

The DASIS Report

October 14, 2005

Male Admissions with Co-occurring Psychiatric and Substance Use Problems: 2003

In Brief

- Among male admissions, those with co-occurring problems were more likely to report alcohol as the primary substance of abuse than male substance abuse-only admissions (48 vs. 43 percent)
- Male admissions with co-occurring problems were more likely to be White than were male admissions for substance abuse alone (69 vs. 57 percent)
- Only 28 percent of male admissions with co-occurring problems were referred to treatment through the criminal justice system compared to 45 percent of male substance abuse-only admissions

Co-occurring problems refer to the co-occurrence of a substance abuse problem and a psychiatric problem. This report compares male substance abuse treatment admissions with co-occurring problems with all other male admissions using the Treatment Episode Data Set (TEDS).

TEDS is an annual 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. TEDS records represent admissions rather than individuals, since a person may be admitted to treatment more than once.

TEDS includes a Minimum Data Set collected by all States and a Supplemental Data Set collected by some States. “Psychiatric Problem in Addition to

Figure 1. Primary Substance of Abuse for Male Treatment Admissions, by Psychiatric Diagnosis Status: 2003

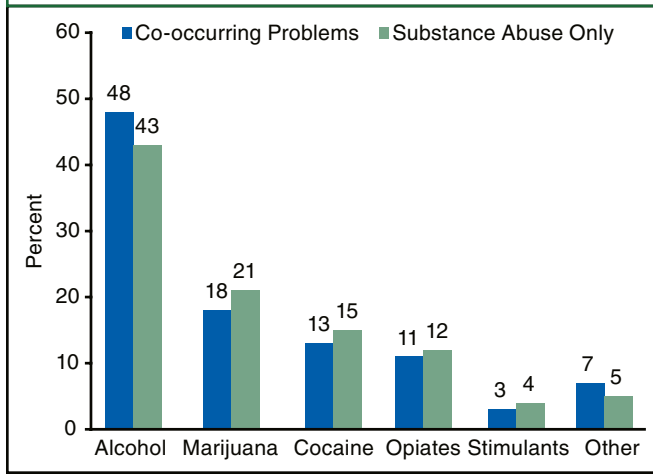
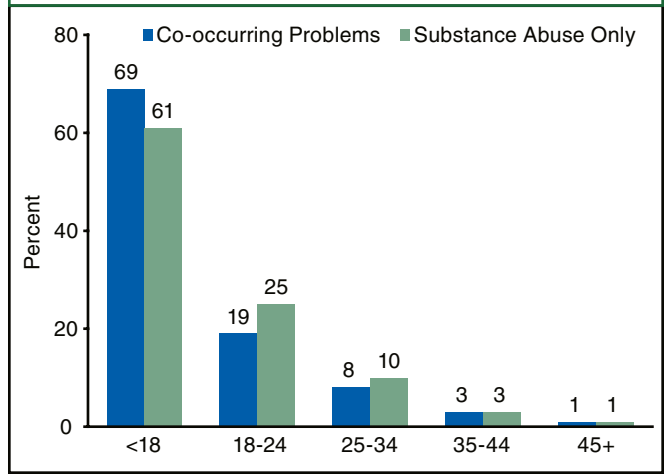


Figure 2. Age of First Use of Primary Substance of Abuse for Male Admissions, by Psychiatric Diagnosis Status: 2003



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

Alcohol or Drug Problem,” a Supplemental Data Set item, was reported for at least 75 percent of all admissions in 29 States and jurisdictions in 2003.¹ These 29 States accounted for about 54 percent of all substance abuse admissions in 2003. Of the approximately 668,000 male admissions in these 29 States in 2003, more than 15 percent (103,000) were admissions with co-occurring problems.

Primary Substance

Among male admissions, those with co-occurring problems were more likely to report alcohol as the primary substance of abuse than male substance abuse-only admissions² (48 vs. 43 percent) (Figure 1). Reported use of other substances was fairly similar for both groups.

Demographics

Male admissions with co-occurring problems were more likely than male substance abuse-only admissions to be White (69 vs. 57

percent), less likely to be Black (18 vs. 28 percent) or Hispanic (10 vs. 12 percent), and equally likely to report another race/ethnicity (3 percent each).³

At the time of admission, male admissions with co-occurring problems were on average older than male admissions for substance abuse alone (34 vs. 33 years old). Male admissions with co-occurring problems were more likely than male substance abuse-only admissions to be 45 years old or older (22 vs. 19 percent), less likely to be younger than 35 years old (49 vs. 53 percent), and about equally likely to be 35 to 44 years of age (29 vs. 28 percent).

Age of First Use

The average age of first use⁴ for the primary substance of abuse was younger for male admissions with co-occurring problems (age 17) than for male substance abuse-only admissions (age 18). Nearly seven of ten male co-occurring problems admissions (69 percent) reported first using the primary substance

of abuse before the age of 18 compared with about six of ten male substance abuse-only admissions (61 percent) (Figure 2).

Treatment History

Five or more prior treatment episodes were more common among male admissions with co-occurring problems than among male substance abuse-only admissions (19 vs. 10 percent). Male substance abuse-only admissions were more likely than male admissions with co-occurring problems to report no prior treatment (42 vs. 32 percent), and about equally likely to report one to four prior treatment episodes (48 vs. 49 percent).

Referral Source

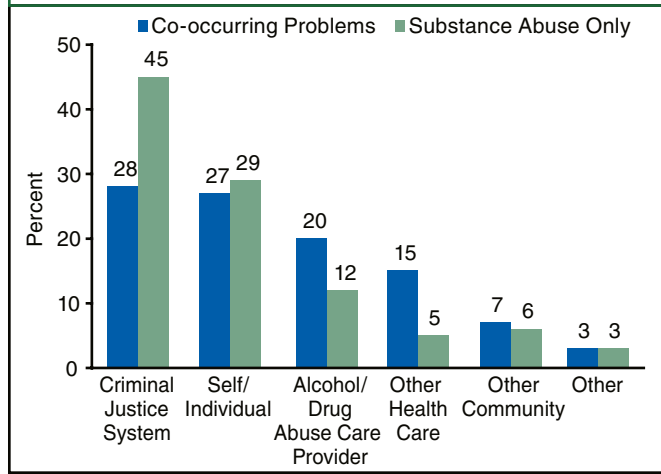
Only 28 percent of male admissions with co-occurring problems were referred to treatment through the criminal justice system compared to 45 percent of male substance abuse-only admissions (Figure 3). Male admissions with

co-occurring problems were more likely than male substance abuse-only admissions to report referral by an alcohol/drug abuse care provider (20 vs. 12 percent) or other health care provider (15 vs. 5 percent).

Employment

Male admissions with co-occurring problems were more likely than substance abuse-only admissions to report not being in the labor force (55 vs. 34 percent), and were less likely to report either full-time employment (18 vs. 33 percent) or unemployment (22 vs. 27 percent); however, they were about equally likely to report part-time employment (5 vs. 6 percent).⁵

Figure 3. Source of Referral of Male Treatment Admissions, by Psychiatric Diagnosis Status: 2003



End Notes

- ¹ These 29 States and jurisdictions were CA, CO, DC, DE, FL, IA, ID, KS, KY, LA, MA, MD, ME, MI, MO, MS, NC, ND, NJ, NM, NV, OH, OK, PR, RI, SC, TN, UT, and WA.
- ² The *primary substance of abuse* is the main substance reported at the time of admission.
- ³ "Other" races in this report include American Indian, Alaska Native, and Asian/Pacific Islander admissions, unclassified admissions, and admissions whose origin group, because of area custom, was regarded as a racial class distinct from all other categories.
- 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 Analysis of *employment status* includes admissions 19 to 64. *Not in the labor force* includes those not looking for work during the past 30 days, students, homemakers, disabled or retired persons, or inmates of an institution.

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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