Drug and Alcohol Services Information System

The DASIS Report

December 23, 2005

Adolescents with Co-Occurring Psychiatric Disorders: 2003

In Brief

- Adolescent admissions with co-occurring disorders were more likely to be female (38 percent) than other adolescent admissions (28 percent)
- Nearly three-quarters of adolescent admissions with co-occurring disorders were White (72 percent) compared with half of other adolescent admissions (51 percent)
- Criminal justice system referrals were the most common source of referral for both adolescent admissions with co-occurring disorders (48 percent) and other adolescent admissions (57 percent)

People are said to have co-occurring disorders when they have "one or more disorders relating to the use of alcohol and/or other drugs of abuse as well as one or more mental disorders. A diagnosis of co-occurring disorders occurs when at least one disorder of each type can be established independent of the other and is not simply a cluster of symptoms resulting from the one disorder."[1]

"Psychiatric Problem in Addition to Alcohol or Drug Problem" is a Treatment Episode Data Set (TEDS) Supplemental Data Set item. TEDS collects data on the approximately 1.8 million annual admissions to substance abuse treatment facilities, primarily those that receive some public funding. In 2003, the presence or absence of a co-occurring psychiatric disorder was

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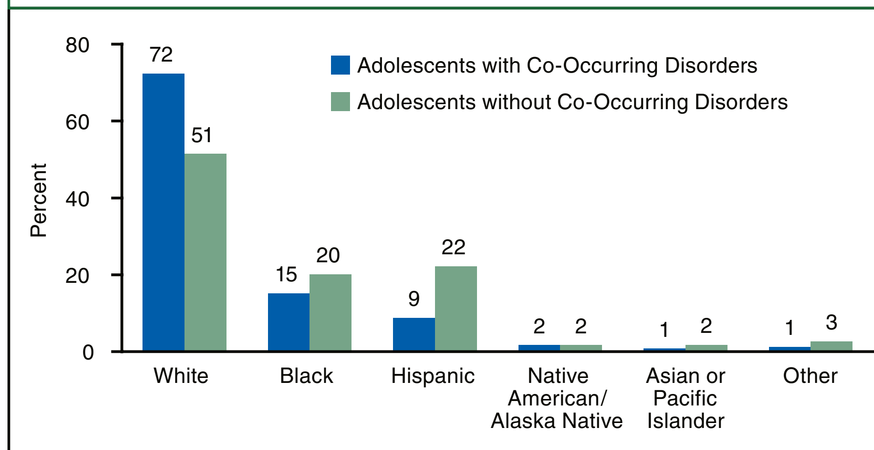
Figure 1. Race/Ethnicity of Adolescent Admissions, by Psychiatric Diagnosis Status: 2003



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

recorded for at least 75 percent of all admissions in 26 States and jurisdictions.[2] In these 26 States, the more than 78,000 adolescent admissions (i.e., admissions aged 12 through 17) reported in 2003 represented 10 percent of all admissions.

This report compares adolescent admissions with co-occurring disorders to all other adolescent admissions, that is, those with a substance abuse problem only. Among adolescent admissions, 21 percent (more than 16,000) had a psychiatric problem in addition to an alcohol or drug problem. For comparison, 19 percent of adult TEDS admissions had co-occurring disorders.

Demographics

Adolescent admissions with co-occurring disorders were more likely to be female (38 percent) than other adolescent admissions (28 percent). Nearly three-quarters of adolescent admissions with co-occurring disorders were White (72 percent) compared with half of other adolescent admissions (51 percent) (Figure 1). In addition, 15 percent of adolescent admissions with co-occurring disorders were Black, and 9 percent were Hispanic. Among other adolescent admissions, the proportions of Black and Hispanic admissions were similar (20 and 22 percent, respectively).

Usage

There were no substantial differences in the primary substance of abuse[3] reported at admission between adolescent admissions with co-occurring disorders and other adolescent admissions. For both groups, marijuana was the most common substance reported (63 percent each). Among adolescent admissions aged 13 through 17 at the time of admission, admissions with co-occurring disorders were slightly more likely than other adolescent admissions to report their age of first use[4] of the primary substance of abuse as younger than 12 years old (Figure 2). This difference was most pronounced among 13-year-olds, with 46 percent of these adolescent admissions with co-occurring disorders reporting an age of first use younger than 12 years old compared with 38 percent of other adolescent admissions.

Source of Referral

Criminal justice system referrals were the most common source of referral for both adolescent admissions with co-occurring disorders (48 percent) and other adolescent admissions (57 percent) (Figure 3). Adolescent admissions with co-occurring disorders and other adolescent admissions had similar proportions of self/individual referrals, and referrals through an alcohol/drug abuse care provider. Adolescent admissions with co-occurring disorders were more likely than other adolescent admissions to be referred by a community referral source (12 vs. 7 percent) or a health care provider that was not an alcohol/drug abuse care provider (10 vs. 4 percent).

Service Setting

The majority of both adolescent admissions with co-occurring disorders and other adolescent admissions were admitted to ambulatory service settings[5] (81 and 87 percent, respectively). Eighteen percent of adolescent admissions with co-occurring admissions were admitted to residential service settings compared with 11 percent of other adolescent admissions. Of the adolescent admissions to residential service settings, 12 percent of admissions with co-occurring disorders and 7 percent of others were admitted to long-term residential treatment. Both groups had similar proportions of admissions to detoxification services (about 1 percent each).

Education

Educational achievement was assessed by measuring the percentage of admissions that completed their highest grade at least one year behind the appropriate age/grade level. Adolescent admissions with co-occurring disorders were slightly more likely than other adolescent admissions of the same age to have completed their highest grade at least one year behind the appropriate age/grade level (Table 1).

Figure 2. Age of First Use of Primary Substance Younger than 12 for Admissions Aged 13-17, by Psychiatric Diagnosis Status: 2003

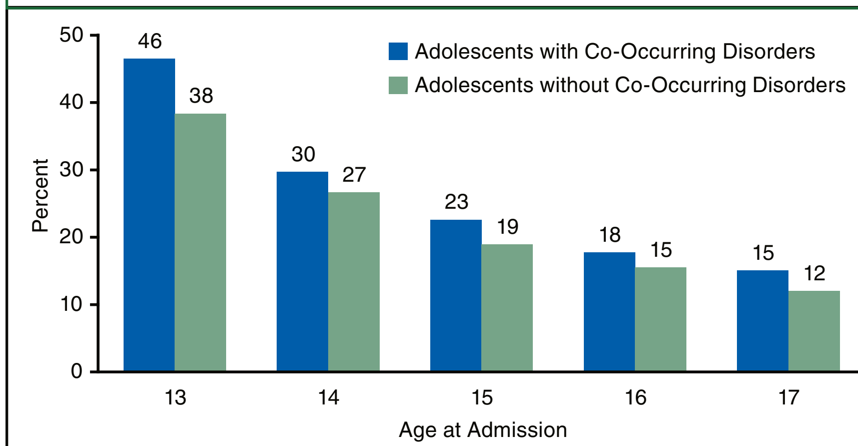


Figure 3. Primary Source of Referral of Adolescent Admissions, by Psychiatric Diagnosis Status: 2003

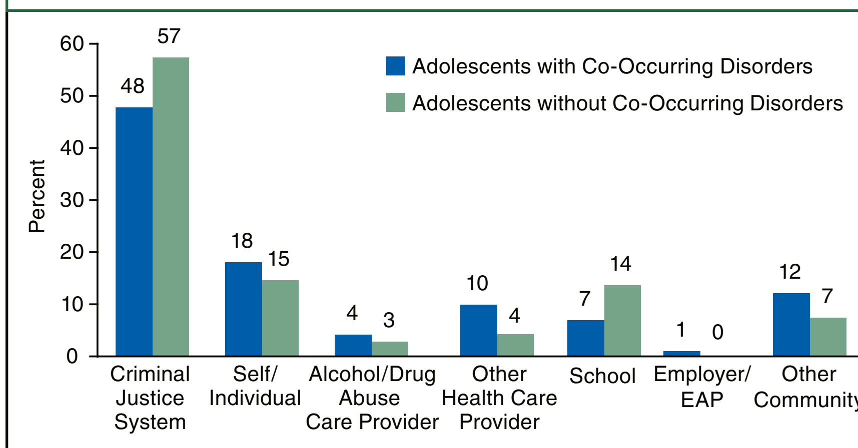


Table 1. Completion of Highest Grade at Least 1 Year Behind Appropriate Age/Grade Level for Adolescent Admissions, by Psychiatric Diagnosis Status: 2003

	Completion Rate at Least 1 Year Behind	
Age at Admission	*Adolescents with Co-Occurring Disorders*	*Adolescents without Co-Occurring Disorders*
12	82	73
13	80	77
14	82	78
15	88	83
16	91	87
17	90	89

End Notes

[1] Substance Abuse and Mental Health Services Administration, Center for Substance Abuse Treatment. (2005). *Substance Abuse Treatment for Persons With Co-Occurring Disorders. Treatment Improvement Protocol (TIP) Series 42*. DHHS Publication No. (SMA) 05-3992. Rockville, MD.

[2] *Psychiatric problem in addition to alcohol or drug problem*, a Supplemental Data Set item, was reported for at least 75 percent of all admissions in 26 States and jurisdictions: CA, CO, DC, DE, FL, IA, ID, KS, KY, LA, MA, ME, MO, MS, NC, ND, NJ, NM, NV, OH, OK, RI, SC, TN, UT, and WA. These 26 States accounted for 46 percent of all substance abuse treatment admissions in 2003. (Note: Puerto Rico met the criteria for inclusion but did not have any admissions younger than age 18. Georgia had a 100 percent response but all the responses were "No" indicating a coding problem for this item. Neither of these States was included in this analysis.)

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

[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] *Service settings* are of three types: ambulatory, residential/rehabilitative, and detoxification. 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.

Research Findings from SAMHSA's 2003 Drug and Alcohol Services Information System (DASIS)

Adolescents with Co-Occurring Psychiatric Disorders: 2003

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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 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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