

The TEDS Report

November 5, 2009

Female Substance Abuse Treatment Admissions Aged 12 to 17

Adolescence (ages 12 to 17) is a crucial phase of human development, during which females and males experience different biological,

social, and cognitive changes. Findings from the National Survey on Drug Use and Health (NSDUH) show that compared to adolescent males nationwide, adolescent females had significantly higher rates of past month illicit drug use other than marijuana. Females also had higher rates of current alcohol use, cigarette use, past year nonmedical pain reliever use, depression, and alcohol dependence.¹ Understanding the characteristics of adolescent female substance abuse treatment admissions can help to inform public health policy and build prevention and intervention programs that are gender specific.

Using the 2007 Treatment Episode Data Set (TEDS), this report examines the characteristics of female substance abuse treatment admissions aged 12 to 17. In 2007, of the nearly 132,000 admissions aged 12 to 17, approximately 30 percent or slightly more than 40,000 were female admissions.

In Brief

- In 2007, adolescent female admissions comprised less than one third (30 percent) of the nearly 132,000 substance abuse treatment admissions aged 12 to 17
- Marijuana and alcohol accounted for 80 percent of all primary substances of abuse reported by adolescent female admissions
- The majority (60 percent) of adolescent female admissions reported first using their primary substances of abuse between the ages of 12 and 14

Age and Race/Ethnicity

Among female adolescent substance abuse treatment admissions, 19 percent were aged 12 to 14 and 81 percent were aged 15 to 17. More than half (58 percent) were non-Hispanic White and nearly one fifth (18 percent) were Hispanic (Figure 1). Another 13 percent were non-Hispanic Black.

Primary Substance of Abuse

Marijuana and alcohol accounted for 80 percent of all primary substances of abuse reported by adolescent female substance abuse treatment admissions (Figure 2). There was little variation in the primary substances of abuse reported by younger and older female adolescents. Reports of cocaine/crack, heroin, or methamphetamine as the primary substance of abuse were relatively rare among all adolescent female

admissions, but were slightly higher among those aged 15 to 17 than among those admissions aged 12 to 14.

Prior Treatment Episodes and Age of First Use

Approximately 29 percent of adolescent female substance abuse treatment admissions had been in treatment at least once before, and 6 percent had been in treatment two times before the current treatment episode. The majority of adolescent female admissions (71 percent) had no prior treatment episodes.

The majority (60 percent) of adolescent female admissions reported that they first used their primary substances between the ages of 12 and 14. Approximately 25 percent reported using their primary substance of abuse between the ages of 15 and 17 and 15 percent reported doing so at age 11 or younger.

Principal Source of Referral

Among adolescent female substance abuse treatment admissions, criminal justice system referrals to treatment increased with age while school referrals decreased. Approximately 40 percent of adolescent female admissions aged 15 to 17 were referred to treatment by the criminal justice system and 12 percent were referred by schools (Figure 3). In contrast, 29 percent of female admissions aged 12 to 14 were referred to treatment by the criminal justice system and 21 percent were referred by schools.

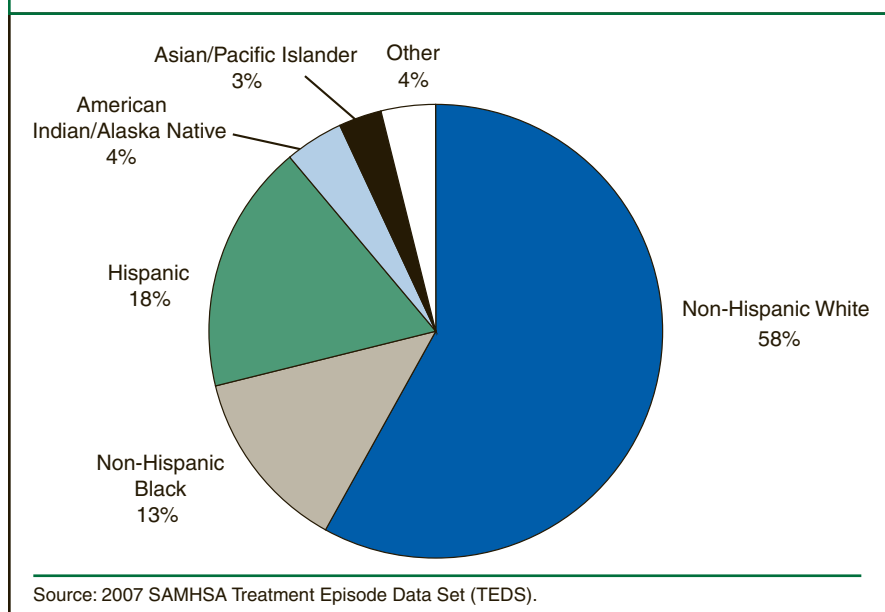
Pregnancy

Pregnant females of any age who use substances risk delivering infants with a wide range of health problems associated with maternal substance use. Approximately 2 percent of adolescent female substance abuse treatment admissions for whom information on pregnancy was available were pregnant at the time of treatment admission.²

Type of Service

The majority (67 percent) of female substance abuse treatment admissions aged 12 to 17 entered ambulatory, non-intensive outpatient treatment settings. Additionally, 14 percent received ambulatory, intensive outpatient treatment, 9 percent received short-term rehabilitation/residential treatment, 8 percent received long-term rehabilitation/residential treatment, and 2 percent received treatment in other settings.³

Figure 1. Percentage of Female Adolescent Substance Abuse Treatment Admissions Aged 12 to 17, by Race/Ethnicity: 2007



Discussion

TEDS data on female substance abuse treatment admissions aged 12 to 17 illuminate a need for specialized prevention and treatment strategies for adolescent females in three important areas. First, given the young age at which these adolescents begin their substance use, prevention strategies targeted at very young women may need to be enhanced or re-designed to be suitable for and acceptable to those younger than 11 years old. Second, the rate of treatment “repeaters” suggests that additional support and recovery services may be needed or that such support may need to be continued for longer periods of time. Finally, and of special concern, is the rate of pregnancy among these young women. Primary health care providers and specialists in obstetrics need to be aware that a teenage pregnancy may be accompanied by substance abuse and provide additional screening, counseling, or other interventions to help ensure the delivery of a full-term healthy infant and the long-term health and well-being of the mother.

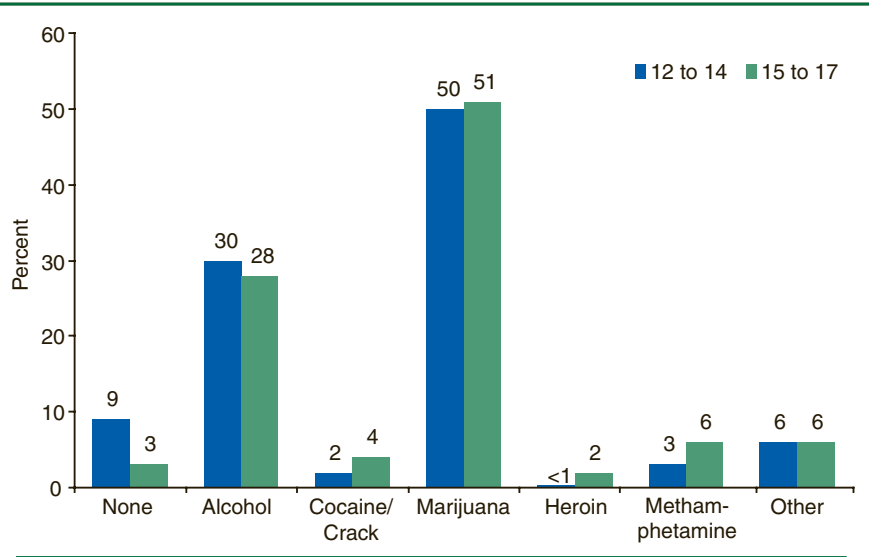
End Notes

¹ *Adolescent Behavioral Health in the United States* reports. Rockville, MD: Substance Abuse and Mental Health Services Administration. [Available at <http://www.samhsa.gov/statesinbrief/>]

² *Pregnancy status* is a Supplemental Data Set item. The 44 States and jurisdictions in which it was reported for at least 75 percent of all admissions in 2007—AR, AZ, CA, CO, CT, DE, FL, HI, IA, ID, IL, IN, KS, KY, LA, MA, MD, ME, MI, MN, MO, MT, NC, ND, NE, NJ, NV, NY, OH, OK, OR, PA, PR, RI, SC, SD, TN, TX, UT, VA, VT, WA, WI, and WY—accounted for 99 percent of all substance abuse treatment admissions in 2007.

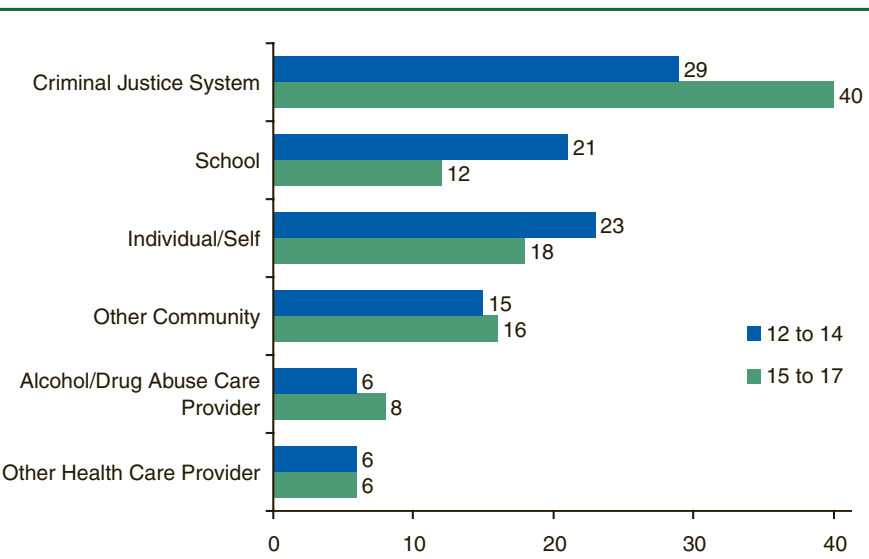
³ “Other” consists of detoxification (including free-standing residential detoxification, ambulatory detoxification, and hospital inpatient detoxification) and rehabilitation/residential hospital (non-detox).

Figure 2. Percentage of Female Substance Abuse Treatment Admissions Aged 12 to 17, by Age and Primary Substance of Abuse: 2007



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

Figure 3. Percentage of Female Substance Abuse Treatment Admissions Aged 12 to 17, by Principal Source of Referral: 2007



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

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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 a compilation of data on the demographic characteristics and substance abuse problems of those admitted for substance abuse treatment. 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 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 demographic, substance use, and other 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 admissions data reported to TEDS through October 6, 2008.**

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

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

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