

The DASIS Report

November 25, 2005

Primary Alcohol Admissions Aged 21 or Older: Alcohol Only vs. Alcohol Plus a Secondary Drug: 2003

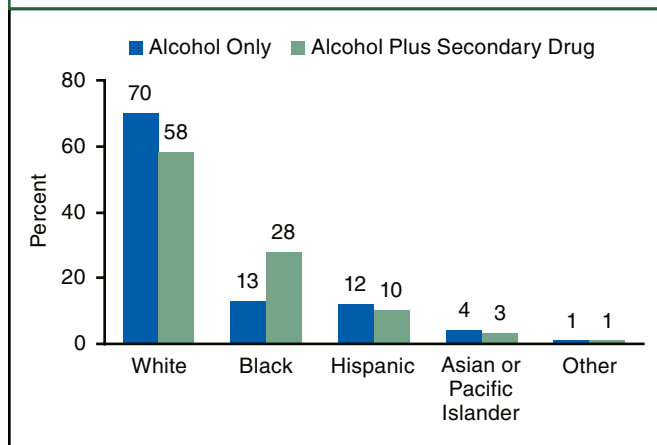
In Brief

- Among primary alcohol admissions aged 21 or older, admissions for alcohol only were more likely to be White than admissions for alcohol and a secondary drug (70 vs. 58 percent)
- Admissions aged 21 or older for alcohol plus a secondary drug were almost twice as likely to enter residential/rehabilitative services as admissions for alcohol only (20 vs. 11 percent)
- As a proportion of all admissions aged 21 or older, admissions for alcohol only and admissions for alcohol plus a secondary drug decreased from 1993 to 2003

In 2003, 64 percent of all admissions to the Treatment Episode Data Set (TEDS) involved alcohol, and 42 percent involved alcohol as the primary substance of abuse.¹ Among admissions aged 21 or older where alcohol was the primary substance of abuse, nearly 400,000 (57 percent) reported alcohol as the only substance of abuse, and about 301,000 (43 percent) reported alcohol plus a secondary substance of abuse. Admissions aged 21 or older accounted for 91 percent of all admissions where alcohol was reported as the primary substance of abuse.

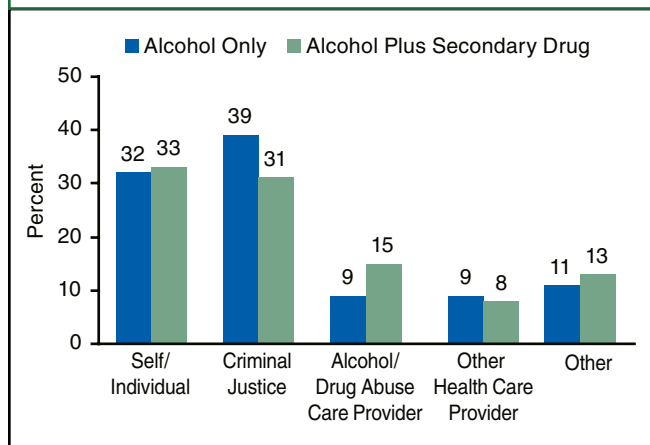
This report explores differences between primary alcohol admissions aged 21 or older, comparing admissions for alcohol only with admissions for alcohol plus a secondary drug.

Figure 1. Primary Alcohol Admissions Aged 21 or Older, by Race/Ethnicity: 2003



Source: 2003 SAMHSA Treatment Episode Data Set (TEDS).

Figure 2. Primary Alcohol Admissions Aged 21 or Older, by Source of Referral: 2003



Demographics

Admissions for alcohol only and alcohol with a secondary drug aged 21 or older were similar in the distribution of males and females (76 and 74 percent male, respectively).

Admissions aged 21 or older for alcohol only were older at admission and older at first intoxication compared with admissions for alcohol plus a secondary drug.² Admissions for alcohol only were about 41 years old at admission, while admissions for alcohol plus a secondary drug were about 37 years old when they entered treatment. In addition, the average age of first intoxication for admissions for alcohol only was about 17 years old compared with 15 years old for admissions where both alcohol and another drug were reported.

Among primary alcohol admissions aged 21 or older, admissions where alcohol was the only reported substance were more likely to be White compared with admissions where both alcohol and another drug were reported (70 vs. 58 percent) (Figure 1). More than

one quarter (28 percent) of admissions for alcohol plus a secondary drug were Black, while only 13 percent of admissions for alcohol only were Black.

Source of Referral

The primary sources of referral for both admissions for alcohol only and admissions for alcohol plus a secondary drug aged 21 or older were self/individual referrals and the criminal justice system (Figure 2). Admissions for alcohol only and for alcohol plus a secondary drug had similar proportions of self/individual referrals (32 and 33 percent), while admissions for alcohol only had a higher proportion of criminal justice systems referrals compared with admissions for alcohol plus a secondary drug (39 vs. 31 percent).

Service Setting

Service settings are of three types: ambulatory, residential/rehabilitative, and detoxification.³ In 2003, more than half of admissions for alcohol and alcohol plus a secondary drug aged 21 or older were

admitted to ambulatory service settings (56 and 53 percent, respectively). Thirty-three percent of admissions for alcohol only were admitted to detoxification services while 27 percent of admissions for alcohol plus a secondary drug were admitted to detoxification services. Admissions for alcohol plus a secondary drug were almost twice as likely to enter residential/rehabilitative services compared with admissions for alcohol only (20 vs. 11 percent).

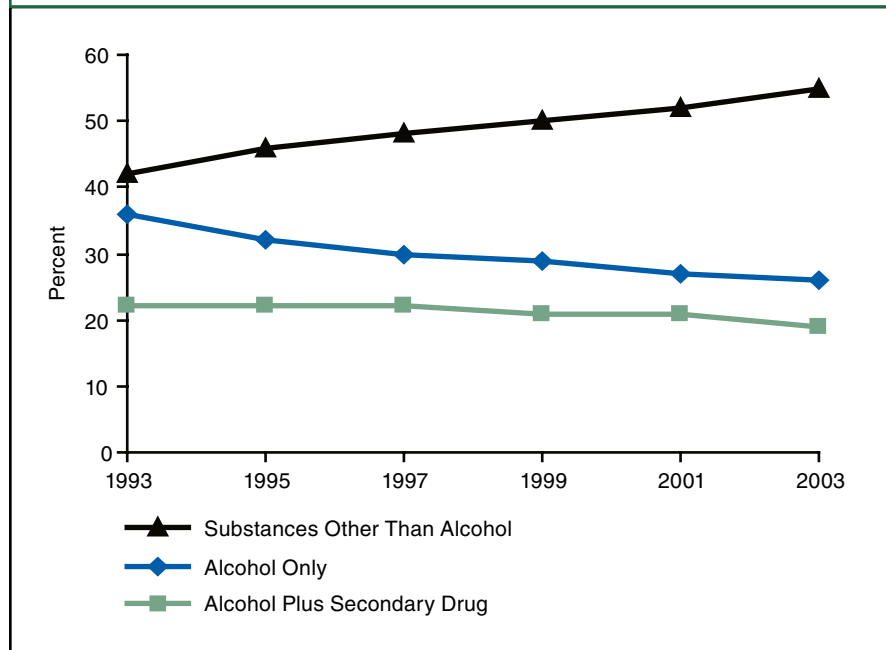
Census Region

Admissions for alcohol only aged 21 or older were comparatively evenly distributed among the four main Census regions (28 percent in the Northeast, 25 percent in the West, 24 percent in the Midwest, and 23 percent in the South),⁴ while admissions for alcohol plus a secondary drug were more likely in the Northeast (42 percent) than in the other regions (21 percent in the Midwest, 20 percent in the South, and 17 percent in the West).

Trends

As a proportion of all admissions aged 21 or older, both admissions for alcohol only and admissions for alcohol plus a secondary drug decreased from 1993 to 2003, while the proportion of admissions for substances other than alcohol increased (Figure 3). Admissions for alcohol plus a secondary drug decreased from 22 percent of all admissions aged 21 or older in 1993 to 19 percent in 2003. Admissions for alcohol only decreased from 36 percent of all admissions aged 21 or older in 1993 to 26 percent in 2003. Conversely, admissions for substances other than alcohol increased during this time period from 42 percent of all admissions aged 21 or older in 1993 to 55 percent in 2003.

Figure 3. Treatment Admissions Aged 21 or Older, by Substance of Abuse: 1993-2003



End Notes

¹ In 2003, 64 percent of all admissions involved alcohol as either the primary, secondary, or tertiary substance of abuse reported at the time of admission. 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.

² *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.

³ 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.

⁴ 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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