

The TEDS Report

August 27, 2009

Heroin and Other Opiate Admissions to Substance Abuse Treatment

Opiates, sometimes referred to as narcotics, are a group of drugs with analgesic and sedative effects. Although opiates are often

manufactured and prescribed as medications, they can also be manufactured and obtained illegally. All opiates have a high potential for abuse. As substances of abuse, opiates are generally separated into two categories: (1) heroin and (2) opiates other than heroin, which consist almost entirely of prescription pain killers. While heroin and other opiates are similar in terms of their addictive qualities, the characteristics of the individuals receiving substance abuse treatment for these substances are very different. Understanding the similarities and differences in the characteristics of primary heroin admissions and admissions for other opiates may help treatment providers offer appropriate services and other support to this high-risk population.

Using the 2007 Treatment Episode Data Set (TEDS), this report compares secondary substances of abuse, prior treatment admissions, and demographic

In Brief

- As the primary substance of abuse, opiates accounted for almost one fifth (19 percent) of all substance abuse treatment admissions in 2007
- Heroin admissions were almost three times as likely as admissions for other opiates to report cocaine as a secondary substance of abuse (51 vs. 18 percent), but only half as likely to report marijuana as a secondary substance of abuse (11 vs. 22 percent)
- Heroin admissions were nearly three times as likely as other opiate admissions to report five or more prior treatment admissions (26 vs. 9 percent)

and socioeconomic characteristics of primary heroin admissions and admissions for other opiates.¹ As the primary substance of abuse, opiates accounted for 19 percent of all substance abuse treatment admissions (14 percent for heroin and 5 percent for other opiates) in 2007.

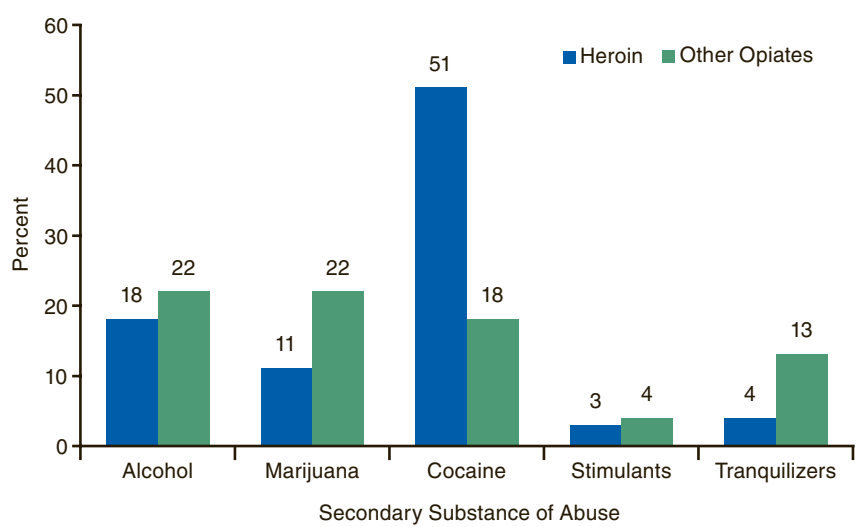
Secondary Substance of Abuse

Approximately 65 percent of primary heroin admissions and 63 percent of other primary opiate admissions reported a secondary substance of abuse. The most commonly reported secondary substances of abuse among both types of admissions were cocaine, alcohol, and marijuana (Figure 1). Heroin admissions were almost three times as likely as admissions for other opiates to report cocaine as a secondary substance of abuse (51 vs. 18 percent). However, primary heroin admissions were less likely than admissions for other primary opiates to report marijuana (11 vs. 22 percent) or tranquilizers (4 vs. 13 percent) as secondary substances of abuse.

Prior Treatment

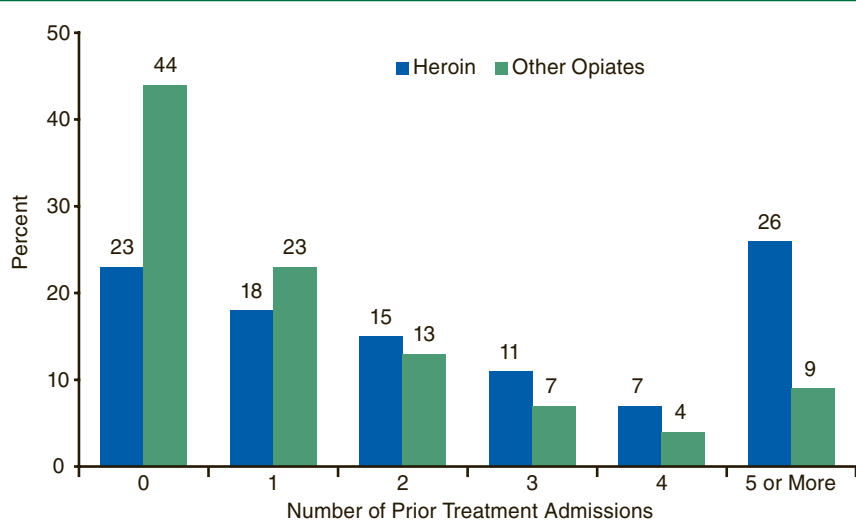
Admissions reporting primary heroin abuse were less likely than admissions reporting other primary opiate abuse to be first-time admissions (23 vs. 44 percent) (Figure 2). While the majority of admissions for both groups had at least one prior treatment admission, heroin admissions were nearly three times as likely as other opiate admissions to report five or more prior treatment admissions (26 vs. 9 percent, respectively).

Figure 1. Percentage of Primary Heroin and Other Primary Opiate Admissions, by Selected Secondary Substance of Abuse: 2007



Source: 2007 SAMHSA Treatment Episode Data Set (TEDS).

Figure 2. Percentage of Primary Heroin and Other Primary Opiate Admissions, by Number of Prior Treatment Admissions: 2007



Source: 2007 SAMHSA Treatment Episode Data Set (TEDS).

Demographic Characteristics

Primary heroin admissions were older on average than other primary opiate admissions (36 vs. 32 years). Among heroin admissions, 45 percent were between the

ages of 18 and 34 and 50 percent were between the ages of 35 and 54 (Table 1). In comparison, the majority of other primary opiate admissions were between the ages of 18 and 34 (62 percent) and one third (33 percent) were between the ages of 35 and 54.

Both heroin and other opiate admissions were more likely to be male than female. However, heroin admissions were less likely than other opiate admissions to be female (32 vs. 47 percent).

Primary heroin and other primary opiate admissions differed in their racial/ethnic composition. Heroin admissions were less likely to be non-Hispanic White (53 vs. 88 percent). However, heroin admissions were five times as likely as other opiate admissions to be Hispanic (22 vs. 4 percent) or non-Hispanic Black (22 vs. 4 percent).

Admissions for heroin abuse were less educated than admissions for other opiate abuse. Heroin admissions were more likely than admissions for other opiates not to have completed high school (36 vs. 25 percent) and less likely to have some education beyond high school (18 vs. 30 percent) (Table 2).² Heroin admissions were also less likely than other opiate admissions to be employed (16 vs. 29 percent) and more likely not to be in the labor force (47 vs. 33 percent).³

Discussion

Opiate abuse continues to be a serious public health concern. In 2007, admissions for primary opiate abuse accounted for nearly one-fifth of all substance abuse admissions. The differences between heroin admissions and admissions for other opiates are notable, especially in regard to secondary substances of abuse, number of treatment admissions, and demographic characteristics. It is widely accepted that the most effective substance abuse treatment programs provide services

Table 1. Percentage of Primary Heroin and Other Primary Opiate Admissions, by Age, Gender, and Race/Ethnicity: 2007

Demographic Characteristic	Heroin	Other Opiates
Age Group		
Younger than 18 Years	<1	2
18 to 24	17	26
25 to 34	28	36
35 to 44	29	20
45 to 54	21	13
55 or Older	5	3
Gender		
Male	68	53
Female	32	47
Race/Ethnicity		
White, non-Hispanic	53	88
Black, non-Hispanic	22	4
Hispanic	22	4
American Indian/Alaska Native	1	2
Asian/Pacific Islander	<1	1
Other	2	1

Source: 2007 SAMHSA Treatment Episode Data Set (TEDS).

Table 2. Percentage of Primary Heroin and Other Primary Opiate Admissions, by Education and Employment Status: 2007

Socioeconomic Characteristic	Heroin	Other Opiates
Education (Aged 18 or Older)		
Less than High School	36	25
High School or GED	46	45
Some College	18	30
Employment Status (Aged 16 or Older)		
Employed	16	29
Unemployed	37	38
Not in Labor Force	47	33

Source: 2007 SAMHSA Treatment Episode Data Set (TEDS).

that meet the specific individual needs of the client. Recognizing and understanding the differences between primary heroin admissions and other primary opiate admissions may help treatment providers design more effective opiate abuse treatment protocols.

End Notes

¹ Other primary opiates include methadone, codeine, hydrocodone, hydromorphone, meperidine, morphine, opium, oxycodone, pentazocine, propoxyphene, tramadol, and any other drug with morphine-like effects.

² Education is evaluated only for admissions aged 18 or older.

³ Employment is evaluated only for admissions aged 16 or older.

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Research Findings from SAMHSA's 2007 Treatment Episode Data Set (TEDS)

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The Treatment Episode Data Set (TEDS) is one component of the Drug and Alcohol Services Information System (DASIS), an integrated data system maintained by the Office of Applied Studies, Substance Abuse and Mental Health Services Administration (SAMHSA). 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. TEDS received approximately 1.8 million treatment admission records from 45 States, the District of Columbia, and Puerto Rico for 2007.

Definitions for measures mentioned in this report are available in the following publication: Substance Abuse and Mental Health Services Administration, Office of Applied Studies. (December 11, 2008). *The TEDS Report: TEDS Report Definitions*. Rockville, MD.

The TEDS 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 the trade name of Research Triangle Institute). **Information and data for this issue are based on data reported to TEDS through October 6, 2008.**

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<http://oas.samhsa.gov/dasis.htm>

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



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