

The DASIS Report

February 2, 2007

Primary Alcohol Admissions Aged 21 or Older: Alcohol Only vs. Alcohol plus a Secondary Drug: 2005

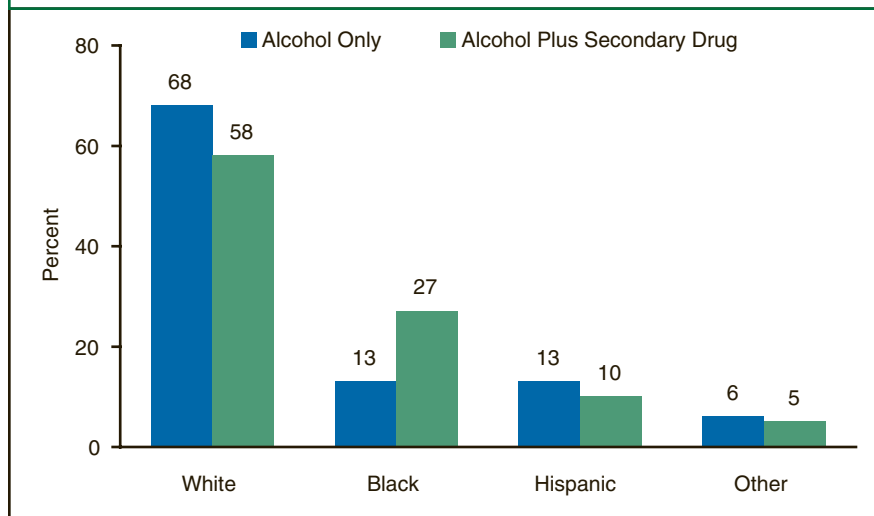
In Brief

- Admissions aged 21 or older in 2005 that were for alcohol only were more likely than admissions for alcohol plus a secondary drug to be White (68 vs. 58 percent)
- Admissions aged 21 or older for alcohol only were more likely than admissions for alcohol plus a secondary drug to have been referred to treatment by the criminal justice system (41 vs. 33 percent)
- Among admissions aged 21 or older, admissions for alcohol only were more likely than admissions for alcohol plus a secondary drug to be first-time admissions (50 vs. 39 percent)

The National Survey on Drug Use and Health found that about 18.7 million Americans were dependent on or abused alcohol in 2005. Of these, 3.3 million were dependent on or abused an illicit drug.¹ Some of these people enter treatment, and their admissions can be monitored with the Treatment Episode Data Set (TEDS), an annual compilation of data on the 1.8 million annual admissions to substance abuse treatment facilities, primarily those that receive some public funding. TEDS records represent admissions rather than individuals, as a person may be admitted to treatment more than once during a single year.

In 2005, over one third of all TEDS admissions (36 percent) were both aged 21 or older and reported alcohol as the primary substance of abuse.²

Figure 1. Primary Alcohol Admissions Aged 21 or Older, by Race/Ethnicity: 2005



Source: 2005 SAMHSA Treatment Episode Data Set (TEDS).

This report examines these admissions, comparing about 374,000 admissions (56 percent) where alcohol was the only substance of abuse (alcohol only) with about 289,000 admissions (44 percent) that reported alcohol plus a secondary drug.³

Demographics

In terms of gender, admissions aged 21 or older for alcohol only and alcohol plus a secondary drug in 2005 were similar; about three fourths of the admissions in each group were male (75 and 74 percent, respectively).

In 2005, admissions aged 21 or older for alcohol only were older at admission than admissions for alcohol plus a secondary drug. The average age at admission for alcohol only was 41 years, while the average age at admission for alcohol plus a secondary drug was 37 years. Admissions for alcohol only were also older at first intoxication than admissions for alcohol plus a secondary drug. The average age of first intoxication among admis-

sions for alcohol only was 18 years; for admissions for alcohol plus a secondary drug the average age of first intoxication was 16 years.⁴

Admissions aged 21 or older in 2005 that were for alcohol only were more likely than admissions for alcohol plus a secondary drug to be White (68 vs. 58 percent) (Figure 1). More than one quarter (27 percent) of admissions for alcohol plus a secondary drug were Black, while only 13 percent of admissions for alcohol only were Black.

Socioeconomic Characteristics

In 2005, alcohol-only admissions aged 21 or older were more likely than admissions for alcohol plus a secondary drug to be employed full time (34 vs. 23 percent) and less likely to be not in the labor force (29 vs. 40 percent) (Figure 2).⁵

While the most common marital status for all primary alcohol admissions 21 years of age or older in 2005 was “never

married,”⁶ alcohol-only admissions were less likely than admissions for alcohol plus a secondary drug to have been never married (43 vs. 52 percent). Furthermore, alcohol-only admissions were more likely than admissions for alcohol plus a secondary drug to be either currently married (23 vs. 17 percent), or separated, divorced, or widowed (34 vs. 31 percent).

Source of Referral

In 2005, the most common principal sources of referral among admissions aged 21 or older for both alcohol only and alcohol plus a secondary drug were self/individual referrals and the criminal justice system (Figure 3). Admissions for alcohol only, however, had a higher proportion of criminal justice system referrals than admissions for alcohol plus a secondary drug (41 vs. 33 percent).

Service Setting

Service settings are of three types: ambulatory, residential/rehabilitative, and detoxification.⁷ In 2005, more than half of admissions aged 21 or older for both alcohol only and alcohol plus a secondary drug were admitted to ambulatory service settings (56 percent each). Admissions for alcohol only were more likely than admissions for alcohol plus a secondary drug to be admitted to detoxification services (33 vs. 25 percent) and less likely to enter residential/rehabilitative services (11 vs. 19 percent).

Prior Treatment

Admissions aged 21 or older in 2005 for alcohol plus a secondary drug were more likely than alcohol-only admissions to have an

extensive treatment history. Among admissions aged 21 or older, those admitted for alcohol only were more likely than those admitted for alcohol plus a secondary drug to be first-time admissions (50 vs. 39 percent) and less likely to have one to four prior admissions (41 vs. 49 percent) or five or more prior admissions (9 vs. 12 percent).

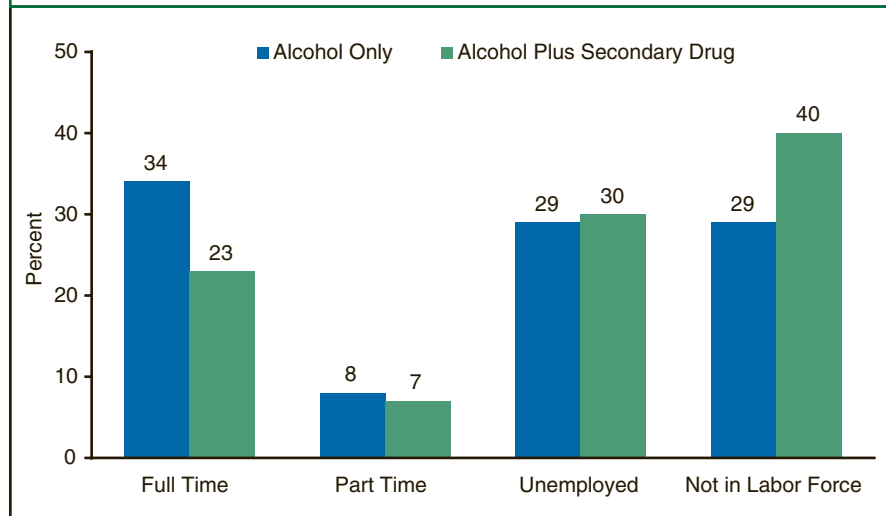
Frequency of Use

In 2005, alcohol-only admissions aged 21 or older were about as likely as those for alcohol plus a secondary drug to have not used alcohol at all in the past month (25 vs. 26 percent). Alcohol-only admissions aged 21 or older were less likely than those for alcohol plus a secondary drug to have used alcohol daily (36 vs. 42 percent), and more likely to have used alcohol less than daily in the past month (39 vs. 32 percent).

Co-occurring Psychological Problem

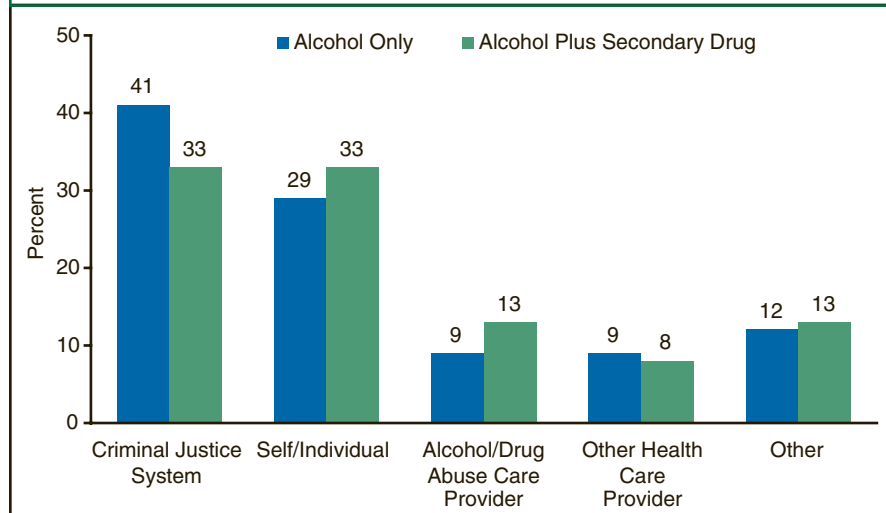
Among admissions aged 21 or older in 2005, those admitted for alcohol plus a secondary drug were more likely than alcohol-only admissions to have a co-occurring psychological problem (25 vs. 16 percent).⁸

Figure 2. Primary Alcohol Admissions Aged 21 or Older, by Employment Status: 2005



Source: 2005 SAMHSA Treatment Episode Data Set (TEDS).

Figure 3. Primary Alcohol Admissions Aged 21 or Older, by Referral Source: 2005



Source: 2005 SAMHSA Treatment Episode Data Set (TEDS).

End Notes

¹ Substance Abuse and Mental Health Services Administration, Office of Applied Studies. (2006). *Results from the 2005 National Survey on Drug Use and Health: National findings* (NSDUH Series H-30, DHHS Publication No. SMA 06-4194). Rockville, MD, table G.29.

² The *primary substance of abuse* is the main substance reported at the time of admission. *Secondary/tertiary substances* are other substances of abuse also reported at the time of admission.

³ For information from an earlier report, see: Substance Abuse and Mental Health Services Administration, Office of Applied Studies. (November 25, 2005). *The DASIS report: Primary alcohol admissions aged 21 or older: Alcohol only vs. alcohol plus a secondary drug: 2003*. Rockville, MD.

⁴ *Age of first use* is defined differently for alcohol than for drugs. For alcohol, age of first use signifies age of first intoxication. For drugs, age of first use identifies the age at which the respective drug was first used.

⁵ *Not in the labor force* includes those not looking for work during the past 30 days, students, homemakers, disabled or retired persons, or inmates of an institution.

⁶ *Marital status* is a Supplemental Data Set item. The 41 States and jurisdictions in which it was reported for at least 75 percent of admissions in 2005—AL, AR, CO, CT, DE, FL, GA, HI, IA, ID, IL, IN, KS, KY, LA, MA, MD, ME, MI, MN, MO, MS, NC, ND, NE, NH, NJ, NV, OH, OK, OR, PA, PR, RI, SC, SD, TN, TX, UT, WA, and WV—accounted for 67 percent of all substance abuse treatment admissions in 2005.

⁷ Ambulatory settings include intensive outpatient, non-intensive outpatient, and ambulatory detoxification. Residential/rehabilitative settings include hospital (other than detoxification), short-term (30 days or fewer), and long-term (more than 30 days). Detoxification includes 24-hour hospital inpatient and 24-hour free-standing residential.

⁸ *Psychiatric problem in addition to alcohol or drug problem* is a Supplemental Data Set item. The 26 States and jurisdictions in which it was reported for at least 75 percent of all admissions in 2005—AR, CA, CO, DE, FL, IA, ID, KS, KY, LA, MA, MD, ME, MI, MO, MS, NC, NV, OH, OK, PR, RI, SC, TN, UT, and WV—accounted for 45 percent of all substance abuse treatment admissions in 2005.

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Research Findings from SAMHSA's 2005 Drug and Alcohol Services Information System (DASIS)

Primary Alcohol Admissions Aged 21 or Older: Alcohol Only vs. Alcohol plus a Secondary Drug: 2005

- Admissions aged 21 or older in 2005 that were for alcohol only were more likely than admissions for alcohol plus a secondary drug to be White (68 vs. 58 percent)
- Admissions aged 21 or older for alcohol only were more likely than admissions for alcohol plus a secondary drug to have been referred to treatment by the criminal justice system (41 vs. 33 percent)
- Among admissions aged 21 or older, admissions for alcohol only were more likely than admissions for alcohol plus a secondary drug to be first-time admissions (50 vs. 39 percent)

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 February 1, 2006.

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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