

The TEDS Report

July 31, 2008

Frequency of Use among Alcohol-Only Treatment Admissions: 2006

In Brief

- Nearly half (49 percent) of alcohol-only treatment admissions reporting daily use were referred to treatment by themselves, a family member, or a friend; over half (55 percent) of alcohol-only treatment admissions reporting less than daily use were referred to treatment by the criminal justice system
- Alcohol-only treatment admissions in 2006 reporting daily use were more likely than those reporting less frequent use to be “not in the labor force” (41 vs. 24 percent) and less likely to be employed full time (20 vs. 41 percent)
- Among alcohol-only treatment admissions, those reporting daily use were more likely than those reporting less frequent use to be homeless (26 vs. 9 percent)

In 2006, about 2 percent of Americans used alcohol on a daily or nearly daily basis, according to the National Survey on Drug Use and Health (NSDUH). The same survey showed that these alcohol users were more likely than other Americans to be alcohol dependent in the past year.¹

The frequency of substance use by admissions to substance abuse treatment can be examined with the Treatment Episode Data Set (TEDS). TEDS is an annual compilation of data on the demographic characteristics and substance abuse problems of those admitted to substance abuse treatment, primarily at facilities that receive some public funding.² TEDS records represent admissions rather than individuals, as a person may be admitted to substance abuse treatment more than once during a single year.

About 40 percent of all admissions to substance abuse treatment reported alcohol as the primary substance of abuse,³ divided between 22 percent reporting alcohol use only and 18 percent reporting alcohol and additional substances of abuse.⁴ Among alcohol-only admissions, nearly a third (32 percent) reported daily use at the time of admission, 26 percent reported past month abstinence, and 42 percent reported intermediate frequencies of use. This report focuses on the 394,000 alcohol-only treatment admissions in 2006, in order to explore the possible correlates of frequency⁵ of alcohol use without the potentially confounding effects of additional substances of abuse.

Age at Admission

In 2006, alcohol-only treatment admissions reporting daily use were, on average, over 6½ years older than those reporting less frequent use (43 years, 11 months vs. 37 years, 4 months). Alcohol-only treatment admissions reporting daily use were more likely than those reporting less frequent use to be aged 45 or older (50 vs. 31 percent) and less likely to be younger than 21 years of age (1 vs. 9 percent) (Figure 1). Similarly, the older an alcohol-only admission, the more likely it was for the admission to be a daily user. Among alcohol-only admissions younger than 21 years of age, those reporting less than daily use outnumbered daily users by 15.6 to 1; among 21- to 24-year-old alcohol-only admissions, the ratio declined to 7.1 to 1. For alcohol-only admissions among 25- to 34-year-olds and 35- to 44-year-olds, the ratios were 3.7 to 1 and 1.7 to 1, respectively. Among alcohol-only admissions aged 45 or older, the ratio of less than daily users to daily users was only 1.3 to 1.

Age at First Intoxication

Among alcohol-only treatment admissions in 2006, the average age at first intoxication⁶ was about the same among daily and less frequent users (16 years, 2 months vs. 16 years, 6 months). Most alcohol-only admissions were first intoxicated before the age of 18 (daily users—72 percent; less frequent users—65 percent).

Source of Referral

Nearly half (49 percent) of alcohol-only treatment admissions in 2006 reporting daily use were referred to treatment by themselves, a family member, or a friend compared with 19 percent of those reporting less frequent use (Figure 2).⁷ Over half (55 percent) of alcohol-only treatment admissions reporting less than daily use were referred to treatment by the criminal justice system compared with only 15 percent of daily users. Alcohol-only treatment admissions reporting no use in the past month were even more likely to be referred to treatment by the criminal justice system (65 percent). However, the majority of alcohol-only admissions referred by the criminal justice system were not abstainers (past month use, whether daily or less than daily—60 percent; abstainers—40 percent).

Service Setting

Among alcohol-only treatment admissions in 2006, those reporting daily use were more likely than those reporting less frequent use to be treated in a detoxification service setting (55 vs. 17 percent) or in a rehabilitation/residential service setting (17 vs. 8 percent).⁸ Alcohol-only treatment admissions reporting less than daily use were correspondingly more likely to be in ambulatory treatment (75 vs. 28 percent).

Geographic Region

In 2006, almost half (47 percent) of alcohol-only treatment admissions in the Northeast reported daily use compared with around a quarter of admissions in other regions (29 percent in the South, 26 percent in the Midwest, and 25 percent in the West).⁹

Socioeconomic Characteristics

Alcohol-only treatment admissions in 2006 reporting daily use were more likely than those reporting less frequent use to be “not in the labor force” (41 vs. 24 percent) and less likely to be employed full time (20 vs. 41 percent) (Figure 3).¹⁰ Among alcohol-only treatment admissions, those reporting daily use were more likely than those reporting less frequent use to be homeless (26 vs. 9 percent).¹¹ However, alcohol-only treatment admissions reporting daily use did not differ substantially in educational attainment, race/ethnicity, or gender.

Discussion

While other explanations cannot be excluded using TEDS data, the facts that (1) alcohol-only admissions in 2006 reporting daily use are older, on average, than admissions reporting less frequent use, and (2) the ratio of daily users to less frequent users increases with age, suggest that many alcohol treatment admissions progress from less frequent use to more frequent use during their lifetimes. The distinctive alcohol-only admission referral source patterns in Figure 2—daily users mostly self/individually referred, less frequent users mostly referred by the criminal justice system—is also note-worthy, although some criminal justice referrals may have had abstinence

enforced upon them, or perceived a need to report abstinence to avoid penalties. However, if treatment admissions for less than daily alcohol use are indeed more likely than daily users to be criminal justice referrals, this admissions group presents a special opportunity for treatment programs. Successful treatment of less than daily alcohol-only admissions among criminal justice system referrals would help avoid their progression to higher frequencies of use and the attendant risks (e.g., homelessness or driving under the influence).

End Notes

¹ For these analyses, “daily or nearly daily” alcohol use was defined as drinking on 95 percent or more of the days in the past year. The analyses were conducted using the Substance Abuse and Mental Health Data Archive (SAMHDA) website for online analysis of NSDUH data (<http://webapp.icpsr.umich.edu/cocoon/SAMHDA/DAS3/00064.xml>). SAMHDA is an initiative of the Office of Applied Studies, Substance Abuse and Mental Health Services Administration (SAMHSA), and is based at the Inter-University Consortium for Political and Social Research.

² In 2006, TEDS collected data on 1.8 million admissions to substance abuse treatment facilities. Four States and jurisdictions (AK, DC, GA, and VT) did not submit data for 2006.

³ The *primary substance of abuse* is the main substance reported at the time of admission.

⁴ TEDS records up to three substances of abuse at the time of admission.

⁵ *Frequency of use* describes the frequency of use of the substance (in this case, alcohol) within the past month. For this report, admissions were grouped as “daily” users or “less than daily” users. The latter group comprises four detailed “frequency of use” response groups—admissions reporting use (1) 3-6 times in the past week, (2) 1-2 times in the past week, (3) 1-3 times in the past month, and (4) no use in the past month.

⁶ The TEDS variable *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.

⁷ *Principal source of referral* describes the person or agency referring the client to the alcohol or drug abuse treatment program. “Self or individual referral” includes the client, a family member, friend, or any other individual who would not be included in any of the following categories: alcohol/drug abuse care provider, other health care provider, school (educational), employer/employee assistance program (EAP), other community referral, or court/criminal justice referral/driving under the influence (DUI)/driving when intoxicated (DWI). Self or individual referral does include self-referral due to pending DWI/DUI.

⁸ *Service settings* are of three types: ambulatory, rehabilitation/residential, and detoxification. Ambulatory settings include intensive outpatient, non-intensive outpatient, and ambulatory detoxification. Rehabilitation/residential 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.

⁹ The Northeast region of the United States is composed of nine States: CT, MA, ME, NH, NJ, NY, PA, RI, and VT. The Midwest region of the United States is composed of 12 States: IA, IL, IN, KS, MI, MN, MO, ND, NE, OH, SD, and WI. The West region of the United States is composed of 13 States: AK, AZ, CA, CO, HI, ID, MT, NM, NV, 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.

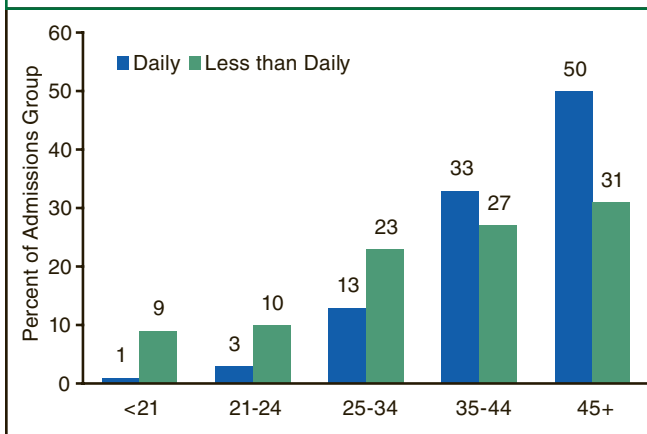
¹⁰ Analysis of *employment status* is generally restricted to admissions aged 16 or older. *Not in labor force* includes those not looking for work during the past 30 days, or a student, homemaker, disabled, retired, or an inmate of an institution. *Unemployed*, by contrast, includes admissions looking for work during the past 30 days, or on layoff from a job.

¹¹ *Living arrangement* is a Supplemental Data Set item. The 45 States and jurisdictions in which it was reported for at least 75 percent of all admissions in 2006—AL, AR, AZ, CA, CO, CT, DE, FL, HI, IA, ID, IL, IN, KS, KY, LA, MA, MD, ME, MI, MN, MO, MS, NC, ND, NE, NH, NJ, NM, NV, NY, OH, OK, OR, PR, RI, SC, SD, TN, TX, UT, VA, WA, WV, and WY—accounted for 94 percent of all substance abuse treatment admissions in 2006.

Suggested Citation

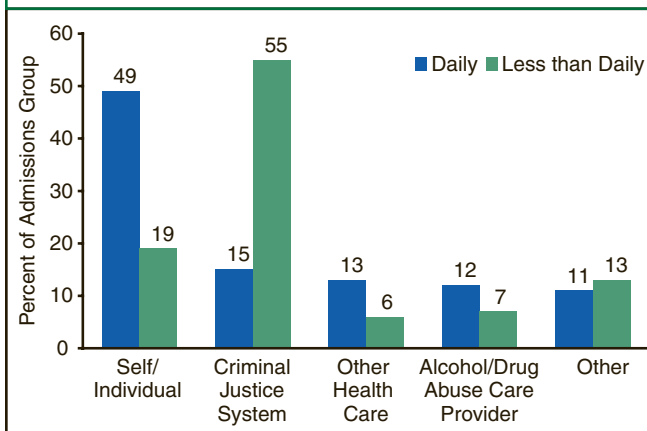
Substance Abuse and Mental Health Services Administration, Office of Applied Studies. (July 31, 2008). *The TEDS Report: Frequency of Use among Alcohol-Only Treatment Admissions: 2006*. Rockville, MD.

Figure 1. Age at Admission of Alcohol-Only Admissions, by Frequency of Use: 2006



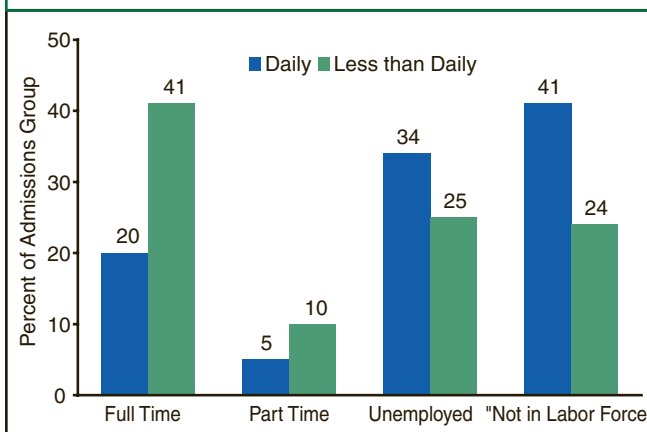
Source: 2006 SAMHSA Treatment Episode Data Set (TEDS).

Figure 2. Referral Source of Alcohol-Only Admissions, by Frequency of Use: 2006



Source: 2006 SAMHSA Treatment Episode Data Set (TEDS).

Figure 3. Employment Status of Alcohol-Only Admissions, by Frequency of Use: 2006



Source: 2006 SAMHSA Treatment Episode Data Set (TEDS).

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Research Findings from SAMHSA's 2006 Drug and Alcohol Services Information System (DASIS)

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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 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 a trade name of Research Triangle Institute).

Information and data for this issue are based on data reported to TEDS through October 9, 2007.

Access the latest TEDS reports at:
<http://oas.samhsa.gov/dasis.htm>

Access the latest TEDS public use files at:
<http://oas.samhsa.gov/SAMHDA.htm>

Other substance abuse reports are available at:
<http://oas.samhsa.gov>



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