

The TEDS Report

March 4, 2010

Treatment Admissions Reporting Abuse of Both Alcohol and Drugs: 1997-2007

In Brief

- Between 1997 and 2007, the proportion of substance abuse treatment admissions reporting co-abuse of alcohol and drugs declined from 45.3 to 39.4 percent
- Regardless of which substance was the primary substance of abuse, the most common combinations reported by co-abuse admissions in both 1997 and 2007 were alcohol and marijuana and alcohol and cocaine; however, the proportion of co-abuse admissions reporting alcohol and cocaine decreased between 1997 and 2007, from 51.1 percent to 44.8 percent
- Nearly two thirds of co-abuse admissions had been in treatment at least once before (61.3 in 1997 and 59.6 percent in 2007)

Substance abuse treatment providers in the United States have adapted to changes in the treatment population and emerging substances of abuse over the years, but there are core substance abuse problems that persist across time. One of these is the abuse of multiple substances, especially the general combination of alcohol and drugs.

Abuse of both alcohol and drugs is widespread. The 2008 National Survey on Drug Use and Health (NSDUH) data indicate that about 54 percent of persons reporting treatment for drugs in the prior year also reported treatment for alcohol, and 37 percent of persons reporting treatment for alcohol also reported treatment for drugs.¹ The consequences of abusing alcohol and drugs together are unpredictable, and the combination can have serious outcomes, such as depression, memory loss, and even

coma or death.^{2,3} Persons abusing or dependent on both alcohol and drugs may also be more difficult to treat or engage in treatment; for example, alcohol detoxification treatment can be dangerous if other substances of abuse are unknown or ignored.⁴ Treating the more common and long-standing patterns of substance abuse such as abuse of both alcohol and drugs (hereafter referred to as “co-abuse admissions”) is as important as meeting new treatment challenges.

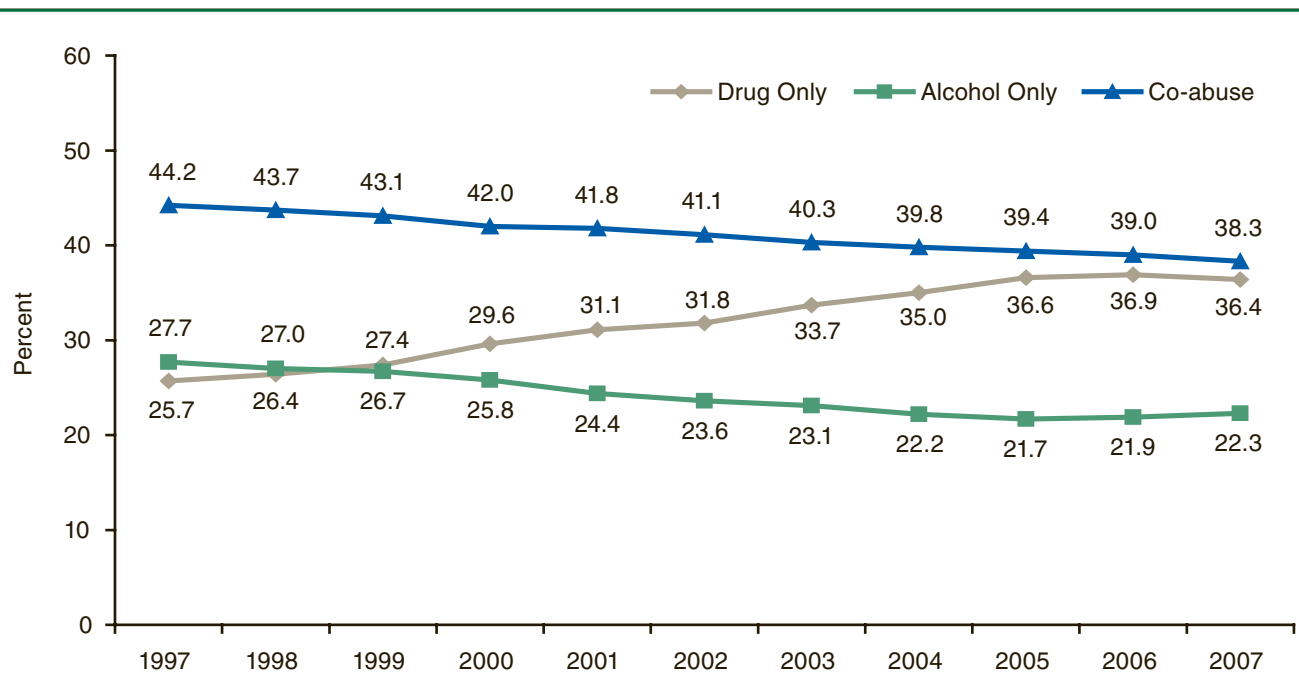
The Treatment Episode Data Set (TEDS) can be used to examine co-abuse admissions. The first section of this report examines trends in

co-abuse admissions, drug-only admissions, and alcohol-only admissions from 1997 to 2007. The remaining sections focus on the characteristics of co-abuse admissions in 2007 and how they differ from those in 1997. TEDS collects data on the primary substance of abuse and up to two additional substances of abuse, referred to as secondary or tertiary substances, at the time of admission to substance abuse treatment. Co-abuse admissions may be either (1) primary alcohol abuse admissions reporting secondary or tertiary drugs or (2) primary drug abuse admissions reporting secondary or tertiary alcohol use.

Trends

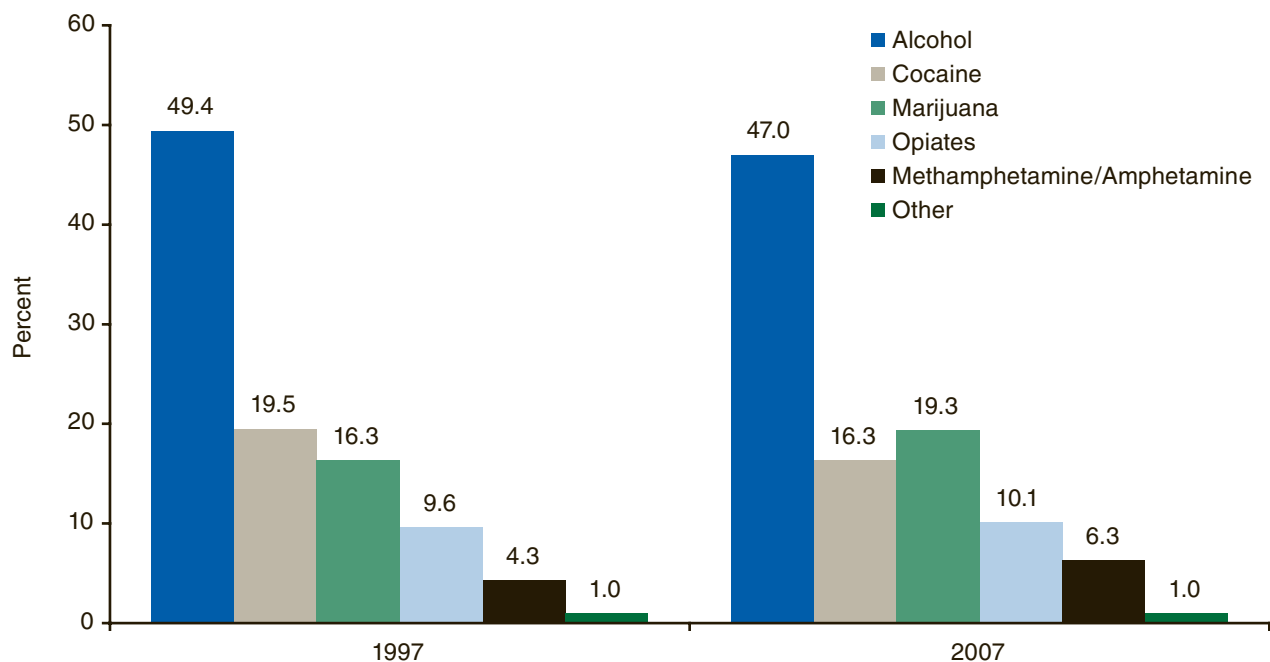
Between 1997 and 2007, the proportion of substance abuse treatment admissions that reported co-abuse of alcohol and drugs declined from 44.2 to 38.3 percent (Figure 1). The proportion of admissions that reported only alcohol abuse also decreased, from 27.7 percent to 22.3 percent. However, the proportion of admissions that reported only drug abuse increased from 25.7 percent to 36.4 percent during this time. Thus, the percentage of admissions reporting any drug abuse remained relatively constant between 1997 (69.9 percent) and 2007 (74.7 percent), while the percentage reporting any

Figure 1. Substance Abuse Treatment Admissions, by Substances of Abuse: 1997 to 2007



Note: Percentages may not sum to 100% because of admissions for which primary substance of abuse was not specified.
 Source: 1997 to 2007 SAMHSA Treatment Episode Data Set (TEDS).

Figure 2. Co-abuse Admissions, by Primary Substance of Abuse: 1997 and 2007



Note: Percentages may not sum to 100 percent due to rounding.
 Source: 1997 and 2007 SAMHSA Treatment Episode Data Set (TEDS).

alcohol abuse decreased from 71.9 percent in 1997 to 60.6 percent in 2007.

Primary Substance of Abuse

In 2007, almost half (47.0 percent) of all co-abuse admissions reported primary alcohol abuse (Figure 2). Of the 53.0 percent of co-abuse admissions reporting primary drug abuse, 19.3 percent reported primary marijuana abuse and 16.3 percent reported primary cocaine abuse. Similar proportions were reported for these admissions in 1997 though a higher proportion of co-abuse admissions reported primary cocaine abuse than primary marijuana abuse.

Drug Combinations

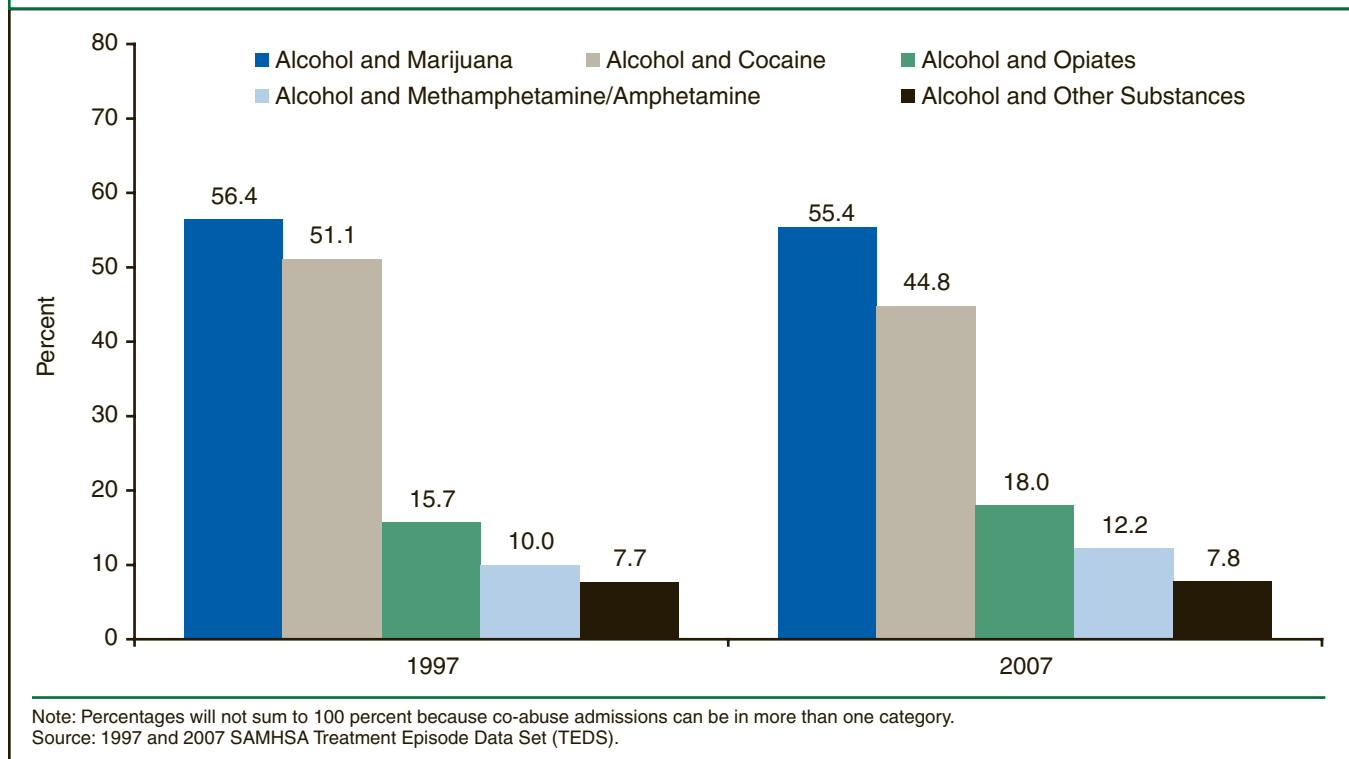
Regardless if alcohol or a drug was the primary substance of abuse, the most common combination reported by these admissions in 2007 was alcohol and marijuana (55.4 percent) (Figure 3). The next most reported combination was alcohol and cocaine, followed by alcohol and opiates. These three combinations were also the ones most commonly reported in 1997. However, the proportion of admissions that reported the combination of alcohol and cocaine declined from 51.1 percent in 1997 to 44.8 percent in 2007.

Sociodemographic Characteristics

The majority of co-abuse admissions in 2007 were male (70.6 percent) and non-Hispanic White (56.9 percent) (Table 1). Gender and race/ethnicity were similar in 1997, though the proportion of non-Hispanic Blacks decreased from 30.2 percent in 1997 to 25.0 percent in 2007. Co-abuse admissions were about 2 years older on average in 2007 than they were in 1997 (33.5 vs. 31.3 years).

In 2007, most of these admissions were either not in the labor force or were unemployed (Table 1). This was also the case in 1997, although the proportion that were not in the labor force decreased from 46.3

Figure 3. Co-abuse Admissions, by Alcohol-Drug Combination: 1997 and 2007



percent in 1997 to 40.2 percent in 2007, while the proportion that was unemployed increased from 25.8 to 32.7 percent.⁵

About one third of co-abuse admissions in 2007 had less than a high school education (33.9 percent), about two fifths (44.1 percent) had a high school education or GED, and about one fifth (22.0 percent) had some college; these proportions were similar in 1997.⁶

Treatment Characteristics

In 2007, the most common sources of referral among co-abuse admissions were the criminal justice system and self- or individual referrals (Table 1). While these were also the most common sources of referral in

1997, the proportion referred by the criminal justice system increased from 32.4 percent in 1997 to 37.9 percent in 2007. During this time, the proportion referred by health care providers decreased from 22.9 to 18.5 percent.

The majority of co-abuse admissions in 2007 received ambulatory treatment. While the majority of co-abuse admissions in 1997 also received ambulatory treatment, the proportion increased from 58.0 percent in 1997 to 62.1 percent in 2007. The proportions of co-abuse admissions in rehabilitation/residential or detoxification treatment decreased by about 2 percent each over the same time period, to 20.4 percent and 17.5 percent, respectively.

In 2007, nearly two thirds (59.6 percent) of co-abuse admissions had been in treatment at least once before. A similar proportion was reported in 1997 (61.3 percent).

Discussion

Despite the emergence of new drugs of abuse such as methamphetamine and prescription painkillers, some long-standing problems remain; prominent among these are the co-abuse of alcohol and drugs such as cocaine, marijuana, and heroin. While the proportion of all substance abuse treatment admissions reporting abuse of both alcohol and drugs declined from 1997 to 2007, it was still over one third of all admissions in 2007. Like

other poly-substance admissions, these admissions may need more intensive treatment services, and combining alcohol and drug abuse treatment can present particular challenges. However, findings from this report indicate that the majority of co-abuse admissions received ambulatory treatment, and the proportion that did so increased between 1997 and 2007. With nearly two thirds having had one or more prior treatment episodes, policy makers and program directors may need to consider what level of care would best fulfill the treatment needs of co-abuse admissions.

End Notes

- ¹ Obtained via data calculations performed for NSDUH 2008 variable TXYRADG (treatment in past year for alcohol, drugs, or both) on January 15, 2010, at <http://webapp.icpsr.umich.edu/cgi-bin/SDA/SAMHDA/hsda3>
- ² Midanik, L. T., Tam, T. W., & Weisner, C. (2007). Concurrent and simultaneous drug and alcohol use: Results of the 2000 National Alcohol Survey. *Drug and Alcohol Dependence, 90*, 72–80. This report uses Treatment Episode Data Set (TEDS) data, which cannot distinguish between simultaneous or concurrent use.
- ³ Arnaout, B., & Petrakis, I. (2008). Diagnosing co-morbid drug use in patients with alcohol use disorders. *Alcohol Research & Health, 31*(2), 148–154.
- ⁴ Center for Substance Abuse Treatment. (2006). Co-occurring medical and psychiatric conditions. In: *Detoxification and substance abuse treatment. Treatment Improvement Protocol (TIP) Series 45* (pp. 112–134) (DHHS Publication No. (SMA) 06-4131). Rockville, MD: Substance Abuse and Mental Health Services Administration.
- ⁵ *Employment status* is evaluated only for admissions 16 years or older.
- ⁶ *Education* is evaluated only for admissions 18 years or older.

Suggested Citation

Substance Abuse and Mental Health Services Administration, Office of Applied Studies. (March 4, 2010). *The TEDS Report: Treatment Admissions Reporting Abuse of Both Alcohol and Drugs: 1997-2007*. Rockville, MD.

Table 1. Percent Distribution of Co-abuse Admissions, by Sociodemographic and Treatment Characteristics: 1997 and 2007

Sociodemographic and Treatment Characteristics	1997	2007
Total	100.0	100.0
Race/Ethnicity		
White, Non-Hispanic	56.0	56.9
Black, Non-Hispanic	30.2	25.0
Hispanic	9.7	12.6
Other	4.1	5.5
Gender		
Male	71.0	70.6
Female	29.0	29.4
Employment Status		
Employed	27.9	27.0
Unemployed	25.8	32.7
Not in Labor Force	46.3	40.2
Educational Level		
Less than High School	37.3	33.9
High School	43.3	44.1
Some College	19.4	22.0
Principal Source of Referral		
Criminal Justice System	32.4	37.9
Self/Individual	32.1	30.3
Health Care Provider	22.9	18.5
Other	12.6	13.3
Type of Service		
Ambulatory	58.0	62.1
Rehabilitation/Residential	22.1	20.4
Detoxification	19.8	17.5

Note: Employment status is evaluated only for admissions 16 years or older; education level is evaluated only for admissions 18 years or older. Percentages may not sum to totals due to rounding. Source: 1997 and 2007 SAMHSA Treatment Episode Data Set (TEDS).

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