

# The DASIS Report

June 28, 2007

## Admissions with Five or More Prior Episodes: 2005

### In Brief

- Substance abuse treatment clients with five or more prior treatment episodes were more likely than first-time admissions to report opiates as the primary substance of abuse (37 vs. 11 percent), while first-time admissions were more likely to report marijuana (22 vs. 5 percent) or stimulants (12 vs. 4 percent)
- About 61 percent of admissions with five or more prior treatment episodes reported daily use compared to 33 percent of first-time admissions
- Nearly one quarter of admissions with five or more prior treatment episodes were homeless (24 percent) in contrast to less than one tenth of first-time admissions (8 percent)

Many individuals with alcohol or drug dependence are admitted to substance abuse treatment multiple times before they achieve long-term abstinence.<sup>1</sup> Data about multiple treatment episodes can be monitored with the Treatment Episode Data Set (TEDS), an annual compilation of data on the demographic characteristics and substance abuse problems of those admitted to substance abuse treatment, primarily at facilities that receive some public funding.<sup>2</sup> TEDS records represent admissions rather than individuals, as a person may be admitted to treatment more than once during a single year.

Most substance abuse treatment admissions in 2005 were either first-time admissions (46 percent) or had between one and four previous treatment episodes (44 percent). The remaining 10 percent had five or more previous treatment episodes.

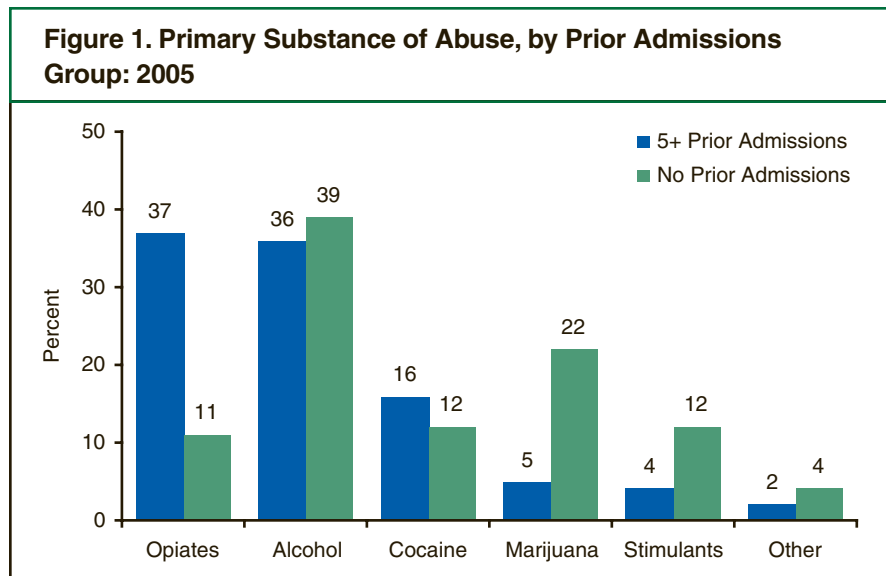
This report compares admissions with five or more prior treatment episodes with first-time treatment admissions in 2005.

## Primary Substances of Abuse

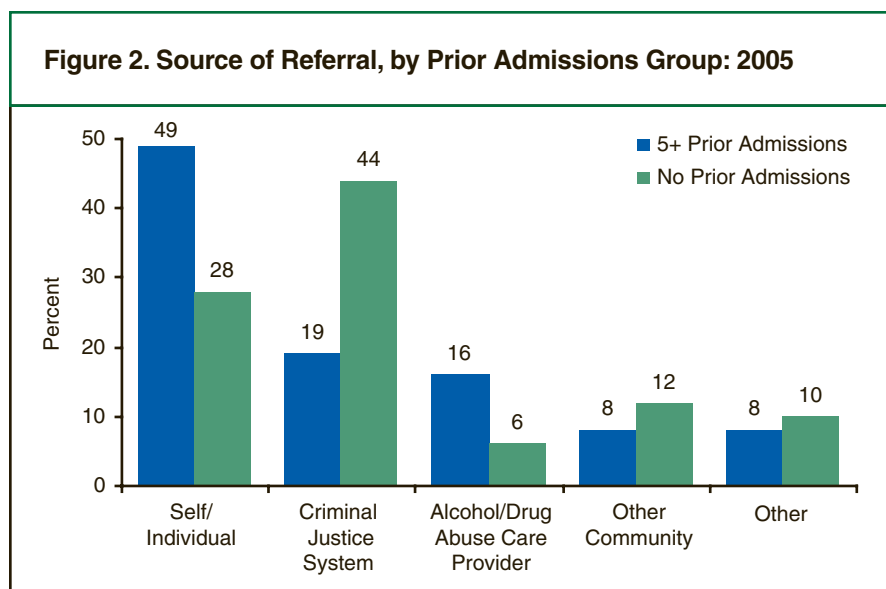
Substance abuse treatment clients with five or more prior treatment episodes were more likely than first-time admissions to report opiates as the primary substance of abuse<sup>3</sup> (37 vs. 11 percent), while first-time admissions were more likely to report marijuana (22 vs. 5 percent) or stimulants (12 vs. 4 percent) (Figure 1). Over one third of both first-time admissions and those with five or more prior admissions reported alcohol as the primary substance of abuse (39 and 36 percent, respectively).

## Frequency of Use

Clients who were admitted with five or more prior substance abuse treatment episodes reported more frequent use of the primary substance of abuse than first-time admissions. About 61 percent of admissions with five or more prior treatment episodes reported daily use compared to 33 percent of first-time admissions. First-time admissions were correspondingly more likely than admissions with five or more prior treatment episodes to report no use in the past month (29 vs. 19 percent) or intermediate frequency of use (i.e., use in the past month but not on a daily basis) (38 vs. 20 percent).



Source: 2005 SAMHSA Treatment Episode Data Set (TEDS).



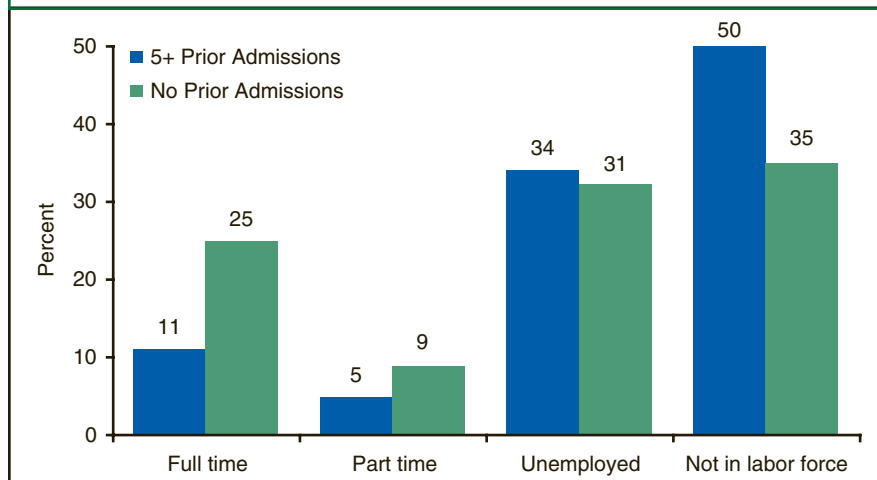
Source: 2005 SAMHSA Treatment Episode Data Set (TEDS).

## Treatment Characteristics

Clients with five or more prior treatment episodes who were admitted to substance abuse treatment showed patterns of referrals to treatment and service settings<sup>4</sup> that were distinctly different from first-time admissions. Clients with five or more prior treatment episodes were

nearly twice as likely as first-time admissions to be self or individual referrals (i.e., referrals to treatment by the client or another individual) (49 vs. 28 percent), and less than half as likely to be referred by the criminal justice system (19 vs. 44 percent) (Figure 2).

Substance abuse treatment admissions with five or more treatment episodes were more likely than first-time admissions

**Figure 3. Employment Status, by Prior Admissions Group: 2005**

Source: 2005 SAMHSA Treatment Episode Data Set (TEDS).

to be admitted to detoxification (34 vs. 15 percent) or to residential/rehabilitation service settings (19 vs. 15 percent); they were correspondingly less likely to be admitted to ambulatory treatment settings (47 vs. 70 percent).

## Characteristics of Admissions

Although there were no notable gender or racial/ethnic differences between first-time admissions and admissions with five or more prior substance abuse treatment episodes, there were distinct differences by other admissions characteristics.

Substance abuse treatment admissions with five or more prior treatment episodes were more likely than first-time admissions to face a variety of socioeconomic or other challenges. For example, nearly one quarter of admissions with five or more prior treatment episodes were homeless (24 percent) in contrast to less than one tenth of

first-time admissions (8 percent).<sup>5</sup> Admissions with five or more prior substance abuse treatment episodes were also more likely to report co-occurring psychiatric and substance abuse disorders (29 vs. 17 percent).<sup>6</sup>

Clients with five or more prior treatment episodes who were admitted to substance abuse treatment were considerably more likely than first-time admissions to be classified as “not in the labor force”<sup>7</sup> (50 vs. 35 percent), and less likely to be employed full time (11 vs. 25 percent) (Figure 3). Differences in other employment categories were less pronounced; admissions with five or more prior admissions were less likely than first-time admissions to be employed part time and more likely to be unemployed.

Predictably, clients with five or more prior substance abuse treatment episodes were older, on average, than first-time admissions (38 vs. 32 years). Admissions with five or more prior treatment

admissions were more likely than first-time admissions to be 35 to 49 years old (51 vs. 32 percent) or aged 50 or older (13 vs. 8 percent). By contrast, such admissions were less likely than first-time admissions to be younger than 18 (1 vs. 12 percent) or 18 to 25 years old (13 vs. 26 percent). The two admission groups were equally likely to be 26 to 34 years old (22 percent each).

## End Notes

<sup>1</sup> Hser, Y.I., Anglin, M.D., Grella, C., Longshore, D., and Prendergast, M.L. (1997). Drug treatment careers. A conceptual framework and existing research findings. *Journal of Substance Abuse Treatment*, 14(6), 543-58.

<sup>2</sup> In 2005, TEDS collected data on 1.8 million admissions to substance abuse treatment facilities. Four States and jurisdictions (AK, DC, NM, and WY) did not submit data for 2005.

<sup>3</sup> The *primary substance of abuse* is the main substance reported at the time of admission.

<sup>4</sup> *Service settings* are of three types: ambulatory, residential/rehabilitative, and detoxification. Ambulatory settings include intensive outpatient, non-intensive outpatient, and ambulatory detoxification. Residential/rehabilitative settings include hospital (other than detoxification), short-term (30 days or fewer), and long-term (more than 30 days). Detoxification includes 24-hour hospital inpatient and 24-hour free-standing residential.

<sup>5</sup> *Living arrangement* is a Supplemental Data Set item. The 42 States and jurisdictions in which it was reported for at least 75 percent of admissions in 2005—AR, AZ, CO, CT, 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, PR, RI, SC, SD, TN, TX, VA, VT, WA, and WV—accounted for 83 percent of all substance abuse admissions in 2005.

<sup>6</sup> *Psychiatric problem in addition to alcohol or drug problem* is a Supplemental Data Set item. The 26 States and jurisdictions in which it was reported for at least 75 percent of admissions in 2005—AR, CA, CO, DE, FL, IA, ID, KS, KY, LA, MA, MD, ME, MI, MO, MS, NC, NV, OH, OK, PR, RI, SC, TN, UT, and WV—accounted for 45 percent of all substance abuse admissions in 2005.

<sup>7</sup> *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. *Unemployed*, by contrast, includes admissions currently seeking work. Analysis of these and other *employment status* categories is restricted to admissions aged 16 or older.

## Suggested Citation

Substance Abuse and Mental Health Services Administration, Office of Applied Studies. (June 28, 2007). *The DASIS Report: Admissions with Five or More Prior Episodes: 2005*. Rockville, MD.

For change of address, corrections, or to be removed from this list, please e-mail: [shortreports@samhsa.hhs.gov](mailto:shortreports@samhsa.hhs.gov).

Research Findings from SAMHSA's 2005 Drug and Alcohol Services Information System (DASIS)

## Admissions with Five or More Prior Episodes: 2005

- Substance abuse treatment clients with five or more prior treatment episodes were more likely than first-time admissions to report opiates as the primary substance of abuse (37 vs. 11 percent), while first-time admissions were more likely to report marijuana (22 vs. 5 percent) or stimulants (12 vs. 4 percent)
- About 61 percent of admissions with five or more prior treatment episodes reported daily use compared to 33 percent of first-time admissions
- Nearly one quarter of admissions with five or more prior treatment episodes were homeless (24 percent) in contrast to less than one tenth of first-time admissions (8 percent)

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 February 1, 2006.**

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>



U.S. DEPARTMENT OF HEALTH AND HUMAN SERVICES  
Substance Abuse and Mental Health Services Administration  
Office of Applied Studies  
[www.samhsa.gov](http://www.samhsa.gov)