

The DASIS Report

November 21, 2003

Characteristics of Primary Benzodiazepine Admissions: 2000

Benzodiazepines are a class of central nervous system depressant drugs commonly prescribed for short-term treatment of anxiety or insomnia. Proprietary names for drugs in this group include Valium, Xanax, Librium, and Halcion.¹ In

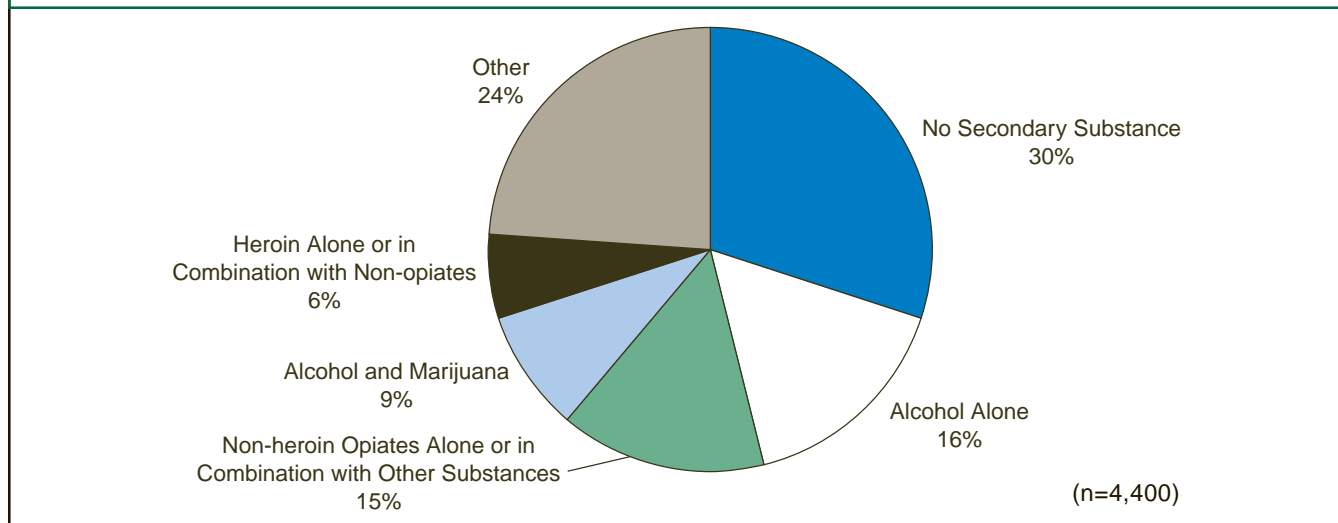
2000, benzodiazepines as a primary substance of abuse accounted for about 4,400 substance abuse treatment admissions. The “primary” substance of abuse is the main substance abused at the time of admission, while the “secondary” substance is another substance of abuse also reported at the time of admission. “Primary” benzodiazepine admissions constituted about 0.3 percent of the 1.6 million admissions in the Treatment Episode Data Set (TEDS). This report provides an overview of primary benzodiazepine admissions and compares selected characteristics with those of other admissions reported to TEDS in 2000.

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, as a person may be admitted to treatment more than once.

In Brief

- In 2000, benzodiazepines as a primary substance of abuse accounted for 4,400 substance abuse treatment admissions
- Benzodiazepine admissions were more than twice as likely as other admissions to have a psychiatric problem (40 vs. 17 percent)
- Benzodiazepine admissions were less likely than other admissions to be referred by the criminal justice system (18 vs. 36 percent)

Figure 1. Secondary Substances Reported for Primary Benzodiazepine Admissions: 2000



Source: 2000 SAMHSA Treatment Episode Data Set (TEDS).

Secondary Substances of Abuse

Benzodiazepines were more likely to be reported as secondary to the use of alcohol or another drug than as a primary substance. Of the 23,000 admissions that involved benzodiazepines, only 19 percent were for primary benzodiazepine use, while 81 percent were for secondary use. Of those admissions with a benzodiazepine as primary substance, 30 percent reported no secondary substance. The most frequently reported secondary substances of primary benzodiazepine admissions were alcohol alone (16 percent) and non-heroin opiates² alone or in combination with another substance (15 percent) (Figure 1).

Demographics

The average age of primary benzodiazepine admissions was older than other admissions (37 vs. 34 years). The age at first use for benzodiazepine admissions was also older than for other admis-

sions (25 vs. 18). Females constituted more than half (59 percent) of benzodiazepine admissions.

Benzodiazepine admissions were more likely to be White than other admissions (88 vs. 59 percent) (Figure 2). Three percent of benzodiazepine admissions were Black, and 3 percent were Hispanic, compared with 23 and 12 percent, respectively, of all other admissions.

Compared with all other admissions, benzodiazepine admissions were more likely to be married (35 vs. 24 percent) as well as divorced (24 vs. 18 percent).³

Socioeconomic Characteristics

Primary benzodiazepine admissions reported a higher level of education than other admissions. They were more likely to have some college education (32 vs. 21 percent), and less likely to have dropped out before completing high school (29 vs. 36 percent) (Figure 3). They were, however,

less likely than other admissions to be employed full time (19 vs. 26 percent).

Psychiatric Problem

Primary benzodiazepine admissions were more than twice as likely as other admissions to have a psychiatric problem in addition to substance abuse (40 vs. 17 percent), which is consistent with the use of benzodiazepines in the treatment of some psychiatric disorders.⁴ Females admitted for abuse of benzodiazepines were more likely to have a psychiatric problem than males admitted for benzodiazepine abuse (42 vs. 37 percent).

Source of Referral

Primary benzodiazepine admissions were less likely than other admissions to be referred by the criminal justice system (18 vs. 36 percent) (Figure 4). They were more likely than other admissions to be self- or individually referred (39 vs. 33 percent) or referred by a health provider (34 vs. 19 percent).

Figure 2. Primary Benzodiazepine Admissions, by Race/Ethnicity: 2000

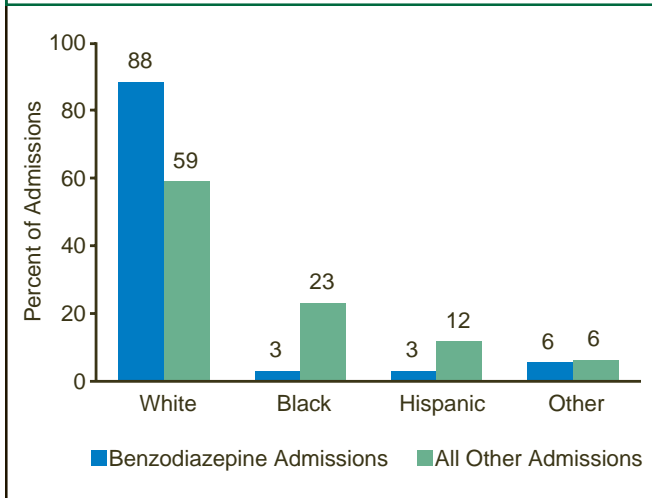
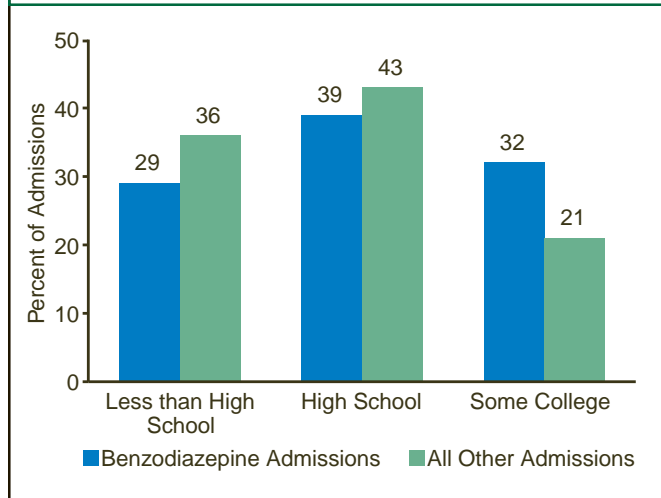


Figure 3. Primary Benzodiazepine Admissions, by Education: 2000



End Notes

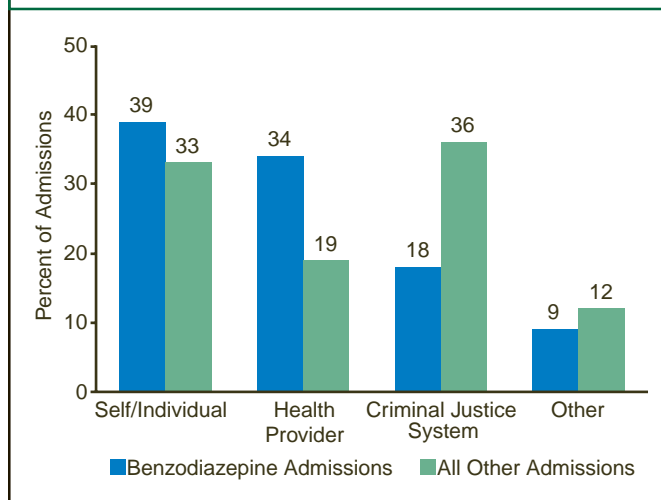
¹ Benzodiazepines include generic drugs such as diazepam, flurazepam, chlordiazepoxide, clorazepate, lorazepam, alprazolam, oxazepam, temazepam, prazepam, triazolam, clonazepam, halazepam, and other unspecified benzodiazepines.

² Opiates include codeine, Dilaudid, morphine, Demerol, opium, oxycodone, and any other drug with morphine-like effects.

³ "Marital status" is a Supplemental Data Set item reported at the 75 percent response level in 2000 by 43 States and jurisdictions, including AK, AL, AR, AZ, CO, DC, DE, FL, GA, HI, IA, ID, IL, IN, KS, KY, LA, MA, MD, ME, MI, MN, MO, MS, NC, ND, NE, NH, NJ, NV, NY, OH, OK, OR, PA, RI, SC, SD, TN, TX, UT, WA, and WY.

⁴ "Psychiatric problem in addition to the substance abuse problem" is also a Supplemental Data Set item reported at the 75 percent response level in 2000 by 28 States and jurisdictions, including AL, CA, CO, DC, DE, GA, IA, ID, KS, KY, LA, MA, MD, ME, MI, MO, MS, NC, ND, NH, NJ, NV, NY, OH, OK, RI, SC, and TN.

Figure 4. Primary Benzodiazepine Admissions, by Source of Referral: 2000



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. Approximately 1.6 million records are included in TEDS each year. TEDS records represent admissions rather than individuals, as a person may be admitted to treatment more than once.

The DASIS Report is prepared by the Office of Applied Studies, SAMHSA; Synectics for Management Decisions, Inc., Arlington, Virginia; and RTI, Research Triangle Park, North Carolina.

Information and data for this issue are based on data reported to TEDS through April 1, 2002.

Access the latest TEDS reports at: <http://www.samhsa.gov/oas/dasis.htm>
 Access the latest TEDS public use files at: <http://www.samhsa.gov/oas/SAMHDA.htm>
 Other substance abuse reports are available at: <http://www.DrugAbuseStatistics.samhsa.gov>



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