

The TEDS Report

March 18, 2010

Pregnant Teen Admissions to Substance Abuse Treatment: 1992 and 2007

In Brief

- Between 1992 and 2007, the proportion of pregnant teen admissions that were Hispanic increased (15.7 vs. 21.4 percent), while the proportion that were non-Hispanic Black decreased (24.0 vs. 14.7 percent)
- Primary marijuana abuse among pregnant teen admissions more than doubled, from 19.3 percent in 1992 to 45.9 percent in 2007, while primary methamphetamine abuse more than quadrupled, from 4.3 to 18.8 percent
- In both 1992 and 2007, almost one in six pregnant teen admissions had at least two prior treatment admissions (15.6 and 15.7 percent, respectively)

From 2005 to 2006, the teen pregnancy rate in the United States increased for the first time in more than a decade.¹ Teenage pregnancy is a serious public health concern that often negatively impacts teen mothers and their children physically, socially, and economically. Teens who become pregnant often engage in other risky behaviors, such as substance abuse. Substance use during pregnancy may result in premature birth, miscarriage, low birth weight in newborns, and a variety of behavioral and cognitive problems in infancy.² Moreover, pregnant teens who use substances such as heroin, cocaine, and methamphetamine may have babies that exhibit signs of addiction at birth. To guide the development of effective public health interventions and treatment services, it is important to identify subgroups of pregnant teens that may be at risk for substance use.

The Treatment Episode Data Set (TEDS) can be used to examine the characteristics and substance use behaviors of pregnant teens in substance abuse treatment. This report examines female admissions aged 13 to 19 that were pregnant at the time of admission (hereafter referred to as “pregnant teen admissions”) in 1992 and 2007. TEDS includes a Minimum Data Set collected by all States and a Supplemental Data Set collected by some States. Pregnant at time of admission is a Supplemental Data Set item. Only data on admissions for the 26 States with a response rate of 75 percent or higher on this item in 1992 and 2007 were used in this report.³

For those 26 States, approximately 1,300 female admissions aged 13 to 19, or 4.7 percent of female admissions this age, were pregnant at the time of admission in 1992, and approximately 1,700 female admissions the same age, or 4.0 percent, were pregnant at the time of admission in 2007.

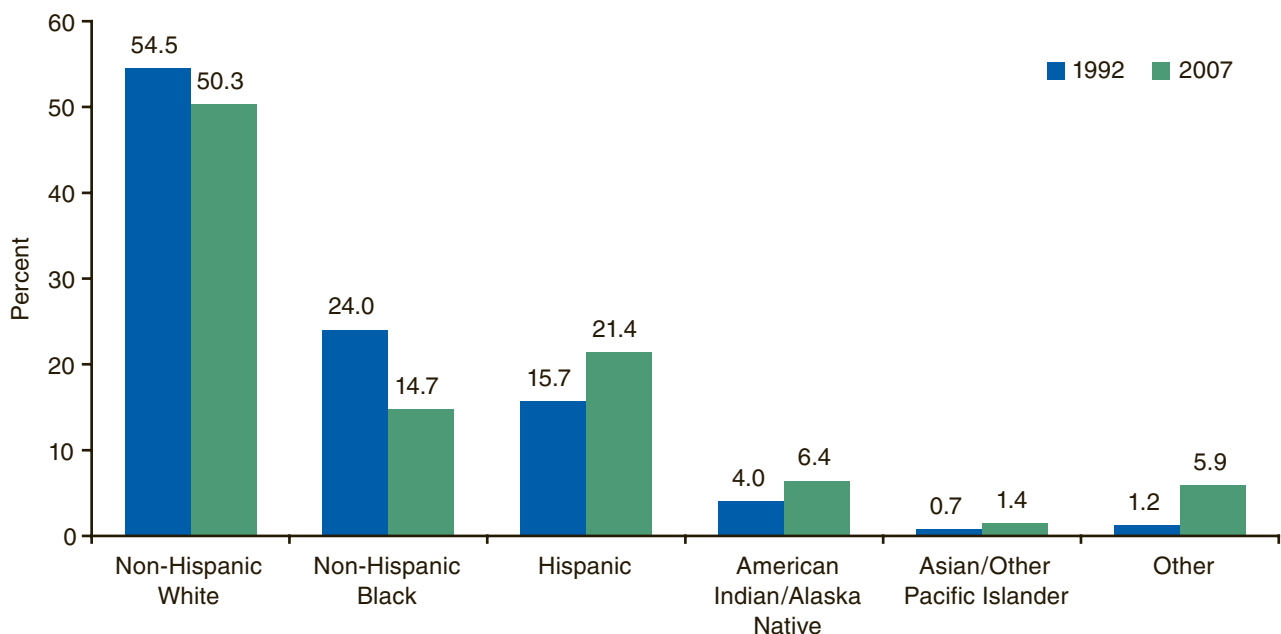
Race/Ethnicity

The majority of pregnant teen admissions in both 1992 (54.5 percent) and 2007 (50.3 percent) were non-Hispanic White (Figure 1). During this time, the proportion of pregnant teen admissions that were non-Hispanic Black decreased (24.0 vs. 14.7 percent), while the proportion that were Hispanic increased (15.7 vs. 21.4 percent). American Indian/Alaska Native admissions increased (4.0 vs. 6.4 percent), Asian/Other Pacific Islander admissions increased (0.7 vs. 1.4 percent), and Other admissions increased (1.2 vs. 5.9 percent).

Substances of Abuse

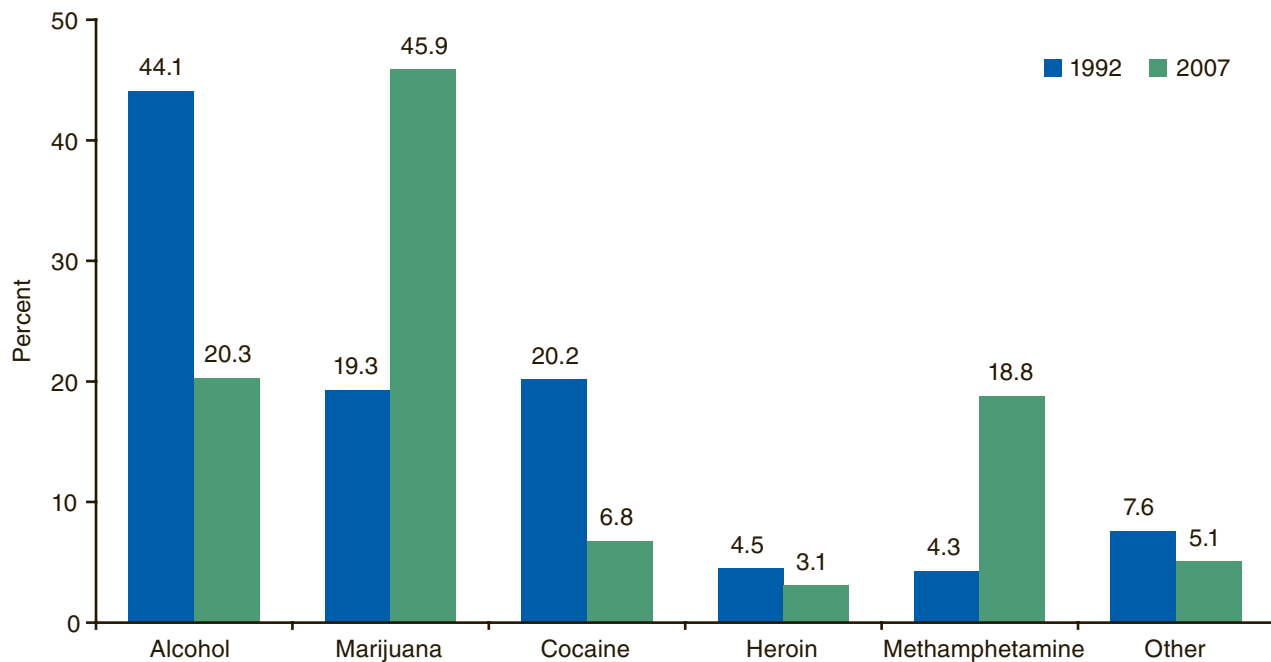
The primary substances of abuse reported by pregnant teen admissions have changed over time. In 1992, alcohol was the most frequently reported primary substance of abuse among pregnant teen admissions; by 2007, it was marijuana. In fact, between 1992 and 2007, the proportion of pregnant teen admissions reporting primary alcohol abuse decreased by more than half (from 44.1 to 20.3 percent), and primary cocaine abuse decreased by two thirds (from 20.2 to 6.8 percent) (Figure 2). However, during the same time period, the proportion of pregnant teen admissions that reported

Figure 1. Pregnant Substance Abuse Treatment Admissions Aged 13 to 19, by Race/Ethnicity: 1992 and 2007



Note: Percentages may not sum to 100 percent due to rounding.
Source: SAMHSA Treatment Episode Data Set (TEDS), 1992 and 2007.

Figure 2. Pregnant Substance Abuse Treatment Admissions Aged 13 to 19, by Primary Substance of Abuse: 1992 and 2007



Note: Percentages may not sum to 100 percent due to rounding.
 Source: SAMHSA Treatment Episode Data Set (TEDS), 1992 and 2007.

primary marijuana abuse more than doubled (from 19.3 to 45.9 percent), and primary methamphetamine abuse quadrupled (from 4.3 to 18.8 percent).

The majority of pregnant teen admissions reported multiple substances of abuse. In 1992, 60.6 percent of pregnant teen admissions reported two or more substances of abuse at admission; in 2007, the proportion increased slightly to 62.5 percent.

Prior Admissions

Although the majority of pregnant teen admissions had never been in treatment before, slightly more than one third in both 1992 (36.0 percent) and

2007 (38.6 percent) had at least one prior treatment admission (Figure 3). In both years, more than one fifth had one prior treatment admission (20.4 and 22.9 percent, respectively) and almost one in six had two or more prior treatment admissions (15.6 and 15.7 percent, respectively).

Principle Source of Referral

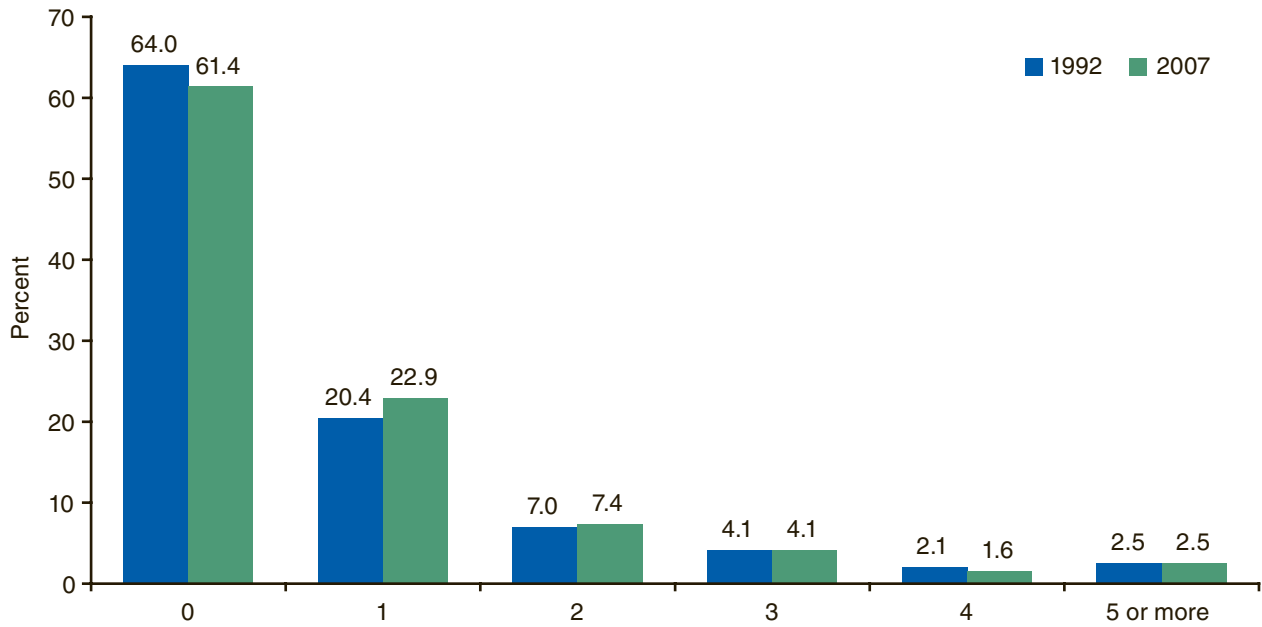
Between 1992 and 2007, the proportion of pregnant teen admissions referred to treatment by the criminal justice system doubled, from 21.6 to 43.3 percent (Figure 4). Referrals from community organizations also increased (from 15.9 to 23.2

percent). However, the proportion of pregnant teen admissions individually or self-referred to treatment decreased from 28.5 percent in 1992 to 17.2 percent in 2007, and referrals from health care providers other than alcohol or drug abuse care providers decreased from 15.1 to 4.7 percent.

Health Insurance

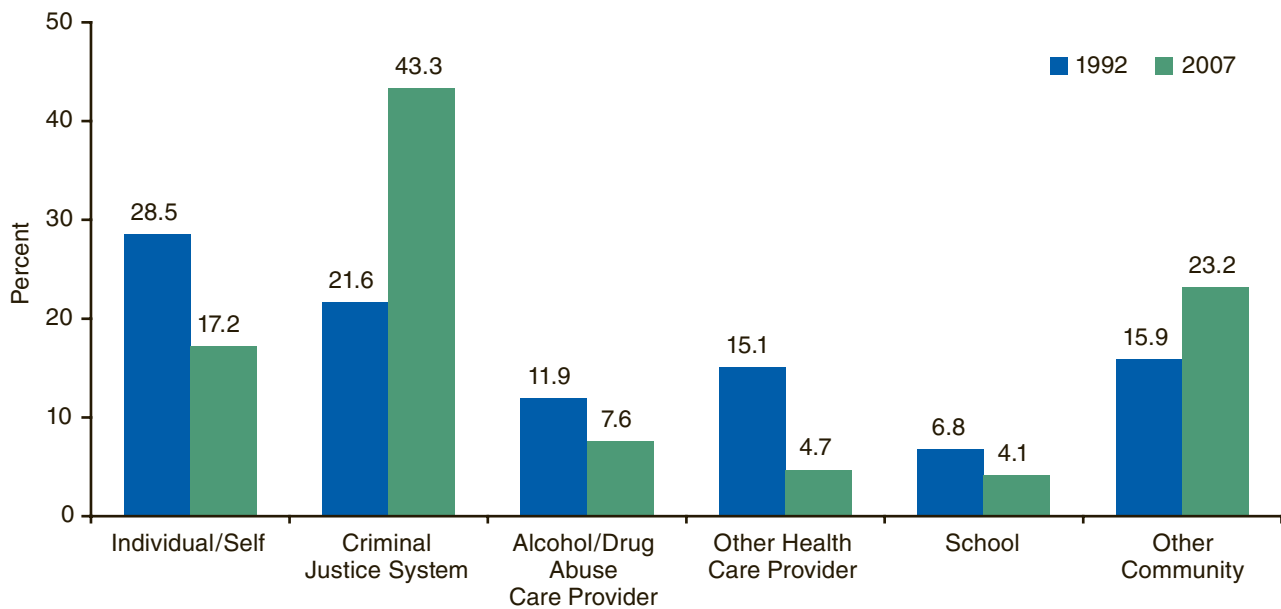
The majority of pregnant teen admissions reported having health insurance. In fact, the proportion without health insurance decreased from 31.1 percent in 1992 to 25.2 percent in 2007.⁴ The most common type of health insurance coverage among pregnant

Figure 3. Pregnant Substance Abuse Treatment Admissions Aged 13 to 19, by Number of Prior Treatment Admissions: 1992 and 2007



Note: Percentages may not sum to 100 percent due to rounding.
 Source: SAMHSA Treatment Episode Data Set (TEDS), 1992 and 2007.

Figure 4. Pregnant Substance Abuse Treatment Admissions Aged 13 to 19, by Source of Referral: 1992 and 2007



Note: In 1992, 0.1 percent of these admissions were referred by an employer or an employee assistance program (EAP). In addition, percentages may not sum to 100 percent due to rounding.
 Source: SAMHSA Treatment Episode Data Set (TEDS), 1992 and 2007.

teen admissions in both years was Medicaid (45.1 percent in 1992 vs. 43.1 percent in 2007). The proportion that reported having private health insurance (11.9 vs. 10.5 percent) remained relatively stable during this time. However, the proportion that reported “other” forms of insurance nearly doubled from 11.9 percent in 1992 to 21.2 percent in 2007.

Discussion

Findings from this report show that the substance use behaviors and demographic characteristics of pregnant teen admissions changed considerably between 1992 and 2007 and identify several important issues that policymakers and treatment and prevention providers need to understand in order to effectively treat this

population. First, the increased proportion of Hispanic pregnant teen admissions indicates a need for culturally sensitive substance abuse prevention and intervention programs, including culturally appropriate messaging, outreach, and engagement. Second, the quadruple increase in primary methamphetamine abuse highlights the need for educating teachers, primary care physicians, and obstetric and gynecologic specialists about the increased use among pregnant teens, especially in areas where methamphetamine abuse is a large problem or emerging concern, so they can provide the screening, counseling, and interventions necessary 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 Guttmacher Institute. (2010). U.S. teenage pregnancies, births and abortions: National and State trends and trends by race and ethnicity. Retrieved January 26, 2010, from <http://www.guttmacher.org/pubs/USTPTrends.pdf>
- ² National Institute on Drug Abuse. Prenatal Effects. Retrieved January 26, 2010, from <http://www.drugabuse.gov/Consequences/prenatal/>
- ³ *Pregnant at time of admission* is a Supplemental Data Set item. The 26 States and jurisdictions in which it was reported for at least 75 percent of all admissions in 1992 and 2007—CA, CO, CT, HI, IA, ID, IL, IN, KS, MA, MD, ME, MI, MN, MT, NC, ND, NE, NV, NY, OH, OK, OR, PA, SD, WI—accounted for 68.5 percent of all substance abuse treatment admissions in 1992 and 73.5 percent of all substance abuse treatment admissions in 2007.
- ⁴ *Pregnant at time of admission* and *health insurance* are Supplemental Data Set items. The 13 States and jurisdictions in which they were reported for at least 75 percent of all admissions in 1992 and 2007—CO, HI, ID, IL, KS, MA, MD, MT, ND, NE, NV, OR, PA—accounted for 23.3 percent of all substance abuse treatment admissions in 1992 and 24.6 percent of all substance abuse treatment admissions in 2007.

Suggested Citation

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Research Findings from SAMHSA's Treatment Episode Data Set (TEDS) for 1992 and 2007

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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 data reported to TEDS through October 6, 2008.**

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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