

The TEDS Report

September 29, 2011

Length of Time from First Use to Adult Treatment Admission

In Brief

- Among adult first-time treatment admissions, an average of 15.6 years elapsed between first use of the primary substance of abuse and treatment entry
- The length of time between first use and treatment entry was longer for males than for females (16.5 vs. 13.8 years), and ranged from 13.3 years among Asian or Pacific Islander admissions to 17.4 years among American Indian/Alaska Native admissions
- Non-Hispanic Black admissions had a longer length of time between first use and treatment entry than other race/ethnicities for primary cocaine abuse (17.0 vs. 14.5 years or less) and primary heroin abuse (21.1 vs. 15.2 years or less)
- Male admissions had a longer time between first use and treatment entry than female admissions for primary cocaine abuse (15.7 vs. 12.6 years), primary heroin abuse (13.4 vs. 10.0 years), and stimulants (13.0 vs. 10.6 years)

To reduce the negative consequences of substance abuse, it is important for individuals who need treatment to receive services as soon as possible. However, the length of time between first use of a substance to treatment entry for abuse of that substance can be substantial. Research emphasizes the importance of early diagnosis and intervention, and indicates that the duration of use before starting treatment is related to the length of time it takes treatment admissions to achieve abstinence.¹ Duration of use prior to treatment entry may vary by a number of factors (e.g., substance of abuse and demographic characteristics) and may signal disparities in access to care.

Data from the Treatment Episode Data Set (TEDS) can be used to examine the duration of use prior to treatment entry and identify potential disparities in treatment access. This issue of *The TEDS Report* examines differences in the length of time between adult age at first admission to substance abuse treatment and age of first use of the primary substance of abuse—that is,

duration of use.^{2,3} In 2009, there were approximately 1.8 million admissions aged 18 or older. Of these, 36.9 percent (approximately 669,000) were first-time admissions.

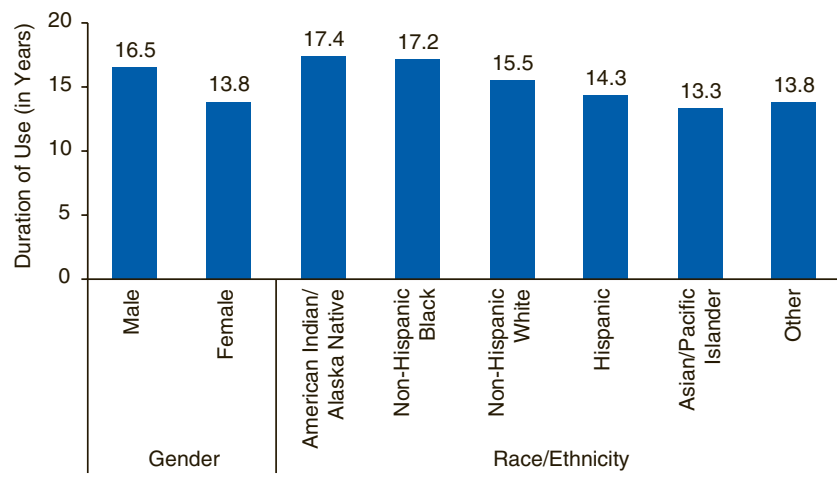
Duration of Use

Among adult first-time substance abuse treatment admissions, the average age at first use of the primary substance of abuse was 18.4 years, and the average age at admission to treatment was 34.0 years. Taken together, these findings indicate that adult first-time admissions used their primary substance of abuse an average of 15.6 years before receiving treatment. Duration of use was longer among males than females (16.5 vs. 13.8 years), and ranged from 13.3 years among Asian or Pacific Islander admissions to 17.4 years among American Indian/Alaska Native admissions (Figure 1).

Duration of Use by Primary Substance of Abuse

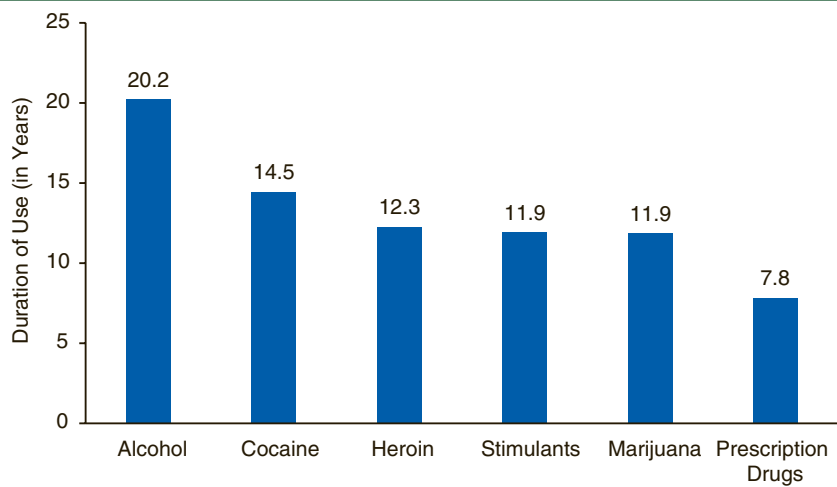
The length of time between first use and entry into substance abuse treatment differed by primary substance of abuse. Adult first-time alcohol admissions had the longest duration of use with an average of 20.2 years between first use and treatment entry (Figure 2). The duration of use among first-time cocaine, heroin, marijuana, and stimulant admissions ranged from 12 to 14 years.⁴ The shortest duration of use was for first-time prescription drug admissions with an average of 7.8 years between first use and treatment entry.

Figure 1. Duration of Use of the Primary Substance of Abuse among Adult First-time Admissions, by Gender and Race/Ethnicity: 2009



Source: SAMHSA Treatment Episode Data Set (TEDS), 2009.

Figure 2. Duration of Use of the Primary Substance of Abuse among Adult First-time Admissions, by Primary Substance of Abuse: 2009



Source: SAMHSA Treatment Episode Data Set (TEDS), 2009.

Duration of Primary Substance Abuse by Race/Ethnicity and Gender

The duration of use of the various primary substances of abuse differed by race/ethnicity and gender. Among adult first-time

admissions reporting alcohol as the primary substance of abuse, the average length of time between first use and treatment entry ranged from 22.0 years among non-Hispanic Blacks to 16.4 years among Asians/Pacific Islanders (Table 1). Non-Hispanic Black first-time admissions had longer

Table 1. Duration of Use of the Primary Substance of Abuse among Adult First-time Admissions, by Race/Ethnicity, Gender, and Primary Substance of Abuse: 2009

Demographic Characteristics	Alcohol	Marijuana	Cocaine	Heroin	Stimulants	Prescription Drugs
White, Non-Hispanic	20.7	12.1	12.7	8.2	12.8	7.8
Black, Non-Hispanic	22.0	12.0	17.0	21.1	10.1	9.4
Hispanic	17.7	10.9	12.1	15.2	10.1	7.2
Asian/Pacific Islander	16.4	9.9	11.8	8.6	10.6	10.4
American Indian/Alaska Native	20.1	13.2	14.5	12.7	12.7	7.4
Other	17.6	10.8	12.7	12.8	11.5	7.8
Male	20.7	12.0	15.7	13.4	13.0	7.9
Female	19.1	11.5	12.6	10.0	10.6	7.8

Source: SAMHSA Treatment Episode Data Set (TEDS), 2009.

average durations of use than admissions of other race/ethnicities for primary cocaine abuse (17.0 vs. 14.5 years or less) and primary heroin abuse (21.1 vs. 15.2 years or less). Among first-time admissions reporting primary stimulant abuse, the average duration of use was longer among non-Hispanic Whites and American Indians/Alaska Natives than other racial/ethnic groups (12.8 and 12.7 years vs. 11.5 years or less).

Male and female adult first-time admissions reporting primary abuse of alcohol, marijuana, or prescription drugs had similar durations of use. However, males had longer average durations of use than females for primary cocaine abuse (15.7 vs. 12.6 years), primary heroin abuse (13.4 vs. 10.0 years), and stimulants (13.0 vs. 10.6 years).

Discussion

The findings in this report indicate that, on average, adult first-time treatment admissions initiated

use of their primary substance of abuse nearly two decades before entering treatment, and that there were significant differences in duration of use by race/ethnicity, substance of abuse, and gender.

The years between first use and treatment admission suggest that there may have been missed opportunities for intervention. Culturally appropriate outreach services that help individuals recognize the need for and potential benefits of treatment may help to ensure that individuals in need of treatment receive services sooner rather than later, thus giving them the best chances for successful recovery. Additionally, prevention and intervention programs that consider possible cultural and gender influences on drugs of choice and related patterns of use and abuse may help to prevent individuals from reaching the point where formal treatment would be needed.

Finally, there was a much shorter duration of use prior to first treatment for prescription

drugs than for other substances. This may indicate a high potential for problematic substance use patterns to develop quickly. Therefore it is critical that physicians and other health professionals be vigilant in looking for signs of misuse of these drugs so that intervention can occur as soon as possible.

End Notes

- ¹ Scott, C. K., Dennis, M. L., & Foss, M. A. (2005). Utilizing recovery management checkups to shorten the cycle of relapse, treatment reentry, and recovery. *Drug and Alcohol Dependence* 78(3), 325-338.
- ² 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.
- ³ Analysis excludes adult first-time admissions with unknown durations of use.
- ⁴ Stimulants include methamphetamine, other amphetamines, and other non-amphetamine stimulants. Prescription drugs comprise opiates and synthetics other than heroin and methadone such as codeine, as well as tranquilizers, barbiturates, and other sedatives or hypnotics.

Suggested Citation

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Findings from SAMHSA's Treatment Episode Data Set (TEDS) for 2009

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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 aged 12 or older 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 Center for Behavioral Health Statistics and Quality (CBHSQ), 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 2.0 million treatment admission records from 49 States and Puerto Rico for 2009.

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, 2009). *The TEDS Report: TEDS Report Definitions*. Rockville, MD.

The TEDS Report is prepared by the Center for Behavioral Health Statistics and Quality, SAMHSA; Synectics for Management Decisions, Inc. (Arlington, VA); and RTI International (Research Triangle Park, NC). **Information and data for this issue are based on data reported to TEDS through November 3, 2010.**

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