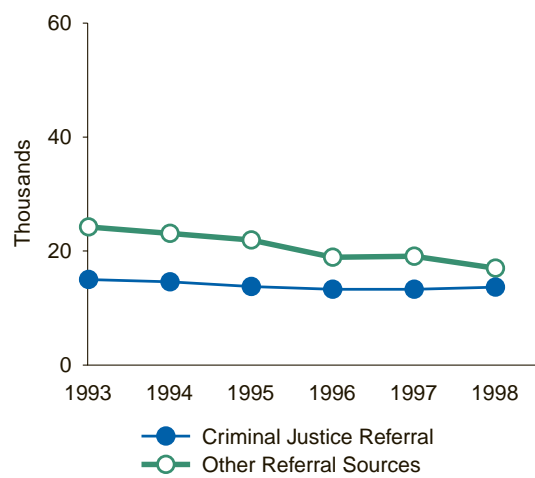
### Referral Source by Demographics

Similar patterns were seen among both males and females and in all racial/ethnic groups—that is, there was an overall increase in admissions from 1993 to 1998

**Figure 2. Youth Admissions Involving Marijuana Use, by Referral Source: 1993-1998**



**Figure 3. Youth Admissions Not Involving Marijuana Use, by Referral Source: 1993-1998**



attributable primarily to increased criminal justice referrals.

Among males, admissions increased 47 percent from 1993 to 1998 (Figure 4). However, criminal justice referrals increased 71 percent over that period. For females, there was an overall increase of 25 percent; criminal

justice referrals increased 83 percent.

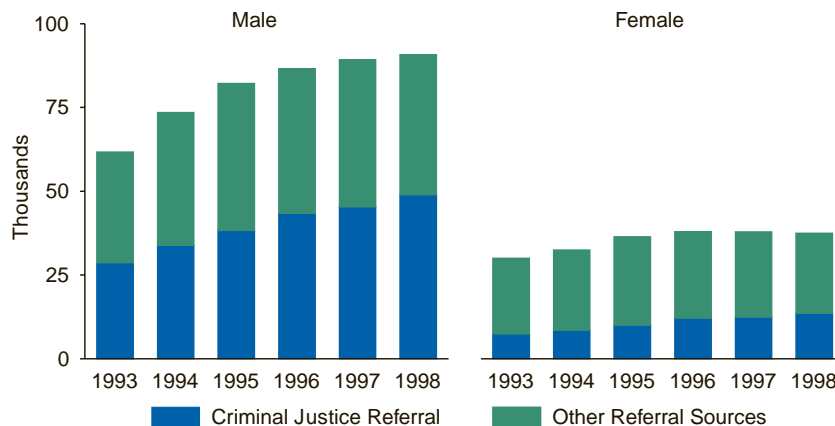
**End Notes**

<sup>1</sup>Miller, N.S., & Flaherty, J.A. (2000). Effectiveness of coerced addiction treatment (alternative consequences): A review of the clinical research. *Journal of Substance Abuse Treatment*, 18, 9-16.

<sup>2</sup>Wild, T.C. (1999). Compulsory substance-user treatment and harm reduction: A critical analysis. *Substance Use & Misuse*, 34, 83-102.

<sup>3</sup>Anglin, M.D., & Hser, Y.I. (1991). Criminal justice and the drug-abusing offender: Policy issues of coerced treatment. *Behavioral Sciences and Law*, 9, 243-267.

**Figure 4. Youth Treatment Admissions, by Sex and Referral Source: 1993-1998**



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), a national-level dataset comprising State administrative data from treatment facilities receiving public funds. The TEDS system includes records for some 1.6 million substance abuse treatment admissions annually. TEDS records represent admissions rather than individuals, as a person may be admitted to treatment more than once.

*The DASIS Report* is prepared by the Office of Applied Studies, SAMHSA; Synectics for Management Decisions, Inc., Arlington, Virginia; and Research Triangle Institute, Research Triangle Park, North Carolina.

**Information and data for this issue are based on data reported to TEDS through April 16, 2001.**

Access the latest TEDS reports at:  
[www.DrugAbuseStatistics.SAMHSA.gov](http://www.DrugAbuseStatistics.SAMHSA.gov)

Access the latest TEDS public use files at:  
[www.icpsr.umich.edu/SAMHDA/teds.html](http://www.icpsr.umich.edu/SAMHDA/teds.html)