

# The TEDS Report

February 9, 2012

## Substance Abuse Treatment Admissions Aged 15 to 17

### In Brief

- Admissions aged 15 to 17 most frequently reported marijuana (71.9 percent) or alcohol (17.7 percent) as their primary substance of abuse
- About 14.3 percent of older adolescent admissions reported first using their primary substance of abuse at age 11 or younger, and over half (56.3 percent) reported first using their primary substance between the ages of 12 and 14
- Almost one third (32.2 percent) of admissions aged 15 to 17 had been admitted to treatment at least once prior to their current treatment episode
- Among older adolescent admissions, the most commonly reported principal source of referral to treatment was the criminal justice system (51.2 percent)

Older adolescence (ages 15 to 17) is a developmental period marked by increased independence and decreased parental oversight. As adolescents start driving, begin dating, obtain their first jobs, and begin preparing for college, peer influence may often outweigh the influence of parents. Adolescents in this age group may also begin experimenting with substances or escalate established substance use behaviors.

According to the National Survey on Drug Use and Health (NSDUH), nearly one and a half million (1,438,000) adolescents between the ages of 15 and 17 met the criteria for substance dependence or abuse in 2009.<sup>1</sup> Substance use and abuse during older adolescence can greatly affect youths' health and life trajectories. Early initiation of drugs or alcohol is associated with changes in brain development and functioning, chemical dependence during adolescence and into adulthood, and can lead to other health- or behavioral health-related problems.<sup>2,3</sup> Engaging in these risk behaviors during adolescence may also have

consequences for youths’ school success, and ultimately their career options, earning potential, and overall well-being.<sup>3,4,5</sup> Treatment programs offer an opportunity to address immediate problems as well as halt the progression and reduce the negative long-term consequences of substance abuse among these youth.

This report uses data from the Treatment Episode Data Set (TEDS) to provide information on the characteristics of youths aged 15 to 17 admitted to substance abuse treatment. In 2009, there were approximately 149,280 adolescent (aged 12 to 17) substance abuse treatment admissions. Of these, approximately 125,520 (84.1 percent) were between the ages of 15 to 17 (hereafter referred to as “older adolescent admissions”).

### Demographic Characteristics

Males represented the majority of older adolescent admissions (72.6 percent). Non-Hispanic Whites represented the largest racial/ethnic group (49.9 percent), followed by Hispanics (21.9 percent) and non-Hispanic Blacks (19.9 percent). American Indians/Alaska Natives (2.3 percent), Asians/Pacific Islanders (1.7 percent), and other races/ethnicities (4.4 percent) represented smaller proportions of older adolescent admissions.

### Substances of Abuse

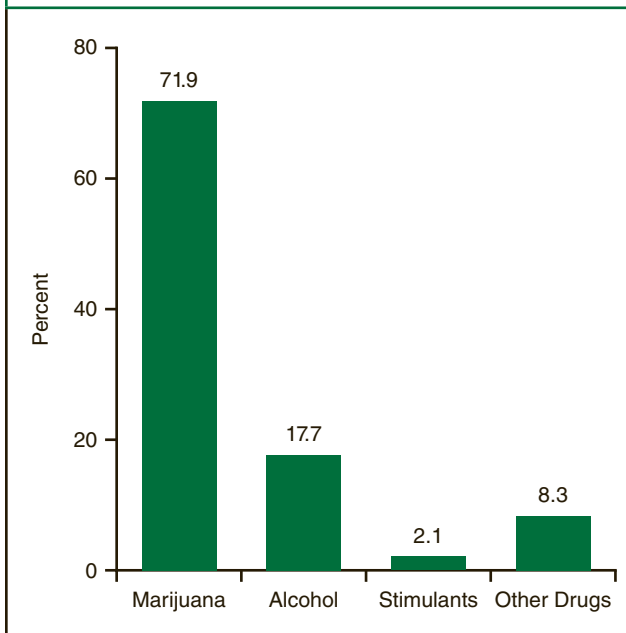
Admissions aged 15 to 17 most frequently reported marijuana (71.9 percent) or alcohol (17.7 percent) as their primary substance of abuse (Figure 1). Male older adolescent admissions were more likely than their female counterparts to report primary marijuana abuse (77.2 vs. 57.6 percent) and less likely than female admissions to report primary alcohol abuse (14.7 vs. 25.6 percent).

Over half (57.8 percent) of older adolescent admissions reported more than one substance of abuse at treatment admission. Of these admissions, 58.1 percent reported abuse of marijuana and alcohol only (Figure 2).

### Age of First Use

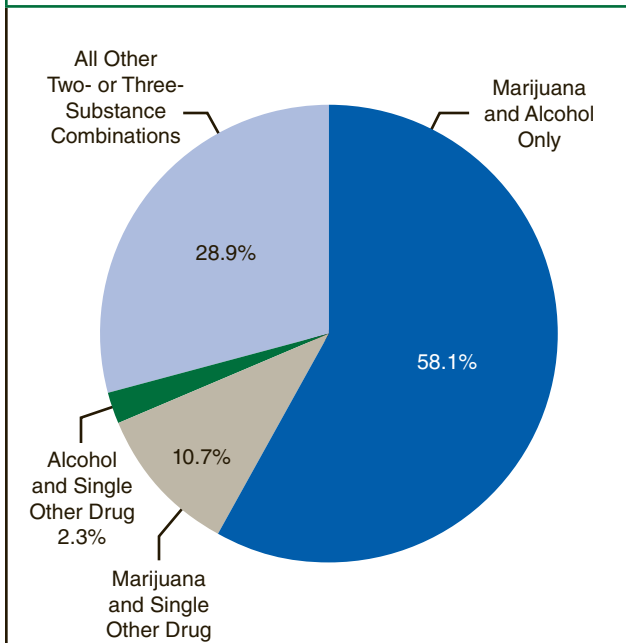
Many older adolescent admissions initiated use of their primary substance of abuse before age 14. Specifically, 14.3 percent of adolescent admissions aged 15 to 17 reported first using their primary substance of abuse at age 11 or younger, and over half (56.3 percent) reported first using their primary substance between the ages of 12 and 14 (Figure 3).<sup>6</sup> The remaining 29.5 percent reported that they began using their primary substance

**Figure 1. Primary Substance of Abuse among Older Adolescent Admissions Aged 15 to 17: 2009**



Source: SAMHSA Treatment Episode Data Set (TEDS), 2009.

**Figure 2. Combinations of Substances of Abuse among Older Adolescent Admissions Aged 15 to 17 Who Reported More Than One Substance at Admission: 2009**



Source: SAMHSA Treatment Episode Data Set (TEDS), 2009.

between the ages of 15 and 17. The average age at first use was 13 years for both primary marijuana admissions (13.1 years) and primary alcohol admissions (13.3 years).

### Treatment Characteristics and Source of Treatment Referral

The majority of older adolescent admissions received outpatient treatment services (80.9 percent), including 66.8 percent who received regular outpatient treatment, and 14.1 percent who received intensive outpatient treatment. About 1 in 6 older adolescent admissions (17.2 percent) received residential treatment, and 1.8 percent received detoxification. Almost one third (32.2 percent) of older adolescent admissions had been admitted to treatment at least once prior to their current treatment episode, with 19.8 percent reporting one prior admission and 12.4 percent reporting two or more prior admissions.

### Referral Source

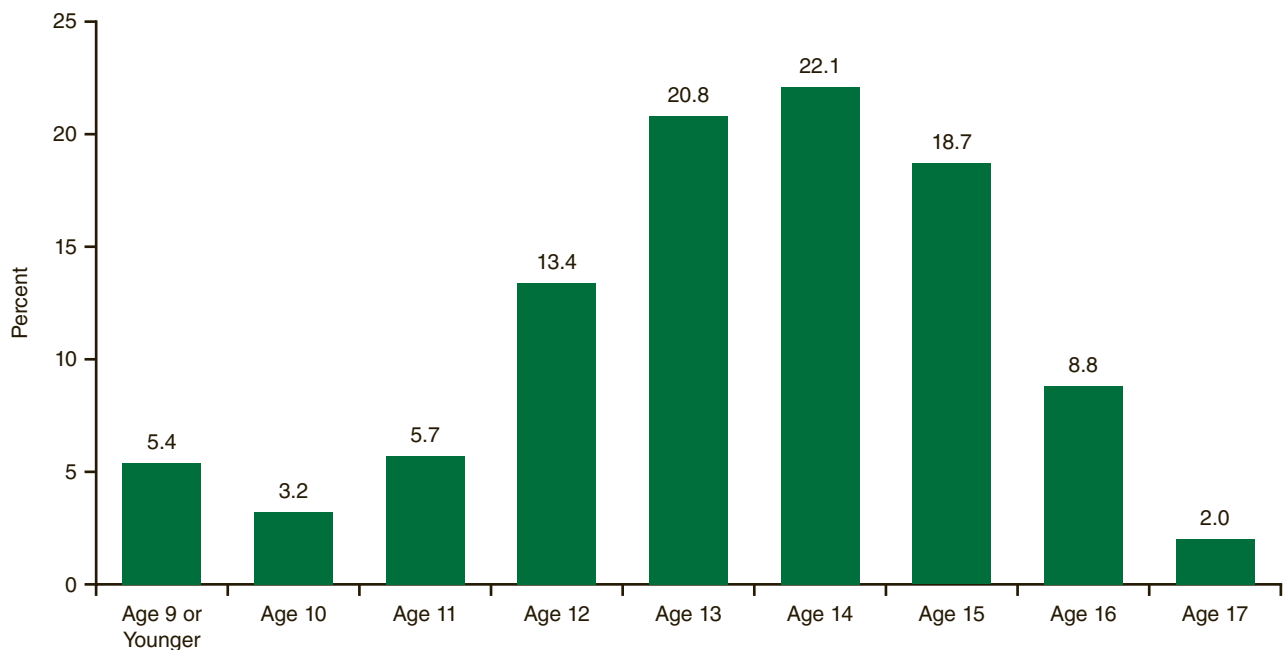
Among older adolescent admissions, the most commonly reported principal source of referral to

treatment was the criminal justice system (51.2 percent), followed by a referral from a family member or other individual (15.2 percent), community organizations (11.6 percent), and school (10.3 percent) (Figure 4). Male older adolescent admissions were more likely than their female counterparts to have been referred to treatment by the criminal justice system (55.5 vs. 39.8 percent) and less likely to have been referred by a family member or other individual (14.2 vs. 18.0 percent).

### Health Insurance Coverage

The majority of older adolescent admissions had some form of health insurance coverage: 37.6 percent were covered by Medicaid, 20.8 percent had private insurance, and 12.3 percent had other insurance (such as TRICARE).<sup>7</sup> Almost 3 in 10 older adolescent admissions had no health insurance (29.3 percent). There were considerable differences in health insurance coverage among racial/ethnic groups: the proportion of older adolescent admissions without health insurance coverage ranged from 12.2 percent among Asians/Pacific Islanders to 43.5 percent among Hispanics (Figure 5).

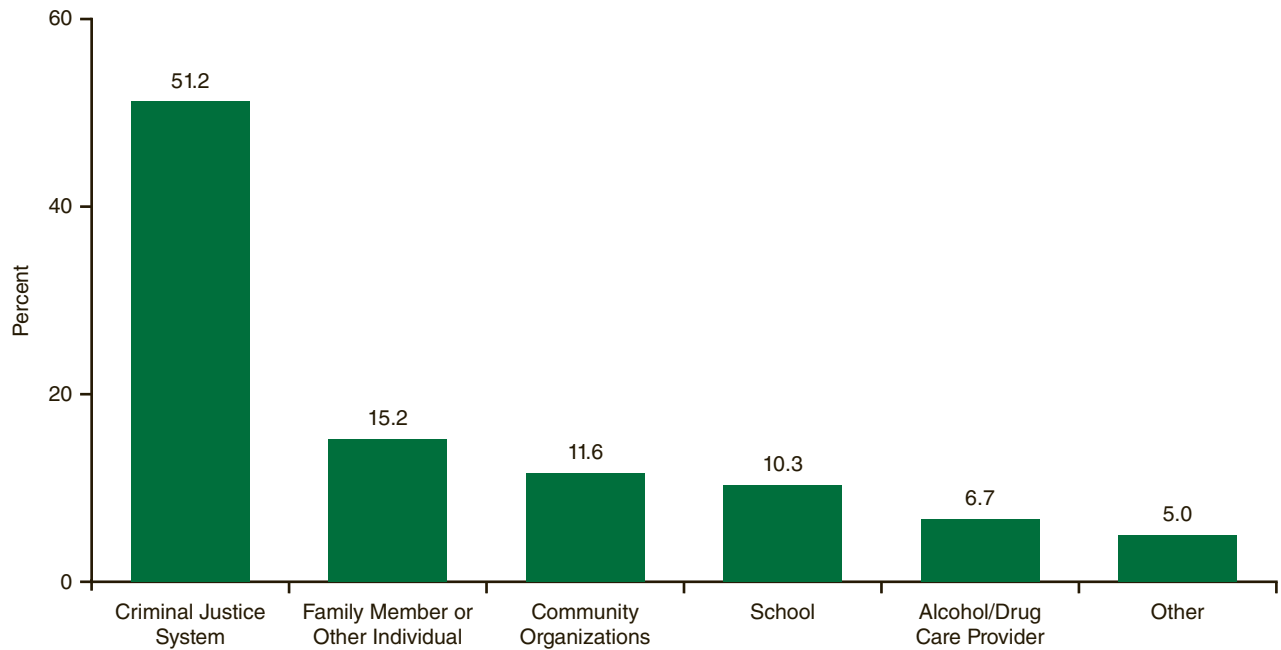
**Figure 3. Age of First Use of Primary Substance among Older Adolescent Admissions Aged 15 to 17: 2009**



Note: Percentages may not sum to 100 percent due to rounding.

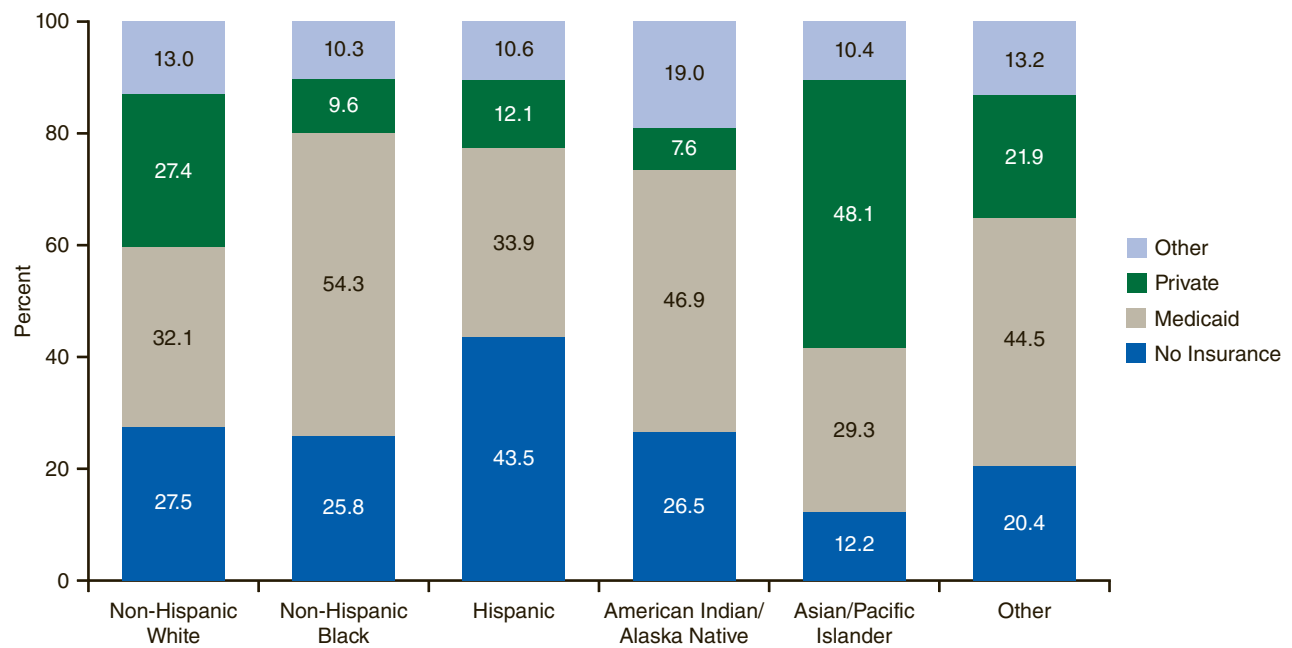
Source: SAMHSA Treatment Episode Data Set (TEDS), 2009.

**Figure 4. Principal Source of Referral among Older Adolescent Admissions Aged 15 to 17: 2009**



Source: SAMHSA Treatment Episode Data Set (TEDS), 2009.

**Figure 5. Health Insurance Coverage among Older Adolescent Admissions Aged 15 to 17, by Race/Ethnicity: 2009**



Note: Percentages may not sum to 100 percent due to rounding.

Source: SAMHSA Treatment Episode Data Set (TEDS), 2009.

## Co-occurring Psychiatric Disorders

Over one quarter (27.7 percent) of older adolescent admissions had a psychiatric disorder in addition to their substance use problem.<sup>8</sup> Males and females were almost equally likely to have a co-occurring psychiatric disorder (26.9 and 29.9 percent, respectively).

## Discussion

The vast majority of adolescent treatment admissions were between the ages of 15 and 17, and more than two thirds of these older adolescents reported that they initiated substance use before the age of 14. Findings such as these reinforce the continuing need for substance abuse treatment services and prevention efforts within communities, schools, and families that target youth from childhood through late adolescence.

Treatment programs for older adolescents may need to address substance abuse patterns that may be more severe and/or long-standing than those of younger adolescents, and have more complicating factors, such as criminal justice system involvement and mental health problems. The most effective adolescent substance abuse treatment programs integrate multiple approaches, such as individual counseling, behavioral therapy, specialist services, and specialized family therapy across various settings (e.g., school, home, clinics, social service settings).<sup>9</sup> Since family support is critical for positive treatment outcomes among adolescents, parents of children in treatment may also need complementary, supportive services.<sup>9</sup>

Prevention initiatives targeting older adolescents that emphasize the indirect and direct consequences of substance use (e.g., criminal justice involvement, which could halt or complicate employment and college plans) may help to discourage substance initiation and/or continued use among this age group. Families can reinforce these messages at home by creating an open, ongoing dialogue with their children early on about the risks involved with any substance use.

Establishing open lines of communication may prevent adolescents from feeling awkward about discussing this important issue with their parents or other adults with whom they have close relationships and may encourage teens to come to these adults when difficult situations or issues emerge. Parents or other adults, such as teachers or school counselors, who observe possible signs of substance use in youths, such as evidence of drug paraphernalia, increased secrecy about friends and activities, bloodshot eyes,

and abrupt changes in behavior, can access resources that have been specifically designed to facilitate discussions with youths about substance use<sup>10</sup> and can connect with supportive community-based resources. Additionally, adults who need to identify appropriate substance abuse and mental health treatment providers in their area that serve adolescents can access the Substance Abuse and Mental Health Services Administration's online treatment locator at <http://www.samhsa.gov/treatment/index.aspx>.

### End Notes

- Substance Abuse and Mental Health Services Administration, Office of Applied Studies. (2010). *Results from the 2009 National Survey on Drug Use and Health: Detailed tables* [Table 5.3A]. Retrieved from <http://oas.samhsa.gov/NSDUH/2k9NSDUH/tabs/TOC.htm>
- Squeglia, L. M., Jacobus, J., & Tapert, S. F. (2009). The influence of substance use on adolescent brain development. *Clinical EEG and Neuroscience*, 40(1), 31-38.
- Aarons, G. A., Brown, S. A., Coe, M. T., Myers, M. G., Garland, A. F., Ezzet-Lofstrom, R., Hazen, A. L., & Hough, R. L. (1999). Adolescent alcohol and drug abuse and health. *Journal of Adolescent Health*, 24(6), 412-421.
- Huang, D. Y. C., Evans, E., Hara, M., Weiss, R. E., & Hser, Y. (2011). Employment trajectories: Exploring gender differences and impacts of drug use. *Journal of Vocational Behavior*, 79(1), 277-289.
- Hicks, B. M., Iacono, W. G., & McGue, M. (2010). Consequences of an adolescent onset and persistent course of alcohol dependence in men: Adolescent risk factors and adult outcomes. *Alcoholism, Clinical and Experimental Research*, 34(5), 819-833.
- Age of first use* is defined differently for drugs and alcohol. For drugs, age of first use identifies the age at which the client first used the respective substance, but for alcohol, it records the age of first intoxication.
- Health insurance* is a Supplemental Data Set item. The 34 States and jurisdictions in which it was reported for at least 75 percent of all admissions aged 12 or older in 2009—AK, AR, AZ, CO, DE, HI, IA, IL, IN, KS, KY, LA, MA, MD, ME, MO, MS, MT, ND, NE, NH, NJ, NM, NV, OK, OR, PA, PR, SC, SD, TX, UT, WV, and WY—accounted for 47 percent of all such substance abuse treatment admissions in 2009.
- Psychiatric problem in addition to alcohol or drug problem* is a Supplemental Data Set item. The 31 States and jurisdictions in which it was reported for at least 75 percent of all admissions aged 12 or older in 2009—AR, CA, DE, FL, HI, IA, ID, IL, KS, KY, LA, MA, MD, ME, MI, MO, MS, MT, NC, ND, NE, NM, OH, OK, PR, RI, SC, SD, TN, UT, and WY—accounted for 53 percent of all such substance abuse treatment admissions in 2009.
- National Institute on Drug Abuse. (2009). *Principles on drug abuse treatment: A research-based guide* (2nd ed.). Bethesda, MD: National Institute on Drug Abuse. Retrieved from <http://www.drugabuse.gov/publications/principles-drug-addiction-treatment>
- Several resources have been developed to help parents and other adults become educated about substance use and facilitate discussions with teens, including (1) general guidelines for parents, educators, and community leaders (<http://www.drugabuse.gov/sites/default/files/preventingdruguse.pdf>); (2) a resource to address a teen's use ([http://www.theantidrug.com/pdfs/ei\\_parents\\_brochure.pdf](http://www.theantidrug.com/pdfs/ei_parents_brochure.pdf)); and (3) a resource to address drug use among teens if you are not the parent or caregiver ([http://www.theantidrug.com/pdfs/ei\\_AI\\_brochure.pdf](http://www.theantidrug.com/pdfs/ei_AI_brochure.pdf)).

### Suggested Citation

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## Findings from SAMHSA's Treatment Episode Data Set (TEDS) for 2009

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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 aged 12 or older 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 Center for Behavioral Health Statistics and Quality (CBHSQ), 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 2.0 million treatment admission records from 49 States and Puerto Rico for 2009.

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, 2009). *The TEDS Report: TEDS Report Definitions*. Rockville, MD.

*The TEDS Report* is prepared by the Center for Behavioral Health Statistics and Quality, SAMHSA; Synectics for Management Decisions, Inc., Arlington, VA; and RTI International, Research Triangle Park, NC. **Information and data for this issue are based on data reported to TEDS through November 3, 2010.**

Access the latest TEDS reports at:  
<http://www.samhsa.gov/data/DASIS.aspx#TEDS>

Access the latest TEDS public use files at:  
<http://www.datafiles.samhsa.gov>

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



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