

The DASIS Report

March 14, 2002

Adolescent Admissions Involving Inhalants

In Brief

- More than half of 1999 adolescent admissions involving inhalant abuse also involved both alcohol and marijuana
- In 1999, 19 percent of adolescent admissions involving inhalants were younger than 12 when they first used inhalants
- Two thirds of adolescent admissions involving inhalants were White, while 20 percent were Hispanic

Inhalants are legal, everyday products whose vapors or gas can be intentionally inhaled to get high. Inhalants include ether, glue, chloroform, nitrous oxide, gasoline, and paint thinner. Use of inhalants among adolescents aged 12 to 17 is a concern because inhalants generally can be legally obtained and use can result in brain damage or death.

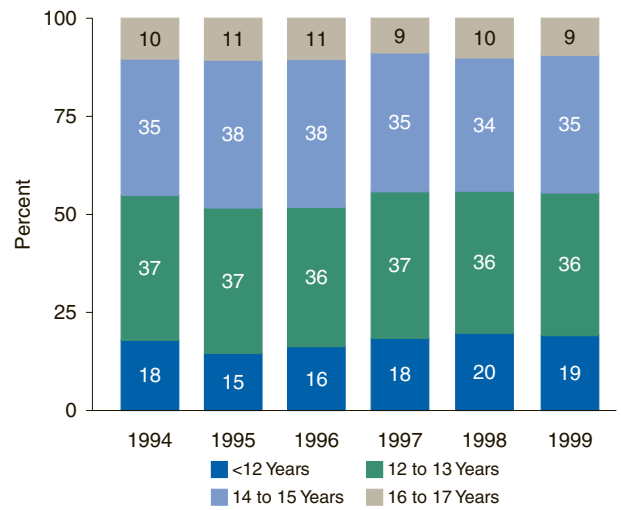
Primary inhalant abuse accounted for only a small fraction (0.4 percent) of the 131,000 adolescent admissions reported to the Treatment Episode Data Set (TEDS) in 1999. Inhalant abuse among adolescents was more likely to be secondary to marijuana or alcohol abuse. In 1999, while 2,091 adolescents admitted to substance abuse treatment reported abuse of inhalants, only 569 reported inhalants as the primary substance problem.

TEDS collects data on national admissions to primarily publicly funded substance abuse treatment facilities, permitting analysis of inhalant-involved adolescent treatment admissions. "Admissions" represent annual treatment episodes rather than the number of individuals entering treatment.

Table 1. Alcohol or Drug Abuse among Adolescent Inhalant Admissions: 1999

<i>Other Drugs Abused</i>	<i>Percent</i>
Both Alcohol and Marijuana	53.5
Marijuana Only	12.1
Marijuana and a Drug other than Alcohol	11.9
Alcohol Only	6.3
Alcohol and a Drug Other than Marijuana	4.1
Other Drugs/Drug Combinations	2.7
None (Abused Inhalants Only)	9.4
Total	100.0

Figure 1. Age at First Use among Adolescent Inhalant Admissions: 1994-1999



Source: 1999 SAMHSA Treatment Episode Data Set (TEDS).

Trends in Adolescent Inhalant Admissions

The number of adolescent admissions to publicly funded substance abuse treatment facilities increased from 109,000 in 1994 to 131,000 in 1999 (data not shown). During that period, the number and proportion of adolescent admissions associated with inhalant abuse declined from 4,731 (4 percent) in 1994 to 2,091 (2 percent) in 1999.

Alcohol and Drug Abuse

More than half (54 percent) of 1999 adolescent admissions involving inhalant abuse also involved abuse of both alcohol and marijuana (Table 1). Less than 10 percent involved abuse of inhalants alone. Marijuana abuse, either alone or with a drug other than alcohol, was reported in 24

percent of the inhalant-involved adolescent admissions. Alcohol (alone or with a drug other than marijuana) was reported in 10 percent of inhalant-involved adolescent admissions.

Age at First Use of Inhalants

The age at initiation of inhalant use showed little change between 1994 and 1999 (Figure 1). Throughout that period, 15 to 20 percent of inhalant-involved adolescent admissions were younger than age 12 when they first used inhalants. Some 36 to 37 percent were aged 12 or 13, and 34 to 38 percent were between 14 and 15 years old at initiation of inhalant use.

Race/Ethnicity

In 1999, Whites accounted for approximately two thirds

(67 percent) of adolescent admissions involving inhalants (Figure 2). Hispanics made up one fifth (20 percent) of adolescent admissions involving inhalants. American Indians/Alaska Natives accounted for 7 percent, and 3 percent were Black or African-American.

Source of Referral

The source of referral to treatment among adolescents using inhalants varied according to age at admission (Figure 3). About one-third (34 percent) of 12 to 14 year olds entered treatment as the result of a judicial process compared with 49 percent of 15 to 17 year olds. Referrals from school were more likely to occur among 12 to 14 year olds (14 percent) than among 15 to 17 year olds (7 percent). Approximately 20 percent of 12 to 14 year old inhalant-involved admissions resulted from an individual or self

Figure 2. Adolescent Inhalant Admissions, by Race/Ethnicity: 1999

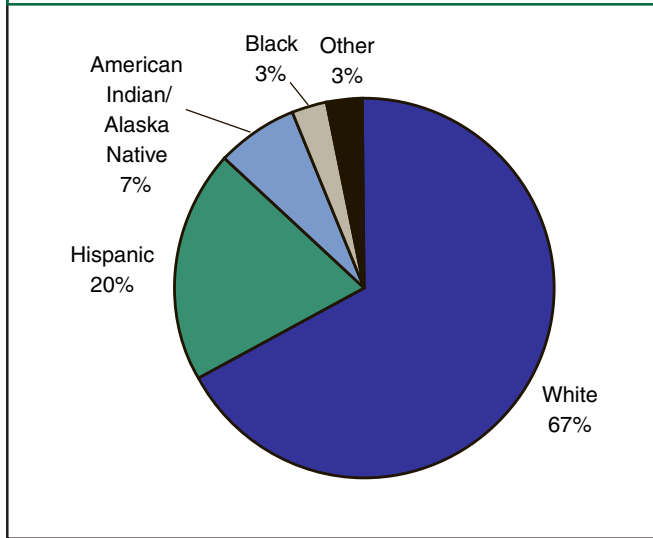
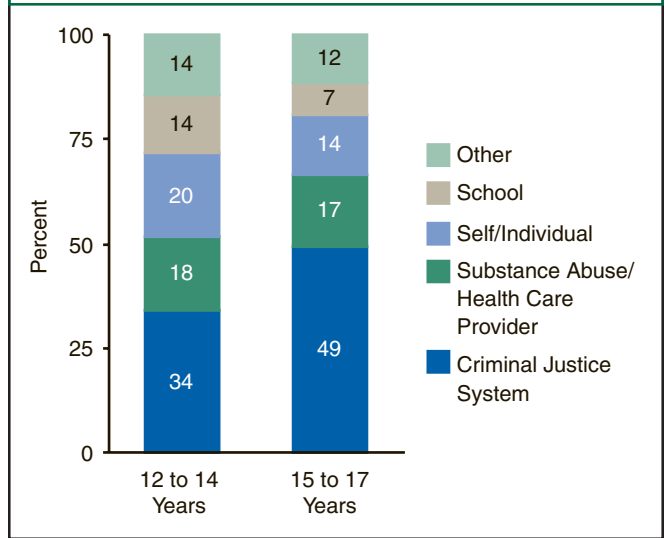


Figure 3. Source of Referral among Adolescent Inhalant Admissions, by Age at Admission: 1999



referral compared with 14 percent of 15 to 17 year old admissions.

Prior Treatment Episodes

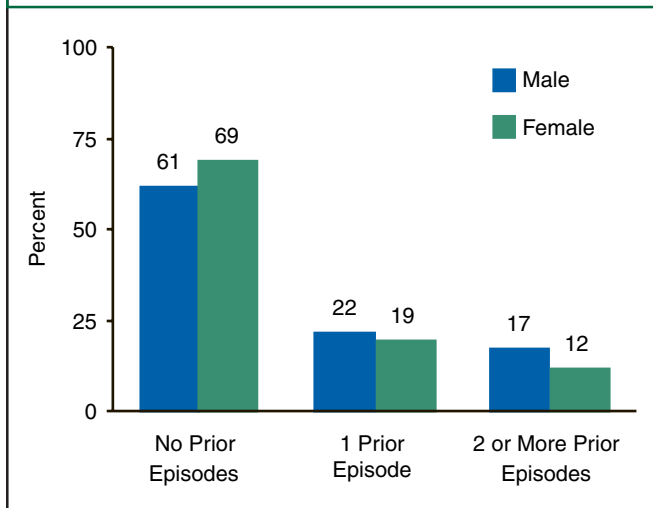
For the majority of adolescent admissions involving inhalant

abuse, this was the first treatment episode. Among inhalant-involved adolescent male admissions, 61 percent had no prior treatment episodes compared with 69 percent among female admissions (Figure 4).

There was little difference between the proportion of male

and female adolescent admissions who experienced one prior treatment episode (22 percent and 19 percent, respectively). Some 17 percent of inhalant-involved male adolescent admissions had been in treatment 2 or more times before compared with 12 percent of comparable female admissions.

Figure 4. Number of Prior Treatment Episodes among Adolescent Inhalant Admissions, by Sex: 1999



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), a national-level dataset comprising State administrative data primarily from treatment facilities receiving public funds. The TEDS system includes records for some 1.6 million substance abuse treatment admissions annually. 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 16, 2001.

Access the latest TEDS reports at:
www.DrugAbuseStatistics.SAMHSA.gov

Access the latest TEDS public use files at:
www.icpsr.umich.edu/SAMHDA/teds.html